



TITLE IV-B CHILD AND FAMILY SERVICES PLAN

Submitted To:

U.S. Department of Health and Human Services

June 24, 2024

This Child and Family Services Plan (CFSP) is the report for the five-year time period 2025 – 2029. The CFSP details the goals, objectives, services, service delivery strategies, statewide assessment and plan for improvement.

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D. CFSP REQUIREMENTS

I. VISION & COLLABORATION

The Kansas Department for Children and Families (DCF) has made substantial progress toward its vision to shift from a child welfare system to a family well-being system since the submission of the 2020 CFSP. A family well-being system is a system prioritizing a culturally responsive practice to include family voice and partnership, primary prevention resources, co-designing policy, and thrives on community engagement. Under the leadership of Kansas Governor Laura Kelly, DCF Secretary Laura Howard, and the extraordinary work and dedication of more than 2,220 DCF employees, employees of the four private child welfare case management providers, and the support of community partners throughout the State, outcomes for children and families are significantly improving.

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

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

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

VISION STATEMENT

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

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/

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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 Department for Children and Families
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OVERVIEW OF THE CFSP, ANNUAL PROGRESS AND SERVICES REPORT (APSR), AND CHILDREN AND FAMILY SERVICES REVIEW (CFSR)

The Kansas CFSP is a five-year strategic plan covering FY 2025 -2029. This serves as the first installment of the five-year plan. Information contained within the APSR updates summarized DCF activity for the fiscal year. In some cases, activities which are ongoing in nature may be carried forward year to year. In other cases, the progress reviews will complete or close out reporting on the subject or activity. DCF has responded to ACYF-CB-PI-24-02 as prescribed.

COLLABORATION

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

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

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

KANSAS DCF

FEEDBACK FROM STAKEHOLDERS

Group	Convened By	Facilitated By	Frequency
Citizen Review Panel (CRP)	DCF	Mainstream Non-Profit Solutions (MNS)	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
Child welfare, legal, volunteers, DCF, lived experts	Intake to Petition (ITP) policy/procedure recommendations; serves as the Children’s Justice Act (CJA) Task Force.	Collaboration – J, Item 31	

Group	Convened By	Facilitated By	Frequency
CRP	DCF	MNS	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Child welfare, volunteers, legal, DCF and lived expertise.	Custody to Transition (CTT): Review of policies, procedures, and practices of the state CPS system.		Collaboration – J, Item 31

Group	Convened By	Facilitated By	Frequency
Kansas State Child Death Review Board (SCDRB)	Kansas Attorney General (AG)	Executive Director, Kansas AG’s Office	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, AG, Board of Healing Arts, Education, Legal, KBI, Kansas Department of Health and Environment (KDHE), County Attorney and District Attorney	Examines trends/patterns which identifies risk factors in the deaths of children, from birth through 17 years of age.		Collaboration - J

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

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

Group	Convened By	Facilitated By	Frequency
Regional Youth Advisory Council (RYAC)	DCF	CWCMPs	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Youth council members, DCF IL, CWCMP IL, Tribal IL, KDOC- CBS	Empower youth and young adults in an organized framework to share their experiences and propose change in the family and child well-being landscape. Meetings will be facilitated by individual CWCMPs beginning July 1, 2024.		John H Chafee Foster FC for Successful Transition to Adulthood: Description of Program Delivery

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

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

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

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

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

Group	Convened By	Facilitated By	Frequency
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Kansas Linked Infrastructure for Nurturing Kids (KAN-LINK)	Children's Cabinet	KU-CPPR	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
Children's Cabinet, DCF, KDHE, early childhood education (ECE) partners, Lived Experts, Kansas Division of the Child Advocate (KDCA)	State level program coordination, alignment, policy, and infrastructure addressing early childhood needs of children at risk or involved in the child well-being system, advance actionable equity within/between state/local EC and child well-being policies and programming.	Services for Children Under the Age of Five	

Group	Convened By	Facilitated By	Frequency
KS EC Data Trust Governance Board	Children's Cabinet	KU-CPPR	Based on project goals
Members Represent	Focus	Evidence of Work (Section(s))	
DCF, KDHE, Kansas Department of Corrections (KDOC), Kansas Department of Education (KSDE), Children's Cabinet, KU-CPPR	Creating an EC service framework. Improving data sharing between agencies.	Distinct Count Dashboard	

Group	Convened By	Facilitated By	Frequency
Stakeholder Meeting	DCF	Secretary Howard	Semi-Annual
Members Represent	Focus	Evidence of Work (Section(s))	
Statewide community	Share budget, initiatives, answer stakeholder questions	May 13 Stakeholder Session held at DCF Administration and virtually.	

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

Group	Convened By	Facilitated By	Frequency
Kansas Supreme Court Task Force on Permanency Planning (SCTFPP)	OJA	OJA	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
Legal, Tribal courts, Title IV E agency, Court Appointed Special Advocate (CASA), Citizen Review	Ongoing collaboration among courts, DCF, and Tribes to develop and implement strategic plans and monitor	Section K: Collaboration between DCF and Judicial Branch: Kansas CIP	

Board (CRB), Mental Health/Behavioral Health treatment provider, SUD treatment provider, KSDE, domestic violence (DV) agency	progress toward outcomes, oversee CIP grants to KS Supreme Court, advise OJA on purposes projects and functions for such funds.	
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Group	Convened By	Facilitated By	Frequency
Juvenile Offender (JO)/Child in Need of Care (CINC) Committee	Kansas Judicial Council	Kansas Judicial Council	On as needed basis
Members Represent	Focus		Evidence of Work (Section(s))
Legal	The members act in an advisory capacity on issues that the Judicial Council may want expertise or assistance on, pursuant to legislation for court forms for example.		Collaboration: K – Collaboration between DCF and Judicial Branch: Kansas CIP

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

CROSS AGENCY AND PROVIDER

Group	Convened By	Facilitated By	Frequency
FPS Program Director's Meeting	DCF	DCF	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, FPS Providers, DCF Regions	Support FPS contractors with program implementation, policy feedback, referral numbers, outcomes, successes, and challenges regarding FPS across Kansas.		Safety - Current and Planned Activities: Family Preservation

Group	Convened By	Facilitated By	Frequency
Interstate Compact on the Placement of Children (ICPC) Workgroup	Kansas ICPC	DCF	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, CWCMP	Review policies and procedures; develop clarification or revisions related to ICPC regulations and best practices; goal to strive for.		Uniform application of ICPC regulation, practices, and procedures across the state

Group	Convened By	Facilitated By	Frequency
Kansas Crossover Youth State Policy Team (SPT)	Georgetown University, DCF,	The Crossover Youth Coordinators representing DCF, KDOC-CBS, and OJA.	Monthly

	KDOC-CBS, and OJA		
Members Represent	Focus	Evidence of Work (Section(s))	
Sedgwick County ADA, 4 th Judicial Community Corrections, KDOC, DCF, OJA, KSDE, Brown County Sheriff, Ellsworth Police Department, USD 237, CWCMPs, FPS, KFAN, Wyandotte County Court Services, Children’s Alliance of Kansas (CAK), and Kansas Health Institute (KHI)	Promote family and child well-being. Address juvenile justice, education, mental and behavioral health, and legal challenges. Plan and develop comprehensive and adaptable activities to address unique needs within individual communities. Information sharing and inclusion of youth voice in decision making.	See Collaboration: KDOC-CBS	

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

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

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

Group	Convened By	Facilitated By	Frequency
Kansas Family Support Network (KFSN) Family Resource Center (FRC) Meeting	Kansas Children’s Service League (KCSL)	KCSL	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	

KCSL, DCF, KU-CPPR, and 10 granted FRCs	Grant related information and share challenges experienced; collaborate with KU-CPPR for evaluation planning.	Safety – Current and Planned Activities: FRC
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Group	Convened By	Facilitated By	Frequency
KFSN FRC Statewide Meeting	KCSL	KCSL	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
KCSL, DCF, KU-CPPR, FRCs statewide regional and statewide stakeholders	Connect statewide FRCs who comprise the KFSN; peer learning and education; space for collaboration; network with stakeholders; addressing key issues impacting families; promote further expansion of the KFSN.		Safety – Current and Planned Activities: FRC

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

Group	Convened By	Facilitated By	Frequency
Courageous Conversations	DCF/University of Kansas (KU)	KU	Weekly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, Saint Francis Ministries (SFM), KU	8 th Judicial District, Four Questions, safety reduce the need for FC, keep children/youth connected to their relatives/kin		Regional support of utilizing Courageous Conversations through KU-SSW, CB, and KinVest grant.

Group	Convened By	Facilitated By	Frequency
National Child Welfare Workforce Institute (NCWWI)	NCWWI	Breakthrough Series Collaborative	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Child well-being teams from four Indian tribes and five states	To improve recruitment and retention of the child welfare workforce and build cultures valuing justice, equity, diversity, and belonging.		Efforts and strategies throughout CFSP targeted to recruitment and retention.

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

Group	Convened By	Facilitated By	Frequency
Parents as Teachers (PAT)	DCF	DCF	Quarterly

Members Represent	Focus	Evidence of Work (Section(s))
DCF and PAT	Nurture partnerships and collaboration between DCF and PAT.	Safety – Current and Planned Activities: Family First

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

INTERNAL PROGRAM AND REGIONAL COLLABORATION

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

Group	Convened By	Facilitated By	Frequency
3 rd Tuesday Talk: Program Directors	DCF	DCF Deputy Secretary of Family Services	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
DCF Administration Program directors	Legislation, personnel policies and procedures, share project information, agency and personal vision planning.	Legislative fund assignments and tasks associated such as FT. Testimony to legislature.	

Group	Convened By	Facilitated By	Frequency
1 st Tuesday Talk: All Directors	DCF	DCF Deputy Secretary of Family Services	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
DCF RD, Administrative Program Directors, and Administrative Directors, includes regional staff	Legislation, personnel policies, procedures, share project/regional information, agency and personal vision planning, etc.	Implementation of programming within each region and statewide. Program Improvement Plan (PIP) planning.	

Group	Convened By	Facilitated By	Frequency
We Believe: Delivered	DCF	DCF Communications, Secretary Howard	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	

All DCF Staff	This serves as a timely way to share agency updates, announce upcoming initiatives, and show appreciation for DCF staff.	DCF Intranet and Secretary's SharePoint
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Group	Convened By	Facilitated By	Frequency
We Believe: Live	DCF	DCF Communications, Secretary Howard	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
All DCF Staff	Open communication; dialogue exchange with DCF staff; response to questions submitted in advance related to DCF programs, initiatives, and process		DCF Intranet and Secretary's SharePoint

Group	Convened By	Facilitated By	Frequency
Comprehensive Addiction and Recovery Act (CARA)	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
Statewide DCF CPS, Supervisors, PA, Administration	Current practices related to CARA, seeking guidance from federal partners.		Projected to begin SFY 25

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

Group	Convened By	Facilitated By	Frequency
Children Under one	DCF Safety and Thriving Families	DCF Safety and Thriving Families Program Administrator	Every 1-2 months.
Members Represent	Focus		Evidence of Work (Section(s))
Permanency, Prevention, Safety and Thriving Families, FACTS, HT, and Student Services	Children Under one and the Root Cause Analysis. Utilizing the Five Why's and various data sources to help determine an angle in assisting more referrals for children under the age of one.		Services for Children Under the Age of Five

UPCOMING COMMUNICATION

DCF.KS.GOV REDESIGN

The DCF website is undergoing a redesign expected to be completed in the coming months. The new design will feature user-centered intuitive navigation, streamlined contact pages and a prominent and dynamic careers page. The improvements to the website are based on focus groups research, one-on-one conversations with DCF clients, and best practices associated with web design. The prominent goal of the redesign is to help Kansans find who and what they are looking for on the DCF website with ease.

DCF E-NEWSLETTER

During the Spring of 2024, DCF will launch a public-facing, client and stakeholder centered newsletter allowing the agency to communicate directly with our audiences about programs, services, and resources available to Kansans. The system will also allow for text messaging when appropriate and for those who have opted in. DCF is excited to share information with Kansans delivered directly to their email inboxes and mobile devices.

STRATEGIC IMPLEMENTATION TEAMS (SIT)

Group	Convened By	Facilitated By	Frequency
DCF Equity, and Inclusion (DEI) Committee	DCF DEI Officer	DCF DEI Program Consultant	Every 2 weeks
Members Represent		Focus	
DCF staff – regional and administration from PPS, Organizational Health, and Development (OHD), EES, and Communications		Develop strategies promoting diversity awareness; foster equity through active learning and collaboration; engage with community creating an inclusive environment; guide agency-wide culture to equip employees with understanding of equity and with tools to advance equity throughout the agency; identify disparities within DCF operations and programs; create goals toward addressing disparities; recommendations promoting understanding of initiatives to embed and uphold equity.	

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

Group	Convened By	Facilitated By	Frequency
Kansas Practice Model (KPM) Statewide	DCF	Deputy Director of Safety & Thriving Families and Safety & Thriving Families PA	Quarterly
Members Represent		Focus	
DCF regional and administration staff		identifying areas of opportunity for further implementation and alignment of the practice model.	

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

DCF has identified connection with the legal community as a point of opportunity for ongoing improvement. The child and family well-being service and legal systems both hold important roles in establishing safety and moving families forward to permanency. For information regarding statewide collaboration between the OJA, Kansas Judicial Branch, and DCF, see Section C.1.k. DCF continues to intentionally collaborate statewide and within regional communities with legal, judicial, and child and family well-being service system stakeholders to improve communications, resolve problems, and foster solutions. Through its participation on the SCTFPP and the JO/CINC Advisory Committee, and through collaboration on local levels, DCF continues to work to strengthen and expand relationships with judicial

and legal partners to develop new ways to improve shared trust and advocacy providing for and promoting child and family well-being across the state.

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

DCF and the Children’s Division of the Missouri Department of Social Services operate under a border agreement for the placement of children across state lines. Proposed placements must be within 60 miles of the border in each respective state. Placements made under this agreement do not exceed 30 calendar days unless an ICPC request has been initiated. Under this agreement, children may be placed closer to their family and support network in less time, even if the placement is in the other state. Please see Attachment 3 Kansas/Missouri Border Agreement.

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

DCF collaborates with the GBHSPC through service on the council and subcommittees. The Director of Medicaid and Children’s Mental Health is a council member and the standing representative for these monthly meetings. The annual recommendations from all subcommittees including the Subcommittee on Children’s Mental Health are presented to the Secretary of KDADS. Other state department secretaries are invited to attend.

The Subcommittee on Children’s Mental Health was initiated in 2004. Membership includes voices of lived experience by youth, caregivers, educators, service providers, school system, KDOC-CBS, KDADS, DCF, and other agencies involved and interested in quality, accessible, consistent, and effective mental health services for children and their families. The subcommittee conducts research, evaluation, and provides recommendations to the GBHSPC annually. The goal is to improve collaboration and array of behavioral and mental health services offered between systems of care to children and their families through Kansas Community Mental Health Centers (CMHC), the education system, and other children’s service systems. Goals are in development in this planning year.

D. SYSTEMS COLLABORATION

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

System coordination and collaboration are identified as areas where opportunities for growth were present to improve health care oversight and coordination for children in DCF custody. In Kansas, key system collaboration workgroups exist. Here are a few examples of this coordination and collaboration through meetings and service development:

FC in KanCare	Consultation with KDHE and KDADS regarding KanCare issues which affect children and families in FC; meets monthly; representatives include DCF, KDHE, KDADS, KDOC-CBS, CWCMP, and Medicaid MCOs.
State Agency FC in KanCare	Consultation with KDHE and KDADS regarding KanCare issues which affect children and families in FC State agencies meet at a minimum monthly; to focused on minimizing barriers and state agency coordination; supports ongoing collaboration.

PRTF Stakeholders	Tackles issues related to children in FC who are receiving or need to receive treatment in a PRTF; meets bi-monthly; coordinated by PRTF providers; participants include PRTFs, KDADS, DCF, KDOC-CBS, KDHE, CWCMP, and MCOs.
Complex Case Staffing	DCF partnership with KDHE, KDADS, and MCOs to reduce the number of children on the PRFT waitlist by reviewing status and services provided to each youth on the waitlist; occurs every two weeks.
Children’s Behavioral Interventionist (CBI)	CBI became a new Medicaid covered service in Kansas in October 2023. This Medicaid billable services is for intense support provision in the home and community where a child resides. The goal is to increase behavioral functioning in daily living activities, stabilize the child in their home and community settings and eliminate need for high levels of treatment.
Treatment Transaction Rate	This allows reimbursement for the cost associated to active and present involvement in the youth’s discharge planning; available to caregivers up to 6 months (180 days) while engaged in additional services needed to help transition home.
Mobile Response and Stabilization Services (MRSS)	MRSS is rapid response, home and community-based crisis intervention model customized to meet developmental needs of children, youth, young adults, and their families; de-escalates and stabilizes by responding to youth and families in their homes and communities and connecting them to community-based supports; grounded in System of Care (SOC) values and principles; Helplines include 988, Carelon, or CMHC crisis line; available to any youth between 0-20 years of age.
Children’s Crisis Respite Programs	Stabilization of youth and families; centers build capacity of non-hospital or non-PRTF services for youth ages 5-17; services within a defined geographical area through consultation; TA, crisis intervention, crisis stabilization, and care management keeping youth in their community; Family Service and Guidance Center (FSGC) operates Childrens’ Crisis Respite Programs; Compass CMHC operates a facility in Garden City; KDADS has executed three contracts for the development of new crisis respite centers; KDADS plans further development to increase coverage across the state.
Children’s Mental Health Policy Academy	Kansas was selected as one of the states for the Children’s Mental Health Policy Academy through Annie E. Casey. “The purpose of the policy academy is to convene state interagency teams - including child welfare, juvenile justice, behavioral health, Medicaid, and K-12 public education- to collectively strategize, learn from innovators in the field and promote cross system alignment to drive outcomes for children, youth and families, strategically layering on missing components.”
KSKidsMAP	Partnership with KDHE and KU School of Medicine-Wichita Departments of Pediatrics and Psychiatry & Behavioral Sciences; supports primary care physicians and clinicians through a telehealth network of treatment for children and adolescents with a variety of mental and behavioral health needs; allows clinicians to connect with a social work care coordinator for referral information and mental health resources; provides recommendations and education based on best practices to screen, assess, diagnose, and treat children and adolescents who are presenting with behavioral challenges.
One Care Kansas (OCK)	KDHE implemented OCK; provides coordination of physical and behavioral health care with long term services and supports for people with chronic conditions; expands medical home models to include links to community and social supports; focused on whole person health to manage health conditions through open communication amongst all providers to provide comprehensive treatment.

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

July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
158	119	116	113	110	98

Reduced enrollment could be attributed to COVID 19 Continuous Eligibility Unwinding from 2023. DCF will continue to collaborate with partnering agencies to support needs of youth and families.

E. KDOC-CBS AND OJA

DCF collaborates with the KDOC-CBS and the OJA on issues affecting populations in the custody of and/or served by DCF and KDOC-CBS. In October 2019, Kansas began working with Georgetown

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

Three state agencies, KDOC-CBS, DCF, and OJA support the CYPM at the state and local levels. These stakeholders, under the guidance of CJJR, initially convened the Kansas Crossover SPT in the Fall of 2019. In addition to representatives from KDOC-CBS, 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 (LE), tribes (DCF Tribal Specialist), a parent with lived system experience, FC, and others. The SPT meets monthly via a virtual platform and will continue to do so. To ensure consistency across systems and the state, the Crossover Youth Policy and Practice Coordinators (Coordinators) from DCF, KDOC-CBS, and OJA meet weekly to share information, discuss upcoming meetings, and troubleshoot concerns. The coordinators are responsible for guiding and facilitating the SPT's various subcommittees and providing support, training, and TA for community-level initiatives. The SPT consists of a larger steering committee that identifies and discusses the focus areas of the CYPM, and smaller workgroups that perform the hands-on work for implementation. A component of the SPT is discussing the challenges and opportunities regarding cross-county cases. This includes discussion of youth under courtesy supervision of the court, improving communication between FC providers and Juvenile Intake and Assessment Services (JIAS), and improving compliance with the Indian Child Welfare Act (ICWA).

The SPT's areas of focus are Policy and Practice. Establishing areas of focus ensures that the SPT can make a direct and immediate impact on the lives of crossover youth and families. The Policy Subcommittee will focus on reviewing DCF policy and suggesting changes to include expanding communication and coordination between agencies. The Practice Subcommittee will continue to focus on developing guidelines for multidisciplinary team (MDT) meetings to address and/or prevent youth crossover. They will continue working with Juvenile Justice Oversight Committee (JJOC) regarding a proposal for funding of local/community coordinator position(s), modeled after the Crossover Facilitator position in Sedgwick County, to help support local implementation.

The areas of focus and/or subcommittees may evolve over time as CYPM expands across the state and policy and practice are addressed. There are also plans for a third subcommittee that will address crossover related issues that are not necessarily directly tied to policy or practice but fall in line with providing service coordination to crossover youth and their families. This subcommittee is in the very early stages of being formed.

The Crossover Youth Policy and Practice Coordinators (Coordinators) representing DCF and KDOC-CBS formed two additional workgroups outside of the regular SPT, Montgomery, Shawnee (SN), and Sedgwick CYPM teams based on discussions around state and local changes:

The first workgroup relates to House Bill 2021: The bill amends the Revised Kansas Code for Care of Children (CINC Code) and the Juvenile Code to require, if a child, juvenile, or JO is eligible to receive services from DCF, KDOC-CBS, or the Judicial Branch, that these agencies collaborate to provide such services. The bill states that nothing in the CINC provision or in the Juvenile Code precludes the eligible child from accessing services by the listed agencies or any other state agency if the child is otherwise eligible for services. DCF selected the Child and Adolescent Functional Assessment Scale (CAFAS) to be utilized for assessing CINC youth and youth involved with FPS for services offered through KDOC-CBS. This workgroup met several times to outline this process and create a referral. The process for referrals was established and was implemented November 13, 2023. The workgroup continues to meet monthly to discuss the referral process and troubleshoot any concerns identified by staff. This workgroup consists of members from the FC CWCMP, FPS, DCF, KDOC-CBS, OJA and local judicial district representatives. Once this process is fine-tuned and underway, the workgroup will begin discussing youth who are involved with Juvenile Justice who are or could be eligible for services through DCF.

The second workgroup was formed to address youth who are in FC at the time they are sentenced to Kansas Juvenile Correctional Complex (KJCC). While in KJCC, the CWCMP continue to be responsible for case planning, placement planning upon release, monthly child/worker visits, etc. As such, the workgroup is drafting protocols for information sharing, communication, and collaboration between the CWCMP's and KJCC. Once those protocols are fully drafted the workgroup will discuss implementation of the protocols. This workgroup will also discuss and necessary pathways for youth who are involved with FFSPA or FPS who are sentenced to KJCC.

Throughout 2023 the Crossover Youth Policy and Practice Coordinators from DCF, KDOC-CBS and OJA presented at various conferences across the State, including the Kansas Court Appointed Court Advocates Conference, the 47th Annual Governor's Conference, and the Kansas CRP: ITT. Attending meetings and presenting at conferences helps to raise awareness about the CYPM project. Information presented included an overview of the CYPM, Kansas initiatives, and formal and informal ways for staff to support system youth within their communities. At each of these conferences, the coordinators encouraged participants to start building relationships with other community providers to enhance communication and coordination for crossover youth and their families. Participants were given the Statewide CYPM Coordinator's contact information for assistance in collaboration and in making these meaningful connections. Throughout 2024 the coordinators have several opportunities to share information and/or present at various conferences, including but not limited to, the Child Welfare Summit (April), the KSDE Safe and Supportive Schools Conference (April), the Kansas Association of Court Service Officers (KACSO) Conference (October), and the 48th Annual Governor's Conference (November). The coordinators will continue to find presentation/information sharing opportunities over the next five years and beyond. CJJR will assist the SPT and its subcommittees accomplish several tasks within the next year.

Winter/Spring 2024	Continue the review of DCF Policies to identify any that warrant recommendation for changes to ensure consideration and inclusion of crossover youth.
	Finalization and piloting of the interagency meeting structure to respond to and prevent crossover in at least one community.
	Gather feedback on the functionality of the interagency meeting structure and make necessary changes before introducing to other communities.
	Rollout of the CMP/KJCC protocol statewide.
	Draft development of a statewide practice/policy toolkit to inform case management, data collection, and developing local infrastructure to support interagency collaboration. (The toolkit will be informed by the

	protocols developed in the pilot countries, and a state level data team has been formed and is working on collecting/matching/analyzing data).
Summer 2024	Gather feedback from relevant stakeholders on the toolkit. Finalization of the statewide toolkit.
Fall/Winter 2024	Development of a strategic plan to inform rollout of the toolkit across the state. Expand the MDT meeting piloting to additional counties upon the completion of the initial piloting and guidance revision.
Spring/Summer 2025	Implementation of the strategic plan to rollout the toolkit across the state.

Two counties are piloting the implementation of CYPM—SN and Montgomery. CJJR will assist the pilot counties accomplish several tasks within the next year. The timeline below shows an outline of those tasks.

Winter/Spring 2025	Finalization of local county protocols for dominant crossover pathways. Orchestration of protocol training and implementation.
Summer 2025	Development of local processes to support sustainability efforts. Data collection and analysis of historical crossover cases (Dependent upon the availability of reliable data). Robust data collection for cases that become crossover post-implementation of the CYPM (as feasible based on state-level support).
Fall 2025	Data analysis comparing historical cases to post-CYPM crossover cases to understand if and how the CYPM has impacted interagency collaboration, youth, and family experiences, and case outcomes (dependent upon the availability of reliable data). Ad hoc sustainability support to ensure adherence to the crossover protocols.

Plans to expand the CYPM to other counties in Kansas are in discussion. Ideas include sending counties the toolkit mentioned along with a CYPM Readiness survey to gauge how ready interested counties are, using data and aggregate reports to identify higher number of crossover youth. In addition, looking at counties who may share services or a Juvenile Detention Center allows systems to utilize readymade collaborations which serve youth and families.

DCF also participates as a member of the Juvenile Justice Oversight Committee (JJOC) to collaborate with KDOC and KDOC-CBS as well as other members of JJOC to monitor and collaborate with juvenile justice system agencies and stakeholders to ensure best practices are followed and justice involved youth receive appropriate supervision, assistance, and accountability with the goal of better outcomes for youth and communities. DCF participates on a JJOC Subcommittee determined at the discretion of the JJOC chair.

F. KANSAS EARLY HEAD START (KEHS)

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

All services delivered through KEHS are guided by the community needs assessment conducted every five years. This is a comprehensive evaluation of the community and population, including demographics, geographical area, and economic distribution and existing resources for children and families in the areas of education, health, social service, and early intervention for disabilities. Data is

collected from members of the general community and representatives from family service professions in the area and are gathered via open forums, town meetings, individual interviews, focus groups, community surveys or other appropriate methods capturing stakeholder voice.

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

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

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

Both KEHS-HV and KEHS-CCP follow EHS performance standards. At a minimum each require 10% of total enrollment slots be made available to children with disabilities and support child growth in language, literacy, and social and emotional development. The role of the parents is emphasized as the child’s first and most important teacher. Both provide opportunities for parents to enhance their parenting skills, knowledge and understanding of education and development needs of their children. Parents are provided opportunities for personal growth and support in meeting their goals. The programs strive to meet the unique needs of each child and family to include early childhood, parent, and nutrition education and family support services. Services are voluntary. Grantees collaborate with community partners to promote quality services to children and families, including local health departments, Part C-Infant Toddler Service providers (ITS), Parents as Teachers (PAT) and higher education institutions. KEHS is an evidenced-based prevention program. All KEHS programs have met or exceeded the expected outcomes:

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

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

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

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

H. COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)

The lead agency responsible for the administration of CBCAP funds is the Kansas Children's Cabinet and Trust Fund (KCCTF). The 1999 Kansas Legislature created the KCCTF to manage the Children's Initiatives Fund (CIF) with a goal of supporting programs promoting 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 and 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 KU-CPPR to create an accountability framework to assess CIF programs. The framework encompasses a multi-phase process of information gathering, assessment of programs and recommendations.

The two agencies, KCCTF and DCF, collaborate and work cooperatively together through an inter-agency agreement, establishing 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 early childhood development, prevention, and child welfare. 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 child wellbeing system, and Kansas Strengthening Families. ACEs research is being used by CBCAP to inform prevention activities.

FPS was previously partially funded by CIF funds. In SFY 25 FPS will be funded through SGF. This program solely serves families referred by PPS. See Current and Planned Activities – Safety: FPS. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they otherwise meet eligibility requirements. DCF is working to improve communication by sharing information with CBCAP, to better serve and provide preventative services for the families in Kansas.

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

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

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

The ITP serves as the CJA Taskforce. The ITP and the CTT make up two of the CRP panels in Kansas. Each meet separately and have members focused on either ITP or CTT review of policies, procedures, and practices of the state child well-being system respectively. Both CRPs help guide the child well-being community in determining if child protection responsibilities are being met, ensuring consumer voice is included in assessing system functioning and identification of areas for improvement. Each CRP meets every other month and includes collaborative partners and representatives from DCF (Tribal Specialist, CJA Grant Administrator, CAPTA PA, and DCF Deputy Director of Prevention Services). CJA grant recipients and subject matter experts from DCF program areas attend and present to the CRPs as information is relevant or requested. DCF dedicates CAPTA funds toward a contract with MNS to facilitate the ITP and CTT CRPs. MNS also writes annual reports for each panel and assists with preparing the CJA Three-Year Assessment.

The PFF Advisory Committee, K.S.A. 38-1808 establishes a permanent families account in the family and children investment fund. The judicial administrator administers this account and created an advisory committee to assist with this function. Funds credited to this account may be used for certain statutory purposes including grants for CASA programs and funding expenses of new and established CRBs. DCF is a member of the PFF Advisory Committee which meets annually or more if necessary.

J. COLLABORATION BETWEEN DCF AND JUDICIAL BRANCH: KANSAS CIP

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

Coordination between the three branches of government is facilitated by the ongoing involvement of a Judicial Council subcommittee, the Judicial Council JO/CINC Advisory Committee. The subcommittee includes representatives from the judicial, legislative, and executive branches of government. DCF has a representative member on the Judicial JO/CINC Advisory Committee. The committee addresses multiple issues related to the JO system, child welfare system and crossover youth issues related to both systems. The committee assists with any needed updates to specific Kansas Judicial Council forms related to either or both the JO 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 compliance with federal law and best practice.

OJA conducts two Best Practices in Child Welfare Law Trainings per year in collaboration with DCF. Best Practice trainings provide credentials for both legal and non-legal professionals in attendance. Participants may include judges, county and district attorneys, agency attorneys, parents' attorneys, guardians ad litem (GALs), CASA and/or CRB staff, DCF and CWCOMP staff and volunteers, foster parents, young people with lived experience and other stakeholders and professionals.

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

Priority Areas: Quality Court Hearings and Quality Legal Representation are two focus areas with the goal of increasing child wellbeing expertise within the legal community and the larger child wellbeing

community through facilitated cross-training opportunities for child wellbeing providers, tribes, and courts. The first Child Welfare Summit was held on April 15 – 16, 2024, as reported in the APSR. Approximately 788 people registered to participate in the Summit in-person or virtually. One of the Summit goals was for Kansas judicial districts to discuss and collaborate to create an action plan specific to the needs of their district. The SCTFPP will review these action plans to identify how districts are moving forward with their identified goals and objectives.

There will be a Best Practices in Kansas Child Welfare training held on August 20 and 21, 2024 focusing on Termination of Parental Rights (TPR) and Permanency Options. The Spring 2025 Best Practices training is planned for April 2025 with a focus on trauma-informed practices in the courtroom including generational trauma.

CINC and JO code books are provided to practitioners to increase practical access to Kansas statutes. In January 2024, approximately 5,240 hard copies of the CINC and Juvenile Justice code books were provided to judges, attorneys, DCF staff, Court Appointed Special Advocates (CASA) and CRB volunteers, LE, and other stakeholders. Electronic versions are also made available on the judicial branch website.

Quality Court Hearings. To improve the quality of court hearings CASA and CRB programs have requested training to enhance and increase knowledge, capacity and skills of CASA directors, staff and volunteers. CASA and CRB directors have planned annual trainings, in-person, at a location in July 2024 at which DCF will provide a presenter and training materials. The collaborative partners include the SCTFPP, CIP, DCF staff and the Kansas CASA Association. DCF is also co-facilitating training to CASA staff and volunteers regarding the Indian Child Welfare Act. Additionally, DCF is working with the CIP staff to develop a “How to Work with the Courts” training to improve collaborative efforts between the courts and CWCMPs.

Timeliness and Permanency to reduce the time to adoption. The Adoption Tracking Tool (ATT) was developed, piloted, and began use statewide in 2021. Collaborative partner KU continues to evaluate how stakeholders can best utilize the tool to improve timely permanency and expedite adoption. Court observations are scheduled for spring and summer of 2024.

Engagement. To increase quality court hearings children and young people need to be heard in court. DCF and CIP staff collaborated on revisions to the Youth Care Report. The Supreme Court Task Force on Permanency Planning approved revisions to the Youth Court Report in early 2024. The report is encouraged for young people 14 years and older but is available for all children in care. Young people are informed they may submit their report to their GAL to provide to the court.

Increase understanding of the court system for FC social workers. A webinar “How to Work with the Courts” will be a recorded training available to all stakeholders in the child welfare system. It is specifically developed to help social workers understand the court process and role of the judge and attorneys. This will help social workers have a better understanding of reasoning and purpose behind timelines, judicial orders, attorney requests and other related court actions. Planning and development for the webinar series will occur in 2024 with implementation of the webinar in 2025.

Improve quality of court hearings, provide judges with updated CINC bench cards in electronic format. Bench cards will be revised to reflect 2024 legislation including adding an additional permanency option (SOUL). Revised bench cards will be approved Fall 2025.

Increased quality of court hearings by improving the knowledge and expertise of CINC attorneys regarding agency reasonable efforts. An Attorney Academy on Reasonable and Active Efforts will be provided by the Capacity Building Center (CBC) for the Courts, the SCTFPP, CINC judges, and the CIP staff. Registration will be limited to 32 attorneys and will occur Spring 2025.

ICWA/Tribal Collaboration. To provide information to CINC judges on active efforts findings and how district courts can work efficiently with Tribal nations. DCF will provide data to OJA staff including reports on American Indians and Alaska Native children who have been removed from their home. This data will be compared to OJA report on active efforts findings.

Family Treatment Courts. A Family Treatment Court (FTC) model is being piloted in three Kansas counties. Implementation and training for FTC stakeholders is ongoing. FTCs are intended to secure needed services and treatment for family’s services toward supporting permanent reintegration and reduce children reentering FC.

K. HUMAN TRAFFICKING (HT)

The DCF HT program manager sets goals annually to focus the direction of the program to improve identification and service provision for children and youth who have become victims of human trafficking or are at risk of trafficking.

HT Prevention and Initiatives Program Five-Year Goals: 2025-2029
Participate in statewide multidisciplinary trainings on HT with partner agencies.
Develop HT training modules for DCF staff and providers to increase knowledge and awareness.
Maintain partnership with the Wichita Children’s Home (WCH) who serves as an emergency placement resource for children and youth who have been or are at risk for sex trafficking.
Maintain partnership with CAK related to training Therapeutic Family Foster Homes (TFFH) who serve high-risk youth, victims of HT or youth frequently missing from care.
Participate in state conferences as a mechanism for educating Kansans regarding HT and how DCF responds to and serves youth affected by HT.
Develop prevention strategies for addressing HT within the child well-being system.
Develop a plan and implement for on-boarding new Immediate Response Teams (IRT)s.
Develop and implement quarterly meetings for the IRTs.

When a child has been identified as a victim of HT, DCF’s role is as follows:

Situation	Response
Police Protective Custody	Assessment, assess for safety, placement, and services
KPRC Report	Screened in for practitioner follow up within assigned response timeframe.
Agency Notified	Within 24 hours, DCF reports information to LE agencies within jurisdiction

The HT Prevention and Initiatives Program collaborates with other state agencies, LE, non-profits, local community coalitions, DCF case management partners, National Center for Missing and Exploited Children (NCMEC), federal agencies, and task forces, etc. in a multidisciplinary statewide effort to address HT.

The HT Prevention and Initiatives Program Manager leads DCF initiatives in developing a comprehensive response and service system in Kansas for youth who are in DCF custody and victims of HT or are at risk of becoming victims. The Program Manager participates in local HT task force meetings statewide to gather information of efforts across the state to combat HT and offer assistance and resources. The Program Manager has helped task force groups collaborate with other groups across the state. See Attachment 4 HT Mission Statement and Response Plan.

The DCF HT program manager is responsible for training DCF practitioners about HT. Training is ongoing and the program manager continually develops new courses to educate and prepare practitioners to identify and support victims. DCF partners with NCMEC and includes their training modules in the DCF learning management system (LMS) so nationally recognized training is available to DCF, CWCMPs, and Tribal social service agencies.

L. STAKEHOLDER MEETINGS

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

M. KANSAS RACIAL EQUITY COLLABORATIVE (REC)

REC began as a statewide effort to advance racial equity for families and communities through collaborative action. This involved a statewide journey providing education, research, and programming to collaboratively support people and organizations engaged in the erasure of systemic racism and the impact it has on people of color involved in systems.

DCF, CarePortal, The University of Kansas School of Social Welfare (KU-SSW), and Kansas Strong were the founding organizations who launched REC and connected with over 3,500 child welfare partners. This collaboration presented at nearly 30 conferences, symposiums, and summits, and has helped to elevate the racial equity conscious level of policy makers, mandated reporters, and agencies throughout the State of Kansas, while creating concrete opportunities for systematic change. REC is a 501(c)(3) and serves as a social service non-profit advocating for racial equity in all helping systems by:

Gathering organizations, people, and communities interested in racial equity work in social services.
Sharing data, lived expertise, and the history of racial disparities in child welfare.
Providing racial equity focused programming, amplifying necessary voices, creating brave spaces to ignite conversations and action on behalf of the system involved families of color.
More information can be found here: https://linktr.ee/racialequitycolalb .

KANSAS BRAVE

Kansas BRAVE is the first federal discretionary grant cluster focused on racial equity in child welfare. This initiative centers the experiences of Black and Brown families, youth, and communities to co-create effective solutions activating racial equity and eradicating systemic racism in the child wellbeing system. KS BRAVE is guided by the principle Black and Brown family, youth, and community lived experts have knowledge and solutions of what is needed to create a child wellbeing system void of harmful practices, norms, and values. This is a five-year public-private-university collaboration including DCF, REC, KFAN, Culture Creations, Inc., KVC, COC, Wyandotte County Court Services Office, and KU-SSW. Kansas BRAVE is funded by CB, ACYF, ACF, and US Department of Health and Human Services.

Kansas BRAVE Long-Term Outcomes	
Racial Equity	Decrease racial disproportionalities and disparities at targeted points in service continuum
Safe & Intact Families	Increase youth safely maintained in their families and communities
Stability & Permanency	Increase youth placement stability and reunifications with their families

Three Key Strategies	
Community Forums	A macro level strategy targeting key actors across sectors and throughout Kansas, inviting people to engage in a learning journey to increase awareness, action, and accountability for race equity in child welfare.
Brave Spaces	An agency and community level strategy with targeted and tailored activities to develop and implement specific organization and community actions and accountability.
Four Questions for Racial Equity	A macro level strategy targeting key actors across sectors and throughout Kansas, inviting people to engage in a learning journey to increase awareness, action, and accountability for race equity in child welfare.

N. DCF EQUITY AND INCLUSION (DEI)

DCF Equity and Inclusion Program and the DEI Committee keeps lines of communication and connection open within the agency and throughout the community to normalize conversation around diversity, equity, and inclusion. The DEI Committee plans to release a monthly newsletter and quarterly podcasts to DCF staff. This promotes the idea it takes the entire organization to further the work and not just committee members. The focus is progress and more importantly, making progress together. The core belief is DEI efforts are collaborative.

DCF employs two full-time staff dedicated to DEI which includes a DEI Officer and DEI Program Consultant. These staff lead, manage, and facilitate the DEI Committee. Ten diverse individuals make up membership of the DEI Committee representing departments across DCF. Members partner with universities and human services agencies across the country to bring training and development opportunities in the areas of: Allyship, Cultural Transformation, Inclusion and Belonging, Strategic Development, and Data Frameworks.

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

As part of the Agency-Wide Conversation initiative, the DEI Committee invites staff to open houses throughout the state for open reflection, engagement, and collaboration. These engagements also assist in the Committee’s Data Gathering and Policy and Practice Initiatives. DEI Open Houses have been held within each of DCF’s six regions and allowed the committee to engage with DCF employees and understand unique local communities. The committee is focused on in-person engagement at these events. The goal is for all events to be in-person by 2027.

Bridging the Disconnect actions opened conversations with DCF operations staff regarding safe travel for staff after hearing concerns of traveling to or through certain areas of the state because of one’s sexual orientation, race, or gender identity. DCF implemented a strategy to inform staff of points of contact during travel planning, including roadside assistance and their stay. This also led to the formation of Travel Ambassadors who recommend welcoming places to visit while traveling the state.

The DEI Committee's Ally Support Network (ASN) is a strategy for building an intentional agency culture around DEI in which change is cultivated by collaborating on a human-to-human level. ASN allows DCF to embrace true diversity resulting in a united effort to promote equity, inclusion and belonging. ASN is a brave space for curiosity and learning to grow through Agency Wide Conversations. ASN develops curriculum to later share with the agency, after it has been piloted. This includes Allyship at Work by LeanIn.org and Everyone a Leader® (EAL). DCF is developing a training which focuses on engaging with and supporting the LGBTQ+ community under the Children, Youth, and Young Adults Matter Initiative. Committee members collaborate with PPS in co-designing training with lived experts. A detailed listing of DEI Learning Opportunities are attached in Attachment 5 - DEI Trainings and Services.

O. WELLNESS

In a continuous effort to invest in PPS staff well-being, the role of Deputy Director of PPS Wellness, also known as the PPS Wellness Coordinator (PWC), was created to develop resources and create opportunities to support and retain a resilient workforce. Since November 2023, the PWC has been assessing the current wellness of the DCF PPS workforce through mapping conversations with frontline practitioners and supervisors. Open conversations using KPM tools and resources are familiar to staff and provide insight into worries frontline practitioners and supervisors have relating to wellness and experience within the agency. The conversations have highlighted supervisory efforts in areas which are working well. The PWC is developing a priority list of resources to support and address worries identified. Mapping conversations are now part of practice and will continue to be utilized in this way, led by the PWC throughout the first quarter of FY25.

In partnership with Learning and Development staff a "Wellness Hub" was developed and housed in a central location as part of the KPM Collaboration Hub channel in Microsoft Teams. The "Wellness Hub," is available to practitioners for engagement in educational opportunities on various topics related to wellness. Practitioners can locate resources "on-demand" and identify areas of wellness they wish to improve or address on their own. The PWC compiles resources and maintains the "Wellness Hub."

EMPLOYEE EXPERIENCE (EE)

The PWC is responsible for the EE Program, which began in August of 2023. A referral to EE is completed when a Critical Incident (CI) involving a child death or near death occurs and the family has an open assessment. Within seventy-two business hours of the referral being received, a volunteer within PPS connects with the assigned practitioner, supervisor, and Program Administrator (PA) to offer support and encourage wellness through the challenging time. A second connection is completed around thirty days from when the referral was received. The second connection is another opportunity to support ongoing wellbeing and encourage self-care. Thirty days post incident aligns with timelines of case closure activities within an assessment. During this connection, opportunity is presented to the practitioner to discuss ways they felt supported, identify areas of systemic barriers, opportunities for additional training, and review of policies. The PWC compiles information in a report for the DCF executive team every six months. The report includes themes and recommendations for change. Beginning in FY 2025, DCF will be folding other PPS programs into the EE. Adult Protection Services (APS), Permanency, Prevention, KPRC, and Support Services all benefit from a supportive agency. The EE Program team meets quarterly to collaborate on topics of policy, procedure, connections, and EE process decisions.

P. CHILD PROTECTION AND EDUCATOR REFLECTION WORKSHOP

In the spring of 2023, DCF participated in Round 4 of the CFSR and results highlighted opportunities for growth related to Safety for children and families. DCF has plans in place to increase performance outcome specific to child and family safety. DCF is working to increase the quality of risk and safety

assessments, increase the timeliness of initial assessments, and increase timeliness of safety determinations within Assessment and Prevention teams. The understanding of risk and safety varies within the community. Mandated reporters in Kansas are invested in the safety and well-being of children and families. In the past DCF has encouraged mandated reporters to report their worries about a family even if there were no safety concerns or abuse/neglect allegations. This led to mandated reporters not feeling empowered to walk alongside families to find primary prevention services or resources without calling to make a report. DCF believes families function at their best when they are supported by natural support networks and community resources. DCF continues to work toward an equitable child and family well-being system.

Data from Kansas Intake/Investigation Protection System (KIPS) between July 2021 – June 2023 demonstrates educators make reports lacking safety concerns or a suspicion of abuse or neglect more than double any other source. Educators made 13,328 reports for a FINA while the next highest reporting source, social services providers, made 6,777 reports during this timeframe. It is important to partner with educators to share an understanding of risk and safety.

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

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

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

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

An advisory committee was established to guide four workgroups and serve as a collaborative resource for DCF and educators. The committee will develop over the next year while supporting efforts of workgroups. The groups will review data and create strategies to reach their goal. The group will formalize the committees’ existence and partnership. The advisory committee will review goals and objectives of the four workgroups to identify themes and provide support, feedback, and resources to refine areas of focus. By identifying themes, the advisory committee can reduce duplication and maximize efforts toward the shared vision.

Q. CHILD WELFARE SUPERVISOR COLLABORATION

DCF partners with KanCoach in hosting the Child Welfare Supervisor Collaboration. These events bring together supervisors from across child welfare including, but not limited to KPRC, Assessment and Prevention, FFSPA, FPS, FC, Adoption, IL, Tribal Partners, and KanCoach staff. Topics are focused on safety planning, risk versus safety, implicit bias in decision making, prevention, and workforce well-being. The Coaching Circles concept was taught by KanCoach staff and brought forward learning from their Resilience Alliance training which focuses on secondary traumatic stress. See attachment 6 and 7.

Comments from attendees:
The Safety and Risk Assessment Tool, this was a HUGE benefit for me to be able to have a tool to identify how serious the concern is and to put a number on this. I am a supervisor in reintegration, I believe that utilizing this tool will help identify when the risks are mitigated enough to place a child at home and to continue the services through aftercare. This was incredibly helpful, and I appreciated the conversations I was able to have with DCF over the lunch hour to further discuss how to use this tool.
I really appreciated breaking down risk and safety when it comes to investigations. Everyone has different ideas on what is considered risk and safety, so collaborating about what is considered a negative or positive impact on a child was great.
Getting together as supervisors from many different agencies gives a good opportunity for us to interact and get to know each other.
A best hope that I can learn to start recognizing symptoms of secondary traumatic stress and take care of myself better.

It is intended the Child Welfare Supervisor Collaboration will continue throughout the years within this review period.

R. REGIONAL COMMUNITY ACTIVISM

WICHITA CIVIC ENGAGEMENT

Stakeholder venues held in the latter part of 2023 and early Spring of 2024, included engagement sessions, action planning and a Data Walk. The Wichita Region DCF and their community partners are using what they learned and the ideas for experiments generated to fuel the energy in the coming years. Some experiments are already in action, while others are moving forward incrementally. Engaged stakeholders plan to activate the faith community around child/family well-being by partnering with the Stand Together Foundation. The goal is to hold 24 more Data Walk sessions in SFY 26.

SEDGWICK COUNTY, WICHITA, CONTINUUM OF CARE COALITION

The Wichita Region seeks to implement a continuum of care coalition in Sedgwick County to bring together a diverse group of community stakeholders to safely reduce the need for FC. The aim of the coalition is to identify community strategies to strengthen families, support kin and non-kin resource families, and ensure youth transitioning from FC are set up for optimal success. Building upon the success demonstrated by the US Department of Housing and Urban Development using Continuums of Care to provide structural and strategic local approaches to serving those experiencing homelessness, DCF seeks to create a similar collective impact initiative focused on child and family well-being. Beginning with SFY25 and continuing over the next three fiscal years DCF will achieve the following:

Selection of a strong backbone organization to lead the Continuum of Care implementation.
Backbone organization will engage community members, service organizations, governmental entities, businesses, faith communities and people with lived experience to develop a structure for the organization and long-term management of the coalition.
Establish a shared vision and agenda for the future of child and family well-being in Sedgwick County, identifying shared measures, mutually reinforcing activities, and methods for consistent and continuous communication regarding the coalition and its impact.
Identify and implement effective methods for including people with lived experience in a meaningful way throughout the work of the coalition.
Development and implementation of a sustainability plan to ensure the long-term success of the coalition to include funding beyond the initial grant.
Create a process and structure that can be replicated in other communities within the Wichita Region.

COMMUNITIES SUPPORTING FAMILIES – WICHITA, EMPORIA, AND HUTCHINSON

In 2021 and 2022 DCF entered into agreements with three school districts in Kansas to support salaries and operational costs for liaisons to help and assist families preventing the need for agency involvement. These positions remain immersed in the schools in Emporia, Hutchison and four schools in Wichita. In the coming years, DCF regions plan to share the ongoing success of these positions in bridging communication and support to families with stakeholders with the goal of gaining community funding opportunities to sustain this resource over time.

AGENCIES WORKING TOGETHER

DCF SE Region facilitates this group of about 230 local community service providers who meet virtually monthly and collaborate daily through a TEAMS channel dedicated to collaboratively serving families within their communities. Virtual meetings often include guest speakers who describe their role in the community and what they have to offer families. Replicating this model in other areas in the coming years will add another layer of resources to families which do not require involvement with the agency and have the potential to prevent a child from entering FC. See Attachment 8 for additional regional and community collaboration.

S. KANSAS COALITION FOR SEXUAL AND DOMESTIC VIOLENCE (KCS DV)

DCF and KCS DV collaborate to provide training regarding DV in child well-being. Two core and two advanced training courses for child welfare professionals are offered each spring and fall with additional training and webinars offered throughout the year. Additional training topics include building collaboration between child welfare professionals, DV advocates, teen dating violence, and how protection orders and domestic and sexual violence advocacy services work in Kansas.

Audience for trainings/workshops:			
Child welfare professionals	DCF Staff	Reintegration CM	Adoption Workers
FPS CM	Family Support Workers	Social Workers	CASAs
Mental Health Professionals	Foster Home Workers	Kinship Workers	DV Advocates
Kin/relative foster and adoptive families			
Other professionals working with families experiencing DV			

The core training content focuses on getting to know the family, including identifying risk and dangerousness factors of batterers, understanding safety and protective actions of the non-abusive parent, and supporting parent/child bond between children and non-abusive parents. During the advanced training, participants practice strategies and skills to address batterer tactics and accountability, and safety and protective actions of the non-abusive parent. Participants learn how to identify interventions appropriate for families experiencing DV. In addition to training, KCS DV project staff participate in collaboration building opportunities including work groups. These opportunities include Round 4 CFSRP PIP workgroups, meetings with DCF staff, other child welfare professionals, and DV advocates. Staff also participate in ongoing state committee meetings, including SCTFPP, FFPSA and Kansas Strong ICABs, and the Kansas Power of the Positive State Coalition.

II. ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

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

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 responsibility, Kansas is committed to achieving the highest level of performance and outcomes.

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

In October of 2021, Kansas began using the new Performance Improvement and Learning System (PILS). This system is used to conduct all program reads, capture read data and provide reports.

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

FEDERAL REVIEWS

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

Kansas completed its fourth round of CFR in April 2023. On-site review of 65 total cases were held in Sedgwick (SG), Brown (BR), and Crawford (CR) counties in Kansas. Multiple focus group interviews in relation to the systemic factors were held both virtually and in-person at the state administration office in SN County, Topeka, KS. Results of Round 4 indicate Kansas needs to focus on several areas in the PIP. The state was not found to be in conformity with any outcomes during Round 4 and was found to be in conformity with three systemic factors (statewide information system, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention). Areas to be addressed in the State's PIP include the state's quality assurance (QA) system, parent engagement and engagement in case planning, achieving timely permanency, ongoing safety assessments particularly for children in FC, monitoring and oversight of provider training, and service array. The DCF PIP was approved 4/29/2024, implementation began 5/1/2024.

QUARTERLY CASE REVIEWS

In addition to CFR and PIP measurement reviews, Kansas conducts quarterly case reviews for CPS, in-home and out-of-home services. The random sample of cases is derived from the respective case populations and stratified by geographic service area. The CFR Onsite Review Instrument (OSRI) questions are incorporated into the quarterly reviews. Quarterly case review results can be found on the DCF public website: <http://www.dcf.ks.gov/services/PPS/Pages/CaseReadResults.aspx>. An initial analysis and review occur upon completion of the quarterly case read with DCF administration, regional performance improvement teams, and DCF program staff. DCF Region performance improvement staff, regional staff and contracted providers engage in a regional review. DCF is gathering information from

providers on where case read data is routed and preparing for more consistent engagement with providers across the State of Kansas.

CFSR STATEWIDE DATA INDICATORS

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

ADMINISTRATIVE DATA

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

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

OUTCOME ACHIEVEMENT

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

ITEM ACHIEVEMENT

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

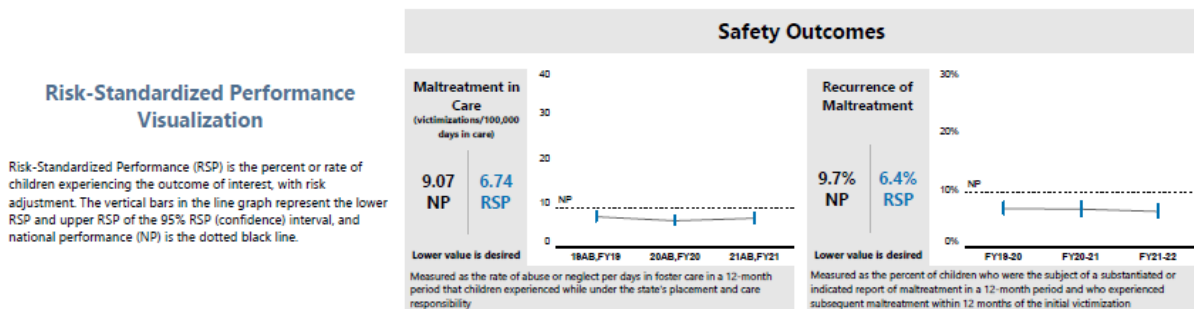
SAFETY

SAFETY OUTCOMES 1 AND 2

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

Kansas Child and Family Services Review (CFSR 4) Data Profile

AFCARS and NCANDS submissions as of 2-20-24



Item 1: Timeliness of investigations

Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Federal Reviews

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

Strengths	See Collaboration: O – Child Protection and Educator Reflection Workshop – details working with the education community to reduce KPRC calls not related to abuse/neglect.
Worries	Educators make reports lacking safety concerns or suspicion of abuse or neglect more than double any other source, (Collaboration: O Child Protection and Educator Reflection).
Evidence of disproportionality and disparities	Educators make 29% of the overall reports at DCF. 55% of the reports educators call in are assigned (21,222 total reports, 11,767 assigned). Of the 55% assigned for further assessment, 35% of those are for non-abuse/neglect service only cases – no safety concerns noted (11,767 total assigned, 4201 for FINA. This means only 35% of the reports called in by educators are about abuse/neglect as the majority are screened out or only assigned to assist with services (21,222 total reports, 7,565 assigned for abuse/neglect).
PIP Goals/Strategies	Goal #1 – Safety Goal 1, See III. Plan for Enacting State’s Vision

According to the PIP, Contributing Factors Problem Statement 3, Timeliness of initial face to face safety determination may be impacted by receiving reports for non-abuse/neglect service only cases with no safety concerns. If less time was spent fielding these reports, timeliness may meet the performance standard.

Item 1 includes Timely Contact with Victim/Family Data for reports assigned for abuse/neglect with a Same Day or 72 Hour response time. Through April 2024, in 97% of all Same Day reports assigned timely contact was made. In the same time frame, 93% of all reports assigned for 72 Hours met timeliness of contact. Continued education with the public and work on definitions of assignment of Family in Need of Assessment (FINA) reported concerns should contribute to an increase in timeliness of Same Day and 72 Hour response time performance.

Outcome	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Timely Initial Assessment Decision Standard: 95%	69%	79%	95%	91%	93%	89%
Timely Initial Contact Standard: 95%	96%	93%	95%	95%	95%	93%

Data Source: FACTS *SFY represents data from July 1, 2023 – April 2024.

Timely Initial Assessment Decision Outcome:

Numerator: The number of events taken in a reporting period 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 period, excluding events with a Preliminary Inquiry status.

Timely Initial Contact Outcome:

Numerator: All reports assigned for abuse/neglect reasons with a Same Day or 72 Hour response time where contact was made within assigned response time.

Denominator: All reports assigned for abuse/neglect reasons with Same Day and 72 Hour response times.

Intake and Assessment	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Agency Case Read Questions									
For cases assigned for further assessment, does	*	*	99%	90%	*	100%	99%	100%	99%

the documentation support the assigned response time according to policy?													
Was the immediate safety of the child determined within the assigned response time or was there documentation of reasonable efforts and/or allowable reasons for not completing timely?	91%	89%	87%	80%	80%	77%	74%	82%	76%				

*Case read data is unable to be retrieved from previous case read system.

SFY2024 represents SFY24 Quarter 1 July-September 2023.

Data Source-Agency Case Read system

Policy, mentioned above in Intake and Assessment Agency Case Read Questions, does allow for exceptions through PPM 2310.

Kansas Protection Report Center (KPRC)

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

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

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

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

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

As staffing levels greatly impact timeliness, KPRC supervisors are diligent in filling vacancies. Diligence has proven to reduce vacancies. During this reporting period KPRC will continue to deploy strategies toward retaining staff and maintaining a low vacancy rate.

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

Of the 41,048 child reports KPRC received in SFY23, 21.5% resulted in preliminary inquiries due to insufficient information. This has proven to slow the assessment process. KPRC has set a goal of reducing this percentage by half in SFY2025. Changes made to KPRC's web intake form in January 2024, mirror the experience one would have if making a call. Formatting questions aligning with KPM on web reports will assist KPRC staff in gaining further information regarding a reporter's worries, safety planning, what is working well, and what they would like to see happen for the child and family.

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

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

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

Did the agency make concerted efforts to provide services to the family to prevent children’s entry into FC or re-entry after reunification?

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 2. The state’s performance on the “re-entry to foster care in 12 months” data indicator was statistically no different than national performance.

Strengths	In-home services continue to be developed based on client input. FPS will be removing tiered services for families to provide tailored services to clients.
Worries	Local resources, such as community programs, often lack funding to support families in their home through concrete goods. When services are available waitlists slow access to services.
Evidence of disproportionality and disparities	According to the CFSR Final Report, Reentry into care: Black children and children of two or more races are over-represented in the total percentage of reentries compared to exits and experienced the highest percentage of reentries.
PIP Goals/Strategies	Goal #1 – Safety Goal 1, See III. Plan for Enacting State’s Vision

Agency Administrative Data

OOH Case Read Question	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
For the PUR, did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into FC or re-entry into FC after a reunification?	71%	65%	65%	63%	50%	65%	64%	55%	30%
If, during the PUR, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child’s safety?	99%	96%	92%	100%	82%	98%	97%	100%	92%

Data source: Kansas Case Reads *SFY2024 represents July 1, 2023 – April 2024.

Implemented prevention programs may be reducing the need for foster care. Please see Current and Planned Activities: Safety for Prevention Programs information.

Agency Administrative Data – FFPSA Outcome Measure	10/1/19 – 6/30/20	7/1/20- 6/30/21	7/1/2 - 6/30/2	7/1/22- 6/30/23	7/1/23- 4/30/24**
Target children and youth who have reached 12 months from the time-of-service referral remained together at home without the needr FC . <i>Standard: 90%</i>	NA	90.4%	91.3%	90.8%	90%

Data Source: FACTS & ROM **Data is not yet available for the full SFY through 6/30/24.

*No data is available for the first FY. Cases must be open 12 months before the data is relevant/available, due to new program implementation.

This data includes only FFPSA cases.

Agency Administrative Data - FFPSA

Outcome Measure	10/1/19 – 6/30/20	7/1/20- 6/30/2	7/1/21- 6/30/2	7/1/22- 6/30/23	7/1/23- 4/30/24**
Target children and youth receiving family first services placed in C during an open case (Goal: Less than 10%)	NA	5%	4.3%	4.3%	4.8%

Data Source: FACTS & ROM

*No data is available for first FY. Cases must be open 12 months before the data is relevant/available, due to new program implementation. **Data is not yet available for the full SFY through 6/30/24.

Outcome Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children re-entered FC within 12 months of discharge for reasons of reunification, living with relative, or guardianship/custodianship	9.3%	10.	10.	8.	7.1%	8.1%

*SFY 2024 represents Q1 average

DCF has invested more than \$20M in all funds to provide an array of Family First Preventative FC services beginning in SFY20. During the Request for Proposal (RFP) process which occurred in 2019 & 2022 Regional staff members were involved in reviewing and selecting proposals which would address identified needs which correlate to PRC report assignment types, FC removal reasons and overall community needs. Every year since FFPSA began, the table outcome measures have been met and/or exceeded. Over the years DCF has been able to expand successful programs such as Healthy Families America (HFA) and MST and keep a pulse on services which may not be working as well to determine if replacement programs or improvements are needed. Both DCF Administration and Regional DCF FFPSA case managers maintain relationships with the providers by having regularly scheduled meetings and open communication to improve collaboration and services for families which may be contributing to success.

Item 3: Risk and safety assessment and management

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 FC?

Federal Reviews

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

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

Safety is assessed and planning is inclusive of visits.

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

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

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

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

Kansas will be engaging the Safety and Thriving Families team, CWCMPs for FC and FPS, legal and judicial partners, Tribal partners and lived experts to make improvements to improve this practice area.

CURRENT AND PLANNED ACTIVITIES FOR SAFETY

FAMILY RESOURCE CENTERS (FRC)

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

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

Turner USD 202 EC	Wyandotte County; USD 202 (KC Region)
Urban League of Kansas	67214 zip code in SG (Wichita Region)
USD 252 Southern Lyon County	Lyon County communities of Neosho Rapids, Harford and Olpe (SW Region)

Services FRC programs offer include, but are not limited to:

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

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

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

FAMILY RESOURCE CENTER EVALUATION

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

The grant includes the following outcomes:

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

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

At a community level, a well-being assessment for families regarding the five domains of social determinants of health (SDoH) will be administered. A comparison will be made between individuals and families served by local FRCs and those who have not accessed the FRCs. In addition, stories will be collected from individuals and families served by local FRCs and those who have not accessed FRCs. These are two methods to understand the impact of FRCs and gather information about the community the FRC is serving.

FAMILIES TOGETHER (FT)

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

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

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

FAMILY PRESERVATION SERVICES (FPS)

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

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

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

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

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

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

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

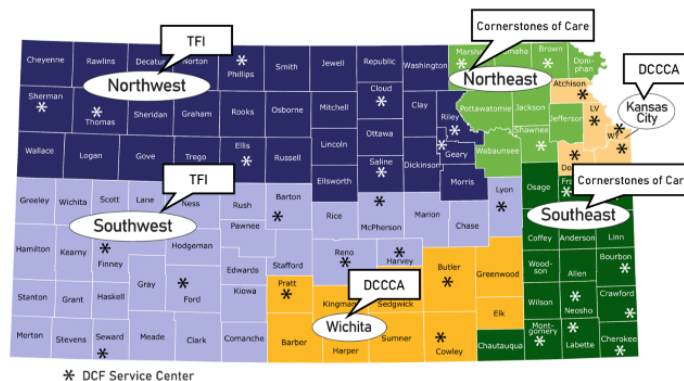
Program requirements are designed to provide quality services to families which incorporate Child Protective Factors, address findings of the Federal CFRS, meet benchmarks within future DCF PIP, support the DCF’s KPM, and promote family and child well-being.

In the summer of 2023, the FPS RFP was posted to secure providers for the next contract period of four years. To ensure feedback from various stakeholders regarding changes needed for the new contract, several listening sessions were hosted with each of the six DCF regions, with attendees ranging from front line staff to leadership. Listening sessions with the incumbent provider’s leadership were also hosted to elicit feedback on strengths and challenges of the current contract. Provider surveys issued to families were reviewed for anonymous lived experience feedback.

To ensure a wide and inclusive range of evaluators, the FPS RFP Review Team consisted of at least one representative from each region, DCF FPS PA, DCF State Plan Administrator, FFPSA Program Manager, CAPTA and CJA Grant Administrator, CYPM Coordinator, DCF Prevention Director and Deputy Director.

DCF awarded new contracts for FPS beginning on July 1,2024 and expiring on June 30,2028 with an optional one-time, two-year renewal. The incumbent providers: DCCCA, Cornerstones of Care (COC), and TFI will continue to serve Kansas families in the same regions as the previous contracts.

Family Preservation in DCF Regions



DCCCA, COC, and TFI committed to align and integrate the KPM into agency engagement with families. This promotes the family’s voice with the motto, “nothing about you without you.” All three providers showed great commitment to embracing DEI in their practice. They will ensure all services are diverse,

equitable, and inclusive to children and families and their staff will be culturally competent and responsive to each family’s unique needs.

FPS will be structured differently than the previous contract period. The feedback from stakeholders was the Tier 1 and 2 system created barriers to serving families. For this contract period DCF will make a general referral to FPS, with the provider then assessing what the family’s needs are at that time. The provider will have the ability to vary the intensity of the services based on the family’s needs and meet them where they are. Every family will have case management services.

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

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

FPS providers will continue to be measured on the following outcomes to show prevention success. The state of Kansas fiscal year measures data beginning July 1, 2023, through June 30, 2024. The data below represents the most recent available for period July 1, 2023, to February 2024, which can be found on the DCF public website. Please note the measures are separated out by Tier 1 and Tier 2 services under the current contract. The new contract begins July 1,2024 and future data will measure the services without the tier system.

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 2024		
Tier 1	Tier 2	Average
98.1%	97.2%	97.65%

90% of children are maintained safely at home in Tier 1 and Tier 2 Services		
Performance as of February 2024		
Tier 1	Tier 2	Average
95.5%	86.8%	91.15%

90% of children maintained safety at home with family in Tier 1 and Tier 2 services.		
Performance as of February 2024		
Tier 1	Tier 2	Average
93.5%	83.4%	88.45%

FPS providers are meeting or exceeding these measures, keeping children safe from maltreatment during services, and maintaining children safely at home.

Although FPS providers have services in place for pregnant women using substances (PWS), there are a lack of referrals for this demographic. DCF is in the process of gathering information to examine the factors possibly contributing to this.

FAMILY FIRST

As in past five years DCF will continue to focus on the prevention services array over the next five years. In FFPSA, DCF plans to further explore and focus on specific service types and geography when assessing for additional prevention services. Currently state general funds are dedicated to prevention services not approved through the Title IV-E Prevention Clearinghouse. These state funded services are offered to and available to families without the need for a report to KPRC. Services include statewide legal advocacy and community support specialists in some areas of the state. State funded primary prevention services such as these have accounted for 5% of all FFSPA referrals statewide.

FFPSA grants awarded for SFY24 began on 7/1/2024 and remain active through 6/30/2027. For a list of grantees active through SFY27, please see the Attachment 9 for the Family First Grantees. The next RFP for the FFSPA grant will be held in August of 2026 with a start date of July 2027.

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

I love my job because I get to be a part in connecting families with resources that can give them the tools to thrive together. One of my favorite parts of this job is seeing how far families progress from the initial concerns that prompted an intake to the successful completion of a prevention program, and what they have learned and achieved along the way.

DCF FFPSA CMs support each region by sharing prevention expertise and serve as the front line for questions about FFPSA. DCF FFPSA CMs are the liaisons between DCF and the grantee. The role of a DCF FFPSA CM has evolved to include hosting monthly meetings with each grantee. The monthly meeting has provided an opportunity for grantees to expand upon their granted service areas. For example, SFM provides Family Centered Treatment (FCT) within the awarded areas (Northwest, Southwest, and Wichita regions). With capacity available, DCF FFPSA CMs and SFM collaborated and agreed to expand FCT into the Southeast region through an exception process out of the SFM Wichita office. This opportunity allows families to access FCT services who otherwise would have not due to grant boundaries. In addition, this agreement promotes maximum utilization of services and informs DCF, through data, information needed to understand future service area expansion during the next RFP.

DCF FFPSA administrative staff solicit feedback from stakeholders through many avenues such as the FFFC and FFPSA grantee meetings. The commitment toward incorporating voices of lived expertise can be seen in policy changes. A specific example of this can be found in a recent policy change made to combine two forms into one. This change created efficiency and lessened the administrative burden for families, practitioners, and service providers. Reconciling data was identified as a pain point by regional FFPSA CMs and grantees. The process was reviewed, and data delivery moved to a centralized space for access versus multiple emails and spreadsheets sent back and forth between administration, regional FFPSA CMs and grantees. Also streamlined, based on feedback from lived experts, is a process

implemented to track open cases by provider monthly. This has improved early detection and correction of data in preparation for federal submissions. These changes were driven by those most impacted by the processes, greatly decreased time devoted and increased productivity. In addition, the changes enhanced the quality of the work produced.

FFPSA Administrative staff have and will continue to hear feedback and perspectives from the tribes related to expanding access to FFPSA. Conversations happen organically when meeting quarterly with Tribal social services staff about increasing the possibility of Tribes accessing FFPSA. Strong collaboration occurs when DCF listens to Tribal social service staff identify family needs and shares this message with regional FFPSA CMs who communicate service availability.

Currently, DCF is actively developing the five-year Prevention Plan for submission to federal partners. Once approved, highlights from this plan and activities associated will be shared in future APSRs.

KANSAS PRACTICE MODEL (KPM)

KPM provides a consistent and customized framework to support engagement, safety planning, and decision-making to guide work alongside families. Using family voice and practice approaches, practitioners connect families with needed services which support safety and well-being. See attachment 10 for KPM Explainer. A short video was developed for families and community partners to learn about KPM. To watch the video: <https://vimeo.com/735551766>.



ASSESSMENT & PLANNING FRAMEWORK

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

Assessment tools are intended to be shared with the individuals or family to provide clarity and transparency:	
Three Houses	A tool used to visually share a child’s experience with practitioners and caregivers.
Mapping Conversations	Mapping is a technique used to engage the family and connect their voice(s) in the assessment and planning for immediate and lasting safety within their families. It is used in the field to guide and

	document details of each interview or conversation. It incorporates and highlights the child’s voice, integrates the family and the network’s perspective, and identifies strengths demonstrated as safety.
Immediate Safety (Safety Assessment)	An assessment using scaling questions. Used to gain each person’s perspective regarding how safe the child(ren) are in the short term or to gather information about factors or circumstances which are increasing or decreasing their rating.
Lasting Safety (Safety Assessment)	An assessment using scaling questions. Used to gain each person’s perspective regarding how safe the child(ren) are in the long term or to gather information about factors or circumstances which are increasing or decreasing their rating.
Immediate Safety Plan	Developed by practitioners and families to address and plan for threats to a child’s immediate safety.
Assessment map	Tool used to analyze and summarize information gathered. This is developed with the family and child and provides depth through their voice, engagement, clarity, and shared understanding.

FAMILY FINDING/SEEING TOOLS

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

Urgency	Views meaningful, supportive, permanent relationships with loving adults as essential needs tied to youth safety. Safety in its whole cannot be achieved without connection and belonging. Family Finding asks practitioners to urgently pursue healthy relationships for youth by assertively engaging family and strongly challenging structural barriers in developing or strengthening those relationships.
Permanency	Physical legal permanency is an explicit outcome for children/youth. Family Finding defines permanency as a state of permanent belonging. Belonging includes knowledge of personal history, identity, culture, and a network of involved and supportive adults versus one legal resource.
Effective relative search	Employs a variety of effective and immediate techniques to identify relatives and other meaningful connections. Creation of a large group of people to form a collectively, unconditional, committed network to facilitate healing is essential.
Family-driven processes	Recognizes families are disempowered by placement of relative children outside of the family system. Seeks to remediate this harm by identifying strengths and assets of each family member and facilitating processes which families can effectively support their relative children.
Development of multiple plans	Process will result in multiple plans, each able to meet needs of disconnected youth. Plans are evaluated by family members for agreement if they are: realistic, sustainable, safe, and facilitate healing.
Well-defined roles	Includes professionals aligning around a role of catalyst, convener, and facilitator. Networks made of family members, young people and other supportive adults are drivers of planning, decision making, and solution building.

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

TEAM DECISION MAKING™ (TDM)

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

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, child (when appropriate), family’s support system, service providers, community partners, Tribal affiliations, and agency CPS practitioners. Families are encouraged to invite anyone they consider family or a support to the meeting. TDM values the importance of involving noncustodial parent(s) to the meeting. All parents should participate in decisions about their children. In one TDM the father shared no one had listened or given him a chance his entire life before now. He felt his voice mattered and someone was willing to listen and give him a chance in caring for his child. Each TDM meeting focuses on where the child can safely reside. Early inclusion sets the stage for ongoing engagement.

A valuable element in TDM is hearing and listening to the voice of the youth. When included in the decision-making, youth can identify their strengths and what is needed to feel safe in the home. If the youth is unable to participate, CPS practitioners incorporate the youth’s voice in each decision made within the meeting. When parents or caregivers hear how a situation is impacting their child’s life, they are often more willing to create lasting change. A TDM facilitator once heard a youth thanking everyone for the meeting, express excitement, and hope.

Feedback surveys delivered to each participant after each TDM are a valuable tool in the process. They provide an opportunity to understand what is working well and areas to consider for improvement. In one survey a parent reported,

The participants from DCF had a way of explaining everything without it feeling scarier than it already was. I appreciated their input not only with my concerns but with their own concerns as well. I felt they all participated and truly cared about what was best for my child.

Another mother reported, “It felt like a deciding together meeting.” The TDM teams review all feedback and utilize this to inform continued development.

SOLUTION-FOCUSED QUESTIONS

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

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

RESOLUTIONS TOGETHER SAFETY PLANNING

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

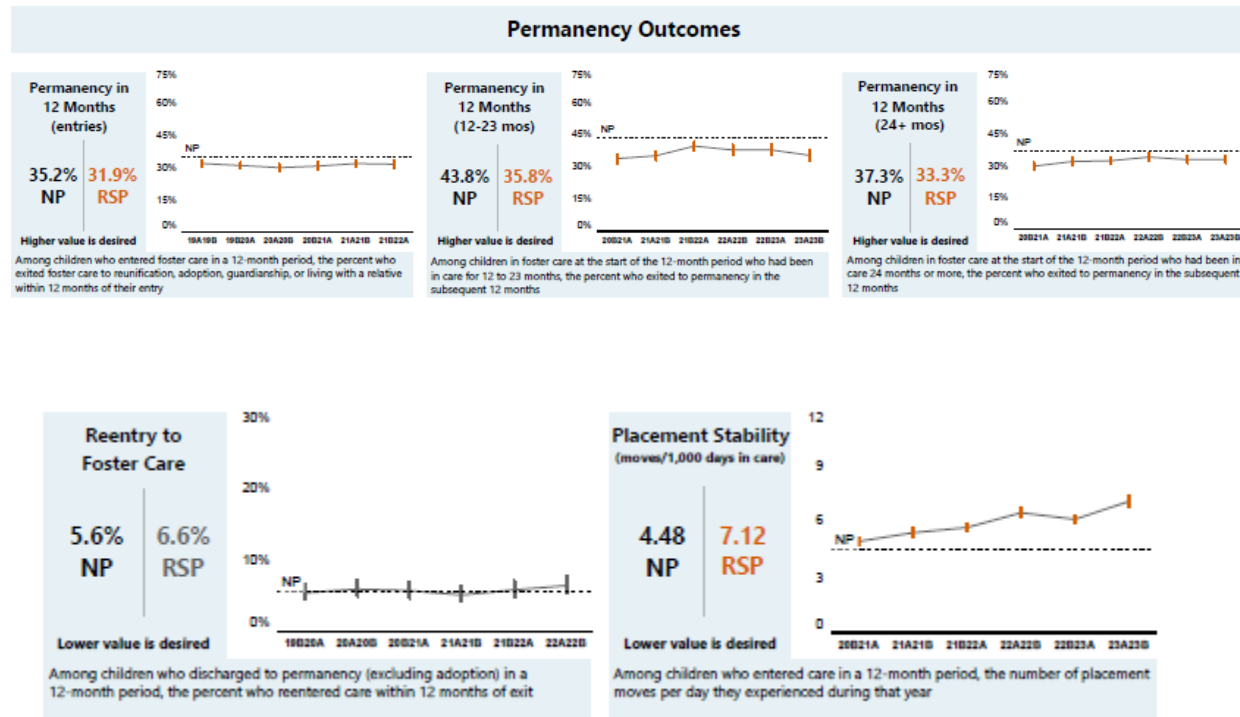
During Advanced Practice workshops held in 2020-2023, aspects of ReSolutions safety planning were adapted for DCF and introduced to DCF CPS Practitioners. Staff attend the ReSolutions Together Safety Planning Intensive each fall, hosted and sponsored by SafeGenerations. This 5-day event brings child and

family well-being practitioners from various agencies together with the goal to deepen their practice and grow their capacity in developing safety within families. In the past DCF has sent staff to this weeklong workshop, and plan to continue over this planning period. The CPS Practitioners return from this experience with new vision, tools, skills, and enthusiasm. They share what they have learned with their peers and colleagues.

PERMANENCY

PERMANENCY OUTCOMES 1 AND 2

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



Item 4: Stability of foster care placement

Is the child in FC 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)?

Federal Reviews

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

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

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

Evidence of disproportionality and disparities	According to the CFSR Round 4 Final Report, Black children are over-represented in the number of placement moves and experienced the highest rate of moves for the most recent reporting period. Their rate of moves has increased over the past 3 reporting years. American Indian/Alaska Native children also experienced a high and increasing rate of moves, while children of two or more races experienced the lowest rate.
PIP Goals/Strategies	Goal #2 – Placement Stability Goal 1, See III. Plan for Enacting State’s Vision

Outcome Measu

	SF 2019	SFY 2020	SFY 2021	SF 2022	SFY 2023	*SFY 2024
Placement Stability: Rate of moves per 1,000 days in FC <i>Standard: 4.44 (loer is better)</i>	9.7	8.6	5.4	7.0	7.3	7.5

Over the last two years, The Leading for Results (LFR) workgroup, a DCF workgroup receiving support for the Capacity Building Center for States (CBCS), gathered state program staff, case management providers, technical assistance from the Center, and other partners to identify and address root causes of placement instability. In July 2023, after reviewing LFR work, the Children’s Bureau met with Center consultants and suggested the Center support additional data analysis using a cohort design defining placement stability as the CFSR placement stability indicator to inform additional root cause analyses and identification of strategies. Suggested areas to examine included (1) exploring step up and step downs in placements and levels of care, (2) the needs of youth whose initial placement is in congregate care versus those whose initial placement is a kinship placement, and (3) the characteristics of children and families who become child welfare involved through the Family in Need of Assessment (FINA) pathway compared to abuse and/or neglect allegations. CFSR also identified similar areas for further data analysis; and identified a need for more consistent efforts to identify, locate, and evaluate both paternal and maternal relatives of children and youth in care.

The members of the placement stability workgroup for the PIP identified many of the same contributing factors as the LFR members. They centered on the lack of community based mental health services including culturally specific services, the door into the Kansas foster care system is too wide, and there are simply not enough foster homes or placement resources to take older youth. Members noted the experience of being separated and placed into foster care, specifically for non-abuse and neglect related reasons, is also a traumatic event likely contributing to the presence of mental health symptoms. Members also noted a need for a more comprehensive statewide placement move analysis to answer the research questions.

Outcome	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Of all children served in FC who were in FC at least 8 days but less than 12 months, what percent had two or fewer placement settings? Standard: 83.3%	70%	69%	75.7%	79.3%	75.4%	62.2%	77.8%
Of children who enter FC in a 12-month period, the total number of days these children have been in FC on the last day of the 2 - month period. Rate of moves per 1,000 days in FC Standard: 4.48%	8.9	9.7	5.9	5.4	7.0	7.3	7.4

*SFY 2024 data reflects July 2023 - March 2024

Information from case read data indicates that many youth, though fewer than the federal standard calls for, are experiencing 2 or fewer placement settings, and the number of placement moves for youth who

enter foster care in a 12-month period are experiencing a far higher rate of placement changes. Based on this, the 22.2% of youth who are experiencing more than 2 placement settings are experiencing a very high rate of placement changes which effects the overall rate of placement changes.

Agency OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Were all placement changes during the PUR planned by the agency in an effort to achieve the child’s case goal or to meet the needs of the child?	50%	65%	69%	49%	67.5%	62.96%
Is the child’s current placement setting (or most recent placement if the child is no longer in FC) stable?	95%	96%	93%	94%	91.85%	92.22%

*SFY represents SFY24 Q1 average

While many placements for youth are stable, placement changes are not planned to meet the needs of achieving the case plan goals assigned by the agency. DCF has implemented a PS-TDM process to assist with both placement stability and planning moves which are matched to the case plan goals of youth. The PS-TDM process is designed to assist with both planned moves and placements which are disrupting or at risk of disrupting.

Item 5: Permanency goal for child

Did the agency establish appropriate permanency goals for the child in a timely manner?

Federal Reviews

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

Strengths	Four Questions Model could identify supports leading to reintegration.
Worries	DCF is not meeting the timely to permanency within 12 months because there are policies, procedures, and practices hindering safe and timely permanency.
Evidence of disproportionality and disparities	Black children consistently have lower permanency rates and higher rates of placement moves. Increased placement moves negatively impact the ability to achieve permanency.
PIP Goals/Strategies	Goal #3 – Permanency Goal 1, Goal #4 – Permanency Goal 2, See III. Plan for Enacting State’s Vision

Agency OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Is (are) the child’s permanency goal(s) specified in the case file?	98%	100%	98%	99%	96.38%	98.82%
Were all permanency goals in effecturing the PUR established in a timely manner?	85%	78%	83%	73%	78.10%	73.05%
Were all permanency goals in effecturing the PUR appropriate to the child’s needs for permanency and to the circumstances of the case?	95%	81%	86%	85%	85.51%	79.41%

*SFY represents SFY24 Q1 average

While case planning goals are generally listed in the file. DCF struggles to timely establish case plans. Case planning goals are not always appropriate for the needs of the child for permanency and for the circumstances of the case. Information contained within the CFSR final report regarding Item 20 is also relevant to this item:

Information from stakeholder interviews found parents are not consistently involved in case planning. Stakeholders noted some case plans appear to be written before case planning meetings and parents are asked to sign them when they arrive; case plans seem to be “cookie cutter” and include many predetermined tasks based on court orders, which can create challenges in engaging parents and can be overwhelming for parents; sometimes parents do not understand the case plan and there is not time to explain it; and case planning meetings are scheduled and/or cancelled without notification to parents.

Increased engagement with parents and others during case planning and other case tasks as addressed within the well-being PIP tasks should improve the number of case plans completed with goals appropriate to circumstances of the case and needs of the family.

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

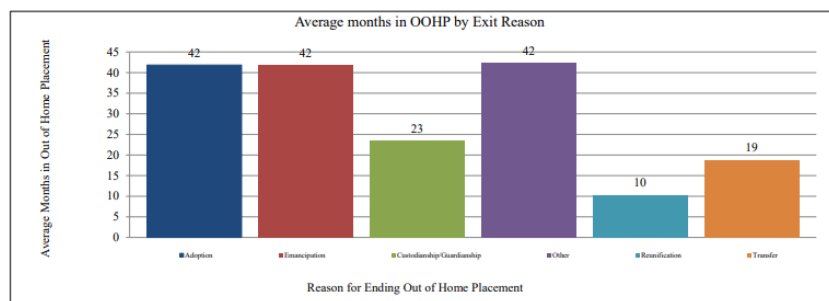
Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Federal Reviews

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

Strengths	Four Questions model could be modified to support reintegration options and permanency plan questions.
Worries	Process for displaying key out of home dates to the Court report should be consistent. Currently, some CWCMP court reports capture the 15 of 22-month deadline date on their cover page, the DCF court report form, PPS 3003, only requires a yes or no answer as to whether the child has reached 15 of 22 months.
Evidence of disproportionality and disparities	Black children consistently have lower permanency rates and higher rates of placement moves. Increased placement moves negatively impact the ability to achieve permanency.
PIP Goals/Strategies	Goal #3 – Permanency Goal 1, Goal #4 – Permanency Goal 2, See III. Plan for Enacting State’s Vision

Kansas recognizes the following six reasons for ending OOH placement: Adoption, Emancipation, Custodianship/Guardianship, Other, Reunification and Transfer, which is defined as transfer to another state agency, such as KDOC-CBS. The reason of “Other” includes death of a child, discharged for living with relative, or runaway. Kansas monitors average length of stay for each of the reasons for ending OOH placement. The graph below represents SFY 2024, July 2023 – February 2024. Starting in SFY 2025, Kansas will begin utilizing SOUL Family Legal Permanency as an option for youth who are in care. For IV-E purposes youth achieving permanency through SOUL family will be considered to achieve permanency through APPLA.



Data for SFY 2024 shows decrease in performance for children who were in FC less than 12 months, 12 to 23 months, and 24 months or longer.

Federal Outcome	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
% of children who discharged to permanency within 12 months of entering foster care and before turning 18. Standard: 40.5%	36%	36%	34%	33%	41%	33.2%
% of children who are in foster care 12 to 23 months on the first day of the 12-month reporting period, who discharged to permanency within 12 months and before turning 18. Standard: 43.6%	40%	41%	36%	28%	39%	34.2%
% of children who are in foster care 24 months or longer on the first day of the 12-month reporting period, who discharged to permanency within 12 months and before turning 18. Standard: 30.3%	36%	38%	34%	34%	35%	33.6%

*SFY 2024 reflects July 2023 – March 2024

Throughout the PIP writing process, timely permanency within the different 12-month time frames was the focus of one of the workgroups. The workgroup developed two root causes regarding timely permanency.

1. There is a lack of education and shared definition among DCF, CWCMP and court partners surrounding the concept of safety versus risk factors which leads to delays in timely permanency. Children do best with their families, and risk factors can be addressed with in-home services. Reunification services should be strengths-based, trauma-informed and focus specifically on the current safety concerns preventing that child from returning to their home. Without a shared understanding of what constitutes a safety concern versus a risk factor, unnecessary barriers can be put in place for a family, delaying reunification.

2. Child welfare stakeholders, particularly courts and child welfare practitioners, do not have a common understanding of what is timely permanency.

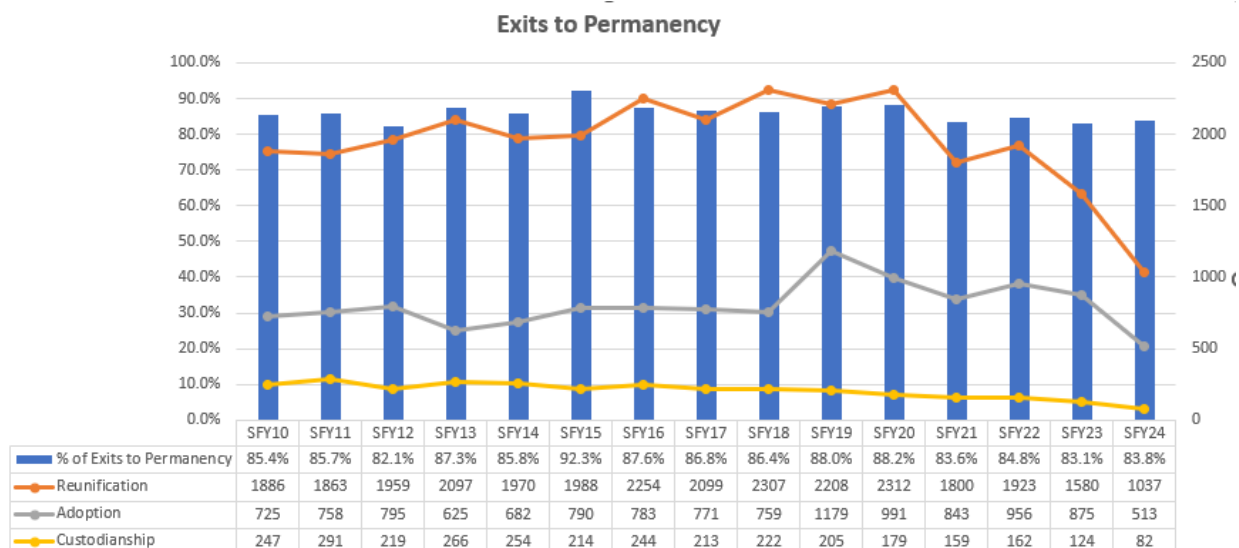
The workgroup consistently discussed that for timely permanency to be reached even in later time 12-month periods the focus of timely permanency should be within the first 12-month time frame of a youth coming into care.

While it has fluctuated, Kansas has experienced a decrease in performance regarding children who became legally free for and then discharged from FC to a finalized adoption in less than 12 months of becoming legally free.

Outcome	SF 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Of all children who became legally free for adoption in the 12 -month period prior to the year, what percent was discharged from FC to a finalized adoption in less than 12 months of becoming legally free? Standard: 45.8%	39%	44%	41%	40%	44%	39.9%

*SFY 2024 refers to July 2023 through March 2024

CFSR data indicates Kansas did not timely file motions for termination of parental rights, the Kansas Legal and Judicial Stakeholder Focus Group report showed a disconnect between data and the belief of legal stakeholders who believed motions for TPR are always or usually submitted or filed timely (64.5% of respondents were in one of these categories) and TPR hearings are held timely usually or always (68.8% of respondents were in one of these categories).



The majority of exits from care in Kansas are to a permanent arrangement of reintegration, adoption, or custodianship. This number has remained stable. This would suggest focus should be on achieving one of those permanency goals more quickly, which should impact the overall number of youth who achieve permanency within 0-12, 12-24, or 24-36 months.

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

Item 7: Placement with siblings

Did the agency make concerted efforts to ensure that siblings in FC are placed together unless separation was necessary to meet the needs of one of the siblings?

Federal Reviews

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

Strengths	CWCMP contracts stress importance of placing sibling groups together. Contract outcomes include placement with siblings within measured outcomes.
Worries	Placement with siblings has dropped in this and the previous fiscal year. Maintaining consistency of strong practices used in the past will be necessary to regain lost ground and initiate growth in youth being placed together with siblings.
Evidence of disproportionality and disparities	Black children are over-represented in the number of placement moves and experienced the highest rate of moves for the most recent reporting period. Their rate of moves has increased over the past 3 reporting years. American Indian/Alaska Native children also experienced a high and increasing rate of moves, while children

	of two or more races experienced the lowest rate. This over representation in moves and placement stability likely impacts the number of children and youth who are in placements with siblings.
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CWCMP contracts continue to stress the importance of keeping siblings placed together in FC. The current contract includes sibling placement as a contract outcome. According to provided data, placement with at least one sibling has dropped in the last complete fiscal year.

Outcome Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in FC, with siblings in FC, placed with at least one sibling Standard: 78%	73%	74%	77%	77%	74%	74%

Data Source: FACTS

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

Agency OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
During the PUR, was the child placed with all siblings who also were in FC?	62%	55%	56.2%	57%	54.02	54.63%
If the answer to the above question is "no", was there a valid reason for the child's separation from the siblings?	63%	70%	80.6%	68%	55%	66%

*SFY represents SFY24 Q1 average

There is a significant difference in the number of youth who are placed with at least one sibling, per the outcome measure, and youth who are placed with all siblings also in foster care, per the out of home case read question. PIP tasks regarding placement stability should increase opportunities for youth to be placed with at least one sibling and preferably with all their siblings who are experiencing a placement in foster care.

Item 8: Visiting with parents and siblings in foster care

Did the agency make concerted efforts to ensure that visitation between a child in FC 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?

Federal Reviews

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

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

	language or tradition during case plans and worker-parent visits; worker turnover; power dynamic between case manager and parent or caregiver; lack of consistent natural support involvement during case plans and visitations.
Evidence of disproportionality and disparities	Black children consistently have lower permanency rates and higher rates of placement moves. Quality and quantity of time spent between youth experiencing a need for foster care and their supports, including their parents, is an important fundamental child welfare practice that improves outcomes for youth in care.

Visitation remains a key component of the family centered care approach adopted by the agency. Frequent visitation not only provides opportunity for families to maintain a connection with the child it also provides opportunities to assess interaction and the need for intervention or additional support.

OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, were concert efforts made to ensure that visitation (or other forms of contact if visittion was not possible) between the child and his or her mother was of suffiient frequency to maintain or promote the continuity of the relationship	51.5%	65.4%	72.9%	64.44%	67.12	62.75%
During the PUR, were concert efforts made to ensure that the quality of visitation between the child ahe mother was sufficient to maintain or promote the continuity of the relationship?	70.7%	90.9%	73.6%	75.16%	67.21%	66.32%
During the PUR, were concert efforts made to ensure that visitation (or other forms of contact if visittion was not possible) between the child and his or her father was of sufficent frequency to maintain or promote the continuity of the relationship	40.6%	58.8%5	66.8%	58.06%	53.70	40.63%
During the PUR, were concert efforts made to ensure that the quality of visitation between the child ahe father was sufficient to maintain or promote the continuity of the relationship?	68.9%	84.6%	67.4%	69.57%	57.14%	58.49%
During the PUR, were concert efforts made to ensure that visitation (or other forms of contact if visittion was not possible) between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship	31.0%	27.3%	64.0%	44.9%	40.48%	44.9%
During the PUR, were concert efforts made to ensure that the quality of visitation between the child ad his or her sibling(s) was sufficient to promote the continuity of ther relationships?	45.8%	57.1%	71.5%	68.24%	57.14%	48.89%

*SFY represents SFY24 Q1 average

A significant difference exists between the quality and quantity of visits for fathers compared to that of mothers and while DCF has made progress in SFY 2024 in increasing the quantity of visits for siblings the quality of those visits has decreased. Improvements in engagement through wellbeing tasks while not solely directed at increasing the quality and quantity of interactions between youth, parents, and siblings, are designed to improve engagement practices generally.

Item 9: Preserving connections

Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Federal Reviews

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

Strengths	CWCMPs are expected to preserve connections for children in FC. Kansas has passed and is implementing SOUL Family Legal Permanency as an additional way in which youth can be released from the custody of the Secretary to permanency. This option, available only to youth over the age of 16, focuses as its core in ensuring that youth who are released from the custody of the Secretary are surrounded by at least one, if not many, supportive adults. Practice improvements coming from SOUL are expected to impact DCF practice in strengthening connections for youth who are not eligible to achieve permanency through SOUL.
Worries	Placement stability concerns impacts the ability of youth to create connections with supportive adults, community, faith, extended family, Tribes, schools and friends. Efforts to improve placement stability should also impact the preservation of connections for youth who enter care.
Evidence of disproportionality and disparities	According to the CFSR Round 4 Final Report, Black children are over-represented in the number of placement moves and experienced the highest rate of moves for the most recent reporting period. Their rate of moves has increased over the past 3 reporting years. American Indian/Alaska Native children also experienced a high and increasing rate of moves, while children of two or more races experienced the lowest rate.

Preserving connections for children in FC continues to be an expectation in the CWCMP contracts. The expectations for increased parent/child interactions, siblings being placed together, placement with relatives or other non-related kin (NRKIN), and placement within the same school catchments area are methods to increase earlier reunification for children in OOH care.

Young people who are released from the Custody of the Secretary shall have at least one connection for success with an adult they can reach out to for support. Youth shall also be assisted in identifying additional connections with community resources for help with housing, employment, transportation, finances, and school. The CWCMP CM will work with the young person and community agencies, including Youthrive, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people will be provided opportunities to interact and develop relationships with dedicated adults in the community. CWCMP CM, including IL Coordinators, will not be considered for this purpose. Connections for success are documented in Section 6: My Connections Plan in the PPS 3059 My Plan for Successful Adulthood. Section 6 is reviewed at every transition planning meeting with the youth and kept up to date.

Agency Outcome Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children aged 6 and oldertending the same school after removal <i>Standard: 25%</i>	17%	18%	18%	24%	28%	34%
Youth emancipating from ctody with an identified lifelong Connection for Success <i>Standard: NA</i>	79%	80%	86%	90%	90%	88%

*SFY 2024 represents July 1, 2023 – February 2024.

Connection for Success Outcome SFY2024 represents July 1, 2023 – February 2024

Data indicates the percentage of children who attend the same school after removal from the home as prior to removal may be an area of opportunity in Kansas. Fewer than 35% of children removed from the home since SFY 2024 have remained in their home school. DCF collaborates with KSDE to improve

outcomes for youth in foster care. Kansas looks forward to evaluating the effect of relaxed relative and non-related kinship licensing standards as a way to increase the number of youth who may be able to continue in their school of origin.

Practice improvements emanating from implementation of SOUL Family Legal Permanency should have an impact on the number of youth emancipating from custody with lifelong connections for success.

OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, were concerted efforts made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members, including siblings who are not in FC, school, tribe, and/or friend)?	76.8%	70.8%	80.1%	75.96%	77.37%	77.98%
Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, an Indian tribe?	86.0%	89.4%	91.9%	93.43%	93.53%	91.62%
If the child may be a member of, or eligible for membership in, an Indian tribe, during the PUR, was the tribe provided timely notification of its right to intervene in any State court proceedings seeking an involuntary FC placement or termination of parental rights (TPR)?	30.8%	57.1%	51.9%	45.95%	46.15%	53.85%
If the child is a member of, or eligible for membership in, an Indian tribe, was the child placed in FC in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?	22.2%	60.0%	55.3%	47.06%	62.5%	60%

*SFY represents SFY24 Q1 average

While Kansas has experienced a decrease in sufficient inquiry regarding ICWA the percentage of youth for whom sufficient inquiries were made remains significant. However, the agency recognizes that timely notice and complying with placement preferences under ICWA remains an area of opportunity. Continued collaboration between DCF and OJA will be required to improve on timely notifications to Tribes of their right to intervene.

Item 10: Relative placement

Did the agency make concerted efforts to place the child with relatives when appropriate?

Federal Reviews

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

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

Evidence of disproportionality and disparities	Black children are over-represented in the number of placement moves and experienced the highest rate of moves for the most recent reporting period. Their rate of moves has increased over the past 3 reporting years. American Indian/Alaska Native children also experienced a high and increasing rate of moves, while children of two or more races experienced the lowest rate. This over representation in moves and placement stability impacts the number of youth who can be placed with relatives.
PIP Goals	Placement Stability Strategy 1.2.2

Placement with relatives can ease the transition into FC and maintain the child’s connections with their family. Relatives or NRKIN continue to be the preferred placement, when it is in the child’s best interest.

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). TPR does not alter or eliminate the blood relationship to other relatives.
A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but 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.

Administrative Data

Outcome Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in foster care live with relatives or non-related kin Standard: 50%	33%	34%	42%	44%	45%	47%

Data Source: FACTS

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

In SFY 2021, relatives or NRKIN were added to the outcome measures and the standard were raised from 29% to 50%. As of February 2024, 47% of children in OOH care were placed with a relative or NRKIN.

Agency OOH Case Read Question	SFY 20	SFY 20	SFY 20	SFY 2022	SFY 2023	*SFY 2024
Did the agency, during the PUR, make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as placement resources (due to fit, relative’s unwillingness, or child’s best interests) during the PUR?	72%	86%	70%	68%	81.69%	64.38%
Did the agency, during the PUR, make concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child, with the result that paternal relatives were ruled out as placement resources (due to fit, relative’s unwillingness, or child’s best interests) during the PUR?	73%	80%	63%	58%	66.18%	64.62%

*SFY represents SFY24 Q1 average

Kansas is approaching 50% of youth placed with relatives or non-related kin in FY 2024. Kansas continues to engage in Family Seeing and Family Finding activities and is investing in a Family Finding software program to assist in increasing the number of youth who can be placed with relatives and kin. Data indicates that Kansas needs to ensure that it consistently uses practices which have previously been more successful in locating and utilizing or ruling out placements with maternal relatives as well as continuing to increase the number of relatives or non-related kin who are explored as placement options for youth experiencing a need for foster care.

Item 11: Relationship of child in care with parents

Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in FC 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?

Federal Reviews

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

Strengths	Policy states, parent/child interaction shall occur at least once a week when the case plan goal is reintegration. This may be through telephone or email if deemed appropriate and is in the best interest of the child. Interaction shall increase in duration, as appropriate.
Worries	As detailed in the wellbeing section of Kansas’ PIP, DCF policy lacks clarity surrounding expectations for engagement between a CWCMP and a parent during case plan, worker client visits, and family visitation.
Evidence of disproportionality and disparities	Black children consistently have lower permanency rates and higher rates of placement moves. Quality and quantity of time spent between youth experiencing a need for foster care and their supports, including their parents, is an important fundamental child welfare practice that improves outcomes for youth in care.
PIP Goals/Strategies	Wellbeing Strategy 1.1

When serving children and families there is an emphasis on creating the most family and child friendly environment for those served by DCF. This facilitates a level of engagement crucial to successful outcomes related to permanency and stability. PPM 3237 states, “If the case plan goal is reintegration, in person parent/child interaction shall occur at least once a week, with telephone and email contact if deemed appropriate and in the best interests of the child. Parent/child interaction shall increase in duration, as appropriate.”

Agency OOH Case Read Questio	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Were concerted efforts made to promote, support, and otherwise maintain positive and nurturing relationship between the child in FC and his/her mother?	55.8	54.5	65.8%	54.6	50.72%	46.15%
Were concerted efforts made to promote, support, and otherwise maintain positive and nurturing relationship between the child in FC and his/her father?	47.8	42.9	57.3%	48.72	39.13%	37.5%

*SFY represents SFY24 Q1 average

Through qualitative data review the workgroup discovered consistently low performance regarding involvement and engagement with fathers regardless of service type. Through qualitative data review the workgroup discovered very low performance regarding frequency of visits. Included in the root cause analysis of the wellbeing workgroup was: “Engagement elements of the Kansas Practice Model are not yet integrated into all areas of the Kansas child and family well-being system.” Kansas looks forward to improving engagement with parents, both mothers and fathers, throughout the life of the case and providing consistent guidance on identified moments when quality engagement is pivotal.

CURRENT AND PLANNED ACTIVITIES FOR PERMANENCY

RELATIVE AND KINSHIP CARE

Relative and kinship placements are more likely to take sibling groups, more likely to experience greater placement stability, and may be less traumatic for children. Consistent with federal and state law, Kansas gives relatives and kin preference and consideration for placement when a child is placed in care. DCF and CWCMP staff are required to make concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements both initially and throughout the case.

Kansas defines “kinship care” 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). Kansas uses the term non-related kin to describe those adults who are not related to a child but who either the child or parent have a close emotional tie to and relative to describe individuals with specific relationships with the child, as described earlier.

Relatives may, but are not required to, obtain a foster home license. Unlicensed relatives receive support with a dollar amount between \$17.64 per day to \$66.15 per day, for each child, based on their level of care assessment. Within the CWCMP staff are dedicated to supporting and maintaining relative placements. Currently, if relatives choose to become licensed, they must meet the same regulatory standards and requirements as other licensed family foster homes. DCF will take advantage of the federal rule allowing for modified licensing standards for relatives and NRKIN to adjust the licensure requirements for placements. Abridged standards provide Kansas the opportunity to further embrace capacity of diverse families across Kansas to support each other and provide equitable financial support to those caring for their relative and kin children in DCF custody. Homes licensed by abridged standards receive pay equal to a licensed foster home caring for a child with the same assessed level of need. See Attachment 11 Family Foster Home and NRKIN Comparison.

NRKIN must obtain licensure. In the PPS PPM children can be placed with NRKIN prior to completion of pre-service foster parent training. NRKIN are typically issued a temporary license within 30 days of placement. NRKIN are provided a monthly subsidy equal to the rate a licensed foster home would receive for the same level of care once a temporary license is obtained. A standard license is issued once all training and requirements have been completed. As Kansas takes advantage of the foster care licensing final rule the need for temporary licensure for NRKin placements will be removed as Kansas allows NRKin to take advantage of the abridged licensing standards used for relatives.

DCF is focused on increasing relative and kinship placements over the next five years. Modifications to licensing standards for relative and NRKIN and continued development of PS-TDM will make an impact. DCF plans to explore improvements in Family Finding/Seeing across the state and investment in preventative services available to relative and kin caregivers in support of this goal.

DCF contracted with FAC to implement and operate a Kansas Caregiver Support Network. The Network was created to offer caregivers access to resources and support statewide. FAC delivers meaningful representation and voice to individuals providing care for children not born to them. The program

partners with CWCMPs and any agency providing care to children related to support planning and programming. Services include peer to peer support, advocacy, training, education, information sharing, and resources to assist caregivers in feeling equipped to meet needs of children who may come into their home trying to manage difficult and traumatic experiences. These strategies will assist DCF in providing the support relative and kin caregivers of young people in FC have voiced are needed.

SPECIAL RESPONSE TEAMS (SRT)

SRT Response Team Specialists (RTS) assist with recovery of youth who are in FC and are absent from their placement without permission. They focus on preventing instances of run behavior. RTSs use experience working with youth to inform improvements in policy and system engagement. RTSs also include the voices of youth when improving policy and system engagement. RTSs are employees of DCF and CWCMPs. They are statewide and non-case carrying positions. DCF Administration and each CWCMP has assigned RTSs making a statewide team of 12. Two additional positions were added for enhanced coverage in Wichita and western portions of the state. DCF Administration RTSs oversee the CWCMP teams by providing support, training, and assistance on cases when requested.

REPORTING AND RECOVERY PROCESS

When a child in the custody of the Secretary is missing from an OOH placement due to running away, abduction, or missing for an unknown reason, the FC provider reports the missing child to the DCF SRT within two hours of the child being reported missing or absent. Notifications are received by the entire team and trigger recovery efforts. Recovery efforts occur as a collaborative and collective statewide team. CWCMPs take the lead for youth from their catchment areas.

The SRT meets weekly with leader representatives from CMS, CWCMPs, DCF HT, DCF region and administration. Weekly meetings are focused on sharing strategies and information with each other. The group consistently looks for new innovative ideas in serving this population. The SRT gains insight and feedback during these meetings which inform improvements in process and procedure.

COLLABORATION

The RTSs collaborate with local LE, KBI, Federal Bureau of Investigations (FBI), Kansas Sheriffs' Association, Kansas Association of Chiefs of Police, Kansas Peace Officers Association, WCH Street Outreach Services (SOS), National Safe Streets Network, and NCMEC. RTSs use multiple social media strategies, open-source intelligence, partnerships with LE, and strong fact-finding skills to aid in safely recovering children.

A partnership between DCF Youth Programs and NCMEC's Child Sex Trafficking team (CST) has existed since 2021. There is a CST Resource Specialist assigned to Kansas. Through combined planning this partnership has been able to further develop the Kansas Recovery Plan for youth with recurring running behaviors. This relationship has brought improvement in services for children at risk of or involved in HT.

PREVENTION

Preventing youth running behaviors is most successful by building supportive relationships with them and helping them develop a lifetime network of connections. Authentic engagement and forming supportive partnerships with youth are the most important focus of the team. The SRT nurtures an ongoing connection with recovered youth and remain available to them as a resource. The ongoing relationship can fill supportive gaps in the system or gaps in relationships absent from the youth's life. Part of remaining a resource for the youth involves advocacy after recovery. Some examples include celebrating small successes and maintaining regular contact. Remaining connected is the bridge between recovery and establishment of new connections. RTSs model positive behaviors and assist in making referrals to community resources with youth. RTSs advocate for youth in becoming connected to

their families, schools, communities, and to experience normalcy in their daily living while placed in care. A youth's activities, sports, hobbies, faith, volunteering, and creative outlets further develop their network of connections while enhancing their resiliency.

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

SOUL (Support, Opportunity, Unity, and Legal Relationships) is a permanency option where young people aged 16 and older can establish a legal relationship with one or more primary adults who will be responsible for their care while still maintaining family connections. Historically, youth in FC had limited legal options for permanency, including adoption, guardianship, reunification or APPLA. The addition of SOUL will expand options for young people by establishing a legal connection between at least one adult, helping to ensure the young person exits FC with a support system as they transition to adulthood. This permanency option was developed by young people with lived experience and has been championed by Annie E. Casey Foundation. Please see Attachment 12, SOUL Family Backgrounder for more information.

The Kansas Legislature recently passed legislation to create the SOUL Family permanency option and the bill has been signed by the governor. DCF is adding SOUL Family to the PPM and implementing statewide. Workgroups comprised of DCF staff, CWCMP staff, young leaders with lived expertise, and stakeholders are currently working on details for practice and implementation in preparation for this permanency option to be included in case planning and permanency practice effective July 2024.

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

INDEPENDENT LIVING SERVICES (IL)

IL Services are available to adults ages 18 and above who have been released from DCF Secretary's custody until age 21, or until age 26 if enrolled in post-secondary education or training programs and participating in the Education and Training Voucher (ETV) Program. The IL Program is voluntary, and adults may receive services in all 105 counties in Kansas. Adults ages 18-26 complete the Kansas IL Self-Sufficiency Matrix and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. The plan is adult-driven and identifies the individual's goals and the steps to achieve them. Adults involved in the IL Program are eligible to receive assistance with room/board, medical care, completion of high school/General Equivalency Diploma (GED), post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills, transportation, and other services as identified by the adult.

The Kansas Foster Child Education Assistance Act began July 1, 2006, and requires tuition and fees to be waived by Kansas Board of Regents educational institutions for Kansas DCF youth who meet eligibility criteria up until the semester the youth turns 23 years old. Youth may receive additional funds through the ETV Program to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid Option as Aged Out Medical coverage to young adults who leave custody of DCF, KDOC-CBS and Tribes at age 18, until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card. Due to requirements in the SUPPORT for Patients and Communities Act of 2018, Aged Out Medical is now available to young adults residing in Kansas who turned age 18 on or after January 1, 2023, and exited FC from another state or territory at age 18 or after.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

Kansas changed policy in January 2017 to use the term APPLA to match federal language. The permanency goal of APPLA is appropriate only for youth aged 16 or older, and when documentation has been provided to the court stating compelling reasons exist making all other permanency options unacceptable. DCF PPS is compliant with Preventing Sex Trafficking and Strengthening Families Act regulations requiring youth with a case plan goal of APPLA to be 16 or older. As of March 31, 2024, 10.16% (n=632) 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 achieves permanency through APPLA, the plan for the child to stay in the placement resource until achieving permanency is documented.

APPLA permanency plan goals are subject to ongoing review at later permanency hearings. Other permanency options for the child continue to be explored throughout the time the child is placed out of the home. The permanency option of APPLA does not rule out other more permanent options.

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

A transition plan is initiated, beginning at age 14, for all youth OOH regardless of case plan goal. The youth is assisted in identifying specific options on the transition plan for housing, health care, insurance, education, ongoing support services, employment and financial support and services, transportation, and other services needed to achieve and maintain self-sufficiency and if applicable, for any minor child the youth may be parenting. Information on available resources from internal and external programs is provided. Referrals to supportive services are made when applicable. The transition plan identifies a Connections Plan for the youth, which includes adults and other resources to whom the youth would reach out to for assistance as they travel their path to independence.

PERMANENCY ADVISORY COMMITTEE (PAC)

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

WELL-BEING

WELL-BEING OUTCOMES 1, 2, AND 3

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

Item 12: Needs and services of child, parents, and foster parents

Sub-Item 12A: Needs assessment and services to children

Sub-Item 12B: Needs assessment and services to parents

Sub-Item 12C: Needs assessment and services to foster parents

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?

Federal Reviews

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

Strengths	Mental/behavioral health initiatives are in place – additional supports within schools and MRSS. Expanding stable placement through TFFH.
Worries	There are gaps of service across Kansas, oftentimes impacting rural areas significantly.
Evidence of disproportionality and disparities	Problem Statement #2 from PIP – Not all families served by DCF have knowledge of and/or access to equitable services to meet their individual needs.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2, See III. Plan for Enacting State’s Vision

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child’s needs?	85.5	66.0	84.8%	88.2%	91.18%	88.82%
During the PUR, were appropriate services provided to meet the child’s identified needs?	78.6	62.5	74.7%	73.05%	74.32	75.86%
During the PUR, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s needs?	67.3	70.6	65.4%	64.25%	65%	61.54%
During the PUR did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father’s needs?	46.7	54.2	52.6%	47.95%	50.77%	47.13%
During the PUR, did the agency provide appropriate services to the mother to meet identified needs?	64.0	60.0	63.7%	61.0%	61.97%	51.46%
During the PUR, did the agency provide appropriate services to the father to address identified needs?	41.6	52.4	51.0%	45.16%	49.06%	38.46%
During the PUR, did the agency adequately assess the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?	72.9	70.5	77.3%	75.54%	77.52%	69.14%
During the PUR, were foster or pre-adoptive parents provided with appropriate services to assess identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?	64.9	69.2	66.2%	59.9%	62.79%	49.54%

*SFY represents SFY24 Q1 average

Case read results reflect Kansas performs better when assessing the child, mother, and foster parents’ needs. Improving assessment with the father related to needs and appropriate services is an ANI. DCF recognizes that engagement with fathers is an opportunity for improvement. Continued emphasis on engagement of fathers will be included within policy and practice improvements as DCF increase Family Finding/Seeing efforts and as the KPM is expanded into FC practice. Lack of engagement with fathers can impact youth feeling connected to their families, limits relative placement options, and can impact other outcomes related to achieving permanency for youth who are OOH.

Item 13: Child and family involvement in case planning

Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Federal Reviews

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

Strengths	Leverage use of KPM as it is not yet integrated into all areas of the Kansas child and family well-being system. KPM incorporates families in walking alongside them.
Worries	Parents and caregivers of youth involved with or at risk of being involved with the child well-being system are not being engaged as collaborative partners.
Evidence of disproportionality and disparities	Data shows that the agency is less likely to make concerted efforts to engage fathers efforts to engage youth and mothers in the case planning process.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1, See III. Plan for Enacting State’s Vision

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, did the agency make concerted efforts to actively involve the child in the case planning process?	60%	66%	76%	69%	62.5%	61.26%
During the PUR, did the agency make concerted efforts to actively involve the mother in the case planning process?	65%	61%	70%	65%	52.5%	52.59%
During the PUR, did the agency make concerted efforts to actively involve the father in the case planning process?	54%	63%	61%	54%	48.44%	40.7%

*SFY represents SFY24 Q1 average

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

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

Item 14: Caseworker visits with child

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?

Federal Reviews

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

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

Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1, See III. Plan for Enacting State’s Vision

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, was the frequency of the visits between the caseworker (or other responsible party) and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	70.9	58.0	87.9%	82.89%	78.99%	75.29%
During the PUR, was the quality of the visits between the caseworker and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals (for example, did the visits between the caseworker or other responsible party and the child(ren) focus on issues pertinent to case planning, service delivery and goal achievement)?	68.8	75.5	71.1%	53.25%	55.47%	52.07%
During the PUR, was the child (if 10 or older) offered the opportunity to use the “Monthly Individual Contact” form PPS 3061?	35.2	20.0	39.1%	39.07%	36.92%	50.75%

*SFY represents SFY24 Q1 average

Outcome Measure	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023	*FFY 2024
Monthly Caseworker Visits (MCV) <i>Standard: 95%</i>	74%	89%	95%	97%	97%	97%
Visits In Home <i>Standard: 50%</i>	85%	76%	83%	88%	89%	91%

*FFY 2024 data reflects data from October 2023 – February 2024.

While the quantity of visits, as shown by the outcome measure meets the standard and the location of the visit exceeds the standard for in home visits the quality of those visits remains an area of opportunity for Kansas. Utilizing engagement strategies through the Kansas Practice Model, Kansas hopes to increase the quality of visits which are occurring.

Item 15: Caseworker visits with parents

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?

Federal Reviews

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

Strengths	KPM views families as experts in their lives which could empower parents and caregivers to engage.
Worries	Problem Statement 1 from PIP – Parents and Caregivers of youth involved with or at risk of being involved with the Kansas child and family well-being system are not being engaged as collaborative partners.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black

	children are also overrepresented in reentries into care. Since Black children are overrepresented in FC generally families of Black youth would also lack quality and quantity of worker parent visits.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1, See III. Plan for Enacting State’s Vision

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, was the frequency of the visits between the caseworker (or other responsible party) and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	39%	40%	52%	34%	37.97%	40.87%
During the PUR, was the quality of the visits between the caseworker and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	64%	54%	74%	76%	77.36%	62.64%
During the PUR, was the frequency of the visits between the caseworker (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	35%	52%	40%	24%	37.97%	29.76%
During the PUR, was the quality of the visits between the caseworker and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	64%	67%	68%	71%	80.56%	53.57%

Engagement of parents in all aspects of a foster care case continues to be an area of opportunity for Kansas. In particular, the frequency of visits between the case worker and fathers is an area of opportunity that could have a significant impact on youth in foster care and their ability to achieve permanency.

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

Item 16: Educational needs of the child

Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?

Federal Reviews

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

Strengths	In CFSR Round 4, DCF made concerted efforts to accurately assess the children’s education needs at 92.5%. CWCMP agencies have educational specialists who provide support for youth who are OOH to assist in meeting the needs of youth. DCF cooperates with KSDE in creating the “Foster Care Report Card” which addresses educational attainment for youth in care, providing both agencies opportunities to assess progress and target interventions to improve outcomes for youth.
Worries	There was room for improvement on making concerted efforts to address the children’s education needs through appropriate services.
Evidence of disproportionality and disparities	Despite a decrease in the all-student graduation rate statewide of 1.1%, graduation rates for children experiencing a need for foster care increased by 5.3%. The rate of foster care students graduating within 4 years continues to be below the all-student rate. The successful increase in graduation rates does not affect all racial groups equally, and a year-to-year decrease was seen for students who are American Indian,

Asian, and Multi-Racial. A significant increase in graduation rate occurred for African American students (from 58.6% in 21-22 to 80% in 22-23). (Kansas Foster Care Report Card)

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023%	SFY 2024
During the PUR did the agency make concerted efforts to assess the child(ren)'s educational needs?	81%	73%	85%	89%	86.51%	88.59%
During the PUR, did the agency engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?	67%	54%	73%	75%	79.95%	67.78%
During the PUR, for each initial placement and placement change, was the child enrolled in school timely?	91%	63%	84%	81%	85%	92.98%
Are the required releases for educational records forms in the child's file?	85%	84%	82%	72%	72%	86%

*SFY represents SFY24 Q1 average

While most youth are enrolled timely in school and the agency makes concerted efforts to assess their educational needs, engaging in efforts to meet those needs through appropriate services is an area for opportunity. DCF partners with KSDE to address systemic needs and barriers for youth. Quarterly Case Read results for FC services indicate the State's areas of strength as having required releases for educational records in the child's file and timely enrollment in school for each placement.

DCF currently receives data from the CMPs related to educational milestones including both progression to the next grade level and youth exiting custody to emancipation or runaway who have completed 12th grade. The percentage of youth exiting custody to emancipation or runaway who have completed 12th grade has fluctuated from year to year. DCF will continue to monitor data surrounding this indicator.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in FC for 35 days or longer that progress to the next grade level Standard: 70%	70%	36%	83%	86%	99%	78%	69%	88%	91%	87%	**N/A
Youth exiting custody to emancipation or runaway that have completed grade 12 Standard: NA	43%	52%	46%	51%	68%	39%	31%	32%	53%	45%	39%

Data Source: FACTS

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

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

While most youth experiencing a need for foster care progress to the next grade level and Kansas exceeds the standard for this measure, far too many youth are leaving custody through emancipation or runaway have not completed grade 12. DCF's PIP includes opportunities to increase services for older youth to assist in placement stability which should have a positive effect on graduation rates for youth who are released from the custody of the Secretary.

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

Item 17: Physical health of the child

Did the agency address the physical health needs of children, including dental health needs?

Federal Reviews

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

Strengths	Kansas does well in assessing needs for physical and dental health needs. Mental and behavioral health assessments are generally done.
Worries	Kansas is inconsistent in ensuring children receiving routine well-child visits, particularly dental, as well as medication oversight and providing foster parents with medical and dental records. Findings were similar regarding mental/behavioral health. Accurate assessments were generally done, however, the agency ensured appropriate services were provided in half the applicable cases reviewed, despite children’s significant needs. Efforts to obtain dental services are often unsuccessful due to the lack of dental providers who accept Medicaid for payment.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black children are also overrepresented in reentries into care. Since Black children are overrepresented in foster care, it follows that they would be overrepresented in youth in need of medical and dental services.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2, See III. Plan for Enacting State’s Vision

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, did the agency assess the child(ren)’s physical health care needs?	59%	47%	68%	64%	57.97%	64.42%
If the child’s first OOH placement occurred during the PUR, was a health assessment completed 30 days before or after the placement? If not, were there attempts to schedule it within 14 days?	59%	60%	62%	67%	58.33%	59.46%
Are the child’s immunizations current?	76%	68%	73%	76%	72.26%	79.41%
During the PUR, did the placement provider receive appropriate medical and surgical consent forms for the child?	85%	92%	89%	86%	90.51%	89.22%
During the PUR, did the agency assess the child’s dental health care needs?	49%	43%	59%	57%	57.69%	59.76%
During the PUR, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs?	54%	27%	57%	49%	42.11%	42.98%
During the PUR, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs?	34%	23%	41%	41%	32.93%	38.52%
For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?	69%	30%	61%	60%	68.89%	42.11%
During the PUR, did the agency provide an Initial Mental Health and Trauma Screen within thirty (30) days upon the child’s entry into FC?	**	**	%	69%	52%	70.37%

*SFY represents SFY24 Q1 average

** data unavailable/not collected for the timeframe

Case read questions support findings of the CFSR that while assessments are often completed, follow up in accessing services is an area of opportunity; this is particularly true of dental services for youth in foster care.

Item 18: Mental/behavioral health of the child

Did the agency address the mental/behavioral health needs of children?

Federal Reviews

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

Strengths	Cased reads have shown an increase in initial mental health assessments completed timely and by a trained reliable assessor, Updated policies to be clearer on assessment expectations, Mental and behavioral health initiatives are in place – additional supports within schools and MRSS. Creation of Children’s Behavioral Interventionist code, development of parent peer support (individual and group) for an increased workforce. Expanding stable placement through TFFH. Kansas has created regulations for Juvenile Crisis Intervention Centers and funding exists to support startup of such facilities through reinvestment dollars, these services will be available to youth OOH and youth who remain with their families and need services. Creation of Crisis Respite Centers which provide brief short-term community-based crisis intervention and treatment,
Worries	Lack of documentation in youth case files to document agency activities to address behavioral and mental health needs. Some areas across Kansas, sometimes rural, have less options for mental health and substance abuse services. In areas of the state where more services exist, waitlists limit the ability to access services or services may not be being provided in the frequency the services are needed.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black children are also overrepresented in reentries into care. Since Black children are overrepresented in foster care, they are also likely overrepresented in youth in need of mental health services.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2, See III. Plan for Enacting State’s Vision

Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR, did the agency complete a substance abuse screening tool on all family members?	80%	91%	75%	81%	76%	68%
During the PUR, did the agency provide appropriate services to address the families’ substance abuse needs?	61%	56%	70%	64%	53%	34%

*SFY represents SFY24 Q1 average

While many family members are assessed for substance abuse concerns, follow up in providing appropriate services continues to be an area of opportunity.

FC Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
During the PUR did the agency conduct an accurate assessment of the children’s mental/behavioral health needs either initially (if the child entered FC during the PUR or if the in-home services case was opened during the PUR) and on an ongoing basis to inform case planning decisions?	89%	80%	88%	89%	88.19%	85.09%
During the PUR, did the agency provide appropriate services to address the child(ren)’s mental/behavioral health needs?	82%	70%	80%	78%	66.67%	68.85%
For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?	63%	50%	66%	66%	68.89%	54.24%

Was the assessment performed by a person who has been trained to reliably administer the Screen, and who is either a Qualified Mental Health Professional or a professional who holds a bachelor's degree in the field of human services or a related field?	**	**	57.1	60.0	64.29%	88%
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Kansas has increased its focus on ensuring that youth who enter care receive a timely (within 30 days) mental health and trauma screen completed by a trained and qualified professional assessor. Accessing appropriate services based on the screen continues to be an area of opportunity for Kansas. PIP tasks in many groups focus on gap analysis and ensuring that the correct services are available in the correct localities. Having timely initial mental health and trauma screens is an important part of this analysis.

SERVICES FOR CHILDREN WITH HIGH NEEDS

Programming:

The 2020 implementation of the Qualified Residential Treatment Program (QRTP) remains a treatment option for children in FC. This option provides an integrated treatment model designed to address clinical needs of children with serious emotional or behavioral disorders. The treatment program involves the child's caregiver and siblings at appropriate times. The program also provides discharge planning and family-based aftercare support. Placement in a QRTP facility is not long-term. DCF contracts with HealthSource to conduct the CAFAS for QRTP eligibility.

The Therapeutic Family Foster Home (TFFH) model and level of care was implemented in Kansas in SFY23. This placement type was implemented to reduce reliance on congregate care and increase services in family residences for youth with high needs. The model limits the capacity of homes to two youth. TFFH programming received Legislative support through ongoing funding. DCF awarded grants to seven programs to use innovative approaches targeted toward building statewide TFFH capacity and wrap-around support.

Medicaid code, Children's Behavioral Interventionist (CBI) was added to the State Plan for coverage in Kansas in SFY24. Children who experience trauma have an increased need for support in addressing behaviors and are at-risk if the trauma goes unresolved into adolescence and adulthood. This Medicaid billable services is for intense support provision in the home and community where the child resides. Families experience a person-centered treatment plan which can include neuro-developmental activities for children and caregivers struggling with behavioral and emotional management. CBI requires directly benefits the child and requires committed involvement by the family. DCF has been able to support agencies who provide this service with startup costs through TFFH funding and additional state general funding.

Goals of CBI:

Increase behavioral functioning in daily living activities	Stabilize the child in their home and community settings.
Eliminate the need for high levels of treatment.	Avoid placement disruption

Mental Health Intervention Team is a program based on a partnership between school districts and their CMHC. This program continues to expand and is now in 90 school districts. This provides school-based mental health services to children. Currently, there are 19 CMHCs participating in the program across Kansas. The behavioral intervention teams, as part of this program, include a school liaison, a clinician, and a mental health CM. Working alongside the Association of Community Mental Health Centers (ACMHC), DCF identifies communities and school districts where there is a gap in mental health services for children in FC. Providing services to children in school settings has increased access to mental health services for children in care. This service is available to all youth in Kansas, however, youth experiencing a need for foster care are now a priority population.

CURRENT AND PLANNED ACTIVITIES FOR WELL-BEING

State Partnership Work:

DCF partners with KDHE, KDADS, and MCOs to review status and services provided to each youth on the PRTF waitlist bi-weekly as a strategy toward reducing how many children are on the waitlist. For each child, the review captures time on the waitlist, current placement, current services, and available services. If a child is not participating in services while on the wait list, the MCO connects with the CWCMP to determine if a referral to services is appropriate. Barriers to services are discussed among the team of partners and shared with other KanCare related workgroups. See E. Systems Collaboration.

Children's Crisis Respite programs are managed through KDADS and have been in place since SFY23 to address stabilization of children and families. Crisis Respite Centers are managed by the CMHCs and are an alternative to acute hospital or PRTF treatment. Any Kansas family can access crisis respite programming, to include children in FC. The program offers an immediate episode of care which could mean hours to a maximum of 28 days. Family is defined by the child and may include biological, foster or chosen. The Crisis Respite Centers provide services within a defined geographical area, consultation, technical assistance, crisis intervention, crisis stabilization and care management to which support the family remaining intact in their community and connected to local providers and services. Six facilities are currently operating. KDADS continues to work on further development to increase the coverage.

Family Psychotherapy Without the Patient Present and Peer Support/Parent Peer Support Medicaid codes were launched and added to the State Plan in SFY23. Family Psychotherapy Without the Patient Present allows a clinician to bill for therapeutic time spent with the parent or guardian working toward parent/child treatment goals. Peer Support/Parent Peer Support are defined client centered services. It is a rehabilitation and recovery focused design which promotes skills for coping and managing behavioral health symptoms. It supports the use of natural resources and enhances community living skills for the caregiver raising an individual with behavioral health needs.

The Behavioral Health Tech Certification Program was developed in SFY23. Development involved collaboration among DCF, KDADS and the Wichita University Community Engagement Institute (CEI). The goal of this program is to provide a career path for the workforce serving youth with high needs.

Kansas was selected as one of five states for the "Supporting Crisis Services to Ensure Optimal Coordination for Children and Adults with Co-occurring Cognitive Disabilities and Behavioral Health Conditions" policy academy through the LINK Center. KDADS applied and was selected in SFY24. The focus of the academy is collaborative support for children and adults with an I/DD, brain injury or other cognitive communication differences who would benefit from 988 or other crisis response services. The Kansas collaborative team includes DCF, KDADS, MCOs, 988, KU, the Kansas Council on Developmental Disabilities, and Interhab. As a participant, Kansas can expect support in improving collaboration across agencies toward increasing capacity, developing resources, developing standard operating strategies, and building a united approach to supporting this population. The work will assure an inclusive and accessible 988/Lifeline and Crisis Response system while cultivating in-state, cross-system strategies for ongoing support for individuals.

Kansas was selected as one of ten states for participation in the Crisis Systems Policy Academy in SFY24. This opportunity was made available through the Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC), 988 and Behavioral Health Crisis Coordinating Office. Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the objective of this work is

focused on supporting states, tribes, and territories in building a coalition, role clarity and application of systems engineering/design principles. Improving policies and practices in the design of crisis systems is the goal. KDADS was the selected application in partnership with DCF, CMHCs and NAMI.

The juvenile justice focused Stepping Up initiative was launched by KDOC-CBS in SFY24 as a first in the nation. Stepping Up is supported by DCF and KDADS. The initiative was developed to address the prevalence of behavioral health needs among youth in Kansas. Through this project Kansas will receive technical assistance from the Council of State Governments (CSG) Justice Center to identify, implement, and expand best practices centered on reducing use of detention and increasing connections to care for young Kansans with serious behavioral health needs and are at risk for or currently involved in the juvenile justice system. Strengthening cross-system collaboration, improving outcomes for youth and families, and enhancing community safety are goals of this project. The work builds upon existing efforts to improve outcomes for Kansas youth in the juvenile justice system. This includes funding of youth crisis centers and implementation of Juvenile Detention Alternatives Initiative (JDAI) sites.

In the coming years, DCF looks forward to realizing the impact these described efforts have toward incrementally increasing the well-being of children and families. DCF believes partnering with our stakeholders helps us to build a strong framework within the state for which families can access and find services and supports meeting their unique needs.

RATINGS FOR SYSTEMIC FACTORS

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

SYSTEMIC FACTORS

INFORMATION SYSTEM

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in FC?

Federal Reviews

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

FACTS is a statewide mainframe-based information system. FACTS was created to collect and maintain information regarding individuals, families and providers who receive services from or interact with the agency. Information in the system is accessible to DCF and CWCMP employees across the state with system access capability. 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 child welfare system. The system allows timely data reporting and analysis that is key to monitoring outcomes and identifying areas of opportunity. In addition, this system allows us to collect

and report data as requested by Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD), and other stakeholders.

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, have received in-home service, or have been in FC. 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. Data collected in the system is consistent across geographic areas statewide and across all populations served. This is an area of strength in Kansas. FACTS also contains the State Central Perpetrator Registry, containing the names of perpetrators of child abuse and neglect. This is a critical component in achieving the safety outcomes.

FACTS 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 in the 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 that the data in FACTS is consistently and highly accurate.

Strengths	Item 19 was rated as a strength.
Worries	N/A
Evidence of disproportionality and disparities	N/A
PIP Goals/Strategies	N/A

Administrative QA Data

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

Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Does the information in FACTS accurately reflect the child's current permanency goal as indicated on the most recent PPS 3051?	96%	96%	90%	93%	86%	97%
If the child's out of home placement has ended, does FACTS accurately reflect that of Home End Date and Reason as indicated in the case file?	95%	90%	96%	98%	100%	97%
If the child was discharged from custody, does FACTS accurately reflect the date and reason of discharge?	100%	75%	100%	87%	100%	97%
Does that of the mother's termination of parental rights in FACTS accurately reflect information found in the case file?	100%	90%	78%	83%	88%	83%
Does that of the father's termination of parental rights in FACTS accurately reflect information found in the case file?	89%	82%	88%	87%	89%	90%
If child has been adopted, does the finalization date of the adoption in FACTS accurately reflect information found in the case file?	100%	100%	80%	100%	100%	93%
If child is being adopted, does the information in FACTS regarding the adoptive parent/child relationship accurately reflect information in the case file?	73%	0%	90%	88%	95%	88%

Each CWCMP uses a resource management system independent from the state system. This requires a close working relationship between DCF and CWCMPs to ensure consistency in reporting data and in the way the agencies access data from the state. 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 issued forms to DCF Regional staff for data entry into FACTS. Policy provides instructions and timeframes for submitting information to regional staff for data entry. CWCMP staff are required to submit the PPS 5120 within 48 hours of initial referral for OOH services and anytime there is a placement, address, or level of care change. CWCMP staff are required to submit the PPS 5120 within 24 hours of a move or Release of Custody court hearing. If the move occurs over the weekend or on a holiday, the form should be submitted by 11:00 a.m. on the next working day. CWCMP staff are required to submit the PPS 5120 within 48 hours of the child being absent from placement, receiving inpatient medical or psychiatric services, respite, or if there is a change of address for the placement. If this occurs over the weekend or on a holiday, the form should be submitted by 11:00 a.m. on the next working day. CWCMP staff are required to report a critical or significant incident verbally within 12 hours and in writing by next working day. Once information is received by the DCF regional office, data entry staff have five days to enter this into FACTS.

In SFY 2020, contract changes for CWCMP prompted Kansas Administration staff to facilitate a series of data quality and reconciliation meetings with regional staff and CWCMP. During these meetings DCF Administration staff provided an overview of Child Welfare Outcomes and guidance on calculating outcomes. TA was provided for using error lists and other available data quality monitoring tools. TA was also provided regarding processes/procedures for correcting errors. Regional and CWCMP staff developed written plans for the monthly process of CWCMPs reconciling data in their information systems with FACTS. Monthly reconciliation promotes timeliness of data entry. The reconciling process remains intact.

In SFY 2024, DCF Administration, regional, and CWCMP staff met to revisit and fine tune this process. A Business Process Mapping (BPM) activity was completed as a group to determine how and where things were working well and what challenges all parties were facing. The group identified challenges surrounding timeframes for reconciling and agreed upon new timeframes. DCF Administration staff also

provided an updated overview of Child Welfare Outcomes and guidance on calculating the outcomes. 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.

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?

Federal Reviews

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

Strengths	Written case plans are required for each individual child in DCF custody and approved by CPS practitioners. Youth are typically engaged in case planning.
Worries	Parents are not engaged in the case planning process. Youth who are engaged do not feel like their voice is heard or represented in the case planning process. Stakeholder interviews found that parents are not consistently involved in case planning. Stakeholders noted that some case plans appear to be written before case planning meetings and parents are asked to sign them when they arrive; case plans seem to be “cookie cutter” and include many predetermined tasks based on court orders, which can create challenges in engaging parents and can be overwhelming for parents; sometimes parents do not understand the case plan and there is not time to explain it; and case planning meetings are scheduled, cancelled, or both without notification to parents.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black children are also overrepresented in reentries into care.
PIP Goals/Strategies	Wellbeing Goal 1 – Outcome 1

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

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

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

Item 21: Periodic Reviews

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

Federal Reviews

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

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

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

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

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

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

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

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

Item 22: Permanency Hearings

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 FC and no less frequently than every 12 months thereafter?

Federal Reviews

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

Strengths	DCF was rated as Strength for Item 22.
Worries	N/A
Evidence of disproportionality and disparities	N/A
PIP Goals/Strategies	N/A

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

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

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

Item 23: Termination of Parental Rights (TPR)

How well is the case review system functioning statewide to ensure the filing of TPR proceedings occurs in accordance with required provisions?

Federal Reviews

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

Strengths	Collaboration between DCF and CIP creates opportunities to lessen the number of days a youth is in care and to achieve permanency more timely through adoption. Partnerships with KU-CPPR provide opportunities for review of adoption processes throughout the state and use of the adoption tracking tool.
Worries	The process for timely filing of termination of parental rights (TPR) varies across the state and is not uniformly tracked. There was no indication that compelling reasons not to file or exceptions are tracked. Stakeholders said that although the 15-out-of-22-month deadline date is captured on the first page of some court reports, it does not appear to assist with the timely filing of TPR. Filing of TPR typically occurs after the court finds that reintegration is no longer viable, which happens at inconsistent timeframes across the state. Stakeholders also noted other challenges to the timely filing of TPR, such as some courts requiring that an adoptive resource be identified before TPR is filed, some county/district attorneys wanting the agency to make more efforts before they agree to file the TPR, the extensive time required by workers to provide county/district attorneys with all the information needed to prepare the motion for TPR, and some county/district attorneys handling other types of cases, including criminal matters, that can take precedence.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black children are also overrepresented in reentries into care.
PIP Goals/Strategies	Goal #4 – Permanency Goal 2, See III. Plan for Enacting State’s Vision

Agency Administrative Data

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

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

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

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

The PIP Round 4 addresses action steps to be taken to increase timely filings of TPR.

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 FC are notified of, and have a right to be heard in, any review hearing held with respect to the child?

Federal Reviews

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

Strengths	Kansas statute provides a mechanism for service of notice of hearings to parties.
Worries	The state does not have a consistent process for notifying foster parents, pre-adoptive parents, and relative caregivers of periodic reviews and permanency hearings that includes notification of their right to be heard. Stakeholders described multiple methods for providing notice of court hearings. There is no statewide process for tracking whether foster parents, pre-adoptive parents, and caregivers receive court notifications that includes their right to be heard.
Evidence of disproportionality and disparities	Black children are over-represented in the proportion of children entering foster care compared to the overall child population and have experienced the highest entry rates and lowest percentages of permanency regardless of length of stay. Black children are also overrepresented in reentries into care.

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

The Representative Gail Finney Memorial FC bill of rights, K.S.A. 38-2201a, became law July 1, 2023. It provides that foster parents and kinship caregivers have the right to be notified in advance of any court hearing or review where the case plan or permanency of the child is an issue, including periodic reviews

held by the court. It also provides foster parents and kinship caregivers the right to submit a report to the court and to request a hearing when there is a change of placement notice if a child has been placed with the same foster parents for six months or longer.

QUALITY ASSURANCE (QA) SYSTEM

Item 25: Quality Assurance (QA) System

How well is the QA system functioning statewide to ensure it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure children in FC are provided quality services that protect their health and safety) (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Federal Reviews

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

Strengths	N/A
Worries	DCF does not have a cohesive and clear systemic process for using evidence collected through its Performance Quality Improvement activities to inform, implement, and assess program improvement.
Evidence of disproportionality and disparities	N/A
PIP Goals/Strategies	Goal #7 – QA – Systemic Factor 3, See III. Plan for Enacting State’s Vision

The Agency’s PPM Section 8000 provides guidance on the Quality Assurance (QA) system. PPM 8100 includes an overview of the CPI structure and scope: “The Department for Children and Families Prevention and Protection Services has leadership and ownership of a Continuous Performance Improvement (CPI) process which is applied consistently across the State. The process shall be utilized by state and provider staff at all levels as a systemic problem-solving process and cycle of learning and improvement. 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, interpretation, communication, collaboration, and support for sustainable CPI.

PPS CPI staff shall be responsible for providing support and accountability for the structure, methodologies, and administration of QA and CPI activities for the DCF Regions and Providers. Outcomes are reviewed at least quarterly by state and provider staff.

To assess performance of the Contractor, the state will review and monitor accountability for child welfare programs through direct oversight, case read processes, and administrative site visits. Case read and oversight activities are used to assess and improve delivery of services to families. Results of case read and oversight activities may be published by DCF on the internet or in other public material.

I. Poor performance on case read questions, nonconformities identified during an audit, not meeting the requirements of an administrative site review, or other sources identifying a significant or repeated problem impairing performance or compliance may lead to the implementation of a corrective action plan (CAP). CMP have been placed on CAPs at different times within the contract period when DCF has identified areas or contract performance outcomes in need of improvement. When a problem is identified by DCF, the contractor shall develop a Corrective Action Plan (CAP). The CAP is approved by DCF. The CAP is to address the root cause of the issue and action steps to be taken toward

improvements and prevent recurrence of the problem. Failure to meet CAP provisions shall require the Contractor to reimburse DCF for costs incurred in resolving the problem.

The concepts of a CAP are:
Using clearly identified sources of data which identify problems needing investigated.
Completing a root cause analysis to identify the cause of a discrepancy or deviation and suggest corrective actions to potentially prevent recurrence of a similar problem, or preventative action to ensure discrepancies to not occur.
Implementing corrections to rectify the problem which is identified.

II. Monitoring Contract Outcomes:

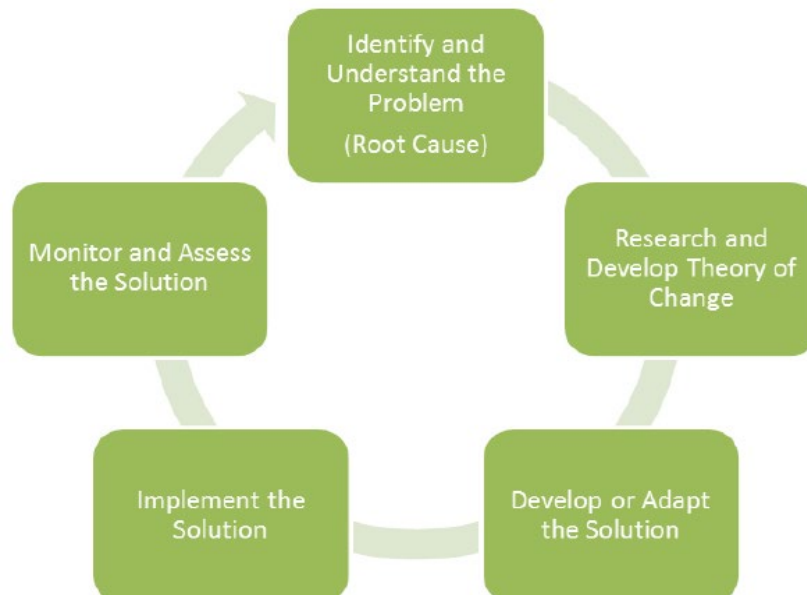
Contractor performance is also measured, in part, through contract outcomes. Contract outcomes include the national data standards for safety, permanency, and well-being.

The contract performance year is the SFY July 1- June 30. Reports published may reflect both federal and state fiscal year periods.

Standard case reads are conducted by the DCF Regional Offices on an ongoing basis and focus on the timeliness and accuracy of service delivery. Additional targeted case reads are conducted as required for policy compliance or continuous performance improvement projects.

Stakeholder meetings are organized at the case specific level. Kansas also continues to involve community stakeholders through a variety of established workgroups and community convenings in discussions about the delivery of Child Welfare services.

Kansas utilizes the CPI Cycle, a systematic problem-solving process and cycle of learning and improvement, to address areas of opportunity.



Kansas works to include the following for functional components of CPI into the cycle at each step: Data Collection, Data Analysis and Interpretation, Communication and Collaboration, and Support for Sustainable CPI.

Kansas' QA system operates in the jurisdictions where the services included in the CFSP are provided.

Kansas utilizes a Performance Management process which is applied consistently across the State and for which the child welfare agency has leadership and ownership.

DCF PPS conducts case read reviews for many programs and processes. Case read instruments are utilized to review a sample of cases each quarter from each of the DCF regions. Cases are reviewed by DCF Regional CPI staff and as appropriate, CPI staff from the CWCMP each region. CPI case review staff are experienced in the programs and processes under review, and have no direct responsibility for the programs, processes, cases, or staff under review.

The case read sample for each program and process is derived from the respective case population active during the last three months in a twelve-month PUR. 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 the region is achieved.

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

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

Standards were developed based on requirements from statute, regulations, policies, and best practices to ensure children in FC are provided quality services protecting their safety and health. Standards, outcomes, volume indicators, and success indicators are used to monitor performance and ensure quality service delivery to all children and families who have contact with the child welfare system, including those in FC. Case reads also provide information regarding quality of services provided and protecting the safety and health of all children in contact with the system, including those in FC. Input from stakeholders through Case-Specific Stakeholder interviews and CRPs adds additional information. Kansas monitors performance on federal outcomes related to safety, permanency, and well-being. These outcomes are also written into the CWCMP contracts.

Kansas has standards and regulations for foster homes and institutions. This information can be found in Systemic Factor 7 section of this assessment. Kansas monitors compliance with background check requirements for foster homes. Results of monitoring can be found in Systemic Factor 7 of this assessment.

Developing and implementing standards to ensure children in FC are provided quality services protecting their safety and health is an area of strength in Kansas. The state collects data from many sources including information systems, case read reviews, and stakeholder interviews. The state conducts in-depth analysis using a variety of techniques and ensures data quality and validity using multiple methods.

Kansas reviews in-home and OOH cases quarterly using the federal OSRI which monitors safety, permanency and well-being. Some of the questions in this instrument evaluate services related to protecting the health and safety of children.

Kansas identifies strengths and needs of the service delivery system.

DCF PPS conducts case reads for a many programs and processes. Case read instruments are utilized to review a sample of cases each quarter from each of the DCF regions. Cases are reviewed by DCF Regional CPI staff and as appropriate CPI staff from the CWCMPs in each region. CPI case review staff are experienced in the programs and processes under review, and have no direct responsibility for the programs, processes, cases, or staff under review.

The In-Home and OOH case read instruments include replicates of the CFSR OSRI and Kansas compliance procedures. Other instruments include questions/outcomes concerning procedures and practices with a focus on safety, permanency, and well-being.

The case read sample for each program is derived from the respective case population based on a two-year (or eight quarter) sample of active cases meeting each program case review criteria. The samples are re-determined periodically, except during a CFSR PIP due to stipulations samples cannot change more than +/- 5% during that time. 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.

To enable comparison of case read data across regions and on a statewide basis over time, Kansas employs a standardized approach to gather and report data. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using the Performance Improvement and Learning System (PILS).

Data gathered from case reads in which the sample size is at a reliable confidence interval, may be generalized to the entire population. Case reads in which the 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. This is an area of strength in Kansas. Reader consistency concerns may be identified during reconciliation meetings with CWCMPs or through the quality assurance process during measurement reviews. Reader consistency concerns may also be identified during quarterly CPI review meetings. Consistency concerns are addressed as part of the quarterly CPI review process and are also flagged for discussion at annual case reader trainings. Reader consistency reports are generated and reviewed for each outcome/question in each instrument as part of the annual case reader training process.

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

Volume indicators, including reports received, reports assigned, removals into FC, referrals to FPS, OOH on last day of the month, discharges from FC are analyzed to identify trends over time and include linear trending with 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, and rates based on demographic characteristics as well as a Disproportionality Metric. Additional

analysis is conducted on removal and discharge. Additional analysis includes the OOH 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.

CPI Quarterly Meetings: DCF Administration and regional staff meet quarterly CWCMP to review outcome data from FACTS, case reads, and stakeholder input. Current data and trend-over-time reports are reviewed. Statewide and regional PI activities, identifying areas of success and opportunity, and prioritizing areas of opportunity for future improvement activities are discussed during these meetings.

Kansas is confident in the quality of data, including data in the Data Profile. Kansas conducts many data quality monitoring activities. Processes in place to identify and address data quality issues include the use of Federal Utility programs, a PPS error and reporting correction process, case read questions measuring the accuracy of data entry into FACTS, case read review for AFCARS elements, and other tools used by field offices to correct potential data entry errors.

Federal Utility Programs:
Kansas utilizes error reports and outcome reports monthly to identify potential issues with AFCARS data. Kansas also utilizes the data quality report in National Child Welfare Data Management System (NCWDMS) to identify other potential issues in the quality of the data submitted. These are all ways to identify potential compliance issues, review data accuracy and make corrections as appropriate prior to submission. Prior to submission of the NCANDS file, the data is processed through the NCANDS validation program and identified errors are sent to the field for correction.
To ensure quality data is submitted for NYTD, Kansas utilizes the NYTD Data Review Utility (NDRU) quarterly. Identified errors are sent to the field for correction.

PPS error and reporting correction process:
After the AFCARS Federal Review in August 2007, the agency began extensive monitoring of AFCARS accuracy. Error reports are distributed monthly to facilitate error correction. Preventative measures are also taken to reduce the number of errors and dropped cases. This is an area of strength in Kansas. AFCARS submissions continue to comply with data quality standards and Kansas has not had to resubmit an AFCARS file since the FFY 2007 file.
Data accuracy for the NCANDS submission is consistently monitored and includes monthly error reports, monthly data correction, two PPS Outcomes related to Timely Contact and Timely Findings, and case read reviews related to intake and assessment. Data quality related to NCANDS is an area of strength in Kansas. Kansas has submitted the annual NCANDS file since 1995, meeting all data quality validation standards required.
Data accuracy related to NYTD is monitored through the Nation Data Review Utility (NDRU) as are monthly error reports sent to the field for correction.

Kansas recognizes ensuring quality data related to AFCARS, NCANDS and NYTD increases confidence in the quality of all system data. In addition to data quality monitoring related to these three Federal Submissions, Kansas conducts monthly reconciling with the CWCMPs. This process helps ensure accuracy of data in FACTS.

Kansas provides relevant reports.

In October 2021, a new, highly anticipated case read application became available statewide. The application known as PILS can capture case read information and compile data create a variety of reports. Previously, case read and data harvesting activities were carried out using two separate systems. The time between completing case reads and harvesting data was often prolonged, causing delays in getting timely reports to internal and external stakeholders. PILS can create data reports on-demand, immediately after case reads are completed. PILS can create a wide range of valuable reports,

including reports from the current quarter under review, trends over time, and reports specific to regions, providers, or caseworkers.

Outcome and Volume Indicator Reports and Reports with additional types of analysis are also produced on a recurring basis. A complete report list can be located below:

Sorting Group	Report Name	Report Desc	Where Posted	Report Frequency
Adoption	Adoptions Finalized by DCF Region	# of adoptions finalized by month. Includes demographic information such as race, ethnicity, special needs, etc.	PPS Website (Report) Reports FC/Adoption Summary Reports PPS SharePoint (Data) PPS FC & Adoption APA & Finalized Adoptions	Monthly
Adoption	Adoptions Finalized by Catchment Area	# of adoptions finalized by month. Also includes demographic information such as race, ethnicity, special needs, etc.	PPS Website (Report) Reports FC/Adoption Summary Reports PPS SharePoint (Data) PPS FC & Adoption APA & Finalized Adoptions	Monthly
Adoption	Adoptive Placement Agreements	# of adoptive placement agreements signed each month	PPS SharePoint PPS FC & Adoption APA & Finalized Adoptions	Monthly
AFCARS	AFCARS Errors	List of errors in AFCARS file that need corrections by regional FACTS staff.	PPS SharePoint PPS FC and Adoption AFCARS Error Lists	Monthly
AFCARS	AFCARS submission	AFCARS submission to federal partner and working with ITS and field regarding errors, etc.	Uploaded to NCWDMS	Semi-Annual
Candidate For Care	Candidate for Care Reports	Error reports, raw data, and report regarding Candidate for Care.	PPS SharePoint PPS In-Home Services Candidate for Care	Monthly
Case Read	Adoption Assistance Case Read Report	Adoption assistance services provided to children and families. Report results provided for each case read question by DCF Region, Contractor Region and Statewide.	PPS Website Reports Case Reviews Case Review Results Adoption Assistance	Quarterly
Case Read	AFCARS Case Read Report	AFCARS and FACTS data quality. Report results provided for each case read question by DCF Region, Contractor Region and Statewide.	PPS Website Reports Case Reviews Case Review Results AFCARS	Quarterly
Case Read	AFCARS Case Read Reviews	Case read instrument and the AFCARS Services Reports used in the quarterly Case Read Review Meetings.	PPS SharePoint PPS FC and Adoption Case Read Reviews AFCARS	Quarterly
Case Read	CPS Case Read Reviews	Case read instrument and CPS Intakes Assigned and CPS Intakes not Assigned Management Reports used in the quarterly Case Read Review Meetings.	PPS SharePoint PPS CPS Case Read Reviews	Quarterly
Case Read	In Home FPS Case Read Report	Program review for FPS to prevent OOH placement services. Report results provided for each case read question by DCF Region, Contractor Region and Statewide.	PPS Website Reports Case Reviews Case Review Results In Home Services	Quarterly
Case Read	In Home FPS Case Read Reviews	Case read instrument and In Home FPS Reports used in quarterly Case Read Review Meetings.	PPS SharePoint PPS In-Home Services Case Read Reviews FPS	Quarterly
Case Read	In Home FS Case Read Report	FS to prevent OOH services. Report results provided for each case read question by DCF Region and Statewide.	PPS Website Reports Case Reviews Case Review Results In Home Services	Quarterly
Case Read	In Home FS Case Read Reviews	Case read instrument and In Home FS Reports used in the quarterly Case Read Review Meetings.	PPS SharePoint PPS In-Home Services Case Read Reviews Family Services	Quarterly
Case Read	I&A Case Read Report	Child protection services and assessments. Report result provided for each case read question by DCF Region and Statewide.	PPS Website Reports Case Reviews Case Review Results Intake and Assessment Child Reports	Quarterly
Case Read	OOH services Case Read Report	Reintegration, adoption, or other permanency services when there is a child in state agency custody and placed OOH. Report results provided for each case read question by DCF Region, Contractor Region and Statewide.	PPS Website Reports Case Reviews Case Review Results OOH	Quarterly
Case Read	OOH Services Case Read Reviews	Case read instrument and OOH Services Reports used in the quarterly Case Read Review Meetings.	PPS SharePoint PPS FC and Adoption Case Read Reviews OOH	Quarterly
CPS	Assigned Abuse Neglect intakes with no Decision	Error report--Assigned abuse neglect intakes with no decision data entered in FACTS. In same Excel document as Missing MAAS screen.	PPS SharePoint PPS CPS Report and Raw Data	Bi-Weekly

CP	Assigned intakes in FACTS but not in KIDS	Error report--Assigned intakes in FACTS but intake is not in KIDS. Excludes intakes assigned for ICPC, new case needed, and those involving a facility.	PPS SharePoint PPS CPS Report and Raw Data	Bi-Weekly
CP	Caseload- PPS	Caseload report detailing CPS intakes assigned during the month for investigation and assessment by supervisor, staff, service center and type of intake report.	PPS SharePoint PPS Multi Program Caseload Reports	Monthly
CP	CINC Reports Assigned to Investigate Alleged Maltreatment	Percentage of intakes assigned for each alleged maltreatment type	PPS Website Reports CPS	Monthly
CP	CPS Reports Assigned	Number of CPS intake reports assigned each month and by county	PPS Website (Report) Reports CPS PPS SharePoint (Data) PPS CPS Reports and Raw Data	Monthly
CP	CPS Reports Received	# of CPS intake reports received each month and by county	PPS Website (Report) Reports CPS PPS SharePoint (Data) PPS CPS Reports and Raw Data	Monthly
CP	Decision within 30 Working Days	Percentage of finding decisions done timely within 30 working days of assignment.	PPS SharePoint PPS CPS Reports and Raw Data	Monthly
CP	FINA Presenting Situations for Assigned CPS Reports	Percentage of intakes assigned for each alleged FINA presenting situation types	PPS Website Reports Child Protective Services	Monthly
CP	Investigative Findings	# of substantiated and unsubstantiated findings by month	PPS Website Reports CPS	Monthly
CP	Missing MAAS screen in FACTS	Error Report--Assigned intakes whose MAAS screen has not been started in FACTS. Excludes intakes assigned for ICPC, new case needed, and those involving a facility.	PPS SharePoint PPS CPS Report and Raw Data	Bi-Weekly
CP	Recurrent Maltreatment	Children who experienced a subsequent substantiated finding w/in 12 months of previous substantiated finding	PPS Website (Report) Reports CPS PPS SharePoint (Data) PPS CPS Reports and Raw Data	Monthly
CP	Timely Contact with Victim/Family	Percentage of contacts completed with victim/family timely for those assigned for Same day or 72 hr. response time. Raw data on SharePoint includes 7 working day and 20 working day.	PPS Website (Report) Reports CPS PPS SharePoint (Data) PPS CPS Reports and Raw Data	Monthly
CP	Timely Family Based Assessment	Percentage of family-based assessments completed timely.	PPS SharePoint PPS CPS Reports and Raw Data	Monthly
CP	Sexual Abuse Reports by Abortion Providers	Annual report on number of child sexual abuse reports received by DCF from abortion providers categorized by age of victim and month report was submitted to DCF	PPS Website (Report) Reports CPS PPS SharePoint (Data) PPS CPS Reports and Raw Data	Annually
FFPA	Families referred to FFPSA by Month	Families referred to each FFPSA service and provider	PPS SharePoint PPS In-Home Services Family First	Monthly
FFPA	Families Referred to FFPS by Month by county breakout	Families referred to each FFPSA service and provider broken out by each county.	PPS SharePoint PPS In-Home Services Family First	Monthly
FFPA	Error reports	Those with prevention plan and no FFPSA service and those with FFPSA service and no prevention plan.	PPS SharePoint PPS In-Home Services Family First	Monthly
FFPA	FFPSA data	The raw data of those in the FFPSA referral report and raw data of those who have been referred to FFPSA since Oct 2019	PPS SharePoint PPS In-Home Services Family First	Monthly
FP	FPS In Home Tier 1	# of families referred to FPS tier 1 each month and those served by FPS.	PPS Website Reports Family Preservation Reports	Monthly
FP	FPS Referrals with Removals	This report looks at the FPS referrals for the current state fiscal year detailing which cases have already has a child removed into OOH placement. Counts by family and number of children.	PPS SharePoint PPS In Home Services FPS Reports and Data	Upon Request
FP	Pregnant Woman Using Substances Referrals	# families referred to FPS for reason of pregnant woman using substance abuse.	PPS SharePoint PPS In-Home Services FPS Outcomes	Monthly
FP	Presenting Situation for FPS Referrals	Presenting situations for a referral to FPS (info from KIDS)	PPS Website Reports FPS Reports	Upon Request
FP	FPS In Home tier 2	# of families referred to FPS tier 2 each month and those served by FPS.	PPS Website Reports FPS Reports	Monthly
F	QRTP	# of days children are in current QRTP for 0–12-year-old and 13+ year olds. Includes nonconsecutive days for 13+ year olds.	PPS SharePoint PPS FC and Adoption YRCII, PRTF and QRTP Placements	Monthly

FC	Timely Permanency Hearing	# of permanency hearings completed timely each month	PPS SharePoint (Data) PPS FC and Adoption Timely Permanency Hearings	Upon Request
FC	Worker /Child Visits	Report details percentage of monthly visits between caseworker and child in OOH and percentage of visits made in residence.	E-mail group	Monthly
FC	Update Monthly Repor Database	loading data to the server	R:\PPS\Data-PI\Databases\00_Tammy_MonthlyFiles	Monthly
FC	Aftercare Client List	By month which FC clients were in aftercare at least 1 day of that month.	PPS SharePoint PPS FC and Adoption Aftercare	Monthly
FC	Children Served Repor	Demographic information of children served in OOH care by SFY. The demographic reports posted on the public website are for children in OOH on the last day of the month. This report is all children served in a year accumulatively.	PPS SharePoint PPS FC and Adoption Children Served Over Time	Upon Request
FC	Discharge Data	Monthly discharge data	R:\PPS\Portraits\Tammy\Tammy's Portraits\Permanency Composite Reports	Monthly
FC	Length of stay in OOH Placement	Children exiting OOH placement by exit reason and length of time in OOH placement. This report is also process by Judicial District and County those versions ae posted in the same SharePoint location as the Length Stay raw data.	PPS Website (Report) Reports FC/Adoption Summary Reports PPS SharePoint (Data) PPS FC and Adoption Length of Stay	Monthly
FC	Missing Youth Report	Missing youth in OOH by region, age, and gender breakdown.	Send to Jessie Stonebraker, Stacy Tidwell, Taylor Jorgensen, and Kristalle Hendrick	Weekly
FC	Initial Placement vs Current Placement	Compares the first placement to the current placemens .	R:\PPS\Portraits\Nicole\Leading for Results Reports	Monthly
FC	Youth Detention Placement	Lists detention placements for youth	R:\PPS\Portraits\Nicole\SettlementReporting	Monthly
FC	OOH Decision Points Rtes Report	Ratio between number of children removed, number children in OOHP and number of children ending OOH. Statewide, region and county.	PPS SharePoint	Monthly
FC	OOH Ethnicity by Couny	Children in OOH Placement on last day of the month b Ethnicity	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOH Permanency Goa Report	Children in OOH Placement by Permanency Goal	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOH Placement Errors	Error listing posted with OOH Home Snapshot Data showing children with no placements, missing highest grade level completed, mismatched responsibility and placement codes and incorrect goal codes.	PPS SharePoint PPS FC and Adoption Last Day of Month Snapshot	Monthly
FC	OOH Placement Settins by Region	Children in OOH Placement by Placement Type	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOH Race by County	Children in OOH Placement by Primary Race	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOHP by County with Census Data	Children in OOH Placement on last day of the month b County	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOHP by Gender andge	Children in OOH Placement by Age Groups and Gende	PPS Website Reports FC/Adoption Summary Reports	Monthly
FC	OOH FC Placement Utilization Report	Children in OOH Placement by Placement and Catchmt Area Breakout. DCF region breakout now available.	PPS SharePoint PPS FC and Adoption Last Day of Month Snapshot	Upon Request
FC	OOH Last Day of the Month File	Lists all children in OOH placement last day of the previous month. Includes multitude of demographic a placement information.	PPS SharePoint PPS FC and Adoption Last Day of Month Snapshot	Monthly
FC	PPS Rate of Removal Reports	Current year removals and removal rates by county.	PPS SharePoint PPS FC and Adoption Removal Reports and Data	Annually
FC	Removals by Primary Reason	Children removed into OOH by primary removal reas and age groups.	PPS Website (Report) Reports FC/Adoption Summary Reports PPS SharePoint (Data) PPS FC and Adoption Removal Reports and Data	Monthly
FC	Removals with Prior LE Plans	Current year removals who had a LE plan within 7 dayf coming into care.	PPS SharePoint PPS FC and Adoption Removal Reports and Data Removals with Prior LE Plans	Annually
FC	Removals, Exits and O of Home Summary (FACT) Report	Monthly breakout of removals, discharges, and childrn in OOH placement. The excel version posted on the PP SharePoint Site.	PPS Website (Pdf) Reports FC/Adoption Summary Reports PPS SharePoint (xls) PPS FC and Adoption Removals, Exits & OOH	Monthly

FC	Request for Removal Report	Tracks and stratifies removal data by the new petitioner for removal code in FACTS. Options are Non DCF and DCF.	PPS Website (Report) Reports FC/Adoption Summary Reports PPS SharePoint (Data) PPS FC and Adoption Removal Reports and Data	Monthly
FC	Safe Haven	# of children removed and placed into FC based on the Newborn Infant Protection Act.	E-mail group	Quarterly
FC	Secure Care Report	Monthly snapshot of females who are placed in secure care facilities by age groups.	E-mail to KDOC-JS Staff Member	Quarterly
FC	Weekly Removals, Exits and Out of Home Summary (FACTS) Report	Monthly breakout of removals, discharges, and children in OOH placement. Excel version posted on the PPS SharePoint Site.	E-mail Group	Weekly
FC	YRC II, QRTP and PRTF Trend Report	Children in OOH Placement in a YRCII, PRTF or QRTP facility by gender.	PPS SharePoint PPS FC and Adoption YRCII, PRTF and QTRP Placements	Monthly
IL	Caseload Report -IL	Details SS plans opened during the month and SS plans open at any time during the month by supervisor, staff, region and statewide.	PPS SharePoint PPS Multi Program Caseload Reports	Monthly
IL	IL Demographics	Details number of youth served with IL Services by gender, age, race, ethnicity, and education level. Report results are provided by DCF Region and Statewide.	PPS Website Reports IL Services PPS SharePoint PPS FC and Adoption IL	Monthly
IL	IL/SS Annual Report	Summary of youth served by IL/SS Program, includes information about various funding sources	PPS Website Reports IL PPS SharePoint PPS FC and Adoption IL	Annually
IL	Self-Sufficiency Plans with Disability Data	Identifies clients with IL-SS plans who have disabilities (and what type)	Send to IL	Monthly
IV-E	IV-E Management Report files	By region showing up to date status of IV-E eligibility, both maintenance and admin; EP Segments from FACTS and percentage each type of funding represents the whole. The first half of this report provided by OFM and the second half comes from FACTS.	PPS SharePoint PPS Finance and Allocations IV-E	Monthly
IV-E	IV-E Monthly Error Reports		emailed to supervisors as needed	Monthly
IV-E	IV-E report -Ineligible placements section only	Includes the ineligible placements, temporary licensed facility, unlicensed relative and unlicensed non-related person EP segments.	E-mail group	Monthly
IV-E	New Client List for IV-E Review	Lists new clients by region for IV-E review.	Post on SharePoint: PPS Finance and Allocations / IV-E / Reports	Monthly/As needed
IV-E	PPS Reviews	KEES report to show upcoming reviews due and sent/received.	emailed to supervisors	Bi-Weekly
Management Report	Child Fatality Bi-Annual Report	Reflects attributes of children in Kansas whose death is substantiated by DCF as the result of maltreatment. Does not reflect all child deaths in Kansas.	PPS SharePoint PPS CPS Reports and Raw Data	Annually
Management Report	Child Fatality Reports	2 reports--Child fatalities by DCF region for current fiscal year and Kansas Child Fatalities known to DCF by year substantiated and year of death from SFY 2001 to present.	PPS SharePoint PPS CPS Reports and Raw Data	Annually
Management Report	Milestones Across State Fiscal Years	Total CPS reports received, assigned, and percentage assigned for abuse/neglect. # of FPS referrals, FC removals, discharges and finalized adoptions.	PPS SharePoint PPS Multi Program Year End Reports	Annually
Management Report	State Fiscal year Abuse Neglect report by County	Report by county of CPS reports received, assigned for abuse/neglect and non-abuse/neglect, and substantiated victims.	PPS SharePoint PPS Multi Program Year End Reports	Upon Request
Management Report	Statewide Child in Need of Care Distribution (1 & yearly)	Total CPS reports received, percentage assigned for abuse/neglect, assigned for non-abuse neglect, substantiated victims, and perpetrators from calendar year 1998 to current fiscal year	PPS SharePoint PPS Multi Program Year End Reports	Annually
Management Report	Caseload Report - Point in Time	Point in Time report containing various programs monthly data.	PPS SharePoint PPS Multi Program Caseload Reports	Quarterly
Management Report	DCF-JIAS Cross Over Report	Analysis of youth 10 and over OOH placement with DCF at some point served through KDOC-CBS	PPS SharePoint PPS Multi Program Year End Reports	Annually

Management Report	Management Team Report	Showcases service points and budget information for quick and easy reference.	PPS SharePoint PPS Multi Program Management Team Reports	Monthly
Management Report	PPS and Grant Outcomes Report	Quarterly performance for PPS regional outcomes and FPS and FC contract outcomes related to Safety, Permanency and Well-Being.	PPS SharePoint PPS Multi Program PPS Contract Outcomes	Monthly
Misc Report	Placements 14 days and under	Placements occurring during the quarter broken out if under 14 and under along with type and # of days	TEAMS folders	Monthly
Misc Report	OOH from FACTS & CareMatch	OOH population from FACTS and CareMatch	PPS SharePoint PPS FC and Adoption Last Day of Month Snapshot OOH Data Integrity	Bi-Weekly
Multi Program	Children in DCF Custody on Last Day of Month	Total # of children in all types of DCF custody by month	PPS SharePoint PPS Multi Program Management Team Reports	Monthly
Multi Program	PMP Data Monthly Update	Update the data used for the PMP database, Reports used are Timely Contact w/Victim Family, Decision w/25 days, FBA, and FP- Timely Case Plans. Includes APS and two reports APS Timely Contact and APS Timely Findings.		Monthly
Multi Program	Staffing Template Updates	PPS Caseload reports. Update and send out templates monthly for the field staff to use		Monthly
Multi Program	Open Cases	All cases open in FACTS w/details on plan types, days since last review and more. Includes errors and preventative issue lists which can be used to keep data as accurate as possible.	PPS SharePoint PPS Multi Program Open Cases	Bi-Weekly
Multi Program	Post Regional "Final" Reconciling Lists to the SharePoint site	Final reconciling lists posted to SharePoint once all comments have been added.	PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Reconciling Spreadsheets	Monthly
Multi Program	PPS SharePoint User Validation	Quarterly email to the ARDs, providers, and Finance contact to assure all staff listed as users on the PPS SharePoint site still require access to the site.	R:\PPS\Data-PI\Sharepoint	Quarterly
Multi Program	Reconciliation Lists	Reconciling sheet by the 15th of each month compiled from the reconciled data from regions into one list to use when processing monthly contract outcome reports.	PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Reconciling Spreadsheets	Monthly
Multi Program	Child Welfare Indicators on Public Website	Update CW indicators on "Agency" Tab and the "Child Welfare Indicators" link.	http://dcfauth.srs.ks.gov/Agency/ChildWellbeing/Pages/default.aspx	Monthly
NCANDS	NCANDS submission	NCANDS (abuse/neglect) submission to federal partner	On NCANDS portal (federal)	Annually
NYTD	NYTD submission	NYTD submission to federal partner	On NYTD portal (federal)	Semi-Annual
Outcomes - Adoption	Progress Towards Adoption: Adopted in less than 12 Months from Legal Freedom	# of children who became legally free and discharged to finalized adoption in less than 12 months of becoming legally free.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Adoption	Monthly
Outcomes - Adoption	Timely Adoption in Less Than 24 Months	Children adopted in less than 24 months of removal from OOH.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Adoption	Monthly
Outcomes - FC	Children Live with Relatives or NRKIN	# of children residing with relative or NRKIN on last day of the month	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Well Being	Monthly
Outcomes - FC	Maltreatment in FC	# of children safe from maltreatment while in FC	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Safety	Monthly
Outcomes - FC	Sibling Placement	# of children placed with at least one sibling in OOH placement.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Well Being	Monthly

Outcomes - FC	Stable Permanency for Reunification	# of children discharged to reunification or living with relative and reentered FC in less than 12 months	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Stability	Monthly
Outcomes - FC	Achieving Permanency: Permanency for Children with Termination of Parental Rights	Children discharged to a permanent home prior to their 18th birthday and were legally free for adoption at that time.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Permanency	Monthly
Outcomes - FC	Children in Care 3+ yrs.	Children emancipated who were in OOH care 3 years or longer.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Permanency	Monthly
Outcomes - FC	Educational Progression	Children in FC for entire state fiscal year (June 30 previous - June 30 current SFY file comparison) will progress to the next grade level.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Well Being	Quarterly
Outcomes - FC	Permanency Entering FC	CFSR Round 4 Data Indicators. FC entry cohort from prior year to compared to discharges; permanent home in <=12 months.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption/Outcome Reports/Permanency	Monthly
Outcomes - FC	Permanency In FC 12-23 Months	CFSR Round 4 Data Indicators. Measures children in FC 12-23 months discharged to a permanent home in <=12 months.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption/Outcome Reports/Permanency	Monthly
Outcomes - FC	Permanency In FC 24+ Months	CFSR Round 4 Data Indicators. Measures children in FC 24+ months discharged to a permanent home in <=12 months.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption/Outcome Reports/Permanency	Monthly
Outcomes - FC	Placement In Family Like Setting	Children in OOH considered to be in a "Family Like" placement.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Well Being	Monthly
Outcomes - FC	Placement Stability (In care less than 12 months)	Children with 2 or less placements who in OOH care for less than 12 months.	PPS SharePoint (Reports & Data) PPS FC and Adoption Outcome Reports Stability	Monthly
Outcomes - FC	Placement Stability Rate Report	CFSR Round 4 Data Indicators. Calculates rate of moves per days in FC.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption/Outcome Reports/Stability	Monthly
Outcomes - FC	Placement Stability Rate with demographics 4.44 and below	Demographics for children with a rate of 4.44 and below	R:\PPS\Portraits\Nicole\Leading for Results Reports	Monthly
Outcomes - FC	Placement Stability Rate with demographics 4.45 and Higher	Demographics for children with a rate of 4.45 and higher	R:\PPS\Portraits\Nicole\Leading for Results Reports	Monthly
Outcomes -FPS	Babies Are Born Substance Free using non-opioid substances tier 1	# of births to families referred to FPS tier 1 for reason of substance abuse during pregnancy for non-opioid use and child born with negative alcohol and drug toxicology.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly

Outcomes -FPS	Children are maintained safely at home tier 1	Families referred to tier 1 FPS and no children in family referred to FC from referral date to 30 days past closure date.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Children are maintained safely at home tier 2	Families referred to tier 2 FPS and no children in family referred to FC from referral date to 30 days past closure date.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Children are safe from Future Maltreatment tier 1	Families referred to tier 1 FPS and no affirmed or substantiated finding between referral and date closed.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Children are safe from Future Maltreatment tier 2	Families referred to tier 2 FPS and no affirmed or substantiated finding between referral and date closed.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Families Are Engaged	Families are engaged tier 1 FPS referrals	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Families Are Engaged	Families are engaged tier 2 FPS referrals	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Women Using Opioids during pregnancy will be referred for medication assisted treatment tier 1	Women referred to FPS tier 1 for pregnant woman using substances (opioids) and if referred to medication assisted treatment during pregnancy.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Women Using Opioids during pregnancy will be referred for medication assisted treatment tier 2	Women referred to FPS tier 2 for pregnant woman using substances (opioids) and if referred to medication assisted treatment during pregnancy.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Outcomes -FPS	Babies Are Born Substance Free using non-opioid substances tier 2	# of births to families referred to FPS tier 2 for reason of substance abuse during pregnancy for non-opioid use and child born with negative alcohol and drug toxicology.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services Family Preservation Outcomes	Monthly
Success Indicator - FC	Same School	# of children aged 6 and over in OOH placement and attending same school as prior to removal.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Success Indicators	Monthly
Success Indicator - FC	Education Success: Completed 12th Grade	Young Adults exiting DCF custody for emancipation who completed the 12th grade or higher.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Success Indicators	Monthly
Success Indicator - FC	Permanent Connections	Adults ending custody with the Secretary of DCF will have a signed permanency pact.	PPS Website (Report) Reports FC\Adoption Case Management Contract Performance Outcomes PPS SharePoint (Data) PPS FC and Adoption Outcome Reports Success Indicator	Monthly
Success Indicator-FPS	Children are maintained safely at home	Children referred to tier 1 FPS and no child referred to FC from referral date to 30 days past closure date.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services FPS Outcomes	Monthly
Success Indicator-FPS	Children are maintained safely at home	Children referred to tier 2 FPS and no child referred to FC from referral date to 30 days past closure date.	PPS Website (Report) Reports FPS Reports PPS SharePoint (Data) PPS In-Home Services FPS Outcomes	Monthly
TDM	Team Decision Making (TDM) - YTD	YTD snapshot of TDM activity	PPS SharePoint PPS CPS Reports and Raw Data	Monthly
TDM	Team Decision Making (TDM) - Weekly Removals	Report details # of removals, where a TDM was completed prior to the removal.	PPS SharePoint PPS CPS Reports and Raw Data	Weekly

TDM	Team Decision Making (TDM) - Monthly Report	Monthly snapshot of TDM activity	PPS SharePoint PPS CPS Reports and Raw Data	Monthly
TDM	Team Decision Making (TDM) - Quarterly Report	Quarterly snapshot of TDM activity	PPS SharePoint PPS CPS Reports and Raw Data	Quarterly

Kansas is committed to building upon the foundation and strengthening the Quality Assurance system through the work of the CFSR Round 4 PIP. Additionally, Kansas is moving forward with a goal of procuring a Comprehensive Child Welfare Information System (CCWIS) and becoming CCWIS compliant.

DCF expects to leverage the existing CPI processes and methodologies to review data quality. Including the following: Type and frequency along with sampling methodologies, automated functions and tools, and methods to address review findings. Reviews should be fully incorporated into the data quality management framework as a regularly occurring part of operations. DCF will need to work toward a coordination of these efforts as we build our data governance structure and mature our data management program. In addition to the required reporting on compliance with the CCWIS regulations, DCF expects to use the CCWIS planning process to develop and identify Biennial Review components using a process similar to the following: define review touch points within the data quality management processes; some will be informal and others more formally structured, all will be incorporated into the management framework communication plan. Establish review types, frequency, and schedule; for example, CFSR PIP will be reviewed quarterly, a data correction plan for timely disposition of assessments will be reviewed regionally twice per month, Title IV-E eligibility reviews will be scheduled annually one month after the start of the SFY. DCF plans to Identify the data elements or quality review processes that are considered within any given review. Then, identify the activity, automated tools, and monitoring reports that can be used to support the review. Possible sources include Performance Improvement Plans, APSR reports, Continuous Quality Improvement (CQI) and Quality Assurance (QA) outputs, Return on Assets (ROA) data, and data monitoring metrics. DCF plans to establish whether sampling is needed and what variables are to be considered within the sample. Standard office productivity tools may be used to draw random samples from a population of data (if needed). DCF may define the variables and weighting, if required. Then, identify the reviewers within the governance structure, data stewards and stakeholders holding the roles that will be involved in each review. DCF will define the role responsibilities and desired output of their analysis. The data management framework will define how review results are to be assessed, measured, and monitored for correction. If new reports or processes are needed to address issues identified through the reviews, they should follow a defined change management and prioritization process that includes an escalation path to the steering committee if required. Formal communication of review results, planned improvement efforts, and monitoring processes should follow the defined management framework communication plan for the type, scope, and impact of the review analysis. Some consideration should be given to how review results should be disseminated along regional and county work units to make results sharing more immediate and salient. A register of reviews scheduled and held along with progress tracking analytics and processes already exists and can be leveraged to provide an auditing of DCF’s data quality process and outcomes. In addition to regularly scheduled reviews, DCF expects to identify triggers that could drive the need for an “unscheduled” review to resolve critical data quality issues.

Anticipated Benefits

This section describes some of the anticipated objectives to be achieved through the implementation efforts and the acquisition of a CCWIS:

The Convenience of a Comprehensive and Modern Design Architecture Solution

- Integrated Solution: The convenience of an integrated solution will eliminate the need for continued support and maintenance of additional external systems, eliminate redundancy, streamline data entry relevant to client demographics and needs, and eliminate manual workarounds. It will improve data

accuracy and quality, staff efficiency and decision-making capacity. An integrated system solution will also result in a single-authentication process for users needing access to automated resources.

- **Flexible Design:** The new system will align with industry standards and promote a flexible and modular design, thereby enabling the DCF to address and implement needed system updates to meet changing business needs and evolution of child welfare practices. An integrated modern design will also provide an enhanced end-user interface thereby providing users with easy access and navigation based on assigned access designations.
- **Enhanced Maintenance Support and Financial Benefit:** The replacement of the Legacy applications with current technology will allow more timely system enhancements to support evolving child welfare services practice and changing Federal regulations, simplify and lower the risk associated with system maintenance, and reduce the cost of operations and maintenance.

The Promotion of Information Exchange

- The replacement of current legacy systems with a new comprehensive solution based on modern technology will provide capabilities for interoperability to support standardized and seamless interfaces and appropriate bi-directional data exchanges with mandated, related, and optional systems.

STAFF 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 CFSP includes the basic skills and knowledge required for their positions?

Federal Reviews

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

Strengths	Some licensure requires certain CEU requirements are met regularly; renewal verifies staff have achieved requirements.
Worries	There’s not a current set of competencies between child welfare practitioners or a tracking process. This is in development through the PIP.
Evidence of disproportionality and disparities	N/A
PIP Goals/Strategies	Goal # 8 – Training Goal 1, See III. Plan for Enacting State’s Vision

DCF continues with requirement changes adopted in May 2018 related to allowing hiring of CPS Specialists with a four-year degree in a Human Services or Behavioral Sciences field of study. CWCMPs also continue to allow for unlicensed Case Management positions educated in these fields. These changes have made it possible to decrease significant staff shortages experienced within the Kansas child welfare system.

Initial Staff Training for DCF staff

Initial staff training is required for all DCF CPS Specialists and Investigators. Training requirements must be completed prior to being assigned assessments or within 90 or 180 days of hire depending on the course. All new hires or current staff who transition to the unlicensed CPS Specialist positions are required to complete the Academy prior to carrying a caseload. New PPS Academy Training groups are scheduled as needed based on hiring patterns. The first face-to-face course is Investigation and Assessment, which concentrates on topics related to safety, such as abuse/neglect definitions, policies and procedure related to the investigation and assessment, engagement, and documentation. The second face-to-face course focuses on various topics related to ethics, confidentiality, documentation,

interviewing, critical thinking, decision making, the assessment process, testifying in court, ICWA/ICPC/MEPA, worker safety, and mandated reporting. The Academy participants are expected to complete the remaining initial training requirements within 90 to 180 days of hire.

Each of the Pre-Service workshops are led by Learning and Development Specialists (L&D Specialists). The KPMO workshop is led by L&D Specialists and sometimes other DCF staff who have completed, or are in the process of completing, the KPM Trainer Certification process.

The table below shows the number of PPS staff who completed the various preservice trainings. Starting in May 2018, classroom courses are offered more frequently than in previous years due to the increased number of new hires. Numbers vary between courses because some courses are only available to new staff while some courses are also available to staff as on-going training. The numbers in the table below reflect new and veteran PPS staff who participated in the training.

Pre-Service Training	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 202	SFY 2022	SFY 2023	
Customer Service & the Telephone	*	*	*	109	62	167	No loner required				
Investigation and Assessment online	*	*	*	*	*	59	160	10	92	78	84
KIDS Training (Kansas Initiative for Decision Support)	102	84	87	58	81	166	-	-	-	30	-
KIPS: Intake and Investigation	*	*	*	46	52	158	-	-	-	15	-
PPS Academy - Investigation and Assessment	122	78	86	71	69	208	No longer required				
Shadowing Experiences	*	*	*	17	33	194	Data Unavailable				
Documentation 101	*	*	*	411	205	203	-	-	-	496	181
PPS Academy Week 4 Wrap-up	*	*	*	*	*	167	No longer required				
PPS Academy Wrap Up Assignments	*	*	*	*	*	135	No longer required				
Facilitated Discussions: Active Case Review	*	*	*	1	62	172	No longer required				
Facilitated Discussions: Ethics and Confidentiality	*	*	*	10	55	185	195	12	50	79	91
Facilitated Discussions: Meeting with Resistance	*	*	*	18	66	198	160	12	60	74	91
Facilitated Discussions: Worker Safety	*	*	*	23	70	203	110	12	59	31	89
Facilitated Discussions: Safety Risk Assessments	*	*	*	10	54	82	No longer required				
Facilitated Discussions: Self-Care	*	*	*	3	59	85	123	66	58	43	90
90Facilitated Discussions: Time Management	*	*	*	2	8	85	123	51	36	68	88
Interviewing Children: Getting more with Less	59	100	148	61	64	166	153	10	68	60	77
Interviewing Skills for Child Welfare	69	93	89	64	51	118	Cvid -19		18	71	33
Worker Safety: Verbal and Non-Verbal De-Escalation	311	241	184	162	105	267	No longer required.				
The Period of Purple Crying	92	74	85	75	61	171	148	105	-	65	54
PPS Safety Intervention System Fundamentals	122	109	86	91	61	197	No longer required				
Identifying and Explaining Parent and Alleged Perpetrator Rights	115	87	86	76	40	174	158	96	-	92	-
MECAN: Abusive Head Trauma in Infants and Children	291	194	141	81	63	186	185	101	117	146	174
PPS Introduction to HT	307	0	121	62	51	106	No longer required				
*Working Safe Working Smart 1: Intro to Personal and Workplace Safety	*	*	*	545	520	743	o longer required				
*Working Safe Working Smart 2: Field Safety	*	*	*	198	153	308	No longer required				
*Working Safe Working Smart 3: Office Safety	*	*	*	540	516	728	No longer required				
*Working Safe Working Smart 4: Interviewing Behaviors	*	*	*	226	177	329	o longer Required				
*Working Safe Working Smart 5: Post-Incident Trauma	*	*	*	139	95	254	o longer Required				
TDM Staff Orientation							105	429	96	94	75

SafeGeneration GLC's (Group Learning & Consultation Sessions)							36	762	256	266	171
PPS Academy: Policy and Procedure (Began 9/12/2023)											57
PPS Academy: Kansas Practice Model Overview (Began 9/12/23)											58
PPS Academy: Child Welfare Basics							129	156	64	87	80
Building Wellbeing and Safety With Families: Part 1(last held 8/23)							149	125	111	65	15
Building Wellbeing and Safety With Families: Part 2 (last held 8/23)							149	113	59	66	16

* Courses required for all DCF staff.

Kansas is collects Level One Evaluation data on all Academy courses provided to DCF staff. The results of these evaluations are reviewed and used to identify points of improvement for training content or delivery. In the evaluation additional training needs and interests of staff are identified, and other items collect worker confidence in utilizing the content. This information is helpful in identifying when some courses would benefit a broader audience. The feedback forms were revised when Academy Courses were revised to fit the current format.

Child Welfare Basics Course Evaluation- 73 Responses

PRIOR TO THIS WORKSHOP, if 10 means "I am familiar with the Kansas Assessment process and am prepared to begin practicing documentation and assessment skills," and 1 means "I know little more about child welfare than what my job description is, and feel completely unfamiliar with Kansas Assessments" where would you rate your knowledge PRIOR to this workshop	5.38
AFTER THIS WORKSHOP, if 10 means "I am familiar with the Kansas Assessment process and am prepared to begin practicing documentation and assessment skills," and 1 means "I know little more about child welfare than what my job description is, and feel completely unfamiliar with Kansas Assessments" where would you rate your knowledge AFTER this workshop	8.27
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "This course provided ample enough introductory information that I have few questions before getting into more intensive work and rationale over the next two workshops."	4.46
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I have a solid understanding of the implications of personal bias on practice in child welfare and in working with vulnerable populations."	4.76
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I can identify buzzwords and opinions in documentation and feel confident in my ability to substitute behaviorally specific and family friendly alternatives."	4.67
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "The facilitators for this workshop/training were competent regarding the material and responsive to the needs of the group."	4.86

Policy and Procedure Course Evaluation- 59 responses

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

Kansas Practice Model Overview Course Evaluation- 50 responses

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

Initial Staff Training for CWCMP staff

Pre-service training required by DCF for CWCMP staff is provided through the Learning Management System (LMS), LearnSoft, using course material originally developed through CAK. This is a standardized training curriculum managed by DCF. All CWCMP staff are required to complete the training which involves testing at 100% on each module prior to carrying a caseload.

All CWCMP staff are required to complete Documentation 101 as a pre-service requirement. DCF monitors compliance through the LMS.

Attendance Records for Documentation 101

Year	Cornerstones	DCCCA	KVC	St. Franci	TFI	DCF	Total
22-prticial year	20	10	34	87	13	31	195
23	35	19	60	130	52	61	357
24	25	15	66	121	75	83	385

Preservice Training Attendance Records

Pre-service Module	COC	DCCCA	KVC	SFM	TFI	Total
Pre-Service 01 - Introduction	19	11	49	73	64	216
Pre-Service 02 - Confidentiality	19	11	34	72	57	193
Pre-Service 03 - Documentation	18	10	45	73	58	204
Pre-Service 04 - Child Abuse and Neglet	19	11	48	72	56	206
Pre-Service 05- Culturally Responsive Pactice	18	12	44	72	55	201
Pre-Service 06 - Child Welfare Laws	17	11	43	72	52	195
Pre-Service 07 - Principles of Family Enagement	18	11	42	72	54	197
Pre-Service 08 - Worker Safety	18	11	42	72	53	196
Pre-Service 09 - Professional Boundarie	18	11	42	72	51	194
Pre-Service 10 - Parental Rights	15	11	34	73	50	183
Pre-Service 11 - Assessment and Famil Involvement	9	11	36	72	51	179
Pre-Service 12 - Case Planning, Visitati, and Contacts	9	11	36	72	51	179
Pre-Service 13 - Child in Need of Care Curts	9	11	38	72	51	181
	9	11	38	72	51	181
Pre-Service 15 - Self-Care	9	11	41	72	52	185

Due to a change in LMS systems, data for previous years could not be pulled reliably. L&D at DCF are planning to hand count completions from previous years to preserve historical data.

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 regarding the services included in the CFSP?

Federal Reviews

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

Strengths	Some licensure requires certain CEU requirements are met regularly; renewal verifies staff have achieved requirements.
Worries	There’s not a current set of competencies between child welfare practitioners or a tracking process. This is in development through the PIP.
Evidence of disproportionality and disparities	N/A
PIP Goals/Strategies	Goal # 8 – Training Goal 1, See III. Plan for Enacting State’s Vision

All DCF Child Protective Services (CPS) Specialists and CWCMP case managers are required to complete 40 hours of continuing education, including 3 hours of ethics training bi-annually. Licensed child welfare staff will continue to meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their discipline. By contract, CWCMPs are required to be accredited by a national child welfare organization. Maintaining accreditation ensures that the standards related to training are met.

Two trainings required for PPS staff as pre-service training are also offered annually. These trainings, as well as special topic trainings, are also offered to professionals from CWCMPs, other agencies and tribes. The tables below show the number of individuals who completed these trainings, not limited to PPS staff.

Annual Training	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Worker Safety: Verbal and Non-Verbal De-Escalation	311	241	184	162	105	267	see item 26				
MECAN: Abuse and Trauma in Infants and Children	291	194	141	81	63	186	see item 26				

*Courses available through DCF’s LMS, LearnSoft

Kansas Practice Model Continued Learning and Development Resources

Through partnership with SafeGenerations, many ongoing learning opportunities have been developed to deepen the knowledge and skills within the Kansas Practice Model. These learnings consist of intensives, where practitioners of all levels are invited to reflect on work already done with a mindset of improvement for their personal skills and for practice. These intensives have focused on development of assessment maps and on safety planning.

The course, *Questions that Make a Difference* covers several weeks to assist practitioners in developing their engagement skills with families. It is being taught by regional specialists who have volunteered to be small group facilitators.

The course, *Advanced Practice, Part 1* provides a deeper look into the Kansas Practice Model Core principles and concepts, meant to follow *Kansas Practice Model Overview*.

Group Learning and Consultation (GLC) are concentrated sessions meant for practitioners and supervisors to bring their own work to a group of colleagues. These sessions are led by skilled facilitators and advisors to focus on specific problems.

KPRC Practice Alignment Intensive In Sept 2022, DCF partnered with Safe Generation to hold a practice intensive focused on the work during the initial assessment. The key area of this intensive was to explore how we might utilize the interactions between PRC and reporters to increase equity, engagement, and balanced information. Participants in the intensive were asked to look for indicators of equity and of bias. Through this work, Kansas identified an area of opportunity to increase equity, engagement and balanced information during interactions with reporters. The following actions were taken:

Key questions were explored
Primary Question: How can the KPM help ensure DCF’s resources are being allocated to families who truly need them?
How might we utilize the interactions between PRC and reports to increase equity?
How might we utilize the interactions between PRC and reporters to increase engagement based on a shared purpose of improved family wellbeing?
What shifts might we make in our system to help ensure screening decisions are based on balanced, relevant information?
How do/can/should we factor strengths and presence of natural supports into our screening decisions?
How do/can/should we factor worst (realistic) fears into our screening decisions?
How do/can/should we factor best hopes into our screening decisions?

The following actions were taken because of the intensive:
Policies surrounding non-abuse/neglect, FINA, reports are continuing to be reviewed to align with KPM. Some policies changed as of January 2024.
All PRC staff received a learning opportunity summer 2022 called Risk Intelligence through Safe Generation.
PRC supervisors and staff are learning new ways to gather balanced information and identify bias in reporting.
Group Learning Consultations are held to further the learning.
PRC staff are attending a solution focused question training called QTMA through Safe Generations.
In January 2024, questions on the online web report were updated to gather more balanced information.
Continued partnership with KCSL for mandated reporting and engaging reporters.

Assessment Map Practice Alignment Intensive

In June 2023, DCF partnered with Safe Generations to hold a practice intensive focused on the Assessment Map completed by CPS Practitioners. This event focused on decision making for services, decision making for the finding, how equity is showing up, improve our ability to recognize bias and minimize its presence in Assessment Maps.

Key questions explored were:
Primary Question: How can we best use the Assessment Map to help families (and their networks) and practitioners (workers, supervisors, contractors, grantees) find their path to success?
Principles:

How can we tell when an Assessment Map was developed in a way that builds engagement with families and the people surrounding them?
How can we improve our ability to recognize bias and minimize its presence in our Assessment Maps and its impact on Assessment Decisions (findings and service referrals)?
Logics:
How does/could/should the Assessment Map guide our assessment decisions (findings and/or service referrals)?
How can we be sure we are referring the right families for Ongoing Child Welfare Services?

The following actions were taken:
PPS Administration is facilitating a reflection process called Assessment Map Reflections in each region for supervisors and workers to reflect on their Assessment Maps to pull out strengths and area of opportunity specific to Part 2. Areas the tools can help a worker reflect on in their assessment are by looking for explanation of buzzwords, family voice, clarity and tone of the assessment. PPS Administration is working to determine how these can be held on a regular basis.
The DCF PI has been reviewing their current read tool to determine areas to align with the practice model. PI have attended the regional Assessment Map Reflections to learn alongside Assessment and Prevention staff.
Policy surrounding the Assessment Maps are being reviewed for continued alignment.

Ongoing Training	SFY20	SFY21	SFY22	SFY23	SFY24	Notes
SafeGenerations Advanced Practice & Leadership: Part 1-18 Hours	160	194	52	24	23	
SafeGenerations Advanced Practice & Leadership: Part 2-12 Hours	N/A	45	32	10	N/A	
Questions That Make a Difference (QTMAD) – 8 Sessions/8 Hours	300 Seats	60 Seats	120 Seats	60 Seats	104 Seats	
QTMAD Session 1	196	65	38	50	14	
QTMAD Session 2	301	65	38	46	14	
QTMAD Session 3	282	60	36	48	14	
QTMAD Session 4	266	70	32	45	27	
QTMAD Session 5	220	117	36	48	27	
QTMAD Session 6		205	6	71	27	
QTMAD Session 7		292	14	78	26	
QTMAD Session 8		302	14	57	26	
SafeGenerations Group Learning & Consultation (GLC) Sessions – 1.5 Hours	36	762	265	266	171	
Immediate Safety: Part 1 – 3.0			37	13		
Immediate Safety: Part 2 – 3.0			5	11		
Developing the Assessment Summary – PPS2020 – 3.0			25	5		
Assessing Risk – Using the Lasting Safety Scale – 3.0			15	12		
Navigating Denial & Resistance – 3.0			35	3		
Words & Pictures Explanations – 3.0			7	14		
Using the Supervision Tool w/Flexibility, Efficiency and Critical Thinking – 3.0			43	9		
It's Not All On You! How to Create a High-Impact Safety Plan w/(not for) A Family (5-1 Hour series completed in small groups led by small group facilitators – 5.0 hrs. Total					8	Groups starting in April 2023-2024
Getting Unstuck: Engaging Families in Situations of "Denied" Child Abuse						Started in May 2023
MECAN Bruises Bites and Burns						Available on-line SFY24
MECAN Skeletal Injuries						Available on-line SFY24
MECAN Abusive Head Trauma in Infants and Children				81	77	Unavailable SFY20, 21 and 22.

Learning Leader Development Program	3.0/person	80	55	45		16 sessions over 2021 & 2022 for selected participants.
Recognizing Child Maltreatment: Bruises, Burns, Fractures, Head Injuries & Abdominal Trauma	27			16		
Recognizing Child Maltreatment: Medical Child Abuse, Neglect, Failure to Thrive, Human Trafficking and Child Sexual Abuse						
Using the Child Protector App – Protecting Against Child Abuse (webinar)	99			32	54	
Bruising: Decision-making Regarding Common Skin Injuries (webinar)	80					Not Available
Baby Bumps and Bruises: Sentinel Injuries (webinar)				34		Not Available in SFY24 – Under construction
Abusive Head Trauma: What it is and What can we do about it? (webinar)				54		Not Available in SFY24
Child Sexual Abuse: Myths and Facts (webinar)		34				Not Available Yet
Origins & Overview of PSB in Children (webinar)				99		Not Available Yet as an on-demand webinar
Risk Intelligent Screening & Assessment (3-part series for PRC)			59	22	9	

Supervisor Training

New PPS supervisors are required to complete all pre-service trainings in addition to the following trainings required of all state supervisors: Advanced ADA Online Training, Leadership and Supervisory Issues, Legal Issues for Supervisors, Performance Management Process Training for Managers and Supervisors, Personnel Services Overview, Tools for Crucial Conversations, Sexual Harassment Prevention (taken annually). Completion of training requirements is monitored by State HR.

Supervisor Training (DCF and CWCMP)	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24
Excellence in Supervision Conference	117	152	160	145	133
Pre-Conference Workshop					
The Neurobiology of Stress and Brain-Body Practices (PPCNCW1907)	106				
Ethics in the COVID-19 and Social Media Era (PPCNCW2001)		143			
Excellence in Supervision Pre-Conference			125		
The Practical & Ethical Considerations of Stress, Burnout, and Fatigue for Professional Helpers (PPCNCW2201)				116	
Excellence in Supervision Pre-Conference 2023: Building Resilience in Practice: Utilizing Supervision to Ethically Build Protective Factors in the Workforce					79

Supervisor Meetings

The State resumed quarterly supervisor meetings in 2023. Participants at quarterly supervisor meetings review outcomes and issues related to safety, permanency, and well-being, as well as Kansas Practice Model implementation efforts and other initiatives. These statewide meetings provide opportunities for supervisors to network, learn about services available in Kansas, receive information about new initiatives, gather input from supervisors across the state from different agencies, and provides opportunities to complete pre-approved CEU's.

Excellence in Supervision Conference

Each year, DCF with the assistance of Mainstream NonProfit Solutions holds the Excellence in

Supervision Conference. The conference is open to supervisors from DCF, CWCMPs, Tribal Partners, CPA, and Family Service grantees. The conference was held virtually when COVID restrictions were in place but resumed to in-person in SFY2023. The goal of the conference is bringing together supervisors from across the state to network, build their leadership skills, and improve resiliency.

KanCoach

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

Kansas Strong for Children and Families 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.

KUSSW and its partners, DCF and the state's network of privatized providers of adoption and FC (KVC Kansas, SFM, TFI, COC and DCCCA), in concert with the 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. 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, 23 total cohorts have completed the Phase 1 training and KanCoach training has been offered in all six regions in Kansas.

In total, 344 supervisors have enrolled, 296 (86%) have completed Phase 1 training, and 124 (36%) participants have completed all the requirements for the 12-month Phase 1 KanCoach Program. 66 (16%) 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, KanCoach is being adapted to be offered to child welfare administrators, supervisors in child placing agencies, supervisors providing prevention services (FFPSA, FRC, etc.) and Tribes in Kansas.

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 FC or adoption assistance under Title IV-E) addresses the skills and knowledge needed to carry out their duties regarding foster and adopted children?

Federal Reviews

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

Strengths	DCF received an overall rating of Strength for Item 28.
Worries	N/A
Evidence of disproportionality and disparities	NA

CAK has had a contract with DCF to provide training to prospective foster and adoptive parents since 2010. All foster and adoptive parents are required to complete Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP), MAPP Foundations, Trauma Informed Partnering for Safety and Performance– Deciding Together (TIPS-DT), or Kinship Path prior to accepting a child in custody into their home. Foster parents are also required to complete additional training each year to maintain their license. CAK is responsible for training and certifying group leaders to deliver and implement MAPP, DT, and Kinship Path to prospective foster, adoptive and kinship parents. CAK assures all necessary training is conducted by certified leaders and upholds the fidelity of each program. CAK is responsible for assessing statewide training needs of foster and adoptive parents and staff of group residential facilities. This includes developing an ongoing training network and ensuring training is provided statewide and is based on identified needs of foster and adoptive parents. See Attachment 13 CAK SFY24 Q1 and Attachment 14 CAK SFY24 Q2. indicate how many foster parents/prospective foster parents/adoptive parents completed the required training. CAK does not track each individual foster parent compliance with ongoing training requirements. This is overseen by CPA licensing compliance. CPAs have their own training requirements in addition to those CAK provides. It is the CPA’s responsibility to ensure current foster parents complete required ongoing training.

All potential foster and adoptive families must complete pre-service training prior to providing care to a child or youth in the custody of the Kansas DCF Secretary. As described in PPM 5235 and PPM 5363. 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 FC, the facility must also meet PPS placement standards established in the Child Welfare Handbook of Client Purchases. Initial and ongoing training requirements for facility staff are established in Kansas statute and agency placement standards. Training requirements are monitored by DCF FCRFL.

MAPP is a nationally recognized pre-service program for prospective foster and adoptive parents which assures a consistent curriculum and the fidelity to the model which includes:
Family and individual assessments
10 three-hour meetings designed to mutually prepare, assess, and make selection decisions
Strong focus on skill building which assures preparation/selection workers can observe the skills in action to document skills in a home study
MAPP Family Consultations which offer private time for prospective adoptive/foster family and MAPP leader to discuss family strengths and needs and plan ways to meet identified needs
Professional Development (PDP) for growth while becoming an adoptive/foster family or child welfare advocate
Summary and Recommendation document that creates a summary of the family’s behavioral struggles and needs at the completion of the program and to clearly identify next steps for professional development.

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

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

Components to the MAPP program which allows participants to evaluate effectiveness are:
Bi-weekly family identified strengths/needs self-assessment related to 12 criteria; completed by family and documented on worksheets.
Written evaluation about the leaders after the second meeting, if desired.
Discussion about leader evaluations during family consultations
Final evaluation completed during the tenth and final session
Right to revise the family portfolio after the tenth meeting
Final family consultation: leaders review the summary and recommendations

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

Total individuals trainee	SFY 18	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	*SFY 24
TIPS-MAPP	1292	1522	0	411	513	740	370
DT	535	530	2260	1115	555	583	357
Kinship Path	N/A	N/A	N/A	N/A	N/A	7	7

*July 1, 2023 – March 2024

The state contract with CAK includes hosting in-service ongoing foster parent training. Foster parents are required to participate in at least eight hours of ongoing training annually as part of their licensure renewal. A multitude of courses on various topics are available through this training network. CAK offers a LMS housing self-led training required for foster parent licensing such as Medication Administration and Universal Precautions. The site also includes numerous instructor-led training topics to include:

Impact of childhood trauma and ACEs	Cultural awareness and inclusion	Trust-Based Relational Intervention (TBRI)	Community resources/education and foster parent support
Substance Use	HT	Mental health	Teen development
Loss and attachment	Emotional development	Crisis intervention	First aid and CPR
Birth parent and family connections	Ethical relationships in child welfare	Caring for LGBTQ youth	National Training Institute (NTI)
Child development			

Training evaluations are housed in the LMS for families to use after completion of ongoing trainings. Instructors for both pre-service and ongoing training share surveys with attendees, complete attendance, generate certificates, and use the LMS for class communication. The evaluations were

developed according to standards set by the National Staff Development and Training Association. Evaluations are reviewed by CAK training staff monthly.

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

Number of Training Participants by Type by State Fiscal Year

	SFY 201	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY2024
Instructor-Led	3,316	1,817	550	599	597	579
Self-Led, Virtua Instructor Led	6,952	9,846	11,742	9,074	8,856	8,419

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 CFSP?

Federal Reviews

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

Strengths	Some programs are targeted to reach rural areas, such as FRCs.
Worries	There’s a lack of easily accessible information on available services to meet individual needs. Low number of available services in rural areas and barriers to access services in rural areas. Not all services are available outside of regular business hours, such as crisis centers.
Evidence of disproportionality and disparities	Rural areas do not have an equitable number of services in their area.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2, See III. Plan for Enacting State’s Vision

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

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

The passage of FFSPA in 2018 continues to provide an opportunity for communities to be responsive, supportive and a part of meeting specific needs of children, teens, and families in Kansas. DCF has

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

Over the next five years, DCF plans to seek approval and implement a community pathway toward accessing FFPSA services. Stakeholders and DCF believe bridging FFPSA services and community is the next step in expanding the prevention service array on the continuum. When individuals/families receive what they need in the right mix of services, in their own community, wellbeing can be achieved. Primary prevention resources can prevent instances of abuse, reports to DCF and entry into FC.

In May of 2023, Kansas passed House Bill 2021. This bill created a pathway for youth in FC who meet assessment criteria to access services previously only offered and available to youth experiencing detention. DCF participated in developing a streamlined referral process for accessing these services in partnership with the CWCMPs and KDOC-CBS. HB 2021 allows for youth receiving DCF services through FC or FPS access to community-based programs through the KDOC-CBS services are funded through KSA 75-52,164 evidence-based programming dollars. The ability of children to receive services through KDOC-CBS broadens the array of available services to youth who meet the criteria for referral. Available programs can differ based on what exists in varying judicial districts.

DCF awarded FC contracts to five agencies who will implement programming in SFY25. Stakeholder feedback helped to inform desired attributes present in the proposals awarded for contracts. Programming requirements within each contract include establishing smaller caseloads. New FC contracts require agencies to focus on supporting children and families to permanency and being accountable and responsive to judicial partners. Contracting with a 5th agency (in catchment area 7), DCF believes will bring increased capacity to CWCMPs, in turn, creating improvements in service quality and family experience. The new contracts awarded programming focused on trauma informed care and strong community partnership.

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

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?

Federal Reviews

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

Strengths	Programs are being developed and strengthened to support Item 30.
Worries	The current service array is not functioning at its highest capacity which is needed to adequately serve Kansas families.
Evidence of disproportionality and disparities	Rural counties sometimes have less services available.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2, See III. Plan for Enacting State’s Vision

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

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

Kansas recognizes services to Kansas families must be unique to their needs. Kansas has awarded several grants which will expand the availability of BIS. Kansas DCF plans to review case planning policy including forms to align with values of the KPM more closely. This will support CWCMPs in planning with families in a more engaging manner to identify their individual needs and plan for services appropriately.

AGENCY RESPONSIVENESS TO THE COMMUNITY

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

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSR, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, FC 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?

Federal Reviews

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

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

Detailed information regarding consultation with stakeholders is provided in Collaboration.

Item 32: Coordination of 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 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Federal Reviews

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

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

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

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

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

Detailed information regarding consultation with stakeholders is provided in Collaboration.

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?

Federal Reviews

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

Strengths	DCF received an overall rating of Strength for Item 33.
Worries	N/A
Evidence of disproportionality and disparities	NA
PIP Goals/Strategies	N/A

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

Fully licensed foster homes and childcare institutions are claimed by the State for federal funds reimbursement. Standards are applied equally to 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 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 in the 2011 review which indicated a child was placed in a home which had not received a full license due to a change in residence. The 2014 and 2017 review findings found DCF compliance with licensing standards.

DCF licenses 24-hour childcare facilities including: Attendant Care Centers, Group Boarding Home/Residential Centers, CPAs, and Family Foster Homes. Each program type has a corresponding set of regulatory requirements. In March 2024, public hearings were held on the proposed Family Foster Home Regulations and the CPA Regulations. The promulgation process is expected to be complete and new regulations in effective by May 2024. Upon implementation of the Family Foster Home Regulations, Kansas is implementing a waiver of non-safety regulations for Relative and NRKIN families. May 2024 is the targeted implementation date of the Relative and NRKIN regulations. DCF Licensing Policy and Procedure for waiving non-safety regulations will be implemented May 2024. DCF will utilize the FCL 400 Application for Family Foster Home Relative and NRKIN, the FCL 660 Relative and Non-Relative Kinship Family Foster Home Waiver and Expediated Application and the Abridged Family Foster Home Regulations. The Childcare Licensing tool/template is updated with the updated regulatory requirements for each program type.

For a child in the custody of DCF and residing in out-of-home care, DCF will place the child in one of four placement options: 1) a licensed foster home, 2) a family foster home-relative approval 3) an unlicensed relative home, or in 4) a residential childcare institution. Unlicensed relative homes are exempt from licensing statutes and regulations. State statutes, regulations, and the onsite inspection policy and procedures provide essential information about the rules, licensing standards, and procedures to ensure licensing practices are applied equally across the state. DCF utilizes a licensing survey tool/template which includes all requirements based on program type. This survey tool is electronically applied within CLARIS. The DCF surveyor completes on sites visit for all initial licensing surveys to verify compliance with regulations. A full license is not granted until a facility is in full compliance with the program type regulatory requirements. If a facility is found to be in non-compliance with a regulatory requirement, the facility is required to submit a compliance action plan (CAP) within 5 days as required by K.S.A. 65-513. The CAP, FCL 001, was implemented in February 2021 to aid in consistency and submitting corrections statewide. The CAP is reviewed and is returned to the facility with either an acceptance or needs corrections. Upon accepting a CAP, the licensing surveyor enters the CAP in CLARIS and a compliance survey is completed to verify the CAP was successfully implemented and the facility complies.

Child safety is monitored during regulatory complaint investigations and annual review surveys. The DCF regional FCL units receive complaints alleging violation(s) of licensing the statute or regulations, which may include reports of abuse or neglect within a licensed foster home. The regional licensing supervisors will screen the licensing complaint as “screen in” or “screened out”. The “screened out” decision means the complaint allegations do not violate regulations. A screened in complaint is assigned to a FCRFL as a licensing investigation. Each licensed facility is surveyed on an annual basis by a FCRFL Surveyor. The

facility receives a notice of survey findings (NOSF) citing noncompliance during a complaint investigation or annual review and the facility is required to submit a Corrective Action Plan (CAP) within 5 days. The FCRFL Surveyor completes a compliance survey to verify all corrections were completed and the facility complies.

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

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

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

Waiver of regulations related to caregiver:

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

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

Regulations related to children in the home:

30-47 821(a)(1)(2)(3)(4)(5)(b)(1)(2)(3)(4)(5)(c)(i)(ii)(iii)(d)(1)(2)(3)(4)(e)(1)(2)(f)(1)(2)(3)(h)(i)(j)(k)(1)(3)(A)(B)(l)(m)(1)(2)(3)(n)(o) Number of children placed in the relative home Ages of children placed in the relative home Sleeping arrangements of children: Bed/crib requirements; allow use of portable playpen, temporary beds.
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The FCL 660 Relative Waiver is submitted with the application for licensure. The FCL 660 and the FCL 400 Application for licensure are imaged in CLARIS. A licensed relative and non- relative kinship home must meet all non-waived regulations to obtain a full license. A relative or NRKIN caregiver who wants to apply for licensure as a family foster home providing care to unrelated children, must comply with all family foster home regulations.

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

swimming pool, or other environmental structure of the home. Windows in a bedroom being occupied by a child in FC, are reviewed based on the occupant of the room and the ability to egress in case of emergency.

DCF implemented an Emergency Afterhours Exception Policy and Procedure in February 2021 to aid in assuring family foster homes were not exceeding capacity without prior approval. The Afterhours Exception Policy remains in effective and will be updated effective 07/01/2024 including allowable reasons to exceed capacity and establishing one active over capacity exception. A Residential Child Care Facilities exception may be requested when admitting a child and the facility is at capacity, or a youth turns 18 while in treatment and needs to finish treatment. A residential facility may request exceptions for staff qualifications to aid in hiring staffing to meet ratio requirements. DCF does not claim IV-Funds prior to a facility being licensed.

Item 34: Requirements for Criminal Background Checks

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 FC and adoptive placements for children?

Federal Reviews

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

Strengths	DCF received an overall rating of Strength for Item 34.
Worries	N/A
Evidence of disproportionality and disparities	NA
PIP Goals/Strategies	N/A

FC and Residential Facility Licensing became a division of DCF effective July 1, 2015. This promoted PPS to have a cooperative relationship with FC and Residential Facility Licensing ensuring state standards are being met in all areas of licensure.

Kansas DCF updated the Regulations for Family Foster Homes and CPA in May 2024. Regulatory changes related to background checks were promulgated which included, a change in the age for requiring fingerprints of residents of a family foster home and fingerprinting requirements of a non-resident substitute caregiver. DCF changed the age range for fingerprinting of residents from age 14 to age 18 and removed the regulatory requirement for fingerprinting substitute caregivers.

DCF will issue a full license after the applicants, residents of the family foster home age 18 and above (excluding children in FC), have completed and cleared; 1) a federal fingerprint-based background check, 2) a Child Abuse/Neglect Central Registry check, 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. Non-custodial residents between the ages of 10 to 18 and substitute caregivers, of children in FC, between the ages of 14 and above must complete and clear; 1) a name-based criminal history check through the KBI, 2) a Child Abuse/Neglect Central Registry check. A DCF Licensing Surveyor completes a full walk-thru survey of the home to assure compliance with Kansas Family Foster Home statutes and regulations. A NOSF is completed at that time. Correction must be made prior to issuance of license. NRKIN and relative placements who wish to license must pass safety

requirements including a walk through, background checks through KBI, Child Abuse Central Registry, and fingerprints. Within two weeks of placement, relatives who wish to license and NRKIN begin the licensing process are issued a temporary permit upon return of the background check clearances, generally within 30 days of placement. The temporary permit remains in effect for 90 days. Relatives who wish to license and NRKIN comply with the non-waived licensing requirements prior to a full license being issued.

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Federal Reviews

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

Strengths	CWCMPs update their DR plans regularly.
Worries	While Kansas has a DR plan, it is not updated annually and efforts to put the plan into place and recruit families who reflect the youth who are in care is not clear.
Evidence of disproportionality and disparities	DR is intended recruit potential foster and adoptive families reflective of ethnic and racial diversity of children in Kansas FC.

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

DR Goals:
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
Recruit adoptive families for the children/youth registered on the adoption exchange
Review of current data supports the need for continued recruitment and retention efforts toward meeting these goals.

Kansas, with technical assistance from CBC, developed and implemented the Kansas DR Plan. Beginning October 1, 2019, DCF had direct relationships with CPAs throughout the state. DR Meetings are held at least twice each year to have consistency in messaging and measuring of progress towards goals. Meetings include key stakeholders to support and monitor Foster and Adoptive Parent Recruitment and Retention activities in the State. Stakeholders include tribal leadership, the Kansas Caregiver’s Association, KFAN, KDHE, and CAK which is an umbrella agency for private CPAs in the state. The participation of the Kansas Adoption Exchange, AdoptKsKids, will be crucial in accomplishing the DR goals. Foster Adopt Connect contracts with DCF to implement the diligent recruitment plan.

Each CWCMP and CPA has an individual recruitment plan which includes general, targeted, and individual recruitment strategies. Targeted recruitment activities include a wide variety of audiences

such as individuals familiar with working with special populations, people in the helping professions, teachers, NAACP, Black fraternities and sororities, and churches which have memberships reflecting the population of their community. Targeted recruitment occurs in communities specified as needing more foster homes based on referral and placement data.

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

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

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024*
# of licensed Homes	2568	2664	2873	2721	2717	2760	2874	2775	2493	2372	2846
# of license foster parents	4330	4448	4738	4508	4512	4403	4680	4655	4139	3959	4741
*# of African American lised foster parents	557	553	558	517	476	470	490	483	491	516	627

*Data pulled May 2, 2024, and is not representative of a full fiscal year.

Statewide, 36.01% of children are placed with relatives. Statewide, 8.526% are placed in group or residential care. The low percentage of children placed in a Group/Residential setting demonstrates moderate success in recruiting and retaining foster and adoptive families meeting the needs of children in care.

*SFY 2019 data reflects July 2018 - February 2019

Race	Percentage
American Indian	1.9%
Asian	0.5%
African American	21.2%
Caucasian	76%
Native Hawaiian or Pacific Islander	0.4%
Unable to Determine	0%
Ethnicity	Percentage
Central or South American	0.3%
Mexican	12%
Other Spanish Cultural Origin	1.7%
Puerto Rican	0.4%
Unknown	1.1%
Non-Hispanic	84.5%

Data Source: FACTS SFY 2024 through April 30, 2024

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely

adoptive or permanent placements for waiting children is occurring statewide?

Federal Reviews

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

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

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

See Collaboration: Kansas and Missouri Border Agreement.

Kansas implemented NEICE in October 2018. NEICE is a national electronic system for quickly and securely exchanging the data and documents required by the ICPC to place children across state lines. NEICE reduces the time children spend awaiting placement. Kansas utilizes NEICE to track timeliness of completion of home studies.

Kansas initiated new contracts for FC services with planned implementation in SFY25. Providers for seven of the eight service catchment areas remain the same. The case management provider for the Wichita Region will be changing beginning July 1, 2024 at which time any open ICPC cases in this region will transfer to a new provider and any new incoming cases will begin being assigned. Each provider has assigned dedicated ICPC staff for consistency.

The tables below provide data available for ICPC cases.

Types of Outgoing ICPC Cases

Type of Case	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Adoption Cases	147	161	151	188	149	40
Foster Home Cas	46	51	54	49	58	26
Parent Cases	194	196	200	182	133	28
Relative Cases	334	276	246	248	215	64

*SFY reflects June 1, 2023 – April 30, 2024

Disposition of Outgoing ICPC Cases

	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Total Received	721	684	714	786	603	
Approvals	412	399	431	481	335	
Denials	309	285	283	305	268	
Placements	266	240	262	330	242	
Pending**						158

*SFY reflects June 1, 2023 – April 30, 2024
 **Pending cases reflect those not approved/denied

Types of Incoming ICPC Cases

Type of Case	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Adoption Cass	65	71	82	53	47	8
Foster Home Cases	133	149	117	103	129	63
Parent Cases	95	94	116	72	67	30
Relative Cas	138	149	112	122	121	24

*SFY reflects June 1, 2023 – April 30, 2024

Disposition of Incoming ICPC Cases

	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Total Received	431	438	474	403	425	
Approvals	250	307	309	266	262	
Denials	181	131	165	137	163	
Placements	188	175	145	167	164	
Pending**						125

*SFY reflects June 1, 2023 – April 30, 2024

**Pending cases reflect those not approved/denied

Kansas recognizes an area of opportunity related to gathering data to assess functioning of Item 36, State use of Cross-Jurisdictional Resources for Permanency Placements. Kansas is participating in a NEICE data workgroup to improve reports available in NEICE.

The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) national office holds a once-a-year national meeting. A designated voter from each member state is required to attend. Kansas attends these meetings yearly to ensure the states voice is heard and any voting matters are considered.

CURRENT AND PLANNED ACTIVITIES FOR SYSTEMIC FACTORS:

CASE REVIEW

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

One of three activities have been completed. A survey was provided to people working in the court/legal system. Ten (10) surveys were completed. The 10 surveys represent six CASA, three judges, and one CRB member. The results included these comments:

- The tool is not being used and if used, is not being used properly.
- The information provided by the ATT is like the court report and often not as helpful.
- The tool is not used despite court requests and the content usually remains the same yet up to date information is needed.

- A request for more information to be added to the ATT to include a review of a child’s diagnosis and needed supports as well as a section on SSI determinations.

III. PLAN FOR ENACTING THE STATE’S VISION

DCF is utilizing the unique position of completing CFSR Round 4, Attachment 15 CFSR Round 4 Final Report, and a recently approved PIP to set the foundation for the upcoming five years. DCF will follow the PIP as laid out, sustain progress following the initial PIP period, and continue to monitor and calibrate goals following the completion of the PIP. See Attachment 16 Kansas Round 4 PIP.

GOAL #1

Safety Goal 1 – Safety Outcome 1 & 2 (Items 1, 2, & 3): Ensure children are safe by accurately, consistently, and comprehensively assessing risk and safety with children, families, and support networks.

RATIONALE

This goal addresses the overarching theme of needed improvement when assessing for risk and safety which encompasses safety planning. This goal allows for cohesive work in identified areas needing improvement with overlapping concerns which interrelate starting from the type of reports received at the Protection Report Center to the initial face-to-face safety determination, progressing through the in-home and ongoing risk and safety assessments for children experiencing FC. Progress on this goal will be measured by review of Safety Outcome 1 and 2 by reviewing quarterly case reads for Items 1, 2, and 3.

STRATEGY 1.1

Strategy 1.1: Improve consistency in practice with alignment of commonly used definitions and policies of risk and safety between DCF, CWCMP, FPS grantees, legal/judicial partners, KCSL, and Mandated Reporters.

STRATEGY 1.1 RATIONALE

This strategy supports the goal of practitioners and mandated reporters having a shared understanding of risk and safety. Mandated Reporters report their concerns to the PRC and practitioners assess risk and safety from the point of initial face-to-face contact and throughout the life of the case, using a shared understanding of risk and safety.

STRATEGY 1.2

Strategy 1.2: Improve consistency in safety planning with families practice by standardizing and implementing casework competencies and expectations.

STRATEGY 1.2 RATIONALE

Strategy 1.2 will ensure those tasked with developing safety plans with families and networks will have a shared understanding of what casework competencies can be expected within a safety plan regarding the monitoring and engagement portion. The legal community can understand the shared competencies when evaluating the safety parameters impacting a child’s ability to achieve permanency and apply those broadly.

GOAL #2

Placement Stability Goal 1 – Permanency Outcome 1 (Item 4): Kansas Youth ages 11 to 17 will have safe, stable, and planned placements to support well-being and case plan goals supported by CFSR Round 4 placement stability standards.

STRATEGY 1.1

Strategy 1.1: Decrease number of youths entering care due to FINA removals and non-DCF referred removals by collaboration with court system and education of stakeholders.

STRATEGY 1.1 RATIONALE

There is an underlying assumption FC opens resources for youth in need of services. There are other services available in some areas of the state, which may have opportunities for expansion.

STRATEGY 1.1 IMPLEMENTATION SITES

BR, SG, and SN counties (see Figures 1 &2). The three counties were identified as implementation sites as they reflect the race, ethnicity, and others who have been historically underserved, marginalized, and adversely affected by poverty and inequity in the KS Child Welfare System. Brown County was selected because it includes the Iowa Tribe, Sac and Fox Nation, and the Kickapoo Tribe which are located within the county. SG and SN have the most FC entries for youth ages 11 to 17.

STRATEGY 1.2

Strategy 1.2: Promote awareness of existing resources, examine barriers to service delivery and gaps for youth ages 11-17 and their parents/caregivers to ensure entries into FC are based upon un-addressable safety concerns. Increase or redistribute community resources to cover identified service gaps.

STRATEGY 1.2 RATIONALE

If key community service gaps are identified and filled, less youth will be identified as at risk for custody. The same services once in custody will be used to stabilize youth within care and as the step down from care. Kansas may be able to learn from other states who have improved relative placements and placement stability for youth ages 11-17 as current family engagement and placement for this age group is a challenge.

STRATEGY 1.2 IMPLEMENTATION SITES

BR, Bourbon, SN, and SG counties. The following counties were chosen based on youth population size, removal rates, and % non DCF entries into care, and disproportionality. Brown County was selected because it includes Iowa Tribe, Sac and Fox Nation, and the Kickapoo Tribe are located within the county. SG and SN have the most FC entries for youth ages 11 to 17.

STRATEGY 1.3

Strategy 1.3: Utilize culturally informed strategies to improve placement matching through standardized definitions, assessments, data collection, and data entry processes.

STRATEGY 1.3 RATIONALE

Shared language and definitions may promote consistent application of policy and procedures statewide. There is no statewide system in place to collect uniform data on youth attributes/needs or to enter attributes into the same data system. Consistent standardized assessment and collection of data creates an environment for key decision makers to see gaps in service needs for youth and caregivers to better allocate resources. Standardized data would also allow providers to match placements to youth attributes promoting placement stability and decreasing short-term placements and multiple moves consistent with the McIntyre Settlement practice improvement goals. Placement disruption data illustrated key timelines to disruption. Targeted intervention at key intervals to maintain placement and decrease the number of short-term placements. Ending short term placements is a practice improvement commitment for the McIntyre Settlement. PS-TDM's are shown to be an effective placement stabilizing strategy. Ending night to night placements and failure to place are a practice improvement commitment for the McIntyre settlement.

STRATEGY 1.3 IMPLEMENTATION SITES

Statewide

GOAL #3

Permanency Goal 1 – Permanency Outcome 1 (Items 4, 5, & 6): Kansas will improve timeliness of reintegration and reunification within 12 months.

STRATEGY 1.1

Strategy 1.1: Improve documentation and communication of safety and risk concerns so information can be provided to the Court and Parties to allow for more safe and timely reintegration.

STRATEGY 1.1 RATIONALE

Throughout discussions with the workgroup the lack of consistent definitions was a recurring theme. Utilizing the Four Questions model currently in place for placement OOH (i.e., removals from home), with modifications, to focus on reintegration options and permanency plan questions, allows for all child welfare stakeholders in both the courts and the CWCMPs to use consistent language focusing on the ability to safely reintegrate children to their homes. The Four Questions was initiated by a group of seven judges in Iowa and utilizes four questions to help determine if a child can be safely kept outside of the FC system. These questions are utilized to both preserve safety and the relationship of children and youth with their families and communities. DCF has included these questions in TDM meetings and in encounters with families and includes the Four Questions in Court recommendations. Additionally, DCF has discussed the use of the Four Questions with child welfare stakeholders in communities including LE, courts, attorneys, and others to engage the community in the use of the Four Questions.

The Four Questions are:

What can we do to remove the danger instead of the child?
Can someone the child or family knows move into the home to remove the danger?
Can the caregiver and child go live with a relative or family friend?
Could the child move temporarily to live with a relative or a family friend?

In situations when maintaining the child safely out of FC is not possible, utilizing a modified set of questions could assist the parties to focus on the changes which can be made, or services accessed, to move quickly toward reintegration. If the case cannot move quickly toward reintegration a question can guide stakeholders to consider if another permanency plan is more appropriate. By utilizing a parallel format to the Four Questions for removal purposes, the Four Questions for permanency shares the same basic simplicity as the original while maintaining a focus on safe and timely permanency.

While shared definitions of risk and safety are important, it is also necessary to ensure the parties to a court case receive information supporting reintegration decisions. A main source of information for courts is the court report submitted by the CWCMP giving details of activities in the case, including services received by the child and family and steps taken to mitigate safety and risk concerns. The workgroup believes supplementing current court reports with specific information regarding safety barriers will increase focus of both case workers and court participants in consideration of risk and safety factors. By including information in the court report template, practitioners are prompted to consider safety and risk prior to every hearing and demonstrate as part of their reporting they have considered whether the child can be safely reintegrated.

STRATEGY 1.1 IMPLEMENTATION SITES

Implementation Sites for Key Activity 1.1.1 – 1.1.3: Judicial District 3, consisting of SN County, SN county in SFY 2023 had an average of 654 youth in care on the last day of the month. The OOH on the last day

of the month number ranged from 625 to 712 throughout SFY 2023. SN county had in SFY 2023 an average length of stay in care, regardless of permanency goal, of 31 months. The SFY 2023 average number of months in care for adoption and emancipation was 49 months and for youth with a permanency goal of reintegration the average number of months in care was 14.

Implementation Site(s) for Key Activity 1.1.4: Statewide

GOAL #4

Permanency Goal 2 – Permanency Outcome 1 (Items 5&6), Systemic Factor 2 (Item 23): Kansas will improve timeliness of permanency through adoption or achievement of other permanency goals in 12+ months.

STRATEGY 2.1

Strategy 2.1: Increase timely filing of TPR and subsequent adoptions.

STRATEGY 2.1 RATIONALE

While CFSR data indicates Kansas did not timely file motions for TPR the Kansas Legal and Judicial Stakeholder Focus Group report showed a disconnect between data and the belief of legal stakeholders who believed motions for TPR are always or usually submitted or filed timely (64.5% of respondents were in one of these categories) and TPR hearings are held timely usually or always (68.8% of respondents were in one of these categories).

Including key OOH dates to the Court report creates a consistent understanding by all parties of how long the child has been in an OOH placement. Putting this information in the court report makes the information easily accessible to all parties to the case and centers the information for inclusion in court proceedings throughout the case. While some CWCMP court reports capture the 15 of 22-month deadline date on their cover page, the DCF court report form, PPS 3003, only requires a yes or no answer as to whether the child has reached 15 of 22 months; this decreases the consistency between agencies as it is not required information. Capturing only the date at which a youth has been placed OOH 15 of 22 months does not increase permanency for youth within 12 months. Calling attention to dates earlier in the case creates a focus on permanency at all points of the case.

If a permanency hearing or review date falls in month 14, the box would be checked no, and further hearings may not be set until 6 to 12 months down the road. This date does not provide ongoing information about how long a child has been in custody and does not create a sense of urgency until after the first year of a case has passed. Providing key dates within the first year of the case may provide a sense of urgency in reintegration that does not exist with only the 15 of 22 date. The workgroup noted in multiple meetings that the push for timely permanency must begin in advance of the 15 of 22 date and ideally be a primary focus in the beginning of a case rather than when a termination timeline has been reached. Legal stakeholders, specifically county and DAs and their designees, begin the filing process, utilizing background information from DCF and CWCMPs, therefore, it is important for all individuals involved in the case to understand not only the federal timelines but also to have an easily available mechanism to know how long a child has been OOH.

Process mapping will inform stakeholders in local communities regarding areas where roadblocks exist as well as potential for efficiencies which will allow terminations to be filed timelier which should lead to more timely adoptions or other forms of permanency. Utilizing the workgroup already created in 1.1 allows for a “top to bottom” assessment of timely permanency in a specific judicial district creating a big picture view.

Data shows statewide, after a child reaches legal freedom 41.9% of children are adopted within 12 months; this number falls short of Kansas' performance standard of 45.8%. However, it does reinforce the workgroup's belief to improve timely permanency for children in need of FC the focus must be on the first 12 months of care.

Providing key dates earlier than the 15 of 22 months date keeps these dates before the Court earlier in the process reinforcing that action toward timely permanency must be during the first 12 months of the case rather than when the child has been OOH 15 months.

STRATEGY 2.1 IMPLEMENTATION SITES

Implementation Site(s): 2.1.1a-b statewide and 1.1.1c matching to Key Activity 1.1.1 and 1.1.12.

GOAL #5

Well-Being Goal 1 – Well-Being Outcome 1 (Item 13, 14, 15): Improve engagement with parents and caregivers throughout a family's encounter with the Kansas child and family well-being system.

RATIONALE

Goal one addresses the need for reform in the practice of engagement with families in Kansas.

STRATEGY 1.1

Strategy 1.1: Align and ensure implementation of practice expectations for case planning, worker/client interactions, and visitations with the KPM.

STRATEGY 1.1 RATIONALE

Strategy 1.1 supports the goal of improving engagement with parents and caregivers by providing guidance and consistency across the state during identified moments in a case where quality engagement is pivotal for family success.

STRATEGY 1.1 IMPLEMENTATION SITES

Statewide

GOAL #6

Well-Being Goal 2 – Systemic Factor 5 (Item 29, Item 30), Well-Being Outcome 1 (Item 12), and Well-Being Outcome 3 (Items 17 & 18): Improve equity, accessibility, timeliness, and individualization of services in Kansas to meet the needs of families we serve.

STRATEGY 2.1

Strategy 2.1: Strengthen available mental health and other services provided to Kansas youth through collaboration with KDADS and the CMHC's on the transition to a CCBHC model of care.

STRATEGY 2.1 RATIONALE

The CCBHC model is new to Kansas and will change how mental health services are accessed and timelines for service standards. This is a change since the CFSR review. DCF released policy changes effective July 1, 2023, which align with CCBHC standards.

STRATEGY 2.1 IMPLEMENTATION SITES

Statewide

STRATEGY 2.2

Strategy 2.2: Increase array of available mental health services for Kansas youth through development of CBI.

STRATEGY 2.2 RATIONALE:

Policy allowing this service to be Medicaid billable went into effect October 1, 2023.

STRATEGY 2.2 IMPLEMENTATION SITES

Statewide

STRATEGY 2.3

Strategy 2.3: Expand stable placement options available for Kansas youth with high acuity needs through increased capacity of the TFFH.

STRATEGY 2.3 RATIONALE

The purpose of a TFFH is to improve the safety, permanency and well-being of a child or youth with high acuity needs in a family-based setting. A TFFH supports improved mental health status, including emotional and social adjustment, allowing the child or youth to function in a community setting outside of a hospital or residential facility and/or to prevent the need for placement in a hospital or residential facility. By providing a stable placement option, access to consistent physical health monitoring and resources is also improved. A capacity building RFP was published 9/18/2023.

STRATEGY 2.3 IMPLEMENTATION SITES

Statewide

STRATEGY 2.4

Strategy 2.4: Collaborate with KDADS on improvements to crisis mental health services available to Kansas families through support of MRSS.

STRATEGY 2.4 RATIONALE

The MRSS model is a process of mental health crisis service and support in the community in contrast to the family coming to a resource. It is a best practice which aligns with CCBHC standards and increases access equity through a mobile response to meet the whole family's needs in the community location requested by the family.

STRATEGY 2.4 IMPLEMENTATION SITES

Statewide

GOAL #7

Goal 1: QA – Systemic Factor 3 (Item 25) DCF and CWCMP will have consistent communication through advancement of the Systemic CQI process by improving data quality, improved accessibility to shared data, and creating multi-agency CQI collaboration opportunities to support data collected through the systemic CQI activities which will be used to inform, implement, and assess program improvement across the state.

STRATEGY 1.1

Strategy 1.1: Improve the collaboration between the involved parties, including case teams who produce forms data comes from, leadership who disseminates information, and data entry teams at DCF and CMP's, to support consistency of collaboration by producing a space for systemic PI resources, providing PI education, and structuring a case read statewide reconciliation and feedback process.

STRATEGY 1.1 RATIONALE

Supports the goal of having improved systemic communication by producing a space for PI resources to house, develop and monitor educational materials with QA stakeholders. DCF Task Force will support

the goal of improved and consistent communication by collaboratively developing a statewide case read feedback and reconciliation structure. This improves data sharing practices by providing education on shared data and implementing new processes for increased data exposure activities.

STRATEGY 1.2

Strategy 1.2: Establish an intentional multi-agency integrated Alliance to structure a collaborative space between DCF and CWCMPs to support agency collaboration to inform, implement, and assess practice activities.

STRATEGY 1.2 RATIONALE

Supports the goal of having improved systemic communication by establishing an Alliance to provide an intentional space for all agencies to come together and review current data trends. This will provide opportunities systemically, to identify strengths and areas in need of improvement to strategize collaboratively and recommend strategies for practice improvement at a minimum of quarterly. This will support consistency in Kansas' CQI activities being used to inform and assess implemented positive practice changes.

GOAL #8

Training Goal – 1 Systemic Factor 4 (Item 26 & 27): Kansas will ensure staff training is based on shared expectations and provides the basic skills and knowledge related to child and family well-being.

RATIONALE

Goal one addresses the lack of a shared set of competencies and will identify a shared expectation for what 'basic skills and knowledge' mean to Kansas across DCF and CWCMP.

STRATEGY 1.1

Strategy 1.1: Adopt and implement a shared set of competencies for child welfare practitioners working in DCF and CWCMP in Kansas.

STRATEGY 1.1 RATIONALE:

Strategy 1.1 supports the goal of defining 'basic skills and knowledge' needed to practice child and family well-being by collaborating across DCF and CWCMP to research, identify, troubleshoot, and reach consensus regarding core competencies to be adopted by the state's entire child welfare system. The workgroup will then compare competencies to existing training to strengthen current curriculum if necessary and ensure all state competencies are covered.

STRATEGY 1.2

Strategy 1.2: Identify a shared process across DCF and CWCMPs for tracking and ensuring training requirements are met, both initial and ongoing, to ensure training addresses core competencies and basic skills and knowledge needed by staff to carry out their duties.

STRATEGY 1.2 RATIONALE

Strategy 1.2 will ensure Kansas is practicing according to the shared set of competencies identified under strategy 1.1. This strategy supports goal 1 by ensuring staff will be trained according to baseline competency before they are assigned cases and doing direct client work. Strategy 1.2 also ensures Kansas will have a process to demonstrate staff have completed the initial and ongoing training requirements necessary to engage with families and carry a caseload.

IV. SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

Throughout this CFSP several programs have been represented and demonstrate the child and family services continuum. DCF works alongside community partners to provide an array of services to support families across Kansas. See Collaboration: Q – Regional Community Activism, Agencies Working Together.

SERVICE COORDINATION

DCF strives to address existing disparities and inequities within the current child well-being system through professional development, implementation of the DEI committee, and co-designed program development. Services across the agency and community work in tandem to meet the needs of children and families in Kansas. As mentioned in Collaboration, meetings, workgroups, and coalitions are ongoing and continually added to meet current initiatives, internally and externally. Communication between partners is important to put financial resources and agency capacity at the forefront to reduce duplication of programs and services. As discussed in Services for Children Under the Age of Five, federally funded programs support prevention efforts, working alongside one another.

See Current and Planned Activities for Safety: Family Preservation, Collaboration: C Governor’s Behavioral Health Services Planning Council, Collaboration: G Jobs for America’s Graduates – Kansas, Collaboration: S. Kansas coalition for Sexual and Domestic Violence, Current and Planned Activities – Safety: Families Together, and John H Chaffee FC Program for Successful Transition to Adulthood for information on addressing issues such as SUD, DV, behavioral health, education, and developmental disabilities.

All APSR and CFSP services are coordinated alongside the PPS Prevention Services Plan. Although programs may be represented in all plans, plans work together to support one another.

See Collaboration: H. CBCAB, J. Citizen Review Pan and Children’s Justice Act, J. Collaboration Between DCF and Judicial Branch: CIP.

REINTEGRATION, FOSTER CARE, AND ADOPTION SERVICES

Kansas underwent a significant transformation in its child welfare system in 1996 and 1997 when statewide reintegration, FC, and adoption services were privatized. Licensed CPAs were entrusted with providing these vital services to children and families in need. Since then, various contract models have been employed to deliver these services effectively.

In 2024, DCF underwent a bidding process to select new contractors for its child welfare services. Following this process, the four existing contractors, known as CWCMPs - KVC Kansas (KVC), SFM, COC, and TFI Family Services (TFI) - were chosen to continue their essential work within their designated catchment areas across Kansas. However, a significant change will occur in SG, where EmberHope Connections (EHC) will replace SFM.

SG, serving as catchment area 7, holds considerable importance within the Kansas FC system, with 20 percent of the children in care statewide residing there. To enhance support for children and families in this area, EHC has been selected as the new contractor. This decision reflects the collaborative efforts of DCF, working alongside various local and county organizations such as the Kansas Health Foundation and the Kansas Leadership Institute, to raise community awareness and bolster support.

January 2024, DCF reported a total of 5,895 children in FC, marking the lowest number of children in care since January 2014. This decline underscores the ongoing efforts to address the needs of children and families within the state.

The CWCMP are expected to prioritize the delivery of timely and effective services, ensuring children and their families remain central to the process. Emphasizing trauma-informed care, they plan to minimize disruptions by prioritizing placements with relatives or NRKIN and maintaining sibling connections. By focusing on the well-being and stability of children in FC, these contractors play a pivotal role in ensuring every child receives the necessary support to thrive.

In adherence to the Council on Accreditation Standards, the new contracts introduce adjusted caseload standards for CM, optimizing service delivery. With caseloads ranging from 12-15 children in FC or kinship care, and 8 children in treatment FC, the plan is to promote manageable workloads and quality services. Caseloads will be appropriately weighted and adjusted for CM handling a blend of case types, with allowances for higher caseloads during temporary staff vacancies. Additionally, new personnel will undergo training before taking on independent caseloads. The contracts with the CWCMPs will span from July 1, 2024, to June 30, 2028, with provisions for renewal, ensuring continued support and stability in the FC system.

When a child is alleged to be in need of care, custody may be granted to the Secretary of DCF, initiating a range of family-centered, trauma-informed services from removal through permanency. DCF provides TA and support to the CWCMPs, 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.

Transition from DCF to the CWCMP begins with an Initial Family Meeting (IFM) and is held within three business days of a new referral for FC services. The CWCMP's role in the IFM is the facilitator of the meeting. The CWCMP will organize, plan, and schedule the IFM in collaboration with DCF staff. At a minimum, DCF, the Contractor CM, the child (when appropriate), the parent or caregiver and the placement provider shall be in attendance. The parent or caregiver shall be offered the opportunity to invite their natural supports to the meeting. If there are safety concerns that prevent all parties from participating in the meeting, these shall be documented. Planning for location of the meeting shall occur in consultation with the parent or caregiver during the initial call. The meeting shall occur where the family desires and not at any court proceedings, unless participant safety would be compromised. The IFM allows the parents or caregivers to meet the assigned CWCMP CM, identify relatives and kin who may provide support or placement and discuss plans for parent child interactions. The Initial Service Plan is also developed, in consultation with the family, so reintegration efforts may begin without delay.

If the child has been placed in a non-temporary foster home, an Icebreaker Conversation is required within 10 days of the placement. The Icebreaker is a facilitated conversation which provides an opportunity for parents or caregivers and placement providers 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 often implicitly 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. Best practices in child welfare now show building relationships between birth parents and foster parents can be crucial to the well-being of the child.

The CWCMPs provide ongoing case management and permanency services, with aftercare supports extending for six months following permanency achievements. These services are designed to enhance stability and well-being, ensuring children and families receive comprehensive support throughout their journey.

PERMANENT CUSTODIANSHIP

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

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

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.

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

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

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.

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

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

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

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

ADOPTION ASSISTANCE

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

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

Children in the custody of the Secretary of DCF or a licensed nonprofit CPA, may be eligible for one or more of the following types of adoption assistance:

Title XIX Medicaid,	Monthly Subsid Payment	Special Service Payment	Non-Recurring Expense payment
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At the end of February 2024, the average subsidy payment was \$478.77 a month, and there were 10,869 open adoption assistance cases. This represents a decrease of approximately 1.82 percent from February 2023 (11,069) to February 2024 (10,869.)

The CWCMPs are responsible for 6 months of aftercare, which includes a full array of services to the family, on an as needed basis, to ensure the success of the adoption. The Aftercare Contact Agreement is developed with the family to outline services and supports needed to maintain the placement and meet needs of the child. An Adoptive Placement Agreement is a written agreement between the family, child’s CM and DCF as placement occurs in an adoptive home. Both the Aftercare Contract Agreement

and Adoptive Placement Agreement are signed by the family. These are steps taken prior to finalization. The child remains in DCF custody until finalization.

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

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

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

ADOPTION PROMOTION AND ASSISTANCE

In SFY 2024 (July 2023 - March 2024) approximately 99 percent of adoptions finalized were by a child's relative or the foster parent. In SFY 2024 through March 31, 2024, there have been 564 adoptions finalized, 52.5% of children have a relative as their adoptive resource. (Data Source: FACTS)

When TPR or relinquishment has occurred and the child's case plan goal is adoption, the CWCMP prepares the child and prospective adoptive family for adoption and provides needed services to assist the child in achieving permanency through adoption. The CWCMP is responsible for a full range of adoption services for adoptive families, ranging from the time of recruitment and identification to completion of aftercare up to 6 months after the adoption is finalized. The CWCMP plans with and alongside the adoptive family and child to provide supportive pre- and post-placement services. Pre-placement services may include training regarding a specific condition or need or counseling to address concerns. Services provided to families after the post-adoption finalization depend on the child and family needs. For DCF staff responsibilities related to adoption, see IV. Services – Reintegration/FC/Adoption Services.

If a child disrupts from placement before or after the adoption is finalized, the CWCMP assumes responsibility for providing services, placement, and identifying another adoptive family if needed.

A child in FC with a case plan goal of adoption and TRP, without an identified adoptive family, is referred to the Kansas Adoption Exchange for targeted recruitment services through the Adopt Kansas Kids (AKK) program. The CWCMP prepares an Individualized Recruitment Plan (IRP) captured on the PPS 5305 form. If the child agrees with the plan, attempts begin to locate a match using the Adoption Exchange. The IRP is intended to widen the circle of adults who may be a potential adoptive resource. The search focuses on finding a family who can meet the needs of the child and be willing to care for the child as their own.

The Adoption Exchange Contractor partners with AdoptUsKids (AUK) to photo-list children awaiting adoption on its website. Referrals to AKK and AUK are completed by the CWCMP on form PPS 5310 (Adoption Exchange Information Form).

AKK raises awareness of the need for adoptive families for children in FC. AKK provides education and support to families about FC and adoption during the process of being matched with a child available for adoption. They work in partnership with the CPAs and CWCMPs statewide to assist in matching children awaiting adoption with adoptive families.

AKK priorities in SFY 2024 and into the future years of this CFSP are included below:

Youth Engagement: Implementation of the Youth Centered Profiles project which incorporates voices of older youth giving them the opportunity to take initiative in their own recruitment process and develop their profile using their own words. AKK staff follow the 3-5-7 model[®] developed by social worker Darla Henry, to address grief, loss, and prepare children for permanency.

Privacy: Implementing an information sharing continuum and use of private narratives with prospective adoptive families. Providing families with information needed to make an informed decision, while prioritizing each child's dignity and privacy.

Support: Families come to the Adoption Exchange at many different stages of their adoption journey. To aid in guiding families through the process of adoption from FC the AKK team integrated K-PARC advocates into the process of supporting families who register to the Adoption Exchange. Each new family is assigned an advocate at the beginning of their journey. Advocates link families to training, resources, support with paperwork, and prepare them for what to expect as they move toward adoption.

Matching: AKK strives to improve the experience and communication with case teams by implementing a standardized form for matching calls. AKK is also creating standard guidelines for assessing overall need levels. Additionally, to ensure that current and valid information is available about youth in need of an adoptive resource, AKK is updating adoption exchange information forms and implementing child matching events. Child matching events give families an opportunity to network and connect with other adoptive families, ask questions about the adoption process, and learn about services available to families through K-PARC.

Data and Technology upgrades: AKK is updating their ability to create and maintain reports to measure their efficiency and effectiveness. Additionally, AKK is building a new child and family management system. This system will promote efficiency with documentation, matching, and communication with families. With over a year in the planning and building phase, the new system is set to launch in the summer of 2024 and will enhance private matching by leveraging technology in efforts to match families with children.

Education: MATCH Program is designed by foster, kinship, and adoptive parents specifically for families who have adopted from FC or are interested in adopting from FC Based on trauma-informed practice and lived experience, MATCH will help families be informed and prepared for their adoption journey. MATCH is a supplemental training curriculum which compliments other pre-service trainings such as MAPP Foundations and the National Training and Development Curriculum (NTDC).

In partnership with K-PARC, the Kansas Adoption Exchange serves as the statewide expert in adoption competency. As of April 2024, there are 386 children being served by the Kansas Adoption Exchange.

The CWCMP and other CPAs recruit, train, retain and support adoption and foster families. All new foster families and adoption resources must complete a pre-service training course. These courses are designed to ensure individuals and families make an informed decision about becoming a licensed foster home, adoptive family, or both. In order to meet the needs of individual families providing care to youth

DCF has invested in bringing Pressley Ridge training to Kansas, as well as continuing to support CAK in providing TIPS-MAPP and courses that are specialized for REL and NRKin placements. DCF will continue to explore with CAK and other CPA and CMP partners what courses meet the needs of DCF for trained foster parents while providing solid supports to families as they beginning providing foster care placements.

COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)

See Collaboration I. CBCAP

CHILDREN'S JUSTICE ACT (CJA)

See Collaboration: J. CRP & CJA

COURT IMPROVEMENT PROJECT (CIP)

See Collaboration: K. Collaboration between DCF and Judicial Branch: Kansas CIP

SERVICE DESCRIPTION

See Items and Current and Planned Activities.

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

Services have been and will continue to be described throughout this CFSP.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

Families who adopt children from other countries may access K-PARC for services and supports.

In Kansas, if an adoption of a child from another country disrupts and the adoption has not been finalized, DCF contacts the original adoption agency to assume responsibility for the child. If there is no agency involvement, or the child is not here for adoption, the consulate for the child's country is contacted and DCF coordinates with them to plan for the child accordingly. In the interim, DCF provides the same care and services for this child as it would for any other child in DCF custody.

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

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.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

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

Activities to address developmental needs of children under age five placed in FC, start with assessment tools to screen for developmental disabilities and mental health issues. If the tool identifies the child has a developmental or emotional or behavioral need, the CWCMP will refer the child to an appropriate age level EC service. An Infant-Toddler Services program referral is made for children birth to age two. Children three years and above are referred to their local school district's Individuals with Disabilities Education Act (IDEA) preschool or child find program. Head Start and EHS programs have policies which place children in FC at the top of the list for admission. In addition to the assessments, DCF requires a

Fetal Alcohol Spectrum Disorder Screening at referral for youth of all ages.

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

The Early Childhood Integrated Data (ECID) Distinct Count Dashboard developed by KU-CPPR was launched in SFY24. Agencies use this data to understand where to focus promotion of existing programs or information toward future programming implementation.

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

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

Community Baby Showers are events for expectant parents and their family members and are hosted by SSIs from any agency. These events provide information about safe sleep, breastfeeding, tobacco cessation, maternal mental health, substance use resources, and additional prenatal and postnatal resources. DCF SSIs serve as hosts, volunteers, or both at these events, which might include planning for the event, inviting vendors, assisting with implementation, providing education, and gathering data.

Crib Clinics are one-on-one educational sessions DCF SSIs provide to parents and provide similar information as Community Baby Showers. Sessions are an opportunity for DCF SSIs to demonstrate in the family home what a safe sleep environment is.

For all PPS assessments involving a child under the age of one, policy requires the CPS practitioner assess the infant's sleep environment and provide information and resources, as needed.

DCF is committed to train all staff in safe sleep practices, partnering with other community agencies to host Community Baby Showers and provide Crib Clinic sessions to families served by the agency.

A family served by DCF may be eligible to receive free cribettes, wearable blankets, or other supplies to provide safe sleep environments for their infants. Increasing the number of staff trained in safe sleep increases community capacity to prevent sleep related deaths in infants. Staff across the various DCF programs can engage and equip families with informative resources related to safe sleep practices.

KAN-LINK is a CB grant awarded to the Kansas Children's Cabinet and Trust Fund with the KSDE acting as the fiscal agent.

Project goals for KAN-LINK are dedicated to improving coordination, collaboration, alignment, and infrastructure between the Kansas Early Care and Education (ECE) systems and the network of child abuse prevention and FC providers at the state and local level. The project focus is to improve access to a robust and interconnected network of comprehensive ECE services and supports contributing to long-term wellbeing of children in Kansas.

Collaborative co-design and teaming with lived expertise is foundational to the approach and drives all aspects of KAN-LINK. The KAN-LINK project team is establishing a Lived Expert team. This team will be embedded within the Steering Committee and a strong contributor to operationalizing and implementing project goals. Shared responsibility for jointly owned outcomes is key to the success of this project.

Project goals and activities:

Statewide Approach	Community-Based Approach
Integrate screening, assessment, and referral into prevention and other FC programs	Identify local priorities and co-create pilots for testing and scaling through partnerships with local FRCs.
Identify and evaluate ECE system barriers impeding coordination and success to services.	Leverage and expand existing systems to streamline and enhance referral coordination and access.
Leverage system-level mechanisms for communication to facilitate cross-sector collaboration	Identify and address policy and practice solutions at the local level
Advance equity for individuals who have been historically marginalized and overrepresented in Child Welfare.	

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

Additional programs within the EES division of DCF provide a wide range of services and supports to families with children under the age of five. Those include:

TANF Cash Assistance	Provide temporary cash assistance to low-income families with at least one child in the home. Eligibility is limited to families whose income is less than 30 percent of the Federal Poverty Level (FPL).
International Rescue Committee (IRC)	An evidence-based, manualized prevention intervention which addresses trauma, helps families achieve and maintain stability, and reduces risk factors. Intervention services target 90 at-risk families and include programming to support improving caregiver functioning, positive parenting practices and connections to social supports and community services. In SFY 2023 and partial SFY 2024 (July 1, 2022, through March 31, 2024) 448 participants have been served.
HFA - KCSL	Provides EC home visitation programs, beginning at birth and continuing to age three or five. Promotes child well-being by strengthening families. Intensive home visitations are included in this program. Services are limited to families who are at-risk and low income. KCSL has served 335 families from 07/01/23-03/03/2024.
Communities in Schools (Sparkwheel)	Through the Integrated Student Supports framework, this program supports a student’s academic and non-academic needs. Expected outcomes include an increased sense of well-being and greater success in school. The program reported helping 1,987 Caseload (unique) students and 98,260 student occurrences at school-wide events, along with 8,626 Parents/Guardians/Caregivers occurrences at school-wide events from July 1, 2023, through April 30, 2024. The agency provided basic needs services to the entire student body in over 37 schools in Kansas, while providing over 132,000 items.
KVC – Project Rise	Serves eight counties in NE Kansas. Focus is on engaging at-risk families and improving social and health outcomes associated with poverty including social determinants of health, financial literacy, and social support networks. CM and crisis stabilization services are offered to participating to increase opportunities for families to experience positive outcomes. From July 1, 2023, to April 30, 2024, KVC has received 46 referrals with 85 children being impacted.
Kansas Alliance Boys and Girls Club	Provides evidence-based and informed prevention programming in three primary categories: Health & Wellness, Good Character & Citizenship, and Academic Success for the purpose of reducing pre-identified risky behaviors. Expected outcomes are a reduction in unplanned pregnancies, increased academic achievement, and a reduction in need for future public assistance. This organization had 7511 unduplicated youth served through 02/28/2024 against a goal of 7000 (107.3%).
Urban Scholastic Center (USC)	Serves urban youth in grades 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. They are involved in several schools and local communities in the Wyandotte County, Kansas City, KS area and facilitate neighborhood outreach and special reading programs at their facility. Outcomes include to increase a

	child’s chances of academic success and prepare participating students for post-secondary education and career paths. Staff recruit leaders to work with students within their own community. Leaders make a positive impact by instilling a system of values, improving academic performance, enhancing leadership skills, and empowering students to make a positive contribution to the community. So far in SFY2024, from July 1, 2023, through April 30, 2024, 1362 students have been served and 12,427 books disseminated.
Kansas Preschool Pilot (KPP)	Research-based and intentional practices to improve the quality of experience held by children participating in the Early Learning Kansas program. The program has achieved results to include an increased readiness for success as the child enters kindergarten and elementary school years. The model has four components, each is based upon research and evidence: Community Collaboration, Family Engagement, High Quality Early Learning Experiences, and Successful Children. Research supports the model has been successful supporting quality in early learning and success in school later years. In the SFY2024 86 school districts have been served as of April 30, 2024.
Two-Parent Family Initiatives	Connections to Success, The Mirror, and the Mental Health Association of South-Central Kansas, provide programming and services to at risk youth and families across Kansas. Programs include personal and professional development education and training, one on one case management services or referrals to resources for participants who need additional supports for healthy relationships, self-sufficiency, and overall family stability.

As the lead agency in Kansas for the CCDF DCF provides the following services directly or through grants, contracts, or agreements with other agencies:

Child Care Subsidy	Promotes economic self-sufficiency, provides financial support for affordable, high -quality early care, education and after school programs. Market Rate Surveys used to determine if agency rates, and county groupings are adequate to aid subsidized families in having purchase power equal to private pay families. Eligibility Requirements: Child under the age of 13, or age 13-18 and unable to care for themselves. Initial countable income below 250% of the FPL.
KCCTO-ITSN	TA to strengthen quality of infant and toddler care and coordination of resources to assist and support infant-toddler childcare providers.
KEHS-CCP	Includes child development, continuity of care, parent involvement, and professional development to childcare partners. Parents are offered support with identifying and meeting parental growth and self-sufficiency personal goals. Father engagement, activities, and education are part of family strengthening. Financial and health literacy education is included.
KDHE	DCF shares costs associated with development of standards, monitoring and enforcement of policies and practices and assists with childcare licensing and implementation requirements and standards to promote health and safety in childcare settings.
Resource and Referral Consumer Education Services	Supports to families in finding customized childcare. Develops consumer education on what quality childcare is. Supports providers in accessing resources toward quality improvement and performs outreach through partnerships with communities toward building capacity for high-quality childcare programs.
Links to Quality	Increases access to quality childcare for Kansas families. Committed to design and implement a statewide system of quality childcare. Childcare professional development activities include instruction and educational opportunities to strengthen the workforce, quality improvement efforts and collaboration among partners. This work is funded through Workforce Development.

KANSAS 2GEN

Kansas 2Gen grants are replacing what was known as the Youth and Family Stability Grants. On March 19, 2024, 10 contracts were awarded to community-based agencies.

The agencies will serve as an access point by assisting families in applying for programs such as Food Assistance, also known as SNAP, USDA Commodity Programs, Child Care Assistance, Low Income Energy Assistance Program, and Vocational Rehabilitation Services. Agencies will be required to participate in

ongoing training, collaborative meetings and recommend one parent being served by their organizations to serve on a statewide 2Gen parent advisory council.

Agency	Counties Served
International Rescue Committee	SG
Mental Health Association of South-Central Kansas, Inc.	Barber, Butler, Cowley, Elf, Greenwood, Harper, Kingman, Pratt, SG, Sumner
Kansas Alliance of Boys & Girls Clubs	Atchison, Brown, Douglas, Geary, Jackson, Jefferson, Johnson, Montgomery, Pottawatomie, Reno, Riley, SG, SN
FosterAdopt Connect	Johnson, Wyandotte, Cherokee, Bourbon
Mirror, Inc.	SN, Jackson, Jefferson, Osage, Douglas, Wabaunsee, Pottawatomie
KVC Behavioral Healthcare, Inc	Chautauqua, Montgomery, Labette, Cherokee, Crawford, Neosho, Wilson, Woodson, Allen, Bourbon, Linn, Anderson, Coffey, Osage, Franklin, Miami, Douglas, SN, Wabaunsee, Pottawatomie, Jackson, Marshall, Nemaha, Brown, Doniphan, Atchison, Jefferson
Connections to Success	Wyandotte, Leavenworth, Johnson
Children First	SG
O’Connell Children’s Shelter	Douglas
SparkWheel	Bourbon, Butler, Crawford, Douglas, Finney, Ford, Franklin, Labette, Lyon, Marshall, Montgomery, Neosho, SN, Wilson, Wyandotte

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

See Current and Planned Activities – Safety: FPS and FFPSA for prevention services information. These programs work to reduce maltreatment and maltreatment deaths.

At the end of each fiscal year, the Critical Incident Administrator reports summarized findings related to critical incident child deaths to the Secretary of DCF and executive staff. Executive staff may include the Deputy Secretary, Program and Regional Directors. Data and analysis to identify patterns and trends is provided and includes age, DCF region, services received and manner of death. Beginning in SFY25, this annual summary will infuse trends identified through Employee Experience conversations with CPS practitioners. Results of these conversations are captured on the PPS Appendix 0B. This process is still in development. Information from the Appendix 0B may reveal more detail about a family through the CPS practitioner perspective who worked with them. This could identify other ways to support families and prevent child deaths. DCF plans to dive further into data related to case assignment, length of time a case is open, and services being provided.

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. The coalition was the result of 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 child abuse fatalities which are compiled by the Wichita Police Department. There are 120 representatives from 49 organizations representing a broad array of sectors. Members include government and social service agencies, LE, universities, school districts, neighborhood associations, faith-based agencies, businesses, funding partners, hospitals, and community and family representatives involved in the child abuse prevention network. CAPTA funds are utilized in this collective impact group.

WCCAP Workgroups include:	
Large Group	Empower organizations to create an effective system to prevent child abuse and neglect; focused on fentanyl by bringing in speakers, connecting to data and moving it to action, increasing communication with community leaders working in this area related to education for parents of young children, law enforcement, medical providers, etc.
Community Awareness Group	Promote message reframing childhood adversity as a public, preventable, and solvable issue; focuses on educating parents on over-the-counter medication overdoses and online predators.
Fatherhood Group	Building community relationships to support and encourage responsible fathering through education and recreation promoting a father's involvement with children, family, and community; focused on revamping the Fatherhood Training series.
Real Support for Families Work Group	Provide access to resources (diapers, wipes, and formula) to decrease child abuse and neglect.
Childcare	Improve alignment between supply and demand for affordable, regulated childcare; focused on enhancing ways to connect childcare providers with employers and increasing employer awareness of the childcare tax credits.

The FPS Grant Administrator noticed a lack of referrals for PWS services and collaborated with others to form a group to complete a case read. The review will focus on identifying the root cause related to lack of referrals. The team is working with KDHE.

Efforts to prevent future maltreatment and highlight benefits of early intervention include children under age one. DCF policy requires practitioners to make referrals for families with children under the age of one to a parent skill building program. Data from a case reads conducted between September 1, 2022-February 28, 2023, revealed an opportunity to increase referrals. Statewide performance reflected practitioners were informing parents of a parent skill building program in their community 56% of the time. There were disparities in the data resulting in one region performing at 91% another region at 31%. Informing parents of available resources is one of the first steps in ensuring families are connected to a parent skill building program. This would not only increase referrals to needed services, but benefit families while their child is at a young age. Explaining the benefits of parent skill building services provides the caregivers with the information they need to make an informed decision related to engaging in services. In April of 2024, DCF teams including PI; Prevention, Safety and Thriving Families; Student Support Services; and CAPTA programs began root cause analysis to identify the barrier to accessing these services. In the future, this group plans to collaborate with other programs to help further extrapolate barriers or opportunities to improve initial conversations with caregivers related to benefits of connecting to community resources.

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF)

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES (45 CFR 1357.15(R))

PSSF is used to fund agency wide prevention efforts, family support, time-limited family reunification and adoption support programs. Service delivery is funded through the Title IV-B, Subpart 2. When selecting community-based services, stakeholder applications are requested, and review teams consider options based on proposals for statewide access and availability. DCF invites applications from nonprofit, not-for-profit, and/or for-profit family and child well-being agencies when choosing service providers. When selecting an agency to provide family support services, the review team includes regional and administrative staff input into the decision. The proposals are evaluated for: cost, adequacy, completeness of proposal, bidder's understanding of the project, compliance with the terms, conditions of the RFP, experience in providing like services, qualified staff, methodology to accomplish task, and the response format per the RFP. Kansas, consistent with its renewed focus on prevention,

uses 33% of these funds for Family Preservation and the Family Services program uses 26%. Please refer to Attachment 17 Kansas FY 2025 CFS-101s PDF and Attachment 18 Kansas FY 2025 CFS-101s Excel.

The PSSF-funded services delivered by the CWCMPs aim to:
Protect and promote the welfare and safety of all children
Prevent or assist in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children
Prevent unnecessary separation of children from their families
Restore children to their families who may be safely returned by the provision of services to the child and family
Ensure adequate care of children away from their homes
Place children in suitable adoptive homes when reintegration with the biological family is not possible or appropriate.

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

DCF regards children under the age of one as one of the most vulnerable populations. Established in July 2019, PPM 2116 Requirements for Children Under the Age of One, policy reflects expectations for best practice when working with families with these children. This policy guides practitioners to equip families with necessary skills to care for and nurture their children. DCF is encouraged to have conversations with families about their current situation, any worries, and engage the family by making a referral to parent skill-building agencies, home visitation or infant-toddler services. DCF continues to review this policy with child welfare partners and lived expertise, in various workgroups, to ensure intent of the outreach is translating in an effective and engaging manner with families.

The FFPSA funded parent skill-building services are accessible in all 105 counties. These services are accessible through the PAT Association Bright Futures Program statewide. KCSL HFA program serves 45 counties. DCF refers a family to a unique community-based provider of EC or home visitation services if they are available in their community.

Kansas has a toll-free line parents can access to find services in their area for a variety of needs. DCF partners with KSDE, KDHE, and the Children’s Cabinet through a braided funding effort to sustain this resource. Promoting awareness and building the community network are consistent action plans among the funding partners. Families can connect to 1-800-children by phone, phone application, and a website. This resource was developed by KCSL, they manage the resource data and promotional materials supporting 1-800-children.

As detailed in Section C.5.a, Subpart 1 in SFY 22, DCF and KCSL collaborated on designing a Mandated Reporter Training to include education related to understanding safety vs. risk, how to support families, and poverty vs. neglect. Also described in detail Section C.5.a, Subpart 1, in SFY23, KPRC began incorporating the KPM into their interactions with reporters. This helps guide them into asking effective questions of reporters to gain a better understanding of the family.

Fiscal Year	Reports Received of child abuse and neglect	Reports Assigned of child abuse and neglect	Percentage of Assigned Reports to Reports Received
FY24*	60,669	30,061	50%
FY23	72,385	38,210	53%
FY22	70,057	38,870	55%
FY21	67,378	38,263	57%
FY20	66,525	37,940	57%

*FY24 reflects July 1, 2023 – April 30, 2024.

Reports to the KPRC historically were on an upward trend in reports received through FY23. In FY24 through April number of reports received is trending down along with the percentage of reports assigned, at 50% for FY24 through April compared to 53% in FY23.

In the spring of 2023, DCF participated in the Round 4 of the CFSR which highlighted opportunities for growth related to the outcome of Safety for children and families. Opportunities were uncovered related to increasing the quality of risk and safety assessments, increasing timeliness of initial assessments with the KPRC, and timeliness of safety determinations with DCF Assessment and Prevention teams. An identified problem is the variety of different terms being used to define and understand risk and safety by those impacted or serving a role in the child well-being system. Varied understanding of risk and safety and the variety of ways people define risk and safety creates confusion for mandated reporters. This results in mandated reporters reporting children and families to DCF with the belief DCF should intervene in families' lives, even when there are no safety concerns and no abuse or neglect concerns. When DCF intervenes with families who are not needing assistance in building safety around abuse or neglect, it depletes the resources available for families who truly need DCF intervention building safety because of suspected abuse or neglect. The DCF believes, and research shows, families do best when they are supported first and foremost by their natural support networks and community resources.

MONTHLY CASEWORKER VISIT FORMULA (MCV) GRANTS AND STANDARDS FOR CASEWORKER VISITS
Monthly worker child visits are required per DCF policy and are a part of awards to CWCMPs. worker child visits are required for in-home FS, FPS, and OOH FC cases.

The CWCMP practitioner is required to have a quality visit with children and youth assigned to their caseload a minimum of once a month, with no less than 50% of visits occurring in the child or youth's residence. Policy requires the CWCMP practitioner meet alone with the child and complete a walk-through of the home when it occurs in the residence. The practitioner is to assess whether the child is safe and their needs are being met. Worker child visits begin in the month the child is referred. For example, if a child is referred in May there will be a worker child visit documented in May. The initial worker/child visit may occur at the Temporary Custody Hearing or the initial meeting.

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

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

performance standards for completing MCV with children in FC. States are required to meet the following performance standards:

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

Kansas collects and reports caseworker visit data for each FFY per Program Instruction ACYF-CB-PI-12-01. After success in prior years meeting requirements, in FY 2018-2020 performance declined and did not meet the standard for visits occurring in the child’s residence. In FY2021, system issues were corrected and communication between CWCMPs has improved. This is reflected in the most recent ratings for these requirements. DCF continues to address system issues and partner with CWCMPs to achieve these outcomes.

JOHN H CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (SECTION 477 OF THE ACT)

AGENCY ADMINISTERING CHAFEE

PPS is a division of DCF and is responsible for administering the state’s child welfare programs, including the John H. Chafee FC Program for Successful Transition to Adulthood, according to federal statutes and requirements. The Kansas Chafee Program for Successful Transition to Adulthood (KCPSTA) seeks to provide youth transitioning from custody into adulthood with support and guidance while successfully navigating the path to self-sufficiency. CWCMPs serve foster youth ages 14 and older and the DCF IL Program serves youth who have exited FC as they transition to adulthood.

DESCRIPTION OF PROGRAM DELIVERY

Services of the KCPSTA are available to youth beginning at age 14. All youth in OOH placement must have a case plan and receive services to assist in the development of life skills. The KCPSTA ensures life skills are provided to all youth in OOH placement. The need for both formal and informal skills and training opportunities related to life skills development is assessed beginning at age 14 using the Casey Life Skills Assessment (CLSA) for all youth in OOH care, regardless of the youth’s permanency goal. Upon completion of the CLSA, youth, their case worker, and other supportive adults in the youth’s life participate in identifying tasks for the development of their learning, which is included in the overall case plan. CWCMPs, foster parents, and/or placement staff are responsible for teaching or arranging for information to be provided to youth regarding all aspects of life skills.

All youth aged 14 and older in OOH placement participate in transition planning, regardless of case plan goal. Transition planning occurs prior to each case plan every 170 days until the youth is released from custody. The DCF IL Coordinator or designee is available to assist in case plans and attends the case plans for youth aged 16 and above with a permanency goal of APPLA and for all youth aged 17 and above in OOH placement regardless of permanency goal. Transition planning and attendance at case plans helps build a relationship between PPS and the youth while preparing for the transition from FC services to self-sufficiency. It ensures no gaps in services occur between the time a youth leaves the care of the CWCMP and receives services from the DCF IL Program. A transition plan, titled My Plan for Successful Adulthood, is developed with youth addressing short- and long-term plans and identified needs in the following areas:

Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, Tribal membership documentation, citizenship/immigration documents, voter registration, state photo ID or driver's license, selective service registration, and letter verifying the youth experienced FC.	Connections Plan, including identifying adults or other resources the youth can reach out to as a positive adult connection in each of the areas of their transition plan, and exploring mentor supports.
Employment/personal finances, including assistance preparing a resume/cover letter, completing job applications, interviewing, establishing a checking account, learning how to check credit reports and address credit issues, filing income taxes, accessing workforce programs, applying for Social Security Income (SSI)/Social Security Disability Insurance (SSDI), and referral to VR services.	Education, including plans for secondary and post-secondary education completion, ACT/SAT preparation, tutoring, Free Application for Federal Student Aid (FAFSA) and financial aid, completing admissions applications, placement testing, education credit recovery program, Pre-Employment Transition Services (Pre-ETS) and/or Vocational Rehabilitation (VR) referrals, IEP, 504 plan, and award of high school diploma upon meeting state minimum graduation requirements.
Health, including continuing Medicaid coverage, providers, and locations of where the youth will receive medical care, mental health, and other related services, learning how to schedule appointments and fill prescriptions, learning about medications and the importance of taking them, and information on medical power of attorney and living will.	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, planning for roommates, and contacting utilities and paying deposits.
Transportation, including current available and needed transportation options, obtaining a driver's license, obtaining a bus pass, and owning and maintaining a vehicle.	Assessing the youth's interest in participating in a RYAC and/or the KYAC.

PPS 3059 My Plan for Successful Adulthood (attachment 19) provides youth an opportunity to share information about themselves. The development of the transition plan is youth-led, with input from their case worker and other supportive adults in their life.

At least 90 days prior to release of custody or emancipation youth participate in an exit interview. The exit interview serves as a method to verify the following information has been provided to youth:

Appropriate referral forms and how to request services after custody, including the DCF IL program.	Current medical records to include dental, eye, immunizations, medical services, genetic information, and physical and mental health providers.
Essential identity documents listed previously.	Information and application for the Aged Out Medical Card Program
Custody verification letter	Education records
Copies of any existing credit reports and verification of corrective action to dispute inaccuracies or identity theft.	How to continue to obtain credit reports and address inaccuracies or identity theft.
How to secure a health care power of attorney, proxy or another document recognized in Kansas.	Information about the NYTD and importance of providing feedback through the surveys.

CWCMPs provide youth with information about resources upon leaving the custody of the Secretary. Resources include information on services provided through the PPS IL Program. All eligible youth are assisted with completing the application for the Aged Out Medical Card. Youth are provided with the PPS Administration number and website, which they can contact for IL services anytime until their 21st birthday, or until their 26th birthday for the ETV Program, or for help in finding other resources if they are not eligible to participate in the IL Program.

The DCF IL Administration team is currently re-envisioning the transition planning and exit interview process. The DCF IL Assistant Program Manager met with KYAC, DCF IL Supervisors and Coordinators, and CWCMP staff to collect feedback and then started to revise the PPS 3059, My Plan for Successful Adulthood. Additional meetings with each group have occurred to share revisions and collect additional feedback. The exit interview section of the PPS 3059 is being made into a separate document to be less overwhelming for youth and CWCMP staff. Next steps include developing a separate transition planning document or creating supplemental forms specific to youth with an I/DD, immigration issues, or who crossover with juvenile justice. A target date for having all forms updated or created and placed into policy is January 1, 2025.

The IL Program serves young adults who have been released from the State’s custody from age 18 until age 21, or until age 26 if participating in the ETV Program. IL is a voluntary program and young adults may receive services anywhere in the State of Kansas. Young people ages 18 to 26 complete the Kansas IL Self-Sufficiency Matrix and develop a Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is driven by the young person and identifies his/her goals and the steps to achieve those goals. Young adults involved in the IL Program are eligible to receive assistance with the following:

Room/Board	Medical Assistance	High School/GED completion	Post-Secondary Education/Training
Mentorship	Career Planning	Transportation	Credit Report management
Life Skills	Pregnancy/Parenting Support	Other Services identified by the young adult.	

Young adults without identified positive adult connections who participate in the PPS IL Program are encouraged by IL staff to search within their existing networks to identify potential mentors and positive connections and are provided with guidance in forming and maintaining healthy interpersonal relationships. IL staff also work to connect young adults to mentors through local mentoring programs and academic success centers provided by post-secondary education institutions. IL staff speak with young people about their former foster families, birth families, and other existing relationships and encourage them to reconnect when appropriate.

The Kansas Foster Child Educational Assistance Act, which began July 2006, requires tuition and fees to be waived by Kansas Board of Regents educational institutions for DCF youth who meet the eligibility criteria, up to the semester the young person turns 23. Young people 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, Kansas offers the Chafee Medicaid option which extends Medicaid coverage to young people until the end of their 26th birthday month. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card. Effective January of 2023, Kansas Medicaid was made available to young adults who turned 18 and in OOH care on or after January 1, 2023, while in any state’s custody.

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

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

2029, DCF IL staff will work to develop mobile-friendly program materials, and program materials in Spanish.

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

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

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

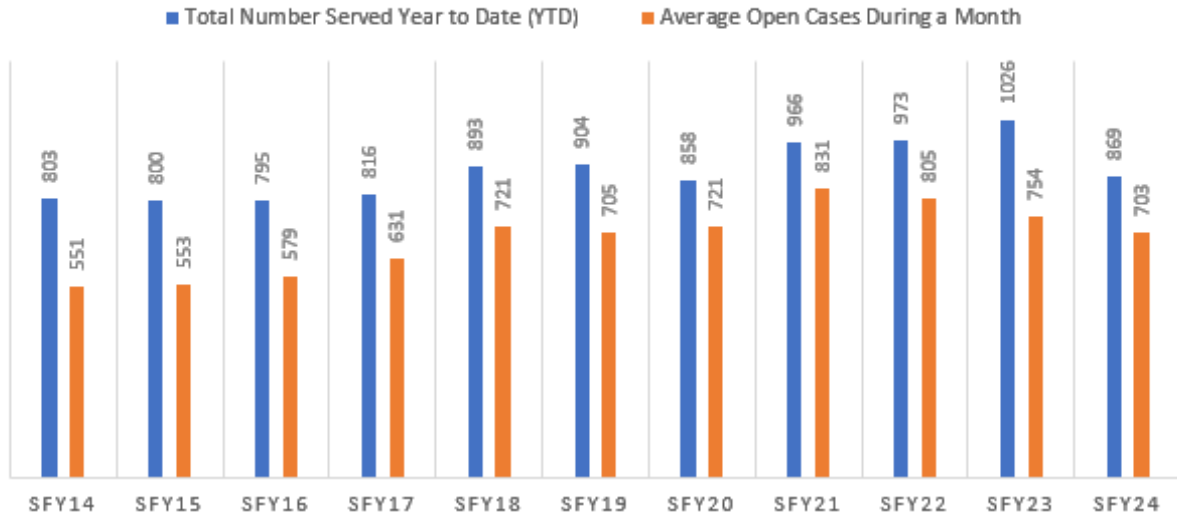
The IL Administration team continues collaboration within the program and with multiple community partners through involvement in community groups and organizations to explore initiatives which support youth currently and formerly in care.

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

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

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

YOUNG PEOPLE SERVED IN DCF IL SFY 2014 - SFY 2024



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

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

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

DCF IL Administration and regional staff partner with CWCMP and contractor staff to oversee and facilitate activities of the youth councils. Kansas’ youth councils are organized by two levels of participation. Each DCF region hosts a RYAC, and each RYAC selects up to five peers from their RYAC to

serve on the KYAC. Up to four youth representing the Tribes may serve in the East Region. Twenty-four total youth may serve on the KYAC.

A Strategic Planning Conference (SPC) is facilitated by KYAC each year. At the SPC, KYAC members identify relevant issues concerning older youth in FC and youth who have aged out of FC and create a work plan to address these issues. DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. Historically, the work plan has been presented to the PPS Director or the Secretary (or designee) to engage those higher levels of support in the agency. This was overlooked during the pandemic and has not occurred. The IL Administration team will prioritize including division and agency leadership in reviewing the KYAC work plan during SFY 2025 to SFY 2029. The work plan is an integral part of the State's KCPSTA, as it is a basis for coordinating work on specific projects. Past work plan objectives have resulted in passing of legislation, court improvement initiatives, and changes in policy and practice.

The DCF IL Program historically participated in bimonthly meetings with KYAC to gather youth's feedback and recommendations regarding program projects and improvement efforts, including the development of the Chafee state plan. This frequency was not sustained during the pandemic or since, partially due to staff changes and the size of the KYAC diminishing greatly. The Chafee state plan was discussed with KYAC with opportunity for input this year. A new grantee will be in place to guide the KYAC starting in SFY 2025, and this will be an opportune time to schedule regular meetings for the IL Administration team to interact with the council. The council has already started to focus on recruitment efforts and recognizes the need to engage more males and Black, Indigenous, and People of Color (BIPOC) in KYAC membership.

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

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

Kansas joined approximately 38 other states in October 2022 to celebrate Foster Youth Voice Month (FYVM). The initiative, started by One Voice Impact (OVI), highlights and honors older youth perspectives in a movement to shift the culture of viewing youth directly impacted by FC as service recipients to viewing them as assets to service design and delivery. A young adult IL service participant wrote a blog which was shared on a national level as part of this initiative. Kansas celebrated FYVM again in October 2023 and the Governor signed a proclamation marking October as Foster Youth Voice

Month in the state. Unfortunately, the program did not have any blog submissions which were shared at a national level. The DCF IL Administration team plans to continue celebrating FYVM in SFY 2024 through SFY 2029. Plans include requests for proclamation signings, social media posts, video blogs or vlogs by IL service participants, and partnering with KYAC to better market the celebration.

OVI has hosted regular national network calls since inviting other states to join FYVM. The initial calls focused on planning and celebrating FYVM and evolved into providing a forum where participants can discuss common challenges and practices regarding youth engagement and other relevant IL topics. In October 2023 a National Think Tank event was held in Denver, Colorado. This event was codesigned and hosted by OVI, Selfless Love Foundation, and lived experts. The national network calls since the Think Tank have focused on how to use the information and resulting report from Chapin Hall to inform and improve child wellbeing practices for older youth. Two DCF IL team members have joined the steering committee for the national network calls and are involved in planning future meeting topics and how to help states move the work started at the Think Tank forward. Continued participation on the steering committee and national network calls is expected during SFY 2025 to SFY 2029.

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

The DCF IL Administration team started collecting IL service participant data from IL Coordinators in 2023. A snapshot of all cases opened was collected March 1, 2023, and again February 1, 2024 (see Attachment 20 DCF IL Data Elements Feb 1, 2024, Snapshot). Data is reported by IL Coordinators for each young adult with an open case and captures the following information:

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

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

The IL Program Consultant facilitates collection of surveys from identified youth ages 17, 19, and 21. The IL Program Consultant collaborates with the DCF IL Program, CWCMPs, Tribes, and KDOC-CBS to locate and connect with youth via phone, email, social media, and mail. In conjunction with the DCF IL Administration team, the IL Program Consultant continues to seek innovate ways to contact youth for the purpose of gathering surveys and referring them to requested services and resources. DCF has developed an automated system for collecting NYTD survey results which will continue to be used. Data from this system is the source for files reported to ACF in meeting NYTD requirements and is checked for

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

SERVING YOUTH ACROSS THE STATE

Each DCF region is served by one or two IL Coordinators from the CWCMP and by five to six DCF IL Coordinators assigned to specific geographical areas within each region. Service to youth under Tribal custody is ensured through consultations with the Tribes, Tribal youth involvement in KCPSTA activities, and reporting of the NYTD served population. Youth in KDOC-CBS custody are served through KDOC community supervision officers and residential providers who are informed of IL services from KDOC-CBS. Outreach is conducted with KDOC-CBS offices via PPS IL Administration and PPS regional IL staff. Youth in DCF, KDOC-CBS, or Tribal custody may contact any DCF IL Supervisor or Coordinator to request services upon their release from custody.

DCF, CWCMPs, KDOC-JS, and the Tribes within each region collaborate to support youth in transition to adulthood and self-sufficiency. Staff create and maintain a network of community partnerships who can provide an array of services and resources for youth served by the KCPSTA. Partnerships can vary by region, but often include courts, secondary and post-secondary educational institutions, mentoring programs, community mental health organizations, public housing agencies, continuums of care, workforce centers, disability support services, and other community agencies. Regional DCF, CWCMP, KDOC-CBS, and Tribal staff work with staff from other regions on statewide initiatives and to ensure a seamless transition of services for youth who transfer from one region to another.

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

The SFY 2024 IL/Self-Sufficiency Services Annual Report (please see attachment 21) provides data by region, age, and gender for the number of youths served in each program: Basic Chafee, IL Subsidy, ETV, and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). The report reflects more than half of the young people served by DCF IL services are female at 64.26%. The Wichita Region served the largest percentage of young adults receiving Chafee funds in SFY 2024. The Kansas City Region served the largest percentage of young adults receiving Subsidy and ETV funds in SFY 2024.

The IL Demographic Report is published each month and provides monthly and year-to-date numbers of cases opened, closed, by gender, race, ethnicity, age, and highest grade level completed (please see attachment 22 IL Demographic Report SFY24).

SERVING YOUTH OF VARIOUS AGES AND STATE OF ACHIEVING INDEPENDENCE

Please see- "Serving Youth Across the State"

COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

Staff from PPS DCF IL and the CWCMPs collaborate with non-profit community organizations, private businesses, and individuals to provide opportunities and resources for current and former foster youth to achieve independence. Events are held by community partners to provide youth with items and information needed to start a household. Business owners, housing resource organizations, educational institutions, and health providers participate in the annual youth conference. Efforts continue to secure

support from private sources of funding for providing youth with the resources needed to secure housing, start college, find employment, transportation, or other items needed to achieve independence.

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

The DCF IL Program partners with Pre-ETS, a VR Program. The Pre-ETS program launched within the agency during SFY 2017. Eligibility for Pre-ETS services 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 IEP based on disability, or the student is an individual with a disability for purposes of Section 504. Services provided by Pre-ETS include job exploration counseling, self-advocacy, workplace readiness training, counseling on comprehensive transition or post-secondary education, and work-based learning experiences. The Pre-ETS program has presented at statewide IL Quarterly Meetings and the OJA Best Practices in Child Welfare training.

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

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

During SFY 2025 to 2029, DCF will continue collaborating with local housing programs, organizations, and other resources to develop housing options for youth. The IL Program plans to partner with the Kansas Housing Resource Corporation and regional Kansas Community Action Programs, to include the local housing authorities, in creating awareness and promote housing resources made available to youth who have aged out or still in care.

The IL Program plans to continue strategic targeting of Public Housing Authorities (PHA's) in areas with a high population of aged out/former foster youth to engage with DCF to implement Foster Youth to Independence (FYI) housing vouchers. Previous work with TA from the National Academy for State Health Policy (NASHP) resulted in a concept paper. This was presented to agency leadership with recommendations. Included was a recommendation to explore amending the state Medicaid plan to provide Medicaid coverage to Chafee eligible individuals and cover the basic required Chafee services to be offered to FYI voucher recipients. Many PHA's are hesitant about entering into a Memorandum of Understanding (MOU) with DCF for FYI vouchers as the program can't offer the services to all FYI eligible youth due to program constraints. Expansion of Medicaid coverage to Chafee eligible youth to cover the required services may help overcome some of the barriers to PHA's willingness to seek FYI vouchers.

Statewide IL Program meetings are held every quarter. Participation at these meetings by CWCMPs, KDOC-CBS, and Tribal staff is encouraged. Many community partners attend to share program information and facilitate ongoing collaboration. Community partners include, but are not limited to:

Global Orphan Project-Care Portal	Kansas Housing Resource Corporation	Flint Hills Job Corps	Kansas Youth Empowerment Academy
Interfaith Creating Assets	Savings and Hope (CASH) program	Kansas Board of Regents Career Technical Education	Accelerating Opportunity: Kansas
JAG-K	Dream Makers	O’Brate Community Foundation	Project Warm Embrace
Working Healthy	University student support programs for former foster youth	DCF – VR Pre-ETS	

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

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

DETERMINING ELIGIBILITY FOR BENEFIT SERVICES

Specific eligibility requirements apply to all services and supports offered through the DCF IL Program. Youth in OOH placement through their 18th birthday are eligible for all services and supports, as these youth are considered to have aged out of care. Services and supports include Basic Chafee, IL Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, and the Education and Training Voucher (ETV) Program. OOH eligible placements include resource homes, relative and kinship placements, group or residential homes, trial home visits, and IL settings. Youth on run status from a FC placement on their 18th birthday and youth placed in Secure Care as a CINC are eligible for IL services and supports. Run status and Secure Care are considered FC placements for specific eligibility criteria. For specific eligibility criteria for IL program components, please see Attachment 23 PPM 7100 of the DCF Policy and Procedure Manual. Youth in OOH placement through their 18th birthday are also eligible for the Aged Out Medical Card and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). Youth do not have to participate in the DCF IL Program to access these two benefits.

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

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

post-secondary education/training, the original state of residence provides ETV services during the eligibility period for the program.

COOPERATION IN NATIONAL EVALUATIONS

As an agency which places heavy emphasis on data and program evaluation, DCF PPS IL participates in national program evaluations of its effectiveness in achieving the purposes of the Chafee Program.

CHAFEE TRAINING

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

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

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

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

DCF IL Administration is considering issuing an RFP seeking training development for IL staff statewide. The RFP would outline desired attributes for training staff in case management with youth and young adults, effects of trauma in former foster youth, transitioning to independence, permanent connections, brain development, and use of solution focused and scaling questions.

Two members of the DCF IL Administration team are participating in reviewing and providing feedback on training for education and advocacy regarding LGBTQIA+ issues. Continued education and training to increase knowledge and skills in this area is a continued focus during SFY 2025 to SFY 2029.

The DCF IL Administration team is participating in a Learning Community Training facilitated by Dr. Elizabeth Wynter, author of “Follow the Love: Permanent Connections Scaffolding”. The training is centered on empowering adaptive leaders in building youth-centered systems through systems change, mental models, impactful questions, and strategic questions. Coaching by Dr. Wynter will be available for a year once the training concludes. The program purchased copies of Dr. Wynter’s books for IL staff across the state within the agency and CWCMP’s. The books will be distributed this year. Those receiving books will be invited to join a book club facilitated by Dr. Wynter. The book club will cover one section of the book each month over four months. DCF IL Administration team is excited to bring additional information on the importance of permanent connections and becoming a more youth centered child welfare system to Kansas.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM: TRANSITION PLANNING PROCESS

The ETV Program serves youth by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions:
Youth who were in the custody of DCF, KDOC-CBS, or Tribal Authority and in a FC placement on the date they attained 18 years of age; or

Youth who left a FC placement subject to a permanent custodianship or guardianship on or after their 16 th birthday; or
Youth who were adopted from a FC placement on or after their 16 th birthday; or
Youth who were in an eligible OOH placement for any length of time on or after their 14 th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to their 16 th birthday.

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

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

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

DCF administers the ETV program. IL Coordinators in the field are trained and understand ETV benefits and payment information. They manage the ETV Program for youth and young adults in their regions. The IL Coordinator or designee and the youth/young adult complete the PPS 7001 Education and Training Voucher (ETV) Program Plan. All young people participating in post-secondary education and training plans must be actively involved in all stages of the plan.

Documentation to support all identified costs associated with the plan must be attached to the PPS 7001 ETV Program Plan. To avoid duplication of benefits, documentation of all Federal or State financial awards associated with the ETV plan must also be attached (i.e., Pell Grant and scholarships). All youth applying for ETV funds must complete a minimum of three scholarship applications with documentation of submission at the time of completing the PPS 7001 ETV Program Plan. Youth must complete the FAFSA prior to applying for ETV funds. Youth who are eligible for the Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, may be eligible to receive ETV funds, based on need.

The PPS 7001 ETV Program Plan is signed by the young person, IL Coordinator, and the CWCMP case manager when the young person is still being served by them.

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

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

During SFY 2025 to 2029, DCF IL staff will present information about the ETV Program to DCF, CWCMP, KDOC-CBS, Tribes, youth, KYAC, community agencies, and organizations. Feedback from this outreach

will be used to develop goals and outcomes for the ETV Program. The goals, outcomes, and methods for measurement will be applied to other State resources such as the Tuition Waiver.

Current numbers of young adults served by ETV continues to decrease even after it began decreasing during the pandemic, from a former high of 352 youth served in SFY 2017 to 276 youth served in SFY 2021 (July 1, 2020, to June 30, 2021). Many young people's education was disrupted by the effects of the pandemic. However, the numbers have continued to decline to 214 served so far in SFY 2024. There may be other factors which have contributed to the decrease, for example, youth completing post-secondary education without accessing ETV or a general decrease in number of young people choosing to attend post-secondary education.

See Attachment 24 Annual Reporting of Education and Training Vouchers Awards (D). Attachment 47 contains Attachment C.

CONSULTATION WITH TRIBES RELATED TO CHAFEE

The comprehensive social service grants with all four Tribes for IL services are funded through the Kansas Chafee program. Grants serve as agreements with each Tribe to administer Chafee services. Regular contact with the Tribes occurs through meetings scheduled by DCF PPS staff and includes coordination of child wellbeing services. PPS staff and each Tribe share information about ongoing and scheduled Chafee activities. Tribal youth are included in youth conferences, learning opportunities, and the KYAC. Each Tribe submits a quarterly program report reflecting the number of tribal families and children served. The report is reviewed by the DCF PPS Administration Program Manager. The regional tribal liaison is available for consultation regarding case-specific IL services.

Tribes assist youth who are ages 14-21 and in custody pursuant to an order of the tribal court. The services provided in this program include services to promote youth's independence, including subsidy, adult education classes, IL classes, and assistance with developing job skills. Life skill services provided by tribal staff are identical to those provided by the CWCMP.

Chafee program benefits, services, and supports are available to tribal youth in the same way they are to other youth. Tribal staff members are aware of programs and benefits. IL services are delivered to tribal youth under custody of the Tribal Authority by social workers or other support staff as designated by each tribe. Service delivery is included in the quarterly program reports. Services and transitional planning for youth who have been released from Tribal custody are coordinated between DCF IL Program and tribal staff.

Integration of the Chafee with CFSP/CFSR: See III. Plan for Enacting State's Vision.

V. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

There are four federally recognized tribes headquartered in Kansas. Those tribes and their contacts include:

Iowa Tribe of Kansas and Nebraska	Peggy Libel plibel@iowas.org
Kickapoo Tribe in Kansas	Patricia Pena patricia.pena@ktik-nsn.gov
Prairie Band Potawatomi Nation (PBPN)	Keirsten Hale Keirstenhale@pbpnation.org
Sac and Fox of Missouri and Nebraska	Pam Burden pam.burden@sacandfoxks.com

DCF meets with each Tribe annually in person on tribal land. This reduces commute for tribal partners and allows outside agencies to experience and honor tribal processes and environment. This required visit allows DCF and Tribes to connect on challenges Tribes are experiencing, future collaboration, and state and tribal planning information. Tribes are prepared to discuss state plan vision and activity updates.

DCF also meets monthly with individual Tribes virtually. This is an important way in which the agency connects with tribes between quarterly and annual events.

DCF meets with all Tribes, as a group, quarterly using a virtual platform. Meeting virtually is by the Tribes. During these interactions each Tribe and agency provide an update related to the programs serving tribal families and families in contact with DCF.

DCF will continue to dedicate SGF toward funding comprehensive social service grants with each residential Tribe in Kansas for FPS, CPS, and FC services in the years within this CFSP. IL services are funded through John H. Chafee Program for Successful Transition to Adulthood (formerly known as the Chafee FC Independence Act). Residential Kansas tribes submit quarterly status and program reports which provide data concerning the number of tribal families and children served and specifying the provided services under each program per the agreed NOGA. Each program report is reviewed by the FC Program Manager in PPS Administration and then submitted to the DCF Office of Grants and Contracts. The Tribal Specialist is available for consultation on ICWA matters, policy discussion, case specific questions, protective services, adoption, transfer to tribal courts, FC, FPS, and FFPSA. Provision of information and TA is available to tribes wanting to pursue Title IV-E funding. This can include TA for Title IV-E requirements, data collection, CPA, background checks, fingerprints, quality assurance, performance improvement, licensing standards/regulations, tribal agreements, calculating cost allocations and general process information.

DCF is re-envisioning the Tribal Specialist position within the agency. Based on feedback received through CFSR Stakeholder Interviews, DCF understands the importance of agency connection and the role of this position. The agency intends to use feedback and lessons learned from the experience of the historical role this position has played when developing what this role may look in the future.

DCF engages in MOUs with collaborating agencies. Attached are the current MOUs with Tribes, see Attachments 25 – 28.

VI. TARGETED PLANS WITHIN THE 2025-2029 CFSP

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT (DR) PLAN

DCF and its community and contracted partners have worked together, in collaboration with the National Resource Center for Diligent Recruitment (NRCDR), to develop a cohesive DR Plan. The first publication of the plan occurred in 2016. The plan is updated annually and posted to DCF’s website. DCF submitted a request to continue to receive technical assistance from the NRCDR after it became part of the CBC. The updated workplan was approved. Through the first year of implementation of the DR plan and program, DCF has served as the child welfare system leader, guiding the development of a systematic and integrated approach to all recruitment and support strategies and messaging across the state.

In 2018, the DR plan was updated to provide more current data and characteristics of the children in Kansas FC. A condensed version of the DR plan was also created as a resource in December 2018. This condensed plan was distributed at the semiannual diligent recruitment meeting in January 2019. At this meeting, DCF also gathered input and ideas from partners and stakeholders for strategies to intentionally recruit, prepare and support foster and adoptive parents best able to meet the needs of the children in care. Over the next five years, we will organize statewide DR meetings to foster collaboration in updating the Kansas DR plan.

Attachment 29 DCF DR Plan	Attachment 30 TFI DR Plan	Attachment 31 KVC DR Plan
Attachment 32 SFM DR Plan	Attachment 33 COC DR Plan	

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

See Attachment 2 for the Health Care Oversight and Coordination Plan

DISASTER PLAN

Kansas weather is often unpredictable; therefore, vulnerability to weather is always a concern. Due to the rural and frontier location of the many offices, severe weather can cause extra concern for both staff and clients that spend time traveling. Additionally, weather can disrupt communication and create challenges to providing the necessary services for clients. The Emergency Management/Disaster Plan while primarily used for either evacuation or disruption in services is also used to “account for assigned clients/families and foster/kinship/adoptive families to determine their level of need if affected by the disaster”.

Attachment 34 DCF Admin Disaster Plan	Attachment 35 for the KVC Disaster Plan	Attachment 36 for the SFM Disaster Plan
Attachment 37 for the TFI Disaster Plan	Attachment 38 for the COC Disaster Plan	

TRAINING PLAN

Attachment 39 DCF Training Plan	Attachment 40 KVC Training Plan	Attachment 41 SFM Training Plan	Attachment 42 TFI Training Plan
Attachment 43 COC Training Plan	Attachment 44 SFM Training Budget	Attachment 45 DCCCA Training Plan	Attachment 46 DCF Course Information

E. FINANCIAL INFORMATION

1. PAYMENT LIMITATIONS

A. TITLE IV-B, SUBPART 1

FFY 2005 Title IV-B, Subpart 1 & State Match Expenditures

The Title IV-B, Subpart 1, payment limitations are identified below.

Category	Title IV-B	State match	All Funds
Child Car	0	0	0
Foster Cre	439,792	146,597	586,389
Adoptioassistance	95,070	31,690	126,760
Total FFY Expendites	534,862	178,287	713,149

B. TITLE IV-B, SUBPART 2

FFY 1992 Title IV-B Subpart 2, Supplantation Requirements Per Section 432(a)(7)(A)

Category	1992	2022
Family Svices	\$1,661	\$403,440
Family Prervation	\$ -	\$2,441,888
Time Limited Reunification	\$27,424,568	\$70,182,462
Adoptioomotion & support	\$1,072,510	\$6,253,429
Total	\$28,498,739	\$79,281,218

C. CHAFEE PROGRAM

See IV. Services, Child and Family Services Continuum: John H Chafee Foster Care Program for Successful Transition to Adulthood

2. REALLOTMENT OF FY 2024 (CURRENT YEAR) FUNDING

DCF submitted reallotment request.

3. FY 2025 BUDGET REQUEST – CFS 101, PARTS 1 AND 2

Please see Attachment 18 Kansas FY 2025 CFS-101s Excel and Attachment 17 Kansas FY 2025 CFS-101s PDF.

4. FY 2022 TITLE IV-B EXPENDITURE REPORT – CFS 101, PART III

Please see Attachment18 Kansas FY 2025 CFS-101s Excel and Attachment 17 Kansas FY 2025 CFS-101s PDF.

5. EXPENDITURE PERIODS AND SUBMISSION OF STANDARD FORM 425 (SF-425) FEDERAL FINANCIAL REPORT

These reports have been submitted via PMS therefore are not included in this submission.

VII. ATTACHMENT GUIDE

1. DCF PPS Organization Chart
2. Health Care Oversight and Coordination Plan
3. Kansas/Missouri Border Agreement
4. HT Mission Statement and Response Plan
5. DEI Trainings and Services
6. Child Welfare Supervisor Collaboration Agenda 1
7. Child Welfare Supervisor Collaboration Agenda 2
8. Regional and Community Collaboration
9. Family First Grantees
10. KPM Explainer
11. Family Foster Home and NRKIN Explainer
12. SOUL Family Backgrounder
13. CAK SFY24 Q1
14. CAK SFY24 Q2
15. CFSR Round 4 Final Report
16. Kansas Round 4 PIP
- 17. Kansas FY 2025 CFS-101s PDF**
- 18. Kansas FY 2025 CFS-101s Excel**
19. PPS 3059 My Plan for Successful Adulthood
20. DCF IL Data Elements Feb 1, 2024, Snapshot
21. IL-Self-Sufficiency Services Annual Report
22. IL Demographic Report SFY24
23. PPM 7100
- 24. Annual Reporting of Education and Training Vouchers Award (D)**
25. Iowa Tribe of Kansas and Nebraska MOU
26. Kickapoo Tribe in Kansas MOU
27. Prairie Band Potawatomi Nation (PBPN) MOU
28. Sac and Fox of Missouri and Nebraska MOU
29. DCF DR Plan
30. TFI DR Plan
31. KVC DR Plan
32. SFM DR Plan
33. COC DR Plan
34. DCF Administration Disaster Plan
35. KVC Disaster Plan
36. SFM Disaster Plan
37. TFI Disaster Plan
38. COC Disaster Plan
39. DCF Training Plan
40. KVC Training Plan
41. SFM Training Plan
42. TFI Training Plan
43. COC Training Plan
44. SFM Training Budget
45. DCCCA Training Plan
46. DCF Course Information
- 47. Attachment C**
- 48. CAK SFY24 Q3**

VIII. ACRONYM GUIDE

A

AA: Adoption Accelerators
AAICPC: Association of Administrators of the Interstate Compact on the Placement of Children
ACES: Adverse Childhood Experiences
ACF: Administration for Children and Families
ACYF: Administration for Children and Youth Services
ACMHC: Association of Community Mental Health Centers
AKK: Adopt Kansas Kids
AFCARS: Adoption and Foster Care Analysis and Reporting System
AG: Attorney General
ANI: Area Needing Improvement
APA: Adoptive Placement Agreement
APS: Adult Protection Services
APSR: Annual Progress and Services Report
ARD: Assistant Regional Director
ASFA: Adoption and Safe Families Act
ASN: Ally Support Network
ASQ-SE: Ages and Stages Questionnaire Social Emotional
ATT: Adoption Tracking Tool
AUK: AdoptUSKids

B

BI: Brain Injury
BIS: Behavioral Intervention Services
BPM: Business Process Mapping
BR: Brown County
BSRB: Behavioral Science Regulator Board
BWBSWF: Building Well-Being and Safety with Families

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
CASA: Court Appointed Special Advocate
CB: Children's Bureau
CBC: Capacity Building Center
CBCAP: Community-Based Child Abuse Prevention
CBI: Children's Behavioral Interventionist
CBST: Cognitive Behavioral Skills Training
CCBHC: Certified Community Behavioral Health Clinic
CCDF: Child Care Development Fund
CCWIS: Comprehensive Child Welfare Information System
CDDO: Community Developmental Disability Organization
CEI: Community Engagement Institute
CEU: Continuing Education Unit
CFSP: Child and Family Services Plan
CFSR: Children and Family Services Review
CI: Critical Incident
CIF: Children's Initiative Fund
CINC: Child in Need of Care
CIP: Court Improvement Program
CJA: Children's Justice Act
CJR: Center for Juvenile Justice Reform
CLARIS: Childcare Licensing and Regulation Information System

CLE: Continuing Legal Education
CLSA: Casey Life Skills Assessment
CM: Case Managers
CMHC: Community Mental Health Center
CMS: Centers for Medicare and Medicaid Services
COC: Cornerstones of Care
CoC: Continuum of Care
CPA: Child Placing Agency
CPI: Child Protection Investigator
CPI: Continuous Performance Improvement
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CR: Crawford County
CRB: Citizens Review Board
CRP: Citizen Review Panel
CSDC-KS: Child Stress Disorder Checklist - Kansas
CSG: Council of State Governments
CSR-TTAC: Crisis Systems Response Training and Technical Assistance Center
CSS: Child Support Services
CST: Child Sex Trafficking Team
CTT: Custody to Transition
CWCMP: Child Welfare Case Management Provider
CYPM: Crossover Youth Practice Model

D

DA: District Attorney
DAISEY: Data Application and Integration Solutions for the Early Years
DCF: Department for Children and Families
DEI: DCF Equity and Inclusion
DR: Diligent Recruitment
DT: Deciding Together
DV: Domestic Violence

E

EAL: Everyone a Leader®
EAC: Employee Advisory Committee
ECE: Early Care and Education
ECE: Early Childhood Education
ECID: Early Childhood Integrated Data
EE: Employee Experience
EES: Economic and Employment Services
EHS: Early Head Start
ETV: Education and Training Voucher

F

FAC: FosterAdopt Connect
FACTS: Family and Child Tracking System
FAFSA: Free Application for Federal Student Aid
FAST: Family, Advocacy, Support, and Training
FBI: Federal Bureau of Investigations
FC: Foster Care
FCRFL: Foster Care and Residential Facility Licensing
FCL: Foster Care Licensing
FCT: Family Centered Treatment
FFFC: Family First Family Council
FFPSA: Family First Prevention Services Act

FFY: Federal Fiscal Year
FINA: Family in Need of Assessment
FPL: Federal Poverty Level
FPS: Family Preservation Services
FRC: Family Resource Center
FS: Family Services
FSGC: Family Service and Guidance Center
FT: Families Together
FTC: Family Treatment Court
FY: Fiscal Year
FYI: Foster Youth to Independence
FVVM: Foster Youth Voice Month

G

GAL: Guardian ad Litem
GBHSPC: Governors Behavioral Health Services Planning Council
GED: General Equivalency Diploma
GLC: Group Learning and Consultation

H

HCBS: Home and Community based Services
HFA: Healthy Families America
HR: Human Resources
HT: Human Trafficking
HTAB: Human Trafficking Advisory Board

I

I&A: Intake and Assessment
ICAB: Interagency Community Advisory Board
ICPC: Interstate Compact on the Placement of Children
ICWA: Indian Child Welfare Act
I/DD: Intellectual and Developmental Disability
IDEA: Individuals with Disabilities Education Act
IEP: Individualized Education Plan
IFM: Initial Family Meeting
IL: Independent Living
IRC: International Rescue Committee
IRP: Individualized Recruitment Plan
IRT: Immediate Response Teams
ITP: Intake to Petition

J

JAG-K: Jobs for America’s Graduates-Kansas
JDAI: Juvenile Detention Alternatives initiative
JIAS: Juvenile Intake and Assessment Services
JJOC: Juvenile Justice Oversight Committee
JO: Juvenile Offender

K

KACSO: Kansas Association of Court Service Officers
KAN: Kansas Adoption Network
KAN-LINK: Kansas Linking Infrastructure for Nurturing Kids
KBI: Kansas Bureau of Investigation
KCCTF: Kanas Children’s Cabinet and Trust Fund

KCCTO-ITSN: Kansas Child Care Training Opportunities – Infant Toddler Specialist Network
KCPSTA: Kansas Chafee Program for Successful Transition to Adulthood
KCSDV: Kansas Coalition Against Sexual and Domestic Violence
KCSL: Kansas Children’s Service League
KDADS: Kansas Department for Aging and Disability Services
KDCA: Kansas Division of the Child Advocate
KDHE: Kansas Department of Health and Environment
KDOC: Kansas Department of Corrections
KDOC-CBS: Kansas Department of Corrections – Community Based Services
KEES: Kansas Eligibility Enforcement System
KEHS: Kansas Early Head Start
KEHS-CCP: Kansas Early Head Start Child Care Partnership
KEHS-HV: Kansas Early Head Start Home Visitation
KEY: Kansas Endowment for Youth
KFAN: Kansas Family Advisory Network
KFAPA: Kansas Foster and Adoptive Parent Association
KFSN: Kansas Family Support Network
KHI: Kansas Health Institute
KIDS: Kansas Initiative for Decision Support
KIPS: Kansas Intake/Investigation Protection System
KJCC: Kansas Juvenile Correctional Complex
KLC: Kansas Leadership Center
KLS: Kansas Legal Services
K-PARC: Kansas Post Adoption Resource Center
KPM: Kansas Practice Model
KPMO: Kansas Practice Model Overview
KPP: Kansas Preschool Pilot
KPRC: Kansas Protection Reporting Center
KSDE: Kansas Department of Education
KU: University of Kansas
KU-CPPR: Kansas University Center for Public Partnerships & Research
KU-SSW: Kansas University School of Social Welfare
KVC: KVC Kansas
KYAC: Kansas Youth Advisory Council

L

L&D: Learning and Development
LE: Law Enforcement
LFR: Leading for Results Placement Stability
LMS: Learning Management System

M

MCO: Managed Care Organization
MCV: Monthly Caseworker Visits
MDT: Multidisciplinary Team
MHIT: Mental Health Intervention Team
MNS: Mainstream Nonprofit Solutions
MOE: Maintenance of Effort
MOU: Memorandum of Understanding
MRSS: Mobile Response and Stabilization Services
MST: Multisystemic Therapy

N

NAMI: National Alliance on Mental Illness
NASHP: National Academy for State Health Policy

NCANDS: National Child Abuse and Neglect Data System
NCMEC: National Center for Missing and Exploited Children
NCWDMS: National Child Welfare Data Management System
NCWWI: National Child Welfare Workforce Institute
NDRU: NYTD Data Review Utility
NEICE: National Electronic Interstate Compact Enterprise
NFSN: National Family Support Network
NOGA: Notice of Grant Agreement
NOSF: Notice of Survey Findings
NRKIN: Non-Related Kin
NTDC: National Training and Development Curriculum
NTI: National Training Institute
NYTD: National Youth in Transition Database

O

OCK: One Care Kansas
OHD: Organizational Health and Development
OJA: Office of Judicial Administration
OOH: Out of Home
OSRI: Onsite Review Instrument
OVI: One Voice Impact

P

P&P: Policy and Procedures
PA: Program Administrator
PAC: Permanency Advisory Committee
PAT: Parents as Teachers
PCAA: Prevention Child Abuse America
PCAP: Parent Child Assistance Program
PCS: Permanent Custodianship Subsidy
PDF: Portable Document Format
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PFF: Permanent Families Fund
PHA: Public Housing Authority
PILS: Performance Improvement and Learning System
PIP: Program Improvement Plan
PGS: Permanent Guardianship Subsidy
PPM: Policy and Procedure Manual
PPS: Prevention and Protection Services
Pre-ETS: Pre-Employment Transition Services
PRTF: Psychiatric Residential Treatment Facilities
PS-TDM: Placement Stability Team Decision Making
PWC: PPS Wellness Coordinator
PWS: Pregnant Women Using Substances
PYF: Parent/Youth Facilitation Project

Q

QA: Quality Assurance™
QRTP: Qualified Residential Treatment Program
QTMAD: Questions That Make a Difference

R

RD: Regional Director
REC: Racial Equity Collaborative
RFP: Request for Proposals
RPR: Rapid Permanency Review

RS: Rehabilitation Services
RYAC: Regional Youth Advisory Council

S

SAMHSA: Substance Abuse and Mental Health Services Administration
SCDRB: State Child Death Review Board
SCTFPP: Supreme Court Task Force on Permanency Planning
SDoH: Social Determinants of Health
SFFC: Safe Families for Children
SFM: Saint Francis Ministries
SG: Sedgwick County
SGF: State General Funds
SIT: Strategic Implementation Team
SN: Shawnee
SOC: System of Care
SOS: Street Outreach Services
SOUL: Support, Opportunity, Unity, Legal Relationship
SPT: State Policy Team
SSA: Social Security Survivors Benefit
SSI: Safe Sleep Instructors
SSI: Social Security Income
SSIS: Self-Sufficiency Information System
SSDI: Social Security Disability Insurance
SUD: Substance Use Disorder

T

TA: Technical Assistance
TANF: Temporary Assistance for Needy Families
TBRI: Trust-Based Relational Interventions
TDM: Team Decision Making
TFFH: Therapeutic Family Foster Home
TFI: TFI Family Services
TIPS-DT: Trauma Informed Partnering for Safety and Performance– Deciding Together
TIPS-MAPP: Trauma Informed Partnering for Safety and Performance– Model Approach to Partnerships in Parenting
TPR: Termination of Parental Rights

U

USC: Urban Scholastic Center

V

VIH: Visits In-Home
VR: Vocational Rehabilitation

W

WCH: Wichita Children’s Home
WWSS: Wrestling with Safe Sleep