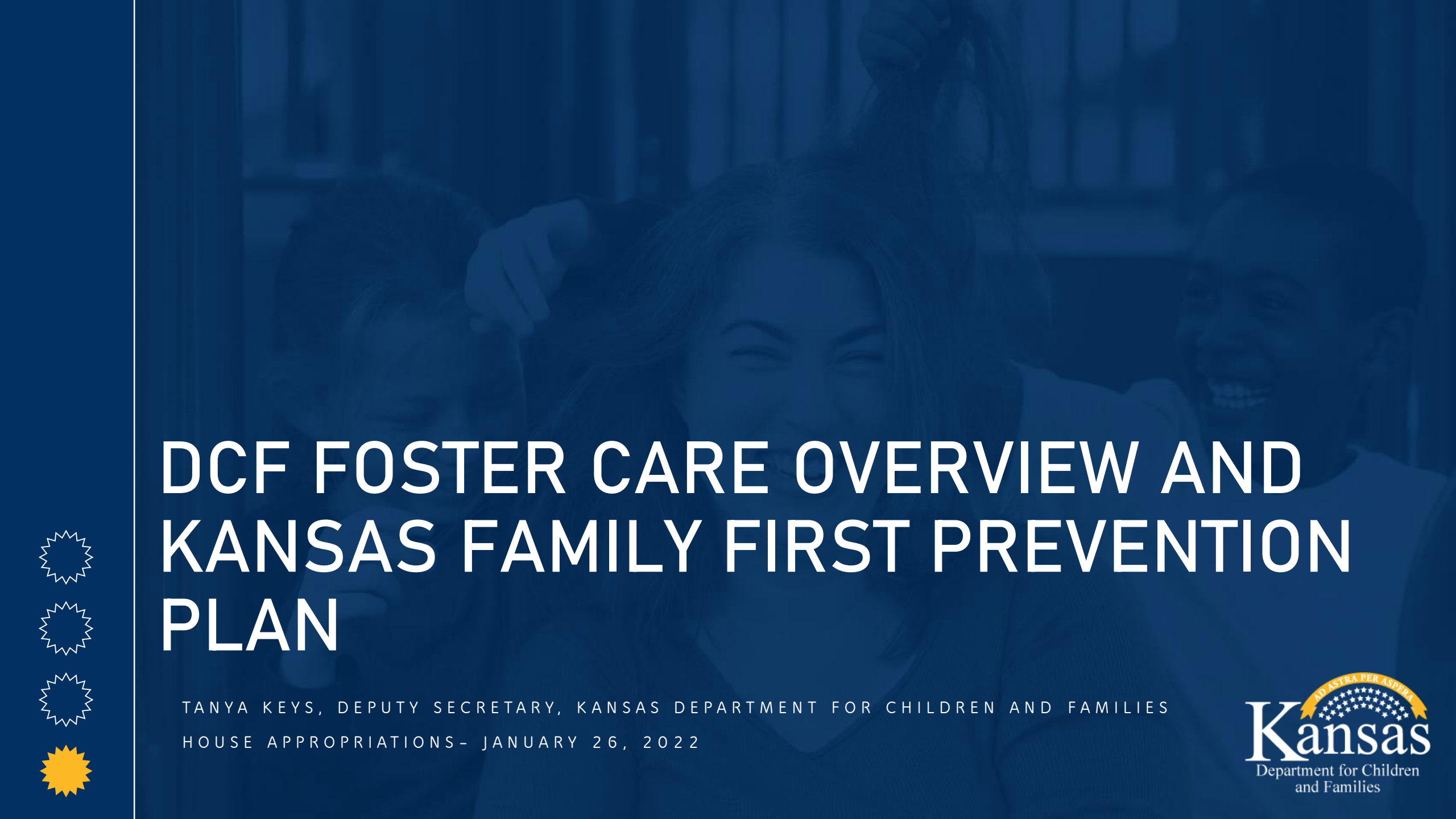


DCF FOSTER CARE OVERVIEW AND KANSAS FAMILY FIRST PREVENTION PLAN

TANYA KEYS, DEPUTY SECRETARY, KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

HOUSE APPROPRIATIONS- JANUARY 26, 2022

Kansas
Department for Children and Families

OVERVIEW

1 ENTRY INTO FOSTER CARE

2 REMOVAL REASONS

3 FOSTER CARE CASE MANAGEMENT

4 CHILDREN MISSING FROM PLACEMENT

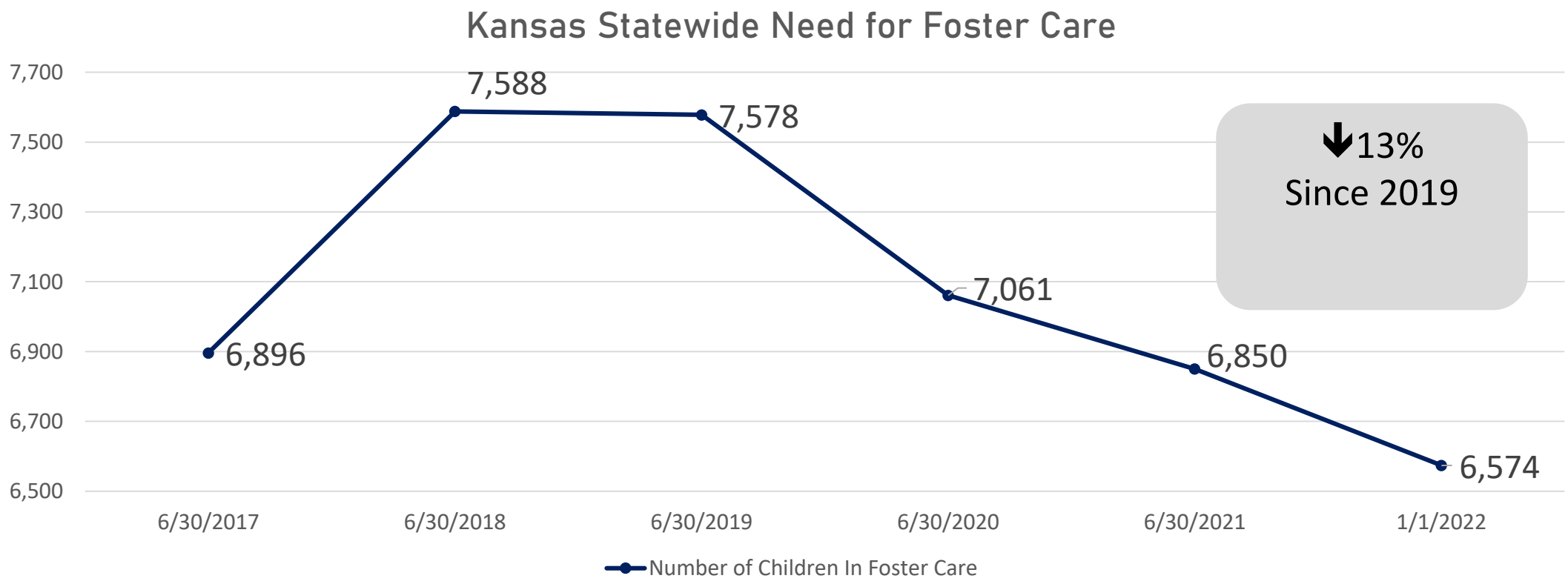
5 FAILURE TO PLACE A CHILD

6 FOUNDATIONAL CHANGES

7 PREVENTION – FAMILY FIRST

8 BUDGET

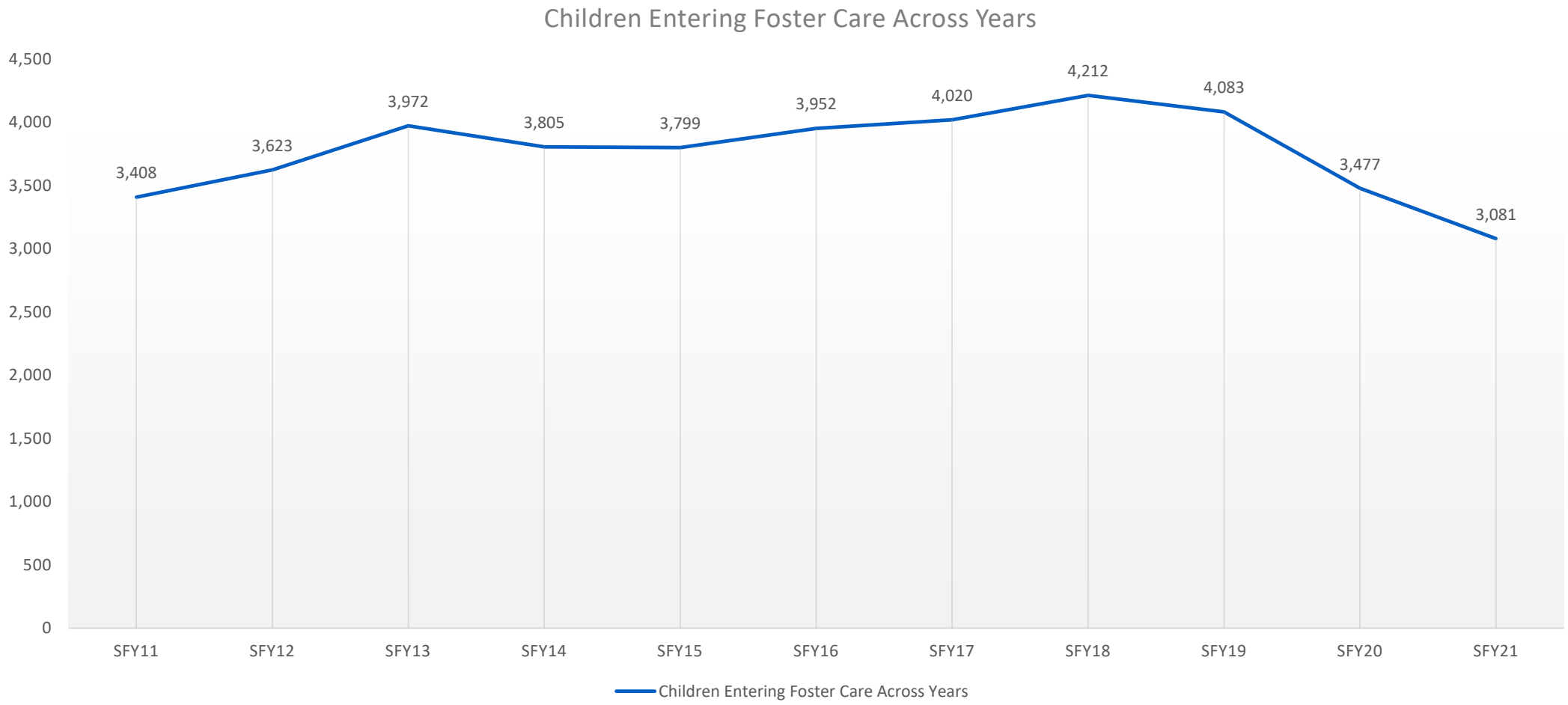
HOW IT'S GOING – BY THE NUMBERS



- Only law enforcement and the court can remove a child from a parent's custody.
- DCF does not remove children or decide to take children into state custody.
- During an assessment or prevention service delivery, when there is a concern a child may need to leave the home due to safety concerns, a Team Decision Making meeting is held.
- There are times when the safest decision for a child is protective custody removal into foster care.
- If DCF determines it is not possible to protect a child through services or other actions it recommends that the county or district attorney file a Child In Need of Care, or "CINC," petition

ENTRY INTO FOSTER CARE

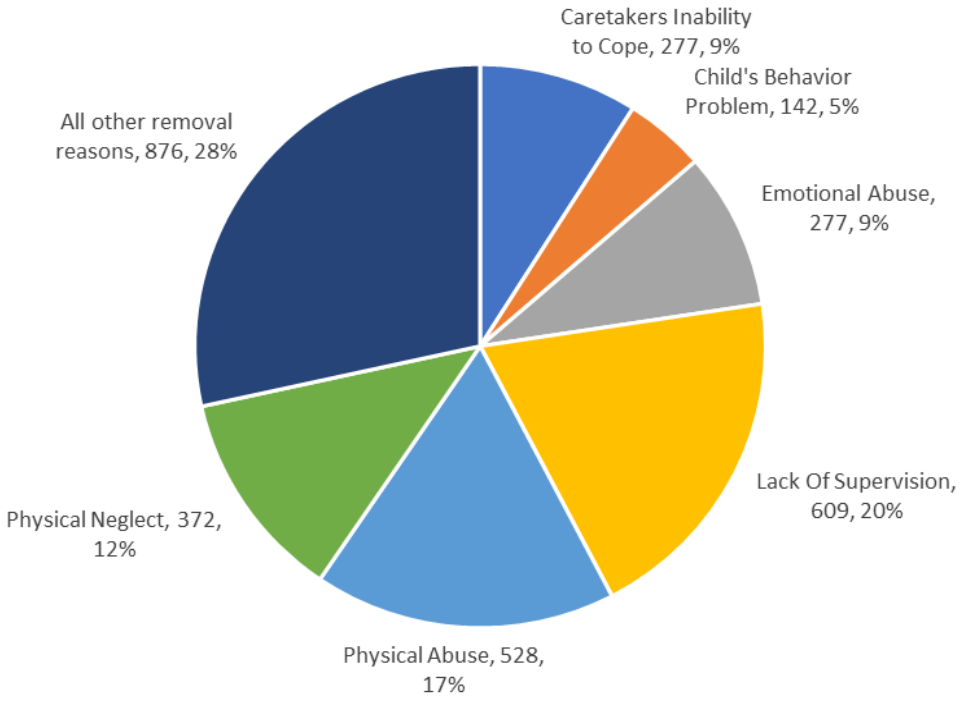
HOW IT'S GOING – BY THE NUMBERS



HIGHLIGHTS IN SFY21 CONSIDERING ALL POSSIBLE REASONS FOR REMOVAL:

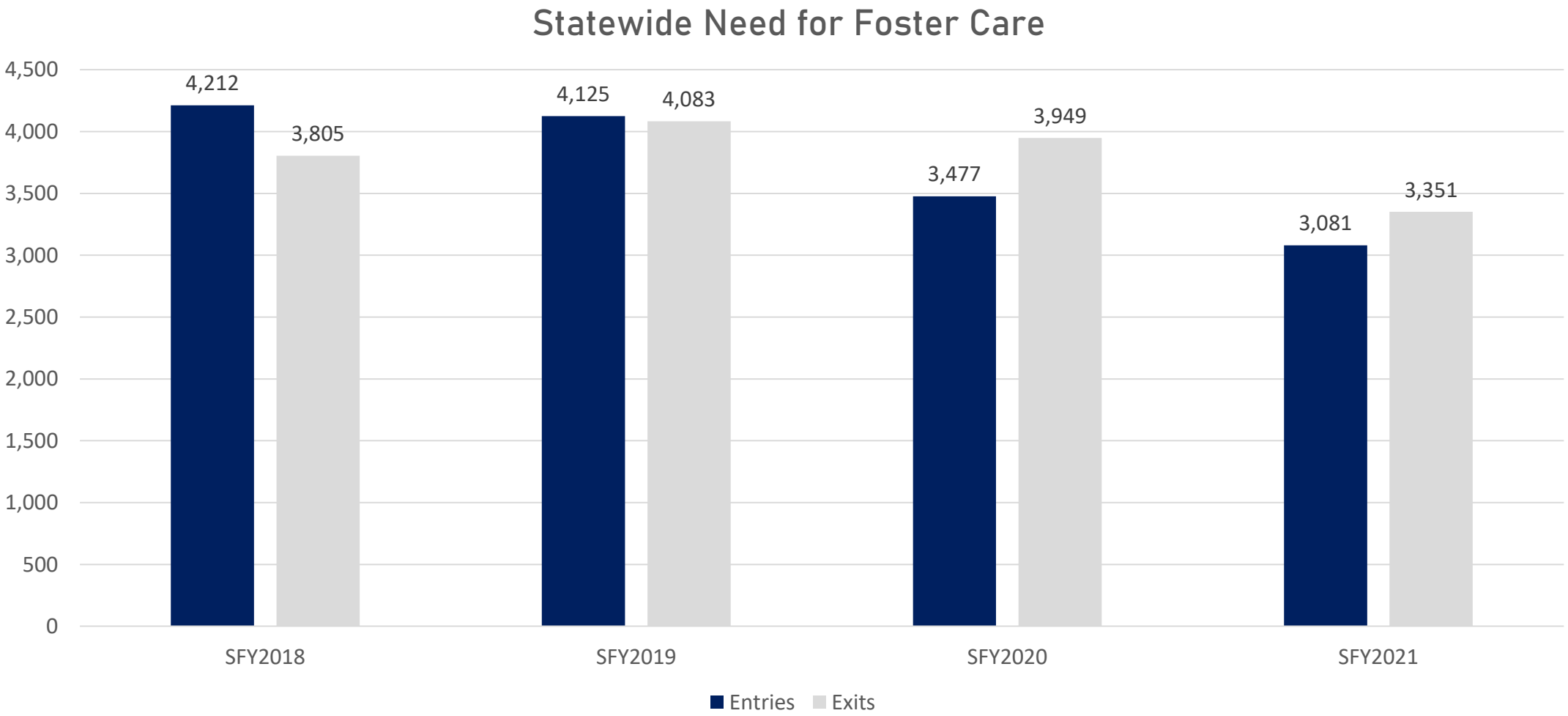
- 76% of all children removed were for reasons of abuse or neglect and 24% were for reasons related to a family in need of assessment which are not abuse or neglect.
- The most frequent reason for removal is related to neglect reasons (35%): Lack of supervision, 20%; physical neglect 12%; medical neglect 2%; and educational neglect 1%.

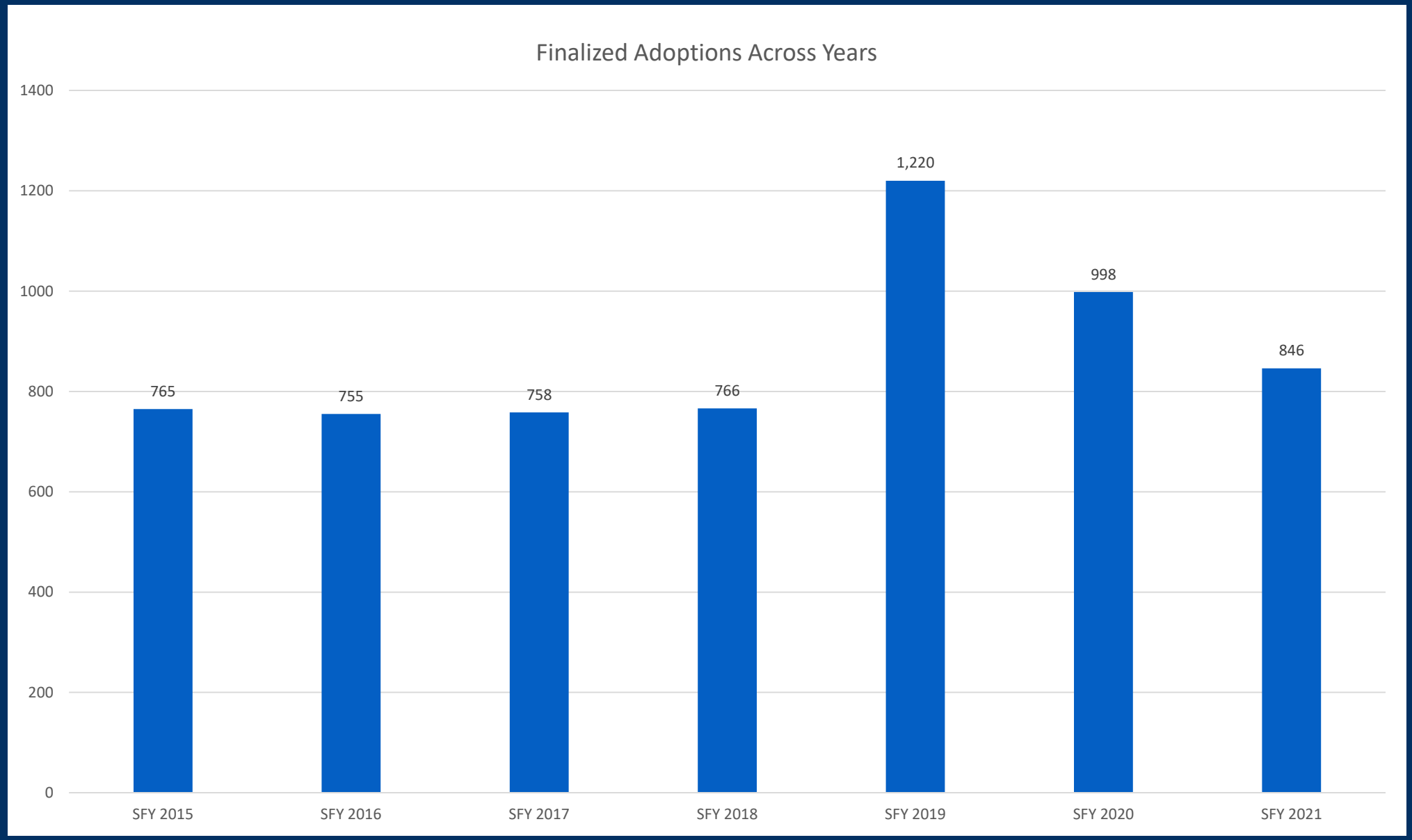
Figure 2: Statewide Children Removed SFY21



- 9% of children enter care related to a parent's inability to cope with circumstances of their situation to meet the child's needs that is not neglect.
- Across these reasons for removal, there were few differences between SFY20 and 21 with exception to lack of supervision, which increased from 15% in SFY20 to 20% in SFY21

HOW IT'S GOING – BY THE NUMBERS




Finalized Adoptions Across Years
1400
1200
1000
800
600
400
200
0
765
755
758
766
1,220
998
846
SFY 2015
SFY 2016
SFY 2017
SFY 2018
SFY 2019
SFY 2020
SFY 2021

ENTRY INTO FOSTER CARE

- Temporary custody hearing held within 72 hours (excluding weekends and holidays) after CINC petition filing to determine if the child shall remain in the home or come into DCF custody

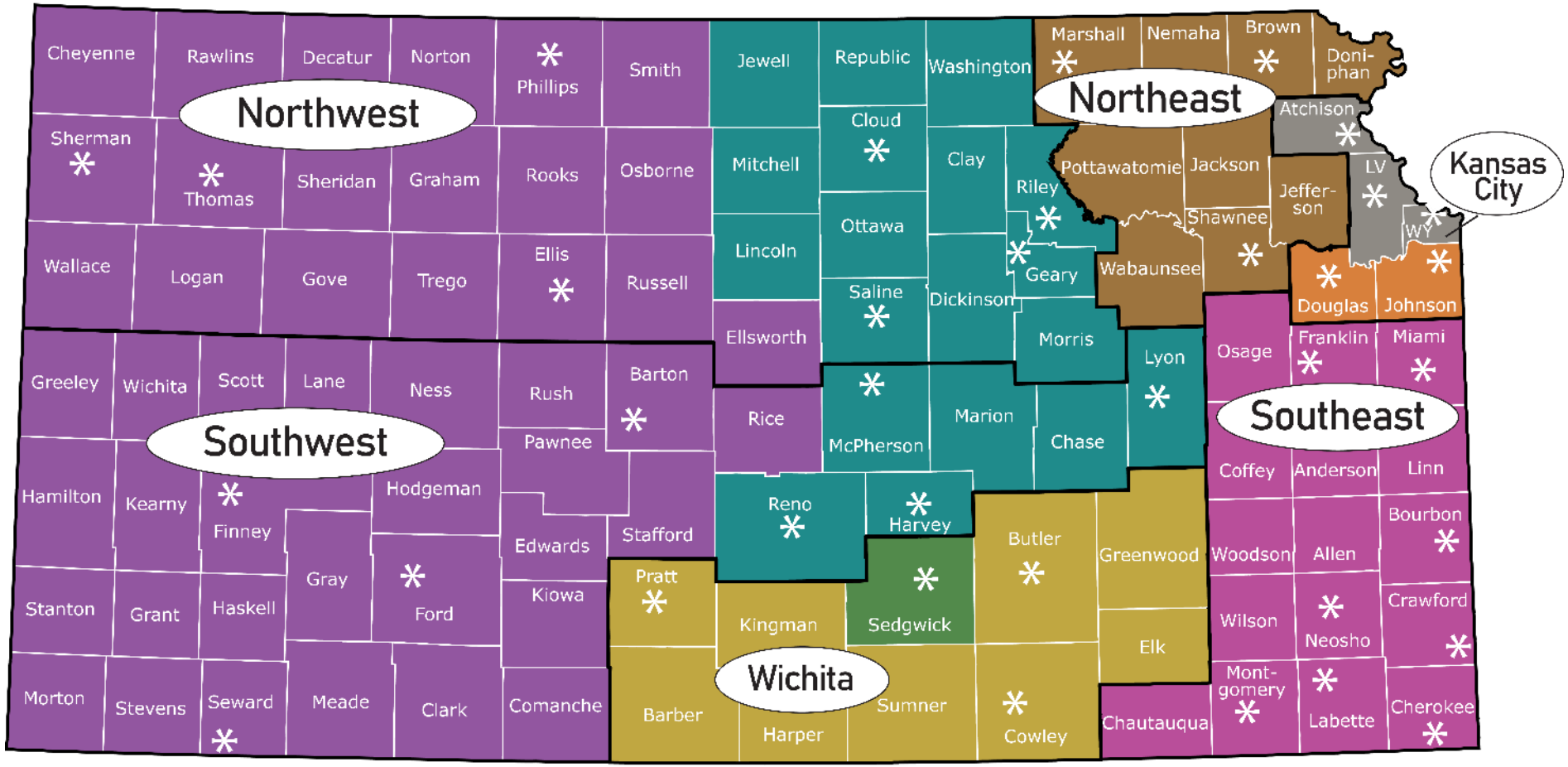
- An adjudication hearing to formally find the child of being “in need of care” usually must be held within 60 days of the filing of a CINC petition
  - The state’s burden of proof is clear and convincing evidence

FOSTER CARE CASE MANAGEMENT

- Foster Care Case Management grantees work with grantees to support families, manage individual cases, and achieve case plan goals
- Four case management grantees:
  - Saint Francis Ministries
  - KVC Health Systems, Inc.
  - TFI Family Services
  - Cornerstones of Care

- Direct service to the child and family including case planning, placement, service delivery, reporting to court, and collaboration with community resources to ensure appropriate services are available near the child's home.

DCF Regions & Catchment Areas



CASE PLANS

- After a child is adjudicated to be a CINC, a disposition hearing is held in which the court will set the case plan goal for the child

- Placement decisions are a responsibility of case management providers.

- Following disposition, courts must have permanency hearings to evaluate progress towards case plan goals at a minimum of every 12 months
  - The court will continue to have final say over the child's case plan

- Case plan goals include: reintegration with the family, permanent guardianship/adoption, and other planned permanent living arrangements (OPPLA)

SERVICES FOR FOSTER YOUTH AND FAMILIES

Services provided by case management grantees include:

- Initial and ongoing screenings and assessments
- Facilitation and engagement for family meetings
- Case plan development
- Placement stability support
- Facilitation of parenting time and parent/child interactions
- Parent skill building
- Coordination/referral to other services (ex: mental health, disability)
- Coordination with MCOs

FOSTER CARE PLACEMENTS

- After a child has come into state care they will be placed in the setting with a level of care most appropriate for their individual needs

- Placements are reimbursed by DCF based on the type and the child's level of care needs.

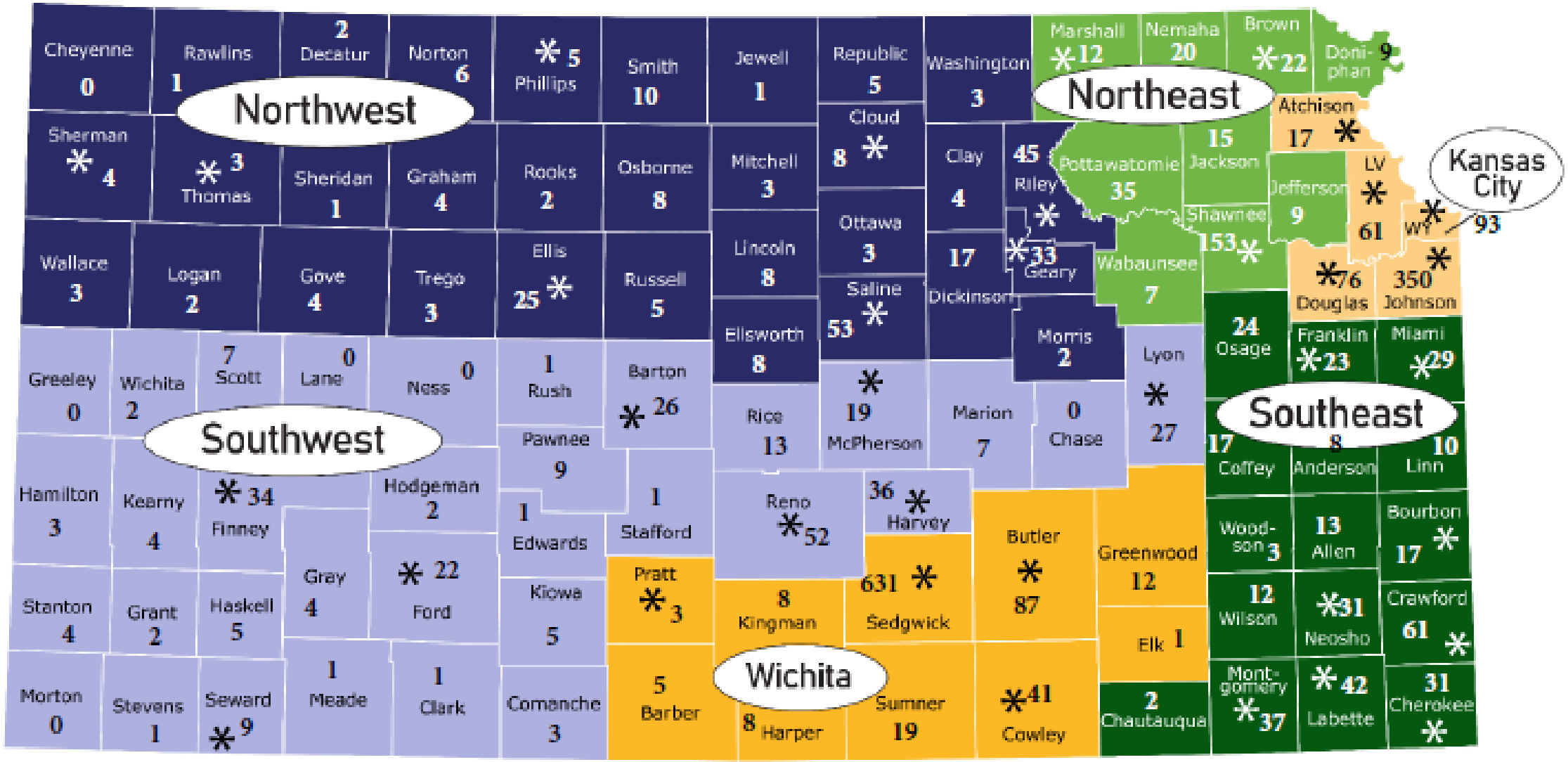
- Types of placements include:
  - Relative placement
  - Family foster home
  - Residential facilities
  - Emergency shelters
  - QRTPs
  - Staff secure facilities

In FY 2021, among youth in out of home placement…

~ 51% were placed in a family foster home
~ 35% were placed with a relative
~ 8% were placed in a group or residential home
~ 42% of children are placed with either a relative or a kin caregiver.

FOSTER CARE PLACEMENTS

FOSTER HOMES PER COUNTY



* DCF Service Center

Foster Homes Per County as of 01-18-2022
Total: 2,636

CAPACITY & NEED FOR FOSTER PARENTS

There is strong capacity in the number of foster homes; however, gaps and/or barriers are at times experienced when it comes to available placements being able to meet specialized identified needs, including but not limited to children and youth experiencing:

- High acuity
- Older than age 12
- Reservations about or refusal of a placement
- Medical or developmental disability concerns
- Emotional crisis to prevent PRTF/Acute care

CAPACITY & NEED FOR FOSTER PARENTS AND SUPPORTS TO RELATIVES & KIN

- More specialized and in-home supports are needed to fill the identified gap
  - This would include a category of homes or level of care trained to meet children with higher needs and compensated accordingly.
  - DCF and KDADS researching professional foster home model in Missouri and treatment foster homes.
  - DCF engaging communities statewide through Families Over Facilities in effort to keep children in the custody of the Secretary in family-type settings. Part of focus is what is needed within communities for support and service provision to allow for successful placements.
- Children may experience failure to place due to
  - Relative or foster parents not trained or willing to serve high acuity needs of children.
  - Children often have reservations about or refuse placement.
  - Some foster homes not feeling comfortable taking teens.

PERFORMANCE MANAGEMENT

- Quality Assurance
  - 15 Aggregate Data Performance Outcomes
  - Monthly data management reports
  - Quarterly case reviews
- Performance Improvement Plans
  - PIPs may be developed by Regions or Case Management Agencies when performance does not meet standard.
  - Agreed upon progress goals are developed.
- A penalty schedule may be applied at end of year if performance does not meet agreed upon after PIP implementation.
- Incentive schedule for success applied to outcomes met.

PERFORMANCE TRENDS

Federal Foster Care Outcome Data Indicators – Across Years

Statewide Indicator	SFY2020	SFY2021
Maltreatment in foster care (8.5 or fewer victimizations per 100,000 days in care)	3.76	3.82
Permanency in 12 months of entering foster care (40.6 or more)	35.8%	34.2%
Permanency for children in care 12-23 months (43.6 or more)	40.8%	35.6%
Placement Stability (4.4 or fewer)	5.9	5.4
Children in Care 3+ years (47.8% or less)	28.8%	34.6%

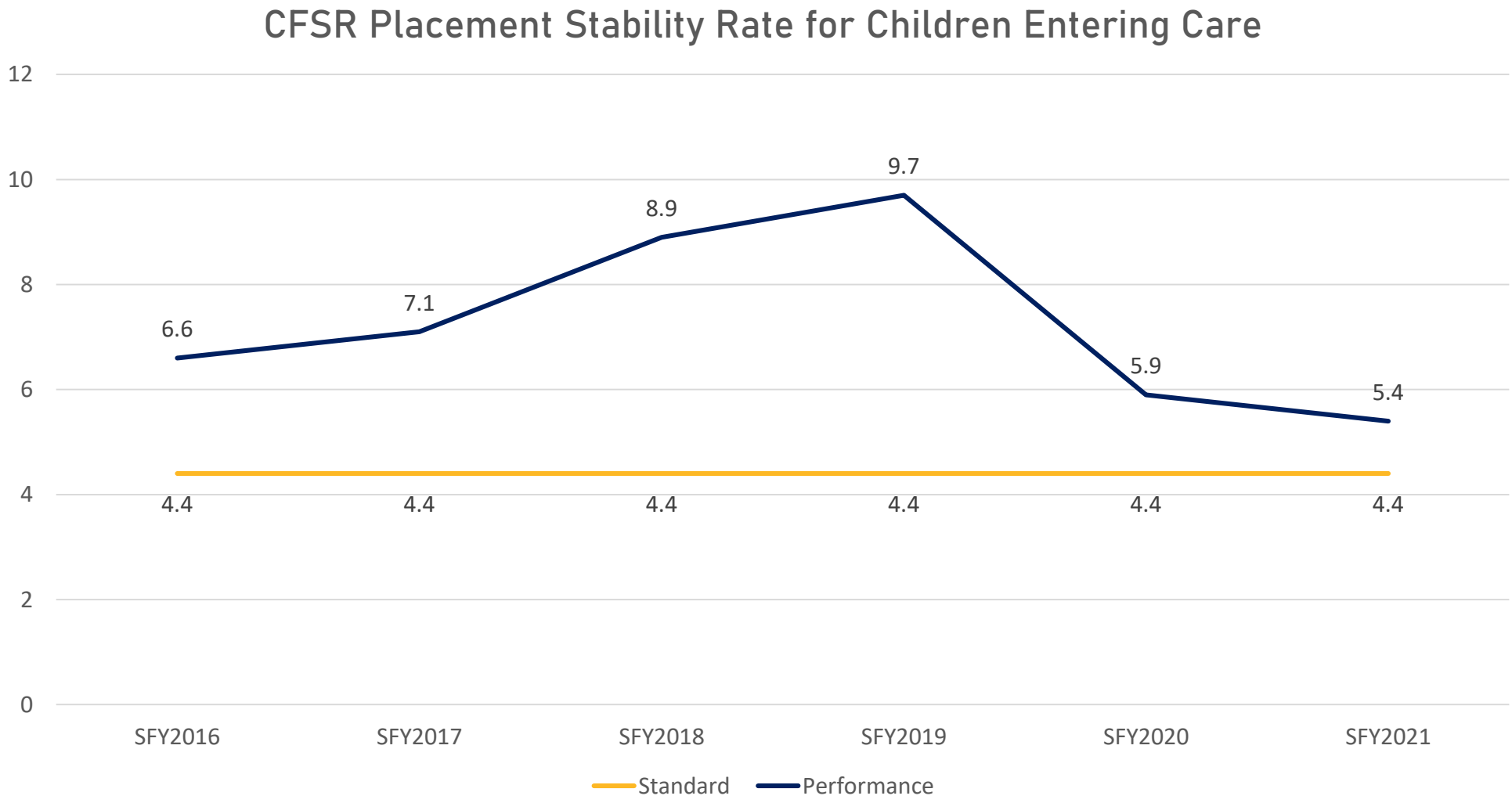
PERFORMANCE TRENDS

Timely Permanency Item (Data Insights: Item 6)

- Collaboration and Data Analysis: Achieving 40.5%
  - 4 Largest Counties / Judicial Districts not meeting timely permanency in first 12 months of care in SFY21.
    - Many permanencies are occurring in month 13 or 14.
  - DCF providing data to Office of Judicial Administration
  - Formal local PIPs developed by KVC, Cornerstones of Care and St. Francis Ministries.

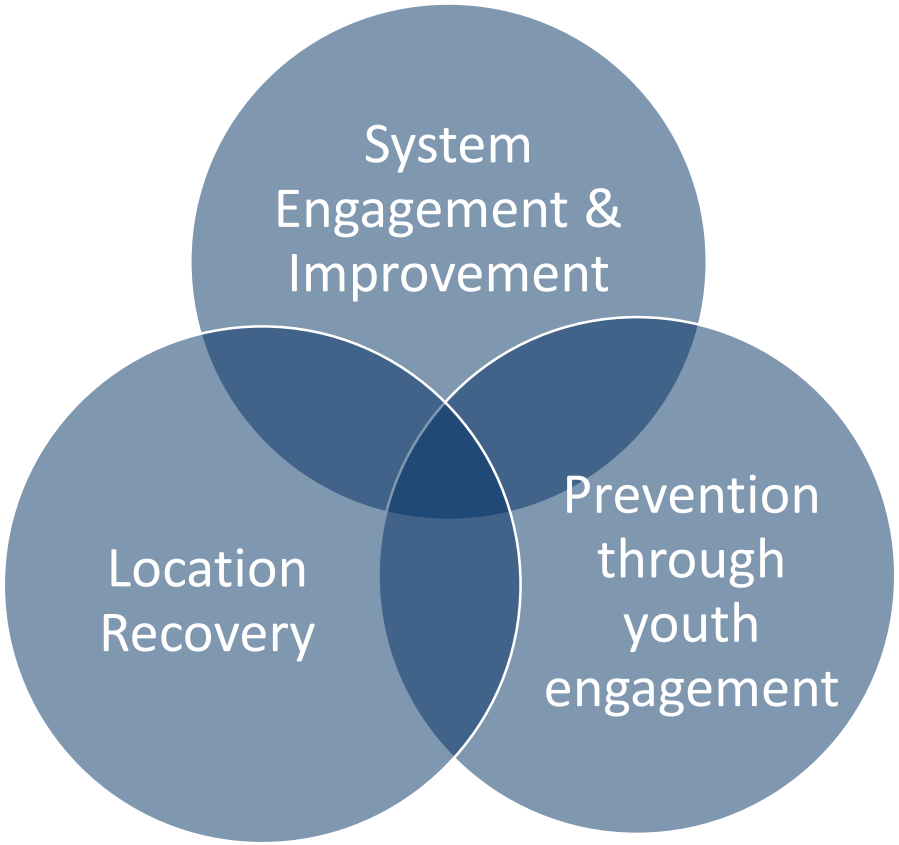
Area 3, KVC	Area 5, COC	Area 6, KVC	Area 7, SFM
32.5%	24.4%	22.7%	24.3%
SN CO	WY CO	SN CO	SG CO

PERFORMANCE TRENDS



CHILDREN MISSING FROM PLACEMENT

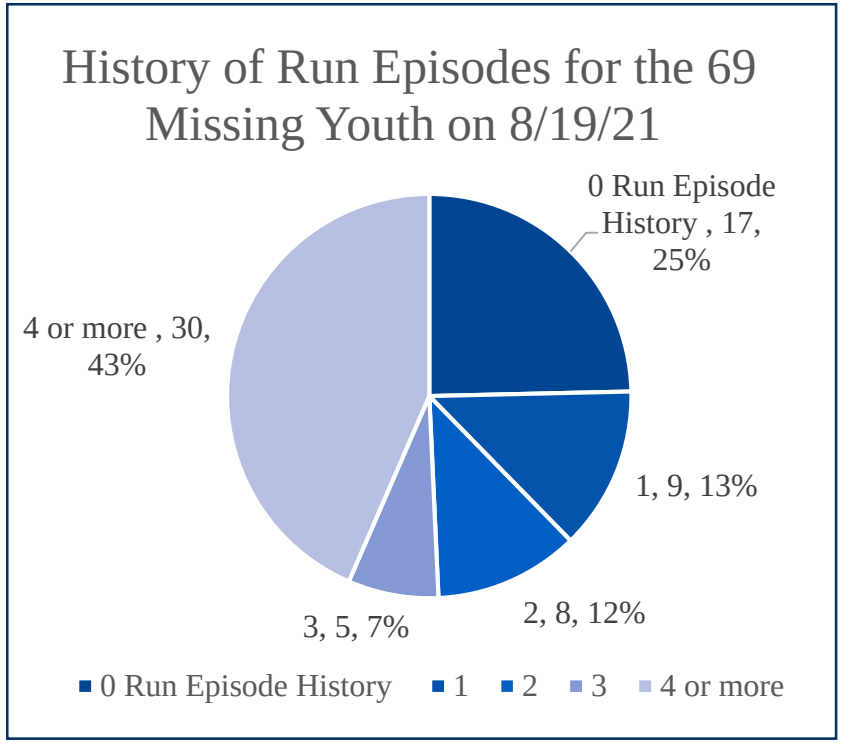
Special Response Team

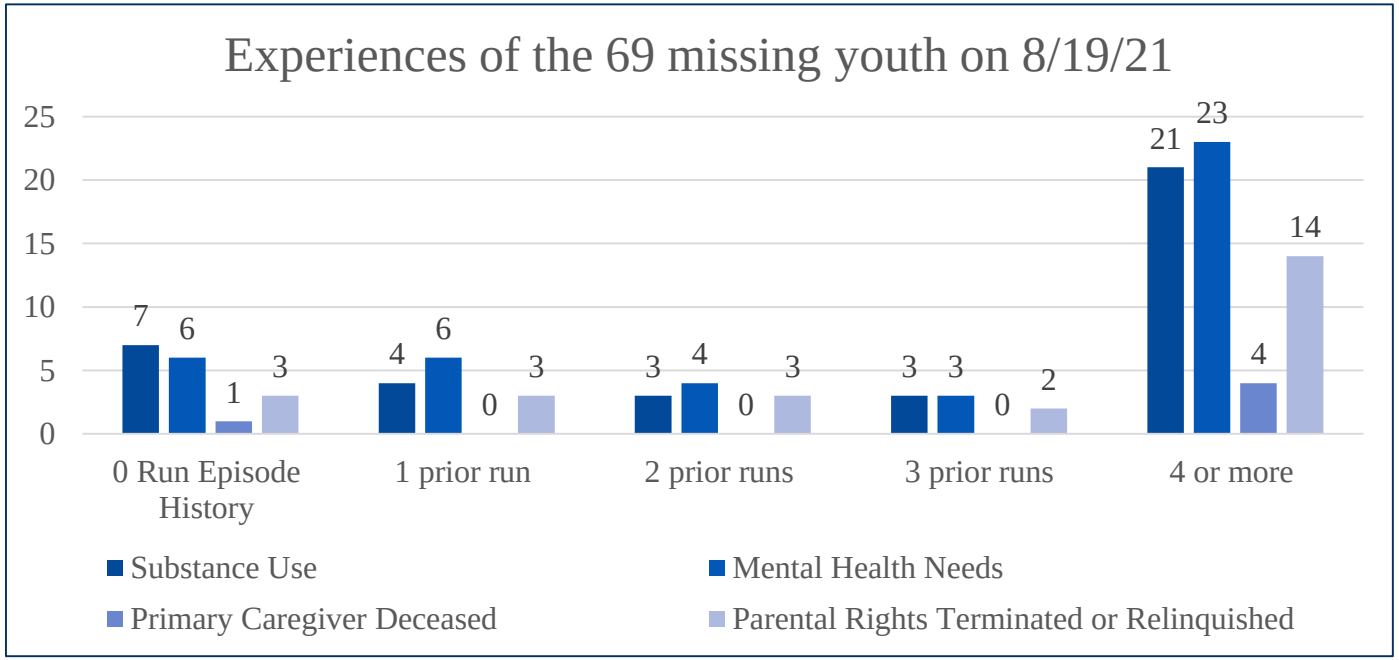


- Statewide network of DCF and foster care provider staff
- Expanded in 2019 to 10 members and in 2020 to 12 Response Team Specialists
- Non-caseload carrying positions for immediate specialized support

CHILDREN MISSING FROM PLACEMENT

SRT Snapshot and System Learnings





CHILDREN MISSING FROM PLACEMENT

What's Ahead

- Strengthen practice surrounding relational permanency: create lifelong stability for young people.
  - SOUL family permanency with Annie E. Casey Foundation and Think of Us (Support· Opportunity ·Unity ·Legal Relationship)
  - Family Finding/Seeing
- Enhance current approach by implementing a consistent Recovery Plan for each youth.
  - Continue work with National Center for Missing and Exploited Children (NCMEC) Child Sex Trafficking Recovery Services Team (RST) Leadership. The Recovery Plan will begin addressing needs and placement at the onset of running behaviors and pull together collective resources on behalf of the child or youth.
- Incorporate Authentic Youth Engagement and voice in all levels of services.

FAILURE TO PLACE A CHILD

Children experiencing a failure to place staying overnight in case management offices

FAILURE TO PLACE A CHILD

Children in Offices

A child or youth is considered to have experienced a failure to place (temporarily housed or maintained overnight at a case management provider office) when that child has arrived at a case management agency office before 12:00 a.m. midnight of one day and there is failure to place the child in an appropriate placement before 6 a.m. of the following calendar day absent extraordinary circumstances

- No placement is located; or
- Placement located, but youth declines the placement

FAILURE TO PLACE A CHILD

Historical Data for State Fiscal Year 2018-2021

- DCF began instances tracking in April 2018
- Data in table represents # of instances, not the number of children
- In SFY22 as of 12/6/21, there have been 36 children involved in the 125 instances

Month	SFY18	SFY19	SFY20	SFY21	SFY22
JUL		4	33	7	11
AUG		9	9	5	13
SEP		11	17	8	45
OCT		0	12	7	44
NOV		0	9	9	8
DEC		0	18	8	4
JAN		4	19	2	
FEB		4	6	2	
MAR		12	6	4	
APR	85	35	1	4	
MAY	69	39	4	2	
JUN	6	21	17	5	

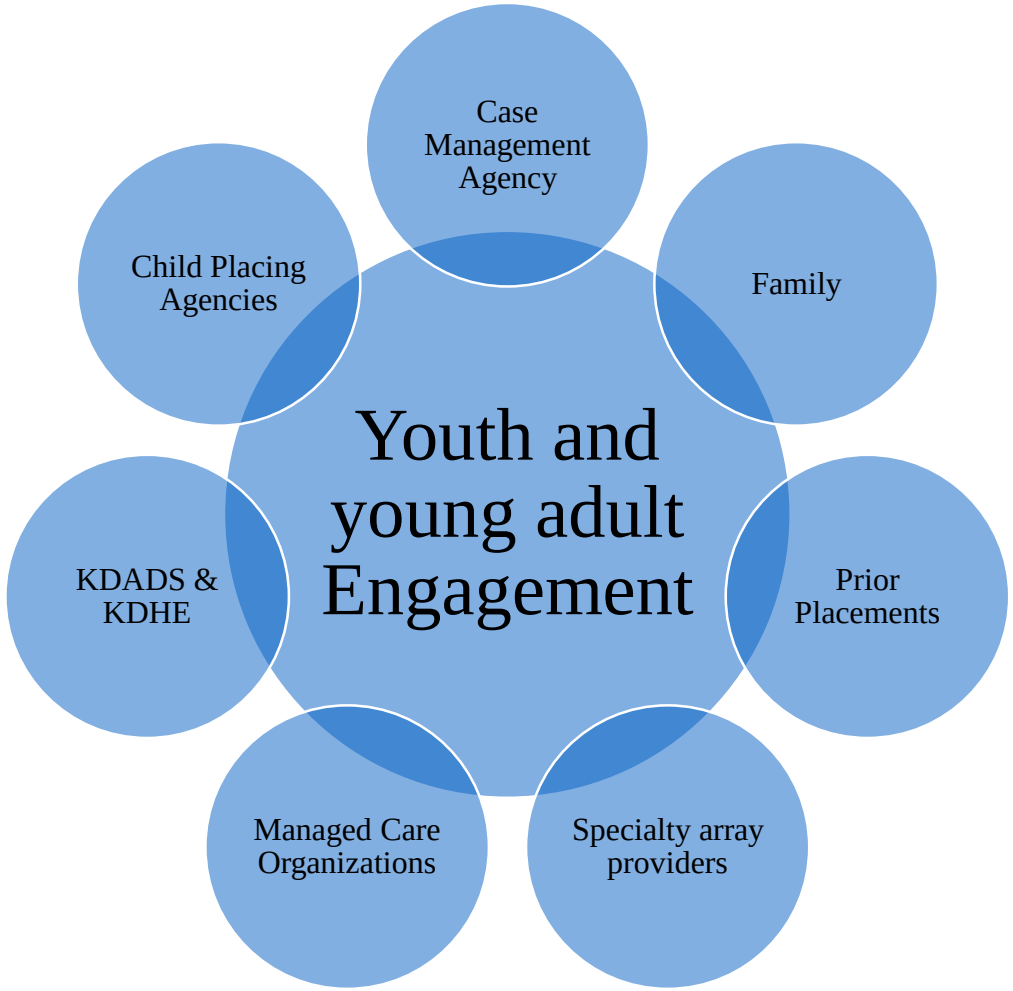
FAILURE TO PLACE A CHILD

Processes when there is a Failure to Place

- Case Management Provider submits a Critical Incident to DCF
- Within 48 hours DCF (both Administrative and Regional staff) discuss the incident with the CMP
- Topics include:
  - Family Finding efforts
  - Lessons learned
  - Opportunities/ Barriers with which DCF or KDADS can help
- There is continued encouragement to engage youth in where they would want to stay or feel the most safe

FAILURE TO PLACE A CHILD

Collaboration: eliminate failure to place



FAILURE TO PLACE A CHILD

Collaboration: eliminate failure to place

Working Well	Opportunities
• Interstate Compact for the Placement of Children (ICPC) Border Agreement with MO • Partnerships with group or foster providers/ family to assure openings for placement and supervision	• Stronger youth engagement to support planning, their networks voice and choice for placements in an emergency. • Increase service array for youth with high needs. • More partnerships to help with emergency overnight traumatic disruptions.

FOUNDATIONAL CHANGES

Becoming a child and family well-being system

- Collaboration
  - Communities and families are experts and innovators.
  - Cultivate community-based continuums of supports.
  - As a learning organization, engage others in co-design.
- Community Engagement
  - Prevent the need for a family or others to contact a child welfare formal system.
  - Earliest support possible.
  - Shift: from Mandated Reporters to *Mandated Supporters.*
  - Understanding responses to adversity related needs and distinguishing adversity from neglect.

PREVENTION: THRIVING FAMILIES

- Partnered with the National Governor's Association and Casey Family Programs
- Child and family well-being national cohort
- Community Supporting Family model

EMPORIA PILOT PROGRAM

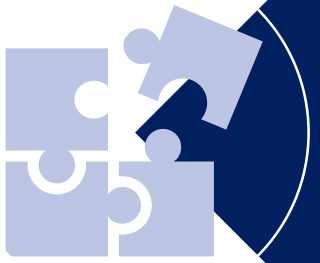
- Partnered with schools and community service providers in Emporia
- Partners refer families to needed services before they have formal contact with DCF
- Previously, a DCF intake was necessary to access services

- Family Crisis Response
- Expand Parent Legal Representation
- Family First Prevention Services
- Family Preservation since 1997

STRENGTHENING PREVENTION

FAMILY FIRST PREVENTION PLAN

Family First Prevention Services Act (FFPSA)



Created reimbursement pathway for federal funds to provide services to keep children safely with their families.

When foster care is needed, allows federal reimbursement for care in family-based settings and certain residential treatment programs.

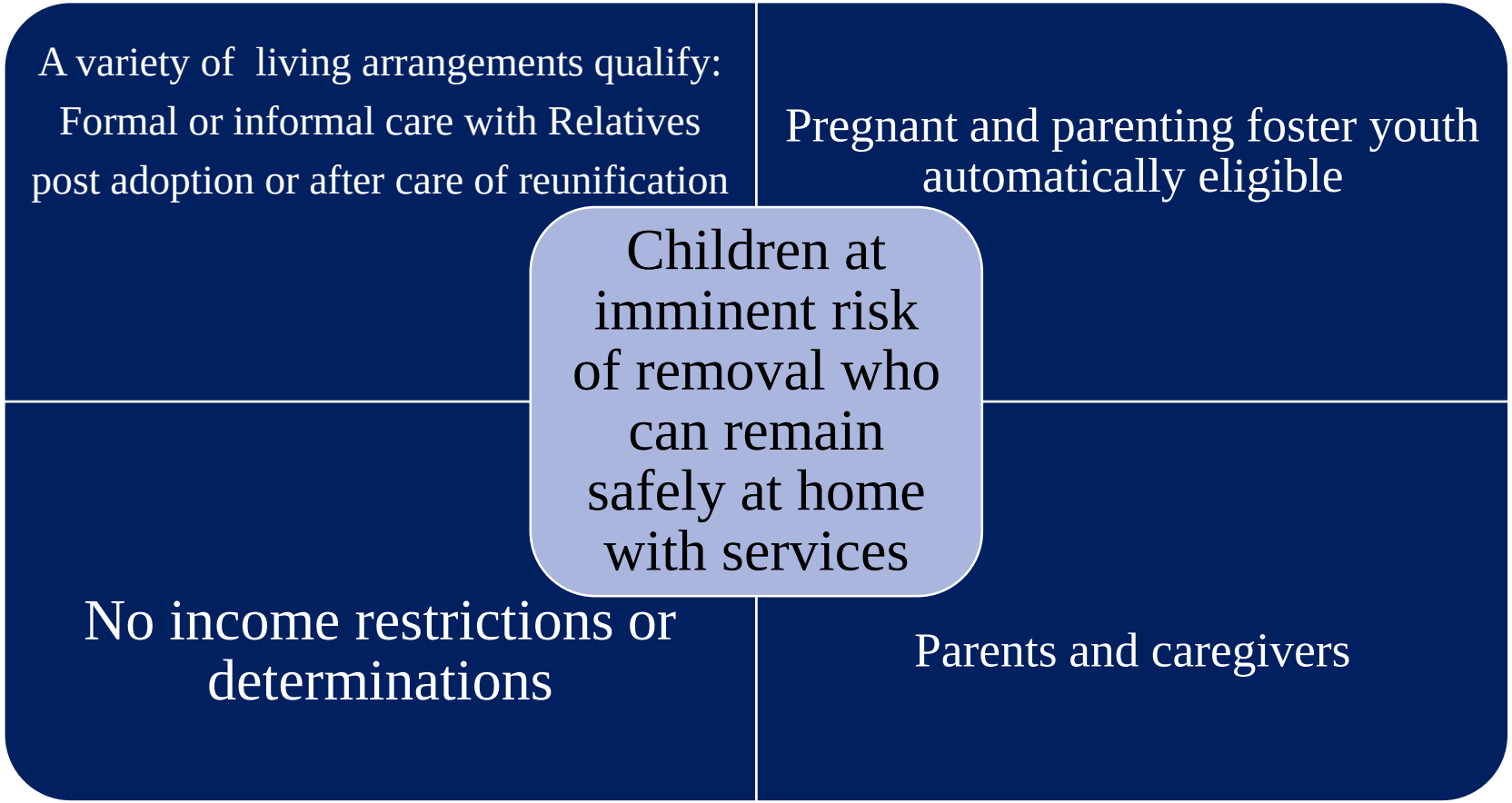
FAMILY FIRST PREVENTION PLAN

FFPSA Themes

- Reinvestment in prevention
- Emphasis on family-based placements
- Systemic partnerships

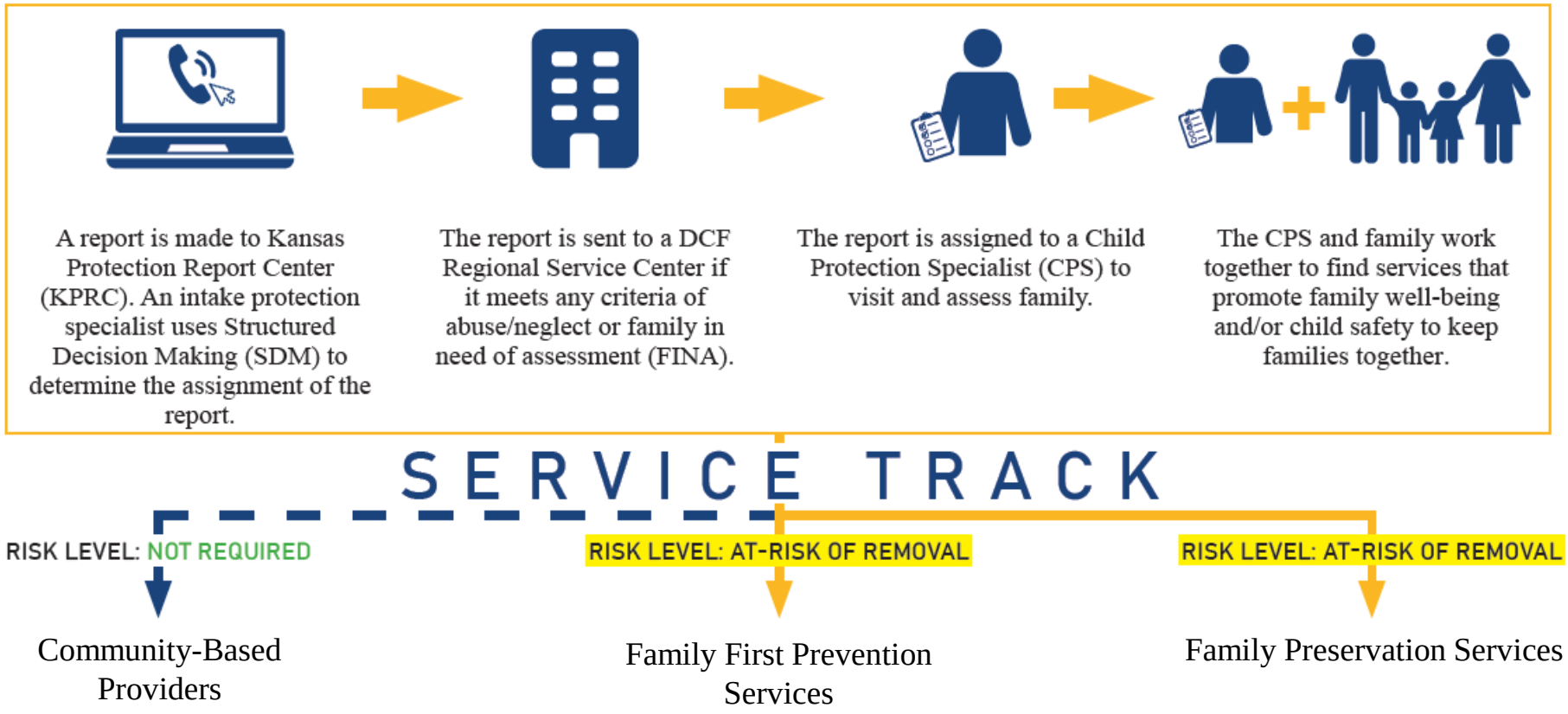
FAMILY FIRST PREVENTION PLAN

Who can receive prevention services?



FAMILY FIRST PREVENTION PLAN

Pathway



FAMILY FIRST PREVENTION PLAN

FFPSA Service Array

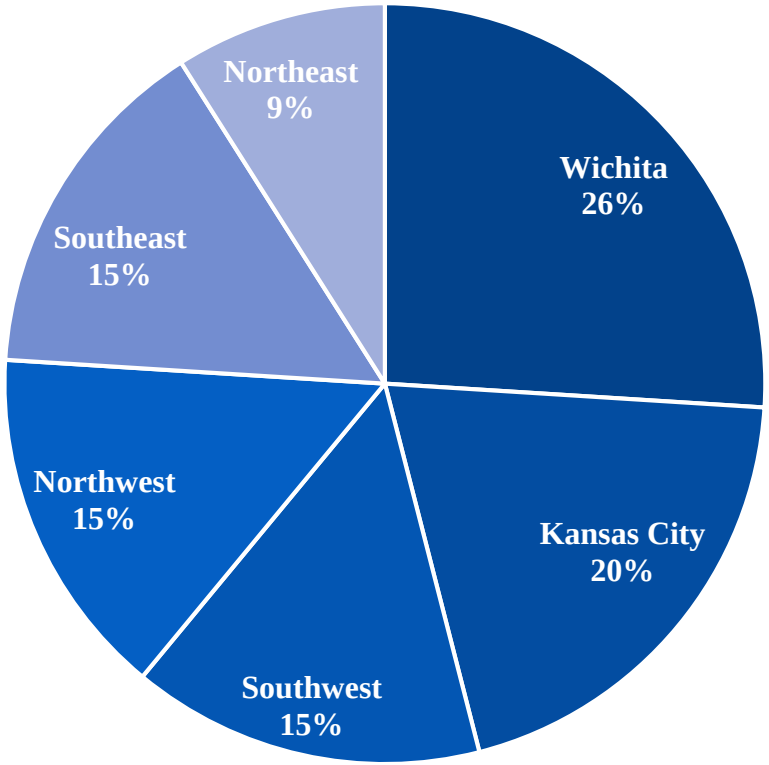
SUD	MH	PSB	KIN
• Parent Child Assistance Program (P-CAP) • Seeking Safety	• Family Centered Treatment (FCT)* • Functional Family Therapy (FFT)* • Parent Child Interaction Therapy (PCIT)* • Multisystemic Therapy (MST)*	• Attachment and Biobehavioral Catch-Up (ABC) • Family Mentoring Program (Nurturing Parenting Program) • Fostering Prevention (Nurturing Parenting Program) • Healthy Families America (HFA)* • Parents as Teachers (PAT)*	• Kinship Interdisciplinary Navigation Technologically Advanced Model (KIN-TECH)

*Eligible for Family First funding

FAMILY FIRST PREVENTION PLAN

Activity: October 2019 – December 2021

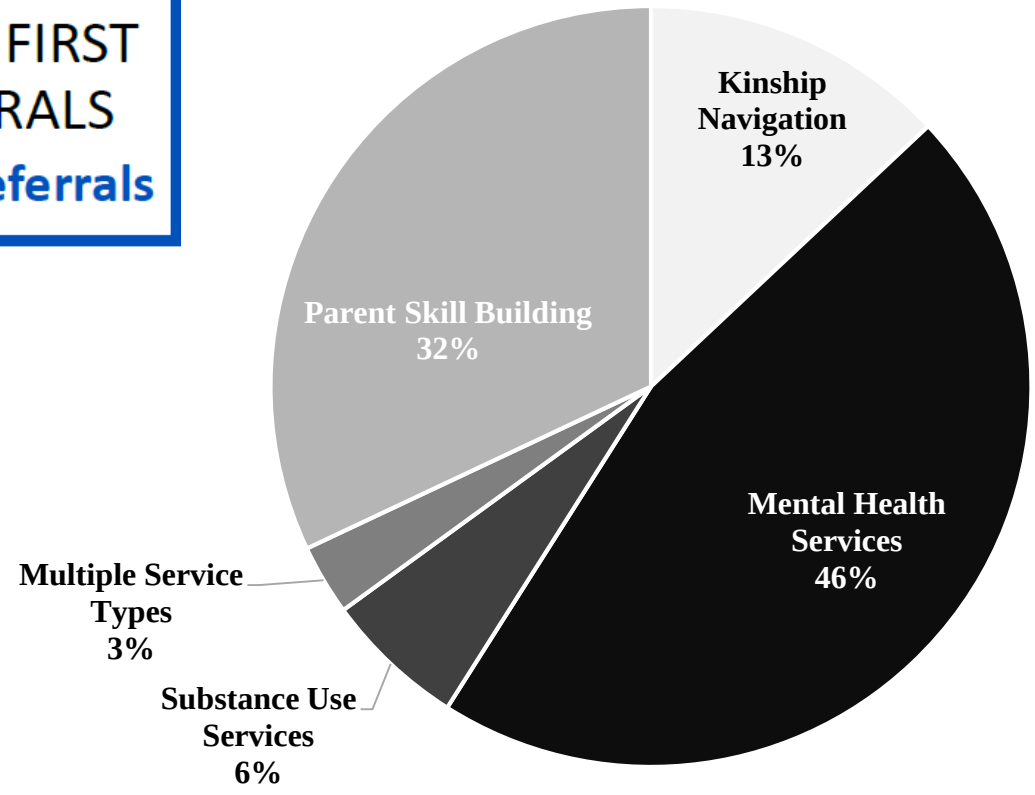
Referrals by Region



FAMILY FIRST REFERRALS

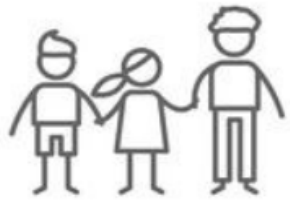
1,934 Referrals

Referrals by Service Type



FAMILY FIRST PREVENTION PLAN

Outcomes: October 2019 – December 2021



FAMILY FIRST REFERRALS

1,934 Referrals

91% of target children and youth who have reached 12 months from the time-of-service referral remained together at home without need for foster care

GOAL: 90% of cases

71% of families referred to Family First were engaged timely in services (within 2 days)

GOAL: 95% of cases

53% of cases serviced and closed had successfully completed the referred service

GOAL: 95% of cases

4.1% of target children and youth served have been placed in foster care during an open Family First case

GOAL: <10% of cases

FAMILY FIRST PREVENTION PLAN

Prevention Evaluation: KU School of Social Welfare and Center for Public Partnerships & Research

Design

- **Process Evaluation:** to document implementation strategies and assess success of service delivery
- **Outcomes Evaluation:** to examine improvements child and family outcomes

Success Indicators

Implementation

- Readiness & Capacity
- Adoption
- Fidelity
- Reach
- System Integration
- Collaboration

Service Delivery

- Service Engagement
- Service Completion

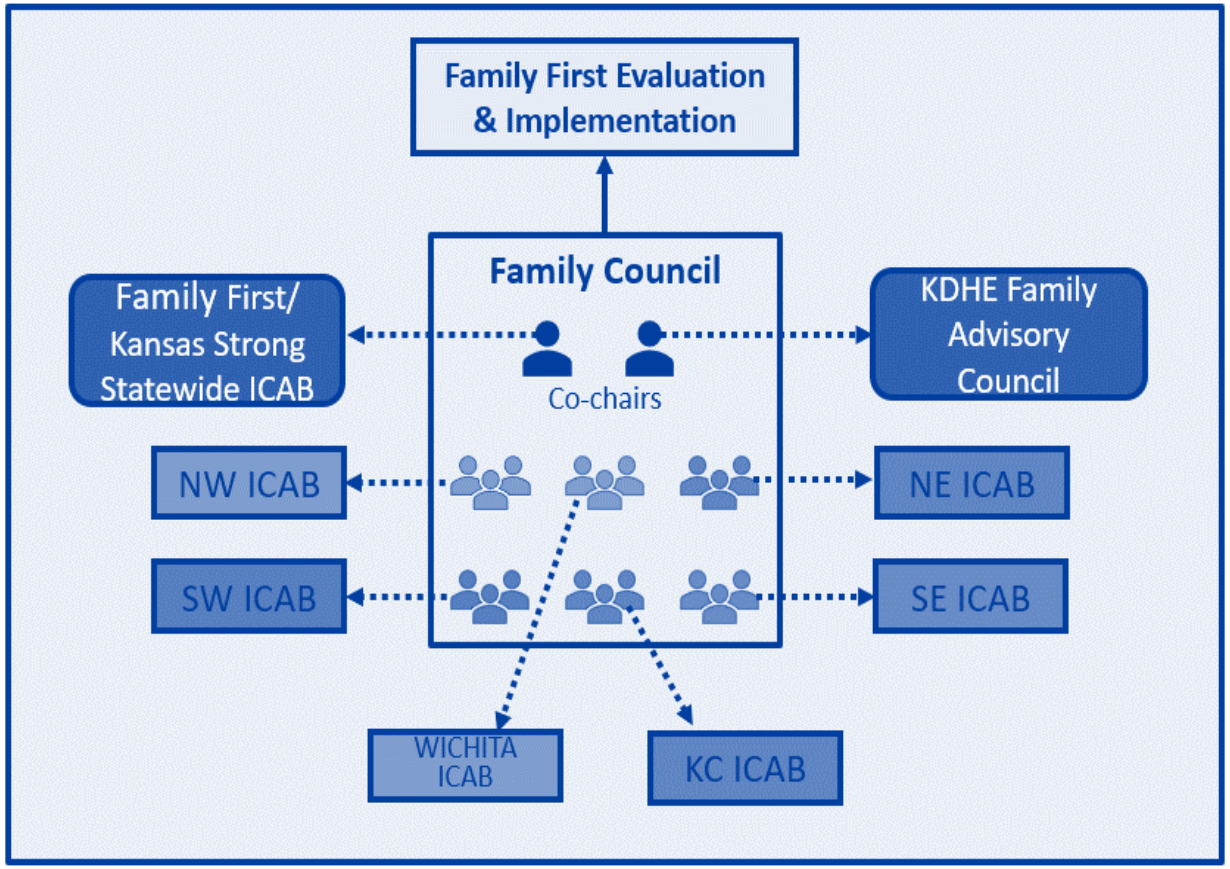
Outcomes

- 90% of children and youth improve **well-being**
- 90% of parents improve functioning in domains of **parenting**, **mental health**, and **substance use**
- 90% of children are **maintained safely at home** during the service period and within one year of service referral

FAMILY FIRST PREVENTION PLAN

Advisory Group Governance

- Interagency and Community Advisory Boards (ICAB) includes members of the Family Advisory Council
- Family Advisory Council: 18 Members and 2 Co-chairs
- Members participate in the 1year membership with compensation



FOSTER CARE PAYMENTS & BUDGET

- For case management services, the current payment structure includes a monthly payment to case management providers based on caseload size on the last day of the month for case management.
- Direct Placement and Child Placing Agency Administration payments are paid twice a month based on days in placement and child's level of care.
- There are other various payments for adoption home studies, human trafficking assessments, and QRTP assessments. These expenditures consist of primarily Grants along with some smaller Contracts.
- The cost of the PRTF placements and other medical costs are covered by Medicaid or budgeted in other parts of the State budget.

APPROVED FALL 2021 CONSENSUS CASELOAD ESTIMATES

Item	FY 2021 Actual	FY 2022 CCE
Average Monthly Children	6,850	6,640
Average Monthly Cost Per Child	$2,992	$3,251
Approved/Adjusted Budget	$245,965,785	$259,000,000
Total	$245,965,785	-

FOSTER CARE BUDGET DETAILED FUNDING

Fund #	Fund Description	BU	FY 2022 Fall Consensus	FY 2023 Fall Consensus
1000	YOUTH SERVICES & ASSISTANCE	7020	174,000,000	185,000,000
2195	SOCIAL WELFARE FUND	110	6,094,015	3,000,000
2220	SSI-SSA FOSTERCARE MAINT REVRY	1160	6,500,000	6,500,000
3302	TITLE IVB-PROMTNG SAFE/STBL FMLY	344	837,162	837,162
3302	TITLE IVB-MNTHLY CSWRKR VIS PRG	348	109,667	109,667
3307	SOCIAL SERVICES BLOCK GRNT	370	4,946,239	4,946,239
3307	Transfer TANF to SSBG	371	10,102,761	10,102,761
3323	TEMP ASST-NEEDY FAMILIES	530	32,447,186	31,879,465
3337	TITLE IVE-FOSTER CARE ASST	419	23,039,998	22,699,947
3357	TITLE IVE-ADOPTION ASST	418	722,972	724,759
3365	TITLE IVE-CHAFEE INDPNT LVNG	417	200,000	200,000
	Total Budgets		$259,000,000	$266,000,000

FAMILY FIRST PREVENTION ENHANCEMENTS

Services Increase

Category	All Funds	SGF
Grants	$7,000,000	$3,500,000

Purpose

Expands the Families First Prevention Program by approximately 50% to provide services that keep families intact while decreasing the stress on the foster care system by safely reducing the need for foster care.

Background

- The objective of the 2018 Family First Prevention Services Act is to refocus child welfare services by promoting services that keep at-risk children safely with their families and avoiding out-of-home care.
- The Act provides matching funds for services that meet evidence-based requirements that follow promising, supported, or well-supported practices, as defined by the federal clearinghouse.
- There are currently counties with waiting lists for mental health grants.
- In the last request for proposals, grant applications greatly exceeded the available funds.

FAMILY FIRST PREVENTION ENHANCEMENTS

SGF-Only Grants

Category	All Funds	SGF
Assistance	$1,377,031	$1,377,031

Purpose

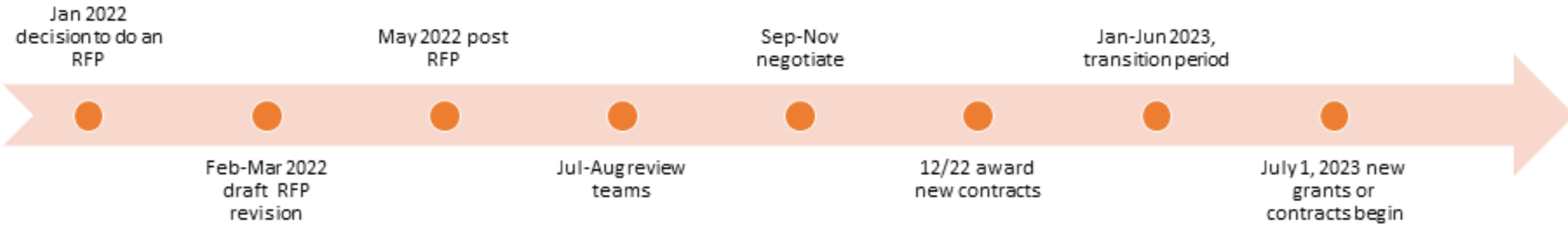
Provide SGF for Family First Prevention grants that do not meet federal evidence-based criteria and therefore do not qualify for federal match. The alternative - terminating the affected grants - would be detrimental to families.

Background

- The objective of the 2018 Family First Prevention Services Act is to refocus child welfare services by promoting services that keep at-risk children safely with their families and avoiding out-of-home care.
- The Act provides matching funds for services that meet evidence-based requirements for promising, supported, or well-supported practices, as defined by a federal clearinghouse.
- The federal clearinghouse was not well developed when DCF started issuing grants under the new Act.
- Recently, some DCF grants have been designated as not meeting the federal participation criteria.

2019 FFPSA RFP BID

- 31 providers across 56 applications with total bid amount of $29.4M
- Of the 56, 17 selected for award as budget was limited.
- 33 of 56 applications were well-supported or promising per the California Clearinghouse at that time.
- 23 of 56 were not a program rated by the Clearinghouse.
- Looking ahead:
  - Next RFP cycle is calendar year 2022 for award 7/1/2023.



SUMMARY FUTURE VISION

Approaches:

- Movement towards thriving families
- Becoming a ‘Kin First’ state
- Child and family well-being system

With these approaches we will:

- Advance racial equity
- Remove stigma from seeking help
- Strengthen communities’ abilities to respond

Examples:

- Family Resource Centers
- Warm line
- Intersection with school-based resources
- Universal home visiting

QUESTIONS?