

STRENGTHENING KANSAS FAMILIES

NEW APPROACHES FOR KANSAS FAMILIES

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JOINT COMMITTEE ON CHILD WELFARE OVERSIGHT - OCTOBER 6, 2021



HOW DO WE IMPROVE THE SYSTEM?

- Rethink processes
- Stabilize systems
- Innovate

WHERE WE STAND

WHERE WE STARTED

- Child protection framework
- Limited prevention resources
- Uneven parent and youth advisory voice
- Uneven stability supports

HOW IT'S GOING

- Kansas Practice Model
- Expanded Prevention
- Amplified mental health supports
- Community Engagement
- Leading for Results: Placement Stability Learning Group

WHAT'S NEXT

- Child and Family Well-being system
- Kin First State
- Communities Supporting Families
- Family Council: Parent and youth lived expertise co-designing
- Challenges

FOUNDATIONAL CHANGES

Becoming a child and family well-being system

- Collaboration
 - Communities and families are experts and innovators.
 - Cultivate community-based continuums of supports.
 - As a learning organization, engage others in co-design.
- Community Engagement
 - Prevent the need for a family or others to contact a child welfare formal system.
 - Earliest support possible.
 - Shift: from Mandated Reporters to *Mandated Supporters*.
 - Understanding responses to adversity related needs and distinguishing adversity from neglect.

WHERE WE STARTED

- Too Many Youth in Care
- Unstable Placements – Youth Moving Too Frequently;
Too Often without a Placement
- Lack of Mental Health Supports
- Child Protection Framework
- Limited Prevention Resources
- Uneven youth and parent voice

WHERE WE STARTED

Statewide Architecture

Prevention = Family Preservation Services

2 Foster Care Case Management Agencies

No DCF children's
MH Medicaid
Expert

No daily rate
structure

Inconsistent level
of care array

No placement
matching system

WHERE WE STARTED

Outcomes

Statewide Indicator	Then
CFSR rate of moves	9.9
Office Stays	129 Jul-Mar SFY20
1 or fewer moves in prior 12 months	79% SFY20
CFSR Item 4 Stability	82% (7/19-9/20)
Relative Placement	Goal: 29% Actual: 33% (SFY19)



WHAT HAVE WE DONE TO STRENGTHEN THE CHILD WELFARE SYSTEM?

- Primary Prevention
- Kansas Practice Model
- Placement Stability
- Focus on Kin Placements

MENTAL HEALTH SUPPORTS

Amplified Prevention & Continuum

16 Family First grantees • 1300+ served
500+ families served in mental health programs of FCT, FFT, MST, PCIT

Community Mental Health Center
Expectations • MCO Coordination •
Mental Health In Schools

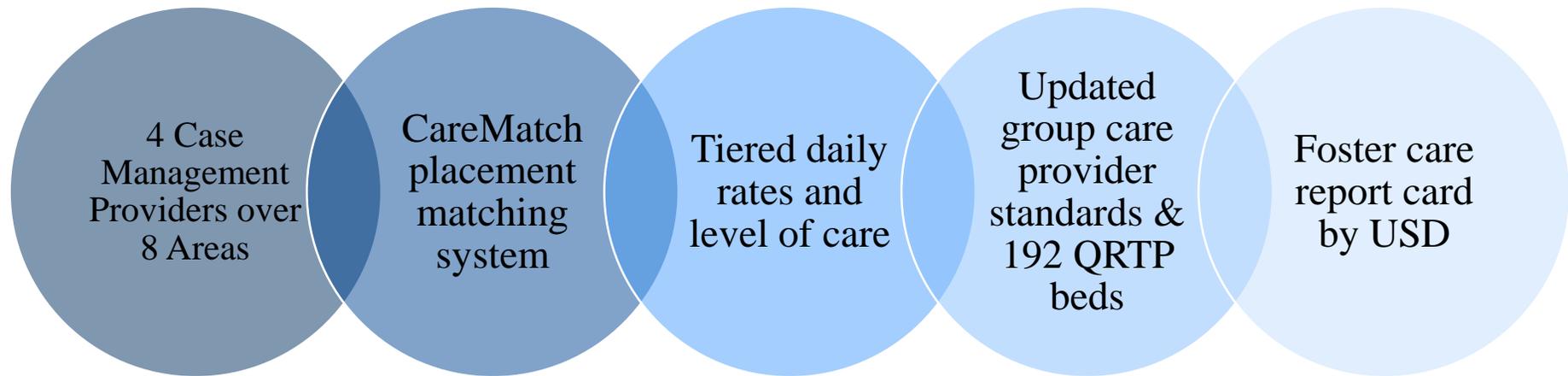
DCF Dir. of
Children's Mental
Health & Medicaid

Kansas Family Crisis
Response and Support
(mobile response)

Increase to 12 special
response team
members

Wellbeing: Family
Finding/ Family
Seeing

STATEWIDE FOSTER CARE SYSTEM STRUCTURES



PRIMARY PREVENTION

Family First

- DCF implemented the Family First Prevention Services Act in Oct. 2019
- Evidence-based services in:
 - Mental health
 - Substance use
 - Parent skill building
 - Kinship navigation

FAMILY FIRST PREVENTION SERVICES

Outcomes

- 89% of children and youth who have reached 12 months from time of referral remain home without need for foster care
 - Goal = 90%
- 0.1% of children and youth served have been placed in foster care during an open Family First case
 - Goal = >10%

KIN PLACEMENT

- Establishing new goals to move agency to Kin-First
- Partnering with Children's Alliance to prioritize Kin placement
- Adjust rate structure to prioritize Kin placement

EXPAND LEGAL REPRESENTATION

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



KANSAS PRACTICE MODEL (KPM)

WHAT IS KPM?

A customized framework to support engagement, safety planning and decision making as DCF works **alongside** families, children and youth.



TOOLS FOR PRACTITIONERS

- Team Decision Making
- Family Finding
- Signs of Safety
- Structured Decision Making

LASTING SAFETY



FAMILY WELL-BEING



KPM PRODUCES RESULTS

- Drop in the need for foster care:
 - Currently 6,800 children in care, down from 7,600 in 2019.
 - SFY 2020 15% fewer children entering foster care than in SFY 2019
 - SFY 2021 11% fewer children entering foster care than in SFY 2020

KPM CATALYST FOR CHANGE

- Family Crisis Response
- Services for families and caregivers who have children experiencing emotional crisis or other behavioral health symptoms including substance use disorder

FAMILY CRISIS RESPONSE SERVICES

- Services began Oct. 1
- Centralized behavioral health crisis helpline
- 24-hour, seven days a week screening and mobile response stabilization services
- Connect Kansans with community-based services anywhere in the state

A photograph of a family of four sitting on a light-colored sofa in a living room. A man on the left is looking at a tablet held by a woman in the center. A young child is sitting between them, also looking at the tablet. Another woman is sitting on the right side of the sofa, looking down at something in her hands. The room has white walls and a doorway in the background. The entire image is overlaid with a semi-transparent blue filter.

PLACEMENT STABILITY INNOVATIONS

PLACEMENT STABILITY CHALLENGES

- High rate of moves in the foster care system
- Low rate of placement with relatives/Kin
- Office stays
- Youth running from their placement

INNOVATIVE TACTICS

Mini-grants

- Cornerstones of Care - \$100,000 for in-home trauma informed education and support to foster parents and relative caregivers to reduce instances of placement disruption.
- Foster Adopt Connect - \$237,000 for Behavioral Interventionist program for children residing in family homes who are at risk of placement in Psychiatric Residential Treatment Facility.
- KVC - \$162,000 for placement stability managers for children who have a diagnosis of severe emotional disturbance and have experienced multiple moves

REDUCING THE NEED FOR CONGREGATE CARE

- Partnering with providers
- Prioritizing families over facilities
- Children better off with families if there is not a significant behavioral health need

SPECIAL RESPONSE TEAM

- Multi-agency team including DCF and Case Management Provider employees
- Find youth who have run from their foster care placement
- Determine root causes of their run behavior to prevent future occurrences

ENCOURAGING RESULTS

Statewide Indicator	Then	Now
CFSR rate of moves	9.9	5.4
Office Stays	129 Jul-Mar SFY20	60 Jul-Mar SFY21
1 or fewer moves in prior 12 months	79% SFY20	79.5% SFY21
CFSR Item 4 Stability	82% (7/19-9/20)	96% (10-12/2020)
Relative Placement	Goal: 29% Actual: 33% (SFY19)	Goal: 50% Actual: 40%



HOW IT'S GOING

Challenges

- Total Elimination of Office Stays and Meeting Needs of Youth with the Highest Needs
- Timely Permanency for Children within 12 months of Entering Care – Enhanced engagement with Judicial Branch
- Racial Equity in Removal Decisions and length of stay
- Achieving parity in graduation rates and assessment scores
- Stable housing and employment for adults ending care



SERVING YOUTH WITH THE HIGHEST NEEDS

AUTISM TASK TEAM

- Tasked KDADS to work closely with KDHE and DCF to establish an Autism Task Team
- Contract secured with KHI in August to assist with facilitation
- First meeting was Aug. 31
- Team is charged with developing recommendations on autism services

EXPLORATION OF NEW MODELS TO SERVE HIGHEST NEED YOUTH

- In addition to the innovations being utilized in our placement stability grants and the autism task force, other ideas being explored include:
 - Professional Foster Care
 - Improving Transitions for I/DD Youth
 - Specializations within PRTF Services to Address Specific Behaviors
- These issues are larger than the child welfare system – cut across service delivery systems
- Continued exploration of the role of MCOs

PREVENTION: THRIVING FAMILIES

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

EMPORIA PILOT PROGRAM

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

SUMMARY FUTURE VISION

Approaches:

- Movement towards thriving families
- Becoming a 'Kin First' state
- Child and family well-being system

With these approaches we will:

- Advance racial equity
- Remove stigma from seeking help
- Strengthen communities' abilities to respond

Examples:

- Family Resource Centers
- Warm line
- Intersection with school-based resources
- Universal home visiting

QUESTIONS?

A blue-tinted photograph of a crowd of people, likely at a public meeting or Q&A session. Many people have their hands raised, indicating they want to ask a question or make a point. The image is overlaid with a semi-transparent blue filter.