



# 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 2

## *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 2 (January 1, 2022 – December 31, 2022)**

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This report assesses the State of Kansas' progress toward achieving the Performance Goals, Practice Improvements, and Outcomes of the *McIntyre v. Howard*<sup>1</sup> Settlement Agreement (referred to herein as the Settlement Agreement or Agreement) for calendar year 2022 (CY 2022), as well as State data,<sup>2</sup> as validated by Judith Meltzer and the Center for the Study of Social Policy, the Neutral.<sup>3</sup> 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 children<sup>4</sup> in the custody of Kansas' child welfare system alleging repeated and ongoing placement instability and lack of adequate access to mental health services for children in care.<sup>5,6</sup> 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.

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<sup>1</sup> 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 the Kansas Department of Health and Environment (KDHE).

<sup>2</sup> This report provides an analysis of available State data relevant to Settlement Agreement commitments for CY 2022. In some instances, the State was unable to provide data necessary for validation. These data limitations are detailed in Section VI. *Methods Used to Review Compliance*.

<sup>3</sup> 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 was the President 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, until April 2023, when she transitioned to the position of Senior Fellow. Members of the Neutral's Team include Martha L. Raimon, Nico'Lee Biddle, Sarah Esposito, 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.

<sup>4</sup> 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)."

<sup>5</sup> Case No. 18-CV-02617-DDC-GEB

<sup>6</sup> 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 the Kansas Departments for Children and Families (DCF) and Aging and Disability Services (KDADS), and Janet Stanek, Secretary of the Kansas Department of Health and Environment (KDHE).

The Settlement Agreement is organized into three main sections. Section One defines terms and general principles that govern the Settlement Agreement. Section 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 as described below (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;
- develop a community advisory group (of which at least 50% of professional members are to be professionals working directly with families or their direct supervisors 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 Improvements<sup>7</sup>

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

- 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;
- end the practice of night-to-night and short-term placement of Class Members.<sup>9</sup>

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<sup>7</sup> 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.

<sup>8</sup> Section 1.27 of the Settlement Agreement defines substantial compliance as "performance... sufficient to conclude that the specific obligation has been achieved. The 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 "[o]nce a Practice Improvement is achieved based on agreement of 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."

<sup>9</sup> 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."



## Outcomes

The Settlement Agreement also mandates five measurable outcome improvements for Class Members, phased in over four one-year periods.<sup>10</sup> 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.<sup>11</sup> Performance on the outcomes is determined using the Round 3 definitions and measurements of the federal Child and Family Services Reviews (CFSR).<sup>12</sup> 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;

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<sup>10</sup> 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.

<sup>11</sup> 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 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.”

<sup>12</sup> 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. For additional information on the CFSR, see: <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews>

- 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 are 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 is to issue 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 second such report. According 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 second *McIntyre v. Howard* report on the State's progress in 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.

Despite showing improvement in certain areas, and implementing innovations intended to resolve long-standing problems, overall, the State's performance in CY 2022 in meeting the requirements of the Settlement Agreement failed to meet expectations.

### *Areas of Progress*

The State demonstrated progress in the following areas:

- For the second consecutive year, DCF met the Settlement Agreement requirement to increase stable placements of children/youth in DCF custody (SA 2.9.3). The State's case record review, based on CFSR standards, established that in CY 2022, 91 percent of children and youth whose cases were reviewed were in stable placements on December 31, 2022 (or their last date of placement if they were discharged prior to the end of the calendar

year), an improvement of approximately six percent from 86 percent in CY 2021.<sup>13</sup>

- Approximately 98 percent of Family Foster Homes and nearly 100 percent of Non-Relative Kin and Licensed Kin Homes were in compliance with licensing capacity standards across the four dates reviewed<sup>14</sup> (SA 2.5.2), demonstrating improvement from CY 2021 to CY 2022; an average of 26 Family Foster Homes were out of compliance with licensing capacity standards in CY 2022, representing a decrease of just under 20 percent from the corresponding figure in CY 2021, which was an average of 32 homes out of compliance with licensing standards on three dates reviewed by the Neutral. An average of less than one licensed Kin and Non-Relative Kin homes were out of compliance in CY 2022, which is a decrease from an average of approximately one licensed Kin and Non-Relative Kin homes out of compliance on the dates reviewed in CY 2021.
- For the first time, DCF was able to report data on children/youth served by its Family Mobile Response Crisis Helpline. Although the number of children and youth being served remains small, for CY 2022 the Neutral verified that 108 calls pertaining to 69 children and youth in foster care were served by the Helpline (SA 2.5.4).
- In preparation of the current Kansas Case Management contracts terminating on June 30, 2024, the State issued a Request for Proposals (RFP) for providers on May 1, 2023, covering the period July 1, 2024 through June 30, 2028 that, among other things, will mandate lower caseload standards to address the workload of Kansas caseworkers and supervisors. Proposals have now been received and are under review.
- In CY 2022 DCF improved on the number of children and youth receiving mental health and trauma screens after initially entering care (SA 2.9.5), with 43 percent of DCF's case reviews showing a screen was conducted within 30

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<sup>13</sup> Importantly, the case read assesses stable placements on December 31, 2022, or the child's last placement before exiting care, whereas other commitments related to placement stability review a child's placements throughout the period.

<sup>14</sup> DCF's data limitations continue to create challenges in reviewing this provision of the Settlement Agreement. In brief, DCF can produce on a given date reports comparing each home's licensed capacity with the number of children cared for in that home on that date, but cannot generate this information retroactively or cumulatively over the year as a whole. The Neutral therefore chose four randomly selected dates during CY 2022, and on each of those dates contacted DCF to ask them to produce such reports. The dates were February 1, May 4, October 3, and December 22, 2022.

days of the child/youth entering care, by a trained and qualified mental health professional. This was an increase from CY 2021, when 34 percent of cases met the standard.

- DCF’s case reads also showed improvement on addressing the mental and behavioral health needs of children and youth in DCF custody (SA 2.9.2) in CY 2022, with 70 percent of case reads showing children and youth received timely mental health services. Although not yet meeting the target set in the Agreement<sup>15</sup>, the case reads demonstrated an increase of five percent from CY 2021.

### *Declines in Performance*

While the improvements noted above are noteworthy accomplishments, the State’s performance declined or stayed the same with regard to important provisions of the Settlement Agreement, including ending office and other temporary housing arrangements (SA 2.5.1, termed “Failure to Place”), night-to-night and short-term placements (SA 2.5.5), and the aggregate number of moves experienced by children in care (SA 2.9.1). Office placements increased by 54 percent, with 85 youth experiencing a total of 257 nights in Case Management Provider (CMP) offices throughout CY 2022.

From CY 2021 to CY 2022 the same number of children and youth<sup>16</sup> experienced night-to-night placements in which they spent one-night in a placement before being moved, while one fewer youth<sup>17</sup> experienced a short-term placement, where they remained in the same place between 2 and 14 nights before being moved. Addressing this issue – which is a challenge nationwide – is vital, as changes in living arrangements, schools, and social networks can exacerbate the initial trauma children and youth experience after being removed from their homes, and can result in these youth being less likely to have educational continuity, maintain meaningful

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<sup>15</sup> The Period 2 target is 85%.

<sup>16</sup> In CY 2022, 801 youth experienced night-to-night placements, up by 12 youth compared to CY 2021 (801 youth).

<sup>17</sup> In CY 2022, 1,365 children/youth experienced short-term placements, compared to 1,366 in CY 2021. 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.

relationships with their families and support systems, or consistently access services.<sup>18</sup>

Settlement Agreement 2.9.1 relates to the aggregate number of moves experienced by all children/youth entering care in a 12-month period. Importantly, performance declined from 5.84 moves per 1,000 days in care in CY 2021 – which met the Period 1 Standard of seven moves per 1,000 days in care – to 7.29 moves per 1,000 days in care in CY 2022. The Period 2 Standard for CY 2022 was six moves per 1,000 days in care.

### *Ongoing Data Challenges*

Similar to CY 2021, and as explained in Section V, *Methods Used to Review Compliance*, the Neutral encountered a number of data challenges while trying to validate and assess DCF’s progress toward meeting the commitments of the Agreement, impacting the Neutral’s ability to validate DCF’s data for some provisions. Although DCF has issued an RFP to create a statewide automated data system, they are currently still relying on outdated State and CMP data systems to maintain records and to track data on children and youth in DCF custody.

The lack of a statewide system also impacted the case read process, as the Neutral relied on PDF scans of pieces of children’s files to assess whether a commitment was met. However, the children/youth’s files are the biggest window into what children and youth in DCF custody are experiencing on a daily basis, and whether that experience varies by CMP and/or DCF catchment area. Notably, in portions of this report the Neutral found significant variation in performance by case management provider (CMP) and within each catchment area; overall no one CMP’s performance exceeded others.

### *State Initiatives to Improve Performance*

DCF and KDADS are attempting to address the large challenges confronting the state in each of the areas mentioned above.

States nationwide are seeking to improve access to behavioral healthcare and crisis services; a key piece of Kansas’s strategy is to provide a broader array of services through its Community Mental Health Centers (CMHCs). Beginning in CY 2021 and

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<sup>18</sup> For summaries of impact of placement moves, see: [https://www.casey.org/media/SF\\_Placement-stability-impacts\\_2021.pdf](https://www.casey.org/media/SF_Placement-stability-impacts_2021.pdf). For the impact of placement moves on child mental health, see: Rubin DM, Alessandrini EA, Feudtner C, Mandell DS, Localio AR, Hadley T. “Placement stability and mental health costs for children in foster care.” *Pediatrics*. 2004 May;113(5):1336-41.

continuing during the period under review, KDADS has been certifying CMHCs as Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs, a model initially developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid Services (CMS), are mandated to see 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. Because of these requirements, CCBHCs are reimbursed at a higher rate by CMS. The Kansas CCBHC model is an outpatient, integrated care model intended to (1) increase access to community-based mental health and substance use disorder services; (2) advance integration of behavioral health with physical health care; and (3) improve utilization of evidence-based practices. Employing a harm reduction model and multiple approaches to assist patients suffering from mental illness and/or substance use disorders, Kansas CCBHCs are anticipated to increase access by providing services “out of the clinic four walls,” serving people in their homes, in the community, or via telehealth, regardless of their ability to pay.

To date, 19 CMHCs have been certified as CCBHCs. The remaining six CMHCs are anticipated to be certified by July 1, 2024. To promote awareness of the availability of CCBHCs, in December 2022, DCF and KDADS sponsored a training for foster, kin, and non-kin parents at High Plains Mental Health Center; monthly training is anticipated to continue in each CMHC catchment area through October 2023.

Despite planned enhancements to services and a commitment to standardizing services statewide, DCF reports the CMHCs continue to have significant operational challenges, including ongoing workforce shortages, insufficient volume of mobile response requests to justify hiring mobile response teams or staff necessary for in-person services, and the need for additional training to manage special populations, such as children/youth with intellectual disabilities and/or autism.

In an effort to provide an additional level of care to children and youth with significant needs, to reduce the number of group home placements, and to increase placements in family settings, in CY 2022, DCF (together with the KanCare and the Children's Mental Health team) launched a therapeutic foster care (TFFC) program. TFFCs are specialized family foster homes that provide 24-hour care for children/youth with serious emotional, behavioral, and medical needs. TFFC foster homes are supported

by TFFC case teams<sup>19</sup> who provide services and guide interventions for children/youth as they work to achieve stability and timely permanency. As of December 31, 2022, DCF had therapeutic family foster homes located in Wyandotte (2 homes), Sedgwick (2 homes), Brown (2 homes) counties, and one TFFC home in each of Doniphan, Nemaha, Shawnee, and Jefferson counties, and served a total of 12 children. DCF reports that leadership meets regularly with the Kansas Child Placement Agencies (CPAs) to discuss progress made toward increasing the number of TFFC foster homes to 50 statewide within two years.

To address the persistent 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, DCF has initiated a number of measures. On October 1, 2022, DCF launched a “Stand-By Bed” Failure to Place Network (SBB Network) to increase the housing options available for children and youth in need of placement. The SBB Network is a select number of placement beds 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 May 30, 2023, the SBB Network had a total of 10 family foster home placement beds and 15 facility beds, including within Quality Residential Treatment Programs (QRTPs)<sup>20</sup> and residential centers. DCF also reports that between the launch of the SBB Network on October 1, 2022 and May 31, 2023, 108 youth were placed through the SBB network. DCF is in the process of tracking the first 100 children/youth who were placed in an SBB for a period of one year to better understand their placement history and the overall effectiveness of the initiative. The Neutral will report on SBB data in future reports.

Another initiative undertaken intended to improve placement stability in Kansas was the introduction of Placement Stability Team Decision Making (PS TDM) in August

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<sup>19</sup> 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.

<sup>20</sup> 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)).

2021, which are facilitated meetings held for all placement-related decisions to determine (1) whether a child/youth can remain in their current placement or needs to be moved; and/or (2) what services are needed to promote stability and permanency. During CY 2022, DCF reports that it expanded the use of PS TDMs statewide. DCF anticipates the number of PS TDM to increase as staff, children/youth, and families become more familiar with the model. As part of an additional effort to reduce placement disruptions and increase placement stability, Kansas funded a number of mental and behavioral health programs: (1) KVC provides Generation PMTO<sup>21</sup>, an evidence-based intervention program to assist parents and strengthen families; respite and peer mentors; telehealth; individual and family therapy; (2) Foster Adopt Connect (FAC) provides Behavioral Intervention (BI) to children/youth in care; (3) COC provides in-home services, trauma informed education and support to foster parents and relative caregivers using a Behavior Intervention Team (BIST). In order to expand its utilization rate statewide during CY 2022, DCF, KDHE and KDADS began work on a state policy to allow qualified BI providers to bill Medicaid for this service.

Additionally, DCF, CMPs, and CPAs formed a Leading for Results placement stability workgroup who teamed with the federal Children’s Bureau Capacity Building Center for States to assist with tracking national trends and initiatives and identifying root causes of placement instability in Kansas.

It is still too soon to determine what impact these measures will have, either on improving access to mental health services or on increasing placement stability for children and youth in DCF custody. However, to achieve the promise of the Settlement Agreement for children, youth and families in Kansas, DCF will need to continue its efforts to thoughtfully examine why office placements continue to rise, why placement moves generally are trending in the wrong direction, and why too many children/youth do not have access to screenings and services to meet their mental and behavioral health needs. As detailed more fully in this report, this important work will require the State to aggressively pursue and successfully install a statewide case management information system.

The remainder of this report is organized as follows:

- Section III briefly describes how the Kansas child welfare system is structured;

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<sup>21</sup> For additional information on Generation PMTO, see: <https://generationpmtto.org/kansas/>



- Section IV provides an overview of the demographics of children in DCF custody in Kansas for CY 2022;
- 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 2022 performance, including a comparison to CY 2021 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, 2022, 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 private Case Management Providers (CMPs). CMPs are responsible for providing all foster care and adoption services, including arranging placement 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. Currently, the State contracts with four CMPs: St. Francis Ministries (SFM), TFI Kansas (TFI), Cornerstones of Care (COC), and KVC Kansas (KVC).<sup>22</sup> Each CMP is assigned one or more of DCF’s eight catchment areas<sup>23</sup>, and is responsible for providing services to all children/youth who enter care from that area.

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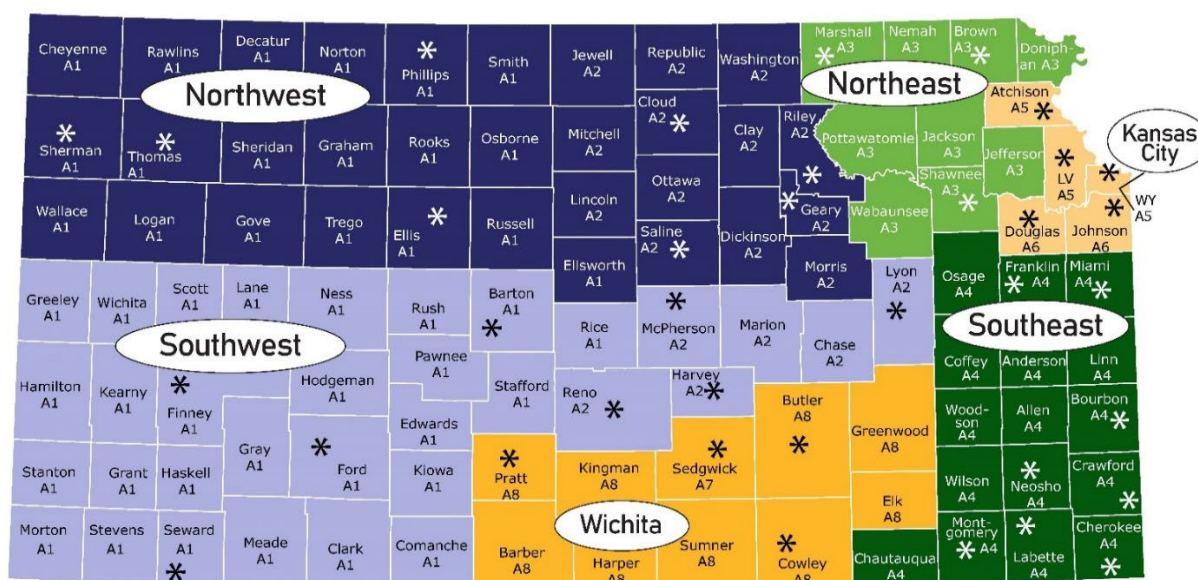
<sup>22</sup> The State’s contracts with the four CMPs are set to expire on June 30, 2024. DCF is currently reviewing Request for Proposals (RFP) for the next round of CMP contracts.

<sup>23</sup> For a map of DCF’s catchment areas, see: <http://www.dcf.ks.gov/services/Pages/MapFosterCare.aspx>

DCF also contracts with various private Child Placement Agencies (CPAs) that recruit and train foster parents and assist them through the licensure process.<sup>24</sup>

DCF is responsible for ensuring all services are completed by the CMPs in accordance with their contracts. To manage this oversight, DCF divides the state into six regions<sup>25</sup> as shown in Figure 1, and each of the six DCF regional offices oversees the CMPs who serve their designated region. Importantly, 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 Southwest regions). The 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 Service Center Area 1 (A1), Area 2 (A2), & Area 7 (A7): SFM; Area 3 (A3) & Area 6 (A6): KVC; Area 4 (A4) & Area 8 (A8): TFI; Area 5 (A5): COC

Kansas DCF does not have a uniform statewide data collection system, such as a Statewide Automated Child Welfare Implementation System (SACWIS) or its next

<sup>24</sup> 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.

<sup>25</sup> The DCF regions are Northwest, Southwest, Northeast, Southeast, Wichita, and Kansas City, as shown in Figure 1.

iteration, a Comprehensive Child Welfare Information System (CCWIS).<sup>26</sup> In 2022, DCF began a feasibility study to build a CCWIS system in Kansas, and developed a Request for Proposals (RFP) that was released on March 20, 2023. The RFP closed on June 6, 2023, and DCF expects to award the contract by July 2024. Kansas DCF aims to have an active CCWIS system in functional modules. The RFP requested proposals that would develop parts of the system sequentially and flexibly. It is estimated some modules may be available by July 2025.

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.<sup>27</sup> 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 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 systems<sup>28</sup>, 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 VI. *Methods Used to Review Compliance*.

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<sup>26</sup> 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. For additional information on SACWIS and CCWIS systems, see: [https://www.acf.hhs.gov/sites/default/files/documents/cb/ccwis\\_faqs.pdf](https://www.acf.hhs.gov/sites/default/files/documents/cb/ccwis_faqs.pdf)

<sup>27</sup> 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.

<sup>28</sup> 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.

## DCF Partners

While DCF has primary responsibility for ensuring children, youth, and families receive services and supports when children are placed in foster care, it relies on its collaboration with other departments in the state to accomplish this goal, specifically KDHE and KDADS.<sup>29</sup> 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.<sup>30</sup> 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.<sup>31</sup> DCF reports staff at each agency regularly communicate and work together with each other and with DCF, given their shared responsibilities, to ensure that children, youth, and families receive necessary services and supports.

## IV. Children and Youth in DCF Custody

DCF's data show there were 6,872 Kansas children/youth in foster care on January 1, 2022. During CY 2022, there were 2,998 entries into care (involving 2,989 unique children/youth) and 3,221 exits from care (involving 3,213 children/youth). DCF's data show on December 31, 2022, there were 6,663 children/youth in care, 209 fewer than at the beginning of the year. The number of children/youth who were in foster care at any time during the year is 9,773.

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<sup>29</sup> KDHE and KDADS are also named Defendants in *McIntyre v. Howard*.

<sup>30</sup> Children/youth in DCF custody are enrolled in the KanCare Medicaid managed care program. For additional information see: [www.kancare.ks.gov](http://www.kancare.ks.gov)

<sup>31</sup> For additional information on KDADS, see: <https://kdads.ks.gov/about-kdads/>

**Table 1: Children and Youth Entering and Exiting DCF Custody in CY 2022<sup>32</sup>**  
*N = 6,663 children/youth*

<b>Children/youth in DCF custody on January 1, 2022</b>	<b>6,872</b>
Children/youth in DCF custody during CY 2022	9,773
Entries (2,989 unique children/youth)	2,998
Exits (3,213 unique children/youth)	3,221
<b>Children/Youth in DCF custody on December 31, 2022</b>	<b>6,663</b>

Source: DCF

### **Age, Gender, and Race<sup>33</sup>**

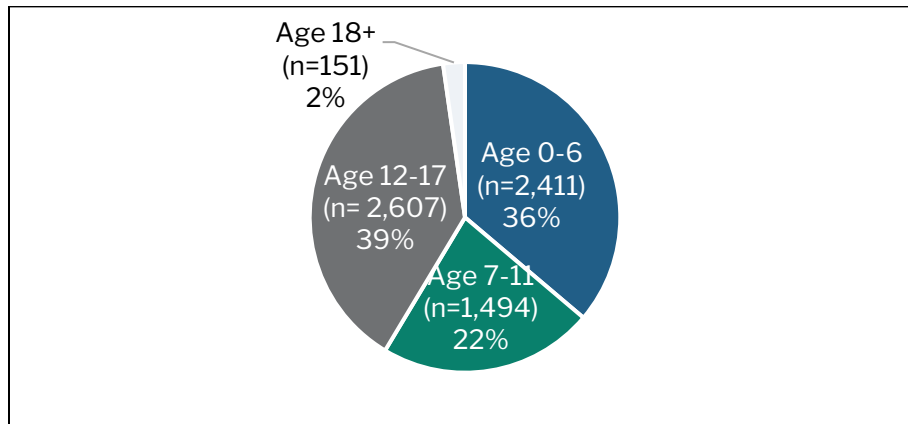
As of December 31, 2022, young children aged 12 to 17 years old made up the largest portion (39%) of children in DCF custody. Children aged birth to six years old accounted for 36 percent; 7 to 11 years accounted for 22 percent, and youth 18 years and older accounted for 2 percent of all children in DCF custody on December 31, 2022 (see Figure 2).

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<sup>32</sup> As the data sufficiency section describes, the “cohort” data on which this table relies had some data quality issues. Readers will note that the difference between exits and entries is 223 children, not 209 children. The Neutral believes this is because 17 of the children who appear in the KDCF cohort for December 31, 2022, were listed in the exits file submitted by KDCF as having discharge dates prior to December 31, 2022. Three children who were in care according to the KDCF data on January 1, 2022, and did not exit, did not appear in the December 31, 2022 data.

<sup>33</sup> The Neutral team analyzed data submitted by DCF on children in DCF custody as of December 31, 2022. Percentages may not add up to 100% due to rounding.

**Figure 2: Age of Children/Youth in DCF Custody on December 31, 2022<sup>34</sup>**  
*N = 6,663 children/youth*



Source: DCF

**Table 2: Race/Ethnicity of Children/Youth in DCF Custody on December 31, 2022**  
*N = 6,663 children/youth*

Race	Total (%)	Children/Youth Identified as Hispanic
White	5,171 (78%)	846 (16%)
Black/African American	1,314 (20%)	45 (3%)
American Indian/Alaskan Native	120 (2%)	17 (14%)
Asian	50 (1%)	6 (12%)
Native Hawaiian/Pacific Islanders	8 (<1%)	0
<b>Total</b>	<b>6,663</b>	<b>914</b>

Source: DCF

On December 31, 2022, there were slightly more children/youth who identified as male (3,385, 51%) than female (3,278, 49%) children/youth in DCF custody. The data provided by DCF identified the race of the 6,663 children/youth in DCF custody as of December 31, 2022, as follows: 5,171 children/youth (78%) percent were White and 1,314 (20%) were Black. Of the remaining 178 children/youth (3%), 120 children/youth (2%) were American Indian/Alaskan Native, 50 children/youth (1%) were Asian, and eight (<1%) were Native Hawaiian/Pacific Islander. Of the 6,663 children/youth, 914 (14%) were identified as Hispanic<sup>35</sup>.

<sup>34</sup> 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.

<sup>35</sup> Labels for population groups reflect the terms used in DCF's data systems.

## Living Arrangements

Of the 6,663 children/youth in care on December 31, 2022, 2,858 (43%) were in non-relative family foster home placements, 2,238 (34%) were in relative foster homes, and 626 (10%) remained at home but had open cases with DCF. For 21 of these 6,663 children/youth, living arrangement data are not available, as they were not able to be confirmed in the placement data for December 31, 2022 submitted by DCF. Of the 21,607 placement episodes listed in the CY 2022 placement data, 20,043 (93%) of the episodes conform to the federal criteria for placements.<sup>36</sup>

**Table 3: Living Arrangements of Children/Youth in DCF Custody on December 31, 2022**

*N = 6,663 children/youth*

Living Arrangements of Children/Youth	Number (%)
<b>All Children/Youth in Care on December 31, 2022</b>	<b>6,663</b>
Non-relative Family Foster Home	2,858 (43%)
Relative Family Home	2,238 (34%)
Placed at Home	626 (10%)
Pre-Adoptive Home	264 (4%)
<b>Total Children/Youth in Home or Family Settings</b>	<b>5,986 (90%)</b>
Residential Placements <sup>37</sup>	370 (6%)
Independent Living	72 (1%)
Group Home (Emergency Shelter)	19 (<1%)
Maternity Home	2 (<1%)
Placed in Office	1 (<1%)
<b>Total Children/Youth in Congregate Settings</b>	<b>464 (7%)</b>
Institutional and Detention <sup>38</sup>	124 (2%)
Runaway	68 (1%)
<b>Children/Youth Missing in Placements Data on December 31, 2022<sup>39</sup></b>	<b>21 (&lt;1%)</b>
<b>Other Children/Youth in Care on December 31, 2022</b>	<b>192 (3%)</b>

Source: DCF

<sup>36</sup> 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)).

<sup>37</sup> Includes Qualified Residential Treatment Programs (QRTP), Secure Care, and Youth Residential Center II (YRCII) placements.

<sup>38</sup> Includes Detention, Jail (Adult), Medical Hospital, Mental Health Treatment Facility, Parsons State Hospital, Psychiatric Residential Treatment Facility (PRTF), and Youth Center at Topeka Placements.

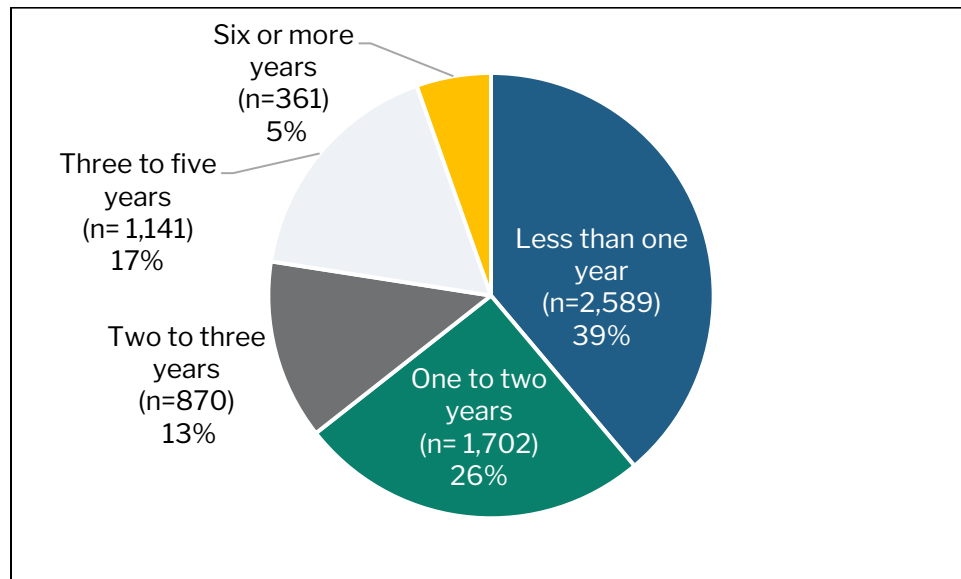
<sup>39</sup> Of the 6,663 children in DCF custody on December 31, 2022, 6,641 appear in the placement data submitted by DCF. Placement data were missing for the remaining 22 children in the end of year cohort.

## Length of Time in DCF Custody

Of the 6,663 children/youth in DCF custody on December 31, 2022, 39 percent (2,589) had been in custody for less than one year, 25 percent (1,702) had been in custody for one to two years, and 13 percent (870) for two to three years. The remaining 22 percent (1,502 children) had been in custody for three or more years.

**Figure 3: Length of Stay in Care of Children/Youth in DCF Custody as of December 31, 2022**

*N = 6,663 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 4, Saint Francis Ministries (SFM) served the largest amount of children/youth in DCF custody on December 31, 2022, with 3,178 children/youth (48%); 1,529 children/youth (23%) were placed with KVC Kansas (KVC). There were 1,352 children/youth (20%) placed with TFI Kansas (TFI), and 604 children/youth (9%) placed with Cornerstones of Care (COC). Placement information by region and catchment area can be found in Tables 5 and 6, respectively.



**Table 4: Children/Youth in DCF Custody, by CMP, on December 31, 2022**  
*N = 6,663 children/youth*

Case Management Provider	Number (%) of Children/Youth
Saint Francis Ministries (SFM)	3,178 (48%)
KVC Kansas (KVC)	1,529 (23%)
TFI Kansas (TFI)	1,352 (20%)
Cornerstones of Care (COC)	604 (9%)
<b>Total</b>	<b>6,663</b>

Source: DCF

**Table 5: Children/Youth in DCF Custody, by Region, on December 31, 2022**  
*N = 6,663 children/youth*

DCF Region	Number (%) of Children/Youth
Kansas City	1,212 (18%)
Northeast	921 (14%)
Northwest	659 (10%)
Southeast	791 (12%)
Southwest	1,101 (17%)
Wichita	1,979 (30%)
<b>Total</b>	<b>6,663</b>

Source: DCF

**Table 6: Children/Youth in DCF Custody, by Catchment Area, on December 31, 2022**  
*N = 6,663 children/youth*

Catchment Area	Number (%) of Children
Area 1 (SFM)	827 (12%)
Area 2 (SFM)	933 (14%)
Area 3 (KVC)	921 (14%)
Area 4 (TFI)	791 (12%)
Area 5 (COC)	604 (9%)
Area 6 (KVC)	608 (9%)
Area 7 (SFM)	1,418 (21%)
Area 8 (TFI)	561 (8%)
<b>Total</b>	<b>6,663</b>

Source: DCF

## D. Exits<sup>40</sup> from DCF Custody

Of the 3,221 child/youth exits from care reported by DCF in CY 2022, 1,750 children/youth were reunified with family (54%); 935 children/youth were adopted (29%); 340 children/youth aged-out of care (11%); 121 exited to guardianship (4%), and 20 exited to live with other relatives (1%). Responsibility for 31 children/youth (<1%) were transferred to another agency or Tribe.

**Table 7: Exits from DCF Custody by Exit Type, CY 2022**  
N = 3,221 exits

Exit Type	Number (%) of Children/Youth
Reunification with Parent or Primary Caregiver	1,750 (54%)
Adoption	935 (29%)
Age-Out	340 (11%)
Guardianship	121 (4%)
Living with Other Relative(s)	20 (1%)
Other <sup>41</sup>	55 (2%)
<b>Total</b>	<b>3,221</b>

Source: DCF

## V. Methods Used to Review Compliance

### Activities Utilized by 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 understand the State's efforts toward meeting the commitments for Period 2. These efforts included: regular correspondence with State staff, including DCF, KDADS, and KDHE staff as needed; attendance at the Kansas Foster Advisory and Accountability

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<sup>40</sup> An individual child or youth can exit DCF custody more than one time in a reporting period.

<sup>41</sup> The category of "Other" includes children reported by DCF as transferred to other agencies or persons (30 children), transferred to Department of Corrections (12 children), to a Tribe (1 child), child/youth death while in care (7 children), and runaways (5 children). For the 30 children listed in the data as having transferred to another person/agency, the Neutral found upon further review and clarification from DCF, the categories of exits for these children included: living with other relative, emancipation, reunification, private adoption, and transferring to other agency (residential home, hospital, or out of state). The Neutral was unable to determine the specific reason for why these children were categorized as "other," and will examine this further with DCF for Period 3.

Board<sup>42</sup> (KFAAB) monthly meetings; engagement with plaintiffs and other non-State staff stakeholders; collecting and analyzing data; and completing case reviews.

The Neutral again 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 for assessing DCF's progress toward achieving each commitment. During Period 2, the metrics plan was revised in collaboration with DCF to account for issues encountered during Period 1.

## Case Reviews and Samples

The Settlement Agreement requires cases selected for the case reviews 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.<sup>43</sup> As required by the Settlement Agreement, DCF completed case reviews<sup>44</sup> for all cases in each of the samples; the Neutral then completed case reviews of 50 percent of DCF's completed case reviews for validation. All case reviews were completed utilizing specific case review questions and guidelines as required by the Settlement Agreement.<sup>45,46</sup> 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.

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<sup>42</sup> KFAAB is a group which is 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.

<sup>43</sup> 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.

<sup>44</sup> The case read tools for the Specialized, Targeted, and Extended case reads can be found in Appendix B of this report.

<sup>45</sup> 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.

<sup>46</sup> 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 reviews on a quarterly basis to assess DCF practice and each CMP's performance. For additional information, see: <http://www.dcf.ks.gov/services/PPS/Pages/ChildWelfareMonitoring.aspx>

The Specialized sample was chosen from the population of all children/youth who were in DCF custody at any time during CY 2022, 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 2022 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 2022 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 2022 who experienced a short-term placement during the period. These two groups are not mutually exclusive, so 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 2022**

Sample Name	Corresponding Commitments	DCF Sample Size	Neutral 50% Sample Size
<b>Specialized</b>	2.5.3 Authorization of Mental Health Services 2.9.2 Addressing Mental Health Needs 2.9.3 Stable Placements	264	132
<b>Targeted</b>	2.9.5 Initial Mental Health and Trauma Screens	246	124
<b>Extended</b>	2.5.5 Ending the Practice of Night-to-Night and Short-Term Placements	127	64

DCF obtained case files from each CMP for every case selected for review. DCF has trained Continuous Performance Improvement (CPI) as well as Audit staff who complete case reads each quarter. To complete the case reviews required under the Settlement Agreement, DCF trained CPI staff to conduct these case reviews. The Neutral read 50 percent of the case reviews completed by CPI staff, using documents that DCF uploaded to a secure website. The Neutral subsequently analyzed for interrater reliability between the Neutral and DCF’s case review findings to further validate the results.<sup>47</sup>

After DCF and the Neutral completed the case reads, a reconciliation process occurred during which the Neutral provided DCF with an opportunity to respond to all situations in which the Neutral had reached a different conclusion than the CPI reviewer. In a small number of these situations, DCF provided additional evidence or

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<sup>47</sup> 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.

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. In those situations, the Neutral concluded that the CPI findings were correct and changed their findings accordingly. For all other discrepancies, DCF agreed with the Neutral's determinations and altered their findings. 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 that DCF and the Neutral jointly developed requires the State to produce sets of "cohort" data each year. For Period 2, DCF provided data sets for four cohorts of children and youth:

- information about all children/youth in foster care as of December 31, 2022;
- information about all children/youth who entered care in CY 2022;
- information about all children/youth who exited care in CY 2022; and
- 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 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 cross-checked the cohort data files with each other. These cross-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 there is an exit recorded for every child who was listed in the data as in care for any time during the identified years.

DCF also submitted Adoption and Foster Care Analysis and Reporting System (AFCARS) files generated from FACTS, along with data from the Kansas Child Care Licensing and Registration System (CLARIS), from the Medicaid billing system

AIMS<sup>48</sup>, and from the Family Mobile Response Crisis Helpline (the “Helpline”), operated by Beacon Health Options of Kansas (now called 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 first report, the limited ability to integrate data among Kansas’ multiple data systems affects the Neutral’s ability to assess performance. Importantly, the data systems also impact DCF’s ability to make data informed decisions and to hold CMPs accountable for meeting contractual obligations.

The Neutral encountered numerous data quality issues in CY 2022. In some instances, data quality issues prevented the Neutral from verifying data and calculations or limited the confidence with which the Neutral made determinations<sup>49</sup>. In some situations, the data did not have the documentation needed by the Neutral team or had data quality issues that DCF could not remedy. In other situations, DCF’s antiquated data systems do not collect information needed to determine Settlement Agreement commitment performance.

The Neutral worked through many issues with DCF and appreciates the Department’s cooperation and attention to these challenges. DCF reported that some issues resulted from training new staff or breakdowns in the 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<sup>50</sup> omit many instances where data quality issues did not make a tangible impact on the Neutral’s timeliness, ability to report, or where the Neutral was able to remedy the issue without additional requests from DCF.

### *Cohort Data Limitations*

The initial cohort file submitted by DCF had several data quality issues, including invalid dates of birth, two entries for the same child indicating entry into care in different jurisdictions on the same day, and did not contain some of the requested

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<sup>48</sup> 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. For additional information, see: [https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/providers/aims/aims-manual-version-3-updated-6-27-05.pdf?sfvrsn=f18e34ee\\_0](https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/providers/aims/aims-manual-version-3-updated-6-27-05.pdf?sfvrsn=f18e34ee_0)

<sup>49</sup> See Section VII.B. iv. 2.5.4 *Availability of Crisis Intervention Services* and Section VII.C. iv. 2.9.4 *One or Fewer Placement Moves*.

<sup>50</sup> Data limitations specific to each data commitment are footnoted throughout this report where appropriate in Section V. *Summary Table of 2022 Performance for All Commitments*.

columns. The Neutral requested and DCF submitted a new file, which contained inconsistencies in the production of the discharge date variable. DCF submitted a third set of cohort files. The Neutral identified changes in values for the same child in the prior data to what was produced in the second submission, including changes in dates of birth, gender, race, ethnicity, removal dates, CMPs, geographic information, and discharge dates. The Neutral provided DCF with a child-by-child list of the data quality concerns. The Neutral requested and DCF provided a fourth cohort file with corrections, however further analysis showed additional data quality issues remained.<sup>51</sup>

### *Placement Data Limitations*

The Neutral requested a file from FACTS that includes data pertaining to placements and placement moves of Class Members during the period under review. In its first review of the placement file, the Neutral identified 134 children/youth who appeared in the “all children served” file but did not appear in the placement file. The Neutral requested and DCF provided a new file with updated placement data to include these children/youth, as well as the data corrections described in the cohort verification section above. The Neutral used the “all children served” cohort file to verify the placement data and identified 618 placements with gaps between the end of one placement and the start of the next placement without a corresponding exit and entry into foster care. DCF resubmitted the placement file with updated placement data. During the verification process for this file, the Neutral identified nine placements lasting zero days, where the placement start date and end date were on the same day. The Neutral requested and DCF provided corrected data for these placements.

### *Case Read Limitations*

As noted in the Period 1 report, 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 individual data system,

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<sup>51</sup> As the data sufficiency section describes, the “cohort” data on which this table relies had some data quality issues. Readers will note that the difference between exits and entries is 223 children, not 209 children. The Neutral believes this is because 17 of the children who appear in the KDCF cohort for December 31, 2022, were listed in the exits file submitted by KDCF as having discharge dates prior to December 31, 2022. Three children who were in care according to the KDCF data on January 1, 2022, and did not exit, did not appear in the December 31, 2022 data.

DCF staff and the Neutral relied on scanned copies of PDF documents provided by the CMPs to complete the required 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, when doing so would have helped the Neutral understand better the experiences of children/youth in DCF custody.

The Neutral will continue to work with DCF on improving this case read process for CY 2023, however it should be noted that improvements are likely to be insufficient without the implementation of a full CCWIS system.



## VI. Summary Table of 2022 Performance for All Commitments

Performance Goals			
Settlement Agreement Commitment	Period 1 Performance	Period 2 Performance	Period 2 Commitment Fulfilled (Yes/No) <sup>52</sup>
<p><b>2.1.1 Contract Oversight and Accountability</b></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>	<p>Contracts amended prior to the final Judgment and Order.</p>	<p>N/A</p>	<p>Fulfilled in Period 1</p>
<p><b>2.1.2 Community Accountability Structure</b></p> <p>Within <b>six (6) months</b> 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>	<p>The “Kansas Foster Accountability Advisory Board” (KFAAB) first met on June 21, 2021, and has met approximately monthly since then.</p>	<p>KFAAB’s monthly meetings focused on policies, practices, and operations of <i>McIntyre v. Howard</i> defendants as they relate to SA commitments.</p>	<p>Yes</p>

<sup>52</sup> “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><b>2.1.3a Incarceration Reporting</b></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>	<p>DCF reported data on incarcerated youth as required by the Settlement Agreement.</p>	<p>DCF reported data on incarcerated youth as required by the Settlement Agreement.</p>	<p>Yes</p>
<p><b>2.1.3b Caseload Reporting</b></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>	<p>DCF reported data for caseworker and caseworker supervisor caseloads for CY 2021 that the Neutral was unable to validate due to inconsistencies in reporting methods among the CMPs. The Neutral and DCF have developed a uniform reporting template for use in CY 2022.</p>	<p>DCF reported data for caseworker and caseworker supervisor caseloads for CY 2022, yet data quality issues remain.</p>	<p>In process</p>

Practice Improvements <sup>53</sup>			
Settlement Agreement Commitment	Period 1 Performance	Period 2 Performance	Period 2 Commitment Fulfilled (Yes/No)
<p><b>2.5.1 Temporary Overnight Placements (Failure to Place)</b></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.	85 children/youth experienced 141 episodes of Failure to Place.	No
<p><b>2.5.2 Licensed Capacity</b></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."31, 203</p>	At least 97% of Family Foster homes and at least 99% for NRKin and licensed relative homes were either below capacity or were above capacity with an approved exception.	Approximately 98% of Family Foster homes and nearly 100% of NRKin and licensed relative homes were either below capacity or were above capacity with an approved exception.	No <sup>54</sup>

<sup>53</sup> 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.

<sup>54</sup> 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.

<p><b>2.5.3 Provision of Mental Health Treatment Services</b></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>For CY 2021, 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>For CY 2022, 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><b>2.5.4 Crisis Intervention Services</b></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 operated by Beacon Health Options of Kansas (“the Beacon helpline”), in collaboration with the Kansas Department for Aging and Disability Services (KDADS), all three Kansas Medicaid-managed Care Organizations (MCOs), and all 26 CMHCs statewide.</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><b>2.5.5 Night-to-Night and Short-Term Placements</b></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-term placements<sup>55</sup> in CY 2021.</p> <p>In a sample of children/youth who experienced night-to-night and short-term placements for CY 2021, 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>801 children/youth in DCF custody experienced 1,508 night-to-night placements, and 1,365 children/youth experienced 3,321 short-term placements in CY 2022.</p> <p>In a sample of children/youth who experienced night-to-night and short-term placements in CY 2022, 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>
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<sup>55</sup> 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.

Outcomes <sup>56</sup>					
Settlement Agreement Commitment	Period 1 Performance	Period 1 Target	Period 2 Performance	Period 2 Target	Period 2 Commitment Fulfilled (Yes/No)
<p><b>2.9.1 Placement Moves per 1,000 Days</b></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.	<b>7 moves per 1,000 days in care</b>	7.29 moves per 1,000 days in care.	<b>6 moves per 1,000 days in care</b>	No
<p><b>2.9.2 Addressing Mental and Behavioral Health Needs</b></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.	<b>80%</b>	In 70% of cases reviewed, children/youth had their mental and behavioral health needs addressed.	<b>85%</b>	No

<sup>56</sup> 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><b>2.9.3 Placement Stability</b></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><b>80%</b></p>	<p>91% of children/youth were in a stable placement as of December 31, 2022.</p>	<p><b>85%</b></p>	<p>Yes</p>
<p><b>2.9.4 Placement Moves</b></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><b>75%</b></p>	<p>Multiple data issues again hindered the Neutral's ability to validate performance.</p>	<p><b>80%</b></p>	<p>Unable to Determine</p>
<p><b>2.9.5 Initial Mental Health and Trauma Screens</b></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><b>80%</b></p>	<p>43% of children/youth in DCF custody received timely Mental Health and Trauma Screens completed by a qualified professional.</p>	<p><b>85%</b></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

<b>2.1.1 Contract Oversight and Accountability</b>
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.
<b>Due Date: March 1, 2021</b>

Section 2.1.1 of the Settlement Agreement required 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 previously reported that DCF met this obligation during CY 2021. There are two further developments of note related to this provision for CY 2022.

#### *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 2022. 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 seven catchment areas, providers received a 0.2 percent penalty for performance related to placement stability, and in one catchment area (catchment area 4) the provider received a 0.15 percent penalty.

### *New contracts*

The Case Management contracts had an original termination date of June 30, 2023, and have been 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. A noteworthy and positive change is the inclusion of caseload standards that would 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.”<sup>57</sup>

By contrast, the current CMP contracts require caseloads not to exceed 25 to 30 children. The discussion of SA 2.1.3b below addresses the number of caseworkers with caseloads above those set in the current contracts. The new provisions, if successfully implemented, will result in a substantial decrease in caseloads across the state.

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<sup>57</sup> Request for Proposals, Kansas Department of Administration, Bid Event EVT0009230, p. 24.

## ii. 2.1.2 Community Accountability Structure

<b>2.1.2 Community Accountability Structure</b>
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.
<b>Due Date: July 28, 2021</b>

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 2022 worked to ensure that membership composition was consistent with the structure established by the Settlement Agreement. The Board’s first full year of operation involved meeting monthly with a goal to better understand the policies, practices, and operations of each of the defendants in the lawsuit as they relate to the commitments in the Settlement Agreement, background necessary to make meaningful recommendations to the DCF. At each meeting, DCF provided information in the form of materials and/or guest speakers requested by the KFAAB, and made DCF, KDADS, and KDHE leadership available to answer questions. For example, in May 2022, representatives from KDHE and KDADS presented efforts underway to ensure that children in out-of-home placement have access to timely mental health services. In October 2022, DCF reported on its progress on implementing a new CCWIS system. As needed, CSSP provides KFAAB with updates as to the Neutral’s activities undertaken to monitor DCF’s progress towards meeting the Settlement Agreement requirements.

Throughout the period the group experienced barriers to consistent attendance for Board members, all of whom are volunteers. At times, the KFAAB held meetings where stakeholder composition as required by the Agreement was not maintained, and often leaned heavily toward foster parent experience. Importantly, the Agreement did not require any funding to sustain the KFAAB. However, DCF has provided support, including stipends for Board members. Ongoing administrative and additional financial support may be necessary for the Board to realize its purpose as intended in the Agreement.

On May 9, 2023, the KFAAB formally submitted recommendations to DCF related to the RFP for case management services discussed above, including recommendations for smaller caseloads, specialized case managers, and eliminating supervisors carrying caseloads. On July 17, 2023, DCF responded that certain recommendations were accepted and would be implemented, such as adding lower caseload standards, consistent with the Council on Accreditation<sup>58</sup>. Additional recommendations related to specialized case managers and eliminating supervisors carrying cases were not accepted, and will be discussed further in upcoming KFAAB meetings.

Areas of particular interest to the KFAAB include creating 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 kinship and licensed foster care families, and the need to increase access to mental health assessments and service.

DCF continues to meet this provision of the Settlement Agreement.

### iii. 2.1.3 Reporting

#### a. Incarceration

<b>2.1.3a Incarceration Reporting</b>
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.
<b>Due Date: December 31, 2022</b>

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.<sup>59,60</sup>

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<sup>58</sup> For more information on the Council on Accreditation see: <https://coanet.org/>

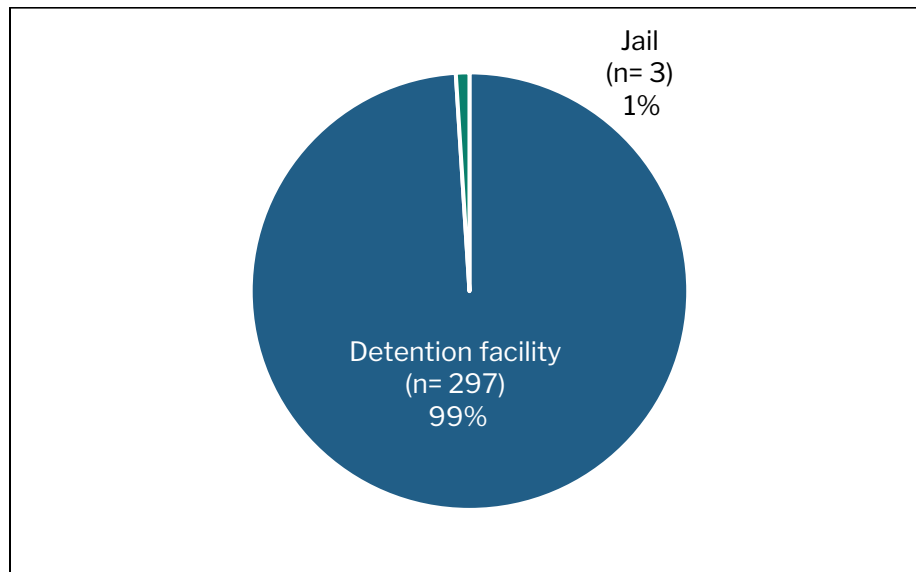
<sup>59</sup> For the purposes of this report, the Neutral defines “jail” as a facility that traditionally serves incarcerated adults aged 18 and older, while “detention facility” is defined as one that traditionally serves incarcerated youth up to age 18.

<sup>60</sup> The initial file submitted by DCF covering CY 2022 included only 90 incarceration episodes and omitted more than 200 incarceration episodes listed in CY 2022 FACTS placement data. In addition, many children in DCF’s submission were listed as entering detention on the same day as they entered

During CY 2022, 208 Class Members had a total of 300 episodes of incarceration.<sup>61</sup> 297 (99%) of these episodes took place in detention facilities and 3 (1%) in jails.<sup>62</sup> Seventeen facilities accounted for 80 percent of all incarceration episodes, and five of those 17 facilities accounted for 50 percent of all incarceration episodes.<sup>63,64</sup>

**Figure 4: Facility Type of Class Members Incarcerated in CY 2022**

*N = 208 children/youth, 300 episodes*



Source: DCF

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foster care. The Neutral requested and DCF submitted a new file. The second file matched the FACTS data within an acceptable margin of error but omitted some requested information. The Neutral requested and DCF submitted a third file that satisfied the commitment 2.1.3a.

<sup>61</sup> Children and youth may be incarcerated more than once during the monitoring period.

<sup>62</sup> The Neutral encountered data discrepancies between the incarceration and the cohort data files for CY 2022 as follows: 10 incarceration episodes were attributed to children/youth who were 18 or older. Those children/youth were not counted in the cohort data, as youth over 18 are not considered members of the class as defined in Section 1.2 of the Settlement Agreement. In addition, three episodes did not match the placement file: one episode was missing, one episode was in the placement data, (but with a different end date), and one episode had an end date in the incarceration file but not the placement file. These episodes were included in the analysis. The Neutral also found two episodes in the placement file that were not recorded in the incarceration file. Both these episodes were for the same youth.

<sup>63</sup> Of the 300 episodes, 55 (18%) episodes were coded in the data as occurring in an unnamed detention facility. Fifty-one of the 55 episodes with unnamed detention facilities were in Wichita, located in Sedgwick County. DCF data did not have codes for facilities or standard naming conventions. The Neutral standardized the names of the facilities to create the tables and charts in this section.

<sup>64</sup> Children and youth were most frequently incarcerated at Shawnee County Juvenile Detention Center (JDC), N. Central JDC, followed by Reno County JDC, Southeast JDC, Wyandotte County JDC, Douglas County JDC, Johnson County JDC, Sedgwick County JDC, and Southwest JDC.

As seen in Table 9, the top five counties where Class Members were incarcerated were Sedgwick, Shawnee, Leavenworth, Johnson, and Wyandotte.

**Table 9: Top Five Counties Where Class Members were Incarcerated in CY2022**  
*N=300 episodes*

County	Number (%) of Episodes
Sedgwick	63 (21%)
Shawnee	38 (13%)
Leavenworth	25 (8%)
Johnson	15 (5%)
Wyandotte	11 (4%)

Source: DCF

The majority of the 208 Class Members incarcerated in CY 2022 (153, or 74%) were identified as White, 49 (24%) as Black/African American, five (2%) as American Indian/Alaskan Native and one as Asian.<sup>65</sup> Over two-thirds (141 or 68 percent) were identified as male and slightly fewer than one-third (67, or 32%) were identified as female.<sup>66</sup> Children as young as 10 were incarcerated in 2022 with 68 (33%) aged 10 to 14 and 140 (67%) aged 15 to 17 years old.

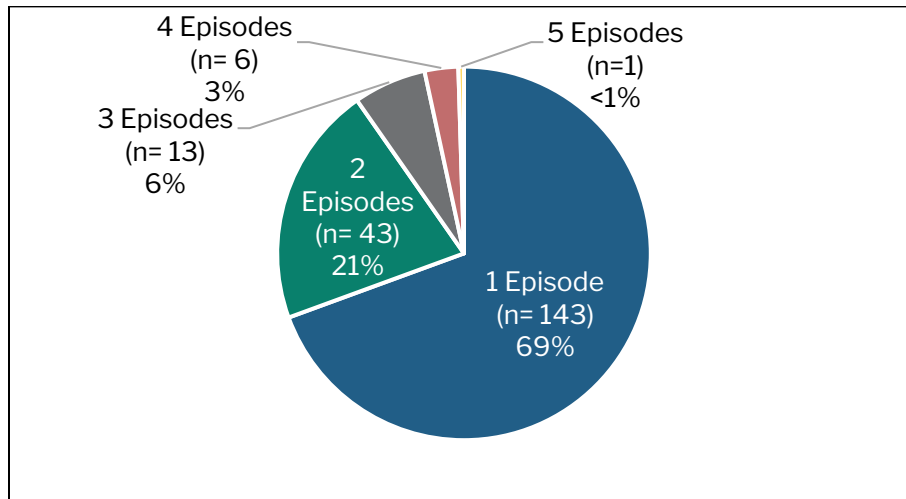
Over two-thirds (69%) of the youth in juvenile detention facilities experienced a single episode, while a significant number (21%) experienced two episodes, and ten percent experienced three or more, as shown in Figure 5. The three children and youth incarcerated in jail (see Figure 4) experienced one episode each.

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<sup>65</sup> A comparison to Table 2 in this report did not find disparities of the race of children/youth incarcerated in CY 2022 when compared to the population of children/youth in DCF custody on December 31, 2022.

<sup>66</sup> Gender is reported as male or female in this report based on the way DCF currently reports their data.

**Figure 5: Class Members in Juvenile Detention in CY 2022**  
*N=206 children/youth, 297 episodes<sup>67</sup>*



Source: DCF

As shown in Table 10, less than half (45%, or 136 of 300) of incarceration episodes in CY 2022 lasted 14 days or less.<sup>68</sup> There were 100 episodes that lasted seven or fewer days, 36 that lasted 8 to 14 days, and 70 that lasted 15 to 30 days. Thirty-one percent of episodes lasted 31 days or more, while ten percent of episodes lasted 91 days or more.

**Table 10: Length of Incarceration Episodes (Jail and Detention) in CY 2022**  
*N = 300 episodes<sup>69</sup>*

Length of Incarceration Episodes	Number (%) of Children/Youth
0 to 7 Days	100 (33%)
8 to 14 Days	36 (12%)
15 to 30 Days	70 (23%)
31 to 60 Days	50 (17%)
61 to 90 Days	14 (5%)
91 Days or More	29 (10%)
<b>Data error</b>	1 (0%)

Source: DCF

<sup>67</sup> A single youth can be involved in both juvenile and jail episodes.

<sup>68</sup> Of the 300 episodes, 24 started prior to January 1, 2022, and 214 continued after December 31, 2022. This table only counts days incarcerated in CY 2022. DCF's data listed one episode end date that was *earlier* than the episode entry date. Since a youth cannot exit an episode of detention prior to entering detention, the Neutral excluded this episode from lengths of stay calculations and attributes it to a data entry error.

<sup>69</sup> A single youth can be involved in both juvenile and jail episodes, and can experience more than one episode during the period.

Table 11 shows the total number of days each child/youth spent incarcerated in either jail or detention. More than a quarter were incarcerated up to seven days, and almost a fifth were incarcerated between 15 and 30 days. The Neutral calculated that in CY 2022, the total number of days Class Members were incarcerated was 10,280 days, which is an average of 49 days incarcerated per child/youth.

**Table 11: Total Days Incarcerated (Jail and Detention) in CY 2022**  
*N = 300 episodes<sup>70</sup>*

Total Incarceration Days in Period	Number (%) of Children/Youth
0 to 7 Days	58 (28%)
8 to 14 Days	25 (12%)
15 to 30 Days	38 (18%)
31 to 60 Days	35 (17%)
61 to 90 Days	16 (8%)
91 Days or More	35 (17%)
<b>Data error</b>	1 (0%)

Source: DCF

Of the 208 children who were incarcerated at any time during 2022, (68%, 141 of 208) remained in the custody of DCF on December 31, 2022. Most of the others had aged-out of care (14%) or were reunified with a parent or other relative (13%).

**Table 12: Foster Care Status at End of Last Episode for Children/Youth Incarcerated in CY 2022**  
*N=208 children/youth*

Foster Care Status, End of Last Episode <sup>71</sup>	Number (%) of Children/Youth
In Foster Care	141 (68%)
Emancipated	29 (14%)
Reunified with Caretaker	27 (13%)
Transferred to Another Person/Agency	9 (4%)
Other	2 (1%)

Source: DCF

DCF has met the Settlement Agreement commitment to report data on incarcerated youth for CY 2022.

<sup>70</sup> Ibid.

<sup>71</sup> Includes children and youth still incarcerated as of 12/31/2022.

## 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, 2022**

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. 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<sup>72</sup> 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,<sup>73</sup> many of which can likely be attributed to implementation of a new process, on-going template revisions and staff developing expertise in utilizing the new template. This report provides an analysis of monthly permanency caseload data for caseworkers in each of the four CMPs, and whether the CMP maintained the required caseworker caseload standard. Additionally, the report provides the number of cases carried by supervisors.

Throughout CY 2022, the Neutral also conducted caseload survey phone calls to validate the monthly caseload reports submitted by the CMPs, and to better

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<sup>72</sup> The updated reporting template was initiated in January 2022, and continued to undergo review and modifications for clarity, with the template finalized in March 2022. As agreed upon by the Neutral and DCF in the metric plan, the Neutral identifies a random day of each month for DCF to report CMP caseloads. After the request is made, DCF has 48 hours to retrieve and provide the information to the Neutral.

<sup>73</sup> The Neutral received monthly caseload data pertaining to each of the CMPs for a total of 12 submissions per CMP per year, or 48 submissions total. These issues are in five categories: missing, inconsistent, and incorrect staff IDs; unassigned cases; missing case types; data that showed unlikely changes in numbers of staff or children; and mismatches with cohort point-in-time data. For example, over the course of the year, 3,385 rows omitted the caseworker ID number; the same ID was assigned to different caseworkers at the same CMP 106 times, and 426 children had no caseworker assigned. Some files contained data that the Neutral determined was too deficient for analysis. For example, one monthly file for one CMP listed 2,100 children on their staff's caseloads while the remaining months for the same CMP listed 3,500 to 3,700 children on staff caseloads. One monthly CMP caseload report showed eight caseworkers carrying cases, while the remaining monthly reports from the same CMP showed over 100 caseworkers carrying cases. The Neutral identified data quality issues in each of the 48 monthly reports.



understand the experience of caseworkers and supervisors.<sup>74</sup> Largely, the caseload calls demonstrated consistency between the CMP submitted reports and the caseloads reported by caseworkers.

### *Caseworker Caseloads*

As discussed throughout this report, DCF contracts with four CMPs to provide foster care and adoption services in the six designated regions across the state. According to DCF's contracts with the CMPs, permanency caseworkers are required to maintain a caseload of no more than 25 to 30 children.

As shown in Tables 13 and 14, performance varied by month and CMP. In each of the 10 months where all CMPs provided case type data,<sup>75,76</sup> three out of four CMPs had at least one permanency caseworker carrying caseloads of 30 or more cases.<sup>77</sup> Caseworkers across the four CMPs spoke of strain caused by carrying high numbers of cases, which often was attributed to staff turnover. Caseworkers were quick to point out that for lower caseload expectations to be met, more significant supports, such as additional training, transportation and case assistance, and higher pay, were needed to maintain an adequate workforce.

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

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<sup>74</sup> The Neutral spoke with over 50 caseworkers and approximately 25 supervisors.

<sup>75</sup> In the data submitted by SFM, only 8 caseworkers carried cases in January 2022, while approximately 125 caseworkers carried cases each month from February 2022 to December 2022. Additionally, when looking at total cases per month, the January 2022 data has 1,505 fewer cases carried than in February 2022. The rest of the months of CY 2022 remain consistent in the 3,500-3,700 range, and January 2022 had approximately 2,100 cases. As the January 2022 data has clear discrepancies from the other 11 months of data, the Neutral chose to exclude it from the analysis.

<sup>76</sup> In January 2022 and February 2022, KVC did not provide the case type in the data submissions.

<sup>77</sup> According to the data submitted, COC only had permanency caseworkers carrying caseloads of 30 or more cases in January and February.

**Table 13: Percentage of Caseworkers Carrying 30 or More Cases by CMP, January – June 2022<sup>78,79</sup>**

	Jan	Feb	Mar	Apr	May	Jun
<b>COC</b>	7% N=3	6% N=3	0% N=0	0% N=0	0% N=0	0% N=0
<b>KVC</b>	-- <sup>80</sup>	-- <sup>81</sup>	21% N=15	21% N=15	23% N=16	25% N=17
<b>SFM</b>	-- <sup>82</sup>	28% N=34	27% N=32	30% N=34	30% N=35	29% N=33
<b>TFI</b>	4% N=3	3% N=2	5% N=4	4% N=3	4% N=3	6% N=4

Source: All DCF contracted CMPs

**Table 14: Percentage of Caseworkers Carrying 30 or More Cases by CMP, July – December 2022<sup>83,84</sup>**

	Jul	Aug	Sep	Oct	Nov	Dec
<b>COC</b>	0% N=0	0% N=0	0% N=0	0% N=0	0% N=0	0% N=0
<b>KVC</b>	18% N=13	17% N=13	18% N=13	11% N=8	11% N=8	10% N=7
<b>SFM</b>	23% N=27	29% N=33	29% N=34	36% N=41	31% N=38	30% N=36
<b>TFI</b>	10% N=7	8% N=5	6% N=4	7% N=4	7% N=4	7% N=4

Source: All DCF contracted CMPs

<sup>78</sup> Percentages in this table have been rounded to the nearest whole number, and therefore may not add up to 100 percent.

<sup>79</sup> This table excludes cases with unassigned caseworkers. Only caseworkers with at least one Permanency case were counted – caseworkers with zero Permanency cases were excluded from the analysis.

<sup>80</sup> In January 2022 and February 2022, KVC did not provide case type in the data submissions.

<sup>81</sup> Ibid.

<sup>82</sup> In the data submitted by SFM, only 8 caseworkers carried cases in January 2022, while approximately 125 caseworkers carried cases each month from February 2022 to December 2022. Additionally, when looking at total cases per month, the January 2022 data has 1,505 fewer cases carried than in February 2022. The rest of the months of CY 2022 remain consistent in the 3,500-3,700 range, and January 2022 had approximately 2,100 cases. As the January 2022 data has clear discrepancies from the other 11 months of data, the Neutral chose to exclude it from the analysis.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

## Cornerstones of Care (COC) Caseloads

As illustrated in Table 15, most COC permanency caseworkers had between one and 29 permanency cases on their caseload each month in CY 2022. Only in January and February 2022 were there any caseworkers with 30 or more permanency cases on their caseload.

**Table 15: COC Caseworker Caseloads by Month, CY 2022<sup>85,86</sup>**

Number of Cases on Caseload	Month of CY 2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1-14	10	19	17	5	18	11	19	10	13	15	15	20
15-29	28	26	24	24	25	25	22	21	21	19	17	22
30-44	3	3	0	0	0	0	0	0	0	0	0	0
45+	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Number of Caseworkers</b>	<b>41</b>	<b>48</b>	<b>41</b>	<b>29</b>	<b>43</b>	<b>36</b>	<b>41</b>	<b>31</b>	<b>34</b>	<b>34</b>	<b>32</b>	<b>42</b>

Source: COC

## KVC Kansas (KVC) Caseloads

For the 10 months, KVC provided case type data, the Neutral found that caseworkers carried 30 or more permanency cases every month, and in nine of the ten months, there were at least two caseworkers assigned 45 or more cases. The majority of KVC permanency caseworkers carried caseloads between one and 29 permanency cases each month.

<sup>85</sup> In January 2022, and February 2022, COC provided over 50 different case types. All cases appeared to be permanency case types, and the Neutral counted them as such. In February 2022, one case had a missing case type. In May 2022, there were two cases with a missing case type.

<sup>86</sup> This table excludes cases with unassigned caseworkers. The number of cases with unassigned caseworkers ranges from one to 65, depending on the month. Only caseworkers with at least one Permanency assignment were counted – caseworkers with zero permanency cases were excluded from the analysis.

**Table 16: KVC Permanency Caseworker Caseloads by Month, CY 2022<sup>87,88</sup>**

Number of Cases on Caseload	Month of CY 2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1-14	--	--	31	27	24	23	23	29	28	26	24	22
15-29	--	--	27	29	30	28	35	34	32	39	42	43
30-44	--	--	12	11	13	15	11	11	11	6	8	5
45+	--	--	3	4	3	2	2	2	2	2	0	2
<b>Total Number of Caseworkers</b>	--	--	<b>73</b>	<b>71</b>	<b>70</b>	<b>68</b>	<b>71</b>	<b>76</b>	<b>73</b>	<b>73</b>	<b>74</b>	<b>72</b>

Source: KVC

**Saint Francis Ministries (SFM) Caseloads**

As shown in Table 17, a large number of SFM permanency caseworkers, ranging from 27 to 41, carried 30 or more permanency cases in each month of CY 2022, where data was reported. At least one caseworker carried over 45 permanency cases on their caseload every month.

**Table 17: SFM Permanency Caseworker Caseloads by Month, CY 2022<sup>89,90,91</sup>**

Number of cases on caseload	Month of CY 2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1-14	--	23	21	15	17	20	21	24	24	20	24	24
15-29	--	64	67	66	64	62	68	57	59	52	61	59
30-44	--	31	30	33	34	31	24	28	29	34	37	35
45+	--	3	2	1	1	2	3	5	5	7	1	1
<b>Total Number of Caseworkers</b>	--	<b>121</b>	<b>120</b>	<b>115</b>	<b>116</b>	<b>115</b>	<b>116</b>	<b>114</b>	<b>117</b>	<b>113</b>	<b>123</b>	<b>119</b>

Source: SFM

<sup>87</sup> In January 2022 and February 2022, KVC did not provide case type in the data submissions.

<sup>88</sup> This table excludes cases with unassigned caseworkers. The number of cases with unassigned workers ranges from 18 to 69, depending on the month. Only caseworkers with at least one Permanency assignment were counted – caseworkers with zero permanency cases were excluded from the analysis.

<sup>89</sup> Ibid.

<sup>90</sup> In the data submitted by SFM, only 8 caseworkers carried cases in January 2022, while approximately 120 caseworkers carried cases each month from February 2022 to December 2022. Additionally, the January 2022 data has 1,505 fewer cases carried than in February 2022. The rest of the months of CY2022 remain consistent in the 3,500-3,700 range, and January 2022 had approximately 2,100 cases. As the January 2022 data has clear discrepancies from the other 11 months of data, the Neutral has chosen to exclude it from the analysis.

<sup>91</sup> This table combines the Case Type categories of "Permanency" and Out-of-Home (OOH).

## TFI Kansas (TFI) Caseloads

As shown in Table 18, in 11 out of 12 months in CY 2022, at least one TFI caseworker was assigned 30 or more permanency cases. There was at least one caseworker with 45 or more cases in each of the first six months of the calendar year, while no caseworker had such a large caseload in any of the last six months of the year.

**Table 18: TFI Permanency Caseworker Caseloads by Month, CY 2022<sup>92</sup>**

Number of Cases on Caseload	Month of CY 2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1-14	26	37	29	27	20	16	19	17	11	7	5	9
15-29	46	40	43	46	48	48	42	43	49	50	50	48
30-44	1	0	3	1	2	3	7	5	4	4	4	4
45+	2	2	1	2	1	1	0	0	0	0	0	0
<b>Total Number of Caseworkers</b>	<b>75</b>	<b>79</b>	<b>76</b>	<b>76</b>	<b>71</b>	<b>68</b>	<b>68</b>	<b>65</b>	<b>64</b>	<b>61</b>	<b>59</b>	<b>61</b>

Source: TFI

## Supervisor Caseloads

The CMP contracts do not specify a caseload standard for supervisors. However, it is common practice for supervisors to be assigned cases in situations where staff may be absent, such as for vacations or otherwise on leave, supervisors may sometimes carry a limited caseload. The task of directly carrying cases and supervising workers pulls supervisors' attention in multiple directions. As one supervisor told the Neutral, "instead of being able to focus on my staff, I am along there with them on having my own list of stuff to do. I don't feel I can always be the best support. I don't feel I can give them my full attention." This sentiment was reiterated by a majority of the case-carrying supervisors the Neutral spoke with during CY 2022.

As Table 19 illustrates, every CMP who provided supervisor caseload data had supervisors who were assigned their own caseload in at least eight out of twelve months in CY 2022.

<sup>92</sup> This table includes case categories of "Permanency" and "Reunification," and excludes cases with unassigned caseworkers. Only caseworkers with at least one Permanency or Reunification assignment were counted – caseworkers with zero permanency cases were excluded from the analysis.

**Table 19: Number of Caseworker Supervisors Carrying Cases Monthly in CY 2022, by CMP**

CMP	Number of Supervisors Carrying Cases, Monthly CY 2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>COC</b>	3	0	0	13	1	1	1	9	7	8	10	1
<b>KVC</b>	6	5	8	9	10	9	7	9	9	7	6	7
<b>SFM</b>	-- 93	11	9	12	11	17	15	12	13	14	10	12
<b>TFI</b>	1	0	0	0	0	2	2	1	1	1	2	3
<b>Total</b>	--	<b>16</b>	<b>17</b>	<b>34</b>	<b>22</b>	<b>29</b>	<b>25</b>	<b>31</b>	<b>30</b>	<b>30</b>	<b>28</b>	<b>23</b>

Source: All DCF Contracted CMPs

## 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.
<b>Due Date: December 31, 2021</b>

Section 2.5.1 of the Settlement Agreement requires DCF to end the practice of temporarily housing<sup>94</sup> children and youth in “(a) any public or private provider agency offices or annexes absent extraordinary circumstances;<sup>95</sup> or (b) any non-child welfare housing or temporary accommodations, including but not limited to: (i) hotels or

<sup>93</sup> The data submitted by SFM suggests that 74 supervisors carried cases in January 2022, while the rest of the months range from 9 to 17 supervisors. In the supervisor data, the January 2022 data would suggest that all 74 supervisors had fewer than 5 direct reports. There was a much wider range of direct report counts for the other months of CY 2022. As the January 2022 data has clear discrepancies from the other 11 months of data, the Neutral has chosen to exclude it from the analysis.

<sup>94</sup> DCF classifies temporary overnight placements as “Failure to Place” where a child or youth is temporarily housed or maintained overnight in an inappropriate placement when that child has arrived 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.

<sup>95</sup> 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.

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 reflecting a "Failure to Place" (FTP). According to the Settlement Agreement, DCF was to achieve substantial compliance with this requirement by December 31, 2021.

DCF uses a Critical Incident Protocol<sup>96</sup> to help ensure that it is made aware of and can review situations in which a child or youth experiences a Failure to Place. According to the Protocol, CMP staff are to file a critical incident report<sup>97</sup> with DCF after a youth experiences a Failure to Place incident. To assess DCF's progress toward reaching this commitment, DCF aggregated these reports and produced a file identifying every Failure to Place episode<sup>98</sup> that occurred in CY 2022, with information including the child's name, identifying number, the date(s) on which the Failure to Place incident occurred, the agency involved, and the child/youth's previous placement setting. The Neutral then validated this information as agreed upon in the Metric Plan.<sup>99</sup>

The Neutral examined the occurrence of Failure to Place episodes by month to determine whether there was a pattern of increasing or decreasing Failure to Place episodes over the course of the period under review. The Neutral also reviewed a sample of completed critical incident forms to better understand the Failure to Place process and to identify any trends.<sup>100</sup>

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<sup>96</sup> To view DCF's Critical Incident Protocol, see:

[http://www.dcf.ks.gov/services/PPS/Documents/PPM\\_Forms/Policy\\_and\\_Procedure\\_Manual\\_February2022Updated4182022.pdf](http://www.dcf.ks.gov/services/PPS/Documents/PPM_Forms/Policy_and_Procedure_Manual_February2022Updated4182022.pdf), p. 38.

<sup>97</sup> To view DCF's Critical Incident Form, see:

[http://www.dcf.ks.gov/services/PPS/Documents/PPM\\_Forms/Section\\_0000\\_Forms/PPS0550.pdf](http://www.dcf.ks.gov/services/PPS/Documents/PPM_Forms/Section_0000_Forms/PPS0550.pdf)

<sup>98</sup> The term "episode" refers to a period of time when a child/youth in care experienced 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.

<sup>99</sup> Of the 141 FTP episodes in DCF's FTP data submission, 100 episodes matched FTP placements in the FACTS placement data using the child's ID number and the start and end dates of the FTP episode, while 41 episodes did not match. The majority of the unmatched 41 FTP episodes were experienced by children who had gaps in their placement records (i.e., a period where a child in care did not have a placement listed in FACTS). In addition, of the 46 FTP episodes pulled for analysis of critical placement incidents, 26 were FTP episodes that were among the 41 FTP episodes that could not be matched with FACTS. The Neutral requested and DCF resubmitted placement file data, and was able to match all FTP placements to the updated placement file. Similar to Period 1, the Neutral worked with DCF to confirm none of the identified gaps in placement from the placement file were missed instances of FTP. Of the 68 gaps in placement, DCF identified most were data entry errors or temporary absences from placements, such as hospitalizations, and none represented a Failure to Place.

<sup>100</sup> The Failure to Place sample consisted of 46 cases, pulled from a total universe of 141 Failure to Place episodes, with a 90% confidence level and 10% margin of error.

As shown in Table 20, for CY 2022, 85 unique children/youth experienced 141 Failure to Place episodes in CY 2022. Of these children/youth, a majority (60%, 51 of 85) experienced a single FTP episode lasting one single night during the period. Fourteen children/youth (17%) experienced more than one FTP episode, and at least one of the episodes lasted for more than one night. The total number of nights spent by children/youth in care in provider offices was 257 – an increase of 54 percent when compared to 167 nights in CY 2021. DCF reported all children/youth who experienced a Failure to Place episode in CY 2022 were housed overnight in a CMP office. DCF reported none of the 141 episodes of Failure to Place met DCF’s definition of extraordinary circumstances.

**Table 20: Number of Failure to Place Episodes Among Children/Youth in CY 2022**  
*N = 85 Children/Youth*

<b>Failure to Place Episodes</b>	<b>Number (%) of Children/Youth CY 2022</b>
Children/youth who had a single Failure to Place episode that lasted one night	51 (60%)
Children/youth who had a single Failure to Place episode lasting more than one night	11 (13%)
Children/youth who had more than one Failure to Place episode, and each episode lasted one night	9 (11%)
Children/youth who had more than one Failure to Place episode, and at least one of the episodes lasted more than one night	14 (17%)
<b>Total number of children/youth who experienced at least 1 Failure to Place Episode</b>	<b>85 (100%)</b>

Source: DCF

As shown in Table 21, these 85 children/youth experienced a total of 141 Failure to Place episodes in CY 2022. While the majority of these episodes lasted one night (72%, 102 of 141), there were nine children/youth who slept in the office for five or more days (6%) during the period. Importantly, six children/youth experienced five or more FTP episodes. Together, these six individual children/youth experienced 40 of the 141 FTP episodes (28%) and 41 percent of the total nights children/youth in DCF custody spent in CMP offices (106 of 257 total nights).



**Table 21: Duration of Failure to Place Episodes in CY 2022**

*N = 141 Failure to Place Episodes*

<b>Duration of Failure to Place Episodes (Number of Nights)</b>	<b>Number of Failure to Place Episodes</b>	<b>Total Number of Failure to Place Nights</b>
1	102	102
2	22	44
3	8	24
5	2	10
7	3	21
10	1	10
12	1	12
16	1	16
18	1	18
<b>Total</b>	<b>141</b>	<b>257</b>

Source: DCF

As shown in Table 22, all CMPs experienced children/youth sleeping overnight in their offices in CY 2022. Two CMPs each served 57 children/youth who experienced an FTP in CY 2022 – COC (Kansas City region) and SFM (Wichita, Southwest, and Northwest regions). TFI had the fewest FTP episodes for the period (6). The number of children/youth served by each CMP on December 31, 2022 is included for comparison. The proportion of FTP episodes at COC (40%) was more than four times greater than the percentage of children who were in care at COC (9%). TFI, by contrast, was responsible for only four percent of the FTP episodes, while serving 20 percent of the children in care.

**Table 22: Failure to Place Episodes by CMP and Region in CY 2022<sup>101</sup>**  
*N = 141 Failure to Place Episodes*

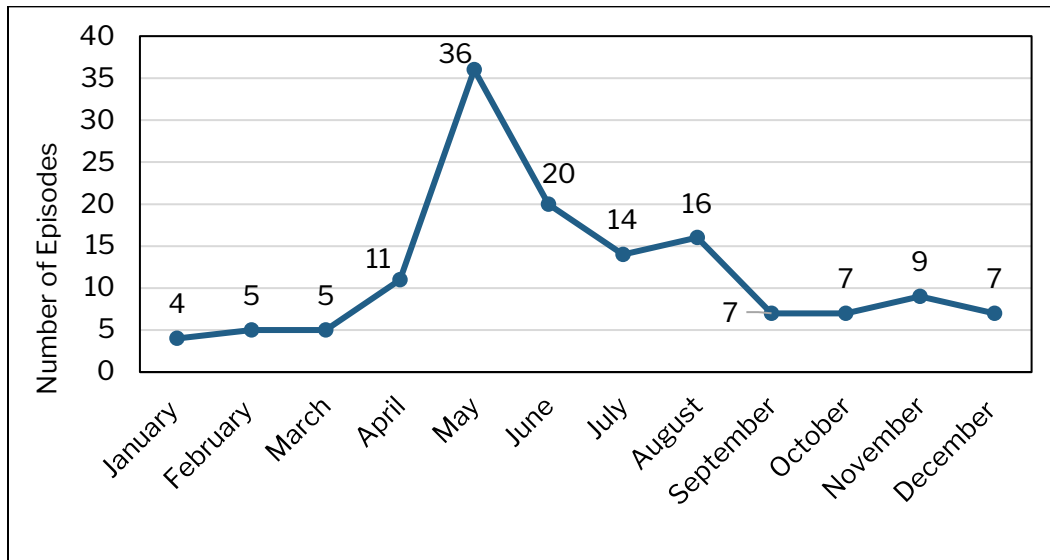
Provider	Region	Number of Episodes	Provider Total Number (%) of Episodes	Number (%) of Children/Youth Served by CMP on December 31, 2022
<b>COC</b>	Kansas City	57	57 (40%)	604 (9%)
<b>KVC</b>	Kansas City	5	21 (15%)	1,529 (23%)
	Northeast	16		
<b>SFM</b>	Wichita	44	57 (40%)	3,178 (48%)
	Southwest	8		
	Northwest	5		
<b>TFI</b>	Wichita	0	6 (4%)	1,352 (20%)
	Southeast	6		
<b>Total</b>		<b>141</b>	<b>141</b>	<b>6,663</b>

Source: DCF

Figure 6 shows the number of Failure to Place episodes peaked in late spring, with 56 episodes (40%) occurring in May and June alone. The lowest number of Failure to Place episodes took place during January 2022.

<sup>101</sup> Percentages are rounded, and may not add up to 100%.

**Figure 6: Failure to Place Episodes in CY 2022, By Month<sup>102</sup>**  
*N = 141 episodes*



Source: DCF

Table 23 shows that the majority of children/youth who experienced an FTP did so after a non-relative foster home placement disrupted (62%). The next most common placement types before an FTP episode were Residential/Institutional placements, which included Youth Residential Center II (YRCII) (8 FTP episodes) and detention placements (4 FTP episodes), among others. For seven children/youth (5%), their first experience after entering DCF custody was a Failure to Place episode.

<sup>102</sup> Ibid.

**Table 23: Children/Youth Placement Types Before Failure to Place Episode<sup>103</sup>**  
*N = 141 episodes*

Placement Type	Number (%) of Children/Youth Placement Type Prior to FTP
Foster Family Placement	87 (62%)
Independent Living	3 (2%)
Relative Home Placement	7 (5%)
Residential/Institutional Facilities <sup>104</sup>	21 (15%)
Runaway	13 (9%)
Group Home Placement	3 (2%)
No Prior Placement	7 (5%)
<b>Total Number of Failure to Place Episodes</b>	<b>141</b>

Source: DCF

Table 24 provides information on placements of children/youth after a Failure to Place episode. Most FTP episodes (67%) were followed by placement in a non-relative family foster home, while eight FTP episodes led to a relative home placement. Twenty-two (16%) FTP episodes resulted in placement in residential or institutional facilities, such as a mental health hospital, medical hospital, or a YRCII.

**Table 24: Children/Youth Placement Types After Failure to Place Episode<sup>105</sup>**  
*N = 141 episodes*

Placement Type	Number (%) of Children/Youth Placement Type After to FTP
Foster Family Placement	94 (67%)
Independent Living	5 (4%)
Relative Home Placement	8 (6%)
Residential/Institutional Facilities <sup>106</sup>	22 (16%)
Runaway	7 (5%)
Group Home Placement	5 (4%)
<b>Total Number of Failure to Place Episodes</b>	<b>141</b>

Source: DCF

<sup>103</sup> Ibid.

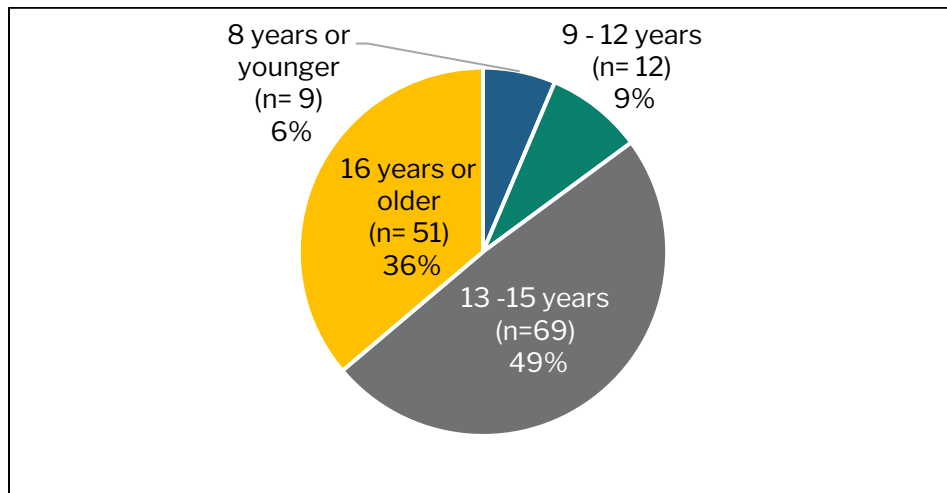
<sup>104</sup> Includes the following facilities: detention, emergency shelter, medical hospital, mental health treatment facility, Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Programs (QRTPs), secure care, and Youth Residential Center II (YRCII)

<sup>105</sup> Percentages are rounded, and may not add up to 100%.

<sup>106</sup> Includes the following facilities: detention, emergency shelter, medical hospital, QRTP, and secure care.

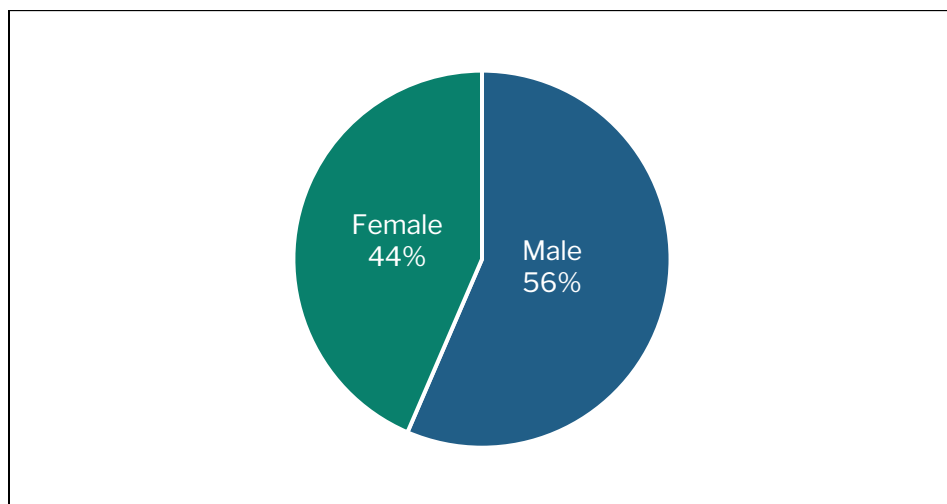
Adolescents aged 13 or older accounted for 85 percent of the Failure to Place episodes in 2022 (120 episodes), while children aged 12 or younger comprised 15 percent of the episodes (21 episodes), as shown in Figure 7. Most children/youth who experienced an FTP identified as male.<sup>107</sup>

**Figure 7: Failure to Place Episodes by Age of Child/Youth CY 2022**  
N = 141 episodes



Source: DCF

**Figure 8: Failure to Place Episodes by Gender of Child/Youth CY 2022**  
N = 141 episodes



Source: DCF

<sup>107</sup> Gender is reported as male or female in this report based on the way DCF currently reports their data.

As shown in Table 25, Black children/youth were slightly overrepresented among children/youth who experienced an FTP episode in CY 2022: White children/youth, who are 65 percent of the children/youth in care, experienced 61 percent of the FTP episodes, while Black children/youth, who are 19 percent of the children/youth in care, experienced 25 percent of the FTP episodes.

**Table 25: Failure to Place Episodes by Race of Child/Youth Compared to Race of Children/Youth in Custody on December 31, 2022**

*N = 85 children/youth*

Race of Children/Youth	Number (%) of Children/Youth Who Experienced FTP in CY 2022		Number (%) of Children/Youth in Care on December 31, 2022	
	Non-Hispanic	Hispanic	Non - Hispanic	Hispanic
White	52 (61%)	10 (12%)	4,325 (65%)	846 (13%)
Black/ African American	21 (25%)	0	1,269 (19%)	45 (1%)
American Indian / Alaskan Native	1 (1%)	0	103 (2%)	17 (<1%)
Asian	1 (1%)	0	44 (1%)	6 (<1%)
Native Hawaiian / Pacific Islander	0	0	8 (<1%)	0
<b>Total Number of Children</b>	<b>85</b>		<b>6,663</b>	

Source: DCF

DCF did not meet the Settlement Agreement standard for Failure to Place for CY 2022.

## ii. 2.5.2 Licensed Capacity

<b>2.5.2 Licensed Capacity</b>
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.”
<b>Due Date: December 31, 2021</b>

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 on a given date reports comparing each home’s licensed capacity with the number of children cared for in that home on that date, but cannot generate this information retroactively or cumulatively over the year as a whole. The Neutral therefore chose four randomly selected dates during CY 2022, and on each of those dates contacted DCF to ask them to produce such reports. The dates were February 1, May 4, October 3, and December 22, 2022. The data tables and discussion that follow reflect the Neutral’s analysis of the data for each of these dates individually and for the average of the four dates.<sup>108</sup>

Licensing rules differ across the types of foster homes in Kansas. “Family Foster Homes,” in which the caregiver(s) do not have a previous relationship with the child, must be licensed, with the exception of a small number of homes caring only for children over the age of 16. 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 have children placed before they complete licensure. Because of the differences in licensing rules, the data are reported separately for Family Foster Homes and for Relative and NRKin Homes.<sup>109</sup>

### *Family Foster Homes*

As shown in Table 26, approximately 98 percent of Family Foster Homes were in compliance<sup>110</sup> across the four dates reviewed. That is, they either had no more children than the maximum indicated by their license, or they had an exception approved by DCF. The number of homes out of compliance varied from 22 to 30, with an average of 26. The total number of Family Foster Homes averaged 1,424.

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<sup>108</sup> 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 in each home on the specified dates, but it does not identify who those children were.

<sup>109</sup> Relatives who choose to be licensed, and Non-Relative Kin, are typically licensed for the number of children being placed in the home. They are unlikely to be over capacity unless another child 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 that varies over time, and potentially to exceed their license when they are asked to care for additional children.

<sup>110</sup> Further details on the exception process are available at <https://www.dcf.ks.gov/services/PPS/FCL/Documents/Exception%20Guidance.pdf>.

**Table 26: Compliance Status of Family Foster Homes on February 1, May 4, October 3, and December 2022<sup>111</sup>**

Compliance Category	Number (%) of Homes February 1, 2022	Number (%) of Homes May 4, 2022	Number (%) of Homes October 3, 2022	Number (%) of Homes December 13, 2022	Year Average
Compliant	1,421 (99%)	1,418 (98%)	1,393 (98%)	1,362 (98%)	<b>1,399 (98%)</b>
Noncompliant	22 (2%)	23 (2%)	28 (2%)	30 (2%)	<b>26 (2%)</b>
<b>Subtotal</b>	<b>1,443 (100%)</b>	<b>1,441 (100%)</b>	<b>1,421 (100%)</b>	<b>1,392</b>	<b>1,424 (100%)</b>
Nonapplicable <sup>112</sup>	11	11	7	5	<b>9</b>
<b>Total</b>	<b>1,454</b>	<b>1,452</b>	<b>1,428</b>	<b>1,318</b>	<b>1,433</b>

Source: DCF

As shown in Table 27, more than 90 percent of the homes in compliance were at or under capacity on each of the dates reviewed. The number of homes with approved exceptions ranged from 100 to 116.

**Table 27: Capacity Status of Family Foster Homes in Compliance<sup>113</sup>**

Compliance Category	Number (%) of Homes February 1, 2022	Number (%) of Homes May 4, 2022	Number (%) of Homes October 3, 2022	Number (%) of Homes December 13, 2022	Year Average
Family Foster Home is at or under capacity	1,321 (93%)	1,3818 (93%)	1,284 (92%)	1,246 (92%)	<b>1,292 (92%)</b>
Family Foster Home is overcapacity and was granted an exemption	100 (7%)	100 (7%)	109 (8%)	116 (9%)	<b>106 (8%)</b>
<b>Total Family Foster Homes in Compliance</b>	<b>1,421</b>	<b>1,418</b>	<b>1,393</b>	<b>1,362</b>	<b>1,398</b>

Source: DCF

<sup>111</sup> Percentages in this table have been rounded to the nearest whole number, and therefore may not add up to 100 percent.

<sup>112</sup> On each of the dates reviewed, there were approximately a dozen Family Foster Homes, and more than 100 Kinship or Non-Relative Kin homes, that 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 each table.

<sup>113</sup> Percentages in this table have been rounded to the nearest whole number, and therefore may not add up to 100 percent.



## Kinship and Non-Relative Kin Homes

As shown in Table 28, on each of the dates reviewed nearly 100 percent of NRKin Homes and licensed Kin Homes that chose to be licensed were in compliance. There was one home out of compliance on two of the four dates. The total number of homes in these categories varied from 148 to 186.

**Table 28: Compliance Status of Relative and Non-Relative Kin Homes<sup>114</sup>**

Compliance Category	Number (%) of Homes February 1, 2022	Number (%) of Homes May 4, 2022	Number (%) of Homes October 3, 2022	Number (%) of Homes December 13, 2022	Year Average
Compliant	147 (99%)	165 (100%)	173 (100%)	185 (100%)	<b>166 (99%)</b>
Noncompliant	1 (1%)	0 (0%)	0 (0%)	1 (1%)	<b>1 (&lt;1%)</b>
<b>Subtotal</b>	<b>148 (100%)</b>	<b>165 (100%)</b>	<b>173 (100%)</b>	<b>186 (100%)</b>	<b>168 (100%)</b>
Nonapplicable <sup>115</sup>	111	113	125	126	<b>119</b>
<b>Total</b>	<b>259</b>	<b>278</b>	<b>298</b>	<b>312</b>	<b>287</b>

Source: DCF

As shown in Table 29, more than 95 percent 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 five to eight.

<sup>114</sup> Ibid.

<sup>115</sup> On each of the dates reviewed, there were approximately a dozen Family Foster Homes, and more than 100 Kinship or Non-Relative Kin homes, that 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 each table.

**Table 29: Capacity Status of Kin and Non-Relative Kin Homes in Compliance<sup>116</sup>**

Compliance Category	Number (%) of Homes February 1, 2022	Number (%) of Homes May 4, 2022	Number (%) of Homes October 3, 2022	Number (%) of Homes December 13, 2022	Year Average
Licensed relative and NRKin Home is at or under capacity	142 (97%)	157 (95%)	167 (97%)	178 (96%)	<b>161 (96%)</b>
Licensed relative and NRKin Home is overcapacity and was granted an exemption	5 (3%)	8 (5%)	6 (4%)	7 (4%)	<b>7 (4%)</b>
<b>Total Licensed relative and NRKin Home Compliance</b>	<b>147</b>	<b>165</b>	<b>173</b>	<b>185</b>	<b>165</b>

Source: DCF

These data demonstrate improvement from CY 2021 to CY 2022. The average of 26 Family Foster Homes out of compliance this year represents a decrease of just under 20 percent from the corresponding figure last year, which was an average of 32 homes on the three dates reviewed by the Neutral. The average of less than one licensed Kin and Non-Relative Kin homes out of compliance this year is a decrease from an average of approximately one licensed Kin and Non-Relative Kin homes on the dates reported in CY 2021.

### 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.
<b>Due Date: December 31, 2021</b>

As discussed in Section IV. *Executive Summary of Performance*, most mental health needs of children and youth in foster care have traditionally been served by the KDADS' 24 Community Mental Health Centers (CMHCs) and two Certified Community Behavioral Health Clinics (CCBHCs)<sup>117</sup>. CMPs are responsible for ensuring

<sup>116</sup> Percentages in this table have been rounded to the nearest whole number, and therefore may not add up to 100 percent.

<sup>117</sup> For additional information on CCBHCs, see: Section IV. *Executive Summary of Performance*, or <https://www.samhsa.gov/certified-community-behavioral-health-clinics>

children and youth in DCF custody receive timely and appropriate screenings; referring children who need services or further assessment to CMHC's; and coordinating care with CMHC's.

Section 2.5.3 of the Settlement Agreement requires the State to provide children and youth with medically necessary mental health services without delay once they are placed in DCF custody, regardless of whether they are living in a stable placement. This commitment was to be met by December 31, 2021.

To measure the State's progress in meeting this commitment, the Neutral utilized the case read protocol as discussed in Section VI. *Methods Used to Review Compliance*. Reviewers were first asked to identify whether the child/youth's placement was stable, and then whether there was a need for mental or behavioral health services during the period. If a need for services was identified, reviewers were then asked to consider if the agency provided appropriate services to address the children's mental/behavioral health need. For children/youth who received services, reviewers were then asked to assess timeliness. Specifically, reviewers were asked to consider *"For any mental/behavioral health service not provided timely, was placement instability a factor in the delay?"*<sup>118</sup>

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<sup>118</sup> Case reviewers were instructed to score this question as a "yes" in cases where the absence of a stable placement contributed to mental health referral or service being delayed, or if a mental health referral or service appointment was missed, canceled, or rescheduled for a later date, and the reason was identified as due to placement instability. The CFSR Round 3 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. Cases were scored as "N/A" where there was no delay in services or there were no mental/behavioral health needs identified during the period under review, and were excluded for validation purposes.

**Table 30: Timely Mental Health Services Performance for CY 2022**

Case Read Question	CY 2022 Performance
During the period under review (PUR), did the agency provide appropriate services to address the children’s mental/behavioral health needs?	70% <sup>119</sup> received services
During the PUR, were the identified mental/behavioral health services provided timely?	46% <sup>120</sup> received services provided timely
For any mental/behavioral health service not provided timely, was placement instability a factor in the delay?	13% <sup>121</sup> experienced a delay in services due all or in part to placement instability

Source: DCF

For CY 2022, 71 percent (188 of 264 cases) of cases reviewed showed evidence of a mental or behavioral health need. Of those who required services, 70 percent (131 of 188 children/youth) received them.<sup>122</sup> Of the 57 children/youth who did not receive services, 13 did not receive them due to placement instability (23%).

Of those 131 children/youth who did receive services, 60 received services timely (46%) and did not experience a delay in services. Of the 71 children and youth who received services, but did not receive them timely, 12 experienced delays due to placement instability (17%).

Of all 188 children/youth who showed evidence of a mental or behavioral health need, 25 experienced delays or did not receive any services due to placement instability (13%). In CY 2021, 24 percent of children and youth in the sample who did receive services, but did not receive services timely, experienced a delay due to placement instability.<sup>123</sup> DCF did not meet this standard for CY 2022.<sup>124</sup>

<sup>119</sup> There was sufficient interrater reliability between the Neutral and DCF’s case review results.

<sup>120</sup> Ibid.

<sup>121</sup> Ibid.

<sup>122</sup> See Section VII. C. ii. 2.9.2 *Addressing Mental Health Needs*.

<sup>123</sup> In CY 2021, the Neutral reported comparable data only for the percent of children/youth in the case read who experienced a delay in services due to placement instability, but who still received services.

<sup>124</sup> The standard for this commitment is no children/youth will experience delays in services due to placement instability.

## 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.
<b>Due Date: December 31, 2021</b>

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. In CY 2022, DCF provided crisis intervention services in two ways: (1) those provided by the state's network of CMHCs and other community-based mental health providers; and (2) those provided by the statewide Family Mobile Crisis Helpline (the “Helpline”) launched on October 1, 2021. In addition, some requests for crisis intervention services are initiated by the new national “988 Suicide & Crisis Lifeline,” formerly known as the National Suicide Prevention Lifeline.

There are 26 licensed CMHCs in Kansas, with a total staff of approximately 4,500 who are responsible for providing mental health services in every county of the state in over 120 locations. In addition to providing community-level mental health treatment and rehabilitation services, CHMCs are also responsible for intervening in mental health crisis situations with children, youth, and families. CMHCs provide the full range of outpatient clinical services as well as comprehensive mental health rehabilitation services, such as psychosocial rehabilitation, community psychiatric support and treatment, peer support, and case management.

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 operated by Beacon Health Options of Kansas (now called Carelon Behavioral Health), referred to as the “Family Mobile Crisis Response Helpline.” The Helpline is intended to connect children and youth aged 20 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 referral to community resources or a recommendation to engage in stabilization services;

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

The Family Mobile Crisis Response Helpline is intended to be utilized at any location statewide where a child/youth is experiencing a crisis. When a call is made to the Helpline, trained mental health professionals respond to assist in stabilizing the situation; time frames for responses are based on an assessment of the circumstances.<sup>125</sup> For example, in cases of emergencies, a response is required within 60 minutes, and urgent situations 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.

In addition to the Family Mobile Crisis Response Helpline, families, youth, and children in crisis can also avail themselves of the 988 Suicide and Crisis Lifeline calling code 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. Kansas currently has four certified 988 call centers: Comcare of Sedgwick County, the Johnson County Mental Health Center, the Kansas Suicide Prevention Headquarters, and Wyandot Behavioral Health Network, which is not yet in operation. Kansas is still in the process of solidifying protocols for crisis intervention options given this new national hotline system; at present, when someone in crisis calls the 988 number, they are either connected to a crisis line affiliated with a CMHC or one of the four statewide centers.<sup>126</sup>

In speaking with casework staff, the Neutral learned that caseworkers and families sometimes struggle to know which hotline to call and when. Although each entry point serves to connect children, youth, and families to the same level of supportive services, confusion among stakeholders may inhibit them from seeking crisis intervention services when necessary.

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<sup>125</sup> For Frequently Asked Questions about the Family Mobile Crisis Response Helpline, see <http://www.dcf.ks.gov/FCR/Pages/default.aspx>

<sup>126</sup> Appendix C provides a DCF flow chart that depicts how crisis intervention calls (either to 988, CMHCs, or the Kansas Family Mobile Crisis Response Helpline) are handled, from the call to the ultimate resolution of the crisis.

## Data on Crisis Intervention Services

For CY 2021, it was not possible to identify which children served by the Beacon Helpline were in foster care. As a result, the Neutral reported only data on children receiving crisis intervention services from CMHCs.

In CY 2022, 597 children/youth in foster care received crisis intervention services from CMHCs. In addition, DCF provided data on 108 calls pertaining to 69 children and youth in foster care who were served by the Helpline.<sup>127</sup> There were significant data quality issues<sup>128</sup> for this commitment, and it is not possible to reach an unduplicated count of the total number of children served by the two sources combined. As a result, the next section reports separately on each source of services.

### *Crisis Intervention Services Provided by the Family Mobile Response Crisis Helpline*

During CY 2022 the Family Mobile Response Crisis Helpline received 108 calls pertaining to children in foster care at the time of the call. Of the 108 calls, 72 (67%) received a risk classification of “routine”, 23 (21%) of “urgent”, and 13 (12%) of emergency calls (see Table 31).

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<sup>127</sup> The data DCF submitted included 120 calls made to the Family Mobile Response Crisis Helpline. Five calls were made for children not in foster care and the Neutral could not verify the foster care status of an additional seven children. These 12 calls were excluded from the analysis. Of the 76 children in the Helpline data, the Neutral determined that four children were not in foster care and could not verify the foster care status of three children. After excluding these seven children from the analysis, the Helpline data pertained to 69 children.

<sup>128</sup> DCF initially submitted three data files for this commitment: one from the Helpline and two that relied on Medicaid billing records. At the Neutral’s request, DCF merged the two files that relied on Medicaid billing data. The files, however, contained incompatible geographic information (one listed by CMHC catchment area, the other listed by county). The same data column headings in data from the first and second monitoring periods contained different data. There is not a common identifier in the data that would allow a merge between the Helpline with the Medicaid billing data. The merged Medicaid billing file contains a billing code for a non-crisis intervention service (Professional Resource Family Care) that is associated exclusively with one child 268 times (10% of the rows in the data). The submission did not include requested data on race and ethnicity. Medicaid billing data only concerns services provided (as opposed to requests for services) and does not indicate if the services were fulfilled in a timely manner.

**Table 31: Risk Rating of Family Mobile Response Crisis Helpline Calls in CY 2022<sup>129</sup>**

*N = 108 calls*

<b>Risk Rating</b>	<b>Number (%)<sup>130</sup></b>
Emergent life threatening	1 (1%)
Emergent non-life threatening	12 (11%)
Routine	72 (67%)
Urgent	23 (21%)
<b>Total</b>	<b>108</b>

Source: DCF

As shown in Table 32, a mobile response occurred via face-to-face or videoconference for 26 of the 108 calls (24%). The Helpline defines “mobile response” to include situations in which a clinician met with the child or youth by videoconference rather than in person. In 18 of the 26 cases, the mobile response took place face-to-face, while in eight the response occurred via videoconference.

**Table 32: Calls to the Family Mobile Response Crisis Helpline in CY 2022, by Mobile Dispatch Status**

*N = 108 calls*

<b>Was mobile dispatch provided?</b>	<b>Number (%)<sup>131</sup></b>
No	82 (76%)
Yes, face-to-face	18 (17%)
Yes, videoconference	8 (7%)
<b>Total</b>	<b>108</b>

Source: DCF

As shown in Figure 9, the large majority of calls to the Helpline occurred during the first few months of CY 2022, shortly after the Helpline was established and the State made significant efforts to publicize it. Eighty-two of the 108 calls (76%) were placed between January and April 2022, and there were only 26 calls in the remaining eight months of the year combined. No calls were placed to the hotline in June 2022.

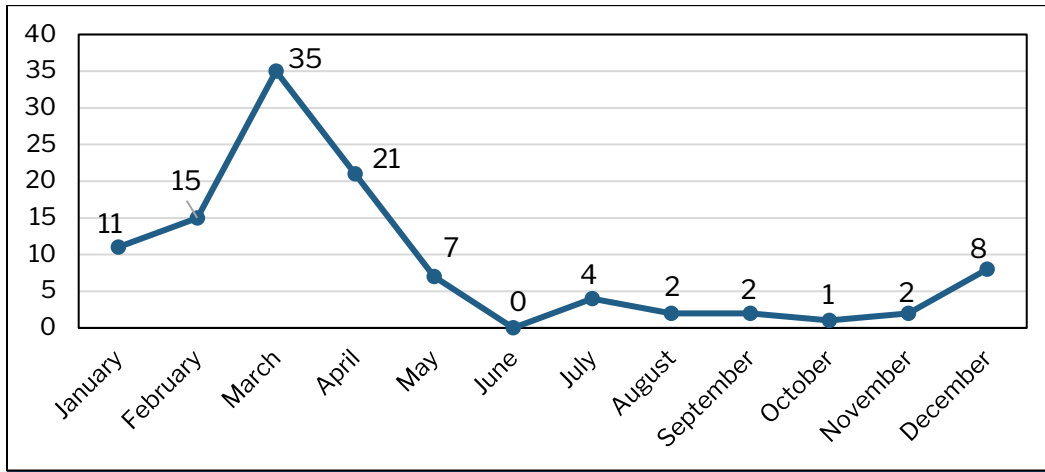
<sup>129</sup> DCF defines emergent as an emergency situation that needs immediate attention. DCF defines urgent as not an emergency but a situation in which treatment cannot wait. Routine is defined as an appointment that requires scheduling.

<sup>130</sup> Percentages may not add up to 100% due to rounding.

<sup>131</sup> Ibid.



**Figure 9: Calls to the Family Mobile Response Crisis Helpline in CY 2022, by Month of Call**  
*N = 108 calls*



Source: DCF

These data demonstrate that while the State has been successful in establishing the Family Mobile Response Crisis Helpline, implementation has been slow and is not yet assisting many children.

*Crisis intervention services provided by CMHCs,<sup>132</sup> as determined by Medicaid claims data*

In CY 2022, 597 children/youth in foster care received 2,551 units of crisis-related services from Community Mental Health Centers. This data is 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.

<sup>132</sup> The Medicaid claims data does not include county, race, risk rating, resolution, or timeliness of response information.

**Table 33: Type of CHMC Crisis Intervention Services Provided in CY 2022**

N = 2,551 service units

Type of Service	Number (%)
Crisis Intervention - Basic	897 (35%)
Crisis Intervention - Basic - Repeat Procedure	55 (2%)
Crisis Intervention - Intermediate	530 (21%)
Crisis Intervention - Advanced	932 (37%)
Crisis Intervention Mobile Crisis Intervention	5 (<1%)
Psychotherapy for Crisis - Add 30 min - limit of 2 within 24 hours	32 (1%)
Psychotherapy for Crisis Initial	100 (4%)
<b>Total</b>	<b>2,551</b>

Source: KDADS

### Demographics

Most crisis intervention services to children and youth in foster care were provided to those aged 13 to 17 years (64% by the Helpline; 57% by CMHCs), followed by those aged 6 to 12 (32% by the Helpline; 35% by CMHCs). A small number of children aged 2 to 5 received crisis intervention services in CY 2022 (1% by the Helpline; 3% by CMHCs).

**Table 34: Age Ranges of Children/Youth Served by Crisis Intervention Services in CY 2022**

Age Range in Years	Number Served by Helpline	Number Served by CMHC
2-5	1 (1%)	19 (3%)
6-12	22 (32%)	206 (35%)
13-17	44 (64%)	337 (57%)
18-20	2 (3%)	35 (6%)

Source: DCF and KDADS

Of the 666 children and youth<sup>133</sup> served by crisis intervention services, 346 (52%) were identified as female and 253 (38%) were identified as male, and gender information was missing for 67 children (11%).

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<sup>133</sup> Due to significant data quality issues for this commitment, it is not possible to reach an unduplicated count of the total number of children served by the two sources combined. For additional details on data limitations, see: *Section VI. Methods Used to Review Compliance* of this report.

**Table 35: Gender of Children/Youth Served by Crisis Intervention Services in CY 2022**

Gender <sup>134</sup>	Number (%) of Children/Youth Served by CMHC	Number (%) of Children/Youth Served by Helpline
Not Reported	67 (11%)	0
Female	309 (52%)	37 (54%)
Male	221 (37%)	32 (46%)

Source: DCF and KDADS

Eighteen children/youth (26%) in the class and served by the Helpline were identified as Black and not of Hispanic origin, 48 (70%) were identified as White and not of Hispanic origin, with the race of the remaining three children/youth listed as Asian, other, and unknown. As noted, the CMHC data did not indicate the race of the children/youth served.<sup>135</sup>

**Table 36: Race of Children/Youth Receiving Helpline Crisis Intervention Services in CY 2022**

Race/Ethnicity	Number (%) of Calls to Helpline
Asian	1 (1%)
Black (not of Hispanic origin)	18 (26%)
White (not of Hispanic origin)	48 (70%)
Other and Unknown	2 (3%)
<b>Total</b>	<b>69</b>

Source: DCF

### *Geographic information*

Data shown in Table 37 provide information for services provided by Kansas CMHC Catchment Area. CMHC catchment areas usually include several counties.<sup>136</sup> In an effort to understand whether crisis intervention services are reaching children and youth throughout the state, the Neutral compared the number and percentage of crisis intervention services in each of the CMHC catchment areas to the number and percentage of children/youth in foster care on June 30, 2022 from those same areas.

<sup>134</sup> Data submitted by DCF included only two categories for gender.

<sup>135</sup> The Neutral requested the race of all children served.

<sup>136</sup> To view a map of the CMHC Catchment Areas, see

<https://acmhck.org/wp-content/uploads/2018/01/CommunityMentalHealthCentersofKS-Revised-1-10-18.pdf>

**Table 37: Comparison of CMHC Crisis Intervention Services and Children/Youth in Care, CY 2022<sup>137</sup>**

CMHC Catchment Area Number and Name	Number (%) of Crisis intervention Service	Number (%) of Children in DCF Custody
1 Compass Behavioral Health Garden City (Garden City)	33 (5%)	351 (6%)
2 Bert Nash Community Mental Health Center Inc. (Lawrence)	18 (3%)	151 (2%)
3 Central Kansas Mental Health Center (Salina)	51 (8%)	151 (2%)
4 Community Mental Health Center of Crawford County (Pittsburg)	29 (4%)	139 (2%)
5 COMCARE of Sedgwick County (Wichita)	75 (11%)	1191 (19%)
6 Elizabeth Layton Center, Inc. (Ottawa)	7 (1%)	113 (2%)
7 + 25 Family Service & Guidance Center (Topeka) + Valeo Behavioral Healthcare (Topeka)	118 (8%)	650 (10%)
8 Four County Mental Health Center (Independence)	15 (2%)	278 (4%)
9 High Plains Mental Health Center (Hays)	26 (4%)	236 (4%)
10 Horizons Mental Health Center (Hutchinson)	17 (3%)	334 (5%)
11 Iroquois Center for Human Development Inc. (Greensburg)	6 (1%)	10 (<1%)
12 Johnson County Mental Health Center (Mission)	11 (2%)	508 (8%)
13 Kanza Mental Health & Guidance Center (Hiawatha)	20 (3%)	160 (3%)
14 Labette Center for Mental Health Services (Parsons)	35 (5%)	56 (1%)
15 CrossWinds Counseling & Wellness (Emporia)	36 (5%)	202 (3%)
16 Pawnee Mental Health Services (Manhattan)	24 (4%)	296 (5%)
17 Prairie View, Inc. (Newton)	1 (<1%)	112 (2%)
18 South Central Mental Health Counseling Center Inc. (Augusta)	8 (1%)	200 (3%)
19 Southeast Kansas Mental Health Center (Iola)	11 (2%)	204 (3%)
20 Southwest Guidance Center (Liberal)	6 (1%)	40 (1%)
21 Spring River Mental Health & Wellness (Riverton)	9 (1%)	36 (1%)
22 Sumner County Mental Health Center (Wellington)	59 (9%)	67 (1%)
23 The Center for Counseling and Consultation (Great Bend)	2 (<1%)	137 (2%)
24 The Guidance Center Inc. (Leavenworth)	12 (2%)	261 (4%)
26 Wyandot Center for Community Behavioral Health Inc. (Kansas City)	14 (2%)	378 (6%)
No CMHC listed	23 (4%)	-
<b>Total</b>	<b>666 (100%)</b>	<b>6261 (100%)</b>

Source: DCF and KDADS

<sup>137</sup> Percents may not add to 100% due to rounding.

As Table 37 demonstrates, there were several catchment areas in which there were very few crisis intervention services provided during CY 2022, while there were significant numbers of children/youth from the same areas who were in foster care. For example, CMHC catchment area 17, which consists of three counties in the central part of the state, had 112 children in care (2% of the total number of children/youth in care for the state), but recorded only one crisis intervention service (<1% of the crisis sessions provided to children/youth in care). The adjacent CMHC catchment area 23, containing four counties, had 137 children/youth in care (2% of the total number of children/youth in care for the state) but only two crisis intervention services. CMHC catchment area 12 (Johnson County, Kansas City suburbs) had 508 children/youth in care (8% of the total number of children/youth in care) but only 11 crisis intervention services (2%).

These data alone do not explain whether children/youth in these areas were unable to receive needed crisis intervention services; it's possible they were receiving crisis intervention services from a different CMHC in a nearby catchment area, or billing practices may vary among CMHCs, and some providers may not routinely use the crisis billing codes and instead provide similar services under different codes. The Neutral anticipates that DCF, KDHE, and KDADS will review these findings, analyze the circumstances in areas where it appears that few crisis intervention services were provided, and determine whether corrective action is needed.

The Neutral will continue to examine the statewide accessibility of crisis intervention services in Kansas and will report findings in the next monitoring period covering January 1 to December 31, 2023.

## 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**.<sup>138</sup>

Section 2.5.5 of the Settlement Agreement requires DCF to end the practice of utilizing night-to-night<sup>139</sup> and short-term<sup>140</sup> placements for all 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<sup>141</sup> using Item 4 of the Round 3 CFSR Onsite Review Instrument and Instructions.” The Settlement Agreement also specifies that “the lack of safe and appropriate placement options cannot justify the use of emergency or respite<sup>142</sup> care. All Placement Moves, regardless of the reason, must be separately tracked and recorded.” The Settlement Agreement provides that DCF was to end the practice of all night-to-night placements by December 31, 2021, and all short-term placements by December 31, 2023.

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 or youth’s best interest. For example, a child/youth may be placed in a foster home for their first day of care, and the CMP is then able to locate a relative who can care for the child/youth beginning the next day. The Settlement Agreement requires the Neutral to determine the extent to which night-to-night and short-term placements

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<sup>138</sup> The Settlement Agreement defines periods as one calendar year, with Period 1 commencing January 1, 2021, and Period 3 commencing January 1, 2023.

<sup>139</sup> 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.”

<sup>140</sup> Section 1.24 of the Settlement Agreement defines short-term placements as a “placement duration of fourteen (14) calendar days or fewer.”

<sup>141</sup> The CFSR Round 3 guidance defines “appropriate” reasons for placement moves as: 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 or non-related kinship foster care (NRKIN); moves that bring the child closer to family or community; and if a child/youth’s goal is Other Planned Permanent Living Arrangement (OPPLA), and the move is to an Independent Living (IL) placement.

<sup>142</sup> 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.”

were in a child or youth's best interests, rather than simply reflecting the unavailability of an appropriate placement.

To measure the State's progress in meeting this commitment, the Neutral analyzed DCF's placement data<sup>143</sup> and utilized the case read protocol outlined Section VI. *Methods Used to Review Compliance*. This commitment requires two different samples: one composed of only children/youth who experienced a night-to-night placement, and a second composed of only children/youth who experienced a short-term placement.

### *Night-to-Night Placements*

In CY 2022, 801 children/youth in DCF custody experienced 1,508 night-to-night placements. This accounted for 11 percent of all placements made in CY 2022.<sup>144</sup> The number of children/youth who experienced night-to-night placements remained the same from CY 2021.

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<sup>143</sup> The quantitative night-to-night and short-term placement data are derived from the placement file; therefore, the data quality issues discussed in *Section VI. Methods Used to Review Compliance* also apply to these commitments.

<sup>144</sup> The data exclude 1,521 placements that are not CSFR placements. Consistent with federal definitions, non-CSFR 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 (PRTF)), and Incarceration stays (placement subtypes Detention (DET), Jail (Adult) (JAL), and Youth Center at Topeka (YCT)). The data also appropriately exclude 6,424 placements with a missing placement end date, as those children remained in their placements at the end of the period.

**Table 38: Number of Night-to-Night Placements Experienced by Children/Youth in CY 2022**

*N = 801 children/youth*

Number of Night-to-Night Placement Episodes	Number (%) of Children/Youth
1	545 (68%)
2	113 (14%)
3	59 (7%)
4	24 (3%)
5	15 (2%)
6	10 (1%)
7	9 (1%)
8	10 (1%)
9	5 (1%)
10	3 (<1%)
11	1 (<1%)
12	3 (<1%)
13	2 (<1%)
14	1 (<1%)
24	1 (<1%)
<b>Total Number of Children/Youth who Experienced Night-to-Night Placements</b>	<b>801</b>

Source: DCF

As shown in Table 39, the majority (69%) of night-to-night placements occurred in foster home settings, while 23 percent occurred in residential/institutional placement settings, such as QRTPs and Youth Residential Center II.



**Table 39: Night-to-Night Placements Experienced by Children/Youth in CY 2022, by Placement Setting**  
*N = 1,508 placements*

Placement Type	Number of Placements (%)
Foster Family Placement	1,047 (69%)
Group Home Placement	70 (5%)
Independent Living Placement	8 (1%)
Maternity Home Placement	1 (<1%)
Relative Home Placement	43 (3%)
Residential/Institutional Placement <sup>145</sup>	339 (22%)
<b>Total</b>	<b>1,508 (100%)</b>

Source: DCF

As shown in Table 40, White children/youth experienced 76 percent of all night-to-night placements, while Black/African American children/youth experienced nearly 23 percent. The Neutral compared these figures to the makeup of children/youth in care on December 31, 2022<sup>146</sup> and found the breakdown by race of children/youth who experienced a night-to-night placement was similar to the makeup of the foster care population as a whole.

**Table 40: Race and Ethnicity of Children/Youth Who Experienced Night-to-Night Placements in CY 2022**  
*N = 801 children/youth*

Race of Children/Youth	Number (%) of Children/Youth Who Experienced a Night-to-Night Placement in CY 2022		
	Non-Hispanic	Hispanic	Unable to Determine
White	501 (63%)	100 (12%)	4
Black/African American	172 (22%)	4 (1%)	2
American Indian / Alaskan Native	7 (1%)	1 (<1%)	1
Asian	7 (1%)	1 (<1%)	0
Native Hawaiian / Pacific Islander	1 (<1%)	0	0
<b>Total Number of Children</b>	<b>801</b>		

Source: DCF

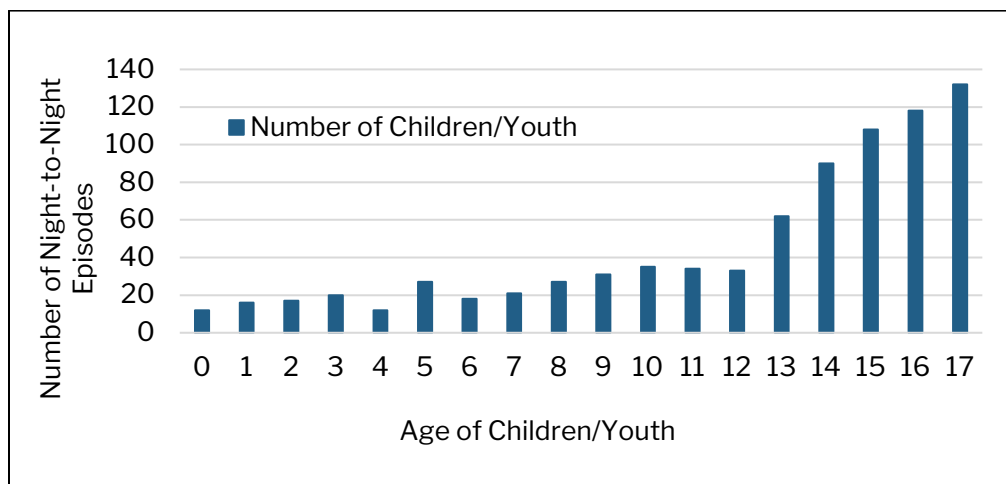
<sup>145</sup> Includes the following facilities: detention, emergency shelter, medical hospital, mental health treatment facility, Psychiatric Residential Treatment Facility (PRTF), Qualified Residential Treatment Programs (QRTPs), secure care, and Youth Residential Center II (YRCII). The data also appropriately exclude 6,424 placements with a missing placement end date, as those children remained in their placements at the end of the period.

<sup>146</sup> See Section III, *Children and Youth in DCF Custody*, Table 2.

Figure 10 illustrates that nearly half of all children and youth who experienced a night-to-night placement during the period were under the age of 14, while 104 children aged 5 and under experienced at least one episode. The majority of children/youth who experienced night-to-night placements were age 14 and older.

**Figure 10: Age of Children/Youth Who Experienced Night-to-Night Placements in CY 2022**

*N = 801 placements*



Source: DCF

To assess night-to-night placements, 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 41: Night-to-Night Performance for CY 2022**

	2022 Performance
Number of children experiencing one or more night-to-night placements in CY 2022	801
Percent of cases reviewed in which all placement changes, lasting one night, 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	19% <sup>147</sup>
Percent of cases in which one or more night-to-night placements did <b>not</b> meet CFSR standards	81%

Source: DCF

<sup>147</sup> There was sufficient interrater reliability between the Neutral and DCF’s case review results.

As shown in Table 41, all placement changes for 12 children/youth whose cases were reviewed in the night-to-night sample (19 percent of cases reviewed) were acceptable according to the CFSR standard, because they were made in an effort to meet the needs of the child/youth or achieve case plan goals. The Neutral estimates that 649 children/youth had night-to-night placements in CY 2022 that were not acceptable under the CFSR standard.<sup>148</sup>

In CY 2021, 801 children/youth experienced night-to-night placements, and for 33% of those children/youth all night-to-night placements were acceptable under the CFSR standard. The Neutral estimates that 537 children/youth had night-to-night placements that were not acceptable under the CFSR standard in CY 2021.<sup>149</sup>

These estimates indicate declining performance from CY 2021 to CY 2022. The State has not yet met the Agreement commitment to eliminate night-to-night placements.

### *Short-Term Placements*

Table 42 shows there were 3,321 short-term placement episodes experienced by 1,365 children and youth in CY 2022. This accounted for 25 percent of all placements made in CY 2022.<sup>150</sup> The number of children/youth who experienced short-term placements remained relatively the same from CY 2021, when 1,366 children/youth experienced such placements.<sup>151</sup>

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<sup>148</sup> To calculate this estimation, the Neutral multiplied the number of children/youth with one or more night-to-night placements (801) in CY 2022 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (81%).

<sup>149</sup> To calculate this estimation, 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 (67%).

<sup>150</sup> The data exclude 1,521 placements that are not CSFR placements. Consistent with federal definitions, non-CSFR 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 (PRTF)), and Incarceration stays (placement subtypes Detention (DET), Jail (Adult) (JAL), and Youth Center at Topeka (YCT)). The data also appropriately exclude 6,424 placements with a missing placement end date, as those children remained in their placements at the end of the period.

<sup>151</sup> 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.

**Table 42: Number of Short-Term Placements Experienced by Children/Youth in  
CY 2022<sup>152</sup>**

*N = 1,365 children/youth*

Number of Short-Term Placements	Children/Youth (%)
1	764 (56%)
2	254 (19%)
3	120 (9%)
4	64 (5%)
5	45 (3%)
6	29 (2%)
7	16 (1%)
8	17 (1%)
9	11 (1%)
10	7 (<1%)
11	2 (<1%)
12	4 (<1%)
13	4 (<1%)
14	7 (<1%)
15	4 (<1%)
16	4 (<1%)
17	4 (<1%)
18	1 (<1%)
19	2 (<1%)
21	2 (<1%)
23	1 (<1%)
24	1 (<1%)
29	1 (<1%)
31	1 (<1%)
<b>Total</b>	<b>1,365</b>

Source: DCF

<sup>152</sup> This table does not include 1,521 movements that are not CSFR placements. Consistent with federal definitions, non-CSFR placements include runaways (placement type F009N), 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 (PRTF)), and Incarceration stays (placement subtypes Detention (DET), Jail (Adult) (JAL), and Youth Center at Topeka (YCT)). The data also appropriately exclude 6,424 placements with a missing placement end date, as those children remained in their placements at the end of the period.

As shown in Table 43, the majority (77%) of short-term placements occurred in foster home settings, while 15 percent occurred in residential/institutional placement settings, such as QRTPs and YRCII. One short-term placement occurred in a pre-adoptive home setting, while 86 short-term episodes occurred in group homes.

**Table 43: Short-Term Placements Experienced by Children/Youth in CY 2022, by Placement Setting**  
*N = 3,321 placements*

Placement Type	Number of Placements (%)
Foster Family Placement	2,572 (77%)
Group Home Placement	86 (3%)
Independent Living Placement	17 (1%)
Maternity Home Placement	3 (<1%)
Placed at Home	10 (1%)
Pre-Adoptive Home Placement	1 (<1%)
Relative Home Placement	137 (4%)
Residential/Institutional Placement <sup>153</sup>	495 (15%)
<b>Total</b>	<b>3,321</b>

Source: DCF

As shown in Table 44, White children/youth experienced 76 percent of all short-term placement episodes, while Black/African American children/youth experienced nearly 22 percent. The Neutral compared these figures to the makeup of children/youth in care on December 31, 2022<sup>154</sup> and found the breakdown by race of children/youth who experienced a short-term placement was similar to the makeup of the foster care population as a whole.

<sup>153</sup> 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).

<sup>154</sup> See Section III. *Children and Youth in DCF Custody*, Table 2.

**Table 44: Race and Ethnicity of Children/Youth Who Experienced Short-Term Placements in CY 2022**

*N = 1,365 children/youth*

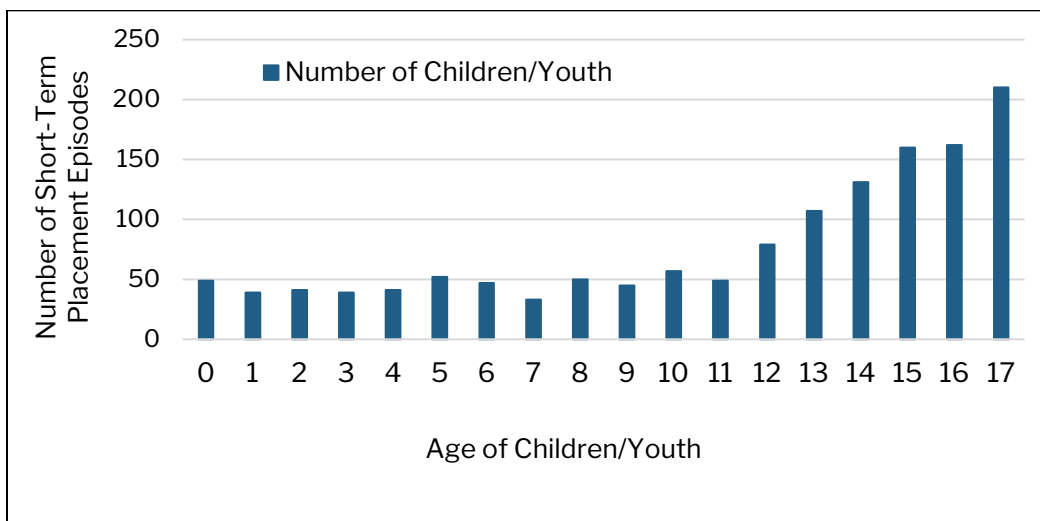
Race of Children/Youth	Number (%) of Children/Youth Who Experienced a Short-Term Placement in CY 2022		
	Non-Hispanic	Hispanic	Unable to Determine
White	875 (64%)	149 (11%)	7 (<1%)
Black/African American	285 (22%)	5 (<1%)	5 (<1%)
American Indian/Alaskan Native	22 (2%)	2 (<1%)	0
Asian	13 (1%)	1 (<1%)	0
Native Hawaiian/Pacific Islander	1 (<1%)	0	0
<b>Total Number of Children</b>	<b>1,365</b>		

Source: DCF

Figure 11 illustrates that 52 percent of all children and youth who experienced short-term placement during the period were under the age of 14, while 18 percent (246 children) were aged 5 and under. Thirty-eight percent of short-term placements were experienced by youth 15 to 17 years old.

**Figure 11: Age of Children/Youth Who Experienced Short-Term Placements in CY 2022**

*N = 1,365 children/youth*



Source: DCF

To assess short-term placements, 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 45: Short-Term Performance for CY 2022<sup>155</sup>**

	CY 2022 Performance
Number of children experiencing one or more short-term placements in CY 2022	1,365
Percent of cases reviewed in which all placement changes, 14 days or less, 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	39% <sup>156</sup>
Percent of cases in which one or more short-term placements did <b>not</b> meet CFSR standards	62%

Source: DCF

As shown in Table 47, all placement changes in 39 percent of cases reviewed (23 children/youth in the short-term sample) were acceptable according to the CFSR standard, because they were made in an effort to meet the needs of the child/youth or achieve case plan goals. The Neutral estimates that 846 children/youth had short-term placements that were not acceptable based on the CFSR standard in CY 2022.<sup>157</sup>

By contrast, in 2021, 1,366 children/youth had one or more short-term placements, and for 46 percent of those children/youth all of their short-term placements were acceptable under the CFSR standard.<sup>158</sup> The Neutral estimates that 738 children/youth had night-to-night placements that were not acceptable under the

<sup>155</sup> Percents may not equal 100% due to rounding.

<sup>156</sup> There was sufficient interrater reliability between the Neutral and DCF’s case review results.

<sup>157</sup> To calculate this estimation, the Neutral multiplied the number of children with one or more short-term placements (1,365) in CY 2022 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (62%).

<sup>158</sup> 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.

CFSR standard in CY 2021.<sup>159</sup> These estimates indicate a decrease in performance from CY 2021 to CY 2022. DCF has not yet met the commitment to eliminate short-term placements, which is due by December 31, 2023, the end of Period 3.

## C. Part III: Outcomes<sup>160</sup>

### i. 2.9.1 Placement Moves Rate

<b>2.9.1 Placement Moves per 1,000 Days</b>
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.
<b>Period 2 Target: 6 moves per 1,000 days in care</b>

Section 2.9.1 of the Settlement Agreement requires DCF to limit the frequency with which children move between placements. The Agreement further specifies this rate is to be determined using the definitions and measurements utilized by the CFSR Round 3,<sup>161</sup> and provides a schedule by which the State is to reach a placement moves rate at or below 4.44 moves per 1,000 days in foster care to fully meet this commitment.

For Period 2, the Settlement Agreement requires the placement moves rate not exceed six moves per 1,000 days in care. The Neutral team reviewed and compared DCF's foster care data files for October 1, 2021 to September 30, 2022,<sup>162</sup> representing 3,046 children who entered DCF custody during that time. These

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<sup>159</sup> To calculate this estimation, the Neutral multiplied the number of children with one or short-term placements (1,366) in CY 2021 by the percent of cases in the sample who did not have acceptable placement changes according to CFSR standards (54%).

<sup>160</sup> 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.

<sup>161</sup> 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 additional information on the CFSR, see: <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews>

<sup>162</sup> 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.



children and youth collectively experienced 3,365 placement moves during 489,106 days in care, or a rate of 7.29 moves per 1,000 days in foster care.

**Table 46: Total Placement Moves Per 1,000 Days in Foster Care, Period 2**

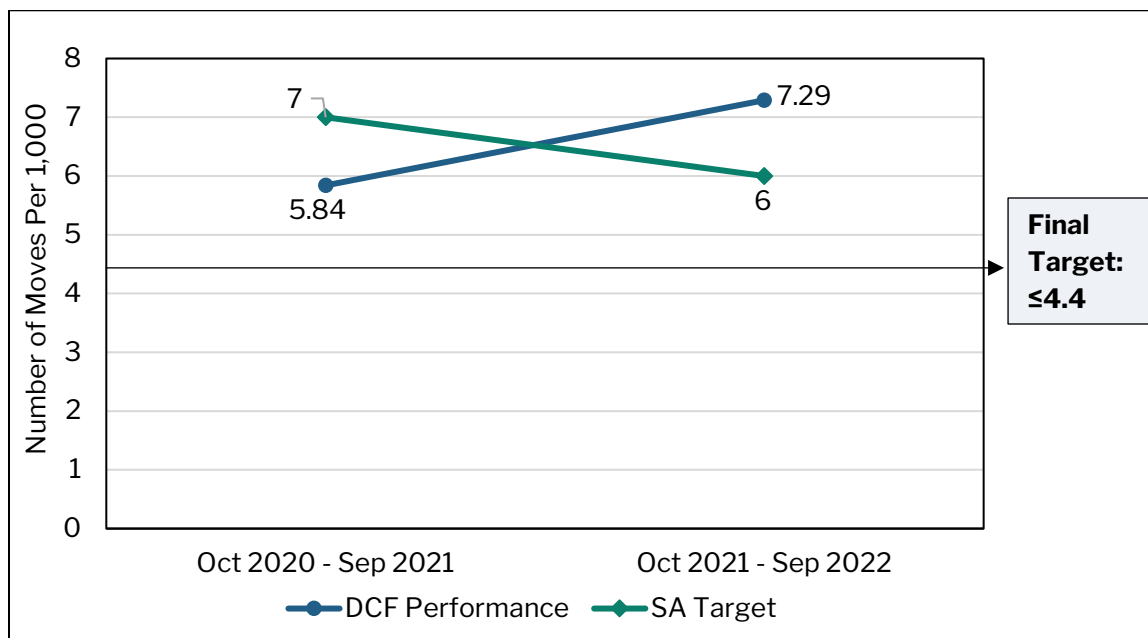
Number of Children/Youth Entering Care	Number of Placement Moves	Total Days in Care	Placement Move Rate per 1,000 Days in Care	Period 2 Target (per 1,000 Days in Care)
3,046	3,566 <sup>163</sup>	489,106	7.29 moves per 1,000 days	6 moves per 1,000 days

Source: DCF

The Period 2 moves rate of 7.29 represents an increase of 1.45 moves per 1,000 days experienced by children and youth in DCF custody, and a decrease in performance, compared to the rate of 5.84 calculated by the Neutral in Period 1.

DCF has not met this commitment for Period 2.

**Figure 12: Comparison of Placement Moves Rate for Period 1 and Period 2, October 2020 – September 2022**



Source: DCF Data

<sup>163</sup> Twelve children in the AFCARS 2022AB file had a value of -1 for their number of placements. A comparison to the FACTS placement file sent by DCF indicates that these children’s only placement during that period was as a “runaway.” In all 12 cases, the Neutral recoded these children with a placement value of 0 for the analysis.

## 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.
<b>Period 2 Target: 85%</b>

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. The standard to be met for CY 2022 is 85 percent, up from 80 percent in CY 2021. The final standard is 90 percent. To measure the State’s progress in meeting this commitment, the Neutral used the case read protocol described Section VI. *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 2022. 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 cases sampled, 71 percent (188 of 264 cases) were found to have needed mental or behavioral health services. As shown in Table 47, appropriate services were provided to meet those needs for 70 percent (131 of 188) of the children/youth who required them.

**Table 47: Addressing Mental and Behavioral Health Performance for CY 2022**

Case Read Question	CY 2022 Performance	Period 2 Standard
During the period under review, did the agency provide appropriate services to address the child’s mental/behavioral need?	70%	85%

Source: DCF

As shown in Table 48, performance by catchment area varied from a low of 61 percent (St. Francis, Area 2) to a high of 77 percent (Cornerstones of Care, Area 5).

**Table 48: Case Read Summary Performance for Addressing Mental and Behavioral Health Needs by Area and CMP, CY 2022**

DCF Catchment Area	CMP	CY 2022 Performance
Area 1	SFM	71%
Area 2	SFM	61%
Area 3	KVC	71%
Area 4	TFI	67%
Area 5	COC	77%
Area 6	KVC	75%
Area 7	SFM	70%
Area 8	TFI	73%
<b>Statewide Performance</b>		<b>70%</b>

Source: DCF

Performance improved from 65 percent in CY 2021 to 70 percent in CY 2022, and remains below the standard established by the Settlement Agreement.

### 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.
<b>Period 2 Target: 85%</b>

Section 2.9.3 of the Settlement Agreement specifies the percentage of children who are to be “in a placement setting that at the time of the review is stable.” The standard to be met for CY 2022 is 85 percent, up from 80 percent in CY 2021. The final standard is 90 percent.

To measure the State’s progress in meeting this commitment, the Neutral utilized the case read protocol outlined in Section VI. *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?*”<sup>164</sup> Importantly, the case read assesses stable placements based on CFSR standards on December 31,

<sup>164</sup> “Current” is defined as of December 31, 2022, the end of the review period for children in placement, or at the time of discharge if the child left care prior to the end of 2022.

2022, or the child/youth’s last placement before exiting care, whereas other commitments related to placement stability review a child/youth’s placements throughout the period.

**Table 49: Stable Placement Performance, Period 2**

Case Read Question	CY 2022 Performance	Period 2 Standard
Is the child’s current placement setting (or most recent placement if the child is no longer in foster care) stable?	91% <sup>165</sup>	85%

Source: DCF

On December 31, 2022, (or their last date of placement if they were discharged prior to the end of the calendar year) 91 percent of children and youth were in a stable placement, an improvement of approximately six percent from 86 percent in CY 2021. Performance varied by CMP, and further by DCF catchment area. TFI Area 8 and COC Area 5 had the highest performance in the case reads (100%). SFM Area 2 had the lowest performance at 85 percent.

**Table 50: Case Read Summary Performance for Stable Placements by Area and CMP, CY 2022**

DCF Catchment Area	CMP	CY 2022 Performance
Area 1	SFM	91%
Area 2	SFM	85%
Area 3	KVC	90%
Area 4	TFI	88%
Area 5	COC	100%
Area 6	KVC	93%
Area 7	SFM	88%
Area 8	TFI	100%
<b>Statewide Performance</b>		<b>91%</b>

Source: DCF

<sup>165</sup> There was sufficient interrater reliability between the Neutral and DCF’s case review results.

DCF met this commitment for CY 2022.

#### 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.
<b>Period 2 Target: 80%</b>

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.<sup>166</sup> The Agreement further specifies this rate is to be determined using the definitions and measurements utilized by the CFSR Round 3.<sup>167</sup> For Period 2, the Settlement Agreement requires that no less than 80 percent of children/youth in care have one or fewer moves.<sup>168</sup> The Standard for CY 2022 is 80%, with a final standard of 90%.

Although the data provided by DCF suggest that Kansas met the target of 80 percent, in analyzing data for this commitment, the Neutral identified multiple data issues<sup>169</sup> which hindered the Neutral's ability to validate performance for this commitment. The Neutral will continue to work with DCF to resolve the data issues moving forward and will be reporting on this commitment in Period 3.<sup>170</sup>

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<sup>166</sup> See Section V. *Summary Table of 2022 Performance for All Commitments*.

<sup>167</sup> 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 additional information on the CFSR, see: <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews>

<sup>168</sup> Section 2.9.4 of the Settlement Agreement clarifies that "only moves occurring during the reporting period will be considered for this measure."

<sup>169</sup> The Neutral identified a number of data issues with DCF's data submission that were unable to be resolved, including the way in which DCF counts pre-adoptive placements. The Neutral found 252 instances where children's placements may have been incorrectly counted (children had a negative placement count), and was able to adjust for 134 of these using cohort data provided by DCF for CY 2021 and CY 2022. This resulted in 118 instances where children's placements were unable to be resolved. The Neutral found 3 additional children missing placement information that was unable to be resolved, totaling 121 children for which the Neutral cannot verify the number of placement moves.

<sup>170</sup> The Settlement Agreement specifies that the Neutral use AFCARS data to determine compliance with commitments SA 2.9.1 and SA 2.9.4. The Neutral identified 252 children where AFCARS data indicated a negative number of placements during federal fiscal year (FFY) 2022, the period under

## v. 2.9.5 Initial MH 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.
<b>Period 2 Target: 85%</b>

The Settlement Agreement requires 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 instruments<sup>171</sup> for each age group, and requires that the screen be conducted by a person who (a) has been trained in the use of the instrument and (b) is a qualified mental health professional<sup>172</sup> or has completed at least a Bachelor’s degree “in the field of human services or a related field.”<sup>173</sup>

To measure the State’s progress in meeting this commitment, the Neutral used the case read protocol described in Section VI. *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 51. To be compliant, a case had to meet all four elements.

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review. The Neutral described the same issue in the CY 2021 report. In a meeting with state database administrators, the State reported that fixing this issue would require substantial time and resources. As a result, the Neutral agreed to try to resolve the issue in Period 2 by identifying pre-adoptive placements in FACTS and comparing the count of placements in FACTS with the count of placements in AFCARS. However, the data submitted by DCF for Period 2 again contained this error.

<sup>171</sup> 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.

<sup>172</sup> A qualified mental health professional is “a physician or psychologist, a licensed masters 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.”

<sup>173</sup> 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.”

The standard to be met for CY 2022 was 85%, up from 80% in CY 2021. The final standard is 90%.

**Table 51: Initial Mental Health and Trauma Screens Performance for CY 2022**

Case Read Question	CY 2022 Performance	Period 2 Standard
<b>Initial Mental Health and Trauma Screen was conducted timely and by a trained, qualified person</b>	43%	<b>85%</b>
Did the agency conduct an allowable Initial Mental Health and Trauma Screen at any point after the child entered into care?	78%	
Was the Initial Mental Health and Trauma Screen completed within 30 days of the child's entry into foster care?	71%	
Was the screen performed by a person who has been trained to reliably administer the specific screen provided?	88%	
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?	88%	

Source: DCF

As shown in Table 52, performance by catchment area varied from a low of 13 percent (TFI, Area 4) to a high of 82 percent (KVC, Area 6). Two of the three areas with the poorest performance were contracted to TFI (areas 4 and 8), and both of the areas with the strongest performance were contracted to KVC (areas 3 and 6).

**Table 52: Case Read Summary Performance for Initial Mental Health and Trauma Screens by Area and CMP, CY 2022 Performance by CMP**

Area	CMP	CY 2022 Performance
Area 1	SFM	50%
Area 2	SFM	59%
Area 3	KVC	67%
Area 4	TFI	13%
Area 5	COC	50%
Area 6	KVC	82%
Area 7	SFM	24%
Area 8	TFI	25%
<b>State</b>		<b>43%</b>

Source: DCF

Performance improved from 34 percent in CY 2021 to 43 percent in CY 2022, an increase of approximately 26 percent, but remains substantially below the standard set by the Settlement Agreement.



## 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
- **FACTS:** Families and Children Tracking System
- **FFPSA:** Family First Prevention Services Act
- **FFY:** 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 Read Tool

Case Read	Specialized Read Settlement 2022
Section	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 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"> <li>• Length of placement;</li> <li>• Attachment/bond between the placement provider and child;</li> <li>• Commitment of the placement provider;</li> <li>• Are daily care needs being met?;</li> <li>• Are physical and mental/behavioral health needs being met?;</li> <li>• Is the child thriving in the placement?</li> <li>• 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?</li> <li>• 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?</li> <li>• 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?</li> </ul> <p>CFSR Definition of “Unstable Placements”-</p> <ul style="list-style-type: none"> <li>• The child’s current placement is in a temporary shelter or other temporary setting.</li> <li>• There is information indicating that the child’s current substitute care provider may not be able to continue to care for the child.</li> <li>• There are problems in the current placement threatening its stability that the agency is not effectively addressing.</li> <li>• 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.</li> </ul> <ul style="list-style-type: none"> <li>• Yes- If the circumstances listed above as “Unstable Placements” are NOT occurring, the placement would typically be considered stable, and the question answered “Yes”.</li> </ul>

	<ul style="list-style-type: none"> <li>No- If any of the circumstances listed above as “Unstable Placements” apply to the child’s current placement, the answer should be “No”.</li> <li>N/A- All cases are applicable for this question. N/A should not be selected.</li> </ul>
<b>Question 1.</b>	Is the child’s current placement setting (or most recent placement if the child is no longer in foster care) stable?
<b>Question 2 Instructions / Guidance</b>	<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"> <li>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"> <li>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.</li> <li>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.</li> </ul> </li> <li>No- No mental/behavioral health service needs were identified</li> <li>N/A- All cases are applicable for this question. NA is used to identify if the reader is unable to determine if there were any identified needs for mental health services due to lack of documentation.</li> </ul>
<b>Question 2.</b>	During the PUR, was there an identified need for mental health services?
<b>Section</b>	Settlement Practice Improvement 2.5.3
<b>Section Purpose</b>	Purpose of Assessment: To determine whether or not any delays in mental health services were caused by a lack of placement stability.
<b>Question 3 Instructions / Guidance</b>	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 3 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> <li>Yes- each identified need was addressed with appropriate ‘Services Provided’,</li> </ul>

	<ul style="list-style-type: none"> <li>• 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”.</li> <li>• NA- Q2 was rated “No, there were NO identified needs for mental health services.”</li> </ul> <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>For youth that had an identified need in December of 22 (the end of the PUR) please use the documentation from January 23 to assess if services were provided. Please be advised we are not looking for identified needs in January 23, 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>
<p><b>Question 3.</b></p>	<p>During the period under review, did the agency provide appropriate services to address the children’s mental/behavioral health needs?</p>
<p><b>Question 4 Instructions / Guidance</b></p>	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 4 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> <li>• Yes = All identified mental/behavioral health services were provided timely</li> <li>• 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.</li> <li>• N/A = Q2 was rated “No, there were NO identified needs for mental health services.”</li> </ul> <p>If a mental health referral or service appointment was missed, canceled, or rescheduled for a later date, the response 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.</p>

	<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, you will rate this question “Yes”.</p> <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 22 (the end of the PUR) please use the documentation from January 23 to assess if services were provided timely. Please be advised we are not looking for identified needs in January 23, 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 should be answered with the assumption that services were not timely with a “No” rating, and “unable to determine timeliness due to documentation” ONLY in the rationale box.</p>
<b>Question 4.</b>	During the PUR, were the identified mental/behavioral health services provided timely?
<b>Question 5 Instructions / Guidance</b>	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 5 Guidance/Instructions:</u> Only questions rated a “No” for Q4 apply to Q5.</p> <ul style="list-style-type: none"> <li>• Yes- When determining if placement instability was the reason for the delay, 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?” If yes, rate this question “Yes”. If a mental health referral or service appointment was missed, canceled, or rescheduled for a later date, and the reason was identified as due to placement instability.</li> <li>• No- A mental health referral or service appointment was missed, canceled, or rescheduled for a later date, and the reason for the appointment being changed was not due to placement instability. 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.</li> <li>• N/A- If you rated Q4 “Yes” or “N/A” this question is not applicable.</li> </ul> <p>**Use the guidelines below to evaluate placement stability AT THE TIME OF THE DELAY.**</p> <p>CFSR defines “Unstable Placements” as:</p> <ul style="list-style-type: none"> <li>• The child’s placement is in a temporary shelter or other temporary setting.</li> </ul>

	<ul style="list-style-type: none"> <li>• There is information indicating that the child’s substitute care provider may not be able to continue to care for the child.</li> <li>• There are problems in the placement threatening its stability that the agency is not addressing.</li> <li>• 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.</li> </ul> <p>For youth that had an identified need in December of 22 (the end of the PUR) please use the documentation from January 23 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 23, only assessing if mental/behavioral needs during the PUR had services not provided timely due to placement instability.</p>
<b>Question 5</b>	For any mental/behavioral health service not provided timely, was placement instability a factor in the delay?

## Targeted Read Tool

Case Read	Settlement Targeted Read 2022
<b>Section</b>	Settlement Outcome 2.9.5
<b>Section Purpose</b>	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.
<b>Instructions/ Guidance for Question 1</b>	<p><u>Question 1 Instructions/Guidance:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• No- The child did not receive an initial mental health and trauma screen at any point after the child’s entry into foster care.</li> <li>• 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></li> <li>• “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.</li> <li>• Question 1 is NOT time restricted; it asks if an approved mental health and trauma screen occurred AT ANY POINT during the PUR after the child entered into care.</li> <li>• If this question is given a “No” response, Q2, Q3 and Q4 will all be “N/A”</li> </ul> <p>Allowable screens include:</p> <ul style="list-style-type: none"> <li>• Ages and Stages Questionnaire – Social Emotional (ASQ-SE) – Ages 0-2</li> <li>• Child Stress Disorder Checklist-KS (CSDC-KS) – Ages 0-18</li> <li>• Preschool and Early Childhood Assessment Scale (PECFAS) – Ages 3-6</li> <li>• Child and Adolescent Functional Assessment Scale (CAFAS) – Ages 5-18</li> <li>• Child Report of Post-Traumatic Symptoms (CROPS) – Ages 6-18</li> <li>• 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.</li> </ul>
<b>Question 1.</b>	During the PUR, did the agency provide an allowable Initial Mental Health and Trauma Screen at any point after the child entered into care?



<b>Instructions/ Guidance for Question 2</b>	<p><u>Question 2 Instructions/Guidance:</u></p> <ul style="list-style-type: none"> <li>• Yes- The child received an initial mental health and trauma screen within 30 days of the child’s entry into foster care.</li> <li>• No- The child did not receive the initial mental health and trauma screen within 30 days of the child’s entry into foster care.</li> <li>• 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.</li> </ul>
<b>Question 2.</b>	<p>During the PUR, was the Initial Mental Health and Trauma Screen completed within 30 days of the child's entry into foster care?</p>
<b>Instructions/ Guidance for Question 3</b>	<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"> <li>• Yes- The screen was performed by a trained staff person.</li> <li>• No- The screen was not performed by a trained staff person, or it is unknown who completed the screen.</li> <li>• N/A- The answer to either question 1 was no.</li> </ul> <p>Should the file contain a physical screen completed by the youth’s physician, then the answer would be “Yes”</p>
<b>Question 3.</b>	<p>Was the screen performed by a person who has been trained to reliably administer the specific screen provided?</p>
<b>Instructions/ Guidance for Question 4</b>	<p><u>Question 4 Instructions/Guidance</u></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• No- The assessment was not performed by a qualified professional, or it is unknown who completed the assessment.</li> </ul>

	<ul style="list-style-type: none"> <li>○ 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.)</li> </ul> <ul style="list-style-type: none"> <li>● N/A- Question 1 was answered No</li> </ul> <p>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.</p> <p>Examples of human services or a related field:</p> <ul style="list-style-type: none"> <li>● Community Counseling</li> <li>● Human Development</li> <li>● Child and Family Development</li> <li>● Applied Family and Youth Studies</li> <li>● Public Health</li> <li>● Health Sciences</li> <li>● Trauma Studies</li> <li>● Sociology/Social Services</li> <li>● Substance Abuse/Addictions</li> <li>● Education/Early Childhood</li> <li>● Psychology</li> </ul> <p>Should the file contain a physical screen completed by the youth’s physician, then the answer would be “Yes”</p>
<b>Question 4.</b>	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?

## Extended Read Tool

### Placement Stability Read – Table Guidance

(14 days or less, including one-night stays)

#### Section I: Case Read Intentions

**Question No. 1: 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.

**What is considered a short-term placement?**

A “short-term placement” shall mean a consecutive 14 night or less placement.

**What is considered a night-to-night placement?**

A "night to night placement" shall mean a one calendar day placement that is not the same placement for consecutive days.

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: Placement Types

**What types of short-term and night-to-night placements meet CFSR placement stability standards?**

To determine whether the placement meets CFSR placement stability standards, the placement type, as well as the reason for the placement change, shall be considered.

**Placement Types:**

- Family Foster
- Group Home
- Independent Living
- Maternity Home
- Pre-Adoptive Home
- Relative Home
- Residential
- Runaway

- Emergency Shelter

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.**”**

### Section III: CFSR Placement Guidance

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.*

How to answer “yes” to the question, “Does this placement meet CFSR placement stability standards”:

- If the placement change was made in order for the target child to be closer to family
- If the placement change was made in order for the target child to be closer to his/her community of origin
- If the placement change was made from a non-relative home to a relative home
- If the placement change was made from a more restrictive setting to a less restrictive setting
- If the placement change was from a foster home to an adoptive home
- If the placement change is in response to an emergency. (See definition and guidance below.)

**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, 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 Allyson Sanders, allyson.sanders@ks.gov

*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.*

**What types of placements do NOT meet CFSR placement stability standards?** Any placement type or reason for 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 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.

**Section IV: 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	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													
4													
5	Total "Y" Responses	Total "N" Responses											
6													

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:** *One Night Placement?*

Indicate with a “Y” or “N” if the placement is a one-night 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.

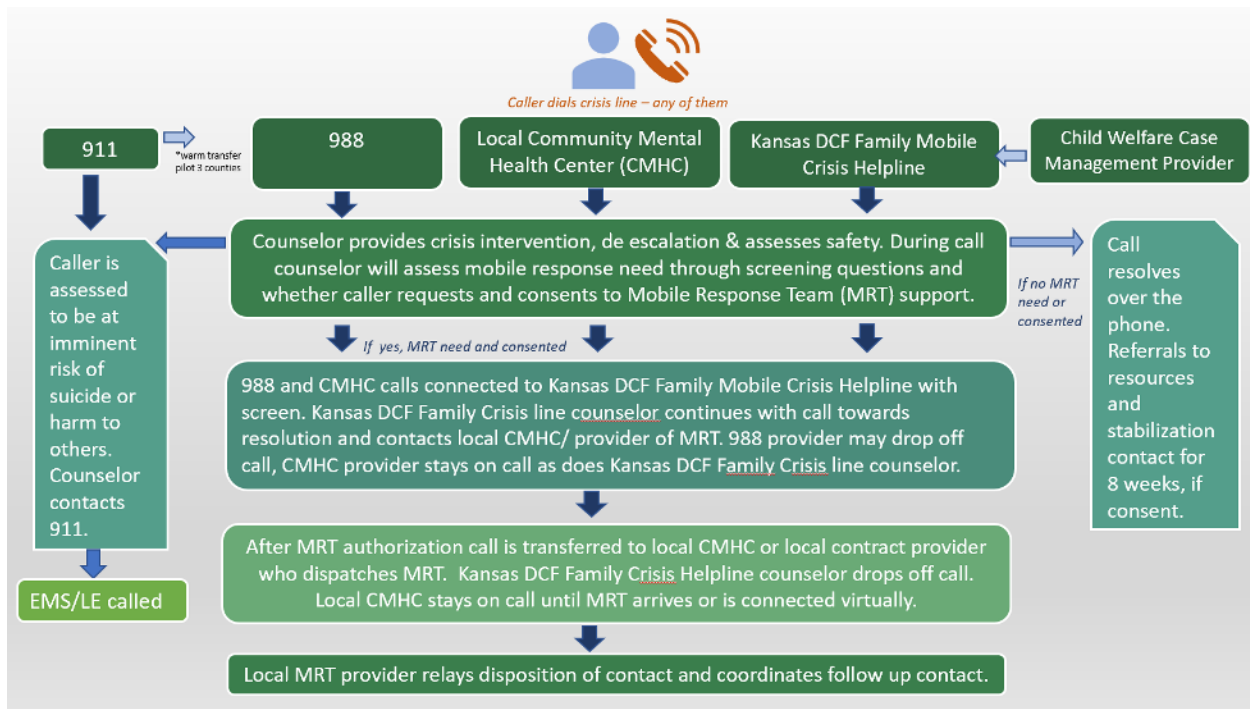
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Placement Table												
2	Last Name	First Name	Client ID	Catchment Area	Placement Start Date	Placement End Date	One night placement?	Placement Type	Reason for Change in Placement Setting	Does this placement meet CFSR placement stability standards? (Y/N/NA)	Does this placement 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 - Myesha 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: DCF Process for Crisis Intervention Calls



Source: DCF