

Report of the Child Welfare System Task Force to the 2019 Kansas Legislature

CHAIRPERSON: Senator Vicki Schmidt

VICE-CHAIRPERSON: Representative Steve Alford [until 1/9/2018]; Representative Erin Davis [from 1/9/2018]

LEGISLATIVE MEMBERS: Senators Barbara Bollier [until 7/18/2018], Laura Kelly, and Ty Masterson [from 7/26/2018]; and Representatives Linda Gallagher and Jarrod Ousley

NON-LEGISLATIVE MEMBERS: Gina Meier-Hummel, Secretary for Children and Families (non-voting); Patricia Long, Director of Prevention and Protection Services (PPS), Department for Children and Families (DCF) (non-voting); Rachel Marsh, Saint Francis Community Services (non-voting); Lindsey Stephenson, KVC Kansas (non-voting); Hon. Daniel Cahill, district court judge, appointed by the Chief Justice of the Supreme Court (Chief Justice) [until 4/4/2018]; Hon. Jeffrey Larson, district court judge, appointed by the Chief Justice [from 4/4/2018]; Mickey Edwards, state director, Kansas Court Appointed Special Advocates, appointed by the Chief Justice; Alicia Johnson-Turner, citizen review board member, appointed by the Chief Justice; Mary Tye, foster parent organization representative, appointed by the Judicial Council; Serena Hawkins, guardian *ad litem*, appointed by the Judicial Council; Ashlyn Yarnell, family law attorney, appointed by the Judicial Council; Gail Cozadd, licensed social worker, appointed by the Judicial Council; Dr. Katherine Melhorn, Child Death Review Board representative; Sandra Lessor, Sedgwick County District Attorney's Office, appointed by the Kansas County and District Attorneys Association; and Sgt. David Ohlde, Marysville Police Department, appointed by the Kansas Association of Chiefs of Police.

CHARGE

House Sub. for SB 126 (2017) directs the Secretary for Children and Families to establish a Child Welfare System Task Force to study the child welfare system. The bill directs the Task Force to convene working groups to study the general administration of child welfare by the Kansas Department for Children and Families (DCF), protective services, family preservation, reintegration, foster care, and permanency placement. Additionally, the Task Force and each working group are directed to study the following topics:

- The level of oversight and supervision by DCF over each entity that contracts with DCF to provide reintegration, foster care, and adoption services;

- The duties, responsibilities, and contributions of state agencies, nongovernmental entities, and service providers that provide child welfare services in the State of Kansas;
- The level of access to child welfare services, including, but not limited to, health and mental health services and community based services in the State of Kansas;
- The increasing number of children in the child welfare system and contributing factors;
- The licensing standards for case managers working in the child welfare system; and
- Any other topic the Child Welfare System Task Force or a working group deems necessary or appropriate.

Child Welfare System Task Force

FINAL REPORT

Conclusions and Recommendations

The Task Force adopted the following 23 recommendations, organized by priority into three tiers. More information regarding the references to the report of the Mental Health Task Force may be found in the crosswalk attached to this report as Appendix A. (*Note:* The numbering of recommendations is for ease of reference only and does not reflect priority order.)

Tier One Recommendations

The Task Force adopted the following five recommendations as its highest priority recommendations:

1. *Workforce.* The State of Kansas should invest in the child welfare system workforce by increasing funding for recruitment, retention, and support to effectively attract and retain high-quality staff;
2. *Data Infrastructure.* The State of Kansas should create a single, cross-system, web-based, integrated case management and data reporting system that can be used by the Kansas Department for Children and Families (DCF) and all relevant agencies and stakeholders to efficiently and effectively share information (*e.g.*, education, dental, medical, behavioral);
3. *Families First Act.* The State of Kansas should fund and institute the federal Families First Prevention Services Act in Kansas and follow the federal guidelines;
4. *Access to Care.* The State of Kansas should require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible high-risk youth through the Medicaid state plan or other appropriate sources of funding; and
5. *Code for Care of Children.* The Judicial Council should review the Code for Care of Children (CINC Code), especially with regard to: a) the way DCF's definition of "non abuse neglect" relates to cases under the CINC Code, and b) modifications to meet the child's ongoing best interests for permanency.

Tier Two Recommendations

The Task Force adopted the following nine recommendations as high priority recommendations:

6. *Foster Care Re-entry and Transitional Services.* The State of Kansas should provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of DCF;

7. *Service Setting.* The State of Kansas should prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered;
8. *Reintegration Support.* The State of Kansas should provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents;
9. *Foster Homes.* The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children, and birth families, as well as modifying licensing requirements;
10. *Analysis of Service Delivery.* The State of Kansas should establish a work group or task force to conduct an analysis to: 1) determine what it costs to adequately fund high-quality child welfare services; 2) by 2021, evaluate the benefits of privatizing child welfare services; and 3) determine the best public/private collaboration to deliver child welfare services. DCF shall determine appropriate outcome measures and periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports should be provided to the Legislature semi-annually;
11. *Safety Net, Early Childhood Programs, and Early Intervention.* The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. The Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention);
12. *Information Sharing.* The State of Kansas should establish a multi-disciplinary approach and share information across and among stakeholders, irrespective of state borders, in accordance with federal and state laws;
13. *Non-Abuse Neglect.* The State of Kansas should provide differential responses for newborns and refer them to evidence-based services. The Task Force recommends consideration of related Mental Health Task Force recommendations 6.1 (Expand Service Options), 4.2 (Regional Model), and 6.4 (Early Intervention); and
14. *Relative Search.* The State of Kansas should ensure that diligent search for relatives for possible placement begins immediately when a child is removed from the home. DCF should establish benchmarks for relative identification and shall monitor related outcomes, such as number of relatives identified within the first 30 days, number of children in relative placements and length of time for the child to reach that placement, and number of relatives contacted. DCF should regularly report on these benchmarks and outcomes to the Legislature.

Tier Three Recommendations

The Task Force adopted the following nine recommendations as important recommendations:

15. *Immediate Response.* The State of Kansas should provide immediate response 24/7 to hotline calls and dedicated immediate response investigators to be dispatched, when warranted;
16. *Front-End Staffing.* DCF should employ highly skilled and experienced front-end child welfare staff;
17. *Case Plans.* The State of Kansas should restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case;
18. *Post-adoptive Support.* The State of Kansas should ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services;
19. *Maximizing Federal Funding.* The State of Kansas should conduct an audit of potential funding streams by program area to ensure the State is maximizing federal benefit;
20. *Resources and Accountability.* The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors; improving workforce morale and tenure; and providing technology to improve efficiencies;
21. *Serious Injury Review.* The State of Kansas, in accordance with federal and state confidentiality laws, should formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with DCF Protection and Prevention Services concerning prior abuse and neglect;
22. *Court Appointed Special Advocates.* The Legislature shall fund Court Appointed Special Advocates (CASAs) to ensure the availability of CASA volunteers in all jurisdictions, without disrupting the current funding CASAs receive from the State of Kansas; and
23. *Physical Access.* The Legislature should fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan.

Additional Considerations: The Legislature should consider restoring Temporary Assistance for Needy Families (TANF) eligibility to its pre-2011 status.

BACKGROUND

The 2017 Legislature passed House Sub. for SB 126 (SB 126), directing the Secretary for

Children and Families to establish a Child Welfare System Task Force (Task Force) to study the child welfare system in the State of Kansas. Previously, the 2015 and 2016 Special Committees on Foster Care Adequacy, the House Committee on Children

and Seniors, and the Senate Committee on Public Health and Welfare had examined various topics related to the child welfare system. (*Note:* Reports, minutes, and testimony of these committees may be found under each committee's page at www.kslegislature.org.)

SB 126 directed the Task Force to convene working groups to study the following topics: the general administration of child welfare by the Kansas Department for Children and Families (DCF); protective services; family preservation; reintegration; foster care; and permanency placement. Additionally, the Task Force and each working group were directed to study the following topics:

- The level of oversight and supervision by DCF over each entity that contracts with DCF to provide reintegration, foster care, and adoption services;
- The duties, responsibilities, and contributions of state agencies, nongovernmental entities, and service providers that provide child welfare services in the State of Kansas;
- The level of access to child welfare services, including, but not limited to, health and mental health services and community-based services, in the State of Kansas;
- The increasing number of children in the child welfare system and contributing factors;
- The licensing standards for case managers working in the child welfare system; and
- Any other topic the Child Welfare System Task Force or working group deems necessary or appropriate.

The bill required the Task Force to submit a preliminary report to the 2018 Legislature and a final report to the 2019 Legislature.

ORGANIZATION

SB 126 established the following members and appointing authorities for the Task Force:

- The Chairperson of the Senate standing Committee on Public Health and Welfare;
- The Vice-chairperson of the Senate standing Committee on Public Health and Welfare;
- The Ranking Minority Member of the Senate standing Committee on Public Health and Welfare;
- The Chairperson of the House standing Committee on Children and Seniors;
- The Vice-chairperson of the House standing Committee on Children and Seniors;
- The Ranking Minority Member of the House standing Committee on Children and Seniors;
- The Secretary for Children and Families, or the Secretary's designee, who shall be a non-voting member;
- The Director of Prevention and Protection Services for DCF, who shall be a non-voting member;
- One representative from each entity that contracts with DCF to provide foster care, family preservation, reintegration, and permanency placement services, appointed by each such entity, each of whom shall be a non-voting member;
- One member appointed by the Chief Justice of the Supreme Court;
- One representative of Kansas Court Appointed Special Advocates, appointed by the Chief Justice of the Supreme Court;

- One member of a citizen review board established pursuant to the Revised Kansas Code for Care of Children, appointed by the Chief Justice of the Supreme Court;
- One member representing a foster parent organization, appointed by the Judicial Council;
- One guardian *ad litem* with experience representing children in child in need of care cases, appointed by the Judicial Council;
- One family law attorney with experience providing legal services to parents and grandparents in child in need of care cases, appointed by the Judicial Council;
- One social worker licensed by the Behavioral Sciences Regulatory Board (BSRB), appointed by the Judicial Council;
- One member of the State Child Death Review Board established by KSA 22a-243, and amendments thereto, appointed by the Board;
- One county or district attorney with experience in child in need of care cases, appointed by the Kansas County and District Attorneys Association; and
- One law enforcement officer, appointed by the Kansas Association of Chiefs of Police.

The appointments to the Task Force were completed by mid-July 2017. Subsequent changes to the Task Force membership occurring in 2017 can be found in the “Report of the Child Welfare System Task Force to the 2018 Legislature” (Preliminary Report).

In January 2018, Representative Alford resigned as chair of the House Committee on Children and Seniors and from the corresponding

position on the Task Force; Representative Davis was appointed to replace him in these positions. In April 2018, Hon. Daniel Cahill resigned from the Task Force and the Chief Justice appointed Hon. Jeffry Larson to replace him. In July 2018, Senator Masterson was appointed to replace Senator Bollier as vice-chairperson of the Senate Committee on Public Health and Welfare and in the corresponding position on the Task Force.

Pursuant to SB 126, staff and meeting support for the Task Force was provided by the Office of Revisor of Statutes, the Kansas Legislative Research Department (KLRD), and the Division of Legislative Administrative Services.

WORKING GROUPS

At its August 4, 2017, meeting, the Task Force voted to establish three working groups and directed each working group to study two of the topics assigned by SB 126. The working groups established were:

- General Administration of Child Welfare and Foster Care (Working Group A);
- Protective Services and Family Preservation (Working Group B); and
- Reintegration and Permanency Placement (Working Group C).

SB 126 directed the Task Force chairperson, vice-chairperson, and ranking minority members to appoint a chairperson and vice-chairperson for each working group. Each chairperson and vice-chairperson was then responsible for appointing members of their respective working groups, which SB 126 required consist of not more than seven non-Task Force members and not fewer than two Task Force members. Each non-Task Force member appointed to a working group was required by the bill to possess specific expertise related to the working group’s assigned topic of study. Appointments of working group members were completed in September 2017. A list of working group members is attached to the Task Force’s 2017 Preliminary Report as a part of Appendix B.

SB 126 required DCF to “provide assistance to working groups to prepare and publish meeting agendas, public notices, meeting minutes and any research, data, or information requested by a working group.” With Task Force approval, DCF contracted with the Kansas Health Institute (KHI) to provide much of this staff support.

The Legislative Coordinating Council (LCC) approved three meeting days for each working group for 2017. Each working group met three times. Copies of the 2017 reports submitted by the working groups to the Task Force are attached to the Task Force’s 2017 Preliminary Report as Appendix B.

The LCC approved four meeting days for each working group for 2018. Working Group A met seven times in 2018, Working Group B met eight times in 2018, and Working Group C met nine times in 2018. Under the structure established by the Task Force to allow for public testimony, the working groups invited interested members of the public to submit testimony regarding the topics identified by SB 126 and the Task Force. A total of 51 testimony submissions were received; 49 of those were approved for distribution to the working groups (pursuant to confidentiality requirements, testimony including any confidential information or containing details of an individual case, after review by the chairperson of a working group, was rejected and destroyed). From these submissions, the working groups selected persons to invite to present oral testimony, along with subject matter experts from various organizations. Each working group heard verbal testimony at several of its 2018 meetings.

After reviewing and hearing the testimony submissions, including recommendations provided in the testimony, each working group consolidated and ranked a list of recommendations by consensus. The working groups finalized a total of 26 recommendations, including 12 designated as high priority, which were provided to the Task Force in August and September 2018 through the working groups’ “Child Welfare System Working Groups: Report to the Child Welfare System Task Force” (Working Groups Report) (attached to this report as Appendix B).

For each recommendation, the working groups identified actions that would be required to implement the recommendation, supporting strategies to be considered in implementing the recommendation, highlighted testimony related to the recommendation, and highlighted evidence from any other states’ programs that informed or could be instructive in implementing the recommendation. For high-priority recommendations, the working groups also identified action required to implement the recommendation and certain standard characteristics of each recommendation.

In addition to the recommendations, the Working Groups Report also contains additional detail regarding the working groups’ process, meetings, and testimony received.

At the August and September 2018 Task Force meetings, working group members presented the Task Force with an overview of each recommendation and the associated supporting strategies and state spotlights, and conferees identified by the working groups were contacted and given the opportunity to present their testimony to the Task Force regarding relevant recommendations. Summaries of these presentations are provided later in this report.

TASK FORCE MEETINGS

The LCC approved six meeting days for the Task Force in 2017. The Task Force met five times in 2017: August 4, September 19, October 10, November 14, and December 12. A teleconference meeting scheduled for August 22 was canceled.

Summaries of the 2017 meetings of the Task Force can be found in the 2017 Preliminary Report, which also contains the preliminary conclusions and ten preliminary recommendations adopted by the Task Force.

The Chairperson of the LCC, Speaker Ryckman, Jr., approved the February 2, 2018, meeting of the Task Force pursuant to LCC Policy 20. The LCC subsequently approved five additional meeting days for the Task Force in 2018. The Task Force met six times in 2018:

February 2, July 16, August 27, September 28, October 22, and December 4.

Additional detail regarding each of the Task Force meetings, minutes, audio recordings, Task Force handouts, and written testimony submitted by conferees may be accessed on the Legislature's website on the Task Force webpage: www.kslegislature.org.

February 2, 2018, Meeting

Perspectives of Youth Leaders and Independent Advocacy Organizations

The Chairperson recognized Benet Magnuson, Kansas Applesseed, who provided the Task Force with an overview of the Strengthen Families Rebuild Hope coalition, which is composed of organizations and individuals dedicated to reforming Kansas' foster care system. He noted three priorities identified from the coalition's work: 1) the need to reduce the number of children in foster care; 2) the need for additional resources for high-acuity youth; and 3) the fact that Kansans are encouraged by the work of the Task Force and attention being paid by DCF and are looking to the Task Force and DCF for leadership. Mr. Magnuson introduced the following Coalition members, who each briefly addressed the Task Force:

- Young leaders Carl Burris, Zachary Brown, Natalie Zarate, and Stormy Lukasavage, who related their experiences as youth in foster care;
- Tara Wallace, Kansas African American Foster Care and Adoption Coalition, who related her experience in the foster care system, cited statistics showing that African American children are removed from their homes at a significantly higher rate than white children, and urged the Task Force to take steps to increase case worker retention rates;
- Becky Fast, Kansas Chapter of the National Association of Social Workers, who discussed the challenges in recruiting and retaining social workers and the successes of family preservation services;

- Lori Burns-Bucklew, FosterAdopt Connect, who provided an overview of her organization and its work;
- Teresa Sowell, foster parent and social worker, who identified a number of priorities based upon her experiences, including the use of licensed social workers, relative and kinship placements, removal of barriers to licensing of kinship families, financial support of kinship families, foster family recruitment, and support of birth parents;
- Scott Anglemeyer, Kansas Association of Community Action Programs, who provided an overview of his network and its programs and noted the impact of poverty issues on the child welfare system, and he encouraged the Task Force to further examine these issues; and
- Sister Therese Bangert, Sisters of Charity of Leavenworth, who related her experience working at a residential children's home and noted the importance of experienced social workers, resources for family preservation, and finding family members to provide homes.

Conferees provided additional information in response to questions from the Task Force, as follows:

- Ms. Sowell discussed barriers to licensure for kinship families, including diversions and expungements that occurred early in a parent's life, and ways to encourage foster parents and birth parents to work together, including a new program being implemented by DCF;
- Ms. Burns-Bucklew provided additional information regarding FosterAdopt Connect, which provides services in both Missouri and Kansas. On the Kansas side, their services are funded through Johnson County Mental Health. The organization provides behavioral intervention services and also works to recruit and retain foster parents; and

- The young leaders discussed their ability to make and maintain connections with important figures in their life while in the foster care system.

Update: DCF Review and Plans for Improvement

Gina Meier-Hummel, Secretary for Children and Families, and Task Force member, provided the Task Force with responses to follow-up questions, including:

- Update on missing children (as of January 31, there were a total of 68 missing children, 61 of whom are verified to have run away, including 33 repeat runaways);
- Data back to 2010 regarding the number of youth in foster care with a concurrent receipt of Temporary Assistance for Needy Families (TANF) assistance;
- Additional information regarding DCF's voluntary Family Services programs;
- Information regarding the availability of additional federal Title IV-E funds; and
- Further detail regarding new employment data provided at the December 12, 2017, meeting.

In response to a question, the Secretary stated DCF is meeting with subcontractors to explore ways to rework licensing procedures for kinship placements to try to increase access to federal funding.

Requested Responses from Department of Health and Environment and Department for Aging and Disability Services

Susan Fout, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disability Services (KDADS), provided the Task Force with information requested at the December 12, 2017, meeting, including possible reasons for discrepancies in reporting lengths of stays in psychiatric residential treatment facilities

(PRTFs); the number of out-of-state placements by Kansas managed care organizations (MCOs) occurring in Kansas PRTFs over the past three to four years (none identified); and the number of PRTF days and renewal days authorized, per MCO, for CY 2013 and CY 2016.

Ms. Fout stated KDADS had met with KVC Kansas, St. Francis Community Services (St. Francis), and the MCOs to discuss the PRTF issues raised by the Task Force. In response to a question regarding differences in average length of stay between MCOs, Ms. Fout stated the cause was unknown, but KDADS would be reviewing the information to try to identify an explanation.

In response to questions, Jon Hamdorf, Interim Medicaid Director, Kansas Department of Health and Environment (KDHE), explained that originally, children were assigned evenly between MCOs, based upon number and acuity of patients. There is now an opportunity for more choice between MCOs. Task Force members requested more information regarding who has the authority to exercise that choice.

In response to further questions, Mr. Hamdorf stated KDHE and KDADS had recently rebuilt a clinical team to review prior authorization and claims data. Ms. Fout stated she believed there were currently 8 Kansas PRTFs, with about 272 total beds. One PRTF has requested a capacity increase and two others have indicated a desire to increase. Ms. Fout noted implementation of a pilot program intended to provide children on the PRTF wait list with increased community services. Ms. Fout stated community mental health centers previously conducted the screenings for PRTF authorization, but due to parity issues, the screenings were moved to the MCOs, where they are currently conducted.

Other Business

Working Group Updates

Hina Shah, KHI, reported the working groups did not meet in January, but had issued requests for submission of testimony regarding critical issues identified by the working groups. The working groups meet in February to begin reviewing and hearing testimony.

Representative Gallagher noted testimony deadlines might be shorter than expected and the former chairperson, Representative Alford, had expressed to her his concern that rural parts of the state receive the word about the opportunities to present testimony.

Facilitator Status Update

Representative Gallagher announced Casey Family Programs (CFP) had agreed to serve as facilitator for the Task Force. She will be providing CFP with information regarding the Task Force. CFP has information regarding the national picture and peer states' child welfare systems, as well as various data they can provide. CFP should be able to provide representatives to attend the remaining Task Force meetings in person, as well as some working group meetings. There will be no cost for CFP's facilitation.

July 16, 2018, Meeting

The Chairperson announced that Steven Greene, Director of Policy and Legislative Affairs, would be representing DCF at the meeting because Secretary Meier-Hummel and Patricia Long were out of state.

Overview: The Family First Prevention Services Act

Anne Heiligenstein, Casey Family Programs, provided the Task Force with an overview of the Family First Prevention Services Act (FFPSA), enacted as part of the Bipartisan Budget Act in February 2018.

The major provisions of the FFPSA include: new funding for prevention activities through Title IV-E funds; new policy ensuring appropriate placements for children in foster care; and new funding and reauthorization of existing funding for child welfare programs.

The Title IV-E funding for prevention activities will be available for children at imminent risk of placement in foster care or youth in foster care who are pregnant or parenting, as well as available for parents or kinship caregivers. The funding may be received for evidence-based services that include mental health prevention and treatment services, substance abuse prevention and

treatment services, and in-home parent skills-based programs. Each of these services may be provided for up to 12 months, but there is no limit on how many times a child and family can receive prevention services. Qualifying programs must be "promising," "supported," or "well-supported," pursuant to guidance that will be issued by the Secretary of Health and Human Services. States must submit a prevention and services program plan as part of the state's Title IV-E plan. Reimbursement for eligible prevention services will begin October 1, 2019.

Ms. Heiligenstein next discussed the provisions ensuring appropriate placements in foster care, including availability of Title IV-E foster care maintenance payments for a child in foster care who is placed with their parent in a licensed residential family-based treatment facility or for an eligible youth placed in a qualified residential treatment program (after two weeks in care).

Finally, Ms. Heiligenstein highlighted several other provisions of the FFPSA, including:

- Additional items promoting safety, permanency, and well-being;
- Provisions promoting timely permanency for children across state lines;
- Reauthorization of adoption assistance and legal guardianship incentives; and
- Continuation of child welfare funding through reauthorization of Title IV-B programs and services and the John H. Chafee Foster Care Independence Program, both until FY 2021.

In response to questions from the Task Force, Ms. Heiligenstein provided the following information:

- Medicaid expansion is a state-by-state decision, but the new funding available through FFPSA is critical in states without expansion;

- The U.S. Congress may be scaling back TANF programs to target poverty programs;
- Each state is responsible for defining “imminent risk” to qualify children for the prevention services;
- The Legislature must appropriate the money required to access the new federal funding, but the Secretary for Children and Families and Governor will create the state plan;
- Her understanding is many or most Kansas providers are already accredited to be a qualified residential treatment program; and
- The federal government must release the clearinghouse for prevention programs by October 1, 2018, and states must inform the federal government by November 8 whether they want to launch in 2019 or 2021.
- Staff recruitment and retention efforts, including a new classification of unlicensed child protection specialists;
- Efforts regarding accountability and changing culture; and
- Staff changes (23 key personnel changes in past 8 months) and regional trips to meet with staff and community partners.

The Secretary also noted DCF is working toward increased funding for prevention services and has issued a request for information regarding the juvenile crisis intervention center beds authorized during the 2018 Legislative Session.

Responding to questions, the Secretary stated the new unlicensed specialist position has about a \$2,000 lower starting salary than its licensed counterparts; the new grants and the new monitoring system will be funded through consensus caseloads; and one of the goals of implementation of the FFPSA in Kansas will be services for homes where children could potentially be removed due to parental drug abuse.

In response to questions regarding contracting with child placing agencies (CPAs) under the new grants and contracts and the potential impact of the Adoption Protection Act (2018 SB 284, see below), the Secretary stated CPAs have been subcontractors under KVC Kansas or St. Francis, but moving forward they will be directly managed by DCF. The religious belief component of SB 284 will only affect those contractors asserting such belief, but CPAs providing foster care case management services cannot make this assertion and will have to serve all individuals.

The Secretary also provided the Task Force with responses to requests received at the February 2, 2018, Task Force meeting, including:

- Total children in DCF custody as of February 1, 2017 (7,798), and February 1, 2018 (8,281);
- Number of children in foster care in a PRTF as of February 1, for 2017 and

DCF Update

Secretary Meier-Hummel provided the Task Force with a DCF update *via* telephone, including information regarding:

- Efforts regarding child safety, prevention, and permanency;
- Transparency initiatives, including 2018 legislation (House Sub. for SB 336);
- Development of and process for new child welfare grants and contracts;
- Latest numbers and efforts regarding missing or runaway youth (73 verified runaways, 6 unserved *ex parte*, 1 relative abduction, and 2 unknown absent without leave as of July 12, 2018) and children sleeping in offices;

2018, broken down by contractors and MCOs;

- PRTF wait list and screening information for children in foster care; and
- Information regarding the uniformity or consistency of PRTF authorizations among MCOs.

2018 Legislative Session Update

KLRD staff provided the Task Force with a memorandum and overview of legislation enacted during the 2018 Legislative Session involving the child welfare system. Enacted bills included:

- HB 2639, regarding fingerprinting of persons involved with child care facilities and prohibited crimes for such persons;
- House Sub. for SB 179, establishing a framework for juvenile crisis intervention centers and updating the Child in Need of Care (CINC) Code and Newborn Infant Protection Act;
- SB 284, making substantial amendments to the Kansas Adoption and Relinquishment Act and enacting the Adoption Protection Act;
- House Sub. for SB 336, amending law related to public records, including when information may be disclosed under the CINC Code; and
- SB 428, regarding licensure requirements for child care facilities.

KLRD staff noted the memorandum also contained a list of relevant bills introduced but not enacted during the 2018 Session. One of these bills, HB 2751, which would establish the Office of the Child Advocate, was submitted to the Judicial Council with a request for study during the interim, and the Judicial Council has accepted this request.

In response to a question regarding application of the language of the Adoption Protection Act in SB 284 to state contractors, an assistant revisor stated the language would prevent case management contractors from withholding services due to a sincerely held religious belief, but would not apply to child placement contractors. The assistant revisor stated the grantees under the new contracts being developed could be considered “contractors” for purposes of the bill.

Other Business

Working Group Updates

Ms. Shah provided the Task Force with working group updates. Each working group met five or six times since February 2018 to receive testimony and discuss and prioritize recommendations to submit to the Task Force in their final reports.

In response to a question from Ms. Shah regarding plans for presentation of the reports, the Chairperson stated she tentatively anticipated hearing a working group report and associated testimony at each meeting starting in August 2018, leaving the final meeting in early December 2018 to finalize the Task Force’s recommendations and report.

The Chairperson welcomed Hon. Jeffrey Larson as a new member of the Task Force, replacing Hon. Daniel Cahill following Judge Cahill’s resignation.

August 27, 2018, Meeting

Presentation of Working Group A Report and Recommendations

Sandra Lessor, chairperson of Working Group A (General Administration by DCF and Foster Care), thanked the working groups for their faithful service summarized the report’s recommendations.

Recommendation A1: Workforce

Susan Prochaska, Executive Board President, Kansas School Counselor Association, and representative of Working Group A, introduced Goal 1: Improve Morale and Tenure of Workforce

and recommendation A1, regarding workforce (Working Groups Report, p. 11-14). Ms. Heiligenstein noted Kansas' caseworker salaries are not competitive with other professions and cited a study in Texas showing salary increases for caseworkers had an immediate effect on turnover and recruitment. Ms. Fast provided written testimony in support of recommendation A1.

Recommendation A2: Data Infrastructure

Sarah Oberndorfer, attorney, foster parent, and representative of Working Group A, introduced Goal 2: Streamline and Improve Technology and Communication across the child welfare system and recommendation A2, regarding data infrastructure (Working Groups Report, p. 15-17). She said it is crucial to be able to track a child from entrance into the system, throughout receipt of services, until he or she exits the program. She noted pertinent and reliable information exists in silos and therefore has limited use. To fulfill Goal 2, she noted supporting strategy A2.4, requiring data sharing among all agencies involved in foster care child placement, with DCF responsible for monitoring the data sharing in collaboration with the Executive Branch Chief Information Technology Officer (CITO) and the Joint Committee on Information Technology (JCIT).

Lee Allen, Executive Branch CITO, Office of Information Technology Services, provided written-only testimony on the recommendation.

Secretary Meier-Hummel agreed with the recommendation and noted child welfare touches many different programs and services that receiving and sharing information is challenging, often caused by information silos, privacy restrictions, and other factors. In response to a comment about DCF's antiquated system, Secretary Meier-Hummel stated DCF is preparing to build a new system, and a feasibility study has been authorized. The Secretary said the new system will include interaction with local and state law enforcement entities.

Recommendation A5: Analysis of Service Delivery

Ms. Prochaska presented recommendation A5, regarding analysis of service delivery, which recommended a work group or task force be

established to conduct an analysis to determine the cost to adequately fund high-quality child welfare services; evaluate the benefits of privatization of child welfare services; and determine the best public/private collaboration to deliver child welfare services (Working Groups Report, p. 23-25). She reported all stakeholders are involved in evaluation of the system and its costs. Ms. Shah described the Nebraska hybrid system in which the City of Omaha relies on a solely private child welfare system and the remainder of the state provides service through a private/public partnership.

Dona Booe, President and Chief Executive Officer, Kansas Children's Service League (KCSL), commented on the value of private not-for-profit organizations in providing more effective services for children, the deleterious effects of "adverse childhood experiences," and the value of early start programs. She recommended more extensive use of evidence-based services, establishing a data review board, and including child care services in order to support parental involvement; the latter service provides a \$7 return for every dollar invested.

In response to Task Force members' questions, Ms. Booe noted tying TANF to community supports will eliminate gaps in service; the Home and Community Based Services waivers initiative is effective and could be a model for providing community-based services for families in need of community supports; and the delivery of child welfare services has improved recently.

Ms. Heiligenstein stated only Kansas and Florida have completely outsourced child welfare, and both states have more children under state care than any other state. However, Kansas is better than the national average regarding repeated maltreatment of a child. Among the issues she presented for consideration were the creation of clear policies for leaving the system and providing financial incentives for keeping a child out of foster care. She cited Tennessee's and Texas' approaches to child welfare as examples.

Recommendation A3: Access to Care

Ms. Oberndorfer presented recommendation A3, regarding access to care, a subset of Goal 3: Strengthen Contractor Oversight and Supervision

by DCF (Working Groups Report, p. 17-19). The recommendation would require youth in foster care be provided with access to high-quality and consistent medical and behavioral health care through Medicaid by MCO performance measures and oversight. She noted Texas was the first state (2008) to establish a Medicaid managed care program focusing on children in foster care.

Ms. Heiligenstein, commenting on the Texas system, said all the medical societies collaborated to provide statewide guidelines and to integrate all medical services for children in foster care in one statewide network, which resulted in a significant drop in the use of psychotropic drugs and eliminated duplicative services.

Recommendations A6: Outcomes Measures and A4: Child Advocate

Ms. Prochaska introduced recommendation A4, regarding the creation of and funding for an independent Office of the Child Advocate for Children's Protection and Services, and recommendation A6, regarding outcome measures (Working Groups Report, p. 19-22 and 25-26).

With regard to recommendation A4, Ms. Prochaska and Ms. Oberndorfer responded to Task Force members' questions that the Working Group decided an independent audit would be better than utilizing the services of the Legislative Division of Post Audit, and a need exists for both the Office of the Child Advocate and the DCF Ombudsman. Secretary Meier-Hummel commented she is developing a DCF advisory council that will provide feedback for her, obviating the need for an independent Office of the Child Advocate.

Recommendation A6 would require clear expectations and accountability for a set of desired outcomes, with required periodic evaluations to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review, and require summary reports be provided to the Office of the Child Advocate quarterly and to the Legislature annually.

Presentation of Working Group B Report and Recommendations

Recommendation B1: Families First Act

Sarah Coats, social worker and representative of Working Group B, discussed a new federal funding source, the FFPSA, which allows states to receive open-ended entitlement funding for evidence-based prevention services. She introduced recommendation B1, to fund and institute FFPSA in Kansas and follow the federal guidelines (Working Groups Report, p. 31-32).

Ms. Heiligenstein further stated the FFPSA's purpose is to provide options for those at risk of going into foster care by addressing mental health issues, substance abuse, and parenting skills. She stated Kansas is eligible to receive these funds for foster care beginning October 1, 2018, and on October 1, 2019, Kansas will be eligible for a 50.0 percent match for the three prevention services. Secretary Meier-Hummel stated DCF is in a position to take advantage of these new funds.

Recommendation B2: Information Sharing

Ms. Coats commented on Goal 4: Strengthen Assessment of Risk and Safety and Eliminate Fatalities by Abuse and Neglect and presented recommendation B2, regarding a multi-disciplinary approach to information sharing across agencies and between stakeholders (Working Groups Report, p. 34-35).

Dr. James Anderst, child abuse pediatrician, stated, in 2016, there were 2,400 substantiated victims of child abuse and 10 child abuse fatalities. He commented reducing these numbers is challenging because of the limited knowledge of some medical professionals and county attorneys, and because not all children have access to Children's Advocacy Centers (CACs), the latter of which is the anchor for a functioning multi-disciplinary team. He offered several recommendations: expand the availability of CACs, require DCF investigators to receive forensic medical training, employ telemedicine, and establish a network of trained medical providers.

Don Hymer, Jr., Assistant District Attorney, Johnson County, and Juvenile Section Head,

Kansas County and District Attorneys Association, recommended the word “serious” be removed from the state statute that addresses determining child abuse because it can have wide interpretation. He also noted some law enforcement responsible for handling reports of abuse or neglect after 5:00 p.m. or on weekends are not trained to ascertain abuse or neglect. He recommended an amendment to statute so investigators know whether the individual, family, or home complaint they are investigating has any prior occurrences; and a central clearinghouse so all principals of a complaint have sufficient information.

Ms. Heiligenstein noted two-thirds of occurrences of child abuse are a result of neglect, not physical or sexual abuse. She offered models of collaboration and suggested policy be established for DCF to share all intakes with law enforcement, standards of evidence be used to assess risks, and Child Protective Services make staff available 24/7 to address calls from law enforcement and hospitals, as well as complaint calls. She stressed the importance of balancing protection and prosecution. Secretary Meier-Hummel stated DCF has a 24/7 hotline.

Lori Ross, FosterAdopt Connect, offered written testimony, which was later supplemented with verbal testimony.

Recommendation B7: Safety Net

Ms. Coats introduced Goal 6: Strengthen the Safety Net and Early Childhood Education and recommendation B7, regarding fully funding, strengthening, and expanding safety net and early childhood programs and reducing barriers for families needing to access government-funded, concrete supports (Working Groups Report, p. 46-49). She said when parents do not receive the appropriate services, child poverty increases.

Dr. Linda Bass, Vice President, KVC Kansas, stated half the families involved in child welfare services lack the resources to meet their basic needs, and living in poverty places children at greater risk for entering the child welfare system. If public and private agencies had more funding directed toward lowering the poverty rate, rather than relying on grant funding, agencies could offer a wider array of services, expand prevention

services, and provide options for child care and housing.

Ms. Booe offered written testimony on this recommendation and referenced her earlier verbal testimony.

Recommendation B6: Non-Abuse Neglect

Ms. Wallace, a representative of Working Group B, introduced recommendation B6, regarding prohibiting removal of children for solely non-abuse neglect (NAN) and instead making referrals to fully funded, evidence-based services (Working Groups Report, p. 42-45).

Christie Appelhanz, Children’s Alliance of Kansas, stated too many children are coming into the child welfare system for NAN when other options could be viable. She recommended additional funding from the Juvenile Justice lockbox, expanding service to mitigate children and parents from health-related risk factors, increasing funding for Kansas PRTFs, and using the FFPSA to address family poverty.

Mr. Hymer expressed concern regarding inclusion of the word “solely” in recommendation B6; he urged NAN cases differentiate between drug abuse that affects the child and a family’s history. He noted the parents may have a significant history of drug abuse, which should impinge on risk assessment. He praised DCF’s Family Preservation Services for efforts to keep a child in the home. He also expressed concern regarding juveniles whose repeat offenses are ignored with the present risk-scoring system and whose “criminogenic attitude” is not presently addressed with DCF services. He commented moving the jurisdiction of juvenile offenders from the Kansas Department of Corrections to DCF has been problematic for offering appropriate services. Mr. Hymer stated there are limited options in addressing repeat juvenile offenders, and Child in Need of Care services are not designed for such individuals. He suggested, for the short term, perhaps detention centers might help.

Sandra Dixon, Director of Behavioral Health Services, DCCCA, testified NAN cases require a differential response, depending on the circumstances. She presented information on one facet—substance abuse by parents. She stated

treatment options should be broad enough to encompass multiple drugs and current treatment funding is insufficient, especially Medicaid reimbursement rates. Ms. Dixon cited two treatment approaches, both of which are currently prohibitively expensive. A member commented all treatment option choices should be evidence-based.

Ms. Heiligenstein stated NAN is a complex issue that is difficult to define. She noted Kansas children are removed from the home at twice the national average. She listed ancillary factors that impinge on service to neglected children: juvenile offenders in the child welfare system are draining resources that could be used elsewhere, emotionally disturbed children require special treatment, and domestic abuse of a spouse affects children negatively. She recommended DCF develop clear policy definitions for NAN and align assignment and removal reasons.

Ms. Booe's previously offered written testimony also addressed these recommendations.

Recommendation B3: Immediate Response

Ms. Wallace introduced recommendation B3, regarding immediate response 24/7 to hotline calls and dedicated immediate response investigators available for dispatch when warranted (Working Groups Report, p. 36-37). She stated the current protection response line is not effective; the hotline requires 24/7 monitoring with the capacity to respond appropriately.

Brian Dempsey, Special Counsel to the Secretary for Children and Families, stated the Kansas Protection Reporting Center does well in responding to calls, but is not always available. The agency has 450 law enforcement contacts statewide, which provide backup when DCF is not available. He expressed concern about the waiting time in the calling queue and agreed expanding the hours of availability would better serve children and families. Secretary Meier-Hummel stated the evidence-based structured decision-making tool is on schedule to be implemented.

Ms. Ross reported on the response policies of the Missouri Task Force on Children's Justice; she related follow up on incidents includes both an internal review and, for critical cases, an external

review. She recommended a similar follow up for Kansas. Regarding the hotline, she said law enforcement officers are not trained to deal with child abuse cases. She recommended Kansas institute a 24/7 hotline using skilled staff trained in evidence-based risk assessment. She added thoroughly trained investigators are also critical to assure child safety.

Ms. Heiligenstein addressed the hotline issue by outlining the principles for hiring, training, and retaining hotline intake screeners. She noted the importance of hotline calls by citing statistics to show hotline calls dealing with a child younger than three are predictive of death for that child. She expressed concern for a long wait time in a queue (recommendation of no more than three minutes) and stressed the importance of highly trained intake workers, preferably case workers, to handle hotline calls. Responding to a question, she replied that a triage system is crucial for handling intake calls and an electronic distribution system is needed for timely response. Responding to another question, Secretary Meier-Hummel replied the hotline is answered 24/7, but staff are not always available for an immediate response.

Recommendation B5: Front-End Staffing

Ms. Wallace introduced recommendation B5, regarding the need for highly skilled and experienced front-end child welfare staff (Working Groups Report, p. 39-40).

Ms. Ross said, referencing her previous testimony, for effective service delivery, it is imperative to have experienced, well-trained, and adequately compensated staff.

Ms. Heiligenstein recommended using appropriate tools for triage and other decision-making procedures so staff are freed up for more face-time with clients.

DCF Responses to Working Group A and Working Group B Recommendations

Secretary Meier-Hummel reviewed the 2018 client services for DCF. She responded to the working groups' recommendations and provided a Protection and Prevention Services Contract Outcomes report. She stated many issues are being addressed or are in process. She noted the starting

salary for social workers (\$38,000) has limited recruitment; there are not enough social workers to do what needs to be done. However, DCF is reducing vacancies and focusing on making the agency a more friendly place to work. Secretary Meier-Hummel said an updated information system is an urgent need. Regarding the Child Advocate recommendation (A4), she stated, although she wants accountability, creating a new entity under the Department of Administration is unnecessarily duplicative; she noted the federal Inspector General's Office is available for DCF. She also noted the first ever federal Family First legislation (the Family First Prevention Services Act) will address prevention services. Regarding information sharing, she noted several initiatives across the state, and she has established a new position—Anti-Human Trafficking Coordinator—to interact with law enforcement. Responding to a question about long wait times on the hotline, she replied wait time in the queue has been reduced.

September 28, 2018, Meeting

The Chairperson announced Dr. Bass would be substituting for Lindsey Stephenson as the representative for KVC Kansas at this meeting.

Working Group Updates

Ms. Shah provided working group updates. Working Group A plans to meet once the child welfare compliance unit audit report is available to review the audit report and the 2018 Annie E. Casey Foundation Front End Assessment.

Working Group B met in September 2018 to discuss recommendation B6, regarding non-abuse neglect, and possible effects of 2016 SB 367, a juvenile justice reform bill, on the child welfare system. The working group created an additional supporting strategy, B6.7, to address these issues, which has been added to its portion of the Working Groups Report.

Ms. Shah stated the complete Working Groups Report, with the addition of the new Working Group B supporting strategy and Working Group C's recommendations and associated materials, is now available on the DCF website's Child Welfare System Task Force page. (The complete Working Groups Report is attached to this report as Appendix B.)

Presentation of Working Group C Report and Recommendations

Alicia Johnson-Turner, chairperson of Working Group C (Reintegration and Permanency Placement), thanked Ms. Shah and the working group members for their work on the report and recommendations to be presented.

Recommendation C5: Reintegration Support

Tim Gay, founder and Executive Director of You thrive and a member of Working Group C, presented an overview of Goal 9: Increase Reunification Rates and Improve Times to Reintegration, and recommendation C5, regarding reintegration support (Working Groups Report, p. 66-69). He noted the working group heard testimony on this topic from individuals who stated reintegration did not always seem to be prioritized even though it was the stated goal. There was also testimony regarding logistical challenges and lack of support or communication, as well as foster parents not always being aligned with the goal of reunification. He also reviewed the state spotlights and supporting strategies identified by the working group for this recommendation.

Recommendations C6: Case Plans and C7: Physical Access

Mr. Gay next presented recommendation C6, regarding case plans, and its supporting strategies and state spotlight (Working Groups Report, p. 69-70). In response to a question, Mr. Gay stated the working group had not specifically reviewed the case planning form, but in his personal experience, the form was rarely looked at during case meetings. In response to a question regarding the state spotlight, the Signs of Safety program, Dr. Bass stated KVC Kansas had used the program in the past but switched to a similar evidence-based approach called Safe and Connected. DCF uses a similar program from Casey Family Programs.

Mr. Gay presented recommendation C7, regarding physical access, and reviewed the supporting strategies and state spotlight for this recommendation (Working Groups Report, p. 70-71).

Recommendation C2: Service Setting

Ms. Ross, member of Working Group C, presented an overview of Goal 8: Expand the Level of Access to Child Welfare Services to Support Reintegration and Permanency, and recommendation C2, regarding service setting (Working Groups Report, p. 62-63). Ms. Ross summarized the working group's discussion regarding barriers that exist in the community, including transportation adequacy, access to in-home therapy, lack of available foster home placements, sibling separation, and reimbursement for services. She reviewed the supporting strategies and state spotlight for this recommendation.

Zachary Lawrence, Assistant Director of Special Education for USD 353 (Wellington), provided testimony *via* Internet video conferencing and telephone, describing his experiences as a child removed at a young age and as a Kansas educator with 15 years experience working with students with disabilities, high levels of need, and challenging or uncertain home lives. For the issues he identified from his experiences, Mr. Lawrence proposed the following solutions: 1) DCF contractors need to greatly increase stable interim placement options for youth in the State's custody awaiting placement; 2) contractors need to work to ensure that children are placed in a stable educational program while awaiting placement; 3) DCF and contractors should investigate alternative educational programs, such as virtual schools and specialized community-based programs, that allow students to maintain flexible yet consistent educational placement; and 4) DCF and contractors should consider partnering with other community agencies to provide space and staff for educational programs designed to meet the unique needs of children in foster care without an adequate and stable placement.

Recommendations C3: Early Intervention and C4: Court Appointed Special Advocates

Ms. Ross presented recommendation C3, regarding early intervention (Working Groups Report, p. 64-65), and C4, regarding Court Appointed Special Advocates (CASAs) (Working Groups Report, p. 65), as well as a summary of the testimony heard by the working group and the working group discussion regarding these topics.

She reviewed the working group's supporting strategies and state spotlight for the early intervention topic. Mary Tye, foster parent organization representative and Task Force member, noted the high importance of early intervention programs and the difference therapists can make through these programs.

Recommendation C11: Adoption Process

Ms. Ross presented an overview of Goal 10: Increase the Rate of and Support for Adoptions to Improve Time to Permanency, and recommendation C11, regarding the adoption process, and summarized the testimony and discussion that occurred in the working group regarding this recommendation (Working Groups Report, p. 76-78). She also reviewed the supporting strategies and state spotlight.

Secretary Meier-Hummel stated under her administration, DCF has reviewed the adoption process internally and identified a number of issues. DCF eliminated or revised policies and practices that were causing some of these issues.

Representative Gallagher noted Representative Alford had also suggested an industrial or process engineer be obtained to review the entire child welfare system.

Vernon Helverson, a Kansas foster and adoptive parent, testified to the Task Force regarding his family's experience in the foster system and the adoption process. He identified several issues encountered by his family during the adoption process, including:

- Foster case management agency requirements that any adoption services be provided through that agency;
- Delays caused by numerous form changes and administrative lapses in process completion by DCF and the case management agency; and
- Case management agency and DCF claiming not to be interested parties in the adoption and thus not obligated to provide counsel for the adoption process.

Mr. Helverson recommended the structure for paperwork and case management stay consistent during an adoption case to avoid time lost due to form changes in the middle of the process. He noted the frustrations arising from poor case management led his family to stop working in the foster system.

Recommendation C12: Modifications to Code for Care of Children

Ms. Ross presented recommendation C12, regarding modifications to the CINC Code, and reviewed the supporting strategies and state spotlight identified by the working group for this recommendation (Working Groups Report, p. 79-80). She noted testimony received by the working group from attorneys regarding changes to the CINC Code to address issues regarding adoptive placements for children in state custody.

Recommendation C13: Post-Adoptive Support

Ms. Ross presented recommendation C13, regarding post-adoptive support, and reviewed the data, supporting strategies, and state spotlight identified by the working group for this recommendation (Working Groups Report, p. 81-83).

Gail Cozadd, Director for Children and Family Services at KCSL and Task Force member, provided testimony to the Task Force regarding the components of a model post-adoption service program and the current preventative supports KCSL provides for adoptive families through the Kansas Post Adoption Resource Center (K-PARC). These supports include peer-to-peer support, resource and referral, and ongoing training and education. Ms. Cozadd identified three opportunities for improvement in this area: therapeutic counseling, respite care, and crisis intervention and case management.

Recommendations C8: Foster Homes and C9: Maximizing Federal Funding

Mr. Gay presented recommendation C8, regarding foster home recruitment and retention, and reviewed the supporting strategies and state spotlight for this recommendation (Working Groups Report, p. 72-73).

Secretary Meier-Hummel stated foster home recruitment and retention is an issue DCF has heard much about. Through the new placement matching system, DCF will be drastically changing reimbursement rates and the support available through child placing agencies.

In response to a question concerning supporting strategy C8.5, regarding reimbursement to foster parents following behavior stabilization, Ms. Johnson-Turner stated when children come back into the home after behavior issues, their foster families need increased reimbursement due to critical issues and needs during the first few weeks following the child's return. Secretary Meier-Hummel noted the State will set all rates under the new grants and contracts, with options to increase based upon the needs of the child.

Mr. Gay presented recommendation C9, regarding maximizing federal funding, and reviewed the supporting strategies for this recommendation (Working Groups Report, p. 74).

Recommendation C10: Resources and Accountability

Mr. Gay presented recommendation C10, regarding resources and accountability, and reviewed the supporting strategies for this recommendation (Working Groups Report, p. 75).

Ms. Booe provided testimony to the Task Force regarding Kansas' public/private partnership in the child welfare system. She noted such partnerships work and Kansas' partnership over the past two decades has achieved outcomes that surpass many federal standards for a quality program. However, the partnership also faces challenges and success requires identifying the best intersections for using the public/private partnership strategy. She encouraged the Task Force and the Secretary for Children and Families to assess, identify, and strengthen the most successful intersections for such partnerships in the child welfare system while retaining the case management and decision-making functions for foster care and adoption within the statutorily mandated realm of government-delivered services.

In response to a question regarding whether there were any steps in the privatization process to make the system work better, Ms. Booe stated she

believed the decisions made at the time were well-intentioned and based upon the information available at the time, including the necessity of responding to the lawsuit. Some of the assumptions made in implementing the system, such as expected re-investment in community-based services and employee transfer from the public to the private sector, did not occur as anticipated, leading to some of the issues that were later encountered.

Recommendation C1: Foster Care Re-Entry and Transitional Services

Mr. Gay presented an overview of Goal 7: Improve Child Well-Being and Outcomes for Youth Aging Out of Care, and recommendation C1, regarding foster care re-entry and transitional services. He also summarized the testimony and discussion within the working group meetings on this topic, as well as the supporting strategies and state spotlights identified by the working group (Working Groups Report, p. 57-60).

In response to a question regarding relationships with community colleges, Secretary Meier-Hummel stated plans begin to be individualized at the age of 14, and DCF and the contractors will work with the children if they want to go to college. However, the majority want to leave the system at age 18. DCF and the contractors will help connect the older youth to job services and work programs. There are a number of funding streams at the state and federal levels for tuition assistance for foster youth. The Secretary and Ms. Lessor clarified, under statute, children can be released immediately at the age of 18 if they so desire, although the courts generally try to keep children in the system until they graduate from high school.

Catriese Johnson, formerly in foster care, testified to the Task Force *via* telephone regarding her experiences in foster placement as a youth beginning at three days old. Based on her experiences, she noted a significant lack of access to and awareness of tools available to youth aging out of care under unsuccessful reunification circumstances. In response to a question regarding what the system could have provided to make the transition to adulthood easier, Ms. Johnson stated that key elements include:

- Sympathy and understanding for the different challenges and situations faced by each person;
- Different tiers of care needed for different situations and understanding how to access this care;
- Deficits caught earlier so they can be addressed;
- Vigilance to signs of abuse and the difficulty children face in speaking to abuse with parents present; and
- Awareness of the behavioral issues that come from displacement.

KDADS Update

Ms. Fout provided the Task Force with an update on PRTF issues, which include medical necessity, readmission, out-of-state children, wait lists, and treatment versus placement.

Ms. Fout stated KDADS and KDHE staff are completing audits on medical necessity determinations and denials for PRTFs by the MCOs. She discussed a pilot program that ended in April that was intended to add more intensive outpatient services by community mental health centers to children on the PRTF wait list. She noted the pilot program had not achieved the expected results, so KDADS is evaluating whether changes can be made to achieve the desired results. She reported a national study on PRTFs is underway that will include a data and trend analysis on PRTF bed utilization and waiting lists and a review of policies and procedures related to the admission and placement process. Ms. Fout also provided information regarding a system of care grant that will feature mobile response and stabilization services.

In response to questions from the Task Force, Ms. Fout stated the clinical team conducting the PRTF audit are all registered nurses with PRTF experience and the issues around increasing PRTF beds are not limited to the physical space, but also include staffing issues.

DCF Update and Response to Recommendations

Secretary Meier-Hummel provided the Task Force with a set of written responses to Working Group C's recommendations, as well as a set of written responses to all working group recommendations and supporting strategies. She noted there were a number of changes DCF was already implementing related to various recommendations, and DCF was in the process of assessing the fiscal impact of the recommendations to provide to the Task Force and the Legislature. She also reviewed a document containing her priorities related to the recommendations: 1) comprehensive child welfare system information; 2) Family First Prevention Services Act; and 3) funding for additional child welfare staff.

The Secretary then turned to her DCF update, beginning with an explanation regarding a May incident in a KVC Kansas office that had recently become public due to the September arrest and charging of the alleged perpetrator. She stated, because the alleged perpetrator was still in DCF custody at the time of the incident and for some time following, current law prohibited DCF from revealing information until the incident became public through other means. She noted current law does allow for such information to be shared with a limited number of legislative committees in a closed setting and suggested these provisions could be modified or expanded if the Legislature desires additional disclosure.

The Secretary also noted the availability of the Annie E. Casey Foundation Front End Assessment and the changes DCF is implementing to address concerns in the assessment.

In response to questions, the Secretary stated the Governor's staff was informed about the KVC Kansas incident as soon as the Secretary was informed. DCF and contractors are still working to address the issue of one-night placements. Chad Anderson, president of KVC Kansas, provided details regarding how the need for one-night placements and overnight office stays had arisen and become a systemic issue, and the efforts DCF and the contractors are making to address it. The Secretary reported the process for the new grants and contracts had moved to the contract

negotiation and financial conversation stage. She discussed some of the changes that will be made with the new grants and contracts. DCF will own the new placement matching system and the contractors will have access to it. Dan Lewien, Chief Financial Officer, DCF, and director of the Office of Financial Management, responded to questions regarding the financial structure of the new grants and contracts. He explained the grant structure is intended to bring the system into compliance with federal requirements.

The Chairperson announced copies of the Annie E. Casey Foundation Front End Assessment and the DCF response to the assessment would be distributed to the Task Force.

Discussion and Prioritization of Task Force Recommendations: Framework and Initial Discussion

The Chairperson recognized Ms. Heiligenstein to facilitate a preliminary discussion of Task Force recommendations. After reviewing some questions for the Task Force to keep in mind during its consideration (including the vision for the system, available resources, and action required to implement recommendations), Ms. Heiligenstein walked the Task Force through a summary of the working group recommendations and requested an initial consensus from the Task Force for each recommendation regarding whether it could be accepted as presented or might need further discussion and changes. The recommendations initially categorized as "accept" included:

- A1, workforce;
- A2, data infrastructure;
- B1, Families First Act;
- B3, immediate response;
- B5, front-end staffing;
- C1, foster care re-entry and transitional services;
- C2, service setting;

- C5, reintegration support;
- C6, case plans;
- C8, foster homes;
- C9, maximizing federal funding; and
- C13, post-adoptive support.
- B2, information sharing (may depend on implementation of new system, may need additional definitions);
- B6, non-abuse neglect (possible referral to Judicial Council, may need definition of “non-abuse neglect”);
- C11, adoption process (may not want to specify process engineer); and

The recommendations initially categorized as “accept with possible modifications” included:

- A3, access to care (remove MCO language and check Mental Health Task Force report for related language);
- A5, analysis of service delivery (remove or re-prioritize privatization evaluation);
- B4, serious injury review (consider state and federal confidentiality laws);
- B7, safety net (add early childhood programs);
- C3, early intervention (add to safety net recommendation and check Mental Health Task Force report for related language);
- C4, Court Appointed Special Advocates (consider alternatives to “shall” in this and other recommendations); and
- C7, physical access (consider adjusting language to “may” or “consider” due to parental responsibilities in reintegration).

The recommendations initially categorized as “pending or revisit” included:

- A4, child advocate (check status of related Judicial Council study);
- A6, outcome measures (may depend on child advocate recommendation);

- C12, modifications to CINC Code (possible referral to Judicial Council).

October 22, 2018, Meeting

The Chairperson announced Dr. Bass would be substituting for Lindsey Stephenson as the representative of KVC Kansas for this meeting.

PRTF Update

Sandra Hashman, Executive Director of Behavioral Health, UnitedHealthcare (UHC), provided the Task Force with data regarding UHC’s PRTF admissions, discharges, and average length of stay. She also provided information regarding UHC’s PRTF utilization management and waiting list and care coordination. As of October 15, 2018, there were 44 youth on UHC’s waiting list, including 7 children in foster care. Ms. Hashman described a pilot program with KVC Kansas, which is providing additional evidence-based therapeutic services, family and peer support models, and high-risk youth incentive payments to address difficulties in finding appropriate foster families for youth upon discharge from PRTFs or acute psychiatric hospitals. UHC also is using intensive outpatient services to divert children from the PRTF waiting lists, when possible.

Stephanie Rasmussen, Vice President of Long Term Care, Sunflower Health Plan (Sunflower), provided the Task Force with data regarding Sunflower’s members in a PRTF, PRTF waiting list, and average length of stay. She noted a billing exception for KVC Wheatland and other billing practices caused Sunflower’s overall average-length-of-stay numbers to look significantly shorter than the other MCOs, but when the billing

practices are accounted for, the numbers appear comparable.

In response to questions from the Task Force regarding the one-to-two month waiting list, Ms. Rasmussen stated Sunflower works with KidsTLC to provide intensive outpatient services. Sunflower also has a dedicated foster care team to provide outreach and resources across the state to try to provide community resources, as well as utilization management and discharge planning. Ms. Rasmussen stated the challenge in opening additional PRTF beds was not the additional beds themselves, but a struggle to hire caretakers, which has been a challenge across the continuum of care and not just with PRTFs.

Mark Sigmon, KidsTLC, provided additional information regarding the staffing difficulties. He stated salary levels affect the staffing difficulties, but they also arise due to the state of the economy and the acuity levels of the children being served. He noted his agency was out of space to add additional beds, but he believes other approaches should be attempted before additional PRTF beds are created.

Ms. Fout noted KDADS had provided requested information to the Task Force between the September and October 2018 meetings and had contracted with an outside entity, the Kansas Foundation for Medical Care (KFMC), to complete the PRTF audit.

DCF Update

Secretary Meier-Hummel provided the Task Force with a DCF update, including:

- Monthly data regarding children in one-night placements since April 2018;
- Steps taken to end the practice of children sleeping overnight in contractor offices;
- Data regarding the decrease in the child protection specialist vacancy rate over the past six months;
- Latest number of runaway youth (63 as of August 31, 2018) and youth in out-of-home care (7,530 in September 2018);

- Adoption finalization numbers since July 2017; and
- Updates regarding establishment of juvenile crisis intervention centers and the implementation of the new child welfare grants.

The Secretary also noted a number of attachments she and DCF had provided, including:

- An overview of the upcoming child welfare grants and contracts;
- A document detailing DCF opposition to certain recommendations and supporting strategies contained in the Working Groups Report;
- A document detailing DCF's concerns with mandatory language contained in the recommendations and supporting strategies contained in the Working Groups Report, with suggested remedied language; and
- A document containing DCF's complete responses to the recommendations and supporting strategies contained in the Working Groups Report, as well as information regarding the project fiscal impact, where applicable.

In response to a question regarding the status of the child welfare compliance unit audit report, the Secretary stated the report is currently with the contractors for their response and will be available to the public once the response period has ended.

In response to a question regarding whether the awarding of the new child welfare grants was done through a blind process, the Secretary stated this was the intent, although in the proposals, identities became clear due to the history of service.

Discussion of Task Force Recommendations

The Chairperson reviewed some "big picture" considerations for the Task Force in preparing its

final report and recommendations, including the intended audience, the communication plan for the report, and the focus of the report and high-priority recommendations. She noted that policy-oriented recommendation language would need to be finalized in time for staff to prepare a draft report for final approval at the December 4, 2018, meeting. The report will be prepared based upon the usual template for legislative interim committee reports. If the Task Force wants to include a narrative policy statement, it will need to give substantial guidance regarding the phrasing to staff. The tentative plan will be to include the Working Groups Report as an appendix to the Task Force report and to incorporate supporting strategies by reference, as much as possible, to avoid duplication. The Chairperson thanked Ms. Heiligenstein for her assistance in the process and recognized Ms. Heiligenstein to continue facilitating the Task Force’s discussion.

Ms. Heiligenstein reviewed a grid she had prepared summarizing the Task Force’s initial recommendation discussion at the September 28, 2018, meeting and suggested the Task Force consider working toward three prioritized tiers of recommendations. She noted the feedback DCF had provided regarding the working group recommendations and urged the Task Force to keep in mind which recommendations can be accomplished through agency policy, which can be accomplished through practice and procedure, and which will require statute or other legislative action to accomplish. She noted appropriations will also be a factor, but probably a factor that does not fall within the focus of the Task Force.

Ms. Heiligenstein reviewed the recommendations initially categorized as “accept” and asked if there were any further changes desired to those items. No changes were identified.

Ms. Heiligenstein next turned the Task Force’s attention to further discussion regarding the recommendations initially categorized as “accept with possible modifications” (the result of the Task Force’s discussion is noted with each recommendation):

- A3, access to care—accept proposed edits;

- A5, analysis of service delivery—possibly add date further out for privatization evaluation, to allow new contracts and changes to operate first; add language regarding outcome measures modified from A6 and require semi-annual reporting;
- B4, serious injury review—add language regarding state and federal confidentiality laws;
- B7, safety net—accept proposed edit and reference Mental Health Task Force recommendations;
- C3, early intervention—add to recommendation B7;
- C4, Court Appointed Special Advocates—due to concerns regarding potential reduction of funding, leave language as is and add language regarding not disrupting existing funding stream; and
- C7, physical access—due to similar concerns as previous recommendation, leave language as is.

The Task Force turned its attention to those recommendations initially categorized as “pending or revisit”:

- A4, child advocate—Judicial Council study is complete but its report is pending; reword recommendation to include “Legislature evaluate the need for” and hold for further consideration in December;
- A6, outcome measures—language modified and incorporated into A5, analysis of service delivery;
- B2, information sharing—add language regarding state and federal confidentiality laws;

- B6, non-abuse neglect—reference Mental Health Task Force recommendations;
- C11, adoption process—replace with language from supporting strategy regarding diligent search for possible relative placements, beginning immediately upon removal, rather than require 80 relatives identified within a month; have DCF establish an outcome and targets and maintain data to help evaluate and adjust appropriate benchmarks; and
- C12, modifications to CINC Code—recommend Legislature request Judicial Council study the topic.

Ms. Heiligenstein turned the Task Force’s attention to prioritization of recommendations. Following discussion, the Task Force consensus was to include the recommendations regarding workforce, data infrastructure, the Families First Act, and access to care in the top tier. Any other recommendations adopted from those identified by the working groups as high priority would be placed into the second tier, with the remaining recommendations making up the third tier.

The Chairperson announced staff would attempt to provide a draft report with recommendations based upon the Task Force’s discussion in advance of the December 4 meeting so members could review and come prepared to finalize the recommendations. An assistant revisor cautioned Task Force members to avoid any discussions of the draft report before the December 4 meeting to stay clear of potential Kansas Open Meetings Act violations.

The Chairperson requested staff replace “shall” with “should” throughout the draft report, except for specific recommendations as noted, for the Task Force to consider in adopting the recommendations.

December 4, 2018, Meeting

Dr. Bass again substituted for Lindsey Stephenson as the representative of KVC Kansas for this meeting.

PRTF Update

Sarah Irsik-Good, KFMC, updated the Task Force on KFMC’s external validation of KDHE and KDADS’ PRTF admission reviews. Ms. Irsik-Good provided information to the Task Force regarding KFMC’s history and credentials, as well as the credentials of the case review manager and three physician reviewers who conducted the validation. Ms. Irsik-Good explained KDHE and KDADS had audited 200 PRTF admission requests (including approvals and denials) and had determined 100.0 percent of those cases reviewed were appropriate based on established criteria for medical necessity. KFMC then validated a targeted sample consisting of 20.0 percent of the KDHE and KDADS reviews. Of the reviewed determinations, KFMC’s review team determined 100.0 percent were appropriate.

Ms. Irsik-Good then explained that the certification of need for services is standardized, but to evaluate and approve or deny cases in accordance with the certification, each MCO uses a different criteria tool, which must be approved.

Responding to questions from Task Force members, Ms. Irsik-Good clarified the KFMC review was limited in scope only to review of the medical necessity determinations described previously. The review did not include topics such as the PRTF wait list, bed capacity, available community services, bureaucratic hurdles to authorization, appropriate discharge time frames, or the community impact when children are not placed in a PRTF.

Ms. Fout provided additional information in response to Task Force questions, including:

- Licensed PRTF bed count is currently at 282, with a census of 258;
- The PRTF wait list is at 140, which is not the highest it has been;
- Additional PRTF capacity is anticipated in 2019, and community mental health centers are trying to provide community services to those on the wait list;

- PRTF providers have discussed staffing issues and rate setting issues as impediments to increasing bed space;
- The National Research Institute is studying the wait list and number of beds needed, and in the meantime KDADS officials are meeting with Kansas Department of Corrections, KDHE, and DCF officials to try to brainstorm;
- There are 43 out-of-state children currently in Kansas PRTFs; and
- KDADS is seeing good outcomes from the System of Care grant, which is being implemented by four community mental health centers.

Secretary Meier-Hummel noted there is a facility in Atchison with the potential to become a PRTF and suggested the State might need to provide upfront money to help bring additional facilities online.

Task Force members expressed concerns regarding the rate of progress in addressing the PRTF space issue, noting many of the questions raised in early Task Force meetings appear to remain unaddressed.

In response to additional Task Force questions, Georgianna Correll, Budget Director, KDADS, stated the PRTF bed capacity issue was not addressed in the KDADS budget because the facilities are privately owned. KDADS' responsibility is to license the beds and fund the reimbursement for beds used by Medicaid recipients.

Secretary Meier-Hummel stated DCF is working to open juvenile crisis beds funded by the 2018 Legislature and suggested another facility and the Atchison facility might be used as PRTFs, potentially adding 40-60 beds within a shorter time frame.

Task Force members noted various issues they had been made aware of regarding PRTFs, including the payment system that requires

providers to front money for services, a need for fixed payment rates to ensure financial viability, paperwork burdens, and staffing recruitment and turnover issues.

DCF Update

Secretary Meier-Hummel provided the Task Force with a DCF update, including:

- A list and maps of the recently announced child welfare grantees for case management (four grantees in eight catchment areas) and family preservation (two grantees in four catchment areas);
- A summary of the grant award process and transition plans;
- Additional information regarding the placement matching system and the contract for the system;
- An adoption update;
- An update regarding efforts to locate missing and runaway youth (Operation Hope) and the latest numbers of runaway youth (55 as of November 29 and 60 as of December 3); and
- Updates regarding overall DCF numbers, the implementation of the comprehensive child welfare information system (CCWIS), and the Family First Prevention Services Act.

Secretary Meier-Hummel also provided the Task Force with an updated version of the DCF responses to the working group recommendations containing references to relevant DCF policies and additional fiscal impact information. She also noted the last time a child spent the night in a contractor's office was September 20, 2018.

In response to Task Force questions, the Secretary described DCF's efforts to respond to the PRTF bed space issue, including setting the rate in the new grants and allowing adjustment for specialized homes that can meet additional needs. She stated these efforts are intended to stabilize

placement options for children in state care when PRTF beds are unavailable. The Secretary stated DCF has been examining possible effects of TANF changes made in 2011 on the foster care population and has implemented risk-removal staffing and other efforts to address the needs of families encountering the system due to neglect.

In response to another Task Force question, Mr. Lewien stated the TANF reserve currently has about \$57.0 million. At the current rate of spending, the reserve is projected to be spent down in about seven years.

Discussion and Finalization of Task Force Recommendations and Report

The Chairperson directed the Task Force's attention to the draft report and recommendations and guided the Task Force through each recommendation separately for any discussion or changes. The Task Force had more extensive discussion or made changes to the following recommendations (numbers and titles listed are from the draft report, which may be found with the December Task Force minutes).

2. Data Infrastructure: "medical" typo correction; questions regarding implementation of the CCWIS; comment that implementing legislation should be more specific.

4. Access to Care: add "Medicaid-eligible" before "high-risk" and change "and" to "or" to clarify population and funding sources.

10. Safety Net, Early Childhood Programs, and Early Intervention: remove "government-funded" and list legislative consideration of restoration of TANF eligibility to pre-2011 levels as an "additional consideration" after the recommendations.

11. Information Sharing: add "irrespective of state borders" and remove "regarding confidentiality."

12. Non-Abuse Neglect: extensive discussion regarding the lack of definition of "non-abuse neglect" (NAN) in the CINC Code and need to examine the standard for removal findings and other aspects of the Code in light of the DCF

definition of NAN to address the NAN removal issue; remove the portions of the recommendation regarding NAN and create a new Tier 1 recommendation (Recommendation 5 in this report) recommending Judicial Council study of the CINC Code, especially the NAN issue and the best interests for permanency issue from draft report Recommendation 24; remove Recommendation 24 as a standalone recommendation; in remaining portion of Recommendation 12, also remove "high-risk" and "fully funded."

13. Adoption Process: review of October meeting discussion underlying revised draft language; change title to "Relative Search" to better reflect revised language.

15. Front-End Staffing: remove "only" to accommodate recent DCF staffing changes.

16. Case Plans: remove "and provide reimbursement to required participants" and allow that to be considered as part of the restructuring.

19. Resources and Accountability: request Ms. Shah submit language drawn from the supporting strategies for this recommendation to provide more specificity.

22. Physical Access: questions regarding current denial of physical access and possible fiscal impact; new placement management system, consensus caseload, and grant requirements account for any cost.

23. Child Advocate: following extensive discussion, the Task Force voted to remove this recommendation.

Once discussion was complete, the Chairperson requested the Task Force vote on the entire set of recommendations, as changed during its discussion, with leeway for the language to be submitted by Ms. Shah for the resources and accountability recommendation. The Task Force voted to approve the question as stated by the Chairperson.

CONCLUSIONS AND RECOMMENDATIONS

Working from the recommendations made by the working groups, the Task Force discussed, modified, and in some cases combined recommendations before finalizing 23 recommendations to adopt. The recommendations are listed below, along with references to the working group recommendation(s) from which each recommendation was drawn.

The Task Force organized its recommendations by priority into three tiers. (*Note:* The numbering of individual recommendations is for ease of reference only and does not reflect priority order.)

More information regarding the references to the report of the Mental Health Task Force may be found in the crosswalk attached to this report as Appendix A. The Task Force urges consideration of the recommendations of the Mental Health Task Force identified in the crosswalk.

Supporting strategies provided by the working groups for each recommendation are not repeated in this report, but the Task Force urges consideration of which supporting strategies may be appropriate to use in implementing its recommendations.

Tier One Recommendations

The Task Force adopted the following five recommendations as its highest priority recommendations:

1. *Workforce.* The State of Kansas should invest in the child welfare system workforce by increasing funding for recruitment, retention, and support to effectively attract and retain high-quality staff [Working Group (WG) Rec. A1];
2. *Data Infrastructure.* The State of Kansas should create a single, cross-system, web-based, integrated case management and data reporting system that can be used by the Kansas Department for Children and Families (DCF) and all relevant agencies and stakeholders to efficiently and effectively share information (*e.g.*,

education, dental, medical, behavioral) [WG Rec. A2];

3. *Families First Act.* The State of Kansas should fund and institute the Families First Prevention Services Act in Kansas and follow the federal guidelines [WG Rec. B1];
4. *Access to Care.* The State of Kansas should require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible high-risk youth through the Medicaid state plan or other appropriate sources of funding [WG Rec. A3]; and
5. *Code for Care of Children.* The Judicial Council should review the Code for Care of Children (CINC Code), especially with regard to a) the way DCF's definition of "non abuse neglect" relates to cases under the CINC Code, and b) modifications to meet the child's ongoing best interests for permanency [WG Recs. B6 and C12].

Tier Two Recommendations

The Task Force adopted the following nine recommendations as high-priority recommendations:

6. *Foster Care Re-entry and Transitional Services.* The State of Kansas should provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of the Kansas Department for Children and Families [WG Rec. C1];
7. *Service Setting:* The State of Kansas should prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools, and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered [WG Rec. C2];

8. *Reintegration Support.* The State of Kansas should provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents [WG Rec. C5];
9. *Foster Homes.* The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children, and birth families, as well as modifying licensing requirements [WG Rec. C8];
10. *Analysis of Service Delivery.* The State of Kansas should establish a work group or task force to conduct an analysis to: 1) determine what it costs to adequately fund high-quality child welfare services; 2) by 2021, evaluate the benefits of privatizing child welfare services; and 3) determine the best public/private collaboration to deliver child welfare services. DCF shall determine appropriate outcome measures and periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports should be provided to the Legislature semi-annually [WG Recs. A5 and A6];
11. *Safety Net, Early Childhood Programs, and Early Intervention.* The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. The Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention) [WG Recs. B7 and C3];
12. *Information Sharing.* The State of Kansas should establish a multi-disciplinary approach and share information across and among stakeholders, irrespective of state borders, in accordance with federal and state laws [WG Rec. B2];
13. *Non-Abuse Neglect.* The State of Kansas should provide differential responses for newborns and refer them to evidence-based services. The Task Force recommends consideration of related Mental Health Task Force recommendations 6.1 (Expand Service Options), 4.2 (Regional Model), and 6.4 (Early Intervention) [WG Rec. B6]; and
14. *Relative Search.* The State of Kansas should ensure that diligent search for relatives for possible placement begins immediately when a child is removed from the home. DCF should establish benchmarks for relative identification and shall monitor related outcomes, such as number of relatives identified within the first 30 days, number of children in relative placements and length of time for the child to reach that placement, and number of relatives contacted. DCF should regularly report on these benchmarks and outcomes to the Legislature [WG Rec. C11].

Tier Three Recommendations

The Task Force adopted the following nine recommendations as important recommendations:

15. *Immediate Response.* The State of Kansas should provide immediate response 24/7 to hotline calls and dedicated immediate response investigators to be dispatched, when warranted [WG Rec. B3];
16. *Front-End Staffing.* DCF should employ highly skilled and experienced front-end child welfare staff [WG Rec. B5];
17. *Case Plans.* The State of Kansas should restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case [WG Rec. C6];

18. *Post-Adoptive Support.* The State of Kansas should ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services [WG Rec. C13];
19. *Maximizing Federal Funding.* The State of Kansas should conduct an audit of potential funding streams by program area, to ensure the State is maximizing federal benefit [WG Rec. C9];
20. *Resources and Accountability.* The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors; improving workforce morale and tenure; and providing technology to improve efficiencies [WG Rec. C10];
21. *Serious Injury Review.* The State of Kansas, in accordance with federal and state confidentiality laws, should formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with DCF Protection and Prevention Services concerning prior abuse and neglect [WG Rec. B4];
22. *Court Appointed Special Advocates.* The Legislature shall fund Court Appointed Special Advocates (CASAs) to ensure the availability of CASA volunteers in all jurisdictions, without disrupting the current funding CASAs receive from the State of Kansas [WG Rec. C4]; and
23. *Physical Access.* The Legislature should fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan [WG Rec. C7].

Additional Consideration

The Legislature should consider restoring Temporary Assistance for Needy Families (TANF) eligibility to its pre-2011 status.

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Appendix A

Child Welfare System Task Force – Working Groups Report

Background: The Child Welfare System Task Force (CWSTF) created three working groups: Working Group for the General Administration of Child Welfare by the Kansas Department for Children and Families (DCF) and Foster Care (WGA); Working Group for Protective Services and Family Preservation (WGB); and Working Group for Reintegration and Permanency Placement (WGC). Each working group developed priority recommendations as well as supporting strategies for the recommendation that should be considered in the development of an implementation plan.

View full report:

http://www.dcf.ks.gov/Agency/CWSTF/Documents/CWSTF%20Docs/CWSTF_Report_2018.08.01.pdf

Figure 1. CWSTF Recommendations Related to MHTF Regionalization Recommendations

MHTF Recommendation	Related CWSTF Recommendation
2.2: Access to Effective Practices and Support. Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices) in the community.	C2: Service Setting. The State of Kansas shall prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered

Figure 1. CWSTF Recommendations Related to MHTF Regionalization Recommendations (cont.)

MHTF Recommendation	Related CWSTF Recommendation
<p>6.1: Expand Service Options. Create additional options such as therapeutic foster care and home-based family therapy, among others, in regions across the state.</p>	<p>B6.3. The State of Kansas shall identify and support community partners and services which include naturally occurring resources to better identify and enhance families' protective abilities. The State of Kansas shall fund these services to ensure that they are adequately staffed so that workers may become aware of safety situations before they become acute and communicate such concerns in a timely manner.</p>
	<p>C2.1 The State of Kansas shall provide intensive, in-home, one-on-one services, following the Behavioral Interventionist Program™ (BI) or similar model, statewide to children who struggle with behavioral and emotional management to the degree that the behaviors threaten the stability of their current placement, to reduce hospitalization and/or congregate care and maintain their current placement.</p>
	<p>C2.3 The State of Kansas shall expand and ensure availability and access to home-based family therapy services in communities statewide and ensure adequate reimbursement to providers for time, travel and other related expenses.</p>

Figure 2. **CWSTF Recommendations Related to MHTF Recommendations**

MHTF Recommendation	Related CWSTF Recommendation
<p>1.2: Medicaid Expansion Models. Adopt one or more models of Medicaid expansion to pursue solutions for serving the uninsured and underinsured. Such model(s) should improve access to behavioral health services.</p>	<p>B7.5. The State of Kansas and the Legislature shall fund and expand KanCare.</p>
<p>1.3: Housing. Instruct the Kansas Department for Aging and Disability Services (KDADS) to convene key agencies and the entities that currently provide housing programs, facilitate community collaborations, and prepare for federal funding opportunities.</p>	<p>B7.2. The State of Kansas shall strengthen and provide matching financial support for community collaborations, including family resource centers that coordinate, facilitate and offer services that build resilience in families and communities. The State of Kansas shall encourage such funding to improve community resources and safety net areas such as child care.</p>
<p>3.1: Regional Model. Implement a regional hospitalization model for provision of additional acute care and treatment to meet bed goals and geographic dispersion.</p>	<p>B7.1. The State of Kansas shall ensure availability and access to community services in rural and urban areas of the state such as, but not limited to, helping with child care, mental health, or transportation.</p>

Figure 2. CWSTF Recommendations Related to MHTF Recommendations (cont.)

MHTF Recommendation	Related CWSTF Recommendation
<p>4.2: Regional Model. In lieu of a single RFP, the Task Force recommends a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute psychiatric crisis. The state hospital setting must continue to provide both acute services as well as longer-term/tertiary specialized care.</p>	<p>B6.5. The State of Kansas shall fund services equally with consideration to the availability and accessibility of services to rural, frontier, isolated and socioeconomically challenged areas.</p>
<p>5.2: Presumptive Approval of Medicaid. Coordinate with the Kansas Department of Health and Environment (KDHE) and determine if a policy could be developed that allows presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs.</p>	<p>A3.1. The State of Kansas shall coordinate an automatic enrollment process to ensure no enrollment requirements are placed on the youth and young adults under age 26 years.</p>
<p>6.3: Quality of Care. MCO contracts should incentivize reduced PRTF readmissions instead of reduced lengths of stay.</p>	<p>A3.3. The State of Kansas shall explore revisions to the current level of care guidelines and consistent interpretation of criteria for admission, continued stay and discharge (PRTF and Acute Inpatient) to create a more detailed statewide criterion that will ensure foster care children receive appropriate discharge planning.</p>

Figure 2. **CWSTF Recommendations Related to MHTF Recommendations (cont.)**

MHTF Recommendation	Related CWSTF Recommendation
<p>6.4: Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.</p>	<p>A3.5. The State of Kansas shall increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment and treatment.</p>
<p>6.4: Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.</p>	<p>B6.1. The Kansas Legislature shall enact a policy for universal screening of risk for abuse or neglect to all Kansas newborns and a referral system to evidence-based programs for all high-risk newborns before leaving the hospital.</p>

Figure 2. CWSTF Recommendations Related to MHTF Recommendations (cont.)

MHTF Recommendation	Related CWSTF Recommendation
<p>6.4. Early Intervention. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.</p>	<p>C3: Early Intervention. The State of Kansas shall ensure availability and adequate access to early childhood behavioral health services statewide.</p>

Child Welfare System Working Groups

Report to the
Child Welfare System Task Force

Revised September 25, 2018

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Acknowledgments

The three working groups convened by the Child Welfare System Task Force are grateful for the valuable input they received and contributions of the following individuals and organizations.

Working Group A: General Administration of Child Welfare by the Kansas Department for Children and Families (DCF) and Foster Care

- Sandra Lessor, Attorney, Sedgwick County District Attorney's Office (Chairperson)
- Laura Kelly, Senator, Ranking Minority Member of Senate Committee on Public Health and Welfare (Vice Chairperson; resigned January 2018)
- Daniel Cahill, District Judge, 29th Judicial District Court (Vice Chairperson; resigned April 2018)
- Jeffry Larson, District Judge, 5th Judicial District Court (Vice Chairperson; appointed May 2018)
- Katherine Melhorn, Physician; Member of Child Death Review Board
- Mary Tye, Vice President, Kansas Foster and Adoptive Parent Association
- Dona Booe, President and CEO, Kansas Children's Services League
- Kellie Hogan, Attorney, Kansas Legal Services (specializing in juvenile and Child in Need of Care [CINC] matters)
- Kathy Keck, Foster/Adoptive Parent (specializing in high needs); formerly worked at Kansas Department of Social and Rehabilitation Services (SRS); Kansas Department for Aging and Disability Services (KDADS) and Department for Children and Families (DCF)
- Sarah Oberndorfer, Attorney and Foster Parent
- Loren Pack, School Social Worker and Educator
- Susana Prochaska, Executive Board President, Kansas School Counselor Association; Former Youth in Care
- Erin Rainey, Foster Parent

Working Group B: Protective Services and Family Preservation

- David Ohlde, Sergeant, Marysville Police Department (Chairperson)
- Jarrod Ousley, Representative, Ranking Minority Member of House Committee on Children and Seniors (Vice Chairperson)
- Gina Meier-Hummel, Social Worker, formerly with The Shelter, Inc (resigned December 2017)
- Gail Cozadd, Director of Children and Family Services, Kansas Children's Service League
- Sarah Coats, Social Worker
- Erika DeMarco, Judge, Lenexa Municipal Court
- Kathleen Holt, Retired Child Welfare Educator; Former Foster Parent
- Connie Mayes, LMSW, Therapist, Social Work Educator, Consultant (Child Welfare and CINC issues), DCF Social Work Supervisor Retiree
- Tara D. Wallace, LCSW, President, Kansas African American Foster Care/Adoption Coalition
- Taylor Wine, District Judge, 4th Judicial District Court
- Kate Zigtema, Attorney, Zigtema Law Office, LC, Shawnee, KS

Working Group C: Reintegration and Permanency Placement

- Alicia Johnson-Turner, Therapist, Citizen Review Board (Chairperson)
- Linda Gallagher, Representative, Vice Chairperson of House Committee on Children and Seniors (Vice Chairperson)
- Mickey Edwards, State Director, Kansas Court Appointed Special Advocates (CASA)
- Serena Hawkins, Attorney, Hawkins Law
- Ashlyn Yarnell, Attorney, Ronald Nelson Law
- Charlene Brubaker, Attorney, Ellis County District Attorney's Office
- Cara Payton, Social Worker and Foster Parent
- Lori Ross, President and CEO, FosterAdopt Connect
- Ruth Schenck, Nurse (retired)
- Nina Shaw-Woody, Executive Director, Kansas Family Advisory Network
- Tim Gay, Founder & Executive Director, Youthrive
- Kathleen Sloan, District Judge, 10th Judicial District

The working groups would like to thank the following staff of the Kansas Department for Children and Families (DCF) for their assistance: Secretary Gina Meier-Hummel; Steve Greene, Director of Policy & Legislative Affairs; Pam Hahn, Special Assistant; Susan Gile, Deputy Secretary; Patricia Long, Prevention & Protective Services Director; and Thad Powell, Public Information Officer.

Additionally, the working groups extend special thanks to the following staff of the Kansas Health Institute: Hina Shah, Analyst; Carlie Houchen, Analyst; Jason Orr, Analyst; Sydney McClendon, Analyst; and Crystal Webnum, Intern, for providing process facilitation, research support and report preparation under the working group's direction.

The working groups also would like to thank Anne Heiligenstein and Michael Martinez from Casey Family Programs for their testimony and research support.

Lastly, the working groups thank the individuals who submitted testimony and/or were invited to testify at working group meetings.

Executive Summary

2017 House Substitute for Senate Bill (SB) 126 directed the Secretary for the Kansas Department for Children and Families (DCF) to establish a Child Welfare System Task Force (CWSTF) to study the child welfare system in the State of Kansas. The CWSTF convened three working groups (WG): WGA—General Administration of Child Welfare by the Kansas Department for Children and Families and Foster Care; WGB—Protective Services and Family Preservation; and WGC—Reintegration and Permanency Placement. The charge for the three working groups was to study the topics in the proviso and determine any additional topics for study to develop recommendations for improving the safety and well-being of children in the child welfare system in the State of Kansas as well as recommending changes to law, rules and regulations and child welfare system processes.

The working groups convened by the task force each consisted of no fewer than two task force members and no more than seven non-task force members. The working groups met approximately monthly from October 2017 to September 2018 and meetings were facilitated by the Kansas Health Institute (KHI). The working groups approached the recommendation development process in three phases:

1. *Education and Brainstorming*—from October 2017–December 2017, each working group invited testimony to understand the topics of study in the proviso, brainstormed additional topics for study and prioritized three to four goals for study;
2. *Testimony Hearings*—from January 2018–May 2018 and again in August 2018, each working group heard select testimony from the 49 approved submissions and invited testimony proposing solutions for the identified topic areas of study; and
3. *Recommendations*—from June–September 2018, each working group developed a final set of recommendations and from this set, ranked one recommendation as high-priority by consensus for each goal. Two working groups also identified a high-priority recommendation that covered multiple goals.

This report includes a list of the high-priority recommendations ranked by consensus (see *Figure 1*, page vi) as well as a list of all recommendations proposed by the three working groups (See *Figure 2*, page viii). Please note that WGA may prioritize other recommendations not contained in this report if given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report. The 2018 Annie E. Casey Assessment was made available to the public on September 19, 2018. The working group requests to convene when both reports are available.

Figure 1. High-Priority Recommendations by Working Group

Working Groups		
Working Group A	Working Group B	Working Group C
General Administration of Child Welfare by DCF and Foster Care	Protective Services and Family Preservation	Reintegration and Permanency Placement
Recommendation A1: Workforce. The State of Kansas must invest in the child welfare system workforce by increasing funding for recruitment, retention and support to effectively attract and retain high-quality staff.	Recommendation B1: Families First Act. The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines.	Recommendation C5: Reintegration Support. The State of Kansas shall provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers including, but not limited to, parents and foster parents.
Recommendation A2: Data Infrastructure. The State of Kansas shall create a single, cross-system, web-based, integrated case management and data reporting system which can be used by the Kansas Department for Children and Families and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral, etc.).	Recommendation B2: Information Sharing. The State of Kansas shall establish a multi-disciplinary approach and share information across and between stakeholders.	Recommendation C2: Service Setting. The State of Kansas shall prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered.
Recommendation A5: Analysis of Service Delivery. The State of Kansas shall establish a work group or task force to conduct an analysis to: (1) determine what it costs to adequately fund high-quality child welfare services; (2) evaluate the benefits of privatizing child welfare services; and (3) determine the best public/private collaboration to deliver child welfare services.	Recommendation B6: Non-Abuse Neglect. The State of Kansas shall not remove children solely for non-abuse neglect (NAN), and it shall provide differential responses for high-risk newborns and NAN reports and refer them to fully funded, evidence-based services.	Recommendation C11. Adoption Process. The State of Kansas and the Department for Children and Families shall enlist the services of a process engineer to achieve faster and efficient permanency.

Note: Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Figure 1. High-Priority Recommendations by Working Group (continued)

Working Groups		
Working Group A	Working Group B	Working Group C
General Administration of Child Welfare by DCF and Foster Care	Protective Services and Family Preservation	Reintegration and Permanency Placement
	Recommendation B7: Safety Net. The State of Kansas shall fully fund, strengthen, and expand safety net and early childhood programs through public services (Kansas Department for Children and Families, mental health, substance use disorder and education) and community-based partner programs, and reduce barriers for families needing to access government-funded, concrete supports.	Recommendation C8: Foster Homes. The State of Kansas must invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children and birth families as well as modifying licensing requirements.
		Recommendation C1: Foster Care Re-entry and Transitional Services. The State of Kansas shall provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of the Kansas Department for Children and Families.

Note: Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: Child Welfare System Working Groups, Report to the Child Welfare System Task Force.

Following is the list of all recommendations proposed by each working group by goal for consideration by the CWSTF.

Figure 2. Summary of All Recommendations by Working Group and Goal

Working Group A—General Administration of Child Welfare by DCF and Foster Care
WGA Goal #1: Improve morale and tenure of workforce
HIGH-PRIORITY Recommendation A1: Workforce. The State of Kansas must invest in the child welfare system workforce by increasing funding for recruitment, retention and support to effectively attract and retain high-quality staff. (page 11)
WGA Goal #2: Streamline and improve technology and communication across the child welfare system
HIGH-PRIORITY Recommendation A2: Data Infrastructure. The State of Kansas shall create a single, cross-system, web-based, integrated case management and data reporting system which can be used by the Kansas Department for Children and Families and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral, etc.). (page 15)
Recommendation A3: Access to Care. The State of Kansas shall require access to high-quality and consistent medical and behavioral health care for youth in foster care through the Medicaid state plan by managed care organization (MCO) performance measures and oversight. (page 17)
Recommendation A4: Child Advocate. The Legislature shall fund and establish the Office of the Child Advocate (OCA) for Children's Protection and Services within the Kansas Department of Administration to identify challenges across the child welfare system, provide oversight and propose solutions. (page 19)
WGA Goal #3: Strengthen contractor oversight and supervision by DCF
HIGH-PRIORITY Recommendation A5: Analysis of Service Delivery. The State of Kansas shall establish a work group or task force to conduct an analysis to: (1) determine what it costs to adequately fund high-quality child welfare services; (2) evaluate the benefits of privatizing child welfare services; and (3) determine the best public/private collaboration to deliver child welfare services. (page 24)
Recommendation A6: Outcome Measures. The Kansas Department for Children and Families with contractors shall create a shared vision and strategy to set clear expectations and accountability for a set of desired outcomes. Periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports shall be provided to the Office of the Child Advocate for Children's Protection and Services (established in recommendation A4, page 19) quarterly and to the Legislature annually. (page 25)

Note: Asterisks (*) and highlighting designate the high-priority recommendation for each goal prioritized by the working group. Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Figure 2. Summary of All Recommendations by Working Group and Goal (continued)

Working Group B—Protective Services and Family Preservation
Cross-Goal Recommendation
HIGH-PRIORITY Recommendation B1: Families First Act. The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines. (page 31)
WGB Goal #4: Strengthen assessment of risk and safety and eliminate child fatalities by abuse and neglect
HIGH-PRIORITY Recommendation B2: Information Sharing. The State of Kansas shall establish a multi-disciplinary approach and share information across and between stakeholders. (page 34)
Recommendation B3: Immediate Response. The State of Kansas shall provide immediate response 24/7 to hotline calls and dedicate immediate response investigators to be dispatched, when warranted. (page 36)
Recommendation B4: Serious Injury Review. The State of Kansas shall formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with the Kansas Department for Children and Families Protection and Prevention Services concerning prior abuse and neglect. (page 37)
Recommendation B5: Front-End Staffing. The Kansas Department for Children and Families shall employ only highly skilled and experienced front-end child welfare staff. (page 39)
WGB Goal #5: Safely reduce the number of children in the child welfare system
HIGH-PRIORITY Recommendation B6: Non-Abuse Neglect. The State of Kansas shall not remove children solely for non-abuse neglect (NAN), and it shall provide differential responses for high-risk newborns and NAN reports and refer them to fully funded, evidence-based services. (page 42)
WGB Goal #6: Strengthen the safety net and early childhood education
HIGH-PRIORITY Recommendation B7: Safety Net. The State of Kansas shall fully fund, strengthen, and expand safety net and early childhood programs through public services (Kansas Department for Children and Families, mental health, substance use disorder and education) and community-based partner programs, and reduce barriers for families needing to access government-funded, concrete supports. (page 46)

Note: Asterisks (*) and highlighting designate the high-priority recommendation for each goal prioritized by the working group. Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: Child Welfare System Working Groups, Report to the Child Welfare System Task Force.

Figure 2. Summary of All Recommendations by Working Group and Goal (continued)

Working Group C—Reintegration and Permanency Placement
WGC Goal #7: Improve child well-being and outcomes for youth aging out of care
<p>*HIGH-PRIORITY* Recommendation C1: Foster Care Re-Entry and Transitional Services. The State of Kansas shall provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of the Kansas Department for Children and Families. (page 57)</p>
WGC Goal #8: Expand the level of access to child welfare services to support reintegration and permanency
<p>*HIGH-PRIORITY* Recommendation C2: Service Setting. The State of Kansas shall prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered. (page 62)</p> <p>Recommendation C3: Early Intervention. The State of Kansas shall ensure availability and adequate access to early childhood behavioral health services statewide. (page 64)</p> <p>Recommendation C4: Court Appointed Special Advocates. The Legislature shall fund Court Appointed Special Advocates (CASA) to ensure the availability of CASA volunteers in all jurisdictions. (page 65)</p>
WGC Goal #9: Increase reunification rates and improve times to reintegration
<p>*HIGH-PRIORITY* Recommendation C5: Reintegration Support. The State of Kansas shall provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers including, but not limited to, parents and foster parents. (page 66)</p> <p>Recommendation C6: Case Plans. The State of Kansas shall restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case and provide reimbursement to required participants. (page 69)</p> <p>Recommendation C7: Physical Access. The Legislature shall fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan. (page 70)</p>

Note: Asterisks (*) and highlighting designate the high-priority recommendation for each goal prioritized by the working group. Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Figure 2. Summary of All Recommendations by Working Group and Goal (continued)

Working Group C—Reintegration and Permanency Placement (continued)
Cross-Goal Recommendation
<p>*HIGH-PRIORITY* Recommendation C8. Foster Homes. The State of Kansas must invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children and birth families as well as modifying licensing requirements. (page 72)</p> <p>Recommendation C9. Maximizing Federal Funding. The State of Kansas shall conduct an audit of potential funding streams by program area, to ensure the state is maximizing federal benefit. (page 74)</p> <p>Recommendation C10. Resources and Accountability. The State of Kansas and the Department for Children and Families shall provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. (page 75)</p>
WGC Goal #10: Increase the rate of and support for adoptions to improve time to permanency
<p>*HIGH-PRIORITY* Recommendation C11: Adoption Process. The State of Kansas and the Department for Children and Families shall enlist the services of a process engineer to achieve faster and more efficient permanency. (page 76)</p> <p>Recommendation C12. Modifications to CINC code. The Legislature shall modify the Kansas code for care of children to meet the child’s ongoing best interest for permanency. (page 79)</p> <p>Recommendation C13. Post-Adoptive Support. The State of Kansas shall ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services. (page 81)</p>

Note: Asterisks (*) and highlighting designate the high-priority recommendation for each goal prioritized by the working group. Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

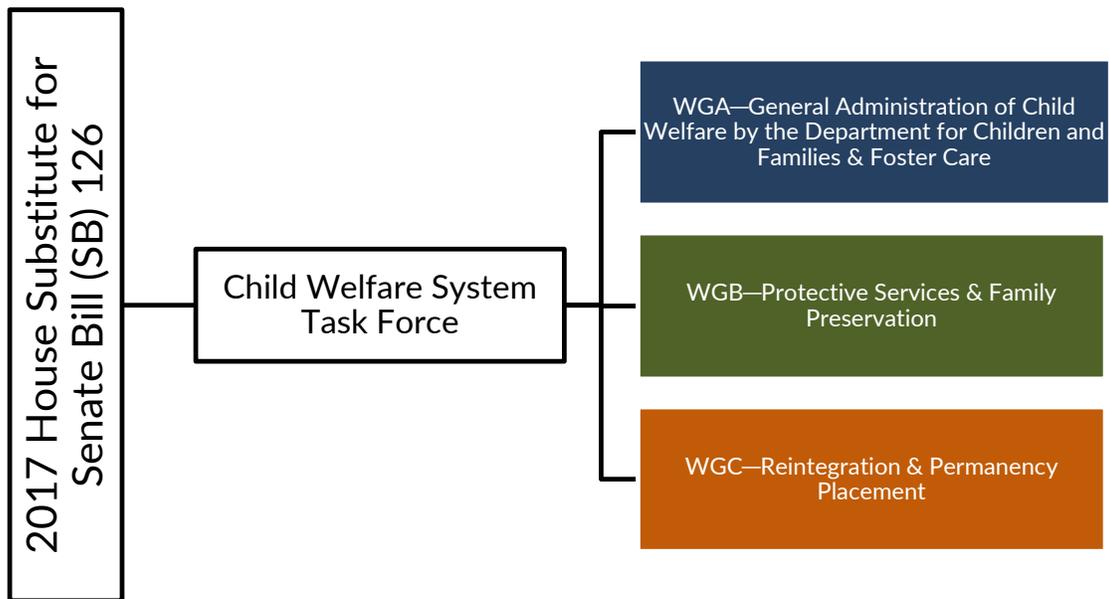
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Introduction

The child welfare system is tasked to protect and nurture the state’s most vulnerable children and families. The challenges presented to the system are numerous, from reducing caseloads for social workers to improving placement stability for children once they are placed in a home. While in the custody of the Kansas Department for Children and Families (DCF), additional challenges include providing trauma-informed care, understanding the child’s community and family connections and ensuring older youth become self-sufficient as they transition to adulthood and out of the foster care system.

2017 House Substitute for Senate Bill (SB) 126 directs the Secretary of DCF to establish a Child Welfare System Task Force (CWSTF) to study the child welfare system in the State of Kansas. The bill directs the task force to convene working groups (WGs) to study the following topics: the general administration of child welfare by DCF, protective services, family preservation, reintegration, foster care, and permanency placement. As shown in *Figure 3*, the CWSTF combined the topics for study and convened three working groups.

Figure 3. Three working groups convened by the Child Welfare System Task Force



Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

The charge for the three working groups was to study the topics in the proviso and determine any additional topics for study to develop recommendations to improve the safety and well-being of children in the child welfare system in the State of Kansas as well as to recommend changes to law, rules and regulations and child welfare system processes.¹

Working Group Members

Each working group organized by the task force consisted of no fewer than two task force members and no more than seven non-task force members. The task force chairperson, vice chairperson and the ranking minority member together appointed the chairperson and vice chairperson of each working group from the members of the task force. The chairperson and vice chairperson of each working group jointly appointed the members of each working group. The non-task force members were selected based on their expertise in the specific working group topic for which they were appointed. All members of the working groups were appointed by August 15, 2017. Member changes were made as circumstances required.

Overview of Process

The role of Kansas Health Institute (KHI) was to provide administrative and facilitation support to the three working groups. Activities included preparing and publishing meeting agendas, meeting minutes and compilation and dissemination of any research, data or information requested by a working group. KHI also ensured that the objectives of each meeting had been met and developed surveys to capture any outstanding items. The working groups approached the recommendation development process in three phases culminating in a final set of recommendations and designating a high-priority recommendation for each goal:

1. Education and Brainstorming;
2. Testimony Hearings; and
3. Recommendations.

Phase 1: Education on Topics of Study and Brainstorming Challenges, Success and Opportunities

From October through December 2017, the three working groups invited testimony to understand the topics of study in the proviso and brainstormed additional topics for study. Each working group prioritized three to four critical goals to study:

Administration of Child Welfare by DCF and Foster Care working group:

1. Improve morale and tenure of workforce.
2. Streamline and improve technology and communication across the child welfare system.
3. Strengthen contractor oversight and supervision by DCF.

Protective Services and Family Preservation working group:

4. Strengthen assessment of risk and safety and eliminate child fatalities by abuse and neglect.
5. Safely reduce the number of children in the welfare system.
6. Strengthen the safety net and early childhood education.

Reintegration and Permanency Placement working group:

7. Improve child well-being and outcomes for youth aging out of care.
8. Expand the level of access to child welfare services to support reintegration and permanency including, but not limited to, health and mental health services, housing, substance use disorder and community-based services in the State of Kansas.
9. Increase reunification rates and improve times to reintegration by strengthening services and supporting cross-sector collaboration.
10. Increasing the rate of and support for adoptions to improve time to permanency.

Phase 2: Testimony Hearings

Testimony was submitted during a one-week window each month from January–May 2018 and again in August 2018 by either completing an online form or mailing the testimony submission form (see *Appendix A*) and written testimony to KHI. Testimony was reviewed by the chairperson and vice chairperson of each working group. A total of 51 complete testimony submissions were received, of which 49 were approved (see *Figure 4*, page 4) and published publicly on the DCF webpage for the working groups at: <http://www.dcf.ks.gov/Agency/CWSTF/>.

As detailed on the testimony submission form, written testimony that included any confidential information or contained details of any individual case was, after review by the chair, rejected in its entirety and promptly destroyed.

Figure 4. Testimony Submissions by Goal and Working Group, January–May and August 2018

	WGA			WGB			WGC			
	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5	Goal #6	Goal #7	Goal #8	Goal #9	Goal #10
No. of Submissions Received	1	4	5	13	6	1	9	4	4	4
No. Approved	1	4	4	12	6	1	9	4	4	4
Total Approved	9			19			21			

Source: Child Welfare System Working Groups, Report to the Child Welfare System Task Force.

The working groups selected written testimony for oral testimony and invited subject matter experts from various organizations to offer solutions related to the goals of each working group. In the recommendation characterization tables throughout this report, the working groups have identified the relevant testimony supporting each recommendation for presentation to the task force.

Phase 3: Recommendations

In the final phase, each working group reviewed recommendations provided through testimony for each goal area as well as recommendations compiled by KHI from reports developed in the past five years by various task forces, committees and work groups. Each working group consolidated and ranked the list of recommendations by consensus. Recommendations were kept broad to offer system-wide solutions and details for each recommendation are offered through a proposed set of strategies and solutions, when warranted. A subcommittee was appointed in each working group to refine the language of the final list of recommendations and supporting strategies. For each recommendation, the working group recommended testimony and provided evidence on practice in other states, as applicable.

High-Priority Recommendations. From the final set of recommendations, each working group identified by consensus a high-priority recommendation related to each goal. If a recommendation spanned across multiple goals (“cross-goal”) for that working group, then the recommendation could be designated as a high-priority. After the high-priority recommendations were ranked, the working groups completed a characterization matrix to determine the required actions, assess its impact in terms of its timing, noted if the implementation of each recommendation could be done within an existing system or process, and identified the level of initial and ongoing investment required to implement the recommendation and its potential to avoid costs. See Figure 5 for a sample matrix that was used to characterize each recommendation.

Figure 5. Characterization of Each High-Priority Recommendation Proposed by the Working Group

Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input type="checkbox"/> Reg./policy change state agency <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> State Funding <input type="checkbox"/> Federal Funding
Characterization	<p>When do we expect to see a high impact? <input type="checkbox"/> Short Term (1-2 years) <input type="checkbox"/> Long Term (more than 3 years)</p> <p>Is there an existing system/process to support the implementation of the recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What level of initial investment will be required? <input type="checkbox"/> Low <input type="checkbox"/> High</p> <p>What level of ongoing investment will be required? <input type="checkbox"/> Low <input type="checkbox"/> High</p> <p>Avoid cost? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Supporting Strategies for the Recommendation	For each recommendation, these are the steps that shall be considered in the implementation plan.
Testimony	This is the list of testimony recommended by the working group for oral testimony to the task force.
State Spotlight(s)	This section provides evidence on practice in other states, as applicable.

Source: Child Welfare System Working Groups, Report to the Child Welfare System Task Force.

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Working Group A (WGA):

**General Administration of Child Welfare by the Kansas
Department for Children and Families (DCF) and Foster Care**

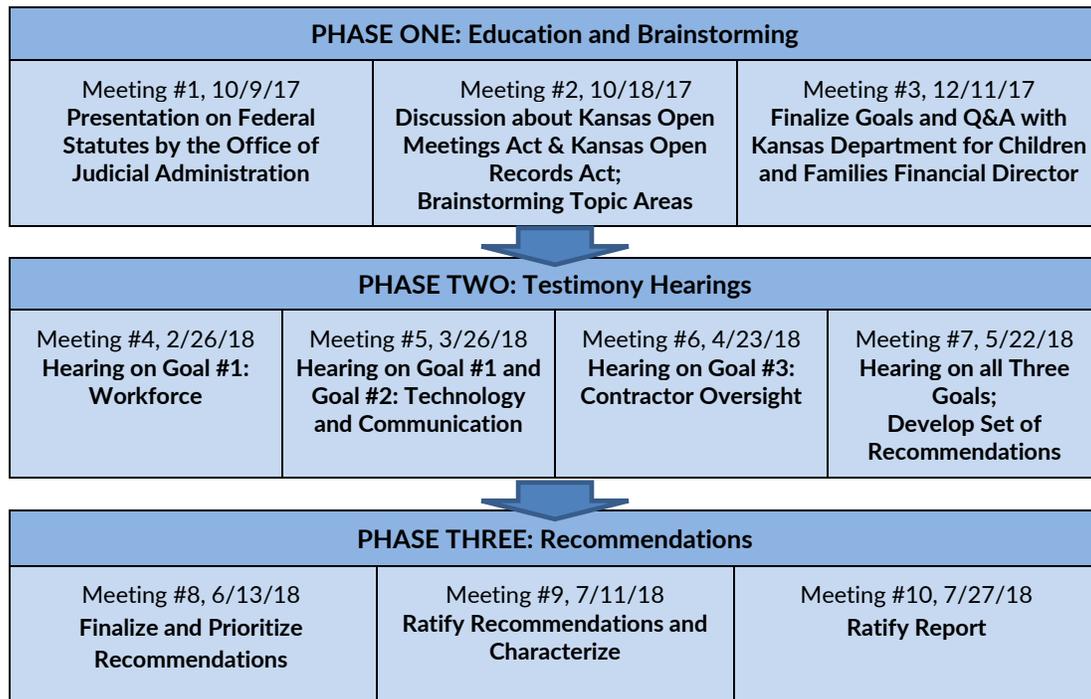
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Working Group A: Overview of Meetings Held

This report focuses on the recommendations developed by Working Group A (WGA)—General Administration of Child Welfare by the Kansas Department for Children and Families (DCF) and Foster Care. The working group met 10 times between October 2017 and July 2018 (see *Figure 6*). Meetings were held monthly from 1:00 p.m.–4:30 p.m. or 10:00 a.m.–2:30 p.m. All meetings were held in person at the Kansas Health Institute (KHI) with the exception of one meeting, during which testimony was given at a hearing held at the State Capitol.

The meeting topics were informed by the legislative proviso as well as the task force and brainstorming conducted by the working group. The final goals for study included: (1) improving workforce morale and tenure; (2) streamlining technology and communication across state agencies, nongovernmental entities and child welfare service providers; and (3) oversight and supervision by DCF over each entity that contracts with DCF to provide reintegration, foster care and adoption services.

Figure 6. Overview of General Administration of Child Welfare by DCF and Foster Care Meetings by Dates, Goals and Phase, October 2017-July 2018



Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Working Group A: Summary of Recommendations

Figure 7. Working Group A—General Administration of Child Welfare by the Kansas Department for Children and Families and Foster Care: Recommendations by Goal

<p>WGA Goal #1: Improve morale and tenure of workforce</p> <p>*HIGH-PRIORITY* <u>Recommendation A1: Workforce.</u> The State of Kansas must invest in the child welfare system workforce by increasing funding for recruitment, retention and support to effectively attract and retain high-quality staff. (page 11)</p>
<p>WGA Goal #2: Streamline and improve technology and communication across the child welfare system</p> <p>*HIGH-PRIORITY* <u>Recommendation A2: Data Infrastructure.</u> The State of Kansas shall create a single, cross-system, web-based, integrated case management and data reporting system which can be used by the Kansas Department for Children and Families and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral, etc.). (page 15)</p> <p><u>Recommendation A3: Access to Care.</u> The State of Kansas shall require access to high-quality and consistent medical and behavioral health care for youth in foster care through the Medicaid state plan by managed care organization (MCO) performance measures and oversight. (page 17)</p> <p><u>Recommendation A4: Child Advocate.</u> The State of Kansas shall fund and establish the Office of the Child Advocate (OCA) for Children's Protection and Services within the Kansas Department of Administration to identify challenges across the child welfare system, provide oversight and propose solutions. (page 19)</p>
<p>WGA Goal #3: Strengthen contractor oversight and supervision by DCF</p> <p>*HIGH-PRIORITY* <u>Recommendation A5: Analysis of Service Delivery.</u> The State of Kansas shall establish a work group or task force to conduct an analysis to: (1) determine what it costs to adequately fund high-quality child welfare services; (2) evaluate the benefits of privatizing child welfare services; and (3) determine the best public/private collaboration to deliver child welfare services. (page 24)</p> <p><u>Recommendation A6: Outcomes Measures.</u> The Kansas Department for Children and Families with contractors shall create a shared vision and strategy to set clear expectations and accountability for a set of desired outcomes. Periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports shall be provided to the Office of the Child Advocate for Children's Protection and Services (established in recommendation A4, page 19) quarterly and to the Legislature annually. (page 25)</p>

Note: Asterisks (*) and highlighting designate the high-priority recommendations for each goal prioritized by the working group. Given an opportunity to review the most recent Child Welfare Compliance Unit Audit Report, WGA may prioritize other recommendations not contained in this report.

Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Goal #1: Improve Morale and Tenure of Workforce

The working group received the following testimonies and reviewed other relevant research to develop recommendations for the goal of improving morale and tenure of the child welfare system workforce.

Testimony Provided:

- Aly Romero, Children's Alliance
- Becky Fast, Kansas chapter of the National Association of Social Workers (NASW)
- Anne Heiligenstein, Casey Family Programs
- Beth Gunsalus, Training Coordinator, DCF
- Ann Goodall, Child Protection Specialist, DCF
- Judy Conway, grandmother (written only)

Other Relevant Research Reviewed:

- Why the Workforce Matters (National Child Welfare Workforce Institute, 2016)²
- Texas Turnover Reduction (Casey Family Programs, 2018)³
- Work attitudes (Levy, M., Partner, J., & Lieberman, A., 2012)⁴
- Professional Self-Care Framework (Lee & Miller, 2013)⁵
- California Evidence Based Clearinghouse for Child Welfare⁶
- An Assessment of Kansas' Front-End Child Welfare System: Recommendations for Building a Solid Front-End System (Casey Family Programs, 2013)⁷
- Report to the Legislature (Mental Health Task Force, 2018)⁸
- Final Report (Kansas Juvenile Justice Workgroup, 2015)⁹

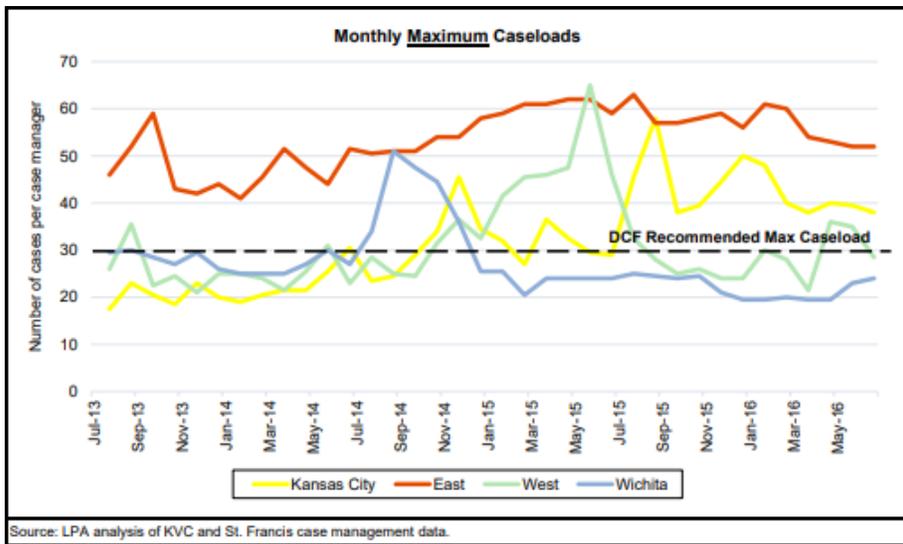
Recommendation A1: Workforce

Background: A stable workforce that is well-trained, highly skilled, well-resourced and appropriately deployed is foundational to a child welfare agency's ability to achieve best outcomes for the children and families it serves.¹⁰ The working group heard testimony on the demands of child welfare staff and the impact of staff leaving the agency due to work-related stress and insufficient pay. Frequent turnover impacts caseloads and workloads for remaining staff, as well as the quality and timeliness of caseworker visits. The National Child Welfare Workforce Institute (NCWWI) found that the cost for each worker leaving the child welfare workforce is \$54,000.¹¹

University of Kansas researchers found that in Kansas, the average child welfare professional stays in the field for two years, while the average supervisor only stays for three years, and

studies have shown that job satisfaction, caseloads and quality of supervision heavily influence whether staff leave or stay.¹² The 2016 Kansas Legislative Division of Post Audit (LPA) Performance Audit Report found that between 2014 and 2016, the case managers working for the two DCF contractors often had caseloads exceeding DCF's best-practice recommendation of 30 cases per case manager (see *Figure 8*).¹³

Figure 8. Monthly Maximum Caseloads per Case Manager by Region, 2014-2016



This issue, facing many child welfare agencies across the country, has been demonstrated to negatively impact child welfare outcomes; for example, when a child experiences multiple caseworker changes, permanency can be delayed.^{14,15} The working group also heard testimony regarding the multifaceted approach used by Texas to stabilize their workforce which resulted in a 27.5 percent decrease in caseworker turnover in just over one year.¹⁶ Texas' approach included a significant salary increase for caseworkers of \$1,000 per month (see *State Spotlight* under *Recommendation A1*).¹⁷ The working group discussed the need for a holistic approach focusing on high-volume recruitment and training of new workers, increasing pay and shaping a work environment that supports and develops caseworkers. Hence, the highest priority and only recommendation for this goal from the working group is:

HIGH-PRIORITY Recommendation A1: Workforce. The State of Kansas must invest in the child welfare system workforce by increasing funding for recruitment, retention and support to effectively attract and retain high-quality staff.

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Recommendation A1: Workforce	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input checked="" type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>A1.1 The State of Kansas, the Kansas Department for Children and Families and its service providers shall increase base salaries for market competitiveness for both classified and unclassified staff and shall implement a tiered compensation system based upon merit, years of experience, education and licensure with clearly-defined titles, roles and responsibilities.</p> <p>A1.2 The State of Kansas, the Kansas Department for Children and Families and its service providers shall increase recruitment and retention of social workers and child welfare professionals by offering financial incentives such as student loan forgiveness, tuition reimbursement, free continuing education units (CEUs) and other incentives and shall conduct an annual survey to determine which incentives are utilized and if other options should be offered.</p> <p>A1.3 The State of Kansas, the Kansas Department for Children and Families and its service providers shall offer a flexible work schedule to manage cases effectively and allow time for self-care and work-life balance.</p> <p>A1.4 The State of Kansas and the Kansas Department for Children and Families shall require front-end staff, at minimum, to receive an intensive, evidence-based training on identifying abuse/neglect, effectively responding, and understanding resulting trauma on the child and family. This should be separate from initial training and ongoing resources should also be made available. The State of Kansas and the Kansas Department for Children and Families shall adapt a similar training on abuse and/or neglect for other providers such as, but not limited to, law enforcement, school social workers, hospital social workers, and public health nurses.</p> <p>A1.5 The Kansas Department of Administration shall conduct exit interviews or termination hearings for all staff that leave the Kansas Department for Children and Families to gather information to improve staff retention and work environment. The Kansas Department for Children and Families shall provide initial and ongoing evidenced-based training, while supporting staff through positive coaching and supervision to ensure fidelity to the evidence-based model.</p>

Recommendation A1: Workforce (continued)	
Category	Details
Testimony	<p>Anne Heiligenstein, Casey Family Programs</p> <p>Becky Fast, Kansas chapter of National Association of Social Workers (NASW)</p>
State Spotlight(s)	<p>Texas implemented a multifaceted approach—from changes in leadership and increased appropriations of resources to an emphasis on organization culture—that included a \$1,000 per month increase for caseworkers and small increases for supervisors and other administrative staff.¹⁸ This change led to a decrease in turnover (18.4 percent in 2017 compared to 25.4 percent in 2016) and in turn, drove down caseloads to 11.4 for investigators (a decrease of 32.5 percent).¹⁹ Additionally, contact for the most serious cases is now meeting the 24-hour standard almost 92 percent of the time.²⁰</p> <p>In addition, Casey Family Programs (CFP) estimated monthly and annual cost of living in the Kansas City metropolitan area as \$2,778/month and \$33,334/year for one adult, and \$5,662/month and \$67,939/year for one adult and two children.²¹</p> <p>DCF provided data for salaries in Kansas:²²</p> <ul style="list-style-type: none"> • Social Work Specialist (classified) starting salary is \$37,981 with an average salary of \$42,378. • Protection Specialist (unclassified) starting salary is \$40,000 (licensed) and \$38,000 (unlicensed) with an average salary of \$42,178. <p>CFP provided salary ranges for the following states:²³</p> <ul style="list-style-type: none"> • <i>Arizona</i>: Placement Case Worker salary is \$34,149–\$50,045/annually; Investigation Case Worker salary is \$37,706–\$55,307/annually. • <i>Arkansas</i>: Family Services Worker (includes investigators and case workers) salary is \$36,155–\$52,425/annually. • <i>Missouri</i>: All hotline staff, investigators, foster care, and intact family workers are classified as Children’s Service Workers (CSWs) I-IV, and salary differentials are based upon their level rather than the type of work. Salaries range from \$27,336–\$55,392/annually.²⁴ • <i>Nebraska</i>: Child and Family Services Specialist salary is \$37,561–\$54,398/annually. • <i>Oklahoma</i>: All hotline staff, investigators, prevention workers, foster caseworkers, and adoption caseworkers are referred to as Child Welfare Specialists I-IV. Levels are based on experience and responsibility. Salaries range from \$36,669–\$57,685/annually.

Goal #2: Streamline and Improve Technology and Communication Across the Child Welfare System

The working group received the following testimony and reviewed other relevant research to develop a set of recommendations for the goal of streamlining and improving communication across the child welfare system as well as providing a mechanism to continually make enhancements.

Testimony Provided:

- Terry Moore, University of Kansas, School of Social Welfare, Results Oriented Management Project (KU ROM)
- Bill Whymark, Saint Francis Community Services
- Anne Heiligenstein, Casey Family Programs
- Jon Hamdorf, Kansas Department of Health and Environment
- Joni Hiatt, FosterAdopt Connect
- Katie Easley, KVC
- Emily Killough, child abuse pediatrician
- Dawn Marlborough, parent (written only)
- Mary Martin, community activist/former CASA in Colorado (written only)

Other Relevant Research Reviewed:

- Child Welfare Information Systems (National Conference of State Legislatures, 2015)²⁵
- Health Care Needs of Texas Children in Foster Care (Casey Family Programs, 2018)²⁶
- University of Kansas ROM Reports (Terry Moore, 2018)²⁷
- Basic Principles of the Tennessee Department of Children's Services Performance-Based Contracting (PBC) Initiative (Tennessee DCS, 2016)²⁸
- The Saint Francis Community Services Technology Roadmap (William Whymark, 2018)²⁹
- Information Technology (KVC, 2018)³⁰

Recommendation A2: Data Infrastructure

Background: Having complete, consistent and specific information about each child is essential to tracking the children entering and exiting the child welfare system.³¹ States are federally mandated to develop data collection systems to collect and store critical information on children and families. It is essential to understand how this data is used within the state, across state agencies and by other stakeholders. The mainframe computer system used by DCF is from 1998 and is not an integrated case management system.³²

The working group heard testimony on a variety of systems and the differences between only collecting child welfare data and providing integrated service delivery to achieve improved

decision-making and data analysis. A web-based case management system has the potential to improve decision-making for children and families by allowing DCF to gather a more comprehensive set of information that can be seen in real time by caseworkers, various stakeholders and decision-makers. Currently, DCF has a major initiative to replace the antiquated system and is getting federal approval for a feasibility study. The highest priority recommendation for this goal by the working group is:

HIGH-PRIORITY **Recommendation A2: Data Infrastructure.** The State of Kansas shall create a single, cross-system, web-based, integrated case management and data reporting system which can be used by the Kansas Department for Children and Families and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral, etc.).

Recommendation A2: Data Infrastructure	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input checked="" type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>A2.1 The Kansas Department for Children and Families shall grant access to the system at different levels to stakeholders to increase efficiency at all levels as well as create reports with consistent data across agencies and regions throughout the state.</p> <p>A2.2 The State of Kansas, the Kansas Department for Children and Families and its service providers shall invest in technology to make case work more mobile and efficient.</p> <p>A2.3 The State of Kansas shall collaborate with contractors and other stakeholders to leverage best practices with their existing systems and develop standards for the new system.</p> <p>A2.4 The State of Kansas shall require data sharing among all agencies involved in foster care child placement so that all share responsibility of placing a child in a home and the exchange of information about the child and all available foster homes is made available. This needs to be monitored by DCF in collaboration with the Chief Information Technology Officer (CITO) and the Joint Committee on Information Technology (JCIT).</p>

Recommendation A2: Data Infrastructure (continued)	
Category	Details
Testimony	Bill Whymark, Saint Francis Community Services Lee Allen, Chief Information Technology Officer, State of Kansas
State Spotlight(s)	Indiana's <i>Casebook</i> system is a web-based, mobile program that allows the sharing of real-time information across its child welfare system. This system also creates a comprehensive view of the child's contacts including family members and other community members. Further, <i>Casebook</i> is designed to allow multiple individuals across several agencies to share and use it collaboratively. The flexibility in the system allows child welfare caseworkers to work efficiently and independently on their caseloads.

Recommendation A3: Access to Care

Background: Improvement in communication across the state is critical for children in foster care who face complex behavioral and mental health care needs as the lack of records can result in serious consequences, such as over-prescription of psychotropic medications.³³ In Kansas, an estimated 75 percent of sampled children received adequate services to meet their mental/behavioral and physical health needs according to DCF's case review for the federal 2015 Child and Family Services Review (CFSR), below the 90 percent federal standard.³⁴ The LPA Performance Audit Report found similar results in the department's quarterly file review—88 percent of sampled children received the mental health services and 81 percent received the physical health services they needed.³⁵ Additionally, the two case management contractors had inadequate processes for determining whether children received the services they needed, leading to poor communication and coordination.³⁶

The working group heard testimony regarding the managed care program in Texas (see *State Spotlight* under *Recommendation A3*), which has made improvements in providing children in foster care timely and adequate mental, behavioral and physical services. The working group also proposes:

Recommendation A3: Access to Care. The State of Kansas shall require access to high-quality and consistent medical and behavioral health care for youth in foster care through the Medicaid state plan by managed care organization (MCO) performance measures and oversight.

Recommendation A3: Access to Care	
Category	Details
Supporting Strategies for the Recommendation	<p>A3.1 The State of Kansas shall coordinate an automatic enrollment process for the Medicaid state plan for young adults under age 26 years.</p> <p>A3.2 The State of Kansas shall prepare an annual report comparing the range of possible behavioral health codes for reimbursement of services in Kansas, determine options that will comprehensively meet behavioral health needs for foster care children and review the behavioral health codes for reimbursement through the Medicaid state plan.</p> <p>A3.3 The State of Kansas shall explore revisions to the current level of care guidelines and consistent interpretation of criteria for admission, continued stay and discharge (PRTF and Acute Inpatient) to create a more detailed statewide criterion that will ensure foster care children receive appropriate discharge planning.</p> <p>A3.4 The State of Kansas shall expand evidence-based processes as defined National Registry of Evidence-Based Programs and Practices (NREPP) / Substance Abuse and Mental Health Services Administration (SAMHSA) for children’s services across the continuum of care for all KanCare eligible families whose children have severe emotional disabilities.</p> <p>A3.5 Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment and treatment.</p> <p>A3.6 The State of Kansas shall explore establishing a position(s) of Foster Care Systems Navigator to improve coordination and care, strengthen communication and alignment with the Kansas Department for Children and Families and examine existing and potential health strategies for foster youth.</p> <p>A3.7 The State of Kansas shall conduct a cost benefit analysis of service delivery by a single MCO with an opt-out provision on a case-by-case basis.</p>
Testimony	<p>Anne Heiligenstein, Casey Family Programs</p> <p>Jon Hamdorf, Medicaid Director, Kansas Department of Health and Environment</p>

Recommendation A3: Access to Care (continued)	
Category	Details
State Spotlight(s)	<p>Texas became the first state in the nation in 2008 to establish a Medicaid managed care program specifically for the 30,000 Texas children in foster care each month.³⁷ This was a statewide, comprehensive health care model designed to better coordinate and improve access to Medicaid covered benefits (including physical, behavioral, pharmaceutical, dental and vision services) for children in foster care.³⁸ The program improved access, coordination and functional outcomes of health care services through an integrated service management model.³⁹ The outcomes of the program found a reduced physical health readmission (7.4 percent from 9.4 percent), reduced behavioral health readmissions by 64.0 percent for children in complex case management, and improved compliance of well-child visits to above the 90th percentile.⁴⁰ Additionally, the Texas program increased placement stability to 84.4 percent in 2013 from 79 percent in 2007 for children in care for less than 12 months with two or fewer placement.⁴¹ Lastly, there was a 37 percent reduction in psychotropic medication (60 days) and 51 percent decrease in five or more medication use for this group.⁴²</p> <p>Georgia began its managed care program for their approximately 27,000 children, youth and young adults in foster care in 2014.⁴³ They offer services to improve care coordination, access to care and health outcomes including assignment of a medical and dental home, regional care coordination teams, a 24/7 intake line, ombudsmen staff to assist with navigation and a medication management program.⁴⁴</p>

Recommendation A4: Child Advocate

Background: It is important to improve family services by examining laws, policies and procedures annually. An office of the child advocate can be established at the state level to assist in providing oversight of children’s services. The responsibilities of this office can range from serving as an agent for accountability to investigating complaints to providing information and referrals for services.⁴⁵ This office is different from the current DCF Foster Parent and Youth Ombudsman in Kansas, which is housed within DCF and primarily serves as a liaison between families and foster care providers.⁴⁶ During the 2018 legislative session, House Bill (HB) 2751 was introduced to create an office of the child advocate to assure that children receive adequate protection and care through services offered by DCF and the Kansas Department of Corrections. The office would be established within the Kansas Department of Administration to provide external oversight.

Additionally, 2017 House Substitute for Senate Bill (SB) 126 requires the task force to determine whether creating “an ongoing task force or similar advisory or oversight entity consisting of legislators, attorneys in the area of family law, judges, foster parents, parents with reintegrated children, and other interested parties could aid in addressing child welfare concerns and any other topics the Task Force deems appropriate.” The working group heard and received testimony on lags in communication or misinformation between DCF and stakeholders that negatively affected persons and service providers such as foster parents, grandparents, attorneys and clinicians, to name a few. The working group supports the need for centralized external oversight and accountability and proposes the following recommendation:

Recommendation A4: Child Advocate. The Legislature shall fund and establish the Office of the Child Advocate (OCA) for Children's Protection and Services within the Kansas Department of Administration to identify challenges across the child welfare system, provide oversight and propose solutions.

Recommendation A4: Child Advocate	
Category	Details
Supporting Strategies for the Recommendation	A4.1 The Office of the Child Advocate shall convene regional stakeholder meetings, which should include current or former recipients of services, with a designated facilitator utilizing an appropriate facilitation model (to share experiences, insights and identify solutions).
	A4.2 The Office of the Child Advocate shall evaluate training and provide subject matter expertise including content specifications, competency expectations and documentation of learning rather than documentation of perceived value of the training.
	A4.3 The Office of the Child Advocate shall review relevant policies and procedures, recruitment and retention as well as salaries for employees and contract and financial status of the agencies and contractors.
	A4.4 The Office of the Child Advocate shall fulfill the role of ombudspersons for current and former recipients of services.
	A4.5 The Office of the Child Advocate shall monitor the use and development of technology to efficiently access and share case information between the Department for Children and Families and all stakeholders.

Recommendation A4: Child Advocate (continued)	
Category	Details
Supporting Strategies for the Recommendation (continued)	<p>A4.6 The Legislature shall provide funding for additional parent support groups and parent leadership programming focused on developing healthy support systems for families engaged with the child welfare system at all levels.</p> <p>A4.7 The Office of the Child Advocate shall conduct regular multidisciplinary case reviews, especially of complex cases, to assure safety, best interests of children/families and "fresh eyes" in a supportive environment.</p> <p>A4.8 The Office of the Child Advocate shall expand and fund multidisciplinary teams to include a child abuse pediatrician to review reports of abuse of a child under age 4 and shall utilize teleconsultation between the Department for Children and Families investigators and child abuse pediatricians or adequately trained medical professionals to help determine to help assess risk to child and further assess the child's medical needs.</p> <p>A4.9 The Office of the Child Advocate shall review existing multidisciplinary team legislation/statutes and implement funding to reinstate them and shall design annual conference and training for multi-disciplinary teams including those mentioned above so that members better understand their roles.</p> <p>A4.10 The Office of the Child Advocate shall establish a hotline for families locating community-based services and maintain the list of available services as well as have a Family Navigator (or Kinship Navigator) in the office to help connect families to community resources.</p> <p>A4.11 The Office of the Child Advocate in conjunction with the Department for Children and Families shall explore and strengthen partnerships with other, out-of-state agencies to facilitate information sharing for cases involving multi-state families.</p>

Recommendation A4: Child Advocate (continued)

Category	Details
State Spotlight(s)	<p>In Missouri, the Office of Child Advocate (OCA) was established in 2002 as part of the Office of Administration and operates as an independent agent. The OCA reviews foster care case management and unsubstantiated hotline cases, serves as a mediator between parents and schools regarding allegations, reviews child fatalities and provides information and referrals for families needing services. The advocate also recommends systematic improvements—for example, the lack of parental visits and its significant impact on children and delay in permanency was addressed in 2015.</p> <p>From January 1 through December 31, 2016, the OCA received 1,329 complaints/contacts including registered concerns from 613 new complainants, 310 unsubstantiated, six mediations and four fatality reviews involving 1,452 children.⁴⁷ Further, the OCA established measures to help ensure effectiveness including initial response time, time frame for completing new investigations, and time allotment for completing unsubstantiated reviews. In 2016, OCA contacted the complainant within three business days of any new complaint in 93 percent of cases.⁴⁸</p>

Goal #3: Strengthen Contractor Oversight and Supervision by DCF

The working group received the following testimony and reviewed other relevant research to develop a set of recommendations for the goal of strengthening oversight of and supervision by DCF over each entity that contracts with DCF to provide reintegration, foster care and adoption services.

Testimony Provided:

- Ben and Donna Frie, grandparents
- Christie Appelhanz, Children’s Alliance of Kansas
- Rachel Marsh, Saint Francis Community Services
- Lindsey Stephenson, KVC
- Nina Shaw-Woody, Kansas Family Advisory Network
- Mary Martin, community activist/former CASA in Colorado (written only)
- Ruthie Dubowski, grandparent (written only)
- Logan Heley, council member, City of Overland Park (written only)
- Zachary Lawrence, USD 353
- Joan Jacobson, CASA volunteer (written only)
- Catriese Johnson, formerly in care
- Dough Hisken, foster parent (written only)
- Mickey Edwards, Kansas CASA (written only)
- Kathy Winters, advocate

Relevant Research:

- Child Welfare System Task Force (CWSTF) Meeting Minutes (12/12/2017)⁴⁹
- Performance Audit Report: Foster Care and Adoption in Kansas, Part 3 (2017)⁵⁰
- Can We Prevent Child Maltreatment by Addressing Poverty? (Kristi Slack and Lonnie Berger, University of Wisconsin-Madison, 2017)⁵¹
- Do State TANF Policies Affect Child Abuse and Neglect? (Donna K. Ginther and Michelle Johnson-Motoyama, 2017)⁵²
- Childhood Poverty and the Kansas Child Welfare Crisis: Making Connections to Inform Prevention (University of Kansas, 2017)⁵³
- Drawing the Line between Public and Private Responsibility in Child Welfare: The Texas Debate. (Center for Public Policy Priorities, 2008)⁵⁴
- Report of the Special Committee on Foster Care Adequacy to the 2017 Kansas Legislature (KLRD, 2016)⁵⁵
- Exhibit A: Texas Department of Family and Protective Services (DFPS) Statement of Work (Texas DFPS, 2013)⁵⁶

- Exhibit B: Texas Department of Family and Protective Services (DFPS) Single-Source Continuum Contract (SSCC) Uniform Contract Terms and Conditions (Texas DFPS, 2011)⁵⁷
- Education for Children Resource Guide (Texas DFPS, 2018)⁵⁸
- A Model for Public and Private Child Welfare Partnership (Annie E. Casey Foundation, 2001)⁵⁹

Recommendation A5: Analysis of Service Delivery

Background: Protecting children and strengthening families requires successfully engaging the entire community—both the public and private sectors. As of February 2018, 12 states and the District of Columbia (DC) have varying levels of privatization:⁶⁰

- *System-wide (or fully) privatized*—all child welfare services except child abuse and neglect investigations are contracted (two states—Florida and Kansas);
- *Large-scale privatization*—contracting out to specific geographical regions, but not statewide (two states—New York and Illinois, also Washington DC); and
- *Small-scale privatization*—contracting out for a subset of children in a limited geographical area, such as a county (eight states—Arizona, Colorado, Michigan, Missouri, Ohio, South Dakota, Tennessee and Wisconsin).

Kansas privatized its child welfare services beginning in 1996, following a lawsuit settlement mandating significant reform.⁶¹ Florida began to privatize foster care services in 1993 and fully privatized by 2005.⁶²

In our neighboring states, Nebraska’s five-year experiment with privatizing child welfare services did not create any significant changes in outcomes—no cost savings or difference in outcomes for children and families—so the state is now moving towards a hybrid system with partnerships across multiple state agencies, private providers, legal systems and community organizations.⁶³ Oklahoma contracted with private entities to operate child support offices, but after comparing performance by the state agency and costs against what was paid for the private contractors, it was determined that the state agency was a more cost effective option for the taxpayer.⁶⁴

Hence, the highest priority recommendation for this goal by the working group is:

HIGH-PRIORITY Recommendation A5: Analysis of Service Delivery. The State of Kansas shall establish a work group or task force to conduct an analysis to: (1) determine what it costs to adequately fund high-quality child welfare services; (2) evaluate the benefits of privatizing child welfare services; and (3) determine the best public/private collaboration to deliver child welfare services.

Recommendation A5: Analysis of Service Delivery	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input type="checkbox"/> Short-term <input checked="" type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	A5.1 All stakeholders need to be involved in an evaluation. A5.2 The work group or task force shall determine what rate of children are fostered, reintegrated, removed and adopted, etc., comparing pre- and post-privatization.
Testimony	Dona Booe, Kansas Children’s Services League Anne Heilingenstein, Casey Family Programs Dave Ranney, Retired Reporter Rene Netherton, Attorney, Netherton Law

Recommendation A6: Outcome Measures

Background: Using consistent child welfare measures that are widely understood and accessible by all child welfare stakeholders can improve the health of a child welfare system. The working group heard testimony on the need for consistency and standardized use of data and setting up a common set of definitions to ensure that everyone is measuring the same outcomes and that investments are targeted to the right challenges. To align with national best practices, data should be tracked longitudinally to provide a full understanding of experiences by children and families involved with the child welfare system.⁶⁵ To ensure the use of common data measures and determine whether investments are targeted effectively to improve outcomes for children and families, the working group also proposes:

Recommendation A6: Outcome Measures. The Kansas Department for Children and Families with contractors shall create a shared vision and strategy to set clear expectations and accountability for a set of desired outcomes. Periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports shall be provided to the Office of the Child Advocate for Children’s Protection and Services (established in Recommendation A4, [page 19](#)) quarterly and to the Legislature annually.

Recommendation A6: Outcome Measures	
Category	Details
Supporting Strategies for the Recommendation	<p>A6.1 The Office of the Child Advocate shall establish a multidisciplinary review process of a certain number of random cases to discuss case outcomes for quality and cost effectiveness, ensuring DCF is actively involved in cases and consulted on required benchmarks.</p> <p>A6.2 The Legislature shall require a third party, independent audit of the outcomes of the child protection system annually and the auditor shall develop recommendations to DCF based upon data and social work best practices. This shall also include employment data related to the child welfare workforce in Kansas. This data will include, but not be limited to, the tenure of current staff, staff turnover data and data related to effectiveness of enhancements designed to increase retention. The Legislature shall review those recommendations and hold DCF and contractors highly accountable to incorporate recommendations and best practices when each contract is re-bid or they must be able to explain why not.</p> <p>A6.3 The Legislature shall request the Legislative Post Audit Committee to review the ongoing audits that DCF conducts as well as conduct any additional audits to make recommendations to the Legislature.</p>
Testimony	<p>Lindsey Stephenson, KVC</p> <p>Rachel Marsh, Saint Francis Community Services</p>

**Working Group B (WGB):
Protective Services and Family Preservation**

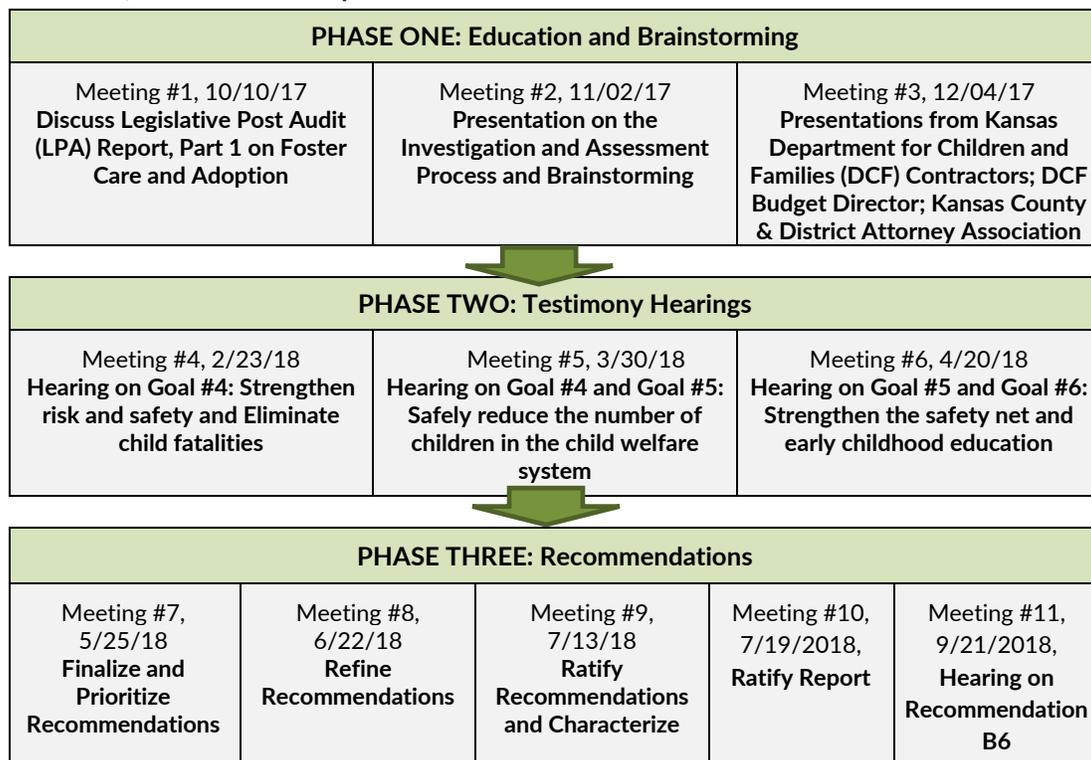
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Working Group B: Overview of Meetings Held

This section of the report focuses on the recommendations developed by Working Group B (WGB): Protective Services and Family Preservation. The working group met 11 times between October 2017 and September 2018 (see *Figure 9*). Meetings were held monthly from 1:00 p.m.–4:30 p.m. All meetings were held in-person at the Kansas Health Institute (KHI).

The meeting topics were informed by the legislative proviso as well as the task force and brainstorming conducted by the working group. The final goals for study included: strengthen assessment of risk and safety and eliminate child fatalities by abuse and neglect; examine the contributing factors to the increasing number of children in the child welfare system including, but not limited to, substance use disorder, legislation, and policies and determine ways to safely reduce the number of children in the child welfare system; and strengthen safety net and early childhood education.

Figure 9. Overview of Protective Services and Family Preservation Meetings by Dates, Topics and Phase, October 2017–September 2018



Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Working Group B: Summary of Recommendations

Figure 10. Working Group B–Protective Services and Family Preservation: Recommendations by Goal

Cross-Goal Recommendation
<p>*HIGH-PRIORITY* Recommendation B1: Families First Act. The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines. (page 31)</p>
WGB Goal #4: Strengthen assessment of risk and safety and eliminate fatalities by abuse and neglect
<p>*HIGH-PRIORITY* Recommendation B2: Information Sharing. The State of Kansas shall establish a multi-disciplinary approach and share information across and between stakeholders. (page 34)</p> <p>Recommendation B3: Immediate Response. The State of Kansas shall provide immediate response 24/7 to hotline calls and dedicate immediate response investigators to be dispatched, when warranted. (page 36)</p> <p>Recommendation B4: Serious Injury Review. The State of Kansas shall formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with the Kansas Department for Children and Families Protection and Prevention Services concerning prior abuse and neglect. (page 37)</p> <p>Recommendation B5: Front-End Staffing. The Kansas Department for Children and Families shall employ only highly skilled and experienced front-end child welfare staff. (page 39)</p>
WGB Goal #5: Safely reduce the number of children in the child welfare system
<p>*HIGH-PRIORITY* Recommendation B6: Non-Abuse Neglect. The State of Kansas shall not remove children solely for non-abuse neglect (NAN), and it shall provide differential responses for high-risk newborns and NAN reports and refer them to fully funded, evidence-based services. (page 42)</p>
WGB Goal #6: Strengthen the safety net and early childhood education
<p>*HIGH-PRIORITY* Recommendation B7: Safety Net. The State of Kansas shall fully fund, strengthen, and expand safety net and early childhood programs through public services (Kansas Department for Children and Families, mental health, substance use disorder and education) and community-based partner programs, and reduce barriers for families needing to access government-funded, concrete supports. (page 46)</p>

Note: Asterisk (*) and highlighting designate the high-priority recommendations for each goal prioritized by the working group.

Source: Child Welfare System Working Groups, Report to the Child Welfare System Task Force.

Cross-Goal Recommendation

During the recommendation phase, the working group discussed solutions that would offer system-wide changes. A recommendation that would make changes upstream and have an impact on one or more of the working group's critical goals of study was designated as a "cross-goal" recommendation.

Recommendation B1: Families First Act

Background: The Families First Prevention Services Act was signed into law as part of Division E in the federal Bipartisan Budget Act of 2018 (H.R. 1892) on February 9, 2018.⁶⁶ Referred to as the Families First Act, this landmark bill focuses on the importance of children growing up in families. It reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment and in-home parenting skills training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.⁶⁷ As a first step towards Kansas' participation in the Families First Act, the working group recommends developing a statewide plan to prevent child abuse and neglect fatalities as required by Section 50732 of the Act.⁶⁸ In this plan, states must document: 1) the steps being taken to compile accurate information on child deaths; and 2) the steps being taken to develop and implement a comprehensive statewide plan to prevent fatalities that engages partners, including public health, law enforcement and the courts.⁶⁹ Given this, the working group recommends that Kansas follow the necessary steps, designated by Families First, to develop a statewide plan to prevent child fatalities. The working group heard testimony on this bill and proposes the following high-priority recommendation:

HIGH-PRIORITY Recommendation B1: Families First Act. The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines.

Recommendation B1: Families First Act	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input checked="" type="checkbox"/> Federal Funding
Characterization	High Impact: <input type="checkbox"/> Short-term <input checked="" type="checkbox"/> Long-term Existing System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>B1.1 The Kansas Department for Children and Families shall create a statewide policy and procedure to ensure families have access to resources and mental health services, substance use treatment, Generation Parent Management Training – Oregon (PMTO), support groups, family preservation or consider alternative placements with kinship.</p> <p>B1.2 The State of Kansas, including the Kansas Department for Aging and Disability Services, shall apply for available funds and work to increase access to mental health, substance use treatment and Generation Parent Management Training – Oregon (PMTO) services across the state.</p>
Testimony	Anne Heiligenstein, Casey Family Programs
State Spotlight	<p>Generation Parent Management Training – Oregon Model (PMTO) is an evidence-based structured intervention program designed to help strengthen families. This program has demonstrated positive outcomes throughout a nine-year follow-up period, which include reductions in delinquency, depression and police arrests, among others.⁷⁰</p> <p>In Kansas, the PMTO project is a demonstration project known as the Kansas Intensive Permanency Project (KIPP) and is executed as a statewide public-private partnership between the University of Kansas (KU) School of Social Welfare, Kansas Department for Children and Families, and Kansas' private providers of foster care (KVC Behavioral Healthcare, Inc., and Saint Francis Community Services, Inc.). Dr. Akin at the University of Kansas has published several studies on the effects of PMTO and outcomes—most recently finding that while PMTO may not significantly affect parenting practices, there are positive effects observed on caregiver functioning in the areas of mental health, substance use disorder, social supports and readiness for reunification.⁷¹</p>

Goal #4: Strengthen Assessment of Risk and Safety and Eliminate Fatalities by Abuse and Neglect

The working group received testimony and reviewed relevant reports to develop a set of recommendations with the goal of strengthening assessments of risk and safety and eliminating child fatalities from maltreatment.

Testimony Provided:

- Susan Gile, Deputy Secretary, Kansas Department for Children and Families
- Dr. Linda Bass, KVC
- Anne Heiligenstein, Casey Family Programs
- Dr. Emily Killough, child abuse pediatrician
- Sara Hortenstein, Child Death Review Board
- Dianne Keech, S.A.F.E Child Protection Consulting, LLC
- Lori Ross, FosterAdopt Connect
- Mary Martin, community activist/former CASA in Colorado
- Phillip Wrigley, teacher (written only)
- Stephanie Harsin, NEATopeka (written only)
- Michael Pahr, Kansas Appleseed (written only)
- Judy Conway, grandmother (written only)
- Laura Quick, teacher (written only)
- Ruthie Dubowski, family member (written only)
- Sandra Smith, tribal member (written only)

Other Relevant Research Reviewed:

- Policies and Procedure Manual (Kansas Department for Children and Families, 2018)⁷²
- Child Maltreatment (U.S. Department of Health & Human Services, Administration for Children and Families, 2016)⁷³
- Assessment of Kansas' Front-End Child Welfare System (Casey Family Programs, 2013)⁷⁴
- Child and Families Service Review (U.S. Department of Health & Human Services, Reissued 2017)⁷⁵
- Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities (Children's Bureau, 2016)⁷⁶
- Good Examples of Child Welfare Agencies Collaborating with Law Enforcement (Casey Family Programs, 2018)⁷⁷
- Texas Foster Care Alumni Study Technical Report: Executive Summary (Casey Family Programs, 2012)⁷⁸
- Fiscal Year 2017 Child Maltreatment Fatalities and Near Fatalities Annual Report (Texas DFPS, 2018)⁷⁹
- Prioritizing Early Childhood to Safely Reduce the Need for Foster Care: A National Scan of Interventions (Casey Family Programs, 2015)⁸⁰

- Do State TANF Policies Affect Child Abuse and Neglect? (Donna K. Ginther and Michelle Johnson-Motoyama, 2017)⁸¹
- Childhood Poverty and the Kansas Child Welfare Crisis: Making Connections to Inform Prevention (University of Kansas, 2017)⁸²
- Can We Prevent Child Maltreatment by Addressing Poverty? (Kristi Slack and Lonnie Berger, University of Wisconsin-Madison, 2017)⁸³

Recommendation B2: Information Sharing

Background: Most child fatalities occur among children four years of age and younger, making them an especially vulnerable population.⁸⁴ The working group heard testimony regarding the increased risk of harm from abuse for children under the age of four who may not regularly be seen by non-related adults.⁸⁵ The working group discussed the importance of information sharing and collaboration in moving towards the elimination of child fatalities from abuse and neglect. The group discussed that for young and other high-risk children, it is critical that all reports are captured, and findings are communicated to all appropriate parties. Given this, the highest priority recommendation from the working group to strengthen assessments of risk and safety and eliminate child fatalities by abuse and neglect is to establish a multi-disciplinary approach and to share information across agencies and between stakeholders. The working group discussed this recommendation as a mechanism to keep law enforcement better apprised of child abuse investigations and vice versa.⁸⁶ The working group also discussed other key stakeholders who regularly need to access information related to child welfare cases including, but not limited to, child abuse pediatricians and others.⁸⁷ The group discussed the necessity of this multi-disciplinary collaboration and information sharing to prevent cases of abuse from being overlooked.

HIGH-PRIORITY Recommendation B2: Information Sharing. The State of Kansas shall establish a multi-disciplinary approach and share information across agencies and between stakeholders.

Recommendation B2: Information Sharing	
Category	Details
Required Actions	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input type="checkbox"/> Reg./policy change federal agency <input checked="" type="checkbox"/> State Funding <input checked="" type="checkbox"/> Federal Funding

Recommendation B2: Information Sharing (continued)	
Category	Details
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>B2.1 The Kansas Department for Children and Families shall track families that have multiple calls for different occurrences of abuse or neglect that are reported and require notification of law enforcement when mandatory reporters have made reports on two or more distinct incidents of suspected abuse or neglect. The Kansas Department for Children and Families shall establish a Memorandum of Understanding (MOU) between law enforcement and DCF that guides coordination between the two agencies, and other multidisciplinary team members. The State of Kansas shall ensure that funding is provided for such collaboration.</p> <p>B2.2 The Kansas Department for Children and Families shall establish and maintain Immediate Response investigators to work in collaboration with law enforcement and courts when warranted.</p> <p>B2.3 The State of Kansas shall determine the best public/private collaboration to facilitate sharing of information between child protective services and family preservation including accounting for case worker bias in investigations.</p> <p>B2.4 The Kansas Department for Children and Families shall provide consistent, accurate information to county and district attorneys and law enforcement.</p> <p>B2.5 The Kansas Department for Children and Families shall continue to supervise the provision of all necessary contracted services.</p>
Testimony	<p>Dr. Emily Killough, child abuse pediatrician</p> <p>Anne Heiligenstein, Casey Family Programs</p> <p>Lori Ross, FosterAdopt Connect</p> <p>Tina Abney, Deputy Director Assessment and Prevention, Kansas Department for Children and Families</p>

Recommendation B3: Immediate Response

Background: Since 1999, when Kansas implemented their safety and risk tools, there has been a great deal of work in approaches to assessment of child safety and risk, engagement with caregivers and the development and application of new decision-making tools by several national organizations.⁸⁸ The Children’s Research Center (CRC) developed the Structured Decision Making® (SDM) system, a suite of research-based assessments of risk that assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children.⁸⁹ This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. The working group discussed implementation of a new risk assessment tool in Kansas.

Kansas also currently has a child abuse hotline which is answered 24/7; however, due to staffing constraints, reporters are often put on hold for long periods of time and encouraged to contact local law enforcement in case of emergency. Law enforcement officers do not receive the same training for responding to abuse or neglect cases as child welfare investigators. The working group recommends that the Protection Report Center (PRC) be fully staffed to respond to calls 24-hours-a-day, 7-days-a-week. Additionally, the working group recommends that emergency investigative workers be available at all times—including evenings and weekends—to assist in completing timely investigations of high-risk reports to ensure child safety. In investigations, the group discussed the distinction between and importance of risk and safety assessments. The Kansas Department for Children and Families (DCF) Policy and Procedure Manual (PPM) defines risk as, “Potential maltreatment in the future. It determines the need for services to address potential future maltreatment.” The DCF PPM defines safety as, “The potential for serious maltreatment which is imminent. It determines the need for immediate protective action or controlling interventions to protect the child from imminent danger.”

The working group discussed the importance of this recommendation in ensuring that risk and safety assessments occur in a timely manner so that priority families can be connected to services, and children who are unsafe can be made safe. The working group proposes:

Recommendation B3: Immediate Response. The State of Kansas shall provide immediate response 24/7 to hotline calls and dedicate immediate response investigators to be dispatched, when warranted.

Recommendation B3: Immediate Response	
Category	Details
Supporting Strategies for the Recommendation	<p>B3.1 The Kansas Department for Children and Families shall establish and maintain a list of local law enforcement liaison/emergency contacts.</p> <p>B3.2 The Kansas Department for Children and Families shall implement the structured decision-making (SDM) program.</p> <p>B3.3 The Kansas Department for Children and Families shall collaborate with local law enforcement, mental health, education and community partners for child welfare checks in all communities including rural and frontier communities.</p> <p>B3.4 The Kansas Department for Children and Families shall develop flex work schedules with immediate response investigators who can be on-call for the hotline with secure access to technology to keep costs down.</p> <p>B3.5 The Kansas Department for Children and Families shall have accurate reporting and analysis of effectiveness of outcomes of a 24/7 hotline.</p> <p>B3.6 The Kansas Department for Children and Families shall establish a dedicated phone line for mandatory reporters.</p>
Testimony	<p>Lori Ross, FosterAdopt Connect</p> <p>Anne Heiligenstein, Casey Family Programs</p> <p>Tina Abney, Deputy Director Assessment and Prevention, Kansas Department for Children and Families</p>
State Spotlight(s)	<p>New York City's Instant Response Teams (IRTs) were created to improve the quality of investigations by using Investigative Consultants (ICs) who model forensic skills with child welfare agency investigators. The program initially consisted of retired law enforcement officers. ICs are trained by the agency to understand the roles and expectations of the agency and build relationships with investigators. Typically, ICs will conduct site visits with the worker in cases of fatalities, sexual abuse, severe physical abuse or missing children.⁹⁰</p>

Recommendation B4: Serious Injury Review

Background: According to the National Child Abuse and Neglect Data System (NCANDS), an average of nearly five children die each day from abuse or neglect.⁹¹ Given this, the working group recognizes the importance of reviewing tragic incidents to learn what can be done to

prevent a similar incident in the future. The group heard testimony describing a process for critical incident reviews in Missouri. Critical incident reviews begin in Missouri when a critical incident involving a child who was previously known to the Children’s Division—the Missouri equivalent to the Kansas Department for Children and Families (DCF)—occurs. The critical incident review in Missouri generates a report documenting the extent to which policy, procedure and best practices were followed, and any recommendations for policy or procedure change to prevent a reoccurrence of a similar incident.⁹² Additionally, Casey Family Programs describes best practice fatality review processes as those that seek to make recommendations for “systems-level” changes and are comprised of a multi-disciplinary team.⁹³

Recommendation B4: Serious Injury Review. The State of Kansas shall formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with the Kansas Department for Children and Families Protection and Prevention Services concerning prior abuse and neglect.

Recommendation B4: Serious Injury Review	
Category	Details
Supporting Strategies for the Recommendation	<p>B4.1 The State of Kansas shall utilize technology to ensure the entire Serious Injury Review Team can be present for reviews.</p> <p>B4.2 The Serious Injury Review team shall be comprised of stakeholders including, but not limited to, law enforcement, prosecutors, educators, social workers, counselors, contractors, medical personnel—preferably with child abuse training—and should include individuals from the county, community and region.</p> <p>B4.3 The State of Kansas shall conduct regular multidisciplinary case reviews, especially of complex cases, to assure safety, best interests of children/families and "fresh eyes" in a supportive environment.</p> <p>B4.4 The State of Kansas shall expand and fund multidisciplinary teams to include a child abuse pediatrician to review reports of abuse of a child under age 4 and shall utilize teleconsultation between the Department for Children and Families investigators and child abuse pediatricians or adequately trained medical professionals to help determine to help assess risk to child and further assess the child's medical needs.</p>

Recommendation B4: Serious Injury Review (continued)	
Category	Details
Supporting Strategies for the Recommendation (continued)	B4.5 The State of Kansas shall review existing multidisciplinary team legislation/statutes and implement funding to reinstate them and shall design annual conference and training for multi-disciplinary teams including those mentioned above so that members better understand their roles.
Testimony	Lori Ross, FosterAdopt Connect Dr. Emily Killough, child abuse pediatrician
State Spotlight	The Missouri Task Force on Children’s Justice conducts case reviews of critical cases and submits findings and recommendations to the Missouri Children’s Division. ⁹⁴ Several states including Missouri, Florida, New Jersey, Texas and Mississippi have acknowledged the need for medical forensic evaluations for children with injuries or other findings concerning abuse and have addressed issues in ways that fit well with their resources and geography. ⁹⁵

Recommendation B5: Front-End Staffing

Background: The front-end of the child welfare system—the child welfare hotline and investigations—is a critical function of the Kansas Department for Children and Families (DCF) to accurately identify abuse and neglect cases.⁹⁶ Multiple stakeholders emphasized the importance of employing highly trained individuals in these roles, particularly as investigators.⁹⁷ Workers at the call center are responsible for gathering the first information on a case from the individual making the report. The more complete this information is, the better informed a decision can be about whether a case is assigned for investigation. When investigations occur, investigative workers are responsible for gathering the necessary information to make a finding. Activities related to investigations include searches for criminal and sexual offense history, interviews of the child, interviews of the reporter and witnesses of the alleged maltreatment, visiting the scene of the alleged maltreatment and documenting evidence, documenting behavioral observation and obtaining relevant records from DCF, law enforcement, medical practitioners and others.⁹⁸

In the State of Kansas, child welfare investigations are all conducted by DCF employees and are not contracted out to external entities. Recognizing the critical importance of the activities conducted by front-end staffing, the working group recommends that the Kansas Department for Children and Families employ only highly skilled and experienced front-end child welfare

staff. Taking steps to prevent high rates of workforce turnover was one strategy discussed to maintain highly skilled and experienced front-end child welfare staff.⁹⁹ Additionally, the working group heard testimony on the value of prioritizing investments in the workforce at the frontline of child welfare – the hotline workers and investigators at the Protection Report Center. For example, in 2016 Texas made significant investments towards the improvement of their child welfare system. Through increased salaries and hiring of additional staff, Texas was able to reduce workforce turnover among their child welfare investigators by 32.5 percent. These changes—along with those to leadership, training and agency culture—have served to stabilize their workforce to allow for timely investigations of reports of child maltreatment.¹⁰⁰

Recommendation B5. Front-End Staffing. The Kansas Department for Children and Families shall employ only highly skilled and experienced front-end child welfare staff.

Recommendation B5: Front-End Staffing	
Category	Details
Supporting Strategies for the Recommendation	<p>B5.1 The Kansas Department for Children and Families shall make available routine refresher trainings to improve their critical thinking, investigative skills and child forensic interviewing.</p> <p>B5.2 The Kansas Department for Children and Families shall provide specific training to investigative staff on cultural sensitivity, the impact of poverty on families, adverse childhood experiences (ACEs) and the impact of removing a child from home.</p> <p>B5.3 The Kansas Department for Children and Families shall train front-end staff with critical thinking skills to assess safety for that family from the beginning of the assessment to effectively determine investigative action.</p>
Testimony	<p>Lori Ross, FosterAdopt Connect</p> <p>Anne Heiligenstein, Casey Family Programs</p>

Goal #5: Safely Reduce the Number of Children in the Child Welfare System

The working group received testimony and reviewed research to develop a set of recommendations with the goal of safely reducing the number of children in the child welfare system.

Testimony Provided:

- Shawna Lyon, Saint Francis Community Services
- Amanda Pfannenstiel, Saint Francis Community Services
- Charlene Brubaker, Ellis County, Kansas County & District Attorney Association (KCDAA)
- Don Hymer, Johnson County, KCDAA
- Ron Paschal, Sedgwick County, KCDAA
- Dona Booe and Gail Cozadd, Kansas Children's Service League
- Anne Heiligenstein, Casey Family Programs
- Krista Machado, DCCCA
- Jeanette Owens, DCCCA
- Dr. Jody Brook, University of Kansas Center for Children and Families
- Christie Appelhanz, Children's Alliance of Kansas (written only)
- Jeff Landers, foster parent (written only)
- Mindy Waugh, foster parent (written only)
- Johanna Mason, USD 294/foster parent/medical field (written only)
- Lori Burns-Bucklew, FosterAdopt Connect (written only)

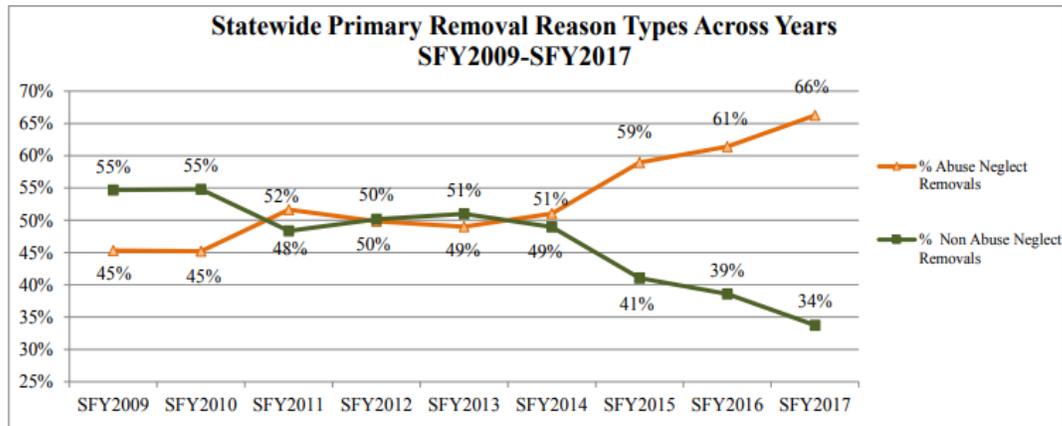
Other Relevant Research Reviewed:

- Performance Audit Report: Foster Care and Adoption in Kansas, Part 1 (2016)¹⁰¹
- Child and Family Services Review (CFSR), Final Report (U.S. Department of Health and Human Services, 2015)¹⁰²
- Parent-Child Assistance Programs (Casey Family Programs, 2018)¹⁰³
- Effect of a Parenting Intervention on Foster Care Re-entry After Reunification Among Substance-Affected Families: A Quasi-Experimental Study (Becci Akin, 2017)¹⁰⁴
- Legislative Strategies to Safely Reduce the Number of Children in Foster Care, (National Conference of State Legislatures, 2010)¹⁰⁵
- Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study (U.S. Department of Health and Human Services, 2018)¹⁰⁶

Recommendation B6. Non-Abuse Neglect

Background: The number of children in care can be safely reduced by preventing entry into care when possible and implementing family support strategies. Based on the approved budget and projected caseload, the annual cost is \$26,209 per child per year.¹⁰⁷ In fiscal year (FY) 2017, approximately 34 percent of children entering out-of-home care were doing so for a non-abuse neglect (NAN) primary removal reason in Kansas.¹⁰⁸ NAN can be assigned to a case where the caregiver has issues such as substance use disorder, inability to parent or mental health issues, among others.¹⁰⁹ Although there is a decreasing trend in the past couple of years of removing children under NAN, there is still a substantial number of children entering the child welfare system (see Figure 11).¹¹⁰

Figure 11. Statewide Primary Removal Reason Types, FY2009–2017



Source: Kansas Department for Children and Families. Children Placed in Out of Home Placement by Primary Reason for Removal FY2017.¹¹¹

The working group heard testimony on substance use disorder and the impact of the opioid epidemic as well as pilot programs that successfully kept families together. Further, the U.S. Department of Health and Human Service (HHS) released two reports detailing research that shows a correlation between drug overdose deaths/drug hospitalizations and foster care caseloads.¹¹² Some states grant flexibility to their agency by addressing non-abuse neglect cases through an assessment that offers help to the family including, but not limited to, poverty screenings and evaluations for substance use disorders.¹¹³ Research indicates that these assessments and access to appropriate services have kept more kids at home with their own

families and out of the child welfare system.¹¹⁴ Further, funding opportunities may arise under new federal programs and grants for states to fund evidence-based programs.¹¹⁵

The working group also heard testimony on “criminogenic” CINC who are a rising and new population coming into care and may be the unintended result of juvenile justice reform (Senate Bill 367 amending K.S.A. 75-7023).¹¹⁶ This bill added a uniform, state-wide Detention Risk Assessment Tool which sought to reduce the number of low-level offenders in juvenile detention—mainly crimes committed in the home.¹¹⁷ Prior to reform, these offenders were placed in detention, but post-reform the children are placed in out-of-home placement when parents will not accept the child back into the home.¹¹⁸ In 2018, year-to-date CINC filings have increased by 5 percent over 2017 as of August 20, 2018.¹¹⁹

The working group also discussed the screening tool to identify high-risk newborns – the Kempe Family Stress Inventory (KFSI). The KFSI is a 10-item scale that covers a variety of domains: psychiatric history, criminal and substance use history, childhood history of care, emotional functioning, attitudes towards and perception of child, discipline of child, and level of stress in the parent's life. The scale is used to predict parent's future risk of maltreating their children.¹²⁰

The working group's high-priority recommendation for this goal is:

HIGH-PRIORITY **Recommendation B6: Non-Abuse Neglect.** The State of Kansas shall not remove children solely for non-abuse neglect (NAN), and it shall provide differential responses for high-risk newborns and NAN reports and refer them to fully funded, evidence-based services.

Recommendation B6: Non-Abuse Neglect	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> State Funding <input checked="" type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Recommendation B6: Non-Abuse Neglect (continued)	
Category	Details
Supporting Strategies for the Recommendation (continued)	B6.1 The Kansas Legislature shall enact a policy for universal screening of risk for abuse or neglect to all Kansas newborns and a referral system to evidence-based programs for all high-risk newborns before leaving the hospital.
	B6.2 The Kansas Department for Children and Families shall develop outcome measures to gauge success of preventative services provided.
	B6.3 The State of Kansas shall identify and support community partners and services which include naturally occurring resources to better identify and enhance families' protective abilities. The State of Kansas shall fund these services to ensure that they are adequately staffed so that workers may become aware of safety situations before they become acute and communicate such concerns in a timely manner.
	B6.4 The Kansas Department for Children and Families shall ensure differential responses include a thorough identification and assessment of parental supports including local service groups, multidisciplinary teams and economic supports.
	B6.5 The State of Kansas shall fund services equally with consideration to the availability and accessibility of services to rural, frontier, isolated and socioeconomically challenged areas.
	B6.6 The Kansas Department for Children and Families shall train all staff in cultural responsiveness and poverty assessments to remove bias when assessing safety concerns in NAN circumstances.
	B6.7 The State of Kansas, with the Department for Children and Families and the Department of Corrections, shall develop and fully fund services for juveniles alleged to have committed a crime or crimes whose parents are not willing to accept the child back into the home without services. This would include amending family preservation contracts to allow for discretion in returning children home sooner if out-of-home placement has occurred.

Recommendation B6: Non-Abuse Neglect (continued)	
Category	Details
Testimony	<p>Anne Heiligenstein, Casey Family Programs</p> <p>Dona Booe, Kansas Children’s Service League</p> <p>Dr. Jody Brook, University of Kansas Center for Children and Families</p> <p>Christie Appelhanz, Children’s Alliance of Kansas</p> <p>Charlene Brubaker, Ellis County, Kansas County and District Attorney Association (KCDAA)</p> <p>Don Hymer, Johnson County, KCDAA</p> <p>Ron Paschal, Sedgwick County, KCDAA</p> <p>Krista Machado, DCCCA</p> <p>Jeanette Owens, DCCCA</p>
State Spotlight(s)	<p>Hawaii’s Healthy Start Program of Home Visiting for At-Risk Families had an early identification component to identify families of newborns using a two-stage screening and assessment protocol. The screening involved reviewing medical records for certain risk indicators, and if positive or unable to make a determination, then a face-to-face assessment using the Kempe Family Stress Inventory was conducted. The program was successful in linking families with pediatric medical care, improving maternal parenting efficacy, decreasing maternal parenting stress, promoting the use of nonviolent discipline, and decreasing injuries resulting from partner violence in the home. According to child protective services reports, there was no overall positive program impact after two years of service in terms of the adequacy of well-child health care, substance use, or child maltreatment, among others. However, there were agency-specific positive program effects on several outcomes, including parent-child interaction, child development, maternal confidence in adult relationships, and partner violence.^{121,122}</p> <p>Kentucky established a program called Sobriety Treatment and Recovery Teams (START), which works to keep families together while providing substance use treatment for parents and pairing the family with peer support.¹²³ DCCCA modeled a similar program in the Kansas City region called the Women’s Recovery Center—Kansas City from June 2010- February 2013. During that time, the program served over 70 women and their families. The program was administered under the family preservation contract and a federal block grant. Medicaid comprised of 52 percent of total revenue and expenses exceeded the revenue by 50 percent. The program was expensive with high personnel and travel costs and required sufficient revenue to cover costs.</p>

Goal #6: Strengthen the Safety Net and Early Childhood Education

The working group received testimony and reviewed relevant reports to develop a set of recommendations with the goal of strengthening the safety net and early childhood education.

Testimony Provided:

- Dr. Linda Bass, KVC
- Shawna Lyon, Saint Francis Community Services
- Amanda Pfannenstiel, Saint Francis Community Services
- Jody Brook, University of Kansas
- Dona Booe, President and CEO, Kansas Children's Service League
- Logan Heley, Council Member, City of Overland Park (written only)

Other Relevant Research Reviewed:

- Performance Audit Report: Foster Care and Adoption in Kansas, Part 1 (2016)¹²⁴
- Nebraska Child Welfare Blueprint Report (Childfocus, 2017)¹²⁵
- Child Welfare Funding in the New Federal Landscape (Kids Alliance, n.d.)¹²⁶
- Temporary Assistance for Needy Families (TANF) Study (Donna Ginther, 2017)¹²⁷

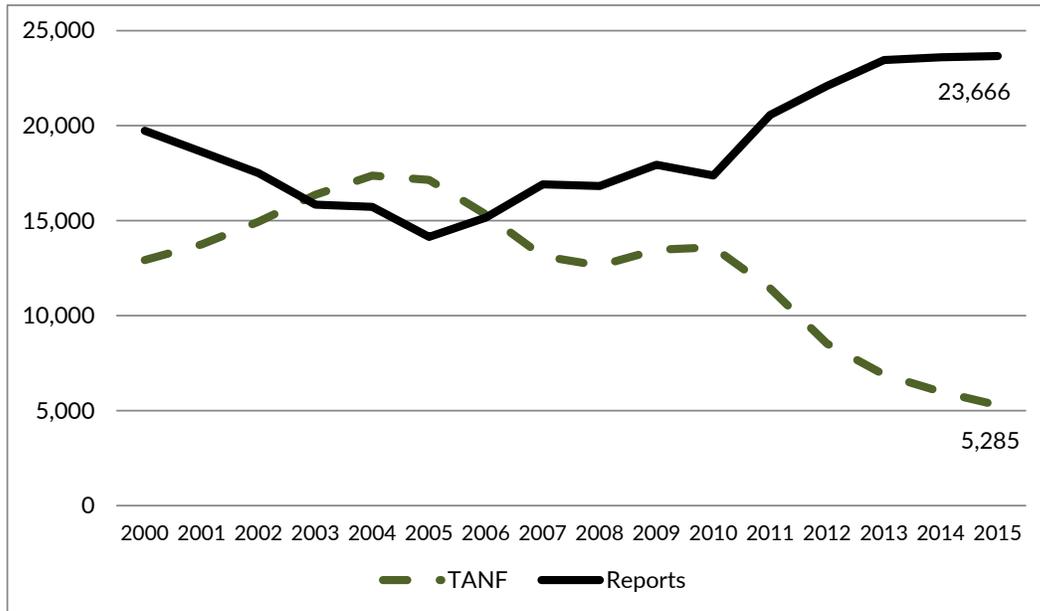
The highest priority recommendation for this goal by the working group is:

Recommendation B7: Safety Net

Background: The safety net includes funding streams such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid (KanCare), Social Services Entitlement, Supplemental Security Income (SSI), Title IV-E, Title IV-B, Housing, Earned Income Tax Credit (EITC), Child Tax Credit (CTC) and Temporary Assistance for Needy Families (TANF), which empower parents to get the help they need including drug rehabilitation, mental health services, medical attention, and housing and job services.¹²⁸ This ensures that fewer children are exposed to the effects of their parents not receiving these services, and children are kept safe and families are intact.¹²⁹ Child poverty has increased nearly two-fold in Kansas from 2000–2016 (from 9.1 percent to 17.2 percent), yet only 11.8 percent of Kansas households received some form of assistance in 2016.¹³⁰ Further, lack of private health insurance and residence in a zip code with low median income is associated with increased abuse-related infant mortality.¹³¹

Professor Donna K. Ginther at the University of Kansas reported preliminary findings that restrictive TANF policies in Kansas since 2011 appear to have increased abuse or neglect (see *Figures 12*).¹³²

Figure 12. TANF Caseloads and Reports of Child Maltreatment in Kansas, 2000-2015



Source: “Do State TANF Policies Affect Child Abuse and Neglect?” presentation, Donna Ginther and Michelle Johnson-Motoyama, University of Kansas, 2017.

The working group also discussed that a strengthened safety net increases the availability of evidence-based practices and services that can improve child welfare outcomes.¹³³ The working group proposes the following high-priority recommendation:

HIGH-PRIORITY Recommendation B7: Safety Net. The State of Kansas shall fully fund, strengthen, and expand safety net and early childhood programs through public services (Kansas Department for Children and Families, mental health, substance use disorder and education) and community-based partner programs, and reduce barriers for families needing to access government-funded, concrete supports.

Recommendation B7: Safety Net	
Category	Details
Required Actions	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input checked="" type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>B7.1 The State of Kansas shall ensure availability and access to community services in rural and urban areas of the state such as, but not limited to, helping with child care, mental health, or transportation.</p> <p>B7.2 The State of Kansas shall strengthen and provide matching financial support for community collaborations, including family resource centers that coordinate, facilitate and offer services that build resilience in families and communities. The State of Kansas shall encourage such funding to improve community resources and safety net areas such as child care.</p> <p>B7.3 The State of Kansas shall remove barriers to services such as job requirements and longevity limits which tend to punish children for adult disabilities and challenges.</p> <p>B7.4 The State of Kansas shall provide government-funded services to utilize evidence based best practice standards in determining the extent and length of services provided.</p> <p>B7.5 The State of Kansas and the Legislature shall fund and expand KanCare.</p> <p>B7.6 The State of Kansas and the Legislature shall maintain funding and deny cuts to the Kansas Children's Initiative Fund.</p> <p>B7.7 The State of Kansas and Legislature shall lift restrictions on Temporary Assistance for Needy Families (TANF).</p> <p>B7.8 The Kansas Department for Children and Families shall provide services under a flexible family preservation period.</p>

Recommendation B7: Safety Net (continued)	
Category	Details
Testimony	<p>Dr. Jody Brook, University of Kansas Center for Children and Families</p> <p>Dr. Linda Bass, KVC</p> <p>Shawna Lyon, Saint Francis Community Services</p> <p>Amanda Pfannenstiel, Saint Francis Community Services</p> <p>Dona Booe, President and CEO, Kansas Children's Service League</p> <p>Logan Heley, Council Member, City of Overland Park (written only)</p>
State Spotlight(s)	<p>Kansas' Health in Pregnancy Project was piloted in 2009 and offered 18 months of intensive, recovery-oriented, comprehensive case management services to pregnant and postpartum women who were using or abusing substances while pregnant—and continued serving them until their toddler was 18 months old.¹³⁴ The pilot achieved a success rate of over 80 percent on the following outcomes—participants remained substance-free (82 percent); infants born drug-free (95.4 percent); infants not placed in state custody during study period (98 percent). Four children under the care of the service recipient were placed for abuse or neglect, two children were placed for non-abuse neglect and two children were pending. This pilot was later offered as a family preservation service and phased out.</p>

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**Working Group C (WGC):
Reintegration and Permanency Placement**

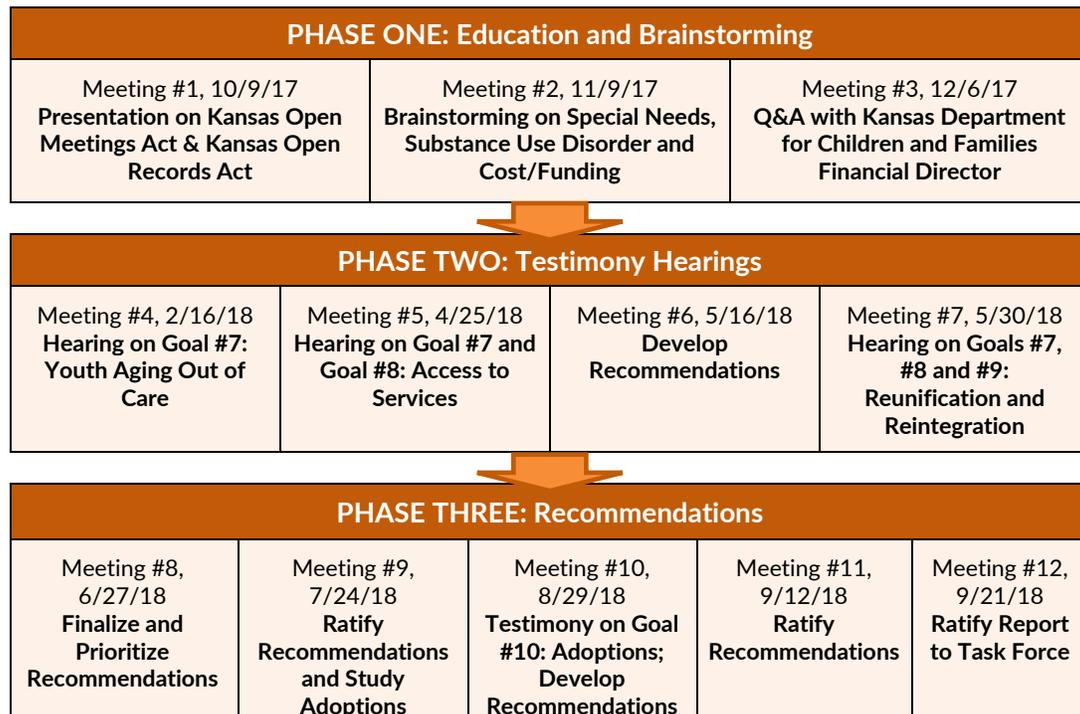
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Working Group C: Overview of Meetings Held

This section of the report focuses on the recommendations developed by Working Group C (WGC): Reintegration and Permanency Placement. The working group met 12 times between October 2017 and September 2018 (see *Figure 13*). All meetings were held in person at the Kansas Health Institute with the exception of one meeting, during which testimony was received at a hearing held at the State Capitol.

The meeting topics were informed by the legislative proviso as well as the Child Welfare System Task Force and brainstorming conducted by the working group. The final goals for study included: improving child well-being and outcomes for youth aging out of care; expanding the level of access to child welfare services to support reintegration and permanency; increasing reunification rates and improving times to reintegration by strengthening services and supporting cross-sector collaboration; and increasing the rate of and support for adoptions to improve time to permanency.

Figure 13. Overview of Reintegration and Permanency Placement Meetings by Dates, Goals and Phase, October 2017–September 2018



Source: *Child Welfare System Working Groups, Report to the Child Welfare System Task Force.*

Working Group C: Summary of Recommendations

Figure 14. Working Group C–Reintegration and Permanency Placement: Recommendations by Goal

<p>WGC Goal #7: Improve child well-being and outcomes for youth aging out of care</p>
<p>*HIGH-PRIORITY* <u>Recommendation C1: Foster Care Re-Entry and Transitional Services.</u> The State of Kansas shall provide young adults age 18–21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of the Kansas Department for Children and Families. (page 57)</p>
<p>WGC Goal #8: Expand the level of access to child welfare services to support reintegration and permanency</p>
<p>*HIGH-PRIORITY* <u>Recommendation C2: Service Setting.</u> The State of Kansas shall prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered. (page 62)</p> <p><u>Recommendation C3: Early Intervention.</u> The State of Kansas shall ensure availability and adequate access to early childhood behavioral health services statewide. (page 64)</p> <p><u>Recommendation C4: Court Appointed Special Advocates.</u> The Legislature shall fund Court Appointed Special Advocates (CASA) to ensure the availability of CASA volunteers in all jurisdictions. (page 65)</p>
<p>WGC Goal #9: Increase reunification rates and improve times to reintegration</p>
<p>*HIGH-PRIORITY* <u>Recommendation C5: Reintegration Support.</u> The State of Kansas shall provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents. (page 66)</p> <p><u>Recommendation C6: Case Plans.</u> The State of Kansas shall restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case and provide reimbursement to required participants. (page 69)</p> <p><u>Recommendation C7: Physical Access.</u> The Legislature shall fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan. (page 70)</p>

Note: Asterisks (*) and highlighting designate the high-priority recommendations for each goal prioritized by the working group.

Figure 14. Working Group C–Reintegration and Permanency Placement: Recommendations by Goal (continued)

Cross-Goal Recommendation
<p>*HIGH-PRIORITY* <u>Recommendation C8: Foster Homes.</u> The State of Kansas must invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children and birth families as well as modifying licensing requirements. (page 72)</p> <p><u>Recommendation C9: Maximizing Federal Funding.</u> The State of Kansas shall conduct an audit of potential funding streams by program area, to ensure the state is maximizing federal benefit. (page 74)</p> <p><u>Recommendation C10: Resources and Accountability.</u> The State of Kansas and the Department for Children and Families shall provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. (page 75)</p>
WGC Goal #10: Increase the rate of and support for adoptions to improve time to permanency
<p>*HIGH-PRIORITY* <u>Recommendation C11: Adoption Process.</u> The State of Kansas and the Department for Children and Families shall enlist the services of a process engineer to achieve faster and more efficient permanency. (page 76)</p> <p><u>Recommendation C12. Modifications to CINC Code.</u> The Legislature shall modify the Kansas code for care of children to meet the child’s ongoing best interest for permanency. (page 79)</p> <p><u>Recommendation C13. Post-Adoptive Support.</u> The State of Kansas shall ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services. (page 81)</p>

Note: Asterisks (*) and highlighting designate the high-priority recommendations for each goal prioritized by the working group.

Goal #7: Improve Child Well-Being and Outcomes for Youth Aging Out of Care

The working group received testimony and reviewed research to develop a set of recommendations with the goal of improving child well-being and outcomes for youth aging out of care by the State of Kansas.

Testimony Provided:

- Danielle Bartelli, KVC Kansas
- Shirley Cook, Kansas Guardianship Program
- Joan Jacobson, CASA volunteer
- Catriese Johnson, formerly in care
- Doug Hisken, foster parent
- Nathan Ross, FosterAdopt Connect
- Julie Brewer, United Community Services of Johnson County
- Stormy Luksavage, Kansas Youth Advisory Council
- Tim Gay, YouThrive
- Mickey Edwards, Kansas CASA

Other Relevant Research Reviewed:

- From Foster Care to Independence: An assessment of best practices to support youth who age out of foster care (United Community Services of Johnson County, 2016)¹³⁵
- Issue Brief: Cost Avoidance: The business case for investing in youth aging out of foster care (Jim Casey Youth Opportunities Initiative, 2013)¹³⁶
- Independent Living/Self-Sufficiency: Desk Guide (Kansas Department for Children and Families, 2012)¹³⁷
- Kansas Juvenile Justice Workgroup: Final report (Kansas Juvenile Justice Workgroup, 2015)¹³⁸
- Mental Health Task Force: Report to the Kansas Legislature (Mental Health Task Force, 2017)¹³⁹
- Children's Continuum of Care Task Force: Report and recommendations (Children's Continuum of Care Task Force, 2017)¹⁴⁰
- Improving Services and Supports for High-Needs Youth in Foster Care (High Needs Foster Care Work Group, 2018)¹⁴¹
- Twice the Opportunity: Policy recommendations to support expectant and parenting youth in foster care and their children (Center for the Study of Social Policy)¹⁴²

Recommendation C1: Foster Care Re-Entry and Transitional Services

Background: Each year, nearly 30,000 youth transition out of foster care in the United States.¹⁴³ Without the support of a permanent and stable family, they must take on the challenges of young adulthood—such as education, employment and housing—alone. Youth who transition out of the foster care system in the United States have higher than average rates of joblessness.¹⁴⁴ Due in part to these challenges, as well as to the repercussions from other traumas experienced, many young people who transition out of foster care experience poor outcomes such as homelessness, substance use disorders, interactions with the criminal justice system and unemployment. These negative outcomes are common for Kansas youth transitioning out of the foster care system.

Kansas youth transitioning out of foster care also have worse outcomes compared to their peers in areas like employment, health, education and housing.¹⁴⁵ The National Youth in Transition Database (NYTD) reports that in Kansas, at age 17, 40 percent of youth who will soon age out of care reported referral for substance use treatment at some point in their lifetime.¹⁴⁶ Additionally, nearly 20 percent of 19-year-olds who transitioned out of care reported an incident of homelessness in the previous two years. That rate doubled by the time the cohort reached age 21.¹⁴⁷ Of Kansas youth who transition out of care, only 67 percent have attained a high school diploma or GED by age 21.¹⁴⁸ Kansas youth typically transition out of foster care at the age of 18 but planning for this transition begins earlier in their teen years. The transition process includes a case plan to help connect youth to housing, employment, transportation and other resources. The working group discussed opportunities for extending additional support and services to youth transitioning out of care to promote more positive outcomes.

The working group discussed and heard testimony on the supports and approaches that an evidence base suggests will improve well-being and outcomes for youth as they age out of the child welfare system. A strategy that was repeatedly discussed as valuable was a youth-centered approach to transition planning. For example, the organization You thrive implements programs to support youth as they transition to adulthood. You thrive is a Kansas-based nonprofit that is focused on empowering foster youth as they transition out of the child welfare system by broadly engaging Kansas communities to equip and support youth for healthy adulthood.¹⁴⁹ The working group also heard testimony that described examples of programs adopting this approach, such as the Iowa Dream Team and the Hawaii Epic's E Makua Ana Youth Circles

programs. Another recurring discussion topic was mechanisms to maintain access for youth to some of the services available to them while they were in care, such as health insurance, housing and education supports and behavioral health services.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 is a federal law that allows states to extend foster care for young adults aged 18-21.^{150,151} In 31 states, youth who leave foster care when they reach age 18 may request, at any time prior to their 21st birthday (or as otherwise specified in state law), to return to foster care (which may be in the form of a supervised independent living situation or a resumption of transitional living services).¹⁵² In these states, youth can return to care and/or supervision after attempting to live independently but now needs continued assistance and support while pursuing educational or job training goals, to ensure his or her personal safety, or to further develop the skills needed to achieve self-sufficiency.¹⁵³

In addition to extending options for foster care re-entry, the working group sees value in recommending that youth transitioning out of care have continued access to needed services. The Children’s Continuum of Care Task Force (2017) also recognized the importance of services to youth in foster care.¹⁵⁴ Given that, the working group made the following recommendation:

***HIGH-PRIORITY* Recommendation C1: Foster Care Re-Entry and Transitional Services. The State of Kansas shall provide young adults age 18–21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of the Kansas Department for Children and Families.**

Recommendation C1: Foster Care Re-Entry and Transitional Services	
Category	Details
Required Actions	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Recommendation C1: Foster Care Re-Entry and Transitional Services (continued)	
Category	Details
Supporting Strategies for the Recommendation	<p>C1.1 The State of Kansas, including but not limited to the Department for Children and Families and their service providers, will offer behavioral health services in the home or natural setting, and with a care provider who can continue to serve older youth as they transition out of care.</p> <p>C1.2 The State of Kansas shall coordinate an automatic enrollment process for the Medicaid state plan for young adults under age 26 years.</p> <p>C1.3 The State of Kansas, including but not limited to the Department for Children and Families and their service providers, shall provide behavioral health services via telemedicine technology so young adults under age 26 can continue receiving services from the same provider even if they move to various locations in the state.</p> <p>C1.4 The Kansas Department for Children and Families shall implement more transitional and independent living programs that will empower young adults age 18-21 with gradual steps of independence so that they will consider remaining in care beyond age 18.</p> <p>C1.5 The State of Kansas shall ensure youth are fully informed of available education, job training and career exploration opportunities prior to aging out of care, such as the Kansas Department for Children and Families establishing partnerships with industries and organizations that have workforce development training programs for skilled trades and other careers that could provide job opportunities.</p>
Testimony	<p>Tim Gay, Youthrive Julie Brewer, United Community Services of Johnson County Stormy Luksavage, Kansas Youth Advisory Council Catriese Johnson, formerly in care</p>
State Spotlight(s)	<p>In Texas, youth have the option of a “Trial Independence” upon their 18th birthday. Trial Independence is a six-month period out of care with the option to re-enter at the end of that period. Those that wish can then participate in Texas’s extended foster care program. Extended foster care can occur as a supervised independent living arrangement or in a placement with a foster family. The emphasis in extended foster care is on increasing a young person’s responsibilities for managing his or her life.¹⁵⁵</p>

Recommendation C1: Foster Care Re-Entry and Transitional Services (continued)	
Category	Details
State Spotlight(s) (continued)	<p>Youth Moving On (YMO)—based in California—is a support services program that serves transition youth aged 16-25. Services are provided on two tracks differentiated by the type of housing support received: 1) Transitional housing at a single site with weekly support services, including case management; and 2) Permanent housing for up to two years, which includes workforce development, health and wellness and life skills support services. All youth participants receive workforce development services within the first 30 days of YMO participation. After participating in YMO, 95 percent of youth are employed within three months of receiving services; 86 percent of youth pay rent on time and in full; and 94 percent of youth who transition out of the program move into safe and stable housing.¹⁵⁶</p> <p>The Iowa Dream Team is a youth-centered planning model that emphasizes empowering youth to take control of their lives as they plan for their transition out of foster care. In this model, a combination of supportive adults and peers build a team to help connect youth with community resources, such as education, employment, housing and more. Dream Teams are voluntary, youth-focused and youth-driven, and participants can only attend with permission of the youth. Funding for the meetings, facilitator training, and other Dream Team resources are provided by the state.^{157,158}</p>

Goal #8: Expand the level of Access to Child Welfare Services to Support Reintegration and Permanency

The working group received testimony and reviewed research to develop a set of recommendations with the goal of expanding the level of access to child welfare services to support reintegration and permanency, including services for health and mental health services, housing, substance use disorders and community-based services—as stated in the proviso.

Testimony Provided:

- Malissa Martin and Cheri Faunce, Communities in Schools of Mid-America
- Zachary Lawrence, USD 353
- Juanita Ridge, Millennium Mom Empowerment Network
- Liz Luce, FosterAdopt Connect
- Wendy Lockwood, Center for Counseling and Consultation in Great Bend
- Cyndi Haines, Kansas CASA volunteer
- Mickey Edwards, Kansas CASA

Other Relevant Research Reviewed:

- Families First Prevention Services Act: Bill summary (First Focus Campaign for Children, 2018)¹⁵⁹
- Informational Bulletin: Coverage of behavioral health for children, youth and young adults with significant health conditions (Substance Abuse and Mental Health Services Administration [SAMHSA] and Centers for Medicare and Medicaid Services [CMS], 2013)¹⁶⁰
- Services in Support of Community Living for Youth with Serious Behavioral Health Challenges: Mobile crisis response and stabilization services (SAMHSA and The TA Network, 2013)¹⁶¹
- Improving Services and Supports for High-Needs Youth in Foster Care (High Needs Foster Care Work Group, 2018)¹⁶²
- Information Packet: What are some trauma screening and assessment tools and examples of implementation (Casey Family Programs, July 2018)¹⁶³
- Bright Spot Brief: How did Connecticut implement its trauma-informed child welfare approach? (Casey Family Programs, July 2018)¹⁶⁴
- Annual Report (Governor's Behavioral Health Services Planning Council Children's Committee, 2016-2017)¹⁶⁵

Recommendation C2: Service Setting

Background: Working group members recognized medical and behavioral health care, substance use treatment, housing and community-based services as critical to the well-being of children in the child welfare system in Kansas. Additionally, the group discussed connectivity of community-based services to the child welfare system as a mechanism to ensure consistent delivery of needed services with maximum benefit to children in care. A referenced example of needed connectivity is between community-based services, the child welfare system and schools. Each provides key services to children and youth in care and coordination is needed to ensure that there is minimum disruption to the child's school day. Further, the group discussed the high-intensity of needs for health and social services, especially mental health services, for children in the child welfare system. The working group members heard testimony regarding the high frequency of one-night placements, the disruptions these single-night placements pose and the need for more long-term placements, particularly for older youth.

The working group heard testimony from the organization FosterAdopt Connect on the Behavioral Interventionist Program™ (BI) which is designed to keep children with behavioral and mental health challenges in stable home placements.¹⁶⁶ The working group recognized the value of this program in keeping children and youth with additional needs in more stable placements and valued the program approach of service delivery in natural, preferably home-based settings. The keystone 2018 federal child welfare legislation, the Families First Prevention Services Act (referred to as the Families First Act), also recognized the value of in-home services.¹⁶⁷ Beyond its component supporting the value of in-home and natural setting therapies, the working group also considered opportunities presented by the Families First Act to expand access to child welfare services, medical and mental health care services, treatment for substance use disorder and community-based services for foster care youth. These issues were considered to be key to the successful reintegration or permanent placement of children and youth in the child welfare system.

HIGH-PRIORITY ***Recommendation C2: Service Setting.*** The State of Kansas shall prioritize delivering services for children and youth in natural settings such as, but not limited to, homes, schools and primary care offices in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered.

Recommendation C2: Service Setting	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>C2.1 The State of Kansas shall provide intensive, in-home, one-on-one services, following the Behavioral Interventionist Program™ (BI) or similar model, statewide to children who struggle with behavioral and emotional management to the degree that the behaviors threaten the stability of their current placement, to reduce hospitalization and/or congregate care and maintain their current placement.</p> <p>C2.2 The State of Kansas shall expand and ensure availability and access to comprehensive mental health services in schools involving genuine collaboration and mutual support among school and community providers.</p> <p>C2.3 The State of Kansas shall expand and ensure availability and access to home-based family therapy services in communities statewide and ensure adequate reimbursement to providers for time, travel and other related expenses.</p> <p>C2.4 The State of Kansas shall fund alternate provider contracts that promote the development and maintenance of promising practices to serve high-needs foster care youth.</p> <p>C2.5 The State of Kansas shall provide comparable services in all areas of the state—including rural and frontier parts of the state—addressing language barriers and cultural competency.</p>
Testimony	Zachary Lawrence, USD 353 Liz Luce, FosterAdopt Connect Malissa Martin, Communities in Schools
State Spotlight(s)	FosterAdopt Connect is a Kansas- and Missouri-based organization that implements the Behavioral Interventionist Program™ (BI), which is designed to keep children with behavioral and mental health challenges in stable home placements. Children referred to this program often have several behavioral or mental health diagnoses. The program works with children and families in their home to develop coping mechanisms, techniques for de-escalation and life skills. Among other positive outcomes, this program can reduce the amount of time a child spends in a residential treatment facility. ¹⁶⁸

Recommendation C3: Early Intervention

Background: The working group heard testimony and discussed the importance of ensuring availability and access to early childhood mental health services. Particularly, the working group heard testimony from a youth who had successfully transitioned out of foster care whose recommendation was to ensure early access to mental health services.¹⁶⁹ Also, the group discussed the value of recognizing Diagnostic Classifications of Mental Health and Developmental Disorders (DC: 0-5) for those age 0-5 years in KanCare. This recommendation also was offered by the Children’s Continuum of Care Task Force (CCCTF).¹⁷⁰ In support of their recommendation, the CCCTF found that several states, such as Michigan, Minnesota and Oregon have successfully implemented the use of DC: 0-5. To justify its implementation, the CCCTF stated that its use could support early identification and treatment for relationship disorders while ensuring accurate assessments and diagnosis.¹⁷¹ The group discussed this as a strategy to allow young children in foster care to access more services without diagnoses that are potentially not age-appropriate that may have long-term impacts. Further, the group discussed the value of and strategies for trauma-informed child protection.¹⁷² The group heard testimony that trauma-informed child welfare services promote child safety and improve visitation, family engagement and permanency.¹⁷³ Resulting from these discussions and testimony, the working group recommends the following:

Recommendation C3: Early Intervention. The State of Kansas shall ensure availability and adequate access to early childhood behavioral health services statewide.

Recommendation C3: Early Intervention	
Category	Details
Supporting Strategies for the Recommendation	<p>C3.1 The Medicaid state plan shall recognize for reimbursement the use of Diagnostic Classifications of Mental Health and Developmental Disorders (DC: 0-5) for diagnosis and treatment of children age 0-5 years.</p> <p>C3.2 The State of Kansas will use a trauma-informed assessment to identify at-risk children age 5 and under and their caregivers who will receive supportive services through a system of care accessible statewide.</p> <p>C3.3 The State of Kansas shall ensure identified at-risk children and their caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.</p>

Recommendation C3: Early Intervention (continued)	
Category	Details
State Spotlight(s)	As part of their efforts to ensure appropriate provider training around the use of DC: 0-5 codes, Minnesota developed a diagnostics assessment for providers. A key goal of the training and subsequent assessments was to better understand if a child qualifies for available early childhood intervention services. ¹⁷⁴

Recommendation C4: Court Appointed Special Advocates

Background: According to testimony received by the working group, there are 23 independent non-profit Court Appointed Special Advocates (CASA) agencies in Kansas.¹⁷⁵ CASA volunteers are community members trained to provide advocacy for children involved in the court system.¹⁷⁶ CASA volunteers are appointed by judges and serve one case at a time and continue to serve the child until permanency is achieved. Currently there are CASA volunteers available to be appointed to approximately one-third of Kansas foster youth.¹⁷⁷ The working group members discussed that CASA volunteers provide an opportunity for stability and consistency in child welfare cases that may involve frequent foster home placement changes or high levels of child welfare staff turnover. Further, the working group heard testimony that child welfare workers may utilize a CASA volunteer to receive a historical perspective on a new case the worker has been assigned.¹⁷⁸ Research suggests that a child with a CASA is more likely to find a safe, permanent home – through adoption; half as likely to re-enter foster care; substantially less likely to spend time in long-term foster care; and more likely to have a plan for permanency, particularly among children of color.¹⁷⁹ Given this testimony and evidence base, the working group recommends that the Kansas Legislature fund CASA to ensure the availability of CASA volunteers statewide.

Recommendation C4: Court Appointed Special Advocates. The Legislature shall fund Court Appointed Special Advocates (CASA) to ensure the availability of CASA volunteers in all jurisdictions.

Recommendation C4: Court Appointed Special Advocates	
Category	Details
Testimony	Mickey Edwards, Kansas CASA State Director Cyndi Haines, Kansas CASA volunteer

Goal #9: Increase Reunification Rates and Improve Times to Reintegration

The working group received testimony and reviewed research to develop a set of recommendations with the goal of increasing reunification rates and improving time to reintegration by strengthening services and supporting cross-sector collaboration.

Testimony Provided:

- Ben Frie, grandparent
- Joni Hiatt, FosterAdopt Connect
- Mickey Edwards, Kansas CASA
- Crystalee Protheroe, Jorabelus Foundation
- Danielle Bartelli, KVC Kansas
- Michael and Kassi McDowell, parent partners

Other Relevant Research Reviewed:

- Evaluating an Evidence-Based Practice to Improve Family Functioning and Decrease Time in Foster Care: Findings from the Permanency Innovations Initiative (Melz, et. al)¹⁸⁰
- Supporting Successful Reunifications: Bulletin for Professionals (U.S. Department of Health and Human Services, 2017)¹⁸¹

Recommendation C5: Reintegration Support

Background: Slightly more than half (55 percent) of children exiting foster care in Kansas are reunited with family.¹⁸² This is similar to the national rate of 50 percent of children exiting a state's custody to be reunited with family.¹⁸³ Working group members heard repeated testimony on the high number of children in state custody in the State of Kansas.^{184, 185} Casey Family Programs (CFP) reported that Kansas had approximately 7,200 children in state custody in 2016, compared to about 5,800 in 2011.¹⁸⁶ This is a rate of about 6 children per 1,000.¹⁸⁷ For comparison, the national rate of children in foster care is about 4 children per 1,000.¹⁸⁸ The working group discussed the increased access to services and supports that could increase the reunification rate and improve times toward reintegration and permanent placements. As of June 2017, the Kansas Department for Children and Families (DCF) reported that the average length of stay in foster care for children and youth who were reunited with their families was nine months; for those adopted it was 36 months; and for children who age out of care, the average time in custody was 37 months.¹⁸⁹ A stated goal of this working group is to safely minimize these times.

The working group heard testimony about strategies for decreasing times to reintegration or to a permanent placement. One program that can provide consistent support to parents is Generation Parent Management Training – Oregon Model (PMTO). PMTO is an evidence-based structured intervention program designed to help strengthen families.¹⁹⁰ Additionally, the working group identified that some additional behavioral health services need to be funded to ensure that behavioral health service providers are able to provide consistent and individualized service. Current procedural terminology (CPT) code 90846 – family psychotherapy (without the patient present), 50 minutes – is one specific behavioral health billing code for which the working group felt Medicaid reimbursement was important.¹⁹¹ This code allows for family psychotherapy to be billed without a patient present.¹⁹² The working group identified this as a key gap to fill in regard to children in care. The group discussed the importance of enabling, via reimbursement, licensed therapists to have discussions with a child's caregiver regarding topics for which it would not be appropriate for the child to be present, such as abuse or trauma experienced by the child.

The working group also discussed the importance of parent partner programs for families involved in the child welfare system. Parent partners can help families navigate the child welfare system by assisting in case planning or providing information to parents about their rights and responsibilities. The parent partners are parents with experience in the child welfare system as mentors or advocates. The goal of parent partner programs is to engage parents more fully in the child welfare and provide support, modeling, and linkages to assist families in meeting their safety, permanency and well-being goals.¹⁹³ Further, the working group discussed the importance of building partnerships between foster parents and the child's biological parents to help the child placed in their care. After giving consideration to these strategies related to decreasing times to permanent placements, the working group made the following recommendation:

HIGH-PRIORITY Recommendation C5: Reintegration Support. The State of Kansas shall provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers including, but not limited to, parents and foster parents.

Recommendation C5: Reintegration Support	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input type="checkbox"/> Low <input checked="" type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>C5.1 The Legislature shall fund and implement Generation Parent Management Training – Oregon Model (PMTO) for all cases, and Medicaid reimbursement shall be provided for current procedural terminology (CPT) code 90846.</p> <p>C5.2 The state shall establish a parent partner program to provide support to parents whose children are in foster care.</p> <p>C5.3 The Kansas Department for Children and Families shall implement programs to enhance co-parenting between parents and foster parents.</p>
Testimony	Danielle Bartelli, KVC Kansas Michael and Kassi McDowell, parent partners Joni Hiatt, FosterAdopt Connect
State Spotlight(s)	<p>Generation Parent Management Training – Oregon Model (PMTO) is an evidence-based structured intervention program designed to help strengthen families. This program has demonstrated positive outcomes throughout a nine-year follow-up period, which include reductions in delinquency, depression and police arrests, among others. In Kansas, the PMTO project is a demonstration project known as the Kansas Intensive Permanency Project (KIPP) and is executed as a statewide public-private partnership between the University of Kansas (KU) School of Social Welfare, Kansas Department for Children and Families, and Kansas' private providers of foster care (KVC Behavioral Healthcare, Inc., and Saint Francis Community Services, Inc.). Dr. Becci Akin at the University of Kansas has published several studies on the effects of PMTO and outcomes – most recently finding that while PMTO may not significantly affect parenting practices, there are positive effects observed on caregiver functioning in the areas of mental health, substance use disorder, social supports and readiness for reunification.¹⁹⁴</p>

Recommendation C5: Reintegration Support (continued)	
Category	Details
State Spotlight(s) (continued)	Additionally, Nevada has a program to support family reintegration called Fostering Relationships. This program is an adaptation of the Attachment and Biobehavioral Catch-Up for Visitation (ABC-V) intervention. This program seeks to improve reunification and reduce re-entry into the child welfare system. Fostering Relationships seeks to achieve these goals by improving parent-child visitation time by training foster parents and a paraprofessional mentor to be partners with birth parents in the visitation process. The mentor works with foster and birth parents to set realistic expectations for visits and to follow a child's lead throughout the visitation. The mentor and foster parent provides positive feedback and coaching to the birth parent on interactions with the child. ¹⁹⁵

Recommendation C6: Case Plans

Background: The case planning process at the Kansas Department for Children and Families aims to develop a plan of action that serves the needs of the family, builds on identified family strengths, and ensures the safety of the child while moving toward the case's permanency goal. The case plan itself includes a list of goals, objectives and tasks to move toward the stated goal. The case plan also includes services to address the needs of the child and a plan for parent visits.¹⁹⁶

The working group discussed and heard testimony regarding the value of having key stakeholders at case planning meetings. According to the experience of working group members, this is frequently not taking place. The working group suggested providing reimbursement for key parties to attend. For example, if it is critical for a child's therapist to attend a case plan meeting, then reimbursement should be provided to that individual for their time and travel away from their practice. Given these and other considerations regarding case plans, the working group made the following recommendation:

Recommendation C6: Case Plans. The State of Kansas shall restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case and provide reimbursement to required participants.

Recommendation C6: Case Plans	
Category	Details
Supporting Strategies for the Recommendation	<p>C6.1 The Kansas Department for Children and Families shall assign a third-party facilitator who is not an employee of DCF or a contracted child-placing agency, and who is experienced with the child welfare system and has had training in mediation or facilitation.</p> <p>C6.2 The third-party facilitator with a liaison from the Kansas Department for Children and Families shall review the case and determine necessary attendees who must be invited to each meeting and who should receive reimbursement for attendance.</p>
State Spotlight(s)	As a model of effective, collaborative, facilitated case planning, the working group discussed a model developed in Australia called Signs of Safety. This model has since been used in parts of the United States, Canada, Sweden and the Netherlands, among other locations. This approach focuses on the network of community members around a child who can work to ensure their safety and the success of their case. ¹⁹⁷

Recommendation C7: Physical Access

Background: The working group repeatedly discussed inadequate transportation as a barrier to the timely reunification of families. Inadequate transportation can cause a disruption to services required by case plans or an interruption to allowed visitation time. Transportation adequacy is further hampered by a frequent lack of availability of foster home placements that are co-located to biological family members or established sources of needed services. This presents a challenge because if bi-weekly family therapy is part of a case plan, but the child is placed in a foster home several hours away, the child will have to regularly miss large portions of a school day to access the services required by their case plan. Alternatively, if a parent frequently travels far distances for scheduled visitations or family therapies, they may miss a prohibitive amount of work, compromising their ability to adequately provide for their family financially. An additional component of transportation inadequacy may occur when sibling groups are not placed together in foster homes. When sibling groups are not placed together, additional transportation services are required so that sibling relationships can be maintained. Recognizing these and other challenges, the working group recommends the following to ensure that inadequate or underfunded transportation does not delay safely reunifying families:

Recommendation C7: Physical Access. The Legislature shall fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan.

Recommendation C7: Physical Access	
Category	Details
Supporting Strategies for the Recommendation	<p>C7.1 The Kansas Department for Children and Families shall develop a placement system to ensure children remain within the child’s community upon entering the child welfare system.</p> <p>C7.2 The Kansas Department for Children and Families shall provide visitations in evenings and weekends as appropriate, based on age and location of children and their parents’ work schedules.</p> <p>C7.3 When a child cannot remain in their community, the Kansas Department for Children and Families shall provide transportation to parents for visits, if deemed in the child’s best interest.</p> <p>C7.4 The Kansas Department for Children and Families shall provide daily parental visits when infants are removed to promote healthy attachment and other benefits.</p> <p>C7.5 The Kansas Department for Children and Families shall provide transportation to services for parents as required by the case plan.</p> <p>C7.6 The Kansas Department for Children and Families shall review and revise existing policy, considering each child’s physical, mental and emotional well-being, to allow sibling splits, accommodate sibling sets together, or placements in proximate location, when appropriate.</p>
State Spotlight(s)	<p>The Los Angeles County Superior Court Juvenile Court Visitation Committee developed Family Visitation Guidelines. In general, this committee recommended that visitation frequency correspond with a child’s age and development while considering a family’s permanency goal. In these guidelines the optimal frequency for infants—age 0 to 6 months—is daily, with a minimum of three visits per week of 30-60 minutes. The high frequency of infant visits aims to create a healthy attachment between a parent and infant. For subsequent age groups, recommended visitation times may be less frequent but should be longer in duration.¹⁹⁸</p>

Cross-Goal Recommendation

During the recommendation phase, the working group discussed solutions that would offer system-wide changes. A recommendation that would make changes upstream and have an impact on one or more of the working group's critical goals of study was designated as a "cross-goal" recommendation.

Recommendation C8. Foster Homes

Background: A 2014 report from Casey Family Programs cited the key components of foster parent recruitment and retention are keeping foster parents engaged, developed and supported.¹⁹⁹ Throughout the working group's brainstorming, testimony hearings, and recommendation development, the group discussed the importance of investments in foster home recruitment and retention. Specifically, the working group discussed that foster homes are retained by offering ongoing support to foster families. For example, offering opportunities to attend additional trainings related to the types of placements they receive most frequently. The group also discussed modified foster home licensing requirements as a mechanism for improved foster home recruitment. The group also discussed streamlining the licensing process for kinship placements to allow for increased reimbursements to be received for a setting of care that research suggests is among the best for children and youth in care.²⁰⁰ Further, offering additional financial incentives for foster homes hosting older youth, high-needs children and sibling groups. The working group discussed the purpose of this recommendation as seeking to create more placement options for youth whose circumstance have historically made them hard to place. Missouri utilizes a program called Extreme Recruitment as a strategy to find stable placements for hard-to-place older youth.²⁰¹ This program seeks to improve permanency in teen placements by conducting an intensive pursuit of family placement for youth. Among other strategies to find families and permanent placements, the program utilizes a full-time private investigator to find family members for possible placements. To maintain an appropriate quantity of quality foster homes in Kansas, the working group recommends:

HIGH-PRIORITY Recommendation C8. Foster Homes. The State of Kansas must invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children and birth families as well as modifying licensing requirements.

Recommendation C8. Foster Homes	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	<p>C8.1 Child placing agencies shall establish supplemental and ongoing training modules for foster families who choose to offer additional support for older youth, high-needs children and birth families.</p> <p>C8.2 Child placing agencies shall tailor licensing requirements for foster families who complete specialized training.</p> <p>C8.3 The Kansas Department for Children and Families shall set higher payment rates for foster families who complete supplemental training.</p> <p>C8.4 The State of Kansas shall employ the use of individualized recruitment programs to do family finding for every youth in foster care.</p> <p>C8.5 The Kansas Department for Children and Families shall maintain or increase reimbursement to foster parents following behavior stabilization.</p> <p>C8.6 Child placing agencies shall, when appropriate, encourage training opportunities for foster parents seeking to partner with biological parents by engaging foster parents in assisting with visitation supervision, serving as trainers for parents, and assisting with any services that the court is requiring toward reunification. Foster parents who serve in this role shall be paid at the level that a comparable service provider would earn for time spent and for the professional service being offered.</p>
Testimony	Tim Gay, You thrive Lori Ross, FosterAdopt Connect
State Spotlight	The Missouri Children’s Division utilizes an Extreme Recruitment program for foster and adoptive care that pursues family placements for teens in foster care to achieve permanent and beneficial placements. This program utilizes individualized recruitment efforts to reconnect youth with kin. Goals of this program are to provide services to unite families; support families as whole units; work with parents to understand and address behaviors and cope with stress; establish a sense of unity among family members; and allow families to feel a sense of community and comfort. In addition to service providers, this program utilizes private investigators to identify all possible family placements. ²⁰²

Recommendation C9. Maximizing Federal Funding

Background: Federal funding for the child welfare system can come from a variety of sources. These sources include Social Security Section IV-B and IV-E funds, John H. Chafee Foster Care Independence Program funds, Temporary Assistance to Needy Families (TANF) funds and a variety of grant dollars.²⁰³ Additionally, Medicaid provides health care services for children and youth in foster care.²⁰⁴ The working group discussed strategies for maximizing available federal funding for foster care children and youth. For example, the John H. Chafee Foster Care Independence Program supports current and former foster youths living independently. According to DCF, Chafee assistance provided by the state is eligible for a federal match of 80 percent, and Kansas received the maximum amount in federal fiscal years 2015 through 2018—approximately \$2.1 million each year.²⁰⁵

The working group also discussed the new way in which federal funds available under the Families First Prevention Services Act (FFPSA) will provide funding for substance use disorder prevention and treatment services, mental health services, in-home services and other interventions to prevent children from being removed from homes. Further, the working group discussed the results of the 2016 Kansas Statewide Efficiency Review which recommended that funding for programs under the Children’s Initiative Fund (CIF) should retain and, where possible, expand federal funding.²⁰⁶ CIF supports initiatives focused on mental health, early childhood and child welfare. Some CIF programs use a state match to obtain federal funding, but the report indicated that there may be room for increased federal funding.²⁰⁷ However, the extent that it is possible to increase federal funding for child welfare programs is unknown. Given this and other discussion, the working group made the following recommendation:

Recommendation C9. Maximizing Federal Funding. The State of Kansas shall conduct an audit of potential funding streams by program area, to ensure the state is maximizing federal benefit.

Recommendation C9. Maximizing Federal Funding	
Category	Details
Supporting Strategies for the Recommendation	C9.1 The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines.
Testimony	Tim Gay, Youthrive Dan Lewien, Office of Financial Management Director, Kansas Department for Children and Families

Recommendation C10. Resources and Accountability

Background: The working group discussed the transition the State of Kansas made to a privatized child welfare system in the 1990s following a lawsuit settlement that called for significant reforms.²⁰⁸ A concern expressed by the working group was that the child welfare system has been generally underfunded during the time since privatization. Additionally, working group members discussed the role of privatization in duplication of efforts and breakdowns in communication between the Kansas Department for Children and Families (DCF) and its service providers. The working group also heard testimony on examples of duplications and delays within processes, such as adoptions, due to privatization.²⁰⁹ To address these concerns, the working group recommends:

Recommendation C10. Resources and Accountability. The State of Kansas and the Department for Children and Families shall provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services.

Recommendation C10. Resources and Accountability	
Category	Details
Supporting Strategies for the Recommendation	<p>C10.1 If the State of Kansas chooses to award grants or contracts, awards shall be based primarily upon qualifications including, but not limited to, quality of services and shall not be awarded solely based upon financial factors.</p> <p>C10.2 The working group supports the recommendation set forth by WGA under the goal of improving workforce morale and tenure – Recommendation A1 and strategies supporting the recommendation A1.1 – A1.5 (page 11).</p> <p>C10.3 The State of Kansas, the Department for Children and Families and its service providers shall have a minimum level of technology available to improve efficiencies by July 2019, such as, but not limited to, digitally uploading documentation.</p>
Testimony	Randy McCalla, attorney Gail Cozadd, Kansas Children’s Service League

Goal #10: Increase the Rate of and Support for Adoptions to Improve Time to Permanency

The working group received testimony and reviewed research to develop a set of recommendations with the goal of increasing the rate of and support for adoptions to improve time to permanency.

Testimony Provided:

- Justin McDaid, former foster parent
- Vernon Halverson, former foster parent
- Gail Cozadd, Kansas Children's Service League
- Amy Vinton, attorney
- Randy McCalla, attorney
- Josh Kroll, North American Council on Adoptable Children

Reports Reviewed:

- Strategy Brief: What steps can our agency take to become more trauma informed? (Casey Family Programs)²¹⁰
- Information Packet: Broken Adoptions & Effective Post Adoption Services (Casey Family Programs)²¹¹
- Kansas Adoption and Relinquishment Act (2018)²¹²
- Placement of Children with Relatives (Children's Bureau) ²¹³

Recommendation C11: Adoption Process

Background: A process engineer is "accountable for planning, optimizing and organizing the operations of any process."²¹⁴ With this understanding, the working group recommends that a process engineer or a professional with these skills review the process for completing adoptions from foster care in Kansas and make recommendations for streamlining that process. An issue commonly raised in the testimony heard by the working group was that the time to complete an adoption was too long and frequently included duplication of efforts and other complications.²¹⁵ The working group heard of inefficiencies within the current adoption process, including delays in completing important steps, lost paperwork and requirements from the Kansas Department for Children and Families (DCF) that appeared to extend beyond statutory requirements. To address each of these issues and others, the working group recommends that the current adoption process be assessed to identify areas for improvement.

The working group heard testimony from two former foster parents, who discussed their experiences with adoption as foster parents. In both cases, the time it took to adopt was two or

more years from when the child was first placed in their home for foster care. Those providing testimony attributed the extended length of times to adoption to inefficiencies in the current adoption process. For example, the working group heard of multiple instances in which paperwork was lost or needed documentation (e.g., medical records, birth certificates) was not requested until adoptions were nearly final.²¹⁶

Related to assessing the well-being of the child, there were concerns that the search for a kin placement is not begun soon enough. The working group heard testimony that the identification of kin as a potential placement option often does not occur until late in the adoption process, when a stable foster placement might already be established. If a kin placement was not identified early on, and a child is placed with a foster family, there is concern that a later switch from foster to kin placement will delay permanency for a child and result in avoidable instability. By beginning the search for kin earlier, unnecessary changes in placement could be avoided.

HIGH-PRIORITY **Recommendation C11. Adoption Process.** The State of Kansas and the Department for Children and Families shall enlist the services of a process engineer to achieve faster and more efficient permanency.

Recommendation C11. Adoption Process	
Category	Details
Required Actions	<input type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding <input type="checkbox"/> Reg./policy change federal agency <input type="checkbox"/> Federal Funding
Characterization	High Impact: <input checked="" type="checkbox"/> Short-term <input type="checkbox"/> Long-term Existing System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initial Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Ongoing Investment: <input checked="" type="checkbox"/> Low <input type="checkbox"/> High Avoid Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Strategies for the Recommendation	C11.1 The Department for Children and Families shall streamline the requirements for adoption and foster home studies. Then, when possible, determinations should be made to establish consistency between the studies, bearing in mind emerging national standards (e.g., Structured Analysis Family Evaluation [SAFE] model).

Recommendation C11. Adoption Process (continued)	
Category	Details
Supporting Strategies for the Recommendation (continued)	<p>C11.2 As soon as is feasible, after a child comes into care, the Department for Children and Families (DCF) shall ensure receipt of all relevant, basic information including, but not limited to, birth certificate, social security card and social security disability benefits (SSDI and SSI). This information should be made easily available to relevant agency staff in the case that a child’s permanency goal changes from reintegration to adoption. Additionally, DCF shall ensure that a timely determination is made as to whether an application for social security benefits should be made on behalf of the child.</p> <p>C11.3 The Department for Children and Families’ policy requiring which documents must be included in adoption finalization packet shall be reconciled with the requirements of the probate code related to private adoptions to support timely permanency through adoption for those in the child welfare system.</p> <p>C11.4 The Department for Children and Families shall develop a program to diligently search for a foster child’s relatives and kin for potential placement options and supports, finding at least 80 relatives within the first 30 days of the child entering state custody and identifying one kinship placement and at least one backup.</p>
Testimony	<p>Justin McDaid, former foster parent Vernon Helverson, former foster parent Randy McCalla, attorney Amy Vinton, attorney Lori Ross, FosterAdopt Connect</p>
State Spotlight	<p>In 2008, Missouri received a grant to implement “extreme recruitment,” an intensive 12- to 20-week process to improve permanency outcomes for older foster youth (ages 10-18) and siblings that have been deemed “hard to place.” One component of the process involves an intensive search for potential kin placements, which includes mechanisms such as online searches and the hiring of private investigators. At the end of the original grant period, the proportion of youth in the care of a relative increased. In addition to Missouri, extreme recruitment has been used in other states, such as Virginia and California.</p> <p>Similar to extreme recruitment, Missouri also implemented “30 days to family,” which applies to all children entering or re-entering foster care. The goal of the program is to place children and youth with relatives within 30 days of entering foster care. To do so, the program tries to find 80 relatives in 30 days, and from that pool of relatives identifies a kinship placement and a backup placement for the child. Other states, such as Ohio, also have implemented the program.</p>

Recommendation C12: Modifications to CINC Code

Background: In eleven states, statute or regulation requires that state agencies recognize relatives over adoptive placements for children in state custody.²¹⁷ Kansas statute regarding adoption does not explicitly require this preferential relative treatment, but it may be considered the common practice or procedure. Conversely, Missouri, New York and Tennessee define a period of time spent in a nonrelative foster placement after which that foster parent may be given preference in adoption.²¹⁸ The working group discussed the importance of continued assessment of the best interests of the child as decisions are made regarding their welfare pre- and post-adoption. Currently, best interest staffing (BIS) meetings are held to make decisions about the family who will adopt a child in the custody of the State.²¹⁹ In Kansas, the rate of adoption was nearly the same for foster parents and relatives in state fiscal year 2018 (July 2017 to June 2018) – 48.0 percent and 50.7 percent, respectively.²²⁰

In addition to discussing relative and foster parent adoptions and placements, the working group discussed the issue of sibling splits. In current practice in Kansas, preference is given to keeping siblings together, regardless of bond or the time a child has spent with a foster placement. Not allowing siblings to be split can result in a child being removed from a stable placement in order to be placed with a sibling with which they may or may not have developed a bond. This can create disruptions for a child by removing them from a previously stable placement. The working group discussed the importance of considering a child's best interest and allowing sibling splits in situations in which there is no bond between siblings.

Recommendation C12. Modifications to CINC Code. The Legislature shall modify the Kansas code for care of children to meet the child's ongoing best interest for permanency.

Recommendation C12. Modifications to CINC Code

Category	Details
<p>Supporting Strategies for the Recommendation</p>	<p>C12.1 The Legislature shall modify the Kansas code for care of children to allow for the creation of a legally binding agreement, subject to judicial review, of the child’s ongoing best interest providing for post-adoption contacts between siblings, parents, other relatives and persons with whom the child has close emotional ties.</p> <p>C12.2 The Legislature shall review opportunities to modify the Kansas code for care of children (K.S.A. 38-2270) to remove preference given to a relative over a person with whom the child has close emotional ties in decisions about adoption absent the showing of extraordinary circumstances. A statute similar to the state of Missouri Ann. Stat. §§ 453.072; 453.070 shall be considered.</p> <p>C12.3 The Legislature shall modify the Kansas code for care of children to allow the court to conduct an evidentiary hearing to select the most appropriate adoptive resource in the best interest of the child when a party exhausts all administrative remedies after a disputed best interest staffing decision.</p> <p>C12.4 The Kansas Legislature shall revise the Kansas code for care of children to allow the court to review and approve sibling split placements for the purposes of permanency.</p>
<p>Testimony</p>	<p>Randy McCalla, attorney Amy Vinton, attorney</p>
<p>State Spotlight</p>	<p>The Missouri statute regarding relatives and non-relatives who may adopt states: Ann. Stat. §§ 453.072; 453.070 As used in this section, the term: 'Relative' means any grandparent, aunt, uncle, adult sibling of the child, adult first cousin of the child, or any other person related to the child by blood or affinity. 'Close nonrelated person' means any nonrelated person whose life is so intermingled with the child that the relationship is similar to a family relationship. Any adult person or persons over age 18, who, as foster parent or parents, have cared for a foster child continuously for a period of <u>9 months or more</u> and bonding has occurred as evidenced by the positive emotional and physical interaction between the foster parent and child, may apply to an authorized agency for the placement of the child with them for the purpose of adoption if the child is eligible for adoption. The agency and court shall give preference and first consideration for adoptive placements to foster parents. However, the final determination of the propriety of the adoption of that foster child shall be within the sole discretion of the court.²²¹</p>

Recommendation C13: Post-Adoptive Support

Background: In 2016, 86 percent of Kansas children adopted from foster care received adoption assistance, compared with 95 percent of adopted children in 2012.²²² The working group heard testimony about the importance of having strong post-adoption subsidies, which can increase the likelihood that children in foster care will be adopted, and post-adoption services, which can lead to better post-adoption outcomes (e.g., decreased likelihood a child will re-enter the child welfare system). The working group also discussed the current criteria for special needs eligibility for the adoption subsidy in Kansas compared to other states. According to the North American Council on Adoptable Children (NACAC), Kansas does not have the most stringent special needs eligibility criteria. However, Kansas' age criteria of age 12 or older is much higher than Missouri whose criteria is age 5 or older, as well as the sibling groups criteria (three or more siblings placed together compared to two or more in other states).²²³

Also, NACAC stated that among adopted children receiving assistance in Kansas in 2016, more than one-third receive what is known as a deferred assistance, meaning they receive no monthly benefit at all and the number of children receiving no monthly benefit is significantly higher than in other states.²²⁴ DCF's Policy and Procedures Manual, Section 6210, discussed eligibility for adoption assistance and states that children in care may be eligible for one or more of the following types of adoption assistance: Medicaid, monthly subsidy payment, special subsidy payment and non-recurring expenses. However, to be eligible for adoption assistance, the child shall meet all of the following criteria: (1) legally free for adoption; (2) child cannot return to parents; (3) special needs eligibility; and (4) reasonable efforts were made to place the child without assistance.²²⁵

DCF also provided data for fiscal year 2018 and projections for fiscal year 2019 in *Figure 15* (page 82) – 77.3 percent of children were IV-E eligible in FFY18 and received a monthly payment – on average, \$440 per month (*Figure 15*). This payment is a combination of state general funds (54.9 percent), federal IV-E adoption funds (44.1 percent) and child welfare block grant funds (1.0 percent). Due to the state general fund match for adoption assistance, working group members discussed funding mechanisms due to the increasing caseloads. Currently, estimates in the *Human Services Consensus Caseload Estimates* include expenditures for Temporary Assistance for Families, the Reintegration/Foster Care Contracts, and KanCare

Regular Medical Assistance and KDADS Non-KanCare. The working group discussed the feasibility of including adoptions in these estimates.²²⁶

Figure 15. Adoption Support Caseloads and Funding, FY 2018-2019

Adoption Support Caseload

Item	FY 2018 Actual	FY 2019 Estimate	Percent
Average Monthly Children (1)	9,203	9,540	
Average Monthly Children Receiving a Monthly Payment	7,117	7,398	
Average Monthly Cost per Child (2)	\$440.29	\$437.50	
Assistance	\$37,602,618	\$38,839,331	
Financing			
State General Fund	\$20,661,084	\$21,241,925	54.9%
Child Welfare Block Grant Funds	367,585	371,188	1.0%
Federal IV-E Adoption Funds	16,573,949	17,226,218	44.1%
Total	\$37,602,618	\$38,839,331	100.0%

Note: (1) These numbers include those clients receiving only medical assistance. (2) This monthly average cost is calculated using only those children receiving a monthly payment. Assistance reflects annual expenditures/costs. Source: Department for Children and Families.

NACAC also discussed the post-adoption services that they consider best practices, including peer support for parents and youth, respite care, navigators for parents, mental health services for the entire family, a crisis hotline, ongoing training, support with school issues, and activities for children and youth.²²⁷ The working group also heard testimony from Kansas Children's Service League (KCSL), which provides some of the only post-adoptive services and supports for families in Kansas. Currently, KCSL provides three types of services endorsed by NACAC: peer to peer support; resource and referral for upcoming retreats and support groups; and ongoing training. KCSL is not, however, able to provide all services recommended by NACAC.

Recommendation C13. Post-Adoptive Support. The State of Kansas shall ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services.

Recommendation C13. Post-Adoptive Support	
Category	Details
Supporting Strategies for the Recommendation	<p>C13.1 The Department for Children and Families shall consider revising their policy and procedure manual regarding the definition of special needs eligibility for adoption in order to be more inclusive and aligned with other states and national trends (i.e., lower the age eligibility to national norms of age 5-8; lower the number of siblings from three to two for placement in adoption together; among others).</p> <p>C13.2 The State of Kansas and Legislature shall consider including children legally free for adoption in the <i>Human Services Consensus Caseload Estimates</i>.</p> <p>C13.3 The Department for Children and Families shall provide post-adoption support services per guidance from the North American Council on Adoptable Children (NACAC).</p>
Testimony	Gail Cozadd, Kansas Children’s Service League Josh Kroll, North American Council on Adoptable Children
State Spotlight	Nebraska’s Right Turn program provides support services to adoptive and guardian families. Implemented by the state in 2010, the program provides a variety of services, including connecting families to mental health supports; creating networks of parents; providing 1:1 permanency support planning; offering respite care; and providing adoption, guardianship and parenting training. Families and youth are eligible for support from Right Turn until adopted children reach age 21, or children under guardianship reach age 19. In 2011, the program received the U.S. Department of Health and Human Services Adoption Excellence Award. ²²⁸

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Appendix A: Testimony Template

CHILD WELFARE SYSTEM TASK FORCE TESTIMONY SUBMISSION FORM

Name:

Address:

Email address:

Phone Number:

Please indicate any role of involvement within the child welfare system (check all that apply):

- Judicial (e.g., attorney, judge)
- Social Worker/Social Work Agency Employee
- Foster Parent
- Family member/Interested Party to a child in the child welfare system
- Law Enforcement
- CASA
- Medical Field
- Therapist/Psychologist/Case Manager
- Community-based organization
- Other: _____

Please attach prepared testimony to this application. Testimony should focus on the issues requiring the attention of the Task Force and suggested remedies. Testimony shall not include any confidential information or contain details of any individual case. Written testimony that is not in compliance with these restrictions may be rejected, in its entirety, at the discretion of the Chair. Submitted testimony that is rejected by the Chair shall promptly be destroyed after such rejection.

The attached testimony is intended for which of the following (select one):

Administration of Child Welfare by DCF and Foster Care working group

- Oversight and supervision by DCF over each entity that contracts with DCF to provide reintegration, foster care, and adoption services
- Improve morale and tenure of workforce
- Streamline technology and communication across state agencies, nongovernmental entities, and service providers that provide child welfare services in the State of Kansas

Protective Services and Family Preservation working group

- Strengthen safety net and early childhood education
- Examine the contributing factors to the increasing number of children in the child welfare system including, but not limited to, substance abuse, legislation, and policies and procedures to safely reduce the number of children in care
- Strengthen assessment of risk and safety and eliminate child fatalities by abuse and neglect

Reintegration and Permanency Placement working group

- Increase reunification rates and improve times to reintegration by strengthening services and supporting cross-sector collaboration
- Expand the level of access to child welfare services, including, but not limited to, health and mental health services, housing, substance abuse and community-based services, in the State of Kansas
- Improve child well-being and outcomes for youth aging out of care

- I would like to present oral statements in addition to my written testimony. If allowed, I understand that my oral comments may be limited to 3 minutes.**

Please remember that information provided to or discussed by the Task Force becomes a public record subject to publication on the Legislature's website or possible disclosure via an open records request. Thus, discretion should be exercised in providing information regarding specific persons or circumstances that may be private or subject to privacy laws. State and federal law limits the information the Department for Children and Families and other state agencies can provide in a public setting regarding specific circumstances involving minors. The Task Force's directive is to study the child welfare system and provide recommended improvements regarding the system. It is not empowered to resolve issues on a case-by-case basis within the child welfare system. Please also remember that you are bound by any existing ethical, statutory, or contractual obligations of confidentiality, and testifying before this body does not release anyone from any existing obligations.

Begin written testimony below:

Appendix B: Endnotes

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- ¹ 2017 Kansas Legislative Session. (2017). *House Substitute for Senate Bill (SB) 126: An Act establishing the foster care task force*. Retrieved from http://www.kslegislature.org/li/b2017_18/measures/documents/sb126_03_0000.pdf
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