



# DCF Legislative Testimony

November 13, 2024

**TESTIMONY OF:** Laura Howard, Secretary, Department for Children and Families

**TESTIMONY ON:** McIntyre V. Howard Performance Progress Report for Period 3.

## McIntyre V. Howard Settlement Performance Report

Chair Concannon and members of the Committee, thank you for the opportunity to provide testimony on the Period 3 Progress Report for the *McIntyre v Howard* Settlement Agreement covering Calendar Year 2023. I would like to thank Judith Meltzer and her team at the Center for the Study of Social Policy for their work on this report and their ongoing activities as the Neutral to validate and monitor the State's progress towards achievement of the Performance Goals which include: Accountability, Reporting and Implementation; Practice Improvements; and Outcomes. The Period 3 report shows, as we know, that there is more work to be done to assure children in foster care experience stability and receive needed behavioral health services, especially for a cohort of youth in our care.

### Current Progress – What's Going Well?

This report comes at a time where there is much progress and much to be proud of in our Kansas child welfare system. These bright spots confirm that much of the work we and our partners are doing is having an impact for many youth in foster care.

- We are doing a good job on prevention and on reducing the need for foster care;
- For youth in care, initial placement with relatives has been increasing. Statewide in July 54% of initial placements were with relatives;
- Nearly two thirds - 61% of children meeting the federal outcome for placement stability ( a rate of 4.48 or less), with two regions meeting the federal standard of 4.48 or less;
- 87% of children are in stable placement;
- 83% of children have 1 or fewer moves in 12 months;
- Crisis supports continue to increase and be more available.

However, despite these bright spots, we continue to fall short on a number of settlement performance goals, and from my perspective this level of performance is not acceptable. We have more work to do, especially for a cohort of youth who experience extreme placement instability. We have spoken about this cohort of youth in the past, youth with significant mental health or behavioral challenges, and have discussed with you that our collective efforts have not resulted in the stability and service provision that these youth need. We very much appreciate the legislative support to strengthen the capacity of our system through investments in therapeutic foster care, functional family therapy and other supports.

### Expanding Behavioral Health Supports

Across DCF, KDADS and KDHE, we continue to focus on expanding behavioral health supports:

- Children's behavioral interventionist services are a Medicaid covered service. There are currently five approved providers using 3 models of service.

- **Functional Family Therapy:** DCF has awarded \$2M allotted by the legislature for evidence-based programming to Cornerstones of Care, EmberHope, and Eckerd to provide Functional Family Therapy throughout the state. Additionally, a one-time grant award to O'Connell Youth Services to support FFT training occurred during CY 2023 and 2024.
- **Emberhope Connections (EHC),** serving Sedgwick County, has partnered with ComCare to co-locate a mental health provider to provide services for youth experiencing placement instability. Additionally, EHC has partnered with the University of Kansas to provide psychiatry services to youth experiencing foster care more quickly through their KEEP clinic.
- **Opening of Medicaid behavioral health codes.**
- **Development of specialized PRTF beds.** KDADS is supporting two PRTFs in developing specialized beds, and has a report that details gaps and needs in the system.
- **Developing MOU language for CCBHCs and Case Management Providers to include specific McIntyre expectations.**

We also know how important accountability is in improving performance. We have success in improving performance on a measure when we spotlight it for improvement. When we saw the Period 2 report, we started a process to focus on the state's performance on trauma screens. We began tracking it monthly and spotlighting it. As a result, while performance improved in the Period 3 report period to 69%, our Calendar Year 24 data shows that **90% or more of trauma screens** are happening timely by a qualified and trained profession within 30 days, meeting the Settlement standard.

## A Laser Focus on Youth with Extreme Placement Instability

As noted above, we have made a number of systemic investments to improve the availability of supports in our system. However, this has not improved performance for that cohort of youth with the most placement instability, including those experiencing significant numbers of short-term or night-to-night placements. The following describes what's next to impact this instability. During the transition in Region 7 from St. Francis Ministry (SFM) to Ember Hope Connections, SFM initiated placement roundtables to focus extensively on each of these identified youth. There was some progress from that work, and similar staffing's that occur at other providers. To make the progress needed, our laser focus for this next year needs to be each of these youth and what it takes for stability or permanence for each youth.

I recently met with our case management providers to identify key next steps to make progress for this cohort of youth and those work efforts have been fruitful in identifying new strategies to implement. We have initiated or will shortly be initiating the following practice changes and strategies, some of which are reflected in the CSSP recommendations:

- **Earlier and Enhanced Family Finding.** Explore ways the foster care case management agency can be involved with local DCF teams in family finding or otherwise prior to removal into care. (CSSP recommendation).
- **Enhanced Family Finding.** Launch family finder system (RFP with D of A)
- **Initiate Dedicated Intervention Teams for Youth with Significant Behavioral Challenges experiencing Placement Disruptions and Instability.** (Small caseloads; intensive interventions)

and support). Planning to initiate up to 4 teams in the current fiscal year, with a goal of 11-12 total.

- Regular communication of progress for children in need of long-term placement.
- **Parent Engagement:** The most stable placement for youth is at home with their family, to increase parent engagement during a child in need of care case DCF is in the final stages of awarding a grant in response to an RFP for parent support and peer mentorship.
- **Treatment Transition Payments.** Increase access to treatment transition foster care maintenance payments for families providing long-term placement to youth who does not have a stable placement and has been without a daytime placement provider for three or more consecutive days. This support is also available to youth awaiting placement in or discharging from PRTF, acute care, JDC or KJCC, QRTP, substance use disorder treatment, secure care, or staff secure care. This change was done in conjunction with CMPs who identified a support need for families who agree to provide placement and support for youth who have experienced certain types of placement instability.

## Improving Data and Management Ability to Drive Performance

While CCWIS awards have not yet been finalized, DCF continues to focus on ways to improve availability, timeliness, and accuracy of data in order to drive performance. Specifically:

- DCF has issued a task proposal request to obtain assistance with performance measurement and reporting as well as ways to identify performance gaps and target performance improvement with case management agencies (CSSP recommendation)
- Initiating quarterly case reviews of short-term placements (one day and those 14 days or less) to have more timely date to drive performance improvement and increase stability. (CSSP recommendation).

Lastly, I would note that progress involves many systems and many system partners – I concur with CSSP on some type of an escalating process to address barriers with mental health or Medicaid in accessing the most appropriate resources for youth in care. Or when efforts are stalled at an individual agency level. While this currently happens on a case-by-case basis, a more systemic way to trigger enhanced review will be considered in discussions with our CMPs, the CCBHCs, KDHE and the state’s Managed Care Organizations.

Thank you for the chance to provide this testimony. I would be happy to stand for questions.

## Performance Result Tables At-a-Glance

Accountability Reporting and Implementation				
Performance goals				
		Period 1	Period 2	Period 3
<b>Contract Oversight and Accountability</b>	Section 2.1.1 of the Settlement Agreement requires the Department to amend the contracts between DCF and the four CMPs to clarify responsibilities arising from the lawsuit.	Yes	N/A	N/A Fulfilled in Period 1
<b>Community Accountability Structure</b>	Section 2.1.2 of the Settlement Agreement requires the State to develop an independent advisory group intended to “inform action planning and program improvement and to assist in the implementation of the Settlement Agreement.”	Yes	Yes	Yes KFAAB continued to meet monthly and make recommendations to DCF during CY 2023.
<b>Incarceration Reporting</b>	Section 2.1.3a of the Settlement Agreement requires DCF to track and report annually on all Class Members placed in a jail, correctional facility, detention facility, or other juvenile justice system placement, and the duration of such placements.	Yes	Yes	Yes DCF reported data on incarcerated youth as required by the Settlement Agreement.
<b>Caseload and Supervisor Reporting</b>	Section 2.1.3b The Neutral, DCF, and CMPs collaboratively developed a uniform reporting format all CMPs will use beginning CY 2022 which allows for a more robust caseload analysis. Caseloads are provided randomly throughout the month within 48 hours and phone survey to validate.	No	In process	Yes DCF reported data for caseworker and caseworker supervisor caseloads for CY 2023.

Outcomes				
Performance goals				
		Period 1	Period 2	Period 3
<b>Placement moves per 1,000 days</b>	Section 2.9.1 All Class Members entering DCF custody in a twelve(12) month period shall have a rate of Placement Moves that does not exceed the specified number of moves per 1,000 days in care during their current episode.	5.84 moves per 1,000 days in care.	7.29 moves per 1,000 days in care.	7.94

<b>Addressing mental and behavioral health needs</b>	2.9.2 At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall have had their mental and behavioral health needs addressed.	In 65% of cases reviewed, children/youth had their mental and behavioral health needs addressed.	In 70% of cases reviewed, children/youth had their mental and behavioral health needs addressed	In 52% of cases reviewed, children/youth had their mental and behavioral health needs addressed.
<b>Placement Stability</b>	2.9.3 At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall be in a placement setting that at the time of the review is stable.	86% of children/youth were in a stable placement as of December 31, 2021.	91% of children/youth were in a stable placement as of December 31, 2022.	87% of children/youth were in a stable placement as of December 31, 2023.
<b>Placement moves</b>	2.9.4 At least the following percentages of all Class Members in DCF custody at any point during the twelve (12) month reporting period shall have one (1) or fewer Placement Moves in twelve (12) months immediately m preceding the last date of that reporting period.	Multiple data issues hindered the Neutral’s ability to validate performance.	Multiple data issues again hindered the Neutral’s ability to validate performance.	83%
<b>Initial Mental Health and Trauma Screens</b>	2.9.5 Class Members entering DCF custody during twelve (12) month period shall have received a timely Initial Mental Health and Trauma Screen conducted by a Qualified Mental Health Professional within thirty (30) days upon each entry into the foster care system.	34% of children/ youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.	43% of children/youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.	69% of children/youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.

Practice Improvement				
Performance goals				
		Period 1	Period 2	Period 3
<b>Temporary overnight placements (Failure to Place)</b>	2.5.1 DCF shall end the practice of overnight stays in offices.	53 children/youth experienced 69 episodes of Failure to Place.	85 children/youth experienced 141 episodes of Failure to Place.	57 children/youth experienced a total of 68 episodes of Failure to Place.
<b>Licensed Capacity</b>	2.5.2 DCF shall ensure that no placement exceeds its licensed capacity without an approved exception to DCF’s “Policy: Exception Requests for Foster Homes, 6/20/18 Rev.10/21/2019.”	At least 97% of Family Foster homes and at least 99% for NRKin and licensed relative homes were below capacity or had an approved exception.	Approximately 98% of Family Foster homes and nearly 100% of NRKin and licensed relative homes were below capacity or had an approved exception.	Approximately 99% of Family Foster homes and nearly 100% of NRKin and licensed relative homes were below capacity or had an approved exception.
<b>No delay in provision of mental health treatment</b>	2.5.3 Defendants shall not delay authorization and provision of medically necessary mental health treatment services until placement stability is achieved or otherwise link access to medically necessary mental health treatment services with placement stability.	DCF case reviews found that in 24% of cases where a delay in authorization of mental health services was found, placement stability was a factor in the dela	DCF case reviews found that of all the children who needed mental or behavioral health services, 13% either did not receive services at all, or experienced a delay in services, where placement instability was a factor in the delay.	DCF case reviews found that of all the children who needed mental or behavioral health services, 20% either did not receive services at all, or experienced a delay in services, where placement instability was a factor in the delay.
<b>Crisis Intervention Services</b>	2.5.4 Data demonstrates crisis intervention services are currently available to Class members statewide. State is developing awareness policy and procedures to provide data all foster homes are made aware of crisis services available to them.	On October 1, 2021, DCF launched a statewide mobile crisis hotline in collaboration with KDADS, MCOs, and all 26 CMHCs.	108 calls pertaining to 69 children and youth in foster care were served by the Family Mobile Response Crisis Helpline.	DCF data showed an increase in the use of the Crisis Helpline, as well as an increase of crisis intervention services provided to children/youth in custody per Medicaid billing data.
<b>Night-to-Night and Short-Term Placements</b>	2.5.5 DCF shall end the practice of Night-to-Night Placements of Class Members by the <b>end of Period 1 (CY 2021)</b> and end the practice of Short-Term Placements of Class Members by the <b>end of Period 3 (CY 2023)</b> .	801 children/youth experienced 1,501 night-to-night placements, and 1,366 children/youth experienced a total of 2,945 short-term <sup>1</sup> placements. Case reviews showed 33% of night-to-night placements were made to meet the child/youth’s case goal, and 46% of short-term placements were made to meet the child/youth’s case goal.	801 children/youth in DCF custody experienced 1,508 night-to-night placements, and 1,365 children/youth experienced 3,321 short-term placements. Case reviews showed 19% of night-to-night placements were made to meet the child/youth’s case goal, and 39% of short-term placements were made to meet the child/youth’s case goal.	822 children/youth in DCF custody experienced 2,057 night-to-night placements, and 1,275 children/youth experienced 3,700 short-term placements. Case reviews showed 30% of night-to-night placements were made to meet the child/youth’s case goal, and 15% of short-term placements were made to meet the child/youth’s case goal.

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