

Stepping Up for Youth in Kansas

January 22, 2026



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

About the CSG Justice Center

A national, nonprofit, nonpartisan organization that combines the power of a membership association, representing all three branches of state government, with policy and research expertise to develop strategies to increase public safety and strengthen communities

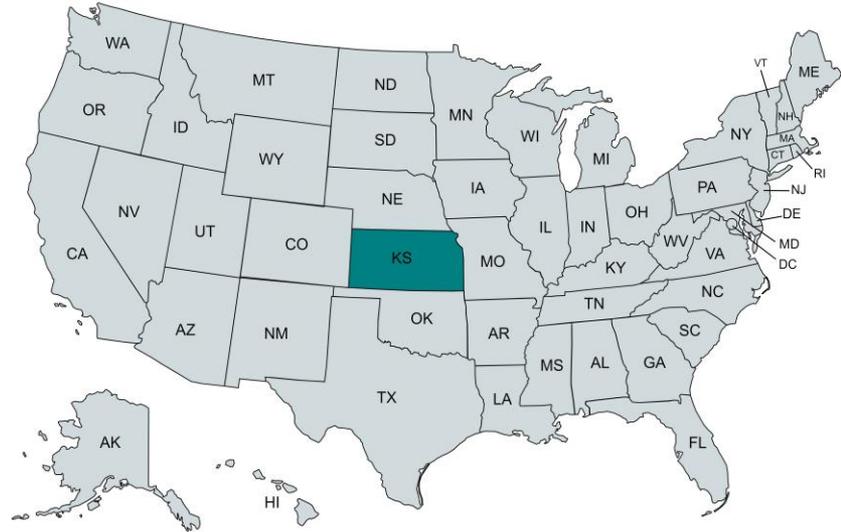


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Kansas is the **FIRST** state in the nation to launch a statewide **Stepping Up** initiative for youth.

This initiative is led by:

- Kansas Department of Corrections (KDOC)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department for Children and Families (DCF)



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Stepping Up for Youth in Kansas

Initiative Overview and Assessment Process



Stepping Up for Youth in Kansas

Goal of this initiative:

- Identify, implement, and expand best practices centered on improving community-based services, cross system collaboration, the efficient use of resources, and outcomes for youth with behavioral health needs who experience the juvenile justice system.



The Task Force oversees the assessment and represents diverse leaders committed to improving public safety and youth outcomes.

Clay McCarter, Director of Special Projects, KDOC	Jeff Butrick, Director of Community-Based Services, KDOC	Andrew Brown, Deputy Secretary of Programs, KDADS	Drew Adkins, Commissioner, Behavioral Health Services, KDADS	Brenda Soto, Director of Medicaid and Children's Mental Health, DCF	Ashley Brown, Cross Over Youth Policy and Practice Coordinator, DCF
Hon. Delia M. York, Wyandotte County District Court Judge	Sen. Stephen Owens	Rep. Angela Martinez	Rep. Timothy Johnson	Sen. Molly Baumgardner	Don Hymer, Chief ADA, Juvenile Division, Johnson County; Chair of JJOC
Sheriff Bill Carr, Ford County	Trish Backman, School Mental Health Coordinator, KSDE	Dr. Sherrie Vaughn, Executive Director, NAMI Kansas	Mike Fonkert, Deputy Director, Kansas Appleseed	Angela McHardie, Director, Shawnee County Juvenile Detention Center	Dustin Browning, Director of 4 th Judicial District Community Corrections
Ann Sagan, Director of Special Projects, Kansas State Board of Indigents' Defense Services	Jennifer Zirkle, Intake Supervisor, NWKS Juvenile Service	Andrea Diaz Buezo, ACMHCK, Special Projects Coordinator	Marquetta Atkins, Executive Director, Progeny	Christopher Esquibel, Chief of District Court Operations, Office of Judicial Administration	Rachel Bell, Policy Analyst, Governor's Office



We launched a Technical Assistance Center to support counties in system improvement efforts.

- Seven pilot counties include: Barton, Bourbon, Franklin, Johnson, Seward, Sedgwick, and Shawnee
- Teams includes stakeholders from juvenile justice, schools, CCBHCs, DCF and providers, law enforcement and others
- The TA Center will be expanded statewide in early 2026



Organize a cross-system team



Engage in system mapping across agencies



Review strengths and gaps



Identify key areas for improvement



Develop an action plan



Implement new policy, practice, or program

Research and Best Practices



Justice system involvement can negatively affect the entire course of young people's lives.

Low and moderate risk youth formally processed by the juvenile justice system experience far worse outcomes in the 5 years after arrest as compared to similar youth who were diverted:

- X More likely to be rearrested and incarcerated
- X More engaged in violence
- X More peers involved in delinquency
- X Lower school attainment and graduation rates
- X Fewer skills to manage their emotions
- X Lower perception of opportunity

Research shows detaining and incarcerating youth who are not high-risk for reoffending is an ineffective public safety strategy.

Youth who are detained and incarcerated are [more likely to reoffend](#), commit violence, experience mental health challenges and trauma, and less likely to complete high school than similar youth who are supervised in the community.

- Detaining and incarcerating youth, including through nonsecure placements, is [costly and inefficient](#).
 - The average cost per day of incarcerating youth in Kansas is 5 times the cost of community-based, evidence-based programs, [which can effectively reduce recidivism](#).
 - A decade ago, Kansas eliminated its reliance on nonsecure facilities because a legislatively-ordered study of these facilities showed [high costs and poor outcomes](#).
- A youth's offense does not predict their likelihood of reoffending.
 - [Risk and detention screening tools are far more reliable indicators of recidivism risk](#) than a youth's offense or professional judgement alone, and jurisdictions that use such tools, without frequent overrides, experience improvements in public safety and youth outcomes.



Key takeaways from the legislatively-ordered study in 2014 on Youth Residential Centers (YRC-II)

YRC-II placements are costly - \$45,990 annually per bed. Administrative costs are significant.

The majority of youth (54%) discharge unsuccessfully and YRC-II placements do not appear to produce long term positive outcomes for youth.

The majority of discharges (51.2%) are still in an out-of-home placement six months later. Of those, only 14.1% are in a placement considered to be of a lower level of care.

Recent national research showed that in 2020, Kansas experienced a 23% increase since 2014 in the state cost for the secure confinement of a young person.



Research-based, community-based programs, especially cognitive behavioral and family therapy, have proven to reduce recidivism more effectively than residential programs at much less expense.

Program Name	Total Benefits	Costs	Benefits Minus Costs	Benefit To Cost Ratio
Functional Family Therapy	\$172,020	(\$9196)	\$162,824	\$18.71
Generic Family Therapy	\$47,380	(\$3483)	\$43,897	\$13.60
Multisystemic Therapy	\$29,617	(\$9849)	\$19,768	\$3.01
Scared Straight	(\$13,491)	(\$66)	(\$13,557)	(\$204.3)

*States have required in statute that funding is used for evidence-based programs; created funding incentives for locales to adopt these interventions; covered these programs in their Medicaid state plans; and created Centers of Excellence to promote option, fidelity, and quality assurance.

State Assessment Key Findings



Overarching Findings from the State Assessment

Many youth in Kansas have behavioral health needs and are in the juvenile justice system primarily to receive services, rather than because they are a public safety risk.

Kansas lacks a coordinated, statewide, cross-systems network of community-based services to meet youth's needs, protect public safety, and ensure resources are used efficiently.

Without early intervention services, youth end up in costly detention or correctional facilities, and there is a lack of consistency in the services they receive in such facilities statewide.



Responding to Concerns about Crossover Youth

Working Group in Sedgwick County and State Roundtable



Responding to Concerns about Crossover Youth

CSG met with the DCF providers State Policy Team to identify potential solutions to concerns raised during testimony on HB2329 and provide information about the Stepping Up for Youth initiative.

CSG facilitated a working group in Sedgwick County that includes DCF, Community Corrections, EmberHope, and DCCA. This team also met with COMCARE (CCBHC) and DCF's Family First and Family Preservation units at the state and local level.

Sedgwick County utilizes KDOC's Evidence-based Fund to employ a boundary spanner, the only one in the state, to identify crossover youth at intake and engage in care coordination.

State legislators organized a day-long Roundtable to discuss the problem and potential solutions.



Key Takeaways from the Working Group and Roundtable

Youth in foster care who experience frequent arrests in short periods of time typically experience multiple placement changes and ultimately end up in a PRTF, secure care, or detention 90 days post initial arrest.

To be responsive to the problem, the new solution must be made available at the point of crisis/arrest, not adjudication.

Scaling community services like MST/FFT and Crisis Respite Centers would effectively support providers and youth.

Developing clear criteria for any new juvenile justice facilities would ensure beds are available for this population.



Examples of Best Practices in Other States

- ✓ **Iowa:** Evidence-based models are included in the Medicaid state plan to promote prevention and community pathways to service.
- ✓ **Oklahoma:** CCBHCs are required to use a youth-specific evidence-based model, Trauma-Focused Cognitive Behavioral Therapy.
- ✓ **Florida:** Early intervention networks, including crisis respite and stabilization centers, operate as alternatives to detention and support families without system involvement.
- ✓ **Nevada:** Mobile crisis in rural areas utilize video telehealth to provide quicker response times to youth and divert them from detention and emergency rooms.
- ✓ **Ohio:** Statewide care coordination and a level of care system for assessment and service delivery for youth with mental health needs.



Agency and State Taskforce Approved Recommendations



Agency and Taskforce Approved Recommendations

Large-Scale Initiatives

- Establish an early intervention system for youth
- Develop statewide detention standards

Discrete or Agency-Specific Efforts

- Adopt the Mental Health Intervention Team program into statute
- Establish a judicial training focused on youth, family engagement, and behavioral health
- Standardize the Immediate Intervention Plan diversion initiative across the state
- Develop behavioral health specialized caseloads and contracts for youth under community supervision
- Require care coordination team meetings for any youth at risk of being committed to KJJCC to determine if another option is more appropriate
- Enhance data collection, reporting and information sharing on youth behavioral health needs and service outcomes



Develop an early intervention system for youth

Reduce inappropriate involvement in the juvenile justice and child welfare systems and promote the more efficient and coordinated use of state funding

- Strengthen cross-systems coordination
- Scale and strengthen existing/new community-based interventions statewide (MST, FFT, Crisis Respite, and others)
- Leverage and maximize the use of Medicaid and existing state funding
- Address gaps in public agency and provider capacity and the workforce



Develop statewide detention standards

Strengthen the appropriate use of detention and improve the use of research-based assessments, services, behavior management strategies, and reentry practices.

- Establish statewide supports
- Develop detention best practice standards
- Encourage all JDCs to participate in performance-based standards
- Leverage and maximize the use of Medicaid and existing state funding to support detention alternatives
- Strengthen reentry planning and services for youth



Thank you!

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