



## KANSAS HEALTH INSTITUTE

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<p><b>House Committee on Children and Seniors</b></p>
<p><b>Child Welfare System Task Force</b> <b>Working Groups Report</b></p>
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***Informing Policy. Improving Health.***

The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

Chair Concannon and Members of the Committee:

Thank you for the opportunity to provide information on the work completed by the three working groups of the Child Welfare System Task Force since October 2017. My name is Hina Shah, and I am a policy analyst with the Kansas Health Institute (KHI). KHI is a nonprofit, nonpartisan health policy and research organization based here in Topeka, founded in 1995 with a multiyear grant from the Kansas Health Foundation. KHI staff provided administrative and facilitation support to the three working groups.

Today, I will provide information about the structure and process the working groups used to develop recommendations to improve and strengthen the child welfare system. Working group members then will provide detailed information on the background and rationale of their recommendations.

**Process.** The Child Welfare System Task Force established three working groups. These working groups included the General Administration of Child Welfare and Foster Care Working Group, the Protective Services and Family Preservation Working Group and the Reintegration and Permanency Placement Working Group. The charge for the groups was to study the topics in the proviso and determine any additional topics for study to develop recommendations for improving the safety and well-being of children in the Kansas child welfare system. The charge also included recommending changes to law, rules and regulations and child welfare system processes. The working groups convened by the task force each consisted of no fewer than two task force members and no more than seven non-task force members. The non-task force members were selected based on their expertise in the specific working group topic for which they were appointed. The working groups met approximately monthly from October 2017 to September 2018. Each working group approached the recommendation development process in three phases:

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

- (A) General Administration of Child Welfare by DCF and Foster Care Working Group:
  - 1. Improve morale and tenure of workforce.
  - 2. Streamline and improve technology and communication across the child welfare system.
  - 3. Strengthen contractor oversight and supervision by DCF.
- (B) Protective Services and Family Preservation Working Group:
  - 4. Strengthen assessment of risk and safety and eliminate child fatalities by abuse and neglect.
  - 5. Safely reduce the number of children in the welfare system.
  - 6. Strengthen the safety net and early childhood education.
- (C) Reintegration and Permanency Placement Working Group:
  - 7. Improve child well-being and outcomes for youth aging out of care.
  - 8. Expand the level of access to child welfare services to support reintegration and permanency including, but not limited to, health and mental health services, housing, substance use disorder and community-based services in the state of Kansas.
  - 9. Increase reunification rates and improve times to reintegration by strengthening services and supporting cross-sector collaboration.
  - 10. Increase the rate of and support for adoptions to improve time to permanency.

*Testimony Hearings.* From February 2018 to May 2018 and again in August 2018, members of the public submitted testimony during a one-week window each month either by completing an online form or mailing the testimony submission form and written testimony to KHI. Testimony was reviewed by the chairperson and vice chairperson of each working group. Written testimony that included any confidential information or contained details of any individual case was, after review by the chair, rejected in its entirety and promptly destroyed. Each working group heard select testimony from the 49 approved submissions<sup>1</sup> and invited subject matter experts from various organizations to offer solutions related to the critical goals of study of each working group.

*Recommendations.* From June 2018 to September 2018, each working group reviewed recommendations provided through testimony for each goal area as well as recommendations compiled by the Kansas Health Institute (KHI) from reports developed in the past five years by other task forces, committees and working groups. Reports reviewed included those from the *2018 Report from the Mental Health Task Force*, the *2017 Children's Continuum of Care Task Force*, and the *2017 Report of the Special Committee on Foster Care Adequacy*, among others. Each working group consolidated and ranked the list of recommendations by consensus. Recommendations were kept broad to offer system-wide solutions and details for each recommendation were offered through a proposed set of strategies supporting the recommendation, when warranted. A subcommittee from each working group finalized the language of each recommendation and supporting strategies.

Each working group developed a final set of recommendations and from this set, ranked one recommendation as high-priority by consensus for each goal. Two working groups also identified a high-priority recommendation that covered multiple goals. The working groups also characterized each high-priority recommendation to assess its impact in terms of timing, noted if the implementation of each recommendation could be done within an existing system or process, and identified the level of initial and ongoing investment required to implement the recommendation and its potential to avoid costs. See *Attachment 1* (page 4) for a sample matrix that was used to characterize each recommendation. These high-priority recommendations were included with rational and supporting strategies in the *Working Group Report to the Child Welfare System Task Force* in September 2018.

Following the presentation of these recommendations to the Child Welfare System Task Force, the working groups recommendations were prioritized into three tiers by the task force. In *Attachment 2* (page 5), the recommendations in the *Report of the Child Welfare System Task Force to the 2019 Kansas Legislature* are cross-referenced with their location in *Appendix B*, the *Working Group Report to the Child Welfare System Task Force*, along with a summary of the working group's rationale for each recommendation and the proposed set of strategies supporting the recommendation.

**Enclosures:** Attachment 1, page 4; Attachment 2, page 5.

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<sup>1</sup> Approved testimony is published publicly on the DCF webpage for the working groups at: <http://www.dcf.ks.gov/Agency/CWSTF/>.

**Attachment 1. Characterization of Each High-Priority Recommendation Proposed by the Working Group**

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

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

## Attachment 2. Child Welfare System Task Force Recommendations with Working Group Rationale and Supporting Strategies

WGA: General Administration of Child Welfare and Foster Care Working Group

<b>Tier 1 Task Force Recommendation</b>	1. <i>Workforce.</i> The State of Kansas should invest in the child welfare system workforce by increasing funding for recruitment, retention and support to effectively attract and retain high-quality staff.
<b>CWSTF Report</b>	See <i>page 0-61</i> for WGA Recommendation A1. Workforce
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	Frequent turnover impacts caseloads and workloads for remaining staff, as well as the quality and timeliness of caseworker visits. The National Child Welfare Workforce Institute (NCWWI) found that the cost for each worker leaving the child welfare workforce is \$54,000. University of Kansas researchers found that in Kansas, the average child welfare professional stays in the field for two years, while the average supervisor only stays for three years, and studies have shown that job satisfaction, caseloads and quality of supervision heavily influence whether staff leave or stay.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>A1.1 The State of Kansas, the Kansas Department for Children and Families and its service providers shall increase base salaries for market competitiveness for both classified and unclassified staff and shall implement a tiered compensation system based on merit, years of experience, education and licensure with clearly-defined titles, roles and responsibilities.</p> <p>A1.2 The State of Kansas, the Kansas Department for Children and Families and its service providers shall increase recruitment and retention of social workers and child welfare professionals by offering financial incentives such as student loan forgiveness, tuition reimbursement, free continuing education units (CEUs) and other incentives and shall conduct an annual survey to determine which incentives are utilized and if other options should be offered.</p> <p>A1.3 The State of Kansas, the Kansas Department for Children and Families and its service providers shall offer a flexible work schedule to manage cases effectively and allow time for self-care and work-life balance.</p> <p>A1.4 The State of Kansas and the Kansas Department for Children and Families shall require front-end staff, at minimum, to receive an intensive, evidence-based training on identifying abuse/neglect, effectively responding, and understanding resulting trauma on the child and family. This should be separate from initial training and ongoing resources should also be made available. The State of Kansas and the Kansas Department for Children and Families shall adapt a similar training on abuse and/or neglect for other providers such as, but not limited to, law enforcement, school social workers, hospital social workers, and public health nurses.</p> <p>A1.5 The Kansas Department of Administration shall conduct exit interviews or termination hearings for all staff that leave the Kansas Department for Children and Families to gather information to improve staff retention and work environment. The Kansas Department for Children and Families shall provide initial and ongoing evidenced-based training, while supporting staff through positive coaching and supervision to ensure fidelity to the evidence-based model.</p>

<b>Tier 1 Task Force Recommendation</b>	2. <i>Data Infrastructure.</i> The State of Kansas should create a single, cross-system, web-based, integrated case management and data reporting system that can be used by the Kansas Department for Children and Families (DCF) and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral).
<b>CWSTF Report</b>	See page 0-65 for WGA Recommendation A2. Data Infrastructure
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	States are federally mandated to develop data collection systems to collect and store critical information on children and families. It is essential to understand how this data is used within the state, across state agencies and by other stakeholders. The mainframe computer system used by DCF is from 1998 and is not an integrated case management system. The working group heard testimony on a variety of systems and the differences between only collecting child welfare data and providing integrated service delivery to achieve improved decision-making and data analysis. A web-based case management system has the potential to improve decision-making for children and families by allowing DCF to gather a more comprehensive set of information that can be seen in real time by caseworkers, various stakeholders and decision-makers. Currently, DCF has a major initiative to replace the antiquated system and is getting federal approval for a feasibility study.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>A2.1 The Kansas Department for Children and Families shall grant access to the system at different levels to stakeholders to increase efficiency at all levels as well as create reports with consistent data across agencies and regions throughout the state.</p> <p>A2.2 The State of Kansas, The Kansas Department for Children and Families and its service providers shall invest in technology to make case work more mobile and efficient.</p> <p>A2.3 The State of Kansas shall collaborate with contractors and other stakeholders to leverage best practices with their existing systems and develop standards for the new system.</p> <p>A2.4 The State of Kansas shall require data sharing among all agencies involved in foster care child placement so that all share responsibility of placing a child in a home and the exchange of information about the child and all available foster homes is made available. This needs to be monitored by DCF in collaboration with the Chief Information Technology Officer (CITO) and the Joint Committee on Information Technology (JCIT).</p>

<b>Tier 1 Task Force Recommendation</b>	4. <i>Access to Care.</i> The State of Kansas should require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible and high-risk youth through the Medicaid state plan or other appropriate sources of funding.
<b>CWSTF Report</b>	See <i>page 0-67</i> for WGA Recommendation A3. Access to Care
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> Funding – State and Federal
<b>Working Group Rationale</b>	In Kansas, an estimated 75 percent of sampled children received adequate services to meet their mental/behavioral and physical health needs according to the DCF case review for the federal 2015 Child and Family Services Review (CFSR), below the 90 percent federal standard. The LPA Performance Audit Report found similar results in the department quarterly file review — 88 percent of sampled children received the mental health services and 81 percent received the physical health services they needed.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>A3.1 The State of Kansas shall coordinate an automatic enrollment process for the Medicaid state plan for young adults under age 26.</p> <p>A3.2 The State of Kansas shall prepare an annual report comparing the range of possible behavioral health codes for reimbursement of services in Kansas, determine options that will comprehensively meet behavioral health needs for foster care children and review the behavioral health codes for reimbursement through the Medicaid state plan.</p> <p>A3.3 The State of Kansas shall explore revisions to the current level of care guidelines and consistent interpretation of criteria for admission, continued stay and discharge (PRTF and Acute Inpatient) to create a more detailed statewide criterion that will ensure foster care children receive appropriate discharge planning.</p> <p>A3.4 The State of Kansas shall expand evidence-based processes as defined by the National Registry of Evidence-Based Programs and Practices (NREPP)/ Substance Abuse and Mental Health Services Administration (SAMHSA) for children’s service across the continuum of care for all KanCare eligible families whose children have severe emotional disabilities.</p> <p>A3.5 Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment and treatment.</p> <p>A3.6 The State of Kansas shall explore establishing a position(s) of Foster Care Systems Navigator to improve coordination and care, strengthen communication and alignment with Kansas Department for Children and Families, and examine existing and potential health strategies for foster youth.</p> <p>A3.7 The State of Kansas shall conduct a cost benefit analysis of service delivery by a single MCO with an opt-out provision on a case-by-case basis.</p>

<b>Tier 2 Task Force Recommendation</b>	10. <i>Analysis of Service Delivery.</i> The State of Kansas should establish a work group or task force to conduct an analysis to: 1) determine what it costs to adequately fund high-quality child welfare services; 2) by 2021, evaluate the benefits of privatizing child welfare services; and 3) determine the best public/private collaboration to deliver child welfare services. DCF shall determine appropriate outcome measures and periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports should be provided to the Legislature semi-annually.
<b>CWSTF Report</b>	Task Force combined two recommendations proposed by the working group. See page 0-74 for WGA Recommendation A5. Analysis of Service Delivery See page 0-75 for WGA Recommendation A6. Outcome Measures
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	Protecting children and strengthening families requires successfully engaging the entire community – both the public and private sectors. Kansas privatized its child welfare services beginning in 1996, following a lawsuit settlement mandating significant reform. Florida began to privatize foster care services in 1993 and fully privatized by 2005. Nebraska’s five-year experiment with privatizing child welfare services did not create any significant changes in outcomes – no cost savings or difference in outcomes for children and families – so the state is now moving towards a hybrid system with partnerships across multiple state agencies, private providers, legal systems and community organizations. Oklahoma contracted with private entities to operate child support offices, but after comparing performance by the state agency and costs against what was paid for the private contractors, it was determined that the state agency was a more cost-effective option.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>A5.1 All stakeholders need to be involved in an evaluation.</p> <p>A5.2 The work group or task force shall determine what rate of children are fostered, reintegrated, removed and adopted, etc., comparing pre- and post-privatization.</p> <p>A6.1 The Office of the Child Advocate shall establish a multidisciplinary review process of a certain number of random cases to discuss case outcomes for quality and cost effectiveness, ensuring DCF is actively involved in cases and consulted on required benchmarks.</p> <p>A6.2 The Legislature shall require a third party, independent audit of the outcomes of the child protection system annually and the auditor shall develop recommendations to DCF based upon data and social work best practices. This shall also include employment data related to the child welfare workforce in Kansas. This data will include, but not be limited to, the tenure of current staff, staff turnover data and data related to effectiveness of enhancements designed to increase retention. The Legislature shall review those recommendations and hold DCF and contractors highly accountable to incorporate recommendations and best practices when each contract is re-bid or they must be able to explain why not.</p> <p>A6.3 The Legislature shall request the Legislative Post Audit Committee to review the ongoing audits that DCF conducts as well as conduct any additional audits to make recommendations to the Legislature.</p>



<b>Not Selected by Task Force</b>	<i>Child Advocate.</i> The Legislature shall fund and establish the Office of the Child Advocate (OCA) for Children's Protection and Services within the Kansas Department of Administration to identify challenges across the child welfare system, provide oversight and propose solutions.
<b>CWSTF Report</b>	See <i>page 0-69</i> for WGA Recommendation A4. Child Advocate
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	It is important to improve family services by examining laws, policies and procedures annually. An office of the child advocate can be established at the state level to assist in providing oversight of children's services. The responsibilities of this office can range from serving as an agent for accountability to investigating complaints to providing information and referrals for services. This office is different from the current DCF Foster Parent and Youth Ombudsman in Kansas, which is housed within DCF and primarily serves as a liaison between families and foster care providers.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>All three working groups contributed to the strategies supporting this recommendation.</p> <p>A4.1 The Office of the Child Advocate shall convene regional stakeholder meetings, which should include current or former recipients of services, with a designated facilitator utilizing an appropriate facilitation model (to share experiences, insights and identify solutions).</p> <p>A4.2 The Office of the Child Advocate shall evaluate training and provide subject matter expertise including content specifications, competency expectations and documentation of learning rather than documentation of perceived value of the training.</p> <p>A4.3 The Office of the Child Advocate shall review relevant policies and procedures, recruitment and retention as well as salaries for employees and contract and financial status of the agencies and contractors.</p> <p>A4.4 The Office of the Child Advocate shall fulfill the role of ombudsperson for current and former recipients of services.</p> <p>A4.5 The Office of the Child Advocate shall monitor the use and development of technology to efficiently access and share case information between the Department for Children and Families and all stakeholders.</p> <p>A4.6 The Legislature shall provide funding for additional parent support groups and parent leadership programming focused on developing healthy support systems for families engaged with the child welfare system at all levels.</p> <p>A4.7 The Office of the Child Advocate shall conduct regular multidisciplinary case reviews, especially of complex cases, to assure safety, best interests of children/families and "fresh eyes" in a supportive environment.</p> <p>A4.8 The Office of the Child Advocate shall expand and fund multidisciplinary teams to include a child abuse pediatrician to review reports of abuse of a child under age 4 and shall utilize teleconsultation between the Department for Children and Families investigators and child abuse pediatricians or adequately trained medical professionals to help assess risk to child and further assess the child's medical needs.</p>

<b>Not Selected by Task Force (continued)</b>	<i>Child Advocate.</i> The Legislature shall fund and establish the Office of the Child Advocate (OCA) for Children's Protection and Services within the Kansas Department of Administration to identify challenges across the child welfare system, provide oversight and propose solutions.
<b>Working Group Supporting Strategies for the Recommendation (continued)</b>	<p>A4.9 The Office of the Child Advocate shall review existing multidisciplinary team legislation/statutes and implement funding to reinstate them and shall design annual conference and training for multi-disciplinary teams including those mentioned above so that members better understand their roles.</p> <p>A4.10 The Office of the Child Advocate shall establish a hotline for families locating community-based services and maintain the list of available services as well as have a Family Navigator (or Kinship Navigator) in the office to help connect families to community resources.</p> <p>A4.11 The Office of the Child Advocate in conjunction with the Department for Children and Families shall explore and strengthen partnerships with other out-of-state agencies to facilitate information sharing for cases involving multi-state families.</p>

WGC: Reintegration and Permanency Placement Working Group

<b>Tier 2 Task Force Recommendation</b>	<b>6. Foster Care Re-entry and Transitional Services.</b> The State of Kansas should provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of DCF.
<b>CWSTF Report</b>	See <i>page 0-107</i> for WGC Recommendation C1. Foster Care Re-entry and Transitional Services
<b>Required Action</b>	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	Each year, nearly 30,000 youth transition out of foster care in the United States. Without the support of a permanent and stable family, they must take on the challenges of young adulthood – such as education, employment and housing – alone. Kansas youth transitioning out of foster care have worse outcomes compared to their peers in areas like employment, health, education and housing. The National Youth in Transition Database (NYTD) reports that in Kansas, at age 17, 40 percent of youth who will soon age out of care reported referral for substance use treatment at some point in their lifetime. Additionally, nearly 20 percent of 19-year-olds who transitioned out of care reported an incident of homelessness in the previous two years. That rate doubled by the time the cohort reached age 21. Of Kansas youth who transition out of care, only 67 percent have attained a high school diploma or GED by age 21. Kansas youth typically transition out of foster care at the age of 18 but planning for this transition begins earlier in their teen years.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C1.1 The State of Kansas, including but not limited to the Department for Children and Families and its service providers, will offer behavioral health services in the home or natural setting, and with a care provider who can continue to serve older youth as they transition out of care.</p> <p>C1.2 The State of Kansas shall coordinate an automatic enrollment process for the Medicaid state plan for young adults under age 26.</p> <p>C1.3 The State of Kansas, including but not limited to the Department for Children and Families and their service providers, shall provide behavioral health services via telemedicine technology so young adults under age 26 can continue receiving services from the same provider even if they move to various locations in the state.</p> <p>C1.4 The Kansas Department for Children and Families shall implement more transitional and independent living programs that will empower young adults age 18-21 with gradual steps of independence so that they will consider remaining in care beyond age 18.</p> <p>C1.5 The State of Kansas shall ensure youth are fully informed of available education, job training and career exploration opportunities prior to aging out of care, such as the Kansas Department for Children and Families establishing partnerships with industries and organizations that have workforce development training programs for skilled trades and other careers that could provide job opportunities.</p>

<b>Tier 2 Task Force Recommendation</b>	7. <i>Service Setting.</i> The State of Kansas should prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered.
<b>CWSTF Report</b>	See <i>page 0-112</i> for WGC Recommendation C2. Service Setting
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	Working group members recognized medical and behavioral health care, substance use treatment, housing and community-based services as critical to the well-being of children in the child welfare system in Kansas. The 2018 Families First Prevention Services Act recognized the value of in-home services. Beyond its component supporting the value of in-home and natural setting therapies, the working group also considered opportunities presented by the Families First Act to expand access to child welfare services, medical and mental health care services, treatment for substance use disorders and community-based services for foster care youth.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C2.1 The State of Kansas shall provide intensive, in-home, one-on-one services, following the Behavioral Interventionist Program™ (BI) or similar model, statewide to children who struggle with behavioral and emotional management to the degree that the behaviors threaten the stability of their current placement, to reduce hospitalization and/or congregate care and maintain their current placement.</p> <p>C2.2 The State of Kansas shall expand and ensure availability and access to comprehensive mental health services in schools involving genuine collaboration and mutual support among school and community providers.</p> <p>C2.3 The State of Kansas shall expand and ensure availability and access to home-based family therapy services in communities statewide and ensure adequate reimbursement to providers for time, travel and other related expenses.</p> <p>C2.4 The State of Kansas shall fund alternate provider contracts that promote the development and maintenance of promising practices to serve high-needs foster care youth.</p> <p>C2.5 The State of Kansas shall provide comparable services in all areas of the state – including rural and frontier parts of the state – addressing language barriers and cultural competency.</p>

<b>Tier 2 Task Force Recommendation</b>	8. <i>Reintegration Support.</i> The State of Kansas should provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents.
<b>CWSTF Report</b>	See page 0-116 for WGC Recommendation C5. Reintegration Support
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	Slightly more than half (55 percent) of children exiting foster care in Kansas are reunited with family. This is similar to the national rate of 50 percent of children exiting state custody to be reunited with family. Working group members heard repeated testimony on the high number of children in state custody in the State of Kansas. Casey Family Programs (CFP) reported that Kansas had approximately 7,200 children in state custody in 2016, compared to about 5,800 in 2011. This is a rate of about 6 children per 1,000. For comparison, the national rate of children in foster care is about 4 children per 1,000. The working group discussed the increased access to services and supports that could increase the reunification rate and improve times toward reintegration and permanent placements. As of June 2017, the Kansas Department for Children and Families (DCF) reported that the average length of stay in foster care for children and youth who were reunited with their families was nine months; for those adopted it was 36 months; and for children who age out of care, the average time in custody was 37 months. A stated goal of this working group is to safely minimize these times.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C5.1 The Legislature shall fund and implement Generation Parent Management Training — Oregon Model (PMTO) for all cases, and Medicaid reimbursement shall be provided for current procedural terminology (CPT) code 90846.</p> <p>C5.2 The state shall establish a parent partner program to provide support to parents whose children are in foster care.</p> <p>C5.3 The Kansas Department for Children and Families shall implement programs to enhance co-parenting between parents and foster parents.</p>

<b>Tier 2 Task Force Recommendation</b>	9. <i>Foster Homes</i> . The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children, and birth families, as well as modifying licensing requirements.
<b>CWSTF Report</b>	See page 0-122 for WGC Recommendation C8. Foster Homes
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	<p>The working group discussed the purpose of this recommendation as seeking to create more placement options for youth whose circumstance have historically made them hard to place. A 2014 report from Casey Family Programs cited the key components of foster parent recruitment and retention are keeping foster parents engaged, developed and supported. The working group discussed offering opportunities to attend additional trainings related to the types of placements they receive most frequently, modified foster home licensing requirements as a mechanism for improved foster home recruitment and streamlining the licensing process for kinship placements to allow for increased reimbursements to be received for a setting of care that research suggests is among the best for children and youth in care. Further, offering additional financial incentives for foster homes hosting older youth, high-needs children and sibling groups.</p> <p>Missouri utilizes a program called Extreme Recruitment as a strategy to find stable placements for hard-to-place older youth. This program seeks to improve permanency in teen placements by conducting an intensive pursuit of family placement for youth. Among other strategies to find families and permanent placements, the program utilizes a full-time private investigator to find family members for possible placements.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C8.1 Child placing agencies shall establish supplemental and ongoing training modules for foster families who choose to offer additional support for older youth, high-needs children and birth families.</p> <p>C8.2 Child placing agencies shall tailor licensing requirements for foster families who complete specialized training.</p> <p>C8.3 The Kansas Department for Children and Families shall set higher payment rates for foster families who complete supplemental training.</p> <p>C8.4 The State of Kansas shall employ the use of individualized recruitment programs to do family finding for every youth in foster care.</p> <p>C8.5 The Kansas Department for Children and Families shall maintain or increase reimbursement to foster parents following behavior stabilization.</p> <p>C8.6 Child placing agencies shall, when appropriate, encourage training opportunities for foster parents seeking to partner with biological parents by engaging foster parents in assisting with visitation supervision, serving as trainers for parents, and assisting with any services that the court is requiring toward reunification. Foster parents who serve in this role shall be paid at the level that a comparable service provider would earn for time spent and for the professional service being offered.</p>

<b>Tier 2 Task Force Recommendation</b>	14. <i>Relative Search.</i> The State of Kansas should ensure that diligent search for relatives for possible placement begins immediately when a child is removed from the home. DCF should establish benchmarks for relative identification and shall monitor related outcomes, such as number of relatives identified within the first 30 days, number of children in relative placements and length of time for the child to reach that placement, and number of relatives contacted. DCF should regularly report on these benchmarks and outcomes to the Legislature.
<b>CWSTF Report</b>	See page 0-126 for WGC Recommendation C11. Adoption Process
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	<p>Similar to Extreme Recruitment, Missouri also implemented “30 days to family,” which applies to all children entering or re-entering foster care. The goal of the program is to place children and youth with relatives within 30 days of entering foster care. To do so, the program tries to find 80 relatives in 30 days, and from that pool of relatives identifies a kinship placement and a backup placement for the child. Other states, such as Ohio, also have implemented the program.</p> <p>Originally, the working group recommendation (C11. Adoption Process) proposed to enlist the services of a process engineer to achieve faster and more efficient permanency. This would be achieved through a review of the process for completing adoptions from foster care in Kansas and make recommendations for streamlining that process. The working group also heard testimony regarding concerns that the search for a kin placement is not begun soon enough to avoid unnecessary changes in placement at a later time.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C11.1 The Department for Children and Families shall streamline the requirements for adoption and foster home studies. Then, when possible, determinations should be made to establish consistency between the studies, bearing in mind emerging national standards (e.g., Structured Analysis Family Evaluation [SAFE] model).</p> <p>C11.2 As soon as is feasible, after a child comes into care, the Department for Children and Families (DCF) shall ensure receipt of all relevant, basic information including, but not limited to, birth certificate, Social Security card and Social Security disability benefits (SSDI and SSI). This information should be made easily available to relevant agency staff in the case that a child’s permanency goal changes from reintegration to adoption. Additionally, DCF shall ensure that a timely determination is made as to whether an application for Social Security benefits should be made on behalf of the child.</p> <p>C11.3 The Department for Children and Families’ policy requiring which documents must be included in adoption finalization packet shall be reconciled with the requirements of the probate code related to private adoptions to support timely permanency through adoption for those in the child welfare system.</p> <p>C11.4 The Department for Children and Families shall develop a program to diligently search for a foster child’s relatives and kin for potential placement options and supports, finding at least 80 relatives within the first 30 days of the child entering state custody and identifying one kinship placement and at least one backup.</p>

<b>Tier 3 Task Force Recommendation</b>	18. <i>Post-adoptive Support</i> . The State of Kansas should ensure both federal and state subsidies to adoptive families and implement best practices for post-adoptive support services.
<b>CWSTF Report</b>	See <i>page 0-131</i> for WGC Recommendation C13. Post-Adoptive Support
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	<p>In 2016, 86 percent of Kansas children adopted from foster care received adoption assistance, compared with 95 percent of adopted children in 2012. The working group heard testimony about the importance of having strong post-adoption subsidies, which can increase the likelihood that children in foster care will be adopted, and post-adoption services, which can lead to better post-adoption outcomes (e.g., decreased likelihood a child will re-enter the child welfare system). Also, according to the North American Council on Adoptable Children (NACAC), Kansas does not have the most stringent special needs eligibility criteria. However, the Kansas age criteria of age 12 or older is much higher than Missouri whose criteria is age 5 or older, as well as the sibling groups criteria (three or more siblings placed together compared to two or more in other states). Also, NACAC stated that among adopted children receiving assistance in Kansas in 2016, more than one-third receive what is known as a deferred assistance, meaning they receive no monthly benefit at all and the number of children receiving no monthly benefit is significantly higher than in other states.</p> <p>DCF also provided data for fiscal year 2018 – 77.3 percent of children were IV-E eligible in FFY18 and received a monthly payment – on average, \$440 per month. This payment is a combinations of state general funds (54.9 percent), federal IV-E adoption funds (44.1 percent) and child welfare block grant funds (1.0 percent). Due to the state general fund match for adoption assistance, working group members discussed funding mechanisms due to the increasing caseloads. Currently, estimates in the <i>Human Services Consensus Caseload Estimates</i> include expenditures for Temporary Assistance for Families, the Reintegration/Foster Care Contracts, and KanCare Regular Medical Assistance and KDADS Non-KanCare. The working group discussed the feasibility of including adoptions in these estimates.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C13.1 The Department for Children and Families shall consider revising its policy and procedure manual regarding the definition of special needs eligibility for adoption in order to be more inclusive and aligned with other states and national trends (i.e., lower the age eligibility to national norms of age 5-8; lower the number of siblings from three to two for placement in adoption together; among others).</p> <p>C13.2 The State of Kansas and Legislature shall consider including children legally free for adoption in the Human Services Consensus Caseload Estimates.</p> <p>C13.3 The Department for Children and Families shall provide post-adoption support services per guidance from the North American Council on Adoptable Children (NACAC).</p>



<b>Tier 3 Task Force Recommendation</b>	19. <i>Maximizing Federal Funding.</i> The State of Kansas should conduct an audit of potential funding streams by program area to ensure the State is maximizing federal benefit.
<b>CWSTF Report</b>	See <i>page 0-124</i> for WGC Recommendation C9. Maximizing Federal Funding
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	<p>Federal funding for the child welfare system can come from a variety of sources. These sources include Social Security Section IV-B and IV-E funds, John H. Chafee Foster Care Independence Program funds, Temporary Assistance to Needy Families (TANF) funds and a variety of grant dollars. Additionally, Medicaid provides health care services for children and youth in foster care. The working group discussed strategies for maximizing available federal funding for foster care children and youth. For example, the John H. Chafee Foster Care Independence Program supports current and former foster youths living independently. According to DCF, Chafee assistance provided by the state is eligible for a federal match of 80 percent, and Kansas received the maximum amount in federal fiscal years 2015 through 2018 – approximately \$2.1 million each year.</p> <p>The working group also discussed the new way in which federal funds available under the Families First Prevention Services Act (FFPSA) will provide funding for substance use disorder prevention and treatment services, mental health services, in-home services and other interventions to prevent children from being removed from homes.</p> <p>Further, the working group discussed the results of the 2016 Kansas Statewide Efficiency Review which recommended that funding for programs under the Children’s Initiative Fund (CIF) should retain and, where possible, expand federal funding. CIF supports initiatives focused on mental health, early childhood and child welfare. Some CIF programs use a state match to obtain federal funding, but the report indicated that there may be room for increased federal funding. However, the extent that it is possible to increase federal funding for child welfare programs is unknown.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	C9.1 The State of Kansas shall fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines.

<b>Tier 3 Task Force Recommendation</b>	20. <i>Resources and Accountability.</i> The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors; improving workforce morale and tenure; and providing technology to improve efficiencies.
<b>CWSTF Report</b>	See <i>page 0-125</i> for WGC Recommendation C10. Resources and Accountability
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	The working group discussed the transition the State of Kansas made to a privatized child welfare system in the 1990s following a lawsuit settlement that called for significant reforms. A concern expressed by the working group was that the child welfare system has been generally underfunded during the time since privatization. Additionally, working group members discussed the role of privatization in duplication of efforts and breakdowns in communication between the Kansas Department for Children and Families (DCF) and its service providers. The working group also heard testimony on examples of duplications and delays within processes, such as adoptions, due to privatization.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C10.1 If the State of Kansas chooses to award grants or contracts, awards shall be based primarily upon qualifications including, but not limited to, quality of services and shall not be awarded solely based upon financial factors.</p> <p>C10.2 The working group supports the recommendation set forth by WGA under the goal of improving workforce morale and tenure – Recommendation A1 and strategies supporting the recommendation A1.1 – A1.5.</p> <p>C10.3 The State of Kansas, the Department for Children and Families and its service providers shall have a minimum level of technology available to improve efficiencies by July 2019, such as, but not limited to, digitally uploading documentation.</p>

<b>Tier 3 Task Force Recommendation</b>	22. <i>Court Appointed Special Advocates</i> . The Legislature shall fund Court Appointed Special Advocates (CASAs) to ensure the availability of CASA volunteers in all jurisdictions, without disrupting the current funding CASAs receive from the State of Kansas.
<b>CWSTF Report</b>	See <i>page 0-115</i> for WGC Recommendation C4: Court Appointed Special Advocates
<b>Required Action</b>	<input checked="" type="checkbox"/> State Funding; Judicial District approval
<b>Working Group Rationale</b>	According to testimony received by the working group, there are 23 independent non-profit Court Appointed Special Advocates (CASA) agencies in Kansas. CASA volunteers are community members trained to provide advocacy for children involved in the court system. CASA volunteers are appointed by judges and serve one case at a time and continue to serve the child until permanency is achieved. Currently there are CASA volunteers available to be appointed to approximately one-third of Kansas foster youth. The working group members discussed that CASA volunteers provide an opportunity for stability and consistency in child welfare cases that may involve frequent foster home placement changes or high levels of child welfare staff turnover. Further, the working group heard testimony that child welfare workers may utilize a CASA volunteer to receive a historical perspective on a new case the worker has been assigned. Research suggests that a child with a CASA is more likely to find a safe, permanent home — through adoption; half as likely to re-enter foster care; substantially less likely to spend time in long-term foster care; and more likely to have a plan for permanency, particularly among children of color.
<b>Working Group Supporting Strategies for the Recommendation</b>	No supporting strategies identified.

<b>Tier 3 Task Force Recommendation</b>	23. <i>Physical Access.</i> The Legislature should fund increased physical access between children in need of care and their families, as well as ensure that families are supported in accessing services as required by the case plan.
<b>CWSTF Report</b>	See page 0-120 for WGC Recommendation C7: Physical Access
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	The working group repeatedly discussed inadequate transportation as a barrier to the timely reunification of families. Inadequate transportation can cause a disruption to services required by case plans or an interruption to allowed visitation time. Transportation adequacy is further hampered by a frequent lack of availability of foster home placements that are co-located to biological family members or established sources of needed services. This presents a challenge because if bi-weekly family therapy is part of a case plan, but the child is placed in a foster home several hours away, the child will have to regularly miss large portions of a school day to access the services required by their case plan. Alternatively, if a parent frequently travels far distances for scheduled visitations or family therapies, they may miss a prohibitive amount of work, compromising their ability to adequately provide for their family financially. An additional component of transportation inadequacy may occur when sibling groups are not placed together in foster homes. When sibling groups are not placed together, additional transportation services are required so that sibling relationships can be maintained.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C7.1 The Kansas Department for Children and Families shall develop a placement system to ensure children remain within the child's community upon entering the child welfare system.</p> <p>C7.2 The Kansas Department for Children and Families shall provide visitations in evenings and weekends as appropriate, based on age and location of children and their parents' work schedules.</p> <p>C7.3 When a child cannot remain in their community, the Kansas Department for Children and Families shall provide transportation to parents for visits, if deemed in the child's best interest.</p> <p>C7.4 The Kansas Department for Children and Families shall provide daily parental visits when infants are removed to promote healthy attachment and other benefits.</p> <p>C7.5 The Kansas Department for Children and Families shall provide transportation to services for parents as required by the case plan.</p> <p>C7.6 The Kansas Department for Children and Families shall review and revise existing policy, considering each child's physical, mental and emotional well-being, to allow sibling splits, accommodate sibling sets together, or placements in proximate location, when appropriate.</p>

<b>Tier 3 Task Force Recommendation</b>	17. <i>Case Plans</i> . The State of Kansas should restructure the case plan process to improve coordination of services among all stakeholders to strengthen collaboration in the case.
<b>CWSTF Report</b>	See <i>page 0-119</i> for WGC Recommendation C6: Case Plans
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State Funding
<b>Working Group Rationale</b>	The case planning process at the Kansas Department for Children and Families aims to develop a plan of action that serves the needs of the family, builds on identified family strengths, and ensures the safety of the child while moving toward the case's permanency goal. The case plan itself includes a list of goals, objectives and tasks to move toward the stated goal. The case plan also includes services to address the needs of the child and a plan for parent visits. The working group discussed and heard testimony regarding the value of having key stakeholders at case planning meetings. According to the experience of working group members, this is frequently not taking place. The working group suggested providing reimbursement for key parties to attend. For example, if it is critical for a child's therapist to attend a case plan meeting, then reimbursement should be provided to that individual for their time and travel away from their practice.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>C6.1 The Kansas Department for Children and Families shall assign a third-party facilitator who is not an employee of DCF or a contracted child-placing agency, and who is experienced with the child welfare system and has had training in meditation or facilitation.</p> <p>C6.2 The third-party facilitator with a liaison from the Kansas Department for Children and Families shall review the case and determine necessary attendees who must be invited to each meeting and who should receive reimbursement for attendance.</p>

## Combined Working Group Recommendations

<b>Tier 1 Task Force Recommendation</b>	5. <i>Code for Care of Children.</i> The Judicial Council should review the Code for Care of Children (CINC Code), especially with regard to: a) the way DCF's definition of "non abuse neglect" relates to cases under the CINC Code, and b) modifications to meet the child's ongoing best interest for permanency.
<b>CWSTF Report</b>	Task Force combined two recommendations proposed by the working groups: See <i>page 0-92</i> for WGB Recommendation B6. Non-Abuse Neglect See <i>page 0-129</i> for WGC Recommendation C12. Modifications to CINC Code
<b>Required Action</b>	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	In fiscal year (FY) 2017, approximately 34 percent of children entering out-of-home care were doing so for a non-abuse neglect (NAN) primary removal reason in Kansas. Based on the approved budget and projected caseload, the annual cost is \$26,209 per child per year. Also, there is a rising and new population coming into care and may be the unintended result of juvenile justice reform (Senate Bill 367 amending K.S.A. 75-7023). Also, in eleven states statute or regulation requires that state agencies recognize relatives over adoptive placements for children in state custody. Kansas statute regarding adoption does not explicitly require this preferential relative treatment, but it may be considered the common practice or procedure.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B6.6 The Kansas Department for Children and Families shall train all staff in cultural responsiveness and poverty assessments to remove bias when assessing safety concerns in NAN circumstances.</p> <p>B6.7 The State of Kansas, with the Department for Children and Families and the Department of Corrections, shall develop and fully fund services for juveniles alleged to have committed a crime or crimes whose parents are not willing to accept the child back into the home without services. This would include amending family preservation contracts to allow for discretion in returning children home sooner if out-of-home placement has occurred.</p> <p>C12.1 The Legislature shall modify the Kansas code for care of children to allow for the creation of a legally binding agreement, subject to judicial review, of the child's ongoing best interest providing for post-adoption contacts between siblings, parents, other relatives and persons with whom the child has close emotional ties.</p> <p>C12.2 The Legislature shall review opportunities to modify the Kansas code for care of children (<b>K.S.A. 38-2270</b>) to remove preference given to a relative over a person with whom the child has close emotional ties in decisions about adoption absent the showing of extraordinary circumstances. A statute similar to the state of Missouri <b>Ann. Stat. §§453.072; 453.070</b> shall be considered.</p> <p>C12.3 The Legislature shall modify the Kansas code for care of children to allow the court to conduct an evidentiary hearing to select the most appropriate adoptive resource in the best interest of the child when a party exhausts all administrative remedies after a disputed best interest staffing decision.</p> <p>C12.4 The Kansas Legislature shall revise the Kansas code for care of children to allow the court to review and approve sibling split placements for the purposes of permanency.</p>

<b>Tier 2 Task Force Recommendation</b>	11. <i>Safety Net, Early Childhood Programs, and Early Intervention.</i> The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. The Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention).
<b>CWSTF Report</b>	Task Force combined two recommendations proposed by the working groups: See <i>page 0-96</i> for WGB Recommendation B7. Safety Net See <i>page 0-114</i> for WGC Recommendation C3. Early Intervention
<b>Required Action</b>	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	Child poverty has increased nearly two-fold in Kansas from 2000–2016 (from 9.1 percent to 17.2 percent), yet only 11.8 percent of Kansas households received some form of assistance in 2016.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B7.1 The State of Kansas shall ensure availability and access to community services in rural and urban areas of the state such as, but not limited to, helping with child care, mental health or transportation.</p> <p>B7.2 The State of Kansas shall strengthen and provide matching financial support for community collaborations, including family resource centers that coordinate, facilitate and offer services that build resilience in families and communities. The State of Kansas shall encourage such funding to improve community resources and safety net areas such as child care.</p> <p>B7.3 The State of Kansas shall remove barriers to services such as job requirements and longevity limits which tend to punish children for adult disabilities and challenges.</p> <p>B7.4 The State of Kansas shall provide government-funded services to utilize evidence based best practice standards in determining the extent and length of services provided.</p> <p>B7.5 The State of Kansas and the Legislature shall fund and expand KanCare.</p> <p>B7.6 The State of Kansas and the Legislature shall maintain funding and deny cuts to the Kansas Children's Initiative Fund.</p> <p>B7.7 The State of Kansas and Legislature shall lift restrictions on Temporary Assistance for Needy Families (TANF).</p> <p>B7.8 The Kansas Department for Children and Families shall provide services under a flexible family preservation period.</p> <p>C3.1 The Medicaid state plan shall recognize for reimbursement the use of Diagnostic Classifications of Mental Health and Developmental Disorders (DC: 0-5) for diagnosis and treatment of children age 0-5.</p> <p>C3.2 The State of Kansas will use a trauma-informed assessment to identify at risk children age 5 and under and their caregivers who will receive supportive services through a system of care accessible statewide.</p>

<b>Tier 2 Task Force Recommendation (continued)</b>	11. <i>Safety Net, Early Childhood Programs, and Early Intervention.</i> The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. The Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention).
<b>Working Group Supporting Strategies for the Recommendation (continued)</b>	C3.3 The State of Kansas shall ensure identified at-risk children and their caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Experiences (ACEs) and sources of toxic stress.



*WGB: Protective Services and Family Preservation Working Group*

<b>Tier 1 Task Force Recommendation</b>	3. <i>Families First Act.</i> The State of Kansas should fund and institute the federal Families First Prevention Services Act in Kansas and follow the federal guidelines.
<b>CWSTF Report</b>	See <i>page 0-81</i> for WGB Recommendation B1. Families First Act
<b>Required Action</b>	<input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	<p>The Families First Prevention Services Act was signed into law as part of Division E in the federal Bipartisan Budget Act of 2018 (H.R. 1892) on February 9, 2018. Referred to as the Families First Act, this landmark bill focuses on the importance of children growing up in families. It reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment and in-home parenting skills training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care. As a first step towards participation by Kansas in the Families First Act, the working group recommends developing a statewide plan to prevent child abuse and neglect fatalities as required by Section 50732 of the Act. In this plan, states must document:</p> <p>1) the steps being taken to compile accurate information on child deaths; and 2) the steps being taken to develop and implement a comprehensive statewide plan to prevent fatalities that engages partners, including public health, law enforcement and the courts.</p> <p>Generation Parent Management Training – Oregon Model (PMTO) is an evidence-based structured intervention program designed to help strengthen families. This program has demonstrated positive outcomes throughout a nine-year follow-up period, which include reductions in delinquency, depression and police arrests, among others.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B1.1 The Kansas Department for Children and Families shall create a statewide policy and procedure to ensure families have access to resources and mental health services, substance use treatment, Generation Parent Management Training – Oregon (PMTO), support groups, family preservation or consider alternative placements with kinship.</p> <p>B1.2 The State of Kansas, including the Kansas Department for Aging and Disability Services, shall apply for available funds and work to increase access to mental health, substance use treatment and Generation Parent Management Training – Oregon (PMTO) services across the state.</p>

<b>Tier 2 Task Force Recommendation</b>	12. <i>Information Sharing.</i> The State of Kansas should establish a multi-disciplinary approach and share information across and among stakeholders, irrespective of state borders, in accordance with federal and state laws.
<b>CWSTF Report</b>	See <i>page 0-84</i> for Recommendation B2. Information Sharing
<b>Required Action</b>	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	Most child fatalities occur among children age 4 and younger, making them an especially vulnerable population. The working group discussed the importance of information sharing and collaboration in moving towards the elimination of child fatalities from abuse and neglect. The group discussed that for young and other high-risk children, it is critical that all reports are captured, and findings are communicated to all appropriate parties. The working group discussed this recommendation as a mechanism to keep law enforcement better apprised of child abuse investigations and vice versa. The working group also discussed other key stakeholders who regularly need to access information related to child welfare cases including, but not limited to, child abuse pediatricians and others. The group discussed the necessity of this multi-disciplinary collaboration and information sharing to prevent cases of abuse from being overlooked.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B2.1 The Kansas Department for Children and Families shall track families that have multiple calls for different occurrences of abuse or neglect that are reported and require notification of law enforcement when mandatory reporters have made reports on two or more distinct incidents of suspected abuse or neglect. The Kansas Department for Children and Families shall establish a Memorandum of Understanding (MOU) between law enforcement and DCF that guides coordination between the two agencies, and other multidisciplinary team members. The State of Kansas shall ensure that funding is provided for such collaboration.</p> <p>B2.2 The Kansas Department for Children and Families shall establish and maintain Immediate Response investigators to work in collaboration with law enforcement and courts when warranted.</p> <p>B2.3 The State of Kansas shall determine the best public/private collaboration to facilitate sharing of information between child protective services and family preservation including accounting for case worker bias in investigations.</p> <p>B2.4 The Kansas Department for Children and Families shall provide consistent, accurate information to county and district attorneys and law enforcement.</p> <p>B2.5 The Kansas Department for Children and Families shall continue to supervise the provision of all necessary contracted services.</p>

<b>Tier 2 Task Force Recommendation</b>	13. <i>Non-Abuse Neglect.</i> The State of Kansas should provide differential responses for newborns and refer them to evidence-based services. The Task Force recommends consideration of related Mental Health Task Force recommendations 6.1 (Expand Service Options), 4.2 (Regional Model), and 6.4 (Early Intervention).
<b>CWSTF Report</b>	See <i>page 0-92</i> for WGB Recommendation B6. Non-Abuse Neglect
<b>Required Action</b>	<input checked="" type="checkbox"/> Statutory change <input checked="" type="checkbox"/> Reg./policy change state agency <input checked="" type="checkbox"/> State and Federal Funding
<b>Working Group Rationale</b>	The working group discussed a screening tool to identify high-risk newborns – the Kempe Family Stress Inventory (KFSI). The KFSI is a 10-item scale that covers a variety of domains: psychiatric history, criminal and substance use history, childhood history of care, emotional functioning, attitudes towards and perception of child, discipline of child, and level of stress in the parent's life. The scale is used to predict parent's future risk of maltreating their children.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B6.1 The Kansas Legislature shall enact a policy for universal screening of risk for abuse or neglect to all Kansas newborns and a referral system to evidence-based programs for all high-risk newborns before leaving the hospital.</p> <p>B6.2 The Kansas Department for Children and Families shall develop outcome measures to gauge success of preventative services provided.</p> <p>B6.3 The State of Kansas shall identify and support community partners and services which include naturally occurring resources to better identify and enhance families' protective abilities. The State of Kansas shall fund these services to ensure that they are adequately staffed so that workers may become aware of safety situations before they become acute and communicate such concerns in a timely manner.</p> <p>B6.4 The Kansas Department for Children and Families shall ensure differential responses include a thorough identification and assessment of parental supports including local service groups, multidisciplinary teams and economic supports.</p> <p>B6.5 The State of Kansas shall fund services equally with consideration to the availability and accessibility of services to rural, frontier, isolated and socioeconomically challenged areas.</p> <p>B6.6 and B6.7 discussed in earlier recommendation to modify CINC code.</p>

<b>Tier 3 Task Force Recommendation</b>	15. <i>Immediate Response.</i> The State of Kansas should provide immediate response 24/7 to hotline calls and dedicated immediate response investigators to be dispatched, when warranted.
<b>CWSTF Report</b>	See <i>page 0-86</i> for WGB Recommendation B3. Immediate Response
<b>Required Action</b>	Need to assess.
<b>Working Group Rationale</b>	Kansas currently has a child abuse hotline which is answered 24/7; however, due to staffing constraints, reporters are often put on hold for long periods of time and encouraged to contact local law enforcement in case of emergency. Law enforcement officers do not receive the same training for responding to abuse or neglect cases as child welfare investigators. The working group recommends that the Protection Report Center (PRC) be fully staffed to respond to calls 24-hours-a-day, 7-days-a-week. Additionally, the working group recommends that emergency investigative workers be available at all times – including evenings and weekends – to assist in completing timely investigations of high-risk reports to ensure child safety. In investigations, the working group discussed the distinction between and importance of risk and safety assessments. The Kansas Department for Children and Families (DCF) Policy and Procedure Manual (PPM) defines risk as, “Potential maltreatment in the future. It determines the need for services to address potential future maltreatment.” The DCF PPM defines safety as, “The potential for serious maltreatment which is imminent. It determines the need for immediate protective action or controlling interventions to protect the child from imminent danger.”
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B3.1 The Kansas Department for Children and Families shall establish and maintain a list of local law enforcement liaison/emergency contacts.</p> <p>B3.2 The Kansas Department for Children and Families shall implement the structured decision-making (SDM) program.</p> <p>B3.3 The Kansas Department for Children and Families shall collaborate with local law enforcement, mental health, education and community partners for child welfare checks in all communities including rural and frontier communities.</p> <p>B3.4 The Kansas Department for Children and Families shall develop flex work schedules with immediate response investigators who can be on-call for the hotline with secure access to technology to keep costs down.</p> <p>B3.5 The Kansas Department for Children and Families shall have accurate reporting and analysis of effectiveness of outcomes of a 24/7 hotline.</p> <p>B3.6 The Kansas Department for Children and Families shall establish a dedicated phone line for mandatory reporters.</p>

<b>Tier 3 Task Force Recommendation</b>	21. <i>Serious Injury Review.</i> The State of Kansas, in accordance with federal and state confidentiality laws, should formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with DCF Protection and Prevention Services concerning prior abuse and neglect.
<b>CWSTF Report</b>	See <i>page 0-87</i> for WGB Recommendation B4. Serious Injury Review
<b>Required Action</b>	Need to assess.
<b>Working Group Rationale</b>	According to the National Child Abuse and Neglect Data System (NCANDS), an average of nearly five children die each day from abuse or neglect. Given this, the working group recognizes the importance of reviewing tragic incidents to learn what can be done to prevent a similar incident in the future. The group heard testimony describing a process for critical incident reviews in Missouri. Critical incident reviews begin in Missouri when a critical incident involving a child who was previously known to the Children’s Division – the Missouri equivalent to the Kansas Department for Children and Families (DCF) – occurs. The critical incident review in Missouri generates a report documenting the extent to which policy, procedure and best practices were followed, and any recommendations for policy or procedure change to prevent a reoccurrence of a similar incident. Additionally, Casey Family Programs describes best practice fatality review processes as those that seek to make recommendations for “systems-level” changes and are comprised of a multi-disciplinary team.
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B4.1 The State of Kansas shall utilize technology to ensure the entire Serious Injury Review Team can be present for reviews.</p> <p>B4.2 The Serious Injury Review team shall be comprised of stakeholders including, but not limited to, law enforcement, prosecutors, educators, social workers, counselors, contractors, medical personnel—preferably with child abuse training—and should include individuals from the county, community and region.</p> <p>B4.3 The State of Kansas shall conduct regular multidisciplinary case reviews, especially of complex cases, to assure safety, best interests of children/families and "fresh eyes" in a supportive environment.</p> <p>B4.4 The State of Kansas shall expand and fund multidisciplinary teams to include a child abuse pediatrician to review reports of abuse of a child under age 4 and shall utilize teleconsultation between the Department for Children and Families investigators and child abuse pediatricians or adequately trained medical professionals to help determine to help assess risk to child and further assess the child's medical needs.</p>

<b>Tier 3 Task Force Recommendation</b>	16. <i>Front-End Staffing.</i> DCF should employ highly skilled and experienced front-end child welfare staff.
<b>CWSTF Report</b>	See page 0-89 for WGB Recommendation B5. Front-End Staffing
<b>Required Action</b>	Need to assess.
<b>Working Group Rationale</b>	<p>The front-end of the child welfare system—the child welfare hotline and investigations—is a critical function of the Kansas Department for Children and Families (DCF) to accurately identify abuse and neglect cases. Multiple stakeholders emphasized the importance of employing highly trained individuals in these roles, particularly as investigators. Workers at the call center are responsible for gathering the first information on a case from the individual making the report. The more complete this information is, the better informed a decision can be about whether a case is assigned for investigation. When investigations occur, investigative workers are responsible for gathering the necessary information to make a finding. Activities related to investigations include searches for criminal and sexual offense history, interviews of the child, interviews of the reporter and witnesses of the alleged maltreatment, visiting the scene of the alleged maltreatment and documenting evidence, documenting behavioral observation and obtaining relevant records from DCF, law enforcement, medical practitioners and others.</p> <p>Taking steps to prevent high rates of workforce turnover was one strategy discussed to maintain highly skilled and experienced front-end child welfare staff. Additionally, the working group heard testimony on the value of prioritizing investments in the workforce at the frontline of child welfare – the hotline workers and investigators at the Protection Report Center. For example, in 2016 Texas made significant investments towards the improvement of their child welfare system. Through increased salaries and hiring of additional staff, Texas was able to reduce workforce turnover among their child welfare investigators by 32.5 percent. These changes – along with those to leadership, training and agency culture – have served to stabilize their workforce to allow for timely investigations of reports of child maltreatment.</p>
<b>Working Group Supporting Strategies for the Recommendation</b>	<p>B4.1 The Kansas Department for Children and Families shall make available routine refresher trainings to improve their critical thinking, investigative skills and child forensic interviewing.</p> <p>B4.2 The Kansas Department for Children and Families shall provide specific training to investigative staff on cultural sensitivity, the impact of poverty on families, adverse childhood experiences (ACEs) and the impact of removing a child from home.</p> <p>B4.3 The Kansas Department for Children and Families shall train front-end staff with critical thinking skills to assess safety for that family from the beginning of the assessment to effectively determine investigative action.</p>