

# Report of the Special Committee on Foster Care Oversight to the 2021 Kansas Legislature

**CHAIRPERSON:** Representative Susan Concannon

**VICE-CHAIRPERSON:** Senator Molly Baumgardner

**OTHER MEMBERS:** Senators Ed Berger, Bud Estes, Oletha Faust-Goudeau, and Richard Hilderbrand; Representatives Suzi Carlson, Gail Finney, Nick Hoheisel, Susan Humphries, Jarrod Ousley, John Resman, and Susan Ruiz

## **STUDY TOPIC**

The Committee is directed to:

- Receive input from families, social workers, and other stakeholders on progress and shortfalls in the State's child welfare system, including quality of care for children in foster care, access to health and mental health services, trends in contributing factors, program outcomes from the federal Family First Prevention Services Act, and barriers to sharing information across stakeholders; and make recommendations to the Legislature on additional improvements and oversight needed to improve the State's child welfare system.

# Special Committee on Foster Care Oversight

## REPORT

### Conclusions and Recommendations

The Special Committee on Foster Care Oversight makes the following recommendations and requests:

- The Committee agreed the work of the Special Committee on Foster Care Oversight should continue. The Committee recommends the Legislature establish a statutory joint committee on child welfare oversight, structured like the statutory Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight. The Committee recommends members of such new committee be legislators from the Senate and House of Representatives, with both parties represented, appointed by leadership, and the new committee meet quarterly.

If such joint oversight committee is established by the Legislature, the Committee recommends the new joint oversight committee pursue the following further recommendations:

- Consider the establishment of an Office of the Child Advocate or independent oversight of foster care to provide independent advocacy for persons involved in the child welfare system;
- Look further into the Community Collaborator pilot program;
- Continue discussion and increased understanding of the establishment of a Health Information Specialist Unit in the appropriate agency, with staff trained in reading medical records and able to coordinate health care for children and youth in the foster care system, and request review and input from Department for Children and Families (DCF) on establishing such a unit in Kansas;
- Reconsider the use of hair shaft testing for the presence of illegal substances in biological parents of children involved in the child welfare system;
- Hold an informational hearing on Medicaid expansion and the lifetime restrictions imposed on families qualifying for Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) and the impact of such restrictions on the foster care population; and
- Determine if there are any potential conflicts of interest or incentives for the foster care contractors and grantees that affect decisions that should be made based on the best interest of the child.

If a statutory joint committee on child welfare oversight is not established, or the newly established committee does not pursue the aforementioned recommendations, the Committee recommends:

- The Legislature and any appropriate committee consider the recommendations proposed for future consideration by the joint oversight committee.

The Committee makes the following additional recommendations and requests:

- Urges the Chairperson of the Joint Committee on Corrections and Juvenile Justice Oversight to consider the contents of 2020 HB 2744 and any amendments needed. [*Note:* The legislation would make changes to the Code for the Care of Children and the Juvenile Justice Code as they relate to crossover youth, who are youth involved or potentially involved with both the child welfare and juvenile justice systems.];
- Recommends support for legislation to codify and continue reimbursement for health services, including mental health services, delivered through televideo and telephone;
- Supports the reintroduction of prior legislation (2018 SB 319) to allow the use of DCF or local child welfare contractor or grantee address to expedite enrolling a foster child in school if the child has been moved from the child's school of origin and foster care or permanent family placement has not been determined; and
- Supports the introduction of legislation to prohibit an employer from dismissing or firing an employee who is meeting court-ordered requirements for purposes of reunification with their child or children who are in the custody of the State of Kansas. Court-ordered requirements include, but would not be limited to, court appearances, appointments, visitation, and treatment programs.

The Committee further recommends DCF:

- Work with the Department of Administration to explore the use of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for technology support for the purpose of improving safety monitoring, coordination, and efficiency within the child welfare system;
- Provide a comparison of the benefits under the original Grandparents as Caregivers legislation (2006 SB 62) and the current benefits provided to grandparents caring for their grandchildren through the TANF program;
- Work with the universities to look into the use of Title IV-E funding to support education and promote a professional track for the child welfare workforce through scholarships available during the last two years of education;
- Provide foster parents with information on continuous training opportunities available;
- Develop a plan of action to address the current delay in obtaining school records and transferring medical records in a timely manner from the school of origin for children and youth in foster care;

- Demonstrate transparency in communicating the scope of the special needs and behaviors of a child or children being placed with a foster family, as well as the appropriate funding based on the needs of the child;
- Develop a checklist or other document to clearly identify all court-ordered expectations a birth family must meet for the purpose of reunification with their child or children in the custody of the State. The document would be given to the birth family immediately following a court hearing;
- Provide information on the use of psychotropic medicines as a method to subdue behaviors of children or youth who are in foster care and report to the currently proposed joint committee on child welfare oversight, to the Legislature, or the appropriate legislative standing committee;
- Consider mandatory training for foster parents regarding cultural competence to include the special needs of children of color and LGBTQ children. DCF is encouraged to contact the Kansas Board of Cosmetology for assistance in developing training and teaching ethnic hair care skills;
- Consider the development of post-foster care housing for youth who age out of the foster care system;
- Work with the Kansas State Department of Education to explore ways to transfer funding from a public school to an alternative educational program for children and youth who have been expelled; and
- Work with the Kansas Legislative Research Department to research how to develop and expand a two-year certificate program for behavioral health technicians and guardians *ad litem*, through community colleges and or technical schools, for the purpose of creating an educational pathway into a career in child welfare. Research should include how such a program would fit into the current child welfare system and how it may impact funding.

***Proposed Legislation:*** None

## **BACKGROUND**

In 2020, the Legislative Coordinating Council (LCC) appointed a Special Committee on Foster Care Oversight, composed of 13 members. The Committee was directed by the LCC to receive input from families, social workers, and other stakeholders on progress and shortfalls in the State's child welfare system, including quality of care for children in foster care, access to health and mental health services, trends in contributing factors, program outcomes from the federal Family First Prevention Services Act (FFPSA), and barriers to sharing information across stakeholders; and make recommendations to the Legislature on additional improvements and

oversight needed to improve the State's child welfare system.

## **COMMITTEE ACTIVITIES**

The LCC approved six meeting days for the Committee in 2020. The Committee met six times in 2020: August 25 and 26, September 22 and 23, and October 20 and 21. All meetings were held *via* in-person and virtual formats. The Committee's work focused on the specific topics described in the following sections.

## **August 25, 2020, Meeting**

### ***Foster Care Orientation***

At the August 25, 2020, meeting, the Secretary for Children and Families and Secretary for Aging and Disability Services (Secretary) provided an overview of foster care. The Secretary noted the Department for Children and Families (DCF) operates under three guides: the federal Administration for Children and Families, a division of the U.S. Department of Health and Human Services (HHS); state law and DCF policies; and practice standards, which include evidence-based and best practices. She provided a briefing on the child welfare system, which was privatized in 1997 through a public-private partnership between the State and community providers. The Secretary outlined the components of the child welfare system.

**Initial report and investigation.** The Kansas Protection Report Center is responsible for taking reports of alleged child abuse and neglect received through phone, fax, or mail 24 hours a day and 7 days a week (24/7). Within half a working day of a report being received, DCF staff determine if the report necessitates investigation. The investigation is either assigned as abuse or neglect, or it is assigned as a family in need of assessment (FINA). FINA has replaced the non-abuse neglect designation. The investigation is conducted within specific time frames. The Secretary noted 57.0 percent of the 66,525 reports received in fiscal year (FY) 2020 were assigned for investigation. Of these reports, 93.1 percent were determined to be unsubstantiated. During an investigation, a family assessment is completed to determine whether a referral to community-based or prevention services would be beneficial.

**Prevention services.** The Secretary explained there are two forms of prevention services: Family Preservation and the Family First Prevention Services (Family First). Family Preservation has been in place over 20 years, and it has three grantees and two tiers of services. The grantees are DCCCA (Kansas City and Wichita regions), TFI Family Services (TFI) (west region), and Cornerstones of Care (west region). Since 2018, Family First is the new federal program that is a prevention model with a 50/50 funding match with federal partners. There are 18 grantees. All

programs are evidence-based. The areas of service include mental health, substance use disorder, kinship navigation, and parent skill building.

**Child in Need of Care determination.** Only courts or law enforcement have the authority to remove children or place them in State custody. If DCF determines based on an investigation it is not possible to protect a child with services, it must recommend the county or district attorney file a Child in Need of Care (CINC) petition. After a CINC petition is filed, courts have 72 hours to hold a temporary custody hearing, which includes decisions on the child remaining in the home or coming into DCF custody. Following this hearing, an adjudication hearing to formally find the child in need of care will usually be held within 60 days of filing the CINC petition. Once a child is adjudicated to be a CINC, a disposition hearing is held to determine the case plan goal for the child. Following the disposition hearing, permanency hearings are held at least every 12 months to evaluate progress toward the case plan goals.

**Placements.** The Secretary described the several types of placements available if a child comes into State care. These include family foster home, a placement with a relative, residential facilities, emergency shelters, qualified residential treatment programs (QRTPs), and staff secure facilities. Placements are reimbursed by DCF based on the type and intensity of care provided. The Secretary noted in FY 2020, 51.8 percent of youth in out-of-home placement were placed in a family foster home, 34.0 percent with a relative, and 8.4 percent in a group or residential home.

**Foster Care Management grantees.** Four foster care management grantees work to support families, manage individual cases, and achieve case plan goals through an array of services. The grantees are Saint Francis Ministries, KVC Health Systems, Inc. (KVC), TFI, and Cornerstones of Care. The state is divided into eight catchment areas serviced by the four grantees.

**Licensure.** DCF is responsible for the licensure and regulation of all 24/7 child care facilities, including child placing agencies and family foster homes. The Secretary noted the HHS Office of Inspector General released an audit of 31 Kansas group homes for foster youth with

identified potential health or safety violations. Since January 2019, DCF has issued corrective action plan guidance and completed visits by February 2020 to ensure the homes were in compliance with the corrective action plans.

**Service delivery models.** The Secretary noted four new practice models had been implemented for service delivery: Family Finding, Team Decision Making, Signs of Safety, and Structured Decision Making. She stated the agency had made it a priority to support older youth as they transition to adulthood and self-sufficiency.

**Class action settlement.** With regard to the class action settlement reached in July 2020, the Secretary stated DCF is required to address three categories: practice improvements, outcomes, and accountability reporting and implementation. A summary of the requirements under the three categories was provided. The State has three to four years to meet the terms of the settlement. If the terms are not met, monitoring would be extended until the terms are met. She said the terms of the agreement did not include financial penalties for failure to meet the requirements within the designated time frames. The Secretary said no financial enhancement was anticipated to meet the settlement, and any new funds would be used for innovations.

**Progress made.** The Secretary noted the progress made between FY 2019 and FY 2020 by comparing three measures. In FY 2019, the number of youth in care was 7,578. At the end of FY 2020, it was 7,061. The average length of stay in FY 2019 was 21.4 months, compared to 20.6 months in FY 2020. In FY 2019, the proportion of children in out-of-home placement living with a relative was 32.4 percent, and at the end of FY 2020, it was 34.0 percent.

**Overnight stays in contractor offices.** The Secretary addressed the topic of children spending the night in contractor offices. By the second half of FY 2020, overnight stays decreased to an average of 6 per month, down from 16 per month in the previous 6 months. She stated when a child spends the night in an office, a process is followed that requires reporting to DCF as part of the critical incidence process. The reporting must include the reason for the overnight stay.

**Missing youth.** The Secretary stated, as of August 24, 2020, there were 63 youth in care who were unaccounted. Several special response teams are in place across the state to work with the unaccounted youth and those with a history of running away to provide a specified person the youth can contact when issues arise. Incidents of unaccounted youth in the custody of the State must be reported within 24 hours to DCF, law enforcement, and the National Center for Missing and Exploited Children. A daily aggregate report of unaccounted youth is available on the DCF website.

### ***Introduction of Foster Care and Family Preservation Services Contractors***

Representatives of KVC, Saint Francis Ministries, Cornerstones of Care, TFI, and DCCCA introduced themselves to the Committee and provided a brief summary of their roles in the child welfare system. The Saint Francis Ministries representative also provided a list of recommendations for the Kansas child welfare and foster care system.

### ***Family First Prevention Services Act***

A Kansas Legislative Research Department (KLRD) fiscal analyst reviewed FFPSA, a federal law enacted in 2018. The FFPSA was a major overhaul of child welfare law that authorized states to use Social Security Act funds for prevention services, specifically to prevent children from entering the foster care system and to prioritize placement in family-based settings rather than congregate care. The State is required to submit a five-year state plan to the federal government outlining the child and family eligibility for services and the qualifying services to be provided. Other elements, such as trauma-informed services, must be included in the plan. Federal reimbursements are a dollar-for-dollar match through October 1, 2026. After that date, the federal match will revert to the state's Federal Medical Assistance Percentage (FMAP).

The overhaul created the QRTP designation, *i.e.*, group or congregate care that meets certain requirements. These requirements include using a trauma-informed treatment model; 24/7 access to nursing staff; assessing youth and developing a treatment plan within 30 days of entry; engaging

the family in the treatment plan; including a discharge plan; and 6 months of aftercare. The QRTP must be licensed by the State and accredited by a national accrediting body. Courts must approve stays longer than 60 days.

The KLRD fiscal analyst stated as a result of states reporting barriers to implementation of FFPSA, the federal government enacted the Family First Transition Act (FFTA) to allow states to phase in FFPSA implementation over several years. The FFTA phase-in has three parts: funding for transitional activities, temporary grants, and altered requirements.

In 2019, enacted HB 2103 amended the revised Kansas Code for the Care of Children to enable the State to meet FFPSA requirements, including the responsibilities of courts. DCF provided \$12.6 million in grants to more than a dozen grantees providing both local and statewide services. The Kansas Prevention Plan was approved by HHS in April 2020.

The Division of the Budget had projected, as a result of the COVID-19 pandemic in the spring of 2020, the resources of the State General Fund (SGF) would likely be insufficient to cover the FY 2021 appropriations. The Governor developed an allotment plan to bring the resources of the SGF to a zero ending balance. As part of the allotment plan, DCF was allotted \$5.0 million, all from the SGF, for FY 2021, including \$3.8 million for FFPSA staff and grants. This allotment resulted in the elimination of all funding added to expand FFPSA in Kansas for FY 2021, leaving only the base amount budgeted.

A DCF Deputy Secretary provided the Committee with a detailed report on the FFPSA as implemented by DCF. The funding was intended to keep children and youth out of foster care and was available for children or youth at imminent risk of placement in foster care. The funding covered substance use disorders, parent skill building, mental health, and kinship navigation. In October 2019, DCF awarded \$12.95 million to 17 agencies across the state in Family First Prevention grants for FY 2020. The grant term was October 1, 2019, through June 30, 2020, with an option of up to four one-year renewals. Early outcomes indicated 94.0 percent of the families

referred for these services had maintained their children in the home. A map was provided showing the locations of the QRTPs and the numbers of beds.

### ***Services for Foster Care Children with Intellectual and Developmental Disability and Mental Health Needs***

The Kansas Department for Aging and Disability Services (KDADS) Commissioner of Aging and Disability Services and Programs provided a briefing on the five Home and Community Based Services (HCBS) waiver programs that routinely serve youth in foster care: Autism, Intellectual and Developmental Disability (I/DD), Serious Emotional Disturbance (SED), Technology Assisted (TA), and Brain Injury. She stated there were no differences in services for children with I/DD in foster care and children with I/DD who were not in foster care. She noted there were no foster children with SED or I/DD currently on the waiting list for services. Foster care children were added to the HCBS waivers through an exception.

### ***Access to Psychiatric Residential Treatment Facilities***

The KDADS Commissioner of Behavioral Health Services outlined the work of the Youth Services Division of the Commission. The Division works closely with DCF to oversee programming for children and youth in foster care for both inpatient and outpatient services. He also reviewed access to the 8 psychiatric residential treatment facilities (PRTFs) in the state that have a combined total capacity of 336 patients. KDADS anticipated PRTF expansion efforts underway would increase statewide capacity to serve an additional 75 to 100 patients by the end of calendar year 2020. Of the 287 patients being served in PRTFs as of July 31, 2020, 85 were foster children. As of August 3, 2020, 24 foster care children were waiting for placement, and the average wait time was 67 days.

In response to questions, the KDADS Commissioner of Behavioral Health Services explained KDADS licensed the PRTFs. Although individuals up to age 21 may be served in PRTFs, the vast majority were between 14 and 16 years of age. The average stay was 2 to 3 months, with an

average length of stay of 127 days. Private insurance generally does not pay for care in PRTFs, but Medicaid does. The State of Kansas does not pay for the care of out-of-state patients in PRTFs. Most children and youth in PRTFs had high adverse childhood experiences scores and were children with significant psychological issues caused by a variety of factors. Managed care organizations (MCOs) make the referral for a foster care child or youth for PRTF care.

### ***Presentation on the DCF McIntyre Settlement***

An Assistant Revisor of Statutes reviewed the DCF *McIntyre v. Howard* settlement agreement. He reviewed the background of the case, the settlement requirements, and the mechanics of fulfilling the requirement of the agreement. No monetary relief was sought in the settlement. If the State believes it has met one of the requirements, the parties are required to negotiate for 14 days to determine if there is agreement the requirement should be dismissed and terminated from the court's jurisdiction. Under the terms of the agreement, there are required time periods to maintain the requirements. If the parties agree a requirement has been fulfilled, the parties would file a proposed order with the court dismissing the provision from the settlement agreement. If the U.S. District Court for the District of Kansas accepts the proposed order, the judge can release that requirement. It was expected the requirements will be met by January 1, 2024, at which time the settlement would be completed.

### ***Overview of Child Welfare System Task Force Activities and Recommendations***

A KLRD fiscal analyst provided a brief overview of the current Committee and the Child Welfare System Task Force (CWSTF), describing the mandates and memberships of each and summarizing the CWSTF top recommendations and relevant actions taken. The final report of the CWSTF was presented to the 2019 Legislature and contained 23 recommendations in three tiers. Based on the recommendations, the 2019 Legislature appropriated funding for additional child welfare staff, Family First Prevention Services (Family First) grants and staff, and database modernization. The 2020 Legislature appropriated funding for the new Comprehensive Child Welfare Information System and additional Family First staff and grants.

### ***Implementation of CWSTF Recommendations***

The Secretary provided a comprehensive report of the activities being implemented by DCF to address the 23 CWSTF recommendations. Among the list of activities, she highlighted the resources allowing for 80 paid practicums for social work students per year, flexible work schedules that are likely to continue beyond COVID-19, a data sharing system between DCF and providers on available beds statewide, development of a mobile crisis response, an array of relative caregiver rates and support, training for front-end staff, and case plan restructuring. She noted DCF funding was reduced through allotment, and if DCF had additional funding, it would have sent out a request for proposal for additional FFPSA programs.

### ***Foster Care Report Card***

A DCF Deputy Secretary presented on the establishment of the annual education report card for students in foster care. The report card was created through Executive Order No. 20-53 to track educational outcomes, including graduation rates, grade level advancement, and test scores. It will also include data on disciplinary actions and participation in early learning and mental health programs. The report card will include data by race and ethnicity to allow DCF to target and address any disparate impacts. The report will be implemented in collaboration with the Kansas State Department of Education (KSDE) and will be issued to the House and Senate education committees by January 15 of each year.

The Deputy Commissioner, Division of Fiscal and Administrative Services, KSDE, presented a sample of what the Foster Care Annual Academic Report Card would likely resemble, including the anticipated format and data to be collected for the report.

### ***Mental Health Pilot Services for Foster Care Children***

The Deputy Commissioner, Division of Fiscal and Administrative Services, KSDE, provided a comprehensive report on the Mental Health Intervention Team Program. The goal of the program is to provide greater access to behavioral health services for school-aged students, with an emphasis on youth who are in DCF custody or

receiving services from DCF. The 2020-2021 school year is the third year of the program. In three years, the program has grown from 9 participating school districts to 56, and from 6 participating community mental health centers to 17. In the first year, the program served 1,708 students. An estimated 4,800 students will be served in the 2020-2021 school year. All of the schools that applied for the program were funded. Several small school districts in northwest Kansas worked together to create one program sharing one counselor and social worker. A school district mental health liaison stated her school has lost students to suicide, and this program is saving lives.

### ***Impact of COVID-19 on Foster Care System***

The Secretary discussed the impact of the COVID-19 pandemic on the foster care system. DCF service centers closed to the public on March 23 and began opening on June 8, with social distancing and public health guidelines in place. All foster care case management grantees submitted their Continuity of Operations Plans to assure service delivery during the COVID-19 pandemic. Various supports were provided to youth in care and others, guidance documents were issued, and DCF implemented new technologies. DCF implemented the Hero Relief Program in April 2020, using funds from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act to expand DCF child care assistance subsidies to families of essential workers and provide financial support to child care providers. DCF and grantee front-line staff were eligible for the expanded subsidies. Placements received a rate increase from March 23 to May 15, 2020, due to school closures. Licensed and relative caregivers received an \$8 per day increase, and residential group care homes received a \$39 per day increase. A list of supports provided to older youth and young adults was provided.

The Secretary said the calls to the child abuse hotline declined the first few months of the pandemic, but, as of the August 2020 meeting, calls were increasing.

A representative of Cornerstones of Care testified to the significant financial strain the company experienced due to the COVID-19 pandemic, including unexpected expenses for new

technology to make the transition to work from home and to partner with families using Zoom, FaceTime, and socially distanced visits. The representative noted the lack of internet access for families as a persistent barrier to permanency, causing delays in clinical services, court hearings, and visitations. She noted many placement providers were unable or unwilling to meet the community's needs for placement.

A representative of DCCCA stated the agency was a little more than 60 days into the new Family Preservation contract when the pandemic began. Multiple adaptations were quickly made, including the creation of several pandemic-specific teams, providing personal protective equipment (PPE) and PPE training for families and staff. The decline of expected referrals from DCF caused a significant budget deficit. She noted virtual education was bringing a significant strain for staff regarding their own children, as well as families receiving family preservation services. She noted some foster families were reluctant to take in new foster children, leaving the agency to balance the needs of the child with the abilities of the foster family.

### **August 26, 2020, Meeting**

#### ***Introduction of Entities Serving Individuals In or At Risk of Entering the Child Welfare System***

At the August 26, 2020, meeting, representatives of the following entities discussed the services each provided in the child welfare system.

**Kansas Family Advisory Network.** A representative of the Kansas Family Advisory Network (KFAN) stated it helps birth families navigate the case plans and court requirements and provides support when children are reunited with the family. It also works with families who are kinship providers for their grandchildren or other child relatives. The testimony emphasized children experience trauma when removed from the birth family, with trauma remaining after reunification; however, children are less traumatized when safely placed in a kinship home. The representative also provided national data from 2015 showing the disproportionate numbers of African American children in out-of-home care.

**Kansas Children's Service League.** A representative of the Kansas Children's Service League (KCSL) discussed DCF's adoption programs, Adopt Kansas Kids and the Kansas Post Adoption Resource Center, and the Healthy Families America evidence-based intensive home visitation program. The representative stated 522 children were available for adoption, and the average age is 12 years old. She stated support for a focus on prevention efforts.

**Children's Alliance of Kansas.** A representative of the Children's Alliance of Kansas stated it is an association of 17 private, nonprofit child welfare agencies. It offers training for potential and current foster families. The Children's Alliance of Kansas also prepares the trainers to conduct Model Approach to Partnerships in Parenting (MAPP) classes, a mandatory 30-hour training for persons interested in becoming licensed foster or adoptive parents. The presenter noted Kansas was one of seven states selected by the federal Children's Bureau to test a three-year training pilot, the National Training and Development Curriculum for Foster and Adoptive Parents (NTDC), to support families providing care to children and youth who have experienced trauma. The pilot is an enhanced MAPP training that will be provided in seven Kansas counties. The training is video-based and has portals where learners and trainers can access additional resources to deepen their learning. Four sections in the training curriculum focus on cultural humility and LGBTQ populations. The first classes were planned to start October 12, 2020. The NTDC training does not include Attachment and Biobehavioral Catch-Up (ABC) intervention training, for which a Committee member urged DCF and the Children's Alliance of Kansas to develop a policy.

**Kansas African American Foster Care and Adoption Coalition.** A representative of the Kansas African American Foster Care and Adoption Coalition provided an example of a family involved in the foster care system that illustrated the complications when children were placed in care and the parents struggle to reunite with their children. She noted the historic implications of dismantling families, especially African American families involved in the child welfare system. She stated support for the multi-

disciplinary team approach to help families address their struggles and challenges.

**Kansas Action for Children.** A representative of the Kansas Action for Children (KAC) stated it is a nonprofit, nonpartisan children's advocacy organization focused on supporting policies that improve health, education, and financial outcomes for children and families, especially those who live in poverty. KAC's work involves researching and analyzing data to help inform lawmakers on improving the well-being of children and stability of families. The organization supports early childhood services to potentially prevent later involvement with DCF and foster care.

**Safe Families for Children Kansas Chapter.** A representative of Safe Families for Children Kansas Chapter shared the origins of the agency, which she described as a faith-based, volunteer-driven, and professionally supported assistance for a family in crisis. It is not licensed. The agency's goal is to intercept families before DCF becomes involved. Parents must contact the agency directly to request assistance. A host family cares for the children until the parent can resume those responsibilities. All of the families helped in Kansas had their children return home. Funding for the program was from a DCF grant, and social work interns were utilized. The DCF grant began in 2019 and ended in June 2020, but it was in the process of renewal at the time of the August Committee meeting.

**FosterAdopt Connect.** A representative of FosterAdopt Connect said the organization works in Missouri and eastern Kansas supporting children and youth ages 6 to 16, an age group chosen because not much was available in prevention services for this school-aged population. FosterAdopt Connect has several programs to prevent entry into the foster care system and to provide stability and permanency to foster and adopted youth. The newest program, Fostering Prevention, is available to families in Johnson and Wyandotte counties. Staff provide activities that help break the trauma cycles of children. The Fostering Prevention program referrals come from DCF, and the funding was through the FFPSA. All other programs accept self-referrals.

**Kansas Appleseed Center for Law and Justice.** A representative of the Kansas Appleseed Center for Law and Justice stated it is a nonprofit, nonpartisan organization dedicated to building inclusive and just communities. Kansas Appleseed has been involved in foster care since 2018, and its top priority is the establishment of an Office of the Child Advocate to provide independent oversight of the Kansas foster care system.

### ***Status of Technology in Child Welfare System, Data Collection, and Barriers to Sharing Information Across Stakeholders***

A DCF Deputy Secretary explained DCF child welfare programming was supported by 7 systems and platforms and about 15-20 complementary systems. The primary federal reporting system, FACTS, was 1980s mainframe technology developed before the everyday use of the Internet. Data management was complicated due to contractors using their own data systems. The Deputy Secretary stated additional barriers to information sharing included being unable to check a child's eligibility for certain programs, inability to share aggregate data, systems that are not designed to interface together, and the inefficiency of necessary but redundant data entry.

The Deputy Secretary discussed four current initiatives, including Child Welfare Information System (CCWIS) planning. The Legislature provided initial funding for the planning phase in 2018 and 2019 and continued funding in 2020 for development. Federal partners matched the appropriation dollar for dollar for a total of \$4 million. The federal grant for the CCWIS program is renewable, with approved advance planning and meeting the timelines required for continued funding. State funds are required every year to match federal funds. CCWIS development and implementation will occur in phases in FY 2022 through FY 2025. She stated it is likely further funding will be necessary for design, development, and implementation. She noted CCWIS will reduce redundant data entry and consolidate five existing systems into one and help with efficiencies in all aspects of child welfare.

Two board members of the Kansas Chapter of the American Academy of Pediatrics testified before the Committee to share examples of difficulties they faced in obtaining accurate

information on the major medical diagnoses of the patients who were in foster care. The physicians recommended improvements, including having a health information specialist unit within DCF with staff skilled in reading and understanding medical records and involving the MCOs in obtaining accurate medical information. They noted a similar unit was used in Missouri and had improved access to medical records. Another suggestion to increase access to medical records involved uploading the records into a system that could be accessed by physicians. It was acknowledged having three different MCOs complicates obtaining medical records for children and youth in care.

### ***Quality of Legal Representation in Foster Care***

**DCF.** The Secretary stated legal representation is critical to ensure the best outcomes for children and families. The Secretary reviewed the CINC statutes related to legal representation for children and families involved in child welfare proceedings. She noted DCF is usually not a party to CINC cases and it is the court, not DCF, who is responsible for appointing and funding legal representation in CINC cases. She discussed guardians *ad litem*, who are appointed by the court to represent the best interest of the child. The Secretary discussed one initiative to provide legal support for kinship placements, Kinship Interdisciplinary Navigation Technology-Advanced Model (Kin-Tech), funded by the Kinship Navigation grant as part of the FFPSA and awarded to Kansas Legal Services.

**Kansas Court Appointed Special Advocates.** A representative of the Kansas Court Appointed Special Advocates (CASA) program noted 23 out of 31 judicial districts have a CASA program, which uses volunteers who advocate for the best interest of the child but do not provide legal representation or advice. A CASA volunteer serves a child for the duration of the child's case and is a consistent support in that child's life. Due to the limited availability of funds, CASA programs are not able to serve every child who is adjudicated a CINC and serve 28 percent of CINC cases each year. Barriers to having more CASA services in rural areas included judicial support, finding volunteers, and financial support.

**National Association of Counsel for Children.** A representative of the National Association of Counsel for Children provided a national perspective about the challenges in foster care and the use of legal advocacy to improve outcomes. She emphasized quality legal representation speeds families to permanency and saves the State money. The National Association of Counsel for Children works to train attorneys and develop multidisciplinary teams with social workers and others for integrated response in child welfare. She discussed the January 2019 U.S. Children’s Bureau policy change that enabled the use of federal Title IV-E funds for quality legal advocacy and support in child welfare. In June 2020, the White House issued Executive Order 13930 on Strengthening the Child Welfare System for America’s Children, elevating legal representation as an integral strategy to overall foster care reform work. The federal Child Abuse Protection and Treatment Act mandates all children, documented or undocumented, must have representation if they are involved in the child welfare system, but does not require a licensed attorney who can advocate for the children. The Executive Order required HHS to provide guidance and conduct data collection on this new strategy. The guidance was issued on July 20, 2020.

In response to Committee member questions, the Secretary stated DCF would not need state legislation to access the Title IV-E funds, including the administrative dollars. She stated the question is what kind of model Kansas wants in terms of legal representation.

**Iowa State Public Defender.** The Iowa State Public Defender discussed a pilot project in the state of Iowa that involved legal representation prior to the filing of a court action. The pilot program is designed to reduce the number of children coming into foster care through pre-filing representation. He noted there was increasing evidence the trauma caused by removing children or youth from their homes may be more detrimental than the trauma they would potentially suffer by remaining in a home with suspected or founded maltreatment.

**Kansas Legal Services.** A Kansas Legal Services (KLS) representative noted the organization is a private, not-for-profit providing

legal representation to low-income persons. Information regarding the role of guardians *ad litem* and the rules that establish the standard to which they are held were provided. Ideas for the use of Title IV-E funding for legal representation under the existing state structure also were provided. The Executive Director of the organization discussed the Kin-Tech program, which is designed to provide holistic legal services in all 105 Kansas counties to prevent children from coming into the foster care system and ensure permanency for the child in a kinship family. Kin-Tech cases are all processed before any filing with the court. Kin-Tech is an FFPSA program and is not funded through Title IV-E funds for legal representation. Kin-Tech services end when a child enters DCF custody. The Executive Director noted in 9 months of operation, the Kin-Tech program had 71 referrals from DCF, including 117 children who otherwise would have entered foster care.

A Committee member stated a concern that Kin-Tech does not provide the kin with the financial assistance available under kinship foster care, resulting in an inequity with the Kin-Tech program for those who do not have the socioeconomic means to take advantage of the options available through Kin-Tech. The Executive Director noted the social worker in the Kin-Tech program works with the individuals to find out what assistance may be available to the individual. The assistance may include child support, health insurance through an employer, Temporary Assistance For Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP). The Committee member stated the need to ensure all families, regardless of socioeconomic concerns, have the same opportunity to have the options available through the Kin-Tech program. The Executive Director suggested re-enacting a previous program, Grandparents as Caregivers, as it was first enacted, as a way to provide funding at a level higher than TANF to grandparents caring for their grandchildren. The Executive Director noted the program as first enacted did not require involvement in the foster care system.

## September 22, 2020, Meeting

### *Child Welfare System Presentations from Individuals, Providers, and Organizations*

Six private citizens provided the following testimony regarding their personal experiences with the child welfare system.

A foster parent stated the family was approved by DCF to adopt a child who had been in their home for three years. DCF then reversed the approval when a half brother appealed the adoption decision. In response to Committee questions, the foster parent stated it was his understanding the biological family could appeal decisions to DCF, but his family's experience has made it difficult to recommend adoption to other families who are interested.

A grandparent stated she pursued adoption of two grandchildren after the parents' rights were terminated. However, after several negative interactions with the child welfare caseworker, the grandchildren were adopted by others. In response to Committee questions, she stated when grandparents receive grandchildren from the foster care system, there is an expectation that they deny the children any contact with the biological parents. This means the grandparent would be denied a relationship with their own adult son or daughter.

A parent stated her five children were removed from her care after allegations of drug use were made against her after a surgery due to a work injury. Ultimately, the parent retained custody of the three oldest children, but her parental rights were terminated for the two youngest children. The parent expressed difficulty in understanding how the older children could remain with her but not the younger ones.

A foster grandparent shared the following recommendations to improve the foster care system: removing financial considerations in decision-making, supporting an independent ombudsman, increasing the number of psychiatric residential treatment facilities, and increasing caseworker compensation and professional development.

A foster and adoptive parent identified the following needs of the child welfare system: giving foster parents a voice about the children in their care and support and training to do the work, shortening the time frame for families to gain back their children, and updating the Trauma Informed Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (TIPS-MAPP) training, which she described as outdated and lacking clear information about navigating the foster care system.

A grandparent spoke about the death of a grandchild when the foster parents left the child in a hot car. She expressed concern regarding the supervision of foster parents.

A representative of Foster the Cause described the work of his agency, which works with churches to encourage members to become foster parents. He stated the agency is not a child placing agency, but rather works to be a bridge between churches, the State, and state-contracted agencies.

A representative of Susan's Kids, Inc., described her work in placing advertisements on local newscasts and some cable television stations featuring foster children. She suggested many of the children could be placed in adoptive homes if there was sufficient follow through of the dozens of inquiries generated by the advertisements. She identified two problems: a lack of social workers to facilitate the potential adoptions, and at times, the adoption process is started, but not completed, leaving the child without a permanent family placement.

### ***Crossover Youth***

#### *Crossover Youth Working Group Final Report*

A DCF Deputy Secretary discussed the highlights of the Crossover Youth Working Group Final Report. She stated two working groups were mandated through a budget proviso in 2019 House Sub. for SB 25 to study the impact of 2016 SB 367. The first group, Crossover Youth Services Working Group, met in 2019 and identified themes, challenges, and needed services. The second group, Crossover Youth Working Group, met in July 2019 and January 2020 to study data elements. Sixteen proviso points of data were identified and used to compare the 691 crossover

youth identified by the foster care contractors to the broader juvenile offender population of 2,446 individuals. Key findings and program and practice activity were outlined for each of the 16 proviso points of data. In response to questions, she stated a central challenge across the systems is the lack of central data and information sharing system across DCF, law enforcement, and the Office of Judicial Administration (OJA).

### *Services for Crossover Youth*

The DCF Deputy Secretary provided a document listing an array of services available to crossover youth and others. The programs were identified either as a DCF grantee or a referral description. She highlighted four additional related service supports, including the DCF Independent Living Program, the school-based Mental Health Intervention Team Program, Jobs for America's Graduates-Kansas (JAG-K), and a mentoring program called YouThrive. JAG-K and YouThrive are funded through a DCF TANF fund grantee.

The Deputy Secretary of Juvenile and Adult Community Based Services, Kansas Department of Corrections (KDOC), provided the definition of crossover youth as defined by the Kansas Crossover Youth Practice Model State Policy Team. The definition is based on best practices in working with the crossover youth population. She discussed KDOC's prioritization of the implementation of evidence-based programs and practices for youth who are involved in the juvenile justice system. She discussed the assessment instrument used by KDOC, Youth Level of Services/Case Management Inventory, which is statutorily required prior to court disposition to inform how to proceed with case planning and referrals for needed services. For non-adjudicated youth, services through the juvenile justice system are not accessible and cannot be utilized to help prevent crossover. She stated ways to help prevent crossover are being developed, specially for youth who are already in DCF custody and exhibiting behaviors that may lead to involvement in the juvenile justice system.

In response to a question about how sex offender youth are identified, the KDOC Deputy Secretary stated referrals are received from defense attorneys and foster care contractors. She

indicated the number of these youth is small, although it is increasing.

Regarding questions on data sharing, the KDOC Deputy Secretary stated there is not a system for data or case sharing. She noted OJA is getting a new offender management system, and KDOC has nearly completed its new offender management system. These two systems will allow for additional and improved data sharing. She also noted difficulty in sharing information on justice-involved youth, as there is not a single identifier used for the youth. She stated KDOC, DCF, and OJA are working on a Memorandum of Understanding (MOU) to help in data sharing.

### *Improving Services and Outcomes for Crossover Youth*

A representative of the Center for Juvenile Justice Reform, Georgetown University McCourt School of Public Policy, discussed research findings and practice models for crossover youth. He noted girls, especially Black girls, are more likely to become crossover youth. He suggested working to find out what is propelling girls in the child welfare system to commit acts that result in involvement in the juvenile justice system. He identified several child welfare characteristics that are more common in crossover youth, including abuse during adolescence, neglect, placement in congregate care, and frequent placement changes. Youth involvement in juvenile justice is typically for simple assault and disruption in school. He stated crossover youth are more likely to be involved in the justice system as adults; he said he was not aware of such Kansas data but national data might be available. He stated the Multi-Systems Approach: The Crossover Youth Practice Model (CY Model) has documented a reduction in crossover youth recidivism, improved educational outcomes, pro-social activities, and reunification, among other outcomes.

In response to questions, the representative of the Center for Juvenile Justice Reform stated congregate care should be utilized only after exhausting all other placements, including kinship, and congregate care staff must be supported in their work. He discussed the use of temporary respite beds as an alternative option to give the youth a place and time to regain calm during

crises, instead of entering the child welfare system.

The KDOC Director of Community Based Services stated KDOC has contracted with Georgetown University to assist Kansas in the implementation of the CY Model. A state policy team of various professionals formed to develop the program identified a definition of crossover youth to guide the implementation of the program. The definition of crossover youth includes youth ages 10 and older. A child must be at least 10 years old to be adjudicated as a juvenile offender. One rural county, Montgomery, and one urban county, Shawnee, were selected as the pilot locations for the CY Model. She noted KDOC, DCF, and OJA each have specific staff to build the project into the infrastructure of their agency.

The Deputy Director of Juvenile Services, Sedgwick County Department of Corrections, stated Sedgwick County has been working with Georgetown University and became a CY Model site in 2016 for a nine-month data collection project ending in January 2019. He stated data collection was completed in October 2019. However, due to the multiple systems involved and staff furloughs, the data analysis was slowed and it is anticipated conclusions toward evidence-based suggestions will be completed within a few weeks of this Committee's September meeting. The project targeted children and families receiving family preservation services and who had subsequent intake with juvenile justice. He identified nine lessons learned, including a stable living environment is key for youth success, crisis level intervention is vital, dedicated staff is essential, and privatization in Kansas is challenging due to change in contractors and loss of momentum and personnel.

### ***Status of and Barriers to Interagency Communications in Child Welfare***

**DCF.** The DCF Deputy Secretary discussed interagency communications, stating DCF works with multiple organizations and agencies, including courts, KanCare, and those working in the areas of mental health, juvenile justice, education, and others. She stated DCF communicates with multiple groups and provided details of the task forces, councils, work groups, stakeholder groups, advisory groups, committees,

clinical meetings, and more. She stated DCF is currently working on a MOU with KDOC and OJA to improve crossover youth data sharing. Some information sharing needs permission though a release of information document. She said DCF continues to improve interagency communications by addressing disparities in technology and information systems, local level engagement, and collaborating with other organizations when possible.

In response to questions, the DCF Deputy Secretary stated DCF communicates with law enforcement, especially at the local level. The Kansas Bureau of Investigation works closely with DCF for the special response teams that locate missing youth. She stated if a family comes to the attention of both law enforcement and DCF, multidisciplinary teams can share information, co-respond, and coordinate necessary services.

**Kansas Department of Health and Environment.** The Kansas Department of Health and Environment (KDHE) Division of Health Care Finance Director of Operations/Chief Operating Officer and Deputy Medicaid Director (KDHE Director) provided an update on activities supporting the delivery of health care services to children and youth in foster care. She stated the eligibility for medical assistance through Medicaid for children in foster care has been delegated to DCF to ensure eligibility at the time of placement. Changes to the state eligibility program, Kansas Eligibility Enforcement System, have been made to improve communications between KDHE and DCF with regard to children entering and exiting the foster care system. There are two ongoing Foster Care in KanCare work groups to maintain communications and engagement. The Foster Care in KanCare work group convened and facilitated by KDHE has representatives from DCF, KDADS, KDOC, the foster care contractors, and the MCOs. The state agency-only Foster Care in KanCare work group is for internal discussion of issues and is composed of representatives from KDOC, DCF, KDADS, and KDHE only.

In response to questions, the KDHE Director stated the MCOs are responsible for coordinating care as identified in the child's or youth's treatment plan. Mental health is not considered separately from other health needs. If a foster child stayed with the Medicaid MCO the child was

already with, continuity of care would be ensured, and if reintegration occurs, there would be no need to change the MCO. She stated it would be possible to have a MCO who serves only children and youth who are in foster care, but it would take research and transition guidelines to allow for such a change.

A request was made for a list of the utilization and prescriptions prescribed to children in the foster care system that cause more-subdued behavior.

**KDADS.** The KDADS Commissioner of Behavioral Health Services provided an overview of the activities involving KDADS and foster care communications. The Youth Services Division oversees programming for children and youth in foster care, including outpatient and inpatient services. Other KDADS activities include assisting foster care children in accessing needed services, reviewing and drafting regulations and licensure requirement of facilities providing psychiatric care, promoting suicide prevention activities, and meeting with stakeholder groups, including identifying barriers and addressing system gaps. His testimony included information about the role of KDADS in the foster care settlement.

In response to questions, the KDADS Commissioner stated, under the KanCare program, KDADS is responsible for behavioral health policy, which covers mental health and substance abuse. KDADS works closely with KDHE on the behavioral health policy. He stated contracts between the State and community mental health centers (CMHCs) are formed on an annual basis. He said delays in mental health treatment are not cost effective, and it takes the collaboration of multiple systems to increase access to care. In addition, funding for services such as mental health has not been as robust as needed and has impacted the ability to access services. As of the September Committee meeting, once a CMHC was contacted, a child or youth entering foster care waited up to two weeks for a mental health assessment and six weeks for an appointment with a therapist.

**KSDE.** A KSDE Deputy Commissioner stated he contacted several superintendents for their perspectives on improving success in school for

children who are in the foster care system. He stated four issues emerged: a lack of school records when the child or youth arrives to the school, some children are subsequently transferred to another school before the records arrive, foster parents do not always know the problems facing the foster child, and foster care contractors do not communicate with each other. In response to questions, he stated it is the responsibility of the child's or youth's original school to release the records to DCF so the records are with the child when the child arrives at the new school. The records assist the school in knowing the correct academic level and placement of the student.

**KDOC.** The KDOC Director of Community Based Services shared the progress on communications across agencies and systems that serve youth and families. She stated 2016 SB 367 created the Juvenile Justice Oversight Committee as a bipartisan, multidisciplinary, multi-agency committee tasked with monitoring juvenile justice reform. Members include KDOC, DCF, OJA, community members, and service providers. The CY Model is another opportunity for collaboration among KDOC, OJA, and DCF. She stated the three agencies were completing a MOU, with the two-fold purpose of measuring and calculating recidivism and allowing the sharing of identifying information between these agencies to measure and analyze data on crossover youth.

**OJA.** The OJA Director of Trial Court Programs stated OJA provides support to all judicial districts in the areas of child welfare, CASAs, Citizen Review Boards (CRBs), alternative dispute resolution, child support guidelines, and court service officers. She stated she and her staff serve on a variety of committees, including the Juvenile Justice Oversight Committee. Serving on this and other committees has helped develop strong communication that allows for stronger collaboration to help improve services for Kansas families.

In response to questions, the OJA Director of Trial Court Programs stated court service officers supervise juvenile offenders who are on probation. In some districts, the court service officers will also assist families who are involved with DCF but whose children are not in the custody of DCF. Information can be shared between the court service office and DCF. The Trial Court Programs

Department works to not overlap services provided by KDOC. OJA and KDOC are in close communication to handle challenges as they arise. Regarding other OJA activities, she stated OJA is responsible for the training of guardians *ad litem*. The Supreme Court Task Force on Permanency Planning is funded by the federal Court Improvement Grant, which requires a committee to oversee the funds and develop projects. Projects include developing the Best Practices in Kansas Child Welfare Law training and updating the CINC Code book and the Juvenile Offender Code book.

## September 23, 2020, Meeting

### *Youth Aging Out of Foster Care*

**Services available.** The DCF Deputy Director of Youth Programs stated transition planning for self-sufficiency for youth in foster care begins as early as 14 years of age using My Plan for Successful Adulthood, a guide that consists of nine domains to consider when making transition plans. She stated the Independent Living program is funded by the federal Chafee Foster Care Program for Successful Transition to Adulthood, and it provides services and supports for youth who age out of the foster care system. Turning 18 years old in foster care is considered aging out of the system. In FY 2020, 392 youth aged out of foster care. Independent Living Coordinators work with youth 18 to 26 years old. Eligibility for the program is determined by age, length of stay, and placement type in the custody of DCF, KDOC-Juvenile Services, or Tribal Authority. Participants work toward education and employment goals. Supports include tuition waivers for post-secondary education, health coverage through KanCare, education and training vouchers, subsidy, start-up funds, and vehicle maintenance and repair. Possible legislative initiatives include assisting youth in obtaining driver's licenses and Individual Development Accounts through the Department of Commerce for help with match for start-up for household goods and for a vehicle.

In response to questions, the DCF Deputy Director of Youth Programs stated the Independent Living Program is voluntary, and youth up to 21 years of age may access the available services. Postsecondary education supports continue to age 26. A self-sufficiency matrix is used to determine the youth's readiness. For youth who are likely to

age out of the system, an Independent Living Coordinator will participate in their case plans. Once the youth has aged out and is part of the Independent Living program, the coordinator is to have monthly contact with the youth, often by text messaging and phone calls.

**Improving services.** A representative of Casey Family Programs, the nation's largest operating foundation focused on safely preventing the need for foster care and building communities of hope for children and families, testified before the Committee. He discussed research suggesting child welfare should be about ensuring the safety and well-being of children in their families, the effectiveness of early intervention, if possible, avoiding emotional distress and trauma by not removing children from their families, and working to provide community services and supports to safely maintain children with their families. He stated research shows youth who age out of the child welfare system are disproportionately diagnosed with mental health disorders, have difficult employment and financial situations, experience homelessness, and more than a third have incomes below the poverty level and lack health insurance. He concluded by noting child welfare is a part of the larger community of family supports, such as health, mental health, domestic violence prevention, substance abuse services, law enforcement, and education. He provided a handout with Kansas data on five key child welfare outcomes: increasing the exits-to-entries ratio, decreasing the recurrence of maltreatment, decreasing child maltreatment fatalities, increasing permanency within two years, and increasing permanency for long stayers.

In response to questions, the Casey Family Programs representative stated the benefit of non-stigmatizing programs, such as home visiting programs that are available to all parents of a newborn. He provided the example of a San Francisco general family resource center that is available to all families and encourages seeking help before situations escalate into a crisis. He stated the Families First program for prevention programming may also be less stigmatizing than other programs. He also described the difference between poverty and neglect, stating poverty is about the lack of provision for the basic needs of children and neglect is the inability or unwillingness to provide for those needs. The

inability or unwillingness to provide for children can be confused with a lack of resources for those who live in poverty. He stated it would be more effective to help a family who is poor to be able to provide for their child or children, rather than placing a child in foster care.

### ***“A Day In the Life of” Presentations***

Presentations were made at the meeting to hear the perspectives of the following persons involved in the child welfare system: a child, a parent with a child in the child welfare system, and a social worker/case worker. Additionally, presentations on a day in the life of a foster parent and a day in the life of a practice model were made at the October 20, 2020, meeting.

**Child in the child welfare system.** A former foster youth shared his experience in foster care. He stated he had close to 30 caseworkers and described his placement in multiple homes, staying overnight in foster care offices, being placed in a kinship home with abuse like that of his family home, and being placed in various congregate settings. He expressed that congregate care was not a place to raise youth and said, for him, it was brutal, trauma-inducing, and a “trial of endurance.” He shared his positive involvement with Independent Living services, including becoming involved in the Youth Advisory Board, which helped him build positive outcomes through the program. He said he was one of the success stories, having obtained a college degree and current employment with the U.S. Children’s Bureau. He suggested the Independent Living program focus on what others have achieved to help current foster care youth see how they can be successful. He recommended congregate care staff receive better training.

**Parent with a child in the child welfare system.** A representative of KFAN shared a chart she prepared to illustrate what it is like for parents with a child or children in the foster care system. Her chart identified events such as being reported to Child Protective Services, court appearances, evaluations, case manager turnover, appointments, reviews, and termination of parental rights. She suggested trauma training would help the foster families understand what the child is going through and help the birth parents break the cycle

of violence or circumstances leading to trauma for the family.

In response to questions, the KFAN representative said, since KFAN is not a child placing agency, birth families tend to feel more comfortable seeking help from them rather than the foster care contractors or DCF. Regarding termination of parental rights, she stated once parental rights are terminated by the court, the rights are lost. If a parent relinquishes his or her parental rights and can later show how he or she has changed, the parent may be able to get custody back. She also stated KFAN is partnering with OJA to make the Parent Ally Orientation training available again to parents going through the child welfare system. Responding to additional Committee member questions, the KFAN representative stated drug tests using hair follicles may not result in an accurate reading, especially for Black persons due to their hair type and slow hair growth. She also shared concerns regarding respite care providers who are outside the foster care system and who gain guardianship over children. She said these providers target minorities and young women in poverty and make it difficult for the birth parents to get their children back.

**Social Worker/Caseworker.** A representative of Saint Francis Ministries highlighted several specific challenges her team faces when working with youth in the foster care system. She discussed the stress and secondhand trauma workers face when working with youth who can make risky choices that can result in tragic accidents, drug overdoses, sex trafficking situations, and mental health crises. Another challenge is working with the education system because enrollment requirements and restrictions for youth who have multiple moves or placements outside the school boundaries make it difficult to motivate the youth to engage in school. A third challenge is missing youth. She stated, prior to 2016 SB 367, her staff were able to hold a youth for up to 24 hours, giving time to request a Secure Care hearing. A 24-hour hold is no longer allowed. She said staff work to identify a relative placement or foster placement, only to have the youth leave again within hours of placement. A fourth challenge is helping youth transition to services through the intellectual/developmental disability waiver system, including the need to locate a guardian and funding and navigate the child welfare system

and intellectual/developmental disability waiver. Her suggestions for improvement included increased funding for more case workers so caseloads could be reduced and burnout prevented, review of how 2016 SB 367 affects missing youth and their safety, funding liaison positions between the education and child welfare systems, and fair and reasonable decisions regarding funding and placements of youth through the intellectual/developmental disability waiver system.

In response to Committee questions, the Saint Francis Ministries representative described the first day a child comes into DCF custody and the work necessary to find placement and obtain medical and educational records. She stated recommendations to address changes made by 2016 SB 367 should include a review with front-line workers, judges, and guardians *ad litem*. She explained the intellectual/developmental disability waiver limits the number of children with high medical needs that may be placed in one home, making it difficult to find a foster care home with experience in meeting the medical needs. Exceptions to the limit on the number of children with high medical needs allowed in one home may be granted, but the case worker must meet with the foster parent every month and continually show there is not another foster family available that can provide the care needed.

### ***Kansas Strong for Children and Families***

A representative of the University of Kansas School of Social Welfare discussed the Kansas Strong for Children and Families project. It is a public-private collaboration intended to improve safety, permanency, and well-being outcomes by enhancing agency and court and legal practices, as well as reducing systemic barriers. She shared a handout outlining the strategies, rationales, state rankings, benchmarks, activities, advisory board purpose, and evaluation plans. The project is federally funded by the federal Administration for Children and Families Children's Bureau for five years from 2018 to 2023.

### ***Role of the Guardian ad litem***

The Managing Attorney with KLS-Topeka addressed the role of the guardian *ad litem* (GAL) in the foster care system. She discussed the Child

Advocacy Resource Center, which provides technical assistance, legal advice, and resource referrals for individuals involved with the foster care system. She stated successful legal representation helps with permanency. She explained the GAL, guided by Kansas Supreme Court rules, advocates for the best interests of the child. If the child has a different position than the GAL, the GAL must inform the court. She stated challenges include child welfare staff turnover, a lack of foster homes, a lack of mental health care, high caseloads for GALs, and communication difficulties if the child moves. She acknowledged GALs sometimes discuss the child's situation only immediately before a court appearance. Her recommendations to improve the GAL program included reasonable caseloads and compensation, staff support, training, and commitment to address issues, as well as understanding the system. She suggested one way to improve the necessary legal representation for children and youth in foster care is to consider the various funding streams that may be available and continue to address worker turnover in child welfare.

### ***Family Finding***

A representative of the Center for Family Finding and Youth Connectedness noted longitudinal evidence of reduced health and mental health for those persons who had been involved in foster care placement or institutional placements and better life-long outcomes for children who stayed with their parents or other relatives. He offered three broad recommendations for consideration: implement a Kin First program, reduce institutional placements, and improve access to restorative health and behavioral health care. Family finding and Kin First involve an urgent search for parents or relatives before a removal and foster care placement of a child. This included supporting the staff to identify and locate possible relative placements.

In response to a question regarding having a single MCO provide services for children and youth in foster care, the representative of the Center for Family Finding and Youth Connectedness responded a single Medicaid MCO would decrease the systemic fragmentation and discontinuity of care. Multiple MCOs offer leverage to negotiate rates, but also increase the health disparities of children in foster care. He also

responded the contracts with providers would be less complicated with one MCO providing services for children and youth in foster care.

### ***Child Welfare System Workforce***

**Workforce status.** A DCF Deputy Secretary stated DCF has worked to amplify existing supports and find new innovations to ensure DCF staff are supported and can do their work efficiently. In FY 2019, 26 front line positions were added, with 3 of the positions going to the implementation of the FFPSA. In FY 2020, 16 regional front-line staff were added, and in FY 2021, 10 positions were added to lower the supervisor-to- worker ratio to about 1 supervisor to 5.6 front-line staff. The agency has dedicated \$400,000 to recruitment and retention activities. As of September 20, 2020, the vacancy for child protection staff was 5.0 percent, representing a decrease from the 8.0 percent vacancy in November 2019. Turnover for Protection Specialists decreased from 33.3 percent in calendar year 2018 to 17.5 percent for calendar year 2020, as of the Committee's September meeting date. She stated the National Child Welfare Workforce Institute recommends an annual workforce turnover rate at or below 10 to 15 percent for the state child welfare workforce. The annual turnover rate at DCF is 17.0 percent. Regarding caseload ratios, she stated the Council on Accreditation recommends a caseload of 10 to 15 cases per worker, with more experienced workers holding the higher number of cases. Workforce supports in place include working from home, which expanded with the COVID-19 pandemic, six weeks of paid parental leave, the option to bring an infant to work for up to six months, and student loan forgiveness options. Staff may also take up to four hours of administrative leave each week for education. DCF has up to 80 paid practicum positions, with 51 students in the fall 2020 semester in these positions.

Responding to questions, the Deputy Secretary stated DCF does not currently take advantage of federal Title IV-E funding, which would pay for the full-time salary of DCF staff pursuing a master's degree in social work. Instead, DCF has the paid practicums \$8.00 an hour. She stated the paid practicums using other funds are more flexible than the Title IV-E funding requirements

would be. Although it would be possible to have both the Title IV-E training and the paid practicums, DCF only opted to have the latter. She said DCF staff received pandemic bonus compensation for work taking place in the two-week period when the State was not operating, for in-person protective services, and for staffing the non-congregate emergency housing.

### **Addressing workforce needs.**

The Kansas Chapter of the National Association of Social Workers (NASW-KS) representative stated there was a steady increase in the number of students pursuing a degree in social work. Within the state, there are eight baccalaureate programs, two additional schools awaiting accreditation, and five master's programs. Fort Hays State University has four cohort programs, which are arrangements with community colleges to support local students pursuing a bachelor's degree in social work. The cohort programs are in Garden City, Dodge City, Colby, and Liberal. The cohort programs are drawing students who are bilingual and are more likely to stay in their communities. In response to the Child Welfare System Task Force focus on workforce, schools are adding child welfare training. She also stated the changes in law in 2019 regarding requirements for clinical specialists have allowed persons coming from other states to more easily qualify for the licensed clinical specialist social work license. The changes in the clinical supervision requirement have also made it easier for Kansas licensed social workers to achieve the clinical specialist level.

The NASW-KS representative suggested, to keep graduates in Kansas, some recruitment and retention incentives for the child welfare workforce could include paid practicums, tuition reimbursement, Rural Opportunity Zones (ROZ) student loan repayment, payment of licensure and examination fees, supporting continuing education, addressing compassion fatigue and secondary traumatic stress, and creating a career path within the child welfare system. Responding to a question regarding ROZ loan forgiveness, she stated its use has been limited because many counties do not participate. She supported the continuation of the ROZ program as a recruitment tool, but stated the Legislature should make it more effective.

Responding to a question regarding the State's non-participation in the federal Title IV-E program that would pay a salary for DCF employees pursuing a master's degree in social work, the NASW-KS representative stated the non-participation for years was due to the bureaucracy of the program. A Committee member noted neighboring states have participated in the program, cited the amount of the federally allowed stipends for those pursuing a bachelor's or master's degree in social work, and stated the need to explore Title IV-E funds.

A representative of the Association of Community Mental Health Centers of Kansas (ACMHCKS), identified the increasing and expanding competition for behavioral health staff. He noted neighboring states have attracted medical and clinically trained individuals with higher paying jobs, making it difficult for Kansas providers to compete. He offered several Medicaid-based suggestions, including allowing therapy to be billed without the patient present, continuing reimbursement of telephone and televideo treatment, increasing Medicaid reimbursement rates, and expanding Medicaid to provide coverage and access to care for currently uninsured persons.

In response to questions, the ACMHCKS representative stated the mental health pilot programs in the schools were trying to work through the challenges of the COVID-19 pandemic. Regarding what could be done to help the foster care system, he stated support for the following: implementing a consolidated health and human services agency similar to what the State of Nebraska created a few years ago, which allows persons working with similar population groups in the same room to discuss concerns among all related agency staff, taking advantage of federal funding streams for mental health services through the Certified Community Behavioral Health Clinic (CCBHC) Initiative, approving Medicaid expansion, and increasing Medicaid rates. Additionally, he stated the need to address the loss of staff to other states that offer a higher rate of pay.

In response to questions regarding the CCBHC Initiative, the ACMHCKS representative stated Missouri and Oklahoma had chosen to participate in the federally funded initiative but

Kansas had not. He explained the federal Excellence in Mental Health Act created a demonstration project with the state mental health authority and Medicaid authority to expand access to community-based mental health and addiction care through CCBHCs and establish a Medicaid payment rate that supports the costs of such services. He stated that six years ago, Kansas was considering the CCBHC Initiative. KDADS (the mental health authority) signed off on the demonstration project, but KDHE (the Medicaid authority) did not, so the demonstration project did not happen. An option is now available to start this model to increase access to crisis services but with reduced funding compared to those states that participated in the earlier initiative. He stated he believed the demonstration could be accomplished through a state plan amendment or through a Medicaid waiver.

A representative of the Children's Alliance of Kansas shared recent recommendations from different government task forces, committees, or councils emphasizing workforce issues, including recruitment, retention, compensation, and development. She stated if the workforce is underfunded, undertrained, or unavailable, the child welfare system will continue to struggle to achieve child safety, permanency, and child well-being. She suggested initiating a workforce development task force to make long-term, comprehensive child welfare workforce recommendations.

A representative of DCCCA stated her agency had been actively supporting their staff in engagement activities to increase retention. Even with specific retention strategies, workforce issues continue due to 24/7 on-call responsibilities, evening work that strains the workers' own family, burnout due to the crisis nature of the work, compensation that is not competitive, and the lack of resources for families and youth in crisis.

A representative of KVC Health Systems, Inc. (KVC), stated high staff turnover affects the outcomes for families, children, and youth in foster care. Each time a caseworker leaves, the cost can be 30 to 200 percent of the exiting employee's salary. She stated job stability is a problem due to four-year contracts with the State, which impacts health insurance and other work-related supports, resulting in many caseworkers

moving to agencies and jobs without such disruptions. She stated for professionals required to have a bachelor's degree and, for some, a state license, the compensation is very low. In response to questions, she suggested foster care contracts could require contractors to pay a living wage.

### ***Discussion and Proposal of Recommendations on Meeting Topics***

At the end of each of the August and September two-day Committee meetings, discussion occurred regarding possible recommendations on the topics discussed during each meeting. Requests for further information, future presentations, and discussions also were made at that time. Approval of final recommendations was not considered until the October 21, 2020, meeting date.

### **October 20, 2020, Meeting**

#### ***Law Enforcement Perspective on the Foster Care/CINC System***

The Sedgwick County Sheriff stated he has seen communications improve between law enforcement and DCF through a DCF grant creating a position for a Community Collaborator to work with law enforcement. The Community Collaborator is a social worker who is called upon when law enforcement is responding to a child in a family situation that does not rise to the level of abuse or the child needing to be placed in protective custody, but the family is still in need of support services. He stated if the services are provided, the children may be diverted from the foster care system. As of the October 20 meeting date, 146 children in Sedgwick County have been helped through the use of the Community Collaborator, and DCF is formally involved with 31 of the children.

In response to questions, the Sheriff further explained the Community Collaborator is called upon for situations of domestic violence, welfare checks, and possible CINC circumstances. The Community Collaborator will keep in contact with families who need services until the services are no longer needed. Common service needs are for mental health, food banks, assistance with utilities, and finding jobs. On occasion, DCF may be called in if families do not follow through. DCF will take the lead if the situation indicates possible abuse of

a child. The Community Collaborator is not DCF staff but a Sedgwick County employee employed through a grant provided by DCF to the Sedgwick County Sheriff's Office. The DCF grant is a three-year grant and, at the end of the grant period, it is expected the law enforcement agency will continue the position with its own funding. He stated the Community Collaborator frees up law enforcement to perform policing duties.

#### ***Judicial Perspective on Entry into the Foster Care/CINC System and Improved Outcomes for Children***

The Honorable Kellie Hogan, Sedgwick County District Court Judge, shared her experience as a GAL and representing families in court for over 20 years. She has served as a district court judge for about six months and has presided over 321 CINC cases and 150 juvenile cases. She discussed the Supreme Court Task Force on Permanency Planning (Task Force), which was established in 1987 through Kansas Supreme Court Rule 1601. The purpose of the Task Force is to demonstrate meaningful, ongoing collaboration among the district courts, DCF, and Indian tribes in the state. Collaboration is documented through the development and implementation of strategic plans, with progress monitored by the Task Force. The Task Force also provides oversight to three federal Court Improvement Grants administered through OJA.

Judge Hogan defined "neglect" related to CINC cases, per KSA 38-2202(t), as acts or omissions by a parent, guardian, or others responsible for the care of a child or youth resulting in harm or potential harm to the child or youth, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. She provided examples of situations constituting neglect. She stated the *U.S. Constitution* gives parents a fundamental right to raise their children, but it does not require parents to be the best possible parents or provide the best possible home environment. Rather, they must provide adequate care for their child or youth. She stated a judge must protect the rights of parents while ensuring the best interests of the child. Judges have broad discretion in CINC cases but are directed to construe the CINC Code to carry out the policy of the State referenced in KSA 38-2201.

Judge Hogan noted best practice dictates the requirements for parents in CINC cases be specifically tied to the issues that resulted in the child being adjudicated as a CINC. The parents or other responsible adults are expected to sever ties with people who may pose a danger to the child or youth. This poses a difficult situation when it involves multiple generations in the family. She noted KSA 32-2286 allows for substantial consideration of grandparents for placement. In her opinion, drug addiction, unmet mental health needs, domestic violence, and family abuse are important factors resulting in the placement of children in foster care. She noted frustration among many judges at the lack of inpatient psychiatric services for the most challenged youth and foster home placements for teenagers.

In response to questions regarding comments that GALs do not interact with the child, Judge Hogan stated, in her court, two GALs are responsible for 321 CINC cases. Regarding removal of children when a parent tests positive for marijuana use, she indicated she had not signed an *ex parte* order for removal of a child with a positive marijuana test. She stated when parents test positive for marijuana use, they often refer to a recent visit to a jurisdiction where recreational marijuana is legal. Regarding the impact of long-past criminal convictions on a grandparent's ability to gain placement of a grandchild, she noted federal regulations must be adhered to. Some offenses, regardless of how old, are prohibited offenses and, unless expunged, will prohibit placement. She supported the emphasis on more primary preventative support services for families and additional support for grandparents caring for grandchildren. Regarding ongoing barriers in the child welfare system, Judge Hogan cited the lack of secure beds for youth, a lack of PRTFs that results in waiting lists, lack of intense mental health inpatient services, and a lack of foster homes for teenagers.

The Honorable Kevin M. Smith, a Sedgwick County District Court Judge, stated Sedgwick County has the highest number of CINC cases in the state. At any time, he has between 350 and 400 open CINC cases. He stated, in his court, children were not removed from their homes unless there was reason to believe the children's lives were at risk and the children would be better off in DCF custody. Judge Smith noted it was common for

social worker caseloads to range up to 78 cases, when 20 cases is the ideal. The high caseloads have driven caseworkers to obtain different jobs with less stress and better pay. Judge Smith stated his strong support for CASAs and his efforts to recruit CASA volunteers. He stated a coalition of churches, civic groups, and others has formed and is working to support foster children and foster families. Judge Smith emphasized the need to retain caseworkers in child welfare, maintain their passion for their career, and help them avoid becoming overworked, which leads to them burning out and leaving for other opportunities.

Judge Smith stated there are not enough foster homes and noted according to the DCF website, there are 2,700 homes and about 7,600 children in state custody. Fewer homes mean many children are placed out of county, losing school friendships and impacting regular contact with their family. He stated Kansas averages more than 9 placements per child over a 1,000 day case length, and if there are 5 or more placements, there is a 90 percent chance of criminal involvement during a child's lifetime. High school graduation or equivalency for Kansas foster children, before the pandemic, was at 39 percent, which is well below the national average of 50 percent for foster children. He stated low graduation rates may be due to children losing ground after transferring schools for a new placement.

Regarding his thoughts on improving the adoption process, Judge Smith stated the child is in the custody of DCF, and it is the responsibility of DCF to determine placement and final decisions on adoptions. The recommendation for final adoption is made at a Best Interest Staffing meeting attended by DCF, the GAL, a representative of the District Attorney's Office, and other parties. He discussed a court procedure in which a motion can be filed by foster families with the court asking for a "direct placement" of a child, but noted such a situation means an adoptive family would lose resources available to them. He was not in favor of overruling a DCF decision on adoption placement.

Judge Smith stated since child welfare court appearances are civil actions, there are not likely any protections from employers firing a parent who is required to attend court. He stated issuing subpoenas, as a way to offer protections for the

parent, would likely be untenable for court clerks to implement and would create a substantial burden on the State and courts.

### ***Impact of Substance Use in Foster Care***

A representative of the Johnson County Mental Health Center's Adolescent Center for Treatment (ACT) testified ACT is the only residential drug use program for youth ages 12-18 in the state, and admission requires a primary diagnosis of substance use disorder. About 70 percent of the patients have a co-occurring mental health diagnosis. In 2019, 64 foster care youth were served through the program. Of these, 75 percent completed the program. It is difficult to establish outpatient follow-up services since the youth's placement after treatment may be unknown. Due to the COVID-19 pandemic, double-occupancy rooms at ACT were converted to single-occupancy, so the number served as of the meeting date was only 26 foster youth. He said 85 percent of the 26 youth completed the ACT program. He confirmed about 30 percent of ACT patients are foster care youth. Referrals to ACT may come from outpatient drug and alcohol services or be court ordered.

The ACT representative explained the ACT program is 28 days long and includes individual, family, and group counseling, life skills training, psychosocial groups, recovery counseling, and relapse prevention. The ACT program is voluntary, requiring youth to sign themselves in. The youth attend school for three hours a day. The ACT youth meet with a nurse practitioner weekly using telehealth. Depression and anxiety are often underlying the substance abuse behaviors, but often have not been diagnosed before entering ACT. Many youth have experienced trauma in their lives, and ACT works to be trauma-informed so as not to re-traumatize youth. The ACT representative discussed a Greenbush survey indicating foster youth in the ACT program self-report earlier use of cigarettes and alcohol than other youth.

The ACT representative discussed the increased use of cannabis, attributing this to legalization in Colorado and, more recently, Missouri. He explained the tetrahydrocannabinol levels in marijuana are higher today than in the 1960s and 1970s, resulting in increased potency.

He described the different ways youth are consuming cannabis, including through e-cigarettes and vaporizing devices. These devices enable youth to inhale through the day, in classrooms, unnoticed. He clarified the materials from the devices is not vapor, but aerosol, which is a composition of many chemicals with higher potency for which the long-term effect is unknown.

The ACT representative also identified other substances of concern being used by youth, including over-the-counter medications and prescription medications. In response to why youth start using and abusing substances, he suggested it has to do with depression, mental health issues, and past trauma.

Written-only information was provided by KDHE in response to a September Committee request for information on the number of children in foster care, the number of children in foster care prescribed drugs, and the total number of claims. A KLRD memorandum on recent legislation on the use and monitoring of psychotropic medication in the foster care system was provided to the Committee.

### ***Child Welfare/CINC-related Continuing Legal Education for Judges***

An OJA representative discussed the continuing legal education opportunities for judges and magistrate judges across the state. The Kansas Supreme Court's Judicial Education Committee reviews and evaluates suggestions from judges, legal topics, and changes in the law to help decide which subjects to cover. She mentioned the different training opportunities for judges and a "Best Practices in Child Welfare Law" training held semi-annually for judges and other child welfare stakeholders. She showed updated CINC Code and Juvenile Justice Code booklets distributed to justices and CASA volunteers. She also showed the laminated bench cards with updated information on statutes related to CINC, which are distributed to judges, magistrate judges, prosecutors, and others in child welfare.

### ***Toxicology Testing in CINC Cases***

The OJA representative discussed drug testing in general. For children and youth in custody of

DCF, the foster care contractor is responsible for the drug testing. In most districts, the Court Service Officer (CSO) is not involved. The exceptions are Sedgwick and Wyandotte counties. Each month, the CSOs conduct over 150 urinalyses in CINC cases at a cost of \$20 each, not including staff time. No hair follicle testing is conducted by CSOs.

A representative of Kelly Compliance, Inc., testified before the Committee, stating the company serves all Kansas counties and other states by providing a full range of drug and alcohol testing services. He noted the most common types of drug testing are urinalysis and hair shaft testing, also referred to as hair follicle testing. He stated urinalysis is highly accurate with results in excess of 99 percent accuracy, if testing is completed by federally certified and audited laboratories. The hair shaft testing is newer, has a longer look-back time line than urinalysis (*i.e.*, it can detect substance use from a longer period of time), and is referred to as the “gold standard” due to its resistance to alteration. The Kelly Compliance, Inc., representative acknowledged the early claims of racial bias of this type of testing, which he said are likely due to studies using small data sets. He stated at this time, there is general acceptance that neither hair color nor race is a significant factor in hair analysis. He outlined the extensive and detailed steps in the chain of custody procedures, the time it takes for the testing procedure, and the two-day process to confirm the results if the test is positive.

In response to questions, the Kelly Compliance, Inc., representative stated a hair test has about a three month look-back period, and the urinalysis has a 48 hour look-back period. Laboratories keep part of the original sample in the event a donor asks for an appeal of the drug testing results. A different laboratory would conduct the test in such an appeal. He explained the laboratories that conduct the testing are accredited and certified, and calibration of testing machines is done hourly. Testing procedures are read in multiple stations through robotic means.

Written-only testimony regarding drug testing policies and procedures was submitted to the Committee by Cornerstones of Care, KVC Kansas, Saint Francis Ministries, and TFI Family Services.

### ***Licensure of Foster Parents***

The DCF Director of Permanency described the process of obtaining and maintaining licensure for foster parents. Individuals interested in becoming a Family Foster Home (FFH) must select a Child Placing Agency (CPA) to sponsor them through the process. They can make the contact with a CPA directly or contact the Children’s Alliance of Kansas or DCF to connect with participating CPAs. The next steps include an orientation and pre-licensure training that includes the TIPS-MAPP or Deciding Together (DT), medication administration, first aid, and universal precautions. The CPA will complete a home visit to assure compliance with the regulations and conduct family assessment interviews. Additional tasks required are obtaining fingerprints, immunization records, and pet vaccination records, and conducting health assessments and tuberculin tests. The completed packet is submitted to DCF to complete background checks and obtain fingerprint results. The average time to issue a license is three days after the DCF verification of compliance is completed. During the COVID-19 pandemic, a temporary license may be issued, with the on-site visit occurring within 90 days. Once a license is issued, children may be placed with the family. All foster families must complete eight hours of training each year, and an annual on-site visit by DCF licensing surveyor staff must be completed. A foster family who completes all the annual requirements continues their licensure as foster parents. He discussed the process of submitting complaints against an FFH and ways a complaint is addressed, including surprise visits.

The DCF representative stated FFH Non-Related Kinship (NRKIN) is a type of placement with individuals identified as having a relationship with the child or the child’s family. Licensing procedures are the same, except the child may be placed in the home prior to the license being issued. The TIPS-MAPP or DT training can be completed after the child is placed in the home. The DT training, which is required training for NRKIN placements, includes training on trauma-informed care. A temporary permit can be issued for 90 days, and a second permit can be issued for an additional 90 days. These families have up to 180 days to complete all requirements and become licensed. He stated exceptions to licensure are

made if it is in the best interest of a foster care child and the exception does not violate statutory requirements.

The DCF representative explained relatives serving as placements are not required to be licensed, but may choose licensure. He stated DCF and agency partners are shifting to a Kin-First perspective with the goal of having half of the foster care placements with kin. DCF wants to streamline the licensing process for relatives and increase supports and subsidies to help relatives providing care.

The DCF representative stated foster care regulations allow for up to 24 hours of short-term respite placement for foster parents who need a break. The DCF Deputy Director of Foster Care Licensing responded to questions regarding respite placement by clarifying a respite placement must be in a licensed foster home. At times, the case planning team of the contractors may make respite arrangements for a specific child in the home of a relative. In that case, a license is not required.

With regard to the required monthly caseworker visits with a child or youth in foster care, the DCF representative stated a combination of virtual and in-person meetings are used to meet the requirement. CPAs must ask for an exception to use a virtual platform, and phone-call-only is not approved.

Responding to discussion regarding hair care for children and youth who are Black, the DCF Deputy Director of Foster Care Licensing stated placements must meet the federal Multi-Ethnic Placement Act. A representative of the Children's Alliance of Kansas responded she is aware of the importance of ethnic hair care skills and will make an effort for ethnic hair care training to be required as part of the DT and TIPS-MAPP training.

### *“A Day in the Life of” Presentations*

Two additional “A Day in the Life of” presentations were made to provide the perspective of a foster parent and as viewed through the Kansas Practice Model (KPM).

**Foster Parent.** A current foster parent couple shared their experiences and how the licensure training helped them learn more about fostering,

including parenting children who have been traumatized. One of their goals as foster parents is to give children in their care a sense of belonging to help the child gain a sense of permanency, which, in most cases, included returning to the child's birth family. Both parents supported breaking the generational dependence on foster care through ample preventative services for families, and to work closely with the birth family for the benefit of the foster child.

**Practice Model.** A Child Protection Specialist for DCF described the KPM as a model utilizing family finding, team decision-making, and the child protection network, and said it is a technique used in a child protection investigation. Family finding involves locating kin family for placement. The team decision-making is a facilitated family meeting that takes place before a child is removed from the home. The goal of the meeting is to determine if measures can be put in place to meet safety or to remove the child, and to make the decisions with the parents and DCF that result in the strongest plan for the safety of the child. The child protection network involves elements from multiple sources to create a balanced assessment of strengths and existing safety of the child. She shared the assessment and planning tools used in her work, which are given to the foster care contractors.

Regarding training for child protection specialists, the DCF representative stated some of the child protection specialists do not have a license, and their preparation involves training, exercises, and accompanying a specialist for a few weeks. She stated the number of supervisors to front-line workers varies by region, but there is constant supervision. The front-line workers will help families find resources and, if necessary, make referrals for services.

### *Acceleration of Adoption Process and Improving Outcomes*

A DCF Deputy Secretary presented testimony on the process of adoption. If reunification with the biological family is not possible, a parent's rights are terminated and the child becomes available for adoption. The majority of adoptions are by relatives or foster parents. Adoptions have been increasing, and in FY 2020, there were 998 completed adoptions. In the adoption process, a

Best Interest Staffing meeting is conducted to discuss the adoptive resources of a child or youth. Some children have an adoptive resource identified, and others need to have an adoption recruitment plan in place to identify a potential adoptive family. As of August 2020, 532 youth were on the Adopt Kansas Kids statewide adoption resource exchange. The average age of these youth is 12, and about 40 percent are in a sibling group. Adoption assistance for adoptive parents may include healthcare, monthly stipend, special needs cost, and one-time expenses.

The DCF Deputy Secretary stated in 2017, Casey Family Programs introduced DCF and case management agencies to Rapid Permanency Reviews (RPR), a concentrated review process being implemented nationally, focused on setting action plans to help reduce specific barriers to legal permanency for the group of children with the longest wait to permanency. The RPRs led to an increase in adoptions in 2019. In 2019, federal adoption incentive funding enabled five non-case carrying, Adoption Accelerator positions to assure adoptions progress with no technical delays. In FY 2020, 43.5 percent of children were adopted within 12 months of becoming legally free for adoption. The national performance measure is 45.8 percent. The Deputy Secretary provided information on other innovations to increase adoptions.

A KLRD memorandum on streamlining the adoption process was provided.

### ***Title IV-E Funding***

**Calculation of funding.** The DCF Chief Financial Officer (CFO) explained Title IV-E of the Social Security Act, administered by the U.S. Children's Bureau, within the HHS, entitles states to claim partial federal reimbursement for the cost of providing foster care, adoption assistance, and kinship guardianship assistance to children who meet certain federal eligibility criteria, which is based on 1996 Aid to Families with Dependent Children program criteria. He noted not all foster children are eligible for Title IV-E funding. Title IV-E is an entitlement program, and states are responsible for matching funds at different percents, depending on the type of costs. For administrative services, the maximum match is 50 percent federal and 50 percent state. For eligible

foster care maintenance, which are the costs associated with maintaining a child in an out-of-home placement, the maximum match is the same as the state's Federal Medical Assistance Percentage (FMAP) of approximately 60 percent federal and 40 percent state. For training, including the cost of training individuals who work with the child (e.g. training for social workers, foster parents, and administrators), the maximum match is 75 percent federal and 25 percent state.

The CFO noted there are two types of eligibility for the Title IV-E funding: Basic Eligibility and Payment Eligibility, each with different requirements. Basic Eligibility is determined at the time a child is removed from his or her home and must meet legal and judicial requirements. Basic Eligibility requires a child's household of origin to have been eligible for federal financial assistance if the child had remained in the home. A child determined not to meet Basic Eligibility requirements upon entering care will be ineligible for the duration of his or her custody. A child must first be determined Title IV-E Basic eligible to be determined IV-E Payment eligible. Payment Eligibility requires a child's placement meet Title IV-E funding requirements, including placement in a foster care setting licensed by DCF according to Title IV-E standards and a court determination the State has made reasonable efforts to prevent removal and create a permanency plan. Basic Eligibility qualifies the State to obtain Title IV-E funding for administrative and training costs. Payment Eligibility qualifies the State to obtain Title IV-E funding for maintenance costs associated with the child.

The CFO described another criterion affecting Title IV-E reimbursement: the ratio of IV-E eligible children to IV-E non-eligible children in the custody of the Secretary for Children and Families, commonly referred to as the IV-E penetration rate. The federal government does not reimburse 100 percent of IV-E eligible expenses. The federal reimbursement is equal to the penetration rate times the maximum federal match rate for each of the administrative, training, and maintenance costs. He stated in FY 2020, \$260 million was spent on a monthly average of 7,300 children in care. Of the \$260 million, \$189 million, or 73 percent, was from the SGF, 11

percent was from TANF, 8 percent was from Title IV-E, 6 percent was from the Social Services Block Grant, and 2 percent was from Social Security Disability and other funds.

**Funding through Social Work Education Consortium.** The CFO testified Kansas administered a Title IV-E program to assist students completing a Bachelor's or Master's degree in Social Work through a Social Work Education Consortium until 2006. He explained the participant was required to work for the then-Department of Social and Rehabilitation Services (SRS) for twice the amount of time they were supported by the program. SRS provided the Title IV-E reimbursement funds for training costs, and universities provided the state match. Audit concerns were raised when the Title IV-E ratio/penetration rate fell, and universities were responsible for providing increased matching funds. He stated determining if the program would be feasible again would require DCF to engage the schools of social work to discuss funding availability, eligibility requirements, specialized curricula, and payback and service requirements.

**Funding for legal assistance.** The CFO noted the new Title IV-E option available to states provides legal representation to families involved in the child welfare system. At this time, based on the State's current ratio/penetration rate, the reimbursement would be about nine percent of the legal representation costs. Kansas is not yet pursuing Title IV-E funding for legal representation.

### ***DCF Response to September Committee Requests***

DCF provided written-only responses to the following information previously requested by Committee members: foster care rates for licensed provider level of care and unlicensed relative and kin, kinship spending versus foster care spending, relocations and length of stay, average months in care by exit reason, COVID-19 bonus formula, length of employment for DCF front-line Child Protective Services staff, inter-agency communications, and the Crossover Youth Working Group Final Report.

## **October 21, 2020, Meeting**

### ***Overview of 2020 HB 2744***

An Assistant Revisor of Statutes discussed 2020 HB 2744, which would make changes throughout the Revised Kansas Code for the Care of Children and the Revised Kansas Juvenile Justice Code related to crossover youth. The bill was referred to the House Committee on Judiciary just as the COVID-19 pandemic emerged and the Legislature recessed. She stated new Section 1 would require the Secretary for Children and Families and the Secretary of Corrections to enter into a memorandum of understanding to coordinate administering a risk and needs assessment to children exhibiting behaviors that could lead to offending behavior during the course of a CINC proceeding, including the use of evidence-based community programs offered by KDOC. Other amendments would include requiring collaboration between DCF and KDOC to provide services to children eligible for services from multiple agencies, allowing the extension of a juvenile offender's case length to allow completion of an evidence-based program while the juvenile offender is on probation, requiring KDOC to facilitate sharing of confidential data between all parts of the juvenile justice system, authorizing expanded uses of moneys from the evidence-based programs account of the SGF to provide services for youth identified as needing such services, and requiring KDOC to develop a grant program to implement evidence-based community programs for juveniles throughout the state.

Responding to questions, the Assistant Revisor stated the grant program, as authorized by the bill, would be reviewed by the Secretary of Corrections and would be used to prevent CINC youth from becoming crossover youth. The bill does not have a yearly cap on funds. Rather, funding would be based on the juvenile needed services. She stated the bill was created to address gaps identified from 2016 SB 367, including prevention of risky behaviors that would lead to offending behaviors. The bill would enable those children or youth to receive services to prevent becoming a crossover youth. Currently, those services are only available to those who commit offending behaviors.

### *It Takes A Village Program*

Two representatives of It Takes a Village, Inc., provided information regarding the program, which began in 2015 with the goal to provide single family homes for teens to help prepare them for life and independence after foster care. The organization has 7 homes for 13 boys and 12 girls, for a total of 25 youth in foster care. The program is funded by DCF and has two steps: transitional living program homes that are staffed 24/7 and independent living homes for those who pass the transitional living program. The independent living homes have no staff on the premises but have daily staff checks and continued services. One of the representatives stated there is need for post-foster care housing for teens who age out of foster care but do not have the necessary skills to succeed independently. It was suggested a safety net be developed for these youth, specifically to allow them to reenter foster care until they reach the age of 25, with evidence-based programs and supports that include rules, housing, adult support, financial literacy, sexual health, and more.

### *Youth with High Needs*

**Foster and adoptive parent.** A foster and adoptive mother of children with high needs provided information on the children's needs when they came into her home. She experienced the following challenges: the high turnover of workforce made it difficult to document reasonable efforts to reunite a child with the biological family, which is necessary prior to being released for adoption; workers tend to be young and unaware of what is necessary to care for a child who is medically fragile or has intellectual or developmental disabilities; the lack of information provided to foster parents about the needs of a child; MCOs acting as a gatekeeper complicates the process for appropriate services; intellectual and developmental disabilities and mental health needs are separated into silos rather than integrated; and not enough collaboration occurs among agencies providing services for a high-needs child or youth.

The foster and adoptive parent offered several suggestions for improvement, including developing specialized teams within each contractor to ensure continuity of services; developing inter-agency decision-makers from DCF, KDADS, KDHE, and MCOs to collaborate

on meeting the needs of high-risk youth; developing a licensing structure for medical group homes; reestablishing continuum of care for children with intellectual or developmental disabilities and behavioral needs; reestablishing community mental health centers as the gatekeepers to perform screenings for psychiatric residential treatment facility (PRTF) placements; developing or reestablishing professional foster homes for children with intellectual or developmental disabilities and behavioral health needs; and convening a group of foster families who specialize in high-needs children to offer recommendations for improvement.

In response to questions, the foster and adoptive parent stated a child or youth with complex medical needs may be approved for medical services, but the services are not necessarily available due to low rates of pay for the medical personnel. She also stated she sees a conflict with the MCOs serving as gatekeepers to PRTF placements because they are approving services that they are also responsible for paying.

**KSDE.** A representative of KSDE discussed special education relating to foster children. He stated there is nothing in state or federal law regarding the provision of special education services for children who are in foster care. Rather, a child with a disability who has an Individualized Education Program (IEP) and is in foster care has the same right as any child with a disability to receive special education services. He stated a foster parent must be appointed by the Kansas State Board of Education as the foster child's education advocate in order to make any educational decisions about the foster child in the foster parent's care. Nothing that comes from school records, such as IEPs, can be discussed with the foster parent unless they are appointed as the education advocate. He noted IEP services must be implemented even during the COVID-19 pandemic, and compensatory services are an alternate if regular IEP services cannot be provided. He stated Families Together is a nonprofit agency providing family information on special education, including coordinating the process to become an education advocate.

**TLC for Children and Families.** A representative of TLC for Children and Families discussed the agency's PRTF and its focus. He

stated 8 to 10 percent of the PRTF population consists of children who are currently in the foster care system. In the last year, the agency has served 30 youth in DCF custody. He stated his agency has experienced a rise in the severity of behaviors in the last three years in its general population. He noted there has been a 124 percent increase in workers' compensation claims since 2016 due to staff injuries sustained directly from a client or from safety control holds. Annual staff turnover is 61 percent among residential care workers, with exit interviews indicating many staff are leaving because of injury, trauma, or because the work is too difficult. He spoke in support of the focus on prevention and remediation of the Families First Act.

**Association of Community Mental Health Centers of Kansas (ACMHCKS).** A representative of ACMHCKS provided testimony regarding workforce issues relating to the CMHC network and his experience working with the child welfare system. He provided a brief history of the 1990s when CMHCs assessed children entering the foster care system and referred them for services. He noted during the time CMHCs were gatekeepers for PRTFs, there were no waiting lists for care. He stated the change from the 1990s may have been due to the onset of privatization of the child welfare system or budget constraints. For purposes of workforce development, he expressed support for a two-year behavioral health technician certificate program through community or technical colleges. He stated this could create a career path toward seeking bachelor's or master's degrees in psychology, social work, criminal justice, and related fields.

**Spring River Mental Health and Wellness.** A representative of Spring River Mental Health and Wellness, Inc. (SRMHW), the CMHC serving Cherokee County in southeast Kansas, testified about the ways SMRHW collaborates with the child welfare system. Collaborations include providing mental health and substance use services for children in out-of-home placements and their parents and assisting foster parents in supporting and/or stabilizing a youth's placement. She discussed the use of cool/calm rooms as a last resort when other methods of intervention or de-escalation have been exhausted to continue providing child and adolescent psychosocial rehabilitation services.

### **Wyandot Behavioral Health Network.**

A representative of Wyandot Behavioral Health Network expressed the need to approve Medicaid code 90846, noting the code is not, nor has ever been, reimbursable through the Kansas Medicaid program. The code allows for reimbursement of family therapy with parents and foster parents to address the mental health needs of the child, without the presence of the child. He cited the need for foster parents and the child's therapist to have candid conversations regarding the child's behaviors and how to intervene and respond to the child. He said, at one time, the Wyandot Behavioral Health Network had an evidence-based multi-systemic program allowing the therapist to work with the parent without the child present, but such evidenced-based parenting programs cannot be provided unless they are grant funded. In response to a question, he stated if the Medicaid code was permitted, it would become an additional intervention tool for the therapist. The limited clinician workforce would continue to be a challenge.

### ***Prevention Strategies to Divert Children from Foster Care***

A representative of DCCCA presented testimony on primary prevention of child abuse and neglect. She provided information on the frequency of child abuse or neglect nationwide and noted the increased risks for mental health issues, alcohol or drug use, suicide, violence, and truancy as a result of the subsequent trauma of abuse or neglect. She stated a Substance Abuse and Mental Health Services Administration analysis indicated for every dollar spent in prevention, there is an \$18 savings in deeper end services. She suggested examining intervention and treatment programs and aligning them to available TANF funding, identifying leverage points to serve crossover youth and address unintended duplication, and expanding or creating a referral system for parents to connect to services. She suggested DCF review Family First programming with the goal of maximizing programming that could be funded using other funding streams to allow the shifting of Family First to fund primary prevention.

### ***Kin Support***

A representative of DCCCA stated kinship placements should be the expectation for

placement instead of the exception. She stated kinship placements tend to minimize the trauma of removal, increase continued connection with family and community, improve the child's well-being, and keep foster care homes available to children and youth who do not have kinship relationships. She stated a disincentive exists for kinship family placement because kinship families are not required to be licensed and also do not receive the same services, training, or support as foster families supported by a Child Placing Agency. She said she supported kin equity with foster parents in the areas of support, resources, and training. Responding to a question, she stated Title IV-E requirements and federal law do not allow a state to have two processes for foster home licensure. To ease the barriers for kinship families to become licensed as foster parents, she suggested there be one foster care home licensing system with waivers for kinship families to become licensed as foster parents, and that licensure for kinship families remain an option rather than a requirement. In response to a comment regarding the difference in the foster care rate for a licensed foster home versus the payment for kinship placement, she stated kinship placements have even fewer supports than regular licensed foster parents .

### ***Education and Foster Care***

A DCF Deputy Secretary discussed school records and the transition between schools for children and youth in foster care and noted two specific federal laws that provide guidance regarding access to those records. The Family Education Rights and Privacy Act, amended in January 2013 by the Uninterrupted Scholars Act, allows child welfare agencies, without parental consent, to access the school records of students in foster care as needed to ensure the provision of early intervention of educational services. The personally identifiable information in the school record may be disclosed to an agency caseworker or other representative of DCF, including a case management grantee. The Every Student Succeeds Act was passed in 2015, replacing No Child Left Behind, and requires a child or youth in foster care remain in their current school whenever possible. An exception can be made if a Best Interest Determination recommends the child would benefit from a change. When a move is necessary, it is the responsibility of the case management

grantee (contractor) to notify the former school and the new school for the transfer of records. She stated there are policies and procedures in place for the streamlined transfer of records, but it is not working at the local level. To that end, five DCF contacts have been identified for schools to contact directly regarding school records. She mentioned the Education Stability for Children in Foster Care Workgroup that meets regularly and noted its membership composition. In response to a question, she stated mechanisms in place track the transfer of school records, but schools are not receiving the records. DCF will investigate the discrepancy.

A representative of JAG-K stated KSDE has documented the graduation rate for foster care youth is decreasing. She stated JAG-K is mostly funded by TANF funding and is an evidence-based program that achieves high positive outcomes for students facing barriers. For the years 2014 through 2019, the foster care youth served by JAG-K had a 95 percent graduation rate. She described the difficulties a foster youth faces when transferring schools where the new school, based on local control, does not necessarily recognize the completed coursework in meeting the new school's graduation requirements. She noted this situation creates a lack of motivation for a foster youth to graduate, especially if they turn 18 before the graduation occurs. She suggested helping foster youth achieve high school graduation through some type of incentive program for those youth.

In response to a question regarding local control of graduation requirements, the JAG-K representative suggested a Plan of Study could be developed, which would follow the student and could satisfy local control graduation requirements. She stated such an idea would need Kansas State Board of Education approval so it would carry weight for the student moving from one school to another. Such a plan could also assist in preparing for technical education.

A representative of McAdams Academy, (Academy) shared his perspective on educating youth in foster care. He explained the Academy was created in 2012 and currently offers private education for middle and high school students who have been expelled, suspended in Sedgwick County, or are foster youth without a permanent

placement. He explained the Academy's three programs: Homeroom, which allows teens expelled from Sedgwick County public school alternative education programs to earn high school credits that transfer to their transcripts; Extended Learning, which allows teens no longer eligible for Homeroom because their expulsion has ended to continue to receive assistance with social skills, behavior, and job skills; and Day School, which is for youth suspended from school who are involved in the juvenile justice system and foster children without placements. He reported observing more intense behaviors among the foster care youth than the other teens at the Academy, including more hopelessness, anger, aggressiveness, tendency to self-harm, and substance abuse. He noted the challenge in obtaining transcripts and other documents needed to attend the Academy. The Academy serves foster youth in several ways. Some foster youth are enrolled in public school and are tutored by the Academy. Other foster youth are given the opportunity to pursue their GED online, while the Academy addresses their behavior problems. His testimony included multiple suggestions to improve the foster care system.

Responding to questions, the Academy representative stated the Academy does not receive support from the Sedgwick County school district when accepting a student who has been expelled by a district school. It is funded by a grant from the Sedgwick County Community Crime Prevention Fund, other grants, and private donors.

### ***Closing Comments from DCF***

The Secretary for Children and Families stated the importance of placement stability, education, and mental health for children and youth in foster care. She stated when she began her tenure as Secretary in January 2019, the child welfare system was in crisis, with too many children in foster care, contractors struggling with an overwhelmed system, placement instability resulting in children in State custody spending nights in child welfare offices, and few options to support families. She stated much progress has been achieved, including the number of children in foster care decreasing by 10 percent to 6,800, increased placement options, and added resources to accelerate adoptions. She stated with the new federal Family First program to keep children in

their families, 94 percent of families served have been diverted from foster care. Other prevention activity includes developing a mental health crisis response mobile unit. The Secretary suggested the State should consider a goal of a Family Well-Being System, which would include such supports as practice models, kin placements, prevention, crisis and mental health supports, supports for older youth, and supporting a strong and skilled workforce. She said over the next several years DCF will focus on meeting the practice improvements and outcomes in placement stability and access to mental health supports as part of the child welfare class action lawsuit settlement.

The Secretary responded to a question stating DCF was working on many of the recommendations suggested during the Committee meetings, although there may be differences in the implementation of those ideas. She said some of the recommendations could be managed or changed through policy, while others might require more funding.

The need for consideration of attachment in determining a child's placement was noted in presentations on kinship placement, reintegration, and by foster parents. A DCF representative stated the agency and agency partners are shifting to a Kin-First perspective with the goal of having half of the foster care placements with kin. In light of this testimony, the Committee requested KLRD staff research the general understanding of the science of attachment in early childhood development and how it is applied as a factor judges should consider, including information on other states that reference attachment in their children's code.

## **CONCLUSIONS AND RECOMMENDATIONS**

The Special Committee on Foster Care Oversight adopted the following recommendations and requests. The list of recommendations is divided into Potential Legislation and Recommendations for DCF and other State Agencies:

### **Potential Legislation**

The Committee agreed the work of the Special Committee on Foster Care Oversight should

continue. The Committee recommends the following:

- The Legislature should establish a statutory joint committee on child welfare oversight, structured like the statutory Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight. The Committee recommends members of such new committee be legislators from the Senate and House of Representatives, with both parties represented, and appointed by leadership, and the new committee meet quarterly.

If such joint oversight committee is established by the Legislature, the Committee recommends the new joint oversight committee pursue the following further recommendations:

- Consider the establishment of an Office of the Child Advocate or independent oversight of foster care to provide independent advocacy for persons involved in the child welfare system;
- Look further into the Community Collaborator pilot program;
- Continue discussion and increased understanding of the establishment of a Health Information Specialist Unit in the appropriate agency, with staff trained in reading medical records and able to coordinate healthcare for children and youth in the foster care system, and request review and input from the DCF on establishing such a unit in Kansas;
- Reconsider the use of hair shaft testing for the presence of illegal substances in biological parents of children involved in the child welfare system;
- Hold an informational hearing on Medicaid expansion and the lifetime restrictions imposed on families qualifying for TANF and SNAP and the impact of such restrictions on the foster care population; and

- Determine if there are any potential conflicts of interest or incentives for the foster care contractors and grantees that affect decisions that should be made based on the best interest of the child.

If a statutory joint committee on child welfare oversight is not established, or the newly established committee does not pursue the aforementioned recommendations, the Committee recommends:

- The Legislature and any appropriate committee consider the recommendations proposed for future consideration by the joint oversight committee.

The Committee makes the following additional recommendations and requests:

- Urges the Chairperson of the Joint Committee on Corrections and Juvenile Justice Oversight to consider the contents of 2020 HB 2744 and any amendments needed. [*Note:* The legislation would make changes to the Code for the Care of Children and the Juvenile Justice Code as they relate to crossover youth, who are youth involved or potentially involved with both the child welfare and juvenile justice systems.];
- Recommends support for legislation to codify and continue reimbursement for health services, including mental health services, delivered through televideo and telephone;
- Supports the reintroduction of prior legislation (2018 SB 319) to allow the use of DCF or local child welfare contractor or grantee address to expedite enrolling a foster child in school if the child has been moved from the child's school of origin and foster care or permanent family placement has not been determined; and
- Supports the introduction of legislation to prohibit an employer from dismissing or firing an employee who is meeting court-ordered requirements for purposes of

reunification with their child or children who are in the custody of the State of Kansas. Court-ordered requirements include, but would not be limited to, court appearances, appointments, visitation, and treatment programs.

### **Recommendations for DCF and Other State Agencies**

The Committee further recommends DCF:

- Work with the Department of Administration to explore the use of the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for technology support for the purpose of improving safety monitoring, coordination, and efficiency within the child welfare system;
- Provide a comparison of the benefits under the original Grandparents as Caregivers legislation (2006 SB 62) and the current benefits provided to grandparents caring for their grandchildren through the TANF program;
- Work with the universities to look into the use of Title IV-E funding to support education and promote a professional track for the child welfare workforce through scholarships available during the last two years of education;
- Provide foster parents with information on continuous training opportunities available;
- Develop a plan of action to address the current delay in obtaining school records and transferring medical records in a timely manner from the school of origin for children and youth in foster care;
- Demonstrate transparency in communicating the scope of the special needs and behaviors of a child or children being placed with a foster family, as well as the appropriate funding based on the needs of the child;
- Develop a checklist or other document to clearly identify all court-ordered expectations a birth family must meet for the purpose of reunification with their child or children in the custody of the State. The document would be given to the birth family immediately following a court hearing;
- Provide information on the use of psychotropic medicines as a method to subdue behaviors of children or youth who are in foster care and report to the currently recommended joint committee on child welfare oversight, to the Legislature, or the appropriate legislative standing committee;
- Consider mandatory training for foster parents regarding cultural competence to include the special needs of children of color and LGBTQ children. DCF is encouraged to contact the Kansas Board of Cosmetology for assistance in developing training and teaching ethnic hair care skills;
- Consider the development of post-foster care housing for youth who age out of the foster care system;
- Work with KSDE to explore ways to transfer funding from a public school to an alternative educational program for children and youth who have been expelled; and
- Work with the KLRD to research how to develop and expand a two-year certificate program for behavioral health technicians and guardians *ad litem*, through community colleges and/or technical schools for the purpose of creating an educational pathway into a career in child welfare. Research should include how such a program would fit into the current child welfare system and how it may impact funding.