



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

**Submitted To:**

**U.S. Department of Health and Human Services**

**June 24, 2022**

**Resubmitted with revisions**

**August 25, 2022**

This 2023 Annual Progress and Services Report (APSR) is the third annual report related to the Title IV-B Child and Family Services Plan (CFSP) for the five-year time period Fiscal Year (FY) 2020-2024. The CFSP details the goals, objectives, services, service delivery strategies, statewide assessment, and plan for improvement.

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## A. Strengthening Families Through Primary Prevention of Child Maltreatment While Securing Permanency for All Children and Youth

The Kansas Department for Children and Families (DCF) is striving to shift from a child welfare system to that of Family and Child Well-Being system. A Family and Child Well-Being system is one that prioritizes family, primary prevention, and community engagement. Under the leadership of Kansas Governor Laura Kelly, DCF Secretary Laura Howard, and the extraordinary work and dedication of the more than 2,500 DCF employees, outcomes are significantly improving.

During SFY2022 Kansas DCF continues to be invested in establishing new, and strengthening existing, relationships with children, youth, families, community partners and staff to lift their voices and expertise to achieve a system in which significant and real change can be made to create safer, more nurturing environments for children in our state. As Kansas DCF continues to transform, it is imperative to include families as experts and innovators in co-designing needed services and cultivating local support networks. This all must happen with an eye toward racial equity.

Kansas DCF is comprised of Economic and Employment Services, Prevention and Protection Services (PPS), Rehabilitation Services, Child Support Services, and Foster Care and Residential Facility Licensing. Services are provided directly by the agency or through contracted providers and community partnerships. Work encompasses services to children, families with children, caregivers, vulnerable adults, or adults who have special needs, and pregnant women using substances.

Services from DCF are managed statewide from the DCF Administration office, located in the capital city of Topeka. They are led by the Secretary through the Deputy Secretary of Family Services. The Deputy Secretary oversees four Directors of Prevention and Protection Services. These four directors have responsibility for the services outlined within this plan. Directors are assisted by Deputy Directors, Program Administrators and/or Program Managers. Kansas DCF has six regions implementing Prevention and Protection programs. The six DCF regions throughout the state are: Kansas City, Northeast, Southeast, Wichita, Northwest, and Southwest. Each region is led by a regional director, an assistant regional director(s) for programs and an administrator for each program area: assessment and protection, foster care, and support services.

See Attachment 1 for the 2022 Kansas DCF PPS Organizational Chart.

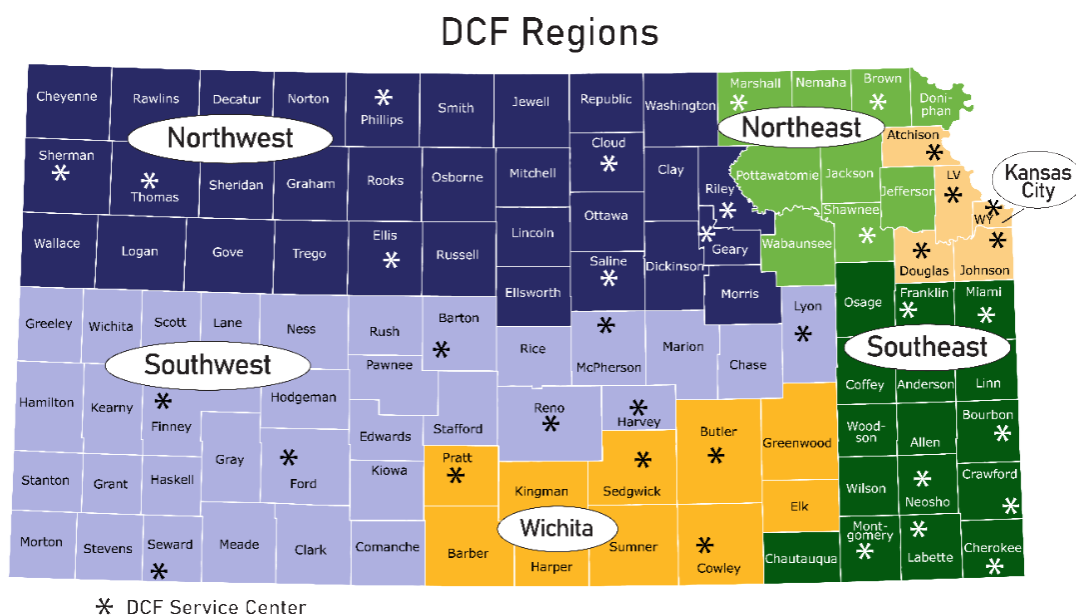
Through SFY2022 Kansas DCF continues to create new initiatives and partnerships with collective impact that brings the opportunity to propel the Kansas child welfare system towards one of family and child well-being system. The Kansas Practice Model also has been a catalyst for change. On Oct. 1, 2021 DCF announced a new mental health service called Family Crisis Response. The helpline connects families and caregivers who have children experiencing emotional crisis or other behavioral health symptoms, including substance abuse disorder, to needed services — including mobile crisis response — anywhere in the state.

DCF is also doing innovative work in prevention. As one of the first states in the nation to adopt the Family First Prevention Services Act, Kansas is a leader in preventing the need for foster care. Family First provides evidence-based services in mental health, substance use, parent skill-building and kinship navigation.

Kansas DCF is partnering with schools and community service providers in Emporia to refer families to needed services before they have formal contact with DCF. This is an example of one effort to think of partners as supporters in addition to mandated reporters, so that a family can be wrapped with services before stressors escalate to a level of needing a report to the DCF reporting center.

These are just a few of the new initiatives Kansas DCF began in SFY2022. More details of these initiative and others will be discussed in section C.1.

## Kansas Regional Map



## A.1: Prevention and Protection Programs Administered by DCF

Kansas Department for Children and Families (DCF) Prevention and Protection Services (PPS) is responsible for administering the State's Family and Child Well-Being programs as follows:

The State administers Family and Child Well-Being services through regional offices and contracts. DCF Child Protective Services (CPS) Specialists complete child abuse and/or neglect investigations, family in need of assessment cases, and may provide or refer to prevention services including Family Services, Family Preservation, and Family First grants. When all prevention services to maintain children safely within their home have been exhausted, the CPS Specialist may also need to initiate process for referral to foster care services and adoption services.

Provisions of the following Acts are incorporated into and implemented through the Kansas Child in Need of Care (CINC) process:

Title IV-B, subpart 1, Stephanie Tubbs Jones Family and Child Well-Being Services;  
Title IV-B, subpart 2, MaryLee Allen Promoting Safe and Stable Families;  
The Indian Child Welfare Act (ICWA) of 1978;  
The Fostering Connections to Success and Increasing Adoptions Act of 2008;  
The Preventing Sex Trafficking and Strengthening Families Act, 2014;  
The Child Abuse Prevention and Treatment Act (CAPTA);  
The Comprehensive Addiction and Recover Act of 2016 (CARA);  
The Victims of Child Abuse Act Reauthorization Act of 2018;  
The Family First Prevention Services Act (FFPSA);  
The Consolidated Appropriations Act, 2018;  
The Supporting Foster Youth and Families Through the Pandemic Act (Division X)  
The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2019;  
and;  
The Further Consolidated Appropriations Act, 2020.

The Child and Family Services Plan (CFSP) 2020-2024 may be found on the PPS webpage at:  
<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx>

The current Revised Kansas Code for Care of Children [K.S.A 38-2201et seq.] may be found at:  
[http://kslegislature.org/li/b2021\\_22/statute/038\\_000\\_0000\\_chapter/038\\_022\\_0000\\_article/](http://kslegislature.org/li/b2021_22/statute/038_000_0000_chapter/038_022_0000_article/)

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

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

The Kansas Department for Children and Families (DCF) initiatives strive to engage children, youth and adults in evidence-based prevention strategies designed to increase the child and family's safety, stability, and well-being. Such strategies focus on the whole family, by providing services at all levels to meet the unique needs of each family served. Prevention and Protection Services (PPS) and community service providers collaborate to ensure families experience timely and effective services and interventions. PPS and its providers work alongside families. Families are at the center is the PPS philosophy. Their participation and feedback drives practice, planning, policy development, and program implementation.

The agency seeks meaningful ways to keep children safe, promote healthy development of children and ensure youth emancipated from care receive services needed to promote self-sufficiency.

In early 2021, Kansas DCF created four new strategic implementation teams (SITs) to move a revised shared vision and strategies into action. The four SITs' are: 1. Enhance employee experience, 2. Community Engagement, 3. Diversity, Equity and Inclusion and 4. Measurement. The foundation for this work is represented in the below document, "What We Believe", that expresses DCF's values towards our clients and each other within the agency.

**Kansas**  
Department for Children  
and Families

**OUR MISSION:**  
To protect children, strengthen families and  
promote adult self-sufficiency.

## WHAT WE BELIEVE:

| <br><b>PEOPLE HAVE THE CAPACITY:</b>           | <br><b>PEOPLE ARE THE EXPERTS<br/>ON THEIR LIVES AND HAVE:</b> | <br><b>WE VALUE COMMUNITIES<br/>AND THE PEOPLE THAT MAKE<br/>THEM UNIQUE:</b>  | <br><b>WE LEAD WITH<br/>AUTHENTICITY, CURIOSITY,<br/>AND RESPECT:</b>   |
|---|---|--|--|
| <ul style="list-style-type: none"><li>• To progress</li><li>• To succeed</li><li>• To grow</li><li>• To do well in life</li></ul> | <ul style="list-style-type: none"><li>• Voices</li><li>• Choices</li><li>• Needs</li><li>• Strengths</li><li>• Life Stories</li></ul>             | <ul style="list-style-type: none"><li>• We honor the whole person</li><li>• We rely on each other</li><li>• We are partners, not competitors</li><li>• We all benefit from a collective impact approach</li><li>• Communities bring strength through relationships and resources</li></ul> | <ul style="list-style-type: none"><li>• We are innovative</li><li>• We are leaders</li><li>• We are authentic</li><li>• We are diverse</li><li>• We care about each other, our work and the people we serve</li><li>• We share success stories</li></ul> |



Integral in the SIT teams and across the agency is the shared vision below intended to guide our daily work:

- ⚙ Innovation Environment and Inclusivity
- ⚙ Strengthening Customer Experience
- ⚙ Maximizing Collaboration and Community Engagement
- ⚙ Cultivating Leaders at All Levels
- ⚙ Capitalizing on Technology
- ⚙ Maximizing Communication and Engagement
- ⚙ Becoming a Holistic and Comprehensive Agency

Along with the foundational values of transparency, walking alongside and honoring families, the six actionable strategies developed include:

- Build on intentional agency character around Diversity, Equity, and Inclusion
- Modernize and enhance the employee experience
- Build cross-functional knowledge
- Cultivate leaders at all levels
- Advance holistic service delivery
- Engage with community

Supporting these strategies are to create, prioritize, build, and deploy a comprehensive technology plan and inspire two-way communication. Foundational to these strategies are valuing the voices of clients and employees and being clear about our abilities within federal, state, and other mandates.

During SFY2022, the DCF Diversity Education and Inclusion (DEI) SIT team identified five initiatives for 2021-2023. They include:

- 1) DEI Data Gathering and Research
- 2) Agency-Wide DEI Conversations
- 3) Ongoing Policy and Practice
- 4) Bridge the Disconnect
- 5) Children, Youth and Young Adults Matter!

Each initiative has created a purpose, SMART goals, and next steps. The DEI committee is comprised of staff from different programs such as child protective services, rehabilitation services, food assistance and communications. A lot of consideration went in to choosing the members of this committee to ensure the individuals represented as much diversity as possible as well as the programs they work in daily.

Please see Attachment 2, Racial Equity Impact: Seeds of Change, for additional ways DCF is working towards racial equity.

## B. Overview of the Child and Family Services Plan / Annual Progress and Services Report and the Child and Family Services Review

The Kansas Child and Family Services Plan is a five-year strategic plan covering FY 2020-2024, that was submitted June 30, 2019. The first annual update, APSR 2021, was submitted June 30, 2020, and the second annual update, APSR 2022, was submitted June 30, 2021. The information contained within this

annual update outlines activities completed since the APSR 2022 submission and addresses planned activities for FY 2023. Throughout this plan, DCF has responded to ACYF-CB-PI-22-01 as prescribed. Responses provided follow the Program Instruction format and can be found throughout sections C-G.

## C. Requirements for the 2023 APSR

### C.1: Collaboration

Throughout the Kansas Family and Child Well-Being System exists many avenues of cross partnerships, collaboration, feedback loops and ongoing opportunities to team together for the sake of the families we serve. Daily discussions occur between the Department for Children and Families and our partners, communities, and sister agencies. Throughout this state plan, there will be continual references to such occurrences. For purposes of focusing on longstanding collaborations, some examples are provided in this section below. In Kansas, Family and Child Well-Being collaboration continues to evolve and remains fluid, constantly allowing opportunities for new partnerships and connections to begin.

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

Prevention and Protection Services (PPS) consistently works alongside other divisions within the agency whose services directly impact families. The Deputy Secretary meets every other week with leaders of the following programs which make up Family Services: PPS, Economic and Employment Services, Rehabilitation Services, Child Support Services, and Foster Care and Residential Facility Licensing. These programs work together on a continual basis to ensure families are connected to all services for which they are eligible, thus bringing stability to the family environment.

In addition to the areas outlined below, Kansas has ongoing collaboration with Kansas Tribal leaders to foster open communication and good-working relationships. Collaboration occurs between PPS and the four federally recognized Tribes headquartered in Kansas with PPS extending invitations to participate in policy and procedure venues, workgroups, and committees. Kansas DCF created a new position in 2019, Tribal Specialist, with the intention to further strengthen collaboration with all Kansas Tribes. It is fortunate that the current Tribal Liaison is an active member of one of the federally recognized Tribes headquartered in Kansas as well as many years of work within the Kansas Family and Child Well-Being system.

All workgroups/committees serve as an opportunity to solicit input, address case review results, Child and Family Services (CFSR) outcomes, Program Improvement Plan (PIP) goals and activities, and to review policy. Standing PPS workgroups/committees consist of both internal and external stakeholders, including:

***Prevention and Protection Services Administration and Regional Administration meetings*** are held every other month. This venue provides PPS an opportunity to review outcomes as they relate to safety, permanency, well-being, and review the seven systemic factors. Information is shared regarding the Program Improvement Plan, policy changes, upcoming initiatives, and legislative topics.

***Comprehensive Addiction and Recovery Act Workgroup*** meets a minimum of four times a year to review and discuss opportunities and ideas to improve policy and procedure for Prevention and Protection Services, Assessment and Prevention, specific to the Comprehensive Addiction and Recovery Act (CARA). The workgroup addresses performance improvement with respect to meeting requirements of CARA training, and community collaboration efforts.

***The Family Preservation Advisory Workgroup*** meets quarterly to discuss continuous quality improvement for the DCF Family Preservation program. Participants include front-line staff and supervisors from both DCF and the Family Preservation Case Management Providers (DCCCA, TFI and Cornerstones of Care), and DCF Program Improvement staff. This workgroup is charged with serving as a forum for data review and analysis, identifying trends, monitoring outcomes, reviewing family feedback as provided on the new Client Satisfaction Surveys, and collaborating on policy development and revisions. While this workgroup suspended meeting in SFY2022 due to limited policies being reviewed, there is intention to re-establish this group in SFY23.

***The Family Preservation Program Director's Meeting*** meets monthly to support new Family Preservation contractors with program implementation. Family Preservation Program Directors, Family Preservation agency leadership, and Regional Assessment and Protection Administrators are invited to discuss referral numbers, outcomes, successes, and challenges regarding Family Preservation in Kansas.

***Early Childhood Directors Meeting*** occurs every two weeks to collaborate and align initiatives, funding streams and keep each other apprised of what is happening within their respective agencies. Agency partners include Kansas Department of Health and Environment, Kansas Department of Education, DCF and Kansas Children's Cabinet.

***The Interstate Compact on the Placement of Children Workgroup*** meets quarterly and is facilitated by Kansas Interstate Compact of Children (ICPC) staff. This workgroup consists of Kansas ICPC staff, CWCMP, and DCF regional ICPC staff and supervisors. The goal of the workgroup is to review, clarify, and revise policies and procedures related to ICPC issues and to discuss best practices to ensure ICPC cases are being handled uniformly across the state of Kansas.

***Kansas Crossover State Policy Team.*** This multi-system and multi-agency collaboration at the state level works to identify and ameliorate barriers to addressing crossover in Kansas. The Kansas Crossover State Policy Team fosters a system of care inclusive of Family and Child Well-Being, juvenile justice, education, mental and behavioral health, and legal stakeholders that is comprehensive and adaptable to meet the unique needs of communities. The intentional and genuine partnership among multiple agencies strengthens the system of care by enabling information sharing, striving for continuous improvement, and purposely incorporating the voices of youth and families into all decisions affecting themselves and their communities. The team meets on a monthly basis and includes participation among multiple state agencies but more importantly includes at least two individuals with lived experience. These partners include Sedgwick County District Attorney, 4<sup>th</sup> Judicial Community Corrections, Kansas Dept. of Corrections (KDOC), DCF, OJA, Kansas State Department of Education, Brown County Sheriff, USD 237 (Special Education Director), KVC, Saint Francis, DCCCA, Kansas Family Advisory Network, Wyandotte County Court Services, Children's Alliance, Kansas Health Institute, TFI, and Cornerstones of Care.

***Permanency Advisory Committee*** is facilitated by PPS. The committee meets approximately four to six times a year to promote coordination between PPS and Family and Child Well-Being stakeholders. Membership on the committee includes: PPS Deputy Director of Permanency, PPS Permanency Program Administrator, PPS Foster Care Program Manager, PPS Adoption Program Manager, PPS Independent Living Program Manager, regional PPS and Performance Improvement staff, CWCMP staff, Kansas Tribes, Kansas Family Advisory Network (KFAN), Kansas Foster and Adoptive Parent Association (KFAPA), Wichita State University (WSU) Caregivers Support Association, CWCMP Providers, Child Placing Agencies, and foster and adoptive parents. This membership allows for policy and program input from caseworkers, supervisors, birth parents, foster parents and relative caregivers. The CWCMPs also

continue to ensure family involvement at a policy-making level by holding stakeholder-feedback meetings and foster parent advisory board meetings to solicit input from youth and families about agency policy and practice.

***Adoption Policy and Adoption Assistance Advisory Workgroup*** meets 2-3 times a year to review, discuss and develop adoption and adoption assistance policies to reflect best practice. The goal of the workgroup is to improve the effectiveness, efficiency, and permanency outcomes for children with a goal of adoption. Statewide standardization and adherence to determining initial and ongoing IV-E and State eligibility, and negotiations and renegotiations of adoption assistance, will result from this workgroup. Members of the workgroup include PPS Administration, regional administrators, supervisors, adoption assistance specialists, eligibility staff and CWCMPs.

***The Kansas Adoption Network, as coordinated by AdoptKSKids***, meets at least quarterly to review, discuss and provide input on adoption practices and policies to reflect best practice. The goal of the workgroup is to improve the effectiveness, efficiency and permanency outcomes for children with a case plan goal of adoption, as well as work toward standardization of procedures amongst contractors, grantees, and other partners across the state. Members of the workgroup include may include PPS Administration, regional administrators, supervisors, and various CWCMP staff.

***Psychotropic Medication Workgroup*** was initiated in 2012, to decrease the prevalence of psychotropic medication prescriptions among children in out-of-home placement within the Kansas foster care system. The workgroup convened specifically to address Centers for Medicare and Medicaid Services (CMS) Information Bulletin dated August 24, 2012, regarding the foster care population. The workgroup is comprised of members from DCF, KDADS, KDHE, KDOC, CWCMPs, MCOs, physicians, pharmacists and psychiatrists. For additional information on the work of this group, see Health Care Oversight and Coordination Plan, Attachment 3.

***Family First Prevention Services Act (FFPSA) and Kansas Strong Interagency and Community Advisory Board***

The Interagency Advisory Board (ICAB) is a Kansas cross-system multi-agency collaboration that was established to support two statewide implementations: The Family First Prevention Services Act and Kansas Strong for Children and Families. The ICAB's overarching goal is to support and activate a comprehensive service array that spans a broad continuum of care for families by: (1) building cross-sector knowledge of needs, gaps, challenges, and best practices; (2) using data and continuous quality improvement to monitor processes and outcomes; and (3) developing and executing action plans to address service gaps. There is one statewide group that meets quarterly and 6 regional boards that meet at least three times a year. The statewide group is comprised of statewide agency and service representatives across sectors (e.g. Family and Child Well-Being, corrections, public health, health, early childhood, behavioral health, courts and legal systems, etc.). Regional groups, co-led by community and Family and Child Well-Being leaders for each region, are comprised of regional stakeholders across child/family serving sectors. In SFY2022, the KU Evaluation Team and DCF formed a Family Council. Members of the family council include those with lived experience with the child welfare system and/or prevention services as a caregiver or youth. Throughout SFY2022, members of the Family Council participated in the Statewide and Region ICAB's to integrate family and youth voice. See Attachment 4 for the ICAB Fact Sheet and Attachment 5 for the Family Council Fact Sheet.

### ***Family First Family Council (FFFC)***

The Family Council, implemented in SFY2022, is an advisory board of Kansans with experience in the child welfare system and/or prevention services as a caregiver or youth. The goal of the Family Council is to integrate family and youth voice into the Family First Prevention Services implementation in Kansas. The council is made of three members from each of the six DCF regions as well as members from the Family First evaluation team, the Family First prevention team, and the University of Kansas Center for Public Partnerships and Research. Family Council members must apply to be selected and serve a one-year term. They are required to attend at least six meetings and receive a stipend for participation.

***Family First Case Manager Workgroup-*** This group meets at least quarterly to discuss program process, review policy, as well as agency vision and culture. The goal of the workgroup is to improve the statewide capacity of the Family First program and each evidence-based model within the program, promote best practice of the program, and enhance DCF's collaboration and coordination with the providers and community-based services. The group is comprised of Family First case managers, their supervisors, and is hosted by the prevention team.

***PPS Kansas Practice Model Statewide Implementation Team (SIT)*** was developed to create, customize and implement a practice model which integrates different practice approaches as we work alongside families, their natural support and our community partners on the journey toward improved safety and well-being for families. SIT is responsible to provide and respond to continuous feedback on the Kansas Practice Model (KPM). Discussion of what is working, identifying barriers, and to serve as the link between implementation and practitioners. It is expected the SIT team will meet four times per year. One (1) 2-day Annual Implementation Planning Meeting and Three (3) 1-day Quarterly Implementation Planning Meeting. SIT members can launch work groups as needed. It is anticipated a portion of the SIT membership will rotate each year to balance the need for stability with the need for refreshed energy, ideas, and representation." Members include: Assistant Regional Directors, Assessment/Prevention Administrator, Child Protection Supervisors, Learning & Development Specialist, Child Protection Specialists, TDM Facilitator, TDM Supervisor, Program Administrator, Child Protection Supervisor, Foster Care Admin, Administrator of KPRC, TDM State Coordinator Learning & Development Specialist, Family Finding & Independent Living, Administrator of KPRC, Director of CCWIS, Director of Safety and Thriving Families, Performance Improvement and Learning & Development, Safety and Thriving Families Administrator; ICPC Compact Administrator, Curriculum Development Specialist, Professional Development Program Manager, Family Services & State Plan Administrator, KanCoach/KS Strong.

***Kansas Tribal Collaboration*** purpose is to discuss policy changes, suggestions for improved procedures and/or communication with DCF and identify any unmet needs and assist with solutions if needed. DCF Tribal Liaison meets with each individual federally recognized Tribe headquartered in Kansas on a monthly basis and all Kansas Tribes jointly meet quarterly. Representatives include Tribal social service administration, Tribal case workers, Tribal Family and Child Well-Being Specialist, ACYF Children's Bureau Region 7, Kansas Office of Judicial Administration (OJA), DCF Tribal Liaison, DCF Foster Care Administrator, DCF State Plan Administrator, DCF PPS Legal and additional DCF program staff as specific questions arise.

***Kansas Youth Advisory Council (KYAC)*** meets monthly and serves as the voice of youth and young adults who have experienced foster care custody, Tribal Authority custody, or Kansas Department of Corrections- Juvenile Services custody at age 14 or older. KYAC is designed to empower youth and young adults by having an organized structure for them to share their experiences and provide



recommendations concerning the Family and Child Well-Being system in Kansas and on a national level. Youth and young adults ages 14 to 25 may apply to participate in KYAC. Pathway Family Services is the current contractor to facilitate KYAC. Members include: KYAC council members, DCF Independent Living staff, CWCMP Independent Living staff, Tribal Independent Living staff, KDOC-JS staff.

#### **C.1.b. DCF and the Legal Community: Continuing Legal Education in Social Welfare**

The Kansas Department for Children and Families has identified a connection point of opportunity for ongoing improvement. The social and legal systems hold important roles in establishing safety and moving families forward. For information regarding statewide collaboration between the Office of Judicial Administration (OJA)/Courts and DCF, see Section C.1.k. There can sometimes be a lack of clear communication about system wide updates and changes within our agency. DCF is creating and encouraging a culture of intentional collaboration between the local legal and social services systems in Kansas.

Social and legal partners need to communicate and have a clear understanding of the how our systems work and more importantly how the two systems can work together to benefit families. The truth is both systems do important and impactful work but can at times get caught in the trap of working in “crisis mode” and intentional efforts are neglected for the next crisis on the horizon. DCF is happy to improve these norms and support expectations regarding communication and open dialogue between the two entities.

DCF co-hosted and co-facilitated multiple Continuing Legal Education (CLE) classes for Judges, Parent Attorneys’ Guardian Ad Litems, and Prosecutors across the state of Kansas in collaboration with the implementation of the Kansas Practice Model.

Additionally, regionally, local staff are meeting with Judges and Prosecutors outlining the new prevention programs through Family First, their county specific data, and ways to best assist families as they navigate through DCF services.

Multiple Regional Directors across DCF are holding regular meetings with legal partners and working through any identified systematic barriers.

Continued connections are very important for the families served by DCF. The hope is to continue to build upon the foundation that has been laid and maximize the relationships with legal partners as DCF continues to strengthen shared trust and advocate for healthy families across Kansas.

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

The Kansas Department for Children and Families and the Children’s Division of the Missouri Department of Social Services are operating under a border agreement for the placement of children across state lines. Proposed placements must originate from a county bordering the state line and the placement must also be in a county bordering the state line. Placements made under this agreement shall not exceed 90 days unless an ICPC request has been initiated. Under this agreement, children may be placed closer to their family and support network, even if the placement is in the other state. Please see Attachment 6 Kansas/Missouri Border Agreement.

#### **C.1.d. Governor’s Behavioral Health Services Planning Council**

The Kansas Department for Children and Families Prevention and Protection Services (PPS) will continue to collaborate with the Governor’s Behavioral Health Services Planning Council (GBHSPC) in SFY 2020-2024 by sending representatives to serve on subcommittees. The Deputy Director of Permanency is the standing representative for these bi-monthly meetings. Additionally, in 2020, DCF

added a Director of Medicaid and Children's Mental Health and this Director attends and serves on the committee.

The annual recommendations from the Subcommittee on Children's Mental Health are presented to the Secretary of Kansas Department for Aging and Disability Services (KDADS) and other state agency secretaries are invited to attend.

The Subcommittee on Children's Mental Health was initiated in 2004 and established a membership to bring voices of parents, client youth, caregivers, educators, service providers, state agencies including Kansas Department of Corrections- Juvenile Services, Kansas Department for Aging and Disabilities, and Kansas Department for Children and Families, and representatives of the state education system, as well as other entities involved and interested in the quality, accessibility, consistency and effectiveness of mental health services for children and their families.

The subcommittee research, evaluates and makes recommendations to the GBHSPC annually, to improve the array of behavioral health services offered to children and their families through Kansas Community Mental Health Centers (CMHC), the education system, and other children's service systems, and to improve collaboration between systems of care. Activities are directed toward collaboration, education and advocacy for children and their families.

Draft areas of focus for SFY 2020 include: Parental substance use and its effects on their children, transition age youth, parent engagement models, and prevention exploration models.

The 2020-21 Annual report was presented to all Department Secretaries in July 2021. Please see Attachment 7, 2020-2021 Governor's Behavioral Health Subcommittee Annual Report.

### **C.1.e. Systems Collaboration**

In Kansas, programs and services impacting children in custody of the Secretary of the Kansas Department for Children and Families (DCF) are provided by DCF, the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department of Health and Environment (KDHE), the Kansas Department of Education and the Kansas Department of Corrections-Juvenile Services (KDOC-JS) and community service providers/organizations. These programs and services include Medicaid (KanCare), Home and Community Based Services (HCBS) waiver service, community mental health centers, intellectual developmental disability services, psychiatric residential treatment facilities (PRTF), state hospitals, juvenile corrections and early childhood education. As a result, the ongoing collaboration of all State agencies is essential to ensure the health and well-being of children in the custody of DCF.

Collaboration with other State agency and community organizations has occurred individually and in various workgroups with each of these agencies and DCF for many years. Since 2019, DCF and KDADS share leadership from the same Secretary. This has dramatically increased the communication and collaboration between these two agencies. Due to COVID-19 restrictions DCF and sister agencies have utilized Microsoft Teams and teleconferences to continue their collaboration on behalf of the youth in foster care.

In previous years, system coordination and collaboration were identified as areas where opportunities for growth were present to improve health care oversight and coordination for children in DCF custody. In Kansas, key system collaboration workgroups exist. A few examples of this coordination/collaboration exist in the following:

***Foster Care in KanCare:*** The workgroup addresses KanCare issues unique to children in DCF custody. The workgroup meets monthly and is comprised of representatives from DCF, KDHE, KDADS, KDOC-

JS, Family and Child Well-Being Case Management Providers (CWCMPs), and the three Medicaid Managed Care Organizations (MCOs).

***State Agency Foster Care in KanCare:*** The workgroup is comprised of state agency representatives only. They meet monthly, at a minimum, and at times twice monthly. This workgroup focuses on issues, barriers and state agency coordination specific to children in DCF custody.

Both workgroups include multi-state/community agency participation necessary to support ongoing collaboration to ensure children in foster care receive appropriate medical/mental health services.

***PRTF Stakeholders:*** In SFY 2017, a third workgroup was formed to work on issues related to children in foster care who are receiving or need to receive treatment in a Psychiatric Residential Treatment Facility (PRTF). The “PRTF Stakeholder” group meets bi-monthly and is coordinated and facilitated by PRTF providers. Participants serving on this group include the PRTFs, KDADS, DCF, KDOC-JS, KDHE, CWCMPs, and the three managed care organizations (MCOs). Examples of processes this workgroup implemented to reduce the need for PRTF placement and reducing PRTF waitlists are explained below.

DCF partners with KDHE, KDADS and the MCOs to reduce the number of children on the PRTF waitlist through reviewing the status and services provided to each youth on the waitlist. This review occurs every two weeks. For each youth, the review captures the amount of time on the waitlist, current placement, available services, and current services being offered. If a youth is not participating in services which may be of benefit, this group reaches out to the CWCMP to determine if a referral to services is appropriate and if appropriate services are available in the community where the child resides. Ongoing obstacles are shared with sister agencies and in other groups focused on KanCare issues.

**PRTF Referral Process:** Referring a youth in foster care to a PRTF is the responsibility of the Family and Child Well-Being Case Management Provider (CWCMP). The Managed Care Organization (MCO) assigned to the child is responsible for requesting a Pre-Authorization Review (PAR) from the child’s local Community Mental Health Center (CMHC). Once the CBST and PAR are completed, the Community Mental Health Center (CMHC) will submit both back to the assigned MCO. Within the documentation the CMHC is to include whether they support PRTF treatment or recommend diversion based on their review. The MCO will review the documents and determine if medical necessity is met for PRTF level treatment.

When a youth is approved for treatment in a PRTF the MCO will contact the CWCMP who decides which PRTF facility the youth will be referred to based-on location, available beds, gender, and individual needs of the youth. The CWCMP considers each facility and the program they operate within to determine the best match. If a facility does not have an opening, the youth is placed on a PRTF waitlist until an appropriate bed becomes available.

The MCO, DCF and other community supports involved with the family/youth are included in planning when a youth is ready to be discharged from their PRTF placement. The MCO has the option to convene a “Complex Case Staffing” at any time during the discharge planning process. Communication and input from the MCO, DCF PPS staff, the CWCMP, caregiver(s) of the child, and KDADS all determine if a “Complex Case Staffing” is warranted or necessary. When held, the complex staffing focuses on strategies for discharge and/or appropriate placement options for youth continuing to exhibit high needs.

In FY 2020, DCF added a Treatment Transition rate available to all relative, foster placement, or other caregiver situations regardless of which MCO the youth is assigned to. This rate level allows reimbursement for the cost of being active and present in the youth’s discharge planning. Active



participation from the caregiver is important to stabilize and successfully transition the youth back into a family setting in their community. Caregivers must participate in the treatment plan identified by the program being delivered within the facility to qualify for this rate of care. The rate is available to the caregiver for up to 6 months (180 days) while the caregiver engages in the additional services needed to help transition the youth into their care.

Youth who are diverted from PRTF admission are referred for community services.

KDHE has implemented One Care Kansas (OCK), community service coordination program, which is be available for children in foster care who have complex conditions. Community service coordination will be utilized by foster care youth who have been diverted or can be diverted from PRTF admission and after discharge from the PRTF if admission occurs. To qualify for OCK youth must have a diagnosis of Bi-Polar Disorder, Schizophrenia, or asthma with the risk of developing a secondary chronic illness such as diabetes or kidney disease. On average in SFY21, 265 youth in foster care had a diagnosis of Bi-Polar or Schizophrenia based on data from three Kansas MCO's. This represents approximately 4% of the average total youth in foster care served (265/6709) by all MCO's. Below is a table providing the number of youths in Foster Care who enrolled into One Care Kansas from February 1, 2021, through February 28, 2022.

| Feb 2021 | Mar 2021 | April 2021 | May 2021 | June 2021 | July 2021 | Aug 2021 | Sept 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Total |
|----------|----------|------------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|-------|
| 20       | 25       | 23         | 21       | 186       | 131       | 74       | 75        | 80       | 39       | 36       | 35       | 28       | 773   |

KDADS has implemented a new policy in SFY 2020 entitled HCBS Access for Individuals in the Custody of DCF. The policy provides clarification on the HCBS-I/DD, PD, TA, and TBI waiver programs and the criteria for the exception process for eligible children in DCF custody. The policy establishes processes and procedures for submitting, managing and determining exception requests for children in foster care. Additionally, the policy ensures access to the waiver program services which best meet the assessed needs of the child.

In 2021, the Kansas Department for Children and Families' (DCF) Medicaid and Children's Mental Health (MCMH) team identified a need for an additional level of care, Therapeutic Family Foster Homes, for children with high behavioral, mental and/or physical health needs. The MCMH team began researching other similar programing throughout the nation and in 2022, a consultant group, comprised of the MCMH team, case management, child placing, and training agencies convened to define the new level of care. The Kansas Therapeutic Family Foster Home level of care is guided by the National Program Standards of the Family Focused Treatment Association (FFTA) and will be launched in July 2022.

#### **C.1.f. Kansas Department of Corrections – Juvenile Services (KDOC-JS) and the Office of Judicial Administration (OJA)**

DCF Prevention and Protection Services (PPS) collaborates with the Kansas Department of Corrections-Juvenile Services (KDOC-JS) and the Office of Judicial Administration (OJA) on issues affecting populations in the custody of and/or served by DCF and KDOC-JS, and/or OJA.

In October 2019, Kansas began working with Georgetown University's Center for Juvenile Justice Reform (CJJR) to implement the Crossover Youth Practice Model (CYPM). The CYPM was established in 2010 and has since been introduced in over 120 jurisdictions across the United States. Research demonstrates the CYPM is effective in reducing out-of-home placements and recidivism while increasing prosocial outcomes among crossover youth, young people who are involved with both the juvenile justice

and child welfare systems. The CYPM has been recognized as a “promising practice” by the California Evidence-Based Clearinghouse and the National Institute of Justice and is featured in the Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide. Three state agencies, the Kansas Department of Corrections (KDOC-JS), the Department for Children and Families, and the Office of Judicial Administration (OJA) support the CYPM at state and local levels. These stakeholders, under the guidance of Center for Juvenile Justice Reform (CJJR), initially convened the Kansas Crossover State Policy Team (SPT) in the Fall of 2019. In addition to representatives from KDOC-JS, DCF, and OJA, there are representative members on the SPT from various fields including: mental health, behavioral health, education, court and legal personnel, law enforcement, tribes (DCF Tribal Specialist), youth and families with lived system experience, foster care, and others. The purpose of the team is to assist in identifying challenges and related solutions to improve how crossover youth and families experience the various systems and agencies they encounter.

The multi-system and multi-agency SPT meet via virtual platform monthly for two hours. They examine and evaluate state policies that impact the crossover youth population and identify opportunities to change policies and practices to better serve youth and families and encourage cross-system collaboration, review statewide data and reports and make recommendations accordingly. Nationally, each community that implements the CYPM determines a specific target population on which to focus their efforts. The SPT made it a priority to clearly delineate the term “crossover youth” to ensure its use is consistent across the state. The SPT defines crossover youth as any young person aged 10 and older with any level of concurrent involvement with the child welfare and juvenile justice systems. Involvement in the juvenile justice system includes court ordered community supervision, and Immediate Intervention Programs (IIP). Involvement in the child welfare system includes out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventive services that are open for services. The definition is being adopted at the local level as well to support consistency across the state and so guidance provided by the SPT is applicable to all jurisdictions focused on crossover youth. The team is working to identify challenges and opportunities regarding cross-county cases including courtesy supervision, communication between foster care providers and Juvenile Intake and Assessment Services (JIAS), and compliance with the Indian Child Welfare Act (ICWA). Please see Attachment 8 for SPT meeting minutes.

To ensure collaboration and consistency across the state, the Crossover Youth Policy and Practice Coordinators (henceforth referred to as “Coordinators”) from DCF, KDOC, and OJA meet via virtual platform weekly to share information, discuss upcoming meetings, and troubleshoot concerns. The Coordinators are responsible for the facilitation of the State Policy Team (SPT), as well as providing support, training, and technical-assistance for community-level initiatives. Additionally, the Coordinators provide ongoing information to community stakeholders through monthly newsletters, the KDOC-JS Juvenile Justice Web-line and the DCF Prevention in Kansas Newsletter.

Subcommittees were established to address Prevention and Information Sharing.

The Prevention Workgroup focused on understanding and improving communication issues between systems and agencies. The group explored avenues to disseminate information on services and resources and developed a survey to gather feedback from parents/guardians who have/had children with direct multi-system experience, to better understand what challenges are most pertinent to communication and service coordination barriers. The survey has since been adapted at the local level in Montgomery and Shawnee counties.

The Information Sharing Workgroup focused on creating a toolkit with existing statutes and Juvenile Justice/CINC codes related to information sharing. The toolkit will serve as a guide for the counties regarding information sharing capacities (e.g., identifying crossover cases, case assessment and planning, etc.). DCF, KDOC, and OJA provided feedback regarding the toolkit, and it is being edited by CJJR. Once completed the draft will be brought to the SPT for any final edits/feedback and dissemination will be discussed.

In November 2021, DCF, KDOC and OJA entered into a Memorandum of Understanding (MOU) to allow for, and support needed data sharing to improve collection, tracking and analysis of data as relates to populations served by the child welfare system and juvenile justice systems. This will help guide and support the agencies in providing appropriate evidence-based programs/practices for youth needing services. Please see Attachment 9 for the MOU.

In March of 2022 DCF, KDOC, OJA and CJJR proposed a structural change to the State Policy Team. The proposed restructure will include a larger steering committee that will identify and discuss the focus areas of CYPM, and smaller workgroups/subcommittees that will perform the hands-on work for implementation. The SPT discussed three (3) areas of focus, Policy, Practice, and Uplifting Youth and Families. Establishing areas of focus will ensure that the SPT can make a direct and immediate impact on the lives of crossover youth and families. A short survey was created to gauge members' interest in remaining on the SPT, identifying others who would be interested, participation in subcommittees, interest in chairing a subcommittee, and a commitment statement for participation. The restructure will not take place until the survey has been sent to all SPT members and results are reviewed by CJJR and the Coordinators. There are two counties piloting implementation of the CYPM—Shawnee and Montgomery. The counties were tasked with creating a Leadership Team that oversees the direct work and an Implementation Team that is designing and carrying out the work to ensure the CYPM fits the needs of the jurisdiction. Montgomery County opted to have one team (due to their smaller size) and Shawnee County created both teams.

Shawnee County held in-depth conversations regarding the different pathways a youth may take within the Juvenile Justice and the Family and Child Well Being system (example pathway: a youth in foster care who is arrested and taken to Juvenile Intake and Assessment Services (JIAS)). A protocol is being drafted based on these discussions and the needs that are identified throughout. Upon finalization of the protocol, staff will be trained in order for it to be formally implemented. Over the course of the protocol development, the team determined that KVC (DCF Case Management Grantee) and JIAS needed a formal information sharing MOU that would indicate what information should be shared, when, with whom, and any necessary safeguards to protect against the misuse of information. The formal agreement is being drafted by KVC and JIAS. Currently, the two agencies have a good working relationship and typically share necessary information regarding youth. The formal agreement will ensure that information sharing will continue.

Montgomery County held conversations similar to Shawnee County regarding the different pathways a youth may take between systems, specifically a youth in foster care who is arrested and detained or arrested and not detained. These discussions will guide the protocol work specific to the county. The team is currently focused on cross-systems trainings. The trainings will provide each agency involved with a high-level overview about their partner agencies' operations and how they serve youth and families. Once each agency has drafted the content of their training (expected by May 2022), the training will be reviewed and finalized at a monthly meeting(s). Training dates and venues will then be established.

Sedgwick County continued to work on reinvigorating the CYPM. The county started the work back in 2015 but had delayed progress. New practices and staff have been put into place; the county is regaining momentum. Sedgwick County created a list of assessments/screening tools that each agency uses. Their next step will be to discuss sharing of the information received amongst other agencies. Sedgwick County also began creating cross systems trainings and will discuss dissemination of those trainings. In early 2022 the team decided to create the two-team structure to ensure the CYPM work.

Shawnee and Montgomery Counties conducted listening sessions in late 2021. A Listening session is a safe space for individuals to share their system experiences. Youth who have lived systems experience were invited to participate in the listening sessions. The outcomes of the conversations were synthesized into county-specific reports to inform and identify meaningful actions that can be taken to address and support crossover youth in each community. These reports were also synthesized and presented to the SPT. Involving youth and families as partners in making decisions that affect them increases the likelihood the decisions made will be accepted and those decisions will better meet the needs of constituents. Including constituent voices not only helps them feel valued and connected to their communities but also helps communities and systems to better understand and value the perspectives of children, youth, and families while coordinating and improving services. KDOC-JS reinvestment dollars were used to compensate youth for their participation in the listening sessions. Shawnee County began discussing parent/guardian listening sessions in February 2022. See attachment 10 for the youth listening sessions report.

Throughout the year, representatives from DCF, KDOC-JS, OJA and various other service providers met via virtual platforms to hold case specific Multidisciplinary Teams (MDTs). The joint discussions brought professionals together to educate each other on agency-specific roles and responsibilities and to share perspectives. The group met to identify gaps and areas where the duplication of services may occur while brainstorming ways to jointly address the challenges and needs of specific crossover youth. MDTs are being used more frequently to collaborate and explore methods to effectively serve hard to place youth. Using an MDT creates enhanced opportunities to establish common goals for case plans, identify appropriate services, and increase accountability and the satisfaction of youth and their family.

Georgetown University, DCF, KDOC and OJA presented at two training conferences to raise awareness about the CYPM project. The Kansas State Department of Education's Safe and Supportive Schools Conference was held on January 26, 2022. Information presented included an overview of the CYPM, Kansas initiatives, and formal and informal ways for teachers and school staff to support system youth within their own schools. The Crime Victim's Rights Conference was held on April 8, 2022. Information presented included an overview of CYPM, Kansas initiatives, and identifying and rectifying service and support gaps in Kansas.

### **C.1.g. Kansas Early Head Start**

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

All services delivered through KEHS are guided by the grantee's Community Needs Assessment, which must be 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 as well as representatives from family service professions in the area and may be gathered via open forums, town meetings, individual interviews, focus groups, community surveys or other appropriate methods that capture adequate information.

The Department for Children and Families awards grantee to 11 KEHS programs in 44 counties, with 1005 enrollment slots. Increase in enrollment slots is due to one grantee opening two more classrooms and one program expanding with the opening of center classrooms. KEHS grantees and families have two options and/or models of service delivery, through the KEHS Home Visitation (KEHS-HV) and the KEHS Child Care Partnership (KEHS-CCP) models.

The KEHS-Home Visitation service model is:

- Modeled after the federal EHS home visitation program created by the U.S. Congress;
- Primarily serves pregnant women and families with infants and toddlers who meet the federal poverty guidelines;
- Offers children and families comprehensive services through weekly 90-minute home visits;
- Provides comprehensive health and mental health services, including services to women before, during and after pregnancy; and is
- Funded through the Temporary Assistance for Needy Families (TANF) program.

The KEHS-Child Care Partnership service model is:

- A quality initiative which requires KEHS grantees to partner with community childcare providers;
- Primarily serves families with infants and toddlers who meet the federal poverty guidelines;
- May also be provided in a center-based infant/toddler classroom operated by the KEHS grantee;
- Seeks to increase the availability of childcare for infants and toddlers and to increase the quality of childcare for all Kansas children;
- Allows KEHS programs to provide quality training to childcare providers who partner with them;
- Provides childcare through DCF subsidy for parents who are employed, attending school or are in a job training program;
- Supports childcare partners in meeting federal Head Start Program Performance Standards; and is Funded through Child Care Development Fund (CCDF) program.

Both KEHS service models, HV and CCP:

- Follow Head Start Performance Standards, which provide specific quality standards for the provision of services;
- Require at least 10 percent of total enrollment slots be made available to children with disabilities;
- Support children's growth in many areas such as language, literacy, and social and emotional development;

- Emphasize the role of parents as their child's first and most important teacher;
- Provide opportunities for parents to improve their parenting skills, knowledge and understanding of the educational and developmental needs of their children;
- Offer parents opportunities for their own growth and support in identifying and meeting goals;
- Provide a comprehensive program designed to meet the individual needs of each child and family, including early education, parent education, nutrition education and family support services
- Are voluntary;
- Collaborate with various community partners to provide the highest level of services to children and families and maximize available resources; and
- Partner with local health departments, Part C-Infant Toddler service providers, Parents as Teachers, and higher education institutions.

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

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

KEHS is an exceptional preventive measure for families working with PPS to prevent recurrent maltreatment and to prevent out-of-home placement. The childcare and home visiting models provide not only daycare services for young children, which provide socialization and educational services, but it also provides an in-home parent skill training component. Additionally, this service provides an ongoing outside interaction for children who may be otherwise isolated. Children and families who are part of other PPS services are not precluded from participating in KEHS services. Families who are engaged in Family Services, Family Preservation, Family First and Foster Care, to include out of home 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 PPM 2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three in the DCF Policy and Procedure Manual.

The PPS Administration Prevention Team is a standing member of several early education and home visiting leadership workgroups. Participants will include Head Starts across the state, DCF Assessment and Protection staff, Family First Grantees, Family Preservation Providers, and Foster Care Providers. The objective is to bridge relationships, share information related to DCF programs and contacts, and to learn more about Head Start programs and processes.

#### **C.1.h. Jobs for America's Graduates – Kansas**

Prevention and Protection Services (PPS) facilitates ongoing collaboration with the Jobs for America's Graduates- Kansas (JAG-K) program. JAG-K's primary focuses are high school graduation and delivering the competencies of the JAG model. The JAG-K program has been added to the transition planning process for older youth in care to ensure consideration in the youth's secondary educational attainment.

Since Jobs for America's Graduates- Kansas (JAG-K) started programming in 2013, there have been 180 youth in foster care fully participate in the traditional evidence-based, national program. From Fall 2013



through Spring 2019, 95% percent of those students graduated from high school, far exceeding state and national graduation rates for youth in care. Those students were mostly able to stay in one JAG-K program or transferred to a school that also had JAG-K.

In Spring 2018, DCF partnered with JAG-K to launch Success Academy to help Kansas students in foster care have a better chance of realizing positive outcomes. The first cohort of ten students were all academically behind, and none were on track to graduate. At the end of the semester, seven of the students were on track to graduate, and both seniors graduated. Seven of eight seniors graduated (88%) from the pilot, and JAG-K staff continued to work with the non-graduate for 12 months to help that student graduate by May 2020. For the 2018/19 school year, two more areas for services were added to the Success Academy: Kansas City and Topeka. Success Academy served 44 youth in foster care, eight of whom were Seniors. Seven of those Seniors graduated, making a 90% graduation rate. For the 2019/20 school year, JAG-K added a Western Region program. Eighty-three total students were served with 22 Seniors, 17 of which graduated, making a 78% graduation rate. In 2020, JAG-K changed the name of the program from Success Academy to Transition Services (TS). The COVID-19 pandemic has affected the overall referral numbers, but it has also enabled JAG-K to institute new creative ways to reach students virtually. For the school year 2020/21, Transition Services worked with 70 students statewide. Of those students, 31 were Seniors and 25 graduated, which is an 81% graduation rate.

Transition Services has four essential components:

- 1) A TS Career Specialist is dedicated to up to 25 students in a cohort and will serve as that student's education advocate regardless of where the student is placed.
- 2) Online credit recovery and core classes are utilized to help students catch up and stay on track regardless of how many times they experienced placement changes in a semester or academic year.
- 3) Students are enrolled in the traditional JAG-K program if one exists and has space available. If a JAG-K program is not an option, the TS Specialist works one on one with the student to introduce and help the student master the research-based JAG competencies, which include career development, leadership, and life skills. JAG-K is working with DCF to expand the list of competencies to include those that are specific to the needs of youth in care. The collaboration between PPS and JAG-K encourages both programs to continuously look for better methods to meet the needs of older youth in foster care.
- 4) JAG-K TS Specialists continue to maintain contact with graduates for 12 months following their graduation year. This enables the specialist to help the student maintain stability and connection with appropriate aftercare services. Additionally, if the student did not graduate, the specialist will provide support, referrals, and accountability to promote graduation within those 12 months.

### **C.1.i. Community-Based Child Abuse Prevention**

The Kansas Children's Cabinet and Trust Fund (KCCTF) is the lead agency responsible for the administration of Community-based Child Abuse Prevention (CBCAP) funds. The 1999 Kansas Legislature created the KCCTF to manage the Children's Initiatives Fund (CIF) with the goal of supporting programs which promote the health and welfare of Kansas children. Money from a settlement with the nation's largest tobacco companies known as the Tobacco Master Settlement Agreement, funds the CIF. The Legislature established the Kansas Endowment for Youth (KEY) fund to manage settlement money to ensure ongoing funding to children's programs. The legislature specified annual transfers would be made from the KEY fund to the CIF. The Children's Cabinet is a 15-member committee consisting of appointees of the Governor, Legislature, and ex officio members. The cabinet advises the Governor and Legislature regarding use of money credited to the CIF and assesses programs receiving CIF money. In

2006, the cabinet partnered with the Institute for Educational Research and Public Service at the University of Kansas, now known as the Center for Public Partnerships and Research (KUCPPR), to create an accountability framework to assess CIF programs. The framework encompasses a multi-phase process of information gathering, assessment of programs and recommendations.

Two agencies, KCCTF and DCF, work cooperatively together through an inter-agency agreement which establishes the working relationship, duties, and responsibilities between them. The DCF Secretary is an ex-officio member of the board for KCCTF and is represented by the DCF Director of Policy and Economic and Employment Services.

Through the CBCAP grant, Kansas is expanding its role in exploring methods for supporting and encouraging collaborative planning efforts in the area of early childhood development, prevention and Family and Child Well-Being. Innovation is being fostered in the CBCAP by more closely integrating prevention of child abuse and neglect with the State's Early Childhood Block Grant program, the Family and Child Well-Being system, and Kansas Strengthening Families. Adverse Childhood Experiences research is being used by CBCAP to inform prevention activities.

DCF's Family Preservation Program is partially funded by CIF funds. This program solely serves families referred by PPS. Families participating Family Preservation are at risk for having a child placed in out of home care. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they otherwise meet eligibility requirements. DCF is working to improve communication by sharing information with CBCAP to better serve and provide preventative services for the families in Kansas.

In addition to the partnerships fostered through Family Preservation, CBCAP has been a participant in the development of Family First. DCF issued a Request for Proposal for Family First Programs and CBCAP was on the Grant Peer Review Committee to assist in the review and selection of programs in Kansas. Additionally, they are a participant on the Family First Statewide Interagency Advisory Board (ICAB) a program serving both Kansas Strong and Family First.

Members from DCF programs serve on the Kansas Early Childhood State Directors Team. This team meets twice a month and boast members from KDHE, Kansas Department of Education, KCSL, DCF and University of Kansas. Members of the team are active participants in strategic planning and making funding decisions related to Early Childhood programs in Kansas. The team also hosts a webinar for stakeholders twice a month.

Additional statewide partnership with CBCAP is further discussed in section C.3.

### **C.1.j. Citizen Review Panels / Children's Justice Act**

Kansas has three Citizen Review Panels:

1. The Intake to Petition Panel, which also serves as the Children Justice Act Task Force. The CJA Task Force/Intake to Petition Panel places emphasis on gathering citizen input and issuing recommendations to modify and/or improve the child protective services system from intake to petition The Intake to Petition Panel Report and Children's Justice Act Task Force Report for 2020; outlines the purpose, function, process, membership, goals and recommendations made to the Kansas Department for Children and Families (DCF). Attachment 11 for Intake to Petition Annual Report and Attachment 12 for PPS Director's response to panel's recommendations. The panel meets quarterly.



2. The Custody to Transition Panel (KCRP-CT), ensures key stakeholder and community voices can provide guidance on building successes and improvement in the Family and Child Well-Being system from custody to transition. Custody to Transition Panel Report for 2020 outlines the purpose, function, process, membership, goals and recommendations made to DCF. See Attachment 13 for Custody to Transition Annual Report and Attachment 14 for PPS Director's response to the panel's recommendations. The panel meets quarterly.

In a joint meeting held on August 27, 2020, both panels were presented with information about the new Kansas Practice Model, Team Decision Making and DCF's Diversity, Equity and Inclusivity strategic implementation.

3. The Child Death Review Panel, which also serves as the State Child Death Review Board: Child Death Review Board report from 2020. Attachment 15 for State Child Death Review Board Annual Report and Attachment 16 for PPS Director's response to the board's recommendations.

The Department for Children and Families conducts, and will continue to conduct, reviews on cases of severe maltreatment/child deaths and gather data to assist with making changes in policy and practice. Kansas will continue to collaborate with partners in developing and implementing a statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement and the courts. This collaboration will be conducted through the Citizen Review Panels and various other task forces.

Child Abuse Prevention and Treatment Act (CAPTA) funds are utilized by DCF to contract with Mainstream Nonprofit Solutions to facilitate the first two panels, write reports and assist with the preparation of the CJA Three-year Assessment. Sara Hortenstine, from the Office of Attorney General facilitates the Child Death Review Board meetings. Taylor Forest, Mainstream Nonprofit Solutions, facilitates the Intake to Petition Panel, Children's Justice Act Task force, and the Custody to Transition Panel.

### **C.1.k Collaboration between DCF and Judicial Branch: Kansas Court Improvement Program**

Collaboration continues between the Kansas Department for Children and Families (DCF) and the Kansas Judicial Branch through DCF's participation on the Supreme Court Task Force on Permanency Planning (SCTFPP) and court personnel participation on the citizen review panels. There is court system participation on two of the three panels: The Citizen Review Panel: Intake to Petition and the Citizen Review Panel: Custody to Transition. The judicial branch does not participate on the third panel, the Kansas State Child Death Review Board. The collaboration continues with current implementation of the Strengthening Child Welfare Systems to Achieve Expected Child and Families Outcomes Grant, also referred to as Kansas Strong for Children and Families Grant.

Coordination between the three branches of government is supported by the ongoing involvement on the Kansas Judicial Council Juvenile Offender/Child in Need of Care (JO/CINC) Advisory Committee and other specially appointed Judicial Council Subcommittees and/or Joint Committees when needed. The JO/CINC Advisory Committee includes representatives from the judicial, legislative, and executive branches of government. DCF has a representative member on the Judicial Council JO/CINC Advisory Committee. The Committee addresses multiple issues related to the juvenile offender system, the Family and Child Well-Being system, and "crossover youth" issues related to both systems. The Committee continues to assist with any necessary updates to specific Kansas

Judicial Council forms related to both the Juvenile Justice Code and the Code for Care of Children. The Committee provides input and guidance during the legislative process to ensure the codes, and amendments thereto, continue to support best practice.

The implementation of the Family First Prevention Services Act (FFPSA) involved collaboration between the judicial, legislative, and executive branches of government during the 2019 Legislative session. Representatives from each branch met jointly and developed legislation to implement FFPSA, specifically the requirements related to the Qualified Residential Treatment Programs established by FFPSA. The needed legislation was successfully passed during the 2019 Legislative session and signed into law by the Governor. Kansas Judicial Council and SCTFPP developed the needed court notices and journal entry forms which were approved and posted on [www.kansasjudicialcouncil.org](http://www.kansasjudicialcouncil.org). Joint collaboration related to ongoing implementation of FFPSA continues. A subcommittee of the Kansas Supreme Court Task Force on Permanency Planning worked on development of an updated Bench Card related to Qualified Residential Treatment Programs (QRTPs).

In collaboration with DCF, OJA conducts two Best Practices in Child Welfare Law Trainings per year (Spring and Summer). Participants include judges, county and district attorneys, agency attorneys, parents' attorneys, Guardians ad litem (GALs), Court Appointed Special Advocate (CASA) and Citizen Review Board (CRB) programs' staff and volunteers, and members of the Citizen Review Panels.

### **Court Improvement Program (CIP)**

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

Kansas commenced the Child and Family Services Review (CFSR) Round 3 in 2015. The Case Review Section of the CFSR addressed permanency. Kansas received a designation of "Strength" for Item 22. Permanency Hearings. The statewide assessment indicated "the majority of children have permanency hearings in the first year and at a minimum of every 12 months thereafter (as required by Kansas statute). Stakeholders agreed permanency hearings occur timely, with many occurring as often as every 6 months." However, under the Permanency Statewide Data Indicator Performance, Kansas did not meet the national standard in two areas:

Permanency in 12 months for children entering foster care. The indicator is defined as "of all the children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?" Kansas did not meet the national standard of 40.5%. The state's performance was 38.2%. DCF and the Judicial Branch are working jointly to strategically focus on improvement of the performance. DCF data related to this outcome was provided to the Judicial Branch's Supreme Court Task Force on Permanency Planning (SCTFPP) in 2022. The data indicated the 4 largest urban areas in Kansas (Shawnee, Wyandotte, Johnson and Sedgwick counties) were not meeting the national standard. Per DCF data for same timeframe, all other counties were meeting the national standard. SCTFPP members include, but are not limited to, a representative from DCF and each of the four large urban areas in the State which are not meeting the performance standard. A meeting was subsequently convened by OJA with OJA, DCF Judicial Branch Liaison, and the four representative members of SCTFPP from the large urban counties to review and further discuss the data. Strategies to improve performance have been and will continue to be discussed by SCTFPP members. Kansas law requires permanency hearings be held every 12 months subsequent to the initial order of removal.

Permanency in 12 months for children in foster care 24 months or longer. The indicator is defined as "of all the children who enter foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month

period?” Initially, Kansas did not meet the national standard of 30.3% as the state’s performance was 26.3%. Subsequently and prior to completion of the PIP, such standard was met.

CIP and DCF staff agree the number of days to permanency for children in state care in Kansas must be reduced; CIP and DCF staff continue conversations to address the issue. The data reports created by both the judicial branch and DCF show the number of days, but they do not indicate the specific reason for the increased number of days to permanency.



## Adoption Tracking Tool

Working together to achieve timely  
adoptions for Kansas children



In May of 2019, the Capacity Building Center for Courts, University of Kansas (KU), DCF, DCF grantees, OJA, and ACF staff met for two (2) days to identify projects targeted for both the Kansas Strong grant project (KU is the lead) and the court improvement strategic plan. As a result of the discussion about current practices, the team agreed efforts would focus on improving processes to achieve a faster rate of permanency through adoption for children in care who are legally free for adoption and worked to create the Adoption Tracking Tool (ATT). The ATT identifies key benchmarks and data elements of any case for which a child is legally free for adoption and is awaiting adoption. “Legally free” is defined as the parental rights have either been relinquished, accepted, and approved by the DCF Secretary or have been terminated by the court. The Office of Judicial Administration (OJA) created a workgroup consisting of judges, attorneys, DCF staff, OJA staff, and the SCTFPP. This workgroup created and refined the tool. The ATT was later vetted by the Kansas Strong Steering Committee and DCF’s Prevention and Protection Services (PPS) administrative staff. The ATT was piloted in six counties from June 1, 2020, through December 31, 2020. Three counties were added to the pilot beginning April 1, 2021, through June 30, 2021. University of Kansas staff obtained feedback from pilot participants in the original six counties via surveys and stakeholder focus groups. The feedback on use of the new Tool was primarily positive. CIP staff provided orientation and training related to the ATT to court and legal staff in the pilot counties.

During the Spring of 2021, the final ATT was submitted, along with related policy and instructions, to the DCF Prevention & Protection Services division Policy Workgroup and the Workgroup approved inclusion and posting of such Tool, policy and instructions in the DCF PPS Policy & Procedures Manual (PPM) on July 1, 2021. In June of 2021, CIP staff provided orientation and training for court and legal staff in all counties which were not included in the pilot. As the result of joint work and collaboration between KU, OJA, DCF and DCF Grantees, the ATT was implemented statewide on July 1, 2021. Two questions related to the ATT were added for DCF Case Read/Review process to measure use and effectiveness of the Tool. See Attachment 17 Adoption Tracking Tool. OJA, DCF, and KU staff will meet to discuss the necessary data points and scheduling of KU’s court observation of the Tool. The court observations will be used to evaluate the Tool’s usage and effectiveness.



## Parent\*/Youth Facilitation

Keeping families together

\*Or caregiver



This same team which developed the ATT project also created the Parent/Youth Facilitation (PYF) Project. This project focuses on older youth with the goal of improving the following two outcomes: 1) reducing the number of youths coming into DCF custody and 2) reducing the number of youths aging out of foster care. The process described below is utilized before the filing of a child in need of care case in an effort to effectively meet the youth's and family's needs by providing appropriate services to support the resolution of problems was piloted in 2 counties, Wyandotte and Saline. If a youth is 14-17 years old, at risk of removal from the home, and the family resides in the counties where the project is being piloted, the prosecutor may refer the youth to a trained facilitator. The P/Y facilitator works with the youth and youth's family to attempt to come to an agreement on how best to address the current issues/problems. The agreement is embodied in writing and a summary report is returned to the prosecutor. The agreement is monitored for effectiveness/success. If successfully completed, the prosecutor is informed. If there is no agreement entered into and/or the plan in the agreement is not successful, the prosecutor is notified. It is then within the prosecutor's discretion to determine how to proceed. A long-time, certified parent/adolescent mediator, per the recommendation of OJA, provided consultation on the project. KU contracted with the mediator and her work extended to every piece of the project specifically, designing the facilitation process and training the facilitators. University of Kansas staff, DCF, OJA, prosecutors, judges and the P/Y Facilitation consultant collaborated to develop the Fact Sheet, Program Brochure, letters, and forms to be used in connection with this project. See Attachment 18 Parent Youth Facilitation Fact Sheet for additional details of the pilot projects in Wyandotte and Saline counties. Since the inception of the P/Y Facilitation Project, prosecutors in the two pilot counties have referred 176 families, 28 of whom have accepted the PYF service, for a service acceptance rate of 16 percent 1/2020 through 4/26/2022. At this time, 91 referrals are pending in these counties. The pending referrals could result in additional families accepting services. Several months ago, the workgroup reconvened to identify key successes and barriers and refine implementation to leverage lessons. An identified key to success was the use of an existing and successful program in Saline County to coordinate the project. A significant barrier was delayed identification for the need of interpreters for non-English speaking families, specifically in Wyandotte County. Additionally, unlike Saline County schools, Wyandotte County schools did not begin operating in-person until Spring 2021 which resulted in delayed referrals and was ultimately determined a barrier as well. The workgroup selected a third pilot site in Shawnee County, an urban county. PYF services began there in March 2022.

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

Kansas commenced the Child and Family Services Review (CFSR in 2015 and DCF completed the related PIP in June of 2019.) The Case Review Section of the CFSR addressed termination of parental rights. Kansas received a designation of "Area Needing Improvement" for Item 23: Termination of Parental Rights. The findings were established with the completion of the statewide assessment and stakeholder interviews. During the statewide assessment, the state could not provide data on the filing of termination of parental rights. When conducting the stakeholder interviews, individuals suggested there was not a consistent process to ensure timely filing of termination of parental rights.

The judicial branch has a case management system that is capable of tracking the filing of the motion for termination of parental rights. The DCF FACTS system tracks the conclusion of termination of parental

rights proceedings and when the child is available for adoption. However, Kansas doesn't require a separate motion to be filed if it was pled in the original petition. Additionally, no other documentation is required, by journal entry or report, when compelling reasons are cited as to why a motion will not be filed. Kansas statute requires "compelling interests" be documented in the IV-E agency's records (DCF records). The judicial branch is in the process of implementing Odyssey, a new statewide case management data system. In configuring this system, OJA worked to implement procedures allowing for additional methods of tracking this information. The new system will track when notices of hearing are issued. However, if notice is provided orally in court (allowable per Kansas law) and no further notice is issued, the new system will not be able to track such notice.

CIP and DCF staff agreed to request the Kansas Judicial Council Committee on Child in Need of Care (CINC) and Juvenile Offender (JO) issues review the statutes related to the termination of parental rights and the voluntary relinquishment of parental rights for any suggested revision. The Committee reviewed and did not determine a revision to the statutory language was needed.

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

Kansas commenced the Child and Family Services Review (CFSR) Round 3 in 2015 and related PIP in June of 2019. The CFSR Item 24, Notice of Hearings and Reviews to Caregivers, received a rating of Area Needing Improvement. Stakeholders at such time reported inconsistency existed in notification of court hearings and noted the ability of caregivers to be heard in court is inconsistent across the state. The findings were based on information obtained during the statewide assessment and stakeholder interviews.

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

- the subject child if child is 14 years of age or older;
- the child's foster parent or parents or permanent custodian providing care for the child;
- pre-adoptive parents for the child, if any;
- the child's grandparents at their last known addresses or, if no grandparent is living or if no living grandparent's address is known, to the closest relative of each of the child's parents whose address is known;
- the person having custody of the child; and
- upon request, by any person having close emotional ties with the child and who is deemed by the court to be essential to the deliberations before the court.

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

CIP and DCF worked with the Kansas Foster and Adoptive Parents Association to develop a survey. The SCTFPP requested the survey address all types of notices required under statute; did the foster parents attend the hearing; if they did attend, were the foster parents addressed during the hearings, and the use of the foster parent court report form.

After the survey was completed, the SCTFPP reviewed the data and identified the following as approved interventions:

- Prepare a training for family and child well-being stakeholders concerning the requirement for foster parents to receive notice and their right to be heard during permanency hearings. Completed - Best Practices Trainings and Governor's Conference Training in 2019.



- Edit Foster Parent Report to the Court (DCF Protection & Prevention Services (PPS) Policy and Procedure Manual (PPM), Appendix 3G). Completed.
- Make Foster Parent Report to the Court (PPS PPM, Appendix 3G) available on the DCF website. Completed.
- Review notice statute and language requiring the notice to foster parents included the Foster Parent Report to the Court (Appendix 3G) to determine whether revision is needed. Completed.
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem. DCF decided not to implement this intervention.

A copy of the survey was disseminated by CIP in collaboration with DCF as well as the results of same which are attached. See Attachment 19 Foster Parent Survey Results. At the time of submission, there are no confirmed plans to complete a subsequent survey.

The Kansas Foster Parents Notice of Hearings and Rights to Be Heard Survey and Results were provided with the APSR submitted on June 30, 2020. The first three interventions above have been completed. For the fourth intervention, the Supreme Court's Task Force discussed statutory revisions and determined none were needed at that time. Red book changes were discussed, but there have been numerous staff and process changes in past few years, so PPS Program will continue to seek effective ways to share information with foster parents. The DCF PPS Permanency Team regularly meets with each of the licensed Child Placing Agencies who sponsor family foster homes and continues to seek ways to support foster parents. OJA and DCF agree that this project has been completed.

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

### C.1.1. Human Trafficking

In 2013, the Kansas Legislature passed legislation which addressed many issues related to human trafficking. The Kansas Attorney General's Human Trafficking Advisory Board (HTAB) was established as the official board to 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 Kansas Department for Children and Families and other parties who have expertise related to issues of human trafficking. The DCF Prevention and Protection Services (PPS) Deputy Director of Assessment and Prevention Services and the Anti-Human Trafficking Program Manager are members of HTAB.

DCF's ongoing role in addressing human trafficking includes the following (per Kansas statute):

- If a child is brought into police protective custody and believed to have been subjected to human trafficking, the agency is to complete an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child.
- Immediately after receiving information a child has been identified as a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation of a child, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall report such information to law enforcement agencies of jurisdiction.
- Immediately after receiving information a child in the custody of the Secretary of DCF is missing, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall

report such information to the National Center for Missing and Exploited Children and the law enforcement agency in the jurisdiction from which the child is missing. Law enforcement is to then enter such information into the National Crime Information Center and the Kansas bureau of investigation.

- Tracking and taking necessary steps to ensure any children who run away are located and receive appropriate assessment and services upon their return.
- Engage in cross collaboration with other systems/agencies to combat human trafficking and ensure safety of children in care.

The Anti-Human Trafficking Program Manager is responsible to lead DCF's initiative to develop a comprehensive response and service system in Kansas for youth in DCF custody who are victims or at risk of becoming victims of human trafficking. This Program 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 Program Manager works regularly with the Kansas Attorney General'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 Kansas Bureau of Investigation, the Kansas Highway Patrol, and the Exploited and Missing Child Unit in Wichita and the Kansas Department of Corrections. The Program Manager also works with our contracted service providers is assisting them in training and other human trafficking related issues.

## 2021

- 1) The Kansas Protection Report Center (KPRC) is responsible for receiving reports of abuse, neglect and exploitation of an adult or child within the state of Kansas. Each human trafficking report (sex or labor) is assigned for investigation with either a same day or seventy-two-hour time frame depending upon the severity of the accusation. In (FY) 2021 the following number of human trafficking cases were assigned.

**Cases assigned to assess Human Trafficking Labor - 10**

**Cases assigned to assess Human Trafficking Sexual abuse - 154**

- 2) In 2021 DCF partnered with the Department of Homeland Security, US Marshals Service, Homeland Security Investigations, Federal Bureau of Investigations, Kansas Bureau of Investigation, Kansas Highway Patrol, Wichita Police Department, National Center for Exploited and Missing Children, Child Advocacy Center of Sedgwick County and the Wichita Children's Home in June on Operation Archangel. This operation focused on sex trafficking and locating children who were missing from foster care in the greater Wichita area. A total of 30 officers/agents were assigned to the operation from federal, state and local law enforcement agencies who spent three days following leads that were developed through DCF/Provider Special Response Teams for 68 missing youth thought to be in the Wichita area. A total of eight youth in care and missing were recovered in the Wichita area. Another six were recovered outside the Wichita area through leads that were developed during the operation. Those youth were located in El Dorado (Butler County), Topeka (Shawnee County), Pittsburg (Crawford County), Great Bend (Barton County), Kansas City (Wyandotte County) and Dodge City (Ford County). Three of the youth recovered were at high-risk for involvement in human trafficking with one a previous victim.

The results of this joint operation are:

**Minor Sex Trafficking**

Minor Victims Recovered - 1

Traffickers Arrested – 1

Buyers Arrested – 11

Promoters – 2

Adult Victims Recovered – 4

**Missing Youth from Foster Care Recovered – 14**

- 3) Immediate Response Teams were created under Kansas State Statute (38-2232(b)(2)) that states when any law enforcement officer takes into custody a child who they believe is victim of human trafficking the law enforcement officer shall place the child in protective custody and contact the Department for Children and Families Immediate Response Team to begin an assessment to determine immediate safety, placement and treatment needs for the child.

A request can also be made by a court to conduct a human trafficking assessment to determine safety, placement, and appropriate services for the youth within the court's jurisdiction.

**Immediate Response Team Human Trafficking Assessments**

**KVC** – LE Requested – 1 (sex trafficking)

Court Ordered – 5

**SFM** – LE Requested – 15 (sex trafficking)

Court ordered – 1

**TFI** - LE Requested – 2

Court ordered – 1

**Cornerstones** - LE Requested – 0

Court Ordered - 0

- 4) In 2021 DCF contracted with the WestCoast Children's Clinic, a non-profit children's community psychology clinic in Oakland, California, to train our Immediate Response Assessors on the use of their evidence-based Commercial Sexual Exploitation-Identification Tool (CSE-IT). This tool is designed to improve early identification of children who are commercially sexually exploited.
- 5) DCF worked with the Kansas Attorney General's Office in completing the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States (NAC) survey for the state of Kansas. Upon completion of the survey DCF began work on developing an implementation plan on suggestions that were identified in the survey to improve DCF's response to human trafficking within our child welfare population. This is intended to be a (3-5) year implementation plan with the first year an emphasis of providing human trafficking training for DCF and our contract providers. In addition, DCF will collaborate with the Children's Alliance of Kansas to develop training on human trafficking for foster parents in the state of Kansas.



### C.1.m Collaboration Against Sexual and Domestic Violence

The Kansas Coalition Against Sexual and Domestic Violence, Inc. (KCSDV) is a statewide nonprofit organization with the mission of preventing and eliminating sexual and domestic violence in Kansas.



As an organization, KCSDV trains professionals working in an array of disciplines, collaborates on public policy with partners and lawmakers, and increases awareness about sexual and domestic violence.

DCF signed a Memorandum of Understanding with the Kansas Coalition Against Sexual and Domestic Violence, Inc. As of January 1, 2021, KCSDV, is the sole source offering skills-based training in screening, interviewing, assessment, safety and permanency planning and resource referral actions. In 2016, KCSDV was one of twelve (12) sites nationally to be awarded the U.S. Department of Health and Human Services Specialized Services for Abused Parents and Their Children grant. Through this federal family and child well-being project, the past 4 years, the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) has built capacity and trained more than 1,400 family and child well-being professionals on issues related to domestic violence and child maltreatment. KCSDV has created and sustained best practice and leading-edge knowledge management of this specific subject matter on co-occurrence of domestic violence and child abuse and neglect. Their work has distributed over 1,200 family and child well-being domestic violence manuals to DCF practitioners and agencies with DCF provider agreements. DCF wishes to sustain the gains for this project's tools, resource materials for continuity of knowledge management for the family and child well-being workforce.

The federal grant funding period has ended, and continued collaboration and resources are needed for this critical workforce training and development topic of family wellbeing when children are exposed to domestic violence. The purpose of this agreement is to support continuity of KCSDV personnel and operating costs for eight (8) trainings and twelve (12) consultation meetings across a twelve (12) month annual period. During the SFY 2022, KCSDV provided eight (8) trainings and twelve (12) consultation meetings for enrollees who are employees of DCF or employees or volunteers with organizations who are contractors, grantees or have provider agreements with DCF or are other partner collaborators including but not limited to other state agencies, CASA or courts. This collaboration is scheduled to continue through SFY 2023.

### C.1.n Stakeholder Meetings

In addition to utilizing the already established workgroups and/or venues outlined in this section, Kansas conducted a minimum of semi-annual meetings with internal DCF division staff, external stakeholders, and the community over the last five years to discuss CFSR results, Program Improvement Plan (PIP) development, PIP progress, and new improvement initiatives. DCF and Community Child Welfare Case Management Providers (CWCMP) will continue convening community meetings to obtain information and feedback on practices and processes. Stakeholder meetings provide opportunities to ensure family involvement at a policy-making level and solicit input and feedback from families and other key stakeholders concerning agency practices.

### C.1.o Racial Equity Collaborative

In 2021 representatives from the Kansas Department for Children and Families, CarePortal and the University of Kansas School of Social Welfare created the Kansas Racial Equity Collaborative (REC). Kansas has a disproportionately higher number of Black and Brown children entering the child welfare system in comparison to White children. Additionally, children of color have worse outcomes and

experiences once entering the system. Yet, the network of collaborators who contribute to the child welfare pipeline often lack understanding of the root causes attributing to racial disparities. Fueled with the mission to end racial disparities in the child welfare system in the state, the REC led Kansas on an 8-month learning journey to further racial equity in child welfare. Over the last year, 2,000 Kansans from various sectors ranging legal, social, education, medical, law enforcement and academic fields, to faith and community-based organizations, attended a robust series of statewide trainings designed to equip them in understanding racial disparities, and partner in creating a more equitable system for Black and Brown Families.

The REC invited national speakers and experts in child welfare to educate participants in a series of virtual lectures first launched on Sept. 29, 2021. The first lecture, “Understanding the Historical Context of Structural Racism and Current Day Implications: How We Got Here and a Better Path Forward” featured keynote speakers Samantha Mellerson and Michael Finley from Hayward Burns Institute. The learning lecture was grounded in understanding racialized history and began a collaborative conversation on developing and understanding the longstanding structural inequities families of color experienced in the past and present. The second lecture, “Addressing Racial Inequities in Child Welfare: View from Early Childhood Education,” was led by Dr. Iheoma U. Iruka. Dr. Iruka’s lecture continued the journey in providing relevant information regarding disparities through early childhood data. She challenged participants to embrace a collective accountability around racial disproportionalities in child welfare and drew the connection to disparities beginning in early education. The third lecture, “Debunking Myths Around Racial Inequities in Child Welfare” included a panel of experts. Each speaker provided ways for rethinking common misconceptions that contribute to the racial inequities in the child welfare system. The panelists guided participants through debunking the concept of colorblindness, devaluing parents, and the dangerous mindset of “saving children.” The fourth and final lecture was “Forward Movement: Shifting from Control of- to Support for Black and Brown Families.” Each panelist drew upon their unique encounters either personally surviving the system as a child, working in the institution, or supporting Black and Brown families navigating their experiences. The panelist urged participants to engage and partner with Black and Brown families in pursuit of racial equity in child welfare while providing helpful tools for application.

In April 2022, the REC held an in-person symposium and 250 individuals from across the state of Kansas attended the event. There were two expert and renowned speakers, Associate Commissioner for the United States Children Bureau, Aysha E. Schomburg and Dr. Jessica Pryce, the Assistant Professor in the College of Social Work at Florida State University and the Executive Director of the Florida Institute for Child Welfare. The day was full of interactive and thought-provoking challenges for all the participants. Every single participant was asked the question, “from where I sit, how can I impact racial equity in the child welfare system?” The day ended with every table creating storyboards and visually telling the “story” of an equitable child welfare system. Finally, participants walked away with a thumb drive full of resources and an online journal to begin doing the work of racial equity in child welfare.

## C2. Update to the Assessment of Current Performance in Improving Outcomes

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

As part of the continuous quality improvement process, Kansas uses qualitative and quantitative data to assess performance and to inform practice and systems change. Kansas collects this data from multiple sources, and the findings have been incorporated into this assessment.

### **Federal Reviews**

The Child and Family Services Reviews (CFSR) assess the state's performance on seven outcomes related to safety, permanency, and well-being as well as seven systemic factors affecting outcomes. Kansas completed CFSR Round 3 in May 2015, and the Final Report was received in November 2015. Since completing the CFSR Round 3, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. These reviews have included case-specific interviews with key participants and stakeholders. Kansas successfully achieved implementation of the PIP by April 2019. The fifth and sixth PIP measurement case reviews were completed in 2020.

### **Quarterly Case Reviews**

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

<http://www.dcf.ks.gov/services/PPS/Pages/CaseReadResults.aspx>. An initial analysis and review occur upon completion of the quarterly case read with DCF administration, performance improvement team and DCF program staff. DCF Region performance improvement staff, regional staff and contracted providers engage in a regional review.

### **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 Adoption and Foster Care Analysis Reporting System (AFCARS) data and the annual submission of Kansas National Child Abuse and Neglect Data System (NCANDS) data. The AFCARS data is comprised of case-level information for all children in out-of-home foster care and those who have been adopted from foster care. The NCANDS data is comprised of information about reports of child abuse and neglect.

### **Administrative Data**

In addition to the AFCARS and NCANDS data sets, Kansas 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 to the agency and stakeholders related to key program measures such as specific contract performance outcomes and success indicators.

## **Safety Outcomes 1 and 2**

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

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

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

Kansas timeframes for initial assessment of child maltreatment reports and face-to-face contact with the child(ren) are established in the Prevention and Protection Services (PPS) Policy and Procedure Manual (PPM). The Kansas Protection Report Center (KPRC) is responsible for initial assessment of the report

and determines whether further assessment is warranted. When a report is accepted for further assessment, Child Protection Specialist (CPS) practitioners are responsible for making face-to-face contact with the child(ren). Safety Outcome 1 comprises these measures.

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Strength for Item 1 because 98% of the 40 applicable cases were rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through a thorough review of case file documentation and interviews with key case participants.

| <b>Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policy or state statutes?</b> |                               |                           |
|--|-------------------------------|---------------------------|
| <b>SFY Agency Data</b>   | <b>SFY2022 July-September</b> | <b>Item 1 Performance</b> |
| Agency Data  | July-September SFY22          | 65%                       |
| CFSR Review Round 3  | Period Under Review           |                           |
| CFSR Review  | April 2014 – May 2015         | 98%                       |
| PIP Measurement Period 1   | July 2016 – September 2017    | 90%                       |
| PIP Measurement Period 2   | January 2017 – March 2018     | 61%                       |
| PIP Measurement Period 3   | July 2017 – September 2018    | 45%                       |
| PIP Measurement Period 2   | January 2017-March 2018       | 61%                       |
| PIP Measurement Period 1   | July 2014-May 2015            | 98%                       |
| PIP Measurement Period 4   | April 2018 – June 2019        | 46%                       |
| PIP Measurement Period 5   | January 2019 – March 2020     | 41%                       |
| PIP Measurement Period 6   | July 2019 – September 2020    | 69%                       |

Data Source: Federal Online Monitoring System

Kansas was one of the small number of states to pass Safety Outcome 1 and Item 1. This achievement reflects a dedication to the agency's mission to protect children and promoting healthy families.

During the Round 3 PIP periods, Kansas had challenges to sustain the 97% performance measurement for Safety Outcome 1. See section Current and planned Activities to Improve Performance on Child and Family Outcomes for information on how Kansas is addressing this issue.

### **Administrative Data**

Statewide administrative data provides important contextual information. Once the report is assigned for further assessment, Kansas has historically, consistently, and importantly, completed the initial face-to-face contact within established time frames. For more information about the progress toward meeting the 95% standard, see the Kansas Protection Report Center Section below. Administrative data Indicates initial contacts are being made on a timely basis and meeting the 95% standard.

| Outcome Measure  | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Timely initial assessment decision<br><i>Standard: 95%</i> | 97%      | 99%      | 91%      | 48%      | 43%      | 69%      | 79%      | 95%      | 89%       |
| Timely initial contact<br><i>Standard: 95%</i>             | 97%      | 96%      | 97%      | 97%      | 96%      | 96%      | 95%      | 95%      | 97%       |

Data Sources: KIPS, FACTS

\*SFY 2022 data reflects data from July 2020 through March 2021

Please see analysis on pages 68-69 related to the decrease from SFY2021 to thus far in SFY2022.

| Measure  | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY2022 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Child maltreatment reports received            | 65,152   | 65,631   | 67,642   | 67,372   | 72,683   | 73,407   | 66,525   | 67,378   | 34,818   |
| Child maltreatment reports assigned            | 35,551   | 36,611   | 37,807   | 37,445   | 40,623   | 45,801   | 37,940   | 44,418   | 19,361   |
| Assignment rate for child maltreatment reports | 55%      | 56%      | 56%      | 56%      | 56%      | 62%      | 57%      | 66%      | 56%      |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through December 2022

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

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

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

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 2 due to 88% of the 26 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?</b> |                                    |                           |
|--|------------------------------------|---------------------------|
| <b>SFY21 Agency Data</b>   | <b>SFY2022 July-September 2021</b> | <b>Item 2 Performance</b> |
| Agency Data  | July-September 2021                | 77%                       |
| CFSR Round 3 Review  | PUR                                |                           |
| CFSR Review  | April 2014 – May 2015              | 88%                       |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 90%</i>   | July 2016 – September 2017         | 77%                       |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 90%</i>   | January 2017 – March 2018          | 76%                       |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 90%</i>   | July 2017 – September 2018         | 96%                       |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 90%</i>   | April 2018 – June 2019             | 100%                      |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 90%</i>   | January 2019 – March 2020          | 86%                       |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 90%</i>   | July 2019 – September 2020         | 95%                       |

Data Source: Federal Online Monitoring System

The state's performance for Item 2 for the PUR July-September 2021 showed a decrease in performance. There has been increased focus for those DCF Region and Case Management Providers who are below the performance standard. While there are no formal improvement plans in place, the DCF data team conducts quarterly meetings with family preservation and foster care providers to review data along with guidance and examples of how case file documentation can be improved. In the cases reviewed during the PIP period, Kansas has improved efforts to prevent unnecessary family disruption. The Kansas Round 3 Program Improvement Plan (PIP) established a goal of 96.5% for Item 2. Kansas achieved this goal during the fourth PIP measurement review period (Technical Bulletin #11 subsequently capped the Item 2 goal—for all states—at 90%).

When services are needed to prevent a child(ren)'s entry into foster care or re-entry after reunification, DCF Prevention Services are considered. All DCF Prevention Services are provided to the entire family and may be accessed through a child protective services assessment, court order or at the request of the family. Participation is voluntary (unless court-ordered), and services are provided without regard to income.

Beginning in SFY2022, DCF Prevention Services include Family Preservation Services and Family First Prevention Services programs. CPS practitioners, in partnership with families, determine the appropriate prevention services based on the family's feedback and the assessment of family needs. The Community Based Family Service program concluded at the end of SFY2021.

### **Family Services**

The Community Based Family Service program began in SFY 2014 and concluded services on June 30, 2021. Funds used to support this programming shifted to expand evidence-based Family First services. DCF Regions continue to be able to initiate individual agreements with local community-based providers to address an identified need that will support child and family well-being.



### Administrative Data

| Outcome Measure   | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | SFY2022** |  |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|--|
| Children will remain safely in their home during the open Community Based Family Services case.<br><i>Standard: 90%</i>                     | 94%      | 96%      | 99%      | 97%      | 97%      | 95%      | 98%      | 98%      | N/A       |  |
| Children will remain safety in their home for 365 days post conclusion of the Community Based Family Services case.<br><i>Standard: 80%</i> | NA       | 90%      | 91%      | 93%      | 92%      | 97%      | 90%      | 97%      | N/A       |  |

Data Source: FACTS

\*SFY 2021 data reflects data from July 2020 through June 2021

\*\*Community Based Family Service program concluded June 30, 2021

### **Family Preservation Services**

In-home Family Preservation Services (FP) may be provided to reduce the risk of maltreatment, improve family functioning and prevent children's entry into foster care. The FP program supports the family's strengths and resources to resolve crises, safely maintain children in the home and teach families new coping skills. Family Preservation Services are generally provided when a family needs or a circumstance warrants a higher-level of service intensity and frequency. Family Preservation is provided by child welfare case management providers (CWCMP).

In SFY 2020, new FPS contracts were executed with three case management providers, and services under the new contracts began January 1, 2020. In the new contracts, Kansas implemented sweeping changes to the service delivery model and enhanced the quality of the services available to support families. Instead of a one-size-fits-all approach, two distinct tiers were developed, providing two different levels of service within the program. Models practiced within each level are required to be evidence-based.

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

### Administrative Data

| Outcome Measures   | *SFY 2020 | *SFY 2021 | *SFY 2022 | SFY 2023 |
|--|-----------|-----------|-----------|----------|
| Children referred for family preservation services will remain in their home during the service period or within 30 days of case closure.<br><i>Tier 1 Standard: 90%</i> | 99%       | 93%       | 93%       |          |
| Children referred for family preservation services will remain in  | 92%       | 90%       | 86%       |          |

|  |  |  |  |  |
|--|--|--|--|--|
| their home during the service period or within 30 days of case closure.<br><i>Tier 2 Standard: 90%</i> |  |  |  |  |
|--|--|--|--|--|

Data Source: FACTS

\*SFY 2020 data reflects data from January 2020 through June 2020

\*SFY 2021 data reflects data from July 2020 through June 2021

\*SFY 2022 data reflects data from July 2021 through February 2022

### Family First Prevention Services Act services

New in SFY 2020, Family First Prevention Services Act (FFPSA) services may be provided to help families prevent children's entry (or re-entry) into foster care. To be eligible, at least one child in the home must be at imminent risk of entering foster care, but the child can safely remain at home or in a kinship placement through provision of the FFPSA. Pregnant and parenting youth in foster care 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 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Target children and youth who have reached 12 months from the time-of-service referral remained together at home without the need for foster care.<br><i>Standard: 90%</i> | NA       | NA       | NA       | NA       | NA       | NA       | NA       | 88%      | 89%       |          |

Data Source: FACTS & ROM

SFY2022 data reflects data from July 2021-March 2022

Because referrals for Family First Prevention Services began in October 2019 (SFY 2020), the administrative program outcome data measuring prevention of entry into foster care is not available until SFY21 as the children served by the program must have reached 12 months from referral date.

### Administrative Data

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

Data Source: FACTS & ROM

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

\*\*\*SFY 2022 data reflects from July 2021 – March 2022

### Post-Permanency Services

Kansas DCF is equally committed to safely maintaining children in their own home after exiting foster care. Specialized aftercare services are provided to strengthen and support families after achieving



reunification, permanent custodianship, and adoption. Aftercare services are developed, in partnership with families, to ensure transition of services and supports necessary to prevent re-entry into foster care.

### Administrative Data

| Outcome Measure   | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Children who re-entered foster care within 12 months of discharge for reasons of reunification, living with relative, or guardianship/custodianship.<br><i>Standard: 8.3% (lower is better)</i> | NA       | NA       | 7.5%     | 8%       | 8.6%     | 9.3%     | 10.0%    | 10.0%    | 9.3%     |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through February 2022

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

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

Additional resources and support for kinship and adoptive families is available, without time-limited eligibility requirements, through the Kansas Post Adoption Resource Center (K-PARC) and the Caregiver Association. These services are provided at no cost to families and are made available through funding from Kansas DCF. In July 2021, new contractors will be taking over the contracts and services provided to families through KPARC and Caregivers Association. Both contracts are now with one agency, Foster Adopt Connect, which will be designing and implementing a continuous model of support and services to families needing assistance. DCF Permanency is working closely with this agency in assisting with the transition of the contracts and providing feedback and guidance on implementation. It is anticipated there will be more useful data available in the next fiscal year as part of this collaboration to better determine usefulness of interventions developed.

### Administrative Data

#### Removal Rate and Foster Care Rate

| Region      | Population <sup>1</sup> | Child Population <sup>2</sup> | Average Monthly Removals * | Removal Rate per 1,000 in Child Pop. ** | Number of Children in OOH <sup>3</sup> | OOH Rate per 1,000 in Child Pop. *** | Average Monthly Ending OOH **** | Ending OOH Rate per 100 in OOH (Note: higher is better) | Average Number Ending OOH per 1 Removal |
|-------------|-------------------------|-------------------------------|----------------------------|---|--|--------------------------------------|---------------------------------|---|---|
| Kansas City | 987,920                 | 262,244                       | 41                         | 2.1                                     | 1,321                                  | 5.0                                  | 61.3                            | 4.6   | 1.51                                    |
| Northeast   | 277,505                 | 73,286                        | 38                         | 5.1                                     | 983                                    | 13.4                                 | 34.7                            | 3.5   | 0.91                                    |
| Northwest   | 329,058                 | 83,583                        | 37                         | 6.9                                     | 671                                    | 8.0                                  | 45.7                            | 6.8   | 1.22                                    |
| Southeast   | 269,497                 | 70,675                        | 30                         | 6.9                                     | 807                                    | 11.4                                 | 42.0                            | 5.2   | 1.42                                    |
| Southwest   | 373,946                 | 105,210                       | 47                         | 6.3                                     | 1,026                                  | 9.8                                  | 60.8                            | 5.9   | 1.30                                    |
| Wichita     | 675,388                 | 187,093                       | 73                         | 4.4                                     | 1,723                                  | 9.2                                  | 68.0                            | 3.9   | 0.93                                    |
| Statewide   | 2,913,314               | 782,091                       | 44.2                       | 5.3                                     | 6,531                                  | 9.5                                  | 52.1                            | 5.0   | 1.22                                    |
| National    | 327,167,434             | 73,285,505                    |                            | 3.7                                     | 423,997                                | 5.8                                  |                                 |   |   |

Data Sources: FACTS, Census Bureau

Data from July 2021 through December 2021

This data is reviewed when available by program staff. For the first 6 months of SFY22, children in Kansas were removed at a rate of 5.3 per 1,000, compared to the national rate of 3.7. This tells us that statewide, more children are ending out of home compared to removals.

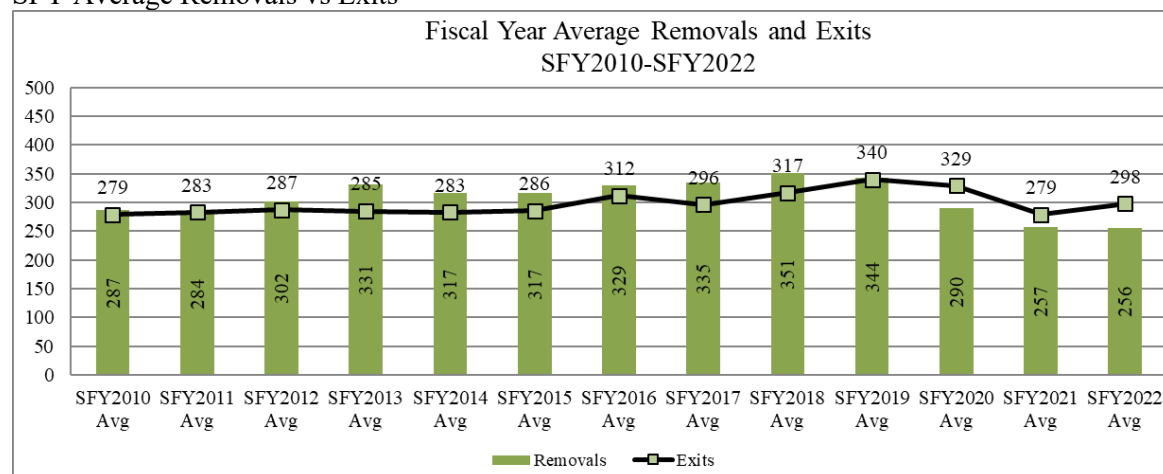
### Removals, Exits and Children in Out-Of-Home Placement on the Last Day of the Month

| By DCF Region      | Type of Information       | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | Jan  | Feb  | Mar  | Fiscal year Total | Fiscal year Average |
|--------------------|---------------------------|------|------|------|------|------|------|------|------|------|-------------------|---------------------|
| Kansas City Region | Removals                  | 40   | 44   | 31   | 54   | 37   | 36   | 30   | 17   | 44   | 333               | 37                  |
| Kansas City Region | Exits                     | 60   | 74   | 55   | 85   | 59   | 37   | 49   | 42   | 38   | 499               | 55                  |
| Kansas City Region | OOH Last Day of the Month | 1423 | 1400 | 1378 | 1339 | 1311 | 1321 | 1313 | 1287 | 1277 |                   | 1,339               |
| Northeast Region   | Removals                  | 41   | 49   | 50   | 41   | 37   | 12   | 28   | 20   | 22   | 300               | 33                  |
| Northeast Region   | Exits                     | 38   | 42   | 33   | 26   | 38   | 34   | 24   | 31   | 40   | 306               | 34                  |
| Northeast Region   | OOH Last Day of the Month | 970  | 981  | 990  | 1003 | 1021 | 983  | 991  | 979  | 961  |                   | 987                 |
| Northwest Region   | Removals                  | 35   | 43   | 43   | 29   | 47   | 24   | 31   | 54   | 31   | 337               | 37                  |
| Northwest Region   | Exits                     | 54   | 55   | 17   | 36   | 52   | 61   | 32   | 33   | 42   | 382               | 42                  |
| Northwest Region   | OOH Last Day of the Month | 701  | 689  | 712  | 712  | 715  | 671  | 669  | 688  | 675  |                   | 692                 |
| Southeast Region   | Removals                  | 35   | 41   | 20   | 27   | 21   | 33   | 19   | 36   | 31   | 263               | 29                  |
| Southeast Region   | Exits                     | 41   | 54   | 38   | 36   | 46   | 37   | 30   | 25   | 40   | 347               | 39                  |
| Southeast Region   | OOH Last Day of the Month | 870  | 861  | 840  | 831  | 819  | 807  | 790  | 807  | 799  |                   | 825                 |
| Southwest Region   | Removals                  | 37   | 56   | 60   | 48   | 43   | 41   | 45   | 52   | 56   | 438               | 49                  |
| Southwest Region   | Exits                     | 57   | 79   | 44   | 53   | 69   | 80   | 51   | 41   | 45   | 519               | 58                  |
| Southwest Region   | OOH Last Day of the Month | 1075 | 1065 | 1069 | 1075 | 1063 | 1026 | 1007 | 1013 | 1024 |                   | 1,046               |
| Wichita Region     | Removals                  | 63   | 65   | 87   | 70   | 68   | 83   | 71   | 44   | 80   | 631               | 70                  |
| Wichita Region     | Exits                     | 60   | 96   | 37   | 70   | 67   | 92   | 72   | 44   | 90   | 628               | 70                  |
| Wichita Region     | OOH Last Day of the Month | 1698 | 1660 | 1718 | 1734 | 1728 | 1723 | 1719 | 1716 | 1701 |                   | 1,711               |
| State              | Removals                  | 251  | 298  | 291  | 269  | 253  | 229  | 224  | 223  | 264  | 2,302             | 256                 |
| State              | Exits                     | 310  | 400  | 224  | 306  | 331  | 341  | 258  | 216  | 295  | 2,681             | 298                 |
| State              | OOH Last Day of the Month | 6737 | 6656 | 6707 | 6694 | 6657 | 6531 | 6489 | 6490 | 6437 |                   | 6,600               |

Data Source: FACTS

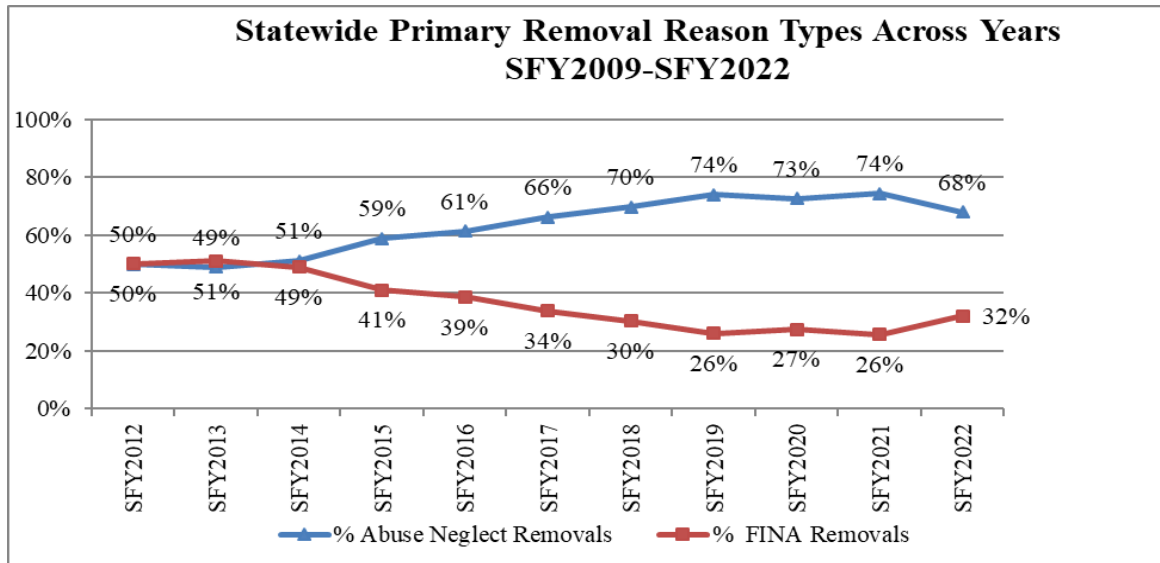
\*SFY 2022 data reflects data from July 2021 through March 2022

### SFY Average Removals vs Exits



Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through February 2022



Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through March 2022

### Item 3: Risk Assessment and Safety Management

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 3 due to 78% of the 65 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?</b> |                                |                           |
|--|--------------------------------|---------------------------|
| <b>SFY21 Agency Data</b>   | <b>SFY21 January-June 2021</b> | <b>Item 3 Performance</b> |
| Agency Data  | January-June 2021              | 79%                       |
| CFSR Round 3 Review  | PUR                            |                           |
| CFSR Round 3   | April 2014 – May 2015          | 78%                       |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 84%</i>   | July 2016 – September 2017     | 63%                       |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 84%</i>   | January 2017 – March 2018      | 69%                       |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 84%</i>   | July 2017 – September 2018     | 71%                       |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 84%</i>   | April 2018 – June 2019         | 91%                       |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 84%</i>   | January 2019 – March 2020      | 77%                       |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 84%</i>   | July 2019 – September 2020     | 82%                       |

Data Source: Federal Online Monitoring System

After an initial drop in performance from the CFSR, performance on Item 3 increased in the third and fourth PIP measurement review periods. The Kansas Round 3 PIP established a goal of 84% for Item 3. Kansas achieved this goal during the fourth PIP measurement review period.

Agency policy requires formal and informal assessment of risk and safety concerns on an ongoing basis and at critical times in the case. Critical points in the case are defined in PPM 3100 but include when there is new allegations of abuse or neglect, changes in family conditions and household composition, changes to visitation, upon reunification and at case closure.

### **Structured Decision Making**

The CFSR Round 3 identified a need for Kansas to utilize standardized assessments when assessing risk and safety concerns. Kansas selected Structured Decision Making (SDM) assessments for implementation (PIP Activity 1.2.2). The SDM assessments are evidence-based assessments utilized at major case decision points and increase the consistency and validity of case decisions.

In August 2019, the KPRC began utilizing SDM, at intake, when assessing child maltreatment reports for case assignment. The SDM assessments helps intake staff make accurate, consistent decisions about which families need further assessment from CPS practitioners and the timeframes to initiate in-person contact.

Kansas DCF identified Johnson, Wyandotte, Cherokee and Crawford Counties to pilot SDM implementation in SFY 2020. CPS practitioners in these four counties began utilizing the SDM safety assessment in their casework during November 2019 and began utilizing the SDM risk assessment during December 2019 (PIP Activity 1.2.5). The four pilot counties piloted the SDM safety and risk assessment for 12 months. A decision was made to not continue with the SDM safety and risk assessment tool due to implementation of the Kansas Practice model which provides more opportunity for family engagement in the assessment process. In 2020 Kansas began to implement the Kansas Practice Model which integrates aspects and tools from multiple practice approaches with promising evidence research and best practices to come alongside families, their natural supports and community on a journey toward improved safety and family well-being.

DCF worked with Safe Generations to integrate elements of Signs Of Safety (SOS) with the Kansas Practice Model. During November and December 2019, CPS practitioners in the Wichita Region, Harvey County and Reno County completed the two-day exposure training. This training examines the core principles of the Kansas Practice Model approach and reviews the disciplines essential for the effective use of the assessment and planning tools. Practitioners build skill and competency to begin incorporating the tools in their work with families. CPS practitioners in the West Region completed the exposure training in January and March 2020.

Due to the extraordinary circumstances related to the COVID-19 pandemic and nationwide public health emergency, the Kansas Practice Model training was delivered virtually for East Region and Kansas City Region staff throughout the summer of 2020. In SFY21, virtual training continues for ongoing KPM learning. See Attachment 20 DCF Training Plan 2023 for more details.

The CWCMPs provide family preservation and foster care case management services in Kansas utilize a variety of evidence-based tools to assess risk and safety concerns (PIP Activity 1.2.6). While the services are required to be trauma-informed and evidence-based, services are not limited to any one practice model. This flexibility allows each CWCMP to select a practice model and evidence-based assessments

recommended with, most conducive to or integrated within the model. At this time DCF is not considering a universal risk and safety tool as the focus has been to insure consistent worker/child visits are taking place by assigned case worker so that risk and safety can be informally assessed by observation and conversation with children who are verbal. The risk and safety tools used by each CWCMP in SFY21 are shown in Table 1.2 below.

Table 1.2

| CWCMP's              | Tools used to assess risk and safety concerns   |
|----------------------|---|
| KVC                  | Structured Decision Making  |
| TFI                  | DCF PPS 2035 Family Risk & Safety Assessment and NCFAS-G+R tool   |
| St. Francis Ministry | Individual child and family tools created by the agency that assesses for mental health, substance use, intellectual disability disorders, fetal alcohol syndrome disorder, nutrition, pain, suicide, human trafficking, trauma exposure and intimate partner violence. |
| Cornerstones of Care | DCF PPS 2030B, 2030C and 2030D  |

### Team Decision Making

In SFY2021, Team Decision Making (TDM) was implemented statewide. TDM's a collaborative practice which includes family members and kin in the conversation and decision making when critical decisions about where a child can safely reside. Kansas is utilizing TDM when a parent or caregiver's behavior places a child at-risk for separation from parent/caregiver. This approach recognizes families as the experts of their lives and partners with them to develop resolutions which engage the family's strengths and resources.


Unless an immediate and serious safety threat requires emergency decisions to be made, the TDM meeting is held before any child is removed from the home. The meetings are facilitated by a trained TDM facilitator and include the family, the child (when appropriate), the family's support system, service providers, community partners and agency CPS staff. Each TDM meeting is focused on the child's safety and well-being and the decision as to where a child can be safe.

Communication with community stakeholders is key to the success of TDM as a practice approach. Local ongoing outreach to engage courts, communities, service providers, families, and law enforcement in understanding the value of this important practice remains a priority.

Our partners at Evident Change, *formerly the National Council on Crime & Delinquency (NCCD) and the Children's Research Center*, continue to guide & mentor our efforts to cultivate a TDM practice that maintains fidelity to the model. Research from Evident Change shows that the more consistently we can adhere to TDM's key elements, the likelier we are to experience positive outcomes.

The TDM report below identifies attendance at TDMs remained consistent across most categories (not more than a 3% decrease in any role) for the second year, with an increase in participation from Mothers (from 80% to 81%), Children/Youth (from 19% to 22%), Contract Agency Staff (from 20% to 35%) and Service Providers/Other Supports (from 37% to 39%). We continue to be encouraged by the positive feedback we receive from attendees about the difference being a part of the TDM made for them.

## Administrative Data

|   |                   |                   |
|---|-------------------|-------------------|
| <div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> <b>TDM 2022 YTD Report - Statewide Summary</b><br/> <b>July 1, 2021 - February 28, 2022</b> </div> </div> |                   |                   |
| <b>Section I. PPS FACTS &amp; TDM Application Data</b>  |                   |                   |
| 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   | 2002              |                   |
| Children/Youth Removals by Law Enforcement (PPC) (subset of 1b)   | 951               | 48%               |
| Children/Youth Removals with a TDM (subset of 1b)   | 917               | 46%               |
| <b>Section II. Characteristics of TDM Meetings - TDM Application Data</b>   | <b># Meetings</b> | <b>% Meetings</b> |
| 2a. TDM Meetings  | 1035              |                   |
| 2b. TDM with Suspected/Confirmed Domestic Violence  | 169               | 16%               |
| 2c. Attendance at Meetings  | <b># Meetings</b> | <b>% Meetings</b> |
| DCF Worker  | 1003              | 97%               |
| DCF Supervisor  | 1017              | 98%               |
| Other DCF Staff (not assigned worker/supervisor)  | 176               | 17%               |
| Mother  | 837               | 81%               |
| Father  | 556               | 54%               |
| Children/Youth  | 227               | 22%               |
| Caregivers  | 36                | 3%                |
| Family Members and Friends  | 648               | 63%               |
| Contract Agency Staff   | 364               | 35%               |
| Neighborhood / Community Representatives  | 16                | 2%                |
| Service providers / Other supports  | 403               | 39%               |
| <b>Section III: Summary of Children/Youth Identified with a TDM Meeting</b>   | <b># Children</b> | <b>% Children</b> |
| 3a. Children/Youth with a TDM Meeting (ages 0-17 yrs)***  | 1953              |                   |
| 3b. Youth ages 12+ with a TDM Meeting   | 503               | 26%               |
| 3c. Children ages 0-11 with a TDM Meeting   | 1461              | 75%               |
| <b>Section IV. Child/Youth Placement &amp; Recommendation</b>   | <b># Children</b> | <b>% Children</b> |
| 4a. Child/Youth Location at Time of TDM (subset of 3a)  |                   |                   |
| In Home   | 779               | 40%               |
| Separated   | 1174              | 60%               |
| Removed by Law Enforcement (subset of "Separated")  | 907               | 77%               |
| 4b. Recommendation for Custody & Care (subset of 3a)  | <b># Children</b> | <b>% Children</b> |
| Maintain Child/Youth in own home, no court involvement  | 431               | 22%               |
| File for court intervention not involving out of home placement   | 231               | 12%               |
| Immediately return Child/Youth to own home, no court involvement  | 214               | 11%               |
| Place Child/Youth with relative, no court involvement   | 233               | 12%               |
| File for any type of custody that includes out of home placement (OOH)  | 844               | 43%               |
| 4c. Placement Recommendations for Child/Youth Placed Out of Home (subset of "OOH")  | <b># Children</b> | <b>% Children</b> |
| Place with a Relative   | 478               | 57%               |
| Place with Unrelated person, not Foster Parent  | 51                | 6%                |
| Place in Foster Home  | 297               | 35%               |
| Place in Group Home   | 8                 | 1%                |
| Place in Residential Treatment  | 6                 | 1%                |
| Place in Independent Living   | 1                 | 0%                |

### Kansas Practice Model

The Kansas Practice Model provides a consistent and customized framework to support engagement, safety planning and decision-making to guide our work alongside families, children and youth. With family voice and practice approaches, practitioners use their skills to engage the family and assist with needed services to support family safety and well-being.

The KPM approach involves “mapping” conversations with the family to inform the assessment and plan together with the family for immediate and lasting safety. This assessment incorporates and highlights the child’s voice, integrates the family and the network’s perspective, and identifies the strengths demonstrated as safety. Co-authoring the assessment with the family provides depth to the information, enhances engagement, and promotes shared understanding and clarity.



### Administrative Data

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

| Outcome Measure  | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Families will not experience substantiated or affirmed abuse or neglect within the first 365 days of referral to Community Based Family Services<br><i>Standard: 85%</i> | NA       | 98%      | 98%      | 97%      | 93%      | 95%      | 96%      | 94.7%    | NA        | NA       |
| Families will not experience substantiated or affirmed abuse or neglect within the first 90 days of Family Preservation<br><i>Standard: 95%</i>                          | 99%      | 99%      | 99%      | 99%      | 99%      | 99%      | 99%      | NA       | NA        | NA       |
| Families will not experience substantiated or affirmed abuse or neglect within the first 365 days of Family Preservation<br><i>Standard: 95%</i>                         | NA       | 96%      | 95%      | 95%      | 93%      | 94%      | 94%      | NA       | NA        | NA       |
| Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 1<br><i>Standard: 95%</i>                                | NA       | NA       | NA       | NA       | NA       | NA       | 99%      | 99%      | 99.7%     |          |
| Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 2<br><i>Standard: 95%</i>                                | NA       | NA       | NA       | NA       | NA       | NA       | 97%      | 96.6%    | 97%       |          |
| Children in foster care will not experience substantiated or affirmed abuse or neglect within a 12-month period<br><i>Standard: 8.5 (lower is better)</i>                | NA       | NA       | 4        | 4.9      | 5.6      | 4.7      | 3.8      | 3.7      | 3.7       |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through December 2021

| Outcome Measure   | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Children who were a victim of a subsequent affirmed or substantiated maltreatment within 12 months of the initial affirmed or substantiated finding.<br><i>Standard: 9.5% (lower is better)</i> | NA       | NA       | 4.5%     | 4.7%     | 6.4%     | 6.3%     | 6.3%     | 4.9%     | 5.2%      |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through December 2021

## Permanency Outcomes 1 and 2

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

Despite the agency's renewed focus on prevention and enhanced network of prevention services, a system providing temporary foster care will always be necessary. For the children and youth in foster care, Kansas is committed to achieving permanency.

#### Item 4: Stability of Foster Care Placement

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

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 4 due to 70% of the 40 applicable foster cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?</b> |                                    |                           |
|---|------------------------------------|---------------------------|
| <b>SFY21 Agency Data</b>  | <b>SFY2022 June-September 2021</b> | <b>Item 4 Performance</b> |
| Agency Data   | June-September 2021                | 86%                       |
| CFSR Round 3 Review   | PUR                                |                           |
| CFSR Review   |                                    |                           |
| CFSR Round 3  | April 2014 – May 2015              | 70%                       |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 79%</i>  | July 2016 – September 2017         | 69%                       |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 79%</i>  | January 2017 – March 2018          | 73%                       |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 79%</i>  | July 2017 – September 2018         | 73%                       |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 79%</i>  | April 2018 – June 2019             | 75%                       |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 79%</i>  | January 2019 – March 2020          | 60%                       |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 79%</i>  | July 2019 – September 2020         | 82%                       |

Data Source: Federal Online Monitoring System  
SFY21 data January-June 2021

Kansas has shown an increase in performance from the last PIP PUR. The Kansas Round 3 PIP established a goal of 79% for Item 4. Kansas achieved this goal during the sixth PIP measurement review period.

### Administrative Data

The CFSR Round 3 introduced a new data indicator for measuring placement stability. This measure calculates the rate of moves per 1,000 days for children entering foster care. Kansas began utilizing this measure in SFY 2016.

| Outcome Measure   | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Placement Stability: Rate of moves per 1,000 days in Foster Care<br><i>Standard: 4.44 (lower is better)</i> | NA       | NA       | 6.6      | 7.1      | 8.9      | 9.7      | 8.6      | 5.4      | 6.2       |          |
| Children in foster care placed in a family-like setting<br><i>Standard: 90%</i>                             | 95%      | 95%      | 94%      | 93%      | 92%      | 91%      | 91%      | 92%      | 92%       |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through February 2022

Each month, Kansas also examines placement stability for the 12-month cohort of children entering foster care. In February 2022, over 61.7% of the cohort experienced 4.4 or fewer moves. Over 24.7% of the cohort experienced 8.6 or more moves. A further analysis will begin in the Summer of 2022 to analyze those situations in which children have fewer moves compared to those children with significantly higher rate of moves. This work will be enhanced by having technical assistance from Capacity Building Center for States. The plan is to review rate of moves data from three different years, SFY 2019, 2020 and 2021.

| Rate of Moves  | Number of Children | Percent of Children |
|----------------|--------------------|---------------------|
| 4.4 or fewer   | 1862               | 61.7%               |
| 4.5 – 5.5      | 117                | 3.9%                |
| 5.6 – 6.5      | 145                | 4.8%                |
| 6.6 – 7.5      | 93                 | 3.1%                |
| 7.6 – 8.5      | 54                 | 1.8%                |
| 8.6 or greater | 746                | 24.7%               |

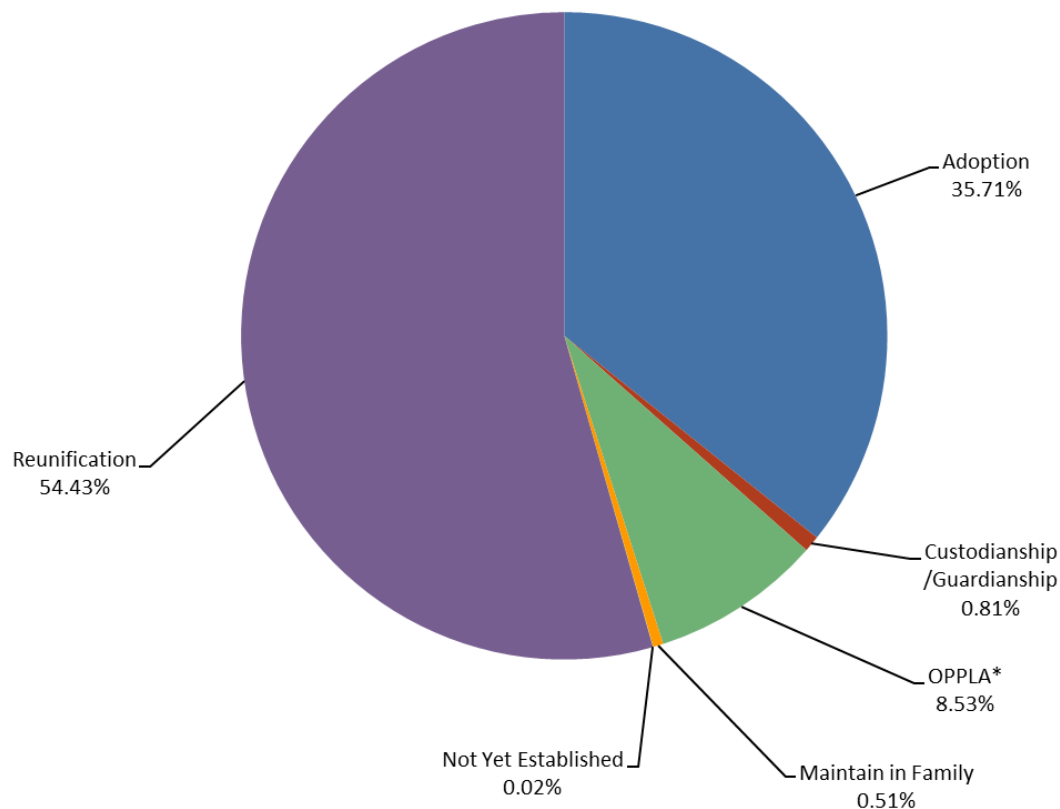
Data Source: FACTS

#### SFY 2022 Foster Care Placement Settings

Foster Care placement by placement type is available July 1, 2021- through March 2022 on our public website.

|                  | <u>JUL</u>   | <u>AUG</u>   | <u>SEP</u>   | <u>OCT</u>   | <u>NOV</u>   | <u>DEC</u>   | <u>JAN</u>   | <u>FEB</u>   | <u>MAR</u>   | <u>Avg</u> |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
| Family Foster    |              |              |              |              |              |              |              |              |              |            |
| Home             | 3,276        | 3,209        | 3,238        | 3,217        | 3,226        | 3,163        | 3,118        | 3,168        | 3,124        | 3,193      |
| Relative         | 2,451        | 2,489        | 2,494        | 2,497        | 2,487        | 2,486        | 2,477        | 2,430        | 2,379        | 2,466      |
| PreAdoptive      | 268          | 234          | 249          | 252          | 207          | 164          | 183          | 199          | 241          | 222        |
| Independent      |              |              |              |              |              |              |              |              |              |            |
| Living           | 102          | 103          | 96           | 98           | 96           | 92           | 95           | 91           | 98           | 97         |
| Runaway          | 76           | 67           | 72           | 83           | 90           | 91           | 95           | 81           | 72           | 81         |
| GroupResidential | 562          | 552          | 557          | 547          | 549          | 534          | 520          | 519          | 521          | 540        |
| Maternity        | 2            | 2            | 1            | 0            | 2            | 1            | 1            | 2            | 2            | 2          |
| <b>Total</b>     | <b>6,737</b> | <b>6,656</b> | <b>6,707</b> | <b>6,694</b> | <b>6,657</b> | <b>6,531</b> | <b>6,489</b> | <b>6,490</b> | <b>6,437</b> |            |

Data Source: FACTS



#### Item 5: Permanency Goal for the child

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

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 5 due to 65% of the 40 applicable cases rated as a Strength. The PIP established a goal of 74%. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

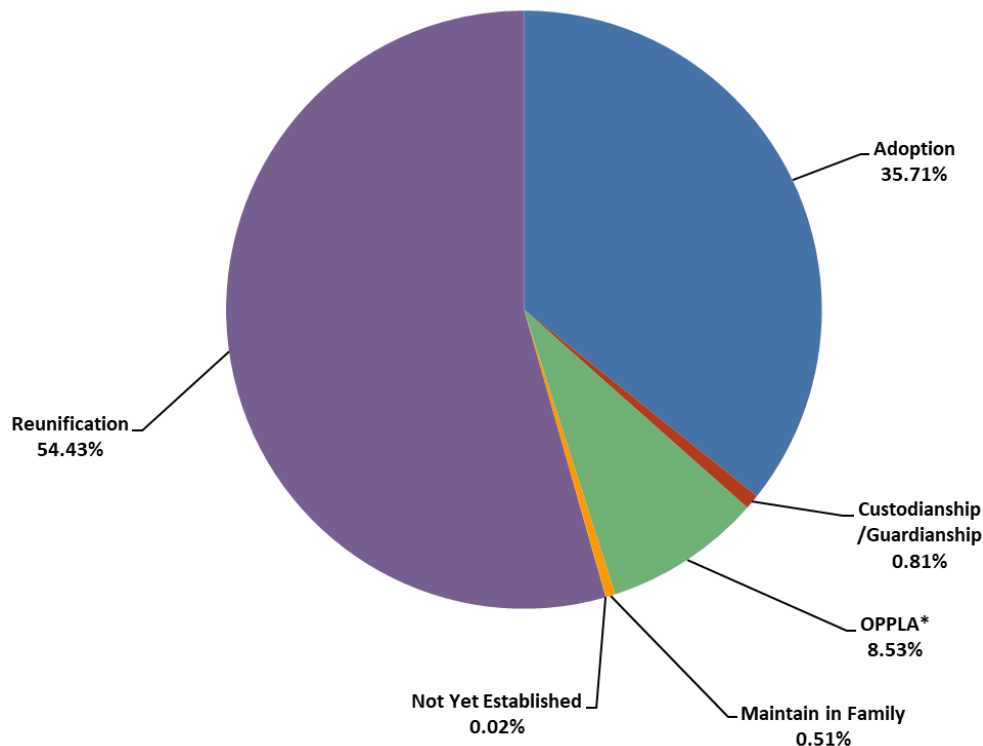
| Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner? |                             |                    |
|---|-----------------------------|--------------------|
| SFY21 Agency Data   | SFY2022 June-September 2021 | Item 5 Performance |
| Agency Data   | June-September 2021         | 82%                |
| CFSR Round 3 Review   | PUR                         |                    |
| CFSR Round 3  | April 2014 – May 2015       | 65%                |

|  |                            |     |
|--|----------------------------|-----|
|  |                            |     |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 74%</i> | July 2016 – September 2017 | 78% |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 74%</i> | January 2017 – March 2018  | 56% |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 74%</i> | July 2017 – September 2018 | 73% |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 74%</i> | April 2018 – June 2019     | 70% |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 74%</i> | January 2019 – March 2020  | 80% |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 74%</i> | July 2019 – September 2020 | 74% |

Data Source: Federal Online Monitoring System  
SFY21 Data January-June 2021

Establishing appropriate goals and in a timely manner as show improvement and exceeds performance through all PIP periods. Kansas achieved the PIP measurement goal during PIP Review 1. Data reflects this level of performance has not been sustained over time.

#### Administrative Data



#### **Children in Foster Care by Permanency Goal**

Data Source: FACTS

## Item 6: Achieving Reunification, Guardianship, Adoption or Another Planned Permanent Living Arrangement

Kansas sees foster care as a temporary support to families and the state believes all children in foster care deserve permanency in their lives. The agency envisions a foster care system in which children aren't spending one day more in care than necessary.

### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 6 due to 63% of the 40 applicable foster care cases rated as a Strength. The PIP established a goal of 72%. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption or another planned permanent living arrangement for the child?</b> |                                    |                           |
|--|------------------------------------|---------------------------|
| <b>SFY21 Agency Data</b>   | <b>SFY2022 June-September 2021</b> | <b>Item 6 Performance</b> |
| Agency Data  | June-September 2021                | 49%                       |
| CFSR Round 3 Review  | PUR                                |                           |
| CFSR Round 3   | April 2014 – May 2015              | 63%                       |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 72%</i>   | July 2016 – September 2017         | 44%                       |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 72%</i>   | January 2017 – March 2018          | 48%                       |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 72%</i>   | July 2017 – September 2018         | 48%                       |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 72%</i>   | April 2018 – June 2019             | 50%                       |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 72%</i>   | January 2019 – March 2020          | 50%                       |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 72%</i>   | July 2019 – September 2020         | 59%                       |

Data Source: Federal Online Monitoring System

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

### Administrative Data

Kansas uses several measures to monitor permanency and the length of time before permanency is achieved for children in foster care. Several of the measures mirror CFSR Round 3 statewide permanency indicators.

| <b>Outcome Measure</b>  | <b>SFY 2014</b> | <b>SFY 2015</b> | <b>SFY 2016</b> | <b>SFY 2017</b> | <b>SFY 2018</b> | <b>SFY 2019</b> | <b>SFY 2020</b> | <b>SFY 2021</b> | <b>SFY 2022</b> | <b>SFY 2023</b> |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Children who enter foster care, discharged to a permanent home within 12 months of their date of entry into foster care and before turning 18 | NA              | NA              | 40%             | 38%             | 37%             | 36%             | 36%             | 34%             | 31%             |                 |



| <b>Outcome Measure</b>   | <b>SFY<br/>2014</b> | <b>SFY<br/>2015</b> | <b>SFY<br/>2016</b> | <b>SFY<br/>2017</b> | <b>SFY<br/>2018</b> | <b>SFY<br/>2019</b> | <b>SFY<br/>2020</b> | <b>SFY<br/>2021</b> | <b>SFY<br/>2022</b> | <b>SFY<br/>2023</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <i>Standard: 40.5%</i>   |                     |                     |                     |                     |                     |                     |                     |                     |                     |                     |
| Children in foster care between 12 and 23 months, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18<br><i>Standard: 43.6%</i> | NA                  | NA                  | 41%                 | 40%                 | 37%                 | 40%                 | 41%                 | 36%                 | 40%                 |                     |
| Children in foster care 24 months and longer, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18<br><i>Standard: 30.3%</i>     | NA                  | NA                  | 31%                 | 35%                 | 29%                 | 36%                 | 38%                 | 34%                 | 34%                 |                     |
| Children who became legally free for adoption in the 12 months prior, discharged to a finalized adoption in less than 12 months from becoming legally free<br><i>Standard: 45.8%</i>         | 45%                 | 43%                 | 42%                 | 40%                 | 29%                 | 39%                 | 44%                 | 41%                 | 38%                 |                     |
| Children discharged from custody for reason of adoption, released from custody in less than 24 months from removal into care<br><i>Standard: 26.8%</i>                                       | 33%                 | 26%                 | 23%                 | 22%                 | 18%                 | 17%                 | 19%                 | 15%                 | 13%                 |                     |
| Children discharged from foster care who were legally free for adoption at the time of discharge and will be discharged to a permanent home before turning 18<br><i>Standard: 96.8%</i>      | 90%                 | 91%                 | 91%                 | 89%                 | 88%                 | 92%                 | 92%                 | 89%                 | 89%                 |                     |
| Children discharged from foster care for reason of emancipation, or who reached age 18 while in foster care, who were in care 3 years or longer<br><i>Standard: 47.8% (lower is better)</i>  | 33%                 | 33%                 | 36%                 | 32%                 | 31%                 | 34%                 | 29%                 | 35%                 | 36%                 |                     |

Data Source: FACTS

\*SFY 2022 data reflects data from July-September 2021

| <b>Measure</b>   | <b>SFY<br/>2014</b> | <b>SFY<br/>2015</b> | <b>SFY<br/>2016</b> | <b>SFY<br/>2017</b> | <b>SFY<br/>2018</b> | <b>SFY<br/>2019</b> | <b>SFY<br/>2020</b> | <b>SFY<br/>2021</b> | <b>*SFY<br/>2022</b> | <b>SFY<br/>2023</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|---------------------|
| Average months in foster care for children discharged to reunification<br><i>Suggested Timeframe: 12 months</i>              | 8                   | 9                   | 9                   | 10                  | 10                  | 10                  | 10                  | 12                  | 11                   |                     |
| Average months in foster care for children discharged to custodianship/guardianship<br><i>Suggested Timeframe: 18 months</i> | 18                  | 19                  | 18                  | 19                  | 20                  | 19                  | 19                  | 24                  | 21                   |                     |
| Average months in foster care for children discharged to emancipation<br><i>Suggested Timeframe: NA</i>                      | 34                  | 38                  | 39                  | 37                  | 38                  | 36                  | 38                  | 39                  | 41                   |                     |

| Measure  | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Average months in foster care for children discharged to adoption<br><i>Suggested Timeframe: 24 months</i> | 32       | 33       | 35       | 36       | 38       | 39       | 39       | 40       | 40        |          |
| Adoptions finalized<br><i>Standard: NA</i>   | 666      | 765      | 755      | 758      | 766      | 1210     | 998      | 846      | 634       |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July-March 31, 2022

Based on this data, Kansas has the opportunity to improve outcomes for children and families by ensuring concerted efforts are made to achieve permanency in a timely manner.

When a child is reunified with their family, reunification occurs, on average, 12 months after the child's entry into foster care. This is within the 12-month suggested timeframe for achievement. When a child exits to custodianship/guardianship, permanency is achieved, on average, within 26 months of the child's entry into foster care. This is outside the 18-month suggested timeframe for achievement.

Based on this data, Kansas has the opportunity to improve outcomes for children and families by ensuring concerted efforts are made to achieve permanency in a timely manner.

When a child is reunified with their family, reunification occurs, on average, 11 months after the child's entry into foster care. This is within the 12-month suggested timeframe for achievement. However, Kansas recognizes the need to increase the number of permanencies that occur in 12 months. Data in 2022 indicate a decrease in this percentage and continues to fall short of the 40.5% standard for permanency in 12 months. This outcome has been highlighted on CMP Performance Improvement plans in each area (with the exception of catchment area 2 where the outcome is currently being met).

When a child exits to custodianship/guardianship, permanency is achieved, on average, within 21 months of the child's entry into foster care. This data point indicates improvement over SFY 21, yet still higher than previous years and outside the 18-month suggested timeframe for achievement.

When a child exits to adoption, permanency through adoption occurs, on average, 40 months after the child's entry into foster care. This average has increased in recent years, however, has remained steady with SFY 21.

The suggested timeframe for achieving adoption is 24 months. Kansas data shows another decline in the percentage of children who exited to adoption and achieved permanency within 24 months of entering care. SFY 22 (July 21 through April 22) reflects only 13% of children met this suggested timeframe. Also, only 38% (another decrease) of the children, who became legally free for adoption, had exited to adoption 12 months later.

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

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

### Item 7: Placement with Siblings

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

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Strength for Item 7 due to 100% of the 14 applicable foster care rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 7: Did the agency make concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?</b> |                                    |                           |
|--|------------------------------------|---------------------------|
| <b>SFY2022 Agency Data</b>   | <b>SFY2022 July-September 2021</b> | <b>Item 7 Performance</b> |
| Agency Data  |                                    |                           |
| CFSR Round 3 Review  | PUR                                | 59%                       |
| CFSR Round 3   | April 2014 – May 2015              | 100%                      |
| PIP Measurement Period 1   | July 2016 – September 2017         | 86%                       |
| PIP Measurement Period 2   | January 2017 – March 2018          | 82%                       |
| PIP Measurement Period 3   | July 2017 – September 2018         | 76%                       |
| PIP Measurement Period 4   | April 2018 – June 2019             | 77%                       |
| PIP Measurement Period 5   | January 2019 – March 2020          | 73%                       |
| PIP Measurement Period 6   | July 2019 – September 2020         | 90%                       |

Data Source: Federal Online Monitoring System

Agency Data reflects data July-September 2021

### **Administrative Data**

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

| <b>Outcome Measure</b>  | <b>SFY 2014</b> | <b>SFY 2015</b> | <b>SFY 2016</b> | <b>SFY 2017</b> | <b>SFY 2018</b> | <b>SFY 2019</b> | <b>SFY 2020</b> | <b>SFY 2021</b> | <b>*SFY 2022</b> | <b>SFY 2023</b> |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|
| Children in foster care, with siblings in foster care, placed with at least one sibling<br><i>Standard: 78%</i> | 79%             | 78%             | 79%             | 77%             | 74%             | 73%             | 74%             | 77%             | 77%              |                 |

Data Source: FACTS

\*SFY 2022 data reflects data from July 1, 2021 through March 2022

### **Item 8: Visiting with Parents and Siblings in Foster Care**

Kansas DCF policy (PPM 3237) supports the philosophy of visitations with parents, and siblings also in foster care, promotes the continuity of family relationships for children in care. Kansas encourages visitations be as frequent as possible, in the least restrictive environment, and appropriate to the circumstances of the case. The agency prohibits using the opportunity for visitation as either a consequence or reward for parents or for children.

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 8 due to 85% of the 26 applicable foster care cases rated as a Strength. These findings revealed performance ensuring the frequency and quality of visits between a child and his or her siblings in foster care was lower than visits between a child and his or her parents. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?</b> |                                    |                           |
|--|------------------------------------|---------------------------|
| <b>SFY2022 Agency Data</b>   | <b>SFY2022 July-September 2021</b> | <b>Item 8 Performance</b> |
| Agency Data  | July-September 2021                | 64%                       |
| CFSR Round 3 Review  | PUR                                |                           |
| CFSR Round 3   | April 2014 – May 2015              | 85%                       |
| PIP Measurement Period 1   | July 2016 – September 2017         | 62%                       |
| PIP Measurement Period 2   | January 2017 – March 2018          | 81%                       |
| PIP Measurement Period 3   | July 2017 – September 2018         | 66%                       |
| PIP Measurement Period 4   | April 2018 – June 2019             | 74%                       |
| PIP Measurement Period 5   | January 2019 – March 2020          | 80%                       |
| PIP Measurement Period 6   | July 2019 – September 2020         | 90%                       |

Data Source: Federal Online Monitoring System SFY2022 Q1 July-September 2021

### **Item 9: Preserving Connections**

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

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 9 due to 83% of the 40 applicable foster care cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

|   |
|---|
| <b>Item 9: Did the agency make concerted efforts to preserve the child's connections to his neighborhood, community, faith, extended family, Tribe, school and friends?</b> |
|---|

| SFY2022 Agency Data      | SFY2022 July-September 2021 | Item 9 Performance |
|--------------------------|-----------------------------|--------------------|
| Agency Data              | July-September 2021         | 82%                |
| CFSR Round 3 Review      | PUR                         |                    |
| CFSR Round 3             | April 2014 – May 2015       | 83%                |
| PIP Measurement Period 1 | July 2016 – September 2017  | 76%                |
| PIP Measurement Period 2 | January 2017 – March 2018   | 77%                |
| PIP Measurement Period 3 | July 2017 – September 2018  | 80%                |
| PIP Measurement Period 4 | April 2018 – June 2019      | 85%                |
| PIP Measurement Period 5 | January 2019 – March 2020   | 85%                |
| PIP Measurement Period 6 | July 2019 – September 2020  | 97%                |

Data Source: Federal Online Monitoring System  
SFY2022 Q1 July-September 2021

### Administrative Data

Kansas administrative data measures whether children continue to attend their same school after entry into foster care. Kansas also measures whether a lifelong connection has been developed and maintained for youth exiting custody to adulthood.

| Outcome Measure   | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | *SFY 2022 | SFY 2023 |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|
| Children aged 6 and older attending the same school after removal<br><i>Standard: 25%</i>                 | 15%      | 16%      | 15%      | 15%      | 16%      | 17%      | 18%      | 18%      | 18%       |          |
| Youth emancipating from custody with an identified lifelong Connection for Success<br><i>Standard: NA</i> | -        | 54.6%    | 59.9%    | 75.6%    | 81.2%    | 79%      | 79%      | 86%      | 88%       |          |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through September 2021

### **Item 10: Relative Placement**

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

For placement, Kansas defines a relative as:

- A person who can trace a blood tie to a child. Persons related by blood may include a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed (the child of a first cousin). Termination of parental rights does not alter or eliminate the blood relationship to other relatives.

- A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, stepparents, step grandparents, step aunts and step uncles to the first degree.
- Legally adoptive parents and other relatives of adoptive parents.
- Birth parents and grandparents of siblings and birth parents of half-siblings.
- Adoptive parents and grandparents of siblings or half-siblings.
- A court-appointed guardian or permanent custodian of a sibling or half-sibling.

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 10 due to 86% of the 37 applicable foster care cases rated as a Strength. Since completing the CFSR, Kansas has finalized -six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?</b> |                                    |                            |
|---|------------------------------------|----------------------------|
| <b>SFY2022 Agency Data</b>  | <b>SFY2022 July-September 2021</b> | <b>Item 10 Performance</b> |
| Agency Data   | July-September 2021                | 76%                        |
| CFSR Round 3 Review   | PUR                                |                            |
| CFSR Round 3  | April 2014 – May 2015              | 86%                        |
| PIP Measurement Period 1  | July 2016 – September 2017         | 89%                        |
| PIP Measurement Period 2  | January 2017 – March 2018          | 80%                        |
| PIP Measurement Period 3  | July 2017 – September 2018         | 93%                        |
| PIP Measurement Period 4  | April 2018 – June 2019             | 92%                        |
| PIP Measurement Period 5  | January 2019 – March 2020          | 85%                        |
| PIP Measurement Period 6  | July 2019 – September 2020         | 89%                        |

Data Source: Federal Online Monitoring System  
SFY2022 Agency data

### **Administrative Data**

| <b>Outcome Measure</b>  | <b>SFY 2014</b> | <b>SFY 2015</b> | <b>SFY 2016</b> | <b>SFY 2017</b> | <b>SFY 2018</b> | <b>SFY 2019</b> | <b>SFY 2020</b> | <b>SFY 2021</b> | <b>*SFY 2022</b> | <b>SFY 2023</b> |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|
| Children in foster care live with relatives or non-related kin <i>Standard: 50%</i> | 31%             | 32%             | 33%             | 33%             | 32%             | 33%             | 34%             | 42%             | 44%              |                 |

Data Source: FACTS

\*SFY 2022 data reflects data from July 1, 2021 through March 2022

In SFY 2021, non-related kin were added to the outcome measure and the standard was raised from 29% to 50%.

### **Item 11: Relationship of Child in Care with Parents**



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

In recent years, Kansas has made meaningful strides toward becoming a family and child well-being system centered around shared parenting by the child’s parents and foster care placement. Kansas has shifted from simply encouraging opportunities for parents to be involved in the child’s life to expecting parents be provided these opportunities.

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

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 11 due to 79% of the 24 applicable foster care rated as a Strength. In 81% of the 21 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 92% of the 12 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Since completing the CFSR, Kansas has finalized -six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?</b> |                                    |                            |
|--|------------------------------------|----------------------------|
| <b>SFY2022 Agency Data</b>   | <b>SFY2022 July-September 2021</b> | <b>Item 11 Performance</b> |
| Agency Data  | July-September 2021                | 53%                        |
| CFSR Round 3 Review  | PUR                                |                            |
| CFSR Round 3   | April 2014 – May 2015              | 79%                        |
| PIP Measurement Period 1   | July 2016 – September 2017         | 77%                        |
| PIP Measurement Period 2   | January 2017 – March 2018          | 73%                        |
| PIP Measurement Period 3   | July 2017 – September 2018         | 63%                        |
| PIP Measurement Period 4   | April 2018 – June 2019             | 60%                        |
| PIP Measurement Period 5   | January 2019 – March 2020          | 95%                        |
| PIP Measurement Period 6   | July 2019 – September 2020         | 88%                        |

Data Source: Federal Online Monitoring System

There is continued discussion with all Child Placing Agencies (CPA) regarding the use of Icebreaker conversations and encouraging advocacy for foster parents and biological parents. Additionally, the Family Finding model is being used by Case Management Providers (CMP). In January 2021, DCF began discussion with the Capacity Building Center for States to develop a messaging plan to encourage more family engagement and adherence to the KPM.

## Well-Being Outcomes 1, 2 and 3

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

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

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

Kansas utilizes formal and informal assessments to assess the needs of children, parents and foster parents, both initially and on an ongoing basis, to identify needs and the services necessary to achieve goals.

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 12 due to 58% of the 65 cases rated as a Strength. Item 12 was rated as a Strength in 63% of the 40 applicable foster care cases and 52% of the 25 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</b> |                                  |                            |
|--|----------------------------------|----------------------------|
| <b>SFY2022 Agency Data</b>   | <b>SFYQ1 July-September 2021</b> | <b>Item 12 Performance</b> |
| Agency Data  | July-September 2021              | 53%                        |
| CFSR Round 3 Review  | PUR                              |                            |
| CFSR Round 3   | April 2014 – May 2015            | 58%                        |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 66%</i>   | July 2016 – September 2017       | 57%                        |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 66%</i>   | January 2017 – March 2018        | - 45%                      |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 66%</i>   | July 2017 – September 2018       | 55%                        |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 66%</i>   | April 2018 – June 2019           | 62%                        |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 66%</i>   | January 2019 – March 2020        | 66%                        |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 66%</i>   | July 2019 – September 2020       | 72%                        |

Data Source: Federal Online Monitoring System

SFY2022 Agency Data

| <b>Sub-Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to <u>children</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</b> |                                      |                             |
|--|--------------------------------------|-----------------------------|
| <b>SFY2022 Agency Data</b>   | <b>SFY2022Q1 July-September 2021</b> | <b>Item 12A Performance</b> |
| Agency Data  | July-September 2021                  | 84%                         |
| CFSR Round 3 Review  | PUR                                  |                             |
| CFSR Round 3   | April 2014 – May 2015                | 85%                         |
| PIP Measurement Period 1   | July 2016 – September 2017           | 79%                         |
| PIP Measurement Period 2   | January 2017 – March 2018            | 80%                         |
| PIP Measurement Period 3   | July 2017 – September 2018           | 82%                         |
| PIP Measurement Period 4   | April 2018 – June 2019               | 92%                         |
| PIP Measurement Period 5   | January 2019 – March 2020            | 85%                         |
| IP Measurement Period 6  | July 2019 – September 2020           | 92%                         |

Data Source: Federal Online Monitoring System

SFYQ1 Agency Data

| <b>Sub-Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to <u>parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</b> |                                  |                             |
|---|----------------------------------|-----------------------------|
| <b>SFY2022 Agency Data</b>  | <b>SFYQ1 July-September 2021</b> | <b>Item 12B Performance</b> |
| Agency Data   | July-September 2021              | 52%                         |
| CFSR Round 3 Review   | PUR                              |                             |
| CFSR Round 3  | April 2014 – May 2015            | 61%                         |
| PIP Measurement Period 1  | July 2016 – September 2017       | 61%                         |
| PIP Measurement Period 2  | January 2017 – March 2018        | 46%                         |
| PIP Measurement Period 3  | July 2017 – September 2018       | 56%                         |
| PIP Measurement Period 4  | April 2018 – June 2019           | 60%                         |
| PIP Measurement Period 5  | January 2019 – March 2020        | 75%                         |
| PIP Measurement Period 6  | July 2019 – September 2020       | 71%                         |

Data Source: Federal Online Monitoring System

SFY2022 Agency Data

| <b>Sub-Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?</b> |                                  |                             |
|--|----------------------------------|-----------------------------|
| <b>Review</b>  | <b>Period Under Review</b>       | <b>Item 12C Performance</b> |
| <b>SFY2022 Agency Data</b>   | <b>SFYQ1 July-September 2021</b> | <b>Item 12C Performance</b> |
| Agency Data  | July-September 2021              | 74%                         |
| PIP Measurement Period 2   | January 2017 – March 2018        | 76%                         |
| PIP Measurement Period 3   | July 2017 – September 2018       | 86%                         |
| PIP Measurement Period 4   | April 2018 – June 2019           | 81%                         |
| PIP Measurement Period 5   | January 2019 – March 2020        | 85%                         |
| PIP Measurement Period 6   | July 2019 – September 2020       | 100%                        |

Data Source: Federal Online Monitoring System

The Kansas Round 3 PIP established a goal of 66% for Item 12. Kansas achieved this goal during the fifth PIP measurement review period.

### **Item 13: Child and Family Involvement in Case Planning**

Kansas holds regular case planning conferences with families both initially, after the case is opened, and periodically throughout the case. Case planning conferences are designated times set aside to identify strength and needs, identify services and service providers, establish goals in the case plan, evaluate progress toward goals and discuss the case plan. Case planning activities also occur during contacts with children and families between conference dates.

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

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 13 due to 65% of the 63 applicable cases rated as a Strength. Item 13 was rated as a Strength in 68% of the 38 applicable foster care cases and 60% of the 25 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?</b> |                                  |                            |
|--|----------------------------------|----------------------------|
| <b>Review</b>  | <b>Period Under Review</b>       | <b>Item 13 Performance</b> |
| <b>SFY2022 Agency Data</b>   | <b>SFYQ1 July-September 2021</b> | <b>Item 13 Performance</b> |
| Agency Data  | July-September 2021              | 70%                        |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 72%</i>   | January 2017 – March 2018        | 62%                        |

|  |                            |     |
|--|----------------------------|-----|
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 72%</i> | July 2017 – September 2018 | 58% |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 72%</i> | April 2018 – June 2019     | 73% |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 72%</i> | January 2019 – March 2020  | 81% |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 72%</i> | July 2019 – September 2020 | 70% |

Data Source: Federal Online Monitoring System

Kansas met the PIP measurement goal for Item 13 during the fourth review period. Case review findings suggest strengthening efforts to actively involving children and fathers is an area of opportunity to improve outcomes.

#### **Item 14: Caseworker Visits with the Child**

Regular visits between caseworkers and children are essential to good casework practice. These visits help:

- Ensure the safety, permanency, and well-being of the child
- Promote achievement of case goals
- Ensure the child's needs are met
- Ensure the child's important connections are maintained

#### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 14 due to 78% of the 65 cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?</b> |                                  |                            |
|---|----------------------------------|----------------------------|
| <b>SFY2022 Agency Data</b>  | <b>SFYQ1 July-September 2021</b> | <b>Item 14 Performance</b> |
| <b>Agency Data</b>  | <b>SFYQ1 July-September 2021</b> | 70%                        |
| CFSR Round 3 Review   | PUR                              |                            |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 85%</i>  | January 2017 – March 2018        | 65%                        |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 85%</i>  | July 2017 – September 2018       | 78%                        |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 85%</i>  | April 2018 – June 2019           | 89%                        |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 85%</i>  | January 2019 – March 2020        | 78%                        |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 85%</i>  | July 2019 – September 2020       | 82%                        |

Data Source: Federal Online Monitoring System

Kansas met the PIP measurement goal for Item 14 during the fourth review period. Case review findings suggest strengthening the frequency and quality of visits between caseworkers and children is an area of opportunity to improve outcomes. As of August 9<sup>th</sup>, YTD Federal Measurement of worker/child visits made on a monthly basis report, DCF has significantly improved to 97% with the goal being 95%. Similar success is seen when looking at the measurement for visits made in residence. As of August 9<sup>th</sup>, DCF exceeds the goal of 50% by currently having a rate of 86%.

### **Administrative Data**

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

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

As detailed in Program Instruction ACYF-CB-PI-12-01, Kansas collects data and reports caseworker visit data for each FFY. The state had consistently surpassed the standard for the number of monthly caseworker visits occurring in the child's residence. In FY 2018-2020, data reflects Kansas declined in the performance standard for monthly caseworker visits. In FY 2021, system issues were corrected, communication between DCF and Case Management Providers has improved, and Kansas' ratings have increased for FY 2021 (data from October 2020 through February 2021). DCF will continue to address any system issues and work with the Case Management Providers to ensure outcomes are met for FY 2021.

| <b>Outcome Measure</b>                            | <b>FFY 2014</b> | <b>FFY 2015</b> | <b>FFY 2016</b> | <b>FFY 2017</b> | <b>FFY 2018</b> | <b>FFY 2019</b> | <b>FFY 2020</b> | <b>FFY 2021</b> | <b>*FFY 2022</b> | <b>FFY 2023</b> |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|-----------------|
| Monthly Caseworker Visits<br><i>Standard: 95%</i> | 97%             | 98%             | 97%             | 95%             | 90%             | 74%             | 89%             | 95%             | 95%              |                 |
| Visits In Home<br><i>Standard: 50%</i>            | 80%             | 81%             | 83%             | 83%             | 83%             | 85%             | 76%             | 83%             | 87%              |                 |

Data Source: SCRIPTS

\*FFY 2022 data reflects data from October 2021 through March 2022

### **Item 15: Caseworker Visits with Parents**

Regular visits between caseworkers and parents help ensure safety, permanency, and well-being of the child and promote achievement of case goals.

### **Federal Reviews**

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 15 due to 55% of the 56 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.



**Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?**

| Agency Data SFYQ1 July-September 2021                        | SFYQ1 July-September 2021  | Item 15 Performance |
|--|----------------------------|---------------------|
| Agency Data  | July-September 2021        | 48%                 |
| CFSR Round 3 Review  | PUR                        |                     |
| CFSR Round 3   | April 2014 – May 2015      | 55%                 |
| PIP Measurement Period 1<br><i>PIP Measurement Goal: 63%</i> | July 2016 – September 2017 | 70%                 |
| PIP Measurement Period 2<br><i>PIP Measurement Goal: 63%</i> | January 2017 – March 2018  | 55%                 |
| PIP Measurement Period 3<br><i>PIP Measurement Goal: 63%</i> | July 2017 – September 2018 | 62%                 |
| PIP Measurement Period 4<br><i>PIP Measurement Goal: 63%</i> | April 2018 – June 2019     | 77%                 |
| PIP Measurement Period 5<br><i>PIP Measurement Goal: 63%</i> | January 2019 – March 2020  | 65%                 |
| PIP Measurement Period 6<br><i>PIP Measurement Goal: 63%</i> | July 2019 – September 2020 | 74%                 |

Data Source: Federal Online Monitoring System

Kansas met the PIP measurement goal for Item 15 during the first review period and the fourth review period. Case review findings suggest strengthening the frequency and quality of visits between caseworkers and fathers is an area of opportunity to improve outcomes. This area is in process of being discussed during the quarterly performance improvement meetings being held in August 2021 with DCF regional staff and all CWCMP's in order to focus on involvement of fathers in relation to assessments, services and visits.

See below for latest case read information regarding Item 15. Q1 percentage was updated, no case read was completed for Q2, and Q3 read resulted in 55%. Kansas continues to identify this as an area of opportunity for improvement. Quarterly meetings with case read results and discussion regarding ways to increase percentage continue regularly. CWCMPs (Child Welfare Case Management Providers) recently shared initiatives and projects they have started or plan to start for increasing their performance regarding parent engagement with both mothers and fathers.

| Agency Data         | SFYQ                            | Item 15 Performance     |
|---------------------|---------------------------------|-------------------------|
| Quarterly Case Read | SFY21Q1 (July-September 2021)   | 56% (48% was incorrect) |
| Quarterly Case Read | SFY21Q2 (October-December 2021) | No case read completed  |
| Quarterly Case Read | SFY21Q3 (January-March 2022)    | 55%                     |

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

The family and child well-being practice of supporting the overall well-being of children ensures educational needs are assessed and children receive appropriate services to meet identified needs.

### Item 16: Educational Needs of the Child

#### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 16 due to 91% of the 47 applicable cases rated as a Strength. Item 16 was rated as a Strength in 94% of the 35 applicable foster care cases and 83% of the 12 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?</b> |                                  |                            |
|---|----------------------------------|----------------------------|
| <b>SFYQ1 July-September 2021</b>  | <b>SFYQ1 July-September 2021</b> | <b>Item 16 Performance</b> |
| Agency Data   | July-September 2021              | 88%                        |
| CFSR Round 3 Review   | PUR                              |                            |
| CFSR Round 3  | April 2014 – May 2015            | 91%                        |
| PIP Measurement Period 1  | July 2016 – September 2017       | 89%                        |
| PIP Measurement Period 2  | January 2017 – March 2018        | 78%                        |
| PIP Measurement Period 3  | July 2017 – September 2018       | 80%                        |
| PIP Measurement Period 4  | April 2018 – June 2019           | 93%                        |
| PIP Measurement Period 5  | January 2019 – March 2020        | 76%                        |
| PIP Measurement Period 6  | July 2019 – September 2020       | 98%                        |

Data Source: Federal Online Monitoring System

#### Administrative Data

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

Data Source: FACTS

\*SFY 2021 data reflects data from July 2020 through June 2021

DCF will continue to review performance of educational progression and completion of 12<sup>th</sup> grade for children/youth in foster care.

\*\*Data for SFY2022 is not complete at the time of submission of this APSR as data is only valid at the completion of an SFY.

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

Family and Child Well-Being practice supporting the well-being of children also ensures children receive appropriate services to meet their physical and mental health needs.

#### Item 17: Physical Health of the Child

##### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 17 due to 81% of the 48 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 17: Did the agency address the physical health needs of children, including dental health needs?</b> |                                  |                            |
|--|----------------------------------|----------------------------|
| <b>Agency Data SFYQ2 July-September 2021</b>   | <b>SFYQ2 July-September 2021</b> | <b>Item 17 Performance</b> |
| Agency Data  | July-September 2021              | 57%                        |
| CFSR Round 3 Review  | PUR                              |                            |
| CFSR Round 3   | April 2014 – May 2015            | 81%                        |
| PIP Measurement Period 1   | July 2016 – September 2017       | 75%                        |
| PIP Measurement Period 2   | January 2017 – March 2018        | 76%                        |
| PIP Measurement Period 3   | July 2017 – September 2018       | 68%                        |
| PIP Measurement Period 4   | April 2018 – June 2019           | 91%                        |
| PIP Measurement Period 5   | January 2019 – March 2020        | 76%                        |
| PIP Measurement Period 6   | July 2019 – September 2020       | 84%                        |

Data Source: Federal Online Monitoring System

Much of the same work done around improving services to meet the mental health needs of children has also contributed to the increase in meeting health needs for children in care. In addition, the internal audit by DCF Audits helped bring more awareness to documentation requirements.

#### Item 18: Mental/Behavioral Health of the Child

##### Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 18 due to 78% of the 54 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

| <b>Item 18: Did the agency address the mental/behavioral health needs of children?</b> |                                      |                            |
|--|--------------------------------------|----------------------------|
| <b>Agency Data SFYQ1 July-September 2021</b>   | <b>SFY2022Q1 July-September 2021</b> | <b>Item 18 Performance</b> |
| Agency Data  | July-September 2021                  | 81%                        |
| CFSR Round 3 Review  | PUR                                  |                            |
| CFSR Round 3   | April 2014 – May 2015                | 78%                        |
| PIP Measurement Period 1   | July 2016 – September 2017           | 74%                        |
| PIP Measurement Period 2   | January 2017 – March 2018            | 74%                        |
| PIP Measurement Period 3   | July 2017 – September 2018           | 64%                        |
| PIP Measurement Period 4   | April 2018 – June 2019               | 82%                        |
| PIP Measurement Period 5   | January 2019 – March 2020            | 72%                        |
| PIP Measurement Period 6   | July 2019 – September 2020           | 87%                        |

Data Source: Federal Online Monitoring System

DCF continues to promote the Mental Health in Schools program through working alongside the Association of Community Mental Health Centers to address gaps in mental health care for youth in foster care. There are approximately 56 school districts and 17 CMHC's involved in the program. In SFY22, there were 582 foster care youth served across the school districts that participate in this program. Additionally, Kansas uses a standardized trauma informed assessment which leads to children receiving individualized mental health services to meet their needs. Education about trauma and its impact continues to drive the work we do with children. In addition, the internal audit by DCF Audits helped bring more awareness to documentation requirements. See Attachment 21 and 22 for the two audits completed.

In October 2021, DCF along with Beacon Health Options launched the Family Crisis Response Helpline for the management of a centralized behavioral health crisis hotline, screening and mobile response stabilization services to promote coordination and access of community-based services as a deterrent from hospitalization or other out-of-home placements. This 3-year contract is intended to create a crisis continuum of care that deescalates and ameliorates a crisis before more restrictive or institutional interventions become necessary and to ensure connection to needed supports and services for children and youth. For additional information, see Attachment 23 for the Family Crisis Response Helpline Infographic, Attachment 24 for the Helpline Flyer in English, and Attachment 25 for the Helpline Flyer in Spanish.

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

Kansas is committed to achieving the highest standards in safety, permanency, and well-being. As an agency, DCF is dedicated to perpetual learning and continuous quality improvement. Kansas actively pursues opportunities to improve family and child well-being practice and outcomes for children and families through a lens of equity. Much effort was devoted to differentiating between poverty and neglect so that families who were experiencing poverty

### Safety

Kansas is dedicated to achieving the highest standards for safety, prevention and reducing the need for foster care. Of the 38 states completing reviews in the first three years of CFSR Round 3, Kansas was one of only three states to achieve substantial conformity for Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. None of the 38 states achieved substantial conformity for Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate.

In SFY 2022, Kansas continued making significant systemic and practice improvements to become a family and child well-being system focused on safety and prevention. Kansas has continued efforts to ensure child maltreatment reports were assessed timely. To prevent children's entry into foster care, Kansas overhauled the service delivery model for in-home family preservation services, forged new partnerships to begin offering Family First Prevention Services and developed targeted prevention strategies through the Kansas Strong project. Kansas enhanced safety and risk assessment through incorporating TDM meetings and implementing the Kansas Practice Model.

### Kansas Protection Report Center

Although Kansas achieved substantial conformity for Safety Outcome 1 during the CFSR, performance in the subsequent PIP measurement review periods has decreased. Kansas has continued to make timely face-to-face contact with the children identified in child maltreatment reports at a high rate, assessing reports for assignment within the time frames established by agency policy remains an opportunity for improvement.

In SFY 2021 leadership within the Kansas Protection Reporter Center (KPRC) completed a review of the errors for the timely initial assessment decision. The Kansas Protection Report Center successfully ended SFY 2021 with an overall timely initial assessment at 95.2%. This is a 16.7% increase from SFY 2020. Meeting this performance standard was a result of; 1. Ongoing review of reports that did not meet timely initial assessment (TIA), and 2. Creating Wildly Important Goals (WIG) focused on raising our TIA.

| Statewide | Reporting Month                                     | Jul   | Aug   | Sept  | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | Apr   | May   | Jun   | Average YTD |
|-----------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------------|
|           | # of Events Assessed Timely                         | 4,979 | 5,013 | 5,942 | 6,531 | 5,412 | 5,413 | 5,670 | 5,832 | 6,304 | 7,144 | 6,495 | 5,203 | 5,828       |
|           | Total # of Events                                   | 5,176 | 5,179 | 6,220 | 6,811 | 5,607 | 5,718 | 6,057 | 6,309 | 6,826 | 7,437 | 6,692 | 5,454 | 6,124       |
|           | % of Timely Initial Assessments for reporting month | 96.2% | 96.8% | 95.5% | 95.9% | 96.5% | 94.7% | 93.6% | 92.4% | 92.4% | 96.1% | 97.1% | 95.4% | 95.2%       |

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

Beginning in August of 2021, PRC leadership initiated a review to further analyze the category of "Late for no reason" identifying targeted areas for improvement. The targeted identified areas are reports received outside of DCF business hours, reports put into the incorrect queue and reports pulled within 15 minutes of the time they are due. The largest percentage of the untimely reports included: the report was late with no explanation; reports were received during non-business hours and the report pulled within 15 minutes of being timely. KPRC is using this information to determine what shifts are needed to assist with managing the reports timely, analyze the efforts made by mid-shift and overnight to see how they are

impacting the goal, and what other measures can be taken to improve the overall goal. KPRC continues to review this data and no changes to procedure have been implemented.

In July 2021, KPRC created a pilot group of three KPRC staff to rotate as phone team lead and develop guidance for other team leads. In August 2021, the pilot group developed a Team Lead Training Presentation and presented to the other team leads. This presentation addressed the purpose of a team lead, checks and balances, team lead group chat, creating a group chat for your group, tips on engaging with team members, timelines, and other helpful tips.

The current workforce availability and impact to PRC continues to be evaluated as efforts continue in creating and maintaining an adequate number of staff to produce quality work. KPRC is currently working with the DCF recruitment team regarding ongoing turnover. KPRC is working with DCF recruitment and the East Region Administrators on hosting a DCF hiring event to fill open positions.

In October of 2021 KPRC leadership convened to evaluate the timely initial assessment outcome since performance was falling below the standard. Contributing factors were identified such as increase in the number of web reports due to schools being fully back in session, lack of staffing on all shifts, and practitioner burnout. From this meeting, a more thorough evaluation of schedules, as well as lunches and breaks, was conducted. One targeted area of concern was the number of staff taking lunch before the noon deadline which created timeliness issues. In April 2022, a pilot program was initiated that coordinated staffing schedules and lunch breaks to occur after the noon deadline. The pilot program continues with plans to evaluate the outcomes at the conclusion of pilot to assess the impact.

During the months of October 21, 2021, to January 2022 KPRC continues to see timeliness being met or close to meeting into SFY 2022.

October 2021 94.2%

November 2021 92.1%

December 2021 83.6%

January 2022 94.6%

KPRC leadership continues to partner with DCF Information Technology and Wellsky (KIPS vendor) to identify areas within the system that cause duplication, inefficient data, or errors. This collaboration has resulted in a new system flow for assessments that is now automatized which has increased the efficiency of the assessment process as well as the ability for staff to be more accurate and timelier

Another area KPRC is currently working on to improve in is the web reporting system. Focus groups were held with mandated reporters and supporters in late August and September of 2021 to gain insight and ideas for the improvement of the web report. Ideas were compiled from the focus groups along with a core group that consisted of practitioners and supervisors from KPRC and the DCF regions.

Collaboration efforts continue between KPRC and IT to make enhancements to the webform to create a better experience for mandated reporters and supporters. Additionally, a guide was created to assist the users of the webform to provide the most critical information necessary in hopes that it can decrease the time it takes KPRC practitioners to gather additional information when reports sometimes lack critical information needed to process reports accurately and timely.

Since the start of the pandemic KPRC has utilized Amazon Connect to take calls. Bi-weekly meetings are held with PRC leadership, DCF IT and Accenture Technology to explore ways to make the call experience more helpful for our staff.



In November 2021, KPRC added an option to the Amazon Connect call flow to identify the 1-800-CHILDREN community resource option. This resource is available 24/7 to help give families support and find local resources. It also opens the line for callers wanting to report abuse/neglect concerns. A text link to phone was added for this option.

Additionally, in SFY2022, PRC leadership and screeners worked together to brainstorm ideas to improve functionality in Amazon Connect. In January 2022, agent extensions were implemented allowing callers to leave messages for staff. This gives the screener and reporter another means of communication.

### **Family First Prevention Services**

The Family First Prevention Services Act, signed into law in February 2018, has provided an exciting opportunity for states to focus resources to prevent children's entry into foster care. Kansas launched an array of Family First Prevention Services (FFPS) in October 2019, making Kansas one of the first states to adopt this new model of family and child well-being services financing and implement new prevention services.

Kansas awarded grants to community-based organizations around the state. These grants build capacity within communities to provide evidence-based services specializing in mental health, substance use, parent skill-building and kinship navigation services. These new programs add to the State's array and continuum of prevention services.

As of March 31, 2022, a total of 2,700 families had been referred to one of the FFPS programs. This included:

- 1246 referrals for mental health services;
- 183 referrals for substance use services;
- 841 referrals for parent skill-building services; and
- 393 referrals for kinship navigation services
- 67 referrals for multiple service types

### **Kansas Strong for Children and Families (Parent/Youth Facilitation)**

The Kansas Strong for Children and Families (Kansas Strong) project is a statewide public-private partnership between the University of Kansas (KU) School of Social Welfare, Kansas DCF, and the state's private providers of foster care and family preservation case management services. This project was made possible through the Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes grant funding awarded by the Children's Bureau.

In previous fiscal years, DCF granted official permission to combine the Interagency Advisory Board with their Family First statewide advisory board and expand to encompass regional boards. During FFY22, refinement to this structure continued to expand membership to include a cadre of caregivers with lived experience who are members of the Family First Family Council. Three members per DCF region, with diverse life experiences and demographic characteristics, were added to the regional boards to better reflect the communities and ensure activities and decision making are family and community driven. To learn more about the duties of the Family First Prevention Services Act Kansas Strong Interagency and Community Advisory Board and the Family First Family Council, see section C.1.a

Through Kansas Strong, the state has developed, and is implementing and evaluating six strategies: KanCoach, Parent-Youth Facilitation (PYF), Adoption Tracking Tool (ATT) and Interagency Advisory Board (ICAB), Youth Voices from Foster Care and Change the WORLD (identifying policies and procedures to support anti-racist practice). After a comprehensive review of available data, these strategies were identified to improve Safety Outcome 2 and Permanency Outcome 1.

Parent-Youth Facilitation is a two-pronged approach to preventing entry into foster care by older youth through: (1) Using a facilitation process to help families arrive at appropriate decisions best fitting their unique needs, and (2) Connecting families to community-based prevention services and supports. This strategy will complement efforts to maintain children in their homes whenever possible and appropriate.

Parent-Youth Facilitation is ongoing in Wyandotte and Saline Counties having been launched in August 2020. In October 2021, it was expanded to Shawnee County.

As of March 2022, Saline County has generated 69 total referrals which primarily come from the local school district.

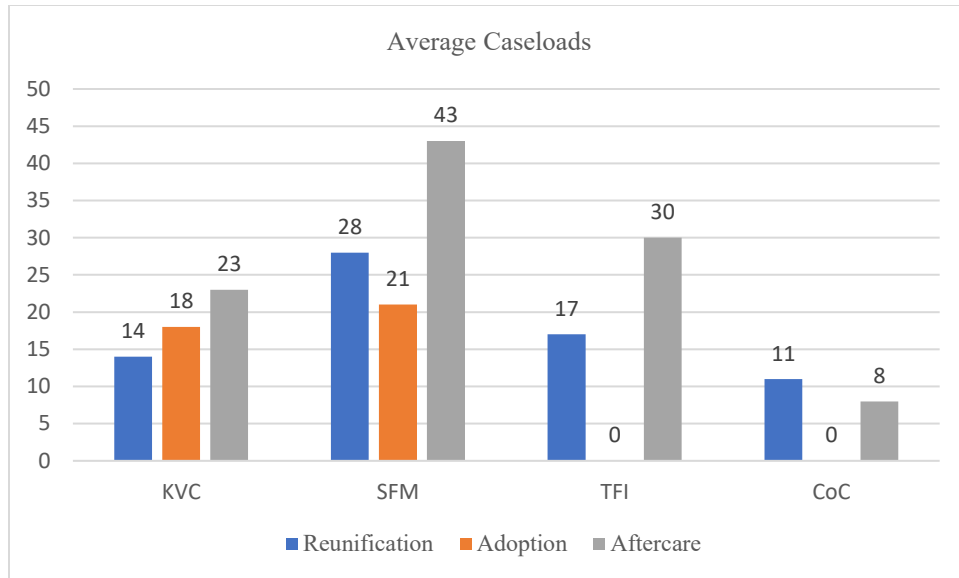
After a long period with no referrals in Wyandotte County, momentum from the Assistant District Attorney generated 107 referrals to the Parent Youth Facilitation service as of May 2022. A language barrier was found to be the most significant reason that no referrals were being received. Most of the referrals are families whose primary language is Spanish. The Kansas Strong team and the Parent Youth Facilitation planning group convened to identify and include Spanish interpreters so that Spanish-speaking families referred can be enrolled and onboarded. These processes continued to be refined and implemented. Key stakeholders will convene in April 2022 to discuss further progress, troubleshoot challenges to family language barriers, and discussing possibly shifting to a central organization located in Wyandotte County to assume the role of coordination for Parent Youth Facilitation services in the county to be able to manage the high number of referrals received by the Assistant District Attorney.

### Caseload Size

Kansas has continued to assess and adjust caseload sizes in SFY 2020 (PIP Activity 1.3.2). In October 2019, new caseload caps were established for foster care cases. The maximum caseloads permitted are 30 children per reunification caseworker, 25 children per adoption caseworker and 50 children per aftercare caseworker. Caseload sizes are monitored monthly by reports received from foster care provider. This is part of the settlement as well as previous PIP activity. While there are some differences in how the agencies are structured in how they are carrying out the work, so far the data shows the agencies are generally within acceptable limits. It is noted there are times when caseloads may be slightly higher than specified limits due to difficulties in hiring staff. Thus, the data is looked at monthly to ensure any larger caseloads are reduced back to appropriate sizes quickly as new hires are on boarded.

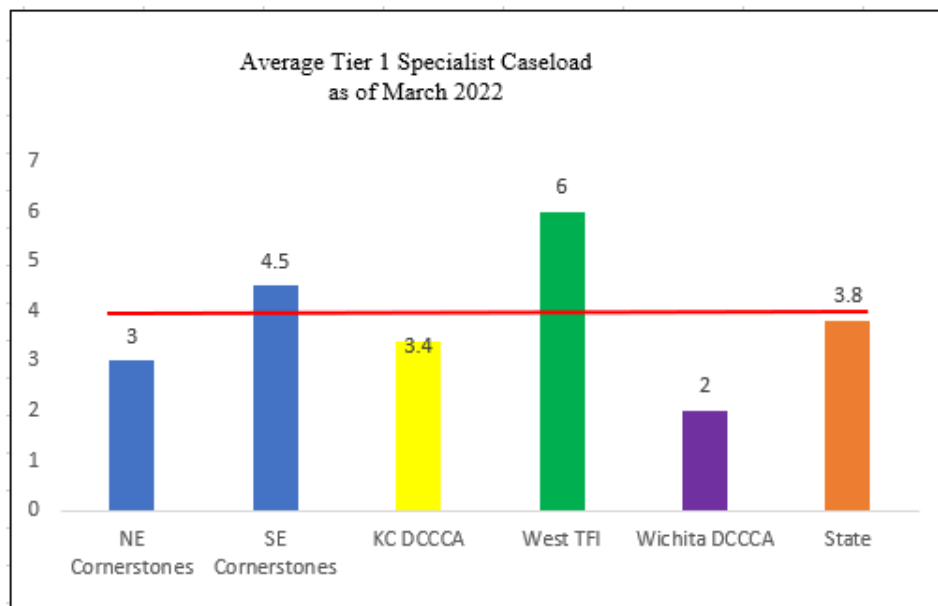
One of the difficulties discovered in setting these caseload sizes is differences among the Child Welfare Case Management Providers (CMPs) and how they are not utilizing the same approach to staff and case goal plans. For instance, TFI and Cornerstones of Care are piloting one worker or a dyad of staff who are assigned to the case through the life of the case regardless of the case goal plan. This means a case manager will be assigned to a child or youth once brought in to out of home care and this worker shall remain with the child if the case plan goal changes from reunification to adoption. While the approach makes sense from a continuity and best practice approach, it does make caseload size comparisons difficult. This is a data element DCF is currently working through, particularly as the CSSP, the neutral entity overseeing the settlement terms of the class action lawsuit, is monitoring this as well. It is anticipated these reports and data point will change somewhat as all agencies discuss better methods of collecting and comparing caseload sizes.

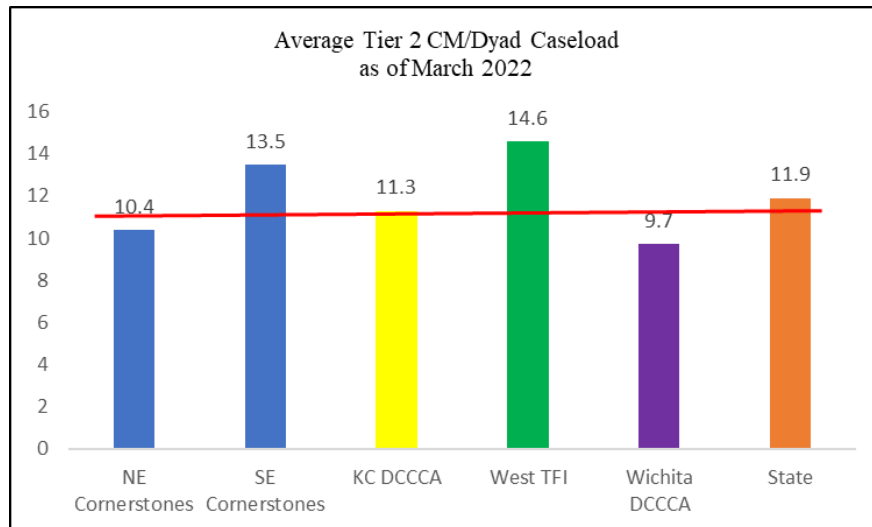
Data comparing the average case load sizes to the highest caseload size per case plan goal from January 2022 are outlined below.



As the above data shows, on average, most staff are assigned caseload sizes under the allowable levels as set in the grants. Please note there is no adoption staff data for TFI or Cornerstones of Care (CoC) as staff remain with the child assigned to their caseload regardless of the case plan.

Family Preservation case load limits continue to be a maximum of four families for Therapists providing Tier 1 services, and a caseload of twelve for worker dyads providing Tier 2 services. Average monthly caseloads from July 2021-March 2022 for each Family Preservation contractor within designated service areas are below.





Two of the Family Preservation contractors, Cornerstones and TFI, have experienced staffing challenges and have temporarily exceeded caseload maximum while new staff are being hired and trained. When a staff member vacates a position, the families on that staff members caseload are transitioned to remaining staff members so that families continue to receive services, therefore caseloads are temporarily over maximum. The two geographical areas these contractors serve, SE and West, are primarily rural areas which compounds the difficulty in finding staff with required experience, education, and credentials. One agency is training their master level student interns in their practice model in hopes of hiring them after graduation. As many sectors across the country face hiring challenges, all agencies are actively seeking new approaches to fill open positions.

## Permanency

For nearly a decade, Kansas experienced increasing numbers of children in foster care. This trend not only strained resources and agency capacity, but also negatively affected permanency outcomes for children and families. New prevention services have the potential to reduce entry into foster care and Kansas is also committed to expediting permanency for children when foster care services are necessary.

## Placement Stability Summit

Kansas planned to hold a placement stability summit in March 2020 with leadership from around the state. The summit was organized as an opportunity to analyze placement data, explore strategies promoting placement stability and gather commitment to achieve real results. Unfortunately, this summit was postponed due to the extraordinary circumstances related to the COVID-19 pandemic. However, a virtual summit, *Leading for Results: Placement Stability Summit*, was held on July 30<sup>th</sup>, 2020. Since the summit in 2020, this group continues to meet bi-monthly with guidance and participation from the Center for Capacity Building for States to work on stability for children/youth in out of home care.

Kansas continues to improve on placement stability for children/youth in out of home care. Kansas' performance for the Rate of Moves per 1,000 in care was at 5.4 for April 2021. DCF along with CMPs continue to focus on relative placements, including initial placements with relatives. CMPs have made many strides in reducing the number of children staying overnight in offices and one day stays. In comparing SFY20 to SFY21, there is a 61% decrease in overnight office stays.

In comparing SFY21 to SFY22, there was a significant increase in incidents. At the end of SFY21 there were 63 single night incidents of office sleepers or otherwise called Failure to Place. At the end of

SFY22, there were 269 single night incidents including 86 different youth and 28 of those youth who had multiple incidents. DCF has been working diligently with the CWCMPs on each incident by staffing within 24-48 hours of the occurrence to uncover any barriers that may have led to the failure to place. DCF is also working on putting other preventative items in place, such as paying foster homes to hold beds when there is a crisis need and offering bonuses to regions when there is no incident of failure to place for a quarter. It is anticipated these measures will be enacted in SFY23.

### CareMatch

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

Placement stability saw some improvement across the state during the height of the pandemic in 2020 and 2021. However, there has been slight uptick in movement of youth across the state again. Some of this is being attributed to the higher mental health needs and lack personnel to staff facilities which can provide the needed level of services. DCF continues to work in partnership with KDADS regarding the lack of acute bed availability, as well as PRTFS across the state denying placement of youth. Regardless of the lack of resources, CareMatch continues to be utilized as a placement management system and CMPs are encouraged to utilize it when making placement decisions for youth.

### Family Finding

In the Fall of 2019, Kansas DCF partnered with Aetna Better Health for Kansas to bring Kevin Campbell with Family Finding to Kansas to provide two bootcamps for DCF, case management providers, CASAs Child Placing Agencies, and Juvenile Justice staff. Small Teams were utilized during the bootcamps for an actual immersion in the practice of Family Finding for children and youth who are in out-of-home care or whose families are new to child welfare or juvenile justice systems. The four-day immersion was focused on learning the philosophy, framework, and skills of Family Finding practice. The first bootcamp was held in November of 2019, with the second bootcamp held in February 2020. Family Finding Leads were identified throughout the State and several agencies to serve as the Leads for this practice continuing and building on this practice approach statewide. Two additional immersive workshops for DCF practitioners, supervisors, managers, and other child welfare stakeholders were held in May and August of 2021.

Increasing placement with relatives is one strategy for increasing placement stability and improving permanency outcomes. During SFY 2020, Kansas increased targets for relative placement to 50%.

### Icebreaker Conversations

When kinship care is not possible, Icebreaker Conversations promote continuity of relationships when a child is placed in a traditional foster home. In partnership with the Capacity Building Center for States, Kansas piloted Icebreakers in SFY 2019. The Icebreakers model was developed by the Annie E. Casey Foundation. The Icebreaker is an informal, facilitated conversation which provides an opportunity for birth parents and foster parents to meet each other, share information about their families and to support the child who has just entered care or who has just moved to a new foster home placement.

In the past, interactions between birth parents and foster parents were implicitly and/or explicitly discouraged. When birth parents and foster parents do not know each other, they often make assumptions about each other based on very limited information. However new thinking in family and child well-being shows building alliances between birth parents and foster parents can be crucial to the well-being of the child. While there are many meetings focused on paperwork and decision-making, Icebreaker Conversations offer a meaningful opportunity to solely focus on relationship-building. Icebreakers are a small investment with profound possibilities. When birth parents and foster parents work together, the child may adjust more easily in the foster home and better maintain a bond with their birth parents resulting in increased placement stability and improved permanency outcomes.

During SFY 2020, Kansas finished implementing Icebreaker Conversations statewide. To accomplish this, the Icebreakers model was infused into agency training (PIP Activity 2.4.5). Icebreakers was previously incorporated into training for all new foster parents in Fall 2018. In SFY 2019, a web-based Icebreakers training was developed. This training continues to be available to all existing foster parents, and the training satisfies some of the annual training hours required to maintain a foster home license. Icebreaker's facilitation training is also a required training for all foster care case management staff. This 3.5-hour training introduces the Icebreakers model and prepares participants to facilitate Icebreaker Conversations. By July 2019, all foster care case management staff had received the Icebreakers facilitator training. Kansas added two additional foster care case management providers in October 2019, requiring additional trainings for new staff.

In July 2019, Icebreakers was added to agency policy (PIP Activity 2.4.6). This policy (PPM 5224) was developed by the Icebreakers implementation team and incorporated recommendations informed by the pilot. The Icebreakers policy clarifies when Icebreaker Conversations are required and encourages fidelity to the Icebreakers model.

The Icebreakers model is specifically designed for placement in foster families who are not known to the bio family. However, there is nothing to prohibit such a meeting if the case management team believes it would be beneficial. The current Prevention & Protection Services (PPS) Policy and Procedure Manual (PPM) allows for an Icebreaker Conversation to not be required if placement is somewhere other than a foster home. Icebreakers are encouraged for any placement that is non-temporary, and DCF does allow for these conversations to occur virtually when in-person is a barrier.

With the deployment of CareMatch in October 2019, Kansas incorporated method for Icebreaker's data collection (PIP Activity 2.4.5). The CareMatch software was to track all new foster care placements and requires an Icebreakers eligibility determination every time a placement is made. When an Icebreaker is required, this task is placed on a follow-up dashboard within the system. The task remains on this dashboard until the Icebreaker is entered in the system.

DCF worked with The Center, CMPs, CPAs and other agency partners through spring and summer 2021 to strengthen the model and continue to raise the need for this conversation to occur. As a result of this work, DCF submitted a work order to the CareMatch developer 5Points to change the data points to be collected and reports provided for IBCs. These changes continue to be in production. The Center and DCF also developed an online survey for CMP and CPA staff to utilize at the end of an Icebreaker Conversation to capture data/satisfaction via "real time." It was developed via SurveyMonkey with accompanying QR codes for families to utilize for ease of accessibility.

Given the delays in getting the data collection updated in CareMatch, there has not been a lot of focus by the CMPs to ensure Icebreakers Conversations are held timely. DCF continues to engage CMPs in a dialogue to strategize how to ensure this practice is more consistent across the state. KVC has come



forward with a proposal in which they will begin to use Family Support Coordinators (FSCs) who work directly with foster homes to engage and assist with and Icebreaker Conversation. Traditionally, this role was to be the Case Manager for the child or youth; however, policy was amended in 2021 to allow for CPA workers to assist when possible. This will allow for more staff capacity in ensuring this practice occurs.

Icebreakers Conversation is practice Kansas continues to remain invested in as it is a complement to the Kansas Practice Model of walking alongside families. While the implementation of this policy and practice have been marked by barriers, DCF continues to keep pressure on the CMPs to keep biological and foster families interacting with each other from the very start of placement to ensure the best interest of the child remained at the forefront of every case. We continue to look for strategies and creative ways to make these occur, such as virtually or even through simply a phone call when in-person meetings aren't feasible.

### Rapid Permanency Reviews

Kansas completed the second round of virtual RPR in May 2021. The RPR teams covered all 8 areas of Kansas and reviewed 321 children and youth over a 6-month period. By October 2021, 96% of the children/youth achieved permanency and were released from care; 2 youth were still being tracked using the Cadence of Accountability and 10 children dropped from the cohort due to re-entry into foster care. Re-entry was due to substance use/relapse and child behavior.

Bright spots can be summarized in two words, “family engagement”. During the RPR process, the CMPs were asked to identify bright spots and promising practices. Many of the children in the cohort were being released from care at the time of the review. Family engagement was huge and included working with single fathers to make the transition for both child and family successful. The utilization of culturally competent communication with a Spanish speaking father and adapting and providing information in the father's language allowed the CMP to meet the needs of the father. Pairing parents with CSO they've previously worked with created consistency for the family and fostered positive interaction and trust. The CMPs are advocating on the family's behalf by providing to the court, therapy and school reports and documentation regarding safety concerns (if applicable) and what is in place to address the concerns. They are keeping the court updated on family issues between scheduled hearings. This includes providing documentation if there are no safety concerns and are requesting release prior to the court date. The CMPs are empowering families to take control of their court cases by transitioning authority to the parents and assisting families with ownership of their court orders. Some, CMPs in collaboration with DCF, are staffing cases 4-6 months of Aftercare to determine if closure is appropriate or if a referral to a Family First provider is appropriate. During COVID the Secretary agreed to keep the medical cards active. This along with the efforts from the CMPs in ensuring families applied for medical and in some cases taking the medical application along when meeting with the family the first time, helped prevent delays in medical coverage upon release. The CMPs in keeping with DCF practice model has a renewed focus on achieving timely permanencies and pushing through “stuck” cases. This includes collaborating with Mental Health services to address ongoing concerns and connecting the family with community resources to provide continued support in an effort to maintain family stability.

The overall RPR virtual pilot was a success. The virtual review allowed other departments and stakeholders to participate and learn firsthand the RPR process. Including the perm team and DCF was beneficial in allowing questions to be asked and answered, thus reducing at times the need for additional action items. With court and CASA involvement, they were able to hear firsthand what the court related delays were. Conducting the review virtually cut the agency cost for travel. There was no need for



multiple conference rooms or projectors as participants were able to join from all areas of Kansas using the virtual meeting platform.

#### Cases Reviewed by Region and Area:

| Region      | CMP         | Area | Number of Cases Reviewed | Percentages of Cases Reviewed | *Reached Permanency |
|-------------|-------------|------|--------------------------|-------------------------------|---------------------|
| West        | SFM-West    | 1    | 19                       | 6%                            | 19                  |
| West        | SFM-West    | 2    | 10                       | 3%                            | 10                  |
| East        | KVC         | 3    | 53                       | 16%                           | 51                  |
| East        | TFI         | 4    | 32                       | 9%                            | 29                  |
| Kansas City | CoC         | 5    | 22                       | 6%                            | 22                  |
| Kansas City | KVC         | 6    | 34                       | 10%                           | 31                  |
| Wichita     | SFM-Wichita | 7    | 131                      | 44%                           | 127                 |
| Wichita     | TFI         | 8    | 20                       | 6%                            | 20                  |

#### Kansas Strong for Children and Families/Adoption Tracking Tool

See section C.1.k, “Kansas Court Improvement Program” for more information about the work Kansas Strong for Children and Families has done related to the Adoption Tracking Tool.

#### Adoption Accelerators

In SFY 2022, DCF continues to provide additional grant funding for five “adoption accelerator” positions through the foster care case management providers. Providers were given latitude to utilize these new positions differently; however, the positions are not permitted to carry a caseload. These adoption accelerator positions were created to reduce the length of time for children waiting for adoption. Providers report utilizing this position for tasks such as streamlining internal administrative processes, tackling both systemic and case-specific barriers to timely permanency through adoption.

The Adoption Accelerator overall job duties include:

- Facilitate Case Staffing
- Identify case level barriers
- Help find solutions for cases heading to adoption.
- Help achieve finalized adoptions
- Help gather and compute documents needed in preparation of the home assessments
- Help complete child social histories
- Develop tracking tools and gather case data
- Hold workshops and trainings with staff
- Advocate and help promote quality adoption work.

The most recent 2022 Adoption Accelerator reports by each provider are below.

#### TFI Family Services

TFI Family Services provides service to the geographic locations of Area 4 (Southeast Kansas) & 8 (Wichita, surrounding counties).

There were 22 adoptions finalized in March. Area 4 had 12 adoptions and Area 8 had 10 adoptions. Three youth profiles were shared on TFI social media. TFI is working to create video profiles for four youth with adoption case plan goals.

Related to the goal of at least 45.8% of children who become legally free for adoption will achieve adoption in less than 12 months, Area 4 had 43.7% and Area 8 had 36.5%. TFI had 5 youth attend the Adopt Kansas Kids videotaping for March.

FosterAdopt, Connect and TFI met to discuss barriers and solutions to getting flow of information and timely communication. This was a very productive meeting.

Area 4 has identified youth that are on target for adoption next quarter and action will be taken to achieve permanency for those youth. In both Area 4 and 8 we will continue high level of case staffings and trainings to meet Performance Improvement Plan (PIP) goals.

#### St. Francis Ministries

Geographical areas in Kansas that St. Francis covers include Area 7, which covers Wichita and Sedgewick County.

The adoption accelerator continues to aid in reducing barriers to achieve more timely permanency for children. They have been tracking outcome data and providing that information to supervisors for feedback. The adoption accelerators have also been working with the adoption recruiters to complete adoption profiles for the children to get them on the recruitment website in a timelier fashion.

The agency anticipated it would be a challenge to meet the outcome that cases will be finalized within 24 months of coming into custody due to the delay in termination hearings since the pandemic. The tracked outcome data helps the agency to meet outcomes and project future adoption data. The adoption accelerator continues to complete quarterly social history training to reintegration and adoption staff which has resulted in better social histories.

The accelerator will continue to focus on documentation completion when cases are nearing transfer to adoption. The accelerator will work on completing social histories and updates upon transfer and during the adoption process as well as continue to update tracking system for the two state adoption outcomes (adopted within 24 months of referral and adopted within 12 months of becoming legally free) and work with the teams to assist in meeting the goals monthly. This will be a major focus over the next couple months as the fiscal year ends. The accelerator will continue to maintain information in the tracking system and add new transfers as they move to adoption. The accelerator will continue working with recruitment to ensure completion of 5340s and Adopt Kansas Kids profiles in order to get children placed timely on the adoption website.

St. Francis also services Area 1 & 2 which is Northwest and Southwest Kansas.

There were fifteen children designated for fast tracking adoptive family's assessments. Ten children who had been previously fast tracked had Best Interest Staffings (BIS) scheduled for March with a median length of time between legally free paperwork back from DCF and BIS requested of 81 days (15 days was the least, the longest time was 144 days for three siblings due.)

Twenty-two legal packets were sent to DCF in March.

A goal currently in process is to build a report by case team and manager for BIS time frames as well as identify the gaps in cases from when they are determined legally free to the BIS being scheduled.

## KVC

KVC covers geographical Area 3, Northeast Kansas and Area 6 which is Kansas City, Kansas metro along with Johnson and Douglas Counties.

The Adoption Accelerators continue to work on social histories as well as collaborate with the adoption team to help expedite the adoption process. During this period, they assisted the case managers by gathering the needed documents and items that helped make sure they stay up to date.

The Adoption Accelerators worked on gathering the placement history of each child. At the same time, cross referencing them on additional agency software to make sure everything is correct. The adoption accelerators also assisted the adoption case teams on placement information, making calls to past or current placements to get additional information on the child that was missing in their records.

## Cornerstones of Care

Cornerstones of Care covers Area 5 which is some areas within Kansas City, Kansas metro, as well as Atchison, Leavenworth & Wyandotte Counties.

During this report period, adoption accelerators helped complete three social histories and updates, assisted with 13 consent packets and two Adoption Placement Agreement (APA) packets to ensure completion before submission to DCF. Additionally, they scheduled formal Best Interest Staffings (BIS) for January 2022. Four BIS waivers were completed for a total of seven children. One formal BIS meeting occurred for four children and APA was signed for 4 children.

Adoption manager along with adoption accelerators reviewed monthly Adopt Kansas Kids spreadsheet to provide all necessary updates to Foster Adopt Connect. They attended the monthly adoption meetings with Foster Adopt Connect as well as the first quarterly meeting with other Case Management providers. Four Matching calls took place this month. Two legal reviews were completed for Atchison and Leavenworth County cases. The team followed up on pending journal entries that needed corrections.

The 30/60/90 tracking spreadsheet continues to be updated on a bi-weekly basis and is shared on a team's channel with DCF. The adoption accelerators have created individual spreadsheets for each permanency team with all adoption cases. This is helpful for access to complete the adoption tracking reports for court that have been implemented for Wyandotte, Leavenworth and Atchison counties. This month, the adoption team met with Performance Excellence staff and Netsmart program staff to develop an adoption workflow. The meeting was helpful to capture the process accurately.

The adoption accelerators updated a tracking list for relative adoption, foster and adopt- only home studies and continue to work with the team regarding barriers for completion. There has been a significant improvement in the timeliness of relative adoption home studies.

## **Well-Being**

The family and child well-being system must do more than ensure children are surviving. Practice must also ensure children are thriving in their environments. This requires a focus on well-being.

## **Kansas Strong for Children and Families (KanCoach)**

The Kansas Strong for Children and Families (Kansas Strong) project developed KanCoach as a strategy they will be implementing and evaluating. After a comprehensive review of available data, KanCoach was identified as a solid strategy toward improving Safety Outcome 2 and Permanency Outcome 1.

KanCoach is a skills-based coaching program focused on developing and strengthening supervisory capacity and skills to promote quality frontline practice and improve outcomes. Priority topics for the program include safety/risk assessment and case planning, family engagement, relative/kin connections and secondary traumatic stress, and anti-racist practice. KanCoach is expected to impact safety, permanency, and well-being outcomes.

The University of Kansas School of Social Welfare (KUSSW) and its partners, the Kansas Department for Children and Families (DCF) and the state's network of privatized providers of adoption and foster care (KVC Kansas, Saint Francis Ministries, TFI Family Services, Cornerstones of Care, and DCCCA), in concert with the Court Improvement Program (CIP), are part of a federal five-year grant to develop and deliver Kansas Strong for Children and Families (KS Strong).

A goal of the project is to implement a coaching program for public and private supervisors across child welfare programs to enhance basic social work practices in six areas: parent and youth engagement; risk and safety assessment; relative/kin connections; family centered assessment and case planning; mitigating secondary traumatic stress; and antiracism practices. Plans include training coaching skills for supervisors, implementing coaching practice within supervision, and developing a comprehensive set of methods and tools for supervisors to deliver coaching to frontline workers. This initiative started with a pilot in June of 2020 and was fully implemented to all regions, all child welfare agencies by July 1, 2021. Ongoing training and support continue for new supervisors due to turnover or added positions. The model chosen to adapt for Kansas is the Atlantic Coast Child Welfare Implementation Center (ACCWIC) skills based coaching model that has been successfully launched and operating in New York City child welfare. Supervisors have opportunities to attend virtual and/or in person training, attend skill based collaborative practice sessions and have personal coaching from a trained KanCoach to learn and enhance their coaching skills to utilize with front-line workers. As with other workshops delivered since March 2020, these classes have been successfully delivered using a virtual platform to allow supervisors from all participating child welfare agencies to attend.

KanCoach launched in the DCF East region on June 22, 2020. To date, 19 total cohorts have completed the Phase 1 training and KanCoach training has been offered in all 6 geographical DCF regions throughout the state.

In total, 288 supervisors have enrolled, 251 (87%) have completed Phase 1 training, and 91 (32%) participants have completed all the requirements for the 12-month Phase 1 KanCoach Program. 98 (34%) participants remain active participants in the 12-month KanCoach Program. New training cohorts continue to be created as supervisors are hired.

KanCoach has added anti-racism as one of the priority topics. Data and action from the Change the WORLD initiative has been infused into this priority topic. Additionally, parent voice has been incorporated in the development of the collaborative. During the first 40 minutes of the collaboratives, excerpts from the Parent Partner focus groups have been woven into the instruction and discussion of the specific skills and specific priority topics to amplify family voice.

Currently, Phase II is under development to provide continued training and practice for supervisors who want to continue their growth in coaching, become agency leaders and support sustainability of coaching within the practice of supervision.

### Case Planning

In SFY 2020, Kansas implemented Initial Family Meetings (IFM) when families are referred for foster care or family preservation services. The IFM is scheduled in consultation with the family but is generally

required within two days of a referral for family preservation services or within 3 days of a referral for foster care case management services. The IFM initiates partnership between the family, Kansas DCF and service providers. The Initial Service Plan (ISP) is also developed with the family at the IFM. The ISP outlines immediate tasks or activities to be completed pending completion of the case plan. The ISP was created in response to requests for tangible and immediate guidance for families.

The IFM and the use of the accompanying form, ISP (PPS 3031 Foster Care Initial Service Plan) continues to be used across the state. With the implementation of the Kansas Practice Model (KPM), language for the ISP form is undergoing some language changes to ensure terminology is sensitive and understandable for families. In Spring 2022, during Permanency Advisory Council (PAC) meetings, it was suggested an instructions document be created to accompany the ISP form to better guide and inform staff on the usage of the document. This has been created and is currently working through various policy work groups for vetting and possible publication for July 2022, should there be no objections to this instructions document being published.

The Kansas Assessment Permanency Project (KAPP) wrapped up in SFY 2019. This grant-funded project envisioned a family and child well-being system as trauma-informed, using evidence-based assessments and interventions with children and families, and promoting social-emotional well-being, family functioning, safety, and permanency.

KAPP targeted assessments for children in the family and child well-being system with mental health needs and trauma histories. KAPP identified specific tools to assess the child's history of trauma, social-emotional functioning and behavioral health functioning. Although this project focused primarily on the foster care population, Family Preservation Services began utilizing several of the KAPP assessments as part of the case planning process.

In SFY 2020, the KAPP assessments were incorporated into agency policy and practice to help inform and guide case planning. A specific result of this workgroup is evidenced by the edition of the DCF PPM 5030 Child Welfare Case Management Provider Screenings and Assessments. This policy updated for July 2021 to ensure all Child Welfare Case Management Providers (CWCMPs) were utilizing the same assessments across the board. This included the utilization of the following, depending on the need/appropriateness for the child and family:

1. Child Stress Disorder Checklist-KS (CSDC-KS) Ages 0-18; Screen for child's history of trauma and current symptoms,
2. Child Report of Post-Traumatic Symptoms (CROPS) Ages 6-18; Screen for child's history of trauma and current symptoms,
3. Ages and Stages Questionnaire – Social Emotional (ASQ-SE) Ages 0-2; Screen for social-emotional functioning of child.
4. Preschool and Early Childhood Functional Assessment Scale (PECAFAS) Ages 3-5; Assess behavioral health functioning.
5. Child and Adolescent Functional Assessment Scale (CAFAS) Ages 6-18; Assess behavioral health functioning of child/youth.
6. Parenting Stress Index – Short Form (PSI-SF) Ages 0-18; Assess parenting stress.

### Services for Children with High Needs

Kansas is committed to meeting the needs of children in care. In October 2019, Kansas added Qualified Residential Treatment Programs (QRTF) as a new level of service for children in foster care. QRTFs provide an integrated treatment model designed to address the clinical needs of children with serious

emotional or behavioral disorders. The treatment program involves the child's family and siblings as much as possible. The program also provides discharge planning, a family-based aftercare support, and placement within a QRTP facility is not meant to be long-term. DCF contracts with HealthSource to conduct the Child and Adolescent Functional Assessment Scale (CAFAS) for QRTP eligibility.

Kansas also established new placement standards and rates. The rates are determined by the child's level of care, but providers caring for children with high needs generally receive a higher daily rate under the new rate structure. Kansas implemented tiered rates for relatives providing care. Prior to this change, all relatives were provided the same amount of financial support when caring for a child in foster care. Under the current structure, payments for relatives and kin increase based on the child's needs and level of care. Placement standards were also revised. Specifically, agencies providing support to foster homes are now expected to make more frequent visits when foster parents are caring for children with high needs.

Each Case Management Provider is to identify or develop and utilize a tool to assess children and youth for their Level of Care. Saint Francis Ministries, Cornerstones of Care and KVC all use the same tools. Saint Francis Ministries developed the Child Screening Tool (CST) and Caregiver Response Tool (CRT) and revised it with KVC later. They have since shared it with Cornerstones of Care. They use a Client Assessment Tool to assess youth and a Caregiver Assessment Tool to assess placements. The Client Assessment Tool is used when a child is first placed into care to determine the Level of Care needed. As the child remains in a placement, continued assessment is done every 180 days in which the child and caregiver are given assessment tools to determine if a change in Level of Care is needed. The ongoing assessment is done with 40% of the child's score and 60% of the caregiver's score is considered if a Level of Care change is warranted as a child continues to remain in a home. TFI Family Services uses a different Level of Care tool for their youth. TFI is using a tool which is part of Every Child a Priority, developed internally and validated by KU School of Social Welfare in their extensive research a few years ago. It was originally called the "Appropriate Placement Level Indicator" or "APLI" but TFI has since switched to calling it the client assessment. They also do not use a caregiver scoring tool in their client assessments like the other 3 CMP's.

Kansas continues to partner with Wichita State University's GEAR UP program to help address educational needs of children in care. GEAR UP provides services to help participants prepare for postsecondary education. Services include college exploration and visits, academic skill building, mentoring, life skill building, ACT/SAT workshops, financial literacy, tutoring and academic credit recovery. At any given time, GEAR UP is actively working with over 2,000 students. These students are currently in foster care or recently returned home.

In SFY 2022, the partnership between school districts and community mental health centers expanded to a total of 55 school districts. This program provides school-based mental health services to children including those in foster care. There are 17 Community Mental Health Center providing the behavioral health intervention teams which includes a school liaison, clinician, and mental health case manager. Providing services to children in the school setting has increased access to mental health services for children in care.

## Systemic Factors

### Statewide Information System

**Item 19: Statewide Information System.** How well is the statewide information system functioning statewide to ensure, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?



Kansas utilizes four systems to track family and child well-being data and information in lieu of a SACWIS/CCWIS system:

- FACTS: Family and Child Tracking System
- KIPS: Kansas Intake/Investigation Protection System
- KIDS: Kansas Initiative Decision Support System
- SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System

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 foster care.

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 in the system is accessible by agency and case management provider staff across the state. Collecting and maintaining this information allows 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 Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) data.

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

The FACTS system complies with internal and external data quality standards. The PPS Policy and Procedure Manual (PPM) provides guidance on entry of data into FACTS. The FACTS User Manual also provides additional detailed instructions. 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**

| <b>Measure</b>  | <b>SFY<br/>2014</b> | <b>SFY<br/>2015</b> | <b>SFY<br/>2016</b> | <b>SFY<br/>2017</b> | <b>SFY<br/>2018</b> | <b>SFY<br/>2019</b> | <b>SFY<br/>2020</b> | <b>SFY<br/>2021</b> | <b>SFY<br/>2022</b> | <b>SFY<br/>2023</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 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%                |                     |                     |



| Measure   | SFY<br>2014 | SFY<br>2015 | SFY<br>2016 | SFY<br>2017 | SFY<br>2018 | SFY<br>2019 | SFY<br>2020 | SFY<br>2021 | SFY<br>2022 | SFY<br>2023 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%         |             |             |
| 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%        |             |             |
| Does the date of the mother's termination of parental rights in FACTS accurately reflect information found in the case file?  | 87%         | 95%         | 81%         | 87%         | 92%         | 100%        | 90%         | 78%         |             |             |
| Does the date of the father's termination of parental rights in FACTS accurately reflect information found in the case file?  | 94%         | 94%         | 82%         | 90%         | 89%         | 89%         | 82%         | 88%         |             |             |

| Measure  | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | SFY 2020 | SFY 2021 | SFY 2022 | SFY 2023 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 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%      |          |          |
| 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%      |          |          |

Data Source: QA Case Reviews

Each CWCMP uses a management information system independent from the state systems. This requires a close working relationship between DCF and the Child Welfare Case Management Providers (CWCMP) to ensure 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 for data entry into FACTS. Policy provides instructions and timeframes for submitting information to DCF for data entry. Once information is received by the DCF Regional office, staff have five days for data entry into FACTS.

In SFY 2014, case management contract changes prompted Kansas administration staff to facilitate a series of data quality and reconciliation meetings with regional staff and CWCMPs. During these meetings, DCF administration staff provided an overview of Child Welfare Outcomes, and guidance on calculating outcomes. Technical assistance was provided for using error lists and other available data quality monitoring tools. Technical assistance was also provided regarding processes/procedures for correcting errors. Regional staff and CWCMP staff developed written plans for the monthly process of reconciling data across information systems. Monthly reconciliation promotes the timeliness of data entry, and this reconciling process will be continued with the new foster care contracts starting in October of 2019. In May 2020, DCF reviewed the data collection and reconciliation process with all case management providers.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 19: Statewide Information System. FACTS is functioning to ensure, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. Kansas' Statewide Information System exceeds minimum expectations for functioning of this systemic factor.

Kansas 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 2019, Kansas formed a new project planning team to begin studying the feasibility of acquiring a CCWIS-compliant information system. The project planning team reviewed CCWIS requirements and began a self-assessment of the agency's current data systems. A Request for Proposal was issued for a planning contractor. The Public Consulting Group (PCG) was the successful bidder. The current contract was initiated on September 14, 2020. The project is on schedule and the current end date is June 30, 2022. Recently the project was informed of funding available for continued work with PCG. DCF was informed of funding available to continue with PCG. Negotiations have begun with PCG on the nature and scope of activities PCG could offer including Organizational Change Management and Business Process Reengineering in addition to Data Governance and Data Quality Plan activities.

In SFY2021, two measurements that showed a decrease are related to the information in FACTS accurately reflecting information found in the case file related to the child's current permanency goal and date of the mother's termination of parental rights which were 82% and 80% respectively. While the most recent case review (10/1/2020-3/31/2021) shows moderate improvements for each, 88% and 90% respectively, the DCF performance improvement team is currently in process of conducting further analysis into this decrease.

## Case Review System

**Item 20: Written Case Plan.** How well is the case review system functioning statewide to ensure each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

DCF policy, per Kansas statutes, requires each child in DCF custody, including those who are part of a sibling group who are also in custody, have an individual case plan. All providers use DCF case plan forms. Case plan forms are in the PPS Policy and Procedure Manual and comply with applicable federal case plan requirements. Case plans are reviewed and approved by DCF Child Protection Specialists to assure requirements are met. The first case planning meeting is required to be held within 30 days of the child's entry into foster care. Subsequent case planning meetings are conducted at least every 170 days (and within 30 days of permanency goal change).

The CWCMP submits a copy of applicable documents from the PPS 3050 form series to the DCF Foster Care (FC) Liaison assigned to the case. The DCF FC Liaison reviews the submitted documents and completes the PPS 3058 Permanency Plan Checklist and sends to the CWCMP. If necessary, the CWCMP makes corrections to the PPS 3050 series documents. The corrected documents are resubmitted to the DCF FC Liaison for review and approval. Upon receiving approval of the PPS 3050 series documents from the DCF FC Liaison, the CWCMP submits a copy to the court and regional FACTS entry staff.

In SFY 2020, DCF implemented Initial Family Meetings. Initial Family Meetings replaced Initial Team meetings. The Initial Family Meeting is required within three days of a referral to foster care services and within two days of a referral to in-home family preservation services. The Initial Family Meeting provides an opportunity for the team to build partnership from the very beginning of the service case, clarify roles, continue assessment activities, and draft the Initial Service Plan. The Initial Service Plan is drafted by the team and provides immediate guidance for any tasks or activities pending the first case plan.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 20: Written Case Plan. Written case plans were found to be timely, and in foster care cases, concerted efforts were made to involve parents in case planning activities. However, it was not clear how families were involved in developing the written plan. The agency has since updated case plan forms to explicitly document the family's input in the development and review of the case plan.

**Item 21: Periodic Reviews.** How well is the case review system functioning statewide to ensure a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Case planning conferences are also considered administrative reviews. After the first case plan meeting, subsequent case plan review meetings are conducted with the family at least every 170 days (and within 30 days of permanency goal change). DCF staff are invited to all case planning meetings, and all case plans must be reviewed and approved by DCF.

A report is posted monthly on the agency share point site, available to DCF and CWCMP staff, showing cases due for a periodic review within the next thirty days. This report is used by supervisors to ensure administrative periodic reviews for each child occurs no less frequently than once every six months. Kansas statutes require courts hold permanency hearings a minimum of every 12 months. Most Courts hold reviews every six months, but sometimes as frequent as every 30 or 90 days.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 21: Periodic Reviews. Findings were determined based on information from the statewide assessment and stakeholder interviews. Kansas did not provide sufficient data in the statewide assessment to demonstrate the functioning of this systemic factor item. In interviews, stakeholders consistently reported periodic reviews were routinely occurring across the state. The courts are generally holding periodic reviews at least every 6 months, some as often as every 30 or 90 days. Stakeholders reported there are systems in place such as the Full Court- Juvenile Compliance System, FACTS system, and contractors' individual tracking systems which provide tickler or advance information for planning purposes. Most capture the date of periodic reviews.

Kansas does create a monthly report tracking all cases coming due for a periodic administrative review. However, there is no statewide data system to track and report all periodic reviews.

**Item 22: Permanency Hearings.** How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Kansas Statutes Annotated (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 frequently than every 12 months thereafter.

Reports may be generated, by DCF, as requested, regarding permanency/no reasonable efforts by DCF on a quarterly basis to the Office of Judicial Administration (OJA). This report includes cases that do not have reasonable efforts clause in the initial journal entry and cases that do not have reasonable efforts documented in the journal entry at required permanency hearings every twelve months.

There is required language regarding ongoing reasonable efforts in the permanency hearing Journal Entry, per federal law, to allow DCF as the IV-E agency to categorize a hearing as a permanency hearing. In compliance with such federal law, specific reporting requirement, DCF data indicates as follows:

- Of all children who entered care SFY 2018 who were in care for at least 12 months, 87% had their first permanency hearing within 12 months of removal. Of all children who entered care SFY 2018 who were in care for at least 24 months, 61% had their second permanency hearing within 12 months of their first permanency hearing.
- Of all children who entered care SFY 2017 who were in care for at least 12 months, 71% had their first permanency hearing within 12 months of removal. Of all children who entered care SFY 2017 who were in care for at least 24 months, 62% had their second permanency hearing within 12 months of their first permanency hearing.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 22: Permanency Hearings. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas provided data on a cohort of children demonstrating most children had permanency hearing in the first year and subsequently within the next twelve months.

Stakeholders agreed permanency hearings occur timely, with most occurring every six months. Stakeholders also indicated some regions use journal entries to track whether permanency hearings happen within 365 days and notify judges when such information is missing.

**Item 23: Termination of Parental Rights.** How well is the case review system functioning statewide to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

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

In Kansas, child in need of care (CINC) cases are filed and processed by county/district attorneys. The IV-E agency, DCF, is not generally a party to the legal CINC case. Kansas statute does not require a separate termination of parental rights petition be filed in a CINC action as such a motion/petition may be orally submitted to the court. Additionally, Kansas statutes allow, prior to hearing on termination of parental rights, a parent or parents to relinquish their parental rights to the DCF Secretary, subject to the Secretary’s approval. The Secretary (or designee) subsequently executes the Consent to Adoption. If a parent relinquishes parental rights, there is no necessity for a hearing on a motion/petition for termination of parental rights.

### **Federal Reviews**

Notably, Item 5F was only applicable to a total of 125 cases across all 6 reviews, and 79 cases were rated as a Strength.

| <b>Item 5F: Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?</b> |                            |                            |
|--|----------------------------|----------------------------|
| <b>Review</b>  | <b>Period Under Review</b> | <b>Item 5F Performance</b> |
| CFSR Round 3   | April 2014 – May 2015      | 58%                        |
| PIP Measurement Period 1   | July 2016 – September 2017 | 90%                        |
| PIP Measurement Period 2   | January 2017 – March 2018  | 78%                        |
| PIP Measurement Period 3   | July 2017 – September 2018 | 74%                        |
| PIP Measurement Period 4   | April 2018 – June 2019     | 67%                        |
| PIP Measurement Period 5   | January 2019 – March 2020  | 83%                        |
| PIP Measurement Period 6   | July 2019 – September 2020 | 64%                        |

Data Source: Federal Online Monitoring System

### Administrative Data

| Measure  | *SFY 2022 |
|--|-----------|
| For children who became legally free in SFY 2021, average days between removal and date legally free | 716       |

Data Source: FACTS

\*SFY 2022 data reflects data from July 2021 through February 2022

This data reveals a period of nearly 24 months between removal and when the child became legally free for adoption (date of last parent to have rights terminated or relinquished and approved). However, FACTS does not track when motions to terminate parental rights are filed by the county or district attorney.

The Office of Judicial Administration (OJA) and the DCF liaison to OJA met regularly during the CFSR process and since the Program Improvement Plan (PIP) was approved, to collaborate and develop a plan to track the filing of Termination of Parental Rights (TPR) and/or request for filing. FACTS data was shared, under the applicable confidentiality provisions in the CINC Code, with the Kansas Office of Judicial Administration data staff to compare with dates of hearings and orders entered by the courts. The SFY 17 report is identified below:

| SFY 2017 | Total # of Terminations | Average # of Months between petition to terminate parental rights and termination |
|----------|-------------------------|---|
| Mother   | 271                     | 4.2 Months  |
| Father   | 359                     | 4.1 Months  |

The SFY 2017 data supports the conclusion of the average number of months between the petition/request for mother and for fathers would be within the timeframes established by Kansas statute.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 23: Termination of Parental Rights. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas did not provide data or information on the filing of termination of parental rights proceedings or cases where a compelling reason should have been documented. During interviews, stakeholders indicated a consistent process to ensure the timely filing of termination of parental rights was not in placement across all jurisdictions and tracking of timely filing of TPRs varies.

Kansas has implemented administrative desk reviews as another way to support compliance with state and federal requirements. The PPS 3056 Permanency Plan desk review is required when a child has been in foster care for 15 of the most recent 22 months. This review documents whether any exceptions to the termination of parental rights requirement are applicable. If applicable, the review also requires documentation of the compelling reason for determining termination of parental rights would not be in the

best interests of the child. The desk review is completed by the CWCMP case manager and supervisor and provided to DCF and the county or district attorney.

**Item 24: Notice of Hearings and Reviews to Caregivers.** How well is the case review system functioning statewide to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the child?

K.S.A. 38-2239 requires notice of hearings be given, and manner of service, to all parties and interested parties as defined in the Kansas Child in Need of Care Code by the court clerks. When notice is provided by mail, the court receives a certificate of delivery confirming the notice was received. Statute also allows for notice to be given verbally during one hearing of the next court hearings. Verbal notice is documented in individual case files.

Foster parents, pre-adoptive parents and relative caregivers of children in foster care have a right to be heard in court. PPS Appendix 3G Foster Parent Report to Court may be used to submit a written report. PPM 3383 requires foster parents be informed of their right to submit a report directly to the Court. The PPS Appendix 3G Foster Parent Report to Court was developed in collaboration with the Kansas Supreme Court Task Force on Permanency Planning SCTFPP as one way for Foster Parents to have a voice in Court.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 24. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas described the two methods for providing notice of hearings and reviews to caregivers. Kansas was not able to provide data or information to show whether either method was occurring. Information collected through stakeholder interviews revealed notification of court hearings is inconsistent across the state. There is no statewide data system for collecting information regarding the foster parent's court notifications. Stakeholders also reported caregivers' ability to be heard is dependent on the judge overseeing the case.

DCF, the Supreme Court Task Force on Permanency Planning (SCTFPP) and court improvement program (CIP) staff met to review the CFSR Final Report and K.S.A. 38-2265, which requires notice of permanency hearings be provided to the following individuals:

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

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

CIP and DCF developed a survey to be sent out to foster parents. The SCTFPP requested the survey address all types of notices required under statute, if the foster parents attended the hearing, if they were addressed during the hearings and the use of the foster parent court report.



After the survey was completed, the SCTFPP reviewed the results and approved the following interventions (*updates are noted in italics*):

- Prepare training for family and child well-being stakeholders concerning the requirement for foster parents to receive notice and be heard during permanency hearings. *This has been completed via an OJA Best Practices Training.*
- Edit Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G)-Completed. *This has now been completed.*
- Consider making the Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G) available on the DCF placement management system. *The Report remains posted as an Appendix on the PPS PPM.*
- Review notice statute and language requiring the notice to foster parents include the Foster Parent Report to the Court (Appendix 3G) to determine whether revision is needed. *This was reviewed and SCTFPP determined statutory changes were not needed.*
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem. *This was discussed by SCTFPP but was not pursued.*

A Best Practices Training (by OJA with collaboration of DCF) was made available to foster parents, judges, attorneys, social workers and Court Appointed Special Advocates (CASAs) on the statutory notice requirement.

Permanency Team has met with all CPAs on an individual basis and discussed an array of topics May-July 2020. The survey has informed the work being done with the CPAs. Support for Foster Parents has been discussed in terms of placement stability, and many CPAs have reached out to DCF regarding this struggle.

A copy of the survey disseminated by CIP in collaboration with DCF and the results of same are attached to the agency's Child and Family Services Plan for 2020-2024. See Attachment 19 Foster Parent Survey Results.

### Quality Assurance System

**Item 25: Quality Assurance System.** How well is the quality assurance system functioning statewide to ensure it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure children in foster care are provided quality services that protect their health and safety) (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 25: Quality Assurance System. In the statewide assessment, Kansas provided data and information on CPI confirming the state's quality assurance process is applied consistently across the state. The data and information included case review results and performance data from the management information system. Case reviews using the federal Onsite Review Instrument are conducted quarterly in each regional office on a sample of cases which include the two components of in-home family and child well-being cases (family preservation and, family services), out-of-home cases, and review of the Adoption and Foster Care Analysis and Reporting System. Case reviews are also conducted for Intake and Assessment and Title IV-E. Additionally, targeted case reviews are conducted as needed for policy compliance or continuous

performance improvement projects. Case review and management information systems data are available to internal stakeholders through a secure website and used at the statewide, regional, county, judicial district, unit, and worker levels. Information is shared with external stakeholders through a public website, Quarterly CPI meetings, and Citizen Review Panel meetings.

Kansas has maintained an established QA and Continuous Performance Improvement (CPI) process. The CPI cycle includes identifying and understanding the root cause of problems, researching and developing theories of change, developing or adapting solutions, implementation of solutions and monitoring and assessing solutions.

The functional components of CPI include data collection, data analysis and interpretation, communication and collaboration and support for sustainable CPI. Dedicated CPI staff are responsible for providing support and accountability for the structure, methodologies and administration of quality assurance and continuous performance improvement activities.



*The QA system operates in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided.*

Kansas utilizes a performance management process which is applied consistently across the entire state. Additionally, each region in the state has a dedicated CPI team. Administrative data is collected from every case in the state to measure performance and contract outcomes. Data from state information systems is analyzed in a variety of ways. Outcome information is calculated monthly for the Child Welfare Outcomes. Reports for each outcome include statewide analysis 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.

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 foster care are provided quality services that protect their health and safety).

Kansas standards used to ensure children in foster care 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.

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

Identifying strengths and needs of the services delivery system is essential to the CPI process. Strengths and needs are used in the CPI cycle to understand root causes and inform improvement activities. Kansas utilizes the performance standards and seven child and family outcomes to identify strengths and areas needing improvement 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 analysis 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 foster care, referrals to Family Preservation, out of home on last day of the month, and discharges from foster care are analyzed to identify trends over time. These reports provide linear trending including projections. Kansas 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 the out of home population to include the rate of children discharged from care per every 100 children in care, and a ratio of removals to discharges. Kansas primarily utilizes descriptive and exploratory data analysis techniques, but also conducts other statistical analyses including correlational analysis, linear regression, etc. when appropriate.

Kansas conducts several data quality monitoring activities which lends to our confidence in the quality of our 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. Kansas conducts monthly reconciliation of data between FACTS and the provider management information systems. 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, Kansas employs a standardized approach to data gathering and reporting. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a case read application. Data gathered from case reads where the sample size provides a reliable confidence interval, may be generalized to the entire population. Case reads where sample size is too small for a reliable confidence interval, are conducted to identify examples of areas which may warrant further investigation.

Kansas utilizes multiple techniques to validate case read data, including monitoring reader consistency. Reader consistency concerns may be identified during reconciliation meetings with Child Welfare Case Management Providers (CWCMP) or through the quality assurance process during measurement reviews.

Reconciliation meetings are held after each case review period. Reader consistency concerns may also be identified during quarterly CPI meetings. Reader consistency reports are generated and reviewed for each outcome/question in each instrument as part of the case reader training process. Beginning in April 2021, Kansas DCF began a new training format for reader reliability and consistency. Prior to the training, the case readers complete a mock case review, reviewing the same cases. The case read results are then compiled, identifying any differences or inconsistencies. The focus of the training is based on the identified differences or inconsistencies and resolving those differences by providing additional guidance and instructions that can be utilized for future reads.

*The QA system provides relevant reports.*

Kansas produces many reports which are updated on a regular schedule. 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 (Performance Improvement and Learning System), is able to capture case read information as well as compile data and create a variety of reports. Previously, the case reading, 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 is able to 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.

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

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 and regional staff have access to SharePoint, as do representatives from each of the Child Welfare Case Management Providers (CWCMP). Reports are generally updated monthly. Also available on SharePoint is 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. The SharePoint site has been in use since 2013. Another internal site was used prior to 2013.

*The QA system evaluates identified program improvement measures.*

Monitoring and assessing improvement solutions is an important part of the CPI cycle. Once solutions have been implemented, ongoing monitoring and assessment is necessary to ensure the solution is effective. If the identified solution results in expected improvement, the CPI cycle may repeat with another identified solution.

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

DCF administration and regional staff meet quarterly with Child Welfare Case Management Providers (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. The Performance Improvement team has been working on enhancing data sharing and reporting with DCF and Case Management Providers.

## **Staff and Provider Training**

### **Item 26: Initial Staff Training**

How well is the staff and provider training system functioning statewide to ensure initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) includes the basic skills and knowledge required for their positions?

Pre-service and pre-caseload training requirements are detailed in the DCF Training Plan 2023, Attachment 20.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 26: Initial Staff Training. Kansas has maintained a comprehensive program for planning and delivering high-quality training for new staff. The Training Plan details established curriculum and timeframes for initial staff training. The Training Plan also includes an established process and functional learning management system to track all trainings. Kansas monitors individual training plans to ensure initial training is provided to staff.

### **Item 27: Ongoing Staff Training**

How well is the staff and provider training system functioning statewide to ensure ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

As an agency dedicated to ongoing learning and continuous quality improvement, Kansas supports ongoing staff training and professional development. Kansas provides numerous opportunities for staff to gain new skills and competencies or advance mastery of existing skills and competencies.

Ongoing training and coaching opportunities are detailed in the DCF Training Plan 2023, Attachment 20.

All DCF CPS Specialists and CWCMP case managers are required to complete a minimum of 40 hours of continuing education, including 3 hours of ethics training bi-annually. Licensed child welfare staff must continue to meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their profession. Additionally, CWCMPs are required to be accredited through a national Child Welfare organization. Maintaining accreditation helps ensure rigorous training standards are met.

In SFY 2021, Kansas continued to provide several training opportunities such as Safe Sleep, Kansas Practice Model Overview, SDM for Protection Report Center staff, TDM, Family Finding, and Domestic Violence workshops. These trainings will be provided on an ongoing basis, and several advanced-level training opportunities are also available in these topic areas.

Each year, DCF co-sponsors the Governor's Conference for the Prevention of Child Abuse & Neglect. Due to COVID restriction, the conference was held on a virtual platform. The agency generally presents several training workshops at the conference. Many DCF and provider staff attend the conference as trainees. The Governor's Conference allows staff to hear from national experts in the field and learn about

new practices and research. At the 44th Governor’s Conference during SFY 2021, the keynote presentations included Dr. Bruce Perry.

In SFY 2022, Kansas will ensure staff around the state have access to the ongoing trainings developed this year. Many of these opportunities allow staff to develop new skills and even new approaches to family engagement.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 27: Ongoing Staff Training. The Training Plan details established continuing education requirements for staff and the generous number of ongoing training opportunities available. As with initial staff trainings, ongoing trainings are tracked within the learning management system.

### **Item 28: Foster and Adoptive Parent Training**

How well is the staff and provider training system functioning to ensure training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Kansas utilizes the Trauma-Informed Partnering for Safety and Permanency - Model Approach to Partnerships in Parenting (TIPS-MAPP) curriculum for prospective foster parents, prospective adoptive parents and interested relative caregivers. Children cannot be placed in foster or adoptive home until the training is complete. Exceptions are allowed for relatives and nonrelated kin. DCF ensures training is occurring statewide through the licensing process. Annual training requirements for licensed foster parents are monitored by DCF and the sponsoring child placing agency.

Additionally, a new curriculum, National Training and Development Curriculum for Foster and Adoptive Parents (NTDC), has been piloted in several counties since 2021. As explained on NTDC’s website, <https://ntdcportal.org>, “The National Training and Development Curriculum (NTDC) is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. It provides potential foster or adoptive parents with the information and tools needed to parent a child who has experienced trauma, separation, or loss. It is a state-of-the-art classroom and online program that helps to prepare prospective foster and adoptive parents to be successful parents. In addition, the NTDC gives parents access to information and resources needed to continue building skills once they have a child in their home.”

| <b>Participants<br/>Completing<br/>Training</b> | <b>SFY<br/>2014</b> | <b>SFY<br/>2015</b> | <b>SFY<br/>2016</b> | <b>SFY<br/>2017</b> | <b>SFY<br/>2018</b> | <b>SFY<br/>2019</b> | <b>SFY<br/>2020<sup>6</sup></b> | <b>SFY<br/>2021</b> | <b>SFY<br/>2022</b> | <b>SFY<br/>2023</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
| <b>TIPS-MAPP</b>                                | 1012                | 1145                | 1018                | 1053                | 1431                | 1526                | 1117                            | 1115                |                     |                     |
| <b>TIPS-Deciding<br/>Together</b>               | 751                 | 773                 | 720                 | 676                 | 547                 | 534                 | 607                             | 411                 |                     |                     |
| <b>NTDC</b>                                     |                     |                     |                     |                     |                     |                     |                                 | 300                 |                     |                     |

Foster and adoptive parent training is detailed in the Training Plan. See Attachment 20, DCF Training Plan 2023.



All residential and group home facilities are required to be licensed through DCF Foster Care and Residential Facility Licensing (FCRFL). If the residential or group home facility provides placement for children in foster care, the facility must also meet PPS placement standards established in the Child Welfare Handbook of Client Purchases. Initial and ongoing training requirements for facility staff are established in Kansas statute and agency placement standards. Training requirements are monitored by DCF FCRFL.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 28: Foster and Adoptive Parent Training. Kansas has ensured training is occurring statewide pursuant to established requirements for initial and ongoing training. Kansas utilizes a nationally recognized pre-service curriculum (and requires ongoing training) addresses the knowledge and skills needed to foster and adopt children.

### Service Array and Resource Development

**Item 29: Array of Services.** How well is the service array and resource development system functioning to ensure the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

Geographically, Kansas is a large and diverse state. DCF divides the 105 counties into four regions and eight catchment areas for foster care services. Beginning July 1, 2020, the state divided into 6 regions, but catchment areas will remain the same. DCF services are available in all 105 counties. Sister state agencies ensure a network of community mental health centers (CMHC) and community developmental disability organizations (CDDO) are also serving every corner of the state.

In CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 29 Array of Services. Kansas indicated family services, family preservation, foster care, adoption, and independent living services were available in all 105 counties. Community mental health, substance abuse services, and intellectual developmental disability services were also available. However, information received from stakeholders during interviews indicated this systemic factor item was not routinely functioning statewide. Stakeholders noted a lack of mental health services, specialized foster homes, substance abuse treatment, and contracted case managers. Stakeholders reported although there are mental health centers across the state, these centers are short-staffed with waiting lists ranging from 2 weeks to 30 days. A main concern of some stakeholders was the lack of admissions to psychiatric residential treatment facilities for children with severe behavioral and mental health needs. Stakeholders also reported a notable difference in the array, availability, and accessibility of mental health services in the urban versus rural areas of the state.

With support from the Kansas Family Advisory Network (KFAN), the Kansas Strong parent survey was administered in July and August 2019. KFAN staff administered the survey to 305 parents/caregivers at local foster care agencies across the state. The survey gathered parent/caregiver responses to three main topics: service array, caseworker/agency practices and court/legal practices.

| Survey Sample Characteristic: Caregiver Relationship to Child(ren) | N   | %   |
|--|-----|-----|
| Mother   | 146 | 48% |
| Father   | 71  | 23% |
| Relative   | 65  | 21% |
| Non-Relative   | 23  | 8%  |

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



| <b>Survey Sample Characteristic: DCF Region</b> | <b>N</b> | <b>%</b> |
|---|----------|----------|
| East  | 81       | 26%      |
| Kansas City                                     | 61       | 20%      |
| West  | 100      | 33%      |
| Wichita   | 27       | 9%       |
| Unknown   | 36       | 12%      |

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

| <b>Service Access Survey Item</b>   | <b>Average</b> | <b>Std. Deviation</b> | <b>N</b> |
|---|----------------|-----------------------|----------|
| I can usually find services in my community that can help me with things my family and/or I need. | 3.6            | 1.1                   | 301      |
| It is easy to access services in my community when my family and/or I need them.                  | 3.5            | 1.1                   | 299      |
| Once I find the service my family and/or I need, I can usually receive the service quickly.       | 3.4            | 1.1                   | 300      |

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

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

| <b>Service Access Survey Item</b>   | <b>State</b> | <b>East</b> | <b>KC</b> | <b>West</b> | <b>Wichita</b> | <b>Unk</b> |
|---|--------------|-------------|-----------|-------------|----------------|------------|
| I can usually find services in my community that can help me with things my family and/or I need. | 3.6          | 3.7         | 3.4       | 3.7         | 3.3            | 3.7        |
| It is easy to access services in my community when my family and/or I need them.                  | 3.5          | 3.7         | 3.2       | 3.6         | 3.0            | 3.5        |
| Once I find the service my family and/or I need, I can usually receive the service quickly.       | 3.4          | 3.6         | 3.0       | 3.7         | 3.1            | 3.5        |

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

| <b>Service Access Survey Item</b>   | <b>State</b> | <b>Mother</b> | <b>Father</b> | <b>Relative</b> | <b>Non-Relative</b> |  |
|---|--------------|---------------|---------------|-----------------|---------------------|--|
| I can usually find services in my community that can help me with things my family and/or I need. | 3.6          | 3.7           | 3.7           | 3.5             | 3.1                 |  |
| It is easy to access services in my community when my family and/or I need them.                  | 3.5          | 3.5           | 3.4           | 3.4             | 3.2                 |  |
| Once I find the service my family and/or I need, I can usually receive the service quickly.       | 3.4          | 3.5           | 3.5           | 3.4             | 2.9                 |  |

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

Kansas added to the array of accessible services in SFY 2020 through implementation of Family First Prevention Services, utilization of Qualified Residential Treatment Programs and accessible mental health services in local schools.

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

### **Item 30: Individualizing Services**

How well is the service array and resource development system functioning statewide to ensure the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

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

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 30: Individualizing Services. Kansas did not provide quantitative or substantive qualitative information for this systemic factor item demonstrating function. Stakeholders were inconsistent in their opinions regarding whether services were individualized to meet the needs of children and families. Several stakeholders described a “cookie cutter” approach to service identification and provision, while other stakeholders reported case plans do identify the individual needs of children and families. However, these stakeholders indicated although individual needs were identified, the services to address those needs were either not available statewide or obtaining them was difficult.

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

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

In SFY 2021, Kansas will continue to improve individualizing services through implementation of KanCoach. One of three priority topics for the coaching program includes family-centered assessment and case planning. KanCoach will build capacity and advance skill sets in supervisors translating to guidance to practitioners toward completing comprehensive assessments and ensuring service decisions are made with the family and individualized to meet their unique needs.

### **Agency Response to the Community**

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

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related

Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

DCF engages in ongoing consultation with a wide variety of stakeholders: children, youth, families, kin, Tribal representatives, Child Welfare Case Management Providers (CWCMP), other state agencies, courts, community-based service providers, and foster and adoptive families.

Kansas collects input from stakeholders through two Kansas Citizen Review Panels. The federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to establish Citizen Review Panels comprised of volunteer members who broadly represent the state. Kansas has three Citizen Review Panels, each tasked with reviewing specific program areas: The Intake to Petition panel focuses on areas of child abuse/neglect investigations, family services and family preservation; the Custody to Transition panel focuses on the processes from petition through permanency; and the Child Death Review Board analyzes child deaths in Kansas.

The panels are required to meet every three months, except the State Child Death Review Board meets monthly. Each panel or board is responsible for reviewing policies, procedures and practices of the state's child welfare system and circumstance related to child deaths. Each panel prepares an annual report summarizing panel activities and makes recommendations to improve child welfare services in the state. Panel membership consists of a broad array of representatives to include law enforcement, judges, District Attorney, defense/prosecuting attorneys, guardian ad litem, foster parent, social service supervisors, Court Appointed Special Advocate, health care professional, child protective services personnel, foster care provider staff, family advocates, state foster care and adoption personnel, Kansas Department of Corrections-Juvenile Services, Kansas Department of Health and Environment, Office of Judicial Administration, Kansas Bureau of Investigations, coroners, school nursing staff, and tribal representatives.

Collaboration with OJA occurs through the Citizen Review Panels. DCF collaborates with OJA on the Court Improvement Project. Regional offices also collaborate locally with court personnel including judges and county attorneys regarding jurisdiction specific concerns.

DCF participates in statewide meetings with all federally recognized tribes headquartered in Kansas at least four times per year. The statewide meetings include representatives from the tribes, foster care providers, Office of Judicial Administration, Kansas Department of Health and Environment, Region VII for the Administration of Children and Families, the Governor's office tribal liaison and DCF.

DCF participates in a minimum of one site visit to each of the Kansas recognized tribes Social Services Department each year. The DCF regional representative, and the Office of the Governor's Native American Affairs Tribal Liaison/Executive Director attend the meetings when availability allows. The purpose of site visits is to further facilitate on-going tribal and state partnerships for the provision of tribal Family and Child Well-Being programs and to offer technical assistance. The site visits also provide context to the tribes for input and review of the state plan.

KYAC holds a Strategic Planning Conference (SPC) every year. KYAC members identify issues at the conference concerning to older youth in foster care and to youth who have aged out. The issues are based on input from Regional Youth Advisory Council (RYAC) members through regional events and meetings.

In addition to utilizing already established workgroups and venues outlined in Section C.1, Collaboration, Kansas conducted a minimum of semi-annual meetings with internal DCF division staff, external stakeholders, and the community over the last four years to discuss CFSR results, Program Improvement Plan (PIP) development, PIP progress, and new improvement initiatives. In March through May 2019, Kansas held seven community convenings across the state to gather feedback from the powerful community voices. Additionally, DCF Secretary Laura Howard held two DCF Spring Stakeholder Meetings June 18<sup>th</sup>, 2019 in Emporia and June 20<sup>th</sup>, 2019 in Garden City. Remote sites in Hiawatha, KC, Pittsburg, Hays and Wichita also participated.

During CFSR Round 3, Kansas received an overall rating of Strength on Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR. Kansas described consultation and coordination with a wide variety of stakeholders. Information collected from stakeholders during interviews confirmed the state agency collaborates with a variety of entities and their input is integrated into the agency's CFSP and yearly APSR updates.

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

How well is the agency responsiveness to the community system functioning statewide to ensure the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

DCF has regular communication with agencies responsible for implementing other federal programs and services. System collaboration meetings include representatives from Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Correction-Juvenile Services (KDOC-JS), Kansas Department of Education (KSDE), Children's Cabinet and Kansas Department of Health and Environment (KDHE). DCF also collaborates with Economic Employment Support Services (EES), Rehabilitation Services (RS), and Child Support Services (CSS) on an as needed basis.

DCF works closely with Kansas Kids at GEAR UP (KKGU) to ensure youth receive education enrichment and financial support through post-secondary scholarships. DCF and CWCMP staff attend KKGU training and networking opportunities. KKGU participates in IL meetings for DCF and CWCMP IL staff. KKGU staff in some DCF regions co-locate in DCF offices.

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

DCF established a Memorandum of Understanding (MOU) with the Kansas Department of Education (KSDE). This MOU permits DCF to share the names of children receiving Foster Care services with KSDE who then disseminates this information to individual school districts where children receiving Foster Care services are in attendance. These reports are shared daily.

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

During CFSR Round 3, Kansas received an overall rating of Strength for Item 32: Coordination of CFSP Services with Other Federal Programs. Kansas provided descriptive information about stakeholder consultation and engagement in developing its CFSP and how these efforts have resulted in opportunities to coordinate services and benefits of other federally assisted programs serving the same population. Specifically, collaborative efforts have resulted in youth receiving educational enrichment and financial support through post-secondary scholarships, agency and Child Welfare Case Management Provider staff

accessing training and networking opportunities, and Memoranda of Understanding with the Kansas Department of Education and military installations for the purpose of investigations and assessments. The Kansas DCF also coordinates with Family Advocacy Programs administered by the military.

## **Foster and Adoptive Parent Licensing, Recruitment and Retention**

### **Item 33: Standards Applied Equally**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

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

Only fully licensed foster homes and childcare institutions are claimed by the State for federal funds reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved relative homes are allowed in Kansas, but IV-E and IV-B funding are not claimed for these homes unless all 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 twenty (20) days of placement with a non-licensed relative.

The last three IV-E Federal Reviews for Kansas were conducted in 2011, 2014, and 2017. There was one finding as a result of the 2011 review which indicated a child was placed in a home that had not received a full license due to a change in residence. The process for notification for a residence change was reviewed by DCF and the Child Welfare Case Management Provider (CWCMP) to alleviate further issues regarding notification of changes in residence. The 2014 review indicated no findings in terms of meeting license standards. This suggests licensing standards are applied equally and consistently. The 2017 review had no findings related to licensing.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 33: Standards Applied Equally. Results from the 2011, 2014 and 2017 federal title IV-E foster care eligibility reviews contained no significant findings regarding meeting licensing standards. Similarly, stakeholders reported standards are applied equally to all licensed foster homes and childcare institutions are monitored by trained staff using standardized survey tools designed for each facility type. Citations are issued and corrective action plan is developed for infractions.

### **Item 34: Requirements for Criminal Background Checks**

How well is the foster and adoptive parent licensing, recruitment and retention system functioning statewide to ensure the state complies with federal requirements for criminal background clearances as related to licensing or approving placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

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

DCF will only issue a full license after the applicants, any residents of the family foster home age 14 and above (excluding children in foster care), and any listed alternative caregivers for the home have completed and cleared; 1) a federal fingerprint-based background check, 2) a Child Abuse/Neglect Central Registry check, and 3) A national Sex Offender Registry check. This also includes a child Abuse/Neglect check from each state of residence within 5 previous years of application are completed on adult applicants, residents and alternative caregivers ages 18 and above.

Non-custodial residents of the potential family foster home between the ages of 10-13 must completed and clear; 1) a name-based criminal history check through the Kansas Bureau of Investigation (KBI), 2) a Child Abuse/Neglect Central Registry check, and 3) a national Sex Offender Registry check.

A DCF Licensing Surveyor completes a full walk-thru survey of the home to assure compliance with Kansas Family Foster Home statutes and regulations. A Notice of Survey Findings (NOSF) is completed at that time. Any correction must be made prior to issuance of license.

Non-related kin placements must pass safety requirements including a walk through, and background checks through KBI, Child Abuse Central Registry, and fingerprints. Within two weeks of placement, non-related kin begin the licensing process including MAPP training and are issued a temporary permit within thirty (30) days of placement. The temporary permit remains in effect for ninety (90) days. Non-related kin comply with all licensing requirements prior to a full license being issued.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 34: Requirements for Criminal Background Checks. Kansas provided information from the 2011 and 2014 federal IV-E reviews, which contained no significant findings regarding criminal background clearances. The state noted a full license is issued only after prospective foster parents clear the criminal background, fingerprint, and child abuse registry checks.

### **Item 35: Diligent Recruitment of Foster and Adoptive Homes**

In SFY 2014, Kansas recognized an area of opportunity related to the functioning of Item 35, Diligent Recruitment (DR) of Foster and Adoptive homes and initiated a Continuous Performance Improvement project (CPI). This project intended to ensure efforts were being made statewide to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of children in the Kansas foster care system. This CPI project included technical assistance from the National Resource Center for Diligent Recruitment. A Diligent Recruitment Plan was developed and initiated.

The first Diligent Recruitment plan identified three (3) goals which have remained a constant in subsequent DR plans. These goals are to: Recruit families for children who are age 13 and older and who have significant behavioral and mental health needs; Recruit African American foster and adoptive families; and Recruit adoptive families for the children/youth registered on the adoption exchange.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 35: Diligent Recruitment of Foster and Adoptive Homes. While the child placing agencies developed plans for general, targeted and child-specific recruitment, no such statewide recruitment plan existed at the time.

DCF and its community and contracted partners have since worked together to develop a new cohesive Diligent Recruitment Plan. The first publication of this plan occurred in 2016 and was developed in partnership with Capacity Building, Center for States for guidance and support. Kathy Ledesma, the Program Area Manager for Adoption and Christine DeTienne, the State/Territory Liaison. In SFY 21-22,



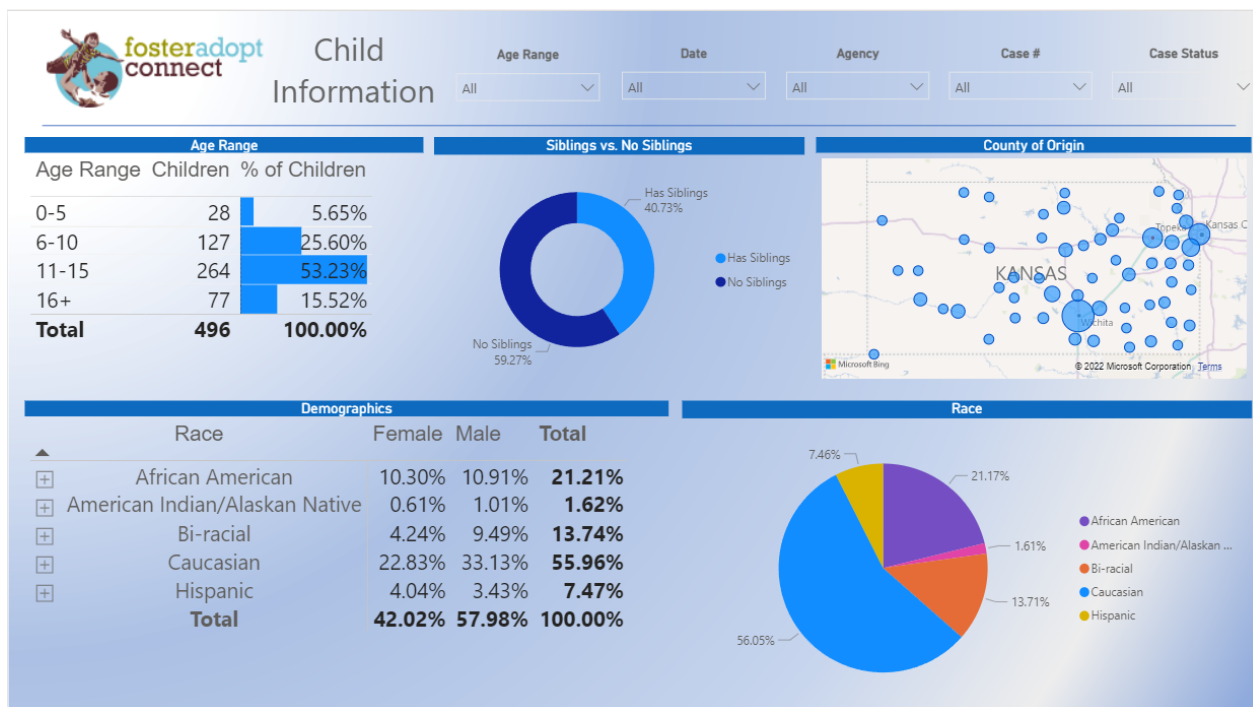
it has since undergone some clerical updates by FosterAdopt, Connect (FAC) who now oversees the Diligent Recruitment Plan and updates.

In addition to the statewide Diligent Recruitment Plan, each CWCMP and Child Placing Agency (CPA) develops an individualized recruitment plan which includes general, targeted, and individual recruitment strategies, see Attachments 36-40. Participants in their targeted recruitment activities include a wide variety of audiences such as individuals familiar in working with special populations, people in the helping professions, teachers, NAACP, African/American fraternities and sororities, and churches which have memberships with a significant number of minorities in their congregation. Targeted recruitment occurs in communities specified as needing more foster homes based on referral and placement data.

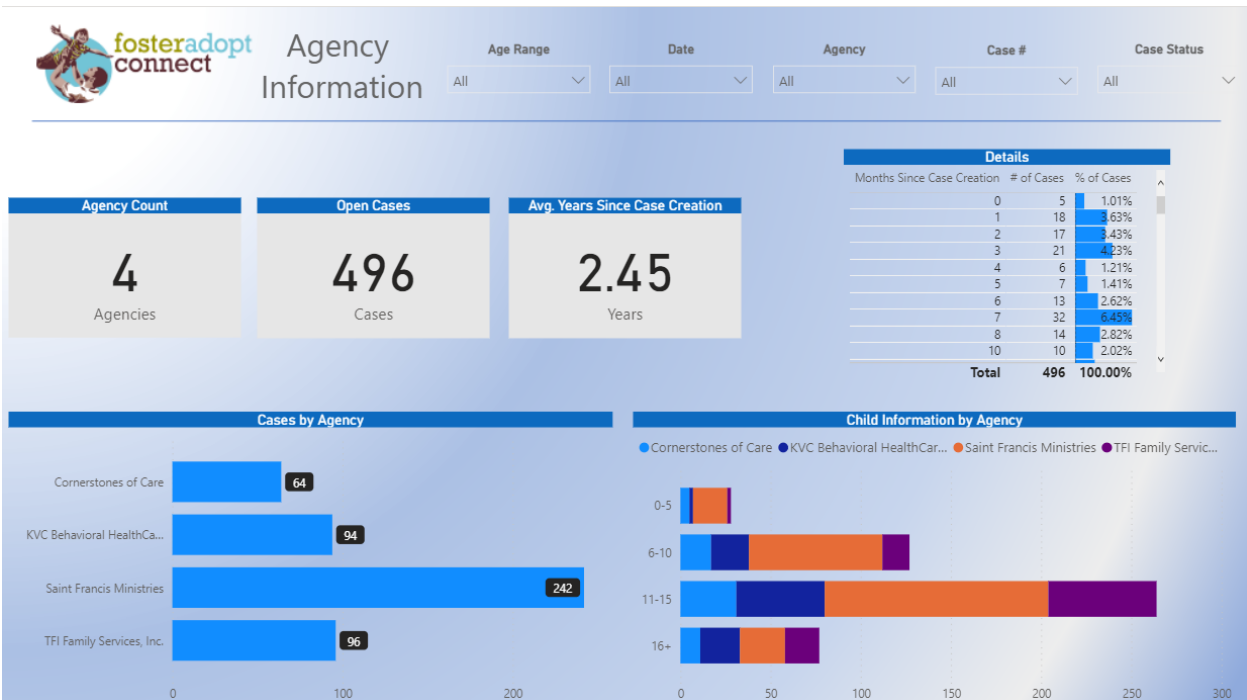
FosterAdopt, Connect (FAC) administers the adoption exchange. As of April 2022, 496 children were on the exchange. These children are legally free for adoption and are without an identified adoptive resource.

### Administrative Data

Adoption Exchange Demographics, data source: FosterAdopt Connect Adopt KS Kids PowerBI report 4.22.2022 @ 3:58p.







## Number of Inquiries to Adoption Exchange

|          |      |
|----------|------|
| SFY 2019 | 6304 |
| SFY 2020 | 7057 |
| SFY 2021 | 5231 |

Data Source: FosterAdopt, Connect, Adopt Kansas Kid

While there is no specific data related to the exact number of follow-ups to the inquiries on the Adoption Exchange, it prioritizes attention to inquiries, as well as customer service and education through specific practices outlined. Upon registration to the Adopt Kansas Kids website, families are provided an initial packet of information that includes educational resources regarding the impact of adoption, as well as information pertaining to the adoption process itself, and what families can expect when inquiring on children through the Adopt Kansas Kids. The Adoption Exchange maintains an inquiry tracking system that is used to engage follow-up from CMP's and allows Adopt Kansas Kids staff to provide important customer service and timely response to families that have inquired. CMP's receive a monthly report that includes a detailed list of open inquiries, allowing them to review and provide a response regarding the inquiry status.

During SFY 2022, Kansas plans to reinvest efforts and resources in Foster Kansas Kids. Foster Kansas Kids is a single point of entry for inquiries about foster parenting.

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

Kansas seeks relatives as possible placement resources at the beginning of each child's out of home placement and throughout the life of the case. Priority consideration is given to relatives, regardless of where they reside.

DCF meets requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006 for foster care and adoptive placement requests. Requests for home studies are completed and reported back to the sending state within sixty (60) 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.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas described the process for identifying adoptive resources for children using the Kansas Adoption Exchange and AdoptUSKids. During interviews, stakeholders generally reported the use of cross-jurisdiction placements was not consistent statewide. They cited difficulties in working with other states and the effort required for workers with full caseloads as reasons.

Kansas initiated new contracts for foster care services during SFY 2020, and responsibilities for ICPC home studies and monitoring placements in Kansas transitioned to the foster care case management providers in October 2019. The providers now have staff dedicated to ICPC cases. 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. During SFY 2021 this workgroup collaborated to revise and improve the Kansas Home Study Outline and developed a new form for preliminary home studies.

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 Interstate Compact on the Placement of Children (ICPC) to place children across state lines. As of March 2021, a total of 38 states are utilizing the NEICE. The NEICE reduces the time children spend awaiting placement. Kansas joined the AAICPC Interstate NEICE data workgroup to improve reports available in the NEICE. The NEICE will be launching NEICE 2.0 in July 2021.

Analysis of the data available in the NEICE since Kansas joined in October 2018 indicates Kansas sends more home studies out than we receive requests for placements in Kansas (Incoming). Data, shown below, provides some preliminary information Kansas can begin to use to improve timeliness of home studies. Results for incoming home studies for SFY 2021, while not representing the full SFY are showing a decrease in timeliness at 56.7%. The ICPC Workgroup has had discussions on barriers and opportunities for improving the timeliness of home studies. While COVID may have had an impact on timeliness, the workgroup identified the need to ensure the licensing process begins at the onset of the home study process and ensure the licensing worker and home study writer are collaborating throughout the process. In addition, the new form and clarification of the preliminary home study may also help to increase timeliness.

#### **Kansas NEICE Administrative Data**

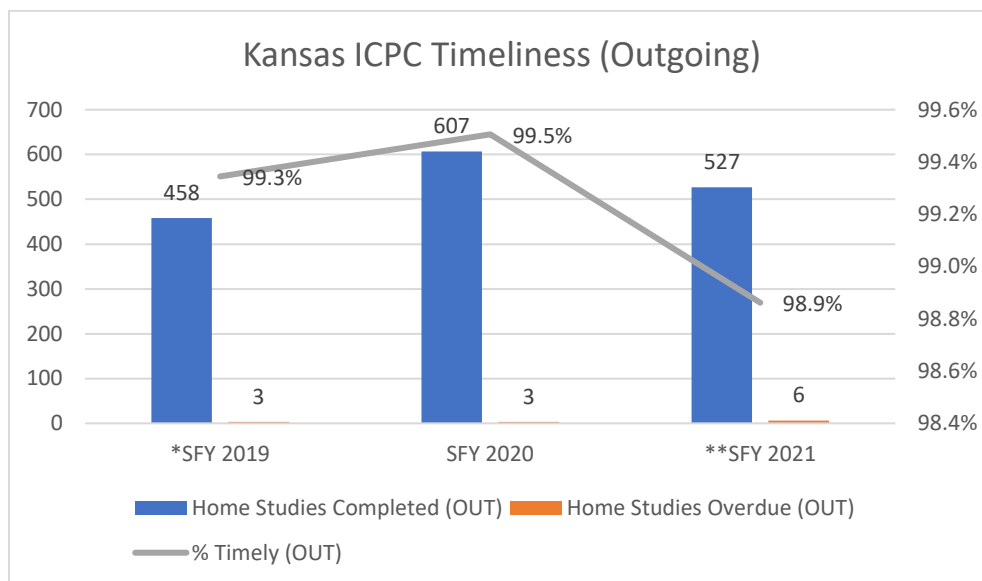
|                        | <b>*SFY<br/>2019</b> | <b>SFY<br/>2020</b> | <b>**SFY<br/>2021</b> |
|------------------------|----------------------|---------------------|-----------------------|
| Home Study Requests IN | 349                  | 438                 | 346                   |

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| Home Study Requests OUT  | 666 | 684 | 531 |
| Placements IN            | 72  | 114 | 104 |
| Placements OUT           | 106 | 130 | 137 |
| Private Adoptions IN     | 50  | 65  | 18  |
| Private Adoptions OUT    | 84  | 105 | 73  |
| Residential Requests IN  | 31  | 60  | 31  |
| Residential Requests OUT | 40  | 54  | 29  |

Resource: National Electronic Interstate Compact Enterprise (NEICE)

\*Since Kansas joined the NEICE October 1, 2018 the data for SFY 19 is from October 1, 2018 to June 30, 2019

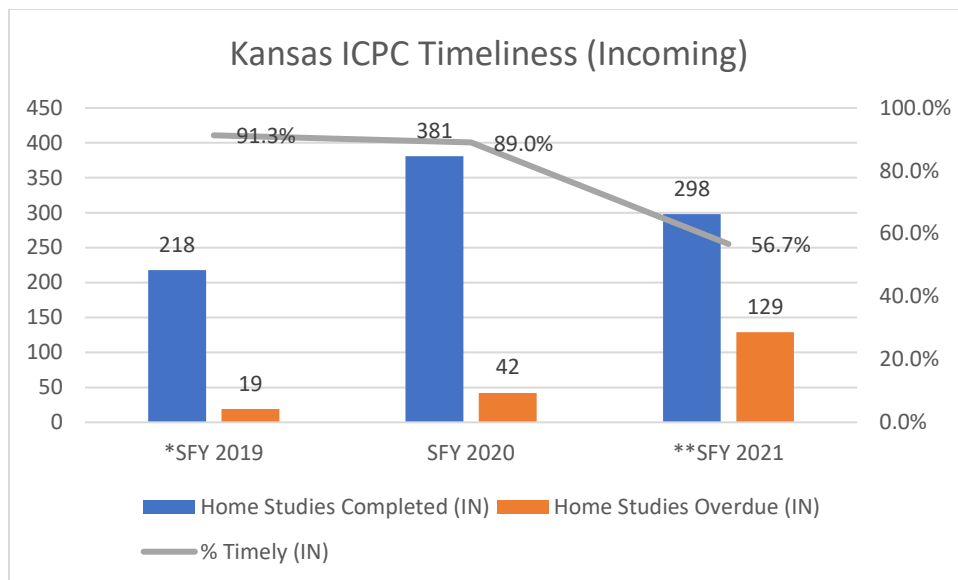
\*\* Data for SFY is from July 1, 2020 to March 31, 2021



Resource: National Electronic Interstate Compact Enterprise (NEICE)

\*Since Kansas joined the NEICE October 1, 2018 the data for SFY 19 is from October 1, 2018 to June 30, 2019

\*\* Data for SFY is from July 1, 2020 to March 31, 2021



Resource: National Electronic Interstate Compact Enterprise (NEICE)

\*Since Kansas joined the NEICE October 1, 2018 the data for SFY 19 is from October 1, 2018 to June 30, 2019

\*\* Data for SFY is from July 1, 2020 to March 31, 2021

Kansas was awarded a discretionary grant from the Children’s Bureau in the amount of \$400,000 to enhance the state’s ICPC data and reporting. The project timeframe is 9/30/2019 to 9/29/2022. This project will allow Kansas to develop customized reports on ICPC cases by worker, supervisor, office, county and region providing the ability for Kansas to dive deeper into our outcomes for continuous performance improvement. It is anticipated with the development and implementation of the NEICE enhancements, Kansas will streamline ICPC administrative processes and be more effective in avoiding unnecessary administrative delays for children who would benefit from an interstate placement across ICPC jurisdictions and ensure timely monitoring and supervision of children placed in Kansas through ICPC.

The AAICPC provided weekly updates regarding COVID-19 practices from each state. Kansas ICPC state office staff had already started to tele-work prior to the onset of COVID-19, so ICPC staff were able to continue to process cases while working from home. The NEICE allows for cases to be processed electronically which has benefitted ICPC during COVID.

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

### Introduction

DCF believes *“a Strong Workforce with a Strong Organization leads to Strong Outcomes.”* DCF began rebuilding our workforce in SFY19. Since this time DCF has continued to analyze and build on strategies aimed at modernizing and enhancing an employee’s experience with the agency. Our goal is to empower employees to lead from where they are. Employees who feel supported and knowledgeable of the agency mission recognize the positive impact they can have when serving children and families.

In SFY2022, the Modernize and Enhance Employee Experience strategic implementation team established in SFY21, have made their recommendations, and gained agency leadership support and approval of strategies and recommendations geared toward their six desired outcomes. Please see

Attachment 26, DCF Enhance-Modernize Employee Experience for a look at the focus of the work this group has accomplished.

Agency Mission: To protect children, strengthen families and promote adult self-sufficiency. Over the past fiscal year, DCF continued to support staff with implementation of the Kansas Practice Model (KPM). DCF staff are utilizing the tools, strategies, and practice approach in their work alongside families.

In SFY2022, DCF again saw a decrease in the number of children entering out of home placement. Efforts toward decreasing the number of children in foster care have included expansion of preventative programs, an increase in accessing prevention services available throughout the state and practitioners utilizing the knowledge and practices of the Kansas Practice Model. DCF has continued to access and implement prevention practices and programs available across divisions and agencies when safety planning alongside families. In addition, more children are exiting the system and prevention strategies are readily available to ensure preservation of families at permanency.

### **Vision Item: Strong Workforce**

DCF sees recruitment and retention as a long-standing approach to creating a strong workforce. The agency makes it a priority to ensure staff continue to receive messages affirming their value in the agency and in the lives of the families we serve.

### **Goal 1: Implement Prevention Practice Approach**

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

#### **Objectives/Stages – SFY2022 Progress:**

Measuring success in SFY2022 using the strategies outlined in this goal.

#### **1. decrease in agency vacancy rates**

- a. **SFY2022:** Data reflects from SFY21 to SFY2022 the number of field staff decreased by - 0.53% and at the same time vacancy rates increased from 10.70% in April SFY21 to 18.53% in SFY2022.

This decrease is being experienced across child welfare. Creative efforts are being made to recruit and retain staff as described throughout this state plan. Retention has become an issue and we have lost seasoned staff as our salary is lower and we cannot compete with higher starting salaries in Kansas metro areas, so staff leaving for higher paying positions with other agencies. Lack of applications from people who have social work degrees and applicants who qualify for CPS positions. Hiring human service-related fields and applicants are not prepared for work in Child Welfare and Child Protective Service Work. Some are leaving due to burn out and high caseloads in metro areas as work is unmanageable.

#### **2. decrease in Child Protective Staff case load sizes (PIP roll over activity 1.3.2)**

- a. **SFY2022:** As of December 2021, Child Protective Specialist had an average caseload of 14.7 which is a 16% decrease from the SFY2021 average caseload of 17.5.

Please see page 72 for further analysis and steps implemented to address CPS caseload size.

**3. decrease in staff to supervisor ratio**

**a. SFY2022:** Thus far in SFY2022, April 2022, the CPS staff to supervisor ratio is 4.4. This is slightly higher than SFY2021, which was 3.6. This is attributed to the work force challenges faced nationwide.

**4. increase in timely initial assessments**

**a. SFY2022:** As of October 2021, 96.7% of reports assigned for Same Day and 72 Hours contact with Victim/Family were made timely.

**b. SFY2022:** Kansas continues to focus on improving and managing timely assessments. As of March 2022, 93.3% of all reports received by the KPRC have initial assessment decisions completed timely. See pages 69 & 70 for analysis related to Timely Initial Assessments, which outlines the ideas, the steps that we implemented to attempt to impact Timely Initial Assessments.

**5. decrease in number of children removed from their homes**

**a. SFY2022:** Kansas continues to reduce the need for foster care, with a 6% decrease in the number of children in out of home placement comparing March 2021 (6907) to March 2022 (6,463).

**b. SFY2022:** 2287 children were removed (July 2021 – March 2022) which is a 1% increase when comparing SFY2021 data for the same timeframe. SFY 2021 (July 2020 – March 2021) 2261 children were removed from their homes. The 1% increase is largely attributed to the increase in assigned reports in SFY2022. When comparing February SFY21 to February SFY2022, there was a 7.9% increase in assigned reports. The decrease in reports in SFY 21 were likely due to heightened pandemic restrictions and a large majority of public schools were being conducted remotely.

In SFY2022 DCF continued to promote recruitment by advertising position vacancies on job websites, social media, and through professional recruiters. DCF is experimenting with a new, innovative approach to fill vacancies by conducting hiring events instead of job fairs. Hiring events will allow interested, qualified candidates to be interviewed during the event. A conditional job offer will be made to qualified candidates that same day. A large-scale social media campaign across multiple platforms will be launched to promote these events. Plans are to conduct at least two of these hiring events in the summer of 2022. See Attachment 80 for an upcoming event flyer.

Efforts to retain staff have included providing continuing education and licensure reimbursement for practitioners. The budget for SFY2022 designated \$150,000 towards supporting this effort.

As DCF and our providers recruit professionals from domains outside of social work but within the human services profession, DCF developed a family and child well-being specific training to support them as part of their initial training plan.

DCF continues the “Project and Student Trainee Practicum Administrator” position. This position is focused on reaching out to universities to provide information, presentation, and education to would be practitioners and educators of human services programs. The Administrator of this position facilitates placement for practicum students throughout the DCF regions within Kansas. Practicum students are given the opportunity to build a portfolio of experience with child protection and other positions throughout the PPS department. As of May 2021, 40% (23/58) of the practicum students have been hired as staff within our child protective services division. See Attachment 27 DCF Recruitment flyer.

DCF began piloting telework in SFY20 as a strategy for recruitment and retention. Having this telework policy and staff participating in it already in place, positioned DCF to naturally ensure the safety of staff

when the Covid-19 pandemic came to Kansas. DCF has continued to support telework as a strategy and benefit for staff throughout SFY2022.

In SFY2020 Kansas DCF implemented the Kansas Practice Model (KPM) statewide. KPM integrates aspects and tools from multiple practice approaches with promising evidence research and best practices to come alongside families, their natural supports and community on a journey toward improved safety and family well-being. See section C.1.a, for more information about KPM.

In SFY2021, Kansas expanded Team Decision Making (TDM) to include Placement Stability (PS) TDM practices statewide with our Child Welfare Case Management Providers (CWCMP). KVC, Cornerstones of Care (COC), TFI, and Saint Francis Ministries (SFM) have incorporated PS TDM into their current policy and procedures and utilize their own trained facilitators to lead PS TDM meetings. Like initial TDM, PS TDM was launched in phases throughout SFY2022. See Attachment 20 DCF Training Plan 2023 for additional information.

Throughout SFY2022, policies and procedures for KPRC and child protection have been reviewed and evaluated for efficiencies. For example, if a policy or procedure required duplicative efforts on the part of the practitioner, it is reviewed to find where the procedure can be revised to eliminate unnecessary steps or actions. Information and changes have been informed through feedback from staff implementing policies and procedures and through independent reviews.

In SFY2022, KPRC supervisors, staff, and outside partners collaborated and revised the KPRC screening tool with Evident Change. The screening tool is located in the Structured Decision-Making system which is an evidence and research-based decision support system. The team implemented changes and recommendations in the system, verified for fidelity, decreased bias, and improved practice support.

### **Vision Item: Strong Organization**

DCF has continued to work diligently over fiscal year 2022 with our local communities throughout the state to understand and make positive changes in perception and operations of family and child well-being services in Kansas. These changes have included remaining fiscally responsible by ensuring we are meeting deadlines and approvals allowing for federal match and claiming. We have also utilized our federal partners to help broaden our perspective to family and child well-being in other states. DCF has focused throughout the year to bring voices from our communities to the forefront of our agency and our policy and practice decisions. Our work in family and child well-being has placed emphasis on building stronger relationships with families we serve.

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

DCF's sustaining philosophy is by strengthening our safety net and early childhood programs we can positively affect the likelihood of decreasing the need for a child to be placed in a Psychiatric Residential Treatment Facility (PRTF) when they are older. Taking a concurrent approach to addressing the barriers and disproportionality within our youth population who qualify for placement in a PRTF while simultaneously building a strong safety net and early childhood programs, we can make an impact on future needs for psychiatric services.

#### **Objectives/Stages – SFY2022 Progress:**

Measuring success in SFY2022 using the strategies outlined in this goal.

##### **1. Decrease in PRTF waitlists**



**a. SFY2022:** The average number of youth in foster care that are on the PRTF waitlist is 40. This is an average based on SFY2022 through the end of April 2022. In SFY2021, the average number of youth on PRTF waitlist was 23. The increase is believed to be due to difficulties in maintaining appropriate staff levels. Other residential facilities across Kansas are experiencing similar waitlist increases due to the lack of staff.

The amount of time a child in foster care remains on the PRTF waitlist is closely monitored during bi-weekly case reviews with each Managed Care Organization (MCO). Kansas Department of Aging and Disability facilitates these bi-weekly meetings which are attended by Kansas Dept. of Health and Environment, DCF and all three MCO's.

**2. Decrease number of children placed in out of home**

**a. SFY2022:** Kansas continues to reduce the need for foster care, with a 6% decrease in the number of children in out of home placement comparing March 2021 (6907) to March 2022 (6,463).

**b. SFY2022:** 2287 children were removed (July 2021 – March 2022) which is a 1% increase when comparing SFY2021 data for the same timeframe. SFY 2021 (July 2020 – March 2021) 2261 children were removed from their homes. The 1% increase is largely attributed to the increase in assigned reports in SFY2022. When comparing February SFY21 to February SFY2022, there was a 7.9% increase in assigned reports. The decrease in reports in SFY 21 were likely due to heightened pandemic restrictions and a large majority of public schools were being conducted remotely.

**3. Increased placement stability**

**a. SFY2022:** Kansas has experienced some setbacks on our journey to meeting the federal performance standard of 4.4 moves per 1,000 days in foster care, with performance at 6.2 February 2022. See Attachment 28, Placement Stability Rate Report FY22, for percentage of children meeting this standard statewide. *(Data Source: FACTS – reflects data from July 2021 to February 2022 - This measure calculates the rate of moves per 1,000 days for children entering foster care.)*

**4. Increased family engagement**

**a.** This outcome has not yet been able to be defined and measured by the Family Preservation or Family First programs. During the creation of the 2020-2024 Child and Family Service Plan (CFSP), Family Preservation program had a specific outcome that measured the number of families that engaged in services and it was believed that the new FFPSA initiative, that started in Kansas shortly after the CFSP was created, would have a measure that included family engagement. However, the overhauled Family Preservation contracts that began in January 2020 did not utilize the same measure for family engagement as had been in the previous contract. While the Family First programs have collected data that could measure family engagement, the challenge of aligning data logic issues withing two different systems continue to prevent the program to report on family engagement.

**5. Increased service array measured through general stakeholder interviews or surveys**

**a.** Through the work of the independent evaluator of the Family First Kids 2 Kin program (previously known as Kintech), feedback from families who participated in the service was shared with DCF. Families voiced a need for further kinship supports such as advocacy, healthcare, educational assistance, finances, social supports, transportation, and community supports. In SFY2022, DCF has formed a new partnership with FosterAdopt Connect in Johnson and Wyandotte counties to strengthen services available to kinship families.

Ongoing communication with stakeholders continues through the Interagency Community Advisory Boards (ICAB) as well as the Kansas Family First Family Council, which implemented in SFY2022. *(Please see section C.1 for additional information regarding the ICABS and the Family Council).*

Kansas implemented Family First in October 2019. As part of this implementation, DCF awarded grants increasing parent skills building, substance use disorder and mental health services throughout the state. During this process Kansas used the voice of its citizens to target service and geographic areas where gaps were prevalent. As prevention partners have made their way into communities formerly lacking services, DCF has witnessed the strength of these partnerships. Service providers have successfully built sustainable relationships enabling them to meet the needs of the families they serve and respond to the community. Prevention providers have been active in identifying and voicing where they see gaps in services for future planning. Prevention providers communicate with each other with the common goal of ensuring families are receiving the right services specific to what they need. All providers have been willing participants in helping DCF connect and bridge to our local communities and build the prevention network they have been asking for.

In SFY2021, CMS sent out guidance stating Qualified Residential Treatment Program (QRTP) facilities could not have more than 16 beds or they would be considered Institutions for Mental Disease (IMD) facilities. The agency would have to apply for a waiver to keep the QRTP designation for some of our facilities. The decision was made to not pursue/request waivers and QRTP facilities with over 16 beds were asked to reduce their number of beds to 16. Kansas has 159 beds that qualify as QRTP and 29 beds that currently are considered Pre-QRTP. One facility chose to not continue with the QRTP accreditation after starting that process. The CMS guidance and the decision to not request the IMD waiver, dropped the number of QRTP beds from 207 to 159. A new 16 bed QRTP is expected to open in SFY2023 that will increase the number of QRTP beds to 175. The Independent Assessment contract became a DCF contract in SFY2022, and the renewal is in progress.

DCF awarded a grant to the University of Kansas for the evaluation of Family First programs. This grantee evaluates Family First programs per the Kansas approved evaluation plan and facilitates regional and statewide Interagency Advisory Boards (IAB), now named Interagency Community Advisory Boards (ICABs). See section C.1.a, for more information about the progress of ICAB's in SFY2022.

Kansas has continued to support Healthy Families America through DCF's Family First service array and through Kansas Children's Service League (KCSL) funded by the Children's Cabinet. Kansas continues to expand and work with community partners to make services available and accessible to families with children under the age of five.

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

Kansas continues to collaborate with existing partners and forge new partnerships across the state. These partnerships advance the desire of Kansas in becoming a state of family and child well-being.

DCF is collaborating with local law enforcement to develop strategies to provide earlier intervention toward the outcome of reducing reoccurrence of child maltreatment and child deaths in Kansas. Through an award received by DCF, a cooperative agreement was developed with the Office for Victims of Crime to reduce child fatalities and recurring child injuries caused by crime victimization. Sedgwick County was identified as the initial implementation site. Year one (SFY 2020) was committed to planning and assessment and included an evaluation of the processes and implementation of community support

specialists as early intervention. Community Support Specialists (CSS) were hired and are employed by the Wichita Police Department and the Sedgwick County Sheriff's Office. CSSs have begun working with local partners and DCF to engage families in safe preventative services.

Trained CSSs engage families in their homes and assist with connecting them to services and supports through case management. The specialists connect families with community and public health programs for safe sleep, parent skill building, concrete services, mental health or substance use services, and similar safety network supports as appropriate. They complete plans of safe care with families who have infants. Monthly reports are provided to DCF, and outcomes are being measured to determine any reduction or reoccurrence of child maltreatment with families served.

DCF and law enforcement have partnered together to implement a process allowing law enforcement to access information in the Kansas Protection Report Center Systems. They will now have access to crucial information needed to assist law enforcement in completing an informed and thorough assessment of a family in crisis. The system provides information regarding previous intakes, reason for assessment, and identifies all family members, including children in the home. DCF implemented sharing of information in Sedgwick County. DCF continues to evaluate the process for statewide implementation.

In SFY2021 DCF applied for and was awarded technical assistance from the National Governors Association Child and Family Well-Being (NGA). Based on learnings from the Casey Family Programs 100 Days of Learning Collaborative, a pilot project was started with Kansas State Department of Education (KSDE), Kansas Children's Services League (KCSL) and the Emporia School district working collaboratively to focus on front end reform and connecting families to services prior to abuse/neglect reports. Meetings with these and other community-based partners began in the Spring of 2021. The project, *Communities Supporting Families*, has the goal to support and assist families prior to their involvement with DCF.

In early 2021 DCF was honored to learn they were one of twelve jurisdictions nationwide chosen to participate in "Thriving Families, Safer Children: A National Commitment to Well-Being – Round Two". DCF partners with two other state agencies: Kansas Children's Cabinet and Trust Fund (state lead for Community Based Child Abuse Prevention) and Kansas Children's Service League (state lead for Prevent Child Abuse America). Additional expertise from those with lived experience has been integral to the design, operation and improvement of this project. The state team has been analyzing data to uncover systemic barriers related to racial disparities in the child welfare system by identifying policies and practices that may or may not inadvertently lead to disproportionate or unnecessary removal of children from their families. The Thriving Families Safer Children (TFSC) Kansas team is committed to significant and real change that creates safer, more nurturing environments for children in our state. Their work focuses on redesigning systems, practices, and mindset to sharpen the states focus on equitable and holistic family and child well-being in Kansas.

A new project that began in the Fall of 2022 is the Universal Prevention for Strong and Thriving Families, or also known as Family Strong project. The Family Strong project aims for all families to get the help they need to thrive within their communities. Family Strong seeks to normalize asking for and receiving help within a family-centered and connected community service system. This initiative is a collaboration with the University of Kansas School of Social Welfare, Center for Public Partnerships and Research, DCF, Kansas Legal Services, Kansas Children's Service League, and the Family Resource Center (The Center) in Pittsburgh, Kansas. This initiative is funded by a five-year grant from the U.S. Department of Health and Human Services' Administration for Children and Families. Kansas is one of six sites across the U.S. to have been awarded this grant to establish Family Support through Primary

**Prevention.** The project hopes to create a model of a community support system that addresses and alleviates family stressors before they become crises that result in contact with the child welfare system. The hope is this model could be duplicated in other Kansas communities. Initially, Family Strong will focus on eight counties in SE Kansas.

In SFY2021, DCF partnered with FosterAdopt Connect to serve youth in the Kansas City areas with Extreme Family Finding. It began in SFY2020, when FosterAdopt Connect received a grant from the Adoption Exchange Association to serve children within the KVC grants in the Kansas City and Northeast DCF regions as a pilot project. The pilot was deemed successful as 70% (7/10) of participants were matched with a permanency resource as of May 2021. The last case was closed on 6/15/21 and the pilot ended on 6/30/21. Extreme Family Finding will continue on through the Kansas Adoption Exchange (Adopt Kansas Kids) and will exclusively serve children referred to them.

DCF has sustainable working groups charged with addressing ongoing issues related to PRTF waitlists. These groups constantly evaluate the process. Kansas collaborated with Missouri to expand the border agreement to expedite acute behavioral services to support placement stability and meet need of youth without requiring an Interstate Compact on the Placement of Children agreement. Youth can now stay in either state in these facilities for up to 90 days. Please see Attachment 6 Kansas/Missouri Border Agreement.

Kansas Strong is initiating the Parent-Youth mediation pilot in Wyandotte and Saline counties within Kansas. See Section C.2 for more information about the Kansas Strong Parent-Youth mediation initiative. Also, more information can be found in Attachment 18 Parent-Youth Facilitation Fact Sheet regarding this initiative.

### **Vision Item: Strong Outcomes**

A strong workforce with strong organization leads to strong outcomes. Kansas is dedicated to building a qualified and skilled workforce, building partnerships with families and communities, and providing quality services. Through this work, Kansas is confident children and families will have improved outcomes related to safety, permanency, and well-being.

### **Goal 3: Reduce child trauma by strengthening services to families, placement stability and timely permanency**

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

#### **Objectives/Stages – SFY2022 Progress**

Measuring success in SFY2022 using the strategies outlined in this goal. Goal 3 is monitored utilizing reports measuring timely permanency and placement stability.

##### **1. Increase placement stability**

**a. SFY2022:** Kansas has experienced some setbacks on our journey to meeting the federal performance standard of 4.4 moves per 1,000 days in foster care, with performance at 6.2 February 2022. See Attachment 28, Placement Stability Rate Report FY22, for percentage of children meeting this standard statewide. (*Data Source: FACTS – reflects data from July 2021 to*

*February 2022 - This measure calculates the rate of moves per 1,000 days for children entering foster care.)*

**2. decrease in the number of children in out of home care**

**a. SFY2022:** Kansas continues to reduce the need for foster care, with a 6% decrease in the number of children in out of home placement comparing March 2021 (6907) to March 2022 (6,463).

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

**a. In SFY2022** all children/youth who ended out of home placement for reason of reunification spent an average of 12 months in care. This outcome remained consistent with SFY2021 which was 12 months as well.

**b.** Children discharged from foster care for reason of custodianship/guardianship months in care in SFY2022 increased from 24 months to 31 months when compared to SFY2021.

**c. In SFY2022,** all children/youth who ended out of home placement for reason of Emancipation spent an average of 44 months in care, which is slightly higher than SFY2021 at 39 months.

**d. In SFY2022,** all children/youth who ended out of home placement for reason of Adoption spent an average of 41 months in care which is a slight increase from 40 in SFY2021.

*(Data Source for a-d: FACTS – reflects data from July 2021 to April 2022)*

**4. increase in number of children placed with a relative**

**a. In SFY2022** the number of children in foster care in Kansas placed with a relative increased to 44% compared to 36.8% in SFY2021.

*Data Source: FACTS – reflects data from July 2021 to January 2022)*

Strengthening services to families and strengthening the connections between birth parents and foster parents to provide continuity of relationships, better serves the child's needs while in care.

Originally developed by the Annie E. Casey Foundation, Icebreakers is a model DCF has implemented to improve the connection between birth and foster parents. Icebreakers was piloted in SFY18 and was implemented as part of the new foster care grants which began in October 2019. Each CWCMP is responsible for training their staff to use the Icebreaker model. In SFY2022 DCF continued to value the Icebreakers meetings and work collaboratively with the CWCMPs and Child Placing Agencies to ensure they are happening. During calendar year 2021, Kansas again received technical assistance from the Capacity Building Center for State related to Icebreakers. This project allowed DCF to train new CWCMP providers focused on outlining efficiencies and creating best practices for holding Icebreaker meetings and documenting results. Kansas continues to struggle with identifying the most effective and efficient method for monitoring compliance. DCF is currently waiting on a new report build and more enhanced data points to capture in CareMatch, from the workgroup. It is unknown at this when this will be completed.

October 1, 2019, DCF launched CareMatch a Placement Matching System. The system is designed for accessing placements for children who have been removed from their families. CareMatch has not proven to be the most effective, efficient way for capturing and monitoring Icebreaker data to date. Ongoing conversations are occurring regularly regarding this issue and the system sponsors are committed to creating a solution. *(Please see Sections C.2 for more information regarding CareMatch.)*

Kansas Strong continues to build momentum and is proud to have CIP (Court Improvement Project) as a close collaborator on the Parent/youth relationship facilitation program. Read more about Kansas Strong Parent/Youth relationship facilitation program in section C.2. Also, see Attachment 18 Parent-Youth Relationship Facilitation Fact Sheet.



Kansas Strong partnered with Family First to create an Interagency Community Advisory Board (ICAB) charged with advocating for children and families involved with the family and child well-being system who need services and supports. Please see section C.1.a. for more information about ICAB's.

DCF continues to explore and implement family-centered practice models to directly impact placement stability, decrease the need for foster care, and promote timely permanency. CWCMPs have been asked to commit to a goal of 50% of children placed out of home being placed with relatives. As of January 2022, statewide placed of children in homes with non-strangers (relatives and NRKIN) is 44.4%. DCF anticipates more catchment areas will soon meet the 50% goal. [Children Live with Relatives \(ks.gov\)](#).

In the Fall of 2019, Kansas DCF partnered with Aetna Better Health for Kansas to bring Kevin Campbell with Family Finding to Kansas to provide two bootcamps for DCF, case management providers, CASA Child Placing Agencies, and Juvenile Justice. Small Teams were utilized during the bootcamps for an actual immersion in the practice of Family Finding for children and youth who are in out-of-home care or whose families are new to child welfare or juvenile justice systems. The four-day immersion was focused on learning the philosophy, framework, and skills of Family Finding practice. The first bootcamp was held in November of 2019, with the second bootcamp held in February 2020. Family Finding Leads were identified throughout the State and several agencies to serve as the Leads for this practice continuing and building on this practice approach statewide.

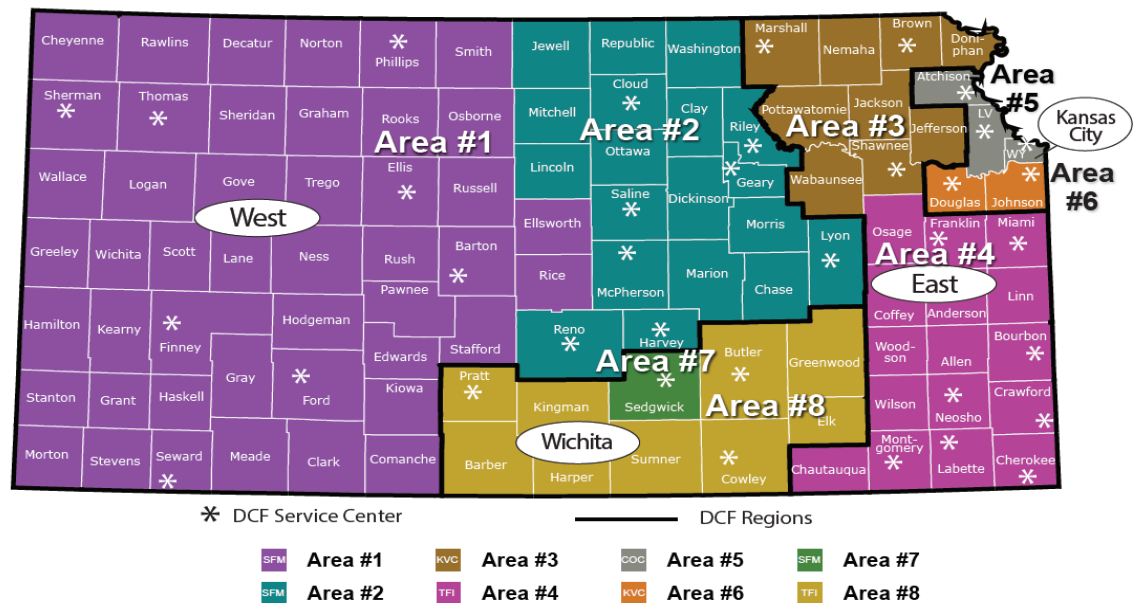
Two additional immersive workshops for DCF practitioners, supervisors, managers, and other child welfare stakeholders were held in May and August 2021. During the three-day workshops, Kevin Campbell, model author of Family Finding and Elizabeth Wendel, Family Finding expert dove into the bedrock science behind family engagement practice with the participants. An additional 300 practitioners will learn the philosophy, framework, skills and tools of Family Finding practice. The identified Kansas Family Finding Leads assisted the small group work in the bootcamps.

Following the original Bootcamps each of the Kansas Case Welfare Case Management Providers (CWCMP) developed and began delivering foundational Family Finding curriculum. The DCF Family Finding Leads are currently developing curriculum to target newly hired DCF practitioners. Plans are being made to launch this course by the end of 2022.

In SFY2022 Kevin Campbell and Elizabeth Wendel have provided a series of monthly 1-hour coaching sessions virtually with Family Finding/Seeing Leads as they continue to build their knowledge and skills of Family Finding/Family Seeing tools. These Family Finding/Family Seeing leads are continuing to support the use of this practice approach from the front end of our work alongside families.

As of July 1, 2020, Kansas was divided into six regions, but catchment areas did not change. Changes involved dividing the West region into two creating Southwest and Northwest regions. The East region was also divided north to south as well creating the Northeast and Southeast regions. *(Please see Section A for an updated state map with new regional structure.)* Below you will see the state, catchment areas and regions.

## DCF Regions and Catchment Areas



Kansas developed and launched a standardized rate structure for agencies and home providing placement for children in foster care. This structure has been updated once since the initial release. See Attachment 29 Foster Care Rate Structure.

July 1, 2021, FosterAdopt Connect was awarded three grants to include The Adoption Exchange (Adopt KS Kids), Kansas Post Adoption Resource Center (KPARC), and the Caregiver's Association. These grants are effective until June 30, 2023. FosterAdopt Connect have hired staff and each program has started. Their vision includes aligning caregivers supports and providing a continuum of services offered to caregivers across the state. They provide advocacy, support groups, educational opportunities and resources to caregivers.

During the Spring of 2021, the final Adoption Tracking Tool (ATT) was finalized and will be posted on the DCF public website as of July 1, 2021. In June of 2021, CIP staff provided orientation and training for court and legal staff in all counties which were not included in the pilot. As the result of joint work and collaboration between KU, OJA, DCF and DCF Grantees, there was statewide implementation of the ATT on July 1, 2021. Two questions related to the ATT have been added for DCF Case Read/Review process to measure use and effectiveness of the Tool. See Attachment 17 Adoption Tracking Tool.

## C.4 Quality Assurance System

For assessment of the Kansas QA/CPI system as a systemic factor in the CFSR, see Item 25. Kansas believes work with vulnerable children and families demands a family and child well-being system which realizes the highest standards of performance. To reach these goals and achieve positive outcomes for children and families in safety, permanency and well-being, Kansas established a system of Continuous Performance Improvement (CPI). The Kansas CPI cycle includes identifying and understanding the root cause of problems, researching and developing theories of change, developing or adapting solutions, implementation of solutions and monitoring and assessing solutions. CPI is foundational to understanding how the family and child well-being system is currently functioning and facilitating systemic change and improvement.





### **Functional Components**

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

#### **Foundational Administrative Structure**

Kansas has established a culture and structure which promotes continuous quality improvement. The agency has developed capacity, infrastructure and processes to support improvement efforts and system change. Dedicated CPI teams are located within every region of the state and locally within each child welfare case management provider (CWCMP). Overall improvement efforts are coordinated by a CPI team within DCF Administration.

Although dedicated CPI staff are largely responsible for providing support and accountability for the structure and administration, staff at all levels within the family and child well-being systems are truly responsible for continuous performance improvement. The CPI process depends on a commitment to quality services from the caseworker meeting with families all the way up to the agency director.

#### **Quality Data Collection**

Kansas utilizes five systems to track child welfare data and information in lieu of a SACWIS/CCWIS system:

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

The FACTS is the State's primary system of record. It contains data from point of intake through permanency and post-permanency services. FACTS is a statewide mainframe-based information system. The FACTS was created to collect and maintain information about children, families and providers with involvement in the family and child well-being system. Information in the system is accessible by agency and case management provider staff across the state. Collecting and maintaining this information allows 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 the FACTS, Kansas collects and reports Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) data. The system complies with all internal and external data quality standards.

### **Case Record Review Data and Process**

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

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

Fall of 2021, Kansas DCF implemented a new web-based case review system built by Rushmore, which has been named Performance Improvement & Learning System (PILS). The new case review system includes many improvements such as: timely results, "real time" reports, ad hoc reports, and secondary reviews. In addition, CWCMP staff will be able to utilize the system for case reviews.

### **Analysis and Dissemination of Quality Data**

Kansas routinely analyzes and publishes quality data reports. Reports include both regional and statewide analysis. Most data reports are updated monthly and are available on the agency's public website. Internal data is posted to a secure SharePoint site and is available to agency and provider staff. Also available on SharePoint is 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.

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

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

Data is reviewed with external stakeholders with the Citizen Review Panels, policy, program and interagency workgroups.

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

### **Enhancements**

Kansas DCF began pursuing Comprehensive Child Welfare Information System (CCWIS) in 2018, and the 2018 and 2019 legislatures appropriated funding for the first of three phases of the project, the planning phase. DCF is working with Public Consulting Group, LLC to complete this planning project by June 2022. DCF is exploring how a CCWIS can benefit frontline workers and create business process efficiencies while transforming how quality data is collected and shared. These substantial changes will

ultimately lead to improved outcomes for children and families within the state. At the time of this APSR 2022 submission, DCF is at the last stage of the planning phase and will enter the second phase of the project in early SFY2022.

In 2019, Kansas formed a new project planning team to begin studying the feasibility of acquiring a CCWIS-compliant information system. The project planning team reviewed CCWIS requirements and began a self-assessment of the agency's current data systems. A Request for Proposal was issued for a planning contractor. The Public Consulting Group (PCG) was the successful bidder. The current contract was initiated on September 14, 2020. The project is on schedule and the current end date is June 30, 2022. Recently the project was informed of funding available for continued work with PCG. DCF was informed of funding available to continue with PCG. Negotiations have begun with PCG on the nature and scope of activities PCG could offer including Organizational Change Management and Business Process Reengineering in addition to Data Governance and Data Quality Plan activities.

As Kansas begins to prepare for Child and Family Service Review Round 4 (CFSR), Kansas has decided to complete a Traditional (CB-led) review for CFSR Round 4. Prevention and Protection Services Administrative Leadership consulted with performance improvement staff and other states regarding the benefits and challenges of each type of review and have decided that a state led review would exceed the capacity of current resources. Many program improvement staff and supervisors shared they found it difficult to maintain excellence in their day-to-day job responsibilities in addition to competently and accurately fulfilling the duties of a state led review. Additionally, DCF values the shared learning that occurs by partnering with our regional and federal colleagues for a traditional review.

## C.5 Update on the Service Descriptions

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

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

#### Kansas Protection Report Center

|   |  |
|---|--|
| Estimated Number of Individuals and Families to be Served | 68,419 Intake Reports Received   |
| Population to be Served                                   | Reporters calling with concerns for Kansas families. When a reporter speaks another language other than English, there is a designated Spanish line as well as other translation services available. |
| Geographic Areas where the Services are Available         | Reports are assigned for all counties in Kansas  |

The foundation of the Kansas child protection system is the Kansas Protection Report Center (KPRC). The KPRC receives reports regarding allegations of abuse and/or neglect statewide, 24 hours per day, and seven days per week, including holidays. The KPRC is fully remote and have some staff working from the Topeka and Wichita offices. The KPRC transitioned to a web-based phone services, Amazon Connect, in April 2020 allowing all calls to be answered through the computer. A single, toll-free number is utilized and during regular business hours calls are routed to a single queue at the KPRC. The next available worker responds to the reporter regardless of their work-place location. The KPRC utilizes a

web-based information system to document reports and decisions for further assessment. Reports are accessible to all locations at any step throughout the process which facilitates timeliness and efficiency.

Within KPRC staff, Intake Protection Specialists (IPS) and Protection Specialists receive a report by mail, phone, fax, or online web and complete all intake and initial assessment steps related to the report to inform an assignment decision.

The Quality Assurance Review Team consists of designated Protection Specialists responsible for reviewing all reports not meeting criteria for further assessment. If the Quality Assurance Review Team member identifies the report was not appropriately screened, a KPRC supervisor will review to make the final screening decision. Based on the DCF PPS Policy and Procedure Manual (PPM) section 1330 KPRC staff complete the Initial Assessment Decision within the next half working day. If a report is assigned for investigation and/or assessment the report is available immediately to the regions in the KPRC web-based information system. The DCF PPS Policy and Procedure Manual can be found on the public website, [www.dcf.ks.gov](http://www.dcf.ks.gov).



#### Timely Initial Assessment SFY 2022

Performance Standard is 95.0%  
SFY 2022 (July 2021 - June 2022)

| Statewide | Reporting Month                                     | Jul   | Aug   | Sept  | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   | Apr   | May | Jun | Average YTD |
|-----------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-----|-------------|
|           | # of Events Assessed Timely                         | 4,976 | 5,971 | 6,298 | 6,631 | 6,019 | 4,983 | 5,819 | 5,468 | 6,048 | 5,597 |     |     | 5,781       |
|           | Total # of Events                                   | 5,132 | 6,251 | 7,044 | 7,041 | 6,536 | 5,957 | 6,149 | 6,277 | 6,809 | 7,237 |     |     | 6,443       |
|           | % of Timely Initial Assessments for reporting month | 97.0% | 95.5% | 89.4% | 94.2% | 92.1% | 83.6% | 94.6% | 87.1% | 88.8% | 77.3% |     |     | 89.7%       |

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

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

**Data Source:** KIPS  
**Date:** May 5, 2022

IPS and Protection Specialists conduct an Initial Assessment to determine whether the report meets the policy definitions of abuse and neglect under the Revised Kansas Code for Care of Children. Reports meeting criteria for further assessment are assigned with one of the following response types: Abuse/Neglect, Family In Need of Assessment (FINA), and Pregnant Woman using Substances (PWS).

The KPRC follows a structured training plan for all new staff. The KPRC staff go through a 12-week training program which includes classroom training to review systems, policy, and critical thinking. In addition, they receive on-the-job training by shadowing existing employees, technical training and close review of the new employees work by supervisors. A new employee checklist was developed to ensure all employees are learning the same information. The KPRC Protection Specialists are required to complete 40 hours of continuing education every two years to maintain their social work license. If the Protection Specialist is unlicensed, they are still required to complete 40 hours of continuing education every two years. The KPRC Supervisors are participating in the KanCoach program.

In September 2021, KPRC began working with Evident Change (formerly NCCD) on updating the Structured Decision Making (SDM) tool and training for KPRC staff to ensure we are appropriately assessing reports. Evident Change hosted four remote listening sessions with KPRC staff to identify sections of the tool needing adjustment and any modifications to the definitions and/or processes. KPRC

Leadership and Evident Change held several meetings to discuss and identify the needed modifications and adjustments of the SDM tool. An implementation team was created consisting of KPRC staff, PPS staff, Diversity Equity Inclusion (DEI) staff, Kansas Coalition Against Sexual and Domestic Violence, ICWA, and University of Kansas research staff. This team used the remote listening session memo, KPRC leadership memo, the Kansas Practice Model (KPM), and Diversity, Equity, and Inclusion (DEI) teachings to update the SDM definitions to assist staff to differentiate between poverty and neglect. Changes made to SDM are listed below without the examples and included Physical Neglect (inadequate clothing or hygiene, inadequate food, or nutrition, and Hazardous or no shelter), Medical Neglect, Lack of Supervision, Emotional Abuse, Physical Abuse (Excessive Physical Force), and FINA Caregiver Unwilling or Unable to provide care. Training sessions were held to update KPRC staff and documents showing the changes were provided to staff. Evident Change began hosting coaching sessions with KPRC staff in March 2022 and will continue until October 2022 to further reinforce assisting staff to differentiate between poverty and neglect and assist KPRC staff with the assessment practice.

| Prior Definition   | Current Definition  |
|--|---|
| <b>Physical Neglect</b><br><i>Hazardous or no shelter</i><br>Shelter, or the absence of shelter, is specifically hazardous to the child. Based on the child's needs and abilities, and the context (e.g., current weather conditions, available alternative resources), a child is in physical danger due to the state of shelter provided.  | <b>Physical Neglect</b><br><i>Hazardous or no shelter</i><br>A child is in physical danger due to the conditions of the shelter provided, and caregiver refuses to remove the child from the situation. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.   |
| <b>Physical Neglect</b><br><i>Inadequate food or nutrition</i><br>To the extent that: <ul style="list-style-type: none"> <li>The child is malnourished as assessed by a medical professional, OR</li> <li>The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR</li> <li>The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities); OR</li> <li>The caregiver does not feed the child or withholds food or water to the extent that the child is likely to have or to develop malnutrition.</li> </ul> When there are concerns of an infant being denied physical care and attention, consider the vulnerability of infants and the potentially rapid onset of serious consequences that can result from a lack of appropriate food/nutrition. | <b>Physical Neglect</b><br><i>Lack of food or nutrition</i><br>Caregiver refuses to provide or is withholding food or nourishment to the extent that the child is likely to have or to develop malnutrition. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources. <ul style="list-style-type: none"> <li>The child is malnourished as assessed by a medical professional; OR</li> <li>The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR</li> <li>The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities).</li> </ul> |
| <b>Physical Neglect</b><br><i>Inadequate clothing or hygiene</i><br>To the extent the child's daily activities are adversely impacted or there are medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite).   | <b>Physical Neglect</b><br><i>Clothing/hygiene or lack thereof that causes harm to the child.</i><br>The child's clothing and/or hygiene is likely to result in their daily activities being adversely impacted or in medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite). Neglect is not due solely   |

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|  | to the caregiver's limited or lack of financial means or other resources.   |
| <b>Physical Neglect</b><br><i>Lack of supervision</i><br>Caregiver does not provide sufficient supervision of a child or does not remove a child from a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities, and that results in bodily injury or a likelihood of harm to the child.   | <b>Physical Neglect</b><br><i>Lack of supervision</i><br>Caregiver refuses to provide supervision of a child or refuses to remove a child from a situation that requires judgment or actions beyond the child's abilities and that results in bodily injury or a likelihood of harm to the child. Not due to lack of financial means or cultural practices.   |
| <b>Emotional Abuse</b><br>Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning.  | <b>Emotional Abuse</b><br>Parental actions endanger child's emotional well-being<br>Caregiver's actions toward or around child are emotionally harmful and are severe OR follow a pattern of behaviors that could impact the child's emotional health or well-being.  |
| <b>Medical Neglect</b><br>Parent, guardian, or person responsible for the care of a child takes action or fails to act in ways that result in harm to a child, or present a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. | <b>Medical Neglect</b><br>The child is experiencing medical concerns AND the treatment would make the child feel more comfortable, reduce pain, OR prevent the condition from worsening AND the caregiver is failing to provide the treatment. The acts or omissions are not due solely to the lack of financial means of the child's caregiver or other custodian. Medical treatment includes dental; vision; mental health; and therapies such as physical, occupational, and speech. |
| <b>Physical Abuse</b><br><i>Excessive physical force</i><br>Caregiver actions toward the child often cause physical injury even if an injury is not reported at this time.   | <b>Physical Abuse</b><br><i>Excessive physical force</i><br>Caregiver actions toward the child have led or could lead to a child's physical injury even if an injury is not reported at this time.  |
| <b>FINA- Caregiver unable or unavailable to provide care</b><br>The situation does not meet screening criteria for abuse or neglect, but one of the following situations is present.<br>At least one caregiver has a mental health problem, intellectual disability, physical disability, illness, or  | <b>FINA- Caregiver unable or unavailable to provide care</b><br>The situation does not meet screening criteria for abuse or neglect, but one of the following situations is present.  |



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| <p>other concern (e.g., immaturity, extensive history) that is interfering with their ability to care for, nurture, or support the child.</p> <p>OR</p> <p>Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care for the child, AND, at this time, no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible,</p> <p><i>Mental health problem</i><br/>A caregiver has a current mental health problem or diagnosed mental illness that interferes with his/her daily functioning.</p> <p>AND</p> <p>The mental health issue or diagnosed mental illness negatively impacts his or her care and supervision of the child.</p> <p><i>Intellectual disability</i><br/>A caregiver has an intellectual disability that impairs his or her ability to provide adequate care, supervision, or protection for a child.</p> <p><i>Physical disability or illness</i><br/>A caregiver has a physical disability or illness that impairs his/her ability to provide adequate care, supervision, or protection for a child, AND formal or informal supports (provided by other adults) are insufficient to compensate for this condition.</p> | <p>The caregiver is incapable, unable, or unwilling to seeking out necessary services to maintain the child's health and safety.</p> <p>OR</p> <p>Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care AND no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible.</p> <p>Also select if a caregiver has an intellectual disability that impairs their ability to provide adequate care, supervision, or protection for a child.</p> <p>In addition, select if a caregiver has a physical disability or illness that impairs their ability to provide adequate care, supervision, or protection for a child, AND formal or informal supports (provided by other adults) are insufficient to compensate for this condition.</p> |
|---|---|

The KPRC leadership team continues to present the mandated reporter training in a virtual setting. The training has been presented to various stakeholders over a series of eleven dates in SFY2022 with an audience of more than 900 participants. In addition, KPRC leadership has provided virtual training to individual agencies including Kinloch Price Boys Ranch, Wichita Children's Home, St. Mary College, Blue Valley School District, Rise up for Youth, Olathe School Nurses, Growing Futures Early Education Center, Wyandotte County Health Department, Elk Valley School District, Eudora schools, Fort Leavenworth Military Base, Sunflower Health, and more. Through individual agency trainings more than 400 additional mandated reporters have participated. In October 2021, an updated recording of the mandated reporter training was provided to the Department of Education to distribute amongst counselors and social workers within Kansas Public School districts.

In October 2021, KPRC leadership collaborated with Kansas Children's Service League (KCSL) to enhance the perspective of mandated reporter training to include supporting families before a situation escalates to a level of needing a hotline report. The goal is to empower communities to prevent child maltreatment by strengthening families through everyday actions and support. This updated training does not change the current Kansas statute KS 38-2223 related to mandated reporters.



As of March 1, 2022, DCF is working to transition all CPS mandated reporter trainings to Kansas Children's Service League (KCSL). DCF will continue to be involved with developing and approving the content for those trainings as well as continue to be involved in presenting the training in collaboration with KCSL.

The KPRC Leadership continues to participate in the Hotline/Intake/Screening Managers (HISM) quarterly calls through the Children's Bureau to be aware of trends, resources and other tools states are utilizing.

## Family Services

The Community Service Family Service Grants concluded June 30th, 2021. Family Services will continue by DCF through direct PPS case management or CPA's.

## Family Preservation

|  |  |
|--|--|
| Estimated Number of Individuals and Families to be Served: | 1500 Families  |
| Populations to be Served                                   | Families with at least one child at risk for foster care |
| Geographic Areas where the Services are Available          | Statewide (All 105 Kansas counties)                      |

Family Preservation Services provide voluntary services alongside families to build on family strengths and reduce the risk of children being placed in foster care.

Families must meet the following eligibility requirements to participate in Family Preservation:

- Reside in Kansas,
- be at risk for having children placed in foster care,
- have a parent/caregiver available to protect the children, and
- be willing and able to participate in Family Preservation services.

Family Preservation may also be offered to pregnant women using substances, to help connect the family with substance use treatment and prenatal medical services.

Fiscal Year 2021 was the first full year of services under the most recent contract. New Family Preservation contracts were awarded in September and became effective January 1, 2020. The contracts are in place through June 30, 2024, with the option to renew for one additional two-year period. DCCCA was awarded the Family Preservation contract in the Kansas City and Wichita regions. TFI Family Services was awarded the contract in the West region. Cornerstones of Care was awarded the East region contract.

The Family Preservation contracts offer families and PPS practitioners a choice between two tiers of services. Tier 1 is intensive in-home Family Preservation, provided by a master's level therapist for four to six weeks. Tier 2 is short-term Family Preservation case management, provided by a worker dyad consisting of an assigned case manager and a family support worker. PPS practitioners have been provided education around the tiers and the evidence-based model each FPS providers is using within each tier. The assigned worker assesses the family for existing risk and emergent safety issues then initiates services to stabilize and support the family. Families are referred to Family Preservation by DCF. DCF may make a referral at any point during the assessment and investigation. The PPS practitioner, the Family Preservation case manager and the family work together using ongoing assessments throughout the service period, to ensure the family is receiving the best services to meet their needs. A

referral to Family Preservation and a different tier can be made if it is determined a family requires a different level of service than initial assessments indicated.

Please see Attachment 30 Family Preservation Tiers for additional information.

Each contract agency selected Evidence Based Models for Family Preservation. These practices are designed to strengthen families, prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and build a well-functioning family and child well-being system. The following chart illustrates which Evidence Based Model has been implemented by each provider:

| <b>Family Preservation Contractor</b>           | <b>Evidence-Based Model</b>                 | <b>California Evidence- Based Clearinghouse for Child Welfare Rating<sup>1</sup></b> | <b>IV-E Prevention Clearinghouse Rating<sup>2</sup></b> |
|---|---|--|---|
| <b>TFI Family Services Tier 1</b>               | Trauma Focused Cognitive Behavioral Therapy | Well-Supported   | Promising   |
| <b>TFI Family Services Tier 2</b>               | Alternatives for Families                   | Promising  | Not rated   |
| <b>Cornerstones of Care</b>                     | Solution-Based Casework                     | Promising  | Does not currently meet criteria                        |
| <b>DCCCA Tier 1 and Tier 2</b>                  | Family Centered Treatment                   | Promising  | Does not currently meet criteria                        |
| <b>DCCCA Tier 2 with Substance Use Concerns</b> | Sobriety Treatment and Recovery Teams       | Promising  | Promising   |

Family Preservation focuses on prevention by strengthening families and preventing the unnecessary removal of children from their homes and communities. Starting January 1, 2020, Family Preservation contractors are measured on the following four outcomes to show prevention success. The data below represents the most recent available for time period July 2021-February 2022, which can be found on the DCF public website.

- 1. 95% of children are safe from future maltreatment as defined by affirmed or substantiated abuse and/or neglect, in Tier 1 and Tier 2 Services.**

Performance as of February 2022:

Tier 1: 99.7%

Tier 2: 97.0%
- 2. 90% of children are maintained safely at home with family, in Tier 1 and Tier 2 Services**

Performance as of February 2022:

Tier 1: 94.7%

Tier 2: 87.3%

**3. 90% of babies are born substance free to pregnant women using non-opioid substances**

*No data to report as there were no women receiving services when they gave birth. While there have been 4 referrals of pregnant women to Family Preservation, those women did not engage in services or give birth while receiving services.*

**4. 90% of women using opioids during pregnancy will be referred for medication assisted treatment.**

Performance as of February 2022:

Tier 1: 0%

Tier 2: *No data to report as no referrals met data definition.*

**Family and Child Well-Being Practice that Supports the Well-Being of Children and Families, and Communities**

Kansas understands adverse childhood experiences from trauma have been linked to adult onset of chronic disease, mental illness, violence, and being a victim of violence. Family Preservation practitioners work for the well-being of children, families, and communities. In the West Region, TFI Family Services has chosen to focus specifically on providing in-home Trauma-Focused Cognitive Behavioral Therapy to address these needs. Statewide, Family Preservation Tier 1 and Tier 2 have averaged a 90% success rate (July 2021-February 2022) at maintaining children at home and preventing trauma caused by removal into foster care. As of May 23, 2022, there have been a total of 1,431 referrals to the Family Preservation program. Tier 1 has received 501 referrals and Tier 2 has had a total of 930 referrals.

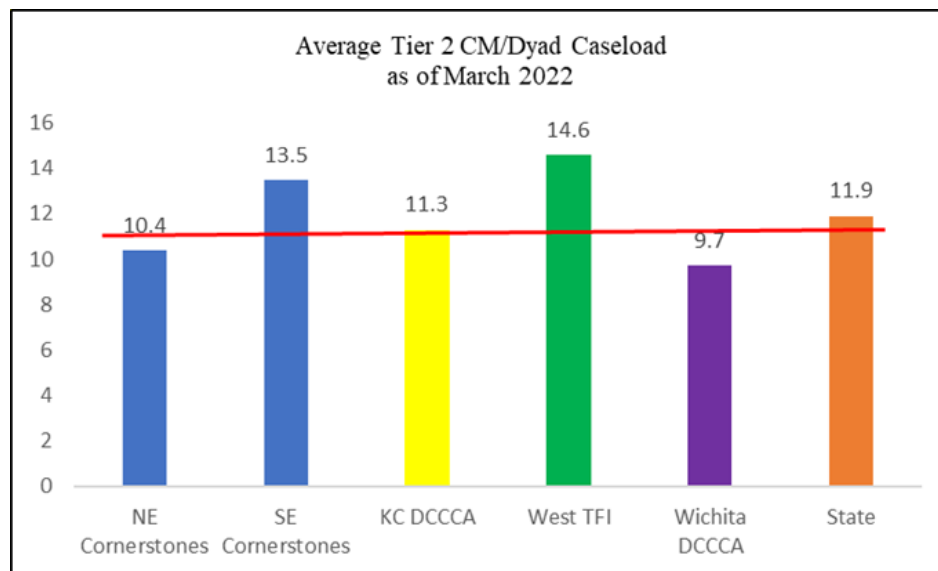
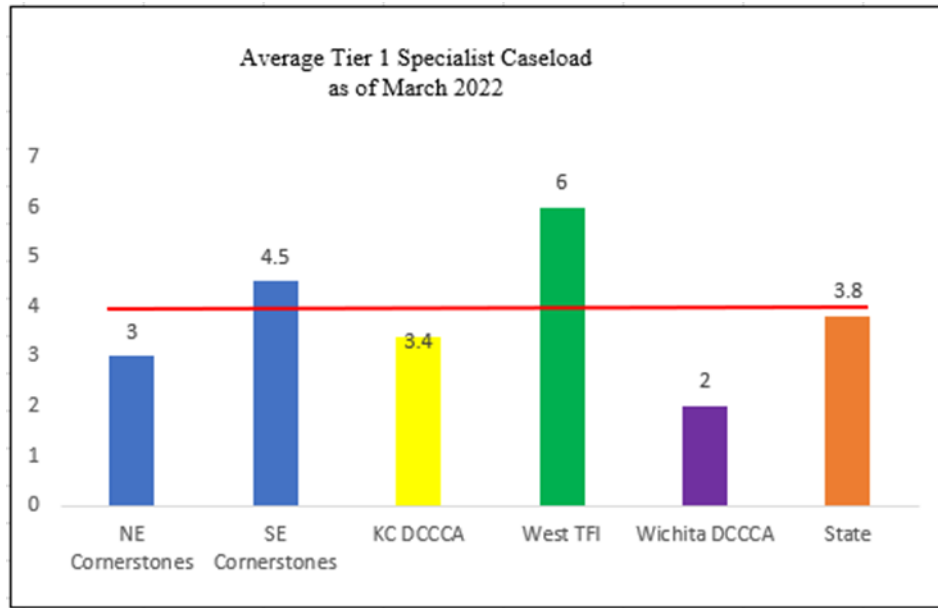
**Community-Based, Collaborative Programs Supporting Families**

Family Preservation is available in all 105 counties in Kansas and services are primarily provided in the family home. If the assigned FPS practitioner does not speak the language the family is most comfortable speaking, the family and child well-being agency access interpreting services. Should tribal social welfare practitioners request FPS, DCF collaborates with the tribe to refer the family to services. Kansas understands the link between poverty and child abuse and neglect. Through Family Preservation, each family may access \$500 in assistance for concrete goods and services to improve family functioning. If the family's need is greater, the provider and the state family and child well-being agency collaborate to meet the family's additional needs.

Family Preservation practitioners, supervisors, and administration have also worked closely with the new Family First grantees in Kansas. Practitioners are familiar with the Family First services available within the regions they serve. If a child in the family remains at risk for removal when they have completed their referral service period, the family may consider a Family First service to further meet their needs. For example, if a family with young children participate in Family Centered Treatment through Family Preservation and complete the program, they could then be considered for a Healthy Families or Kansas Parents are Teachers referral for long term services. Kansans now have more options for services meeting their needs and preventing the need for foster care, with the expansion of prevention services through Family First.

**A Strong, Healthy Family and Child Well-Being Workforce to Achieve Better Outcomes**

Under the new Family Preservation contracts, case load limits were included in the contract for the first time. Therapists providing Tier 1 services may have a caseload maximum of four families. Worker dyads providing Tier 2 services may have a caseload of up to twelve families. This was done to increase the quality of work provided and promote a strong, healthy, family and child well-being workforce.



Two of the Family Preservation contractors, Cornerstones and TFI have experienced staffing challenges and have temporarily exceeded caseload maximum while new staff are being hired and trained. When a staff member vacates a position, the families on that staff members caseload are transitioned to remaining staff members so that families continue to receive services, therefore caseloads are temporarily over maximum. The two geographical areas, SE and West, are primarily rural areas which compounds the difficulty in finding staff with required experience, education, and credentials. One agency is training their master level student interns in their practice model in hopes of hiring them after graduation. As many sectors across the country face hiring challenges, all agencies are actively seeking new approaches to fill open positions.

## Family First Prevention Services Act

|  |  |
|--|--|
| Estimated Number of Individuals and Families to be Served in SFY2022 | 1150 families  |
| Population to be Served  | Families with children at risk of being removed from their homes |
| Geographic Areas where the Services are Available                    | Variety of services available statewide, services vary by county |

Kansas implemented the Family First Prevention Services Act (FFPSA) program on October 1, 2019. Grants were awarded to nonprofit, not-for-profit, and/or for-profit family and child well-being agencies offering evidence-based, trauma-informed programs in the required categories of mental health, substance use disorder services, parent-skill building programs, and kinship navigation. Federally funded programs target candidates for care, children at risk from being removed from the home and entering foster care and seek to strengthen families.

DCF and Family First providers were aware the new program may have slow growth in the first couple years following implementation and in SFY 2022 some changes were made to Family First grants:

- **Community Referrals-** *Project Eagle, Attachment and Biobehavioral Catchup (ABC)*. Serving families with children ages 6-48 months, the in-home parent skill-building service was being underutilized. As a program that is paid with state general funds, DCF approved community referrals for the ABC program in late January 2022. Currently the program is operating at over 50% capacity and continues to grow.
- **Grant Expansion-** *Community Solutions, Inc., Multisystemic Therapy (MST)*. A well-supported Family First Prevention Service allows for a federal match. This expansion added 9 therapists, 1 clinical supervisor, and 1 administrative support position. It increases capacity of all current teams, creates one new team within the Southwest, and expands services to the following counties: SE- Bourbon, Cherokee, Woodson, Wilson; NW – Dickinson, (potential for Geary, Riley & Lyon); Wichita – Sumner; SW - Finney, Gray, Ford.
- **Grant Expansion-** *Cornerstones of Care, Functional Family Therapy (FFT)*. A well-supported Family First Prevention Service allows for a federal match. This expansion adds 4 therapists and expands services to the following counties: Northeast- Shawnee, Pottawatomie, Jackson, Jefferson; Southeast- Osage, Franklin, Miami, Coffey, Anderson, Linn. This expansion will increase services to approximately 100 families per year (after initial start-up period).
- **Grant Closed-** *Lawrence-Douglas County Health Dept & Success by 6, Healthy Families America (HFA)*- Douglas County is already rich with early childhood programs, this program failed to produce referrals through the Family First program. This decision was made in partnership with the grantee, and all agreed that family's needs would be met through another Family First grantee offering the same service in this geographic location. It was decided to end the grant before January of 2022.
- **Grant Not Renewed-** *Horizons Mental Health Center, Parent-Child Interaction Therapy (PCIT)*- Kansas has two PCIT programs serving different counties. Both PCIT programs reflected slow growth initially however this grant was unable to gain momentum. The grant did not renew for SFY 23.
- **Name change-** The Family First kinship navigation service previously known as KINTECH is now called, Kids 2 Kin.

See Attachment 31 for the complete list of FFPSA providers.

When a call is received by the Kansas Protection Report Center and meets the criteria for a Family in need of assessment (FINA), or an abuse/neglect assignment, a local DCF Child Protection Specialist (CPS) will visit and assess the family. Assessing the family includes determining if there is a child(ren) in the family who is a candidate for care. If a candidate is identified, CPS work alongside the family to identify prevention services available to them. If the CPS need assistance explaining the Family First services to the family, they can contact their region's DCF Family First case manager to consult with the family about the program or assist in identifying appropriate or eligible programs for families. DCF believes all services are based on family-centered practice and referrals to ongoing services are based on the CPS family assessments and family choice.

Within PPS, there are three prevention tracks a CPS and family consider for services. The path the family and CPS choose to determine both the level and type of service. When children are at risk of entering foster care, two of these tracks include Family First Prevention Services and Family Preservation Services (view Attachment 32 Prevention Service Track for an illustrated representation of the process and description). In addition to these state prevention programs, community-based service providers are essential considerations for strengthening families, increasing protective factors, and promoting social connection as well as prevention for foster care. Community-based service providers can provide support to the family if children do not meet the candidacy of care definition or when families step down from Family First or Family Preservation prevention programs.

DCF Family First case managers (FFPSA CM) continue to support regions with their expertise in the program. Funded with state general funds, the Northwest, Southwest, Northeast and Southeast each have one case manager per region, and the Wichita and Kansas City region were allotted two positions per region. The DCF FFPSA CMs are knowledgeable on the Family First evidence-based programs available in the region and have good working relationships with the providers. FFPSA CMs have been integral in developing a "prevention culture" and promoting referrals. Whenever a child is in DCF custody and placed at home, the FFPSA CM may provide case management for the family or alongside a prevention services provider. A DCF Family First case manager described her experience of providing case management for a family alongside a service that was court-ordered:

*"Watching (this family) defy the odds and jump through every hoop that has been asked of them, pass drug tests, and still manage to go to work and keep up with household chores shows their resiliency. With all these demands that were put on them, they were set up to fail but they didn't. I'm so proud to have worked with our providers for this family on their journey to sobriety."*

The contracted independent evaluator who conducts the well-designed and rigorous evaluation of the Family First program is The University of Kansas (KU) School of Social Welfare and KU Center for Public Partnerships and Research (KUCPPR). They conduct evaluations for all Kansas Family First Prevention Service providers and service interventions. The evaluation plan is guided by a utilization-focused approach that includes two major components: (1) a process evaluation, and (2) an outcomes evaluation. The evaluation team also assists with the regional and statewide Interagency Community Advisory Board, or ICAB, (discussed in Section II, Collaboration and Coordination) meetings, which bring community partners as well as Kansas prevention provider grantees and contractors to the table to discuss all aspects of the new FFPSA program. See Attachment 33 for the ICAB charter.

### **Building Awareness of Racial Disparities and Support for Underserved Communities**

During SFY 2022, the evaluation team provided a summary of state and regional child welfare outcomes, by race/ethnicity drawn from DCF administrative data to each regional ICAB meeting. Data included child welfare outcomes at a statewide and regional level from State Fiscal Year (SFY) 2012 through SFY



2021. Data were also disaggregated by race to examine whether families are experiencing and achieving equitable outcomes. Discussion included region-specific deviations from statewide trends, racial disparity in outcomes, and region-specific factors driving differences. Outcomes examined included: (1) reunification length of stay; (2) adoption length of stay; (3) time to adoption from termination of parental rights (TPR); (3) and relative placements. The goal of sharing the data was to inform, to discuss structural factors that promote and sustain disparities, regional implications, and identify potential solutions.

As DCF explored this data in SFY2022, counties with high race disproportionality metrics were selected to participate in a pre-petition pilot offering high-quality legal resources to parents to prevent unnecessary family separation and advance racial equity. Partnering with Kansas Legal Services (KLS), the Parent Advocate Program serves Cowley, Douglas, Kingman, Leavenworth, Reno and Sumner counties. Using a dyad approach, KLS supports the family with a parent advocate and (if needed) an attorney, to provide services. The parent advocate has either experience working with families or lived experience with some of the issues facing families. KLS develops a client centered plan with the family to identify goals and service needs. The parent advocate will provide case management type activities and will connect to an attorney if any legal guidance or services are needed.

Another new DCF partnership in SFY2022 was with FosterAdopt Connect (FAC) to provide a Kinship Navigation service in Johnson and Wyandotte counties. This came about after the independent evaluator gathered and presented DCF feedback from families who participated in the Family First Kids 2 Kin program. Families voiced a need for further kinship supports such as advocacy, healthcare, educational assistance, finances, social supports, transportation, and community supports. The FAC Kinship Navigation helps exactly with those services. As FAC is successfully running this program in Missouri, Johnson and Wyandotte were selected as a starting point for this partnership due to their proximity and the needs of the population. This program also accepts community referrals.

During this second year of COVID-19, Family First providers conducted both in-person and as needed virtual services for families. Providers continually monitored the coronavirus outbreak data in the counties they served as well as using screening questions for their staff and families to determine exposure threats.

The Prevention Team continue to create and distribute the collaborative newsletter, *Prevention in Kansas*. These newsletters can be found on the DCF public website: <http://www.dcf.ks.gov/services/PPS/Pages/Newsletters.aspx>. Recipients include providers, DCF PPS staff, family and child well-being stakeholders, court personnel, and other interested parties. The newsletter highlights programs and agency staff throughout Kansas who offer prevention services and have a role in the broader vision of improving outcomes for children and families

In SFY 2022, the Prevention Team presented the Family First program in a variety of venues and participated in various work groups and learning collaboratives. For a full list of presentations and workgroups, refer to Attachment 34 FFPSA presentations and workshops.

### Qualified Residential Treatment Programs

Improving services within congregate care placements when children cannot remain safely with their parents is one of the goals of the Family First program. The introduction of qualified residential treatment programs (QRTPs) is one way the Act intends to do this. See Attachment 77 for QRTP beds available. For a child to be placed in a QRTP, there must be an independent assessment completed to determine a need for this level of services. The independent assessment is completed by an individual who is not

employed by the state, CWCMPs or by QRTP staff. HealthSource Integrated Solutions was granted the independent assessor role for Kansas. The Topeka based not-for-profit LLC was formed in 2007. Over 90% of the Kansas Community Mental Health Centers have a trusted relationship with HealthSource. They specialize in crisis intervention screening and assessments, information technology managed services, clinical call center and after-hours services. The company has worked with the Kansas Department for Disability and Aging Services since 2015 on various projects. As the independent assessor, Healthsource will be conducting the federally required assessment of children placed in the accredited QRTP facilities. They use the Child and Adolescent Functional Assessment tool (CAFAS) to assess a youth's day-to-day functioning and for tracking changes in functioning over time. Their assessment will inform decisions about type and intensity of treatment, placement and need for referral to services. Assessments are completed within 30 days of placement. HealthSource provides documentation supporting their recommendations on whether the child qualifies for placement in a QRTP.

| <b>QRTP Placements as of March 31, 2022 (SFY2022)</b>               |            |               |
|---|------------|---------------|
| <b>Placement Locations/#of Youth/Percentages of QRTP Population</b> |            |               |
| Placement   | #          | %             |
| AAHN'S Place  | 15         | 13.6%         |
| Agape Center of Hope  | 5          | 4.5%          |
| Emberhope, Inc  | 10         | 9.1%          |
| Kids TLC  | 8          | 7.3%          |
| KVC   | 17         | 15.5%         |
| Lakeside Academy  | 9          | 8.2%          |
| O'Connell Youth Ranch   | 5          | 4.5%          |
| Pathway Family Services, Inc.                                       | 9          | 8.2%          |
| Questville Services   | 10         | 9.1%          |
| Saint Francis Ministries  | 9          | 8.2%          |
| Successful Dreams Support   | 5          | 4.5%          |
| Youngblood Youth Development Homes, LLC                             | 8          | 7.3%          |
| <b>Total</b>  | <b>110</b> | <b>100.0%</b> |

### Adoption Promotion and Support

|   |   |
|---|---|
| Estimated Number of Individuals and Families to be Served | Goal is 9.31% of total state adoptions initially inquired through Adopt KS Kids (SFY 2022, July 1 <sup>st</sup> , 2021-Feb. 2022) |
| Population to be Served                                   | Children in state's custody birth to age 18.  |
| Geographic Areas where the Services are Available         | Statewide adoption services & ICPC Adoptions.   |

| <b>Percentage of total state adoptions initially inquired through Adopt KS Kids.</b> |                                    |   |  |              |
|--|------------------------------------|---|--|--------------|
| <b>QTR 1<br/>(July - Sept. 2021)</b>   | <b>QTR 2<br/>(Oct. - Dec 2021)</b> | <b>QTR 3<br/>(Jan -Feb 2022) March<br/>not reported yet</b> | <b>QTR 4<br/>(April - June<br/>2022)</b> | <b>YTD22</b> |

|                |                |                 |     |                |
|----------------|----------------|-----------------|-----|----------------|
| 8.75% (21/240) | 7.77% (22/283) | 14.41% (16/111) | TBD | 9.31% (59/634) |
|----------------|----------------|-----------------|-----|----------------|

Thus far in SFY2021 (July 2021-Feb 2022) approximately 97.9 percent of the adoptions finalized were by the children's relatives or the foster parent(s.)

**Adoptive Parent Relationship**

|               | Kansas City Region |        | Northeast Region |        | Northwest Region |        | Southeast Region |        | Southwest Region |        | Wichita Region |        | Statewide |        |
|---------------|--------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|----------------|--------|-----------|--------|
|               | #                  | %      | #                | %      | #                | %      | #                | %      | #                | %      | #              | %      | #         | %      |
| Foster Parent | 66                 | 48.2%  | 38               | 47.5%  | 41               | 51.3%  | 49               | 61.3%  | 67               | 50.4%  | 48             | 38.7%  | 309       | 48.7%  |
| Other         | 0                  | 0.0%   | 0                | 0.0%   | 2                | 2.5%   | 0                | 0.0%   | 6                | 4.5%   | 5              | 4.0%   | 13        | 2.1%   |
| Relative      | 71                 | 51.8%  | 42               | 52.5%  | 37               | 46.3%  | 31               | 38.8%  | 60               | 45.1%  | 71             | 57.3%  | 312       | 49.2%  |
| Step Parent   | 0                  | 0.0%   | 0                | 0.0%   | 0                | 0.0%   | 0                | 0.0%   | 0                | 0.0%   | 0              | 0.0%   | 0         | 0.0%   |
| Total         | 137                | 100.0% | 80               | 100.0% | 80               | 100.0% | 80               | 100.0% | 133              | 100.0% | 124            | 100.0% | 634       | 100.0% |

\*This report only includes finalized adoptions of children while in State custody.

[http://www.dcf.ks.gov/services/PPS/Documents/FY2022DataReports/FCAD\\_Summary/adoptions\\_finalizedFY2022.pdf](http://www.dcf.ks.gov/services/PPS/Documents/FY2022DataReports/FCAD_Summary/adoptions_finalizedFY2022.pdf)

When parental rights are terminated (PRT) or relinquished and the child's case plan goal is adoption, the Child Welfare Case Management Provider (CWCMP) prepares the child and prospective adoptive family for adoption and provides needed services to assist the child in achieving permanency through adoption. The CWCMP is responsible for a full range of adoption services for adoptive families, from the time of recruitment/identification to completion of aftercare up to 6 months after the adoption is finalized. The CWCMP works together with the adoptive family and child to provide supportive pre- and post-placement services. Pre-placement services may include training regarding a specific condition or need, counseling to address concerns, etc. Services provided to families after the adoption is finalized depend on the child and family needs. For DCF staff responsibilities related to adoption, see Section F. Reintegration/Foster Care/Adoption Services.

If a disruption (child leaves the home before the adoption is finalized) or re-entry (child leaves the home after the adoption is finalized) occurs, the CWCMP is responsible for placement and other services the child may need, including the identification of another adoptive family. Few adoptions in Kansas dissolve. Kansas has tracked finalized adoptions from SFY 2003 through SFY 2021. Of the 14,109 finalized adoptions, 8.3% percent (n=2081) have experienced subsequent re-entry into foster care. Of those families with a re-entry, the majority (80.9 percent) occurred two years or more after the finalized adoption.

When a child in foster care with a case plan goal of adoption and PRT does not have an identified resource (family), they are referred to the Kansas Adoption Exchange for general and targeted recruitment services through the Adopt Kansas Kids program. The CWCMP prepares an Individualized Recruitment Plan (IRP) by completing a PPS 5305 form (Appendix 5N is an example of an IRP), and if the child agrees, attempts are made to find a match for the child through the Adoption Exchange. The goal of the IRP is to widen the circle of adults who may be a potential adoptive resource. The focus is on finding the right family for the child; one that can best parent and serve the needs of the child and will be there for them "no matter what". The Adoption Exchange Contractor also partners with the National Adoption Exchange, AdoptUSKids (AUK) to photo-list children awaiting adoption on its website as well (<https://www.adoptuskids.org/>). Referral to both exchanges, AdoptKSKids and AdoptUSKids can be done through The PPS 5310 form, the Adoption Exchange Information Form (Appendix 5N is an example of the form.) The referral form is filled out by the CWCMP and sent to the Kansas Adoption Exchange.

At the end of March 2022, there were 492 total children listed on the Adopt Kansas Kids (AKK) website. This number has increased over the year from 485 (March 2021.) The average age of the child listed on AKK is 12 years old. The racial demographics for the children are as follows: Caucasian – 275 (55.96%), African American – 104 (21.21%); Bi-racial (AA/Caucasian) – 68 (13.74%), Hispanic – 37 (7.47%), Indian/Alaskan - 8 (1.62%.) Of the 492 children listed on the Adoption Kansas Kids; 48 children are also listed on the AdoptUSKids Exchange.

In SFY 2022 and beyond, AKK plans to continue to utilize social media to promote adoption from foster care. They plan to continue to provide professional photos and video interviews of children on the website and available to share on social media and will utilize adoption success stories on news segments and on the web site to promote adoption specifically of teens and sibling groups. See Attachment 35 for the Adopt Kansas Kids most recent quarterly report for Jan 2022-March 2022.

### **Children's Alliance of Kansas**

The CWCMP and other Child Placing Agencies (CPAs) recruit, train, retain and support adoption and foster families to meet the needs of the children in care by utilizing and being guided by Children's Alliance of Kansas. All new foster families and adoption resources must complete a Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP) training course or equivalent. The TIPS-MAPP course is designed to ensure individuals and families make an informed decision about becoming a licensed foster home and/or adoptive family. In its traditional format, the pre-service training is offered as a 10-week program providing 30 hours of training. For families who are unable to attend an in-class session, there is an alternative, called Deciding Together. This format covers equivalent material of TIPS-MAPP; however, a Leader meets with the family on a one-on-one basis for a period of 8-weeks. This alternative class allows CWCMPs and CPAs additional flexibility in training and preparing foster and adoptive families.

Children's Alliance of Kansas (CAK) has adopted the TIPS-MAPP program to allow flexibility in the delivery of this preservice training by offering prospective foster and adoptive parents alternative class structures. This includes condense classes to span either a 5-week period or two weekends allowing families access to the same information with less time constraints. CAK continues to adapt the curriculum and research other methodologies to delivery this training. Currently, CAK is researching and pursuing different Learning Management Systems (LMS) to help develop more integrated systems for online delivery of trainings, including pieces of the TIPS-MAPP training.

In January 2019 CAK began the implementation of an updated version of TIPS-MAPP with content updates, including information on Adverse Childhood Experiences (ACEs.) Researchers have demonstrated a link between adverse childhood experiences (ACE) of abuse, neglect and family dysfunction and health status later in life. This may be explained in part by a toxic physiological stress response, such as elevated stress hormone levels to multiple stressors, which may have damaging effects on a child's developing brain and best practices for alternative methods of delivery.

Through efforts with CAK, Kansas is one of eight states selected to be part of the National Training and Development Curriculum for Foster and Adoptive Parents (NTDC) project to develop a training with three components of self-assessment, classroom-based training, and "right-time" training. For this project, the counties which will be used for comparison are to be Sedgwick, Reno, Butler, Sumner, and Harvey. The pilot counties for this project will be Franklin, Douglas, Shawnee, Osage, Wyandotte, Johnson, Miami. Once the project starts, data will be collected from these counties for a total of 18 month. The end goal is for CAK to work in tandem with the CWCMPs and CPAs to training a minimum of 70

families in both the comparison and pilot counties. This project was slated to begin in June 2020; however, it has been pushed back until at least September 2020 in response to the COVID-19 pandemic prohibiting travel and classroom-style gatherings. During the time of COVID-19 crisis though, CAK has worked closely with DCF, CWCMPs and CPAs ensuring foster and adoptive families receive training by developing online delivery of many of the trainings, such as CPR and First Aid classes. Additionally, CAK has provided technical support to agencies to deliver the Deciding Together training to families to ensure physical distancing can be adhered too while developing new foster and adoptive families. CAK has also started monthly support calls with trainers in both KS and other contracted states to provide support, share ideas, and troubleshoot situations as the workforce navigates an online support and training format. DCF and CAK intend for these efforts of virtual formats to be phased out as possible in the future. See Attachments 36,37,38 and 39 for Case Management Providers Recruitment Plans.

### **Adoption Home Studies**

DCF wants to promote best practice regarding adoption work and has encouraged the state's numerous Child Placing Agencies (CPAs) to support their families through the adoption process (if applicable.) The reasoning behind that is each agency's family has its' own worker and that worker goes to the home monthly. Additionally, it is that worker who knows the family the best and has assessed them (and continues to assess them) throughout their work with them over time. With that in mind, it doesn't make sense to have another agency come in and assess them again and have the responsibility of writing their home study. The CPA should be the one to write their families home studies. They should also be the ones to provide the array of adoption services to the family (in cooperation with the child's CMP) through permanency. DCF is allowing them to charge for the home study and adoptive services in the amount of \$3000.00 upon completion of the home study and accompanying documentation requirements needed for BIS and finalization.

In addition, DCF wants to encourage the CMPs in their CPA role to work with adopt-only non-licensed families to adopt. DCF also wants to encourage agencies to work together in the adoption of children regardless of their CMP. If an agency has a family who is wanting to adopt a child who is assigned to a different CMP, then we want to encourage the CMPs to work together in completing the adoption. In both of these instances they are eligible for the \$3000 upon completion of the home study and obtaining the accompanying documentation as well.

The following 12 Child Placing Agencies have continued to provide adoptions services from late 2019 through SFY 2022 thus far (including home assessments) to families since the start of this initiative: KVC, TFI, St. Francis Ministries, Cornerstones of Care, KCSL, CALM, Restoration Family Services, DCCCA, Salvation Army, Children's Shelter, EmberHope & Eckerd.

### **Adoption Accelerators**

In June 2019, DCF utilized adoption incentive funds to create a position designed to augment/sustain the Case Management Providers' work regarding adoption. These positions are called 'adoption accelerators' and are non-case carrying positions for each grant area. These positions engage activities critical to identify, track and monitor children and youth with a goal of adoption experiencing a barrier to legal permanency. The accelerator initiates relevant tasks or coordination to remove the barrier to adoption permanency including but not limited to data management reporting and tracking to identify children with barrier; initiating or completing home studies; initiating, gathering or completing other required documents or procedures associated with adoption; and similar or related tasks to support case

management teams toward adoption finalization. These positions use technology, databases and any systems as needed.

July 1, 2019, the 4 grantees started the hiring process for the position so they could begin their work in the transition months prior to Oct. 1, 2019, contract changes.

Adoption Accelerators were funded with adoption incentive funds up to June 30, 2020. DCF then integrated funding for future grant amendments and case management.

St. Francis Ministries employees two adoption accelerators who serve grant areas 1, 2, and 7. TFI, Cornerstones and KVC each employ one adoption accelerator who serve their grant area(s). TFI, Cornerstones of Care and KVC each received 1 adoption accelerator for their entire grantee area(s).

### **Adoption Policies**

Important policies implemented in the past year are highlighted below:

#### **PPS 5318A Adoptive Family Budget**

- Additional budget line options were included on the form. This was done in order to break down a family's budget into more specific detail.

#### **PPS 5341 BIS Report and Authorization, PPM 5341 BIS Team Decision and PPM 5339 Best Interest Staffing.**

- A change was made to remove the ranking of families on the PPS 5341 Best Interest Staffing (BIS) Report, an additional change was also added at the end of the BIS report for inclusion of any information that may come to light after the BIS is authorized that is pertinent to the case, including the option to "un-select" a family. PPM 5339 details this option as part of the BIS process. Also, removing mention of ranking families in a BIS as mentioned in policy PPM 5341 Authorization of the BIS.
- The move towards consensus selection of a family through the BIS has reduced issues associated with voting and ranking families. Updating BIS form and policy to follow suit.

The inclusion of the new section at the end of the BIS Report was in part to allow for the BIS report to be a living document and to allow for the option to address new items that might arise soon after the BIS.

#### **PPS 5400 (Adoption Tracking Tool) and The PPS 5400 Instructions**

- This is the initial inclusion of the Adoption Tracking Tool into the PPS PPM. The tool has been converted to a DCF form with associated instructions and 3 additional policies now making mention of the item.
- The Adoption Tracking Tool was designed to reduce time to adoption by using a standardized tool for tracking key benchmarks and time schedules for children legally free for adoption.

#### **6285 Adoption Assistance Subsidy Overpayments**

- An update/clarification needed to be made concerning the process of evaluating and determining adoption overpayments.
- Steps were added detailing items needed in determining possible adoption overpayments. It should improve the process and help strengthen best practice.



## Adoptions from foster care in Kansas from SFY 2013 – SFY 2022 (July 2021-Feb 2022)

|                                     | SFY<br>2013<br>Jul. 12-<br>Jun. 13 | SFY<br>2014<br>Jul. 13-<br>Jun. 14 | SFY<br>2015 Jul.<br>14-Jun.<br>15 | SFY<br>2016 Jul.<br>15-Jun.<br>16 | SFY<br>2017 Jul.<br>16-Jun.<br>17 | SFY<br>2018 Jul.<br>17-Jun.<br>18 | SFY<br>2019 Jul.<br>18- Jun.<br>19 | SFY<br>2020 Jul.<br>19-June<br>20 | SFY<br>2021 July<br>20-June<br>21 | SFY<br>2022<br>July 21-<br>Feb 22 |
|-------------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Statewide<br>Finalized<br>Adoptions | 620                                | 666                                | 765                               | 755                               | 758                               | 766                               | 1210                               | 998                               | 846                               | 634                               |

A significant decrease in adoptions in both SFY20 & SFY21 is attributed to the challenges the court system faced during the pandemic. Court services were not able to process the typical quantity of adoption finalizations which was a factor in the decrease. Additional court services that is believed to have impacted the decrease of adoptions was longer time it took to schedule and complete termination appeals.

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

## Permanent Custodianship

|   |  |
|---|--|
| Estimated Number of Individuals and Families to be Served | 136 children are receiving a Permanent Custodianship Subsidy as of March 2022.   |
| Population to be Served                                   | Children over the age of 14, or part of a sibling group where at least one sibling is 14 years of age or older, or children who have received an exception to receive a Permanent Custodianship. |
| Geographic Areas where the Services are Available         | Entire state of KS or whatever state /country the child resides with the Permanent Custodian.  |

In 1999, the Kansas Legislature established State funding for 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 Code changed the name to Permanent Custodian and Permanent Custodianship Subsidy (PCS).

Legislation established permanent custodianship in the Kansas Code for Care of Children to distinguish it from guardianship established in the probate court. The permanent custodianship process ensures the Child in Need of Care (CINC) case remains in the same court.

The permanent custodianship subsidy is not an entitlement program, and the child must meet all the following criteria:

1. Be in the custody of the Secretary of DCF with or without parental rights terminated at

- the time permanent custodianship is established;
2. A court order appointing a permanent custodian;
3. Not receiving Supplemental Security Income (SSI); and
4. The permanent custodian meets eligibility to receive Temporary Assistance for Families as defined by the Economic and Employment Services policy manual (KEESM 2220 – Living with a Caretaker).

As of March 2022, 136 children are receiving a permanent custodianship subsidy. Permanent custodianship subsidy may be considered if one of the following is met:

1. The child is age 14 and over, or
2. The child is part of a sibling group being placed together and one child is age 14 and over, or
3. The child has an approval for an exception from the Director of Prevention and
4. Protection Services or designee for other extenuating circumstances making adoption not a reasonable option.

Some children may be released from custody into a permanent custodianship without receiving the subsidy. For example, the child may have other unearned income sources. The maximum monthly permanent custodianship subsidy payment cannot exceed \$300, and children do not receive a subsidy if their countable income exceeds \$486 per month. Once established, the subsidy amount does not change unless there is a change in the child's circumstances.

Income to consider shall include but is not limited to:

- Social Security Survivors Benefits (SSA);
- Social Security Disability Insurance (SSDI);
- Child Support;
- Income for the child from a trust or annuity
- Other benefits, e.g., railroad or veteran's benefits

Additionally, some children may only receive the subsidy for a short period. For example, if the permanent custodianship was established when the child was near age 18, the child may only receive the subsidy for a few months. In State Fiscal Year (SFY) 2022 (as of March 2020), 131 children exited custody into a permanent custodianship; and in SFY 2021, that number was 159.

The Child Welfare Case Management Provider (CWCMP) is responsible for assessing whether a permanent custodianship best meets the child's needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capabilities of parenting the specific child. The assessment is completed through a home study process and background checks. When determining if an individual family might be suitable for custodianship of a child in the custody of the Secretary of DCF, factors considered in the case planning conference and home study evaluation are similar to factors considered in adoption.

Permanent Custodianship Subsidy (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.

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

Clarification of permanent custodianship subsidy compared to adoption subsidy is being done with the regions and CWCMP to help determine which case plan goal is more appropriate and which program will help provide the stability and resources needed to raise the child into adulthood.

The 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.

Permanent custodianship subsidy does not require an annual eligibility re-determination. An annual review is made to determine if any changes in the circumstances of the child exist.

Permanent Custodians are responsible for reporting the following changes regarding their household to the Department for Children and Families:

- Change in home address
- Change in phone number
- Change in email address
- Any changes in the child's living situation
- If 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

## Relative and Kinship Care

|   |   |
|---|---|
| Estimated Number of Individuals and Families to be Served | 2600 children in care                                       |
| Population to be Served                                   | Relative and families providing care to children in custody |
| Geographic Areas where the Services are Available         | Statewide   |

Relative and kinship placements are more likely to take sibling groups and the children are more likely to experience greater placement stability. Placement in a relative or kin setting may also be less traumatic for children. Consistent with federal and state law, relatives and kin are considered first when placement is need for a child. DCF and CWCMP staff are required to make concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements both at initial placement and throughout the time the child is placed in foster care. In Kansas, 35.08% of children in foster care are placed with a relative, and the CWCMPs have a threshold to reach 50% of the children they serve are to be placed with relatives.

As defined in DCF's Policy and Procedure Manual, PPM 5234 Relative Home/Placement, a relative is defined as follows:

1. A person who can trace a blood tie to a child. Persons related by blood may include, but is not limited to, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle, or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or similar relation. Termination of parental rights does not alter or eliminate the blood relationship to relatives.

2. A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, stepparents, step-grandparents, step-aunts, step-uncles or similar relation.
3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).
4. Grandparents of siblings and birth parents and grandparents of half-siblings.
5. Adoptive parents and grandparents of siblings or half-siblings.
6. A court-appointed guardian or permanent custodian of a sibling or half-sibling.

In Kansas statute “kinship care” is defined as the placement of a child in the home of the child’s relative or in the home of another adult with whom the child or the child’s parent already has a close emotional tie (K.S.A. 38-2202). DCF has utilized this definition for policy as well, and notes “DCF strongly advocates care for children by their kin as the first choice for placement when the child’s family/relative cannot provide adequate care.” (PPM 5235 Licensed/Approved Home for Non-Relative Placements).

Relatives may, but are not required to, obtain a foster home license. Unlicensed relatives are paid based on the need established by the level of care tools each CWCMP utilizes. The range for this type of placement ranges from \$11.00 per day to \$61.00 per day, per child based on their needs. Specific CWCMP staff help support and maintain relative placements. If relatives choose to become licensed, they must meet the same regulatory safety standards and requirements as other licensed family foster homes. Though some non-safety concerns in the home may be waived, such as if the windows are not the correct regulated size.

In January 2021, DCF began messaging and encouraging relatives to become licensed though, as this open up more supports for the family including sponsorship by a Child Placing Agency and a higher foster care subsidy rate. In continued support of this endeavor, DCF entered into a separate contract with the Children’s Alliance of Kansas to also develop kin/relative specific pre-service training. It is intended for this curriculum to be a parallel model to other pre-service trainings offered to foster/adoptive families across the state (TIPS-MAPP and TIPS-Deciding Together). It is anticipated this curriculum will be ready for relatives to begin utilizing in Summer of 2022.

Non-related kin must obtain licensure. However, agency policy allows children to be placed with non-related kin prior to the completion of pre-service foster parent training. Non-related kin are issued a temporary license within 30 days of placement. Non-related kin are provided a monthly subsidy equal to the rate a licensed foster home would receive for the same level of care, once a temporary license is obtained. A standard license is issued once all training and other requirements have been completed.

### Independent Living (IL) Services

|   |   |
|---|---|
| Estimated Number of Individuals and Families to be Served | 820 individuals   |
| Population to be Served                                   | Adults age 18-21, or until age 26 if enrolled in post-secondary education who have been released from DCF custody |
| Geographic Areas where the Services are Available         | Statewide   |

**Independent Living Services** are available to adults age 18 who have been released from the Department for Children and Families 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 Independent Living Self-Sufficiency Matrix and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult-driven and identifies the individual's goals as well as the steps to achieve those goals. Adults involved in the IL Program are eligible to receive assistance with the following: room/board, medical care, completion of high school/General Equivalency Diploma, post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills, and other services, as identified by the adult.

The Kansas Foster Child Education Assistance Act, which began July 1, 2006, requires tuition and fees be waived by Kansas post-secondary educational institutions for DCF youth who meet the eligibility criteria, 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 the custody of DCF, Kansas Department of Corrections – Juvenile Services (KDOC-JS) and Tribes at age 18, until the month of their 26<sup>th</sup> birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card.

#### Another Planned Permanent Living Arrangements (APPLA)

|   |  |
|---|--|
| Estimated Number of Individuals and Families to be Served | 505  |
| Population to be Served                                   | Youth aged 16 or older with a compelling reason to believe no other permanency options are available |
| Geographic Areas where the Services are Available         | Statewide  |

Kansas changed policy in January 2017 to use the term “Another Planned Permanent Living Arrangement” (APPLA) to match federal language. The permanency goal of APPLA is appropriate only for youth aged 16 or older, and when documentation has been provided to the court that compelling reasons exist making all other permanency options unacceptable. Department for Children and Families Prevention and Protection Services is compliant with Preventing Sex Trafficking and Strengthening Families Act regulations that require youth with a case plan goal of APPLA to be 16 or older. As of March 31, 2020, 6.2 percent (n=505) of youth in DCF custody had a current case plan goal of APPLA.

Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the child. Long-term, out-of-home placement is not an acceptable permanency option and is not to be chosen as a planned permanent living arrangement. When the child is in APPLA, the plan for the child to stay in the placement resource until achieving permanency is documented. The youth and the placement resource sign a commitment agreement, PPS Appendix 5K, indicating their understanding of the plan.

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

The PPS regional Independent Living (IL) Coordinator or designee attends scheduled case plans for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16. The IL Coordinators attend case planning conferences for all other youth in care age 17 and older to begin

discussion and preparation for self-sufficiency services when permanency is not achieved. The PPS regional IL Coordinator or designee continues to attend the youth’s permanency case plans until attainment of permanency or transitioning from foster care into adulthood. Continued involvement assists with engaging the youth and ongoing rapport building.

A transition plan is initiated, beginning at age 14, for all youth in care, regardless of case plan goal. The youth is assisted in considering and identifying specific options on the transition plan for housing, health care and insurance, education, continued support services, employment and financial support and services, transportation, and other services needed to maintain self-sufficiency for the youth and, if applicable, for any minor child of the youth. Information on available resources from internal and external programs is provided. Referrals to supportive services are made, when applicable. The transition plan identifies Connections for Success, which are adults and other resources to whom the youth would reach out to for assistance as they travel their path to independence.

A new initiative that Kansas is exploring implementing is SOUL—Support, Opportunity, Unity, Legal Relationship—which is a proposed permanency option that allows young people aged 16 and older to establish a legal relationship with one or more primary adults who will be responsible for their care while still maintaining family connections. Historically, young persons in foster care had limited legal options for permanency, including adoption, guardianship, reunification or APPLA. SOUL would expand options for young people by establishing a legal connection between at least one adult, which will help ensure the young person will exit foster care with a support system as they transition to adulthood. Currently, KS is the only selected state to begin building and implementing this option. DCF is working with the Annie E. Casey Foundation, as well as young persons with lived experience to bring this option forward for young person’s currently in care. The kickoff meeting was held in May 2022 and included representation from Annie E. Casey, DCF, Case Management Providers, and both youth and families with lived experience. See Attachment 86 for more information about SOUL.

## Adoption Assistance

|   |   |
|---|---|
| Estimated Number of Individuals and Families to be Served | 8721 open cases for Adoption Assistance as March 2022.            |
| Population to be Served                                   | Average age 11.79 years old as of March 2022.                     |
| Geographic Areas where the Services are Available         | Adoption Subsidies can follow the child to any state and country. |

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

The agency’s policy is to uniformly operate both the state and federal programs. Adoption subsidy and medical assistance are provided for eligible children regardless of the funding source. Eligibility for adoption assistance is based on the special needs of the child and not the income/resources of the family. In determining the type and amount of assistance, Prevention and Protection Services (PPS) assesses the community and family’s resources available to meet the child’s ordinary and special needs. Children in the Custody of the Secretary of the Kansas Department for Children and Families (DCF), or a licensed nonprofit Child Placing Agency (CPA), may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. At the end of March 2022, the average subsidy payment was \$455.22, which is up



from the average of \$448.62 from March 2021 and \$442.50 a month at the end March 2020. This represents an increase of \$6.6 or approximately 1.471 percent from March 2021 and, a \$12.72, approximately or 2.874 percent increase from March 2020. At the end of March 2022, there were 8,721 open adoption assistance cases. This represents an increase of 266 cases or 3.146 percent from March 2021 (8,455.)

The Child Welfare Case Management Provider (CWCMP) is required to provide services and supports for 6 months following finalization of an adoption or permanent custodianship. These services, referred to as Aftercare, are provided to ensure safety and stability of the placement for the child and to assist all family members in obtaining needed resources. The Aftercare Contact Agreement is developed with family to outline the services and supports needed to maintain the placement and meet the needs of the child. Once completed, is signed at the same meeting as the Adoptive Placement Agreement (APA), which is a written agreement signed by the family, the child's case manager, and DCF to place the child in an adoptive home. This is the step prior to finalization. The child remains in the State's legal custody until finalization.

Historically, policy work regarding Aftercare was strengthened in January 2017 on the APA, to include the parent(s) agreement to work collaboratively with the CWCMP to develop and implement/participate in an Aftercare Plan. Also, the PPS Adoption Specialists will approve the submitted Aftercare Plan. Once the Aftercare Plan is developed, the CWCMP engages with the child and family to provide services and supports, as outlined in the plan, and submits a completed monthly report to DCF. The CWCMP is responsible for Aftercare for 6 months post-adoption finalization. This includes providing services to families in crisis. If a family is not involved in Aftercare services, the PPS Adoption Assistance Specialist assists families with connecting to community services to meet crisis needs. If further assessment is needed, a report may be made to the Kansas Protection Report Center (KPRC) to initiate an assessment for services. The PPS Child Protective Services (CPS) Specialist would then complete an assessment and work with the family on determining services needed to maintain the child in the home and de-escalate the crisis.

### Services for Children Adopted from Other Countries

Families who adopt children from other countries may access the Kansas Post Adoption Resource Center (K-PARC) for services and supports. K-PARC serves families by:

- 1) 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 Section H.

In Kansas, if an adoption of a child from another country disrupts and the adoption has not been finalized, the Kansas Department for Children and Families (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 children in DCF custody. If a finalized adoption dissolves, the child is placed in DCF custody, enters foster or relative/kinship care, the child will also receive the same care and services as other children in DCF custody. These children receive services to either reintegrate with their adoptive families or help them achieve permanency with a different family. The statewide Family and Child Tracking System (FACTS) includes information about whether a child in State custody has had previous DCF

involvement, a previous adoption, and whether the parents have relinquished their parental rights or if the court has terminated their rights.

As of April 2022, DCF has approximately 12 children in custody who were previously adopted internationally. SFM reported 3, KVC reported 5, Cornerstones of Care reported 2 & TFI reported 1.

The following is additional information on the 8 children:

| Case Management Entity / Date of Referral          | Child's original country of origin | Original agency who handled the Adoption         | Permanency Plan for the Child  | Reason for the disruption or dissolution   |
|--|------------------------------------|--|--|--|
| <b>TFI child 1</b><br><b>(04/07/2021)</b>          | Mexico                             | Catholic Charities of the Archdiocese of Chicago | Reintegration with adoptive parent with concurrent APPLA.  | Child's behavior and detention. Sexual allegation against sister.  |
| <b>Cornerstones child 1</b><br><b>(2020)</b>       | Haiti                              | Unknown  | Reintegration currently but is expected to change soon.  | The adoptive parents are career military. They dropped him off in Atchison and took his twin sister to France when they were stationed in Naples.  |
| <b>Cornerstones child 2</b><br><b>(2020)</b>       | Bulgaria                           | European Adoption Consultants                    | The adoptive parents are working on relinquishing their rights and refuse all contact with the child.                          | The adoptive parents left the child with a family friend in Kansas, then left the state.   |
| <b>Cornerstones child 3</b><br><b>(08/19/2021)</b> | China                              | Unknown  | Reintegration with adoptive parents; they wish to sign relinquishment but were not accepted as there are no adoptive resources | Adoptive parents brought her to San Antonio where they still reside. They could not handle her behaviors and found a provider online. The child lived there for about 7 years and refused to pick up from the hospital due to behaviors. |
| <b>SFM child 1</b><br><b>(March 2016)</b>          | Peru                               | Villa Hope                                       | APPLA (previously adoption)  | The adoption dissolved due to physical abuse by the adoptive parents.  |
| <b>SFM child 2</b><br><b>(12/2020)</b>             | Ukraine                            | Unknown  | Adoption   | Parents refused to pick up the child due to mental health issues.  |
| <b>SFM child 3</b><br><b>(04/2022)</b>             | Africa                             | Unknown  | Reintegration  | Parent refused to pick child up due to mental health concerns and child's behaviors.   |
| <b>KVC child 1</b><br><b>(July 2020)</b>           | Nigeria                            | Unknown  | Reintegration with adoptive parent.  | Child's behavior and mental health struggles.  |

|                                     |           |   |  |  |
|-------------------------------------|-----------|---|--|--|
| <b>KVC child 2<br/>(Oct. 2021)</b>  | Nigeria   | Unknown   | Reintegration with adoptive parent.          | Child's behavior and mental health struggles.  |
| <b>KVC child 3<br/>(Sept. 2018)</b> | Russia    | Catholic Charities in Asheville, NC                       | APPLA: Potentially being released this month | Parents refused to pick youth up from acute upon discharge. Allegations of emotional abuse and mom reported youth threatened to kill them and they did not feel safe having youth come home along with some other concerning homicidal statements. |
| <b>KVC child 4<br/>(Sept. 2019)</b> | Vietnam   | Florida Home Studies and Adoption/<br>Adoption and Beyond | Reintegration with adoptive parents.         | Parents refused to pick youth up after having been in PRTF at TLC for over a year. Parents reported significant mental health concerns, and dangerous behaviors beyond their control.  |
| <b>KVC child 5<br/>(Nov. 2018)</b>  | Guatemala | Special Additions, Inc.                                   | Adoption                                     | The youth was removed due to mental health needs and behaviors.  |

### Services for Children Under the Age of Five

Kansas children under the age of 5 are not placed in congregate care or Psychiatric Residential Treatment Facilities. For children in foster care, the CWCMPs provide support for appropriate day care. In SFY 2022, PPS continues to work with CWCMPs to develop procedures to reduce the length of time for children under the age of 5 in foster care without a permanent family.

Activities to address the developmental needs of children under the age of 5 start with assessment tools to screen for developmental disabilities and mental health issues. If the Social-Emotional Screening Tool-R Children Birth to 5 Years identifies a child has a developmental or emotional/behavioral need, the CWCMP refers a childbirth to age 2 years to the Infant-Toddler or Tiny-K program for further assessment. Children 3 years and above are referred to their local school district's IDEA Preschool Program. Head Start/Early Head Start programs have policies which place children in foster care at the top of the list for admission.

Tools used by CWCMPs to assess various aspects of a child's emotional, behavioral and well-being needs include North Carolina Family Assessment Scale + Reintegration (NCFAS+R) or, the Parenting Stress Index, Child Stress Disorder Checklist (CSDC) and the Ages and Stages Questionnaire Social Emotional (ASQ-SE), Preschool and Early Childhood Functional Assessment Scale (PECFAS).

Information related to children in care, include demographics, developmental and emotional/behavioral health issues are tracked through the Kansas statewide data system, FACTS.

| <b>Statewide</b> | <b>SFY<br/>2015</b> | <b>SFY<br/>2016</b> | <b>SFY<br/>2017</b> | <b>SFY<br/>2018</b> | <b>SFY<br/>2019</b> | <b>SFY<br/>2020</b> | <b>SFY<br/>2021</b> | <b>SFY<br/>2022</b> |
|------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
|                  |                     |                     |                     |                     |                     |                     |                     |                     |

|  | Jul. 14 -<br>Jun. 15 | Jul. 15-<br>Jun. 16 | Jul. 16-<br>Jun 17 | Jul. 17-<br>Jun 18 | Jul. 18-<br>Jun 19 | Jul.19-<br>Mar 20 | Jul. 20-<br>April<br>21 | Jul. 21-<br>April<br>22 |
|--|----------------------|---------------------|--------------------|--------------------|--------------------|-------------------|-------------------------|-------------------------|
| Percentage of children in out of home placement under the age of 5   | 32%                  | 30%                 | 30%                | 30%                | 29%                | 28%               | 33%                     | 26%                     |
| Of those the percentage placed with relatives                        | 40%                  | 38%                 | 39%                | 38%                | 38%                | 40%               | 44%                     | 50%                     |
| Of those the percentage with 2 or fewer moves while in care          | 97%                  | 96%                 | 95%                | 94%                | 76%                | 78%               | 98%                     | 97%                     |
| Percentage of children awaiting adoption under the age of 5          | 26%                  | 23%                 | 23%                | 23%                | 20%                | 17%               | 19%                     | 24%                     |
| Percentage of children on the AdoptKSKids website under the age of 5 | 2%                   | 0%                  | 4%                 | 4%                 | 5%                 | 2%                | 4.5%                    | 5.79%                   |

Kansas DCF has prioritized placement stability for all children in out of home care. The Placement Stability Summit was held in late July and will have another meeting in late August to further define action steps related to achieving stability for children. Data analysis is on-going, looking at demographics and rate of moves and will be further defined through the Placement Stability group. It is expected to see a decline in the percentage of children on the AdoptKSKids website will show a decrease as the percentage of children awaiting adoption decreases.

CAK, through a contract with DCF, provides and supports ongoing training for foster parents. Some of the training topics available for foster parents geared toward children aged 5 and younger include:

- American Red Cross First Aid/CPR
- Autism Spectrum and other Neurodevelopmental Disorders
- Born Substance Affected: Lifetime Ramifications from Exposure to Drugs & Alcohol
- Car Seat Training and Booster Seat Safety
- Child Development Ages Birth to 5
- Child Sexual Abuse & Foster Care
- Shaken Baby Syndrome
- SIDS: Sudden Infant Death Syndrome
- Trauma affects Development and Behavior
- Understanding Children's Temperament

The University of Kansas School of Social Welfare's Kansas Serves Native American Families (KSNAF) is a partnership with the Prairie Band Pottawatomie Nation, Sac and Fox Nation of Missouri in Kansas and Nebraska, Iowa Tribe of Kansas and Nebraska, Kickapoo Tribe in Kansas along with DCF, Haskell



Nations University, and others to offer a culturally integrated implementation and assessment of the Strengthening Families Program (SFP). This initiative is funded by the U.S. Department of Health and Human Services Administration for Children and Families Children's Bureau for Round 4 of the

Regional Partnership Grants to Increase the Well-being and Permanency Outcomes for Children Affected by Substance Abuse in American Indian Communities. Currently, KVC Behavioral Healthcare leads the implementation of SFP in collaboration with a Project Coordinator at KUSSW. SFP is an evidence-informed family skills training prevention program for caregivers and children consisting of 14 two-hour group sessions that have been offered both in-person and online. In-person includes a family meal, transportation, and childcare. Online SFP includes technology and tech support. KSNAF recruits, trains and supports Indigenous individuals to lead SFP groups which aim to positively impact family bonding, communication, and parental supervision. The target population is families who self-identify as Native with children ages 0-18 who are:

In or at risk of out-of-home placement

Affected by parent/family substance use

Case plan goal: reunification or guardianship

Recognizing that all Native families are impacted by intergenerational trauma from systemic injustices, we welcome ALL Native families to join us in growing stronger together. In addition, the KSNAF includes community training (e.g., Trauma-informed Care and Walking in Two Worlds: Understanding the Two-Spirit/Native LGBTQ Community), a monthly newsletter, community resource maps and social media connections for a network of stakeholders. In its last year of funding, the focus of KSNAF has turned to sustainability with goals to serve as many families as possible, train tribal community staff to offer SFP, disseminate information to academic and tribal communities, and continue relationships. Specifically, the KSNAF implementation team is working closely with PBPW Wellness Connection to support them in offering their own SFP. This support will be extended to other interested tribes and tribal organization partners before the end of the initiative.

In fiscal year 2022, additional DCF staff attended the 2-day Safe Sleep Instructor (SSI) training hosted by the Kansas Infant Death and SIDS Network (KIDS). The goal of the training was to educate instructors on SIDS and other causes of sleep-related infant death, the recommendations of the American Academy of Pediatrics (AAP), and how to address challenges to implementing safe sleep (such as cultural standards and mental health issues). Once trained, SSIs are prepared to present Safe Sleep Community Outreach Training, how to facilitate a Community Outreach Training, how to facilitate a Community Baby Shower/Crib Clinic, access safe sleep resources, and collaborate with other SSIs.

To become a KIDS Network certified SSI the following criteria must be met:

- Attend the (2) day training
- Sign and abide by the rules/procedures set forth in the SSI contract.
- Achieve a score of at least 80% on the post-test
- Achieve a score of at least 80% on the crib demonstration

To maintain certification with the KIDS Network, SSIs must:

1. Train at least 10 professionals in their local community (or virtually) and input all data by the end of each May.
2. Facilitate/co-facilitate at least (1) KIDS Network Safe Sleep Community Baby Shower/Crib Clinic and input all data by the end of each May.
3. Attend annual the KIDS Network Safe Sleep recertification course
4. Attend at least two bi-monthly Safe Kids Safe Sleep Instructor technical support meetings

Through combined efforts of the SSIs professionals at DCF, CWCMP staff, and other community partners across the state have completed a two-hour virtual course on safe sleep and reducing sleep related infant deaths. This class is offered new and veteran staff allowing them to knowledgeably engage families throughout the state of Kansas. The goal of the agency is to train all DCF staff in Safe Sleep practices and partner with other community agencies to host Community Baby Showers for expectant mothers and their family members.

These baby showers and simple visual assessments allow staff in various positions to engage and equip families with informative resources regarding Safe Sleep practices. Families receiving DCF services and in need of additional resources may be eligible to receive free cribettes, sleep sacks, and/or other supplies to provide Safe Sleep environments for their infants.

See Attachment 20 DCF Training Plan 2023 for more information about Safe Sleep training.

Kansas DCF continues to support Healthy Families America through DCF's Family First service array and through Kansas Children's Service League (KCSL) funded by the Children's Cabinet. Kansas continues to expand and work with community partners to make services available and accessible to families with children under the age of five. See Attachment 31 for list of Family First providers who serve children under the age of five.

Additional programs within the Economic and Employment Services (EES) division of DCF provides a wide range of services and supports to families with children under the age of five. Those include:

- **TANF Cash Assistance**

The purpose of this program is to provide temporary cash assistance to low-income families with at least one child in the home. A qualifying child may be unborn or under the age of 18, or age 19 of still enrolled in school and making progress toward earning a high school diploma or GED. A qualifying child may also be temporarily absent from the home for up to 180 days of the intent is for the child to return to the home. Cash assistance payments are made through the Electronic Benefit Transfer (EBT). Eligibility for TANF is limited to those families whose income is less than 30 percent of the Federal Poverty Level.

- **International Rescue Committee (IRC)**

An evidence-based, manualized prevention intervention that addresses trauma, helps families achieve and maintain stability, and reduces risk factors. Intervention services will target 90 at-risk families and will include programming aimed at improving caregiver functioning, positive parenting practices and connections to social supports and community services.

151 families served from 7/1/2022 through 2/28/2022

- **Healthy Families America Program (Childhood Home Visitation) - KCSL**

This program provides grants to fund early childhood home visitation programs, beginning at birth and continuing to age three or five. The purpose of this grant is to promote child well-being by strengthening families. Intensive home visitations are part of this program. Services are limited to families who are at-risk and low income. In SFY2022, 248 families have been served through the end of February.

- **KVC – Project Rise**

Project Rise provides services in eight counties in Northeast Kansas. Services focus 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. Case management and crisis stabilization services are offered to participating families to increase opportunities for families to experience positive outcomes. In SFY2022 62 families and 105 children have been served.

- **Kansas Alliance Boys and Girls Clubs**

The Kansas Alliance of Boys & Girls Clubs provides evidence-based and informed prevention programming in three primary categories: Health & Wellness, Good Character & Citizenship, and Academic Success for the purpose of reducing pre-identified risky behaviors. Expected outcomes of programming are the reduction of unplanned pregnancies, increased academic achievement, and a reduction in the need for future public assistance. Through the end of February, 5,514 unduplicated youth have been served in SFY2022.

- **Urban Scholastic Center**

Urban Scholastic (USC) serves urban youth in grades K-12 and their families by offering a wide array of programs including financial literacy, after school and evening educational programs, and psychoeducational services and programming. USC is actively involved in several schools and local communities in the Kansas City, KS area and facilitates neighborhood outreach and special reading programs at its facility. USC aims to help increase a child's chances of academic success and to prepare participating students for post-secondary education and career paths.

In addition, USC staff recruit community leaders to work with students within their own community to make a positive impact and instill a system of values that promotes honorable living, improves students' academic performance, enhances students' leadership skills and empowers students to make a positive contribution to the community. USC focuses on providing services for low income families and youth primarily residing in the inner city of Wyandotte County, KS. TANF funding supports strengthening and preserving families, removes disincentives to the formation and maintenance of two-parent families, and encourages collaboration with community and faith-based organizations.

- **Kansas Preschool Pilot (KPP)**

The overarching focus of the Kansas Pre-K Pilot program is to use research-based and intentional practices to improve the quality of the early learning experiences provided to children participating in the Early Learning Kansas program, resulting in increased readiness for success as they enter kindergarten and the elementary school years. The model has four components, each of which is based upon research and evidence, and has been shown to support quality in early learning and promote later success in school:

- Community Collaboration
- Family Engagement
- High Quality Early Learning Experiences
- Successful Children

In the first half of SFY2022, 95 school districts have been served.

- **Two-Parent Family Initiatives**

Connections to Success, The Mirror, Mental Health Association of South-Central Kansas and Lawrence Douglas County Public Health, provide programming and services to at risk youth and families across Kansas. This programming includes personal and professional development education and training. This also includes one on one case management services or referrals to resources for participants that need additional supports for healthy relationships, self-sufficiency, and overall family stability.

Through the Child Care and Development Fund lead agency in Kansas, the Department for Children and Families provides the following services directly or through grants, contract, or agreements with other agencies:

- **Child Care Subsidy Program** is a program that provides financial assistance to families with the goal to promote family economic self-sufficiency and to help children succeed in school and in life through affordable, high-quality early care and education and after school programs. To initially qualify for childcare assistance, a family must include at least one child under the age of 13, or age 13 to 18 and incapable of caring for him or herself. The family must have countable income below 250% of the FPL at initial eligibility. They must have an allowable need for childcare and choose a childcare provider who has an agreement with DCF.
- **Kansas Child Care Training Opportunities-Infant Toddler Specialist Network (KCCTO-ITSN):** Child Care and Development Funds are used to provide services to strengthen the quality of infants and toddler care through technical assistance, including the coordination of resources to assist infant-toddler childcare providers.
- **Kansas Early Head Start-Child Care Partnership (KEHS-CCP):** Kansas Early Head Start Child Care Partnerships provided services to Kansas children through the Kansas Early Head Start (KEHS) program, delivered by KEHS grantees. Kansas Early Head Start (KEHS) provides comprehensive services to childcare partner programs that exhibit need, desire to participate, and have willingness to follow enhanced program regulations and requirements related to quality KEHS services including those related to child development, continuity of care, parent involvement, and professional development. KEHS offers parents opportunities for individual and parental growth, as well as support in identifying and meeting goals, including a goal of self-sufficiency. KEHS programs offer family strengthening and father engagement activities and education. KEHS programs also provide financial literacy and health literacy education.
- **KDHE Licensing is provided Child Care and Development Funds** to help with the cost of ensuring the health and safety of children in childcare settings through the establishment of licensing requirements and standards and the monitoring and enforcement of policies and practices.
- **Resource and Referral Consumer Education** services includes providing customized referrals to families for childcare, consumer education on what to look for in quality childcare, resources to providers to encourage quality improvement and meet family's needs, and outreach and partnership with businesses and community organizations to build capacity for high-quality childcare programs.
- **Links to Quality:** Links to Quality strives to increase access of quality childcare for all Kansas families. The purpose is to design and implement a statewide system that defines and recognizes quality childcare.
- **Workforce Development** is funded to provide childcare professional development activities that include instruction and educational opportunities to strengthen the childcare workforce, support quality improvement efforts, and collaborate with other key childcare quality partners.
- **Market Rate Survey** is completed by a contractor to analyze the local market rates of regulated childcare throughout the state of Kansas so that DCF can use the information to determine if DCF rates and county groupings are adequate to allow subsidized families the purchasing power equal to private pay families.
- **TANF funded:** KEHS HV provided comprehensive services to children and families through weekly home visits through the Kansas Early Head Start (KEHS) program. Each KEHS program provides opportunities for parents to enhance their parenting skills, parenting knowledge, and understanding of the educational and developmental needs of children. KEHS offers parents opportunities for individual and parental growth, as well as support in identifying and meeting

goals, including a goal of self-sufficiency. KEHS programs offer family strengthening and father engagement activities and education.

### Efforts to Track and Prevent Child Maltreatment Deaths

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.

Kansas Department for Children and Families (DCF) Critical Incident Protocol is a process for reporting, reviewing and documenting the Division's response to immediate significant events involving a child. The purpose of this process is to take a closer look at circumstances surrounding critical incidents, including the Division's initial response to the critical incident and prior Division involvement with the impacted family, with the goal of identifying systemic issues, agency practices, or areas of need which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.

In July 2019, a revised policy of Critical Incident Response Protocol and information triage team was implemented. Regarding fatalities, when a child death occurs in Kansas and DCF either becomes actively involved in the event or had contact with the family within the last three years, the Critical Incident review process is initiated.

As set forth in policy, the DCF Administration Critical Incident team receives initial notice of child fatalities through the Kansas Protection Report Center or regional practitioners who become aware of a fatality. The Critical Incident team receiving initial notice are comprised of a dozen Program Administrators and Deputy Directors with significant child welfare experience. The team reviews the initial notification of the child death event and the agency's critical event administrator initiates a triage request.

Within one half workday of the initial notice, a triage approach is activated, and preliminary assessment report completed by a designated staff and provided to the Secretary, Director of Communications and General Counsel. The purpose of the preliminary assessment triage is to provide information on family history known to the agency to determine if further review is warranted or would be helpful for continuous improvement. Factors influencing a decision for further review set forth in policy include but are not limited to manner of death, agency history, and request of the Secretary.

If circumstances indicate further review is warranted, the critical event administrator contacts the assigned front-line practitioner and supervisor for 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 child protection staff share their experience with the trauma of a child death, how agency practices impacted their work and offer feedback to in the process to assist with future policy review and development. In addition to the conversations with staff, the event reviewer provides their own observations as a reviewer gained regarding impact or implications to policy, practice, or partner engagement.

The information gathered during review the review including conversations with affected practitioners is shared with Secretary Howard 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. Our efforts to support safe sleep prompted partnership with KDHE Kansas Infant Death and SIDS Network (KID&S). At the end of fiscal year 2021, DCF will have a total of 39 active Safe Sleep Instructors. Through combined efforts of the SSIs 1809 of

professionals at DCF, CWCMP staff, and other community partners across the state have completed a two-hour virtual course on safe sleep and reducing sleep related infant deaths. The goal of the agency is to train all DCF staff in Safe Sleep practices and partner with other community agencies to host Community Baby Showers for expectant mothers and their family members. A recent contract to procure and keep in ready stock KDHE endorsed Cribs For Kids® bedding for families with infants served by DCF. In addition, insights gained from the review process informed a policy to refer all families with infants to an appropriate DCF or community service tailored for parent skill building or infant services.

Kansas uses data from FACTS to report fatalities to NCANDS. Maltreatment findings recorded in FACTS regarding child fatalities are made from joint investigations with law enforcement. 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. The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each state establish citizen review panels in order to receive funding for child abuse prevention services. The State Child Death Review Board (SCDRB) serves in the capacity as one of three Citizen Review Panels in the State. The SCDRB works with Kansas Department of Vital Statistics for notifications of child deaths. Death and birth certificates, as well as the coroner information are used to identify sources of additional information. Information is obtained from coroner reports, autopsy reports and photos, medical records, law enforcement reports, scene photographs, DCF records, school records, media reports, obituaries, and other relevant documents. The SCDRB meets monthly. The board members consist of members from the Attorney General's Office, Kansas Bureau of Investigation, DCF, KDHE, Commissioner of Education, State Board of Healing Arts, Attorney General advocacy groups and Kansas County District Attorney Association.

Since 1994, the SCDRB has reviewed 12,028 child deaths in Kansas. In 2019, Kansas had 362 child fatalities. The SCDRB completes an annual report providing recommendations to the state of Kansas to prevent child deaths. Please see Attachment 15 for the State Child Death Review Board Annual Report and Attachment 16 for the PPS Director's Response to the Annual Report.

Child fatalities reported to NCANDS are child deaths as a result of maltreatment. The SCDRB completes a review after all investigations, medical examiners results, and any other information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas utilizes all information sources currently made available when child fatalities are reviewed by the SCDRB.

The SCDRB has developed the following three goals to direct its work:

- To describe trends and patterns of child deaths, identifying risk factors in the population;
- To 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;
- To develop prevention strategies including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.

Recommendations and review of the SCDRB reports indicate a need for services in the prevention of Sudden Death Syndrome and sleep related deaths, an increase and access to affordable, high-quality childcare, and enhanced training and access to appropriate information for child welfare professionals. Contributing factors for prevention indicated the need for prenatal care, services for substance use including drugs, alcohol and nicotine. Education and knowledge for proper supervision, safe environments for safe sleep, were recommended regarding sleep related deaths.

Kansas child protection policies include provisions or categories of families in need of assessment which creates a challenge in understanding the impact of caregiver behavior on predicting occurrence or recurrence of serious injury and fatality.

DCF begun a Safe Sleep campaign in SFY2020. Please see previous section, (*Services for Children Under the Age of Five*) for an explanation of the Safe Sleep initiative in Kansas.

In its most recent report the State Child Death Review Board, please see Attachment 15, it encourages enhanced training and appropriate information for child welfare professionals. There was a concern noted regarding the flow of all information to all necessary persons, specifically how all available information should be reviewed in its entirety for repeated reports of similar behavior. History searches are required in the policy and procedure manual. The purpose of the history search is to inform comprehensive assessments, case decisions and worker safety. The history may inform risk and safety decisions for the child, decisions for controlling safety interventions, protective actions and services for the child and family.

When a report has been assigned as abuse or neglect, excluding non-family/unregulated caregiver and facility assignments, PPS staff shall complete a search for DCF, criminal, and sex offense history of all care givers and the alleged perpetrator. Documentation of history searches shall clearly state the name of the person searched, the date the search was conducted, the database or website searched and what the search yielded, including if no history is found. Prior to conducting interviews, the assigned CPS specialist shall review the history searches for indications of safety and risk concerns for the child. The CPS specialist shall determine if the history is potentially relevant to the current situation or if the history presents ongoing risk/safety, such as, a developmental disability or long-term pattern of domestic violence or substance abuse which needs further assessment. The CPS specialist shall include potentially relevant history, in the current investigation and assessment activities (interviews, observations, etc.) to gather information from the child and family regarding how the family is currently functioning/dealing with the risk/safety concerns identified. History which presents ongoing risk/safety concerns shall be reassessed in the current safety/risk assessment.

Kansas is working on ways to assist law enforcement in obtaining information from DCF when responding to a home involving children, domestic violence, or any situation putting children risk. As a part of an Interagency Agreement with law enforcement in Wichita, DCF has developed a sharing of systems to give officers current and past knowledge of cases allowing for a more thorough assessment of a situation requiring emergency response.

The Interagency Agreement between DCF and Wichita Police Department and Sedgwick County Sheriff's Office provides funding to implement three Community Support Specialist positions in Sedgwick County Kansas. The Community Support Specialists coordinate with 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.

#### **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. Work groups were formed to develop strategies to address issues identified in data related to the fatalities which was compiled by the Wichita Police Department.



CAPTA funds are utilized in this collective impact group. The group has 130 representatives from 60 organizations representing a broad array of sectors. Representatives include government agencies, social service agencies, law enforcement, universities, school districts, neighborhood associations, faith-based agencies, businesses, funders, hospitals and community and family representatives involved in the child abuse prevention network. In FY20, DCF increased funding for WCCAP to form new workgroup on Child Care Availability. This group was formed to address the need for affordable, high-quality childcare in response to incidents of child abuse and child deaths when children are left in the care of persons who are unprepared or unable to care for them.

### CARES Act Funding

The Kansas Department for Children and Families (DCF) utilized the CARES Act for:

- Partnering with child placing agencies, residential facilities and child welfare case management providers to cover costs for supplies and/or services purchased to support your agency and/or those children and families you serve in ongoing efforts to further prevent, prepare for, and respond to the coronavirus pandemic.
- Purchasing computer equipment and software to allow for DCF staff to safely work from home during the pandemic.
- Virtual Training Equipment
- Partially funded the development of Family Resource Centers

### C.5.b. MaryLee Allen Promoting Safe and Stable Families, Title IV-B, subpart 2

#### Service Decision-Making process for Family Support Services

DCF utilizes Promoting Safe and Stable Families (PSSF) funds for prevention, family support, time-limited family reunification and adoption support programs. PSSF funds address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs. Kansas uses Title IV-B, Subpart 2 funding fully on service delivery. When selecting a family and child well-being agency to provide community-based family support services, proposals are requested for each of the four geographic regions in the state. DCF invites applications from nonprofit, not-for-profit, and/or for-profit family and child well-being agencies when choosing service providers. When selecting a family and child well-being agency to provide family support services, the review team includes both regional and administrative staff. The proposals are evaluated for: cost, adequacy and completeness of proposal, bidder's understanding of the project, compliance with the terms and conditions of the request for proposal, experience in providing like services, qualified staff, methodology to accomplish task, and the response format as requested by the request for proposal. Each category receives, at a minimum, 21% of the Subpart 2 funding. In Kansas, with focus shifting towards prevention, the Family Preservation program expends 33% of these funds and the Family Services program 26%. Please refer to the Attachment 81 CFS101 IVB subpart 2 for estimated expenditures.

Title IV-B, subpart 2, Promoting Safe and Stable Families funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the CWCMPs who offer a full array of services to meet these goals. The PSSF-funded services delivered by the CWCMPs aim to:

- Protect and promote the welfare and safety of all children;



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

## Reintegration, Foster Care, and Adoption Services

Kansas privatized statewide **reintegration, foster care and adoption services** in 1996 and 1997. Over the years, different contract models have been awarded to licensed CPAs to provide these services. In October 2019, DCF began new grants with four agencies to provide reintegration, foster care and adoption services throughout the state. The grants were awarded by catchment areas within the traditional four regions. This was an increase in two additional agencies providing services, as compared to just two agencies in the last fiscal year.

The four contracted agencies, also known as CWCMPs include KVC Kansas (KVC), Saint Francis Ministries (SFM), Cornerstones of Care and TFI Family Services (TFI). Each of the CWCMPs has experience providing services to Kansas children and families.

When the court determines a child is in need of care and cannot remain safely in the home, custody of the child may be granted to the Secretary of DCF. DCF is responsible for providing care and treatment for children removed from their parents or other caregivers. In partnership with DCF, the CWCMPs provide a full array of family-centered, trauma-informed services and supports from removal through permanency. Case planning prescribes targeted services based on evidence-based assessments. Services are planned, goal-directed activities focused on safety, permanency and wellbeing.

DCF staff provide technical assistance and administrative support to the CWCMPs. This includes approving case plans, clarifying policies, licensing foster homes, supplying historical records and facilitating information sharing with other state agencies. DCF is also responsible for evaluating CWCMP performance. Performance outcomes for safety, permanency and wellbeing are measured quarterly through case reviews. In addition to federal standards, DCF also measures success indicators such as placement with relatives, educational stability and locating permanent homes for children without an identified adoptive resource. DCF recently increased the goal for the CWCMPs for FY21 to strive to have 50% or more of children in out of home care be placed with a relative or relative/kin. The SFY20 goal was 29%, so that is a 21% increase in the performance goal. All of the CWCMPs have made strides in achieving these goals and outlined data is presented elsewhere in this document.

In addition to these four contracted agencies, DCF entered in to grants for each CPA in Kansas who provides sponsorship and support of foster homes throughout the state. This was done to ensure all agencies had a standard payment agreement and process as DCF took over the reimbursement of costs for foster families. DCF developed a standardized rate structure all agencies follow and provides updates as necessary. This process has further strengthened DCF's relationships with the CPAs in supporting foster families and sharing the goal of timely reunification.

DCF has developed several policies to help further the goal of reunification and engagement between the biological family and foster family. One example is the Initial Family Meeting (IFM) which is held within three business days of a new referral for foster care services. This meeting helps to transition the case

from DCF to the CWCMP. The IFM allows the parents/caregivers to meet the assigned CWCMP case manager, identify relatives and kin who may provide support or placement and discuss plans for visitations. The IFM Service Plan was also developed, in consultation with the family, so reintegration efforts may begin without delay.

Additionally, Icebreaker Conversations open the door for communication. These conversations strengthen connections and promote a sense of shared parenting among all the caregivers in the child's life. Icebreakers also serve as a respectful reminder birth parents are the experts about their children and their input is important and valued. Icebreaker Conversations often help ease some of the worries from birth parents about their child's care, they provide important information allowing foster parents to better care for the child. While there are many meetings focused on paperwork and decision-making, Icebreaker Conversations offer a meaningful opportunity to solely focus on relationship-building. When birth parents and foster parents work together, the child may adjust more easily in the foster home and better maintain a bond with his or her birth parents, resulting in increased placement stability and improved outcomes for reintegration. During the COVID-19 crisis, DCF worked alongside the CWCMPs to ensure Icebreaker Conversations continue virtually either thorough video or phone contact to ensure physical distancing can be adhered too while beginning the initial work of reintegration. Additionally, CWCMPs were encouraged to train new onboarding staff during the same period to have virtual training on Icebreaker Conversations so new staff are familiar with the processes.

In March 2021, Kansas began working with the Capacity Building Center for States to receive support and resources in enhancing the focus on family and prioritize engagement and empowerment of children and their families when involved throughout the family and child well-being continuum. A small re-implementation workgroup was developed, which met on a more frequent basis to strategize ways to reduce barriers, capture better data and other pertinent items needed in ensuring Icebreaker Conversations continued as intended and needed throughout the state. Some strategies implemented through this process include a robust overhaul and rebuilding of how to capture this data in CareMatch, as well the development of online surveys for families via SurveyMonkey and QR Codes. Unfortunately, even with assistance from The Center, many of the CWCMPs continue to cite work force shortages as a barrier to completing Icebreaker Conversations. DCF continues to broach this subject at least quarterly to remind all CWCMPs of the importance of this practice.

With help from Casey Family Programs (CFP), Kansas implemented Rapid Permanency Reviews (RPR) in 2018. From 2018 to 2019, Kansas used RPRs to identify and "bust" barriers in the adoption process. Managing with data, not anecdotes, allowed Kansas to make system-wide changes in policy and process to facilitate more timely adoptions.

In 2020, Kansas moved forward with RPRs to shine a similar light on any delays or bottlenecks for children achieving permanency through reintegration. Identifying and busting barriers to reintegration will help Kansas safely reduce the number of children in out-of-home. In September 2020, Kansas opted to pilot virtual RPRs beginning with two of the four CMPs covering 5 areas. The first round of RPRs were finished in November 2020. The virtual RPRs received favorable feedback from the participants as the RPR allowed for the availability of participants as well as others who wanted to observe without travel time or expense.

Kansas completed the second round of virtual RPR in May 2021. The RPR teams covered all 8 areas of Kansas and reviewed 321 children and youth over a 6-month period. By October 2021, 96% of the children/youth achieved permanency and were released from care; 2 youth were still being tracked using

the Cadence of Accountability and 10 children dropped from the cohort due to re-entry into foster care. Re-entry was due to substance use/relapse and child behavior.

Bright spots of the RPR process can be summarized in two words, “family engagement”. During the RPR process, the CMPs were asked to identify bright spots and promising practices. Many of the children in the cohort were being released from care at the time of the review. Family engagement was huge and included working with single fathers to make the transition for both child and family successful. The utilization of culturally competent communication with a Spanish speaking father and adapting and providing information in the father’s language allowed the CMP to meet the needs of the father. Pairing parents with CSO they’ve previously worked with created consistency for the family and fostered positive interaction and trust. The CMPs are advocating on the family’s behalf by providing to the court, therapy and school reports and documentation regarding safety concerns (if applicable) and what is in place to address the concerns. They are keeping the court updated on family issues between scheduled hearings. This includes providing documentation if there are no safety concerns and are requesting release prior to the court date. The CMPs are empowering families to take control of their court cases by transitioning authority to the parents and assisting families with ownership of their court orders. Some, CMPs in collaboration with DCF, are staffing cases 4-6 months of Aftercare to determine if closure is appropriate or if a referral to a Family First provider is appropriate. During COVID the Secretary agreed to keep the medical cards active. This along with the efforts from the CMPs in ensuring families applied for medical and in some cases taking the medical application along when meeting with the family the first time, helped prevent delays in medical coverage upon release. The CMPs in keeping with DCF practice model has a renewed focus on achieving timely permanencies and pushing through “stuck” cases. This includes collaborating with Mental Health services to address ongoing concerns and connecting the family with community resources to provide continued support to maintain family stability.

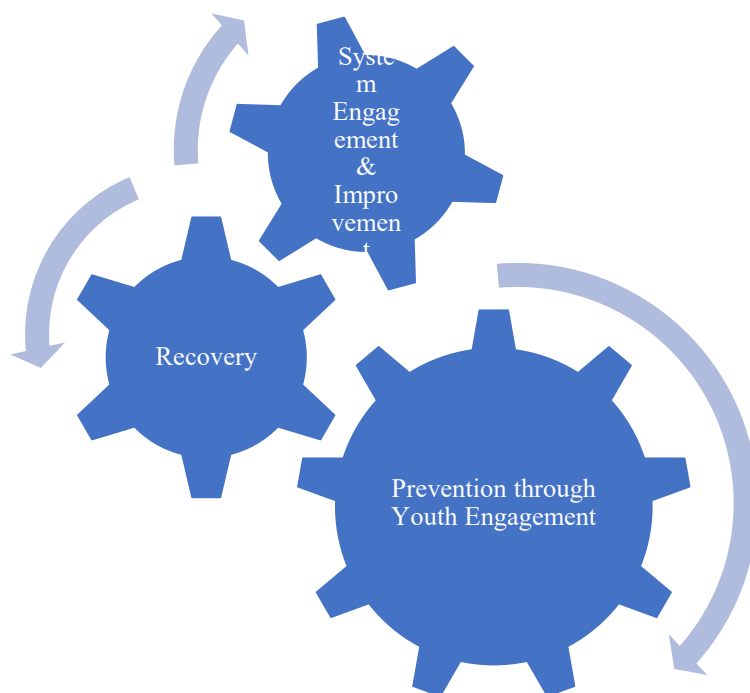
The overall RPR virtual pilot was a success. The virtual review allowed other departments and stakeholders to participate and learn the RPR process firsthand. Including the permanency team and DCF was beneficial in allowing questions to be asked and answered, thus reducing at times the need for additional action items. With court and CASA involvement, the participants were able to hear firsthand what the court related delays were. Another benefit of meeting virtually was the cost savings for travel. There was no need for multiple conference rooms or projectors as participants were able to join from all areas of Kansas using the virtual meeting platform.

Reviewed by Region and Area:

| Region      | CMP         | Area | Number of Cases Reviewed | Percentages of Cases Reviewed | *Reached Permanency |
|-------------|-------------|------|--------------------------|-------------------------------|---------------------|
| West        | SFM-West    | 1    | 19                       | 6%                            | 19                  |
| West        | SFM-West    | 2    | 10                       | 3%                            | 10                  |
| East        | KVC         | 3    | 53                       | 16%                           | 51                  |
| East        | TFI         | 4    | 32                       | 9%                            | 29                  |
| Kansas City | CoC         | 5    | 22                       | 6%                            | 22                  |
| Kansas City | KVC         | 6    | 34                       | 10%                           | 31                  |
| Wichita     | SFM-Wichita | 7    | 131                      | 44%                           | 127                 |
| Wichita     | TFI         | 8    | 20                       | 6%                            | 20                  |

## Special Response Team

The Special Response Team (SRT) created in late 2019 within Prevention and Protection Services (PPS) is a part of the Youth Programs unit that includes the Chafee Foster Care Program for Successful Transition to Adulthood and the Education and Training Voucher (ETV) Program, Crossover Youth, and Human Trafficking Prevention and Initiatives. This newer subdivision has assisted the agency in creating a stronger youth services array. The SRT assists with the recovery of youth who have run away from foster care or are absent from their placement without permission; the prevention of runaways; and system engagement and improvement. The Response Team Specialists (hereafter referred to as Specialists) are comprised of DCF and foster care provider staff. These dedicated positions are non-case carrying and are located across the state. DCF Administration and each foster care provider have assigned Specialists that comprise a team of twelve. Two additional members were added for enhanced coverage in Wichita and Western portions of the state during State Fiscal Year (SFY) 2021.



## Recovery Process

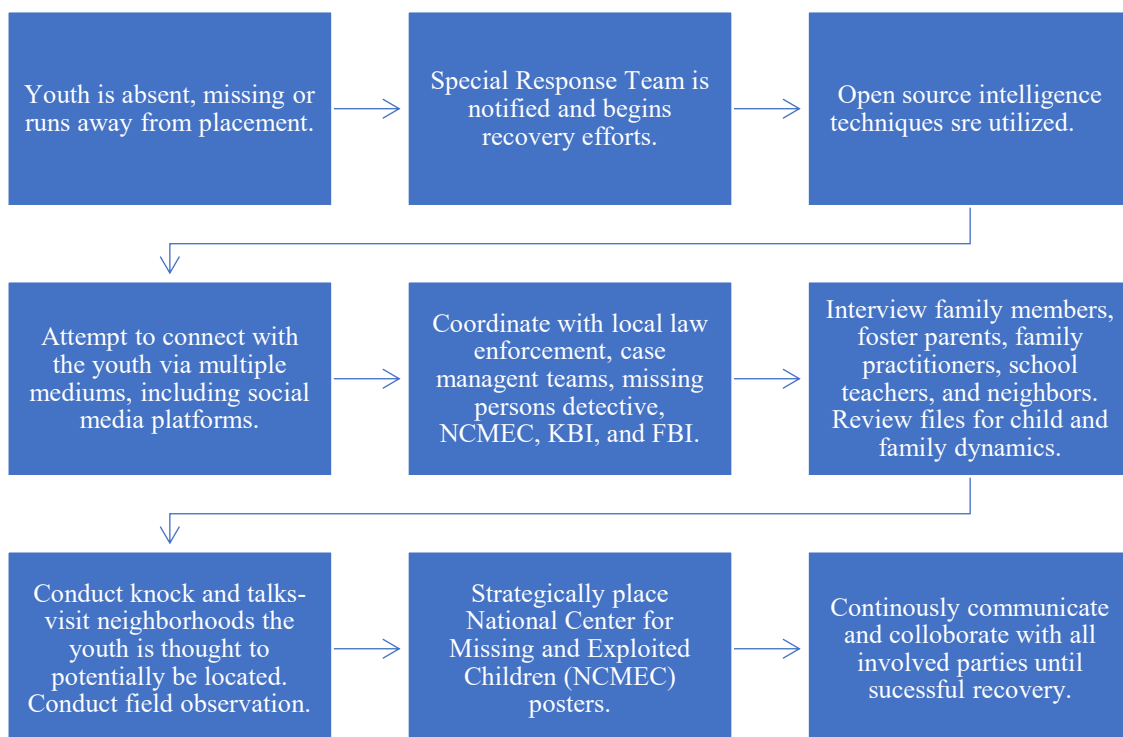
The risks of running away and missing from placement are extremely high for youth placed in foster care. The agency recognizes that every effort must be taken to ensure the youth is recovered as swiftly as possible to mitigate the dangers of being on the run. At the backbone of operations is a firmly held value that one youth on the run is one too many.

When a child in the custody of the Secretary is missing from an out of home placement due to running away, being abducted, or missing for an unknown reason, the foster care provider shall report the missing child to the SRT by sending an email to [DCF.SpecialResponseTeam@ks.gov](mailto:DCF.SpecialResponseTeam@ks.gov) within two hours of being missing or absent. These notifications are received by the entire team, triggering recovery efforts. Recovery efforts occur as a collaborative and collective statewide team, with foster care providers taking the lead for youth from their catchment areas.

At the core of the team's work is the provision of relational support and development of a youth's lifetime network of supportive connections. Upon notification of a run/absence, the Specialist immediately reaches out to the youth via text or phone call, if applicable. A search for the youth's social media profiles is completed on Snapchat, Facebook, Twitter, Instagram, and other lesser used platforms. Attempts are made to establish a line of communication with the youth. If one team member struggles to establish this connection, other team members are pulled in to intensify efforts. When communication is established, Specialist's approach connection in a supportive and empathic manner, attempting to garner details of what prompted the running episode while utilizing strategies learned from Motivational Interviewing (MI) and Cognitive Interaction Skills (CIS). Many youth are running to something or someone and/or running away from situations. Staff authentically engage youth on the youth's level, listening and offering support. After trust has been established, Specialists work with the youth to explore past relationships or connections that made the youth feel loved and safe, and brainstorm possible placements that will better meet their needs while supporting their well-being. Specialists have been trained to evaluate potential placements, conduct walkthroughs, complete needed paperwork for background checks and make recommendations to essential parties for placement.

### Coordinated Efforts

Weekly statewide staffing occurs involving the entire SRT, DCF, Regional and Provider leadership, DCF Regional Foster Care Administrators, Foster Care Liaisons, Case Management teams, Child Protection Specialists, and the Anti-Human Trafficking Program Manager. These staffings assist in ensuring that multiple service delivery lines are communicating ongoing efforts and sharing vital information. This allows for a free flow of ideas and brainstorming of new efforts and suggestions.



## External Collaboration

The Response Team Specialists collaborate with vital community partners such as local law enforcement, the Kansas Bureau of Investigation (KBI), Federal Bureau of Investigation (FBI), Kansas Sheriffs' Association, Kansas Association of Chiefs of Police, Kansas Peace Officers Association, Wichita Children's Home Street Outreach Services (SOS), National Safe Streets Network, and National Center for Missing and Exploited Children (NCMEC). Recovery of Kansas children has focused on utilizing multiple social media strategies, open-source intelligence, effective partnerships with the law enforcement community, and strong fact-finding skills.

During SFY 2022, DCF Youth Programs continued to partner with NCMEC's newly formed Child Sex Trafficking Recovery Services Team (RST). The RST is being created to assist child welfare professionals, law enforcement, and other multidisciplinary team 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 child sex trafficking (CST). The team will consist of four Resource Specialists who will be assigned to a multi-state area of responsibility and become experts in all of the 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 that has continued 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 will assist with improving services for children at risk of or involved in human trafficking (HT).

The DCF Deputy Director of Youth Programs and the Anti-Human Trafficking Program Manager are both members of the Kansas Attorney General's Human Trafficking Advisory Board (HTAB). The HTAB was established in January 2010 to explore the issues of HT in the state of Kansas. In 2013, the Kansas Legislature recognized the Board as the state's official Human Trafficking Advisory Board. This team of advisors is composed of law enforcement personnel, prosecutors, court personnel, advocates, victims of human trafficking and other pertinent parties who have expertise in this field. The HTAB meets monthly in a virtual capacity.

The DCF Youth Programs unit has been invited to join the Adult and Youth Services Workgroups, both sub-committees of the Kansas Attorney General's HTAB. The committee met frequently to discuss improvement of services in Kansas for adult and child survivors of HT. The sub-committees met bi-weekly to develop recommendations addressing areas of opportunity for improvement in Kansas.





## Vital Lifetime Networks of Connection

Prevention of youth's running behaviors has concentrated on building supportive relationships with the youth and assisting with development of a lifetime network of connections. Team members focus on authentic youth engagement and forming supportive partnerships with the youth. The SRT has focused on continued connection with recovered youth and consistently being available to them while filling system and relational gaps.

After recovery, Specialists help advocate for youth to become connected to their families, schools, and communities and to experience the normalcy of daily living while placed in care. A youth's activities, sports, hobbies, communities of faith, volunteering, and creative outlets further develop the youth's network of connections while enhancing their resiliency. Specialists have utilized calendaring, mobility mapping, connectedness maps, life trajectory techniques, and eco mapping as tools for network development.

## Prevention

Specialists continue to provide relational support and advocacy for youth after recovery. This includes celebrating small successes and maintaining regular contact until additional connections are established. Specialists model appropriate behavior for youth and refer youth to community resources.

The team has been implementing the Let's Talk: Runaway Prevention Curriculum. The curriculum is evidence-based with 14 modules intended to educate youth about alternatives to running away and to

build life skills so that youth can resolve problems without resorting to running away or unsafe behavior. The materials are intended for use with youth ages 10 to 20. The Specialists have focused on initial implementation of Module 6: Runaway Reality, Module 7: National Safe Connections, and Module 12: Sexuality and Sexual Orientation.

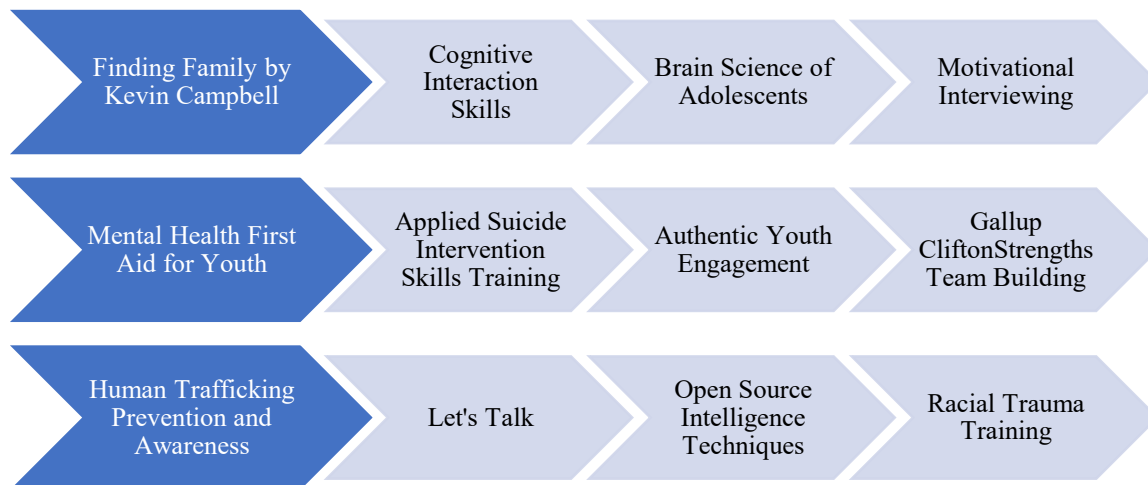
All team members received virtual training in Mental Health First Aid for Youth during SFY 2021. This curriculum assists the Specialists in responding more comfortably to managing crisis situations and builds mental health literacy, helping to identify, understand and respond to signs of mental illness more effectively in a trauma-informed manner.

The DCF Administration Response Team Specialists collect demographic information, various identified risk factors and additional data components that feed into the DCF Youth Recovery Report SFY 2022, Attachment 41. These data components are being utilized to analyze trends related to youth on the run or absent from placement. The identified trends will help the agency build a methodical, data-driven prevention effort; develop future runaway risk assessments; and develop new program services. This data will also be used to identify areas of opportunity for system improvement.

## Training

The program is utilizing strategies from Family Finding by Kevin Campbell, Motivational Interviewing, Let's Talk, Mental Health First Aid for Youth, Cognitive Interaction Skills, Human Trafficking Prevention and Awareness, KBI Open Source Intelligence (OSINT), Clifton Strength's Team building, and Brain Science of Adolescents trainings to improve outcomes for Kansas youth.

The program's training plan will continue to be developed during the upcoming year. Currently, the team meets for ongoing statewide meetings and utilizes seminars, webinars, and guest trainers for further program and professional development.



## **Immediate Response Team and Human Trafficking Assessments**

During SFY 2021 the Anti-Human Trafficking Program Manager was realigned into the Youth Program's unit. This realignment has improved service coordination and fits well into the unit's work scope. The Anti-Human Human Trafficking Program Manager oversees the work surrounding Human Trafficking Prevention and Initiatives to include the Immediate Response Team.

The Anti-Human Trafficking Program Manager is responsible to lead DCF's initiative to develop a comprehensive response and service system in Kansas for youth in DCF custody who are victims or at risk of becoming victims of human trafficking. This Program 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 Program Manager works regularly with the Kansas Attorney General'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 Kansas Bureau of Investigation, the Kansas Highway Patrol, and the Exploited and Missing Child Unit in Wichita and the Kansas Department of Corrections. The Program Manager also works with the foster care case management providers and assisting them in training and other human trafficking related issues.

In 2014, the Kansas legislature passed the first human trafficking statute in the state, K.S.A. 21-5426. The legislature also passed K.S.A. 38-2287, which requires the Secretary of DCF to conduct a special assessment when a child is in the custody of DCF and has been subjected to human trafficking or commercial sexual exploitation. Statute K.S.A. 38-2287(a) states that when a child is in the custody of the Secretary, and the court believes the child was subjected to human trafficking, the court may request an assessment be conducted to make appropriate treatment and service recommendations to the court.

Statute K.S.A. 38-2287(b) requires any law enforcement officer who takes into custody any child who they believe to be a victim of human trafficking, to contact DCF to begin an assessment to determine immediate safety, placement, and treatment needs. To comply with these statutes, DCF, along with foster care providers Saint Francis Ministries (SFM) and KVC, formed the first Rapid Response Teams (RRT) and developed the Rapid Response Assessment. DCF, together with the Kansas Attorney General's Office, developed the Kansas Law Enforcement Protocol as a guide for Kansas law enforcement on how to request an assessment from DCF.

In 2019, DCF and foster care providers SFM, KVC, TFI and Cornerstones of Care decided to evaluate and revise the assessment. They renamed the teams the Immediate Response Team (IRT) and added the additional two teams for the new providers, TFI and COC. The Immediate Response Assessment was revised, and a decision was made to develop a new Court Ordered Assessment that was required by K.S.A. 38-2287(a) and was designed to address the long-term treatment and service needs of children who the court believed had been involved in human trafficking. This assessment was required by statute to be a research-based tool; however, before 2019 there was not a tool available that had been researched-based or validated. The teams were able to identify an evidence-based and validated identification tool from the Westcoast Children's Clinic in California; the Commercial Sexual Exploitation – Identification Tool (CSE-IT) was validated in 2019.

In 2021, DCF contracted with the WestCoast Children's Clinic, a non-profit children's community psychology clinic in Oakland, California, to train our Immediate Response Assessors on the use of their evidence-based Commercial Sexual Exploitation-Identification Tool (CSE-IT). This tool is designed to improve early identification of children who are commercially sexually exploited. The Immediate

Response Teams decided to use the CSE-IT, in conjunction with their Immediate Response Assessment and the newly developed Court Ordered Assessment.

### **SFY 2021: Immediate Response Team Human Trafficking Assessments**

|                     |  |
|---------------------|--|
| <b>KVC</b>          | LE Requested – 1 (sex trafficking)<br>Court Ordered – 5  |
| <b>SFM</b>          | LE Requested – 15 (sex trafficking)<br>Court ordered – 1 |
| <b>TFI</b>          | LE Requested – 2<br>Court ordered – 1                    |
| <b>Cornerstones</b> | LE Requested – 0<br>Court Ordered – 0                    |

### **Human Trafficking Screening Tools**

The Kansas Department of Corrections- Juvenile Services (KDOC-JS) has been developing a HT screening tool, the Kansas Juvenile Intake and Assessment Services (JIAS) Screening Instrument, that will be used in JIAS throughout the state. DCF has partnered with KDOC-JS in the development of this tool that will be given to each child over the age of 10 who is processed through a Kansas JIAS. The tool is presently being evaluated in Shawnee and Johnson Counties, with a plan to expand statewide during 2022. DCF will be involved in the implementation and training of this tool to JIAS workers. Once implemented, any positive screens will be followed with an Immediate Response Assessment from the provider in the service area of the JIAS.

### **DCF Ongoing Role**

DCF's ongoing role in addressing human trafficking includes the following (per Kansas statute):

- If a child is brought into police protective custody and believed to have been subjected to human trafficking, the agency is to complete an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child.
- Immediately after receiving information a child has been identified as a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation of a child, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall report such information to law enforcement agencies of jurisdiction.
- Immediately after receiving information a child in the custody of the Secretary of DCF is missing, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall report such information to the National Center for Missing and Exploited Children and the law enforcement agency in the jurisdiction from which the child is missing. Law enforcement is to then enter such information into the National Crime Information Center and the Kansas bureau of investigation.
- Tracking and taking necessary steps to ensure any children who run away are located and receive appropriate assessment and services upon their return.
- Engage in cross collaboration with other systems/agencies to combat human trafficking and ensure safety of children in care.

## **Operation Archangel**

In 2021 DCF partnered with the Department of Homeland Security, US Marshals Service, Homeland Security Investigations, Federal Bureau of Investigations, Kansas Bureau of Investigations, Kansas Highway Patrol, Wichita Police Department, National Center for Exploited and Missing Children, Child Advocacy Center of Sedgwick County and the Wichita Children's Home in June on Operation Archangel. This operation focused on sex trafficking and locating children who were missing from foster care in the greater Wichita area. A total of 30 officers/agents were assigned to the operation from federal, state and local law enforcement agencies who spent three days following leads that were developed through DCF/Provider Special Response Teams for missing youth thought to be in the Wichita and surrounding area. A total of eight youth in care and missing were recovered in the Wichita area. Another six were recovered outside the Wichita area through leads that were developed during the operation. Those youth were located in El Dorado (Butler County), Topeka (Shawnee County), Pittsburg (Crawford County), Great Bend (Barton County), Kansas City (Wyandotte County) and Dodge City (Ford County). Three of the youth recovered were at high-risk for involvement in human trafficking with one a previous victim.

The results of this joint operation are:

### **Minor Sex Trafficking**

Minor Victims Recovered - 1

Traffickers Arrested – 1

Buyers Arrested – 11

Promoters – 2

Adult Victims Recovered – 4

### **Missing Youth from Foster Care Recovered – 14**

## **National Advisory Committee**

DCF worked with the Kansas Attorney General's Office in completing the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States (NAC) survey for the state of Kansas. Upon completion of the survey DCF began work on developing an implementation plan on suggestions that were identified in the survey to improve DCF's response to human trafficking within our child welfare population. This is intended to be a (3-5) year implementation plan with the first year an emphasis of providing human trafficking training for DCF and our contract providers. In addition, DCF will collaborate with the Children's Alliance of Kansas to develop training on human trafficking for foster parents in the state of Kansas.

## **Prevention and Human Trafficking Initiatives**

Youth Programs has also continued membership with the National Compendium of State-Run Anti-Trafficking Initiatives and the National Child Welfare Anti-Trafficking Collaborative and continues to participate in ongoing meetings throughout SFY2022.

## **Populations at Greatest Risk of Maltreatment**

Kansas has used the following information to identify populations at the greatest risk of maltreatment.

- In Kansas, 85% of counties are rural communities with scarce resources for families per the Institute for Policy & Social Research. (2017), Population Density Classifications in Kansas, by County, 2017.

- In fiscal year 2017, Kansas had 67,372 reports of child abuse and neglect, an increase of 20% from per the 2010 to 2017, Kansas Department for Children and Families (2018).
- In Kansas, 61 child fatalities occurred between 2013 and 2018 per the U.S. Department of Health & Human Services Children's Bureau (2019), Child Maltreatment 2018 report.
- Children under the age of one are at the highest risk of dying as a result of abuse or neglect. U.S. Department of Health & Human Services Children's Bureau. (2019). Child Maltreatment 2017.

Kansas has a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state. Kansas will focus on providing primary prevention services to children birth to five and are targeted to at-risk and underserved populations. Services are targeted to at-risk communities, which are identified through the presence of multiple risk factors, including low-income, unemployment, low educational attainment, substance abuse, births to teen mothers, single parent homes, child welfare involvement, homelessness and crime.

Kansas will continue to develop policies and procedures to ensure care to children under the age of one focusing on motivational interviewing and engagement with families. Policies focus on children under one, involving making referrals to available services and education and information on safe sleep.

Research, analysis, and implementation of earlier intervention is necessary to end child abuse fatalities. Historical knowledge and past evaluations provide insights to absence or presence of public health and social or economic contributing factors, yet there is more to learn and effect with emerging concepts.

Data available from the Kansas Child Death Review Board indicated Sedgwick County has experienced 22 child abuse fatalities since 2014. To amplify collective impact and achieve no child abuse fatalities, DCF created an opportunity for law enforcement agencies to directly provide case management services to support safe, stable and nurturing relationships and environments. The goal of this project is to prevent or reduce law enforcement contacts and increase social and safety network supports, family functioning and resiliency toward reducing child abuse injury and fatality.

This Sedgwick County program engages coordinated outreach to a special population of families identified as at-risk for child maltreatment. A Community Support Specialist employed by the Wichita Police Department or Sedgwick County Sheriff's Office visits a family's home when law enforcement identifies the home environment as in crisis or need of supportive resources. The trained Community Support Specialist engages the family with motivational interviewing, provides home visits and offers case management. The specialist makes referrals to community-based services for parent skill building, home visiting, mental health and substance use and connects the family with education for safe sleep, parent peer support, service navigation, public health or school district programs. Early data from the program suggests a greater than 80% success rate of family engagement and no future reports of child abuse or neglect.

In addition, Kansas has implemented Family First and is utilizing funds to provide evidence-based services in Kansas to provide early intervention for children and families with a focus on serving all counties in rural and urban areas.

## Kinship Navigator Funding

To provide services and supports to kinship caregivers, DCF contracted with the Kansas Family Advisory Network (KFAN) to develop a statewide Kinship Navigator program. The Kinship Navigator program, facilitated by KFAN, was created to aid kinship caregivers in need by helping them acquire information





about programs and services are designed to meet the needs of the children they are raising. Through this connection, kinship caregivers may also develop the ability to access and utilize additional programs. The momentum generated will help encourage and develop successful

collaborations among public and private agencies to ensure kinship caregiver families are effectively served.

The target population of the Kinship Navigator Program consists of children who are in, or at risk of entering, foster care as well as their kinship caregivers. The Kansas Kinship Navigator Program is designed to serve formal families {children and relatives caregivers involved in the child welfare system} and informal families {children and relative caregivers needing services to prevent removal}. Kinship families may have low incomes along with limited resources and generally receive fewer services from family and child well-being agencies than foster families.

Kansas Family Advisory Network is currently formatting the Kansas Kinship Navigator Program after the Ohio Kinship Support Intervention Navigator Model. Ohio has given KFAN all the documents from the Ohio Kinship Model including all forms, training and manuals and has given KFAN the permission to utilize the program and adapt the program for Kansas with the request that fidelity of the program remain intact. KFAN has now transformed many elements of the Ohio Program to the Kansas Kinship Navigator Program. A benefit of this program is the forms, assessments and manuals are established and included but so is the required training for supervisors and staff, as well as a Kinship Support Manual for caregivers. In SFY2021, KFAN researched all available local resources to include in the KFAN Kansas Kinship Navigator Resource Guide. See Attachment 76 for KFAN Kansas Kinship Navigator Resource Guide. This guide lists all community services in each county that provide educational, legal, food, clothing, financial assistance, housing assistance, disability services, local DCF offices, and other supports. Families have used the guide tell KFAN it has been useful in finding resources more effectively and in understanding more about how the family and child well-being process works. KFAN is currently working to update the Resource Guide to ensure it is accurate. KFAN is striving to ensure the Kansas Kinship Navigator Program is family-centered and family friendly. KFAN has also developed its own Client Journey Form to allow kinship caregivers to choose the level and types of services they desire, the length of time they chose to receive services and how often they would like kinship advocates to meet with them. KFAN is also in the process of building a Kinship Navigator website for Kansas. KFAN in partnership with DCF is leading the Kansas Statewide Kinship Advisory Board. The Advisory Board meets consist of 20 organizations from across Kansas to ensure the Kansas Kinship Navigator Program and the Resource Guide is updated and serving Kansas kinship families.

The Kinship Navigator's website is <http://www.kfan.org/kinship-navigator-program>. Furthermore, the program's information is located on the United Way 211 website, Unite Us and IRIS for outreach and referral purposes. The Kinship Navigator program is also listed on the Grandfamilies.org website under Kansas as well.

The current statistics and information regarding the children and kinship families being served under the program as of January 2022 to March 2022:

- There are a total of 62 active kinship families with 156 children receiving services.
- Currently 60 families are receiving case management services.
- Kinship families are receiving services in the following counties: Allen, Butler, Crawford, Ford, Douglas, Jackson, Douglas, McPherson, Montgomery, Neosho, Pawnee, Reno, Saline,

Sedgwick, Shawnee, Thomas, Wilson, and Wyandotte.

- Referrals were as follows: KFAN staff, Kansas Legal Services, TFI, Website, Kansas Applesseed, DCF, Saint Francis Ministry, by a Friend, a Family Member, KFAN Brochure, Tiny K Intervention, Guardian ad Litem, USD 445, WIC, United Way 211, the Ballard Center, foster parent, and self-referrals.
- Kinship families participated in the program's Kinship Caregiver Advisory Council, support groups, received free items from the Resource Clothing Closets and Juanita Alexander Food Pantry, and KFAN home and group parent training as well.
- KFAN has two therapists to support the kinship families with in-home therapeutic services. These therapists are TBRI practitioners, and under supervision with Drexel University for the Attachment Based Family Therapy certification and PMTO.

### Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Worker/Child visits are required per Kansas policy and are a part of the contracts with the Child Welfare Case Management Providers (CWCMPs). Worker/Child visits are required for in-home family service and family preservation cases in addition to out-of-home foster care cases. It is written in the CWCMP grant that workers must have a quality visit with children and youth assigned to their case load on an at least monthly basis, with at least 50% of those occurring in the child's or youth's residence. It is policy the CWCMP Case Manager meet alone with the child and do a walk-through of their home (when it occurs in the residence) to assess the child or youth for safety and ensure all needs are met.

Worker/Child visits start the month the child is referred. For example, if a child is referred in May there shall be a worker/child visit documented in May. The initial Worker/Child visit may occur at the Temporary Custody Hearing or the initial meeting.

The relationship between the CWCMP and child is critical and ensures the child's continued safety at home or in out-of-home placement, ensures developmental needs are met, and the child is maintaining optimal connections with birth family, relatives/non-related kin, foster family and the community. The CWCMP case manager works with the child, birth and foster family on scheduling visits and interactions. The CWCMP case manager gives the child, on a developmental and age-appropriate level, information as it affects the child's life. Visits are noted on CWCMP forms which document the quality of the visit, including time spent alone with the child.

At every visit, the CWCMP case manager provides the child, his/her contact information and listens to the child's perspective of how well visits and interactions are going and the child's assessment of how the goals of the case plan are being met. The CWCMP case manager observes the child's reactions to information presented and assesses safety or failure of the child to achieve developmental progress. From these visits, the CWCMP determines when modifications to the case plan are warranted.

Responding to the threat of COVID-19 in Kansas required some flexibility in worker-child visit requirements (PPM 3237). Specifically, permission was given for many of the worker-child visits to occur "virtually." CWCMPs were informed of a specific code to utilize (WC\_VIST) code for visits which occurred via video conferencing when submitting the encounter data to DCF. CWCMPs were also instructed this code was not to be used if a worker-child visit occurred only through phone or audio call. If the visit was unable to be completed in-person or through video conferencing, the reasons and/or circumstances were to be documented in the case file.

To measure frequency, the CWCMPs report each out-of-home monthly case manager visit(s) through encounter codes. Two codes are available: one to indicate the visit took place in the child's residence and one to indicate the visit took place elsewhere. No distinction is made between in state and out-of-state

visits, as these both have the same requirement for at least monthly visits. The encounter codes are entered by the CWCMP responsible for management of the case, and each month the results are reviewed for trends and improvements.

Kansas continues to monitor monthly caseworker visits and work with CWCMPs to identify effective strategies to increase performance outcomes.

To ensure the monthly caseworker data is reaching the 95% threshold each month, the Foster Care Program Manager reviews the data monthly and shares with each corresponding CWCMP and the regional DCF staff. It has been noted recently that initial data pulls show two of the CWCMPs, Saint Francis Ministries and KVC Behavioral Healthcare are experiencing technical difficulties in ensuring data is uploaded correctly upon the first encounter data being received. The technical difficulties were a combination of user error and getting the CWCMPs data system to “talk” to the SCRIPTS system used to track worker/child encounters. It appears the issues have been resolved and DCF continues to monitor this data on a monthly basis to ensure both accuracy and that the 95% goal is reached every month. DCF continues to work closely with these CWCMPs to work through the difficulties and identify errors promptly.

As indicated on the chart below, currently Kansas has a rate of 97% of the monthly caseworker data. Support is being provided to the one Catchment Area, East 3 (KVC), that has not yet met the 95% goal to identify barriers and create strategies to meet or exceed the goal of 95%. There has been some fluctuation in this data as staffing issues continue to be a struggle for all agencies. Some errors are also caught in monthly reconciliation efforts, which at times has resulted in increased outcomes by 1-2% each month. DCF monitors this on a monthly basis and is continually following up with each CWCMP to either congratulate or problem solve the issue depending on the data that month.

#### Worker/Child Visit Report

| FY-2021         | Federal Measurement of Visits made on Monthly Basis - YTD 97% |     |      |     |     |     |     |     |     |     | Goal 95% |     |
|-----------------|---|-----|------|-----|-----|-----|-----|-----|-----|-----|----------|-----|
| Catchment Area  | Oct   | Nov | Dec  | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug      | Sep |
| West 1 (SFM)    | 98%   | 97% | 96%  | 97% | 96% | 95% | 98% | 98% | 98% | 95% |          |     |
| West 2 (SFM)    | 97%   | 97% | 97%  | 98% | 96% | 96% | 98% | 97% | 98% | 97% |          |     |
| East 3 (KVC)    | 94%   | 93% | 93%  | 93% | 97% | 96% | 98% | 99% | 95% | 94% |          |     |
| East 4 (TFI)    | 97%   | 95% | 97%  | 97% | 98% | 98% | 98% | 97% | 97% | 98% |          |     |
| KC 5 (COC)      | 94%   | 96% | 98%  | 96% | 98% | 96% | 98% | 95% | 97% | 95% |          |     |
| KC 6 (KVC)      | 97%   | 98% | 97%  | 97% | 97% | 98% | 98% | 99% | 99% | 96% |          |     |
| Wichita 7 (SFM) | 96%   | 95% | 96%  | 96% | 95% | 97% | 96% | 97% | 96% | 95% |          |     |
| Wichita 8 (TFI) | 96%   | 99% | 100% | 99% | 99% | 98% | 99% | 98% | 98% | 95% |          |     |

## C.5.c. Additional Service Information

### Adoption and Legal Guardianship Incentive Payments

The Department for Children and Families (DCF) Prevention and Protection Services (PPS) received an Adoption and Legal Guardianship Incentive Payment Award in FFY2016. This was the first since 2013. The award amount received was \$442,500. Kansas has since received additional awards in FFY 17 for \$365,000, FFY18 for \$4,000, FFY 19 for \$1,710,000, FFY 20 for \$2,533,500 and FFY 21 for \$50,000.

Adoption Incentive funding is tracked through the DCF budget division.

In years past these funds have been used for child welfare staff to attend the National Adoption Conference, paid for promotion, advertising for Fostering KS Kids, and speaker costs for the Adoptive Family Conference.

Adoption Incentive funds were also used to train staff in the Family Finding model. This model was developed by Kevin Campbell as an integral component in the approach to working with children in the Child Welfare System. The model supports Signs of Safety, Early Help, Team Based Decision Making and Family Based Care initiatives that are proven to be important in working with children, youth and families. The approach provides critical search and engagement tools which both build and strengthen vital and personal connections for a child and their family. The hope being that the more a family is empowered and able to build support and resilience within their own network, the greater the likelihood service will be shorter and more effective. The Family Finding approach encourages families and their supports to take the lead in making decisions for themselves as well as for a child and youth's safety, well-being and permanence.

DCF used Adoption Incentive funds to purchase the Family Finding manual, which is intended as a collection of tools, strategies and other materials to support professionals in their efforts to strengthen youth, family and community engagement and participation in situations that involve Child Welfare, Juvenile Justice and Children's Mental Health Systems.

In June 2019, DCF utilized adoption incentive funds to create a position designed to augment/sustain the Case Management Providers' work regarding adoption. These positions are called 'adoption accelerators' and are non-case carrying positions for each grant area. These positions engage activities critical to identify, track and monitor children and youth with a goal of adoption experiencing a barrier to legal permanency. The accelerator initiates relevant tasks or coordination to remove the barrier to adoption permanency including but not limited to data management reporting and tracking to identify children with barrier; initiating or completing home studies; initiating, gathering or completing other required documents or procedures associated with adoption; and similar or related tasks to support case management teams toward adoption finalization. These positions use technology, databases and any systems as needed.

Adoption Accelerators were funded with adoption incentive funds up to June 30, 2020. DCF then integrated funding for future grant amendments and case management.

Another way PPS utilized Adoption Incentive funds was to explore ways to increase the specialization of adoption from foster care practice and build capacity of agencies and mental health providers who work with adoptive families. This included increasing the reimbursement rate for agencies working with 'adopt only' families. In SFY 2015, DCF established the Adoption Consortium through the expansion of the adoption exchange contract. The Adoption Consortium was a group of child placing agencies (CPAs) who assessed, developed and supported adopt-only families. During SFY 2017, eight CPAs sub-contracted with the adoption exchange provider (Kansas Children's Services League-KCSL) to receive referrals of these families who were interested in adopting a child from foster care, but not interested in becoming a licensed foster family. A total of 56 families were served through consortium agencies: 27 families were added to the Adopt Kansas Kids website, and six others either were matched, had a placement or finalized their adoption. In SFY 2018-2019, the number of CPA's participating in the Consortium decreased significantly as a result of changes in the home study process, reimbursement rate, and workforce shortages. Kansas will be reconsidering the Consortium's role as it relates to the Kansas Adoption Network (KAN). The Kansas Adoption Network meets quarterly to review adoption best practice and policy. KVC Behavioral Health Services has initiated an Adopt Only program like Saint Francis Ministries. KCSL serves adopt only families as well.

In FFY 23 DCF plans to use Adoption Incentive funds for the following:

- Partially fund the Kansas Coalition Against Sexual and Domestic Violence grant which provides trainings to child welfare professionals on issues related to domestic violence and child maltreatment.
- Fund a limited time grant with the Children’s Alliance of Kansas to develop a curriculum for training and supporting relative as caregivers. This will preserve family connections and prepare relatives to provide placements for children in foster care reducing instability in placements.
- Fund two Family Advocate positions in a new program with Wichita Unified School Districts.
- Fund media marketing to bring attention to the Family Crisis Hotline and Mobile Response Team for youth experiencing a crisis event.
- Fund the expansion of the Care Portal in the Dodge City area and into Leavenworth County. Care Portal is a technology platform used to connect communities with the needs of vulnerable children and families. Caseworkers enter items families need into the portal and donors respond providing those items.
- Fund Placement Stability Innovation Grants. These providers support foster families in a myriad of ways to increase placement stability, reduce placement disruption, as well as reduce the need for short-term hospitalizations and long-term residential admittance for children in foster care.

Adoption Incentive funds are somewhat challenging to spend as the award amount fluctuates dramatically from year to year for Kansas. This creates challenges as any initiatives must be short in duration in case funding is not available in future years due to a decrease in award amounts, yet in some years funding amounts are large and difficult to spend in the two years allotted.

## Adoption Savings

Adoption savings are financial savings that state and tribal title IV-E agencies achieve with respect to their own funds due to the 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 the services the Kansas Department for Children and Families (DCF) via the Prevention and Protection Services (PPS) department expects to provide to children and families using the Adoption Savings over the next five years, 2020-2024.

### **The Kansas Post Adoption Resource Center (K-PARC)**

K-PARC supports families who have adopted children from foster care or who are providing permanent care because of a kinship placement. Adoptive and kinship families often find the need for support grows in the years after their adoption or placement is finalized. The ongoing impact of early childhood trauma can destabilize good placements, challenge solid marriages, and put children at risk even in the healthiest of families. K-PARC strives to extend the mission of DCF and Adopt Kansas Kids (AKK) to Post-Adoptive Families through

- 1) parent, youth, and child education,
- 2) peer and community support and activities, and
- 3) resource development and referrals.

### **Safe Families Program**

Safe Families for Children (SFFC) is a non-profit program that works to provide support for parents in crisis, giving them time to get back on their feet while their children are cared for in a safe and loving

environment. Parents in need, voluntarily approach through a self-referral or other referral sources. They can opt to reunify with their children at any time and never lose custody of their children.

Volunteers who host children and support parents are known as Host Families and are recruited from a large network of faith communities. More information about Host Families can be found at the Safe Families for Children website: <https://safe-families.org/involvement/host-family/>. Families in crisis, or Families in need, willingly place their children with a safe, loving, and thoroughly screened volunteer Host Family for a short period of time. Both the Family in need and the Host Family participate voluntarily, with no compensation or expectation of adoption.

The trust built between the Family in need and Host Family is central to the Safe Families program. It is at the heart of creating a safe haven for children and a support network for the Family in need. 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.

#### Key Components of Safe Families Program:

- Host children of at-risk families in approved volunteer homes for an average of 6 weeks.
- Provide families in crisis with a support network. Volunteers provide needed 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

Family Preservation is a service to prevent foster care and is provided to families at risk of foster care. These services are provided through contracts with a Child Welfare Case Management Provider. During this fiscal year, new contracts were implemented and the providers each selected evidence-based programming to serve families. Family Preservation works with each family to develop individual case plans and to meet the family's needs. Supports and services are also offered to pregnant women using substances and to families.

#### State Funded Family First Prevention Grants

Family First provides evidence-based, trauma-informed programs in the required categories of mental health, substance use disorder services, parent-skill building programs, and kinship navigation. These programs and seek to strengthen families and prevent children at risk from being removed from their home and entering foster care. Seventeen grants were awarded to nonprofit, not-for-profit, and/or for-profit child welfare agencies. Evidence-based programs not rated or not meeting criteria on the Title-IV-E Clearinghouse are listed in the table below and are funded by the State.

| Evidence Based Program                 | Target Age              | Title IV-E<br>Clearinghouse<br>Rating (X = not<br>rated in IV-E<br>Clearinghouse) | Funding<br>Source |
|--|-------------------------|---|-------------------|
| <b>Substance Use Disorder Services</b> |                         |   |                   |
| Parent Child Assistance Program (PCAP) | Prenatal to 1 year      | X   | State             |
| Seeking Safety (SS)                    | 0 to 3 years.;<br>teens | Does not meet<br>criteria   | State             |



| Kinship Navigation  |                     |                        |       |
|---|---------------------|------------------------|-------|
| Kids 2 Kin (formerly known as Kintech)                    | 0 to 18 years       | X                      | State |
| Parent Skill Building                                     |                     |                        |       |
| Attachment and Biobehavioral Catch-Up (ABC)               | 6 months to 4 years | Does not meet criteria | State |
| Family Mentoring Program (NPP)                            | 0-17 years          | Does not meet criteria | State |
| Fostering Prevention (NPP)                                | 6-16 years          | Does not meet criteria | State |
| Healthy Families America (HFA) - Child Welfare Adaptation | Prenatal to 5       | X                      | State |

#### Estimated Timetable for spending unused savings calculated for previous years.

The table below indicates that DCF is behind in spending but will spend more than saved beginning in FY22. Once this occurs the overage will be used to offset prior year savings, the agency was unable to expend fully.

##### 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 *  | 0         | 278,750     | 374,459     | 1,586,744   | 1,165,838   |
| Unexpended Adoption Savings | 649,090   | 752,506     | 1,337,210   | 502,215     | 1,550,308   |
| Cumulative MOE Deficit      | 649,090   | 1,401,596   | 2,738,806   | 3,241,022   | 4,791,330   |

##### STATE FUNDS

| Description                 | FFY 20      | FFY 21      | FFY 22      | FFY 23      | FFY 24      |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|
| Adoption Support Savings    | \$3,981,048 | \$5,036,453 | \$5,172,438 | \$5,312,093 | \$5,444,896 |
| MOE Expenditures by Year *  | 3,600,972   | 2,456,319   | 8,985,866   | 8,985,866   | 9,210,513   |
| Unexpended Adoption Savings | 380,076     | 2,580,134   | (3,813,429) | (3,673,773) | (3,765,617) |
| Cumulative MOE Deficit      | 5,171,406   | 7,751,540   | 3,938,112   | 264,339     | (3,501,278) |

#### Challenges in accessing and spending the funds.

The identification and development of applicable programs and projects took time to implement in Kansas. Kansas intends to spend above the Adoption Support Savings amount for FFY 22 forward helping to reduce the deficit in spending. The new challenge in Kansas is meeting the 20% post adoption support requirement, as the inclusion of state funds from the Families First program have increased overall spending, causing the percentage spent on our post adoptive population to decrease.

#### Family First Prevention Services Act Transition Grants

DCF Kansas received Family First Transition Act Funds in the amount of \$4,837,702. As of May 2022, \$1,679,710 of this award has been spent. The table below are the initiatives we plan to spend these funds on within SFY2021 and in to SFY2023.

| Initiatives                      | FY21      | FY22        | FY23 Est  |
|----------------------------------|-----------|-------------|-----------|
| Mobile Response team             | \$0       | \$771,490   | \$0       |
| TDM with Evident Change          | \$63,140  | \$535,790   | \$600,000 |
| KU Daisy system for Family First | \$100,000 | \$209,290   | \$300,000 |
| Cover FFPSA Grants               | \$0       | \$0         | \$0       |
| Total                            | \$163,140 | \$1,516,570 | \$900,000 |

A portion of the Family First Transition Act Funds went to two areas for the Family First evaluation team to improve data and enhance the intentions of the Family First Prevention Services Act by including the voice of lived experience.

DAISEY, which stands for Data Application and Integration Solutions for the Early Years, 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.

In recognition of the importance of including essential family and youth voice as a central component of Family First implementation and evaluation, the Family First evaluation team is forming a Family First Family Council. Family Council representatives and co-chairs will be compensated accordingly from the Family First Evaluation budget, which is streamed from the Family First Transition Act monies.

The overarching purpose of the proposed Family Council is to structurally integrate family and youth voice into the Family First initiative to ensure authentic engagement across the spectrum of decision making, including: service planning, delivery, and evaluation. The primary goal of this initiative is to ensure programs and services are designed with, and not for, children, youth, and families in Kansas, thus accounting for their needs, priorities, and goals. In order to achieve the intended purpose of the Family Council, this body must be integrated into Family First and family and child well-being program planning and improvement efforts.

The Family Council will be comprised of two parent/caregiver representatives, at least one of whom holds lived experience as a caregiver with children involved with the family and child well-being system (e.g. foster care, family preservation, family services), and one youth or adult representative with lived experience with the family and child well-being system as a youth, per region, for a total of three representatives per region, or 18 representatives statewide. The Family Council will be led by two co-chairs with professional experience as family and child well-being advocates. Co-chairs may be drawn from any region.

Finally, Family Council co-chairs will serve as liaisons to the Kansas Department of Health and Environment Family Advisory Council (FAC) Family Leadership Team, a team comprised of work group chairs, state agency designees, and other key stakeholders whose goal, like the Family Council, is to assure the needs of families and consumers are central to programming. Family Council co-chairs will represent the Family Council as part of the FAC Leadership Team, providing a line of reporting to the Kansas Children’s Cabinet intended to elevate barriers, concerns, and weigh in on decisions related to child and family services.

Family First Transition Act funds also support the development of the new initiative, Kansas Family Crisis Response Services. As described in Item 18, the contract for this program was awarded to Beacon Health Options Inc. to provide management of a centralized behavioral health crisis hotline, screening and mobile response stabilization services to promote coordination and access of community-based services as a deterrent from hospitalization or other out-of-home placements. See Attachment 23 Kansas Family Crisis Response Services Infographic.

Team Decision Making (TDM) was able to be expanded to include Placement Stability (PS) TDM statewide due to the financial support received from Family First Transition Act funds. Kansas partners with Evident Change to grow and cultivate the practice of TDM. See Attachment 20 DCF Training Plan 2023 for more information about the phased approach to expand PS TDM to all CWCMP’s statewide.

## John H Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)

Prevention and Protection Services (PPS) is a division of the Kansas Department for Children and Families (DCF) and is responsible for administering the State's child welfare programs, including the John H. Chafee Foster Care 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 to independence with support and guidance while successfully navigating the path to self-sufficiency. Child Welfare Case Management Providers (CWCMPs) serve youth ages 14 and older in the custody of DCF and the DCF Independent Living (IL) Program serves young adults ages 18 to 26 who were in the custody of DCF, Kansas Department of Corrections-Juvenile Services (KDOC-JS) or Tribal Authority as they transition to adulthood.

Services of the KCPSTA are available to youth beginning at age 14. All youth in out-of-home placement must have a case plan and receive services assisting them in the development of life skills. The KCPSTA ensures that life skills are provided to all youth in out-of-home placement. The need for both formal and informal skills and training opportunities related to developing life skills is assessed beginning at age 14 using the Casey Life Skills Assessment (CLSA) for all youth in out-of-home care, regardless of the youth's permanency goal. Upon completion of the CLSA, the 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, resource families, and/or placement staff are responsible for teaching or arranging information to be provided to youth regarding all aspects of life skills.

Effective October 1, 2018, the KCPSTA applied the changes to the John H. Chafee Foster Care Program for Successful Transition to Adulthood as prescribed by the Family First Prevention Services Act. DCF IL Administration staff and the DCF Independent Living Leadership Team continue to review and update eligibility guidelines and program services to ensure consistency with the amended Chafee and ETV programs, including the use of Chafee and ETV funding to serve eligible youth ages 14 to 26.

All youth ages 14 and older in out-of-home placement participate in transition planning, regardless of case plan goal. Transition planning occurs prior to each case plan every 170 days until the youth is released from custody. The DCF IL Coordinator or designee is available to assist in case plans and attends the final case plan. Transition planning helps build a relationship between IL and the youth while preparing for the transition from foster care services to self-sufficiency and works to ensure 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, is developed with youth addressing the areas they will receive assistance:

- Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, Tribal membership documentation, citizenship/immigration documents, voter registration, State photo ID or driver's license, selective service registration, and letter verifying that the youth experienced foster care custody;
- Education, including plans for secondary and post-secondary education completion, including ACT/SAT preparation, tutoring, Free Application for Federal Student Aid and financial aid, completing admissions applications, placement testing, education credit recovery program, Pre-Employment Transition Services (Pre-ETS) and/or Vocational Rehabilitation referrals, Individualized Education Program, 504 plan, and award of high school diploma upon meeting State minimum graduation requirements;

- Employment/personal finances, including assistance in preparing a resume/cover letter, completing job applications, interviewing, establishing checking and savings accounts, learning how to check credit reports and address credit issues, filing income taxes, accessing workforce programs, applying for Social Security Income Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), and referral to Vocational Rehabilitation services;
- 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 continuing to take medications, and information on medical power of attorney and living will;
- Transportation, including current available and needed transportation options, obtaining a driver's license, obtaining a bus pass, and owning and maintaining a vehicle;
- Housing, including current living situation, plans for where the youth will live when released from custody, assistance in locating housing and completing rental applications, understanding and signing rental contracts, developing a budget for housing costs, referral to income-based housing or the Foster Youth to Independence housing program, planning for roommates, and contacting utilities and paying deposits;
- Connections for Success, including identifying adults or other resources the youth can reach out to as a connection for success in each of the areas of their transition plan, and obtaining a mentor; and
- Assessing the youth's interest in participating in a Regional Youth Advisory Council (RYAC) and/or the Kansas Youth Advisory Council (KYAC).

The PPM 3059 My Plan for Successful Adulthood\*, also provides youth an opportunity to share information about themselves, including their interests and hobbies; cultural preferences, identities, and activities; strengths, abilities, and talents; current needs, concerns, and ideas for how those concerns could be alleviated; and the youth's goals and dreams for the future. The development of the transition plan is youth-led, with input from the youth's case worker and other supportive adults in the youth's life.

Youth who leave custody at age 18 and above participate in an exit interview completed at the last case plan, not more than 90 days prior to the release of custody. The exit interview is used as a method to verify that the following information has been provided to youth:

- The process to request services, including the DCF IL Program, after their release from foster care custody, along with appropriate referral forms;
- The updated record of dental, eye care, immunizations, medical services, genetic information, and health and mental health providers;
- Essential identity and other documents noted above;
- Information and application for the Aged Out Medical Card Program;
- Information that provides the youth with the opportunity to execute a healthcare power of attorney, healthcare proxy, or other similar document recognized by Kansas law;
- 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;
- Custody verification letter; and
- Information about the National Youth in Transition Database (NYTD) and the importance of providing feedback through the NYTD surveys.

CWCMPs provide youth with information about resources for housing, employment, healthcare, education, etc. upon leaving the custody of the Secretary of DCF. Resources include information on services provided through the PPS IL Program. All eligible youth are assisted with completing the application for the Aged Out Medical Card. Youth are provided with the PPS Administration number and website, and the Regional IL email addresses, which youth can contact for IL services anytime until their 21st birthday, or until their 26th birthday for the ETV Program, or for help in finding other resources if they are not eligible to participate in the IL Program.

CWCMPs run annual credit checks for youth ages 14 and older in foster care using the Equifax, Experian, and TransUnion online portals. The DCF IL Program provides credit check training to designated CWCMP staff and assists with resolving credit discrepancies, as needed.

Beginning October 2020, each CWCMP provides up to six months of voluntary Aftercare Services for young adults who transition from foster care custody at age 18 or older. Service provisions vary by provider but may include referrals to the DCF IL Program and other community agencies, access to 24/7 crisis services, and limited access to hard goods. Please see Attachment 42 CWCMP IL Activities SFY 2021 for information on specific initiatives, including Aftercare Services for Aged Out Youth. There were plans to have CWCMPs complete a quarterly report with aggregate data on Aftercare Services that would be shared with the DCF Foster Care Program Manager and the DCF IL program. Involved professionals met at least twice to work on a template and the new implementation date for these reports is July 1, 2022.

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-JS custody are served through KDOC community supervision officers and residential providers who are informed of IL services from KDOC-JS. Outreach is conducted with KDOC-JS offices via PPS IL Administration and PPS Regional IL staff. Youth in DCF, KDOC-JS, 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 their transition to adulthood and self-sufficiency. Staff work to create and maintain a network of community partnerships that can provide an array of services and resources for youth served by the KCPSTA. These partnerships vary by Region, but generally include the courts, secondary and post-secondary educational institutions, mentoring programs, community mental health organizations, housing agencies, workforce centers, disability support services, and other community agencies. Regional DCF, CWCMP, KDOC-JS, and Tribal staff work with staff from other Regions on statewide initiatives and to ensure a seamless transition of services for youth who transfer from one Region to another. The DCF IL Program planned to continue focusing on developing resources for youth living in rural areas of Kansas, including housing and mentoring opportunities for SFY 2022 to 2024. While some movement has occurred in these areas, there is still much progress to be made. Efforts will continue for SFY 2023-2024, particularly regarding housing for rural youth.

The IL Program serves youth and young adults who were in an eligible out of home placement in the custody of DCF, KDOC-JS or Tribal Authority for any length of time on or after their 14th birthday. Eligible youth may receive services from age 18 until age 21, or until age 26 if participating in the Education and Training Voucher (ETV) Program. Independent Living is a voluntary program and young adults may receive services anywhere in the State of Kansas. Young adults ages 18 to 26 complete the PPS 7030 Kansas Independent Living Self-Sufficiency Matrix (PPS7030\*) and develop a PPS 7000 Self-Sufficiency Services Case Plan\* with the Regional IL Coordinator. This plan is driven by the young person and identifies their goals and the steps to achieve those goals. Young adults involved in the IL



Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post-secondary education or training, mentors, career planning, transportation, assistance with checking and correcting credit reports, life skills, supports for pregnancy and/or parenting, and other services as identified by the youth. 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, citizenship, and to a large extent, income status.

The Deputy Director of Youth Programs and the IL Program Manager met with the DCF Family First Prevention Services team in March 2021 to discuss how to increase accessibility of Family First parenting supports for young adults participating in the DCF IL Program. Approximately 20% of the almost 750 young adults served by the Independent Living Program are pregnant and/or parenting. Family First intakes are currently processed through the Kansas Protection Report Center. This process can deter young adults with lived experience in the foster care system from engaging in supports that are associated with foster care. The group discussed the possibility of DCF IL staff making direct referrals to the Family First case managers as a trauma-informed way to explain the process to young adults and connect them with supportive parenting resources. Recommendations to simplify the candidacy of care process and streamline referrals to Families First Prevention Services were not approved for policy changes. DCF IL staff continue to discuss Families First Prevention Services with pregnant and parenting young adults in the IL program and make referrals as agreed upon by the young adults. DCF IL staff continue to make many referrals to community programs to assist pregnant and parenting youth.

Youth who exit care from other states and move their permanent residence to Kansas may be referred or self-refer for services in Kansas. For a youth in foster care, the state with placement and care responsibility is responsible for providing Chafee services to the youth, including ETV. The state in which a youth who has exited custody resides is responsible for providing such an eligible youth with Chafee and ETV services. For youth no longer in foster care who are already receiving ETV, if the youth move to another state for the sole purpose of attending post-secondary education or training, the youth's original state of residence will continue to provide ETV services to the youth for as long as the youth remains eligible for the program.

Youth without identified Connections for Success who participate in the PPS IL Program are encouraged by IL staff to search within their existing networks to identify potential mentors and positive connections and are provided with guidance in forming and maintaining healthy interpersonal relationships. IL staff also work to connect youth to mentors through local mentoring programs, such as Youthrive, and academic success centers provided by post-secondary education institutions. IL staff speak with youth about their former foster families, birth families, and other existing relationships and encourage them to reconnect when appropriate. Youthrive is a mentoring and financial literacy program available to youth and young adults ages 16 to 21 in Johnson, Wyandotte, Douglas and Shawnee Counties.

The Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, began in July 2006 and requires tuition and fees to be waived by Kansas Board of Regents educational institutions for DCF youth who meet the eligibility criteria, up to the semester the youth turn 23. Youth may be eligible to receive additional funds through the ETV Program to help offset other costs of post-secondary education.

For young adults who leave the State's custody at age 18 or above, Kansas offers the Chafee Medicaid option which extends Medicaid coverage to young adults until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card. IL Administration and the PPS Medicaid Liaison have communicated and plan to meet in May



2022 regarding implementation of the CARES Act requirement to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023. The PPS Medicaid liaison will be an asset in ensuring that DCF IL Administration and Kansas Department of Health and Environment (KDHE) staff address concerns regarding communication and eligibility determinations for young adults affected by the implementation. DCF IL staff already assist young adults receiving IL services who plan to move to another state to explore if that state reciprocates Aged Out Medical based on exiting care at age 18 or above in Kansas or if there are other Medicaid or medical insurance options available to that young adult. When CARES act takes effect, DCF IL staff will have information to assist young adult moving to or from another state to access Aged Out Medical.

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 IL Coordinator; and participate in case plan reviews held at least every six months. Program services include Basic Chafee to assist with youth's daily living needs; Start-Up funds to assist with housing deposits and procurement of household goods; IL Subsidy to support youth's ongoing room and board expenses; Vehicle Repair and Maintenance; and ETV to support youth's post-secondary education goals. Young adults ages 18 to 21 who are participating in DCF IL services may be referred to Kansas Legal Services, under the DCF contract, for determination of SSI benefits.

Please see Attachment 43 DCF Independent Living Regional Activities SFY 2022, for information on Regional partnerships and service delivery.

To strengthen awareness and understanding of the IL Program, the State continues to inform community agencies, schools, faith-based organizations, juvenile justice programs, and businesses of the services and resources available to youth formerly in foster care. Materials such as brochures, posters, banners, and handouts continue to be developed and are distributed to inform the public about the DCF IL Program. IL Administration staff had twelve forms and brochures translated into Spanish to include policy forms, program brochures, and Consolidated Appropriations Act (CAA) flyers. During SFY 2023, translated forms will be published in the DCF Policy and Procedure Manual (PPM).

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

During SFY 2021, the DCF IL Program began working with Microsoft to develop a Teams mobile app to enhance communication between DCF IL Program participants and their IL Coordinators. Preliminary design elements include virtual meeting and text messaging functions, a "help" button for young adults to access crisis health and mental health supports, the ability for IL staff to post messages and share information with their caseloads, administration of NYTD surveys, and collaboration with KYAC and RYAC. Development of the app has continued during SFY 2022. DCF IL staff were hoping for some features that were not part of the app when it was shared. Plans include piloting the app in a specific region or with a specific population during SFY 2023 to 2024.

Each of the DCF Regions is currently implementing a consistent organizational service delivery model that includes PPS IL services. This organizational structured model allocates a Regional supervisory position designated as the Independent Living/Adoption Supervisor, with four to five assigned Regional IL Coordinators. During SFY 2021, DCF added eight IL Coordinators positions across the State to assist with implementation of Division X of the Consolidated Appropriations Act and to support existing efforts of the IL Program. Those positions have all been filled and staff onboarded although there are a few IL Coordinator vacancies in the regions due to natural turnover of staff. DCF IL Administration staff

includes the IL Program Manager, IL Assistant Program Manager, and IL Program Consultant. The DCF IL team is part of the PPS Youth Programs division.

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

The SFY 2021 Independent Living/Self-Sufficiency Services Annual Report provides data by region, age and gender about the number of youth served in each program: Basic Chafee, IL Subsidy, ETV, and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). The report indicates the Wichita Region continues to serve the largest percentage of young adults receiving Chafee funds and ETV assistance in SFY 2021. Please see Attachment 44 for this report. The Kansas City Region served the largest percentage of young adults receiving IL Subsidy in SFY 2021. Further, females continue to make up a large majority of service recipients in the Independent Living program in all aspects—Basic Chafee, ETV, and IL subsidy, although the difference between female and male participation rates are slightly less exaggerated for IL subsidy than in the other components.

The Independent Living Demographic Report is published each month and provides the monthly and year-to-date numbers of cases opened and closed and cases by gender, race and ethnicity, age, and highest grade level completed. This report can be found in Attachment 45.

Data concerning KCPSTA services and the State's IL Program is provided to stakeholders, including the Educational Stability for Youth in Foster Care Workgroup, Kansas Department of Aging and Disability Services (KDADS), Custody to Transition Citizen Review Panel, Justice Involved Youth and Adults Committee, Children's Alliance, legislative committees, Vocational Rehabilitation/Pre-Employment Transition Services, and community forums. Data is also provided to DCF, CWCMP, KDOC-JS, and Tribal staff and management. The data is sourced from the Family and Child Tracking System (FACTS) and the Self-Sufficiency Information System (SSIS) that collects payments and benefits to youth in the IL Program. Reports are published monthly and annually that include demographic, service, and program participation information. The data is available to DCF and CWCMP staff through PPS' SharePoint site. The reports are reviewed with youth through the Kansas Youth Advisory Council and serve to inform KYAC's development of their work plan and annual youth conference agenda.

The Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYACs) are designed to empower youth by having an organized structure for them to share their experiences and provide recommendations concerning the child welfare system in Kansas and on a national level. Chafee-eligible youth ages 14 to 20 (eligibility ends when a young adult turns 21) are offered the opportunity and encouraged to participate in RYAC and KYAC events. The councils are supported by federal Chafee funds. KYAC and RYACs are facilitated by Pathway Family Services through a contract with DCF.

DCF IL Administration and Regional staff work to collaborate with CWCMP and contractor staff to oversee and facilitate the activities of the youth councils. Kansas' youth councils are organized by two levels of participation. Each DCF Region hosts a RYAC, and each RYAC selects up to five peers from their RYAC to serve on the KYAC. In addition, up to four youth representing the Tribes may serve in the East Region. Twenty-four total youth may serve on the KYAC. Youth and young adults ages 14 to 20 may participate on the RYACs, and youth and young adults ages 14 to 25 may participate on the KYAC.

During SFY 2022, KYAC AND RYACs met virtually until March 2022 when meetings were moved back to in-person. RYAC topics included Healthy Stress and the Art of Coping, Finding Your Voice, Navigating Housing and Car Ownership, Getting Ready for College, Education Benefits, and All Things Transportation. KYAC met monthly to make space for self-care, have an opportunity for council

members to check-in with one another, discuss goals, work on testimony, and discuss policy. Please see the Attachment 46 KYAC and RYAC Activities for more information.

KYAC's current work plan includes the council's goals and tasks for SFY 2022-2023. Please see Attachment 47 KYAC Work Plan. DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. This work plan is an integral part of the State's KCPSTA, as it is a basis for coordinating work on specific projects. Past work plan objectives have resulted in the passing of legislation, court improvement initiatives, and changes in policy and practice. During SFY 2022, KYAC focused on updating the Foster Youth Bill of Rights, KYAC expansion recruitment, Families Over Facilities initiative, and RYAC expansion. DCF continues to collaborate with KYAC in efforts to implement these recommendations. KYAC members also served on various panels, provided testimony for DCF legislative initiatives, and participated in Youth Engagement Opportunities and agency trainings.

KYAC co-presented at the 45<sup>th</sup> annual Governor's Conference for the Prevention of Child Abuse and Neglect in November 2021. The theme of their presentation was "What We Would Want You to Know". In this presentation, KYAC highlighted their experiences in the foster care system and shared what they wish their case worker, judge, foster parents, and therapist knew about their time in care or after transitioning out of care. Please see Attachment 75, KYAC Governor's Conference 2021--We Wish They Knew Presentation, for more information.

KYAC hosted their annual Summer Conference on June 22 and 23, 2021. The theme of the conference was "Masks on for the Masquerade," with a focus on resiliency. Conference attendees included youth and young adults ages 14 to 20 who have experienced out of home placement in the custody of DCF, Kansas Department of Corrections- Juvenile Services, or Tribal Authority at age 14 or older. To ensure everyone's safety during the COVID-19 pandemic, this year's conference was held via Zoom. The conference included two keynote speakers and breakout sessions on life skills topics including housing rights, mindfulness, money management, and the DCF Independent Living Program. All youth and young adult attendees received a box prior to the conference with a t-shirt and other conference items. After the conference, youth and young adult attendees received their choice of self-sufficiency items including cookware, George Foreman grill, car repair kit, toolkit, weighted blanket, and other items.

KYAC will host the annual Summer 2022 conference on June 22, 2022, in-person at Emporia State University. The theme KYAC chose for this year's conference is, "Now it is your time, clue in!". KYAC shared they wanted to do a theme after a challenging two years through the pandemic that focused on having fun, but also empowering youth to recognize that their time is now. There will be two keynote speakers, several life skills sessions, inspirational speakers, and fun games. Prizes and self-sufficiency items of each youth's choosing will be given out at the conference.

The DCF IL Program issued Requests for Proposal for the implementation of the We Kan Drive Program in May 2021. A contract was awarded to DCCA in August 2021 to develop and administer the We Kan Drive program being piloted in DCF's East Region which consists of 24 counties. We Kan Drive is designed to support older youth and young adults receiving foster care or DCF IL services in obtaining their lawful driver's license in the state of Kansas. This includes, but is not limited to, assisting, educating, and paying for anything related to successfully obtaining a driver's permit or license, completing driver's education, and obtaining auto insurance. This also includes educating older youth and young adults on maintaining vehicles and the financial options when purchasing a vehicle. A matched savings program for youth and young adults to purchase a vehicle was initially planned as part of the program; however, DCCA will need to find private donors to implement this program component. The

We Kan Drive Program Coordinator started accepting referrals and providing services in November 2021. The program has received 83 referrals as of March 2022. Please see the Attachment 48, We Kan Drive Dashboard for more information. DCF IL Coordinators reported information on youth and young adults 17-26 participating in DCF IL services regarding completion of driver's education, licensing, access to a vehicle and insurance coverage (see Attachment 78 DCF IL Driving Chart). The DCF IL Administration team plans to collect this information regularly from not only DCF IL, but also from CWCMP's regarding older youth in foster care. This information will inform We Kan Drive efforts and expansion.

DCF IL Administration staff participate in the quarterly Driving Program for Youth in Foster Care conference calls with representatives from Florida's Keys 2 Independence Program and other States that have established or working to establish a driver's education program for the Chafee-eligible population. This group has served as an invaluable resource as DCF drafted plans and implemented the We Kan Drive initiative. Kansas applied for and was awarded technical assistance through the federal contract partnership with the Children's Bureau, ICF, Embrace Families, and Treehouse in January 2022. The DCF Deputy Director of Youth Programs, IL Program Manager, IL Assistant Program Manager and the DCCCA, Inc. We Kan Drive Program Coordinator, and Director of Placements attend these meetings. The initial meeting covered basic information on obtaining a license through the Kansas Graduated Licensure Process with additional meetings to delve deeper into how the foster care system functions and is funded in Kansas. The DCF IL program and DCCCA., Inc hope to implement the program statewide in the future.

DCF IL Program and DCCCA., Inc staff have been collaborating with other stakeholders in building the We Kan Drive Program. Kansas co-presented with Embrace Families in February of 2022 at a Children's Bureau webinar for states interested in implementing similar programs. Embrace Families met with the Kansas Youth Advisory Council (KYAC) in March 2022 to incorporate youth voice into the program as part of the technical assistance. KYAC was able to share their current and past experiences on obtaining driver's license in Kansas. The DCF IL Program and DCCCA, Inc staff also met with the Kansas Department of Transportation (KDOT) in March 2022. Information was shared about the We Kan Drive program and the Eisenhower Legacy Transportation Program Driver Education Reimbursement Grant. Discussion was held around ways to leverage the KDOT program to further assist youth in foster care with driver education.

DCF had planned to initiate a Service Advocate Program to support young adults participating in the DCF IL Program as they transition to self-sufficiency this year; however, due to time constraints and staff changes this plan will be revisited this next year. Service Advocates will be young adults with lived experience in the Kansas child welfare system who are at least 25 years old and demonstrate strong leadership qualities. Service Advocates will work to empower, educate, advocate, and develop supportive networks for young adults with lived child welfare experience. Service Advocates will work alongside DCF IL Coordinators to support youth with self-sufficiency-related tasks such as applying for jobs, obtaining identifying documentation, and referral to community resources. IL Program participants will have at least weekly contact with their Service Advocate. This program will be piloted in one of the DCF IL regions. In preparation for this initiative, DCF IL Administration and Regional staff met with representatives from Allegheny County's Youth Support Partners Program and FosterAdopt Connect's Community Connections Youth Project.

The KCPSTA promotes positive youth development on individual, regional, and statewide levels. Through the development of the PPS 3059 My Plan for Successful Adulthood for older youth in foster care and the PPS 7000 Self-Sufficiency Plan for youth participating in the DCF IL Program, youth and young adults are encouraged to utilize their strengths, assess their needs, and engage with healthy

supports and resources within their families and communities. Youth and young adults are invited to participate in leadership and advocacy training and opportunities through RYACs, KYAC, and attendance at statewide and national child welfare conferences. Foster care alumni serve on the State's Citizen Review Panels.

The KCPSTA supports youth involvement in internships with organizations such as FosterClub, the National Foster Youth Institute, and the Congressional Coalition on Adoption Institute. Kansas sponsored one FosterClub All-Star in Summer 2019, one in Summer 2020, and one in Summer 2021 after a second was unable to continue in the program. The previous DCF IL Program Consultant and 2019 All-Star was hired in April 2021 to serve as a Young Adult Consultant for the Capacity Building Center for States and eventually left her Kansas Independent Living role to focus on the Young Adult Consultant role full time. The All-Star from 2020 worked with FosterClub on a short-term project related to Division X of the Consolidated Appropriations Act of 2021 and later joined the KS Independent Living team as the DCF IL Program Consultant in December 2021. Kansas is excited to sponsor three FosterClub All-Stars for Summer 2022.

Throughout the COVID-19 pandemic, DCF and CWCMP staff have maintained frequent contact with youth and young adults participating in foster care and DCF IL services to gather feedback on their needs, struggles, and successes. Information and feedback shared by youth and young adults has informed the array of services developed and administered during SFY 2020 through SFY 2022. The youth and young adults who provided the feedback have been direct recipients of these supports. Additionally, young adults requesting Pandemic Relief Payments were requested to respond to survey questions regarding the impact of the pandemic, their needs, and planned use of pandemic relief funds. Please see the COVID-19 and Consolidated Appropriations Act sections of the Chafee portion of the APSR for additional information.

During SFY 2022 to 2024, the KCPSTA will continue increasing youth participation in child welfare workgroups and meetings to ensure the youth voice is represented in the development of agency policies, procedures, and initiatives. In addition, the KCPSTA plans to assess cultural competency and involve cultural advisors in program activities to ensure that the KCPSTA develops plans and implements services that are inclusive of the cultures, values, and viewpoints of the youth and communities served. Due to focus on implementation of the Consolidated Appropriations Act and staff changes, KCPSTA did not make as much progress as hoped in these areas. These plans are still on the agenda for the Independent Living Leadership Team for development and implementation for the remainder of SFY 2022 through SFY 2024.

Staff from PPS DCF IL and the CWCMPs collaborate with other government agencies, non-profit community organizations, private businesses, and individuals to provide opportunities and resources for current and former foster youth to achieve independence. Events are held by community partners to provide youth with items and information needed to start a household. Business owners, housing resource organizations, educational institutions, and health providers participate in the annual youth conference. Efforts continue to secure support from private sources of funding for providing youth with the resources needed to secure housing, start college, find employment, transportation, or other items needed to achieve independence.

The KCPSTA partners with the Kansas Department for Aging and Disability Services to assist youth with applying for and coordinating Home and Community Based Services waiver programs. DCF IL and CWCMP staff have regular contact with the Social Security Administration to assist youth in applying for Social Security Benefits and receiving and utilizing to their WARDS accounts to support their daily living



needs, employment and/or educational goals, and efforts towards self-sufficiency. The KCPSTA has also partnered with the Kansas Department of Revenue and the Office of Vital Statistics to assist with obtaining identification cards and birth certificates for current and former foster youth. DCF IL and CWCMP staff support youth in applying for and accessing medical coverage through the State's KanCare Medicaid Program.

During SFY 2021, the DCF Youth Programs division established the Youth Services Collaboration to increase collaboration between DCF's Youth Services Programs (Independent Living, Crossover Youth, and Special Response Team) and other State agencies that serve the older youth population, including the Kansas Department for Aging and Disability Services' Behavioral Health team and the Kansas Department of Corrections- Juvenile Services. The workgroup also includes the DCF Director of Medicaid and Children's Mental Health and the Advisors for KYAC and RYACs. The group first met in December 2020 and has continued to meet monthly. Each agency rotates sharing information about their programs, services, and upcoming events. The group has identified a goal to connect youth councils across the state, including KYAC, RYACs, Youth Leaders in Kansas (YLINK), and Yellow Ribbon, to unite the voices of youth in Kansas in the advocacy and youth engagement work that each council is undertaking. The group met in July 2021 and KYAC and RYAC advisors, along with a member of KYAC, presented information on the council's workplans and activities. The group has not met as consistently as originally planned and this will be revisited for the upcoming year.

PPS and CWCMP staff partner with Kansas Kids @ Gear Up (KKGU). KKGU is a U.S. Department of Education-funded program with Wichita State University serving as the program administrator. The mission of KKGU is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling youth to reach their full potential and improving educational and social outcomes. KKGU serves up to 2,500 youth per year who have experienced foster care custody. Program components include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career exploration, college scholarships, and cultural activities. KKGU provides support at KCPSTA events, including RYACs, and the annual KYAC youth conference.

The DCF IL Program partners with You thrive, a non-profit organization, to enhance services for older foster youth and IL Program participants. You thrive serves Chafee-eligible youth in Johnson, Wyandotte, Douglas and Shawnee Counties. During SFY 2021, You thrive shifted funding sources from a DCF Chafee grant to a DCF TANF Youth and Family Stability grant. As of March 2022, You thrive is serving 42 youth in the program. Due to limited program growth from SFY 2018 to SFY 2020, You thrive ended services in Sedgwick and Reno Counties in June 2021. Thanks to private donations from the community, services have continued in Reno County but are administered separately from the You thrive Corporation. Additionally, the program has had limited growth during the pandemic which can be attributed to challenges recruiting support families to engage with young adults during this time. The You thrive executive director continues to consider steps that can be taken to encourage growth and provide the opportunity for young adults to engage in this service.

Key You thrive Program components are:

Recruit, train, and support adult and family volunteers from the community who will commit to coaching and supporting youth in foster care through the end of their first year out of foster care, or for a minimum of one year, if the youth has already aged out of foster care.

Provide youth with financial literacy education and a matched savings account (IDA- Individual Development Account) for purchasing productive assets and other critical needs of the youth.

Provide youth with assistance with driver's education, driver's license attainment, and car purchases.



Empower youth to develop leadership and advocacy skills.  
Provide youth with short-term rewards for program participation and completion.  
Offer regular opportunities for the youth to give back through community service projects.  
Partner with other service providers in the community to assist the youth with education, housing, and employment opportunities.

The DCF IL Program works with the Kansas Department of Corrections-Juvenile Services (KDOC-JS) to offer KCPSTA services to youth in their custody and in transitional living programs. Outreach is done to inform youth and staff about the Aged Out Medical Card and other IL Program benefits, engage youth in completing NYTD surveys, and participation in KCPSTA events, including RYACs, KYAC, and youth conferences. DCF IL informed KDOC-JS of the availability of the We Kan Drive program so that youth and young adults with KDOC-JS history can benefit from assistance to lawfully obtain a driver's license and other assistance offered by the program.

The DCF IL Program partners with Pre-Employment Transition Services (Pre-ETS), a Vocational Rehabilitation (VR) Program. Eligibility for Pre-ETS services includes students ages 16 to 21 years of age who are participating in secondary, post-secondary, or other recognized education programs and are eligible for and are receiving services under an Individualized Education Program 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 provided information at the annual KYAC youth conference, presented at statewide Independent Living Quarterly Meetings, and participated in workgroups with IL staff to improve collaboration efforts and increase the number of youth who access each program. KCPSTA staff also refer youth to VR services, as needed, to support youth with a diagnosed disability with their education and employment goals.

KCPSTA staff regularly refer youth to programs and support services through local KansasWorks workforce centers. Programs and support services include resume building, interview skills, completing job applications, and on the job training.

The CarePortal is an online faith-based engagement tool that connects child welfare professionals to their local faith-based communities. When a child welfare professional identifies a need, they can access the CarePortal online and submit a request for assistance. The local faith-based community is informed of the need and is given the opportunity to answer the call. The CarePortal provides ownership to the community regarding local social problems needing support and creates awareness. Since the beginning of DCF's relationship with the CarePortal, the IL Program has submitted several requests to assist youth with car repairs and obtaining needed items, such as cribs and household appliances. The KCPSTA also refers youth to DreamMakers and One Simple Wish to help meet youth's needs and goals, including orthodontic services, car repair, and specialized computers and software for post-secondary education programs.

During SFY 2021, DCF staff with Economic and Employment Services, Vocational Rehabilitation, and Prevention and Protection Services began collaborating with representatives from the Department of Commerce, the Area One Workforce Center, and Saint Francis Ministries to discuss how to improve the customer service experience for individuals served by all of these programs. The group decided to develop a pilot program in a Western Kansas community with youth ages 16 to 24 that would include on the job training, work experiences, mentoring, and financial literacy. The group decided to implement the pilot program in Hutchinson/Reno County, with the goal of engaging youth early in client-led services,

provide them multiple options for services that fit their needs and goals, and to make the transition between services as smooth as possible.

DCF facilitated the Kickoff Meeting for the Hutchinson Young Adult Education and Employment Pilot in April 2021. The DCF Deputy Secretary and Executive Director of Kansas Workforce ONE provided a welcome to the group. A panel presented information on Workforce ONE, DCF Independent Living Services, Rehabilitation Services, Pre-Employment Transition Services, and Economic and Employment Services. The panel was followed by small group discussions related to what aspects of service provision are working well in the Hutchinson area, where improvements could be made, goals the pilot should focus on, and what data should be collected. The group will meet again to discuss next steps. Meeting participants included representatives from DCF Economic and Employment Services, DCF Independent Living, DCF Vocational Rehabilitation, DCF Pre-Employment Transition Services, Department of Commerce, Kansas Workforce ONE, Saint Francis Ministries, Kansas Kids @ GEAR UP, Youthrive, and Job's for America's Graduates- Kansas.

Once the Hutchinson Young Adult Education and Employment Pilot was initiated, other divisions and agencies other than DCF IL were more prominent in the discussions and actions plans. Reports indicate that this group has not been as active for several months and the DCF IL program will need to assess future needs and involvement.

During SFY 2021, the DCF IL Program and Cornerstones of Care partnered with Emerging Builders to offer paid, on-the-job training for construction sites in Wyandotte County. This partnership focuses on trainees with lived experience in State custody who are interested in exploring careers in the construction sector. Emerging Builders is a ten-week pre-apprenticeship program that includes a combination of experiential training, intensive classroom learning and person-centered services that support the individual development of the trainee outside of the construction skills. A key component of the Emerging Builder's experience is provided through their program support; young people have access to staff members for guidance, problem solving and support during their program participation. A cohort of five youth and young adults were selected for participation in the Emerging Builders program in Spring 2021, but unfortunately only one young adult successfully completed the program. The Emerging Builders partnership is funded by a contract with DCF IL with intent to support a second cohort of five youth and young adults during SFY 2022. The pandemic and staff time spent on implementation and service delivery associated with the Consolidated Appropriations Act (CAA) made it difficult to recruit youth and young adults for a second cohort. The DCF IL Program and Emerging Builders continue to explore the feasibility to have another cohort participate in the program.

The DCF IL Program has partnered with Kansas Continuums of Care and local housing agencies to access the U.S. Department of Housing and Urban Development's Foster Youth to Independence (FYI) Initiative. See the FYI section of the APSR for more information. During SFY 2022 to 2024, DCF will continue to focus on 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, to create awareness and promote housing resources being made available to youth, both aged out and still in care.

The DCF PPS Deputy Director of Youth Services is a participant in the Health and Housing Institutes (HHI) Steering Committee and the DCF IL Program Manager attends as needed as well. The group includes participants from KDADS, KDHE, DCF, Kansas Housing Resources, and the Statewide Homeless Coalition. Kansas was a recipient of a two-year technical assistance grant from the National

Academy for State Health Policy (NASHP) to provide support in the development and implementation of sustainable financing of health and housing programs. The members from KDHE, KDAD's, and DCF met January 24th, 2022, to discuss the HHI / KanCare concept paper which proposes to implement Medicaid services to a targeted group of KanCare participants, including young adults transitioning out of DCF custody, to address specific areas related to health outcomes. One of the goals for the proposal is to reduce housing insecurity for KanCare recipients in the target population. The concept paper is currently being drafted and revised outlining the proposal to improve social determinants of health for the targeted populations. NASHP has coordinated for KS to connect with other states who have made progress in areas identified on the Kansas workplan. Particularly relevant to DCF IL, a meeting is currently being scheduled with a state that has had good success in securing FYI vouchers in an effort to have a better understanding of what has led to that success and how those lessons can be applied in Kansas.

Please see Attachment 43 DCF Independent Living Regional Activities SFY 2022, for information on regional partnerships and involvement with other federal/state agencies and public/private organizations.

Statewide IL meetings are held every quarter. Participation at these meetings by DCF IL, CWCMP IL, KDOC-JS, Tribal, Kansas Kids @ GEAR UP, and Jobs for America's Graduates (JAG-K) Transition Services Staff is encouraged. Many community partners attend these meetings to share program information and facilitate ongoing collaboration. Community Partners include but are not limited to: University of Kansas Youth Voices Project, Kansas Youth Advisory Council, DCF Mobile Crisis Unit, Aetna Better Health of Kansas, Sunflower Health Plan, Kansas Board of Regents, Human Trafficking Prevention Services, DCCCA, Inc., We Kan Drive, Regional Youth Advisory Council, DCF WARDS, Kathleen Irish- Kansas City Immigration Attorney at Law, Kansas Kids @ GEAR UP, Casey Family Programs, and Pre- Employment Services. The on-going group facilitation increases community recourses awareness for youth currently and formerly in foster care and continues to encourage an increased level of collaboration between private and public agencies.

### **Foster Youth to Independence (FYI) Housing Vouchers**

During SFY 2022, the DCF IL Program has continued to reach out to and collaborate with Continuums of Care (CoCs), Public Housing Authorities (PHAs), and community partners to implement the U.S. Department of Housing and Urban Development's (HUD) Foster Youth to Independence (FYI) Voucher Program. The PPS Director, Deputy Director of Youth Programs, IL Program Manager, and Regional IL Supervisors participate in bi-annual calls with Region 7 HUD and Administration for Children and Families representatives to discuss States' progress in implementing the FYI Program.

There are four Continuums of Care in the State of Kansas and 22 PHAs that do not administer Family Unification Program vouchers and are eligible to participate in the FYI Program. Efforts to implement the FYI Program in Kansas have focused on developing partnerships between Regional DCF IL teams and the CoCs, PHAs, and community partners located within each Region.

### **East Region**

The East Region has worked to make connections with the Topeka/Shawnee County Continuum of Care and PHAs in the region to implement the FYI initiative. The DCF IL Supervisor has contacted every PHA in the region and, so far, the CoC and four of the six PHAs are willing to partner with DCF for this program. The four interested PHAs include the Topeka Housing Authority, Southeast Kansas-Community Action Program, Chanute Housing Authority, and Pittsburg Housing Authority. During this process, the Regional DCF IL team has been able to improve their relations with the local PHAs and improve IL Coordinators' knowledge of the public housing programs provided by HUD. This has also been a great benefit to youth still in custody as IL Coordinators often recommend to case teams that youth

apply for public housing if they are of appropriate age and need housing resources post-release from foster care custody. The two PHAs that are currently not interested in implementing the FYI Program have stated they would be willing to reconsider once the program is implemented with other PHAs and are interested in continued partnership with the DCF IL Program.

East Region completed a Memorandum of Understanding (MOU) between DCF, the Balance of State CoC, Southeast Kansas- Community Action Program, and the Pittsburg Housing Authority. Now that this is completed, workers have started making referrals to the FYI voucher program in SEK. The process and length of application have been barriers to young adults following through with the process to obtain a voucher. East Region currently has referred 6 young adults to the FYI voucher program and are working with youth to obtain a lease. Many young adults have been able to utilize up to 12 months rental assistance from DCF IL services CAA funding. Next steps for furthering FYI voucher access in East Region will be to reconnect with Topeka Housing Authority and pick up where efforts left off prior to the pandemic.

### **Kansas City Region**

Regular efforts by the Kansas City Region to engage the PHA partners in the region to implement FYI have been documented in previous plans. Unfortunately, the PHA's in the region were not able or willing to pursue FYI vouchers. There was a change in the IL supervisor position in this region and the new supervisor may want to revisit those conversations with the PHA's in the area.

### **West Region/Balance of State Continuum of Care**

The Balance of State CoC serves 101 Kansas counties and partners with PHAs in each DCF Region, including the entire West Region. The DCF IL Program Manager initiated communication with the Balance of State CoC in Fall 2019. In Spring 2020, the IL Program Manager and CoC Coordinator began communicating with the Southeast Kansas- Community Action Program and Southeast Kansas Services at Catholic Charities, a Coordinated Entry partner, to facilitate implementation of the FYI Program. The MOU between these partners was finalized in 2021. After implementation of the FYI Program in Southeast Kansas, DCF and the Balance of State CoC will collaborate with other PHAs, including those located in DCF's West Region, to continue expansion of the FYI Program across Kansas. The IL Program Manager and West Region IL Supervisor met with the Newton Housing Authority Director in 2020. The Director expressed interest in implementing the FYI Program, and Newton was planned to be the next community within the Balance of State CoC that to be targeted for the FYI Program. Further efforts with the Newton PHA have not yet occurred and will be explored in SFY23.

The DCF IL Program Manager was selected to participate on the Balance of State CoC Steering Committee. The CoC Steering Committee is the decision-making and planning body for the CoC and is responsible for ensuring that the CoC ends homelessness for all families and individuals throughout the 101 counties of the KS BoS CoC. The DCF IL Program manager position was vacant for part of SFY2022 resulting in a request to have someone else at DCF fulfill the responsibilities for the Balance of State CoC. This request is in process and will need to be revisited due to other staff changes occurring.

### **Wichita Region**

The Wichita/Sedgwick County area has been partnering with the local Public Housing Authority and Continuum of Care organization since 2020 to facilitate the Foster Youth to Independence HUD Housing Choice Voucher Program. While 11 of 27 youth are currently leased up (41%), several challenges and barriers to implementation have been identified. The Wichita IL Supervisor continues to collaborate with the local Public Housing Authority and Continuum of Care organization to streamline processes for referrals and to reduce or eliminate barriers. Over the course of the program's implementation in the

region, a variety of factors have led to several young adults choosing to withdraw their voucher referral. In order to ensure these HUD approved vouchers are retained and provided to others in need, new young adults were referred for each of those voucher requests.

As of 4/12/2022, a total of 27 young adults were referred to the FYI Housing Choice Voucher program. The status of these referrals is as follows: 11 young adults have withdrawn their referral or were unsuccessful in obtaining a lease agreement, 8 referrals of the 11 young adults whose referrals were withdrawn were reassigned to new young adults, 11 young adults have secured leases, 5 referrals are in-process, or the young adults is searching for a residence and lease, 3 young adults were unsuccessful in obtaining a lease prior to the voucher's expiration.

The Wichita Region DCF IL supervisor was interviewed by Mindy Ault with HUD. The interview was for HUD to learn more about the Kansas DCF experience with FYI housing vouchers to date and to learn how the program might improve and be more beneficial to the target population. While several positives and successes were shared, information was also discussed related to how implementation could be more successful for the FYI program. Some recommendations by the supervisor included a simplified referral process; localized information for youth to access on how to find landlords; and training and education regarding this specialized population for housing partners to include landlords. The study is limited at this time to just a few areas where FYI has been implemented with hopes to expand the study later.

*\* These documents can be found on the public DCF website, [www.dcf.ks.gov](http://www.dcf.ks.gov).*

### **Education and Training Vouchers (ETV) Program (section 477(i) of the Act)**

The DCF IL Program administers the State's Education and Training Voucher (ETV) Program. The ETV Program serves youth and young adults by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions:

- Youth who were in the custody of the Kansas Department for Children and Families (DCF), Kansas Department of Corrections- Juvenile Services (KDOC-JS), or Tribal Authority and in an eligible out-of-home foster care placement on the date the youth attained 18 years of age; or
- Youth who left an eligible out-of-home foster care placement subject to a permanent custodianship or guardianship on or after the youth's 16th birthday; or
- Youth who were adopted from an eligible out-of-home foster care placement on or after the youth's 16th birthday; or
- Youth who were in an eligible out-of-home placement for any length of time on or after their 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

Youth are eligible to participate in the ETV Program until they turn 26 years of age as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual educational program guidelines). Youth may only participate in the ETV Program for a total of five years, whether or not the years are consecutive.

Youth who continue to be under the responsibility of the child welfare case management provider (CWCMP), KDOC-JS, or Tribal Authority and meet the above criteria may receive ETV supports prior to their release from custody. Tribal case managers, KDOC-JS case managers, and CWCMP case managers shall coordinate services for youth eligible for ETV and still in their care in custody through communication with the Regional DCF Independent Living (IL) Coordinator.



Education and Training Vouchers are available to eligible youth for assistance with post-secondary education and certified training programs, based on need and availability. ETV funds may be used for costs associated with post-secondary education and/or training only. Total expenditures per youth cannot exceed \$6,250 (\$5,000 Federal funds with State match of \$1,250) or the total cost of attendance per youth per plan year, whichever is less. The ETV plan year begins on July 1 and ends on June 30 of the following year. DCF IL policy regarding ETV amounts will be changing to a maximum ETV amount of \$5000 per youth or young adult for SFY 2023, after the end of the increased amount allowed per CAA ends September 30, 2022. This change is due to guidance from Administration for Children and Families (ACF) that the maximum ETV award, including the state match, cannot exceed \$5000 per student.

DCF IL Coordinators in the field are trained on ETV benefits and payment information and carry out the ETV Program with youth in their Regions. The IL Coordinator or designee and the youth complete the PPS 7001 Education and Training Voucher (ETV) Program Plan, see Attachment 49. All youth participating in post-secondary education and training plans must be actively involved in all stages of the plan. In July 2020, two experienced IL Coordinators provided a virtual ETV training for the statewide DCF IL team, with the goals of providing information to new IL Coordinators and reinforcing consistency in program implementation. With the expansion of staff throughout the program, the regional IL teams have led the effort on training new staff on the ETV program, including eligibility, processes, and payments.

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). All youth applying for ETV funds must complete a minimum of three scholarship applications with proof of documentation at the time of completing the PPS 7001 ETV Program Plan. Youth must complete the Free Application for Federal Student Aid 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 youth, the IL Coordinator, and the CWCMP case manager, if the youth is still being served by the CWCMP.

The IL Coordinators track all expenses so that the total does not exceed the maximum allowable funds per year or the total cost of attendance per youth. Expenses are entered into DCF's Self-Sufficiency Information System (SSIS) through the State's accounting system and are tracked by each Region and DCF Administration.

The methodology for reporting the unduplicated number of youth receiving ETV funds each school year is to use information from the State's accounting system that contains each payment made to each youth. This information is maintained by youth name, ID number, payment date, vendor, Region, and other budget identifiers. The information is downloaded each month into the State's SSIS, and a report filters duplicated youth names and ID numbers. This monthly report is maintained by the State's fiscal year, July 1 through June 30.

Since March 2020, DCF IL staff have worked to ensure that ETV-eligible youth are receiving the maximum level of support available for room and board and other applicable expenses during the COVID-19 crisis. IL Coordinators have maintained regular contact with ETV Program participants to ensure their basic needs are being met, to encourage them in their educational pursuits, and to provide additional supports as necessary. The IL Program continues to purchase laptops, printers, backpacks, and earbuds for students who have transitioned to online learning. The program has also utilized grocery pick-up and delivery services to provide food and household goods for students living in dormitories after



campus dining services closed. The DCF IL Program Administration shared a letter with the Kansas Board of Regents in March 2020 to encourage schools to allow young adults with lived experience in foster care, KDOC-JS, or Tribal Authority custody to remain in dormitories when campuses began to close. Several ETV Program participants were allowed to remain in campus housing.

Many ETV Program participants have struggled to maintain academic progress during the pandemic. Struggles have included difficulty with the online learning environment, the lack of available campus academic and social supports, and concerns about health and well-being that have impaired students' abilities to attend classes and complete assignments. IL Coordinators have been strong advocates for youth, working with schools to find supportive resources or assisting youth with withdrawing from classes when necessary. Prior to the passing of the Consolidated Appropriations Act, young adults under the age of 21 who ended or suspended their post-secondary education were able to receive continued support through the Chafee portion of the DCF IL Program. IL Coordinators continue to facilitate discussions with youth regarding their plans for post-secondary education and encourage them to remain engaged or to reengage in school, according to the goals and needs of the youth.

The chart below includes ETV expenditure data from SFY 2018 to SFY 2021 (see the SFY 2021 Independent Living/Self-Sufficiency Services Annual Report, see Attachment 44).

|                                       | SFY 2018   | SFY 2019   | SFY 2020  | SFY 2021    |
|---------------------------------------|------------|------------|-----------|-------------|
| <b># Young Adults Served</b>          | 330        | 281        | 272       | 276         |
| <b>Payment Totals</b>                 | \$520,596  | \$437,620  | \$787,030 | \$1,046,850 |
| <b>Annual Average per Young Adult</b> | \$1,577.56 | \$1,557.37 | \$2893.49 | \$37922.93  |

The data shows a decrease in the number of youth and young adults receiving ETV funds in SFY 2019 and SFY 2020. However, the annual average per young adult remained the same or increased each year. This increase may be an indication that, although less youth attended a post-secondary program during SFY 2020, the need for financial support was higher. The decrease in youth and young adults receiving ETV funds may also be correlated with secondary education graduation rates upon exiting foster care custody. There is a very slight increase in the number of youth and young adults receiving ETV funds in SFY 2021 which may not be significant. Future data will be valuable to identify if there is any trend upward or if the number remains relatively stable.

IL Coordinators have reported that, for a few young people, the shift to online learning has been a positive experience that has allowed them greater academic success. IL Coordinators have implemented weekly check-ins with these students, along with other interventions, and have observed measurable improvement in their grades, social connectedness, and other areas.

Beginning January 2021, the DCF IL Program implemented the ETV Program provisions of the Supporting Foster Youth and Families through the Pandemic Act, Division X of the Consolidated Appropriations Act of 2021 (Division X). The maximum ETV limit has been raised from \$6,250 (80% Federal funds with 20% State match) to \$12,000 (100% Federal funds) per academic year through September 30, 2022. In addition, the age limit for youth to participate in the ETV Program has been raised to age 26 (eligibility ends when a youth turns 27) through September 30, 2021. There were very

few young adults whose eligibility ended with the flexibility end date in September 2021. IL Coordinators worked to ensure any students ending eligibility for ETV were given information and resources for other educational assistance.

Per Division X programmatic flexibilities, the IL Program has also provided ETV support to youth who are not currently enrolled in a post-secondary education program or who have not made satisfactory progress during the Spring 2021 semester due to the impact of the COVID-19 pandemic. ETV funding is being used to help youth to remain enrolled in a post-secondary education program by including expenses that are not part of the education institution's cost of attendance. The IL Program has assisted young people with acquiring laptops, cell phones, tools for internet access, and other technology supports. ETV funding is being used to prepay rent, childcare, and other living expenses to provide stability with housing, education, and employment. IL Coordinators have used ETV funding to help youth obtain the identifying documents needed to enroll in school. The IL Program is also using ETV funding to assist students with paying student loans and other fees that are preventing the student from being able to remain enrolled or to re-enroll in a post-secondary education program. When the flexibilities for how ETV funds could be spent ended in September 2021, IL Coordinators informed students in advance and helped students explore other resources as needed.

The DCF IL Administration team has worked closely with DCF Communications staff to develop materials and social media messaging to promote the Chafee and ETV Program enhancements available through Division X. Please see Attachment 50 CAA IL & ETV Expansion Flyer. Please see the Chafee Program section of the APSR for more information on marketing strategies related to Division X of the Consolidated Appropriations Act.

During SFY 2022 to 2024, DCF IL staff will continue presenting information about the ETV Program to DCF, CWCMP, KDOC-JS, and Tribal staff; youth and young adults, including the Kansas Youth Advisory Council; and community agencies and organizations. Feedback from this outreach will be used to establish goals and outcomes for the ETV Program in combination with other State resources, such as the Tuition Waiver, and methods for measurement.

See Attachment 83, Annual Reporting of Education and Training Vouchers Awards (D) and Attachment 87 for the ETV Certification (C).

### **Consultation with Tribes (section 477(b)(3)(G) of the Act)**

The comprehensive social service grants with each of the four Tribes for independent living services are funded through the Kansas Chafee Program for Successful Transition to Adulthood. These serve as agreements for each Tribe to administer their Chafee services. Regular contact with Tribal staff is conducted through Resident Tribes of Kansas meetings scheduled by Department for Children and Families (DCF) Prevention and Protection Services (PPS) staff for coordination of child welfare services. PPS staff and each Tribe share information about ongoing and scheduled Chafee activities. Tribal social services staff are invited to participate in the quarterly Statewide Independent Living Meetings facilitated by the DCF Independent Living (IL) Program.

The DCF Tribal Specialist facilitated meetings in September and October 2020 with the Region 7 Tribal Welfare Specialist, DCF Deputy Director of Youth Programs, DCF IL Program Manager, and DCF Foster Care Program Manager to discuss how DCF can support Tribal services for transition age youth. The Deputy Director of Youth Programs and Independent Living Program Manager developed a list of options and ideas for how the DCF IL Program can support each Tribe in their work with older youth and young adults who have experienced Tribal and/or foster care custody. The list was shared with participants at the

Resident Tribes meeting in October 2020 and has been offered as available if needed. Please see Attachment 51 DCF Independent Living-Tribal Coordination Ideas, for more information.

The DCF IL Program Manager, DCF IL Assistant Program Manager, and Independent Living Consultant share regular updates and resources with Tribal social services staff via email. Updates and resources include training opportunities, FAFSA and post-secondary education information, invitations to participate in the Child Welfare Virtual Expo and webinars, Aged Out Medicaid information, youth leadership conferences, national youth internship and employment opportunities, resources for youth and families with disabilities, and information related to supporting youth during the COVID-19 pandemic. Please see Attachment 79 DCF IL Communication with Tribes SFY 2022, for more information.

Tribal youth are asked to be included in annual youth conferences, learning opportunities, and the Kansas Youth Advisory Council. Each Tribe has also been allotted a certain number of laptops they are able to order for Chafee-eligible youth ages 16 and older, funded by the DCF IL Program. Each Tribe submits a quarterly program report reflecting the number of Tribal families and children served. Each program report is reviewed by the PPS DCF Administration Program Manager. The Tribal Specialist and Regional Tribal Liaison are available for consultation regarding case-specific independent living services. As the DCF IL Program adjust back to normal IL programming there will be outreach and effort to better engage Kansas tribes.

Tribes support youth ages 14 to 21 who are in custody pursuant to an order of the Tribal court. The services provided in this program work to promote youth's independence, including subsidy, adult education classes, independent living classes, and assistance with developing job skills. Life skills services provided by Tribal staff are like those provided by the child welfare case management providers.

Independent living services are delivered to Tribal youth under custody of the Tribal Authority by social workers or other support staff as designated by each Tribe. These services are included in the quarterly program reports. All youth under Tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth.

Services and transition planning for youth who have been released from Tribal custody are provided in coordination with the DCF IL Program and Tribal staff. Eligible Tribal youth and young adults may participate in the DCF IL Program, including the Education and Training Voucher Program. Tribal staff are provided with information and education regarding the DCF IL Program's services and supports.

### **Consolidated Appropriations Act (DIVISION X) Funds**

The Supporting Foster Youth and Families through the Pandemic Act, Division X of the Consolidated Appropriations Act (Division X), was passed into law on December 27, 2020. The State of Kansas has received additional Chafee and ETV Program funds to support youth and young adults during the pandemic. Eligible youth and young adults are ages 14 to 27 and experienced out of home placement at age 14 or older in the custody of Kansas Department for Children and Families (DCF), the Kansas Department of Corrections- Juvenile Services, or a Tribal Authority. Division X allows for programmatic flexibility to ensure funds reach youth and young adults directly, through September 30, 2021. Additional post-secondary education supports will be available through September 30, 2022.

The DCF Independent Living (IL) Administration team started working in the first week of January 2021 to plan and implement the provisions of Division X. The team met at least weekly and had regularly scheduled meetings with inner agency departments including the Executive Branch Information Technology (EBIT), Operations, the Office of Financial Management, and Public and Governmental

Affairs. All plans were developed with the goal of supporting young people to attain stability and self-sufficiency.

DCF IL staff participated in multiple learning opportunities related to Division X, including the FosterClub Older Youth Pandemic Relief webinars, Division X Peer to Peer Calls hosted by the Children's Bureau, and Independent Living Meetings facilitated by the Region 7 Administration for Children and Families team. Child welfare professionals, youth currently in foster care, and youth and young adults with lived foster care experience were invited to participate in many of these conversations.

In February 2021, the DCF IL Administration team held a listening session with the Kansas Youth Advisory Council to gather councilmember's recommendations for Kansas' Division X implementation plan. In March 2021, the Deputy Director of Youth Programs and the IL Program Manager met with a representative from FosterClub's Policy Team to share Kansas' plans for Division X. FosterClub assisted DCF with sharing information on the services and supports available in Kansas. Additionally, in March the DCF Deputy Director of Youth Programs and the Independent Living Program Consultant presented Kansas' plans for Division X during a Children's Bureau Peer to Peer Call. The DCF IL team continually shared information and solicited feedback on Kansas' Division X implementation with youth and young adults, child welfare professionals, court professionals, placement providers, and other stakeholder groups.

In March 2021, the DCF IL Administration team met with Think of Us to review data collected from over 300 youth and young adults from Kansas who applied for their micro cash grants in Fall 2020. The IL team used this information to prioritize aspects of Division X implementation that focus on youth's most pressing needs, including supports for housing, education, mental health, youth who are pregnant and/or parenting, and obtaining/maintaining employment. In April 2021, Think of Us reached out to the IL Program Manager to offer contact information for youth who completed grant applications, upon the youth's consent. DCF IL will continue to receive support from Think of Us to connect with youth and young adults who may be eligible for Division X supports in Kansas.

The DCF IL Program provides a room and board subsidy for eligible youth ages 18 to 20 who have aged out of foster care. Strategies were explored to raise the previous subsidy limit from \$350 to an amount that would better support youth's housing needs. An analysis of 66 adults statewide was completed by the Office of Financial Management prior to Division X, using characteristics of income and resources, monthly expenses, and startup expenses to determine assistance options. The IL Program raised the subsidy limit to \$700 beginning January 2021, which impacted the over 300 Independent Living participants who receive subsidy each year. From January through September 2021, all eligible youth ages 18 to 26 participating in the IL Program were approved to receive the \$700 in subsidy support per month, regardless of demonstrated need. Beginning October 1, 2021, the \$700 limit remained, but the amount of subsidy a youth received was based on their budget and need.

In January 2021, the DCF IL Program removed the 30% Chafee budget cap for room and board expenses through September 30, 2021 and increased the ETV limit to \$12,000 per youth per year through September 30, 2022. Both Chafee and ETV funds were used to prepay up to one year in rent, utilities, and/or childcare for IL Program participants. On April 1, 2021, the IL Program expanded to open or re-open cases IL cases for young adults ages 22 to 26 who would benefit from focused, time-limited Chafee and/or ETV services, through September 30, 2021. Eligibility ended when a young adult turned 27.

On April 23, 2021, DCF launched the Independent Living Re-entry Program. Young adults who aged out of foster care custody from October 1, 2019, through September 30, 2021 had the legal right to "re-enter" and receive foster care services. Since Kansas does not have a statutory/legal framework for young adults

to re-enter foster care through the court system process, young adults were eligible to enter into an agreement to receive foster care supports through the DCF IL Program. This was a voluntary, short-term program that ended on September 30, 2021. These supports were designed to allow young adults to work closely with an IL Coordinator to meet their basic needs and work toward their goals as they continued to transition to self-sufficiency. Young adults were expected to actively work toward achieving their education and/or employment goals. Participants were not involved in a child in need of care (CINC) court case in the legal system. IL Coordinators worked with participants to find stable housing. Young adults participating in the Independent Living Re-entry Program worked with their IL Coordinator to complete the PPS 7003 Voluntary Agreement for Re-entry Program Services (see Attachment 52).

All youth who aged out of foster care custody between April 23, 2021, and September 30, 2021, were required to review and sign the Re-Entry Acknowledgement Memo during the exit interview (see Attachment 53). Youth were provided a copy of the signed memo, which included the contact information for each of the Regional DCF IL teams. The signed memo, the youth's PPS 3059 My Plan for Successful Adulthood, a copy of the youth's application for Aged Out Medical, and a copy of the youth's identifying documents were to be emailed to the Regional DCF team and the local Foster Care Liaison.

The DCF Public and Governmental Affairs team developed materials to promote Kansas' Division X services. Please see Attachment 50 CAA IL & ETV Expansion Flyer and Attachment 54 CAA Re-entry Flyer. The statewide IL team continued to share these materials with youth and young adults who were eligible to participate, child welfare case management provider staff, residential facilities, resource families, child placing agencies, legal professionals, CASA organizations, and other groups across the state that could help inform youth and young adults of the time-limited supports that were available. The Public and Governmental Affairs team also developed social media posts to be shared on DCF's Facebook and Twitter accounts through September 2021.

DCF IL Coordinators reached out to all the young adults on their caseloads, and all eligible young adults they had contact information for who were no longer engaged in the IL Program, to inform them of Kansas' Division X services. DCF IL also spread the word to youth and young adults via NYTD surveys and sending letters to youth's last known addresses. Additionally, the DCF IL program took advantage of opportunities to share information with news media outlets. In June 2021, the DCF Deputy Director of Youth Programs and a Kansas foster care alumnus and FosterClub All-Star participated in an interview with KCUR Radio to discuss services and supports available to youth and young adults through the DCF Independent Living Program and the Supporting Foster Youth and Families through the Pandemic Act, Division X of the Consolidated Appropriations Act. On September 1, 2021, the DCF Deputy Director of Youth Programs was interviewed by Rebekah Chung, KSNT Kansas Capital Bureau Reporter, to share about the time limited Independent Living Pandemic Relief Payment available to eligible young people. The prerecorded clips aired over several days on multiple stations.

The DCF IL Program developed implementation plans and processes to assist youth and young adults with purchasing vehicles with the \$4000 cap prior to September 20, 2021, and then with no cap starting October 2021. The IL Administration team worked with Operations to adapt a process for purchasing vehicles for Division X purposes. A series of checklists and instructions were developed to assist IL Coordinators and young adults ensure that proper procedures were being followed and the young adult was purchasing a safe, reliable vehicle (see Attachments 55 & 56).

The IL Administration team worked with Operations and EBIT starting in January 2021 to develop a plan for issuing a one-time Pandemic Relief Payment (Round 1) for young adults. Eligible young adults were ages 18 to 26 and not currently in foster care or participating in DCF's Independent Living Re-entry or IL



Programs. EBIT created a secure online application to send the applicant's data to IL staff for review. A printable application was also available alongside a Spanish version. The same payment amount of \$1600 was provided to each young adult. This amount was determined by the total funds available or allocated to this Division X benefit and the number of young adults whose applications were approved. The DCF IL Administration team decided that funds provided to young adults who did not benefit from Round 1 would be beneficial and implemented a Round 2 Pandemic Relief Payment. Starting October 1, 2021, young adults who did not receive a Round 1 payment, are no longer in care, and are ages 18-20 can apply for a Round 2 payment. This opportunity is currently available through August 2022 unless a decision is made to close the application earlier based on availability of funds. Applications are reviewed regularly, and payments issued once approved. The Round 2 payment is \$1000, and it is hoped that this will help provide some additional stability for young adults exiting care into an ongoing pandemic and uncertain economy.

As part of the application process for the Pandemic Relief Payments, Round 1 and Round 2, applicants were asked to respond to questions about how they have been impacted by COVID and in what areas of their life assistance was needed (see Attachment 57).

Operations assisted with developing a request for proposal for a pre-paid debit card program to issue the stimulus payments. In July 2021, the DCF Deputy Director of Youth Programs, Independent Living Program Manager, and Facilities Manager met with Money Network for the kickoff of the prepaid debit card program. Money Network was awarded a contract with DCF to provide prepaid debit cards for various uses by the DCF Independent Living Program, to include payments for the Pandemic Relief Program, incentives for the National Youth in Transition Database, and other financial support for Independent Living Program participants.

In August 2021, the Department for Children and Families (DCF) Youth Programs team helped assemble care packages for young people placed in congregate care. Over 12,000 items were unboxed and distributed into approximately 450 backpacks and 60 suitcases. Items included hygiene products, self-care items such as journals, markers, sketch pads, and school items. The Youth Programs team worked with the Kansas Youth Advisory Council (KYAC) to develop a survey for all youth placed in congregate care. Survey questions were intended to gauge young people's experience in congregate care and how to improve how congregate care is experienced. Surveys are optional for young people while the Youth Programs team and KYAC members are onsite delivering the care packages. This effort is ongoing as it has taken longer than anticipated to deliver all packages due to availability of staff and young people amidst COVID restrictions.

In September 2021 an IL subsidy balloon payment of up to \$4200 (representing 6 months of support) was issued for young people exiting IL program services. This balloon payment was for young adults eligible to receive a subsidy payment during September and was intended to provide extended stability for young people who would no longer be eligible to receive services and supports through the IL program. Young adults whose eligibility ended September 30, 2021 were eligible for the full amount while those ending eligibility October through December 2021 received a smaller amount based on their end date for eligibility. These payments were issued in September 2021.

The DCF IL Program hired eight additional IL Coordinators across the state to support Division X efforts. The size of caseloads was expected to increase as the State of Kansas continued efforts to identify youth who were eligible for services. In addition, the agency hired temporary positions, as needed, to assist with additional documentation demands for payments. Caseloads did increase, especially during the height of



the flexibilities provided for by Division X. The additional positions were instrumental to the regional IL teams being able to deliver services efficiently and effectively.

| <b>Service Provision</b>   | <b>Date of Implementation</b>   |
|--|---|
| Increasing Subsidy to \$700 per month through 9/30/2021. This applies to DCF IL participants currently receiving Subsidy, incoming IL participants who qualify for Subsidy, youth over 21 who were receiving extended Subsidy, and youth who turn 21 before 9/30/2021.   | January 2021  |
| Removing the 30% room and board budget cap for Chafee funds through 9/30/2021.   | January 2021  |
| Increasing the ETV limit to \$12,000 per youth through 9/30/2022.  | January 2021  |
| Pre-paying up to one year of rent, childcare and utility expenses for IL participants using Chafee or ETV.   | February 2021   |
| "Soft opening" to open or re-open IL cases for young adults age 21 or over who have urgent needs the IL Program can assist with. Eligibility ends 9/30/2021  | March 17, 2021  |
| Ability to open or re-open cases IL cases for young adults ages 21 or over who would benefit from a focused, time-limited Self-Sufficiency Plan.   | April 1, 2021   |
| Youth who have aged out of foster care during the pandemic are eligible to participate in the Independent Living Re-entry Program.   | April 23, 2021  |
| Assisting youth with purchasing vehicles, utilizing up to \$4,000 in Chafee funds per youth through 9/30/2021.   | May 2021  |
| Pandemic Relief Payment, Round 1, a \$1600 payment for young adults who are not currently participating in foster care, the Independent Living Re-entry Program, or the IL Program.  | Applications opened in July and August 2021. Payments issued in September 2021.   |
| Care packages for young people in congregate care  | August 2021 and ongoing   |
| IL Subsidy Balloon Payment of up to \$4200 (representing 6 months of support) was issued for young people exiting program who were eligible to receive a subsidy payment during September Youth whose eligibility ended September 30, 2021 were eligible for the full amount while those ending eligibility October through December 2021 received a smaller amount based on their end date for eligibility. | September 2021  |
| Assisting youth with purchasing vehicles, no cap, through Chafee funds through 9/30/2022.  | October 1, 2021   |
| Pandemic Relief Payment, Round 2, a \$1000 payment to eligible young people who did not receive the Pandemic Relief Payment, are no longer in care, and are ages 18-20.  | October 2021 through August 2022 (unless determined to close application period earlier based on availability of funds) |

The DCF IL program approached the provision to assist with transportation needs and ability to purchases vehicles through Division X with caution and flexibility. Unfortunately, many state procedures and processes can sometimes be cumbersome and time consuming. IL Coordinators were encouraged to work with young adults to serve them in a way that was helpful and efficient. Many times, when young adults had receipts and the ability to be reimbursed for loan payments, that was the most streamlined way to assist those in need. Utilizing such efficiencies then made it possible for IL Coordinators to spend more time with the established process to assist those who needed direct payments to a car dealer or themselves to purchase a vehicle. As of February 11, 2022, IL Coordinators across the state reported the following assistance with transportation related to car purchase, reimbursement, or repairs:

|             | Vehicle Purchases | Loan/ Car Payment Reimbursements | Car Repairs |
|-------------|-------------------|----------------------------------|-------------|
| West        | 0                 | 8                                | 29          |
| East        | 2                 | 15                               | Approx. 40  |
| Kansas City | 1                 | 8                                | 36          |
| Wichita     | 5                 | 50                               | 46          |
| Total       | 8                 | 41                               | 158         |

At least six additional vehicles have been purchased by or for young adults with assistance through Division X funding since this information was collected.

A review of the DCF IL budget for FY22 through February 22, 2022, indicates \$552,118 in expenditures related to transportation:

- 66 unduplicated young adults received assistance with vehicle purchase or loan payment reimbursement totaling \$183,000.
- 131 unduplicated young adults received assistance with vehicle repairs totaling \$140,702.
- 10 unduplicated youth received assistance with vehicle repairs through ETV totaling \$5660.
- Another \$222,756 is reported for transportation assistance, excluding car repairs. Much of this category can be attributed to assistance with vehicle insurance.

More work will need to be done to refine the total type and amounts of assistance provided to young adults during this time.

Many young adults in the IL program benefited greatly from the various programs implemented with Division X funding. Such assistance was varied and personalized to the unique circumstances of the young adults being served. Aside from the assistance with vehicle repairs and purchases, many young adults received assistance for multiple months, up to one year, of rent (prepaid when possible), childcare, rent, groceries, utilities, etc. The regional IL teams completed reports to the IL Admin team regarding services and supports delivered through Division X (See Attachment 84 CAA Program Updates 9.1.2021). Data will continue to be collected and reviewed to assist with determining the impact of assistance and lessons learned.

## **Regional Observations associated to COVID and Division X**

### **Kansas City**

The COVID-19 Pandemic has had a profound effect on both the way IL Coordinators complete their daily job functions and youth's lives.

IL Coordinators have expressed concerns regarding lack of engagement with youth in care. Pre-pandemic most case plans and exit interviews happened in person with youth present. Those in person contacts allowed youth to begin developing a relationship with youth through organic conversations that happen before, during, and after in-person meetings. This fiscal year many of those meetings are still happening by phone or virtually. As pandemic restrictions continue to change, IL Coordinators have made themselves available to meet in person when it is considered appropriate and safe for all involved.

At the beginning of the pandemic many young adults, especially those working in the service industry, lost their jobs. Some young adults diagnosed with COVID lost a significant amount of income and were

already living paycheck to paycheck. This caused a domino effect with being able to maintain bills, which in turn also effected mental health. Additionally, most college classes transitioned to online at the beginning of the pandemic. While some students thrive in the online environment, many find it to be very difficult. This has caused ongoing problems with young adults needing to retake classes or improve overall GPA due to failing or doing poorly when classes were online.

Specific to this fiscal year, the rapid rise of inflation related to housing, utilities, transportation, and food have greatly impacted young adults' income and ability to maintain self-sufficiency. While there are many jobs available right now, young adults are finding that they either do not meet the qualifications for employment or they are not being offered enough in pay to be able to afford some necessities.

IL Coordinators have shown amazing empathy and flexibility during these last two years. IL Coordinators experienced varying stressors related to the pandemic themselves, yet they continue to be dedicated to working with young adults to promote self-sufficiency.

IL Coordinators have reported that they feel that in many ways the CAA funding and their ability to apply it to young adult needs was positive. IL Coordinators were able to work with young adults and landlords to pay large portions of rent ahead of time and even help some young adults become current on their rent payments, allowing them to maintain housing. Expanded CAA funding has allowed IL Coordinators to provide more assistance towards car repairs, car insurance, car purchases, and reimbursing car loan payments. This helps relieve the transportation barrier that many young adults face. The maximum subsidy amount being raised to \$700 has given IL Coordinators more flexibility in assisting young adults eligible for subsidy. The maximum allowable ETV amount being raised to \$12,000 has allowed many young adults to be able to focus on their studies and recover from a year in transition between online and in person classes.

The Kansas City Region also had multiple young adults participate in the Foster Care Re-Entry Program through September 30, 2022. This allowed for many of those young adults maintain a level of stability that may not have been available to them previously. Many young adults also received lump sum Independent Living Pandemic Assistance Payments. When used wisely, these funds allowed young adults to pay bills ahead of time and put money away for future needs. Young adults whose subsidy eligibility ended in September were also eligible to receive a subsidy Balloon Payment. Many young adults reported being able to pay rent, utilities, or make car payments using this money.

IL Coordinators have expressed concerns that when subsidy, ETV, and Chafee policies revert to pre-pandemic status it will be difficult for many young adults. IL Coordinators are working with young adults to communicate that the CAA funding is short-term and to begin planning for budget reductions.

## **West**

West Region IL has noted lasting effects from the pandemic on young adults' mental health. IL Coordinators have noticed a drop in college attendance. Some young adults have gone from straight A's to F's and W's and have increased worries for the future. Many appear to have lost their passion for school and learning as a result. Many college courses moved to virtual and young adults struggled to connect with their teachers and complete their coursework. Many young adults reported feeling isolated and alone – particularly those in very rural areas. Many young adults are stressed with the inflation that is being felt nationwide. They don't have the extra money for gas and groceries at current prices. Young adults were primarily working front line jobs where they were particularly vulnerable to contracting COVID-19, leaving many out of work and often without any paid time off to use. Many mothers had their daycare shut down as well and they struggled to figure out how to work to earn money but also ensure their children were cared for. Many mothers were stressed due to supply issues and trying to find the

formula and diapers they needed. With inflation on the rise, it is not only a struggle to find what they need, but also to afford it.

CAA was helpful because of the financial freedom it gave IL Coordinators to assist young adults with everything from housing, gas, utilities, clothing, baby items, car repairs and payments. Having the housing cap removed, vehicle repair cap removed and increasing subsidy to \$700 per month were the most beneficial services to young adults as it allowed many to pay off all their debt and increase their savings account for their futures.

## **Wichita**

The pandemic negatively impacted secondary schools in our area, as young adults were forced to attend school in online or hybrid remote learning environments which can be a challenge for our young adults. The pandemic, and the move to social distancing, has negatively impacted young adult willingness and comfortability to work in normal settings. More youth and young adults are preferring to maintain social distance/remote work settings yet much of the young adult IL population lacks the education and experience for more professional forms of employment that afford the preferred remote work opportunities.

Young adult services have been challenged by the move to virtual service provision. When young adults expressed a need for in-person services during the height of the pandemic, it was more difficult to provide those supports safely.

Young adults who may have already been struggling with mental health concerns have experienced more isolation and loneliness, distance in personal relationships, and depression/anxiety. Intensity of mental health needs have worsened.

Young adults and adolescents are struggling to find employment that will meet their daily living needs, as the workplace has changed so dramatically since the pandemic. The job-seeker pool is quite large, and many employers are selecting candidates who are much older, have more experience, and have advanced education that young people have just not had the opportunity to obtain yet.

Pandemic supports and flexibilities afforded many young adults' financial opportunities they may never have experienced otherwise. Some of the benefits experienced include: Debts were paid off; fines and court fees were paid to allow for reinstatement of driver's licenses; educational/job training programs normally out of financial reach because they don't qualify for other funding sources were possible; rent and housing payments allowed for stable housing in an unpredictable world; transportation supports are allowing young adults to experience more independence and freedom. The benefits were far-reaching for many young adults.

## **C.6. Consultation and Coordination Between States and Tribes**

There are four federally recognized tribes headquartered in Kansas. Those tribes along with their contacts include:

1. Iowa Tribe of Kansas & Nebraska; Susan Drake [sdrake@iowas.org](mailto:sdrake@iowas.org)
2. Kickapoo Tribe in Kansas; Jacob Castillo [Jacob.Castillo@ktik-nsn.gov](mailto:Jacob.Castillo@ktik-nsn.gov)
3. Prairie Band Potawatomi Nation (PBPN); Sara Rust-Martin [sararustmartin@pbpnation.org](mailto:sararustmartin@pbpnation.org)
4. Sac and Fox of Missouri in Kansas and Nebraska; Pam Burden [pam.burden@sacandfoxks.com](mailto:pam.burden@sacandfoxks.com)

States are expected to consult, collaborate, and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP and subsequent APSRs. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA; the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally recognized tribes headquartered within their borders should still consult with tribal representatives and document such consultations.

In carrying out continued collaborations and coordination with tribes on child welfare programs, states should be aware that section 479B of the Act allows federally recognized tribes, tribal consortia, and tribal organizations to apply to ACF to receive, at tribal option, title IV-E funds directly for foster care, adoption assistance, and for guardianship assistance programs. A tribe may also seek to enter into an agreement with the state to administer all or part of the title IV-E program on behalf of Indian children under the authority of the tribe. States are reminded that section 471(a)(32) requires states to negotiate in good faith with any federally recognized tribe, tribal organization or tribal consortium in the state that requests to develop a IV-E agreement with the state. In addition, section 477(j) of the Act creates an option for tribes, with an approved title IV-E plan or a title IV-E tribal/state agreement, to receive directly from ACF a portion of the state's Chafee and/or ETV allotments to provide services to tribal youth in foster care or formerly in foster care.

The opportunity to operate a title IV-E, Chafee, and/or ETV program is not time-limited. A tribe has the discretion to determine whether or when it wants to develop its own title IV-E, Chafee, and/or ETV programs. States remain responsible for serving eligible resident Indian children who are not otherwise being served by an Indian tribe under an agreement with the state or under a direct title IV-E, Chafee, and/or ETV plan (section 301(d)(2) of P.L. 110-351).

There are four federally recognized tribes headquartered in Kansas: Iowa Tribe of Kansas & Nebraska; Kickapoo Tribe in Kansas; Prairie Band Potawatomi Nation (PBPB) and Sac and Fox of Missouri in Kansas and Nebraska.

The Department for Children and Families (DCF), in collaboration with the four tribes, convene quarterly for statewide meetings. These meetings are held in SFY21: July 21, October 20 and February 16. All meetings were held virtually due to COVID restrictions. Tribal staff have shared that they prefer virtual meetings as it eliminates travel time. The statewide meetings include representatives from the tribes, Child Welfare Case Management Providers (CWCMP's), Office of Judicial Administration (OJA), DCF Foster Care and Residential Facility Licensing (DCF Licensing), Administration of Children and Families (ACF), Office of the Governor's Native American Affairs Tribal Liaison/Interim Executive Director and DCF Prevention and Protection Services (PPS). Meetings were initially created and implemented during CFSP 2015-2019 and have proven to be helpful to all participants. Discussion topics have included technical assistance for the tribes, information related to grants, ICWA policies, DCF policy updates, tribal updates, general DCF updates, invites to participate in DCF workgroups, training opportunities APSR/CFSP and CFSR updates.

Invitations for tribal representation and participation in the state's Citizen Review Panels, (Intake to Petition and Custody to Transition), the Permanency Advisory Committee (PAC), Foster Care in KanCare, Diligent Recruitment, KanCare High Needs Workgroup, Psychotropic Medication Workgroup, the Icebreakers Implementation Group, Child Welfare Information System (CCWIS) development team,

Crossover Youth, EVT, ILP, TDM, CFSR committee needing tribal representation, and the Quarterly Supervisors Meetings. Invitations/information about said groups, as well as any other pertinent workgroups will continue to be given to each tribe at the quarterly meeting and/or at annual site visits. All four tribes have participated in attending Child and Family Service Review (CFSR) Round 4 kickoff meetings as well as initial statewide assessment meetings. Additionally, they have worked to recruit tribal members with lived expertise to participate in the statewide assessment meetings. Thus far, one tribal member with lived expertise has joined the statewide assessment meetings. Kickapoo also attends or meets with RYAC, Family First, CPS, APS, Bureau of Indian Affairs, National Congress of National Indians, Behavioral Health meetings and Office Victims Crimes.

Each year DCF conducts individual site visits with each tribe - excluding during the pandemic years. The purpose of a site visit is to conduct face to face tribal and state collaboration related to tribal child welfare programs and to offer technical assistance. The site visit includes meeting new tribal staff, reviewing the Memorandum of Understanding (MOU) between DCF and each Tribe, answering questions and exchanging information between programs. See Attachments 58-61 for each MOU. The MOU's are updated as often/frequently as the Tribe(s) submit the revisions that have been discussed by both legal parties. The new grant and renewal amendments, including the submission of Budget Itemization Reports, Budget Transition Reports, written budget justification for modifications and budget revisions, any revisions or requested information related to the Status and Quarterly Program Reports are discussed. Information related to all program areas are discussed. The PPS regional tribal liaison participates in site visits as requested and availability allows. In SFY22, there were no regular monthly agendas per tribes requests and preference. However, starting in FY23 structured agendas are being used

The site visits provide the opportunity to share and exchange important information with one another regarding any changes or updates in relation to the child welfare systems. Tribal social services concerns are addressed, and any needed follow-up provided. The tribes inquire with program specific questions any time. The DCF PPS tribal specialist maintains regular communications with the tribes through emails, telephone calls, monthly scheduled meetings, requested meetings by the tribe(s) in addition to the quarterly statewide meetings, and annual site visit when there are no pandemic restrictions. There have not been any site visits in the last two years due to the pandemic. DCF and the Kansas Tribes are and have been under rigid restrictions. The restrictions followed the CDC recommendations. Prior to this time frame - Tribal Specialist position did not exist. The duties that supported the Tribes prior to this time were merged into the daily duties of a DCF staff.

The Kansas tribes are provided a hyper link and a copy of the Tribal Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR) for the appropriate Federal Fiscal Year. A copy of the Tribe's CFSP and APSR is requested at each site visit when these occur. During FY22, due to Covid-19 restrictions, no on-site visits occurred. The monthly virtual meetings replaced the annual site visit. A virtual meeting was set aside with each tribe specifically as a site visit to exchange program information, note policy changes, identify challenges, hear the from the tribes, and celebrate success. Tribes were provided the link to public web site for the most recent Kansas State Plans. There have been requests to each tribe for copies of their CFSP/APSR and have not yet received them.

When a child who is the subject of a report of alleged abuse and/or neglect is identified as a Indian child, the CWCMP is required to inform the appropriate tribe and invite them to the initial team meeting, all case planning meetings, and keep the identified tribe apprised of the court hearing(s) and progress on the case. If the tribe is not known the worker will discuss with their legal the issue of sending notice to Bureau of Indian Affairs.



The Kansas Protection Report Center (PRC) electronically sends intake reports to the identified tribe when the allegations or family reside on the geographic identified area representing that tribe. If a case has been identified as a native case it shall be treated as such until proven otherwise.

#### **A. Services Provided by the Tribes through the Child Welfare Grants from the State**

The comprehensive Social Service Grant with each residential tribe in Kansas for Family Preservation, Child Protection Services, and Foster Care Services are funded through State General Funds (SGF), Independent Living (IL) services are funded through John H. Chafee Program for Successful Transition to Adulthood (formerly known as the Chafee Foster Care Independence Act). Virtual monthly meetings are scheduled with the Social Service Directors/Child welfare programs and PPS staff to assure continuous services and communications. The Residential Kansas tribes submit quarterly program reports per the agreed notification of grant award (NOGA). The reports are reviewed by the program manager and then submitted to the fiscal unit. The tribal specialist is available for consultation, ICWA, policy discussion, case specific, protective services, adoption, transfer to tribal courts, and foster care. Provision of information and technical assistance (TA) is available to tribes wanting to pursue Title IV-E funding. Such information and TA can include: Title IV-E requirements, data collection, reporting, and general process information, Child Placing Agency, background checks, fingerprints,

#### **B. Child Protection Services**

- Department Children Family and Services has entered into Memorandums of Understanding (MOU) with Native American Family Services (for the Iowa Tribe in Kansas & Nebraska), PBPN and the Kickapoo Tribe in Kansas Social Services regarding provision of protective and/or family services to Native Americans of their tribe located in Kansas. During the FY22 there was a significant change made within the Iowa tribe in Kansas and Nebraska social services program. The Iowa tribal leadership disbanded the NAFS contracted service providers. They elected to have the Iowa Social Services program begin directly running the child welfare services. The tribal leadership expressed this decision was not made light heartedly. An updated MOU is pending as of the time of this APSR. The tribe indicates they are awaiting feedback from ACF on revisions.
- At the time of intake, the KPRC requests ethnic/tribal information for the children and family from the reporter 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 Native American Indian Tribal agencies may send notice(s) of substantiated findings of abuse and neglect in connection with the tribe's investigation/s 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 will be accepted and the perpetrator's name will be entered in the Kansas Child Abuse/Neglect Central Registry. If a substantiated finding is received from tribes other than the four federally recognized tribes headquartered in Kansas, such finding will be reviewed

by DCF to determine if the report contains sufficient information to reach a conclusion regarding a finding consistent with DCF policies and procedures and applicable state and federal law, using the clear and convincing standard of evidence on reports prior to July 1, 2016 and preponderance standard of evidence on reports as of July 1, 2016 and subsequent to such date. After review, the finding may result in the name of the perpetrator being entered in the Kansas Child Abuse/Neglect Central Registry.

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

When PPS is conducting an investigation involving an Indian family not residing on a reservation, the family 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 Child in Need of Care proceeding, information about the proceeding and of their right to intervene, when the court knows or has reason to know that an Indian child is involved.

The DCF worker provides to the district or county attorney, when known, the following information:

- Full name and birth date of the child or children involved;
- The maiden names of all females (if applicable);
- Tribal affiliation; and
- The identity of a qualified expert witness who can testify that continued custody with the Indian custodian is likely to result in serious emotional or physical damage to the child.

If the identity or location of the parent or Indian custodian and the tribe cannot be determined, a letter is sent to the Secretary of Interior requesting assistance.

The CWCMP's responsibility generally ends with children who reside in out-of-home placement when there is a transfer of the child's case to tribal court of a federally recognized tribe. The CWCMP shall promptly notify regional PPS staff of the change in jurisdiction and venue to a tribe by sending PPS the Reintegration/Foster Care/Adoption (RE/FC/AD) Acknowledgement of Referral/Notification of Move/Placement Change Acknowledgement form indicating case closure due to change of jurisdiction and venue of court case. Staff from PPS shall forward the information to the tribe within 5 working days of the receipt of information from the receiving court documenting the acceptance of the change of jurisdiction and venue of the child's case. The tribe should promptly acknowledge the receipt of the information by e-mail.

A transfer of the child's case is not considered as fully transferred to the tribe until the case is accepted by the tribal court. The CWCMP will continue to provide services until the transfer is completed. Once fully transferred, the regional PPS office shall transfer all files and service responsibility to the tribe.

Each tribe has a Social Service Department that addresses the full range of child welfare issues occurring on the Reservation and with tribal members living near the Reservation. If the child in need of care case, for a child living on or near the Reservation is transferred to the Tribal Court, the Tribal Court Judge presides over all child welfare matters related to the case.

### **C. Family Preservation Services**

Tribes will provide prevention services to families at risk of child removal with the goal of maintaining the family unit and preserving tribal connections. A family support worker may also be utilized in this program. The services in this program range from intensive direct services to referrals to community resources. The primary goal of this program is to assist families and to help them to learn how to access resources and informal support systems independently of government involvement. Services provided to families may vary from tribe to tribe. The Department for Children and Families collaborates with the tribes when requested or as needed.

In the last year, FY22, Family First collaborated with tribes headquartered in Kansas to develop a tribal tract to better serve tribal communities. This will create a communication highway that helps identify and eliminate gaps in services. It has also provided opportunities for the tribes to meet the service providers in their counties on a professional peer to peer level. This allows an enhanced working relationship that ultimately supports the vulnerable or families in crisis. Each tribe desires to be understood that they are individually unique and different in terms of language, ceremonies, clans, cultural practices and beliefs. It is early in the partnership development. The key people are at the table, and they are communicating needs, ideas, concerns, all with the best interest of the child(ren) as the focus. See Attachment 61, Tribal coordination education prevention packet, that was specifically created for Native families.

During FY23 Family First will continue to enhance the communication highway alongside the tribal partners to embrace their unique individual tribal differences and brotherhood and gain insight of one another to strengthen the education they provide as community partners on the front end.

### **D. Foster Care Services**

Tribes provide services to assist youth in need of out-of-home placement. Each tribe is responsible for the staff hired to provide the services, which may include a tribal support worker. The services include case management, placement of children in approved relative homes or licensed foster homes by the tribe, in conformance with placement preferences set out in the Indian Child Welfare Act (ICWA), case planning, reporting to the court on the progress of the case, assisting with childcare costs, and the direct provision of or referral to services to the family and child to assist in reintegration. This service may also be used to provide services/options for any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, permanent custodianship, or another planned permanent living arrangement (APPLA). Services available to be provided to families may vary from tribe to tribe.

### **E. Independent Living 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, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the CWCMP's.

Regular contact with tribal staff is conducted through scheduled meetings made directly by PPS staff with tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by DCF case management contractor/grantee, Kansas Department of Corrections–Juvenile Services (KDOC-JS), tribal and PPS staff at case planning

conferences. Tribal youth are invited to participate in the Regional Youth Advisory Council (RYAC) and Kansas Youth Advisory Council (KYAC), PPS Computer Camps and the annual KYAC Youth Conference. There is one youth from the Prairie Band Potawatomi Tribe who currently participates on the Kansas Youth Advisory Council. There is one youth from the Prairie Band Potawatomi Tribe who regularly participates in Regional Youth Advisory Council meetings. No other tribes are represented on the Councils at this time.

## **F. Memoranda of Understanding**

Annually and during the Tribal Social Services site visits with each of the four respective tribe headquartered in Kansas, PPS provides a copy of the current MOU and discusses any needed updates to their MOU. When a new/ updated, agreed upon (by DCF PPS and the tribe) MOU is completed for any of the tribes, it proceeds through the DCF concurrence process ending with the Secretary for final approval signature. The result of the collaboration of governments details the responsibilities each party to protect and serve the children and families. The most recently signed MOU will be reviewed each year for any changes. The MOU is a living document and can have changes made and presented to the other party anytime to work through process. Any agreed upon amendments would be routed through concurrence ending with the Secretary of DCF for final approval signature. The MOU's, found in Attachments 58-61, are the most current MOUs for each of the four federally recognized tribes headquartered in Kansas. Negotiations will continue with any tribes who have not yet executed updated MOUs.

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

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

The MOU outlines the understanding that the respective tribal social service agency has been designated by the tribal government to provide child welfare services to the children and families of the tribe on tribal lands and/or under the jurisdiction of the tribal court. In addition, each MOU indicates DCF is the single state agency 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 foster care throughout their childhood and compliance with all applicable state and federal child welfare laws.

The MOUs outline with each tribe the policy of PPS to involve Indian tribes and organizations at the earliest possible point in social service intervention with Indian families, whether the Indian children are from the tribes headquartered 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 the Indian Child Welfare Act.
- Assist in securing reliable identification of Indian children, and, if not possible, assist in the placement of Indian Children in appropriate homes.
- Strive to ensure compliance with ICWA and related regulations and guidelines.

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

A letter from the Secretary of DCF will be sent to the tribes confirming commitment to effective collaboration and consultation related to social services with the four federally recognized tribes in Kansas. PPS plans to ensure a government-to-government letter is drafted and sent to each tribe from the DCF Secretary on an annual basis. The purpose of the letter is to recognize each tribe as a sovereign nation and to delineate the role of PPS staff as delegated by the Secretary. The child will be considered to be an Indian child by DCF if any party to the case, any person, Indian tribe, Indian organization or public or private agency informs the worker that the child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. Upon receipt of a referral for Kansas Code for Care of Children (CINC) petition or receipt of a copy of a petition whichever occurs first, pursuant to such Code, regarding a child whom a PPS Child Protection Specialist knows or has “reason to know” that a child is an Indian child, the Child Protection Specialist will immediately contact tribal social services of the respective tribe regarding the child.

The PPS Face Sheet requests ethnic/tribal information for the child(ren) at the time of intake. The PPS Medical and Genetic form requests information on the child and his/her parents and must be completed for each child at the time they enter foster care. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS).

The Kansas Judicial Council maintains certain specific court forms related to cases involving Indian children to facilitate compliance with ICWA and applicable regulations and guidelines. A Judicial Council sub-committee commenced work in the spring of 2018 to update all Judicial Council ICWA forms. The workgroup included DCF and tribal representation. The revised forms, with the exception of 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 ~~to~~ subsequently received final Judicial Council approval and have been additionally posted on their website as of December 2019. The forms will continue to inform, guide, and assist in consistent statewide practice in every child in need of care case to which ICWA applies.

If the Tribal court decides not to take jurisdiction of the child’s case, Indian children in the custody of the Secretary of DCF receive appropriate services which promote safety, permanency, and wellbeing. Services are designed to help children, where safe and appropriate, return to families from which they have been removed or be placed in a permanent placement.

## G. Other Collaboration, Coordination and Technical Assistance

Kansas Serves Native American Families (KSNAF) seeks to improve the wellbeing, safety, and permanency of Native American children affected by parent and community substance abuse through implementing and assessing an evidence-based parenting skills training, Strengthening Families Program (SFP), with cultural adaptations. KSNAF recruits, trains, and supports individuals who are Native American to offer SFP within tribal communities and other sites in Kansas. The goal of KSNAF SFP is to positively impact family bonding, communication, and parental supervision. In addition, KSNAF facilitates cross-systems collaboration and infrastructure development to build culturally sensitive and trauma-informed capacity across agencies who provide services to Native American families affected by substance abuse and involved or at-risk of involvement with child welfare systems in Kansas.

The University of Kansas School of Social Welfare's Kansas Serves Native American Families (KSNAF) is a partnership with the Prairie Band Pottawatomie Nation, Sac and Fox Nation of Missouri in Kansas and Nebraska, Iowa Tribe of Kansas and Nebraska, Kickapoo Tribe in Kansas along with DCF, Haskell Nations University, and others to offer a culturally integrated implementation and assessment of the Strengthening Families Program (SFP). This initiative is funded by the U.S. Department of Health and Human Services Administration for Children and Families Children's Bureau for Round 4 of the Regional Partnership Grants to Increase the Well-being and Permanency Outcomes for Children Affected by Substance Abuse in American Indian Communities. Currently, KVC Behavioral Healthcare leads the implementation of SFP in collaboration with a Project Coordinator at KUSSW. SFP is an evidence-informed family skills training prevention program for caregivers and children consisting of 14, two-hour group sessions that have been offered both in-person and online. In-person includes a family meal, transportation, and childcare. Online SFP includes technology and tech support. KSNAF recruits, trains, and supports Indigenous individuals to lead SFP groups which aim to positively impact family bonding, communication, and parental supervision. The target population is families who self-identify as Native with children ages 0-18 who are:

- In or at risk of out-of-home placement
- Affected by parent/family substance use
- Case plan goal: reunification or guardianship

Recognizing that all Native families are impacted by intergenerational trauma from systemic injustices, ALL Native families are welcomed to join in growing stronger together. In addition, the KSNAF includes community training (e.g., Trauma-informed Care and Walking in Two Worlds: Understanding the Two-Spirit/Native LGBTQ Community), a monthly newsletter, community resource maps and social media connections for a network of stakeholders. SFY2022 is the last year of funding and the focus of KSNAF has turned to sustainability with goals to serve as many families as possible, train tribal community staff to offer SFP, disseminate information to academic and tribal communities, and continue relationships. Specifically, the KSNAF implementation team is working closely with PBPW Wellness Connection to support them in offering their own SFP. This support will be extended to other interested tribes and tribal organization partners before the end of the initiative.

DCF PPS Tribal Specialist, PPS Legal and PPS Administration plan to continue to collaborate on an ongoing basis with the tribes to obtain input regarding all PPS Policy and Procedure Manual (PPM) policies related to ICWA and other tribal issues to ensure all needed updates are made.

PPS created, granted, and continues to maintain access to a Tribal section on DCF SharePoint for all federally recognized tribes headquartered in Kansas. The Tribal section will include meeting agendas



from the quarterly meetings and meeting agendas from the technical assistance phone calls. Other information may be shared as the Tribal section is updated as needed. This is an effort to keep the tribes included and informed.

As of FY22, no tribal staff who have used the tribal SharePoint or aware, due to staff turnover, there was anything along these lines available that housed meeting agendas or other DCF/tribal shared information. During the Pandemic year FY21 the tribes expressed that they preferred using Zoom App for the virtual meetings. A goal in FY21 was to begin having discussions and test-driving Microsoft Teams for virtual meetings. Microsoft Teams offers some tools that the Zoom App does not. One by one each tribe tested Microsoft Teams for the monthly meeting. They had either used it prior to our meeting or downloaded the application to their computer. It was a learning curve for everyone to transition to Microsoft Teams and all continue learning. Beginning 2022 the tribes and DCF were using Microsoft Teams 100% of the time.

Newly hired PPS workers are required to complete a Child Welfare Basics course during PPS Academy prior to being assigned a caseload. The course includes information on the following: reason to know the child is an Indian Child, the ICWA Act (active versus reasonable efforts), Top 10 ICWA myths facts sheet and an ICWA case scenario is used. A video presentation is required prior to class, on the background and purpose of ICWA by Justice William Thorne, Associate Presiding Judge of the Utah Court of Appeals and former tribal court judge in Utah, Idaho, Montana, New Mexico, Colorado, Arizona, Wisconsin, South Dakota, Nebraska, and Michigan.

In FY2022, the following online course was made available for DCF, case management providers and tribal partners through the Kansas Learning & Performance Management system. The Indian Child Welfare Act Online Course has been shared by the Child Welfare Capacity Building Collaborative Center for Courts where it was designed with attorneys, judges, and court stakeholders in mind. This course covers the Act's black letter law and historical context in ten short modules. This series covers topics from application notice, and active efforts to securing appropriate placements, to 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 notice

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.

The Program Manager for Group Homes and Tribes worked with the Organizational and Strategic Development Manager to grant access to Pathlore, DCF's training site, to the tribes. Access, for the tribes, occurred in FY 2019.

In SFY2022, DCF changed their online learning system, Pathlore, to the Kansas Learning & Performance Management. The Tribal Specialist continuously worked with the tribes and the learning center IT team updating tribal employee names. The current tribal employees list was assigned distinct individual numbers which allowed them to sign up for trainings offered to DCF staff. The tribal employees list always needs to be kept current with incoming and outgoing employee information. This assures access to the DCF Learning Center. This agreement is briefly outlined in the MOU. With the influx of staff, it poses a challenge to maintain the employee list at upper-level management.

During the monthly meetings with the tribes there were equity and inclusion discussions pertaining to each tribes' unique communities. Outcomes of the discussions addressed their communities and the hardships they face. Equity terminology discussions are ongoing within the tribes and DCF. All parties acknowledge that disparity looks differently on each reservation. It was mutually expressed the importance of having a shared understanding to be able to move forward successfully with any action is central to lasting changes or improvements.

All four tribes social service staff have been invited to participate in the upcoming CFSR Round 4 Statewide Assessment. Additionally, DCF has asked each tribe to recruit any parents, kin, caregivers, or youth that have had current or former experience with the child welfare system to be actively involved in the statewide assessment. Any participants with lived experience will be given a stipend for their time.

A final example of collaboration between DCF and the tribes occurred recently in April 2022. The DCF East Region Adoption Specialist and Foster Care/Independent Living Administrator identified a tribe that was finding it difficult to complete timely adoption home studies due to staff shortages the tribe was experiencing. The DCF staff helped the tribe get in contact with a known, well respected home study writer in the area that could help the tribes complete the home studies so that the adoption process could move along faster. The tribe will contract with that home study writer and DCF will in turn reimburse the tribe after the work has been done. This is a short-term fix as we are hoping to support the tribe more completely in efforts that model what we consider to be best practice, encouraging them do adoptions services beyond just the preparation of home studies. As best practice involves working with a family and supporting them throughout the entire adoption journey, before, during and after.

## **D. 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. 4<sup>th</sup> Floor  
Topeka, KS 66603

### **STATE LIAISON OFFICER:**

Ann Goodall

DCF Administration Building, Second Floor  
555 S Kansas Ave  
Topeka, KS 66603 Phone: 785-250-8113 Fax: 785-368-8159  
E-mail: [Ann.Goodall@ks.gov](mailto:Ann.Goodall@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:**  
**<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx>**

During the 2021 Kansas legislative session, “Adrian’s Law” was added to the Kansas Code for Care of Children. The bill was named for a 7-year-old Kansas City, Kansas, boy who died in 2015. Adrian’s Law requires visual observation of an alleged victim of child abuse or neglect as part of an investigation by DCF or law enforcement officials. Although now passed into law, this did not change policy or procedure for Kansas Department for Children and Families. Current and ongoing policy required CPS specialists to take reasonable action to seek medical care of a child suspected of child abuse or neglect:

2450 Medical Examination or Treatment Related to Abuse/Neglect: When it is determined medical services related to abuse/neglect are needed by a child who is the subject of an abuse/neglect report a CPS Specialist should take action to seek medical care of a child when there is suspected child abuse or neglect. The full bill can be found by following this link:  
[http://kslegislature.org/li/b2021\\_22/measures/hb2088/](http://kslegislature.org/li/b2021_22/measures/hb2088/)

In 2021 Children’s Mercy Hospitals were awarded a grant through the Children’s Justice Act Task Force in Kansas to begin a pilot program titled Safe-Care Kansas in Johnson and Wyandotte counties. Safe-Care Kansas will help to ensure young children who may be victims of abuse/neglect receive expert assessment, including medical evaluation when indicated, to aid in the determination of whether abuse has resulted in injury and/or safety risks that require intervention. Self-Care Kansas will help to ensure young children who may be victims of abuse/neglect receive expert assessment, including medical evaluation when indicated, to aid in the determination of whether abuse has resulted in injury and/or safety risks that require intervention.

On July 1, 2015, Kansas added “Aggravated Human Trafficking” to the Kansas Code for Care of Children definition of Sexual Abuse. There were additional substantive changes to State Law related to prevention of child abuse and neglect in the 2016 legislative session specifically tied to Preventing Sex Trafficking and Strengthening Families Act. Policies were revised as needed. On July 1, 2016, new legislation went into effect which expands the definition of Sexual Abuse as it relates to Human Trafficking. The full statute for Human Trafficking can be found at:  
[http://www.kslegislature.org/li/b2017\\_18/statute/021\\_000\\_0000\\_chapter/021\\_054\\_0000\\_article/021\\_054\\_0026\\_section/021\\_054\\_0026\\_k/](http://www.kslegislature.org/li/b2017_18/statute/021_000_0000_chapter/021_054_0000_article/021_054_0026_section/021_054_0026_k/), the specific statute is 21-5426(b).

The 2018 CAPTA State Plan identified the following items of area of focus in Kansas:

- The program areas selected for improvement from the 14 areas delineated in section 106(a) (1) through (14) of CAPTA are areas (1), (4) and (7).
- Area (1) the intake, assessment, and investigation of reports of abuse and neglect;
- Area (4) enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols; and Improving skills, qualifications, of individuals and supervisor in child protection system. This would include availability and improvements in the recruitment and retention of the case workers.

Area (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.

In 2019, DCF started the process of approval for hiring a position in DCF Administration to assist with all program CAPTA funds. The position job duties include working with Citizen Review Panels, Child Death Review Board, Critical Incidents and monitoring of CAPTA funds. In review of child deaths and critical incidents the position looks for ways to improve policy, procedures and training for front line staff. The position has been filled by Ann Goodall who began her work in July 2019.

CAPTA funds continue to be utilized throughout the agency for providing education and resources on a variety of issues affecting the prevention of child abuse and neglect. Each of the four regions and PPS Administration has utilized their allotment of CAPTA dollars in a variety of ways. Activities for this reporting period include:

Paying expenses for Child Protective Services (CPS) Specialists to attend various educational courses uses a significant amount of CAPTA funding. This includes registration fees, hotel, per diem, car rental, gasoline, etc. Courses include pre-service training for new CPS Specialists, as well as more advanced training for seasoned staff. These expenses include training services, supporting staff in maintaining their social work license and attendance at conferences.

Examples include, but are not limited to the following;

- Annual Governor's Conference for the Prevention for Child Abuse and Neglect,
- ChildFirst of Kansas
- Human Trafficking,
- Interviewing Skills for Child Welfare training course utilizing live actors to give staff the experience of conducting live interviews.
- Team Decision Making
- Safe Generations SOS
- Children's Mercy Hospital training for Child Protector phone app

In 2021, a contract was awarded to Mainstream Nonprofit Solutions to provide facilitation of two of the Citizen Review Panels. The facilitator organizes the panels, coordinates between members, and facilitates communication and focus. In addition, the facilitator coordinates the development of the three-year assessment and annual report for the Children's Justice Act (CJA) taskforce responsibilities of one of the citizen panels.

An Interagency Agreement between DCF and Wichita Police Department and Sedgwick County Sheriff's Office provides funding to implement three Community Support Specialist positions in

Sedgwick County Kansas. The Community Support Specialists coordinate with 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.

The APSR Annual Final Report contains Annual Reports from the State of Kansas' Citizen Review Panels. See Attachments 11-16.

## Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

As addressed in last year's APSR PI (ACYF-CB-PI-16-03), the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA that become effective on May 29, 2017. Key provisions include the following:

When a report is received alleging human trafficking PPS policy requires the report be assigned for investigation. The reports are assigned for alleged human trafficking-sex and/or human trafficking-labor. In July 2016 Kansas statute was amended to include Aggravated Human Trafficking to the definition of Sexual Abuse. Reports are coordinated with law enforcement agency or agencies having jurisdiction over the criminal activity. Additional policies address making reasonable efforts to locate the alleged victim of human trafficking.

- *provisions and procedures for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population.*

Staff completing investigations are required to complete PPS Introduction to Human Trafficking course within six months of hire. Other courses provided for staff education include:

- Human Trafficking - Classroom Instruction
- Human Trafficking and Child Welfare - Classroom Instruction
- Human Trafficking TOT - Classroom Instruction
- Human Trafficking-Understanding the Dynamics-Protection Reporting Center Classroom Instruction
- Human Trafficking: A Presentation by Dottie Laster - Online Video
- Recognizing Child Maltreatment: Medical Child Abuse, Neglect, Failure to Thrive, Trafficking and Child Sexual Abuse - Classroom Instruction

Kansas has a Human Trafficking Advisory Board which is facilitated by the Attorney General's office staff. The board is multi-disciplinary in nature having representation from child welfare, law enforcement, Exploited and Missing Children's Unit, juvenile justice, legal, CASA, Attorney General's office and other community organizations. The board meets a minimum of quarterly, but more importantly, the board has allowed those involved to establish relationships so when a human trafficking issue presents, members have contacts across the state to contact for advice and assistance. These relationships have been utilized when needed to help facilitate appropriate and timely investigations of and responses to human trafficking on more than one occasion. There are ongoing meetings with Kansas Department of Corrections and the Attorney General's office regarding Human Trafficking related issues. Collaboration with law enforcement is engaged as needed.

DCF hired an Anti-Human Trafficking Program Manager to work specifically with Human Trafficking issues. The Anti-Human Trafficking Program Manager is responsible to lead DCF's initiative to develop a comprehensive response and service system in Kansas for youth who are victims or are in DCF custody and at risk of becoming victims of human trafficking. This Program Manager participates in local human trafficking task force meetings statewide to gather information of efforts across the state to combat human trafficking and offering assistance and resources. The Program Manager has helped task force groups collaborate with other groups across the state. The Program Manager collaborates with other systems/agencies to provide statewide multidisciplinary human trafficking training.

The amendments also add to the list of data elements a state must annually report, to the maximum extent practicable, as a condition of receiving their CAPTA State Grant. Beginning with submission of FY 2018 data, the CB expects to ask states to report the number of children who are victims of sex trafficking through NCANDS. Additional information on NCANDS data reporting will be provided separately from this PI.

Kansas collects data on Human Trafficking allegations and assigned reports. Kansas also collects data on substantiated Human Trafficking findings. This information will be available for NCANDS submission.

Kansas submitted the CAPTA assurance on May 12, 2017.

The current agency policy is to identify, assign and assess all reports of alleged child sex trafficking.

The reports are assigned for alleged human trafficking-sex and/or human trafficking-labor. Reports are coordinated with law enforcement agency or agencies having jurisdiction over the criminal activity. PPS policies direct the investigation may be done by PPS alone or in cooperation with law enforcement. If law enforcement does not want agency assistance in an investigation, the agency can assess the family and identified victim for services and provide or make a referral for services.

The state has identified no technical assistance needs at this time. The state is constantly reviewing and revising and will seek technical assistance if need is determined.

Kansas submitted the CAPTA assurance on May 12, 2017.

Kansas participated in a Children's Bureau site visit in September 2018. A barrier identified during this visit was the relationship between DCF and area hospitals. Since this visit, Kansas has begun work to increase collaboration with Kansas hospitals, mental health, substance-use treatment and community providers. Kansas is participating in statewide committees focusing on safe care for substance-exposed infants across all agencies. The Kansas Perinatal Quality Collaborative (KPQC) includes representatives from Kansas hospitals, the Kansas Department of Health and Environment, Kansas Department on Aging and Disability Services and community substance-use treatment providers. The KPQC meets twice a year with additional focus workgroups. Kansas is participating in a workgroup focusing on collaboration between hospitals, child welfare and treatment providers. The Kansas Prescription Drug and Opioid Advisory Committee meets quarterly and includes the Kansas Department for Children and Families, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, mental health, law enforcement, hospitals, pharmacies, and community treatment providers. Kansas DCF has participated in additional meetings and presentations with The Kansas Power of the Positive (KPop) which is a statewide coalition focusing on societal level interventions to prevent adverse childhood



experiences. Kansas DCF participated in a panel presentation for the Kansas Governor's Conference on Prevention of Child Abuse and Neglect addressing a collaboration of agencies to address treatment and services for substance affected infants. Kansas DCF has participated in a learning series in partnership with Kansas Connecting Communities focusing on the social impacts of perinatal behavioral health (mental health & substance use) disorders and effective interventions to support the health and wellbeing of perinatal women and their families.

Kansas DCF in collaboration with the Kansas Department on Aging and Disability Services and the Kansas Department of Health and Environment obtained a Calling All Sectors Initiative grant of \$150,000 from PEW Charitable Trust ending August 2021. The intended results are to increase cross-sector collaboration for health and health equity and will be measured using a results-based accountability framework. The intent is to identify and implement evidence-based, promising, and innovative approaches to cross-sector collaboration, with a specific focus on improving maternal and infant health and well-being where the greatest gaps in health outcomes exist. This grant provides technical assistance from the Association of State and Territorial Officials, Race Forward and Glaser & Associates, Inc. The focus of Kansas' work on this grant is to increase the identification of pregnant & postpartum women using substances and connections to appropriate services and supports.

These collaborations and partnerships will inform Kansas policies and procedures to enhance Kansas DCF delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Work is focusing on reducing stigma to better engage and provide services to pregnant women using substances. The KPop is working on an asset map to better understand the services available in Kansas. Additional efforts are being made to develop system flowcharts and reporting guides to cross-train between hospitals and child welfare.

To meet the requirements of CARA legislation, Kansas has implemented new policy 2050 Plan of Safe Care, (<http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/>), to detail what a Plan of Safe Care is, how it is different from a Safety Plan and Case Plan and when it is to be completed. There were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings occurred in July/August 2017 with the above-mentioned participants to continue the discussion related to the implementation of the Plan of Safe Care policy. It is the intention that families in need of a Plan of Safe Care will be offered and referred to Family Preservation Services for intensive in-home services to meet the needs identified on the Plan of Safe Care and for those services to be monitored.

A Comprehensive Addiction and Recovery Act (CARA) workgroup was formed in SFY19 to begin collaboration efforts with community agencies. The CARA workgroup began meeting in September 2018 and has continued to meet quarterly. The CARA workgroup has identified the goals of community outreach, training, and quality assurance to ensure Kansas is meeting CARA requirements. See attached CARA Workgroup Charter.

In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome Sub-Committee. The vision of the Kansas Prescription Drug and Opioid Advisory Committee is to build capacity, mobilize resources, and enhance the quality and availability of data to support data-driven strategic planning at the state and local level, and to implement best practices associated with prescription drug misuse and illicit opioid use across the State. Additional information, meeting minutes and resources regarding Kansas' Prescription Drug and Opioid Advisory Committee

may be found at: <http://www.preventoverdoseks.org/>. The Neonatal Abstinence Syndrome (NAS) is a subcommittee of the advisory committee and is focusing on education, prevention and state-level policy. The goal is to reduce the number of NAS cases in Kansas through education, prevention and intervention while also enhancing the care of affected babies and mothers through implementation of clinical best practices. Additional information, meeting minutes and resources for the NAS Subcommittee may be found at: <https://kansaspqc.org/neonatal-abstinence-syndrome-nas-initiative/>. In SFY 2019 Kansas DCF representatives began participating in the Kansas Quality Perinatal Collaborative (KQPC) subcommittee. The mission of this collaborative is to improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes. Additional information regarding this collaborative may be found at: <https://kansaspqc.org/>. DCF Administration staff presented to this collaborative on November 16, 2018. This was a panel presentation which included medical, substance abuse treatment, DCF and mothers who had experienced having a substance affected infant. The KQPC continues meeting to develop strategies and resources to enhance reporting and communication between birthing centers and DCF.

While the legislation does not require states to define substance affected infants as a specific category, it does not prohibit it either. Kansas gave great thought and had many discussions about whether this population should be included as an abuse/neglect category. Kansas made the decision to include it based on when an event is assigned as an abuse/neglect category, the agency has some statutory authority that we don't otherwise have when a report is assigned as a FINA. Being assigned as an abuse/neglect case type does not increase or decrease the likelihood of removal. The service provision remains the same. A safety and risk assessment are still completed and if possible, the child should be maintained in the home safely.

Kansas published a regulation change in March 2019 which provides a definition for a substance affected infant as an abuse/neglect allegation. This new regulation does not prevent the agency from providing services as a Family in Need of Assessment (FINA) report if a family is requesting services due to substance use after giving birth. Kansas has added the assignment type of Substance Affected Infant as a neglect assignment type for July 2018.

As the CARA changes are implemented, the PPS Program Administrator has started a workgroup to consist of PPS Administrative staff and PPS regional staff. One goal of this workgroup is to increase community collaboration. The workgroup will be working on ways for DCF to collaborate with representatives from the medical community including hospital staff, doctors who work with pregnant women and newborns, substance abuse treatment providers, and others identified who work with this population. The initial goal will be to work at a high level to educate stakeholders about CARA and what their role will be with the intent to possibly break off into more regionalized groups as progress is made.

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

The Kansas Department for Children and Families Policy and Procedure Manual outlines requirements for practitioners to utilize and be knowledgeable about Plans of Safe Care. PPM 2050 (<http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx>) was implemented for the July 2017 revision period. This policy details what a Plan of Safe Care is, how it is different from a Safety Plan and Case Plan and when it is to be completed. PPM 2050 section B details the criteria for when a Plan of Safe

Care might be appropriate. There are three assignment types that require the Child Protection Specialist to consider whether a Plan of Safe Care is needed: a Pregnant Woman Using Substances, Substance Affected Infant or a FINA assigned for Infant Positive for Substances. The policy also requires that any family qualifying for a Plan of Safe Care to be offered and encouraged to accept Family Preservation services with the goal of safely maintaining the infant in the home when possible. The policy addresses how a Plan of Safe Care shall be monitored to determine the ongoing appropriateness of the services. When the DCF case closes, the Plan of Safe Care is provided to the family, so they may share it with their community providers to continue to be utilized to meet the family's needs. There were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings occurred in July/August 2017 with the above-mentioned participants to discuss the implementation of the Plan of Safe Care policy. It is the intention that families in need of a Plan of Safe Care will be offered and referred to Family Preservation Services for intensive in-home services to meet the needs identified on the Plan of Safe Care and for those services to be monitored. The policies and procedures for the Plan of Safe Care will continued to be reviewed for revisions with the Assessment and Prevention Policy Workgroup and the CARA workgroup.

### **American Rescue Plan Act of 2021**

Kansas DCF received \$949,707 in CAPTA funds related to the 2021 American Rescue Plan. These funds have been identified to support a sole source contract with Kansas Children's Service League to build individual community capacity for Family Resource Centers and updated Mandated Reporter Training that expands the concept of reporters as also being supporters and identifying prevention resources and services before a family's situation escalates to a level of needing a report to the DCF reporting center. These funds will be used for this contract and are on target to be expended by FFY 2025.

Kansas DCF chose to utilize these funds for FRC community capacity due to the desire to implement a statewide network of Family Resource Centers among many local and statewide partners for many years. FRC's were pursued based on feedback from many partner collaborations that include Thriving Families, Early Childhood Recommendations Panel, Kansas Department of Health and Environments Family Advisory Council and FFPSA Family Councils who have expressed the desire to create a community hub for families to access needed services that would circumvent a crisis and keep a family from interacting with the child welfare system. The KDHE Family Advisory Council and the FFPSA Family Councils comprise parents with lived experience, as well as early childhood professionals from community-based agencies and state agency partners related to home visitation, public health, maternal health, childcare, child abuse prevention, behavioral health and interagency coordination councils. There have been no challenges or barriers thus far in using these funds.

## **E. Updates to Targeted Plans within the 2020-2024 CFSP**

### **E.1 Foster and Adoptive Parent Diligent Recruitment Plan**

DCF and its community and contracted partners have worked together to develop a cohesive Diligent Recruitment Plan. The first publication of the plan occurred in 2016. The newest version (see attached) was first developed in partnership with Capacity Building, Center for States for guidance and support. Kathy Ledesma, the Program Area Manager for Adoption and Christine DeTienne, the State/Territory

Liaison. In SFY 21-22, it has since undergone some clerical updates by FosterAdopt, Connect (FAC) who now oversees the Diligent Recruitment Plan and updates.

The plan was developed to showcase:

- Consistent messaging and communications related to diligent recruitment with emphasis on improved data collection and analysis.
- Implementation of effective strategies for recruiting and supporting families.
- Kansas will improve outcomes of timely permanency, placement stability and foster/adoptive parent licensing, recruitment, and retention.

Data Driven Goals are:

- 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.
- Recruit, prepare and support African American foster and adoptive families.
- Recruitment, prepare and support adoptive families for children/youth registered on the adoption exchange.

Diligent Recruitment Goals are:

*Intentionally recruit, prepare and retain foster/adoptive parents who are best able to meet the needs of children in care;*

- Who will actively support reintegration and/or understand the importance of connection with birth Families.
- Demonstrate the understanding and commitment to serve children affected by trauma.
- Are willing to meet the immediate and long-term needs of the child.

Diligent recruitment brings together community partners along with FAC, DCF and Child Welfare Case Management Providers (CWCMPs) to review the data on Kansas children in out of home placement and discuss needs and options. This plan includes continuous analysis of data allowing the agency to effectively communicate with our partners and stakeholders and adjust the plan accordingly.

Diligent recruitment is a systematic approach to preparing and retaining families who can meet the needs of children and youth in foster care.

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 Diligent Recruitment 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 of foster homes to care for the high acuity kids. The leaders for Diligent Recruitment have a shared mission which is to model responsibility to all agencies, staff etc.

Mission points:

- Reduce the number of children in out of home care.
- Share resources to close the gap between placement capacity and placement needs.
- Advocate for change in culture by moving/building the support system as this groups 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.

See Attachment 40 Diligent Recruitment Plan.

## E.2 Health Care Oversight and Coordination Plan

See Attachment 3 for the Update to Health Care Oversight and Coordination Plan.

## E. 3 Disaster Plan

The most significant disaster faced by Kansas, as in all other states, has been the COVID-19 pandemic. Please see Attachment 63 for the DCF Administration Disaster Plan. Each DCF region similarly has a Disaster Plan following the same structure as the attached plan, but with different emergency contact numbers included.

Please also see attached disaster planning documents from Child Welfare Case Management Providers: 64 KVC Kansas, 65 Saint Francis Ministries, 66 TFI Family Services and 67 Cornerstones of Care. Additionally, See Attachment 68 for the Independent Living Disaster Plan.

## E. 4 Training Plan

See Attachment 20 DCF Training Plan, and supplemental training attachments:

- Attachment 64 DCF PPS SFY 2021 Training Report
- Attachment 65 Training Plan – Cornerstones of Care
- Attachment 66 Training Plan – DCCCA, Inc.
- Attachment 67 Training Plan – KVC Kansas
- Attachment 68 Training Plan – Saint Francis Ministries
- Attachment 69 Training Plan – TFI Family Services

Effective October 1, 2014, the State of Kansas claims 75 percent Federal Financial Participation (FFP) for TIPS MAPP and Deciding Together training. Kansas claims 75 percent FFP for on-going training provided to foster (including kin) and adoptive parents. All other eligible training will be claimed at the regular 50 percent administrative FFP rate. Total computable costs subject to the 75 percent FFP is estimated to be less than \$1.0 million dollars.

## F. Statistical and Supporting Information

### F.1 CAPTA Annual State Data Report Items

#### I. Information on Child Protective Service Workforce

|                           |   |   | Training Requirement |                |
|---------------------------|---|---|----------------------|----------------|
| Position                  | Education Requirements                      | Qualification   | Pre-Service*         | Annually       |
| Administrative Specialist | Education may be substituted for experience | Two years of experience in general office, clerical and administrative support work | 12 hours             | 1 hour minimum |

|                                    |  |  |   |   |
|------------------------------------|--|--|---|---|
| Intake Protection Specialist (IPS) | Two years of college or two years of work experience in 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<br>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

## ii. Data on education, qualifications, and training

| <i>Data as of 4/25/2022</i>  | Intake Protection Specialist (IPS) | Protection Specialists | Protection Supervisor |
|------------------------------|------------------------------------|------------------------|-----------------------|
| Not Indicated <sup>[1]</sup> | 7                                  | 38                     | 5                     |
| Less than High School        | 0                                  | 1                      | 0                     |
| High School or equivalent    | 5                                  | 9                      | 1                     |
| 1 Year College               | 4                                  | 14                     | 0                     |
| 2 Years College              | 2                                  | 7                      | 1                     |
| 2 Year College Degree        | 6                                  | 11                     | 0                     |
| Technical School Degree      | 1                                  | 1                      | 0                     |
| 3 Years College              | 1                                  | 13                     | 2                     |

<sup>[1]</sup> The new employee is given a form to provide personal demographic information, i.e., name, address, etc. Education level is a part of this form, but it is not required they provide it. If employees don't enter this information on the form, it is not entered into the system. Transcripts and education are verified in the application/hiring process; however, for reporting purposes education is tracked via this form.



|                      |    |     |    |
|----------------------|----|-----|----|
| 4 Years College      | 0  | 12  | 1  |
| Bachelor's Degree    | 4  | 338 | 62 |
| Some Graduate School | 0  | 0   | 1  |
| Master's Degree      | 1  | 62  | 8  |
| Doctorate            | 0  | 2   | 0  |
| Total                | 31 | 508 | 81 |

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.

### iii. demographic information of the child protective service personnel;

| Race                          |          |                 |       |       |       |               |                  |       |
|-------------------------------|----------|-----------------|-------|-------|-------|---------------|------------------|-------|
| Position                      | Hispanic | American Indian | Black | White | Asian | Not Specified | Pacific Islander | Total |
| Intake Protection Specialists | 2        | 0               | 5     | 15    | 0     | 9             | 31               | 31    |
| Protection Specialists        | 22       | 1               | 37    | 276   | 4     | 167           | 1                | 508   |
| Protection Supervisors        | 2        | 1               | 5     | 54    | 0     | 19            | 0                | 81    |

| Sex                           |      |        |               |       |
|-------------------------------|------|--------|---------------|-------|
| Position                      | Male | Female | Not specified | Total |
| Intake Protection Specialists | 4    | 27     | 0             | 31    |
| Protection Specialists        | 77   | 430    | 1             | 508   |
| Protection Supervisors        | 4    | 77     | 0             | 81    |

| Age      |       |       |       |       |           |               |       |
|----------|-------|-------|-------|-------|-----------|---------------|-------|
| Position | 20-29 | 30-39 | 40-49 | 50-59 | 60 & over | Not Specified | Total |

|                               |     |     |    |    |    |   |     |
|-------------------------------|-----|-----|----|----|----|---|-----|
| Intake Protection Specialists | 3   | 10  | 8  | 8  | 7  | 3 | 31  |
| Protection Specialists        | 210 | 132 | 82 | 58 | 26 | 0 | 508 |
| Protection Supervisors        | 11  | 31  | 16 | 20 | 3  | 0 | 81  |

iv. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

| SFY2022 YTD (Jul-Dec.) Caseload | Child Protection Specialist (CPS) | CPS Supervisors | CPS Staff and Supervisors |
|---------------------------------|-----------------------------------|-----------------|---------------------------|
| Average Monthly Cases           | 13.7                              | 6.6             | 13.4                      |
| Average Max Monthly Cases       | 19.6                              | 8.4             | 19                        |

| SFY2022 YTD (Jul-Dec.) Caseload | CPS to Supervisor Ratio |
|---------------------------------|-------------------------|
| Average Monthly Ratio           | 3.6                     |
| Max Monthly Ratio               | 4.2                     |

| SFY2022 YTD (Jul-Dec.) Caseload | CPS to Supervisor Ratio | CPS Staff Ratio | Total Cases per Supervisor |
|---------------------------------|-------------------------|-----------------|----------------------------|
| Average Monthly Ratio/Cases     | 3.6                     | 13.7            | 49                         |

## F. 2 Juvenile Justice Transfers

|  |   |
|--|---|
| Number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2021 | 39  |
| Source of the information  | FACTS, DCF's Child Welfare Reporting System |
| How the state defines the reporting population   | Youth transferred to another state agency   |

## F. 3 Education and Training Vouchers

Please see Attachment 44 SFY21 Independent Living Program Self-Sufficiency Services Annual Report.

## F. 4 Inter-Country Adoptions

As of April 2022, DCF has approximately 12 children in custody who were previously adopted internationally. SFM reported 3, KVC reported 5, Cornerstones of Care reported 3 & TFI reported 1. See section C5, “Services for Children Adopted from Other Countries” for additional details.

## Monthly Caseworker Visit Data

Please see monthly caseworker visit section C.5.

## G. Financial Information

### G.1.a. Monthly Caseworker Visit Formula Grant and Data

Please see monthly caseworker visit section C.5.B, #6.

### G.1.b. Payment Limitations- Title IV-B Subpart 1 & 2

Please see Attachment 81 CFS 101s, in both .pdf and excel formats. Also please see Attachment 82 Kansas FY 2021 Re-allotment in .pdf and excel formats.

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

##### FFY 2005 Title IV-B, Subpart I & State Match Expenditures

The Title IV-B, Subpart 1, payment limitations are identified below.

| 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   |

#### Section G (2): Payment Limitations - Title IV-B, Subpart 2

##### FFY 1992 Title IV-B, Subpart 2, Supplantation Requirements Per Section 432(a)(7)(A)

The 1992 base year and 2020 actual expenditures are identified below.

| Category        | 1992    | 2020      |
|-----------------|---------|-----------|
| Family Services | \$1,661 | \$402,199 |

|                              |              |                      |
|------------------------------|--------------|----------------------|
| Family Preservation          | \$ -         | \$2,818,240          |
| Time Limited Reunification   | \$27,424,568 | \$172,987,372        |
| Adoption promotion & support | \$1,072,510  | \$6,566,723          |
| Total                        | \$28,498,739 | <b>\$182,774,534</b> |

#### G.1.c. Chafee Program

Please see Attachment 81 CFS 101s, in both .pdf and excel formats.

## G.2 Current Year Funding

FY2022 Re-allotments, Requests for Additional Funding and Submitting a Revised CFS-101 Budget Request

Please see Attachment 82 Kansas FY 2021 Re-allotment in .pdf and excel formats.

## G.3 FY 2023 Budget Request – CFS-1-1, Parts I and II

Please see Attachment 81 CFS 101s, in both .pdf and excel formats.

## G.4 FY 2020 Title IV-E Expenditure Report – CFS-101, Part III

## G.5 Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

These reports have been submitted via PMS therefore are not included in this submission.

# Attachment Guide

1. 2022 Kansas DCF PPS Organizational Chart
2. DCF Racial Equity Impact: Seeds of Change

3. Health Care Oversight and Coordination Plan
4. ICAB Fact Sheet
5. Family Council Fact Sheet
6. Kansas/Missouri Border Agreement
7. 2020-2021 Governors Behavioral Health Subcommittee Annual Report
8. SPT Meeting minutes
9. Data MOU (KDOC, DCF and OJA)
10. Youth listening sessions report
11. KS CRP Intake to Petition CJA Annual Report 2021
12. DCF PPS Director's Response to CRP Intake to Petition Recommendations
13. CRP Custody to Transition Annual Report 2021
14. DCF PPS Director's Response to CRP Custody to Transition
15. SCDRB – Annual Report 2021
16. SCDRB DCF PPS Directors Response 2021
17. Adoption Tracking Tool
18. Parent Youth Facilitation Pilot Fact Sheet
19. Kansas Foster Parent Survey Results
20. DCF Training Plan 2023
21. DCF Internal Mental Health Audit #1
22. DCF Internal Mental Health Audit #2
23. Kansas Family Crisis Response Services Infographic
24. Helpline Flyer English
25. Helpline Flyer Spanish
26. DCF Modernize – Enhance Employee Experience SIT team recommendations
27. DCF Recruitment Flyer
28. Placement Stability Rate Report FY22
29. Foster Care Rate Structure
30. Family Preservation Tiers
31. FFPSA Providers and Services
32. Prevention Service Track
33. Interagency and Community Advisory Board Team Charter
34. Family First Presentations and Workshops SFY2022
35. Adopt Kansas Kids Quarterly Report Jan. to March 2022
36. Cornerstones of Care Recruitment Plan 2022
37. KVC Recruitment Plan 2022
38. SFM Recruitment Plan 2022
39. TFI Recruitment Plan 2022
40. Diligent Recruitment Plan 2020-2022
41. DCF Youth Recovery Report SFY 2022
42. CWCMP IL Activities SFY 2022

43. DCF Independent Living Regional Activities 2022
44. SFY21 Independent Living Program Self-Sufficiency Annual Report
45. IL Monthly Demographic Report
46. KYAC RYAC Activities
47. KYAC Work Plan 2018-2022
48. We Can Drive Dashboard
49. ETV Program Plan
50. CAA IL & ETV Expansion Flyer
51. DCF Independent Living – Tribal Coordination Ideas
52. PPS 700 Voluntary Agreement for Re-entry Program Services
53. Re-Entry Acknowledgement Memo
54. CAA Re-entry Flyer
55. CAA IL Vehicle Purchases Checklists SFY 2022
56. CAA IL Vehicle Purchases Instructions SFY 2022
57. DCF Independent Living Pandemic Relief Round One and Two
58. DCF and Iowa Tribe of Kansas and Nebraska ICWA MOU
59. DCF and PBPN ICWA MOU
60. DCF and Kickapoo Tribe in Kansas ICWA MOU
61. DCF and Sac and Fox Nation of Missouri in Kansas ICWA MOU
62. Tribal coordination prevention education packet
63. DCF Administration Disaster Plan
64. KVC Kansas Emergency Response Manual
65. SFM Disaster and Emergency Management Plan
66. TFI Emergency Preparedness Plan
67. Cornerstones of Care Emergency Action Plan
68. Independent Living Disaster Plan
69. DCF PPS SFY 2022 Training Report
70. Training Plan – Cornerstones of Care 2022
71. Training Plan – DCCCA 2022
72. Training Plan – KVC Kansas 2022
73. Training Plan – Saint Francis Ministries 2022
74. Training Plan – TFI Family Services 2022
75. KYAC Governor’s Conference 2021
76. KFAN Kansas Kinship Navigator Resource Guide
77. Kansas Bed Numbers for QRTP Facilities May 2022
78. DCF IL Driving Chart
79. DCF IL Communication with Tribes SFY 2022
80. DCF Thrive With Us 2022- DCF Recruitment Fair
- 81. Kansas FY23 CFS – 101s**
- 82. Kansas FY22 Reallotment**



- 83. Kansas FY22 Annual Reporting of Education and Training Vouchers Awarded
- 84. CAA Program Updates 9.1.2021
- 85. Training Plan-KPM Training Crosswalk Flyer
- 86. SOUL Family Backgrounder
- 87. **Attachment C ETV Chart**

## Acronym Guide

### A

**AAICPC:** Association of Administrators of the Interstate Compact on the Placement of Children

**ABC:** Attachment and Biobehavioral Catch-Up

**ACE:** Adverse Childhood Experience

**ACF:** Administration for Children and Families  
**A-CRA:** Adolescent Community Reinforcement Approach  
**AECF:** Annie E. Casey Foundation  
**AFCARS:** Adoption and Foster Care Analysis Reporting System  
**AKK:** Adopt Kansas Kids  
**AP:** Assessment and Prevention  
**APA:** Adoptive Placement Agreement  
**APLI:** Appropriate Placement Level Indicator  
**APPLA:** Another Planned Permanent Living Arrangement  
**APSR:** Annual Progress and Services Report  
**ASFA:** Adoption and Safe Families Act  
**ASQ-SE:** Ages and Stages Questionnaire, Social Emotions  
**ATT:** Adoption Tracking Tool  
**AUK:** Adopt US Kids

## **B**

**BIA:** Bureau of Indian Affairs  
**BID:** Best Interest Determination  
**BIS:** Best Interest Staffing  
**BSRB:** Kansas Behavioral Science Regulatory Board

## **C**

**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 of 2016  
**CASA:** Court Appointed Special Advocate  
**CAT:** Mobile Response Crisis Assessment Tool  
**CB:** Children's Bureau  
**CBC:** Capacity Building Center  
**CBCAP:** Community-Based Child Abuse Prevention  
**CBST:** Community Based Service Team  
**CCDF:** Child Care Development Fund  
**CCWIS:** Comprehensive Child Welfare Information System  
**CDDO:** Community Developmental Disability Organization  
**CFCIP:** John H. Chafee Foster Care Independence Program  
**CFP:** Casey Family Programs  
**CFSP:** Child and Family Services Plan  
**CFSR:** Child and Family Services Review  
**CIF:** Children's Initiatives Fund  
**CIP:** Court Improvement Program  
**CIS:** Cognitive Interaction Skills  
**CINC:** Child in Need of Care  
**CJA:** Children Justice Act  
**CJJR:** Center for Juvenile Justice Reform  
**CLE:** Continuing Legal Education  
**CMHC:** Community Mental Health Center  
**CMP:** Case Management Provider

**CMS:** Centers for Medicare and Medicaid Services  
**CoC:** Continuum of Care  
**CPA:** Child Placing Agency  
**CPI:** Continuous Performance Improvement  
**CPS:** Child Protective Services  
**CQI:** Continuous Quality Improvement  
**CRA:** Central Reporting Application  
**CRT:** Caregiver Response Tool  
**CROPS:** Child Report of Post-Traumatic Symptoms  
**CSDC:** Child Stress Disorder Checklist  
**CSE:** Commercial Sexual Exploitation Identification Tool  
**CSS:** Child Support Services  
**CSS:** Community Support Specialist  
**CST:** Child Screening Tool  
**CTIC:** Comprehensive Trauma Informed Care  
**CWCMP:** Child Welfare Case Management Provider  
**CYPM:** **Crossover** Youth Practice Model

## **D**

**DA/CA:** District Attorney/County Attorney  
**DAISEY:** Data Application and Integration Solutions for the Early Years  
**DCF:** Kansas Department for Children and Families  
**DCU:** Data Compliance Utility  
**DEI:** Diversity, Education and Inclusion  
**DHCF:** Department of Health Care Finance  
**DQU:** Data Quality Utility  
**DR:** Diligent Recruitment

## **E**

**EBP:** Evidence Based Practices  
**EBIT:** Executive Branch Information Technology  
**EES:** Economic and Employment Services  
**EHS:** Early Head Start  
**EPSDT:** Early and Periodic Screening, Diagnosis and Treatment  
**ESSA:** Every Student Succeeds Act  
**ETV:** Education and Training Voucher

## **F**

**FAC:** FosterAdopt Connect  
**FACTS:** Family and Child Tracking System  
**FAFSA:** Free Application for Student Aid  
**FAP:** Family Advocacy Program  
**FBI:** Federal Bureau of Investigation  
**FC:** Foster Care  
**FCRFL:** Foster Care and Residential Licensing  
**FCSOC:** Family Centered Systems of Care  
**FCT:** Family Centered Treatment  
**FFPSA:** Family First Prevention Services Act  
**FFT:** Functional Family Therapy  
**FFY:** Federal Fiscal Year

**FINA:** Family in Need of Assessment

**FPS:** Family Preservation

**FS:** Family Services

**FY:** Fiscal Year

**FYI:** Foster to Youth Independence

## **G**

**GAL:** Guardian ad Litem

**GBHSPC:** Governor's Behavioral Health Services Planning Council

## **H**

**H4H:** Hope for the Holidays

**HCBS:** Home and Community Based Services

**HFA:** Healthy Families America

**HISM:** Hotline/Intake/Screening Managers

**HT:** Human Trafficking

**HTAB:** Human Trafficking Advisory Board

**HUD:** Housing and Urban Development

## **I**

**ICAB:** Interagency Board

**ICP:** Individualized Crisis Plan

**ICPC:** Interstate Compact on the Placement of Children

**ICWA:** Indian Child Welfare Act

**IDA:** Individual Development Account

**IDD:** Intellectual Developmental Disability

**IEP:** Individualized Education Program

**IFM:** Initial Family Meeting

**IL:** Independent Living

**IPS:** Intake Protection Specialist

**IRIS:** Integrated Referral and Intake System

**IRP:** Individualized Recruitment Plan

**IRT:** Immediate Response Team

**ISP:** Initial Service Plan

## **J**

**JAG- K:** Jobs for America's Graduates – Kansas

**JCIC:** Juvenile Crisis Intervention Centers

**JIAS:** Juvenile Intake and Assessment Services

**JJOC:** Juvenile Justice Oversight Committee

**JO/CINC:** Juvenile Offender / Child in Need of Care

## **K**

**KAAC:** Kansas Adoption Advisory Council

**KAN:** Kansas Adoption Network

**KAPP:** Kansas Assessment Permanency Project

**KASB:** Kansas Association of School Boards

**KBH:** Kan-Be Healthy

**KBI:** Kansas Bureau of Investigation

**KBOR:** Kansas Board of Regents

**KCCTO-ITSN:** Kansas Child Care Training Opportunities-Infant Toddler Specialist Network

**KCCTF:** Kansas Children’s Cabinet and Trust Fund  
**KCPSTA:** Kansas Chafee Program for Successful Transition to Adulthood  
**KCRP-CT:** Kansas Citizen Review Panel – Custody to Transition  
**KCSL:** Kansas Children’s Service League  
**KDADS:** Kansas Department for Aging and Disability Services  
**KDOC-JS:** Kansas Department of Corrections – Juvenile Services  
**KDHE:** Kansas Department of Health and Environment  
**KEHS-CCP:** Kansas Early Head Start-Child Care Partnership  
**KEES:** Kansas Eligibility Enforcement System  
**KEESM:** Kansas Economic and Employment Services Manual  
**KEHS:** Kansas Early Head Start  
**KEHS-CCP:** Kansas Early Head Start Child Care Partnerships  
**KEHS-HV:** Kansas Early Head Start Home Visitation  
**KEY:** Kansas Endowment for Youth  
**KFAN:** Kansas Family Advisory Network  
**KFAPA:** Kansas Foster and Adoptive Parent Association  
**KIDS:** Kansas Initiative for Decision Support  
**KIN-TECH:** Kinship Interdisciplinary Navigation Technologically Advanced Model  
**KIPS:** Kansas Intake/Investigation Protection System  
**KKGU:** Kansas Kids at GEAR UP  
**K-PARC:** Kansas Post Adoption Resource Center  
**KPM:** Kansas Practice Model  
**K-PMTO:** Kansas Parent Management Training Oregon Model  
**KPop:** Kansas Power of the Positive  
**KPQC:** Kansas Perinatal Quality Collaborative  
**KPRC:** Kansas Protection Report Center  
**KSA:** Kansas Statutes Annotated  
**KSCDV:** Kansas Coalition Against Sexual and Domestic Violence, Inc.  
**KSDE:** Kansas State Department of Education  
**KSNAF:** Kansas Serves Native American Families  
**KSSAF:** Kansas Serves Substance Affected Families  
**KU:** University of Kansas  
**KUCPPR:** University of Kansas Center for Public Partnerships & Research  
**KUSSW:** University of Kansas School of Social Welfare  
**KVC:** KVC Kansas  
**KYAC:** Kansas Youth Advisory Council

## L

**LGBTQI:** lesbian, gay, bisexual, transgender, queer (or questioning), and intersex

## M

**MEPA:** Multi-Ethnic Placement Act  
**MCO:** Managed Care Organization  
**MCV:** Monthly Caseworker Visits  
**MDT:** Multidisciplinary Team  
**MHMAC:** Mental Health Medication Advisory Committee  
**MI:** Motivational Interviewing  
**MIS:** Management Information System

**MOU:** Memorandum of Understanding  
**MRSS:** Mobile Response and Stabilization Services  
**MST:** Multisystemic Therapy

## **N**

**NACAC:** North American Council on Adoptable Children  
**NAS:** Neonatal Abstinence Syndrome  
**NAN:** Non-Abuse/Neglect  
**NCANDS:** National Child Abuse and Neglect Data System  
**NCCD:** National Council on Crime and Delinquency  
**NCMEC:** National Center for Missing and Exploited Children  
**NEICE:** National Electronic Interstate Compact Enterprise  
**NFYI:** National Foster Youth Institute  
**NDRU:** NYTD Data Review Utility  
**NICWA:** National Indian Child Welfare Association  
**NOSF:** Notice of Survey Findings  
**NRCDR:** National Resource Center for Diligent Recruitment  
**NRK:** Non-related Kin  
**NTDC:** National Training and Development Curriculum  
**NYTD:** National Youth in Transition Database

## **O**

**OCK:** One Care Kansas  
**OJA:** Office of Judicial Administration  
**OSRI:** On Site Review Instrument

## **P**

**PAC:** Permanency Advisory Council  
**PAR:** Pre-Authorization Review  
**PAT:** Parents as Teachers  
**PBPN:** Prairie Band Potawatomi Nation  
**PCAP:** Parent Child Assistance Program  
**PCIT:** Parent Child Interaction Therapy  
**PCS:** Permanent Custodianship Subsidy  
**PD:** Physical Disability  
**PECFAS:** Preschool and Early Childhood Functional Assessment Scale  
**PHA:** Public Housing Authority  
**PILS:** Performance Improvement and Learning System  
**PIP:** Program Improvement Plan  
**PPM:** Policy and Procedure Manual  
**PPS:** Prevention and Protection Services  
**Pre-ETS:** Pre-Employment Transition Services  
**PRT:** Parental Rights Termination  
**PRTF:** Psychiatric Residential Treatment Facility  
**PSI:** Parenting Stress Index  
**PSSF:** Promoting Safe and Stable Families  
**PTSD:** Post-Traumatic Stress Disorder  
**PWS:** Pregnant Woman Using Substances  
**PYF:** Parent/Youth Facilitation Project



## Q

**QRTP:** Qualified Residential Treatment Program

## R

**RE/FC/AD:** Reintegration/Foster Care/Adoption

**RFP:** Request for Proposal

**RPR:** Rapid Permanency Review

**RRT:** Rapid Response Team

**RS:** Rehabilitation Services

**RTS:** Response Team Specialist

**RYAC:** Regional Youth Advisory Council

## S

**SACWIS:** Statewide Automated Child Welfare Information System

**S. B.:** Senate Bill

**SCDRB:** State Child Death Review Board

**SCRIPTS:** Statewide Contractor Reimbursement Information and Payment Tracking System

**SCTFPP:** Supreme Court Task Force on Permanency Planning

**SDM:** Structured Decision Making

**SFM:** Saint Francis Ministries

**SFFC:** Safe Families for Children

**SFP:** Strengthening Families Program

**SFY:** State Fiscal Year

**SGF:** State General Fund

**SIDS:** Sudden Infant Death Syndrome

**SITs:** Strategic Implementation Teams

**SMART:** Specific, Measurable, Attainable, Relevant, Time-bound

**SOS:** Wichita Children's Home Street Outreach Services

**SOUL:** Support, Opportunity, Unity, Legal Relationship

**SPC:** Strategic Planning Conference

**SPT:** State Policy Team

**SRT:** Special Response Team

**SS:** Seeking Safety

**SSA:** Social Security Survivors Benefits

**SSDI:** Social Security Disability Insurance

**SSIS:** Self-Sufficiency Information System

**SUD:** Substance Use Disorder

## T

**TA:** Technical Assistance

**TANF:** Temporary Assistance for Needy Families

**TB:** Tuberculin

**TBI:** Traumatic Brain Injury

**TBRI:** Trust-Based Relational Intervention

**TDM:** Team Decision Making

**TF-CBT:** Trauma Focused Cognitive Behavioral Therapy

**TFI:** TFI Family Services

**TIPS-MAPP:** Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting

**TPR:** Termination of Parental Rights

**TS:** Transition Services  
**TST:** Trauma Systems Therapy  
**TVPA:** Trafficking Victims Protection Act

**V**

**VR:** Vocational Rehabilitation

**W**

**WIG:** Wildly Important Goal  
**WSU:** Wichita State University

**Y**

**YLINK:** Youth Leaders in Kansas