



Progress Report of the
Kansas Department of Children and Families,
Kansas Department of Aging and Disability Services, and
Kansas Department of Health and Environment

Period 3

January 1, 2023 - December 31, 2023

McIntyre v. Howard



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McIntyre v. Howard

Progress of Kansas Department of Children and Families, Kansas Department of Aging and Disability Services, and Kansas Department of Health and Environment for Period 3 (January 1, 2023 – December 31, 2023)

TABLE OF CONTENTS

I. Summary of <i>McIntyre v. Howard</i>	6
II. Executive Summary	10
III. The Kansas Child Welfare System	21
IV. Children and Youth in DCF Custody	24
V. Methods Used to Review Compliance	31
VI. Summary Table of 2023 Performance for All Commitments	38
VII. Discussion of Performance on each Settlement Provision	45
A. Part I: Accountability, Reporting, and Implementation	45
i. 2.1.1 Contract Oversight and Accountability	45
ii. 2.1.2 Community Accountability Structure	47
iii. 2.1.3 Reporting	49
B. Part II: Practice Improvements	65
i. 2.5.1 Temporary Overnight Placements (Failure to Place)	65
ii. 2.5.2 Licensed Capacity	73
iii. 2.5.3 Authorization of Mental Health Services	78
iv. 2.5.4 Availability of Crisis Intervention Services	81
v. 2.5.5 Night-to-Night and Short-Term Placements	93
C. Part III: Outcomes	110
i. 2.9.1 Placement Moves Rate	110
ii. 2.9.2 Addressing Mental Health Needs	114
iii. 2.9.3 Stable Placements	116
iv. 2.9.4 One or Fewer Placement Moves	118
v. 2.9.5 Initial Mental Health and Trauma Screens	122
VIII. Appendices	126
Appendix A: Glossary of Acronyms	126
Appendix B: Case Read Tools	128

LIST OF TABLES

Table 1: Children/Youth Entering and Exiting DCF Custody in CY 2023.....24

Table 2: Exits from DCF Custody by Exit Type, CY 2023.....25

Table 3: Race/Ethnicity of Children/Youth in DCF Custody on December 31, 2023.27

Table 4: Living Arrangements of Children/Youth in DCF Custody on December 31, 202328

Table 5: Children/Youth in DCF Custody on December 31, 2023, by CMP..... 30

Table 6: Children/Youth in DCF Custody on December 31, 2023, by Region..... 30

Table 7: Children/Youth in DCF Custody on December 31, 2023, by Catchment Area 30

Table 8: Case Review Samples for Case Reads and Corresponding Settlement Agreement Commitments for CY 202332

Table 9: Top Five Counties Where Children/Youth were Incarcerated in CY 2023.. 51

Table 10: Incarceration by Race of Child/Youth Compared to Race of Children/Youth Served in CY 202352

Table 11: Number of Incarceration Episodes in CY 2023 by Duration 54

Table 12: Total Days Children/Youth Incarcerated (Jail and Detention) in CY 2023. 54

Table 13: Foster Care Status as of December 31, 2023 for Children/Youth Incarcerated in CY 2023..... 55

Table 14: Average Monthly Number of Caseworkers with Caseloads of Various Sizes in CY 2023, by CMP 58

Table 15: COC Caseworker Caseloads by Month, CY 2023 60

Table 16: KVC Caseworker Caseloads by Month, CY 2023 61

Table 17: SFM Caseworker Caseloads by Month, CY 202362

Table 18: TFI Caseworker Caseloads by Month, CY 2023 63

Table 19: Caseworker Supervisors Carrying Cases in CY 2023, by CMP 64

Table 20: Children Experiencing Failure to Place Episodes Among Children/Youth, CY 2021-2023.....67

Table 21: Duration of Failure to Place Episodes in CY 202367

Table 22: Failure to Place Episodes in CYs 2021-23, by Month 68

Table 23: Failure to Place Episodes by CMP and Region in CY 2023..... 69

Table 24: Placement Types Before Failure to Place Episodes..... 70

Table 25: Placement Types After Failure to Place Episode..... 70

Table 26: Failure to Place Episodes by Race of Child/Youth Compared to Race of Unique Children/Youth Served in CY 2023..... 72

Table 27: Compliance Status of Family Foster Homes on March 13, June 13, September 18, and December 1, 2023.....	74
Table 28: Capacity Status of Family Foster Homes in Compliance on March 13, June 13, September 18, and December 1, 2023	75
Table 29: Compliance Status of Kinship and Non-Relative Kin Homes on March 13, June 13, September 18, and December 1, 2023:	76
Table 30: Capacity Status of Kinship and Non-Relative Kin Homes in Compliance on March 13, June 13, September 18, and December 1, 2023.....	77
Table 31: Timely Mental Health Services for CY 2023.....	80
Table 32: Age Ranges of Children/Youth Who Received Crisis Intervention Services in CY 2023	84
Table 33: Gender of Children/Youth Represented in Utilization and Helpline Data in CY 2023	85
Table 34: Race of Children/Youth Who Received Crisis Intervention Services in CY 2023.....	85
Table 35: Family Crisis Response Helpline Calls in CY 2023, by Risk Rating.....	86
Table 36: Resolution Description for Crisis Helpline Calls in CY2023	87
Table 37: Type of Crisis Intervention Services Provided in CY 2023.....	88
Table 38: Comparison of Crisis Intervention Services and Children/Youth in Care, CY 2023.....	89
Table 39: Comparison of Night-to-Night and Short-Term Placements, CY 2021 - 2023.....	95
Table 40: Number of Night-to-Night Placements Experienced by Children/Youth, CY 2023.....	96
Table 41: Night-to-Night Placements Experienced by Children/Youth in CY 2023, by Placement Setting.....	97
Table 42: Race and Ethnicity of Children/Youth Who Experienced Night-to-Night Placements in CY 2023.....	98
Table 43: Race and Ethnicity of Children/Youth Who Experienced 1 to 10 Night-to-Night Placements and 11 or more Night-to-Night Placements in CY 2023	99
Table 44: Night-to-Night Placements Experienced by Children/Youth in CY 2023, by CMP.....	101
Table 45: Night-to-Night Placements Experienced by Children and Youth in CY 2023, by Catchment Area.....	101
Table 46 Night-to-Night Placement Performance for CYs 2021-23	102
Table 47: Number of Short-Term Placements Experienced by Children/Youth in CY 2023.....	104

Table 48: Short-Term Placements Experienced by Children/Youth in CY 2023, by Placement Setting.....	104
Table 49: Race and Ethnicity of Children/Youth Who Experienced Short-Term Placements in CY 2023.....	105
Table 50: Race and Ethnicity of Children/Youth Who Experienced 1-10 Short-Term Placements and 11+ Short-Term Placements in CY 2023.....	106
Table 51: Short-Term Placements Experienced by Children/Youth in CY 2023, by CMP.....	108
Table 52: Short-Term Placements Experienced by Children and Youth in CY 2023, by Catchment Area.....	108
Table 53: Short-Term Placement Performance for CYs 2021-23.....	109
Table 54: Total Placement Moves Per 1,000 Days in Foster Care, FFYs 21-23.....	111
Table 55: Distribution of FFY 2023 Placement Moves Among Children Who Entered State Custody in FFY 2023.....	112
Table 56: Placement Moves Rate per 1,000 Days in Care, by Age.....	113
Table 57: Placement Moves Rate per 1,000 Day in Care, by Race and Ethnicity.....	113
Table 58: Addressing Mental and Behavioral Health Performance for CY 2022.....	115
Table 59: Addressing Mental and Behavioral Health Needs Performance, CYs 2021-23.....	115
Table 60: Case Read Summary Performance for Addressing Mental and Behavioral Health Needs by Area and CMP, CY 2023.....	116
Table 61: Stable Placement Performance, CYs 2021-2023.....	117
Table 62: Case Read Summary Performance for Stable Placements by Area and CMP, CY 2023.....	118
Table 63: Total Children/Youth with One or Fewer Placement Moves.....	120
Table 64: Distribution of FY 2023 Placement Moves Among Children in State Custody During FY 2023.....	120
Table 65: Children/Youth with Two or More Placement Moves in FY 2023, by Age.....	121
Table 66: Children/Youth with Two or More Placement Moves in FY 2023, by Race/Ethnicity.....	121
Table 67: Children/Youth with Two or More Placement Moves, by CMP.....	122
Table 68: Initial Mental Health and Trauma Screens Performance for CY 2023.....	124
Table 69: Initial Mental Health and Trauma Screens Performance, CYs 2021-23..	125
Source: DCF.....	125
Table 70: Case Read Summary Performance for Initial Mental Health and Trauma Screens by Area and CMP, CY 2023.....	125

LIST OF FIGURES

Figure 1: DCF Regions with Area	22
Figure 2: Age of Children/Youth in DCF Custody on December 31, 2023.....	26
Figure 3: Identified Gender of Children/Youth in DCF Custody on December 31, 2023	26
Figure 4: Length of Stay in Care of Children/Youth in DCF Custody as of December 31, 2023.....	29
Figure 5: Total Children Incarcerated and Total Incarceration Episodes by Year, 2021-2023.....	50
Figure 6: Facility Type of Children/Youth Incarcerated in CY 2023.....	50
Figure 7: Number of Incarceration Episodes of Children/Youth in CY 2023.....	53
Figure 8: Caseworkers Carrying 30 or More Cases by CMP, January – December 2023	57
Figure 9: Caseworkers Carrying 30 or More Cases and Supervisors Carrying Cases by CMP, on December 20, 2023	65
Figure 10: Failure to Place Episodes by Age of Child/Youth CY 2023	71
Figure 11: Failure to Place Episodes by Gender of Child/Youth CY 2023	71
Figure 12: Timely Mental Health Services Performance for CY 2023.....	79
Figure 13: Age of Children/Youth Who Experienced Night-to-Night Placements, CY 2023.....	100
Figure 14: Age of Children/Youth Who Experienced Short-Term Placements, CY 2023.....	107
Figure 15: Placement Moves Rate by Year, FFYs 2021-2023	112

This report assesses the State of Kansas’ progress toward achieving the Performance Goals, Practice Improvements, and Outcomes of the *McIntyre v. Howard*¹ Settlement Agreement (referred to herein as the Settlement Agreement or Agreement) for calendar year 2023 (CY 2023),² as validated by Judith Meltzer and the Center for the Study of Social Policy, the Neutral.³ It includes a summary of efforts made by the Kansas Department for Children and Families (DCF), the Kansas Department of Health and Environment (KDHE), and the Kansas Department for Aging and Disability Services (KDADS) to meet the Settlement Agreement commitments.

I. Summary of *McIntyre v. Howard*

The *McIntyre et al. v. Howard et al. (McIntyre v. Howard)* lawsuit was filed in the U.S. District Court of Kansas in November 2018 on behalf of a class of children⁴ in the custody of Kansas’s child welfare system alleging repeated and ongoing placement instability and lack of adequate access to mental health services for children in care.^{5,6} Following months of negotiations, on July 8, 2020, the Parties agreed to a settlement plan (the Settlement Agreement) that was approved by the federal court in Kansas City on January 28, 2021. Since then, the State has been working to change policies and practices to meet the Agreement’s requirements.

The Settlement Agreement is organized into three main sections. Section One defines terms and general principles that govern the Settlement Agreement. Section

¹ This lawsuit was filed as *M.B. and S.E., through their next friend Katharyn McIntyre, et. al, v. Laura Howard*; Laura Howard is the Secretary of DCF and KDADS, and Janet Stanek is currently the Secretary of KDHE.

² This report provides an analysis of available State data relevant to Settlement Agreement commitments for CY 2023. In some instances, the State was unable to provide data necessary for validation. These data limitations are detailed in Section V. *Methods Used to Review Compliance*.

³ As defined in Section 1.15 of the Settlement Agreement, the term “Neutral” means Judith Meltzer and the Center for the Study of Social Policy (CSSP). Judith Meltzer is former President and now Senior Fellow of the Center for the Study of Social Policy, a national non-profit policy organization that connects community action, public system reform, and policy change to create a fair and just society in which all children and families thrive. Members of the Neutral Team include Martha L. Raimon, Nico’Lee Biddle, Steve Cohen, and Gayle Samuels. The Neutral contracts with Action Research, a child welfare research organization that provides data analysis, program evaluation, systems analysis, and performance management to assist with the data analytics.

⁴ Section 1.2 of the Settlement Agreement defines the class as “all children who are now, or in the future will be, in the protective custody of DCF pursuant to Kan. Stat. Ann. Section 38-2242(c)(1).

⁵ Case No. 18-CV-02617-DDC-GEB

⁶ Counsel for Plaintiffs are Kansas Appleseed Center for Law and Justice, the Law Office of Lori Burns-Bucklew, the National Center for Youth Law, Children’s Rights, and DLA Piper. Defendants in the settlement include Secretary Laura Howard of DCF and KDADS, and Janet Stanek, Secretary of KDHE.

Two defines Performance Goals requiring structural changes and measurable outcomes intended to significantly improve placement stability and mental health supports for children and youth in DCF custody. Section Two is divided into three parts (Accountability, Reporting and Implementation, Practice Improvements, and Outcomes):

Accountability, Reporting and Implementation:

This portion of the Settlement Agreement requires DCF to:

- amend contracts with foster care provider agencies to be consistent with the mandates of the lawsuit, establish performance-based metrics, and address corrective action measures for non-performance or inadequate performance;
- develop a community advisory group (of which at least 50 percent of the professional members shall be professionals directly working with or providing services to families, or direct supervisors of professionals directly working with or providing services to families; and at least one-third of members are to be foster parents, relative care providers, and parents and youth with DCF involvement) to inform action planning and program improvement, and to assist in the implementation of the Settlement Agreement;
- on an annual basis, track and report all children in care in detention or other juvenile justice placement facilities and how long they spent there, as well as the caseloads of all placement caseworkers and placement caseworker supervisors.

Practice Improvements⁷

There are five areas of practice change the Settlement Agreement requires. For each, DCF must achieve and then maintain substantial compliance for 12 successive months in order to exit court oversight.⁸ These improvements are:

⁷ Section 2.2 of the Settlement Agreement defines the period under review for the Practice Improvements as November 1, 2020 to October 31, 2021. The Parties agreed, and the Neutral approved, to change the period under review for all Practice Improvements to align with the periods prescribed in Section 2.6 of the Settlement Agreement Outcomes, January 1 to December 31. On April 10, 2023, the U.S. District Court of Kansas granted the Parties' Joint Stipulation approving this modification to the Settlement Agreement.

⁸ Section 1.27 of the Settlement Agreement defines substantial compliance as "performance sufficient to conclude that the specific obligation has been achieved. Parties reserve the right to argue whether performance with respect to any specific obligation meets this standard." Section 2.4 of the Settlement Agreement specifies "once a Practice Improvement is achieved based on agreement of

- end the practice of temporarily housing children overnight in inappropriate settings, like offices, hotels, cars, or other non-foster care locations;
- ensure placements do not exceed their licensed capacity without an approved exception;
- end delays in the provision of mental health services due to placement moves, thereby linking medically necessary mental health treatment services to placement stability;
- provide accessible statewide crisis intervention services;⁹
- end the practice of night-to-night and short-term placement of Class Members.¹⁰

Outcomes

The Settlement Agreement also mandates five measurable outcome improvements for Class Members, phased in over four one-year periods.¹¹ Once each final outcome is achieved, DCF is required to maintain substantial compliance for 12 successive months in order to exit court oversight for that outcome.¹² Performance on the

Parties or validation by the Neutral, Defendants must maintain Substantial Compliance for one successive twelve (12) month period. Once Defendants have maintained Substantial Compliance for one successive twelve (12) month period for any of the Practice Improvements, all reporting and monitoring of that Practice Improvement will cease and that Practice Improvement is no longer enforceable under this Settlement Agreement.”

⁹ Part One, Definitions 1.5 of the Settlement Agreement defines crisis intervention services as “in-person on-site or virtual face-to-face mental health services provided to a person who is experiencing a behavioral health crisis, designed to interrupt and/or ameliorate a crisis experience. These services include a preliminary assessment, which may be conducted over the phone to determine the appropriate level of intervention, immediate crisis resolution and de-escalation, crisis intervention and stabilization services, and timely referral and linkage to appropriate community services to avoid more restrictive levels of treatment, based on the individualized needs of the person experiencing the behavioral health crisis.”

¹⁰ Section 1.17 of the Settlement Agreement defines a night-to-night placement as “one calendar day placement that is not the same residence address for consecutive days.” Section 1.24 of the Settlement Agreement defines short-term placements as a “placement duration of fourteen (14) calendar days or fewer.”

¹¹ The Settlement Agreement defines Outcomes to be achieved over four one-year periods, with each period commencing January 1, 2021, January 1, 2022, January 1, 2023 and, if applicable, January 1, 2024. Commitments 2.9.1 and 2.9.4 rely on AFCARS data, which is aligned with the Federal Fiscal Year (FFY), October 1 through September 30. As a result, Parties agreed to alter the timeline in the Agreement for these two commitments only, with each period commencing on October 1. Period 3 began October 1, 2022.

¹² Section 2.8 of the Settlement Agreement specifies, “once a Final Outcome target is achieved based on agreement of Parties or validation by the Neutral, Defendants must maintain Substantial

outcomes is determined using the Round 3 definitions and measurements of the federal Child and Family Services Reviews (CFSR).¹³ The five Outcomes required by the Settlement Agreement are:

- achieve a low rate of placement moves, ultimately 4.44 moves or less per 1,000 days in care;
- address the mental and behavioral health treatment needs of children in care, ultimately for at least 90 percent of Class Members;
- ensure that placements are stable, ultimately for at least 90 percent of Class Members;
- limit placement moves to one or fewer per 12 months, ultimately for 90 percent of Class Members;
- provide an initial mental health and trauma screen by trained professionals within 30 days of entering foster care, ultimately for 90 percent of Class Members.

Section Three of the Settlement Agreement defines the role of the Neutral and outlines the processes required in order to meet the State’s obligations and exit the lawsuit.

Implementation of the State’s obligations within the Settlement Agreement is validated and monitored by the Neutral. The Neutral functions in an impartial capacity, and has the authority to validate, evaluate, and assess progress toward achievement of the commitments in the Settlement Agreement. Each year, the Neutral issues a public report that assesses the State’s progress in the previous calendar year (CY) and describes the State’s efforts to achieve each designated commitment in the Settlement Agreement. This is the third such report. According

Compliance for one successive twelve (12) month period. Once Defendants have maintained Substantial Compliance for one successive (12) month period for any of the Outcomes, all reporting and monitoring of that Outcome will cease and that Outcome is no longer enforceable under this Settlement Agreement.”

¹³ The federal Child and Family Services Reviews (CFSR) are periodic reviews of State child welfare systems conducted by the federal Children’s Bureau under the Administration for Children and Families (ACF). Each of the CFSR is conducted with specific question guidance to ensure reviews are completed uniformly across States. The Settlement Agreement requires the Neutral to utilize Round 3 instructions, as this was the most current version of the CFSR guidance published at the time the Settlement Agreement was drafted. Since then, the Children’s Bureau has released Round 4 guidance. Where applicable, the guidance was updated to reflect the most recent CFSR Round 4 guidance, which did not differ substantially from Round 3 guidance. Addition information on the CFSR can be found [here](#).

to the terms of the Settlement Agreement, the State is required to provide the Neutral with all data and other information necessary to produce the annual reports.

II. Executive Summary

This is the Neutral's third *McIntyre v. Howard* report on the State's progress toward achieving the Settlement Agreement commitments requiring, among other things, improving access to mental health services and increasing placement stability for children and youth in DCF custody. In terms of the Settlement Agreement's outcome commitments, this report covers Period 3.

The Agreement required all Practice Improvements to be completed by the end of Period 1,¹⁴ and all but two Outcomes to be completed by the end of Period 3, or by December 31, 2023.¹⁵ While the State continues to show progress in several areas, it is far from meeting the majority of the anticipated final targets within the time frames expected in the Settlement Agreement.

Despite focused efforts by the State, *placement stability* declined, and performance remained or fell below the Settlement Agreement requirements for most measures. Fewer children were in stable placements, and the rate at which children moved between placements increased. There was progress in reducing the number of "Failure to Place" incidents, in which children stay and sleep overnight in an office,¹⁶ but this number remained slightly higher than it was two years ago in CY 2021. The number of children experiencing placements that last only one night ("night-to-night placements") or two to fourteen days ("short-term placements") remained about the same, but the total number of these placements increased significantly, because some children experienced many of them.

Performance with regard to providing access to *mental health services* was mixed. The State made continued progress in expanding the availability of crisis mental health services, and demonstrated a substantial improvement in screening children/youth entering care for trauma and behavioral health needs, though it did not

¹⁴ The Agreement requires DCF to end the practice of night-to-night placements by the end of Period 1, and short-term placements by the end of Period 3.

¹⁵ Outcomes 2.9.1 (moves per 1,000 days in care, and 2.9.4 (one or fewer placement moves per year) are required to be met by the end of Period 4.

¹⁶ Children/youth sometimes experience sleeping in offices either because there is no placement available to them, or because older youth refuse available placement options. Some reasons why a youth may refuse a placement include: the placement option is a prior placement that didn't work out; a placement that is far from their home community or school; one that would mean separation from family or siblings; or one that will not let them have a cell phone or have other restrictions that prohibit normalcy.

achieve the Settlement Agreement standard. Performance measured by case reads^{17,18} in actually meeting the mental health needs of children in care, however, declined substantially.

The State demonstrated progress in the following areas:

- Performance that meets commitment 2.9.2 requiring no Family Foster Homes to exceed their licensed capacity without an approved exception. For Period 3, the State’s data showed approximately 99 percent of Family Foster Homes and nearly 100 percent of Non-Relative Kin and Licensed Kin homes were either below their licensed capacity or had an approved exception on each of the four dates reviewed by the Neutral.¹⁹
- Improvement in ensuring statewide access to crisis intervention services (SA 2.9.4). Although the number of children/youth in foster care served by Kansas’s new Family Mobile Response Crisis Helpline remains small, the number served increased to 153 children/youth (compared to 69 children/youth in Period 2). Additionally, crisis services were provided to 725 individual children/youth according to the State’s Medicaid billing data, which is an increase from services provided to 597 individual children/youth in Period 2.
- A significant decrease in children/youth having to spend one or more nights in a CMP office because no approved placement is available for them (SA 2.5.1). In CY 2023, 57 children/youth spent a total of 83 nights in an office, compared to 257 nights by 85 children in CY 2022 (a 68% decrease in total nights) and 167 nights by 53 youth in CY 2021 (a 50% decrease in total nights). However, preliminary CY 2024 data indicates that this progress has not been

¹⁷ For some commitments, the Agreement requires DCF and the Neutral to conduct case reads utilizing the federal Child and Family Services Reviews (CFSR) review instrument. Additionally, DCF and the Neutral utilized case reads to assess performance for commitments where quantitative data was otherwise unavailable.

¹⁸ CFSRs are periodic reviews of State child welfare systems conducted by the federal Children’s Bureau under the Administration for Children and Families (ACF). Each of the CFSR is conducted with specific question guidance to ensure reviews are completed uniformly across States. The Settlement Agreement requires the Neutral to utilize Round 3 instructions, as this was the most current version of the CFSR guidance published at the time the Settlement Agreement was drafted. Since then, the Children’s Bureau has released Round 4 guidance. Where applicable, the guidance was updated to reflect the most recent CFSR Round 4 guidance, which did not differ substantially from Round 3 guidance. Additional information on the CFSR can be found [here](#).

¹⁹ Due to DCF’s data limitations in producing data for this commitment for a full year as detailed in Section V, Data Limitations, the Neutral selected a random date each quarter to measure progress of this commitment.

maintained; data on DCF's public website, not yet validated by the Neutral, shows a substantial increase in overnight office stays.²⁰ The increase appears to be concentrated primarily in area 7 (Wichita), which transitioned to a new case management provider (CMP) as of July 1, 2024. The Neutral is working with DCF to understand whether this decline in performance is a temporary result of the transition, and will report findings in the Period 4 report.

- A substantial increase in the percentage of children/youth who received mental health and trauma screens by a qualified and trained professional within 30 days of entering care (SA 2.9.5). Case read results show that DCF performance improved from 43 percent of cases in CY 2022 to 69 percent in CY 2023 that received required mental health and trauma screens.

However, the State continues to struggle to improve its overall case practice with children/youth and families and to meet the requirements of the Settlement Agreement. To make additional progress, the State will need to more aggressively pursue strategies to increase placement stability for all children/youth in care and improve their access to quality, accessible mental health services. They will also need to focus specific efforts on those children in their custody who are having the most problematic experiences in terms of placement stability and permanency. Areas in which performance remains significantly below Settlement Agreement requirements, and in some instances declined from CY 2022 to CY 2023, include the following.

- For the first time since the onset of the lawsuit, DCF did not meet the Settlement Agreement requirement regarding placement stability for children/youth in DCF custody (SA 2.9.3). Case reads demonstrate 87 percent of children/youth lived in stable placements as of the end of CY 2023 (SA 2.9.3), short of the Period 3 goal of 90 percent. Further, the data demonstrate a decrease from 91 percent of children/youth who were living in stable placements as of the end of Period 2.
- Performance on placement stability for children/youth who *entered* custody during a 12-month period (SA 2.9.1; SA 2.9.4)²¹ also decreased. Data on the number of placement moves per 1,000 days spent in care for children/youth who entered DCF custody in Period 3 show that children/youth experienced a

²⁰ DCF's data on office placements can be found [here](#), within Settlement Reports.

²¹ Commitments 2.9.1 and 2.9.4 rely on AFCARS data, which is aligned with the Federal Fiscal Year (FY), October 1 through September 30. As a result, Parties agreed to alter the timeline in the Agreement for these two commitments only, with each period commencing on October 1. Period 3 began October 1, 2022.

rate of 7.94 moves per 1,000 days in care. The rate of 7.94 moves is almost 60 percent higher than the Period 3 target of five moves or fewer per 1,000 days in care.

- The Settlement Agreement requires that children/youth in DCF custody experience one or fewer placement moves during a 12-month period (SA 2.9.4). Between October 2, 2022 and September 30, 2023 (FY 2023), 7,234 out of 8,743 (83%) children/youth in care experienced one or fewer placement moves, which falls short of the Period 3 target of 85 percent. The data further show a subset of children/youth in care experienced extremely high levels of placement instability; of the 9,366 total placement moves that occurred during Period 3, 4,635 moves (49%) were experienced by 367 (4%) children/youth who each experienced six or more moves in a 12-month period.
- Performance regarding eliminating night-to-night and reducing short-term placements experienced by children/youth in DCF custody (SA 2.5.5) also declined during CY 2023, with the data showing a subset of children/youth experiencing many night-to-night and short-term placements. For Period 3, 822 children/youth experienced 2,057 night-to-night placements, compared to 801 children/youth who experienced 1,508 night-to-night placements in Period 2. Thirty children/youth each experienced over 11 different night-to-night placements during CY 2023, accounting for 420 total placements, or 20 percent of all night-to-night placements that occurred during the period. For short-term placements lasting between two and 14 days, 1,275 children/youth experienced 3,700 such short-term placements in Period 3, compared to 1,365 children/youth who experienced 3,321 short-term placements in Period 2. Sixty-seven children/youth experienced 11 or more short-term placements during CY 2023, which accounted for 29 percent of all short-term placements that occurred during the period.
- Case reads also showed a significant and concerning decline in performance in CY 2023 in addressing the mental and behavioral health needs of children/youth in DCF custody (SA 2.9.2), where the final SA standard expected to be met in CY 2023 is that 90 percent of children/youth in DCF custody have their mental and behavioral needs met. For CY 2023, a sample of children/youth's cases demonstrated that appropriate mental health services were provided in 103 out of 197 (52%) children/youth's cases. This compares with CY 2022 case reads which found provision of appropriate mental health services in 70 percent of cases reviewed. Further, the case read data points to unacceptable delays in receiving needed services. Of the 103 cases of

children/youth who received mental health services, 43 (42%) received services timely, while 60 (58%) experienced a delay before receiving services, and 11 (18%) experienced a delay caused by an unstable placement.

State Initiatives to Improve Performance

In CY 2023 the State took steps towards improving case practice by lowering the number of children/youth and families that case managers serve at any one time. The Case Management contracts in effect at the time the Settlement Agreement was signed terminated on June 30, 2024. On May 1, 2023, Kansas posted a Request for Proposals (RFP) for new awards covering the period July 1, 2024 through June 30, 2028, with the possibility of up to four one-year extensions. Among other changes, the new contracts require that employee caseload standards generally do not exceed 12 – 15 children/youth in foster care or kinship care, and eight children/youth in treatment foster care, and their families. The new caseload standards took effect with the new contracts in July 2024, so the impact is not reflected in the data in this report. It is anticipated that reduced caseloads will significantly improve case practice as staff with fewer cases will be able to more intensively and effectively work with children/youth and their families. On February 19, 2024, DCF announced the award of the new contracts. There are now five rather than four CMPs; the new provider, EmberHope Connections (EHC), replaces Saint Francis Ministries (SFM) in serving catchment area 7 (Wichita).

Placement Stability

In September 2023, DCF released a Request for Proposals (RFP) to increase its capacity of Therapeutic Family Foster Homes (TFFH), further pursuing its objective begun in CY 2022 to provide an additional level of care to children/youth with significant needs, to reduce the number of group home placements, and to increase placements in family settings. These contracts were awarded in March 2024²² and are not yet fully operational. TFFHs are specialized family foster homes that provide 24-hour care for children/youth with serious emotional, behavioral, and medical needs. TFFH foster homes are supported by TFFH case teams²³ that provide services

²² In March 2024, DCF awarded a total of \$4,765,355 to be distributed to seven agencies (Cornerstones of Care, DCCA, Ecker Connects, EmberHope Connections, Youth Village, KVC, and Pressley Ridge). The award is for operations beginning March 1, 2024, until June 30, 2025, with a possibility of three one-year renewals.

²³ The TFFC case team is comprised of the following, but not limited to: the therapeutic family foster parent(s), biological parent(s), reintegration home, adoptive parent(s), CPA workers, CMP workers, therapist, psychiatrist, Tribal staff, child/youth's network and any other specialized providers involved in the child's life.

and guide interventions for children/youth as they work to achieve stability and timely permanency. DCF reports that as of August 26, 2024, there were a total of 23 therapeutic family foster homes approved to provide TFFH care, and 14 youth placed in TFFHs. The contracts awarded are intended to increase the number of available beds and services and supports for children/youth who qualify for the enhanced level of care, with an initial target goal of 25. The Neutral is unable at this time to determine the extent to which a goal of 25 TFFH is sufficient to meet the need.

A key feature of DCF's efforts to address the ongoing problem of placing children/youth in offices and other temporary housing arrangements (SA 2.5.1, termed "Failure to Place"), and related barriers to increasing placement stability is its "Stand-By Bed" Failure to Place Network (SBB Network), launched on October 1, 2022. The purpose of the SBB Network is to increase availability of placement options for children/youth and to provide stability until the child/youth can move to a long-term placement. The SBB Network is comprised of a select number of placements in family and group settings available for children/youth while a more permanent placement is identified. These placements can range from one day to long-term placement.

DCF reports that as of December 31, 2023, the SBB Network had a total of five family foster placement beds and 22 facility beds, including within Quality Residential Treatment Programs (QRTPs)²⁴ and residential centers. DCF also reports that 133 children/youth were served by the SBB Network during CY 2023, which is 25 more children/youth served than in CY 2022. To better understand how children/youth experienced placement with the SBB Network and to assess the overall effectiveness of the initiative, DCF tracked 100 of those children/youth for one year. The Neutral did not have access to the complete results of this evaluation, but DCF provided select data – which were not validated by the Neutral – showing that of the 100 children/youth they tracked, 54 percent identified as female and 61 percent were 15 or 16 years old at the time of placement; 54 percent of the SBB Network placements were in family foster homes and the remainder of the SBB network placements were in facilities. Nearly half (46 percent of the children/youth were

²⁴ In February 2018, the federal Family First Prevention Services Act (FFPSA) was passed to promote placement of children in family foster care settings as opposed to congregate care settings, and to allow states to use federal IV-E funding to provide evidence-based prevention services in the community to reduce the need for out-of-home placement. FFPSA prevents federal reimbursement of congregate care facilities that do not meet the new criteria for a Qualified Residential Treatment Program (QRTP), which include: a trauma-informed treatment model, on-site registered or licensed nursing and clinical staff, inclusivity of family members in treatment planning, offering aftercare support 6 months post-discharge, and accreditation by a select group of bodies. (Family First Prevention Services Act, Publ. L. No. 115-123, H.R.253. (2017)).

placed in family foster homes after the SBB Network placement ended. DCF also reported that 16 of the SBB Network family foster homes became long-term placements for the children/youth placed in their care.

In CY 2023, DCF continued a practice initiated statewide in CY 2022 of holding Placement Stability Team Decision Making (PS TDM) meetings as another strategy to improve placement stability. PS TDMs are facilitated meetings held to discuss placement-related decisions to determine (1) whether a child/youth can remain in their current placement with supports or whether a new placement is needed and/or (2) what services, actions, or resources are needed to promote a child/youth's stability and permanency. DCF reports that it expanded the use of PS TDMs statewide, conducting 1,767 PS TDMs between January 1 and December 31, 2023, with the majority of meetings held virtually in an attempt to provide youth the maximum opportunity to participate.²⁵ During CY 2023, DCF worked with Evident Change²⁶ to develop a new database to accurately capture data for all PS TDMs held statewide and their impact on placement stability.

During CY 2023, together with a network of partners including young leaders with foster care experience and the Annie E. Casey Foundation, DCF co-designed the Support, Opportunity, Unity and Legal (SOUL) program for young people ages 16 and older to support lifelong relational permanency for youth through a network of caring adults. SOUL is intended to give eligible young people the authority to select one or more adults they trust to help guide them into adulthood, without the necessity of severing legal relationships with their parents. Passed by the Kansas Senate Public Health and Welfare Committee on March 19, 2024, HB2536 was signed into law on April 15, 2024.²⁷ Kansas is the first state to implement the SOUL Family model. This is an innovative approach which importantly reflects the views and hopes of youth who helped the state create this new opportunity.

Access to Mental/Behavioral Health Services

During CY 2023 DCF, KDADS and KDHE made efforts towards more efficiently providing access to mental and behavioral health services for children/youth in foster care. As part of its strategy to provide a broader array of mental and behavioral health services statewide, KDADS continued to certify its Community Mental Health Centers (CMHCs) as Certified Community Behavioral Health Clinics (CCBHCs).

²⁵ DCF data was not available to determine the number of PS TDMs held compared to the total number of instances where a PS TDM was expected to be held based on DCF's criteria. PS TDMs and related data are not an initiative validated by the Neutral.

²⁶ Additional information about Evident Change can be found [here](#).

²⁷ The full text for HB2536 can be found [here](#).

CCBHCs are a model developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid Services (CMS) designed to provide comprehensive, integrated services to children and adults in their own communities. The expansion of CCBHCs has three overarching goals: (1) to increase access to community-based mental health and substance use disorder services; (2) to advance integration of behavioral health with physical health care; and (3) to improve utilization of evidence-based practices.

As part of this model, CCBHCs are mandated to provide 24/7 crisis intervention services to people in crisis immediately; offer routine outpatient care within 10 business days after an initial contact, and meet federal standards for the range of services they provide.²⁸ There are 26 CMHCs across the state; DCF reports that as of June 2024, all 26 CMHCs have been provisionally or fully certified as CCBHCs: 15 CCBHCs have completed full certification, and the remaining eleven are expected to be certified by the end of 2024.²⁹ Although provision of mobile crisis stabilization services is a requirement for CCBHCs, not all of the currently certified or operational CCBHCs in Kansas offer this service as of the writing of this Report.

In CY 2023, the State continued to promote the Family Mobile Crisis Response Helpline, which was launched on October 1, 2021 by KDADs, all the CMHCs, and DCF. The goal of the Helpline is to better connect children and youth aged 20 and younger anywhere in the State with free mental health supports and services in crisis situations and to reduce the need for more restrictive or institutional interventions. During CY 2023, the State conducted a marketing campaign to inform stakeholders, staff, and the general public of the Family Mobile Crisis Response Helpline. This campaign included a video released in September 2023 and available on DCF's website, flyers to resource centers, schools, medical and behavioral health facilities, advertisements on social media, emails, and magnets for all foster parents that contain the Helpline phone number.

In February 2023, DCF conducted a survey of foster parents to determine the level of awareness of the Helpline as a resource, and subsequently held informational training sessions in what they considered low call volume areas. DCF also provided a Helpline infographic to all CMPs and Child Placement Agencies (CPAs) and requested that the information be added to their internal trainings, notebooks, and placement agreements. In addition to the Helpline, families, youth, and children in crisis can also

²⁸ Federal SAMHSA criteria for CCBHCs can be found [here](#).

²⁹ A map of the current Kansas CCBHCs can be found [here](#). Additional information on CCBHC certification can be found [here](#).

contact the 988 Suicide and Crisis Lifeline that became nationally available on July 16, 2022.

As an additional strategy to improve access to mental health services, DCF sought to expand an intervention available to children/youth in their home or community. In October 2023, Kansas's Children's Behavioral Interventionist (CBI) approach – intensive services for children and families struggling to manage behavioral and emotional challenges – became a new Medicaid covered service, significantly increasing the ability of families to benefit from this cost-effective, trauma-informed alternative to foster care and to help prevent placement disruption. As a newly designated Medicaid service, protocols for referrals and registering providers are still in process; DCF reports that as of December 31, 2023, a total of 13 referrals for this intervention were made in the Kansas City and Pittsburg areas, and 11 additional referrals were made as of February 23, 2024. It is anticipated that as this service expands, it will not only increase access to mental health services, help prevent foster care placement, but also improve placement stability for children/youth in DCF custody.

Despite these new resources and initiatives, the majority of targets required by the Settlement Agreement to have been achieved by the end of Period 3 have not been met. Too many children/youth in DCF custody continue to experience unstable placements and fail to receive timely access to mental and behavioral health services necessary to meet their needs.

There are a number of actions the Neutral recommends that DCF could take that to assist in meeting the Settlement Agreement requirements and improving the experience of children/youth in foster care. DCF needs to implement a robust case practice model with common training and practice expectations across CMPs governing training, supervision and quality reviews. Having a DCF core case practice model would assist in ensuring children/youth in custody receive consistent case management services and supports regardless of location, and would allow more efficient oversight and accountability of CMP performance. Additional actions the State should consider include more dedicated attention to training, recruitment, supervision and retention of CMP staff, and more support and resources devoted to its continuous performance improvement (CPI) processes. DCF currently completes quarterly case reads for CMPs within each region, but the process needs strengthening, including ensuring that the results of these reviews are consistently shared with CMP leadership and frontline staff and are used to develop corrective actions and improvement plans that are monitored for completion. Focusing on the results of case reads provide strong tools for training and skill building for staff.

Foster caregivers in Kansas could benefit from enhanced statewide quality training, support, and services, particularly around the impact of trauma on child and adolescent development. Additionally, DCF should consider investing additional resources and staff to immediately search for family members or non-relative kin once a child/youth needs a placement to limit one-night and short-term stays. Initiatives targeted at transition age youth, youth ages 10 to 16, and Black/African American youth would also help stabilize placements, as DCF's data shows greater placement instability for these children/youth. Initiatives could include less burdensome licensing standards for relatives and kinship foster families,³⁰ increased supports for unlicensed relative caregivers, and targeted efforts to recruit foster parents for older youth in care.

In addition, a thorough, State-led case review is needed with each of the five CMPs to focus on the 367 children/youth who experienced six or more placements (SA 2.9.4) in CY 2023, as well as children aged zero to five who experienced a night-to-night or short-term placement (SA 2.5.5). A final initiative to help stabilize placements may include a response system that is triggered when a child/youth has experienced three or more moves in a year that activates escalating reviews involving the CMPs, DCF, and designated mental or behavioral health providers and the development of individualized service plans to address needs.

Regarding mental health services, continuing efforts to build and support the provider network across the state and in rural areas is essential. Enhanced funding is needed to recruit and retain mental health providers, including therapists, psychiatrists, nurse practitioners, and staff at treatment facilities. Without investments in this workforce, it will be nearly impossible to build out the community-based service array required to serve the needs of Kansas's children, youth, and families. Lastly, the State needs to examine whether its current goal of 25 Therapeutic Family Foster Homes is sufficient and if not, increase efforts to expand this placement and services option.

Finally, as recognized by both parties to this litigation, a statewide data system is foundational to comprehensively track and report progress and to assess and modify initiatives based on data. The Neutral will continue to report on the State's progress in Period 4.

³⁰ New Federal standards permitting this change can be found [here](#).

The remainder of this report is organized as follows:

- Section III briefly describes how the Kansas child welfare system is structured;
- Section IV provides an overview of the demographics of children in DCF custody in Kansas for CY 2023;
- Section V outlines various sources of information, activities completed, and data validation methods used by the Neutral to prepare and compile this report;
- Section VI provides a summary table of CY 2023 performance, including a comparison to prior performance for each of the Settlement Agreement commitments; and
- Section VII provides a more detailed discussion of the State's performance on each of the Settlement Agreement commitments as of December 31, 2023, unless otherwise noted, in the order in which they appear in the Agreement.

III. The Kansas Child Welfare System

The Kansas child welfare system is administered by the Kansas Department of Children and Families (DCF). DCF staff are responsible for investigating allegations of abuse or neglect and making recommendations to the court that a child/youth be placed in foster care. If a child is determined to be a Child in Need of Care (CINC), the District Court places the child in the custody of the Secretary (“child/youth in DCF custody”).

Kansas’ child welfare system is privatized, meaning that once a child/youth is placed in DCF custody, DCF transitions the child or youth’s case to one of four (five as of July 1, 2024) private Case Management Providers (CMPs). For CY 2023, the State held contracts with four CMPs: St. Francis Ministries (SFM), TFI Kansas (TFI), Cornerstones of Care (COC), and KVC Kansas (KVC).³¹ Each CMP is assigned one or more of DCF’s eight catchment areas,³² and is responsible for providing services to all children/youth who enter care from that area. CMPs are responsible for providing all foster care and adoption services, including arranging placement for a child/youth in their catchment area in a foster home or congregate setting; developing a case plan; providing services to children/youth in care and to their parents; determining when a child/youth needs to move to a different placement; and making recommendations to the Court about changes in case goals, discharge, and adoption. DCF also contracts with various private Child Placement Agencies (CPAs) that recruit and train foster parents and assist them through the licensure process.³³

All children/youth in foster care are in the custody of DCF, which is responsible for ensuring all services are completed by the CMPs in accordance with their contracts. DCF divides the state into six regions³⁴ as shown in Figure 1, and each of the six DCF regional offices oversees the CMPs who serve their designated region. Some DCF regions encompass multiple catchment areas (e.g., the Wichita region includes catchment areas 7 and 8), while some catchment areas are served within multiple regions (e.g., catchment areas 1 and 2 are included in both the Northwest and

³¹ The State’s contracts with the four CMPs expired on June 30, 2024, with new contracts with five CMP’s going into effect on July 1, 2024. The five CMPs contracted with DCF are St. Francis Ministries (SFM), TFI Kansas (TFI), Cornerstones of Care (COC), KVC Kansas (KVC), and EmberHope Connections (EHC).

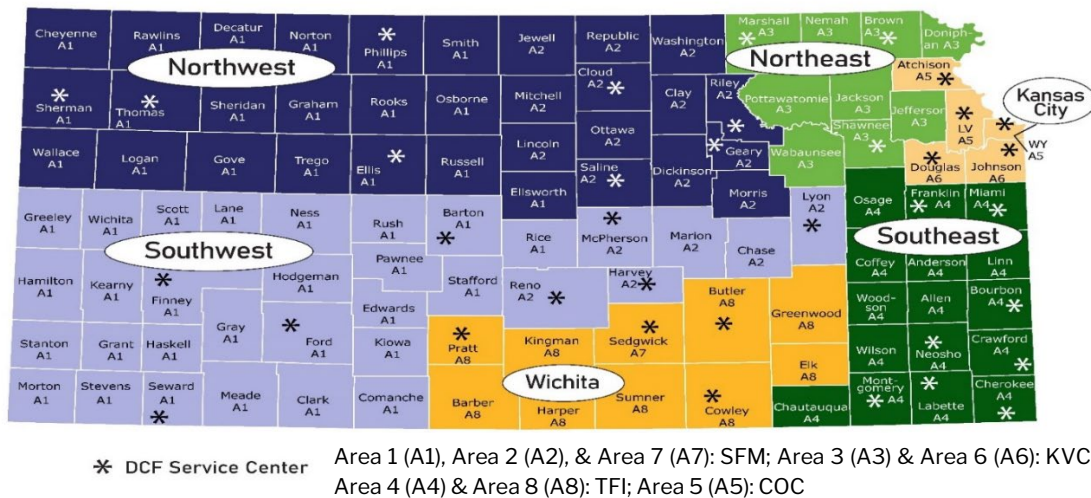
³² DCF’s map of catchment areas can be found [here](#).

³³ While DCF maintains the final decision on whether to officially license a foster home placement, the CPAs “sponsor” and support foster homes through the licensure process, as well as before, during, and after a child/youth is placed in the foster home.

³⁴ The DCF regions are Northwest, Southwest, Northeast, Southeast, Wichita, and Kansas City, as shown in Figure 1.

Southwest regions). DCF regional staff work with the CMPs to monitor implementation of their contracted responsibilities, including through activities such as data reconciliation and review of case records by DCF staff (DCF case reads).

Figure 1: DCF Regions with Area



DCF does not have a uniform statewide data collection system, such as a Statewide Automated Child Welfare Implementation System (SACWIS) or its next iteration, a Comprehensive Child Welfare Information System (CCWIS).³⁵ DCF has yet to choose a vendor to develop a CCWIS system for Kansas, thus the current timeline for implementation is unclear.

In the absence of a more up to date management information system, DCF currently uses the Families and Children Tracking System (FACTS) as its system of record for foster care. Currently, the CMPs do not enter data, such as the child/youth’s name and address, directly into FACTS. Instead, each CMP collects and tracks data in their own individual proprietary data systems.³⁶ CMPs then provide data to DCF regional staff, sometimes via paper records, who input the data into FACTS. The CMPs and DCF regional staff reconcile their data regularly to improve accuracy and

³⁵ The federal Children’s Bureau started the SACWIS system in 1993. States that implement data systems that conform with federal SACWIS standards qualify for substantial federal subsidies that help cover the cost of development. CCWIS is the next iteration of the initiative, and provides more flexibility for States to create data systems best suited to meet their needs and that interface with data systems from other agencies that receive federal funding. Additional information on SACWIS and CCWIS systems can be found [here](#).

³⁶ Each CMP has their own data system in which to collect data and to track and manage the cases of the children in their care. KVC, COC, and TFI maintain fully electronic data records, while SFM has a hybrid method which maintains paper case files for records and an electronic system for data purposes. The CMP data systems are not compatible with one another, nor are they compatible with any of DCF’s data systems.

consistency. DCF and its partner agencies, Kansas Department of Health and Environment (KDHE) and Kansas Department for Aging and Disability Services (KDADS), collect and track data using several internal systems³⁷, with some of them reliant on data reported by each CMP to track compliance with DCF contracts. A more detailed discussion of the State's data systems can be found in Section V. *Methods Used to Review Compliance*.

DCF Partners

While DCF has primary responsibility for ensuring children, youth, and families receive services and supports when children/youth are placed in foster care, it relies on its collaboration with other state departments to accomplish this goal, specifically KDHE and KDADS. KDHE is responsible for administering the state's Medicaid program, including KanCare, Kansas's Medicaid managed care program, and ensuring that Medicaid and all mental health services are appropriately administered.³⁸ KDADS is responsible for overseeing all state hospitals and institutions and coordinating and providing all mental health services in Kansas. KDADS is responsible for administering Medicaid waiver programs for disability services, mental health, and substance use disorders.³⁹ DCF reports staff at each agency regularly communicate and work together, given their shared responsibilities, to ensure that children, youth, and families receive necessary services and supports.

³⁷ DCF uses multiple data systems to maintain data on the children and families it serves. DCF's main database is the Families and Children Tracking System (FACTS) which maintains information on children in DCF custody. CareMatch is the system DCF and the CMPs use to track licensed foster homes and children's placements. A system called CLARIS (Childcare Licensing and Regulation Information System) tracks foster home and non-clinical facility licenses. KDADS uses a system called Automated Information Management System (AIMS) to track and manage medical claims data along with other relevant data. Importantly, these systems are not compatible with one another and require additional data entry steps.

³⁸ Children/youth in DCF custody are enrolled in the KanCare Medicaid managed care program. Additional information can be found [here](#).

³⁹ Additional information on KDADS can be found [here](#).

IV. Children and Youth in DCF Custody⁴⁰

DCF’s data show there were 6,621 children/youth in its care and custody on January 1, 2023, and 6, 399 children/youth in care on December 31, 2023. During CY 2023, there were 2,686 entries into DCF custody, representing 2,671 individual children/youth, and 2,908 exits from DCF custody, representing 2,904 individual children/youth. There were 222 fewer youth in foster care at the end of CY2023 compared to the beginning, a three percent decrease.

Table 1: Children/Youth Entering and Exiting DCF Custody in CY 2023

N = 9,232 unique children/youth served in 2023

Children/youth in DCF custody on January 1, 2023	6,621
Children/youth in DCF custody at any point during CY 2023	9,232
Entries into custody during CY 2023	2,686 ⁴¹
Exits from custody during CY 2023	2,908 ⁴²
Children/youth in DCF custody on December 31, 2023	6,399⁴³

Source: DCF

Of the 2,908 exits from DCF custody reported in CY 2023, over half (1,498 exits, or 52%) were to reunify with a parent or primary caregiver, while 793 children (27%) exited to adoption. Fourteen percent (399) of children/youth who exited care in CY 2023 aged out of DCF custody.⁴⁴

⁴⁰ Children/youth over the age of 18 are not Class Members as defined by the Agreement. The Neutral includes these children for context and because many were part of the class during the period under review.

⁴¹ The 2,686 entries in custody involved 2,671 unique children.

⁴² The 2,908 exits from custody involved 2,904 unique children.

⁴³ The 6,399 children in care on December 31, 2023 represent children in the December 31, 2023 cohort file submitted by DCF. Three additional children were in placements on December 31, 2023, per the placement data file submitted by DCF, but they were not listed in the December 31 cohort file. There were six children in the December 31, 2023 cohort who did not appear in the placement file on that date; more information is available in Table 4: Living Arrangements. The Neutral decided to move forward with analysis despite these inconsistencies, after several rounds of data correction with DCF; more information is available in the data sufficiency section.

⁴⁴ In Kansas, a youth can “age-out” of custody beginning at age 18. Although some youth decide to remain in custody to maintain certain benefits available up to age 21, these youth are still considered to have “aged-out” when they eventually exit custody.

Table 2: Exits from DCF Custody by Exit Type, CY 2023⁴⁵
N = 2,908 exits

Exit Type	No.	%
Reunification with parent or primary caregiver	1,498	52%
Adoption	793	27%
Age-out	399	14%
Guardianship	142	5%
Living with other relative(s) ⁴⁶	24	1%
Other ⁴⁷	52	2%
Total	2,908	100%

Source: DCF

Age, Gender, and Race⁴⁸

Youth aged 12 to 17 years old made up the largest portion (38%) of children in DCF custody on December 31, 2023. As shown in Figure 2, children aged birth to six years old accounted for 35 percent; 7 to 11 years accounted for 23 percent, and youth 18 years and older accounted for 4 percent of all children in DCF custody on December 31, 2023.

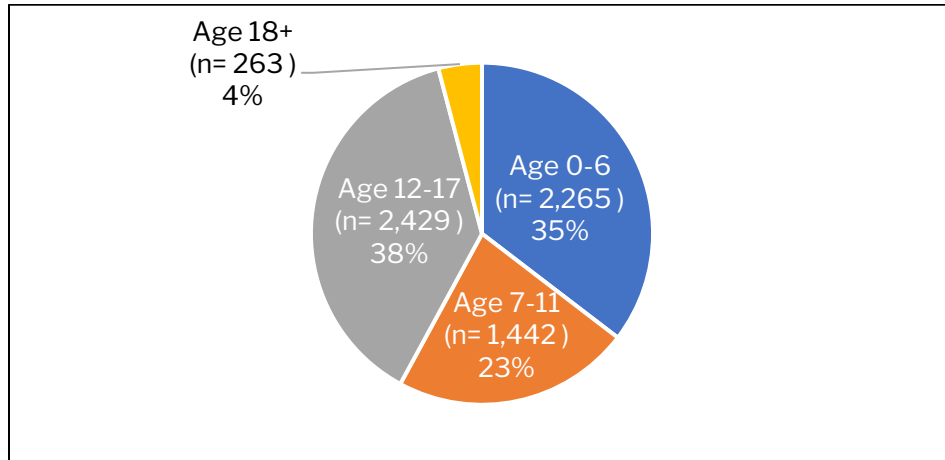
⁴⁵ An individual child or youth can exit DCF custody more than one time in a reporting period.

⁴⁶ Element 155 of The Children’s Bureau Technical Bulletin #20 defines “live with other relatives” as “the child exited to live with a relative (related by a biological, legal or marital connection) other than his or her parent(s) or legal guardian(s). The Bulletin can be found [here](#).

⁴⁷ The category of “Other” includes children reported by DCF as transferred to other agencies or persons (21 children), transferred to Department of Corrections (11 children), to a Tribe (8 children), child/youth death while in care (9 children), and runaways (3 children). DCF, like other systems, discharges children/youth that are on runaway status after a certain amount of time elapses. The Neutral does not have additional information concerning the nine deaths that occurred in CY 2023.

⁴⁸ The Neutral team analyzed data submitted by DCF on children in DCF custody as of December 31, 2023. Percentages may not add up to 100% due to rounding.

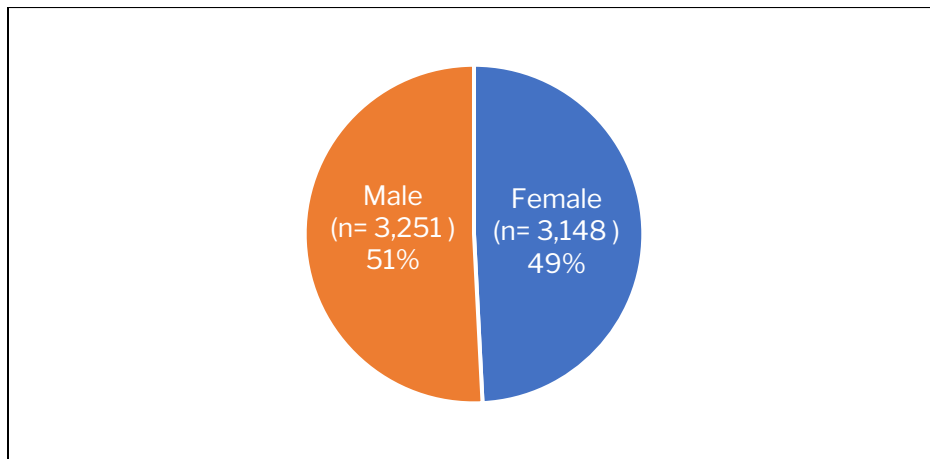
Figure 2: Age of Children/Youth in DCF Custody on December 31, 2023⁴⁹
N = 6,399 children/youth



Source: DCF

On December 31, 2023, there were slightly more children/youth identified as male (3,251, 51%) in DCF custody than female (3,148, 49%).

Figure 3: Identified Gender of Children/Youth in DCF Custody on December 31, 2023⁵⁰
N = 6,399 children/youth



Source: DCF

Table 3 illustrates the race/ethnicity for children/youth in DCF custody compared to the general population of Kansas’s children/youth. The data show that Black/African

⁴⁹ Children/youth over the age of 18 are not Class Members as defined by the Agreement. The Neutral includes these children for context and because many were part of the class during the period under review. Gender is reported as male/female in this report based on the way DCF currently reports their data.

⁵⁰ Ibid.

American children might be overrepresented in DCF custody (21%) relative to their share of the Kansas under 18 population (5%).⁵¹

Table 3: Race/Ethnicity of Children/Youth in DCF Custody on December 31, 2023⁵²

*N = 6,399 children/youth in DCF custody;
686,474 children/youth under 18 statewide*

	Children/youth in DCF custody		Children/youth Under 18 in Kansas ⁵³
	No.	%	%
Race			
White	4,881	76%	69%
Black/African American	1,347	21%	5%
American Indian/Alaskan Native	119	2%	1%
Asian	38	1%	3%
Native Hawaiian/Pacific Islanders	11	<1%	<1%
Two or more races	-	-	16%
Unknown / Other	3	<1%	6%
Ethnicity			
Hispanic	904	14%	20%
Non-Hispanic	5,418	85%	80%
Unable to Determine	77	1%	0%
Total	6,399	100%	100%

Source: DCF and US Census Data, 2022

Living Arrangements⁵⁴

Overall, 5,745 (90%) of all children/youth in DCF custody on December 31, 2023, were placed in home or family settings; 2,816 (44%) were in non-relative family foster home placements, 2,103 (33%) were in relative foster homes, and 586 (9%) remained at home but were in the legal custody of DCF. Seven percent of children/youth in custody on December 31, 2023, were in congregate settings.

⁵¹ DCF does not have a category to identify children/youth of two or more races, while the US Census data does. Thus, it is currently not possible to know which race multi-racial children are identified as in DCF's data.

⁵² Labels for population groups reflect the terms used in DCF's data systems. Race and ethnicity are not exclusive. Children are counted once in each section.

⁵³ Based on the US Census Bureau American Community Survey 1-Year Estimates for children under 18 years in Kansas, 2022.

⁵⁴ Consistent with federal definitions, the following events are classified as temporary absences, not placements: runaways (placement type FO09N), hospitalizations (placement subtypes Drug / Alcohol Treatment Facility (DAT), Medical Hospital (MDH), Mental Health Treatment Facility (MTF), Parsons State Hospital (PSH), Psychiatric Residential Treatment Facility (PRTF)), and Incarceration stays (placement subtypes Detention (DET), Jail (Adult) (JAL), and Youth Center at Topeka (YCT)).

Table 4: Living Arrangements of Children/Youth in DCF Custody on December 31, 2023^{55,56}
N = 6,399 children/youth

Living Arrangements of Children/Youth	No.	%
Home or family settings		
Non-relative family foster home	2,816	44%
Relative family home	2,103	33%
Placed at home	586	9%
Pre-adoptive home	240	4%
Total	5,745	90%
Congregate settings		
Residential placements ⁵⁷	321	5%
Independent living	78	1%
Group home (emergency shelter)	22	<1%
Maternity home	4	<1%
Total	425	7%
Non-placements		
Institutional and detention ⁵⁸	131	2%
Office	0	<1%
Runaway	92	1%
Total	223	3%
Children/youth missing in placement data on December 31, 2023	6	<1%
All children/youth in care on December 31, 2023	6,399	100%

Source: DCF

⁵⁵ Information on placement type is unavailable in the December 31, 2023 cohort file, thus the placement file was used to generate this table. However, there were inconsistencies between the two files. Of the 6,399 children listed in the December 31, 2023 cohort file submitted by DCF, 6,393 were shown in the placement file to be in a placement on December 31, 2023. The remaining six children/youth were shown to be in a placement that ended prior to December 31, 2023. An additional three children were in a placement on December 31 according to the placement file, but were not in the December 31 cohort file. Per the placement file submitted by DCF, these three children/youth were discharged from custody prior to December 31, 2023, which explains their exclusion from the December 31, 2023 cohort file. These three children are not included in Table 4. Percentages in this table may not add to 100% due to rounding.

⁵⁶ Twenty-six children were listed twice in the placement file for December 31, 2023; of those 26, 25 had a placement end on December 31, 2023, and a subsequent placement begin on that same day. Those children have been counted only once in Table 4; the category of living arrangement reflects the latter of the two placements. One child was listed in the placement file as an illegitimate duplicate with conflicting placement start dates.

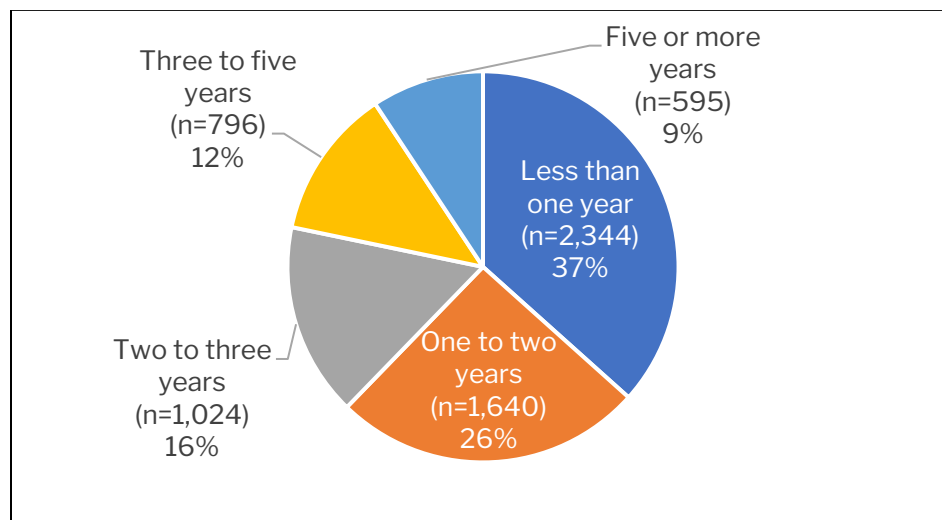
⁵⁷ Includes Qualified Residential Treatment Programs (QRTP), Secure Care, and Youth Residential Center II (YRCII) placements.

⁵⁸ Includes Detention, Jail (Adult), Medical Hospital, Mental Health Treatment Facility, Parsons State Hospital, Psychiatric Residential Treatment Facility (PRTF), Drug/Alcohol Treatment Facility, and Youth Center at Topeka Placements.

Length of Time in DCF Custody

The majority of children/youth in custody as of December 31, 2023, had been in care for two years or less (3,984 or 62%), while 1,820 (28%) had been in care for between two and five years. A total of 595 children/youth (9%) had been in care for more than five years as of December 31, 2023. Figure 4 further breaks down the length of stay for children/youth in DCF custody.

Figure 4: Length of Stay in Care of Children/Youth in DCF Custody as of December 31, 2023⁵⁹
N = 6,399 children/youth



Source: DCF

CMP, Region, and DCF Catchment Area

DCF reports the location of children/youth in care by CMP, region, and catchment area. As shown in Table 5, Saint Francis Ministries (SFM) served the largest number of children/youth in DCF custody on December 31, 2023, with 2,935 children/youth (46%); 1,624 children/youth (25%) were placed with KVC Kansas (KVC). There were 1,293 children/youth (20%) placed with TFI Kansas (TFI), and 547 children/youth (9%) placed with Cornerstones of Care (COC). Wichita served the highest number of children/youth in care on December 31, 2023, with 1,938 children/youth (30%) served

⁵⁹ For four children, the removal date shown in the December 31, 2023 cohort file differs from the removal date shown in the placement file. Figure 4 has been calculated using the removal date in the December 31, 2023 cohort file.

by both SFM⁶⁰ and TFI. Placement information by region and catchment area can be found in Tables 6 and 7.

Table 5: Children/Youth in DCF Custody on December 31, 2023, by CMP
N = 6,399 children/youth

Case Management Provider	No.	%
Saint Francis Ministries (SFM)	2,935	46%
KVC Kansas (KVC)	1,624	25%
TFI Kansas (TFI)	1,293	20%
Cornerstones of Care (COC)	547	9%
Total	6,399	100%

Source: DCF

Table 6: Children/Youth in DCF Custody on December 31, 2023, by Region
N = 6,399 children/youth

DCF Region	No.	%
Kansas City	1,112	17%
Northeast	1,059	17%
Northwest	608	10%
Southeast	769	12%
Southwest	913	14%
Wichita	1,938	30%
Total	6,399	100%

Source: DCF

Table 7: Children/Youth in DCF Custody on December 31, 2023, by Catchment Area
N = 6,663 children/youth

Catchment Area	No.	%
Area 1 (SFM)	696	11%
Area 2 (SFM)	825	13%
Area 3 (KVC)	1,059	17%
Area 4 (TFI)	769	12%
Area 5 (COC)	547	9%
Area 6 (KVC)	565	9%
Area 7 (SFM)	1,414	22%
Area 8 (TFI)	524	8%
Total	6,399	100%

Source: DCF

⁶⁰ Beginning July 1, 2024, EmberHope Connections (EHC) will be serving children placed in Region 7.

V. Methods Used to Review Compliance

Activities Utilized by the Neutral to Complete this Report

Under the terms of the Settlement Agreement, the Neutral is responsible for independently validating data and reporting annually on the State's performance.

In preparation for this report, the Neutral engaged in various activities to assess the State's efforts toward meeting the Period 3 commitments. These efforts included: regular correspondence with State staff, including DCF, KDADS, and KDHE staff as needed; attendance at the Kansas Foster Advisory and Accountability Board⁶¹ (KFAAB) monthly meetings; engagement with plaintiffs and other non-State staff stakeholders; collecting and analyzing data; completing site visits to CMPs; and participating in case reads.

The Neutral utilized the Metrics Plan to guide all data collection and analysis. The Metrics Plan was developed collaboratively by the Neutral and DCF during CY 2021 to outline the methodologies to assess DCF's progress toward achieving each commitment. During Period 3, the Metrics Plan was revised in collaboration with DCF to account for issues encountered during prior periods.

Case Reads and Samples

The Settlement Agreement requires cases selected for the case reads to be drawn from a statistically significant, representative, random sample, which must be approved by the Neutral. DCF and the Neutral co-designed the methodology for each sample in accordance with the Metrics Plan, with the Neutral selecting the final samples.⁶² As required by the Settlement Agreement, DCF completed case reads⁶³ for all cases in each of the samples; the Neutral then completed case reads of 50 percent of DCF's completed case reads for validation. All case reads were completed utilizing specific case review questions and guidelines as required by the Settlement

⁶¹ KFAAB is a group composed of a variety of stakeholders from different backgrounds in accordance with the Settlement Agreement. For more information on the KFAAB, see: Section VII.A. ii. 2.1.2 *Community Accountability Structure* of this report.

⁶² Samples are statistically representative of the larger universe of children in DCF custody on the following characteristics: age, race, ethnicity, gender, year of removal, catchment area, and permanency goal.

⁶³ The case read tools for the Specialized, Targeted, and Extended case reads can be found in Appendix B of this report.

Agreement.^{64,65} All case read tools were approved by the Neutral. Three samples were drawn to determine performance on Settlement Agreement commitments. Details of each sample, along with sample size for DCF and the Neutral, are listed in Table 8.

The Specialized sample was chosen from the population of all children/youth who were in DCF custody at any time during CY 2023, and pertains to commitments SA 2.5.3, 2.9.2, and 2.9.3. The Targeted sample was chosen from the population of children/youth who entered DCF custody in CY 2023 and pertains to commitment SA 2.9.5. The Extended sample pertains to commitment SA 2.5.5. It is composed of two groups of children/youth: 1) all children/youth who were in DCF custody at any time during CY 2023 who experienced a night-to-night placement during the period; and 2) all children/youth who were in DCF custody at any time in CY 2023 who experienced a short-term placement during the period. These two groups are not mutually exclusive, therefore a child/youth who was selected for the night-to-night sample could be selected for the short-term sample if the criteria were met.

Table 8: Case Review Samples for Case Reads and Corresponding Settlement Agreement Commitments for CY 2023

Sample Name	Corresponding Commitments	DCF Sample Size	Neutral 50% Sample Size
Specialized	2.5.3 Authorization of Mental Health Services 2.9.2 Addressing Mental Health Needs 2.9.3 Stable Placements	263	132
Targeted	2.9.5 Initial Mental Health and Trauma Screens	244	122
Extended	2.5.5 Ending the Practice of Night-to-Night Placements	63	32
	2.5.5 Ending the Practice of Short-Term Placements	65	32 ⁶⁶

⁶⁴ Settlement Agreement sections 2.5.5 (ending the practice of night-to-night and short-term placements), 2.9.2 (meeting Class Members’ mental health needs), and 2.9.3 (stable placements) require use of the CFSR’s Round 3 case review guidance as detailed in Section I. *Summary of McIntyre v. Howard* of this Report. Where applicable, the guidance was updated to reflect the most recent CFSR Round 4 guidance, which did not differ substantially from Round 3 guidance.

⁶⁵ To assess performance as to whether mental health and trauma screens were appropriately conducted as required by Section 2.9.5 of the Settlement Agreement, the Neutral and DCF collaborated to create a measurement tool based on DCF’s own Continuous Performance Improvement case read tools. DCF completes case reads on a quarterly basis to assess DCF practice and each CMP’s performance. Additional information can be found [here](#).

⁶⁶ The Neutral completed 33 case reads for children/youth who experienced short-term placements. However, during the reconciliation process it was determined that one case was not applicable according to the case read guidelines. This case was thus replaced and DCF completed a new case read. Due to time constraints, the Neutral did not complete a replacement case read.

DCF obtained case files from each CMP for every case selected for review. To complete the case reads required under the Settlement Agreement, DCF trained Continuous Performance Improvement (CPI) and audit staff to conduct these case reads. The Neutral read 50 percent of the case reads completed by CPI staff, using documents that DCF uploaded to a secure website. The Neutral subsequently conducted an interrater reliability analysis that compared the Neutral and DCF's case review answers to further validate the results.^{67,68}

After DCF and the Neutral completed the case reads, they conducted a reconciliation process whereby the Neutral provided DCF with an opportunity to respond to the few situations in which the Neutral had reached a different conclusion than the CPI reviewer. In those few instances, DCF provided additional evidence or justifications of their findings, (for example, situations in which workers' credentials to administer the mental health screen had not been provided but could be documented), and the Neutral concluded that the CPI findings were correct and changed them accordingly. After the reconciliation process was complete and both DCF and the Neutral's results finalized, the Neutral completed an analysis of the results, as specified in the Metrics Plan, to quantify and report performance.

Data Validation and Limitations

The Metrics Plan jointly developed by DCF and the Neutral requires the State to produce sets of "cohort" data each year. For Period 3, DCF provided data sets for five cohorts of children and youth:

- information about all children/youth in foster care as of January 1, 2023;
- information about all children/youth who entered care in CY 2023;
- information about all children/youth who exited care in CY 2023;
- information about all children/youth in foster care as of December 31, 2023; and

⁶⁷ During the case reads completed during CY 2023, DCF updated their Specialized case read guidance in a manner which conflicted with guidance in the tool used and approved by the Neutral. The Neutral worked with DCF to reconcile case read questions impacted by the change, which at times led to different conclusions despite DCF and the Neutral not having a substantive disagreement on the case. These differences did not ultimately impact the validity of the case read results. The Neutral will continue to work with DCF on maintaining consistent case read tools in future case reads.

⁶⁸ The Neutral found strong interrater reliability for all five Specialized case read questions and for each of the four Targeted case read questions. The Neutral found strong interrater reliability for the night-to-night Extended case review, and acceptable interrater reliability for the short-term Extended case review.

- information about all children/youth who were in care at any point during the year.

The Neutral used the cohort data to verify other data sets provided to assess progress toward SA commitments, to describe the group of children/youth in DCF custody and their experiences, and to draw samples for the case record review mandated by the Settlement Agreement. To verify the cohort data, the Neutral checked for consistency within and across the five files. These checks included, for example, ensuring that all the Class Members listed in the “all children served” file appear in at least two of the other files provided by DCF for validation, and ensuring that children who left DCF custody before the end of the year and did not re-enter care do not appear in the December 31, 2023 cohort file.

DCF also submitted Adoption and Foster Care Analysis and Reporting System (AFCARS)⁶⁹ files generated from FACTS, along with data from the Kansas Child Care Licensing and Registration System (CLARIS), from the Medicaid billing system AIMS,⁷⁰ and from the Family Mobile Response Crisis Helpline (the “Helpline”) operated by Carelon Behavioral Health. In addition, DCF coordinated data collection from the four case management providers (CMPs) for caseload data and case reads. As noted in the Neutral’s previous two reports, the limited ability to integrate data among Kansas’s multiple data systems is a burden for DCF and affects the Neutral’s ability to assess performance. The lack of integration of multiple data systems also impact DCF’s ability to make data-informed decisions and to hold CMPs accountable for meeting contractual obligations.

As in prior reporting periods, the Neutral encountered numerous data quality issues. In some instances, data quality issues prevented the Neutral from verifying data and calculations or limited the confidence with which the Neutral made determinations. In some situations, the data did not have the documentation required by the Neutral team or had data quality issues that DCF could not remedy. In other situations, DCF’s antiquated data systems could not collect information needed to determine performance on Settlement Agreement commitments. Data limitations specific to each data commitment are footnoted throughout this report.

⁶⁹ The Adoption and Foster Care Analysis and Reporting System (AFCARS) was established by the federal Children’s Bureau to collect and provide data that assists federal, Tribal, and state systems in policy development and program management. Additional information about AFCARS can be found [here](#).

⁷⁰ Automated Information Management System (AIMS) is a system used by KDADS that produces a comprehensive data set comprised of 85 data fields that reflect demographic, client status, and encounter data for the mental health consumers served by local Community Mental Health Centers (CMHCs) in Kansas. Additional information can be found [here](#).

The Neutral worked through many issues with DCF and appreciates the State's cooperation and attention to these challenges. DCF reported that some data issues resulted from training new staff or breakdowns in their quality assurance process. When requested, DCF resubmitted data or clarified quality issues. The data sufficiency issues for each of the Settlement Agreement commitments described throughout this report omit many instances where data quality issues did not make a tangible impact on the Neutral's timeliness or ability to report, or where the Neutral was able to remedy the issue without additional requests from DCF.

The Neutral also worked proactively with DCF and the CMPs to promote an understanding of the validation process and its intended outcomes for children/youth and families. These efforts included a presentation to the CMPs about the purpose of validation; common issues in caseload data, and how to prevent such issues, as well as a presentation to the DCF CCWIS development team that focused on remedies for common challenges in designing child welfare information systems from experiences of other states. The Neutral appreciates DCF's and the CMPs' eagerness to continually improve their data collection and data quality practices.

Cohort Data Limitations

The initial cohort file submitted by DCF did not contain some of the requested information. The Neutral requested, and DCF submitted, a new file that corrected this issue. No additional issues were identified in the final file that impeded the Neutral's ability to analyze the cohort data.

Placement Data Limitations

The Neutral requested five files with placement information:

- a file from FACTS showing all placements of Class Members that began in or overlapped with the period under review;
- the 2023 AFCARS placement file for FY 2023, in the historical (pre-2020) format;
- the 2023 AFCARS placement file for FY 2023, in the new format (2020 and later);
- a file listing all Failure to Place incidents, for commitment 2.5.1; and
- a file listing all jail and detention placements, for commitment 2.1.3a.

In its first review of the FACTS-based placement file, the Neutral identified many issues, including duplicate placements, overlapping placements, and unexplained

gaps before, between, and after placements. The Neutral requested, and DCF submitted, an updated version of this file, in which some but not all of these issues were corrected. The Neutral requested a final correction that the Neutral received on April 22, 2024, which unfortunately identified remaining issues, including four children with different removal dates than in the cohort files and 20 children with gaps between placements. When asked about the gaps between placements, DCF reviewed these placements and found that all were hospitalizations.⁷¹ However, DCF did not add these hospitalizations to the file in their third submission. To keep the monitoring process timely, the Neutral decided to use the third placement submission file.

The AFCARS files in the historical format had the same issues as described in the Neutral's two prior reports. First, pre-adoptive placements that led to adoption were not counted, which meant the files undercounted the total number of placements children/youth experienced during the fiscal year. Second, there were 33 children in this file who had a value of zero for their number of placement settings. The Neutral used the FACTS-based placement file to fill in these values where possible and then proceeded with using the historical AFCARS file format for commitment 2.9.1.

The Neutral also examined the viability of using the new AFCARS file format for calculating placement moves for commitments 2.9.1 and 2.9.4, but found that it was not possible to determine if placement changes occurred after temporary absences from care (such as hospitalizations, absences without consent, or detention spells).⁷² As a result, the Neutral analyzed commitment 2.9.4 using a FACTS-based approximation of the fiscal year AFCARS file.

DCF's initial data submission of all jail and detention placements for commitment 2.1.3a contained inconsistent data and far fewer incarceration events than prior year submissions. The Neutral requested and received a revised file that listed 136 more detention spells than the initial file. Upon review, the second submission was missing some of the requested information, including foster care exit reasons and the name of the facility in which the child/youth was placed, which DCF was able to provide upon further inquiry. The Neutral also inquired about an increase in jail spells from CY 2022 to CY 2023. After further investigation, DCF found that all but one jail spell should have been listed as detention spells.

⁷¹ Acute hospitalizations do not meet the CFSR definition of a placement. However, to ensure that there are no gaps in the record, it is important that all children/youth's movements, including non-placements, be included in the data.

⁷² The Neutral contacted the Children's Bureau, which confirmed our finding that this is not a DCF data production error, but rather is an error due to the format of the new AFCARS 2020 file.

Case Read Limitations

As noted in prior reports, DCF's data systems do not contain important case information, such as details on parent-child or caseworker visits, mental health information, or other necessary data for DCF to follow the day-to-day activities of children/youth in foster care. Instead, this information is maintained in each of the four CMP's records. Because each CMP maintains their own proprietary data system, DCF staff and the Neutral relied on scanned copies of PDF documents provided by the CMPs to complete the case reads as required in the Settlement Agreement. As a result, information was often difficult to locate and assess. The limits of the data systems prevented the Neutral from reading the full case record, which would have been helpful to better understand the experiences of children/youth in DCF custody.

The Neutral will continue to work with DCF on improving this case read process for CY 2024, however it should be noted that improvements are likely to be insufficient without the benefit of a full CCWIS system.

VI. Summary Table of 2023 Performance for All Commitments

Performance Goals				
Settlement Agreement Commitment	Period 1 Commitment Fulfilled (Yes/No)	Period 2 Performance Fulfilled (Yes/No)	Period 3 Performance	Period 3 Commitment Fulfilled (Yes/No) ⁷³
<p>2.1.1 Contract Oversight and Accountability</p> <p>Within thirty (30) days of entry of the Court's Judgment and Order, Defendants will amend provider grants for foster care case management to include a set of immediate mandates, with the Outcomes and Practice Improvements in Section 2, Parts II and III herein incorporated into the grant agreements.</p>	Yes	N/A	N/A	Fulfilled in Period 1
<p>2.1.2 Community Accountability Structure</p> <p>Within six (6) months of the entry of the Court's Judgment and Order, Defendants with input from Plaintiffs shall develop an independent advisory group to inform action planning and program improvement and to assist in implementation of this Settlement Agreement.</p>	Yes	Yes	KFAAB continued to meet monthly and make recommendations to DCF during CY 2023.	Yes

⁷³ "Yes" indicates that, in the Neutral's judgment, based on presently available information, DCF has fulfilled their obligations regarding the Settlement Agreement. "No" indicates that, in the Neutral's judgment, DCF has not fulfilled their obligations regarding the Settlement Agreement. "Unable to Determine" means the Neutral did not have sufficient information to make a determination.

<p>2.1.3a Incarceration Reporting</p> <p>Defendants shall track and report for each twelve (12) month period, aligned with the four (4) one-year periods specified in Section 2.6, and every twelve (12) months thereafter until settlement termination, validated by the Neutral, all Class Members placed in a jail, correctional facility, detention facility, or other juvenile justice system placement, and the duration of time Class Members were or have been placed in such placements.</p>	Yes	Yes	DCF reported data on incarcerated youth as required by the Settlement Agreement.	Yes
<p>2.1.3b Caseload Reporting</p> <p>Defendants shall track and report for each twelve (12) month period, aligned with the four (4) one-year periods specified in Section 2.6, and every twelve (12) months thereafter until settlement termination, validated by the Neutral, caseloads of all placement caseworkers and placement caseworker supervisors.</p>	No	In process	DCF reported data for caseworker and caseworker supervisor caseloads for CY 2023.	Yes

Practice Improvements⁷⁴

Settlement Agreement Commitment	Period 1 Performance	Period 1 Commitment Fulfilled (Yes/No)	Period 2 Performance	Period 2 Performance Fulfilled (Yes/No)	Period 3 Performance	Period 3 Commitment Fulfilled (Yes/No)
<p>2.5.1 Temporary Overnight Placements (Failure to Place)</p> <p>DCF shall end the practice of utilizing any of the following to temporarily house or otherwise maintain Class Members overnight.</p>	53 children/youth experienced 69 episodes of Failure to Place.	No	85 children/youth experienced 141 episodes of Failure to Place.	No	57 children/youth experienced a total of 68 episodes of Failure to Place.	No
<p>2.5.2 Licensed Capacity</p> <p>DCF shall ensure that no placement exceeds its licensed capacity without an approved exception to DCF's "Policy: Exception Requests for Foster Homes, 6/20/18 Rev. 10/21/2019."</p>	At least 97% of Family Foster homes and at least 99% for NRKin and licensed relative homes were below capacity or had an approved exception.	No	Approximately 98% of Family Foster homes and nearly 100% of NRKin and licensed relative homes were below capacity or had an approved exception.	No ⁷⁵	Approximately 99% of Family Foster homes and nearly 100% of NRKin and licensed relative homes were below capacity or had an approved exception.	Unable to Determine ⁷⁶

⁷⁴ Section 2.2 of the Settlement Agreement defines the period under review for the Practice Improvements as November 1, 2020 to October 31, 2021. The Parties agreed, and the Neutral approved, to change the period under review for all Practice Improvements to align with the periods prescribed in Section 2.6 of the Settlement Agreement Outcomes, January 1 to December 31. On April 10, 2023, the U.S. District Court of Kansas granted the parties' Joint Stipulation approving this modification to the Settlement Agreement.

⁷⁵ The Neutral recognizes the progress made on this commitment, but limitations in the data systems used by DCF continue to create challenges in validating this provision of the Settlement Agreement.

⁷⁶ The Neutral recognizes the continued progress made on this commitment, but limitations in the data systems used by DCF continue to create challenges in validating this provision of the Settlement Agreement.

<p>2.5.3 Provision of Mental Health Treatment Services</p> <p>Defendants shall not delay authorization and provision of medically necessary mental health treatment services until placement stability is achieved or otherwise link access to medically necessary mental health treatment services with placement stability.</p>	<p>DCF case reviews found that in 24% of cases where a delay in authorization of mental health services was found, placement stability was a factor in the delay.</p>	<p>No</p>	<p>DCF case reviews found that of all the children who needed mental or behavioral health services, 13% either did not receive services at all, or experienced a delay in services, where placement instability was a factor in the delay.</p>	<p>No</p>	<p>DCF case reviews found that of all the children who needed mental or behavioral health services, 20% either did not receive services at all, or experienced a delay in services, where placement instability was a factor in the delay.</p>	<p>No</p>
<p>2.5.4 Crisis Intervention Services</p> <p>Defendants shall ensure that Crisis Intervention Services are available to Class Members statewide.</p>	<p>On October 1, 2021, DCF launched a statewide mobile crisis hotline in collaboration with KDADS, MCOs, and all 26 CMHCs.</p>	<p>In process</p>	<p>108 calls pertaining to 69 children and youth in foster care were served by the Family Mobile Response Crisis Helpline.</p>	<p>In process</p>	<p>DCF data showed an increase in the use of the Crisis Helpline, as well as an increase of crisis intervention services provided to children/youth in custody per Medicaid billing data.</p>	<p>In process</p>

<p>2.5.5 Night-to-Night and Short-Term Placements</p> <p>DCF shall end the practice of Night-to-Night Placements of Class Members by the end of Period 1 (CY 2021) and end the practice of Short-Term Placements of Class Members by the end of Period 3 (CY 2023).</p>	<p>801 children/youth experienced 1,501 night-to-night placements, and 1,366 children/youth experienced a total of 2,945 short-term⁷⁷ placements.</p> <p>Case reviews showed 33% of night-to-night placements were made to meet the child/youth’s case goal, and 46% of short-term placements were made to meet the child/youth’s case goal.</p>	<p>No</p>	<p>801 children/youth in DCF custody experienced 1,508 night-to-night placements, and 1,365 children/youth experienced 3,321 short-term placements.</p> <p>Case reviews showed 19% of night-to-night placements were made to meet the child/youth’s case goal, and 39% of short-term placements were made to meet the child/youth’s case goal.</p>	<p>No</p>	<p>822 children/youth in DCF custody experienced 2,057 night-to-night placements, and 1,275 children/youth experienced 3,700 short-term placements.</p> <p>Case reviews showed 30% of night-to-night placements were made to meet the child/youth’s case goal, and 15% of short-term placements were made to meet the child/youth’s case goal.</p>	<p>No</p>
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⁷⁷ The Neutral’s Period 1 report identified 1,680 children/youth who experienced at least one short-term placement in CY 2021, which was defined as a placement of less than 14 days. Thus, 314 children/youth who experienced only night-to-night placements were included in the short-term placements total for CY 2021. For Period 2, the Neutral is excluding children who experienced only night-to-night placements from the short-term total to more accurately show children experiencing 2-to-14-day placements. Therefore, the total number of children/youth who experienced short-term placements in CY 2021 was updated to reflect this change.

Outcomes⁷⁸

Settlement Agreement Commitment	Period 1 Performance	Period 1 Target	Period 2 Performance	Period 2 Target	Period 3 Performance	Period 3 Target	Period 3 Commitment Fulfilled (Yes/No)
<p>2.9.1 Placement Moves per 1,000 Days</p> <p>All Class Members entering DCF custody in a twelve (12) month period shall have a rate of Placement Moves that does not exceed the specified number of moves per 1,000 days in care during their current episode.</p>	5.84 moves per 1,000 days in care.	7 moves per 1,000 days in care	7.29 moves per 1,000 days in care.	6 moves per 1,000 days in care	7.94 moves per 1,000 days in care.	5 moves per 1,000 days in care	No
<p>2.9.2 Addressing Mental and Behavioral Health Needs</p> <p>At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall have had their mental and behavioral health needs addressed.</p>	In 65% of cases reviewed, children/youth had their mental and behavioral health needs addressed.	80%	In 70% of cases reviewed, children/youth had their mental and behavioral health needs addressed.	85%	In 52% of cases reviewed, children/youth had their mental and behavioral health needs addressed.	90%	No

⁷⁸ The Settlement Agreement defines Outcomes to be achieved over four one-year periods, with each period commencing January 1, 2021, January 1, 2022, January 1, 2023 and, if applicable, January 1, 2024. Commitments 2.9.1 and 2.9.4 rely on AFCARS data, which is aligned with the Federal Fiscal Year (FFY), October 1 through September 30. As a result, parties agreed to alter the timeline in the Agreement for these two commitments only, with each period commencing on October 1. Period 2 began October 1, 2021.

<p>2.9.3 Placement Stability</p> <p>At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall be in a placement setting that at the time of the review is stable.</p>	<p>86% of children/youth were in a stable placement as of December 31, 2021.</p>	<p>80%</p>	<p>91% of children/youth were in a stable placement as of December 31, 2022.</p>	<p>85%</p>	<p>87% of children/youth were in a stable placement as of December 31, 2023.</p>	<p>90%</p>	<p>No</p>
<p>2.9.4 Placement Moves</p> <p>At least the following percentages of all Class Members in DCF custody at any point during the twelve (12) month reporting period shall have one (1) or fewer Placement Moves in twelve (12) months immediately preceding the last date of that reporting period.</p>	<p>Multiple data issues hindered the Neutral's ability to validate performance.</p>	<p>75%</p>	<p>Multiple data issues again hindered the Neutral's ability to validate performance.</p>	<p>80%</p>	<p>83%</p>	<p>85%</p>	<p>No</p>
<p>2.9.5 Initial Mental Health and Trauma Screens</p> <p>At least the following percentages of a statistically significant, representative, random sample of all Class Members entering DCF custody during twelve (12) month period shall have received a timely Initial Mental Health and Trauma Screen conducted by a Qualified Mental Health Professional within thirty (30) days upon each entry into the foster care system.</p>	<p>34% of children/ youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.</p>	<p>80%</p>	<p>43% of children/youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.</p>	<p>85%</p>	<p>69% of children/youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.</p>	<p>90%</p>	<p>No</p>

VII. Discussion of Performance on each Settlement Provision

A. Part I: Accountability, Reporting, and Implementation

i. 2.1.1 Contract Oversight and Accountability

2.1.1 Contract Oversight and Accountability
Within thirty (30) days of entry of the Court's Judgment and Order, Defendants will amend provider grants for foster care case management to include a set of immediate mandates, with the Outcomes and Practice Improvements in Section 2, Parts II and III herein. incorporated into the grant agreements.
Due Date: March 1, 2021

Section 2.1.1 of the Settlement Agreement requires the Department of Children and Families to amend its contracts with the four CMPs to incorporate responsibilities arising from the Agreement. The revised contracts were also to “address performance-based metrics and applicability of DCF discretionary corrective action for non-performance or inadequate performance.”

The Neutral reviewed signed contract amendments as well as other materials provided by DCF describing their work to implement this provision of the Agreement. DCF was to revise these contracts within 30 days of the Court’s Judgment and Order.

The Neutral has reported previously that DCF met this obligation during CY 2021. There are two further developments of note related to this provision for CY 2023.

Incentives and Penalties

As a result of the contract revisions required by the Agreement, contracts with CMPs contain sections authorizing the Department to (a) make incentive payments to providers whose performance exceeds specified levels on a number of outcome measures, and/or (b) impose financial penalties on providers whose performance falls below specified levels.

DCF reports it did not award any such incentive payments during CY 2023. It did, however, impose penalties as follows:

- In all eight catchment areas, providers received a 0.2 percent penalty for having one or more episodes of “Failure to Place.”
- In five catchment areas, providers received a 0.2 percent penalty for performance related to placement stability: area 1 (western Kansas, SFM); areas 4 and 8 (southeast and south-central Kansas, TFI); area 5 (Kansas City,

COC); and area 6 (Douglas and Johnson Counties, KVC). In three areas (Areas 2 and 7 [north-central Kansas and Wichita, SFM] and area 3 [northeastern Kansas, KVC]) providers achieved the interim performance targets required in their Performance Improvement Plans, and no penalty was imposed. Performance Improvement Plans typically require further improvement in subsequent years until the Settlement Agreement standard is met.

New contracts

The Case Management contracts in effect at the time the Settlement Agreement was signed had an original termination date of June 30, 2023, and were then extended for one year, through June 2024. On May 1, 2023, Kansas posted a Request for Proposals (RFP) for new awards covering the period July 1, 2024, through June 30, 2028, with the possibility of up to four one-year extensions. On February 19, 2024, DCF announced the award of these new contracts, as follows:

- There are now five rather than four Case Management Providers;
- The new provider, EmberHope Connections (EHC), replaces SFM in serving catchment area 7 (Wichita);
- All other assignments remain the same as in the prior contracts, with KVC, SFM, and TFI serving two catchment areas each, and COC serving one catchment area.

As noted in last year’s report, a noteworthy and positive change is the inclusion in the new contracts of caseload standards that require providers to:

“Maintain caseloads in accordance with Council on Accreditation, private organization Program Administration Service Standards (PA)-Foster Kinship Care 2.08, Personnel 2022 edition or revision updates. The RFP requires that employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and generally do not exceed:

- i. 12-15 children in foster care or kinship care, and their families; and
- ii. Eight children in treatment foster care, and their families.
- iii. When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly.
- iv. Caseloads may be higher when organizations are faced with temporary staff vacancies.

- v. New personnel should not carry independent caseloads prior to the completion of training.”⁷⁹

By contrast, the prior CMP contracts required caseloads not to exceed 25 to 30 children. The discussion of Settlement Agreement section 2.1.3b addresses the number of caseworkers with caseloads above the standard set out in the earlier contracts, which were still in effect during CY 2023. The new provisions, if successfully implemented, are intended to result in a substantial decrease in caseloads across the state.

ii. 2.1.2 Community Accountability Structure

2.1.2 Community Accountability Structure
Within six (6) months of the entry of the Court's Judgment and Order, Defendants with input from Plaintiffs shall develop an independent advisory group to inform action planning and program improvement and to assist in implementation of this Settlement Agreement.
Due Date: July 28, 2021

Section 2.1.2 of the Settlement Agreement requires the State to develop an independent advisory group intended to “inform action planning and program improvement and to assist in the implementation of the Settlement Agreement.” A cross section of stakeholders is to comprise the advisory board, with at least one-third to be foster care providers, relative care providers, parents, and youth. The State is required to respond to any recommendations developed by the advisory group within thirty days of receipt, advising of anticipated actions.

The “Kansas Foster Accountability Advisory Board” (KFAAB) finalized its membership in June 2021, and during CY 2023 continued to work on membership composition and participation to ensure it is consistent with the structure established by the Settlement Agreement. The CY 2023 composition of the KFAAB is available in Appendix C.⁸⁰ KFAAB added participants with lived experience during CY 2024; updates on composition will be reported in Period 4.

As needed, CSSP provides the KFAAB with updates as to the Neutral’s activities undertaken to monitor DCF’s progress towards meeting the Settlement Agreement requirements.

⁷⁹ Request for Proposals, Kansas Department of Administration, Bid Event EVT0009230, p. 24.

⁸⁰ See Appendix C for a table of the composition of the KFAAB as of December 31, 2023.

Between January 1 and December 31, 2023, the KFAAB met monthly to review and better understand DCF's policies, practices and procedures, and to develop recommendations to DCF with regard to the Settlement Agreement. Guests from DCF and KDADS attended a number of the KFAAB's meetings to answer questions and to provide information and materials requested by the KFAAB; topics ranged from the high number of youth in the State transitioning out of foster care, to workforce issues, case planning regarding mental health recommendations, and DCF's RFP for case management services issued in April 2023.

On May 9, 2023, the KFAAB formally submitted recommendations to DCF related to DCF's RFP for case management services, urging lower caseloads, specialized case managers, and eliminating supervisors carrying caseloads. On June 6, 2023, DCF responded that lower caseload standards were included in the RFP and would be implemented consistent with the Council on Accreditation standards,⁸¹ but that the KFAAB's recommendations related to specialized case managers, DCF liaisons to CMPs, and the elimination of case carrying supervisors were not accepted.

On August 25, 2023, the KFAAB met with KDADS to discuss children/youth's identified mental health needs and how they are addressed in case plans. KFAAB subsequently formally recommended to DCF that mental health treatment plans that are referenced in children/youth's case plans be specific as to frequency and duration of mental health services, and that there should be a presumption that services be provided at least weekly unless otherwise indicated. On September 21, 2023, DCF responded that although the recommendation was reasonable and would help to clarify expectations, DCF relies on its mental health partners to make determinations regarding mental health treatment plans according to best practice, and therefore the KFAAB's recommendation would not be accepted.

Responding to the Neutral's call for more support to the KFAAB to help build and sustain it given that all members are volunteers, in 2023 DCF contracted with Wichita State University's Community Engagement Institute (CEI) to provide the KFAAB with administrative support to help facilitate and organize meetings. DCF continues to provide stipends to all members whose time in the KFAAB meetings is not covered by their employer.

Areas of particular interest to the KFAAB continue to be creating accountability mechanisms and consistent practice expectations for CMPs, more support for young adults in care and aging out of care, the ongoing need for more in-home supports to

⁸¹ Additional information on the Council on Accreditation can be found [here](#).

kinship and licensed foster care families, and the need to increase access to mental health assessments and service, particularly related to crisis intervention services.

DCF continues to meet this provision of the Settlement Agreement.

iii. 2.1.3 Reporting

a. Incarceration

2.1.3a Incarceration Reporting
Defendants shall track and report for each twelve (12) month period, aligned with the four (4) one-year periods specified in Section 2.6, and every twelve (12) months thereafter until settlement termination, validated by the Neutral, all Class Members placed in a jail, correctional facility, detention facility, or other juvenile justice system placement, and the duration of time Class Members were or have been placed in such placements.
Due Date: December 31, 2023

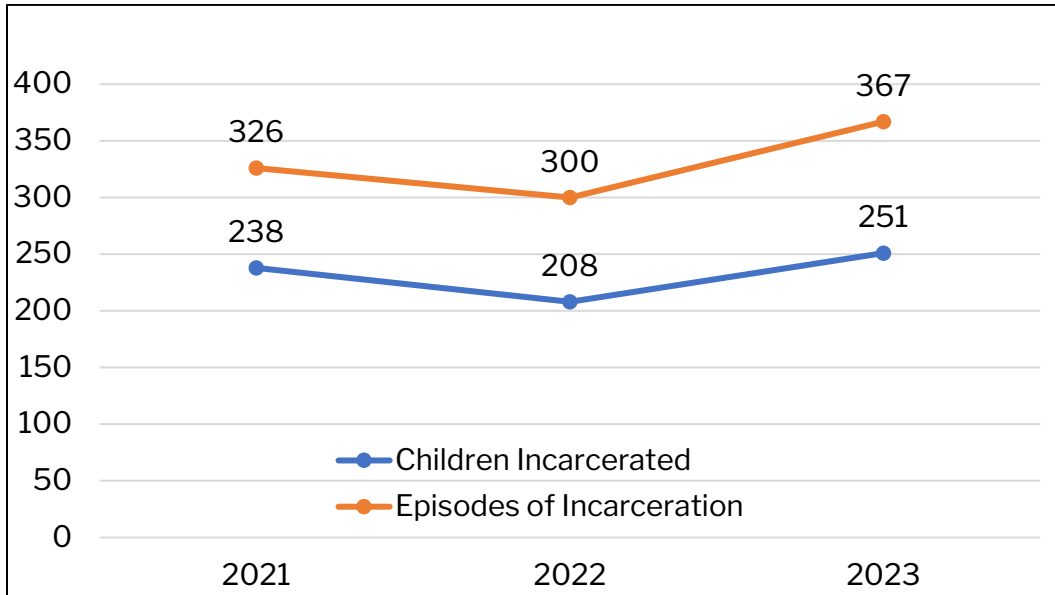
Section 2.1.3a of the Settlement Agreement requires DCF to track and report annually on all Class Members placed in a jail, correctional facility, detention facility, or other juvenile justice system placement, and the duration of such placements.⁸²

During CY 2023, 251 Class Members had a total of 367 episodes of incarceration.⁸³ Three hundred sixty-six (99%) of these episodes took place in detention facilities and one (<1%) in jail. Two facilities (in Sedgwick and Shawnee Counties) accounted for 32 percent of all incarceration episodes. As shown in Figure 5, the data for CY 2023 demonstrate both an increase in the number of individual children/youth who were incarcerated, as well as in the number of incarceration episodes experienced by children/youth in DCF custody.

⁸² For the purposes of this report, the Neutral defines “jail” as a facility that traditionally serves incarcerated adults aged 18 and older, while “detention facility” is defined as one that traditionally serves incarcerated youth up to age 18. DCF reports that children/youth are not considered placed in Juvenile Intake and Assessment Centers (JIACs), as JIACs are used for assessment purposes only.

⁸³ Children and youth may be incarcerated more than once during the monitoring period.

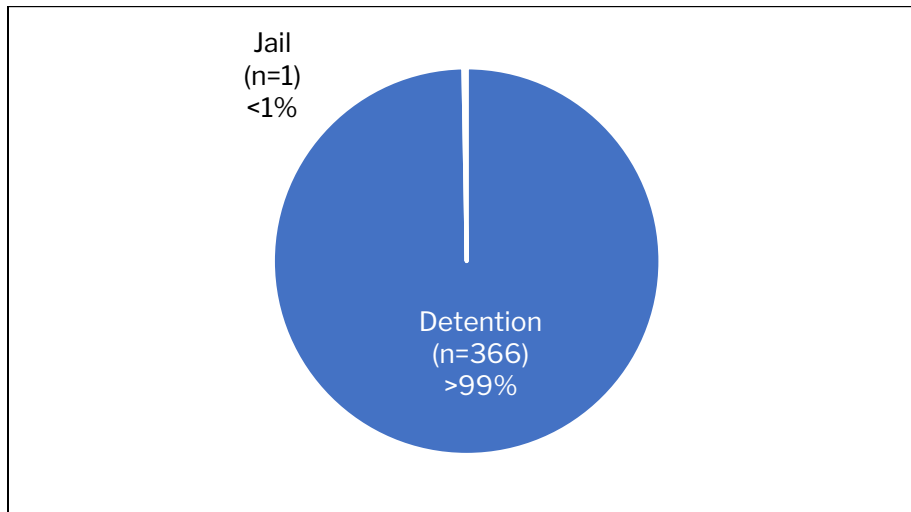
Figure 5: Total Children Incarcerated and Total Incarceration Episodes by Year, 2021-2023



Source: DCF

Figure 6: Facility Type of Children/Youth Incarcerated in CY 2023⁸⁴

N = 251 children/youth, 367 episodes



Source: DCF

⁸⁴ The Neutral requested that DCF review incarceration episodes that indicated a youth spent time in jail. Of the 367 incarceration episodes, DCF data listed five episodes with a Service Source Code of 'JAL' (jail) and 362 episodes with a Service Source Code of 'DET' (detention). DCF's review found that in four of the five episodes with a Service Source Code of 'JAL', the Service Source Code should have been 'DET'. In 23 of the episodes with a Service Source Code of 'DET', DCF data listed the Placement Description Text as a jail; after their review, DCF indicated that 22 of these 23 episodes should have been listed with a Placement Description Text of a detention facility.

As seen in Table 9, the five counties in which the largest number of Class Members were incarcerated were Sedgwick, Shawnee, Leavenworth, Johnson, and Wyandotte.

Table 9: Top Five Counties Where Children/Youth were Incarcerated in CY 2023
N = 367 episodes

County	No.	% of all episodes
Sedgwick	65	18%
Shawnee	50	14%
Wyandotte	27	7%
Johnson	16	4%
Lyon	15	4%
Total episodes in top five counties	173	47%

Source: DCF

As shown in Table 10, Black/African American children/youth were disproportionately represented among those incarcerated in CY 2023, accounting for 28 percent of this group compared to 20 percent of all children/youth in care. By contrast, White children/youth, who are 78 percent of the foster care population in Kansas, were 69 percent of those incarcerated. Hispanic children/youth, who may be of any race, were 12 percent of those incarcerated, slightly below their share of the foster care population.

Table 10: Incarceration by Race of Child/Youth Compared to Race of Children/Youth Served in CY 2023⁸⁵
N = 251 children/youth

Race	Children/youth incarcerated in CY2023		Children/youth served in CY2023	
	No.	%	No.	%
White	173	69%	7,172	78%
Black / African American	71	28%	1,802	20%
American Indian / Alaskan Native	5	2%	162	2%
Asian	1	0%	62	1%
Native Hawaiian / Pacific Islander	0	0%	12	0%
Unknown / Other	1	0%	22	0%
Ethnicity ⁸⁶	No.	%	No.	%
Hispanic	30	12%	1,317	14%
Non-Hispanic	221	88%	7,915	86%
Total	251	100%	9,232	100%

Source: DCF

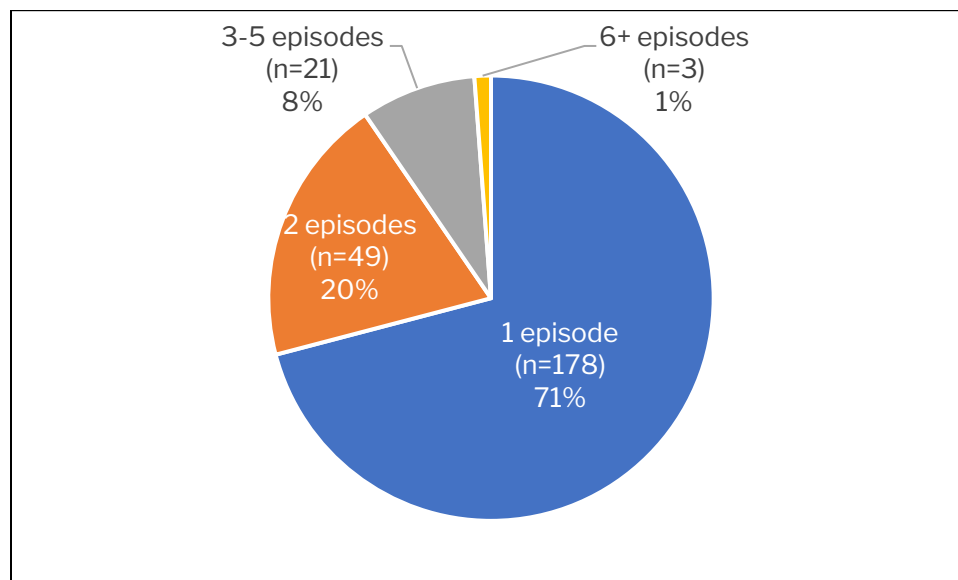
Figure 7 displays the number of incarceration episodes for class members. Seventy-one percent (78 children/youth) experienced a single episode; 20 percent (49) had two episodes; and nine percent (24) were incarcerated three or more times.

⁸⁵ Column percentages may not add up to 100 percent due to rounding

⁸⁶ Race and ethnicity are not exclusive. Children/youth are counted once in each section.

Figure 7: Number of Incarceration Episodes of Children/Youth in CY 2023

N = 251 children/youth, 367 episodes⁸⁷



Source: DCF

Tables 11 and 12 provide information on how long children/youth were incarcerated. As shown in Table 11, just over half (51%⁸⁸, or 189 of 367) of incarceration episodes in CY 2023 lasted 14 days or less. There were 100 episodes (37%) that lasted 31 days or longer. With regard to total days of incarceration across all episodes, Table 12 shows that there were 101 children/youth (40% of the total who were incarcerated at least once) who spent 31 or more days incarcerated.

⁸⁷ A single youth can be involved in both juvenile and jail episodes.

⁸⁸ Differs from the sum of the two rows in the table (41% + 11%) due to rounding.

Table 11: Number of Incarceration Episodes in CY 2023 by Duration⁸⁹
N = 367 episodes⁹⁰

Duration of incarceration episodes	No.	%
0 to 7 days	149	41%
8 to 14 days	40	11%
15 to 30 days	78	21%
31 to 60 days	53	14%
61 to 90 days	14	4%
91 days or more	33	9%
Total	367	100%

Source: DCF

Table 12: Total Days Children/Youth Incarcerated (Jail and Detention) in CY 2023
N = 251 children/youth⁹¹

Total incarceration days in period under review	No.	%
0 to 7 days	85	34%
8 to 14 days	24	10%
15 to 30 days	41	16%
31 to 60 days	50	20%
61 to 90 days	13	5%
91 days or more	38	15%
Total	251	100%

Source: DCF

⁸⁹ In 17 episodes, a youth's episode ended on the same day or the preceding day that the next incarceration episode began. This could indicate that authorities released a youth who then was re-arrested the same day or the next day, or it could indicate a transfer between facilities that was recorded as two separate episodes. If these concurrent episodes were combined into one episode, the number of total incarceration episodes decreases from 367 to 333. The number of 0-7 day episodes decreases from 41% (149) to 38% (125), 8-14 day episodes remain the same at 11% (36 episodes), 15-30 day episodes increase from 21% (78) to 23% (75), 31 to 60 day episodes increase from 14% (53) to 16% (53), 61 to 90 day episodes stay the same at 4% (decreasing from 14 to 12), and episodes of more than 91 days increase slightly from 9% (33) to 10% (32) of the total incarceration episodes.

⁹⁰ A single youth can be involved in both juvenile and jail episodes and can experience more than one episode during the period.

⁹¹ A single youth can be involved in both detention and jail episodes and can experience more than one episode during the period.

Of the 251 children/youth who were incarcerated at any time during CY 2023, 177 (71%) remained in the custody of DCF on December 31, 2023, and 39 of these 177 children/youth (22%) were incarcerated on December 31, 2023. Most of the others had aged-out of care (39 youth or 16%) or were reunified with a parent or other caregiver (22 children/youth or 9%).

Table 13: Foster Care Status as of December 31, 2023 for Children/Youth Incarcerated in CY 2023⁹²
N = 251 children/youth

Foster care status as of December 31, 2023	No.	%
In foster care ⁹³	177	71%
Aged-out of foster care	39	16%
Reunified with parent or other caregiver	22	9%
Transferred to another person/agency	8	3%
Other ⁹⁴	5	2%
Total	251	100%

Source: DCF

DCF has met the Settlement Agreement commitment to report data on incarcerated youth for CY 2023.

b. Caseloads

2.1.3b Caseload Reporting
Defendants shall track and report for each twelve (12) month period, aligned with the four (4) one-year periods specified in Section 2.6, and every twelve (12) months thereafter until settlement termination, validated by the Neutral, caseloads of all placement caseworkers and placement caseworker supervisors.
Due Date: December 31, 2023

Section 2.1.3b of the Settlement Agreement requires DCF to report, for every twelve-month period, caseloads of all placement caseworkers and placement caseworker supervisors, as validated by the Neutral. This section provides an analysis of monthly caseload data for caseworkers in each of the four CMPs, and whether the CMP

⁹² Column percentages may not add up to 100 percent due to rounding.

⁹³ Includes children and youth still incarcerated as of December 31, 2023.

⁹⁴ Other includes Foster Care Status of Death of Child (1), Guardianship (1), Living with Other Relatives (1), and Runaway (2).

maintained the required caseworker caseload standard. It also provides the number of cases carried by supervisors.

For CY 2021, each of the four CMPs provided different reporting formats and points of data collection, limiting the analysis the Neutral could perform. To address this issue, the Neutral, DCF, and CMPs collaboratively developed a uniform reporting format for all CMPs that was used in CY 2022, which allowed for a more robust caseload analysis. However, the Neutral still found multiple data discrepancies, many of which likely could have been attributed to the implementation of a new process, ongoing template revisions, and staff developing expertise in utilizing the new template. For CY 2023, the Neutral worked closely with DCF and the CMPs to ensure data accuracy and consistency across all the CMPs.

In CY 2023, the Neutral conducted quarterly caseload survey phone calls to validate the monthly caseload reports submitted by the CMPs, and to better understand the experience of caseworkers and supervisors.⁹⁵ The caseload calls largely validated consistency between the CMP submitted reports and the caseloads reported by caseworkers.

As discussed in Section 2.1.1, DCF's new Case Management Provider contracts, effective July 1, 2024, substantially reduce the caseload size standards, typically to no more than 15 children per worker. The new standard is in line with standards in other states for permanency and foster care workers that have had caseloads monitored by federal courts, including Texas (no more than 17 children), Michigan (no more than 15 children), and Oklahoma (no more than 15 children). Although this shift in the caseload standard sets the stage for positive practice change, efforts to reduce caseload standards will not be without challenge, especially for the CMPs in recruiting and retaining necessary staff.

*Caseworker Caseloads*⁹⁶

As discussed throughout this report, DCF contracted in CY 2023 with four CMPs to provide foster care and adoption services in the eight designated areas across the state. According to DCF's contracts with the CMPs that were in effect in CY 2023,

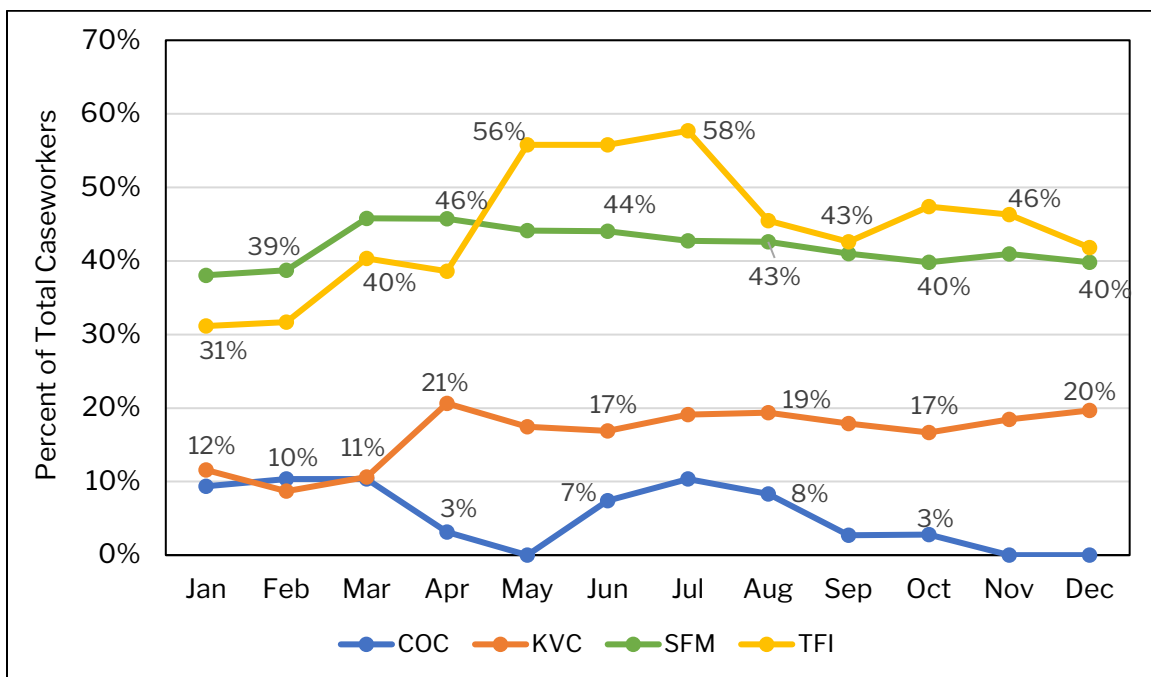
⁹⁵ The Neutral spoke with approximately 23 caseworkers and eight supervisors.

⁹⁶ The analysis of caseworker caseloads in 2023 is not exactly comparable to the analysis of caseworker caseloads in 2022, due to one methodological change. In 2022, only permanency cases were included in caseload calculations, while the 2023 analysis includes both permanency and aftercare cases.

permanency caseworkers were required to maintain a caseload of *no more than 25 to 30 children*.⁹⁷

The caseload standards set out in the State’s contract with the CMPs were not met during CY 2023. As shown in Figure 8 and Table 14, performance varied by month and CMP. In every month of the year at least three of the four CMPs had a portion of their caseworkers carrying 30 or more cases. Two of the CMPs, TFI and SFM, routinely had 40 percent or more of their caseworkers carrying 30 or more cases.

Figure 8: Caseworkers Carrying 30 or More Cases by CMP, January – December 2023⁹⁸



Source: All DCF contracted CMPs

In some instance, caseloads exceeded the contractual standard by a strikingly large amount. On average three out of four CMPs had between two and six caseworkers responsible for 45 or more cases (see Table 14).

⁹⁷ For purposes of this report and based on the methodology agreed upon by the Parties, any caseworker who is assigned as primary on at least one permanency case is considered a “permanency caseworker,” regardless of their job title.

⁹⁸ This excludes cases with no assigned caseworker.

Table 14: Average Monthly Number of Caseworkers with Caseloads of Various Sizes in CY 2023, by CMP⁹⁹

CMP	1-14 cases		15-29 cases		30-44 cases		45+ cases		Total average caseworkers
	No.	%	No.	%	No.	%	No.	%	
COC	15	46%	16	49%	2	5%	0	0%	32
KVC	12	18%	43	66%	9	14%	2	3%	66
SFM	10	9%	52	49%	38	36%	6	6%	106
TFI	5	10%	26	46%	23	41%	2	3%	56

Source: All DCF Contracted CMPs

The Neutral considered the impact of caseloads on the children/youth being served by case managers with caseloads above 30. On a typical day in CY 2023, an average of 3,016 children across Kansas were assigned to a permanency caseworker who was carrying 30 or more cases.¹⁰⁰ On average, this accounted for 39 percent of all children assigned to a caseworker (permanency or aftercare).

- At COC, an average of 51 children were assigned to a permanency caseworker who was carrying 30 or more cases. On average, this accounted for seven percent of all children assigned to a COC caseworker (permanency or aftercare).
- At KVC, an average of 400 children were assigned to a permanency caseworker who was carrying 30 or more cases. On average, this accounted for 21 percent of all children assigned to a KVC caseworker (permanency or aftercare).
- At SFM, an average of 1,688 children were assigned to a permanency caseworker who was carrying 30 or more cases. On average, this accounted for 48 percent of all children assigned to an SFM caseworker (permanency or aftercare).

⁹⁹ This table excludes cases with unassigned caseworkers. COC reported cases with unassigned caseworkers in four months. The number of cases with unassigned caseworkers at COC ranges from one to five, depending on the month. KVC reported cases with unassigned caseworkers in all 12 months. The number of cases with unassigned caseworkers at KVC ranges from four to 36, depending on the month. SFM and TFI did not report any cases with unassigned caseworkers. Unassigned cases could include technical issues with the data or delays in assigning new cases, or reassigning existing cases. Percentages in this table have been rounded to the nearest whole number and therefore may not add up to 100 percent. Each count of caseworkers is the average count across all 12 randomly selected monthly dates.

¹⁰⁰ Data referred to in this paragraph was provided to the Neutral by all DCF contracted CMPs.

- At TFI, an average of 877 children were assigned to a permanency caseworker who was carrying 30 or more cases. On average, this accounted for 56 percent of all children assigned to a TFI caseworker (permanency or aftercare).

Consistent with prior years, caseworkers across the four CMPs spoke of the stress caused by being responsible for high numbers of cases. As one caseworker articulated, “it is hard to give the attention that each case needs when you have [higher than the caseload limits]. Even though some are siblings, it is still work for each child/youth and family. It is hard to give each the attention that they deserve.”

Caseworkers often attributed the high caseloads to staff turnover. Consistent with the findings from the Neutral’s caseload calls during Period 2, caseworkers suggested that for lower caseload expectations to be met, more significant supports such as additional training, transportation and higher pay were necessary to maintain an adequate workforce.

Further analysis of permanency caseworker caseloads is broken down by CMP below.

Cornerstones of Care (COC) Caseloads

As illustrated in Table 15, in CY 2023 of the four CMPs COC came closest to meeting the caseload standards. In an average month, 95 percent of their caseworkers had 29 or fewer cases.

Table 15: COC Caseworker Caseloads by Month, CY 2023¹⁰¹

Month	1-14 cases		15-29 cases		30-44 cases		45+ cases		Total caseworkers
	No.	%	No.	%	No.	%	No.	%	
Jan	16	50%	13	41%	3	9%	0	0%	32
Feb	12	41%	14	48%	3	10%	0	0%	29
Mar	11	38%	15	52%	3	10%	0	0%	29
Apr	15	47%	16	50%	1	3%	0	0%	32
May	11	38%	18	62%	0	0%	0	0%	29
Jun	10	37%	15	56%	2	7%	0	0%	27
Jul	10	34%	16	55%	3	10%	0	0%	29
Aug	18	50%	15	42%	3	8%	0	0%	36
Sep	22	59%	14	38%	1	3%	0	0%	37
Oct	21	58%	14	39%	1	3%	0	0%	36
Nov	15	44%	19	56%	0	0%	0	0%	34
Dec	18	50%	18	50%	0	0%	0	0%	36
Average	15	46%	16	49%	2	5%	0	0%	32

Source: COC

¹⁰¹ COC reported cases with unassigned caseworkers in four months. The number of cases with unassigned caseworkers ranges from one to five, depending on the month. This table excludes these cases. Percentages in this table have been rounded to the nearest whole number and therefore may not add up to 100 percent.

KVC Kansas (KVC) Caseloads

In CY 2023, KVC had between four and eleven caseworkers who carried between 30 and 44 cases every month, and one or two caseworkers who were responsible for 45 or more cases. On average across the year, 17 percent of KVC caseworkers had caseloads in excess of the contractual standard.

Table 16: KVC Caseworker Caseloads by Month, CY 2023¹⁰²

Month	1-14 cases		15-29 cases		30-44 cases		45+ cases		Total caseworkers
	No.	%	No.	%	No.	%	No.	%	
Jan	18	26%	43	62%	6	9%	2	3%	69
Feb	17	25%	46	67%	4	6%	2	3%	69
Mar	13	20%	46	70%	6	9%	1	2%	66
Apr	9	14%	41	65%	11	17%	2	3%	63
May	7	11%	45	71%	9	14%	2	3%	63
Jun	6	8%	53	75%	10	14%	2	3%	71
Jul	9	13%	46	68%	11	16%	2	3%	68
Aug	8	13%	42	68%	10	16%	2	3%	62
Sep	16	24%	39	58%	10	15%	2	3%	67
Oct	14	21%	41	62%	9	14%	2	3%	66
Nov	15	23%	38	58%	10	15%	2	3%	65
Dec	11	18%	38	62%	10	16%	2	3%	61
Average	12	18%	43	66%	9	14%	2	3%	66

Source: KVC

¹⁰² KVC reported cases with unassigned caseworkers in all 12 months. The number of cases with unassigned caseworkers ranges from four to 36, depending on the month. This table excludes these cases. Percentages in this table have been rounded to the nearest whole number and therefore may not add up to 100 percent.

Saint Francis Ministries (SFM) Caseloads

As shown in Table 17, in each month of CY 2023, between 31 and 42 percent of SFM caseworkers were responsible for between 30 and 44 cases. Throughout the period, a range of two to ten caseworkers were responsible for 45 or more cases. On average, 42 percent of Saint Francis Ministries caseworkers had caseloads that exceeded the contractual standards.

Table 17: SFM Caseworker Caseloads by Month, CY 2023¹⁰³

Month	1-14 cases		15-29 cases		30-44 cases		45+ cases		Total caseworkers
	No.	%	No.	%	No.	%	No.	%	
Jan	5	4%	65	58%	36	32%	7	6%	113
Feb	8	7%	60	54%	36	32%	7	6%	111
Mar	5	5%	53	50%	45	42%	4	4%	107
Apr	5	5%	52	50%	43	41%	5	5%	105
May	6	6%	51	50%	41	40%	4	4%	102
Jun	12	11%	49	45%	42	39%	6	6%	109
Jul	15	14%	48	44%	44	40%	3	3%	110
Aug	15	14%	47	44%	44	41%	2	2%	108
Sep	9	9%	50	50%	31	31%	10	10%	100
Oct	13	13%	49	48%	32	31%	9	9%	103
Nov	13	12%	49	47%	34	32%	9	9%	105
Dec	14	14%	48	47%	33	32%	8	8%	103
Average	10	9%	52	49%	38	36%	6	6%	106

Source: SFM

¹⁰³ SFM did not report any cases with unassigned caseworkers. Two case types were reported in the data: Aftercare and Out of Home. Only caseworkers assigned as primary on at least one Out of Home case were counted – caseworkers with zero Out of Home cases were excluded from the analysis. Percentages in this table have been rounded to the nearest whole number and therefore may not add up to 100 percent.

TFI Kansas (TFI) Caseloads

As shown in Table 18, in three out of the 12 months in CY 2023, at least 50 percent of TFI caseworkers were responsible for between 30 and 44 cases. Throughout most of CY 2023, at least one TFI caseworker carried over 45 cases. On average, 44 percent of TFI caseworkers had caseloads that exceeded the contractual standards.

Table 18: TFI Caseworker Caseloads by Month, CY 2023¹⁰⁴

Month	1-14 cases		15-29 cases		30-44 cases		45+ cases		Total caseworkers
	No.	%	No.	%	No.	%	No.	%	
Jan	4	7%	38	62%	19	31%	0	0%	61
Feb	4	7%	37	62%	19	32%	0	0%	60
Mar	5	9%	29	51%	20	35%	3	5%	57
Apr	4	7%	31	54%	21	37%	1	2%	57
May	1	2%	22	42%	28	54%	1	2%	52
Jun	4	8%	19	37%	26	50%	3	6%	52
Jul	4	8%	18	35%	27	52%	3	6%	52
Aug	4	7%	26	47%	23	42%	2	4%	55
Sep	5	9%	26	48%	22	41%	1	2%	54
Oct	10	18%	20	35%	25	44%	2	4%	57
Nov	9	17%	20	37%	23	43%	2	4%	54
Dec	10	18%	22	40%	20	36%	3	5%	55
Average	5	10%	26	46%	23	41%	2	3%	56

Source: TFI

Supervisor Caseloads

The CMP contracts in effect during CY 2023 do not specify a caseload standard for supervisors. In many jurisdictions it is common for supervisors to cover cases when staff they supervise are on leave or vacation. In Kansas it has become common practice for supervisors to be assigned caseloads due to vacancies created by staff turnover. The tasks of directly carrying cases and supervising workers pulls supervisors' attention in multiple directions. As one supervisor told the Neutral, "I can't do as good of a job [supervising] because I have to divide my focus and can't support my staff as well." This sentiment was reiterated by a majority of case-carrying supervisors the Neutral spoke with during CY 2022 and CY 2023.

¹⁰⁴ TFI did not report any cases with unassigned caseworkers. Percentages in this table have been rounded to the nearest whole number and therefore may not add up to 100 percent.

As Table 19 illustrates, all four CMPs had supervisors who were assigned their own caseload in every month of CY 2023.

Table 19: Caseworker Supervisors Carrying Cases in CY 2023, by CMP¹⁰⁵

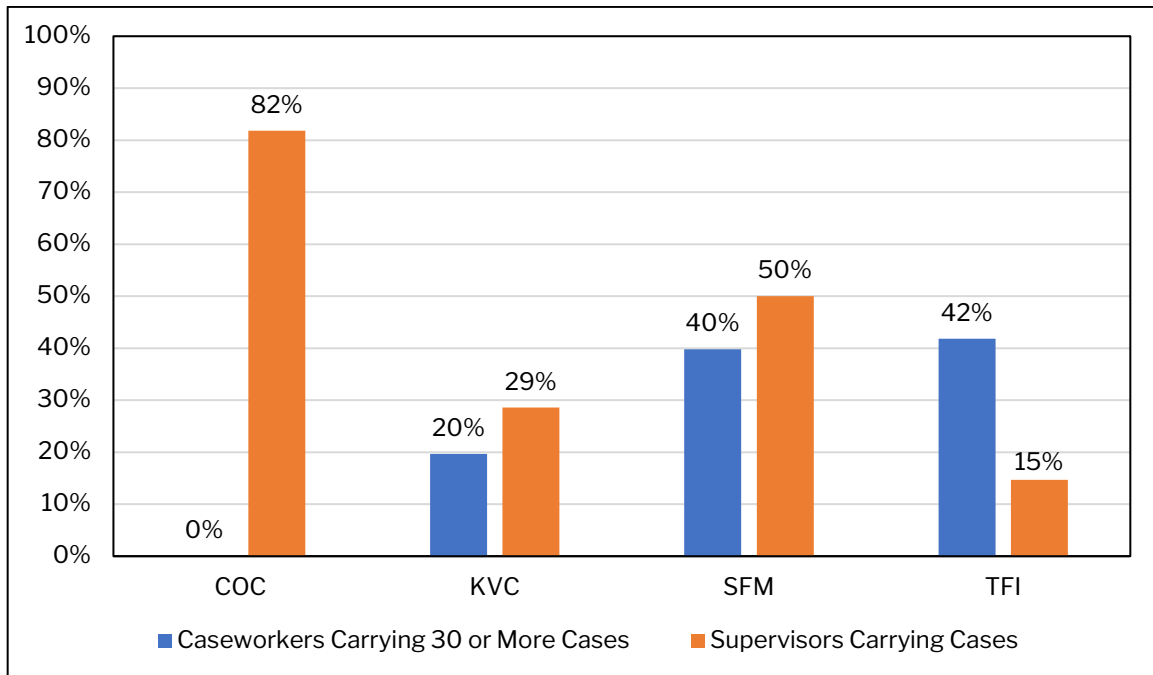
Month	COC		KVC		SFM		TFI		Statewide	
	No.	%	No.	%	No.	%	No.	%	No.	%
Jan	11	61%	7	30%	14	30%	3	9%	35	29%
Feb	12	67%	7	29%	15	32%	2	6%	36	29%
Mar	12	67%	8	31%	13	28%	4	13%	37	30%
Apr	11	61%	8	32%	12	25%	2	7%	33	27%
May	11	61%	9	35%	14	29%	5	16%	39	31%
Jun	12	67%	13	48%	15	31%	5	14%	45	35%
Jul	11	85%	11	42%	16	33%	4	12%	42	35%
Aug	8	57%	12	46%	19	39%	4	11%	43	35%
Sep	13	100%	12	44%	18	41%	4	11%	47	39%
Oct	14	100%	11	41%	18	41%	5	14%	48	40%
Nov	7	64%	9	33%	20	45%	5	14%	41	35%
Dec	9	82%	8	29%	23	50%	5	15%	45	38%

Source: All DCF Contracted CMPs

Overall, SFM stands out among the four CMPs as having a comparatively high rate of caseworkers carrying a caseload of 30 or more cases *and* a relatively high rate of supervisors responsible for their own caseload. The other CMPs have a high rate of one of the two measures (e.g., TFI has a similarly high rate of caseworkers carrying a caseload of 30 or more cases but a much lower rate of supervisors carrying cases, while COC has a relatively high rate of supervisors with cases but a relatively low rate of caseworkers carrying a caseload of 30 or more cases during CY 2023). SFM consistently has a *high rate of both*. Figure 9 shows a comparison of these two measures across all four CMPs using a representative point in time (December 20, 2023).

¹⁰⁵ This table includes supervisors who carried any cases, including both primary and secondary assignments. Supervisors at COC and SFM did not carry any secondary assignments. Throughout CY 2023, seven supervisors at KVC carried a combination of primary and secondary assignments. Five supervisors at TFI carried only secondary assignments.

Figure 9: Caseworkers Carrying 30 or More Cases and Supervisors Carrying Cases by CMP, on December 20, 2023¹⁰⁶



Source: All DCF Contracted CMPs

CY 2023 performance illustrates the challenges confronting the CMPs in meeting the new contracted caseload standards that went into effect on July 1, 2024. To meet these challenges, DCF and the CMPs will need to focus more on recruitment, training, and retention of case manager and supervisory staff.

B. Part II: Practice Improvements

i. 2.5.1 Temporary Overnight Placements (Failure to Place)

2.5.1 Temporary Overnight Placements (Failure to Place)
DCF shall end the practice of utilizing any of the following to temporarily house or otherwise maintain Class Members overnight.
Due Date: December 31, 2021

Section 2.5.1 of the Settlement Agreement requires DCF to end the practice of temporarily housing¹⁰⁷ children/youth in “(a) any public or private provider agency

¹⁰⁶ This excludes cases with no assigned caseworker.

¹⁰⁷ DCF classifies temporary overnight placements as a “Failure to Place” where a child or youth is temporarily housed or maintained overnight in an inappropriate placement when that child has arrived

offices or annexes absent extraordinary circumstances;¹⁰⁸ or (b) any non-child welfare housing or temporary accommodations, including but not limited to: (i) hotels or motels, (ii) other commercial non-foster care establishments, (iii) cars, (iv) retail establishments, and (v) unlicensed homes of DCF's or its Contractors', Grantees', or Subcontractors' employees." Because these settings are not licensed child welfare placements, DCF refers to these situations as a "Failure to Place" (FTP). Children/youth who experience FTPs typically spend a night in the office of a CMP. The Settlement Agreement requires DCF to end this practice and have no instances of FTP by December 31, 2021.

DCF uses a Critical Incident Protocol¹⁰⁹ to help ensure that DCF leadership is made aware of and can review situations in which a child/youth experiences a Failure to Place. According to the Protocol, CMP staff are to file a critical incident report¹¹⁰ with DCF after a youth experiences a FTP incident. DCF aggregates these reports and produced a file identifying every Failure to Place episode¹¹¹ that occurred in CY 2023, with information including the child's name, identifying number, the date(s) on which the Failure to Place incident occurred, the child/youth's CMP, and the child/youth's previous placement setting. The Neutral then validated this information as agreed upon in the Metrics Plan.

In CY 2023, 57 children/youth experienced a total of 68 FTP episodes. Forty-eight of these children/youth experienced one FTP episode, while nine experienced two or more episodes. These instances are significantly lower than CY 2022, and a bit higher than CY 2021, as shown in Table 20.

at a case management agency office before 12:00 a.m. of one day and the child/youth has not been placed in an appropriate placement before 6:00 a.m. of the following calendar day, absent extraordinary circumstances.

¹⁰⁸ DCF defines extraordinary circumstances as an immediate or imminent crisis whereby measures must be taken to protect the safety and security of the child. A lack of safe and/or appropriate placement options does not constitute extraordinary circumstances. Examples of extraordinary circumstances may include weather or road conditions that create hazardous or unsafe travel conditions, public health advisories (shelter in place orders), or similar emergency situations.

¹⁰⁹ DCF's Critical Incident Protocol can be found [here](#), specifically on p. 87.

¹¹⁰ DCF's Critical Incident Form can be found [here](#).

¹¹¹ The term "episode" refers to a period of time when a child/youth in care experienced a Failure to Place. An episode ends when the child/youth is placed. A child/youth can therefore have more than one episode during a year, and an episode can last more than one night.

Table 20: Children Experiencing Failure to Place Episodes Among Children/Youth, CY 2021-2023¹¹²

53 children/youth in 2021, 85 in 2022, and 57 in 2023

	2021		2022		2023	
	No.	%	No.	%	No.	%
Youth with one FTP episode	42	80%	61	73%	48	84%
Episode lasted one night	38	72%	51	60%	44	77%
Episode lasted more than one night	4	8%	11	13%	4	7%
Youth with more than one FTP episode	11	20%	23	28%	9	16%
Each episode lasted one night	6	11%	9	11%	8	14%
At least one episode lasted more than one night	5	9%	14	17%	1	2%
Total youth with at least one FTP episode	53	100%	85	100%	57	100%
Total FTP episodes	69		141		68	

Source: DCF

As shown in Table 21, there were 68 FTP episodes in CY 2023. While most FTP episodes lasted one night (63 episodes), three episodes lasted two nights, and two episodes lasted 6 nights and 8 nights each. Together, children/youth spent 83 nights in offices in CY 2023, compared to 257 nights in CY 2022 (a 68% decrease) and 167 nights in CY 2021 (a 50% decrease).¹¹³

Table 21: Duration of Failure to Place Episodes in CY 2023¹¹⁴

N = 68 episodes

Number of Nights	Number of Episodes	Percent of Episodes
1	63	93%
2	3	4%
6	1	1%
8	1	1%
Total	68	100%

Source: DCF

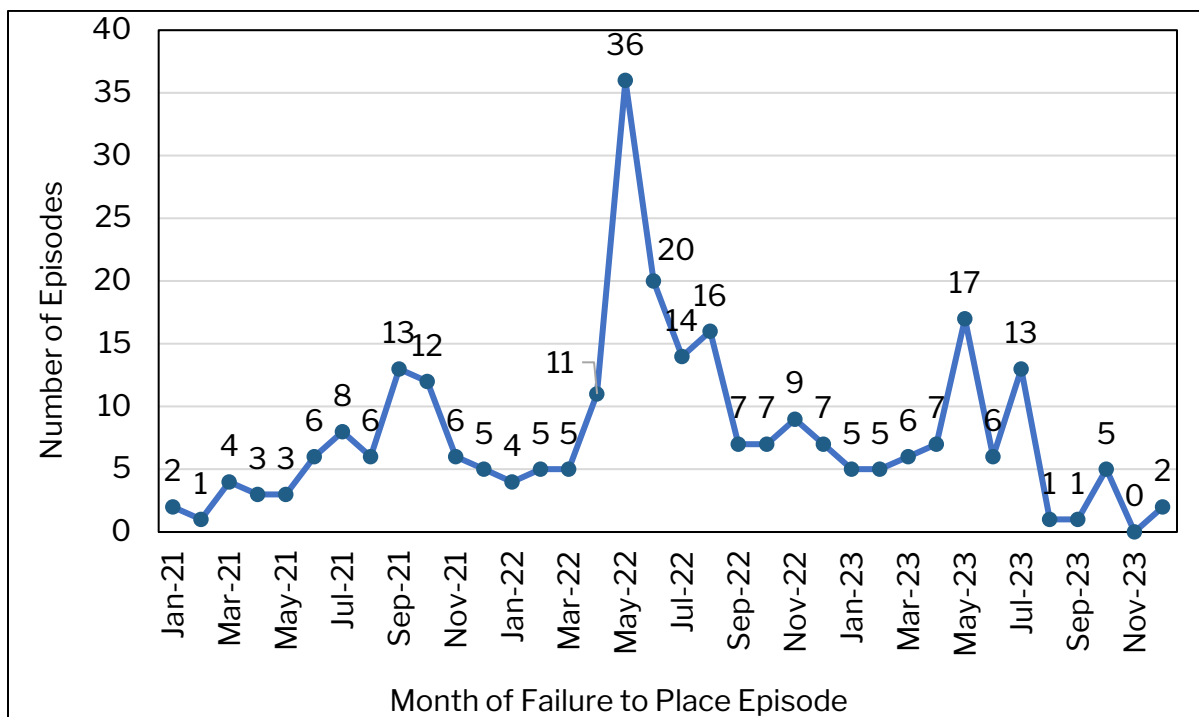
¹¹² Percentages in this table may not add to 100% due to rounding.

¹¹³ As described in the Executive Summary of this report, DCF's (unvalidated) data for CY 2024 demonstrate that this improvement has not been maintained in CY 2024. Additional information can be found [here](#).

¹¹⁴ Percentages in this table may not add to 100% due to rounding.

The number of FTP episodes peaked in May 2022, and again in May 2023, however overall FTP episodes decreased through the end of CY 2023.

Table 22: Failure to Place Episodes in CYs 2021-23, by Month
N = 69 episodes in 2021, 141 in 2022, and 68 in 2023



Source: DCF

As shown in Table 23, all CMPs experienced children/youth sleeping overnight in their offices in CY 2023. Two-thirds of Failure to Place episodes were concentrated in area 3 (KVC, northeast Kansas) and area 7 (SFM, Wichita)¹¹⁵. Among the four CMP's, KVC had a disproportionately large share of Failure to Place episodes (43%, while serving 24% of all children/youth in care). TFI had only 7% of Failure to Place episodes, while responsible for 21 percent of the children/youth in care.

¹¹⁵ Beginning July 1, 2024, the CMP providing case management services to children in DCF custody is EmberHope Connections. SFM continues to provide case management services in Areas 1 and 2.

Table 23: Failure to Place Episodes by CMP and Region in CY 2023
N = 68 episodes

Provider	Region/ DCF Catchment Area	No. of episodes	Total episodes for CMP		Children/youth served by CMP on December 31, 2023 ¹¹⁶	
			No.	% of all episodes	No.	% of all Children Served
COC	Kansas City Area 5	3	3	4%	742	8%
KVC	Kansas City Area 6	4	29	43%	2,180	24%
	Northeast Area 3	25				
SFM	Wichita Area 7	22	31	46%	4,405	48%
	Southwest Area 1	6				
	Northwest Area 2	3				
TFI	Wichita Area 8	1	5	7%	1,905	21%
	Southeast Area 4	4				
Total		68		100%	9,232	100%

Source: DCF

As shown in Table 24, forty-seven (69%) children and youth were placed in a family foster placement prior to experiencing a FTP, while only one child/youth experienced a FTP after a relative foster home placement, demonstrating the State’s need to continue to promote and support placement with kin, and to invest in additional supports for all foster families to assist in preventing placement disruptions. Additionally, eight children/youth (12%) experienced a FTP after stays in residential or institutional facilities,¹¹⁷ including hospitals and treatment facilities that provide intensive services and supports.

¹¹⁶ Of the 75 children/youth who entered foster care more than once in CY2023, 73 (97%) were served by the same CMP before and after each reentry. For the remaining two children (3%) whose cases were managed by more than one CMP in CY2023, Table 23 reflects the last CMP to manage the case.

¹¹⁷ Includes the following facilities: detention, emergency shelter, medical hospital, mental health treatment facility, Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Programs (QRTPs), secure care, and Youth Residential Center II (YRCII)

Table 24: Placement Types Before Failure to Place Episodes¹¹⁸
N = 68 episodes

Placement type	Children/youth placement type before FTP	
	No.	%
Foster family placement	47	69%
Relative home placement	1	1%
Independent living	1	1%
Residential/institutional facilities	8	12%
Runaway	9	13%
Group home (emergency shelter)	0	0%
No prior placement	2	3%
Total number of Failure to Place episodes	68	100%

Source: DCF

Fifty-one (75%) children/youth experiencing a FTP were subsequently placed in a non-relative family foster home, while ten (15%) were placed in a residential or institutional placement. DCF's data show that three youth (4%) were documented as being on runaway status after a FTP episode.

Table 25: Placement Types After Failure to Place Episode¹¹⁹
N = 68 episodes

Placement type	Children/youth placement type after FTP	
	No.	%
Foster family placement	51	75%
Relative home placement	3	4%
Independent living	0	0%
Residential/institutional facilities ¹²⁰	10	15%
Runaway	3	4%
Group home (emergency shelter)	1	1%
Total number of Failure to Place episodes	68	100%

Source: DCF

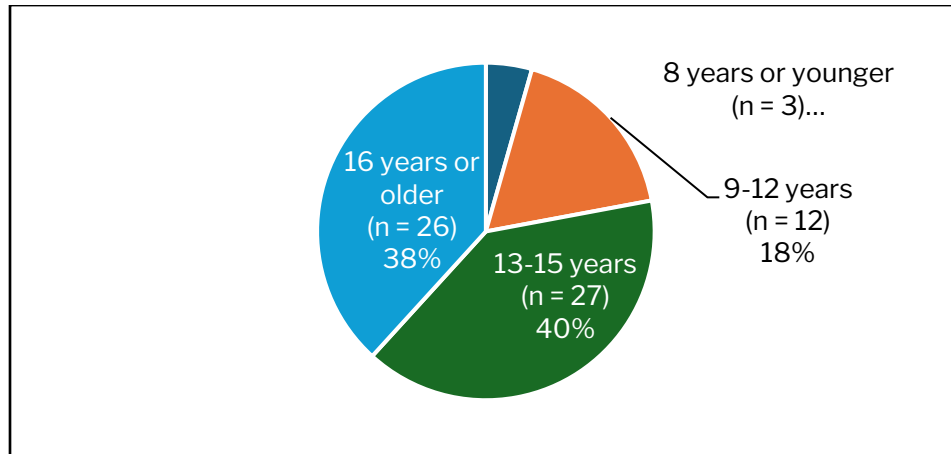
¹¹⁸ Percentages are rounded and may not add up to 100%.

¹¹⁹ Ibid.

¹²⁰ Includes the following facilities: detention, emergency shelter, medical hospital, mental health treatment facility, Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Programs (QRTPs), secure care, and Youth Residential Center II (YRCII)

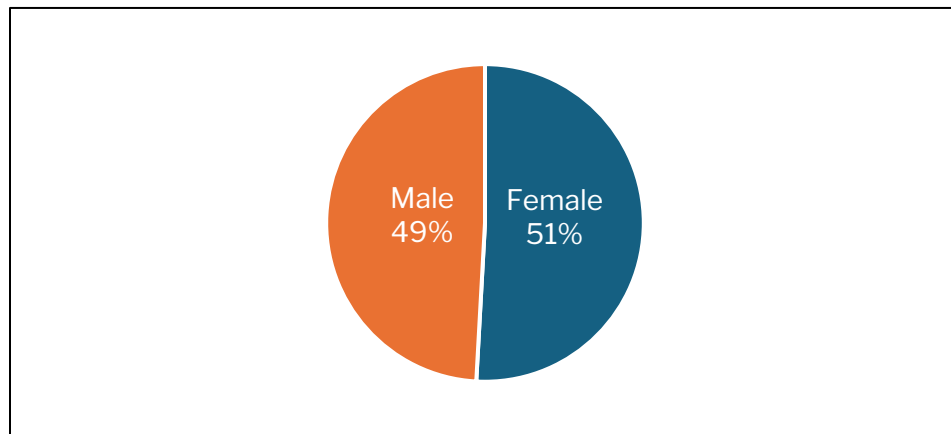
As shown in Figure 10, adolescents aged 13 or older accounted for 78 percent (53) of FTP episodes in CY 2023, while children aged 9 to 12 comprised 18 percent (12) of the episodes. Three children (4%) younger than eight years old experienced a FTP in CY 2023. Children/youth who experienced a FTP were split about evenly between those identified as male and female.¹²¹

Figure 10: Failure to Place Episodes by Age of Child/Youth CY 2023¹²²
N = 68 episodes



Source: DCF

Figure 11: Failure to Place Episodes by Gender of Child/Youth CY 2023
N = 57 children/youth



Source: DCF

¹²¹ Gender is reported as male/female in this report based on the way DCF currently reports their data.

¹²² Figure 9 reports the age of children/youth in FTP episodes at the time of each episode (n = 68) because the age of the child/youth may change depending on the start and end date of each FTP episode. Figure 10 reports the identified gender of each individual child once, regardless of the number of FTP episodes they experience (n = 57).

As shown in Table 26, Black/African American children/youth disproportionately experienced FTP episodes in CY 2023. These children/youth comprised 37 percent of all FTP episodes despite making up only 20 percent of all children in DCF custody during the calendar year. This disparity shows an increase from CY 2022, when Black/African American children/youth experienced 25 percent of all FTP episodes while comprising 19 percent of the children/youth in care. The Neutral recommends that the State examine why Black/African American children/youth are experiencing FTP incidents at higher rates than other children/youth in care, and take appropriate action to stabilize placements.

Table 26: Failure to Place Episodes by Race of Child/Youth Compared to Race of Unique Children/Youth Served in CY 2023

N = 57 children/youth

Race	Children/youth who experienced FTP in CY 2023		Children/youth in care served in CY 2023	
	No.	%	No.	%
White	36	63%	7,172	78%
Black / African American	21	37%	1,802	20%
American Indian / Alaskan Native	0	0%	162	2%
Asian	0	0%	62	1%
Native Hawaiian / Pacific Islander	0	0%	12	0%
Unknown / Other	0	0%	22	0%
Ethnicity ¹²³	No.	%	No.	%
Hispanic	7	12%	1,317	14%
Non-Hispanic	50	88%	7,915	86%
Total	57	100%	9,232	100%

Source: DCF

¹²³ Race and ethnicity are not exclusive. Children are counted once in each section. The Neutral obtained the ethnicity data by matching the cohort data with the FTP data.

ii. 2.5.2 Licensed Capacity

2.5.2 Licensed Capacity
DCF shall ensure that no placement exceeds its licensed capacity without an approved exception to DCF’s “Policy: Exception Requests for Foster Homes, 6/20/18 Rev. 10/21/2019.”
Due Date: December 31, 2021

Section 2.5.2 of the Settlement Agreement requires DCF to ensure that no placement exceeds its licensed capacity unless an exception has been granted pursuant to DCF policy. DCF was to achieve substantial compliance with this requirement by December 31, 2021.

Limitations in the data systems used by DCF continue to create challenges in reviewing this provision of the Settlement Agreement. In brief, DCF can produce only real-time reports comparing each foster home’s licensed capacity with the number of children/youth cared for in that home on that date. DCF cannot generate this information retroactively. The Neutral therefore randomly selected four dates during CY 2023, and on each of those dates contacted DCF to ask them to produce such reports. The dates were March 13, June 13, September 18, and December 1, 2023. The data tables and discussion that follow include the Neutral’s analysis of the data for each of these dates individually and for the average of the four dates.¹²⁴

Licensing rules differ across the types of foster homes in Kansas. Family Foster Homes, in which the caregiver(s) does not have a previous relationship with the child/youth, must be licensed, with the exception of a small number of homes caring only for children/youth over the age of 16.¹²⁵ Kinship homes, in which the caregivers(s) are related to the child(ren) or youth in care, do not require a license but can be licensed if the relative so chooses. Non-Relative Kin (NRKin) homes, in which the caregiver(s) have a prior relationship with the child(ren) or youth but are not family members, must be licensed but are permitted to provide care for children/youth before they complete licensure. Because of the differences in licensing rules, the

¹²⁴ An additional data system limitation exists because DCF does not assign a unique foster home identifier that is shared between FACTS and CLARIS. As a result, it is not possible for the Neutral to independently validate the underlying data. The current matching process provides information about the number of children/youth in each home on the specified dates, but it does not identify who those children/youth were.

¹²⁵ Specific regulations for DCF foster parent licensure – including for youth older than 16 – can be found [here](#).

data are reported separately for Family Foster Homes and for Relative and NRKin Homes.¹²⁶

Family Foster Homes

As shown in Table 27, approximately 99 percent of Family Foster Homes were in compliance¹²⁷ across the four dates reviewed. That is, they either had no more children/youth than the maximum indicated by their license, or they were above their licensed capacity and had an exception approved by DCF. The number of homes out of compliance (above their licensed capacity without an approved exception) varied from 13 to 28, with an average of 20. The total number of Family Foster Homes averaged 1,354.

Table 27: Compliance Status of Family Foster Homes on March 13, June 13, September 18, and December 1, 2023¹²⁸

Compliance Category	Homes on March 13, 2023		Homes on June 13, 2023		Homes on Sept. 18, 2023		Homes on Dec. 1, 2023		Year Average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Compliant	1,362	98%	1,344	98%	1,308	99%	1,320	99%	1,334	99%
Noncompliant	24	2%	28	2%	13	1%	16	1%	20	1%
Subtotal¹²⁹	1,386	100%	1,372	100%	1,321	100%	1,336	100%	1,354	100%
Nonapplicable ¹³⁰	2	N/A	1	N/A	3	N/A	3	N/A	2	N/A
Total	1,388		1,373		1,324		1,339		1,356	

Source: DCF

¹²⁶ Relatives who choose to be licensed, and Non-Relative Kin, are typically licensed for the number of children/youth placed in the home. They are unlikely to be over capacity unless another child/youth from the same family is placed with them and the license is not adjusted. Foster Family Homes, by contrast, are more likely to have a number of children/youth that varies over time, and potentially to exceed their license when they are asked to care for additional children/youth.

¹²⁷ Additional details on the exception process can be found [here](#).

¹²⁸ This table describes the unit of analysis as homes, but due to the structure of the data DCF submitted, this analysis is based on a combined count of exception requests and homes. The overall findings would not differ substantially if just homes were used as the unit of analysis. The vast majority of homes (at least 98 percent across all four dates analyzed) have just one exception request on file.

¹²⁹ Homes may have multiple exceptions on file, as a new exception is needed as new children/youth are placed in the home. The number of Family Foster Homes with more than one exception on file ranged from 17 to 27 on the four dates. The most exceptions on file for a single home was four exceptions. When a home has multiple exceptions on file, they are counted in the results multiple times. This accounts for no more than two percent of homes on any of the four dates.

¹³⁰ On each of the dates reviewed, there were an average of two Family Foster Homes which were in the process of being licensed or did not require a license. Accordingly, it is not possible to say whether they exceeded licensed capacity. These homes are shown on the “Nonapplicable” line of this table.

As shown in Table 28, more than 90 percent of the Family Foster Homes in compliance were at or under capacity on each of the dates reviewed. The number of homes with approved exceptions ranged from 95 to 121 (7% to 9% of all Family Foster homes).

Table 28: Capacity Status of Family Foster Homes in Compliance on March 13, June 13, September 18, and December 1, 2023¹³¹

Type of Compliance	Homes on March 13, 2023		Homes on June 13, 2023		Homes on Sept. 18, 2023		Homes on Dec. 1, 2023		Year Average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Family Foster Home is at or under capacity	1,267	93%	1,240	92%	1,195	91%	1,199	91%	1,225	92%
Family Foster Home is overcapacity and was granted an exception	95	7%	104	8%	113	9%	121	9%	108	8%
Total Foster Family Homes in Compliance	1,362	100%	1,344	100%	1,308	100%	1,320	100%	1,334¹³²	100%

Source: DCF

Kinship and Non-Relative Kin Homes

As shown in Table 29, nearly 100 percent of licensed NRKin Homes and Kin Homes that chose to be licensed were in compliance. The number of homes out of compliance on individual review dates varied from zero to three. The total number of licensed Kin and NRKin homes varied from 200 to 207.

¹³¹ This table describes the unit of analysis as homes, but due to the structure of the data DCF submitted, this analysis is based on a combined count of exception requests and homes. The overall findings would not differ substantially if just homes were used as the unit of analysis. The vast majority of homes (at least 98 percent across all four dates analyzed) have just one exception request on file.

¹³² Averages in this table have been rounded to the nearest whole number and therefore do not add up to the total average Family Foster Homes in compliance for the year.

Table 29: Compliance Status of Kinship and Non-Relative Kin Homes on March 13, June 13, September 18, and December 1, 2023^{133,134}

Compliance Category	Homes on March 13, 2023		Homes on June 13, 2023		Homes on Sept. 18, 2023		Homes on Dec. 1, 2023		Year Average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Compliant	199	99%	201	99%	200	100%	206	100%	202	99%
Noncompliant	2	1%	3	1%	0	0%	1	0%	2	1%
Subtotal¹³⁵	201	100%	204	100%	200	100%	207	100%	203 <small>136</small>	100%
Nonapplicable ¹³⁷	129	N/A	144	N/A	142	N/A	158	N/A	143	N/A
Total	330		348		342		365		346	

Source: DCF

As shown in Table 30, 95 percent or more of the homes in compliance on each of the dates reviewed were at or under capacity. The number of homes with approved exceptions ranged from six to eleven (3% to 5%).

¹³³ This table describes the unit of analysis as homes, but due to the structure of the data DCF submitted, this analysis is based on a combined count of exception requests and homes. The overall findings would not differ substantially if just homes were used as the unit of analysis. The vast majority of homes (at least 98 percent across all four dates analyzed) have just one exception request on file.

¹³⁴ Percentages in this table have been rounded to the nearest whole number, and therefore may not add up to 100 percent.

¹³⁵ Homes may have multiple exceptions on file, as a new exception is needed as new children are placed in the home. The number of Relative and Non-Relative Kin homes with more than one exception on file ranged from one to four throughout the four dates. The most exceptions on file for a home was two exceptions. When a home has multiple exceptions on file, they are counted in the results multiple times. This accounts for no more than two percent of homes on any of the four dates.

¹³⁶ Averages in this table have been rounded to the nearest whole number, and therefore do not add up to the average subtotal for the year.

¹³⁷ On each of the dates reviewed, there were an average of more than 100 Kinship or Non-Relative Kin homes which were in the process of being licensed or did not require a license. Accordingly, it is not possible to say whether they exceeded licensed capacity.

Table 30: Capacity Status of Kinship and Non-Relative Kin Homes in Compliance on March 13, June 13, September 18, and December 1, 2023¹³⁸

Type of Compliance	Homes on March 13, 2023		Homes on June 13, 2023		Homes on Sept.18, 2023		Homes on Dec. 1, 2023		Year Average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Licensed relative and NRKin Home is at or under capacity	193	97%	190	95%	190	95%	198	96%	193	96%
Licensed relative and NRKin Home is overcapacity and was granted an exception	6	3%	11	5%	10	5%	8	4%	9	4%
Total Licensed Relative and NRKin Compliance	199	100%	201	100%	200	100%	206	100%	202	100%

Source: DCF

Over the last three periods, the available data demonstrate performance at between 99 and 100 percent. However, DCF’s data system limitations inhibit the Neutral’s ability to independently validate the underlying data necessary to reach an independent conclusion about whether DCF has met this commitment. Specifically, DCF cannot produce data on individual foster home capacity for more than a single point in time. As a result, the Neutral uses quarterly point in time dates from which to draw global conclusions about performance. DCF’s data systems also do not assign a unique foster home identifier that is shared between FACTS and CLARIS. The current matching process provides information about the number of children/youth in each home on the specified dates, but it does not identify who those children/youth were; that information would be necessary to validate the accuracy of the foster home capacity reports, specifically with respect to the decisions made about approved exceptions to capacity limits.

While these data limitations are unlikely to be overcome until DCF completes the implementation of its new CCWIS system, the Neutral will seek to more closely

¹³⁸ This table describes the unit of analysis as homes, but due to the structure of the data DCF submitted, this analysis is based on a combined count of exception requests and homes. The overall findings would not differ substantially if just homes were used as the unit of analysis. The vast majority of homes (at least 98 percent across all four dates analyzed) have just one exception request on file.

examine DCF’s approved exceptions to add another layer of rigor to validate the data that are available in CY 2024.

iii. 2.5.3 Authorization of Mental Health Services

2.5.3 Provision of Mental Health Treatment Services
Defendants shall not delay authorization and provision of medically necessary mental health treatment services until placement stability is achieved or otherwise link access to medically necessary mental health treatment services with placement stability.
Due Date: December 31, 2021

Section 2.5.3 of the Settlement Agreement requires the State to provide children and youth in DCF custody with medically necessary mental health services regardless of whether they are living in a stable placement. For children/youth in DCF custody, mental health services are generally provided by Certified Community Behavioral Health (Clinics CCBHCs),¹³⁹ which are overseen by KDADS, while the CMPs shoulder the responsibility to ensure timely and appropriate mental health screenings, to make referrals, and to coordinate care for children and youth. This commitment was to be met by the end of Period 1, or December 31, 2021.

To assess DCF’s performance toward meeting this commitment, DCF and CSSP conducted case reads as outlined in Section V. *Methods Used to Review Compliance*. DCF reviewers considered multiple questions to determine whether children/youth experienced delayed mental health services due to a lack of placement stability. Reviewers considered the following questions:¹⁴⁰

1. *During the period under review, was there an identified need for mental health services?*
2. *During the period under review, did the agency provide appropriate services to address the children’s mental/behavioral health needs?*
3. *During the period under review, were the identified mental/behavioral health services provided timely?*
4. *For any mental/behavioral health service not provided during the PUR, or not provided timely, was placement instability a factor in the delay?*

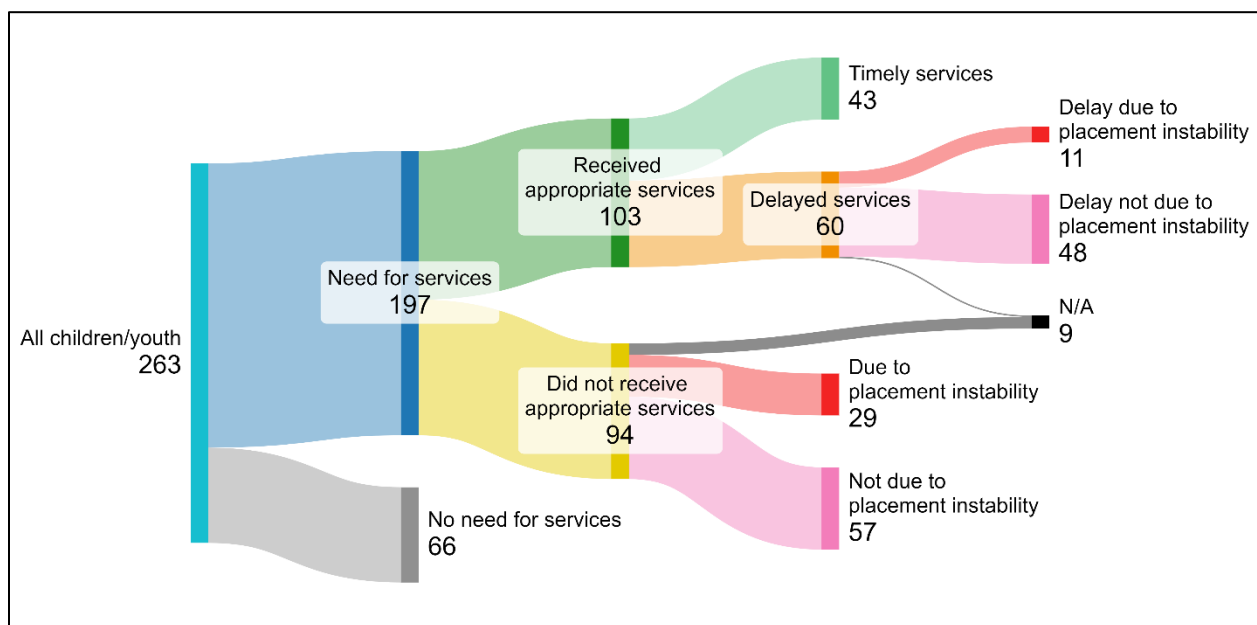
¹³⁹ Additional information on CCBHCs can be found [here](#), or in Section IV. *Executive Summary of Performance*.

¹⁴⁰ The full case read instructions can be found in Appendix B.

For any mental health services that were not provided timely, or that were needed and never provided, reviewers considered whether the child/youth experienced a change in placement at the time of the delay, and if not, whether the child/youth’s placement was stable at the time the delay occurred.

As shown in Figure 12, 197 out of 263 children/youth’s cases reviewed showed evidence of a mental health need during CY 2023. Of those 197 children/youth’s cases, 103 (52%) received appropriate mental health services at any point during the year, while 94 (48%) did not receive all recommended services during the year, according to the case records.

Figure 12: Timely Mental Health Services Performance for CY 2023¹⁴¹



Source: DCF

The Neutral analyzed the question of delays in mental health services due to placement instability in two ways, as follows.

- Of the 103 children/youth who received appropriate mental health services, 60 (58%) experienced a delay before receiving services. Of these 60, the delay

¹⁴¹ For the question of delays in mental health services due to placement instability, nine cases were marked as “N/A” due to a discrepancies within the DCF case review tools as described in *Section V: Methods Used to Review Compliance*.

was attributable at least in part to an unstable placement for eleven children/youth (18%).¹⁴²

- Of the 94 children/youth who did not receive all needed mental health services during CY 2023, for 29 (31%) the failure to provide necessary mental health services was attributable at least in part to placement instability.¹⁴³

Table 31: Timely Mental Health Services for CY 2023¹⁴⁴

Case read question	Total Cases reviewed	Number of Applicable Cases	Percent
During the period under review, was there an identified need for mental health services?	263	197	75% children/youth cases had a mental health need
During the period under review, did the agency provide appropriate services to address the children’s mental/behavioral health needs?	197	103	52% children/youth cases with an identified need received all appropriate services
During the PUR, were the identified mental/behavioral health services provided timely?	103	43	42% children/youth cases showed services provided timely
For any mental health service not provided during the period under review, or not provided timely, was placement instability a factor in the delay?	197	40	20% children/youth cases had a mental health need but did not receive services, or did not receive them timely, due to the lack of a stable placement

Source: DCF

¹⁴² The number of delays in services due to placement instability (11) and delays in services not due to placement instability (48) do not add to the total of 60 delayed services because one case was marked “N/A.” This discrepancy is due to differences in DCF’s case review tools as described in *Section V: Methods Used to Review Compliance*. The Neutral has reviewed these differences with the DCF case read leadership.

¹⁴³ The number of children/youth who never received services due to placement instability (29) and the number of children/youth who never received services not due to placement instability (57) do not total 94 children/youth who did not receive services due to differences in DCF’s case review tools as described in *Section V: Methods Used to Review Compliance*. The Neutral has reviewed these differences with the DCF case read leadership.

¹⁴⁴ There was sufficient interrater reliability between the Neutral and DCF’s case review results.

Of the 197 total children/youth who had an identified mental health need during CY 2023, 40 (20%) children/youth received either delayed services or failed to receive a needed service due to a lack of placement stability. The comparable figure for CY 2022 was 13 percent.¹⁴⁵

The State did not meet this commitment for Period 3.

iv. 2.5.4 Availability of Crisis Intervention Services

2.5.4 Crisis Intervention Services
Defendants shall ensure that Crisis Intervention Services are available to Class Members statewide.
Due Date: December 31, 2021

Section 2.5.4 of the Settlement Agreement requires the State to “ensure that Crisis Intervention Services are available” to children/youth involved in foster care in Kansas.¹⁴⁶ In CY 2023, DCF provided access to crisis intervention services in three ways, through: (1) the state’s network of CMHCs and other community-based mental health providers; (2) the statewide Family Mobile Crisis Helpline (the “Helpline”); and (3) the national “988 Suicide & Crisis Lifeline,” formerly known as the National Suicide Prevention Lifeline.

Background: Crisis Intervention Services in Kansas

Community Mental Health Centers

There are 26 licensed CMHCs in Kansas, with a total staff of approximately 4,500 professionals responsible for providing mental health services in every county of the state in over 120 locations. CMHCs provide community-level mental health

¹⁴⁵ In CY 2021, 24% of children/youth in the sample received services, but experienced a delay in services due to placement instability. The number/percentage of children/youth who needed services but did not receive them due to placement instability was not initially included in the analysis. For CY 2022, the case read tools and analysis were updated to include children/youth who needed services but did not receive them.

¹⁴⁶ Part One, Definitions 1.5 of the Settlement Agreement defines crisis intervention services as “in-person on-site or virtual face-to-face mental health services provided to a person who is experiencing a behavioral health crisis, designed to interrupt and/or ameliorate a crisis experience. These services include a preliminary assessment, which may be conducted over the phone to determine the appropriate level of intervention, immediate crisis resolution and de-escalation, crisis intervention and stabilization services, and timely referral and linkage to appropriate community services to avoid more restrictive levels of treatment, based on the individualized needs of the person experiencing the behavioral health crisis.”

treatment and rehabilitation services to adults and children and are also responsible for intervening in mental health crisis situations with children, youth, and families.

All 26 CMHCs are either provisionally or fully certified as Community Behavioral Health Clinics (CCBHCs), a designation that brings increased Federal reimbursement and a wider array of services. The CCBHC model¹⁴⁷ requires:

- Crisis services to be available 24 hours a day, 7 days a week.
- Comprehensive behavioral health services to be available so people who need care don't have to piece together the behavioral health support they need across multiple providers.
- Care coordination to be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

CCBHCs in Kansas are in varied stages of the certification process. As of June 2024, the State reported that fifteen were fully certified, with the remaining eleven expected to be fully certified by the end of the year. Of the 26 clinics, 25 reported already providing mobile crisis response services, and fifteen of the 25 reported having mobile crisis services available 24 hours per day, seven days per week.

Family Mobile Crisis Response Hotline

On October 1, 2021, in collaboration with KDADS, all three Kansas Medicaid-managed Care Organizations (MCOs), and all 26 CMHCs, DCF launched a statewide mobile crisis hotline, now operated by Carelon Behavioral Health and referred to as the “Family Mobile Crisis Response Helpline.” The Helpline is intended to connect children and youth aged 20 years or younger anywhere in the state with free mental health supports and services in crisis situations in order to mitigate the need for more restrictive or institutional interventions. Examples of behavioral health crisis situations may include suicidal ideation, changing or refusing medication, and/or stressors at home, school, or work. The Helpline services include:

- Over the phone 24/7 support and problem solving from licensed mental health professionals to help resolve a child’s behavioral health crisis;
- Over the phone support with referrals to community resources or a recommendation to engage in stabilization services;

¹⁴⁷ Additional information on the CCBHC model can be found [here](#).

- In-person support via mobile crisis response if the crisis cannot be resolved over the phone.

When a call is made to the Helpline, trained mental health professionals respond to assist in stabilizing the situation; timeframes for responses are based on an assessment of the circumstances.¹⁴⁸ For example, for cases assessed as “emergent,” a response is required within 60 minutes, and those assessed as “urgent” require a response within 24 hours. Stabilization services are provided for up to eight weeks and can include work with the individual, family members, caregivers, and/or other support networks. These services often involve referrals and connections to CMHCs in the area, which provide the full range of outpatient community-based public mental health services discussed above.

988 Suicide and Crisis Lifeline

Families, youth, and children in crisis can also call the 988 Suicide and Crisis Lifeline that became nationally available on July 16, 2022. The 988 Lifeline routes callers to the National Suicide Prevention Lifeline (NSPL). It is intended to enable callers to connect with crisis counselors in every state using the easy-to-remember three-digit number. As a matter of policy, the Lifeline does not ask callers for identifying information, and it is therefore not currently possible to track and report how many calls to the Lifeline are related to children/youth in care.

Data on Crisis Intervention Services

The number of children/youth in care reported to have received crisis intervention services increased from CY 2022 to CY 2023.

- In CY2022, there were 108 helpline calls related to 69 children/youth in foster care, and CHMCs provided 2,551 billed units of crisis-related services¹⁴⁹ for 597 children/youth in care
- In CY 2023, there were 153 helpline calls related to 126 children/youth in care, and CMHCs provided 2,717 billed units of crisis-related services for 725 children/youth in care

Children/Youth Receiving Crisis Intervention Services

Tables 32, 33, and 34 show the age, gender, and race/ethnicity of children/youth reported to have received crisis intervention services in CY 2023. With regard to age,

¹⁴⁸ Frequently Asked Questions about the Family Mobile Crisis Response Helpline can be found [here](#).

¹⁴⁹ Units of service are used by CMHCs to bill Medicaid for reimbursement for services provided, and may be billed in minutes or hours based on federally defined billing codes.

the largest group was between 11 and 15 years old, with significant numbers of both older adolescents (age 16 to 18) and children aged 6-10 also receiving crisis intervention. Slightly more than half of both Helpline calls and CMHC crisis services were for females. Black/African American children/youth were more likely to be the subject of helpline calls (25%), but less likely to receive crisis intervention services from CMHCs (14%) compared to their share of the foster care population (20%). Hispanic children/youth were under-represented with regard to both types of crisis services (7% of Helpline calls, 8 % of CMHC services) compared to their share of the population (14%).

Table 32: Age Ranges of Children/Youth Who Received Crisis Intervention Services in CY 2023¹⁵⁰

*N = 126 children in Carelon helpline calls;
725 children who received services billed to Medicaid*

Age in years	Children/youth in Carelon helpline calls		Children/youth who received crisis intervention services per Medicaid data	
	No.	%	No.	%
3-5 years	7	6%	25	3%
6-10 years	28	22%	151	21%
11-15 years	58	46%	373	51%
16-18 years	30	24%	167	23%
18+ years	3	2%	9	1%
Total	126	100%	725	100%

Source: DCF, KDADS

¹⁵⁰ Percentages do not add up to 100 percent due to rounding.

Table 33: Gender of Children/Youth Represented in Utilization and Helpline Data in CY 2023

*N = 126 children in Caredon helpline calls;
725 children who received services billed to Medicaid*

Gender ¹⁵¹	Children/youth in Caredon helpline calls		Children/youth who received crisis intervention services per Medicaid data	
	No.	%	No.	%
Female	67	53%	398	55%
Male	59	47%	327	45%
Total	126	100%	725	100%

Source: DCF, KDADS

Table 34: Race of Children/Youth Who Received Crisis Intervention Services in CY 2023

N = 126 children/youth

Race	Children/youth in Caredon helpline calls		Children/youth who received crisis intervention services per Medicaid data ¹⁵²		Children/youth in foster care served in CY2023	
	No.	%	No.	%	No.	%
White	106	74%	508	70%	7,172	78%
Black / African American	34	25%	102	14%	1,802	20%
American Indian / Alaskan Native	2	2%	11	2%	162	2%
Asian	0	<1%	2	<1%	62	1%
Native Hawaiian / Pacific Islander	0	<1%	1	<1%	12	<1%
Unknown / Other	0	<1%	101	14%	22	<1%
Ethnicity¹⁵³	No.	%	No.	%	No.	%
Hispanic	9	7%	58	8%	1,317	14%
Non-Hispanic	117	93%	667	92%	7,915	86%
Total	126	100%	725	100%	9,232	100%

Source: DCF; KDADS

¹⁵¹ Data submitted by DCF included only two categories for gender.

¹⁵² The Medicaid claims data does not include county, race, risk rating, resolution, or timeliness of response information. The Neutral matched the claims data to the cohort data to determine the race of children/youth.

¹⁵³ Race and ethnicity are not exclusive. Children/youth are counted once in each section. The Neutral merged race and ethnicity information from the cohort data and is missing for any children/youth who were not present in the cohort.

Crisis Intervention Services Provided by the Family Mobile Response Crisis Helpline

During CY 2023 the Family Mobile Response Crisis Helpline received 153 calls pertaining to 126 children/youth in foster care at the time of the call. Of the 153 calls, 89 (58 %) received a risk classification of “routine”; 37 (24 %) of “urgent”; 23 (15 %) of “emergent, non-life-threatening”; and 4 (3 %) of “emergent, life-threatening.”

Table 35: Family Crisis Response Helpline Calls in CY 2023, by Risk Rating^{154,155}
N = 153 calls

Risk rating	Number of calls in 2023	
	No.	%
Emergent life threatening	4	3%
Emergent non-life threatening	23	15%
Urgent	37	24%
Routine	89	58%
Total	153	100%

Source: DCF

Table 36 displays the results of Helpline calls. The most common response was providing support and information over the phone, with no mobile crisis unit dispatched (84 calls, 55 % of the total). The next largest group was calls for which mobile crisis was dispatched but subsequently canceled (32 calls, 21% of the total and 59 percent of the subset of cases that required mobile crisis response). For instances where mobile response was canceled, the timeliness standards do not apply as no services were provided. The Neutral did not have sufficient information to determine the circumstances leading to cancellation of the mobile crisis response; please see the discussion at the end of this section for the Neutral’s recommendation regarding further analysis.

¹⁵⁴ Percentages may not add up to 100% due to rounding.

¹⁵⁵ According to the Family Crisis Response Helpline Data Dictionary submitted by DCF, the Risk Rating is from the Carelon Service Connect System and defined as "Derived from caller risk assignment given by Carelon Clinician, cross walked to KDHE policy definitions." The Risk Rating determined by Carelon is based on facts as provided by the caller and determined by the assessing clinician.

Table 36: Resolution Description for Crisis Helpline Calls in CY2023¹⁵⁶

N = 153 calls about 126 children

Resolution description	Calls to the Carelon crisis helpline		Calls followed by timely services, per Carelon standards	
	No.	%	No.	%
Mobile crisis unit dispatched	54	35%	42	78%
In-home supports provided	19	12%	17	89%
Mobile crisis cancelled	32	21%	N/A	N/A
Referral to services provided onsite	3	2%	3	100%
Mobile crisis unit not dispatched	99	65%	99	100%
Support given/information provided	84	55%	84	100%
Referral to services provided remotely	10	7%	10	100%
Not a child related crisis	5	3%	5	100%
Total	153	100%		

Source: DCF; KDADS

Crisis intervention services provided by CMHCs, as determined by Medicaid claims data

In CY 2023, 725 children/youth in foster care received 2,717 units of crisis-related services from CMHCs. These data are derived from Medicaid billing codes. One child/youth can receive multiple crisis related services (for example, three sessions with a clinician that occur within a few days of each other) related to a single crisis episode. In Table 33, each line corresponds to the specific Medicaid billing code used. The majority of services were individual crisis intervention sessions with a clinician (2,578 units of service, 95 % of the total).

¹⁵⁶ For calls where a mobile crisis unit was dispatched, timeliness was evaluated using the Carelon Behavioral Health Provider Handbook, which states “In an emergency situation, the member should be seen in person immediately or referred to appropriate emergency service providers...In an emergent situation, the member should be **seen within six (6) hours** of the request for an appointment or referred to appropriate emergency service providers... In an urgent situation, the member must be offered the opportunity to be **seen within 48 hours** of a request for an appointment... In a routine situation, a member must be offered the opportunity to be **seen within 10 business days** of a request for an appointment.” [emphasis added]. For calls where there was not a mobile crisis unit dispatched, timeliness was evaluated by the resolution description. If there was not a child-related crisis, or if support or a referral was provided remotely, the services were considered timely.

Table 37: Type of Crisis Intervention Services Provided in CY 2023

N = 2,717 billable service units for 725 unique children

Type of Service	Billable service units provided in CY23	
	No.	%
Crisis intervention	2,578	95%
Psychotherapy - crisis (up to 60 min)	91	3%
Psychotherapy - crisis - each additional 30 min	48	2%
Total	2,717	100%

Source: KDADS

In an effort to further assess whether crisis intervention services are available state-wide in accordance with the SA requirement, the Neutral compared the number of children/youth receiving such services from CHMCs to the total number of children/youth in foster care in each county.

As shown in Table 38, eight percent of children statewide who were in care at any time during CY 2023 received crisis intervention services. At least one child/youth received crisis intervention services in 90 of 105 Kansas counties. Of the fifteen counties where no such services were provided, none had more than 51 children who were in care at any time during the year. Among the 90 counties where one or more child/youth received crisis intervention services, the frequency of these services varied substantially, with a high of 28 percent of the children/youth in care (11 of 40) in Miami County. Among the six counties that had 300 or more children/youth in care during the year, the rate of crisis intervention services ranged from a high of 12 percent (40 of 332) in Reno County to a low of 4 percent (11 of 313) in Butler County.

There are many possible explanations of these differences, including differences in the age distribution of children/youth in care across counties, and the utilization rates of CMHC services compared to Helpline services, among others. Please see the discussion at the end of this section for the Neutral’s recommendation for further analysis to determine whether there are barriers to the provision of crisis services in some of the counties with the lowest utilization rates.

Table 38: Comparison of Crisis Intervention Services and Children/Youth in Care, CY 2023

N = 725 children who received crisis intervention services;
9,232 children served in CY 2023

County name	Total children/youth in care served in CY2023	Children who received crisis intervention services in CY2023	Percentage of children who received crisis intervention services
Statewide	9,232	725	8%
Sedgwick	1,931	160	8%
Shawnee	950	84	9%
Johnson	625	39	6%
Wyandotte	435	27	6%
Reno	332	40	12%
Butler	313	11	4%
Finney	250	17	7%
Crawford	238	18	8%
Leavenworth	230	9	4%
Douglas	195	14	7%
Lyon	168	11	7%
Saline	152	29	19%
Montgomery	146	15	10%
Riley	139	15	11%
Brown	137	11	8%
Ford	131	4	3%
Cowley	127	9	7%
Barton	122	8	7%
Sumner	115	3	3%
Gearry	112	12	11%
Labette	106	20	19%
Franklin	98	4	4%
Allen	93	6	6%
Ellis	88	6	7%
Bourbon	83	9	11%
Harvey	79	12	15%
Atchison	77	4	5%
Neosho	74	11	15%
Cherokee	71	6	8%
Dickinson	71	4	6%
McPherson	68	4	6%

Wilson	56	6	11%
Cloud	52	3	6%
Pottawatomie	51	6	12%
Seward	51	0	0%
Greenwood	49	3	6%
Jackson	48	10	21%
Thomas	47	1	2%
Pratt	47	0	0%
Doniphan	42	1	2%
Jefferson	42	0	0%
Miami	40	11	28%
Nemaha	39	2	5%
Scott	39	2	5%
Osage	38	5	13%
Marshall	36	2	6%
Harper	36	0	0%
Pawnee	34	3	9%
Rice	33	2	6%
Ottawa	30	1	3%
Linn	29	2	7%
Kingman	27	2	7%
Stafford	26	3	12%
Norton	26	2	8%
Barber	26	1	4%
Russell	25	1	4%
Coffey	22	3	14%
Chautauqua	21	2	10%
Kearny	20	1	5%
Marion	20	1	5%
Sherman	20	1	5%
Clay	19	1	5%
Woodson	18	2	11%
Phillips	18	0	0%
Anderson	16	1	6%
Rush	16	1	6%
Mitchell	16	0	0%
Rooks	15	2	13%
Wabaunsee	15	2	13%
Jewell	15	1	7%
Logan	15	1	7%
Washington	15	1	7%
Decatur	15	0	0%

Elk	14	1	7%
Ellsworth	14	1	7%
Lane	14	0	0%
Graham	12	0	0%
Smith	11	1	9%
Haskell	11	0	0%
Gray	10	2	20%
Morris	10	0	0%
Cheyenne	9	0	0%
Edwards	9	0	0%
Comanche	8	0	0%
Grant	8	0	0%
Clark	7	0	0%
Lincoln	7	0	0%
Hamilton	6	1	17%
Kiowa	6	1	17%
Meade	6	0	0%
Morton	6	0	0%
Rawlins	5	1	20%
Republic	5	1	20%
Wallace	5	0	0%
Osborne	4	2	50%
Gove	4	1	25%
Sheridan	4	0	0%
Stanton	4	0	0%
Stevens	4	0	0%
Trego	3	2	67%
Chase	2	0	0%
Hodgeman	1	0	0%
Ness	1	0	0%
Wichita	1	0	0%

Source: DCF, KDADS

Discussion

The State has made some progress towards meeting its obligation under the Settlement Agreement to ensure that crisis intervention services are available statewide to Class Members, including establishing the Helpline, the expansion of services provided by CMHCs, and the ongoing certification of the CMHCs as CCBHCs with 24/7 mobile crisis response capacity. In addition, data show an increase in the number of children/youth in foster care who are receiving crisis intervention services. The children/youth in care from the majority of the State's counties – including rural counties with very few children in care – have received crisis intervention services in CY 2023.

However, as reported herein, in a majority of situations in which a mobile crisis unit was dispatched by the Helpline, the response was subsequently cancelled (32). Based on information currently available, it is not possible to determine whether these 32 children/youth actually received the crisis response they needed. The Neutral recommends that the State review at least a sample of these cases, and that these reviews include a conversation with the person who called the Helpline to better understand their experience, determine when and why the crisis response was canceled, and whether the child/youth's needs were met.

The Neutral also recommends that DCF and KDHE review a sample of counties with particularly low rates of crisis intervention services and compare them to the statewide rate and to other counties with similar numbers of children in care. Examples chosen from Table 38 might include Butler, Ford, Leavenworth, and Sumner Counties. Discussion with CMP and CMHC staff, youth, and foster parents could usefully inform the State as to whether the low need and utilization rates reflect random variation or are a product of systemic barriers that need to be addressed.

v. 2.5.5 Night-to-Night and Short-Term Placements

2.5.5 Night-to-Night and Short-Term Placements

DCF shall end the practice of Night-to-Night Placements of Class Members by the **end of Period 1** and end the practice of Short-Term Placements of Class Members by the **end of Period 3**.¹⁵⁷

Section 2.5.5 of the Settlement Agreement requires DCF to end the practice of utilizing night-to-night and short-term placements for any children/youth in DCF custody, except in cases of “emergency care or placements if appropriately time-limited and utilized in true emergency situations,” and “placements deemed appropriate using Item 4 of the Round 3 CFSR Onsite Review Instrument and Instructions.”

A night-to-night placement is defined as a placement that lasts one night where the child is moved to a different home or facility the next day, whereas a short-term placement is defined as a placement that lasts more than one night but fewer than fourteen consecutive nights in the same home or facility before being moved to a different placement.¹⁵⁸ The Settlement Agreement further specifies that “the lack of safe and appropriate placement options cannot justify the use of emergency or respite¹⁵⁹ care. All Placement Moves, regardless of the reason, must be separately tracked and recorded.” The Settlement Agreement required DCF to end the practice of all night-to-night placements by December 31, 2021, and all short-term placements by December 31, 2023.

The Settlement Agreement requires the Neutral to determine the extent to which night-to-night and short-term placements were in a child/youth’s best interests, rather than simply reflecting the unavailability of an appropriate placement. The Agreement recognizes there are some situations in which moving a child/youth out of a placement in which they have had a very short stay might be in the child/youth’s best interest, and notes that exceptions can be made to this requirement in cases of “emergency care or placements if appropriately time-limited and utilized in true

¹⁵⁷ The Settlement Agreement defines periods as one calendar year, with Period 1 commencing January 1, 2021, and Period 3 commencing January 1, 2023.

¹⁵⁸ For the purposes of validation, the Neutral excludes placements lasting only one night (night-to-night placements) from the universe of short-term placements.

¹⁵⁹ Section 1.23 of the Settlement Agreement defines “respite” as “the assumption of daily caregiving responsibilities on a temporary basis, designated as approved twenty-four (24) hour-a-day family-based care, to provide parents or other caregivers with temporary relief from their responsibilities to a child. Such temporary care shall not be considered a Placement Move if it is requested by the child’s current parent/caregiver, and the foster child returns to the same placement upon completion of the Respite care.”

emergency situations.” For example, it may be appropriate for a CMP to place a child/youth in a foster home immediately after being placed in foster care, and then locate a relative who can care for the child/youth beginning the next day.

Exceptions may also be made for “placements deemed appropriate using Item 4 of the Round 3 CFSR Onsite Review Instrument and Instructions (OSRI).”¹⁶⁰ The CFSR OSRI defines appropriate placement moves as placement changes that reflect agency efforts to achieve case goals. Specifically, examples of appropriate placement moves include:

- moves from a foster home to an adoptive home;
- moves from a more restrictive to a less restrictive placement;
- moves from non-relative foster care to relative foster care¹⁶¹; and
- moves that bring the child closer to family or community.

The CFSR OSRI defines placement changes that do not reflect agency efforts to achieve case goals as:

- placement moves due to unexpected and undesired placement disruptions;
- moves due to placing the child in an inappropriate placement (that is, moves based on mere availability rather than on appropriateness);
- moves to more restrictive placements when this is not essential to achieving a child’s permanency goal or meeting a child’s needs;
- temporary placements while awaiting a more appropriate placement; and
- practices of routinely placing children in a particular placement type, such as shelter care, upon removal regardless of individual needs.

To measure the State’s progress in meeting this commitment, the Neutral analyzed DCF’s placement data¹⁶² and utilized the case read protocol outlined in Section V.

¹⁶⁰ At the time of the Agreement, the CFSR Round 3 was the most current version of the Federal CFSRs. In FY 2023, the CFSR Round 4 OSRI was implemented, and this the Neutral and DCF agreed to update criteria to assess appropriate placements to reflect updated guidance included in the Round 4 OSRI.

¹⁶¹ In Kansas, this includes NRKin placements.

¹⁶² The quantitative night-to-night and short-term placement data are derived from the placement file; therefore, the data quality issues discussed in Section V. *Methods Used to Review Compliance*, also apply to these commitments.

Methods Used to Review Compliance. This commitment requires two different samples: one composed of children/youth who experienced a night-to-night placement, and a second composed of children/youth who experienced a short-term placement.

Overview

The number of individual children/youth experiencing brief, unstable placements in Kansas has varied only slightly during the first three years of the Settlement Agreement, but the total number of such placements increased significantly in CY 2023. As shown in Table 39, there were 2,057 night-to-night placements in CY 2023, an increase of 36 percent from 1,508 in CY 2022 and a nearly identical 1,501 in CY 2021. There were 3,700 short-term placements experienced by 1,275 children/youth in CY 2023, an increase of 11 percent from 3,321 short-term placements in CY 2022, and of 26 percent from 2,945 short-term placements in CY 2021. Short-term placements comprised 30 percent of all placements made in 2023.

Table 39: Comparison of Night-to-Night and Short-Term Placements, CY 2021 - 2023¹⁶³

	2021		2022		2023	
	No.	%	No.	%	No.	%
Children/youth who experienced a night-to-night placement	801	12%	801	13%	822	16%
Children/youth who experienced a short-term placement	1,366	21%	1,365	22%	1,275	25%
Total children/youth who experienced a placement that ended during the CY	6,567		6,242		5,140	
Total night-to-night placements	1,501	11%	1,508	11%	2,057	17%
Total short-term placements	2,945	22%	3,321	25%	3,700	30%
Total placements that ended during the CY	13,583		13,190		12,205	

Source: DCF

¹⁶³ In CY 2023, all trial home visits or cases where a child or youth entered care while they remained at home were excluded from the analysis. In CY 2022, trial home visits were only excluded from the number of night-to-night and short-term placements if the child or youth exited care after the visit, but were included if the child or youth was moved to a different placement after the visit. All trial home visits were included in the total number of CFSR placements in CY 2021. Cases where a child/youth entered care while they remained at home were also excluded from the number of night-to-night and short-term placements in CY 2022, but were included in the total number of CFSR placements. In CY 2021, all placements at home were included in the CFSR analysis. Altogether, this means that the 2023 findings are not exactly comparable to the 2021 and 2022 findings.

Night-to-Night Placements

In CY 2023, 822 children/youth in DCF custody experienced 2,057 night-to-night placements, accounting for 17 percent of the 12,205 total placements in CY 2023.¹⁶⁴ While the number of children/youth who experienced night-to-night placements grew by three percent from 801 in CY 2022, the total number of night-to-night placements increased substantially, by 36 percent, from 1,508 in CY 2022. Table 40 shows that 23 children/youth had between eleven and fifteen night-to-night placements and seven children/youth had more than fifteen night-to-night placements during CY 2023. Combined, these thirty children/youth experienced a total of 420 night-to-night placements, accounting for 20 percent of all night-to-night placements that occurred during the period.

Table 40: Number of Night-to-Night Placements Experienced by Children/Youth, CY 2023¹⁶⁵

N = 822 children/youth

Number of night-to-night placement episodes	Children/youth	
	No.	%
1	484	59%
2	110	13%
3	70	9%
4	48	6%
5	22	3%
6-10	58	7%
11-15	23	3%
16+	7	1%
Total	822	100%

Source: DCF

¹⁶⁴ The data exclude 1,697 placements that are not CFSR placements. Consistent with federal definitions, non-CFSR placements include runaways, hospitalizations (placement subtypes Drug/Alcohol Treatment Facility (DAT)), Medical Hospital (initial) (MDH), Mental Health Treatment Facility (initial) (MTF), Parsons State Hospital (PSH), Psychiatric Residential Treatment Facility (PTF)), and Incarceration stays (placement subtypes Detention (DET), Jail (Adult) (JAL), and Youth Center at Topeka (YCT)). The data exclude 1,973 placements at home with a parent, non-custodial parent, or guardian. If a child/youth returned to the same placement after spending time in a non-CFSR placement or in a placement at home, the Neutral allocated that time to the previous placement. to ensure that the return to the previous placement is not counted as a new placement, which could lead to an overestimation of the number of night-to-night placements. In some cases, the placement data file was missing provider IDs, which in some cases made it impossible to know whether a child returned from an absence to the same placement or moved to a new placement. The data also appropriately exclude 5,508 placements without a placement end date or with a placement end date after CY 2023, as those children remained in their placements at the end of the period.

¹⁶⁵ Percents may not equal 100% due to rounding.

As shown in Table 41, the majority (68%) of night-to-night placements occurred in foster home settings, while 27 percent occurred in residential/institutional placement settings, such as QRTPs and a Youth Residential Center II (YRCII).

Table 41: Night-to-Night Placements Experienced by Children/Youth in CY 2023, by Placement Setting
N = 2,057 placements

Placement type	Placements	
	No.	%
Foster family placement	1,398	68%
Group home placement	72	4%
Independent living placement	2	0%
Relative home placement	26	1%
Residential/institutional placement	559	27%
Total	2,057	100%

Source: DCF

As shown in Table 42, White children/youth comprised 78 percent of children in care but experienced 73 percent of all night-to-night placements. Black/African American children/youth comprised 20 percent of children in care but experienced 25 percent of all night-to-night placements. Eleven percent of night-to-night placements were experienced by children/youth of Hispanic origin (who can be of any race), slightly less than their proportion of children in foster care in 2023 (14 percent).

Table 42: Race and Ethnicity of Children/Youth Who Experienced Night-to-Night Placements in CY 2023¹⁶⁶
N = 822 children/youth

	Children/youth who experienced night-to-night placements in CY 2023		Children/youth in care served in CY 2023	
	No.	%	No.	%
Race				
White	604	73%	7,172	78%
Black / African American	202	25%	1,802	20%
American Indian / Alaskan Native	11	1%	162	2%
Asian	1	0%	62	1%
Native Hawaiian / Pacific Islander	3	0%	12	0%
Unknown / Other	1	0%	22	0%
Ethnicity				
Hispanic	92	11%	1,317	14%
Non-Hispanic	730	89%	7,915	86%
Total	822	100%	9,232	100%

Source: DCF

To better understand these disparities, the Neutral further analyzed the race and ethnicity of children/youth who experienced multiple night-to-night placements. As Table 43 shows, Black/African American children/youth disproportionality experienced 11 or more night-to-night placements (33%) when compared to the Black/African American proportion of children/youth in care (20%).

¹⁶⁶ Race and ethnicity are not exclusive. Children are counted once in each section. Race and ethnicity data were not included in DCF's submission of placement data and were merged in from the cohort data. Percents may not equal 100% due to rounding.

Table 43: Race and Ethnicity of Children/Youth Who Experienced 1 to 10 Night-to-Night Placements and 11 or more Night-to-Night Placements in CY 2023¹⁶⁷
N = 822 children/youth

	Children/youth who experienced 1-10 night-to-night placements		Children/youth who experienced 11+ night-to-night placements	
	No.	%	No.	%
Race	No.	%	No.	%
White	584	74%	20	67%
Black / African American	192	24%	10	33%
American Indian / Alaskan Native	11	1%	0	0%
Asian	1	0%	0	0%
Native Hawaiian / Pacific Islander	3	0%	0	0%
Unknown / Other	1	0%	0	0%
Ethnicity	No.	%	No.	%
Hispanic	88	11%	4	13%
Non-Hispanic	704	89%	26	87%
Total	792	100%	30	100%

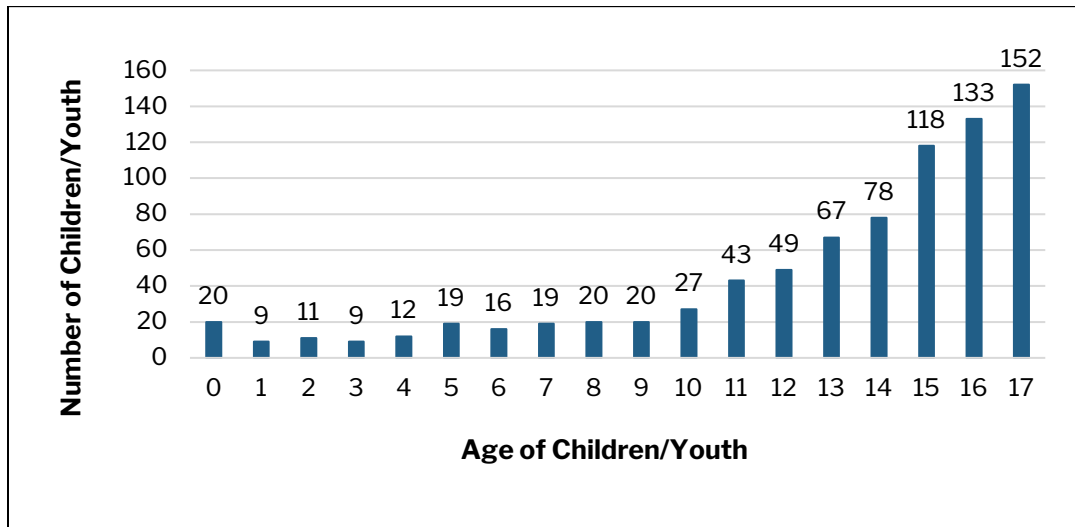
Source: DCF

The Neutral also analyzed age as a factor in night-to-night placements. Figure 12 illustrates that night-to-night placements were concentrated among older youth. Just under half of such placements involved youth aged 15 through 17, demonstrating the need for the State to continue working toward improving placement stability for older youth.

¹⁶⁷ Race and ethnicity are not exclusive. Children are counted once in each section. Race and ethnicity data were not included in DCF's submission of placement data and were merged in from the cohort data. Percents may not equal 100% due to rounding.

Figure 13: Age of Children/Youth Who Experienced Night-to-Night Placements, CY 2023¹⁶⁸

N = 822 children/youth



Source: DCF

In this Report, the Neutral has for the first time analyzed the distribution of night-to-night placements by CMP and by catchment area. Table 43 below shows that SFM had 58 percent of all night-to-night placements in CY 2023, while serving 48 percent of the foster care population. Similarly, KVC had 26 percent of night-to-night placements, while serving 24 percent of children/youth in care. By contrast, TFI served 21 percent of the foster care population in CY 2023 and had eight percent of the night-to-night placements. Children served by COC experienced eight percent of night-to-night placements, the same percentage as COCs proportion of children served.

¹⁶⁸ For children/youth whose most recent placement started before CY 2023, their age at the start of the year is reported. For children/youth whose most recent placement started during CY 2023, their age at the start of the placement is reported.

Table 44: Night-to-Night Placements Experienced by Children/Youth in CY 2023, by CMP¹⁶⁹
N = 2,057 placements

CMP	Night-to-night placements		Foster care episodes by CMP during CY 2023	
	No.	%	No.	%
SFM	1,197	58%	4,446	48%
KVC	539	26%	2,190	24%
TFI	162	8%	1,923	21%
COC	159	8%	748	8%
Total	2,057	100%	9,307	100%

Source: DCF

Table 45 further breaks down the data by DCF Catchment Area. The area with the greatest over-representation of night-to-night placements was Area 7, served by SFM (29% of night-to-night placements compared to 21% of children in care in Area 7). Areas 4 and 8, both served by TFI, had significantly fewer night-to-night placements than their share of the foster care population.

Table 45: Night-to-Night Placements Experienced by Children and Youth in CY 2023, by Catchment Area¹⁷⁰
N = 2,057 placements

CMP	Catchment Area	Night-to-night placements		Foster care episodes by CMP during CY 2023	
		No.	%	No.	%
SFM	Area 1	207	10%	1,176	13%
	Area 2	400	19%	1,330	14%
	Area 7	590	29%	1,940	21%
KVC	Area 3	345	17%	1,367	15%
	Area 6	194	9%	823	9%
TFI	Area 4	84	4%	1,160	12%
	Area 8	78	4%	763	8%
COC	Area 5	159	8%	748	8%
Total		2,057	100%	9,307	100%

Source: DCF

¹⁶⁹ Seventy-five children/youth were served by more than one CMP in CY 2023. The data reflect the most recent CMP to serve them during CY 2023.

¹⁷⁰ Ibid.

To assess whether a placement change that resulted in a night-to-night placement was necessary and appropriate, reviewers answered the question, “were all placement changes during the period under review planned by the agency in an effort to achieve the child’s case goal or meet the needs of the child?”

The CFSR OSRI defines placement changes that do not reflect agency efforts to achieve case goals as:

- placement moves due to unexpected and undesired placement disruptions;
- moves due to placing the child in an inappropriate placement (that is, moves based on mere availability rather than on appropriateness);
- moves to more restrictive placements when this is not essential to achieving a child’s permanency goal or meeting a child’s needs;
- temporary placements while awaiting a more appropriate placement; and
- practices of routinely placing children in a particular placement type, such as shelter care, upon removal regardless of individual needs.

Table 46 displays the results along with a comparison of CY 2023 data to the CY 2022 and 2021 data. For less than one third of children/youth (19 of 63) experiencing one-night placements in CY 2023, all night-to-night placements met the CFSR standards.

Table 46 Night-to-Night Placement Performance for CYs 2021-23¹⁷¹

	2021	2022	2023
Cases reviewed in which all placement changes lasting one night during the PUR were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child	33%	19%	30%
Cases in which one or more night-to-night placements did not meet CFSR standards	67%	81%	70%
Total children with at least one night-to-night placement in the CY (reviewed and unreviewed)	801	801	822

Source: DCF

¹⁷¹ There was sufficient interrater reliability between the Neutral and DCF’s case review results across all three years.

Based on the results of the case reads, the Neutral estimates that 575 children/youth had night-to-night placements in CY 2023 that were not acceptable under the CFSR standard.¹⁷² In CY 2022, 801 children/youth experienced night-to-night placements, and for 19 percent of those children/youth's night-to-night placements were acceptable under the CFSR standard. The Neutral estimates that 649 children/youth had night-to-night placements that were not acceptable under the CFSR standard in CY 2022.¹⁷³ While the number of children/youth who experienced night-to-night placements grew only slightly (3%) when compared to CY 2022, the total number of night-to-night placements increased by 36 percent when compared to CY 2022, demonstrating that more children/youth experienced multiple night-to-night placements during the year.

The State has not met the commitment to eliminate night-to-night placements.

Short-Term Placements

In CY 2023, 1,275 children and youth experienced a total of 3,700 short-term placements.¹⁷⁴ Similar to night-to-night placements, there was a striking increase in the number of children/youth who experienced multiple short-term placements from CY 2022 to CY 2023. While the number of children/youth who experienced short-term placements decreased by seven percent from 1,365 children/youth in CY 2022, the total number of short-term placements *increased* by 11 percent in CY 2023 from 3,321 short-term placements in CY 2022. Table 47 shows that 67 children/youth experienced 11 or more short-term placements during the period, totaling 1,075 placements, which accounted for 29 percent of all short-term placements that occurred during CY 2023.

¹⁷² To calculate this estimate, the Neutral multiplied the number of children/youth with one or more night-to-night placements (822) in CY 2023 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (70%).

¹⁷³ To calculate this estimate, the Neutral multiplied the number of children/youth with one or more night-to-night placements (801) in CY 2021 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (81%).

¹⁷⁴ If a child/youth returned to the same placement after spending time in a non-CFSR placement or in a placement at home, the Neutral allocated that time to the previous placement. This was done to ensure that the return to the previous placement is not counted as a new placement, which could lead to an overestimation of the number of short-term placements. In some cases the placement data file was missing provider IDs, which in some cases made it impossible to know whether a child returned from an absence to the same placement or to a new placement, which made it difficult to determine whether a short-term placement occurred. The Neutral chose to take the lower number of short-term placements. It is possible but unlikely that there were an additional 57 short-term placements.

Table 47: Number of Short-Term Placements Experienced by Children/Youth in CY 2023¹⁷⁵

N = 1,275 children/youth

Number of short-term placement episodes	Unique Count of Children/Youth	
	No.	%
1	672	53%
2	220	17%
3	106	8%
4	75	6%
5	44	3%
6-10	91	7%
11-15	38	3%
16-20	17	1%
21+	12	1%
Total	1,275	100%

Source: DCF

As shown in Table 48, the majority (76%) of short-term placements occurred in foster home settings, while 17 percent occurred in residential/institutional placement settings, such as QRTPs and YRCII.

Table 48: Short-Term Placements Experienced by Children/Youth in CY 2023, by Placement Setting

N = 3,700 placements

Placement type	Placements	
	No.	%
Foster family placement	2,814	76%
Group home placement	108	3%
Independent living placement	11	0%
Relative home placement	140	4%
Residential/institutional placement	627	17%
Total	3,700	100%

Source: DCF

Table 49 shows the race and ethnicity of children/youth who experienced short-term placements in CY 2023. White children/youth experienced 75 percent of all short-

¹⁷⁵ Percents may not equal 100% due to rounding.

term placement episodes, while Black/African American children/ youth experienced 22 percent. Hispanic children/youth, who may be of any race, experienced 11 percent of short-term placements. These data are comparable to the proportions of all children in care as of the end of the calendar year.

Table 49: Race and Ethnicity of Children/Youth Who Experienced Short-Term Placements in CY 2023

N = 1,275 children/youth

Race	Children/youth who experienced short-term placements in CY 2023		Children/youth in care served in CY 2023	
	No.	%	No.	%
White	953	75%	7,172	78%
Black / African American	286	22%	1,802	20%
American Indian / Alaskan Native	26	2%	162	2%
Asian	5	0%	62	1%
Native Hawaiian / Pacific Islander	3	0%	12	0%
Unknown / Other	2	0%	22	0%
Ethnicity	No.	%	No.	%
Hispanic	142	11%	1,317	14%
Non-Hispanic	1,133	89%	7,915	86%
Total	1,275	100%	9,232	100%

Source: DCF

The Neutral further analyzed the race and ethnicity of children/youth who experienced multiple short-term placements, as shown in Table 50. Black/African American children disproportionately experienced eleven or more short-term placements (31%) when compared to the overall number of children and youth in care (20%).

Table 50: Race and Ethnicity of Children/Youth Who Experienced 1-10 Short-Term Placements and 11+ Short-Term Placements in CY 2023¹⁷⁶

N = 1,275 children/youth

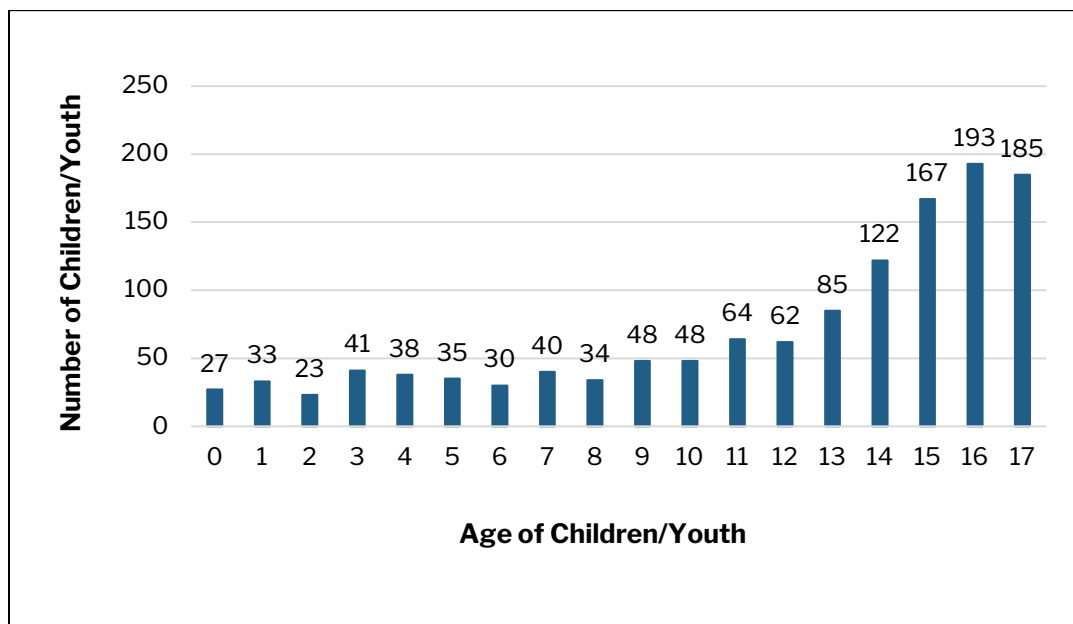
Race	Children/youth who experienced 1-10 short-term placements		Children/youth who experienced 11+ short-term placements	
	No.	%	No.	%
White	907	75%	46	69%
Black / African American	265	22%	21	31%
American Indian / Alaskan Native	26	2%	0	0%
Asian	5	0%	0	0%
Native Hawaiian / Pacific Islander	3	0%	0	0%
Unknown / Other	2	0%	0	0%
Ethnicity	No.	%	No.	%
Hispanic	134	11%	8	12%
Non-Hispanic	1,074	89%	59	88%
Total	1,208	100%	67	100%

Source: DCF

Figure 14 illustrates the age breakdown of children/youth experiencing short-term placements. A majority of these children/youth were 14 to 17 years of age.

¹⁷⁶ Race and ethnicity are not exclusive. Children are counted once in each section. Race and ethnicity data were not included in DCF's submission of placement data and were merged in from the cohort data. Percents may not equal 100% due to rounding.

Figure 14: Age of Children/Youth Who Experienced Short-Term Placements, CY 2023¹⁷⁷
N = 1,275 children/youth



Source: DCF

As with night-to-night placements, for CY 2023 the Neutral also analyzed the breakdown of short-term placements by CMP and Catchment Area. Table 51 shows that children/youth served by SFM experienced a disproportionate share of short-term placements, accounting for 60 percent of such placements state-wide, while serving 53 percent of the foster care population. By contrast, TFI served 17 percent of children/youth, while accounting for 12 percent of short-term placements.

¹⁷⁷ For children/youth whose most recent placement started before CY 2023, their age at the start of the year is reported. For children/youth whose most recent placement started during CY 2023, their age at the start of the placement is reported.

Table 51: Short-Term Placements Experienced by Children/Youth in CY 2023, by CMP

N = 3,700 placements

CMP	Short-term placements		Foster care episodes by CMP during CY 2023	
	No.	%	No.	%
SFM	2,214	60%	4,446	53%
KVC	769	21%	2,190	22%
TFI	440	12%	1,923	17%
COC	276	7%	748	8%
Missing ¹⁷⁸	1	<1%	0	0%
Total	3,700	100%	9,307	100%

Source: DCF

Table 52 provides further detail by DCF Catchment Area. Area 2 had 22 percent of short-term placements, but only 18 percent of children/youth in care; area 7 had 28% of short-term placements, but 24% of children/youth in care. Both Catchment Areas were served by SFM.

Table 52: Short-Term Placements Experienced by Children and Youth in CY 2023, by Catchment Area

N = 3,700 placements

CMP	Catchment Area	Short-term placements		Foster care episodes by CMP during CY 2023	
		No.	%	No.	%
SFM	Area 1	378	10%	1,176	13%
	Area 2	802	22%	1,330	14%
	Area 7	1,034	28%	1,940	21%
KVC	Area 3	520	14%	1,367	15%
	Area 6	249	7%	823	9%
TFI	Area 4	268	7%	1,160	12%
	Area 8	172	5%	763	8%
COC	Area 5	276	7%	748	8%
Missing ¹⁷⁹		1	0%	0	0%
Total		3,700	100%	9,307	100%

Source: DCF

¹⁷⁸ CMP data was not included in DCF's submission of placement data and was merged in from the cohort data. The Neutral uses the Client ID and Removal from Home Date to merge the data, and the Removal from Home Date was different across the placement and cohort data for one child/youth who experienced a short-term placement. This caused an error in the merge for child/youth, resulting in missing CMP data.

¹⁷⁹ Ibid.

To assess whether a placement change that resulted in a short-term placement was necessary and appropriate, reviewers answered the question, “*were all placement changes during the period under review planned by the agency in an effort to achieve the child’s case goal or meet the needs of the child?*”

Table 53 displays the results along with a comparison to the CY 2022 and CY 2021 data. All such placements met the CFSR standards for only a small minority, fifteen percent (10 of 65) of children experiencing short-term placements in CY 2023.

Table 53: Short-Term Placement Performance for CYs 2021-23¹⁸⁰

	2021	2022	2023
Cases reviewed in which all placement changes lasting 2 to 14 days during the period under review were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child	46%	35%	15%
Cases in which one or more short-term placements did not meet CFSR standards	54%	65%	85%
Total children with at least one short-term placement in the CY (reviewed and unreviewed)	1,366	1,365	1,275

Source: DCF

Based on the results of the case reads, the Neutral estimates that 1,084 children/youth had one or more short-term placements that were not acceptable based on the CFSR standard in CY 2023.¹⁸¹ By contrast, 35 percent of the 1,365 children/youth who had one or more short-term placements in CY 2022, had placements that were acceptable under the CFSR standard.¹⁸² The Neutral previously estimated that 846 children/youth had one or more short-term placements that were not acceptable under the CFSR standard in CY 2022.¹⁸³ Further, while the number of children/youth who experienced short-term placements decreased by seven percent

¹⁸⁰ There was sufficient interrater reliability between the Neutral and DCF’s case review results across all three years.

¹⁸¹ To calculate this estimate, the Neutral multiplied the number of children with one or more short-term placements (1,275) in CY 2023 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (85%).

¹⁸² The Neutral’s Period 1 report identified 1,680 children/youth experienced a short-term placement in CY 2021, inclusive of the 801 children/youth who experienced a night-to-night placement in CY 2021. These numbers have been updated to reflect the current definition of short-term placements as placements lasting 2 to 14 days.

¹⁸³ To calculate this estimate, the Neutral multiplied the number of children with one or short-term placements (1,365) in CY 2021 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (65%).

when compared to CY 2022, the total number of short-term placements *increased* by 11 percent when compared to CY 2022.

The State has not met the commitment to eliminate short-term placements.

C. Part III: Outcomes¹⁸⁴

i. 2.9.1 Placement Moves Rate

2.9.1 Placement Moves per 1,000 Days
All Class Members entering DCF custody in a twelve (12) month period shall have a rate of Placement Moves that does not exceed the specified number of moves per 1,000 days in care during their current episode.
Period 3 Target: 5 moves per 1,000 days in care

Section 2.9.1 of the Settlement Agreement requires DCF to limit the number of placement moves experienced by children who entered DCF custody during the period under review. To fully meet this commitment, the State is required to limit the number of placement moves experienced by children to a rate at or below 4.4 moves per 1,000 days spent in foster care by Period 4 (CY 2024), or to less than two moves (1.6 moves) per 365 days spent in care.¹⁸⁵

For Period 3, the Agreement requires the rate of placement moves to not exceed five moves per 1,000 days in care, which is the equivalent of no more than 1.8 moves per 365 days spent in care. The rate of placement moves is to be determined using the definitions and measurements utilized by the CFSR Round 3.¹⁸⁶

¹⁸⁴ The Settlement Agreement defines Outcomes to be achieved over four one-year periods, with each period commencing January 1, 2021, January 1, 2022, January 1, 2023 and, if applicable, January 1, 2024.

¹⁸⁵ The Agreement requires the State to reach a placement moves rate at or below 4.4 moves per 1,000 days in foster care to fully meet this commitment. A rate of 4.4 moves per 1,000 days in care averages out to 1.6 moves per 365 days in care.

¹⁸⁶ The federal Child and Family Services Reviews (CFSR) are periodic reviews of State child welfare systems conducted by the federal Children’s Bureau under the Administration for Children and Families (ACF). Each of the CFSR are conducted with specific question guidance to ensure reviews are completed uniformly across States. The Settlement Agreement requires the Neutral to utilize Round 3 instructions, as this was the most current version of the CFSR guidance published at the time the Settlement Agreement was drafted. Since then, the Children’s Bureau has released Round 4 guidance, for which the definitions and methodologies for the placement moves rate metric are identical to Round 3. Additional information on the CFSR can be found [here](#).

The Neutral team reviewed and compared DCF’s foster care data files for October 1, 2022, to September 30, 2023,¹⁸⁷ representing 2,646 children who entered DCF custody during that time. These children/youth collectively experienced a rate of 7.94 moves per 1,000 days in foster care, which is equivalent to 2.90 placement moves per 365 days spent in care.¹⁸⁸ The State’s performance of 7.94 placement moves per 1,000 days is nearly 60 percent greater than the Period 3 target of no more than five moves per 1,000 days in care, and as demonstrated below in Table 54 and Figure 15, represents an increasing number of placement moves per 1,000 days in care since Period 1.

Table 54: Total Placement Moves Per 1,000 Days in Foster Care, FFYs 21-23¹⁸⁹

Federal fiscal year	Total children/youth entering care	Total placement moves	Total days in care	Placement moves rate	Settlement target
2021	3,127	3,044	521,417	5.84 moves per 1,000 days	7 moves per 1,000 days
2022	3,046	3,566 ¹⁹⁰	489,106	7.29 moves per 1,000 days	6 moves per 1,000 days
2023	2,646	3,495 ¹⁹¹	440,196	7.94 moves per 1,000 days	5 moves per 1,000 days

Source: The Neutral’s analysis of AFCARS files provided by DCF

¹⁸⁷ Commitments 2.9.1 and 2.9.4 rely on AFCARS data, which is aligned with the Federal Fiscal Year (FY), October 1 through September 30. As a result, Parties agreed to alter the timeline in the Agreement for these two commitments only, with each period commencing on October 1. Period 3 began October 1, 2022.

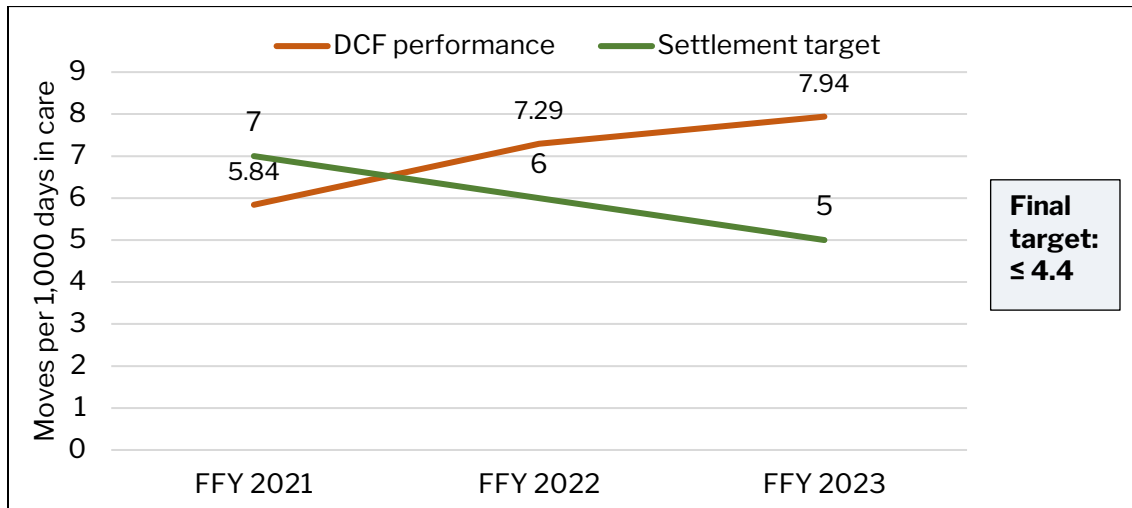
¹⁸⁸ The Neutral calculated this rate by applying a rate of 7.94 moves per 1,000 days to a period of 365 days.

¹⁸⁹ For this metric, consistent with the methodology described in the Settlement Agreement, the historical AFCARS file format (1993) was used, not the AFCARS 2020 file format.

¹⁹⁰ Twelve children in the 2022 AFCARS data had a value of 0 for their number of placement settings. A comparison to the FACTS placement file sent by DCF indicated that these children’s only placements during that period were as a “runaway.” In all 12 cases, the Neutral recoded these children with a placement setting value of 1 for the analysis. The Neutral also found that two children in the 2022 AFCARS data had a pre-adoptive placement during FY 2022 that DCF did not count in its AFCARS submission. After consulting with the National Data Archive on Child Abuse and Neglect and other experts, the Neutral added one additional placement to the total number of placements for each of these children.

¹⁹¹ Thirty-three children in the 2023 AFCARS data had a value of 0 for their number of placement settings. DCF and the Neutral reviewed these children and found that during the PUR, 27 children experienced one placement setting, one child experienced two placement settings, one child experienced four placement settings, one child experienced six settings, and one child experienced nine placement settings. The remaining two children were found not to be in DCF custody during the PUR. For this analysis, the Neutral adjusted the count of placement settings accordingly and removed the two children who were not in DCF custody from the data.

Figure 15: Placement Moves Rate by Year, FFYs 2021-2023



Source: Analysis of AFCARS files provided by DCF and CFSR 4 Data Profile

To further understand this trend, the Neutral analyzed the distribution of placement moves experienced by children who entered DCF custody in FY 2023. Out of the total number of children who entered DCF custody in FY 2023 (2,646 children), 53 percent (1,402 children) experienced no placement moves at all. However, as shown in Table 55, 131 children endured six or more placement moves each during FY 2023; almost half (44%) of all placement moves that took place in FY 2023 were experienced by these 131 children.

Table 55: Distribution of FFY 2023 Placement Moves Among Children Who Entered State Custody in FFY 2023

Number of placement moves	Number of children	% of children
0	1,402	53%
1	658	25%
2	232	9%
3	116	4%
4	58	2%
5	49	2%
6-10	79	3%
11-20	34	1%
21+	18	<1%
Total	2,646	100%

Source: Analysis of AFCARS files provided by DCF and CFSR 4 Data Profile

Children ages 12-17 years old experienced significantly more placement moves than younger children (Table 56). Table 57 shows that in FY 2023, children/youth identified as Black/African American and multi-racial experienced an average of more than eight placement moves per 1,000 days spent in DCF custody, or the equivalent of more than 3.13 moves per 365 days in care, while White youth experienced a rate of more than seven moves per 1,000 days in care.

Table 56: Placement Moves Rate per 1,000 Days in Care, by Age
N = 2,646 children/youth

Age at start of FFY 2023	Number of children	Placement moves rate ¹⁹²	Percent of children with 6+ moves
0-6 years	1,229	3.41	0.3%
7-11 years	874	7.16	3.9%
12-17 years	543	14.66	12.1%
Total	2,646	7.94	5.0%

Source: Analysis of AFCARS files provided by DCF and CFSR 4 Data Profile

Table 57: Placement Moves Rate per 1,000 Day in Care, by Race and Ethnicity
N = 2,646 children/youth

	Number of children	Placement moves rate ¹⁹³	Percent of children in group with 6+ moves
Race			
White	1,920	7.56	4.9%
Black/African American	316	8.57	5.4%
American Indian/Alaskan Native	23	3.45	0%
Asian	10	4.72	0%
Native Hawaiian/Pacific Islander	0	N/A	N/A
Two or More Races	374	9.79	5.4%
Unknown / Other	3	9.76	0%
Ethnicity¹⁹⁴			
Hispanic	2,272	7.64	4.9%
Non-Hispanic	358	9.73	5.6%
Unable to Determine	16	11.22	0%
Total	2,646	7.94	5.0%

Source: Analysis of AFCARS files provided by DCF and CFSR 4 Data Profile

¹⁹² Placement moves rate was calculated by totaling the number of placement moves within each age group and dividing that by the sum of the days in care within each age group, as opposed to taking the average rate across every child within each group.

¹⁹³ Rate of placement moves was calculated by totaling the number of placement moves within each racial/ethnic group and dividing that by the sum of the days in care within each racial/ethnic group, as opposed to taking the average rate across every child within each group.

¹⁹⁴ Race and ethnicity are not exclusive. Children are counted once in each section.

As DCF considers additional steps to improve placement stability, particularly for the subset of 131 children/youth who experienced six or more placement moves per year – many of whom were Black/African American -- it will be important to identify what systemic barriers exist that are preventing the reduction of and/or causing increases in the rate of these placement moves, with a specific focus on older youth and Black/African American children.

ii. 2.9.2 Addressing Mental Health Needs

2.9.2 Addressing Mental and Behavioral Health Needs
At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall have had their mental and behavioral health needs addressed.
Period 3 Target: 90%

Section 2.9.2 of the Settlement Agreement requires DCF to address the mental and behavioral health needs of children and youth in DCF custody. In CY 2023, the State was to meet the final standard of 90 percent of children/youth having their mental and behavioral health needs met, up from the interim standard of 85 percent in CY 2022.

To measure the State’s progress in meeting this commitment, the Neutral used the case read protocol described in Section V, *Methods Used to Review Compliance*. For each case in the sample, reviewers first determined whether there was a need for mental health services during CY 2023. If so, reviewers then determined whether appropriate services had been provided to meet those needs. The review instrument contained additional questions relating to the timeliness of services; results related to those questions are reported in commitment SA 2.5.3 above.

Of the children/youth whose records were reviewed, 75 percent (197 of 263 cases) were found to have needed mental or behavioral health services. As shown in Table 58, case reads demonstrated appropriate services were provided to meet those needs for only 52 percent (103 of 197) of the children/youth who required them.

Table 58: Addressing Mental and Behavioral Health Performance for CY 2022

Case Read Question	CY 2023 Performance	Period 3 Standard
During the period under review, did the agency provide appropriate services to address the child’s mental/behavioral need?	52%	90%

Source: DCF

As shown in Table 59, performance had not improved and has alarmingly dropped significantly from the case read results in CY 2022. Performance remains substantially below the level required by the Settlement Agreement.

Table 59: Addressing Mental and Behavioral Health Needs Performance, CYs 2021-23¹⁹⁵

Year	Performance	Standard
2021	65%	80%
2022	70%	85%
2023	52%	90%

Source: DCF

As shown in Table 60, the extent to which the mental health needs of children/youth were addressed varied significantly by provider and geographic area, from a high of 75% (TFI, Area 8) to a low of 37% (SFM, Area 2).¹⁹⁶

¹⁹⁵ There was sufficient interrater reliability between the Neutral and DCF’s case review results across all three years.

¹⁹⁶ The sample size was sufficient to meet the confidence standards set out in the Settlement Agreement with regard to state-wide performance, but not with regard to individual provider performance.

Table 60: Case Read Summary Performance for Addressing Mental and Behavioral Health Needs by Area and CMP, CY 2023

DCF catchment area	CMP	Number who Received Appropriate Services	Number with an Identified Need	CY 2023 performance
Area 1	SFM	13	21	62%
Area 2	SFM	10	27	37%
Area 3	KVC	11	21	52%
Area 4	TFI	18	32	56%
Area 5	COC	9	20	45%
Area 6	KVC	8	16	50%
Area 7	SFM	25	48	52%
Area 8	TFI	9	12	75%
Statewide performance		103	197	52%

Source: DCF

This Settlement Agreement requirement is not met.

iii. 2.9.3 Stable Placements

2.9.3 Placement Stability
At least the following percentages of a statistically significant, representative, random sample of all Class Members in DCF custody during a twelve (12) month period shall be in a placement setting that at the time of the review is stable.
Period 3 Target: 90%

Section 2.9.3 of the Settlement Agreement establishes the percentage of children/youth who must be in stable placement settings. For CY 2023 the standard is 90 percent, which is also the final target for this commitment. In prior years, the standards were 85 percent (CY 2022) and 80 percent (CY 2021). The Agreement specifies that placement stability is to be measured via case read reviews as outlined in Section V. *Methods Used to Review Compliance*.

Reviewers answered the question “*is the child’s current placement setting (or most recent placement if the child is no longer in foster care) stable?*”¹⁹⁷ as defined by the CFSR OSRI. Reviewers were instructed to consider circumstances such as the child/youth’s time spent in the placement under review, the attachment/bond between the placement provider and the child/youth, and whether the child /youth’s physical and mental/behavioral health needs are being met.¹⁹⁸ The CFSR OSRI defines unstable placements as:

- The child’s current placement is in a temporary shelter or other temporary setting.
- There is information indicating that the child’s current substitute care provider may not be able to continue to care for the child.
- There are problems in the current placement threatening its stability that the agency is not effectively addressing.
- The child has run away from this placement more than once in the past or is in runaway status at the end of the PUR.

Of the 263 case records reviewed to assess performance on this commitment, 229 (87%) records contained documentation that showed evidence of children/youth in stable placements for CY 2023. As shown in Table 61, this is slightly below the final target and slightly lower than DCF’s performance for CY 2022, when 91 percent of case records reviewed showed evidence of stable placements.

Table 61: Stable Placement Performance, CYs 2021-2023¹⁹⁹

Year	Performance	Standard
2021	86%	80%
2022	91%	85%
2023	87%	90%

Source: DCF

¹⁹⁷ “Current” is defined as of December 31, 2023 (the end of the review period for CY 2023), or the child’s most recent placement in foster care if the child/youth was discharged from custody prior to the end of the period under review.

¹⁹⁸ Additional considerations used to determine placement stability can be found in the case read tools attached as Appendix B.

¹⁹⁹ There was sufficient interrater reliability between the Neutral and DCF’s case review results across all three years.

As shown in Table 62, performance varied across CMPs and catchment areas. Of the cases reviewed for CY 2023, SFM case records showed the largest share of children/youth in stable placements, with 91 percent placement stability in Area 2, and 94 percent in Area 7. Areas 5 and 8, managed by COC and TFI, respectively, had case records showing 74 percent of children/youth in stable placements during CY 2023.

Table 62: Case Read Summary Performance for Stable Placements by Area and CMP, CY 2023²⁰⁰

DCF Catchment Area	CMP	Cases meeting the standard	Cases reviewed	CY 2023 performance
Area 1	SFM	22	26	85%
Area 2	SFM	32	35	91%
Area 3	KVC	29	33	88%
Area 4	TFI	36	41	88%
Area 5	COC	17	23	74%
Area 6	KVC	17	20	85%
Area 7	SFM	62	66	94%
Area 8	TFI	14	19	74%
Statewide performance		229	263	87%

Source: DCF

DCF did not meet this commitment for CY 2023.

iv. 2.9.4 One or Fewer Placement Moves

2.9.4 Placement Moves
At least the following percentages of all Class Members in DCF custody at any point during the twelve (12) month reporting period shall have one (1) or fewer Placement Moves in twelve (12) months immediately preceding the last date of that reporting period.
Period 3 Target: 85%

Section 2.9.4 of the Settlement Agreement requires DCF to reduce the number of children who have more than one placement move in a year. The Agreement defines

²⁰⁰ The sample size was sufficient to meet the confidence standards set out in the Settlement Agreement with regard to state-wide performance, but not with regard to individual provider performance.

annual targets by which DCF is to increase the number of children experiencing one or fewer placement moves during the year, with a final goal for 90 percent of all children in custody to experience one or fewer placement moves during the year by Period 4 (CY 2024). For Period 3, the Agreement requires that at least 85 percent of children/youth in DCF custody have one or fewer placement moves during FY 2023.²⁰¹

The Agreement specifies the number of placement moves is to be determined using the definitions and measurements utilized by the CFSR Round 3.²⁰² However, due to data limitations of the new AFCARS files, the Neutral utilized placement information supplied by DCF to calculate performance for FY 2023.²⁰³

Data provided by DCF show that 7,234 of the 8,743 (83%) children/youth in care at any point during FY 2023 experienced one or fewer placement moves.²⁰⁴ As shown in Table 63, while performance on this measure has improved since Period 1, DCF fell short of meeting the Period 3 target of 85 percent.

²⁰¹ Section 2.9.4 of the Settlement Agreement clarifies that “only moves occurring during the reporting period will be considered for this measure.”

²⁰² The federal Child and Family Services Reviews (CFSR) are periodic reviews of State child welfare systems conducted by the federal Children’s Bureau under the Administration for Children and Families (ACF). Each of the CFSR are conducted with specific question guidance to ensure reviews are completed uniformly across States. The Settlement Agreement requires the Neutral to utilize Round 3 instructions, as this was the most current version of the CFSR guidance published at the time the Settlement Agreement was drafted. Since then, the Children’s Bureau has released Round 4 guidance. Additional information on the CFSR can be found [here](#).

²⁰³ The Neutral intended to calculate this metric using DCF’s AFCARS file, but found that it did not contain the necessary information due to recent changes in Federal AFCARS reporting guidelines. Specifically, the AFCARS file does not include a unique identifier for the provider with which a child is placed. This means that in certain cases, it is impossible to determine whether a child’s first placement after an absence (e.g., a runaway or an acute hospitalization) should count as a new placement (i.e., where the new provider is different from the previous provider) or a continuation of the previous placement. As a result, the Neutral decided to use an approximation of the AFCARS file based on FACTS placement data files. This change in file did not affect the agreed upon methodology used to calculate this metric. For future reports, the Neutral will request unencrypted AFCARS files so they can be matched to data in the FACTS files.

²⁰⁴ Commitments 2.9.1 and 2.9.4 rely on AFCARS data, which is aligned with the Federal Fiscal Year (FY) October 1 through September 30. As a result, Parties agreed to alter the timeline in the Agreement for these two commitments only, with each period commencing on October 1. Period 3 began October 1, 2022. It is important to note that the new format of the AFCARS files do not contain enough information to calculate this metric, so the Neutral used an adjusted version of the FACTS placement file. See Section V, *Data Validation and Limitations*.

Table 63: Total Children/Youth with One or Fewer Placement Moves²⁰⁵

	FY 2021		FY 2022		FY 2023	
	No.	%	No.	%	No.	%
Children/youth with one or fewer moves	7,656	75%	8,135	82%	7,243	83%
Children/youth with more than one move	2,551	25%	1,806	18%	1,500	17%
Total children/youth	10,207	100%	9,941	100%	8,743	100%

Source: DCF

The Neutral analyzed the breakdown of the number of placements experienced by children/youth in DCF custody during FY 2023. As detailed in Table 64, 5,643 children/youth (65%) experienced no placement moves during FY 2023, and 1,600 children/ youth (18%) experienced one move. There were 367 children/youth who experienced six or more moves; these children/youth accounted for 4,635 moves, 49% of the total moves in 2023.

Table 64: Distribution of FY 2023 Placement Moves Among Children in State Custody During FY 2023

Number of placement moves	Number of children	% of children
0	5,643	65%
1	1,600	18%
2	587	7%
3	312	4%
4	149	2%
5	85	<1%
6-10	221	3%
11-20	88	1%
21+	58	<1%
Total	8,743	100%

Source: DCF

The Neutral further analyzed the number of placement moves compared to the child/youth's listed age, race and ethnicity. As shown in Table 65, in FY 2023 children

²⁰⁵ For FYs 2021 and 2022, the Neutral used the historical format AFCARS file, while for FY 2023, the Neutral used a FACTS-based approximation of the AFCARS 2020 format. Also, the files for FYs 2021 and 2022 had numerous data quality issues that led the Neutral to decide not to include these calculations in either of the previous two annual reports. They are included here for reference only.

aged 7 to 11 experienced two or more placements at a rate considerably greater than any other age range.

Table 65: Children/Youth with Two or More Placement Moves in FY 2023, by Age
N = 8,743 children/youth

Age at start of FY 2023 (years)	Children/youth who experienced two or more placement moves in FY 2023		Children/youth in care at any point during FY 2023	
	No.	%	No.	%
0-6	313	21%	3,525	40%
7-11	884	59%	3,272	37%
12-17	303	20%	1,946	22%
Total	1,500	100%	8,743	100%

Source: DCF

Table 66 demonstrates that Black/African American children/youth were more likely to experience two or more placement moves. These children/youth made up 23 percent of those with two or more moves, while accounting for 20 percent of the foster care population of children/youth in DCF’s custody during FY 2023. As the State seeks to improve placement stability for all children in care, it should focus on the differences revealed by these data about both age and race.

Table 66: Children/Youth with Two or More Placement Moves in FY 2023, by Race/Ethnicity
N = 8,743 children/youth

Race	Children/youth who experienced two or more placement moves in FY 2023		Children/youth in care at any point during FY 2023	
	No.	%	No.	%
White	1,105	74%	6,799	78%
Black / African American	344	23%	1,705	20%
American Indian / Alaskan Native	31	2%	154	2%
Asian	14	<1%	58	<1%
Native Hawaiian / Pacific Islander	3	<1%	10	<1%
Unknown / Other	3	<1%	17	<1%
Ethnicity²⁰⁶	No.	%	No.	%
Hispanic	154	10%	1,225	14%
Non-Hispanic	1,335	89%	7,416	85%
Unknown	11	<1%	102	1%
Total	1,500	100%	8,743	100%

Source: DCF

²⁰⁶ Race and ethnicity are not exclusive. Children are counted only once within each section.

Finally, the Neutral analyzed placement moves by CMP. Table 67 shows little variation among CMPs in the percentage of children who experienced two or more placement moves when compared to the amount of children/youth they served.

Table 67: Children/Youth with Two or More Placement Moves, by CMP
N = 8,743 children/youth

CMP	Children/youth who experienced two or more placement moves in FFY 2023		Children/youth in care at any point during FFY 2023	
	Count	Percentage	Count	Percentage
COC	138	9%	738	8%
KVC	334	22%	2,038	23%
SFM	700	47%	4,151	47%
TFI	328	22%	1,816	21%
Total	1,500	100%	8,743	100%

Source: DCF

v. 2.9.5 Initial Mental Health and Trauma Screens

2.9.5 Initial Mental Health and Trauma Screens
At least the following percentages of a statistically significant, representative, random sample of all Class Members entering DCF custody during twelve (12) month period shall have received a timely Initial Mental Health and Trauma Screen within thirty (30) days upon each entry into the foster care system.
Period 3 Target: 90%

The Settlement Agreement requires that when a child enters care the state must, within 30 days, use an approved screening instrument to determine whether the child has experienced trauma or is otherwise in need of mental health services. The Agreement specifies approved instruments²⁰⁷ for each age group, and requires that the screen be conducted by a person who (a) has been trained in the use of the

²⁰⁷ Allowable instruments according to the Agreement are: Ages and Stages Questionnaire – Social Emotional (ASQ-SE) for ages 0-2; Child Stress Disorder Checklist KS (CSDC-KS) for ages 0-18; Preschool and Early Childhood Assessment Scale (PECFAS) for ages 3-6; Child and Adolescent Functional Assessment Scale (CAFAS) for ages 5-18; and Child Report of Post-Traumatic Symptoms (CROPS) for ages 6-18. Only one assessment per child is required.

instrument and (b) is a qualified mental health professional²⁰⁸ or has completed at least a Bachelor’s degree “in the field of human services or a related field.”²⁰⁹

The final standard of 90 percent was to be met for CY 2023, up from an interim standard of 85 percent in CY 2022.

To measure the State’s progress in meeting this commitment, the Neutral used the case read protocol described in Section V. *Methods Used to Review Compliance*. For each case, reviewers answered questions regarding each element of the standard: (a) whether an approved instrument had been completed and, if so, whether it was (b) completed timely; (c) completed by a person who had been trained to use that specific instrument; and (d) completed by a qualified mental health professional or a person with one of the approved degrees. Each of these criteria is reported separately in Table 68. To be compliant, a case had to meet all four elements.

An approved screen was conducted timely and by a trained, qualified person for 69 percent (168 of 244) of the cases sampled. The large majority of children/youth entering care received a screen at some point (93%, or 227 of 244). Of those who were screened, 82 percent (187 of 227) had the screen done timely (within 30 days); 91 percent (207 of 227) had the screen administered by a person who had been trained to provide it; and 92 percent (209 of 227) had the screen administered by a person with one of the professional qualifications set out in the Settlement Agreement.

²⁰⁸ Per the Agreement, a qualified mental health professional is “a physician or psychologist, a licensed Master’s level psychologist, a licensed clinical psychotherapist, a licensed marriage and family therapist, a licensed professional counselor, a licensed clinical professional counselor, a licensed specialist social worker or a licensed master social worker, or a registered nurse who has a specialty in psychiatric nursing.”

²⁰⁹ Per the Agreement, such fields include but are not limited to: “Community Counseling; Human Development; Child and Family Development; Applied Family and Youth Studies; Public Health; Health Sciences; Trauma Studies; Sociology/Social Services; Substance Abuse/Addictions; Education/Early Childhood, or Psychology.”

Table 68: Initial Mental Health and Trauma Screens Performance for CY 2023²¹⁰

Case read question	Cases reviewed	Cases meeting the standard	CY 2023 performance	Period 3 standard
Initial Mental Health and Trauma Screen was conducted timely and by a trained, qualified person	244	168	69%	90%
Did the agency conduct an allowable Initial Mental Health and Trauma Screen at any point after the child entered into care?	244	227	93%	
Was the Initial Mental Health and Trauma Screen completed within 30 days of the child's entry into foster care?	227	187	82%	
Was the screen performed by a person who has been trained to reliably administer the specific screen provided?	227	207	91%	
Was the assessment performed by a person who is either a Qualified Mental Health Professional or a professional who holds a bachelor's degree in the field of human services or a related field?	227	209	92%	

Source: DCF

DCF's performance on this commitment improved significantly, from 43 percent in CY 2022 to 69 percent in CY 2023. Performance remains below the standard of 90 percent.

²¹⁰ There was sufficient interrater reliability between the Neutral and DCF's case review results across all questions.

Table 69: Initial Mental Health and Trauma Screens Performance, CYs 2021-23

Year	Performance	Standard
2021	34% ²¹¹	80%
2022	43% ²¹²	85%
2023	69% ²¹³	90%

Source: DCF

As shown in Table 70, performance by catchment area varied from a low of 36 percent (TFI, Area 8) to a high of 86 percent (SFM, Area 1). Both of the areas with the poorest performance were managed by TFI (Areas 4 and 8).

Table 70: Case Read Summary Performance for Initial Mental Health and Trauma Screens by Area and CMP, CY 2023²¹⁴

DCF catchment area	CMP	Cases meeting the standard	Cases reviewed	CY 2023 performance
Area 1	SFM	32	37	86%
Area 2	SFM	32	43	74%
Area 3	KVC	25	40	63%
Area 4	TFI	13	24	54%
Area 5	COC	10	15	67%
Area 6	KVC	15	18	83%
Area 7	SFM	33	45	73%
Area 8	TFI	8	22	36%
Statewide performance		168	244	69%

Source: DCF

²¹¹ Initially, there was low interrater reliability between the Neutral and DCF’s case review results. During the reconciliation process, DCF determined key information had been unintentionally omitted in the data provided to the Neutral, which greatly impacted initial case review results for this question. During the reconciliation process, DCF provided the relevant information to the Neutral, which allowed DCF and the Neutral to reach consensus and validate DCF’s case review results for this commitment.

²¹² There was sufficient interrater reliability between the Neutral and DCF’s case review results.

²¹³ There was sufficient interrater reliability between the Neutral and DCF’s case review results.

²¹⁴ The sample size was sufficient to meet the confidence standards set out in the Settlement Agreement with regard to state-wide performance, but not with regard to individual provider performance.

VIII. Appendices

Appendix A: Glossary of Acronyms

- **ACF:** Administration for Children and Families
- **AFCARS:** Adoption and Foster Care Analysis and Reporting System
- **AIMS:** Automated Information Management System
- **ASQ-SE:** Ages and Stages Questionnaire – Social and Emotional
- **BI:** Behavioral Interventionist
- **CAFAS:** Child and Adolescent Functional Assessment
- **CCBHC:** Certified Community Behavioral Health Clinic
- **CFSR:** Child and Family Service Reviews
- **CINC:** Child in Need of Care
- **CLARIS:** Childcare Licensing and Regulation Information System
- **CMHC:** Community Mental Health Center
- **CMP:** Case Management Provider
- **CMS:** Centers for Medicare and Medicaid Services
- **COC:** Cornerstones of Care
- **CPA:** Child Placing Agency
- **CPI:** Continuous Performance Improvement
- **CROPS:** Child Report of Post-Traumatic Symptoms
- **CSDC-KS:** Child Stress Disorder Checklist KS
- **CSSP:** Center for the Study of Social Policy
- **CCWIS:** Comprehensive Child Welfare Information System
- **CY:** Calendar Year
- **DAT:** Drug/Alcohol Treatment Facility
- **DCF:** Kansas Department for Children and Families
- **DET:** Detention
- **EHC:** EmberHope Connections
- **FACTS:** Families and Children Tracking System
- **FFPSA:** Family First Prevention Services Act
- **FY:** Federal Fiscal Year
- **FTP:** Failure to Place
- **IL:** Independent Living
- **JAL:** Jail (Adult)
- **JDC:** Juvenile Detention Center
- **KDADS:** Kansas Department for Aging and Disability Services

- **KDHE:** Kansas Department of Health and Environment
- **KFAAB:** Kansas Foster Accountability Advisory Board
- **KS:** Kansas
- **KVC:** KVC Kansas
- **MCO:** Managed Care Organization
- **MDH:** Medical Hospital
- **MTF:** Mental Health Treatment Facility
- **NRKin:** Non-Relative Kin
- **NSPL:** National Suicide Prevention Lifeline
- **OOH:** Out-of-Home
- **OPPLA:** Other Planned Permanent Living Arrangement
- **PECFAS:** Preschool and Early Childhood Assessment Scale
- **PSH:** Parsons State Hospital
- **PS TDM:** Placement Stability Team Decision Making
- **PRTF:** Psychiatric Residential Treatment Facility
- **QRTP:** Quality Residential Treatment Program
- **RFP:** Request for Proposals
- **SACWIS:** Statewide Automated Child Welfare Information System
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SBB Network:** “Stand-By Bed” Failure to Place Network
- **SFM:** St. Francis Ministries
- **TDM:** Team Decision-Making
- **TTFC:** Therapeutic Foster Care
- **TFI:** TFI Kansas
- **YCT:** Youth Center at Topeka
- **YRCII:** Youth Residential Center II

Appendix B: Case Read Tools

Specialized Case Read Tool

Case Read	Specialized Read Settlement PUR 2023
Section 1	Settlement Outcome 2.9.3
Section Purpose	Purpose of Assessment: To determine whether the child in foster care is in a stable placement at the time of the review.
Question 1.	Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?
Question 1 Instructions / Guidance	<p><u>Question 1 Guidance/Instructions:</u></p> <p>Using professional judgement, consider the following when responding to this question:</p> <ul style="list-style-type: none"> • Length of placement; • Attachment/bond between the placement provider and child; • Commitment of the placement provider; • Are daily care needs being met?; • Are physical and mental/behavioral health needs being met?; • Is the child thriving in the placement? • Has the foster parent or other placement provider expressed concerns about their ability to meet the child's needs and/or maintain the child in the placement? If so, is there evidence that the agency has successfully addressed these concerns? • Have there been one or more episodes of running away from the placement? If so, have the causes of that behavior been identified and successfully addressed? • Has the child expressed a desire to be placed elsewhere, or the feeling that their needs are not being met in the current placement? If so, have those concerns been successfully addressed? <p>CFSR Definition of "Unstable Placements"-</p> <ul style="list-style-type: none"> • The child's current placement is in a temporary shelter or other temporary setting. • There is information indicating that the child's current substitute care provider may not be able to continue to care for the child. • There are problems in the current placement threatening its stability that the agency is not effectively addressing. • The child has run away from this placement more than once in the past or is in runaway status at the end of the PUR. <ul style="list-style-type: none"> • Yes- If the circumstances listed above as "Unstable Placements" are NOT occurring, the placement would typically be considered stable, and the question answered "Yes".

	<ul style="list-style-type: none"> No- If any of the circumstances listed above as “Unstable Placements” apply to the child’s current placement, the answer should be “No”. N/A- All cases are applicable for this question. N/A should not be selected.
Section 2	Mental health review and table
Section purpose	Purpose of review: To determine whether the child in foster care has mental health needs during PUR.
Question 2.	During the PUR, was there an identified need for mental health services?
Question 2 Instructions / Guidance	<p>**Review the mental/behavioral health needs table, it must be filled out for each Specialized read case and will assist you in answering the rest of the questions on this tool. (Instructions on separate document)</p> <p><u>Question 2 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> Yes- To determine whether a mental health need was identified during the PUR, consider (If these circumstances took place, you will rate this question a “yes”): <ul style="list-style-type: none"> If a formal assessment or mental health screen was completed during the PUR which identified needs. A formal assessment may be conducted by an outside provider, such as a psychologist or it may be conducted using a formalized assessment tool. Case notes, court reports, and other areas of the case record where details about the child/youth is provided. Informal information may be provided by caregivers, case management and service providers to determine the child’s needs. No. No mental/behavioral health service needs were identified. No, due to lack of documentation- Reviewer was unable to determine if a mental/behavioral health need was identified due to a lack of documentation. All cases are applicable for this question. N/A – N/A is not applicable for this question.
Section 3	Settlement Outcome 2.9.2
Section Purpose	Purpose of Assessment: To determine whether the agency provided appropriate mental health services to meet the need of the youth.
Question 3.	During the period under review, did the agency provide appropriate services to address the children’s mental/behavioral health needs?

<p>Question 3 Instructions / Guidance</p>	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 3 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> • Yes- each identified need was addressed with appropriate ‘Services Provided’, • No- If there were ‘Services Needed But Not Provided’ and the agency has had reasonable time to address (as defined below) the need and did not, this question should be answered “no”. If services were not provided due to excessive waitlists, service providers not being available in the community, or delays by the agency, this question should be answered “no”. • NA- Q2 was rated “No, there were NO identified needs for mental health services.” • If unable to determine what services were provided due to lack of documentation rate “No, due to lack of documentation” and note what documentation was missing in the rationale. <p>** Reasonable” indicates a service has been identified at least 30 days prior to the end of the PUR, unless a significant incident has occurred and/or a more immediate response is expected.</p> <p>Determine whether the services provided were appropriate and matched identified needs. For example, were the services provided simply because those were the services available, or were they provided because the assessment revealed a particular need for a particular type of service? Reviewers may also consider whether the services provided were:</p> <ul style="list-style-type: none"> – Tailored to the specific needs of the child(ren); – Culturally appropriate, with providers who can speak the language of the child(ren); – Accessible to the child(ren) (considering waitlists, transportation, and hours available); – Provided in a setting that is the most effective and responsive to needs; – Monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made; and – If services were not provided due to excessive waitlists, service providers not being available in the community, or delays by the agency, question 3 should be answered No. If the record shows appointments were frequently missed or canceled, the response would be “no.” – If the agency has arranged service and youth refusal is the reason a service hasn't been provided, <i>and</i> the agency has made consistent efforts to work with the youth to get them to accept services, you will rate this question “Yes.”

	<p>For youth who had an identified need in December of 2023 (the end of the PUR) please use the documentation from January 2024 to assess if services were provided. Please be advised we are not looking for identified needs in January 2024, only assessing if mental/behavioral needs during the PUR had services established to address such need(s).</p> <p>If a significant incident occurred that resulted in a possible need for mental health assessment or services, a more immediate response is expected. Some examples of a significant incident include: a suicide attempt, injury/accident, involvement in or witness to a violent act, death of a caregiver, sibling, resident in the foster home or other significant person. The case reader should consider the circumstances of the case and the impact of the significant incident on the foster child.</p>
Section 4	Mental health access time
Section purpose	Purpose of review: To determine whether the child in foster care had a delay in mental health service provision
Question 4.	During the PUR, were the identified mental/behavioral health services provided timely?
Question 4 Instructions/ Guidance	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 4 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> • Yes = All identified mental/behavioral health services were provided timely • No = Not all identified mental/behavioral health services were provided timely. If one service was provided timely, but others were not, use the rationale box to identify the mental/behavioral health services that were not provided timely. • N/A = Q2 was rated “No there were NO identified needs for mental health services.” OR if Q3 was rated “No- If there were ‘Services Needed but Not Provided,’” this question should be answered ‘N/A.’ <p>If the agency has arranged service and youth refusal is the reason a service hasn't been provided, <i>and</i> the agency has made consistent efforts to work with the youth to get them to accept services, review available documentation to ensure that the agency’s efforts were timely in both an initial and on an ongoing basis. If the documentation supports consistent efforts were made, the answer would be “yes.”</p> <p>In considering youth refusal, consistent efforts to work with youth to get them to accept services should consist of at minimum monthly phone conversations with the youth in regard to their mental health needs. These discussions could include but are not limited to:</p>

	<ul style="list-style-type: none"> • Discussion of youth’s mental health needs with the placement • Discussion of alternative mental health options (tele-health, group therapy, specialized therapy) • Discussion of the youth’s personal barriers/worries regarding participating in services <p>If no mental/behavioral health services were provided at all during the PUR and they had an identified mental/behavioral health need, answer “No” and provide following in rationale box: “No services were provided during the PUR for any of the identified mental/behavioral health needs.”</p> <p>For youth that had an identified need in December of 23 (the end of the PUR) please use the documentation from January 24 to assess if services were provided timely. Please be advised we are not looking for identified needs in January 24, only assessing if mental/behavioral needs during the PUR had services established timely to address such need(s).</p> <p>If unable to determine timeliness of services due to a lack of documentation in the case file, this question may be answered with a “No” rating, and “unable to determine timeliness due to documentation” ONLY in the rationale box.</p>
Section 5	Settlement Practice Improvement 2.5.3
Section Purpose	Purpose of Assessment: To determine whether or not any delays in mental health services were caused by a lack of placement stability.
Question 5	For any mental/behavioral health service not provided during the PUR, or not provided timely, was placement instability a factor in the delay?
Question 5 Instructions / Guidance	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 5 Guidance/Instructions:</u> Only questions rated a “No” for Q3 (services needed but not provided) and “No” for Q4 (services provided, but not timely) apply to Q5.</p> <ul style="list-style-type: none"> • Yes = Placement instability WAS a factor in the services not being provided or not being provided timely. • No = Placement instability WAS NOT a factor in the services not being provided or not provided timely. • N/A = Q2 was rated “no” (no MH services needed), OR Q4 was rated “yes” (services provided timely) <p>When considering whether placement instability was a factor in services being delayed or not provided, consider whether the placement was stable AT THE TIME THE DELAY OCCURRED/AT THE TIME WHEN THE SERVICES WERE NEEDED BUT NOT PROVIDED</p>

(Note – this may be different than the answer to Q1 regarding whether the child’s current placement is stable.)

When determining if placement instability was the reason for the delay or for appropriate services not being provided, look at the placements that occurred during the PUR (refer to the Placement table). Consider the following, “Did the absence of a stable placement contribute to mental health referral or service being delayed or not provided?” If yes, rate this question “Yes”.

If the agency has arranged service and youth refusal is the reason a service hasn't been provided, *and* consistent efforts to work with the youth to get them to accept services were not made (i.e. Question 4 was answered “No”) review available documentation to ensure that placement stability was **not** a factor in being able to provide the youth with timely services.

No- If mental health referrals or service appointments were frequently missed or canceled, and the reasons for the appointments being changed were not due to placement instability, the answer would be “no.” Examples might include: a mental/behavioral health provider canceling the appointment, the child/youth/family is sick or has covid, or threats of inclement weather.

****Use the guidelines below to evaluate placement stability AT THE TIME OF THE DELAY.****

CFSR defines “Unstable Placements” as:

- The child’s placement is in a temporary shelter or other temporary setting.
- There is information indicating that the child’s substitute care provider may not be able to continue to care for the child.
- There are problems in the placement threatening its stability that the agency is not addressing.
- The child has run away from this placement more than once in the past or is in runaway status at the time of the delay of services.

For youth that had an identified need in December of 2023 (the end of the PUR) please use the documentation from January 2024 to assess if services that were not provided timely was due to placement instability. Please be advised we are not looking for identified needs in January 2024, only assessing if mental/behavioral needs during the PUR had services not provided timely due to placement instability.

Targeted Case Read Tool

Case Read	Settlement Targeted Read 2023
Section	Settlement Outcome 2.9.5
Section Purpose	Purpose of Assessment: To determine if the initial mental health & trauma screen has been completed 1) within 30 days of a child entering foster care, 2) by a Qualified Mental Health Professional or a professional who holds a bachelor’s degree in the field of human services or a related field, and 3) by a person who has been trained to perform the screen.
Question 1.	Did the agency provide an allowable Initial Mental Health and Trauma Screen at any point after the child entered into care?
Instructions/ Guidance for Question 1	<p><u>Question 1 Instructions/Guidance:</u></p> <ul style="list-style-type: none"> • Yes- The child received an allowable initial mental health and trauma screen (approved screens listed below) <i>at any point</i> after entry into foster care. • No- The child did not receive an initial mental health and trauma screen at any point after the child’s entry into foster care. • No- The child received a screen, but it is not an allowable screen (approved screens listed below). <i>If this occurs, please include in the rationale the type of screen that was administered.</i> • “N/A is not an option for this question. If it is discovered the child was not in custody for 30 days and the initial mental health and trauma screen had not yet been completed, the case may be eligible for elimination from the read. This case would have to be staffed to determine if elimination is appropriate. If case is eliminated, another case will be selected from the over sample. • Question 1 is NOT time restricted; it asks if an approved mental health and trauma screen occurred AT ANY POINT after the child entered into care. This could include information provided by the CWCMP from outside of the specific Period Under Review. • If this question is given a “No” response, Q2, Q3 and Q4 will all be “N/A” <p>Allowable screens include:</p> <ul style="list-style-type: none"> • Ages and Stages Questionnaire – Social Emotional (ASQ-SE) – Ages 30 Days-2 • Child Stress Disorder Checklist-KS (CSDC-KS) – Ages 0-18 • Preschool and Early Childhood Assessment Scale (PECFAS) – Ages 3-6 • Child and Adolescent Functional Assessment Scale (CAFAS) – Ages 5-18 • Child Report of Post-Traumatic Symptoms (CROPS) – Ages 6-18 • Screens will be located in the CMP case file. If the screen cannot be located within the case file, review the logs, case plans and/or court reports for documentation of the screen. Documentation shall include the type of screen, the date the screen occurred, and the person who completed the screen. <p>Since the CMP’s are now uploading screen specific information for the</p>

	Targeted Case Review, only documentation relevant to the screen will be included (i.e. the mental health screen itself.)
Question 2.	During the PUR, was the Initial Mental Health and Trauma Screen completed within 30 days of the child's entry into foster care?
Instructions/ Guidance for Question 2	<p><u>Question 2 Instructions/Guidance:</u></p> <ul style="list-style-type: none"> • Yes- The child received an initial mental health and trauma screen within 30 days of the child’s entry into foster care. • No- The child did not receive the initial mental health and trauma screen within 30 days of the child’s entry into foster care. • N/A- The child did not receive an initial mental health and trauma screen, or the child did not receive an applicable initial mental health and trauma screen.
Question 3.	Was the screen performed by a person who has been trained to reliably administer the specific screen provided?
Instructions/ Guidance for Question 3	<p><u>Question 3 Instructions/Guidance</u></p> <p>To determine whether the person who completed the screen had been trained to administer the screen, refer to the training list provided by the CMP.</p> <ul style="list-style-type: none"> • Yes- The screen was performed by a trained staff person. • No- The screen was not performed by a trained staff person, or it is unknown who completed the screen. • N/A- The answer to question 1 was no. <p>Should the file contain a physical screen completed by the youth’s physician, then the answer would be “Yes”</p>
Question 4.	Was the assessment performed by a person who is either a Qualified Mental Health Professional or a professional who holds a bachelor's degree in the field of human services or a related field?
Instructions/ Guidance for Question 4	<p><u>Question 4 Instructions/Guidance</u></p> <ul style="list-style-type: none"> • Locate the staff list provided by each CMP for the PUR, which contains the credentials/education and training for workers who administered the screens. Find the name of the person who administered the screen you are reviewing and review the person’s degree and credentials to determine if they are a Qualified Mental Health Professional (defined below). • Yes- The screen was performed by a qualified mental health professional or a professional who holds a bachelor's degree in the field of human services or a related field.

- No- The assessment was not performed by a qualified professional, or it is unknown who completed the assessment.
 - If the assessment was not performed by a qualified professional, document in the rationale the assessor's role with the agency (example: support worker, intake worker, etc.)

- N/A- Question 1 was answered No

A Qualified Mental Health Professional is defined as: a physician or psychologist, a licensed masters level psychologist, a licensed clinical psychotherapist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, a licensed professional counselor, a licensed clinical professional counselor, a licensed specialist social worker or a licensed master social worker, or a registered nurse who has a specialty in psychiatric nursing.

Examples of human services or a related field:

- Community Counseling
- Human Development
- Child and Family Development
- Applied Family and Youth Studies
- Public Health
- Health Sciences
- Trauma Studies
- Sociology/Social Services
- Substance Abuse/Addictions
- Education/Early Childhood
- Psychology

Should the file contain a physical screen completed by the youth's physician, then the answer would be "Yes"

Placement Case Read Tool

Placement Stability Read – Table Guidance (14 days or less, including one-night stays)

Section I: Case Read Intentions

Question: Were all placement changes 14 days or less during the period under review planned by the agency in an effort to achieve the child’s case goal or meet the needs of the child?

Settlement Item:

2.5.5 End night to night & short-term placements, except those supported by CFSR placement stability standards.

What is the purpose of this case read?

To determine how many short-term and night to night (one night) placements that occurred during the period under review met CFSR placement stability standards.

In general, the goal or task is to review short-term placements and one-night placements to determine which placements meet CFSR placement stability standards and which placements represent instability.

Section II: Definitions and Instructions

Reviewer will complete task by filling in the placement table in Section III according to the definitions below.

Definitions specific to the table include:

- A “short-term placement” shall mean a consecutive 14 night or less placement.
- A "night to night placement" shall mean a one calendar day placement that is not the same placement for consecutive days.

Placement Types:

- Pre-Adoptive Home—A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.
- Foster Family Home (Relative)—A licensed or unlicensed home of the child's relatives regarded by the title IV-E agency as a foster care living arrangement for the child.
- Foster Family Home (Non-Relative)—A licensed foster family home regarded by the title IV-E agency as a foster care living arrangement.
- Group Home—A licensed or approved home providing 24-hour care for children in a small group setting that generally has from 7 to 12 children.
- Institution—A childcare facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include childcare institutions, residential treatment facilities, maternity homes, etc.
- Supervised Independent Living—An alternative transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting that provides the opportunity for increased responsibility for self-care.

- ***Other**—A licensed or unlicensed placement setting that is not included in the list of placement types considered for this item AND is not one of the placement settings that should not be counted as a placement per Section IV Instructions, such as runaway or respite care. Examples include a child’s placement in a hotel or agency office.
- Emergency Shelter

Reason for change in placement setting: (As defined in the Round 4 On Site Review Instrument, Section II Permanency – Outcome I Children have Permanency and Stability in Their Living Situations)

- Not Applicable. This is the current or most recent placement.
- Move to an adoptive or permanent guardian’s home.
- Move from a more restrictive to a less restrictive placement.
- Move from a less restrictive to a more restrictive placement.
- Move to a relative placement.
- Move that brings the child closer to family or other important connections.
- Move to a temporary placement while awaiting a more appropriate placement
- Move due to foster parent’s request.

After filling in the first 9 columns (a- i), reviewer will assess:

- Is there at least one applicable placement type to review?
- Did each placement move meet CFSR placement stability standards and
- Did the placement move fit emergency placement change definition?

Applicable placement type guidance:

*Some types of placements recorded in FACTS are not treated as “placements” in the CFSR review process. You will see below these placements are coded as N/A as they are not treated as placements and exempt from review. If a youth from your sample only experiences these short-term placements, they should be deleted from the sample and replaced from the over-sample, if found.

The full list of placement types **excluded** for purposes of this review include:

- (1) a trial home visit;
- (2) a runaway episode;
- (3) temporary absences from the child’s ongoing foster care placement, including visitation with a sibling, relative, or other caretaker (for example, pre-placement visits with a subsequent foster care provider or pre-adoptive parents);
- (4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis;
- (5) respite care;
- (6) day or summer camps;
- (7) locked facilities (for example, when a youth is held in detention)

Note that “the initial move from home to a foster care placement is not considered a placement move according to the CFSR and **should not be reviewed.”

Once you have determined that there was at least (1) one-night placement or short-term placement not on the list above of excluded placements, the next task is to determine whether it was made for one of the reasons allowed by the CFSR.

**Some youth will have multiple short-term and one-night placements. If ANY of their placements do not fall in the excluded placements above, the case is still applicable, and you will read for the placements that ARE applicable. You will just indicate the excluded placements on your placement table.*

a. Does this placement meet CFSR placement stability standards guidance:

Review the reason for placement change noted in the case file. Input in placement table and determine if the change in placement reflects an allowable change to meet the needs of the child? Y/N/NA

- Reason for Change in Placement Settings are included above on page 2
- To determine if all placement changes reflected an effort to achieve case goals, consider the following:
 - Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative foster care to relative foster care, and moves that bring the child closer to family or community.

Any reason for a placement change that does not fall into one of the *above* categories does NOT meet CFSR placement stability standards, and therefore the answer is NO.

When a child enters care, the initial placement may be brief/temporary until a more appropriate placement (like relative or NRKIN) is found. This brief/temporary placement can happen especially in emergency situations defined below on page 4 where an initial placement is needed immediately. If the child's initial placement was (1) one-night and the child was moved to a placement reflecting efforts to achieve goals or meet child's needs, that would be a "Yes" response. If the child was moved from the initial placement to a temporary placement or other placement that does not reflect efforts to achieve goals or meet child's needs, that would be a "No" response.

In reviewing cases, please also take note of whether the one-night placement(s) occurred if the child just entered foster care or whether they had already been in care. For children just entering care, it may be permitted by the CFSR for a child to be placed for one night, for example when the first placement is with a non-relative and the child is quickly moved to the home of a relative. By contrast, for children who have been in care for some time have one-night placements, the most common reason for one-night placements is inability to find an appropriate placement setting, which of course does not meet the CFSR standards.

EXAMPLE:

If the child was moved from one group home to another group home in order to be closer to their community of origin, this would be coded "yes" as meeting CFSR placement stability standards. If the child was moved from one group home to another group home because staff did not feel they could manage the child's behavior, this would be coded "no" as not meeting CFSR standards.

b. Did the placement move fit emergency placement change definition?

Emergency Placement change definition: “Changes that occur as a result of unexpected circumstances that are out of the control of the agency, such as the death of a foster parent or foster parents moving to another state.”

Emergency Placement change guidance:

- Per CFSR round 3 & 4, a placement move which fits the “Emergency Placement change” definition may be considered a placement move which is in the best interest of the child.
- Although these placements are considered as a “positive practice” we must still track the circumstances for the emergency placement indication for settlement item 2.5.5.
- Foster parents requesting immediate removal due to inability to manage the youth’s behaviors is **NOT** considered a reason for an Emergency Placement.
- If you feel you have a placement that would fall under this category, please staff with a member of the PI administration (for DCF readers). Contact for this would be Ashley Johnson

Please note an emergency placement is different from a placement at an emergency shelter. The emergency shelter is a placement type. When an emergency situation arises, we are assessing the REASON for the placement change, not the actual placement type as a result of the emergency.

Section III: Placement Table

Completion Instructions:

Below is an example of the short-term Placement Table that will be completed for each child in the case read sample.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Placement Table												
2	Client ID	Last Name	First Name	Catchment Area	Placement Start Date	Placement End Date	Nights at Placement	Placement Type	Reason for Change in Placement Setting	Does this placement meet CFSR placement stability standards? (Y/N/NA)	Does this placement fit the definition of an Emergency Placement?	Reader notes:	Location of Information for CSSP
3													
4													
5	Total "Y" Responses	Total "N" Responses											
6													
7													

Input the date the child was first placed at the short-term/one-night placement.

Column F Instructions: *Placement End Date*

Input the date the child’s short-term/one-night placement ended.

Column G Instructions:-Nights at Placement

Input how many nights the youth stayed at that placement

Column H Instructions: *Placement Type*

Input what type of placement the placement was considered to be (see list of placement types under Section II: Placement Types).

Column I Instructions: *Reason for Change in Placement Setting*

Provide the reason why the placement only lasted 14 nights or less, or why the placement disrupted.

Column J Instructions: *Does this placement meet CFSR placement stability standards? (Y/N/NA)*

Indicate whether the placement meets CFSR placement stability standards (refer to Section II: Placement Types when deciding whether a placement meets standards).

Yes – this short-term placement meets CFSR placement stability standards.

No – this short-term placement does not meet CFSR placement stability standards.

** If you are unable to determine the reason for the placement move, please indicate “unable to determine,” and code as No*

NA- this placement is exempt from review, for example, respite, hospitalization.

If all short-term placements are “NA”, then the sample may need to be eliminated and an over sample case chosen at random to replace it.

Column K Instructions: Is this an emergency placement?

If the placement was due to an emergency (discussed above in Section II) place an “Y” in the box and in column L2 note your reasoning for identifying this as an emergency placement.

If the placement was not due to an emergency, place an “N” in the field.

***If you are placing an “Y” in the box, please be sure to staff with PI Admin.**

Column L Instructions:

This column is to add notes/explanation of evidence used to make your determination on if the placement meets CFSR placement stability standards.

Column M Instructions:

For the first 50% of cases, you will use this column to provide the exact location of the documentation/evidence used to make your determination on if the placement meets CFSR placement stability standards.

Please remember the more information you can note about the location of the information per placement here for the CSSP readers, the better for reader validity. (Examples below)

Below is an example of what a completed table may look like: please make sure page numbers are provided in any files noted.

Placement Table													
	A	B	C	D	E	F	G	H	I	J	K	L	M
	Last Name	First Name	Client ID	Catchment Area	Placement Start Date	Placement End Date	One night placement?	Placement Type	Reason for Change in Placement Setting	Does this placement meet CFSR placement stability standards? (Y/N/NA)	Does this placement fit the definition of an Emergency Placement?	Reader notes:	Location of Information for CSSP
3	Cricket	Jiminy	123456789	East 3	2/2/2022	2/3/2022	Y	Family Foster Home	This family foster home placement (less restrictive setting) only lasted one night because Child was moved to a group home (more restrictive setting) - see pg. 3 of pdf. Placement was listed as "temporary placement" on placement acknowledgment. This does not meet CFSR placement stability standards.	N	N	Guide indicates "If the placement change was made from a less restrictive setting to a more restrictive setting" it does not meet CFSR placement stability standards.	Cricket>File 3>Acknowledgement 2/2/22> P3
4					2/3/2022	2/4/2022	Y	Residential/Institutional Placement - Segue Youth Residence	This group home placement only lasted one night because a kinship placement was found for child - Myeshs Caw (see pg. 7 of pdf). Reason for move listed as "kinship placement located" on placement acknowledgment. This reason for placement move meets CFSR placement stability standards.	Y	N	Guide indicates "If the placement change was made from a non-relative home to a relative home" it meets CFSR placement stability standards."	Cricket>File 3>Acknowledgement 2/3/22> P2
5	Total "Y" Responses	Total "N" Responses			2/4/2022	2/5/2022	Y	Independent Living Placement - It takes A Village	one night because child was moved from transitional living facility (more restrictive setting) to a family foster home - Noelle Brown (less restrictive setting). See pg. 13 of pdf. This reason for placement move meets CFSR placement stability standards.	Y	N	Guide indicates "If the placement change was made from a less restrictive setting to a more restrictive setting" it does not meet CFSR placement stability standards."	Cricket>File 3>Acknowledgement 2/4/22> P2
6	2	1											

Total "Y" Responses		Total "N" Responses
1		1

←After your table is complete, add up your “Y” and “N” responses and place the number in the appropriate box.

Appendix C: KFAAB Composition as of December 31, 2023

Settlement composition	Job/ Role/ Title	Geographical area
50% of the professional members of this group shall be professionals directly working with and providing services to families, or direct supervisors of professionals directly working with and providing services to children and families	Case Manager, KVC	NE/ area 3
	Community Based Services Director CMHC	Northwest /area1
	Director of the Center for Combating Human Trafficking at Wichita State University	Wichita/ area 7 &8
	Director CASA	NE/ area 3
	Play therapist	NE/area3
	GAL	Wichita /area7
	Kansas Strong	KC/area 5 &6
	Parent Attorney	Wichita /area7
	Therapist	NE Area 3
No more than 20% shall be employees of the state of Kansas.	DCF FC Liaison	NW Area1
	DCF TDM Lead Facilitator	Southeast area 4
At least one-third of this group shall be stakeholders who are foster care providers, relative care providers, parents, or youth who are experiencing or have experienced alternative placements within their families	Lived experience/granddaughter in foster care	KC/ Area 5
	Lived experience/parent	Wichita area 7/8
	Foster caregiver/Adoptive placement	Wichita area 7
	Foster caregiver/Adoptive placement	NE Area 3
	Foster caregiver/Adoptive placement	Wichita Area 7/8
	Foster caregiver and disability rights advocate	NE/ area 3
	Youth formerly in foster care	KC area 3
	Foster caregiver/Adoptive placement	Wichita area 8
	Youth formerly in foster care	Wichita area 8