



**Center for the
Study of
Social Policy**
Ideas into Action

Neutral's Annual *McIntyre v. Howard* Progress Report

January 1 – December 31, 2024 (Period 4)

Neutral

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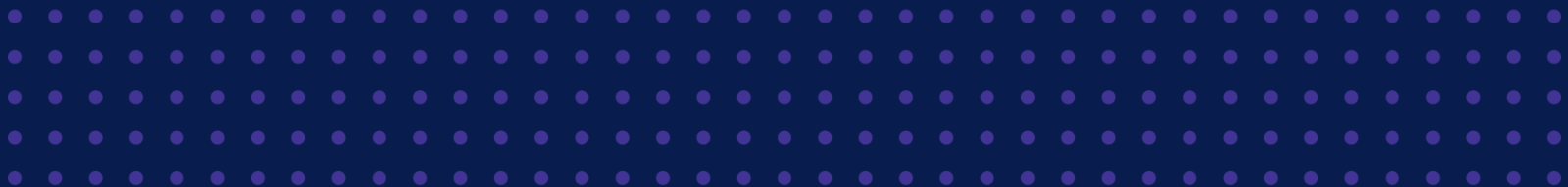


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I. Introduction

Summary of Litigation and Settlement Agreement

The *McIntyre v. Howard* lawsuit was filed in the U.S. District Court of Kansas in November 2018 on behalf of a Class of children in foster care against the Kansas Department of Children and Families (DCF), the Kansas Department for Aging and Disability Services (KDADS), and the Kansas Department of Health and Environment (KDHE).^{1,2} The suit alleged repeated and ongoing placement instability and lack of adequate access to mental health services for children in DCF custody. The Parties negotiated a Settlement Agreement that was approved by the court on January 18, 2021.^{3,4}

Settlement Agreement

The Settlement Agreement (“Agreement”/“SA”) defines governing terms and general principles; outlines Performance Goals for the State; and defines the role of the Neutral and the processes required for the State to meet its obligations and exit the lawsuit.

The Performance Goals, outlined in Section 2 of the Agreement, require structural changes and achievement of measurable outcomes intended to significantly improve placement stability and mental health supports for children in DCF custody. Performance Goals are divided into three parts:

- Accountability, Reporting, and Implementation;
- Practice Improvements; and
- Outcomes.

Accountability, Reporting, and Implementation

This portion of the Agreement requires DCF to:

- amend contracts with foster care Case Management Providers (CMPs) to be consistent with the mandates of the lawsuit;
- develop a community advisory group to inform action planning and program improvement, and to assist in the implementation of the Settlement Agreement; and
- track and report on an annual basis:
 - all children in foster care in detention or other juvenile justice placement facilities and how long they spent there, and

¹ This lawsuit was filed as *M.B. and S.E., through their next friend Katharyn McIntyre, et al., v. Laura Howard, et al.*, Case No. 18-CV-02617-DDC-GEB.

² 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).” It includes children aged 0-17.

³ Counsel for Plaintiffs are Children’s Rights, Kansas Appleseed Center for Law and Justice, the Law Office of Lori Burns-Bucklew, and the National Center for Youth Law. Defendants are Governor Laura Kelly, Secretary Laura Howard, DCF and KDADS, and Secretary Janet Stanek, KDHE in their official capacities.

⁴ The executed Settlement Agreement can be accessed [here](#).

- the caseloads of all placement case workers and placement case worker supervisors.

Practice Improvements

The Agreement requires five areas of practice change. For each, the State must achieve and then maintain substantial compliance for 12 successive months in order to exit court oversight.^{5,6} The deadline for achieving substantial compliance with Practice Improvements was December 31, 2021.⁷

The Practice Improvements are:

- end the practice of temporarily housing children overnight in inappropriate settings, including 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;
- ensure Crisis Intervention Services are available to Class Members statewide; and
- end the practice of night-to-night and short-term placement of Class Members.

Outcomes

The Agreement also mandates five measurable outcome improvements for Class Members, phased in over four one-year periods. Once each final target is achieved, DCF is required to maintain substantial compliance for 12 successive months in order to exit court oversight for that Outcome.⁸ The Agreement defines annual reporting periods based on the calendar year with Period 1 beginning January 1, 2021. Period 4 (January 1, 2024 – December 31, 2024), the time period covered by this report, is the deadline to achieve all final Outcomes defined in the Agreement.^{9,10}

The five Outcomes required by the Settlement Agreement are:

- achieve a low rate of placement moves, with a final target of 4.44 moves or less per 1,000 days in care;
- meet the mental health treatment needs of children in DCF custody, 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 at least 90 percent

⁵ Settlement Agreement Section 2.4.

⁶ Settlement Agreement Section 1.27 defines substantial compliance as “*performance sufficient to conclude that the specific obligation has been achieved.*”

⁷ Settlement Agreement Section 2.2 defines the period under review for the Practice Improvements as November 1, 2020 to October 31, 2021. The Parties agreed to change this to align with the periods defined in Section 2.6 for Outcomes, January 1 to December 31. Court granted the Parties’ Joint Stipulation approving this modification to the Agreement on April 10, 2023.

⁸ Settlement Agreement Section 2.8.

⁹ Settlement Agreement Section 2.6

¹⁰ Outcomes 2.9.1 and 2.9.4 are reported on the Federal Fiscal Year. For more information see *Section VI: Performance*.

- of Class Members;
- provide an Initial Mental Health and Trauma Screen by trained professionals within 30 days of entering foster care, ultimately for at least 90 percent of Class Members.

Role of the Neutral

The Settlement Agreement names Judith Meltzer and the Center for the Study of Social Policy (CSSP) as the Neutral and defines the role.¹¹ The Neutral functions in an impartial capacity and is responsible for independently validating data and reporting annually on the State's progress towards achieving the commitments in the Settlement Agreement. A full description of the Neutral's activities and methodology used to validate data included in this report is in *Section IV. Methodology*.

Report Structure

This report validates the State of Kansas's progress towards meeting the Performance Goals, Practice Improvements, and Outcomes of the Agreement during calendar year 2024 (Period 4). This report is presented in six sections:

- *Section I* outlines the *McIntyre v. Howard* Settlement Agreement and describes the role of the Neutral.
- *Section II* summarizes the State's progress towards Settlement Agreement commitments during 2024.
- *Section III* provides an overview of the child welfare system in Kansas and demographic information about children in DCF custody during 2024.
- *Section IV* describes the Neutral's activities and methodology.
- *Section V* presents a table summarizing the State's performance in 2024.
- *Section VI* discusses the State's performance towards each Practice Improvement and Outcome during 2024.¹²

¹¹ Settlement Agreement Section 1.15 defines the term "Neutral" as Judith Meltzer and the Center for the Study of Social Policy (CSSP) and Section 3 defines the role of the Neutral. Judith Meltzer is former President and now Senior Fellow of CSSP, more information about CSSP can be found [here](#). The Neutral Team includes Shelby Zimmer, Nico'Lee Heyl, and Shira Davidson. 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.

¹² *Section VI. Performance* presents commitments related to placement stability and commitments related to mental health together. Previous reports presented commitments in the order they appear in the Agreement.

II. Executive Summary

This is the Neutral's fourth report on the State's progress toward achieving the McIntyre v. Howard Settlement Agreement commitments. This report covers performance from January 1, 2024 to December, 31, 2024 (Period 4).

Several key developments are referenced throughout this report and are important context for understanding the State's performance during the year. First, new contracts for private Case Management Providers (CMPs) went into effect on July 1, 2024. These contracts are effective through June 30, 2028, with the possibility of up to four one-year extensions. The CMP contracts set new caseload limits for case workers based on the Council on Accreditation standards. This is a positive development that will improve practice as the standards that went into effect in July 2024 have a significantly lower case worker to child ratio.¹³ Under the new contracts, all DCF catchment areas other than Area 7 (Sedgwick County) are still served by the same CMP that they were previously. Responsibility for Area 7 transitioned from St. Francis Ministries (SFM) to EmberHope Connections (EHC). DCF, SFM, and EHC worked collaboratively on the transition of Area 7 responsibilities and cases, but it was not without challenges, including a shorter (4 month) transition time than originally anticipated. EHC has worked diligently to fill staff positions and establish effective services. Throughout this report, performance on each Settlement Agreement commitment is presented by catchment area with a discussion of findings before and after the CMP transition in Area 7

The second key development is that, in response to concerns raised by the Neutral and Plaintiff's attorneys, the State committed to end the use of overnight placements by February 2026. Overnight placements became more prevalent as the State worked to eliminate instances of Failure to Place, where children spend the night in CMP offices, hotels, and other unlicensed settings. The practice of overnight placements involves children being picked up early in the morning (sometimes as early as 6am) and not returning to the placement until late in the evening (8pm or later). Children experiencing overnight placements often spend daytime hours in unlicensed day centers where they shower, do laundry, and eat two to three meals a day.¹⁴ This practice is detrimental to children's well-being and was not visible in placement stability data.

In January 2025, the State agreed to provide weekly, unvalidated data on the number of children experiencing overnight placements and to develop a plan to end this practice. DCF is also tracking the number of children who spend time in day centers and reporting it weekly. During 2025, the State has worked with CMPs, Child Placing Agencies (CPAs), and congregate care providers to develop the agreed upon plan. While collaboration among DCF and its partners to eliminate this practice is promising, both the Neutral and Plaintiffs have identified opportunities to strengthen

¹³ Additional information about COA can be found [here](#). The standards and CMP caseloads are discussed in more detail in *Section VI. Performance*.

¹⁴ DCF updated their Policy and Procedure Manual to include a definition of overnight placement: "placement providing care during overnight hours only." See *Section 5233 Placement Definitions* [here](#).

the plan by including more specific strategies with clear timeframes and data tracking. More information about and discussion of overnight placements is included in *Section IV: Performance*.

In 2025, Parties asked the Neutral to complete additional validation of 2023 and 2024 data for the Settlement Agreement commitment 2.5.2, ensuring that no foster home exceeds its licensed capacity without an approved exception. Details of the additional validation and updated results are included in *Section IV: Performance* and *Appendix G*.

Finally, based on a recommendation in the Neutral's report on 2023 performance, the State agreed to develop a qualitative case review tool and process with support from the Neutral to better understand practice and systemic factors that contribute to high levels of placement instability for some children in DCF custody. As of the publication of this report, DCF has finalized a tool and is working with the Neutral to plan the case reviews with anticipated completion of the first reviews in the fall of 2025.

Summary of Performance

The State remained committed to improving outcomes for children and made progress in many areas during the past year that are discussed throughout the report. The Settlement Agreement required all Practice Improvements to be completed by the end of 2021, and all Outcomes to be achieved by the end of 2024.¹⁵ While performance assessed by the Neutral found that the State met or exceeded the requirement for four Settlement Agreement commitments in 2024, most Practice Improvements and Outcomes have not been achieved within the required timeframe.¹⁶ Key findings for commitments related to placement stability and mental health services are highlighted below.

Placement Stability

Areas of Improvement

The State met or exceeded the requirement for these two commitments in 2024:

- *Number of children in stable placements:* Case reviews found that between January 1 and December 31, 2024, more children (92%) were in stable placements than in previous reporting periods, exceeding the Settlement Agreement requirement of 90 percent (SA 2.9.3). This is a key improvement as a stable and secure placement is critical for children's well-being and ability to maintain connections. At the same time, it must be noted that placement stability remains a critical issue for the 8 percent of children in DCF custody who were not in stable placements.
- *Foster Homes not exceeding their licensed capacity without approved exceptions:* For approximately 99 percent of family foster homes, non-relative kin, and licensed kin

¹⁵ The Agreement required DCF to end the practice of night-to-night placements by the end of Period 1, and short-term placements by the end of Period 3.

¹⁶ The Neutral reviews cases using a process defined in *Section IV. Methodology* to determine progress for five Settlement Agreement commitments: 2.5.3 Authorization of Mental Health Services; 2.5.5 Ending the Practice of Night-to-Night and Short-Term Placements; 2.9.2 Addressing Mental Health Needs; 2.9.3 Stable Placements; and 2.9.5 Initial Mental Health and Trauma Screenings.

homes, the total number of children placed was either below their licensed capacity or had an approved exception on each of the four dates reviewed by the Neutral.¹⁷ (SA 2.5.2)

Challenges

- *High rate of placement moves:* Children who entered custody during a 12-month period still experienced placement moves at a rate that is considerably higher than the Settlement Agreement requires. The Neutral's analysis found the rate of placement moves for children decreased slightly from 7.94 moves per 1,000 days in care in 2023 to 7.24 moves per 1,000 days in care in 2024, but is still nearly 65 percent higher than the required target of no more 4.4 moves per 1,000 days in care. (SA 2.9.1)
- *Multiple Placement Moves:* The percentage of children experiencing one or fewer placement moves during a 12-month period remained the same. Between October 1, 2023 and September 30, 2024 (FFY 2024), 83 percent of children in custody experienced one or fewer placement moves. This is the same percentage as 2023 and below the Period 4 target of 90 percent. (SA 2.9.4)
- *Children without placement:* There was a significant and concerning increase in the number of Failure to Place (FTP) episodes.¹⁸ Failure to Place is defined by the State as a child being temporarily housed or maintained overnight at a CMP office, hotel, or another location that is not a licensed child welfare placement.¹⁹ In 2024, 100 children in DCF custody experienced a total of 216 episodes of FTP, representing 316 total nights that children went without placement compared to 2023 when 57 children experienced a total of 68 episodes of Failure to Place representing a total of 83 nights children went without placement. The overwhelming majority of FTP episodes in 2024, 83 percent, occurred in Catchment Area 7. (SA 2.5.1) Unvalidated data reported publicly by DCF suggests this trend is continuing and worsening in 2025 with a reported 335 instances of FTP occurring between January 1, 2025 and July 31, 2025.²⁰
- *Children experiencing brief, unstable placements:* Progress eliminating night-to-night and short-term placements was minimal.²¹ Between January 1 and December 31, 2024, 824 children experienced a total of 2,006 night-to-night placements, and 1,282 children experienced a total of 3,577 short-term placements. The number of children who

¹⁷ The point-in-time methodology used to assess this commitment is explained in detailed in *Section VI. Performance*.

¹⁸ An episode of FTP refers to the total time a child was without placement and may last more than one night.

¹⁹ Other locations include, but are not limited to: other commercial non-foster care establishments; cars; retail establishments; and unlicensed homes of DCF's Contractors' or Grantees' employees. A Failure to Place occurs when a child has arrived at a CMP office before 12:00 am midnight of one day and there is a failure to place the child in an appropriate placement before 6:00 am of the following calendar day, absent extraordinary circumstances. *Section 5233 Placement Definitions* [here](#).

²⁰ DCF publicly reports unvalidated Settlement Agreement data [here](#).

²¹ A night-to-night placement is defined as a placement that lasts one night, and the child is moved to a different home or facility the next day. A short-term placement is defined as a placement that lasts more than one night but fewer than 14 consecutive nights.

experienced these types of placements during the year is almost identical to the number in 2023, though the total instances of night-to-night and short-term placements decreased minimally. (SA 2.5.5)

Overall findings related to placement stability are consistent with previous reporting – case reviews found that most children in DCF custody are in a stable placement, but children without stable placements continue to experience a concerning number of nights without placement (FTPs) and night-to-night and short-term placements that do not meet the needs of children. For a number of children, this placement instability is extreme, with 341 children experiencing six or more placement moves in a 12-month period. While these children account for four percent of children in custody, the 4,517 combined placement moves they experienced are 50 percent of the total moves that occurred in Federal Fiscal Year (FFY) 2024. When children experience frequent placement moves, it disrupts continuity and connections in other areas of life, including time with family, school, and mental health services. Children without stable placements are often transported long hours to school, move schools frequently, and in some cases are not attending school at all for a period of time. As discussed throughout the report, placement instability also results in children having to change mental health service providers and/or experiencing gaps and delays in receiving needed services. Also consistent with findings from previous years, data show that Black/African American children and teenagers are overrepresented among those who experience failure to place, night-to-night, and short-term placements, and two or more placement moves in a 12-month period.

While the rate of placement moves continues to exceed the Agreement target in all catchment areas other than Area 4, served by TFI Family Services Kansas (TFI), some of the most significant challenges with placement stability are concentrated in the Wichita area (Area 7), served by SFM during the first half of the year and EHC after July 1, 2024. Children from Area 7 are overrepresented among children experiencing six or more placement moves in a year, children experiencing night-to-night placements, and children experiencing short-term placements, and Area 7 was the only area where a significant number (83%) of FTP episodes occurred. No child from Area 5, served by Cornerstones of Care (COC), or Area 8, served by TFI, experienced an FTP during the year, and three other catchment areas came close to eliminating FTPs. One child from Area 4, served by TFI, three children from Area 6, served by KVC Kansas (KVC), and four children from Area 2, served by SFM, experienced FTPs in 2024.

Mental Health Services

While the State made significant improvements completing timely initial mental health and trauma screens for children entering DCF custody, and some improvement in meeting the identified mental health needs of children, performance remains well below the Settlement Agreement target. Approximately one-third (34%) of children in DCF custody with an identified mental health need did not receive appropriate services.



Areas of Improvement

Notwithstanding the remaining challenges, the State met or exceeded the requirement for two commitments in 2024 as described below.

- *Children receiving timely Initial Mental Health and Trauma Screenings:* There was substantial improvement in completing Initial Mental Health and Trauma Screens for children within 30 days of entering DCF custody. Case reviews found that 94 percent of children had an initial screen that met all the Settlement Agreement requirements in 2024, compared to 69 percent of children in 2023. This is an important accomplishment, and performance exceeds the Settlement Agreement requirement of 90 percent. The State's vast improvement in this area demonstrates its ability to effectively implement change with consistent monitoring, oversight, and collaboration with the CMPs. (SA 2.9.5)
- *Availability of Crisis Intervention Services:* The State continued to make crisis intervention services available through the Family Mobile Crisis Helpline (Helpline), 988, and Certified Community Behavioral Health Clinics (CCBHCs). By the end of 2024, almost every CCBHC, located throughout the state, had mobile crisis services available, and more than half (14) had mobile crisis services available 24 hours per day, every day (24/7). The number of calls to the Helpline regarding children in DCF custody and the number of crisis intervention services billed to Medicaid also increased slightly during the year. (SA 2.5.4)

Challenges

- *A substantial number of children have mental health needs that are not met:* Case reviews found that 66 percent of children with an identified mental health need received appropriate services in 2024. While this is an increase from 52 percent in 2023, it is still below performance from 2022 (70%) and is well below the Settlement Agreement target of 90 percent. (SA 2.9.2)
- *Placement instability is delaying services:* Children continued to experience delays in the provision of timely mental health services due to the lack of a stable placement. Case reviews showed that 11 percent of all children who had an identified mental health need did not receive needed mental health services or experienced a delay in receiving needed mental health services due to placement instability.(SA 2.5.3)

Although there was marked improvement with completing Initial Mental Health and Trauma Screens and the State continued efforts to make crisis intervention services available, findings for other mental health outcomes were similar to previous years. Approximately one-third of children with an identified mental health need did not have that need met, and case reviews found that approximately two-thirds of children who did receive services experienced a delay in services. While some of these delays were caused by placement instability, many were not. The Neutral met with representatives from DCF, KDADS, the Helpline, CCBHCs, CMPs, and CPAs as well as foster parents to better understand challenges accessing mental health services for children. Individuals identified a range of barriers including a lack of available services in more rural areas, and a need for more specialized services across the state (e.g. services for children with autism spectrum disorders and outpatient substance use disorder services). Staff turnover among CMP

case workers and CCBHC clinicians also reportedly impacts coordination of care, resulting in gaps or delays in services.

The State, Carelon Behavioral Health (“Carelon”), who manages the Helpline, and CCBHC providers shared positive updates about the increased availability of crisis intervention services, but noted hiring challenges as the most significant barrier to having 24/7 in-person mobile crisis response services available statewide. Child welfare staff and foster parents identified some frustration with accessing crisis intervention services, demonstrating the need to further strengthen care coordination and use of the crisis services being provided across the state.

The Neutral also consistently heard about the correlation between placement stability and mental health services. Child welfare and mental health providers shared that coordinating services when children are moving frequently, sometimes daily, is extremely challenging. Not having consistent mental health services to support and stabilize children in placements results in more instability, and likewise, not having a stable placement makes it harder to maintain consistent mental health services for children.

Discussion and Recommendations

The State remains committed to improving outcomes for children and has implemented new strategies and continued to improve others throughout 2024 to ensure children are in stable placements and have their mental health needs met. Throughout the year, CMPs continued to facilitate Placement Stability Team Decision Making (PS TDM) meetings as a strategy to provide supports to prevent placement moves for children. In March of 2024, DCF issued grants to seven providers to build capacity for Therapeutic Family Foster Homes (TFFH) and has continued to expand capacity and the number of children placed in these homes through 2025.²² As of May 2025, there were approximately 90 TFFH statewide.

KDADS continued to work toward the expansion of CCBHCs across the state.²³ CCBHCs play an integral role in achieving the goals of the Agreement, specifically in increasing access to mental health services and having crisis intervention services available statewide to children in DCF custody. Updates to Managed Care Organization (MCO) contracts effective January 1, 2025, mean children in DCF custody are now automatically assigned a care coordinator to assist with finding services to meet children’s specific needs.²⁴ Additionally, children being served by CCBHCs have access to a care coordinator through the CCBHC who is to work closely with the assigned MCO.

While the new contracts were not effective until January 1, 2025, DCF awarded Behavioral Health Intervention Teams (BHIT) grants to KVC, COC, and EHC to allow for specialized case management teams with a 1:5 case worker to child ratio. The current grants only fund 3.5 BHIT teams that can serve between 15 and 20 children at a time. This is a very promising practice and CMPs are already reporting positive results in conversations with the Neutral. DCF requested funds in the last legislative session to expand this initiative in State Fiscal Year 2026 but they were not

²² More information about these grants is available [here](#).

²³ Additional information about CCBHCs can be found [here](#).

²⁴ Additional information about MCO contracts can be found [here](#).

appropriated. They have indicated that they will seek more funding for this initiative again in the next budget cycle.


Importantly, on July 22, 2025, DCF announced the awards for contractors to develop a Comprehensive Child Welfare Information System (CCWIS).²⁵ The implementation of CCWIS has been long desired and is vital for the State. As the Neutral has observed since 2021, the State's current lack of a uniform, integrated data system prevents the State from maintaining efficient and accurate data for all children and families served in foster care. DCF anticipates their new CCWIS system being operational in 2028, providing DCF and its partners with the opportunity to view information of and manage outcomes for all children in custody across the state, regardless of CMP, in real time.

The Neutral recognizes and supports these and other efforts made in 2024 to improve services and outcomes for children in DCF custody and offers several additional recommendations as the State continues to build on progress made towards meeting Settlement Agreement commitments.

- *Address child welfare and mental health workforce challenges:* Overall, workforce challenges for child welfare staff and mental health clinicians continue to impact service provision and outcomes. The new caseload standards implemented for CMPs are a positive step and DCF needs to support CMPs with staff recruitment and retention efforts, so caseloads can be brought within the new standard. While the transition to the CCBHC model statewide is a positive advance, KDADS should continue and accelerate work underway to ensure CCBHCs can build their capacity and that there are trained clinicians available statewide to meet the mental health needs of children in DCF custody as well as the broader population of children in Kansas.
- *Increase support for Area 7:* There is an immediate and urgent need to better understand and address the placement challenges in Area 7. The State should work closely with EHC, other partners providing services in Area 7, and community members to identify the reasons performance is significantly lower in this area and develop specific strategies to identify the challenges and solve them. The State may need to invest additional resources to ensure effective and innovative practices are implemented or expanded quickly. These practices include enhancing supports to kinship caregivers; building out the Behavioral Health Intervention Teams; and continuing to expand therapeutic family foster homes while making sure that the therapeutic foster home models being implemented by CPAs are of high quality and provide caregivers with the full range of supports they need to be effective. The State may also need to consider strategies to ensure children from Area 7 are given priority consideration for placements in the catchment area. These efforts can be coordinated with the State's work to provide services to families in order to prevent removals to foster care and those practice improvements currently being implemented in Area 7 as part of DCF's Child and Family Services Review (CFSR) Program Improvement Plan.

²⁵ More information about DCF contracts awarded can be found [here](#).

- Understand needs of children and families and identify where there are gaps in resources statewide:* As the State works to improve outcomes across the state and particularly in Area 7, there is a need to use data to determine where there are gaps in resources statewide that prevent children from being in stable placements and having their mental health needs met in their communities. The State must understand the needs of the children and families it serves and where they are located and should map this information against current resources to identify gaps in placements and services for specific categories of children and/or specific locales. A formal statewide needs assessment could support this process and provide DCF, KDADS, and the legislature with additional information for planning, budget development, and resource allocation.
- Continue to invest in community-based services statewide:* Expanding community-based services throughout the state will not only support children remaining in their communities while in custody but will also support prevention and reunification efforts. DCF has importantly prioritized prevention and efforts to decrease entries into foster care and should continue this focus. There is a need to increase access to mental health services through CCBHCs and the State should ensure current plans to expand these services will address gaps in specific areas of the state where children may not be receiving appropriate, timely services, or may be placed outside their home communities in order to receive services they need. Increased availability of community-based mental health services will also help address concerns expressed by CMPs, CPAs, and foster parents that children often experience acute situations because their needs are not effectively met with ongoing services.
- Continue to increase capacity for crisis intervention services:* The Neutral recognizes both the State's progress in making crisis services available and the need to continue to address concerns expressed about these services. KDADS should remain committed to making mobile crisis response services available 24/7 statewide, and DCF and KDADS should also continue their work with the Helpline, 988, and CCBHCs to expand awareness of crisis intervention services and education about what to expect when accessing these services. Based on a previous recommendation by the Neutral, KDADS has implemented quality assurance and follow up processes to track canceled mobile crisis dispatches and improve reporting on outcomes. These quality assurance processes should continue and KDADS should seek additional ways to strengthen their processes for resolving issues between child welfare and mental health providers, including providing direct support as needed in specific areas of the state.
- Ensure available foster homes align with the needs of children currently in DCF custody:* The State needs to proactively review foster parent recruitment and retention plans being developed by CPAs to ensure they are robust and aligned with the needs of children currently in DCF custody. Plans for foster parent recruitment should contain strategies to identify, train, and support foster caregivers who can meet the needs of children currently experiencing high levels of placement instability, including children with autism spectrum disorders, developmental delays, and substance use disorders. DCF may also want to examine ways to strengthen collaboration and create accountable working relationships



between CMPs and CPAs to improve efforts for more targeted recruitment and to ensure that CMPs and CPAs work together in the placement decision making process.

- *Continue to prioritize kinship placements:* DCF has a goal to have 50 percent of first placements with relatives and should continue to develop and implement strategies to identify and support kinship caregivers pre and post-placement as children in kinship placements tend to have more stability and are more connected to family and communities.
- *Support quality implementation of the Kansas Practice Model (KPM) in CMPs:* DCF has started work with CMPs to consistently implement the KPM. The Neutral encourages DCF to continue these efforts and to hold CMPs accountable for quality implementation. DCF can use results from the planned qualitative review to identify specific ways to strengthen practice generally and especially around the coordination of care for children experiencing extreme placement instability.

III. The Kansas Child Welfare System

Structure and Privatization

The Kansas Department of Children and Families (DCF) is responsible for the administration of child welfare services in the state. DCF staff are responsible for investigating allegations of abuse or neglect and, when determined necessary for the safety of the child, making recommendations to the court that a child be placed in foster care. If a child is determined to be a Child in Need of Care (CINC), the District Court may place the child in the custody of the Secretary (“child in DCF custody”).²⁶

Kansas’s foster care system is privatized, meaning that once a child is placed in DCF custody, DCF transitions the child’s case to a private Case Management Provider (CMP). Children remain in the legal custody of DCF while their case is assigned to and managed by a CMP. CMPs are responsible for providing all foster care and adoption services, including placement of children; case planning; assessment of needs and provision of services to children and their parents; and making recommendations to the court about case goals and permanency. Each CMP is assigned to one or more of DCF’s eight catchment areas, and is responsible for providing services to all children who enter care from that area.²⁷ As of July 1, 2024, the State holds contracts with five CMPs: Cornerstones of Care (COC), EmberHope Connections (EHC), KVC Kansas (KVC), St. Francis Ministries (SFM), and TFI Family Services Kansas (TFI). DCF also issues grants to various private Child Placement Agencies (CPAs) to recruit and train foster parents, assist them through the licensure process, and provide ongoing support when children are placed in the home.²⁸

DCF is responsible for managing and overseeing the work of CMPs to ensure they comply with policy and fulfill their contractual obligations. DCF divides the state into six regions as shown in Figure 1, and each of the six DCF regional offices oversees the CMPs that serve their designated region. Some DCF regions encompass multiple catchment areas (e.g., the Wichita region includes Areas 7 and 8), while some catchment areas are served within multiple regions (e.g., Areas 1 and 2 are included in both the Northwest and Southwest regions). DCF regional staff work with the CMPs to monitor implementation of their contracted responsibilities through activities such as data reconciliation and review of case records.

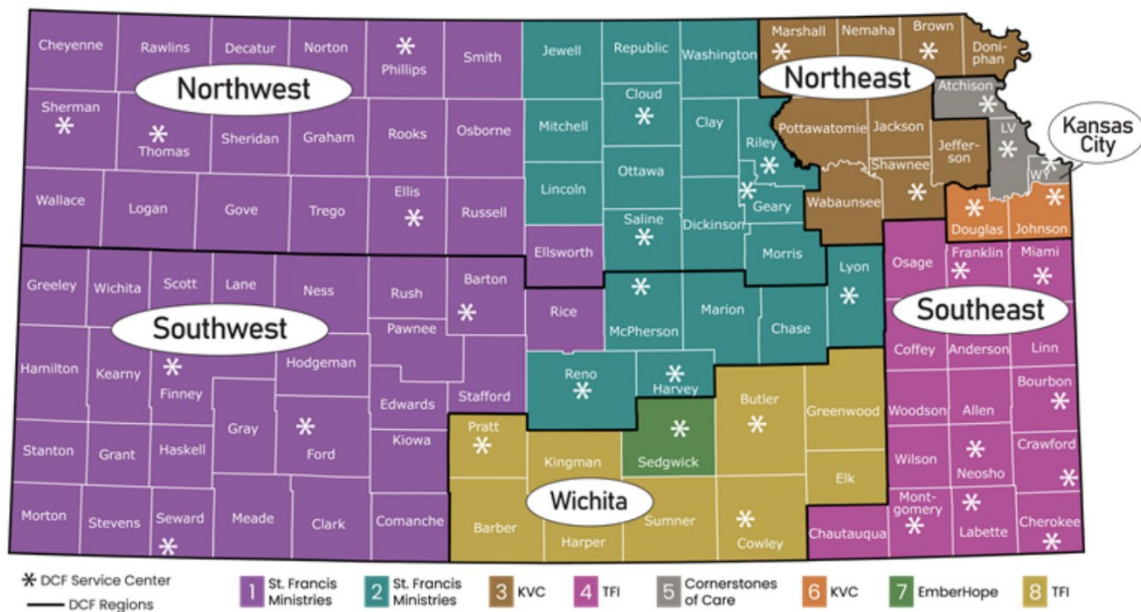
²⁶ K.S.A. 38-2202. The full statute can be found [here](#).

²⁷ DCF’s map of catchment areas can be found [here](#).

²⁸ DCF maintains the final decision on whether to officially license a foster home.

Figure 1. DCF Regions with Area

Source: DCF



DCF does not currently have a uniform statewide data collection system, such as a Statewide Automated Child Welfare Implementation System (SACWIS) or its next iteration, a Comprehensive Child Welfare Information System (CCWIS).²⁹ After many years of effort, DCF awarded contracts for CCWIS development on July 22, 2025, and anticipates implementing the system in late 2028.³⁰

In the absence of a more up to date information management 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 directly into FACTS. Instead, each CMP collects and tracks data in their own individual proprietary data systems.³¹ CMPs then provide data, sometimes via paper records, to DCF regional staff 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, with some of them reliant

²⁹ The federal Children's Bureau started SACWIS in 1993. States that implement data systems that conform with federal SACWIS standards qualify for substantial federal subsidies that help cover the cost of development. CCWIS is the next iteration of the initiative, and provides more flexibility for states to create data systems best suited to meet their needs and that interface with data systems from other agencies that receive federal funding. Additional information on SACWIS and CCWIS systems can be found [here](#).

³⁰ More information about DCF's CCWIS contracts and development is available [here](#).

³¹ Each CMP has their own data system to track and manage the cases of the children in their care. KVC, COC, EHC, and TFI maintain fully electronic data records, while SFM 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.

on data reported by each CMP to track compliance with DCF contracts.³² A more detailed discussion of the State’s data systems can be found in *Section IV. Methodology*.

DCF Partners

While DCF has primary responsibility for ensuring children and families receive services and supports when children are in foster care, it collaborates with other state agencies, including KDHE and KDADS, to accomplish this goal. KDHE is responsible for administering the Kansas’s Medicaid managed care program, called KanCare, and ensuring that all Medicaid services are appropriately administered.³³ KDADS is responsible for overseeing all state hospitals and institutions, and coordinating and overseeing all Certified Community Behavioral Health Clinics (CCBHCs) in Kansas. KDADS also administers the Medicaid waiver programs for disability services, mental health, and substance use disorders.³⁴ DCF reports staff at each state agency regularly communicate and work together, given their shared responsibilities, to ensure that children and families receive necessary services and supports.

³² 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, CPAs and 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 Medicaid claims data, including mental health services provided by CCBHCs, along with other relevant data. Importantly, these systems are not compatible with one another and require additional data entry steps.

³³ Children in DCF custody are enrolled in the KanCare Medicaid managed care program. Additional information can be found [here](#).

³⁴ Additional information on KDADS can be found [here](#).

Children in DCF Custody

To better understand the population of children served by DCF during 2024, the Neutral requested data about children who were in custody during the year. The Neutral analyzed these data to determine the number of children who entered, exited, or remained in custody as of the last day of the year (December 31, 2024); basic demographic information such as race and ethnicity, age, and gender; and information about the types of placements children were in and their length of stay in custody. These analyses, as well as information regarding children’s assigned CMP and catchment area, are described below.

On January 1, 2024, there were 6,359 children in DCF custody, and on December 31, 2024, there were 6,147 children in custody, representing a decrease of three percent over the year (Table 1).³⁵ During 2024, there were more exits from DCF custody (2,754 representing 2,751 individual children) than there were entries (2,542 entries representing 2,522 individual children).

Table 1. Children Entering and Exiting DCF Custody

2024; N = 8,826 children

Source: DCF – FACTS

Children in DCF custody on January 1, 2024	6,359
Total children in DCF custody at any point during 2024	8,826
Entries into custody during 2024	2,542
Exits from custody during 2024	2,754
Children in DCF custody on December 31, 2024	6,147

Of the 2,754 exits from DCF custody in 2024, slightly over half (52%) were to reunify with a parent or primary caregiver, while approximately one-quarter (26%) were to adoption (Table 2). Sixteen percent of children who exited care in 2024 aged out of DCF custody.³⁶

³⁵ Youth in custody over the age of 17 are not Class Members as defined by the Agreement. The Neutral includes these youth in this section for context and because many of them were part of the Class during the year.

³⁶ Youth who decide to remain in custody until 21 are considered to have “aged-out” when they eventually exit custody.

Table 2. Exits from DCF Custody, by Exit Type

2024; N = 2,754 exits

Source: DCF – FACTS

Foster care exit reasons	No.	%
Reunification with parent(s) or primary caregiver(s)	1,436	52%
Adoption	718	26%
Aged-out	440	16%
Guardianship	91	3%
Living with other relative(s) ³⁷	30	1%
SOUL Family ³⁸	3	<1%
Other ³⁹	36	1%
Total	2,754	100%

Age, Gender, and Race

Forty percent of children in DCF custody on December 31, 2024, were aged 12 to 17 (Figure 2). Children aged birth to six accounted for about one-third (33%); children aged seven to 11 accounted for just under one-quarter (22%); and youth 18 years and older accounted for five percent of all children in DCF custody on December 31, 2024.

³⁷ "Living with other relatives" is used when a child exits care to live with a relative who is not a parent or legal guardian and there is no legal guardianship agreement present. This may be used if there is an informal or voluntary agreement with the parents for the child to live with a relative or if the court ordered a living arrangement outside of a legal guardianship.

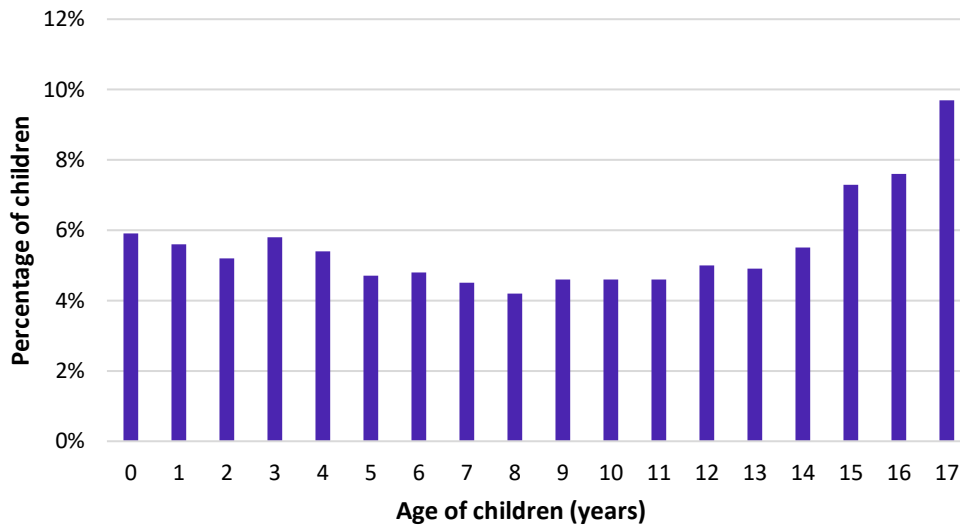
³⁸ SOUL Family is a legal, youth-centered permanency option in Kansas that enables children in foster care age 16 and older to establish a legal caregiving relationship with one or more adults while still maintaining existing family connections and access important benefits to support their transition into adulthood. Additional information about SOUL Family can be found [here](#).

³⁹ "Other" includes children transferred to other agencies or persons (12), child death while in care (11), runaways (8), transferred to Department of Corrections (4), and transferred to a Tribe (1). The Neutral does not have additional information concerning the 11 deaths that occurred in 2024. Consistent with federal guidelines, the exit reason is recorded as "runaway" if the court discharges the child from foster care while they are on runaway status.

Figure 2. Age of Children in DCF Custody on December 31, 2024

N = 6,147 children

Source: DCF – FACTS



On December 31, 2024, there were almost the same number of children in DCF custody identified as male (3,077, 50%) and female (3,070, 50%).⁴⁰

The Neutral compared the race and ethnicity of children in DCF custody to the statewide child population of Kansas (Figure 3).⁴¹ DCF does not currently have a category to capture children of two or more races, so it is not possible to determine how these children are represented in DCF data. The comparison suggests that Black/African American children are overrepresented in DCF custody (21%) relative to their share of the Kansas population under the age of 18 (5%). During 2024, 15 percent of children in custody were Hispanic compared to 20 percent of children statewide (Figure 4).

⁴⁰ DCF currently only reports gender as male or female.

⁴¹ Labels for population groups in Figure 3 and Figure 4 reflect the terms used in DCF's data systems and by the Census Bureau. Race and ethnicity are not exclusive; children are counted once in each category.

Figure 3. Race of Children in DCF Custody on December 31, 2024, Compared to Race of Children Statewide

N = 6,147 children in DCF custody; N = 685,269 children under 18 statewide

Source: DCF – FACTS, US Census Bureau (2023)⁴²

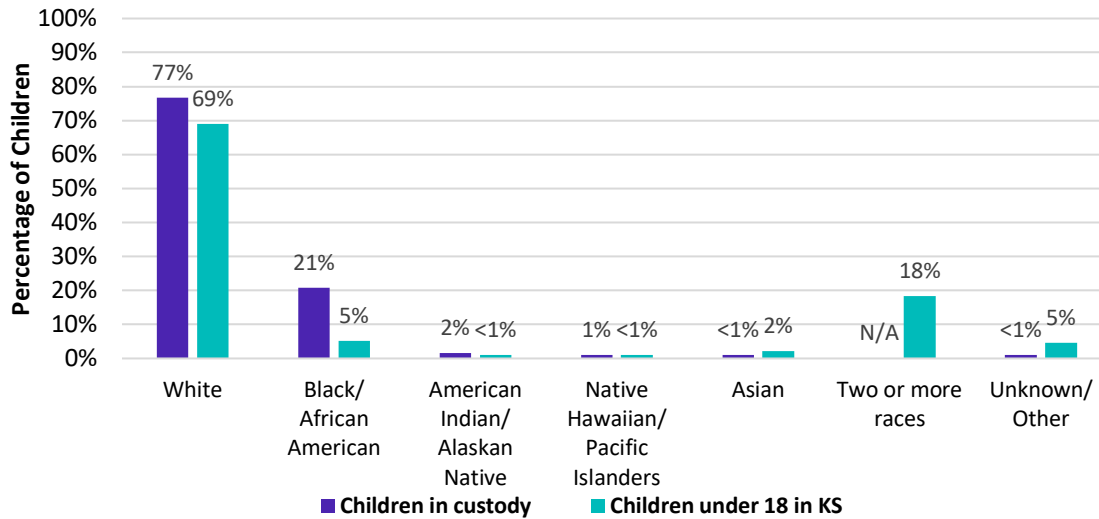
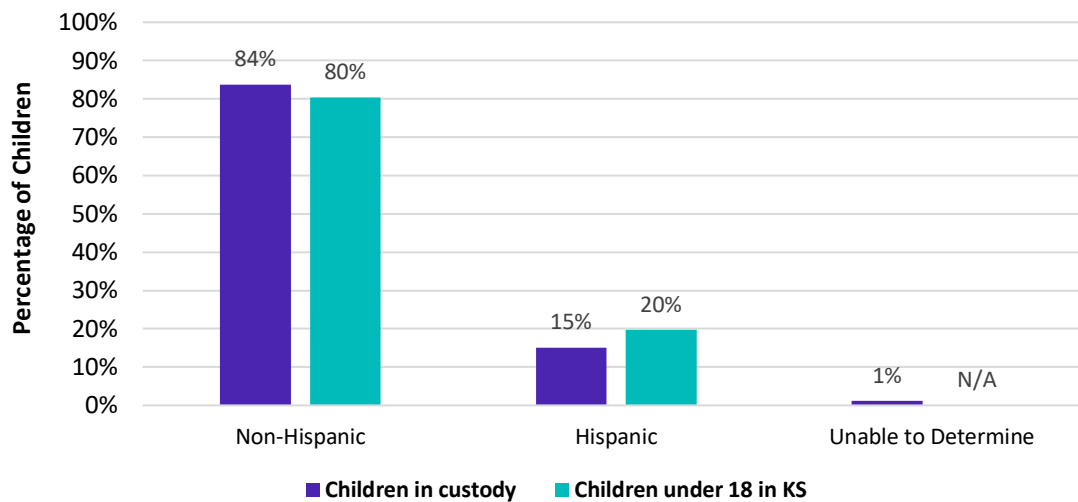


Figure 4. Ethnicity of Children in DCF Custody on December 31, 2024, Compared to Ethnicity of Children Statewide

N = 6,147 children in DCF custody; N = 685,269 children under 18 statewide

Source: DCF – FACTS, US Census Bureau (2023)⁴³



⁴² US Census Bureau American Community Survey 1-Year Estimates for children under 18 years in Kansas, 2023.

⁴³ Ibid.

Living Arrangements

Most children (90%) in DCF custody on December 31, 2024, were placed in home or family-like settings; almost half of children (43%) were in non-relative family foster home placements, and 35 percent were in relative foster homes. Six percent of children in custody on December 31, 2024, were in congregate settings (Table 3).

Table 3. Living Arrangements of Children in DCF Custody on December 31, 2024⁴⁴

N = 6,147 children

Source: DCF – FACTS

Living arrangements of children	No.	%
Home or family settings		
Non-relative family foster home	2,653	43%
Relative family home	2,144	35%
Placed at home	588	10%
Pre-adoptive home	122	2%
Subtotal	5,507	90%
Congregate settings		
Residential placements ⁴⁵	290	5%
Independent living	55	<1%
Group home (emergency shelter)	20	<1%
Maternity home	2	<1%
Subtotal	367	6%
Non-placements⁴⁶		
Institutional and detention ⁴⁷	147	2%
Runaway	37	<1%
Subtotal	184	3%
Youth excluded from placements data on December 31, 2024 ⁴⁸	89	1%
All children in custody on December 31, 2024	6,147	100%

⁴⁴ Percentages in this table do not add to 100% due to rounding.

⁴⁵ Includes Qualified Residential Treatment Programs (QRTP), Secure Care, and Youth Residential Center II (YRCII) placements.

⁴⁶ Consistent with federal definitions, the following events are classified as temporary absences, non CFSR placements: runaways, hospitalizations (medical and psychiatric, including Psychiatric Residential Treatment Facilities (PRTF) and acute hospital stays) and incarceration stays.

⁴⁷ Includes hospitalizations and incarceration stays.

⁴⁸ There were 89 youth 18 years old and older with placements who were excluded from the data.

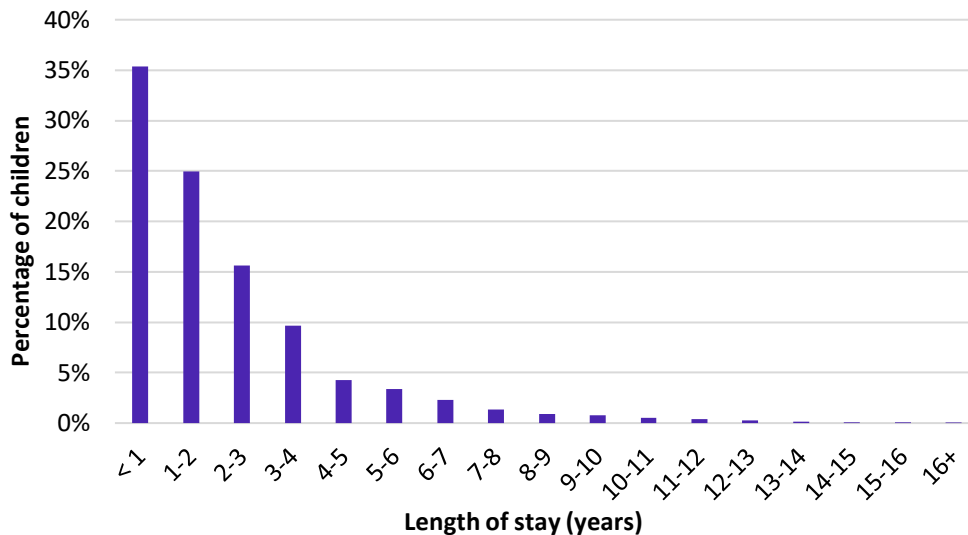
Length of Time in DCF Custody

The majority of children in DCF custody (60%) as of December 31, 2024 had been in care for two years or less, while almost one-third (30%) had been in care for between two and five years (Figure 5). A total of 626 children (10%) had been in care for five or more years as of December 31, 2024.

Figure 5. Length of Stay in Care of Children in DCF Custody as of December 31, 2024⁴⁹

N = 6,147 children

Source: DCF – FACTS



DCF Catchment Area and CMP

The Neutral analyzes data by DCF catchment area to report findings by geographic location, and by CMP to report data by child welfare provider. On December 31, 2024, the largest percentage (24%) of children in custody were from Area 7 (Table 4). The smallest percentages of children were from Area 5 (8%) and Area 8 (8%), while between 10 and 16 percent were from the remaining five catchment areas.

⁴⁹ A length of stay of "1-2" years, for example, means the length of stay was longer than one year but shorter than two.

Table 4. Children in DCF Custody on December 31, 2024, by Catchment Area and CMP⁵⁰

N = 6,147 children

Source: DCF – FACTS

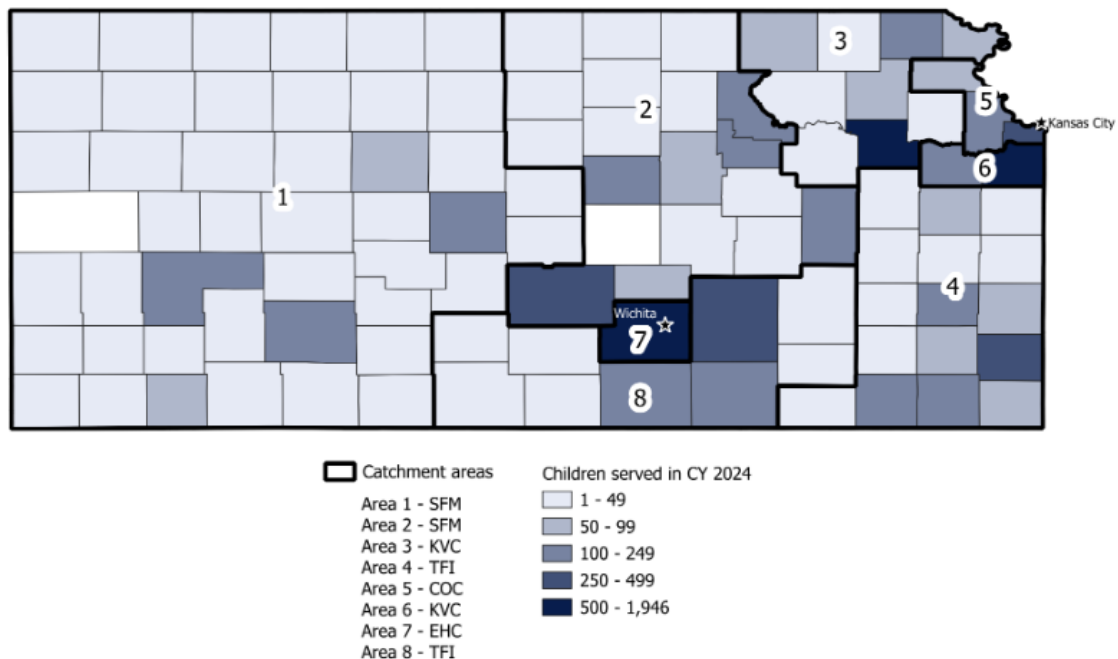
Catchment area	No.	%
Area 1 (SFM)	636	10%
Area 2 (SFM)	799	13%
Area 3 (KVC)	966	16%
Area 4 (TFI)	700	11%
Area 5 (COC)	464	8%
Area 6 (KVC)	646	11%
Area 7 (EHC)	1,466	24%
Area 8 (TFI)	470	8%
Total	6,147	100%

The map below shows the county where children were in custody during 2024 (Figure 6). The largest concentrations of children were in the most populous counties: Shawnee County (Area 3), Sedgwick County (Area 7), and Johnson County (Area 6).

Figure 6. Distribution of Children in DCF Custody Statewide

2024; N = 8,901 children

Source: DCF – FACTS



⁵⁰ Percentages in this table do not add to 100% due to rounding.

On December 31, 2024, three CMPs – KVC, EHC, and SFM – each served approximately one-quarter of children in DCF custody (Table 5). TFI served a slightly smaller portion of children (19%), while COC served eight percent of children in custody.

Table 5. Children in DCF Custody on December 31, 2024, by CMP

N = 6,147 children

Source: DCF – FACTS

Case Management Provider	No.	%
KVC	1,612	26%
EHC	1,466	24%
SFM	1,435	23%
TFI	1,170	19%
COC	464	8%
Total	6,147	100%

IV. Methodology

Neutral Activities

During this period, the Neutral maintained regular communication with DCF, KDADS, and KDHE staff and Plaintiffs' attorneys, and facilitated a meeting of the parties on May 15, 2024. The Neutral also conducted two on-site visits to meet with CMP staff, members of the Kansas Foster Accountability Advisory Board (KFAAB), behavioral health providers, and foster parents, and visited CMP offices and facilities where children without placements spend time. Throughout the year, the Neutral attended KFAAB monthly meetings. In 2025, to better understand practice and outcomes for 2024 as well as 2025, the Neutral met with representatives from behavioral health providers, four Child Placing Agencies (CPAs), and staff from all CMPs. The Neutral also met with foster parents to better understand their experiences accessing crisis intervention services and mental health services for children in DCF custody.

Settlement Case Reads and Samples

The Neutral and DCF use case reads to assess progress for five Settlement Agreement commitments. *Settlement Case Reads* are a review process where DCF staff and the Neutral review a child's case record and apply a tool to determine compliance with standards defined by the Agreement. *Settlement Case Reads* consist of three independent case read types – Specialized, Targeted, and Placement – each has its own tool used to complete the review.⁵¹ Tools and sampling methodology were co-designed with DCF and approved by the Neutral. The Neutral draws a statistically significant, representative, random sample for each case read type. DCF's Continuous Performance Improvement (CPI) and audit staff review all cases in the sample, and the Neutral reviews 50 percent of the sample for validation as required in the Agreement.⁵² Table 6 shows the case read type, corresponding Settlement Agreement commitment, and sample sizes for 2024.

Table 6. Settlement Case Read Information

Case read	Corresponding commitments	DCF sample size	Neutral 50% sample size
Specialized	2.5.3 Authorization of Mental Health Services 2.9.2 Addressing Mental Health Needs 2.9.3 Stable Placements	263	132
Targeted ⁵³	2.9.5 Initial Mental Health and Trauma Screens	241	121
Placement	2.5.5 Ending the Practice of Night-to-Night	82	41
	2.5.5 Ending the Practice of Short-Term Placements	84	42

⁵¹ Case read tools for 2024 can be found in *Appendix B*.

⁵² Samples are statistically representative of the larger universe of children in DCF custody on the following variables: age, race, ethnicity, gender, year of removal, catchment area, and permanency goal.

⁵³ The tool for the Targeted case read to assess performance on 2.9.2 – Initial Mental Health and Trauma Screens – is based on DCF's Continuous Performance Improvement case read tools. Additional information about DCF case review approach and goals can be found [here](#).

In 2024, the Specialized case read sample was drawn from the universe of all children who were in DCF custody at any time during the year, and the Targeted case read sample was drawn from the universe of children who entered DCF custody during the year. Two case read samples are assessed using the Placement read tool: (1) all children who were in DCF custody at any time during 2024 who experienced a night-to-night placement during the year; and (2) all children who were in DCF custody at any time in 2024 who experienced a short-term placement during the year.

DCF collected case files from each CMP for every child's case selected for review. To ensure the Neutral and DCF completed the review instrument the same way when presented with the same information, the Neutral conducted an interrater reliability analysis to compare the Neutral and DCF's responses to each question. For 2024, there was sufficient interrater reliability between DCF and the Neutral's case read results across all reads, meaning the responses from both DCF and the Neutral were consistent, and the data and outcomes are valid.^{54,55}

After the interrater reliability analysis was complete, DCF and the Neutral reconciled responses for any questions where a disagreement was identified to determine final, correct findings. Based on the reconciled case read answers, the Neutral analyzed the results, as specified in the Metrics Plan, to quantify and report performance for each of the five Settlement Agreement commitments.⁵⁶ These findings are presented in *Section VI. Performance* of this report.

Data Validation and Limitations

The Agreement requires the State to submit data to the Neutral 60 days after the end of the reporting period. Data submissions and analyses are defined by the Metrics Plan, which outlines the methodologies used to assess the State's progress towards achieving each commitment. The Neutral and DCF collaboratively developed the Metrics Plan in 2021 and update it annually together.

The Metrics Plan requires the State to produce sets of cohort data each year. For 2024, DCF provided data sets for five cohorts of children:

- all children in foster care as of January 1, 2024;
- all children who entered custody in 2024;
- all children who exited custody in 2024;
- all children in foster care as of December 31, 2024; and
- all children who were in custody at any point during the year ("all children served").

⁵⁴ Interrater reliability findings are based on an interpretation of Cohen's Kappa, which provides a statistical measure of interrater reliability. When the result of Cohen's Kappa is higher, it indicates that the Neutral and DCF were applying the case read tools consistently, thereby increasing confidence in the findings. Results of Cohen's Kappa are categorized as: perfect agreement, 1.00 match rate; almost perfect agreement, .81 - .99 match rate; substantial agreement, .61 - .80 match rate; moderate agreement, .41 - .60 match rate; fair agreement, .21 - .40; none to slight agreement, .01 - .20; and no agreement, values ≤ 0 .

⁵⁵ Specifically, interrater reliability results for 2024 were as follows: Specialized Read – Q1, perfect agreement, Q2, almost perfect agreement, and for Q3-Q5, substantial agreement; Targeted Read – Q1-Q4, perfect agreement; and Placement Reads – night-to-night read, almost perfect agreement, and short-term read, substantial agreement.

⁵⁶ The Metrics Plan can be accessed [here](#).

The Neutral used the cohort data to verify other data sets provided by DCF to assess progress toward Settlement Agreement commitments, to describe the group of children in DCF custody and their experiences, and to draw samples for the *Settlement Case Reads*. To verify the cohort data, the Neutral checked for consistency within and across the five files. These checks included, for example, ensuring that all the Class Members listed in the “all children served” file appear in at least two of the other files provided by DCF for validation, and ensuring that children who left DCF custody before the end of the year and did not re-enter care do not appear in the December 31, 2024 cohort file.

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), CareMatch, the Kansas Modular Medicaid System (KMMS), and the Family Mobile Response Crisis Helpline (“Helpline”) operated by Carelon Behavioral Health (“Carelon”).⁵⁷ In addition, DCF coordinated data collection from the five CMPs for caseload data and case reads. As noted in the Neutral’s previous three reports, the limited ability to integrate data among Kansas’s multiple data systems is a burden for DCF and affects the Neutral’s ability to fully assess performance in some areas. The lack of integration of its multiple data systems also impacts DCF’s ability to make data-informed decisions, and to hold CMPs accountable for meeting contractual obligations.

As in prior reporting periods, the Neutral encountered numerous data quality issues. In certain situations, data quality issues somewhat limited the confidence with which the Neutral made determinations. In other situations, the data was missing important elements or had other data quality issues that DCF could not remedy. Data limitations specific to each data commitment are noted, as applicable, throughout this report.

The Neutral worked through many data issues with DCF and appreciates the State’s cooperation and attention to these challenges. DCF reported that some data issues resulted from training new staff or temporary breakdowns in their quality assurance process. Other data issues occurred because the FACTS system, created over twenty years ago, cannot easily be changed to accommodate current data needs. When requested, DCF resubmitted data or clarified quality issues. The data sufficiency issues for each of the Settlement Agreement commitments described throughout this report omit many instances where data quality issues did not have a tangible impact on the Neutral’s timeliness or ability to report, or where the Neutral remedied the issue without additional requests from DCF. Specific details about data validation and limitations for 2024 are included in *Appendix C*.

⁵⁷ AFCARS was established by the federal Children’s Bureau to collect and provide data that assists federal, Tribal, and state systems in policy development and program management. Additional information about AFCARS can be found [here](#).

⁵⁸ The Kansas Modular Medicaid System (KMMS) is the Medicaid Management Information System (MMIS) used by KDHE to track all Medicaid claims data.



Child and Family Services Review (CFSR) Guidance

The federal Children’s Bureau periodically conducts Child and Family Services Reviews (CFSR) to assess the performance of state child welfare systems.⁵⁹ As part of this process, the Children’s Bureau develops review instruments and technical guidance to ensure uniform reviews across jurisdiction. The Settlement Agreement requires the Neutral to use CFSR definitions and measurements to assess the following commitments:

- ending night-to-night and short-term placements (SA 2.5.5);
- placement moves rate (SA 2.9.1);
- addressing mental health needs (SA 2.9.2);
- stable placements (SA 2.9.3); and
- one or fewer placement moves (SA 2.9.4).

The Agreement specifies using CFSR Round 3 guidance, because that was current when the Agreement was executed. The Children’s Bureau has since issued Round 4 guidance.⁶⁰ While the new guidance does not differ substantially from Round 3, the Parties to the lawsuit agreed to update review tools and methodology as needed to reflect the most recent standards.

Throughout this report, when considering placement moves and placement settings, the Neutral will refer to “non-CFSR placements.” These include jails and detention centers; medical hospitals; acute and long-term psychiatric hospitals and instances where a child has run away. Based on CFSR guidance, when a child resides in one of these settings, the move into the setting is not counted as a placement for the purpose of counting placement moves. Additionally, if a child leaves one of these settings and returns to their prior placement, the move out of the non-CFSR setting is not counted as a placement move. For example, if a child is placed in a foster family home, spends several days in an acute psychiatric hospital, and subsequently returns to the same foster family home, this is not considered a placement move. If the child left the acute psychiatric hospital and was placed in a different foster family home than they were placed in prior to the hospital, the move into the new foster home would be considered a placement move.

⁵⁹ More information about the CFSR can be found [here](#). The specific On-Site Review Instrument (OSRI), information about Statewide Data Indicators (SWA) and other guidance can be found [here](#).

⁶⁰ Ibid.

V. Summary Table of 2024 Performance for Settlement Agreement Practice Improvements and Outcomes

Practice Improvements

<i>2.5.1 Temporary Placements (Failure to Place [FTP])</i>	2021	2022	2023	2024
<u>Performance</u>	53 children experienced 69 episodes of FTP	85 children experienced 141 episodes of FTP	57 children experienced 68 episodes of FTP	100 children experienced 216 episodes of FTP
<u>Neutral Finding</u>	Not met	Not met	Not met	Not met
<i>2.5.2 Licensed Capacity</i>				
<u>Performance</u>	97% family foster homes compliant, 99% kin/NRkin homes compliant	98% family foster homes compliant, 100% kin/NRkin homes compliant	99% family foster homes compliant, 100% kin/NRkin homes compliant	99% family foster homes compliant, 99% kin/NRkin homes compliant
<u>Neutral Finding</u>	Not met	Not met	Met⁶¹	Met

⁶¹ The Neutral’s finding for 2.5.2 Licensed Capacity was reported as “unable to determine” for 2023 (Period 3). The finding was amended to “met” based on additional validation completed at the request of the Parties. See *Section VI. Performance* and *Appendix G* for more detailed information.

	2021	2022	2023	2024
2.5.3 Authorization of Mental Health Services⁶² <u>Performance</u> <u>Neutral Finding</u>	24% of all children with an identified mental health need experienced a delay due to placement instability. ⁶³	13% of all children with an identified mental health need experienced a delay or did not receive services due to placement instability.	20% of all children with an identified mental health need experienced a delay or did not receive services due to placement instability.	11% of all children with an identified mental health need experienced a delay or did not receive services due to placement instability.
	Not met	Not met	Not met	Not met
2.5.4 Availability of Crisis Intervention Services <u>Performance</u> <u>Neutral Finding</u>	DCF launched the Helpline.	Continuance of Helpline with addition of CCBHC requirement to have 24/7 crisis services.	Continuance of Helpline with addition of CCBHC requirement to have 24/7 crisis services.	Data and interviews show services are technically available statewide.
	In process	In process	In process	Met

⁶² The Neutral uses a case review process defined in *Section IV. Methodology* to determine progress for 2.5.3 Authorization of Mental Health Services.

⁶³ In 2021, 24% of children whose cases were reviewed received services but experienced a delay in services due to placement instability. The percentage of children who needed services but did not receive them due to placement instability was not initially included in the analysis. In 2022 and subsequent years, the case read tool and analysis were updated to include children who needed services but did not receive them.

	2021	2022	2023	2024
2.5.5 Night-to-Night (N2N) and Short-Term (ST) Placements⁶⁴ <u>Performance</u> <u>Neutral Finding</u>	801 children experienced a total of 1,501 N2N placements, and 1,366 children experienced a total of 2,945 ST placements. Not met	801 children experienced a total of 1,508 N2N placements, and 1,365 children experienced a total of 3,321 ST placements Not met	822 children experienced a total of 2,057 N2N placements, and 1,275 children experienced a total of a total of 3,700 ST placements. Not met	824 children experienced a total of 2,006 N2N placements, and 1,282 children experienced a total of a total of 3,577 ST placements. Not met

⁶⁴ The Neutral uses a case review process defined in *Section IV. Methodology* to determine progress for 2.5.5 Ending the Practice of Night-to-Night and Short-Term Placements.

Outcomes

	2021	2022	2023	2024
2.9.1 Placement Moves Rate				
<u>Standard</u>	7 moves per 1,000 days in care	6 moves per 1,000 days in care	5 moves per 1,000 days in care	4.4 moves per 1,000 days in care
<u>Performance</u>	5.84 moves per 1,000 days	7.29 moves per 1,000 days	7.94 moves per 1,000 days	7.24 moves per 1,000 days
<u>Neutral Finding</u>	Not met	Not met	Not met	Not met
2.9.2 Addressing Mental Health Needs⁶⁵				
<u>Standard</u>	80%	85%	90%	90%
<u>Performance</u>	65%	70%	52%	66%
<u>Neutral Finding</u>	Not met	Not met	Not met	Not met
2.9.3 Stable Placements⁶⁶				
<u>Standard</u>	80%	85%	90%	90%
<u>Performance</u>	86%	91%	87%	92%
<u>Neutral Finding</u>	Met	Met	Not met	Met

⁶⁵ The Neutral uses a case review process defined in *Section IV. Methodology* to determine progress for 2.9.2 Addressing Mental Health Needs.

⁶⁶ The Neutral uses a case review process defined in *Section IV. Methodology* to determine progress for 2.9.3 Stable Placements.

	2021	2022	2023	2024
2.9.4 One or Fewer Placement Moves				
<u>Standard</u>	75%	80%	85%	90%
<u>Performance</u>	Data not available. ⁶⁷	Data not available. ⁶⁸	83%	83%
<u>Neutral Finding</u>	In process	In process	Not met	Not met
2.9.5 Initial Mental Health and Trauma Screens⁶⁹				
<u>Standard</u>	80%	85%	90%	90%
<u>Performance</u>	34%	43%	69%	94%
<u>Neutral Finding</u>	Not met	Not met	Not met	Met

⁶⁷ Multiple data issues hindered the Neutral’s ability to validate the State’s performance for this year.

⁶⁸ Ibid.

⁶⁹ The Neutral uses a case review process defined in *Section IV. Methodology* to determine progress for 2.9.5 Initial Mental Health and Trauma Screens.

VI. Performance

Part 1: Accountability, Reporting, and Implementation

2.1.1 Contract Oversight and Accountability

Settlement Agreement Commitment	<i>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. The requirements will address performance-based metrics and applicability of DCF discretionary corrective action for nonperformance or inadequate performance. DCF shall reasonably exercise discretion in taking corrective action.</i>
Neutral Finding	The State met this commitment in 2021.

DCF met this commitment in 2021. The new Case Management Provider (CMP) contracts that went into effect on July 1, 2024, continued to include the provisions required by the Settlement Agreement.

CMP contracts authorize DCF to make incentive payments to and/or impose financial penalties on providers based on performance for specified outcomes during a State Fiscal Year (SFY). Settlement Agreement commitments included in the incentive schedule are eliminating Failure to Place (SA 2.5.1) and placement stability, measured by the rate of placement moves per 1,000 days in care (SA 2.9.1).

In SFY 2024 (July 1, 2023–June 30, 2024), TFI was the only provider to receive an incentive of .25 percent for placement stability in Area 4.⁷⁰ DCF imposed the following penalties for SFY 2024 performance:

- Providers in six catchment areas received a .2 percent penalty for performance related to placement stability: Areas 1 and 2 (SFM), Areas 3 and 6 (KVC), Area 5 (COC), and Area 8 (TFI). Area 7 (SFM) met the goal in their performance improvement plan and was not penalized.
- Providers in all eight catchment areas received a 0.2 percent penalty for having one or more episodes of Failure to Place.

⁷⁰ Incentive and penalty percentages are applied to each catchment area's State Fiscal Year Allowable Expenses less Reimbursed placement and encounter expenses.

2.1.2 Community Accountability Structure

Settlement Agreement Commitment	<i>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. The advisory group shall remain in place until the final termination of this Settlement Agreement. The structure shall include a statewide cross section of stakeholders and may include representation from existing advisory or planning groups for child welfare collaboration including family partners and youth with experience in care.</i>
Neutral Finding	The State continues to meet this commitment.

This commitment requires the State to develop an independent advisory group to “inform action planning and program improvement and to assist in the implementation of the Settlement Agreement.” The Kansas Foster Accountability Advisory Board (KFAAB) was established in June 2021 and continued to meet monthly throughout 2024.

The Agreement sets parameters for the composition of the Board and specifies that at least one-third of members are to be foster care providers, relative care providers, parents, and youth. The Board membership as of December 2024 is included in *Appendix D*. While KFAAB added members with lived experience in 2024, overall attendance from Board members declined over the year. In 2025, the Parties are working closely with KFAAB and the contracted facilitator, Wichita State University’s Community Engagement Institute (CEI), to provide administrative support and increase membership and engagement.

During the year, KFAAB continued to focus on creating accountability mechanisms and consistent practice expectations for CMPs, the ongoing need for more in-home supports to kinship and licensed foster families, and ways to increase access to mental health services, particularly crisis intervention services for children in custody. Representatives from DCF, KDADS, and CMPs attended a number of KFAAB’s meetings to answer questions and to provide information and materials as requested by the board.

KFAAB submitted formal recommendations to the State three times during the year, and the State responded in writing within 30 days each time, as the Agreement requires. First, on March 22, 2024, KFAAB submitted a formal recommendation that DCF survey biological and foster caregivers about utilization of the Helpline and provided specific suggestions for how to communicate about and build awareness of the Helpline. DCF responded on April 19, 2024, that it had already conducted a survey of foster parents regarding awareness of the Helpline and accepted the recommendation to ask Carelon to survey a sample of biological and foster parents about their experiences. DCF also indicated that it would consider KFAAB’s suggestions for future outreach but did not implement any changes at the time. Second, on May 24, 2024, KFAAB submitted a formal recommendation to DCF about simplifying marketing materials for the Helpline so they are more

understandable to children and families. In response, on June 21, 2024, DCF shared recent marketing materials and asked KFAAB for specific feedback.

Finally, on November 1, 2024, KFAAB submitted two formal recommendations. The first was regarding the solicitation of the Carelon contract. DCF responded on November 27, 2024, that they could not accept the recommendation based on State procurement rules. The second recommendation was to offer training to caregivers on child and brain development and the impact of trauma on children through a community-based agency. In response, DCF shared information about training that is available as part of the SOUL workgroup and requested feedback from the Board as to whether or not this training satisfied their recommendation.

2.1.3 Reporting

2.1.3a Incarceration Reporting

Settlement Agreement Commitment	<i>In addition to the reporting requirements specified elsewhere herein, Defendants shall: (a) 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.</i>
Neutral Finding	The State continues to meet this requirement.

DCF is required to provide data on all children in DCF custody who are placed in detention, jail, or other juvenile justice system facilities. Children in DCF custody are generally ordered to be incarcerated by a judge or other legal authority with the Kansas Department of Correction – Juvenile Services (KDOC-JS) when they have been accused of committing a crime.⁷¹ A judge or other legal authority with KDOC-JS may also order children in DCF custody to be placed in secure care after multiple instances of running away.⁷² Although children in DCF custody are detained in these facilities, episodes of incarceration are not considered a child welfare “placement,” and DCF does not have the authority to place a child in any jail or detention facility.

⁷¹ 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 children up to age 18. An individual child can be involved in both juvenile detention and jail episodes, and can experience more than one episode of incarceration during the year.

⁷² Placements in secure care are not considered detention or included in reporting for this Settlement Agreement requirement.

Methodology

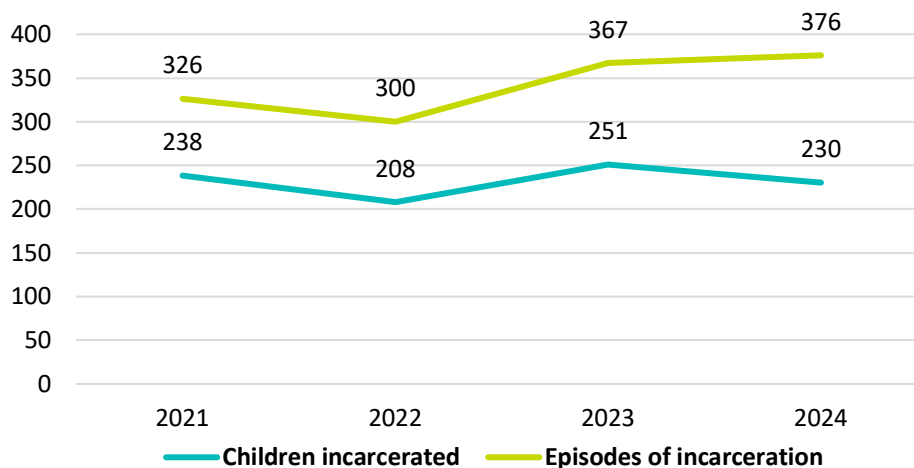
DCF provided data for all children in DCF custody who were incarcerated during the year. The Neutral analyzed the data by the number of times individual children were incarcerated (“episodes”), the length of each incarceration, and the child’s age, gender, race, and county of custody.⁷³

Performance

During 2024, 230 children experienced a total of 376 episodes of incarceration (Figure 7). While the total number of children who were incarcerated decreased compared to 2023, more children experienced multiple episodes of incarceration, resulting in the highest number of incarceration episodes experienced by children since 2021.

Figure 7. Total Number of Children Incarcerated and Incarceration Episodes 2021–2024

Source: DCF – FACTS, KDOC



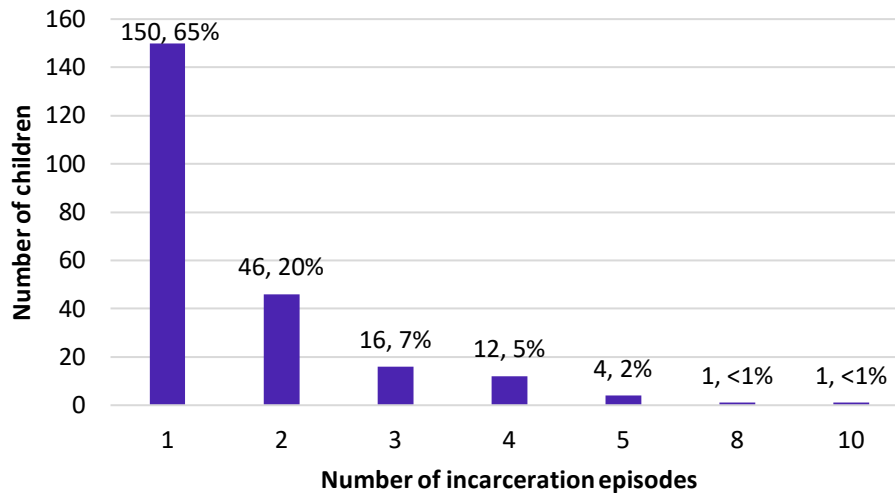
The majority of children who were incarcerated at any point in the year experienced one incarceration episode (65%), while 15 percent of children were incarcerated three or more times (Figure 8).

⁷³ DCF does not have access to detailed delinquency or incarceration data, such as a child’s specific charge, from KDOC-JS.

Figure 8. Number of Incarceration Episodes

2024; N = 230 children

Source: DCF – FACTS, KDOC



In 2024, 106 children (46%) were incarcerated 31 days or more over the course of the year, with 43 (19%) of children spending 91 days or more incarcerated (Table 7). Eighty-three children (36%) spent 14 days or less incarcerated during the year. Incarceration episodes mostly occurred in detention facilities (373 episodes, 99%) rather than jails (3 episodes, <1%).

Table 7. Total Days Incarcerated, by Child

2024; N = 230 children

Source: DCF – FACTS, KDOC

Total days incarcerated	No. of Children	%
1 to 7 days	60	26%
8 to 14 days	23	10%
15 to 30 days	41	18%
31 to 60 days	40	17%
61 to 90 days	23	10%
91 days or more	43	19%
Total	230	100%

Almost half (47%) of all incarceration episodes experienced by children during the year lasted 14 days or less (176 of 376 episodes), while 33 percent (123 of 376 episodes) lasted 31 days or longer (Table 8).

Table 8. Duration of Incarceration Episodes, by Episode

2024; N = 376 incarceration episodes

Source: DCF, KDOC

Duration of incarceration by episode	No. of episodes	%
1 to 7 days	131	35%
8 to 14 days	45	12%
15 to 30 days	77	20%
31 to 60 days	57	15%
61 to 90 days	21	6%
91 days or more	45	12%
Total	376	100%

Children from Sedgwick, Shawnee, Wyandotte, Crawford, and Saline counties accounted for half (50%) of all incarceration episodes experienced by children in DCF custody during the year (Table 9). Together, these five counties served 41 percent of all children in DCF custody in 2024. See *Appendix E* for incarceration data for all counties with at least one incarcerated child.

Table 9. Counties with Highest Number of Incarceration Episodes

2024; N = 376 incarceration episodes; N = 8,901 episodes of children in custody

Source: DCF – FACTS, KDOC

County	Episodes of incarceration		Episodes of children in custody ⁷⁴	
	No.	%	No.	%
Sedgwick	84	22%	1,946	22%
Shawnee	46	12%	939	11%
Wyandotte	25	7%	363	4%
Crawford	17	5%	261	3%
Saline	17	5%	147	2%
Total episodes in top five counties	189	50%	3,656	41%
Total Episodes Statewide	376	100%	8,901	100%

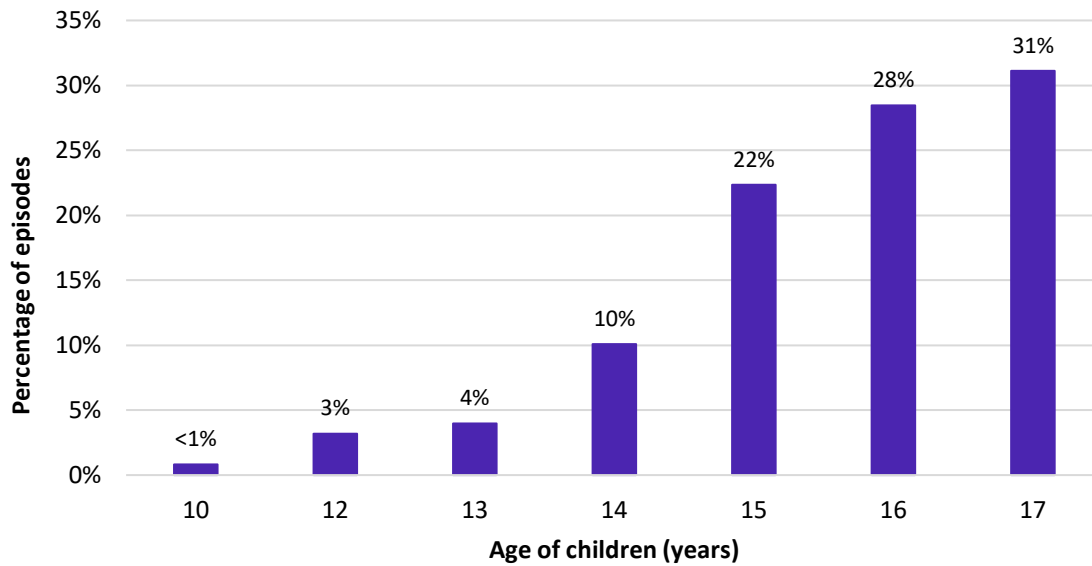
Children aged 16 or 17 accounted for the majority of episodes of incarceration (224, 60%), while the youngest child to experience incarceration was 10 years old (Figure 9).

⁷⁴ An episode of custody refers to the period of time a child is in foster care between entering and exiting. Children may experience multiple episodes of custody in the same year if they exit foster care and subsequently reenter.

Figure 9. Age of Children at Start of Incarceration Episode

2024; N = 376 incarceration episodes

Source: DCF – FACTS, KDOC

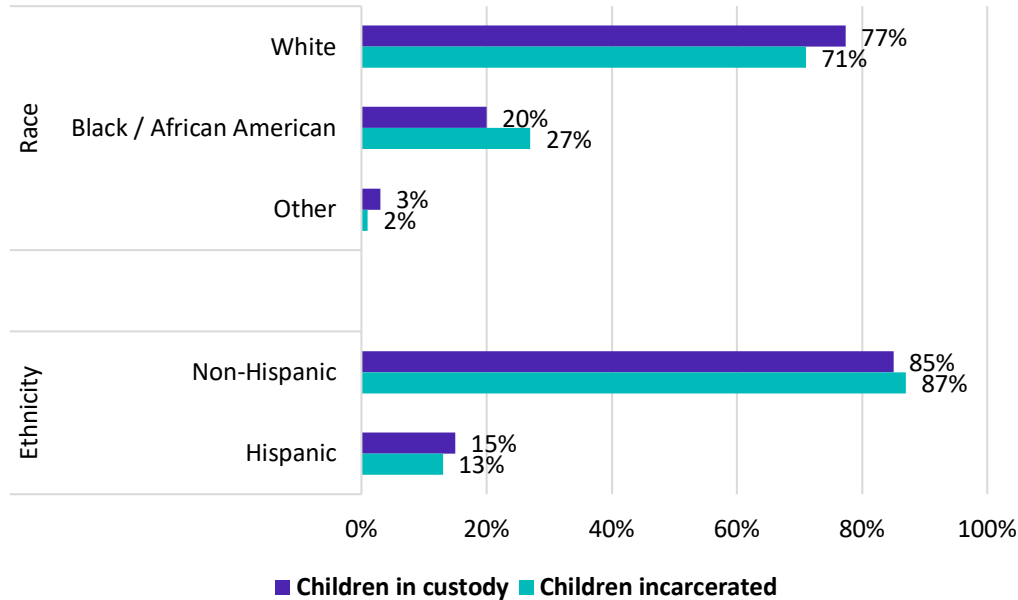


Black/African American children were disproportionately represented among those incarcerated in 2024. Specifically, 27 percent of children who were incarcerated were Black/African American, compared to 20 percent of all children in DCF custody during the year (Figure 10). By contrast, 71 percent of children who were incarcerated were White, compared to 77 percent of all children in DCF custody. Hispanic children, who may be of any race, made up 13 percent of all children incarcerated, slightly below the share of Hispanic children in DCF custody (15%).

Figure 10. Race and Ethnicity of Children Incarcerated Compared to Children in DCF Custody⁷⁵

2024; N = 230 children incarcerated; N = 8,826 children in DCF custody during 2024

Source: DCF – FACTS, KDOC



The vast majority (80%) of children incarcerated at any time in 2024 continued to be in DCF custody on December 31, 2024 (Table 10). Of the children who were no longer in care, most aged out of care (9%) or were reunified with a parent or other caregiver (7%).

Table 10. Foster Care Status of Children Incarcerated as of December 31, 2024

2024; N = 230 children

Source: DCF – FACTS, KDOC

Foster care status as of December 31, 2024	No.	%
In foster care ⁷⁶	185	80%
Aged-out of foster care	20	9%
Reunified with parent(s) or other caregiver(s)	15	7%
Transferred to another person/agency	3	1%
Other ⁷⁷	7	3%
Total	230	100%

⁷⁵ Column percentages do not add to 100 percent due to rounding.

⁷⁶ Includes children that were still incarcerated as of December 31, 2024.

⁷⁷ “Other” includes foster care status of Death of Child (1 child), Guardianship (2 children), and Runaway (4 children).

Summary

The number of children incarcerated in 2024 was the second lowest of all periods and decreased from the number of children incarcerated in 2023. However, more children were incarcerated multiple times, resulting in the highest number of incarceration episodes reported across all periods. Black/African American children continued to be overrepresented among those who were incarcerated during the year. The majority of incarceration episodes occurred for children from five counties – Sedgwick, Shawnee, Wyandotte, Crawford, and Saline.

2.1.3b Caseload Reporting

Settlement Agreement Commitment	<i>In addition to the reporting requirements specified elsewhere herein, Defendants shall: (b) 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.</i>
Neutral Finding	The State continues to meet this requirement.

The CMP contracts that went into effect on July 1, 2024, included new caseload standards set by DCF (Table 11). The new standards, based on those recommended by the Council on Accreditation (COA), have a lower child-to-worker ratio than the prior standards, and prohibit the practice of non-aftercare workers, including permanency case workers, from carrying aftercare cases.^{78,79}

Table 11. Comparison of Caseload Standards
2024

Worker type	January – June caseload standard	July – December caseload standard
Permanency case worker	25 to 30 cases	15 cases
Adoption/Guardianship case worker	NA	25 cases
Treatment/Therapeutic Foster Care case worker	NA	8 cases

The new standards require a significant decrease in the number of cases a worker can be assigned, which required the CMPs to hire, train, and retain more staff as of July 1, 2024. The new contracts did not provide additional funding to support adding positions prior to July 1, thus there was an anticipated transition period as the standards came into effect. Several CMPs were required to make structural changes to staffing models to have separate aftercare units, as permanency case workers for those providers had previously continued to serve children and families after

⁷⁸ Additional information about COA can be found [here](#).

⁷⁹ Aftercare workers provide support to children and their caregivers (as applicable) for up to six months after they exit DCF custody.

permanency was achieved. To allow for continuity of care for children and families, aftercare cases active prior to July 1 were not always transitioned from permanency workers simply because the standard changed.

Methodology

CMPs provided caseload data monthly on a random date identified by the Neutral. Data were submitted in a uniform format using a template collaboratively developed by the Neutral, DCF, and the CMPs during prior reporting periods. To calculate if caseloads were within the standard between January and June 2024, the Neutral reports the total caseload carried by permanency case workers regardless of case type (permanency or aftercare), and compares that number to the standard of 30 cases. To calculate caseloads from July through December 2024, the Neutral applied case weights to determine a case worker's total caseload. Case weights are determined by the case type.⁸⁰ Specifically, each treatment foster care (TFC) case is weighted as 1/8th of a full caseload, each adoption case is weighted as 1/25th of a full caseload, and all other permanency cases are weighted as 1/15th of a caseload. Each case weight is added together to calculate a total caseload. If the total caseload is greater than one, the case worker's caseload is not within the standard.⁸¹ Permanency case workers who carry aftercare cases are not considered compliant with the standard.

As an additional validation step, the Neutral team conducted virtual interviews with CMP permanency case workers and supervisors to verify the submitted quantitative caseload data. The Neutral team spoke with over 40 case workers and supervisors across all five CMPs. The interviews found that, generally, the caseload data submitted by the CMPs was consistent with the caseloads reported by case workers.

Data throughout this section are shown separately for the period between January to June and for July to December 2024 to reflect the new caseload standards and the change in CMP for Area 7 from SFM to EHC. This section includes analysis of caseloads only for permanency case workers ("case worker") and permanency case worker supervisor ("supervisor") by catchment area and CMP.

⁸⁰ DCF and the CMPs did not identify case type for caseloads for July through December 2024. Per DCF's guidance, the Neutral utilized the child's identified permanency goal to determine the case type and its caseload weight. In this section, "children" refers to children who were reported as having a permanency case in the caseload data submitted by the CMPs.

⁸¹ For example, if a permanency case worker carried two treatment foster care cases, 10 adoption permanency cases, and 12 permanency cases with any permanency goal (other than adoption), their total caseload (or total case weight) would be 1.45: (2 TFC cases × 1/8th case weight) + (10 adoption permanency cases × 1/25th case weight) + (12 non-adoption permanency cases × 1/15th case weight) = 1.45. One full caseload has a total case weight of 1.00. A caseload with a total weight of 1.45 is 145% of a full caseload, or 145% of the contractual standard.

Performance

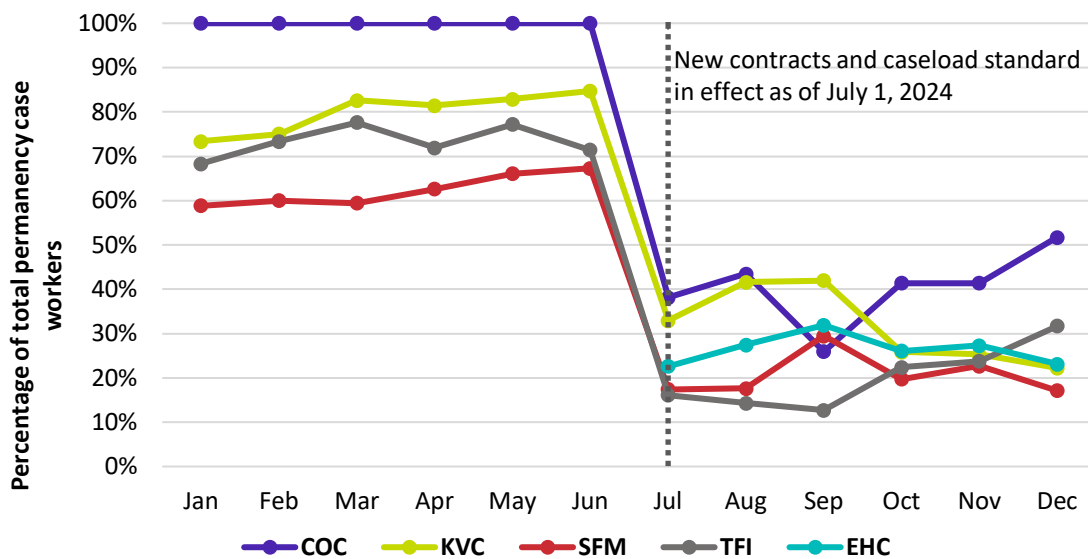
Case Worker Caseloads

Overall, CMPs did not meet the caseload standards during 2024 (Figure 11). While case workers were generally assigned the same number of children on their caseload statewide and in each catchment area throughout the year, compliance with the caseload standards decreased sharply once new standards that cut the permanency caseloads in half went into effect on July 1, 2024. The median total cases per case worker was 22 in June and 21 in July, and the range of total cases per case worker was zero to 67 in June and one to 70 in July. Additionally, the total number of cases statewide did not increase from June 2024 (7,230 cases) to July 2024 (7,194 cases).⁸²

During the first half of the year, 100 percent of COC case workers were within the applicable standard of no more than 30 children per case worker while between 59 and 85 percent of case workers from SFM, TFI, and KVC were within the standard. During the second half of the year, when the new caseload standards were in effect, no more than 52 percent of workers were within the applicable standard across the five CMPs. TFI and COC appeared to make progress toward meeting the new caseload standards from September through December.

Figure 11. Case Workers Within the Standard, by CMP⁸³
2024

Source: All DCF contracted CMPs



Performance varied by catchment area (Figure 12). From January 2024 through June 2024, 100 percent of case workers in Area 5 (COC), and between 88 to 96 percent of case workers in Area 6 (KVC) were within the standard. The lowest percentages (33% to 39%) of case workers within the

⁸² This includes permanency and aftercare cases.

⁸³ This excludes cases with no assigned case worker and cases assigned to any staff who were not classified as permanency case workers (including any supervisors). See *Appendix F* for a detailed breakdown of the number and percentage of case workers within the caseload standard in each month, by CMP.

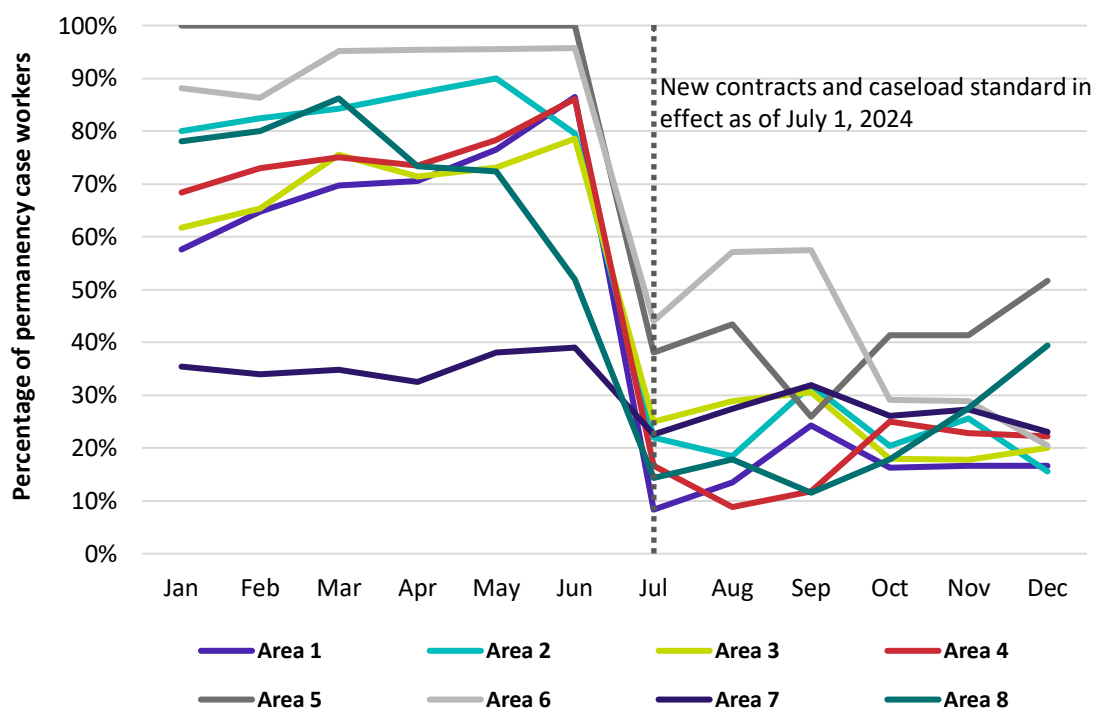
standard from January 2024 through June 2024 were in Area 7, served by SFM at the time. In the remaining five catchment areas, between 58 and 90 percent of workers were within the standard in effect during the first half of the year.

The percentage of case workers within the standard varied from July 2024 through December 2024 as CMPs adjusted to the new requirement. In December 2024, the percentage of case workers within the standard ranged from 16 percent (Area 2, SFM) to 52 percent (Area 5, COC).

Figure 12. Case Workers Within the Standard, by Catchment Area

January - December 2024

Source: All DCF contracted CMPs



When caseloads are high, case workers, children, parents, and caregivers can all feel the impacts, with workers experiencing increased stress and having less time to spend directly working with each child and family. On a typical day between July and December 2024, an average of only 16 percent of children had a case worker who was carrying a caseload within the contractual standard each month, while a monthly average of 43 percent of children were assigned to a case worker carrying a caseload that exceeded the contractual standard.⁸⁴ Figure 13 shows, by CMP, the average monthly percentage of children whose case worker was (1) within the standard, (2)

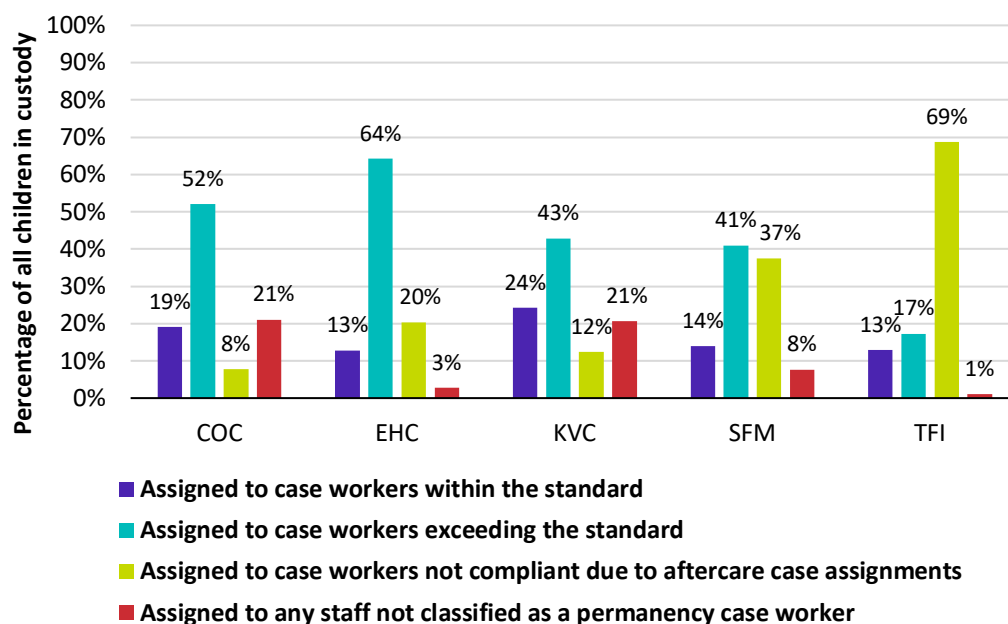
⁸⁴ This is not exactly comparable to the analysis in 2023, when all children with a case worker assigned were included in the analysis regardless of case type. The current analysis only includes children with a permanency case.

was exceeding the standard, (3) did not meet the standard because they carried aftercare case assignments, or (4) was not designated as a permanency case worker.⁸⁵

Figure 13. Average Monthly Percentage of Children by CMP and Assigned Worker’s Status, July Through December⁸⁶

2024

Source: All DCF contracted CMPs



Supervisor Caseloads

The CMP contracts do not specify a caseload standard for supervisors, as supervisors are not expected to carry cases. However, between three and 75 percent of supervisors across all CMPs were assigned their own caseload; data show that all CMPs except KVC generally decreased the percentage of supervisors carrying cases in the second half of the year (Figure 14).

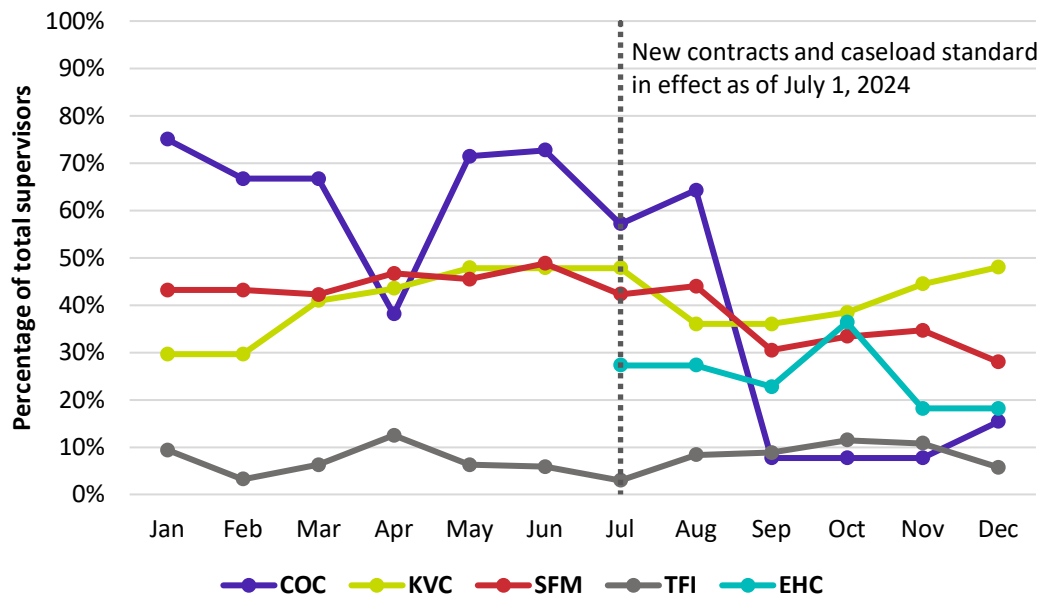
⁸⁵ This includes non-permanency case workers and any supervisors.

⁸⁶ This figure excludes children with no case worker assigned. In three instances (one at COC and two at EHC), children were reported as being assigned to two primary permanency case workers and their cases were counted towards both case workers’ caseloads.

Figure 14. Case Worker Supervisors Carrying Cases, by CMP, by Month⁸⁷

2024

Source: All DCF contracted CMPs



Summary

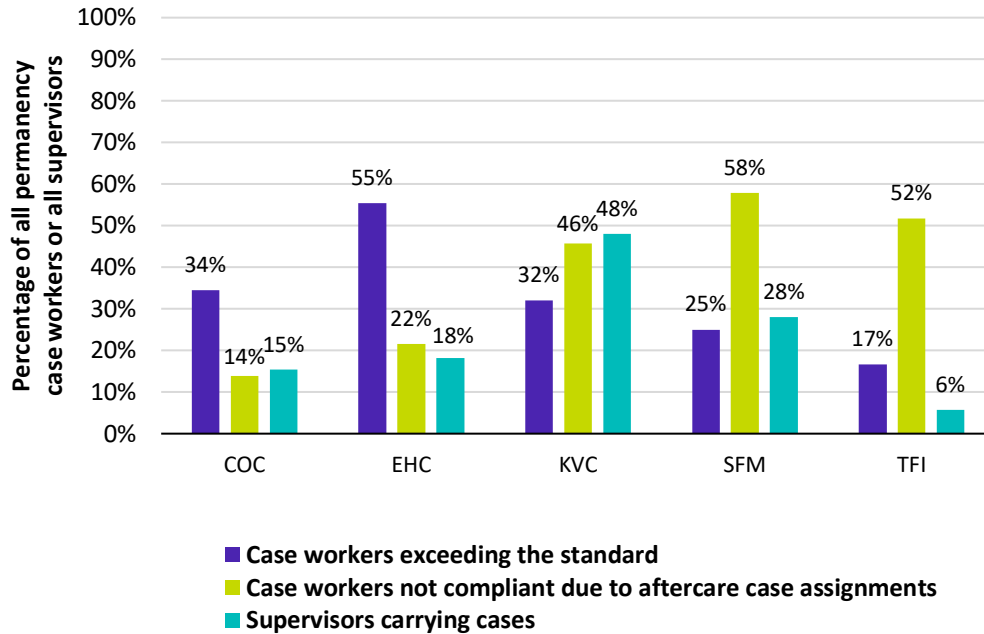
Figure 15 shows a comparison of the rate of case workers exceeding the standard, case workers who are not within the standard due to aftercare case assignments, and supervisors carrying cases across all five CMPs, as of December 12, 2024. All five CMPs had case workers who did not meet the caseload standard and supervisors who were responsible for a caseload. The percentage of supervisors carrying cases was as high as 48 percent at KVC. The percentage of case workers exceeding the standard was as high as 55 percent at EHC.

⁸⁷ See *Appendix F* for a detailed breakdown of the number and percentage of case worker supervisors carrying cases each month, by CMP.

Figure 15. Case Workers Not Within the Standard and Supervisors Carrying Cases, by CMP

December 12, 2024

Source: All DCF contracted CMPs



During the Neutral’s conversations with case workers and other CMP staff, high caseloads were mostly attributed to staff turnover and workforce transitions. Many case workers reported relying on their supervisors or family support workers/case aids to assist them in managing their caseloads. CMPs expressed difficulty finding qualified workers to fill open permanency case worker positions.

The State should be commended for lowering the contractual caseload standard with the goal of lowering CMP caseloads to manageable levels. The transition has been difficult and incremental. The change in caseload compliance as of July 2024 was due to the change in the standard as opposed to a sudden increase in caseloads, as total caseloads carried by case workers across the state were not substantially different from June 2024 to July 2024. While the significant drop in compliance with standards in July is attributed to the change in requirement, only TFI and COC were making progress towards meeting the new standard as of December 2024, highlighting that significant staffing challenges continue statewide.

Placement Stability


It is imperative that children in foster care are placed in settings where they are safe, supported, and can maintain connections with their family, peers, schools, and community. Children who live in unstable placements or who experience multiple placement moves are at risk for negative impacts on their safety, permanency, and well-being, including educational success, both near term and in their futures. The Settlement Agreement includes five commitments that measure different components of placement stability. DCF is required to ensure children are in stable placements (SA 2.9.3), to limit the number of children who have one or more placements (SA 2.9.4), and to lower the rate of placement moves (2.9.1). The State is also required to eliminate failure to place (2.5.1) and very brief placements lasting one-to-14 nights (2.5.5). Finally, the State must ensure the total number of children placed in foster homes is either at or below their licensed capacity or has an approved exception (SA 2.5.2).

In January 2025, the State committed to providing unvalidated data on the use of overnight placements and importantly, to ending the practice statewide.⁸⁸ The practice of overnight placements blossomed as an unintended consequence when CMPs began trying to limit episodes of Failure to Place (FTP). In these instances, foster caregivers were allowed to care for children in the most limited ways. To accommodate caregivers' schedules, children in overnight placements were often picked up early in the morning (sometimes as early as 6:00am) and not returned to a placement, the same one or a different one, until late in the evening (8:00pm or later). Children experiencing overnight placements often spend daytime hours in unlicensed day centers where they shower, do laundry, and eat two to three meals a day.⁸⁹ As with FTP, night-to-night, and short-term placements, this level of instability increases trauma, disrupts connections and prevents children from being able to participate in activities that are necessary and should be routine, such as attending public school or participating in family life. The Neutral was also concerned that overnight placements are not visible in DCF's placement data, as some children end up returning to the same overnight placement for many consecutive nights, so it was not and still does not appear as a night-to-night placement or short-term placement in data reports. The Neutral learned of this practice through anecdotal reports and interviews with some youth and then followed up with the State to understand the nature and scope of this problem.

Unvalidated data provided by DCF show that children served by EHC and SFM experience most of the overnight placements in the state. COC and TFI have had very few children with overnight placements and KVC has not reported any children experiencing an overnight placement since May of 2025. Overall, between the end of November, 2024 and the beginning of August, 2025, the number of children experiencing at least one overnight placement during a week ranged from a high of 140 in late December, to a low of 68 during the week ending August 1, 2025. While there have been fluctuations over time, the number of children experiencing overnight placements has generally decreased since DCF began tracking the data. This is progress that should continue as

⁸⁸ DCF compiles data reported by CMPs to share with the Neutral and Plaintiff's attorneys. The data are not independently validated by the Neutral.

⁸⁹ DCF updated their Policy and Procedure Manual to include a definition of overnight placement: "placement providing care during overnight hours only." See *Section 5233 Placement Definitions* [here](#).



DCF and CMPs implement more specific strategies to meet the deadline of ending overnight placements by February, 2026.

As previously stated, findings for the placement stability commitments from 2024 are consistent with previous years - most children in foster care are in a stable placement, but children without stable placements continue to experience failure to place, night-to-night and short-term placements. Some children experience multiple instances of these types of placements or FTPs and have significant placement instability. Statewide performance on night-to-night, short-term, and children experiencing one or fewer placements was stagnant and there was a significant increase in episodes of FTP in Area 7 (EHC) in 2024. Certain catchment areas had strong performance for some commitments. Areas 5 (COC) and 8 (TFI) had no children experience an FTP in 2024, and Area 4 (TFI), had a lower rate of placement moves than required by the Settlement Agreement. Areas 4 (TFI), 5 (COC), and 8 (TFI) all had a smaller percentage of night-to-night placements when compared to the total number of children they served.

To better understand the overall findings for each commitment, the Neutral analyzed the age, race, and catchment area of children. Findings for these analyses are consistent across placement stability commitments. Black/African American children are overrepresented among children who experienced two or more placement moves, at least one episode of FTP, and night-to-night and short-term placements; and the rate of placement moves for Black/African American children is almost 50 percent higher than it is for White children. Similarly, older children, aged 12 to 17 disproportionately experience multiple placement moves, failure to place, and night-to-night and short-term placements. While these experiences are more prevalent among older children, younger children, including those aged 0 to 6, do experience night-to-night, short-term and two or more placement moves. Detailed analysis of each commitment is in the following sections of this report.

2.9.3 Stable Placements

Settlement Agreement Commitment	<i>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, utilizing the definitions and measurements in Item 4 of CFSR Onsite Review Instrument and Instructions (Jan. 2016). The sample shall be to a 90% confidence interval with a 5% margin of error. The sample selection process and review protocol shall be approved by the Neutral. The results shall be independently validated by the Neutral with the Neutral reviewing up to 50% of the cases in the sample.</i> Final Outcome: 90%
Neutral Finding	Case reviews found that 92 percent of children whose cases were reviewed were in stable placements. The State met this commitment for 2024 (Period 4).

This commitment requires DCF to ensure children are in stable placements. The final target is that, by the end of 2024, 90 percent of children whose cases are reviewed must be in a stable placement.

Methodology

The Agreement specifies that this Outcome is measured by applying the federal CFSR standards for stable placements. DCF and the Neutral used the case read process outlined in *Section IV. Methodology* to collect data and assess current performance. The review sample included 263 children who were in custody in 2024. Reviewers read documentation in the case records and considered the following CFSR criteria to determine if the child was in a stable placement:

- the length of time the child had been in the placement;
- the attachment/bond between the placement provider and the child;
- if the child's daily care needs were being met;
- if the child's physical and behavioral health needs were being met;
- if there was any documentation indicating the current placement may not have been able to continue to care for the child; and
- if there were problems threatening stability that the agency did not effectively address.^{90,91}

⁹⁰ The child's current placement for the period under review (2024) was either the child's placement on December 31, 2024, or the child's most recent placement in foster care if they were discharged from custody during the year.

⁹¹ The Specialized Read Tool used to assess this Outcome is included in *Appendix B*.

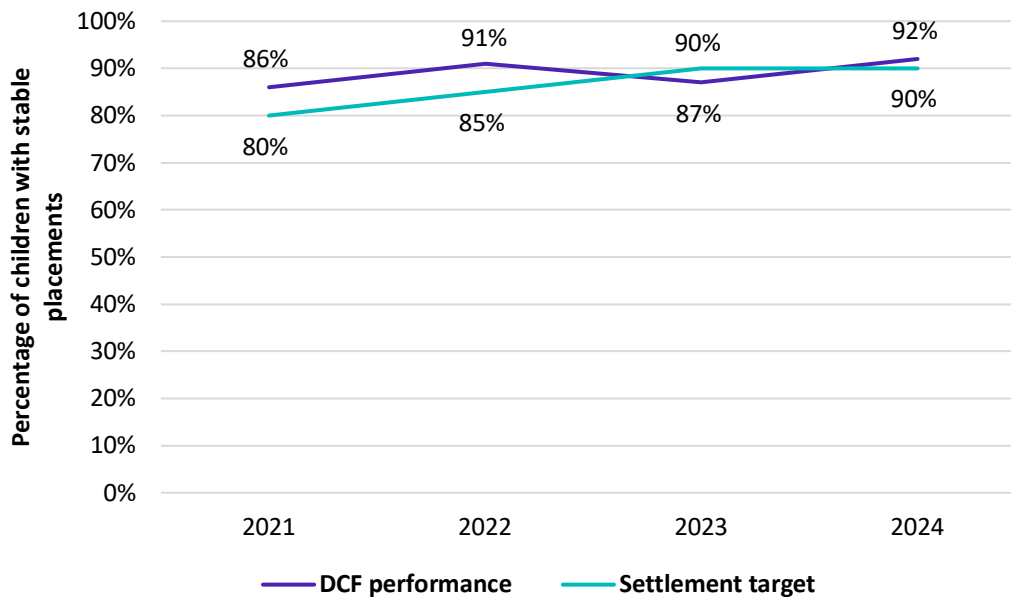
Performance

The Neutral compared current performance to past reporting periods and disaggregated results by catchment area.

Case reviews determined that 92 percent (242 of 263) of children whose cases were reviewed were in stable placements. This performance exceeds the final target of 90 percent and improved after a decrease from 2022 to 2033 (Figure16).

Figure 16. Stable Placements Case Read Performance, by Year⁹²
2021–2024

Source: Settlement Case Reads



Performance varied slightly across catchment areas and CMPs but was strong overall (Table 12). Area 8 (TFI) had the highest performance with 100 percent of the children whose cases were reviewed in stable placements. Other areas ranged from 86 to 96 percent of children in stable placements. This was an improvement from 2023 when the lowest performance in a catchment area was 74 percent.

⁹² There was sufficient interrater reliability between the Neutral and DCF's case read results across all four years.

Table 12. Stable Placements Case Read Performance, by Catchment Area

2024; N = 242 children whose cases met the standard; N = 263 children whose cases were reviewed

Source: Settlement Case Reads

Catchment area (CMP)	Children whose cases met the standard	Children whose cases were reviewed	2024 performance
Area 1 (SFM)	25	26	96%
Area 2 (SFM)	27	30	90%
Area 3 (KVC)	31	36	86%
Area 4 (TFI)	35	39	90%
Area 5 (COC)	15	16	94%
Area 6 (KVC)	27	30	90%
Area 7 (SFM & EHC)	57	61	93%
Area 8 (TFI)	25	25	100%
Statewide performance	242	263	92%

2.9.1 Placement Moves Rate

Settlement Agreement Commitment	<i>As independently validated by the Neutral, 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. The rate shall be determined using the definitions and measurements utilized by the CFSR Round 3 Statewide Data Indicator for Placement Stability and its Syntax Revisions.</i> Final Outcome: no more than 4.4 moves per 1,000 days in care
Neutral Finding	The Neutral's data analysis found that children who entered care during Federal Fiscal Year (FFY) 2024 experienced a rate of 7.24 placement moves per 1,000 days in care. The State did not meet this commitment for FFY 2024 (Period 4).

This commitment requires DCF to limit the number of placement moves experienced by children entering custody during a 12-month period. The final target of no more than 4.4 moves per 1,000 days in care is equivalent to a rate of 1.6 moves per 365 days in care; the State's performance in 2024 of 7.24 moves per 1,000 days in care is equivalent to 2.64 placement moves per 365 days in care.

Methodology

The rate of placement moves for children entering DCF custody during a 12-month period was calculated using the definitions and measurements for the Statewide Data Indicator for Placement Stability established for the federal CFSR. This Outcome is reported by Federal Fiscal Year rather

than calendar year, and data reported in this section cover FFY 2024 (October 1, 2023 to September 30, 2024).⁹³ During FFY 2024, 2,516 children entered DCF custody, and the Neutral used DCF’s foster care data files to calculate the rate of placement moves for these children.⁹⁴

Performance

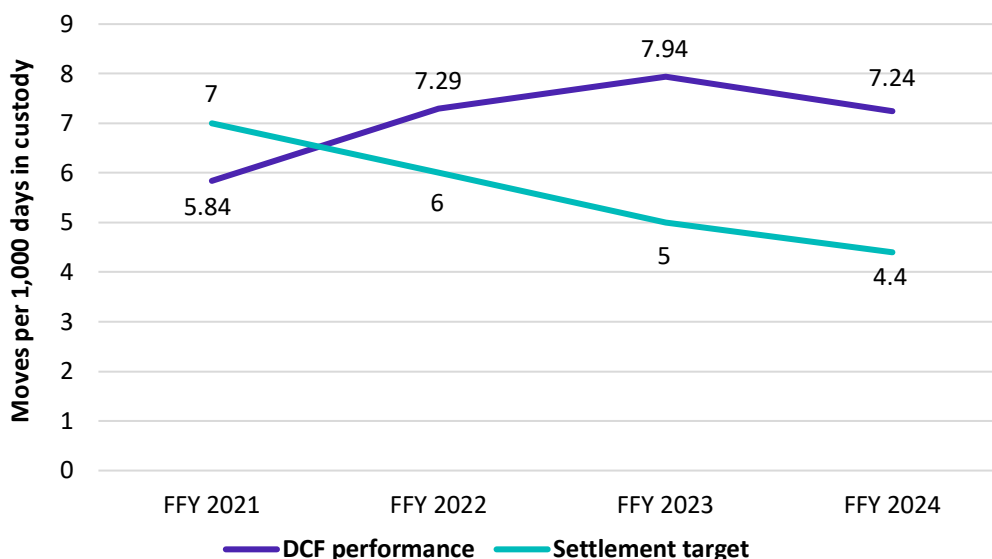
The Neutral compared DCF’s Period 4 performance to prior reporting periods, analyzed the distribution of placement moves among children who entered custody during FFY 2024, and examined this commitment by race and age of children, and DCF catchment area.

The rate of 7.24 moves per 1,000 days in care is a slight improvement from FFY 2023 when the rate was 7.94, however it is nearly 65 percent higher than the final Period 4 target of no more than 4.4 moves per 1,000 days in care (Figure 17).

Figure 17. Placement Moves Rate, by Year

FFY 2021–2024 (Periods 1–4)

Source: DCF – FACTS



To better understand the overall rate of placement moves, the Neutral analyzed the distribution of placement moves among children (Table 13). Of the 2,516 children who entered DCF custody in FFY 2024, just over half (52%) had no placement moves. There was also a group of children who experienced significant placement instability. Specifically, 90 children experienced six or more

⁹³ The Settlement Agreement intended for Outcomes 2.9.1 and 2.9.4 to be evaluated using AFCARS data, which aligns with the FFY October 1 through September 30. The Parties agreed to alter the reporting timeline in the Agreement to the FFY rather than calendar year for these two commitments only, with each period commencing on October 1.

⁹⁴ Due to data quality issues in DCF’s AFCARS files, commitment 2.9.1 could not be calculated using the AFCARS files; see *Appendix C “Data Validation and Limitations”* for details. This commitment was instead calculated using an approximation of the AFCARS files based on FACTS placement data throughout the FFY.

placement moves. The 1,063 moves these children experienced accounted for more than one-third (37%) of the 2,875 placement moves children who entered custody during FFY 2024 experienced and contributed significantly to the high overall rate of placement moves.

Table 13. Distribution of Placement Moves Among Children Who Entered Custody

FFY 2024 (Period 4); N = 2,516 children who entered DCF custody in FFY 2024

Source: DCF – FACTS

Number of placement moves	Number of children	Percent of children
0	1,298	52%
1	698	28%
2	282	11%
3	69	3%
4	52	2%
5	27	1%
6-10	51	2%
11-20	27	1%
21+	12	<1%
Total	2,516	100%

Children aged 12 to 17 experienced a significantly higher rate of placement moves than younger children (Table 14). A rate of 13.5 moves per 1,000 days in care means children aged 12-17 experienced an average of five moves during their first year in custody.

Table 14. Placement Moves Rate per 1,000 Days in Care, by Age

Period 4 (FFY 2024); N = 2,516 children who entered DCF custody in FFY 2024

Source: DCF – FACTS

Age at start of FFY 2024	Number of children	Placement moves rate ⁹⁵
0-6 years	1,139	3.55
7-11 years	536	6.13
12-17 years	841	13.50
Total	2,516	7.24

The rate of placement moves for Black/African American children (10.02 moves per 1,000 days in care) is more than 50 percent higher than the rate for White children (6.60 moves per 1,000 days in care). The number of children from other racial and ethnic groups was too small for a reliable calculation of the placement moves rate for these groups.

⁹⁵ The placement moves rate is the total number of placement moves within each age group divided by the total number of days spent in custody within each age group.

Table 15. Placement Moves Rate per 1,000 days in Care, by Race

Period 4 (FFY 2024; N = 2,024 White children who entered DCF custody in FFY2024; N = 427

Black/African American children who entered DCF custody in FFY2024

Source: DCF – FACTS

Race	Number of children	Placement moves rate ⁹⁶
White	2,024	6.60
Black/African American	427	10.02

Children in Area 2 (SFM), Area 3 (KVC), and Area 5 (COC) all had placement moves rates substantially higher than the statewide rate, and close to or more than double the Period 4 target (Table 15). Area 4 (TFI) is the only catchment area that met the target with 4.13 moves per 1,000 days in care. Overall, performance by CMP varied and none met the standard for all areas served, though TFI had the strongest performance with Areas 4 and 8 having the two lowest rates among all catchment areas.

Table 16. Placement Moves Rate per 1,000 days in Care, by Catchment Area

FFY 2024 (Period 4); N = 2,516 children who entered DCF custody in FFY 2024

Source: DCF – FACTS

Catchment area (CMP)	Number of children	Placement moves rate ⁹⁷
Area 1 (SFM)	356	6.05
Area 2 (SFM)	396	10.14
Area 3 (KVC)	361	9.43
Area 4 (TFI)	295	4.13
Area 5 (COC)	121	8.74
Area 6 (KVC)	287	7.56
Area 7 (SFM & EHC) ⁹⁸	513	6.54
SFM (10/1 - 6/30)	384	5.86
EHC (7/1 - 9/30)	500	6.56
Area 8 (TFI)	187	5.35
Total⁹⁹	2,516	7.24

⁹⁶ The placement moves rate is the total number of placement moves within each racial group divided by the total number of days spent in custody within each racial group.

⁹⁷ The placement moves rate is the total number of placement moves within each catchment area divided by the total number of days spent in custody within each catchment area.

⁹⁸ Children with episodes that span before and after July 1 are included in both the SFM and EHC counts, so the SFM and EHC subtotals and percentages do not sum to the Area 7 total.

⁹⁹ Total includes the sum of all catchment areas, excluding the SFM-specific and EHC-specific rows.

2.9.4 One or Fewer Placement Moves

Settlement Agreement Commitment	<i>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 the twelve (12) months immediately preceding the last date of that reporting period. Moves shall be determined using the definitions and measurements utilized by the CFSR Round 3 Statewide Data Indicator for Placement Stability and its Syntax Revisions. This measure shall include all children in the Class at any point during the twelve (12) month reporting period, whether or not they were still in the Class at the end of the reporting period. The measure shall be the number of Placement Moves in the twelve (12) months immediately preceding the last date of the reporting period, i.e., only moves occurring during the reporting period will be considered for this measure.</i> Final Outcome: 90%
Neutral Finding	The Neutral's data analysis found that 83 percent of children in DCF custody at any point during FFY 2024 experienced one or fewer placement moves. The State did not meet this commitment for FFY 2024 (Period 4).

This commitment requires DCF to limit the number of placement moves children experience in a 12-month period. The final target is for 90 percent of children in DCF custody to have no more than one placement move in a year.

Methodology

The Agreement specifies that the number of placement moves children experience is determined using the definitions and measurements utilized by the federal CFSR.¹⁰⁰ Similar to the previous metric (SA 2.9.1), this Outcome is reported by FFY – October 1, 2023 to September 30, 2024.

Performance

The Neutral compared DCF's FFY 2024 performance to prior reporting periods and examined this commitment by the child's age, race, and DCF catchment area.

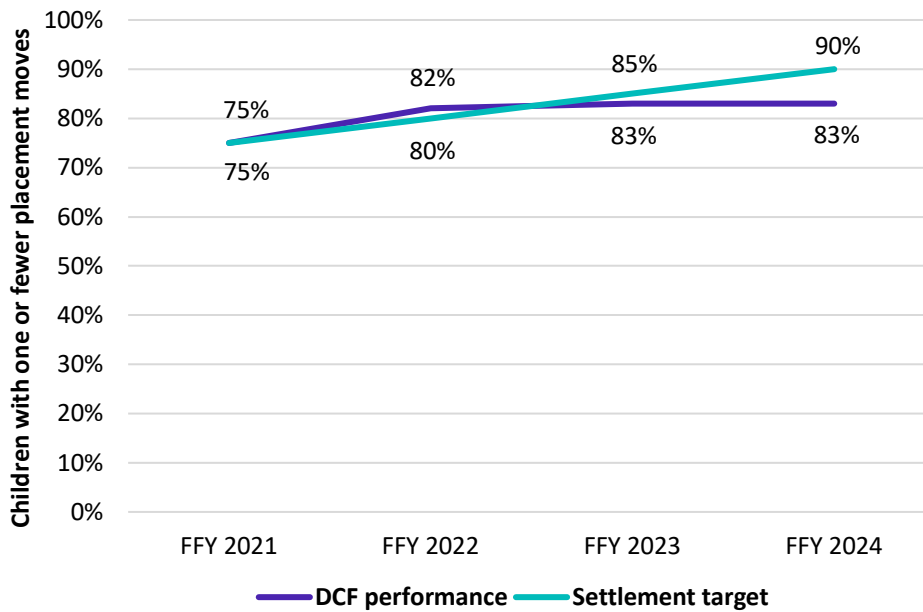
Of the 8,146 children in DCF custody at any point during FFY 2024, 6,727 (83%) experienced one or fewer placement moves (Figure 18). While performance on this measure has improved since FFY 2021, it remained the same as FFY 2023 and DCF fell short of meeting the final Period 4 target of 90 percent.

¹⁰⁰ Changes to the AFCARS reporting guidelines make it difficult to calculate performance for this metric using the new file format. The Parties agreed for the Neutral to use FACTS placement data rather than AFCARS for this analysis. This change in data file did not affect the agreed upon methodology used to calculate this metric.

Figure 18. Total Children with One or Fewer Placement Moves¹⁰¹

FFY 2021–2024 (Periods 1–4)

Source: DCF – FACTS



During FFY 2024, more than half (65%) of children in DCF custody experienced no placement moves and almost one-fifth (18%) experienced one move (Table 16). There were 341 children who experienced six or more moves. While these children account for only four percent of children in custody, the 4,517 combined placement moves they experienced are 50 percent of the total placement moves in FFY 2024.

¹⁰¹ For FY 2021 and 2022, the Neutral used the historical format AFCARS file. For FY 2023 and 2024, the Neutral used a FACTS-based approximation of the AFCARS 2020 format. Also, the files for FYs 2021 and 2022 had numerous data quality issues that led the Neutral to decide not to include these calculations in either of the previous two annual reports. They are included here for reference only.

Table 17. Distribution of Placement Moves Among Children in DCF Custody¹⁰²

FFY 2024 (Period 4); N = 8,146 children in custody during FFY 2024

Source: DCF – FACTS

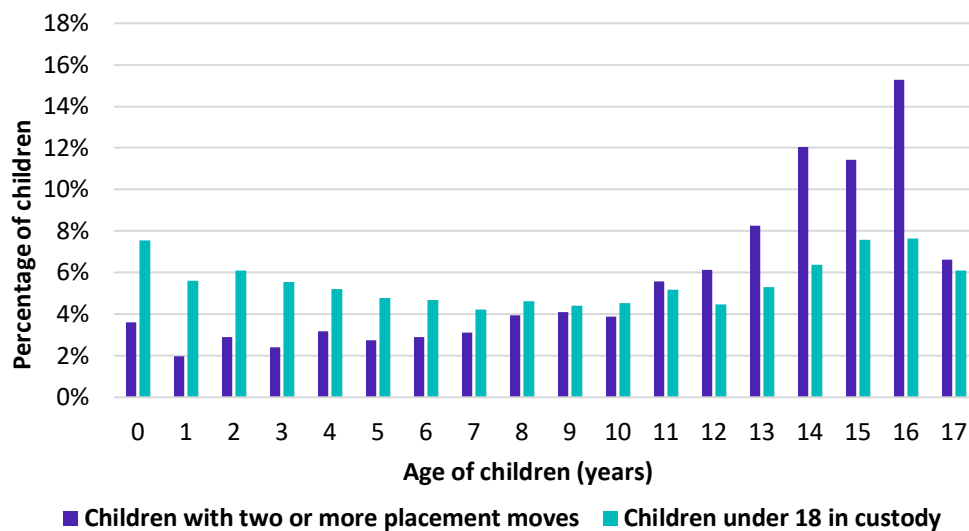
Number of placement moves	Number of children	% of children
0	5,262	65%
1	1,465	18%
2	606	7%
3	207	3%
4	163	2%
5	102	1%
6-10	177	2%
11-20	108	1%
21+	56	<1%
Total	8,146	100%

Children aged 11 to 17 experienced two or more placement moves at a much higher rate than any other age range with the highest disparity among children aged 13 to 16 (Figure 19).

Figure 19. Age of Children with Two or More Placements Compared to Children in Custody

FFY 2024 (Period 4); N = 1,419 children who experienced two or more placement moves; N = 8,146 children in custody during FFY 2024

Source: DCF – FACTS



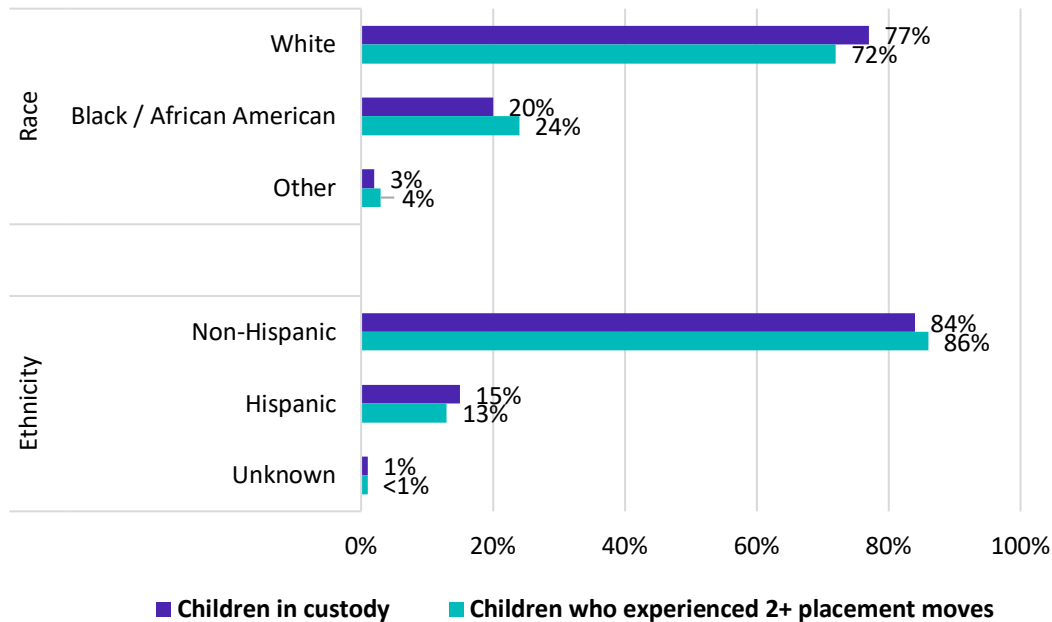
¹⁰² Percentages in this table do not add to 100% due to rounding

A disproportionately high percentage of Black/African American children experienced two or more placement moves; these children made up 24 percent of those with two or more moves while accounting for 20 percent of children in DCF’s custody during FFY 2024 (Figure 20).

Figure 20. Race and Ethnicity of Children with Two or More Placement Moves Compared to Children in DCF Custody¹⁰³

FFY 2024 (Period 4); N = 1,419 children who experienced two or more placement moves; N = 8,146 children in DCF custody in FFY 2024

Source: DCF – FACTS



The percentage of children in each catchment area who experienced two or more placement moves is similar to the percentage of all children served in the area (Table 17). More extreme placement instability, specifically for children experiencing six or more moves in a year, occurred more in Area 2 (SFM) and Area 7 (SFM and EHC). Children from Area 2 accounted for 23 percent of those who experienced six or more placement moves despite making up 14 percent of all children in custody. (Table 18). Areas 4 and 8 (TFI) had less extreme placement instability than other areas. Children from Area 4 accounted for 12 percent of all children in custody, but 4 percent of children who experienced six or more placement moves.

¹⁰³ Race and ethnicity are not exclusive. Children are counted once in each category. The “Other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander and unknown. The total number of children in the “other” category is too small for the Neutral to draw conclusions about over-or-under representation for these children. Race and ethnicity data were not included in DCF’s submission of placement data and were merged in from the cohort data.

Table 18. Children with Two or More Placement Moves, by Catchment Area¹⁰⁴

FFY 2024 (Period 4); N = 1,419 children who experienced two or more placement moves; N = 8,146 children in DCF custody in FFY 2024

Source: DCF – FACTS

Catchment area (CMP)	Children who experienced two or more placement moves in FFY 2024		Children in custody served in FFY 2024	
	No.	%	No.	%
Area 1 (SFM)	136	10%	966	12%
Area 2 (SFM)	214	15%	1,136	14%
Area 3 (KVC)	217	15%	1,230	15%
Area 4 (TFI)	140	10%	973	12%
Area 5 (COC)	126	9%	648	8%
Area 6 (KVC)	167	12%	792	10%
Area 7 (SFM & EHC) ¹⁰⁵	318	22%	1,761	22%
SFM (10/1 – 6/30)	303	21%	1,632	20%
EHC (7/1 – 9/30)	310	22%	1,548	19%
Area 8 (TFI)	101	3%	640	8%
Total¹⁰⁶	1,419	100%	8,146	100%

Table 19. Children with Six or More Placement Moves, By Catchment Area¹⁰⁷

FFY 2024 (Period 4); N = 341 children who experienced six or more placement moves; N = 8,146 children in DCF custody in FFY 2024

Source: DCF – FACTS

Catchment area (CMP)	Children who experienced six or more placement moves in FFY 2024		Children in custody served in FFY 2024	
	No.	%	No.	%
Area 1 (SFM)	29	9%	966	12%
Area 2 (SFM)	77	23%	1,136	14%
Area 3 (KVC)	63	18%	1,230	15%
Area 4 (TFI)	12	4%	973	12%
Area 5 (COC)	25	7%	648	8%
Area 6 (KVC)	26	8%	792	10%
Area 7 (SFM & EHC) ¹⁰⁸	94	28%	1,761	22%
SFM (1/1 - 6/30)	90	26%	1,632	20%
EHC (7/1 - 12/31)	90	26%	1,548	19%
Area 8 (TFI)	15	4%	640	8%
Total¹⁰⁹	341	100%	8,146	100%

¹⁰⁴ Percentages do not add to 100% due to rounding.

¹⁰⁵ Children with episodes that spanned before and after July 1 were included in both the SFM and EHC counts, so the SFM and EHC subtotals and percentages do not sum to the Area 7 total.

¹⁰⁶ Total includes the sum of all catchment areas, excluding the SFM and EHC specific rows.

¹⁰⁷ Percentages do not add to 100% due to rounding.

¹⁰⁸ See FN 105.

¹⁰⁹ See FN 106.

2.5.1 Temporary Placements (Failure to Place)

Settlement Agreement Commitment	<i>DCF shall end the practice of utilizing any of the following to temporarily house or otherwise maintain Class Members overnight: (a) any public or private provider agency offices or annexes absent Extraordinary Circumstances; or (b) any non-child welfare housing or temporary accommodations, including but not limited to: (i) hotels or motels, (ii) other commercial non-foster care establishments, (iii) cars, (iv) retail establishments, and (v) unlicensed homes of DCF's or its Contractors', Grantees', or Subcontractors' employees.</i>
Neutral Finding	The Neutral's data analysis found that 100 children experienced a total of 216 Failure to Place (FTP) episodes. The State did not meet this commitment for 2024 (Period 4).

This commitment requires DCF to ensure children in custody have a placement in an appropriate setting. The State is required to eliminate instances where children in custody stay overnight in inappropriate, unlicensed settings, like a CMP office building.

Methodology

Failure to Place (FTP) occurs when a child arrives at a case management office before 12:00am on one day and is not placed in an appropriate placement before 6:00am the following day, absent extraordinary circumstances.¹¹⁰ Children who experience an FTP typically spend the night in a CMP office, and CMP staff are required to file a critical incident report with DCF when this occurs.¹¹¹ DCF aggregated critical incident reports for FTPs to produce a data file identifying every FTP episode that occurred in 2024, with information including the child's name, client ID, the date(s) on which the FTP occurred, the responsible CMP, and the child's previous placement setting. The Neutral validates this file by cross-referencing the data with placement and cohort data files.

The Neutral reports episodes of FTP, which refers to the total time a child was without a placement, and may last more than one night.

Performance

The Neutral reports on the total number and duration of FTP episodes that occurred during the year, and the number of children who experienced one or more episodes of FTP. The Neutral also

¹¹⁰ 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 (i.e., shelter in place orders), or similar emergency situations.

¹¹¹ DCF's Critical Incident Protocol can be found [here](#) on p. 87. DCF's Critical Incident Form can be found [here](#).

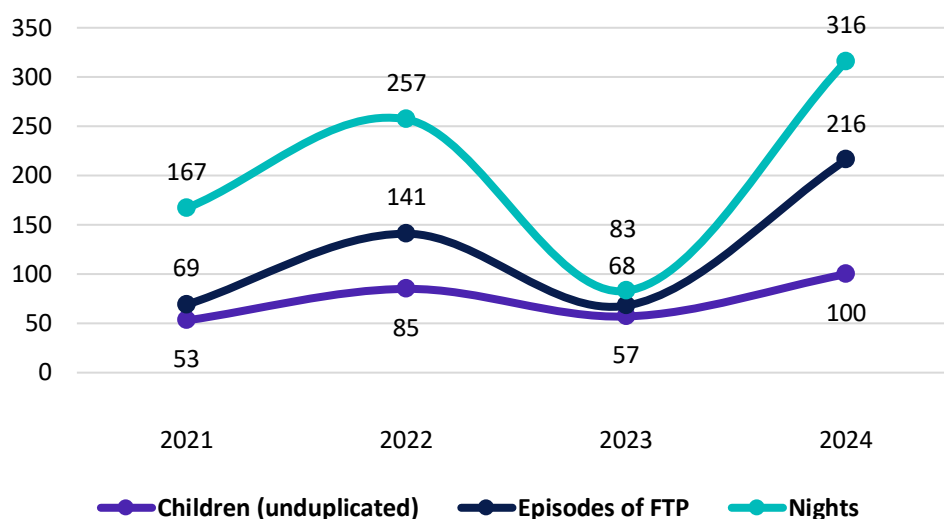
analyzed placement settings children were in before and after episodes of FTP, as well as the age, race, and catchment area of children who experienced an FTP.

Performance for this commitment has varied over time. After significant improvement in 2023, there was a sharp increase in the number of children experiencing an FTP, the total number of FTP episodes, and the number of nights children slept in offices or other inappropriate settings in 2024 (Figure 21). The total number of FTP episodes was nearly triple the number from 2023, and was higher than all previous reporting periods. The 316 nights children spent without placement in 2024 represents a 281 percent increase from 2023.

Figure 21. Failure to Place Episodes and Total Nights Without Placement Experienced by Children, by Year

2021–2024

Source: DCF – FACTS

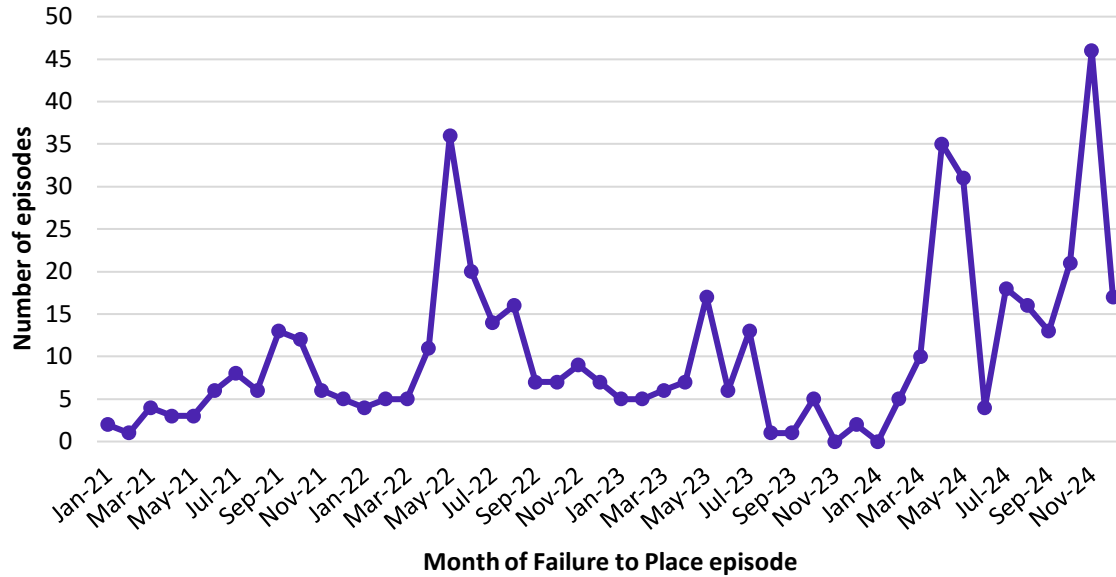


To better understand the trends in FTP occurrences, the Neutral analyzed episodes by month over the reporting periods (Figure 22). Episodes spiked in May 2022, again in April 2024, and reached the highest level recorded by the Neutral in November 2024.

Figure 22. Failure to Place Episodes Over Time, by Month

2021–2024; N = 69 FTP episodes in 2021; N = 141 FTP episodes in 2022; N = 68 FTP episodes in 2023; N = 216 FTP episodes in 2024

Source: DCF – FACTS

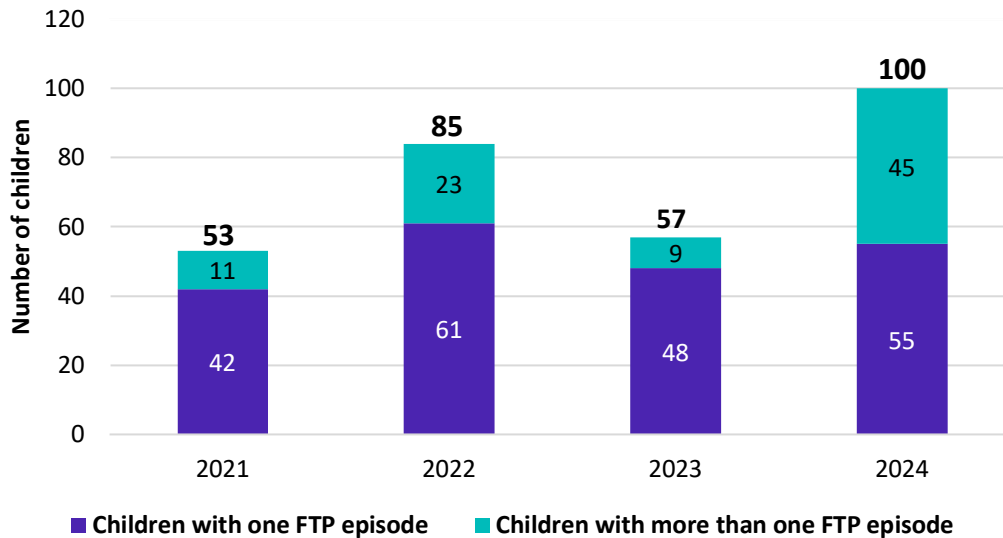


The number of children who experienced at least one FTP in 2024 is almost double the number from 2023 and the highest across all reporting periods (Figure 23). Of the 100 children who experienced an FTP in 2024, 55 children experienced one episode, while 45 experienced two or more episodes. This also represents a notable increase in the number of children experiencing two or more episodes in a year; the previous high was 23 children in 2022.

Figure 23. Children Experiencing Failure to Place Episodes

2021 – 2024

Source: DCF – FACTS



While most FTP episodes (75%) in 2024 lasted one night (161 episodes), 30 episodes lasted two nights, 15 episodes lasted three nights, and 10 episodes lasted four or more nights (Table 19).

Table 20. Duration of Failure to Place Episodes

2024; N = 216 FTP episodes

Source: DCF – FACTS

Number of nights	Number of episodes	Percent of episodes
1	161	75%
2	30	14%
3	15	7%
4	7	3%
5	1	<1%
6	1	<1%
11	1	<1%
Total	216	100%

The most common placement type before (64%) and after (67%) an FTP episode was a non-relative foster home (Table 20). A fifth of FTP episodes occurred after a child was in residential placement, and one-quarter of FTP episodes were followed by a residential placement. There were 19 FTP episodes (9%) that occurred when a child returned from runaway status, and 11 FTP episodes (5%) that ended because the child was placed on runaway status. Notably, no child experienced an FTP episode after being placed in a relative foster home.

Table 21. Placement Types Before and After FTP Episodes¹¹²

2024; N = 216 placements before FTP; N = 216 placements after FTP

Source: DCF – FACTS

Placement type	Before FTP		After FTP	
	No.	%	No.	%
Home or family settings				
Non-relative family foster home	139	64%	144	67%
Relative family home	0	0%	1	<1%
Placed at home ¹¹³	2	<1%	2	1%
Pre-adoptive home	0	0%	0	0%
Subtotal	141	65%	147	68%
Congregate settings				
Residential placements ¹¹⁴	44	20%	54	25%
Independent living	1	<1%	0	0%
Group home (emergency shelter)	3	1%	2	1%
Maternity home	0	0%	0	0%
Subtotal	48	22%	56	26%
Non-placements				
Institutional and detention ¹¹⁵	6	3%	2	1%
Runaway	19	9%	11	5%
Subtotal	25	12%	13	6%
No prior placement	2	1%	N/A	N/A
Total	216	100%	216	100%

Children aged 13 or older experienced 86 percent (185) of all FTP episodes in 2024, while children aged nine to 12 experienced 14 percent (30) of the episodes (Figure 24). One child younger than eight years old experienced an FTP in 2024. Children who experienced an FTP were split about evenly between those identified as male (48%) and female (52%).

¹¹² Ibid.

¹¹³ Children listed under "Own Home (Trial) Placement" were included in the "Placed at Home" category.

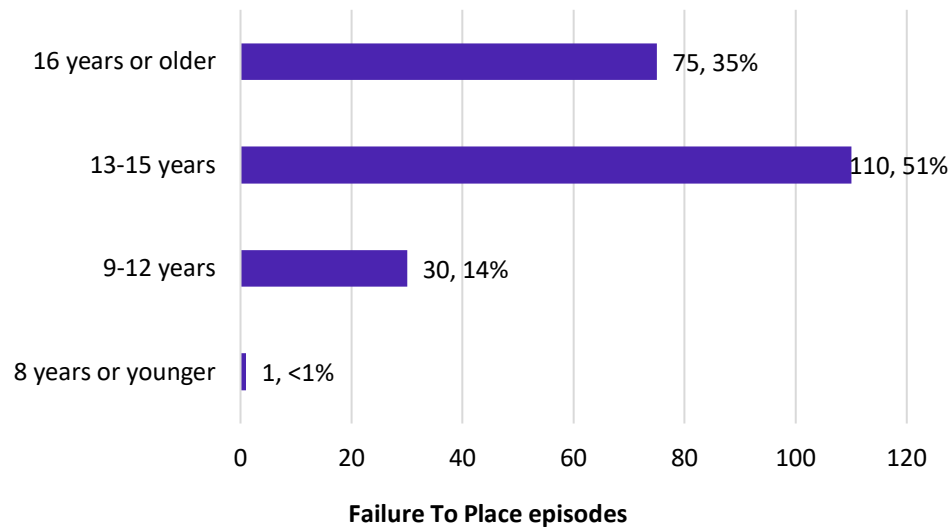
¹¹⁴ This includes Qualified Residential Treatment Programs (QRTS), Secure Care, and Youth Residential Center II (YRCII) placements.

¹¹⁵ This includes hospitalizations and incarceration stays.

Figure 24. Failure to Place Episodes, by Age¹¹⁶

2024; N = 216 FTP episodes

Source: DCF – FACTS



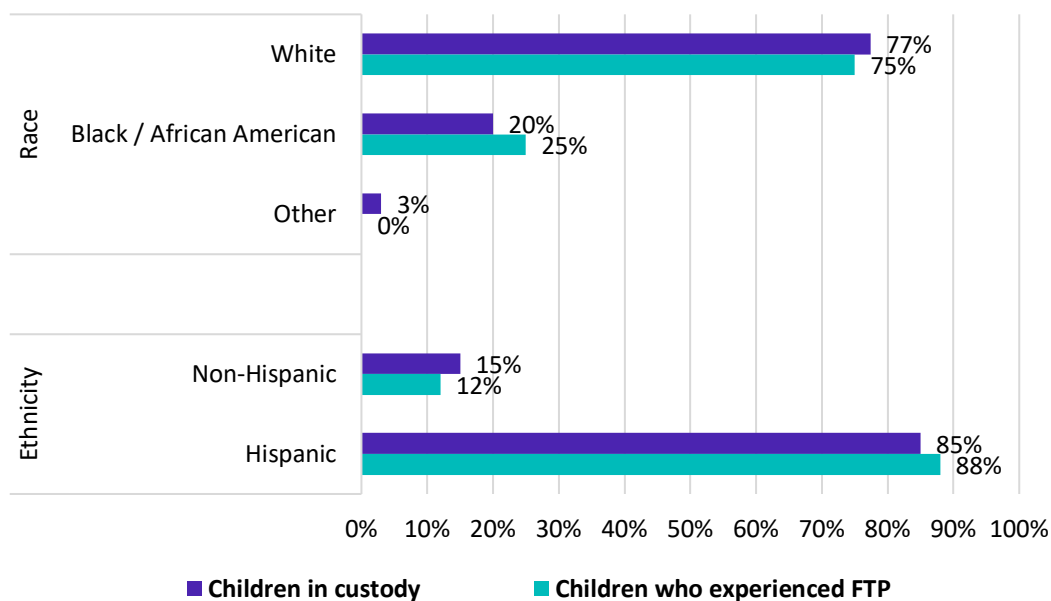
Black/African American children experienced a disproportionately high number of FTP episodes in 2024, comprising 25 percent of all children who experienced an FTP, while making up 20 percent of all children in DCF custody during the year (Figure 25). White children made up 77 percent of children in custody, and 75 percent of children who experienced an FTP.

¹¹⁶ This figure reports the age of the child at the start of the FTP episode.

Figure 25. Race and Ethnicity of Children Experiencing an FTP Compared to Children in DCF Custody¹¹⁷

2024; N = 100 children; N = 8,826 children in DCF custody

Source: DCF – FACTS



There was a disproportionately high number of FTP episodes in Area 7 (SFM and EHC). Children from Area 7 experienced 83 percent of all FTP episodes while accounting for 22 percent of all children in custody in 2024 (Table 21). While 61 FTP episodes were experienced by children from Area 7 prior to July 1 when the change in CMP occurred, approximately two-thirds (118) of the total episodes in the area occurred after the transition from SFM to EHC. Areas 5 (COC) and 8 (TFI) reported no FTP episodes in 2024. When excluding FTP episodes in Area 7, SFM had the highest number among CMPs, with 21 episodes total in Areas 1 and 2. KVC had a total of 15 episodes, while TFI only had one and COC had none.

¹¹⁷ Race and ethnicity are not exclusive. Children are counted once in each category. The “Other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander and unknown. The total number of children in the “other” category is too small for the Neutral to draw conclusions about over-or-under representation for these children. Race and ethnicity data were not included in DCF’s submission of placement data and were merged in from the cohort data.

Table 22. Failure to Place Episodes, by Catchment Area

2024; N = 216 FTP episodes; N = 8,901 episodes of children in custody

Source: DCF – FACTS

Catchment area (CMP)	FTP episodes		Episodes of children in custody	
	No.	%	No.	%
Area 1 (SFM)	17	8%	1,043	12%
Area 2 (SFM)	4	2%	1,227	14%
Area 3 (KVC)	12	6%	1,354	15%
Area 4 (TFI)	1	<1%	1,088	12%
Area 5 (COC)	0	0%	668	8%
Area 6 (KVC)	3	1%	873	10%
Area 7 (SFM & EHC)	179	83%	1,946 ¹¹⁸	22%
SFM (1/1 - 6/30)	61	28%	1,678	19%
EHC (7/1 - 12/31)	118	55%	1,723	19%
Area 8 (TFI)	0	0%	702	8%
Total¹¹⁹	216	100%	8,901	100%

¹¹⁸ Children with episodes that span before and after July 1, 2024, are included in both the SFM and EHC counts, so the SFM and EHC subtotals and percentages do not sum to the Area 7 total.

¹¹⁹ This row counts only the overall Area 7 row and excludes the SFM- and EHC-specific rows within Area 7.

2.5.5 Night-to-Night and Short-Term Placements

Settlement Agreement Commitment	With the exception of (a) emergency care or placements if appropriately time-limited and utilized in true emergency situations and (b) placements deemed appropriate using Item 4 of the Round 3 CFSR Onsite Review Instrument and Instructions (Jan. 2016), 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, as those periods are specified in Sections 2.6 and 2.9. The lack of safe and appropriate placement options cannot justify the use of emergency or Respite care. All Placement Moves, regardless of the reason, must be separately tracked and recorded.
Neutral Finding	The Neutral's data analysis found that 824 children experienced a total of 2,006 night-to-night placements in 2024. Ninety percent of children who experienced a night-to-night placement had one or more that did not meet the criteria of one of the allowable exceptions. During the year, 1,282 children experienced a total of 3,577 short-term placements. Eighty-two percent of children who experienced a short-term placement had one or more that did not meet the criteria of one of the allowable exceptions. The State did not meet this commitment for 2024 (Period 4).

This commitment requires DCF to end the practice of having children experience brief, unstable placements. The Agreement recognizes that there may be certain circumstances where a brief placement occurs because moving to a different placement is in the child's best interest or there is an emergency, and considers those allowable exceptions.

Methodology

A night-to-night placement is defined as a placement that lasts one night, and the child is moved to a different home or facility the next day. A short-term placement is defined as a placement that lasts more than one night but fewer than 14 consecutive nights. The Neutral uses DCF FACTS placement data to determine the total number of night-to-night and short-term placements children experienced during the year.

To determine if a night-to-night or short-term placement occurred due to an emergency situation or an allowable exception, the Neutral and DCF apply the federal CFSR placement stability standards to case reviews using the process outlined in *Section IV. Methodology*. To meet the CFSR standards for placement stability, all placement moves must be planned by the agency in an effort to achieve the child's case goal or meet the needs of the child. For example, it may be appropriate for a child to be placed in a foster family home for a short period of time upon entry into foster care while efforts are made to locate and prepare a relative for the child's placement with them. Unexpected placement disruptions and moving a child from a family-like setting to a congregate setting when it is not needed for treatment are examples of placement moves that do not meet the CFSR standard. DCF and the Neutral reviewed separate samples of cases where children experienced at least one night-to-night placement and cases where children experienced at least

one short-term placement to determine if any of them were emergencies or met the CFSR standard. Case read findings are reported at the child level.¹²⁰

After comparing performance over time, data on night-to-night and short-term placements are presented separately in this section. For each placement type, the Neutral analyzed the placement settings where they occurred, and the child’s race, ethnicity, and age and catchment area. Case review results are also presented in this section.

Performance

While the total number of children in DCF custody experiencing brief, unstable placements has only varied slightly from 2021 to 2024, the percentage of children in custody who experienced these placements increased (Table 22). There was a notable increase in the number of both night-to-night and short-term placements in 2023 that continued in 2024.

Table 23. Children who Experienced Night-to-Night and Short-Term Placements, by Year¹²¹
2021 – 2024

Source: DCF

	2021		2022		2023		2024	
	No.	%	No.	%	No.	%	No.	%
Children who experienced a night-to-night placement	801	12%	801	13%	822	16%	824	17%
Children who experienced a short-term placement	1,366	21%	1,365	22%	1,275	25%	1,282	27%
Children who experienced a placement ending during the year	6,567		6,242		5,140		4,829	
Total night-to-night placements	1,501	11%	1,508	11%	2,057	17%	2,006	17%
Total short-term placements	2,945	22%	3,321	25%	3,700	30%	3,577	30%
All placements ending during the year	13,583		13,190		12,205		11,782	

¹²⁰ For the purposes of validation, the Neutral excludes night-to-night placements from the universe of short-term placements.

¹²¹ From Period 1 to Period 4, the Neutral made slight revisions to the methodology for counting night-to-night and short-term placements to avoid over-counting placements. These changes were: counting time spent in a temporary absence as part of the duration of a placement if the child returned to the same placement following the absence, excluding trial home visits or cases where a child or youth entered care while they remained at home, and excluding placements that were a child’s only placement during an episode of custody that lasted fewer than 15 days. These changes had a small overall impact on the number of placements and children that were included in this metric.

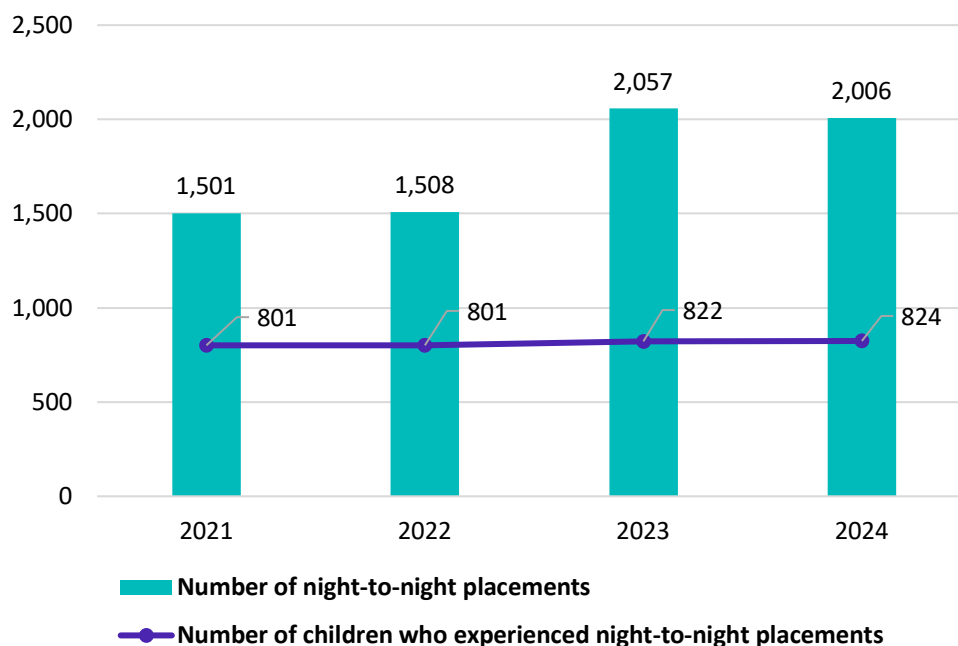
Night-to-Night Placements

In 2024, 824 children in DCF custody experienced a total of 2,006 night-to-night placements, representing a minimal change in both the number of children and number of night-to-night placements since 2023 (Figure 26).¹²²

Figure 26. Night-to-Night Placements, by Year¹²³

2021 – 2024

Source: DCF – FACTS



Of these 824 children, 25 children had between 11 and 15 night-to-night placements, and eight children had more than 16 night-to-night placements (Table 23). Combined, these 33 children experienced a total of 463 night-to-night placements, accounting for 23 percent of all night-to-night placements that occurred during the period (463 of 2,006 total night-to-night placements).

¹²² Cases where a provider ID was missing in the data and the Neutral was unable to determine if a placement move occurred were not counted as night-to-night placements.

¹²³ See FN 121.

Table 24. Number of Night-to-Night Placements

2024; N = 824 children

Source: DCF – FACTS

Number of night-to-night placement episodes	Children	
	No.	%
1	507	62%
2	122	15%
3	59	7%
4	27	3%
5	26	3%
6-10	50	6%
11-15	25	3%
16+	8	1%
Total	824	100%

Most (57%) night-to-night placements occurred in non-relative foster homes and thirty-eight percent occurred in residential settings, such as a Youth Residential Center II (YRCII) (Table 24). While 15 percent of all placements are in relative homes, only one percent of night-to-night placements occurred in in a relative home.

Table 25. Night-to-Night Placements, by Placement Setting¹²⁴

2024; N = 2,006 night-to-night placements; N = 11,782 placements of any duration

Source: DCF – FACTS

Placement type	Night-to-night placements		All placements ¹²⁵	
	No.	%	No.	%
Home or family settings				
Non-relative family foster home	1,152	57%	6,469	55%
Relative family home	27	1%	1,749	15%
Pre-adoptive home	0	0%	709	6%
Subtotal	1,179	58%	8,927	76%
Congregate settings				
Residential placement ¹²⁶	755	38%	2,368	20%
Group home (emergency shelter)	71	4%	382	3%
Independent living	1	<1%	95	<1%
Maternity home	0	0%	10	<1%
Subtotal	827	42%	2,855	24%
Total	2,006	100%	11,782	100%

White children accounted for 77 percent of children in DCF custody but 70 percent of children who experienced night-to-night placements (Figure 27). In contrast, Black/African American children accounted for 20 percent of children in custody but 27 percent of youth who experienced night-to-night placements. Twelve percent of children who experienced night-to-night placements were of Hispanic ethnicity (of any race), slightly less than their proportion of children in custody in 2024 (15%).

To better understand the disparities, the Neutral further analyzed the race and ethnicity of children who experienced multiple night-to-night placements. The racial distribution of children who experienced one to ten night-to-night placements is the same as the total number of all children who experienced night-to-night placements. Black/African American children were overrepresented among those who experienced 11 or more night-to-night placements (10 of 33, 30%) when compared to their overall proportion of children in custody (20%).

¹²⁴ Percentages in this table do not add to 100% due to rounding.

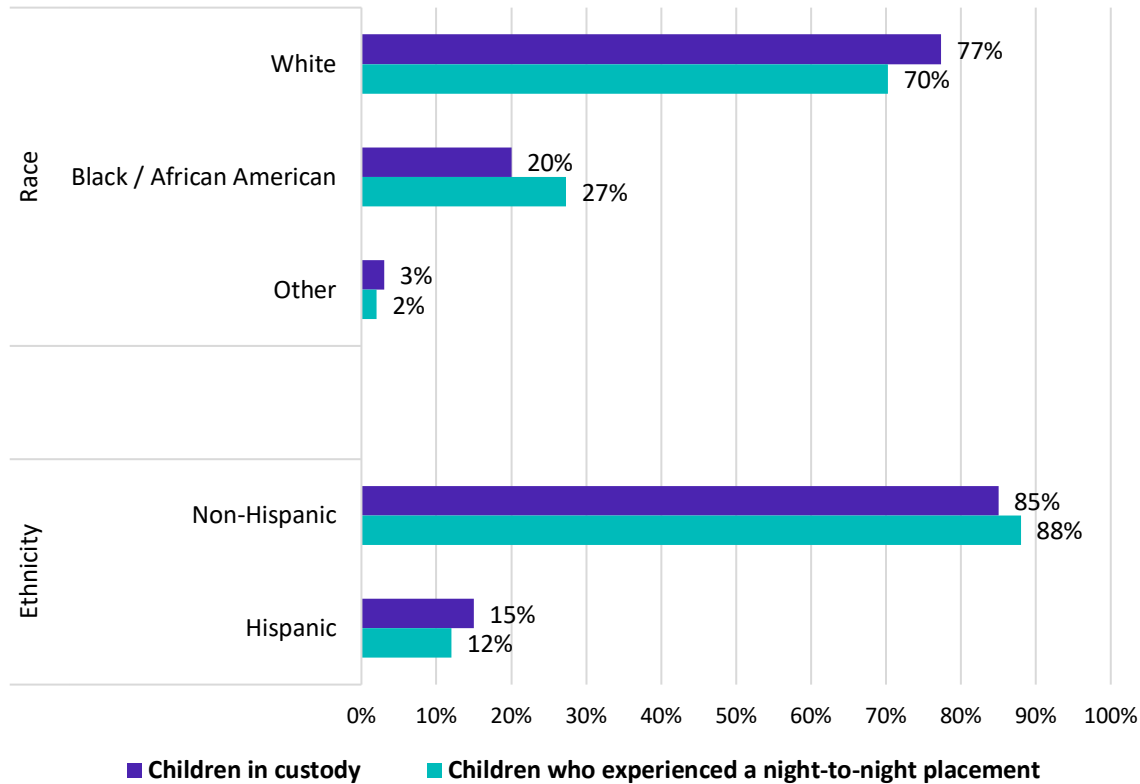
¹²⁵ This excludes non-CFSR placements, placements that were ongoing at the end of 2024, and placements that were the child's only placement in an episode of custody that lasted fewer than 15 days.

¹²⁶ This includes Qualified Residential Treatment Programs (QRTF), Secure Care, and Youth Residential Center II (YRCII) placements.

Figure 27. Race and Ethnicity of Children Who Experienced Night-to-Night Placements Compared to Children in DCF custody¹²⁷

2024; N = 824 children who experienced a night-to-night placement; N = 8,826 children in custody

Source: DCF – FACTS



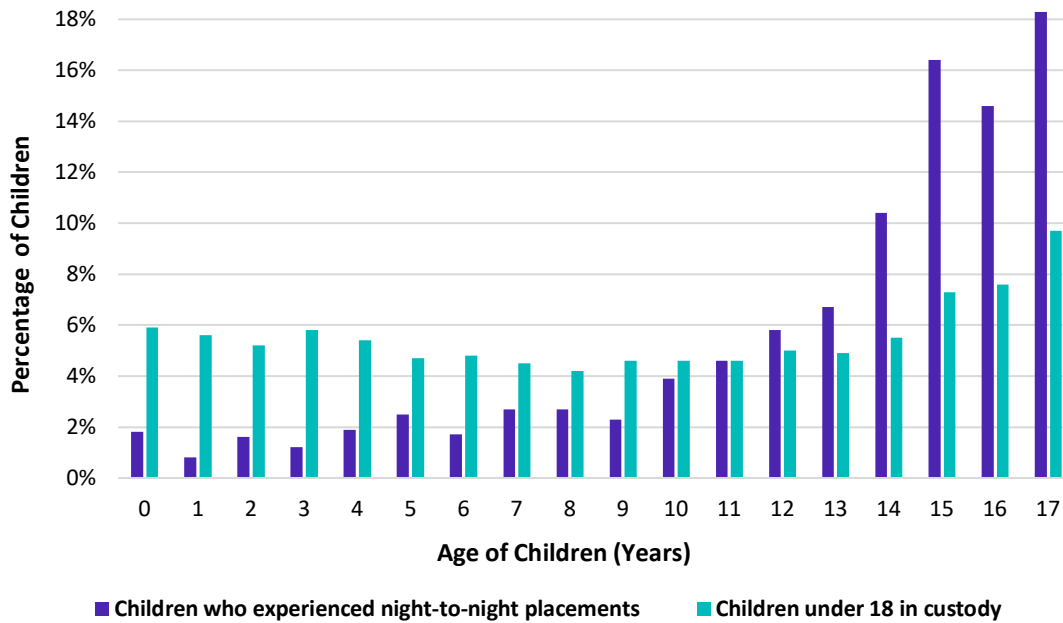
Night-to-night placements disproportionately involve older children. As shown in Figure 28, 60 percent of the children who experienced night-to-night placements were aged 14 to 17, while only 30 percent of the children in DCF custody were aged 14 to 17. A total of 96 children aged six or under experienced a night-to-night placement during the year.

¹²⁷ Race and ethnicity are not exclusive. Children are counted once in each category. The “Other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander and unknown. The total number of children in the “other” category is too small for the Neutral to draw conclusions about over-or-under representation for these children. Race and ethnicity data were not included in DCF’s submission of placement data and were merged in from the cohort data.

Figure 28. Age of Children Who Experienced Night-to-Night Placements Compared to Children in Custody¹²⁸

2024; N = 824 children who experienced night-to-night placements; N = 8,575 children under 18 in custody

Source: DCF – FACTS



Area 7 is overrepresented among the catchment areas, accounting for 33 percent of night-to-night placements while serving 22 percent of children in custody (Table 25). The rate of night-to-night placements did not change after the transition in CMP from SFM to EHC on July 1, 2024. Area 4 (TFI) had significantly fewer night-to-night placements than the share of children in custody it served. Areas 1 (SFM), 5 (COC), and 8 (TFI) also had a smaller percentage of night-to-night placements compared to children served.

¹²⁸ For children whose most recent placement started before 2024, age at the start of the year is reported; for those whose most recent placement started during 2024, age at the start of the placement is reported.

Table 26. Night-to-Night Placements, by Catchment Area¹²⁹

2024; N = 2,006 night-to-night placements; N = 8,901 episodes of children in custody

Source: DCF – FACTS

Catchment area (CMP)	Night-to-night placements		Episodes of children in custody	
	No.	%	No.	%
Area 1 (SFM)	169	8%	1,043	12%
Area 2 (SFM)	385	19%	1,227	14%
Area 3 (KVC)	360	18%	1,354	15%
Area 4 (TFI)	76	4%	1,088	12%
Area 5 (COC)	64	3%	668	8%
Area 6 (KVC)	229	11%	873	10%
Area 7 (SFM & EHC)	672	33%	1,946 ¹³⁰	22%
SFM (1/1 - 6/30)	316	16%	1,678	19%
EHC (7/1 - 12/31)	356	18%	1,723	19%
Area 8 (TFI)	51	3%	702	8%
Total¹³¹	2,006	100%	8,901	100%

DCF and the Neutral completed case reads to determine if night-to-night placements met the criteria for exceptions defined by the Agreement. The sample of cases reviewed (82) included children who had at least one night-to-night placement. The case was considered to have met the standard if *all* night-to-night placements the child experienced were either due to emergencies or planned by the agency in an effort to achieve the child’s case goals or meet the needs of the child. Ten percent (8) of the 82 cases reviewed met this standard (Table 26). Based on these results, the Neutral estimates that 742 (90%) of the 824 children who experienced a night-to-night placement in 2024 had at least one placement that was not due to an allowable exception per the federal CFR.

¹²⁹ Percentages in this table do not add to 100% due to rounding.

¹³⁰ Children with episodes that span before and after July 1, 2024, are included in both the SFM and EHC counts, so the SFM and EHC subtotals and percentages do not sum to the Area 7 total.

¹³¹ This row counts only the overall Area 7 row and excludes the SFM and EHC specific rows.

Table 27. Night-to-Night Placement Case Read Performance

2024; N = 82 children whose cases were reviewed

Source: Settlement Case Reads

	No.	%
Cases reviewed in which all night-to-night placements met the CFSR standard	8	10%
Cases in which one or more night-to-night placements did not meet CFSR standards	74	90%
Total cases reviewed	82	100%

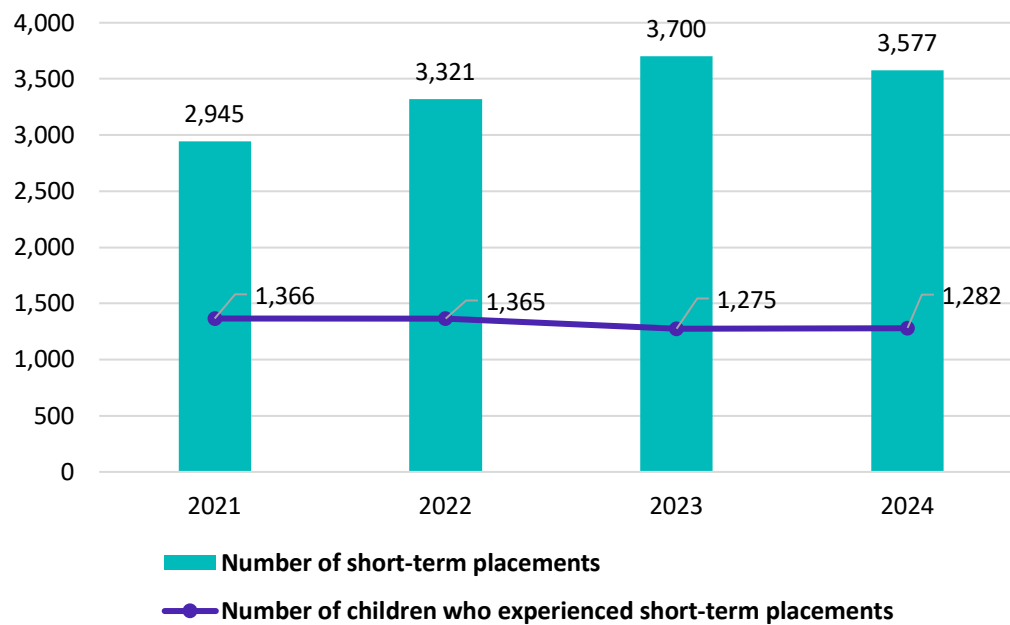
Short-Term Placements

In 2024, 1,282 children experienced a total of 3,577 short-term placements, representing minimal change in both the number of children and number of night-to-night placements since 2023 (Figure 29).¹³²

Figure 29. Short-Term Placements, by Year¹³³

2021 – 2024

Source: DCF – FACTS



¹³² This does not include cases where a provider ID was missing in the data and the Neutral was unable to determine if a placement move occurred.

¹³³ See FN 121.

Of the children who experienced a short-term placement during 2024, 65 children experienced 11 or more, totaling 989 placements (Table 27). The short-term placements these children experienced accounted for 28 percent of all short-term placements that occurred during the year (989 of 3,577 total short-term placements).

Table 28. Number of Short-Term Placements¹³⁴
2024; N = 1,282 children
Source: DCF – FACTS

Number of short-term placements	Children	
	No.	%
1	729	57%
2	184	14%
3	111	9%
4	56	4%
5	47	4%
6-10	90	7%
11-15	45	4%
16-20	12	<1%
21+	8	<1%
Total	1,282	100%

Most (69%) short-term placements occurred in non-relative foster homes and twenty-two percent occurred in residential settings, such as QRTPs and YRCII (Table 28). While 15 percent of all placements are in relative homes, only three percent of short-term placements occurred in a relative home.

¹³⁴ Percentages in this table do not add to 100% due to rounding

Table 29. Short-Term Placements, by Placement Setting¹³⁵

2024; N = 3,577 short-term placements; N = 11,782 placements of any duration

Source: DCF – FACTS

Placement type	Short-term placements		All placements ¹³⁶	
	No.	%	No.	%
Home or family settings				
Non-relative family foster home	2,456	69%	6,469	55%
Relative family home	120	3%	1,749	15%
Pre-adoptive home	0	0%	709	6%
Subtotal	2,576	72%	8,927	76%
Congregate settings				
Residential placement ¹³⁷	798	22%	2,368	20%
Group home (emergency shelter)	194	5%	382	3%
Independent living	8	<1%	95	<1%
Maternity home	1	<1%	10	<1%
Subtotal	1,001	27%	2,855	24%
Total	3,577	100%	11,782	100%

White children accounted for 77 percent of all children in DCF custody and 74 percent of all children who experienced short-term placement episodes (Figure 30). Black/African American children accounted for 20 percent of children in custody and 23 percent of all children who experienced short-term placement episodes. Fourteen percent of children who experienced short-term placements were of Hispanic ethnicity (of any race), similar to their proportion of children in custody in 2024 (15%).

¹³⁵ Ibid.

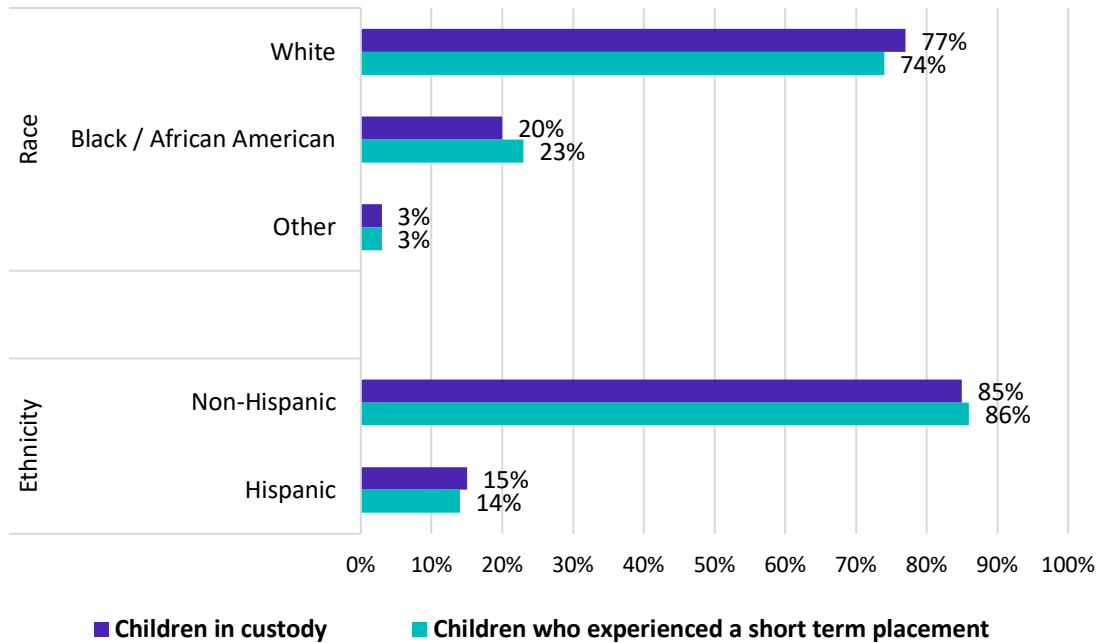
¹³⁶ This excludes non-CFSR placements, placements that were ongoing at the end of 2024, and placements that were the child's only placement in an episode of custody that lasted fewer than 15 days.

¹³⁷ This includes Qualified Residential Treatment Programs (QRTS), Secure Care, and Youth Residential Center II (YRCII) placements.

Figure 30. Race and Ethnicity of Children Who Experienced Short-Term Placements Compared to Children in DCF custody ¹³⁸

2024; N = 1,282 children who experienced short-term placements; N = 8,826 children in custody

Source: DCF – FACTS



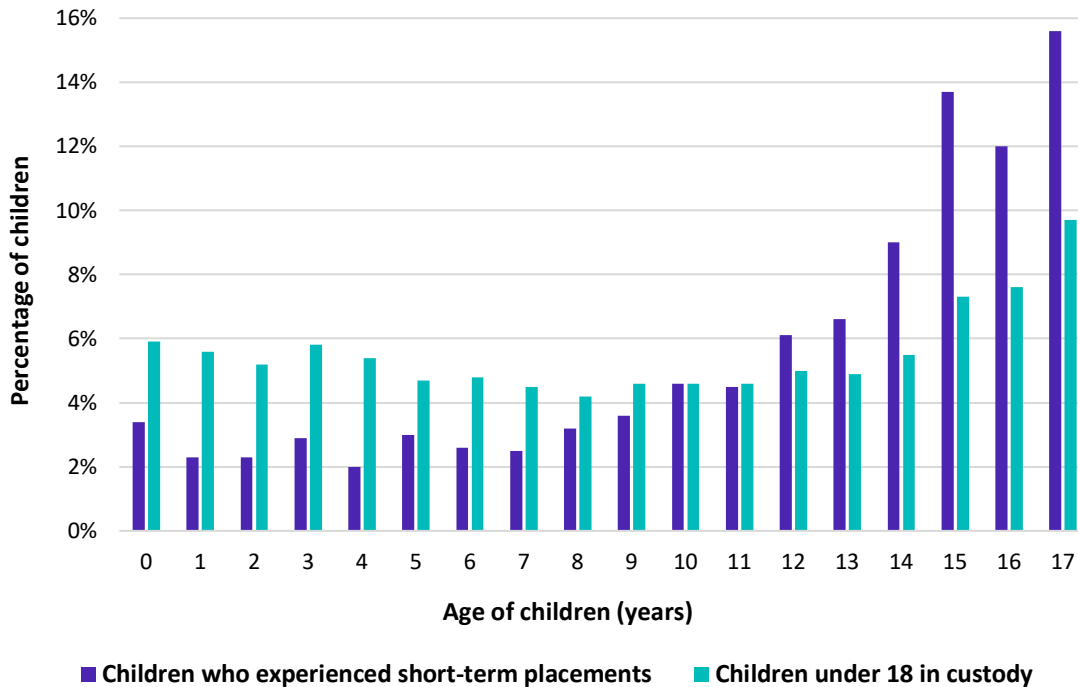
While youth aged 14 through 17 made up just 30 percent of children in custody, they represented 50 percent of children who experienced a short-term placement in 2024 (Figure 31). A total of 237 children aged six or under (18%, 237 of 1,282) experienced a short-term placement during the year.

¹³⁸ Race and ethnicity are not exclusive. Children are counted once in each category. The “Other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander and unknown. The total number of children in the “other” category is too small for the Neutral to draw conclusions about over-or-under representation for these children. Race and ethnicity data were not included in DCF’s submission of placement data and were merged in from the cohort data.

Figure 31. Age of Children Who Experienced Short-Term Placements to Compared to Children in DCF Custody

2024; N = 1,282 children who experienced short-term placements; N = 8,826 children under 18 in custody

Source: DCF – FACTS



Area 2 (SFM) had the greatest overrepresentation of short-term placements, with 22 percent of short-term placements but only 14 percent of children in custody (Table 29). Area 7 is also overrepresented, with 29 percent of short-term placements while serving 22 percent of children in custody. The rate of short-term placements did not change after the transition in CMP from SFM to EHC on July 1, 2024. By contrast, Area 4 had five percent of short-term placements but served 12 percent of children in custody.

Table 30. Short-Term Placements, by Catchment Area¹³⁹

2024; N = 3,577 short-term placements; N = 8,901 episodes of children in custody

Source: DCF – FACTS

Catchment area (CMP)	Short-term placements		Episodes of children in custody	
	No.	%	No.	%
Area 1 (SFM)	367	10%	1,043	12%
Area 2 (SFM)	778	22%	1,227	14%
Area 3 (KVC)	510	14%	1,354	15%
Area 4 (TFI)	194	5%	1,088	12%
Area 5 (COC)	193	5%	668	8%
Area 6 (KVC)	334	9%	873	10%
Area 7 (SFM & EHC)	1,035	29%	1,946 ¹⁴⁰	22%
SFM (1/1 - 6/30)	550	15%	1,678	19%
EHC (7/1 - 12/31)	485	14%	1,723	19%
Area 8 (TFI)	166	5%	702	8%
Total¹⁴¹	3,577	100%	8,901	100%

DCF and the Neutral completed case reads to determine if short-term placements met the criteria for exceptions defined by the Agreement. The sample of cases reviewed included children who had at least one short-term placement in 2024; the case was considered to have met the standard if *all* short-term placements that the child experienced were either due to emergencies or planned by the agency in an effort to achieve the child's case goals or meet the needs of the child. Eighteen percent (15) of the 84 cases reviewed met this standard (Table 30). Based on these results, the Neutral estimated that 1,051 (82%) of the 1,282 children who experienced a short-term placement in 2024 had at least one short-term placement that was not due to an allowable exception per the federal CFR.

¹³⁹ Percentages in this table do not add to 100% due to rounding.

¹⁴⁰ Children with episodes that span before and after July 1, 2024, are included in both the SFM and EHC counts, so the SFM and EHC subtotals and percentages do not sum to the Area 7 total.

¹⁴¹ This row counts only the overall Area 7 row and excludes the SFM- and EHC-specific rows within Area 7.

Table 31. Short-Term Placement Case Read Performance

2024; N = 84 children whose cases were reviewed

Source: Settlement Case Reads

	No	%
Cases reviewed in which all night-to-night placements met the CFSR standard	15	18%
Cases in which one or more night-to-night placements did not meet CFSR standards	69	82%
Total cases reviewed	84	100%

2.5.2 Licensed Capacity

Settlement Agreement Commitment	<i>DCF shall ensure that no placement exceeds its licensed capacity without an approved exception pursuant to DCF's "Policy: Exception Requests for Foster Homes, 6/20/18, Rev. 10/21/2019."</i>
Neutral Finding	The Neutral's data analysis found that on average across the four dates reviewed, 99 percent of licensed foster family, kinship, and non-relative kin homes were in compliance with this requirement. The State met this commitment for 2024 (Period 4).

When a foster home is licensed, the license sets a capacity for the maximum number of children who can be placed in the home at one time. DCF policy allows homes to exceed their licensed capacity if there is an approved exception. Reasons for exceptions include: to place sibling groups together, to allow for emergency placements, and to allow foster parents who have a previous relationship or special training to care for a child.¹⁴² This commitment requires DCF to ensure that there is an approved exception on file for any home that exceeds its licensed capacity. In July 2024, DCF updated its policy to only allow foster homes to have one active exception request at a time.

Methodology

DCF data systems can only produce real-time reports comparing each foster home's licensed capacity with the number of children placed in the home on a specific date. DCF cannot retroactively produce a file to capture data for each day of the year. Due to this limitation, DCF and the Neutral agreed to a quarterly point-in-time methodology in 2021. The Neutral randomly selects four days during each reporting period and contacts DCF on those dates with a request to produce the real-time report for that day. Each report includes data from CLARIS and CareMatch. The CLARIS data include the status (i.e., approved, denied), exception type, effective date, and expiration date of all overcapacity exception requests from the previous six months. The CareMatch data include the licensed capacity and number of children placed in all foster homes

¹⁴² Additional details on the exception process can be found [here](#).

on the date of the report. The Neutral validates these data to confirm the exception status of homes that are overcapacity in CareMatch and reports on each selected day and the average across the dates.¹⁴³ Homes are considered compliant when the number of children placed in the home meet or are under the placement capacity, or the number of children placed are over the allowed capacity with an approved exception. A home is considered non-compliant if the number of children placed is over the allowed capacity and there is not an approved exception. The dates reviewed in 2024 were January 18, July 17, October 28, and December 17. Data for licensed family foster homes and licensed kinship and non-relative kin (NRKin) homes are reported separately because of the different licensing regulations and capacity standards that apply to each type of home.^{144, 145}

Performance

The Neutral validated the compliance status of family foster homes and licensed relative and NRKin homes on the four selected dates and compared performance over time. The Neutral also compared the number of children placed in a home according to licensed capacity data with the number of children placed in a home according to child placement data on the four selected dates.

¹⁴³ Data validation methodology for 2022 and 2023 are not exactly comparable to the methodology for 2021 and 2024. In 2021, the unit of analysis for this metric was unique homes. For 2022 and 2023, the Neutral adjusted the unit of analysis and based it on a combined count of exception requests regardless of if they were for the same home, so when a home had multiple exceptions on file, it was counted in the results multiple times. This was done to account for the Neutral's inability to confirm which children placed in each home were covered by each exception. Effective July 1, 2024, DCF policy no longer allows multiple exceptions for a single home at a time. To increase confidence in the data, the Neutral reviewed a sample of exception forms for 2024 and determined there was sufficient consistency between data sources about the children listed as being placed in each home identified in the exception forms. Based on this information, the Neutral updated the analysis for 2024 to count each unique home once in the reported results, as was done in 2021. Figures in this section including data from 2022 and 2023 to show the numbers previously reported with the methodology that combined the count of exception requests, resulting in a count of some homes multiple times, rather than unique licensed homes. Results would not differ substantially if unique homes were used as the unit of analysis, as the vast majority (98%) of homes either had no exception or just one exception on file.

¹⁴⁴ Specific regulations for DCF foster parent licensure can be found [here](#).

¹⁴⁵ For the reports covering 2021 through 2023, the Neutral was able to compare the number of children placed in each home to the overcapacity exception requests for each specified date, but was unable to compare data from CareMatch with data from FACTS to confirm the number of children placed in the home. This was due to a lack of a common identifier for providers between the data files. DCF agreed to include a CLARIS ID in the FACTS child placement data as a common identifier with the CareMatch data so the Neutral could complete the additional validation for the four selected dates for 2024. To include CLARIS IDs in the FACTS child placement data, DCF manually matched provider names and addresses already included in the placement file with the licensed capacity data that include provider names, addresses, and CLARIS IDs. Based on agreement between the Parties, DCF also reproduced the 2023 placement data with the common identifier so the Neutral could complete this additional validation retroactively to better understand DCF's performance during that year. While the Neutral was able to compare the number of children placed in a home according to the two sources of data, it was not possible to compare the specific children because the CareMatch data do not include identifying information for the individual children placed in a home.

Foster Family Homes

The Neutral found that approximately 99 percent of family foster homes were compliant across the four dates reviewed (Table 31). Ninety-two percent or more of the family foster homes in compliance were at or under placement capacity on each of the dates reviewed. The percentage of compliant homes that were over capacity and had an approved exception ranged from seven to eight percent of all compliant family foster homes. The number of homes out of compliance on each date varied from four to 12, with an average of nine homes out of compliance.

The total number of licensed family foster homes with at least one child placed in the home decreased throughout the year from 1,279 on January 18, 2024, to 1,052 on December 17, 2024; a decline of approximately 18 percent.

Table 32. Compliance Status of Licensed Foster Family Homes with Children Placed ¹⁴⁶

January 18, July 17, October 28, and December 17, 2024

Source: DCF - CareMatch and CLARIS

Compliance category	Homes on Jan. 18, 2024		Homes on Jul. 17, 2024		Homes on Oct. 28, 2024		Homes on Dec. 17, 2024		Year average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Compliant	1,275	100%	1,234	99%	1,180	99%	1,040	99%	1,182	99%
At or under capacity	1,185	93%	1,147	93%	1,087	92%	967	93%	1,097	93%
Overcapacity with approved exception	90	7%	87	7%	93	8%	73	7%	86	7%
Noncompliant	4	<1%	10	<1%	8	<1%	12	<1%	9	<1%
Total	1,279	100%	1,244	100%	1,188	100%	1,052	100%	1,191	100%

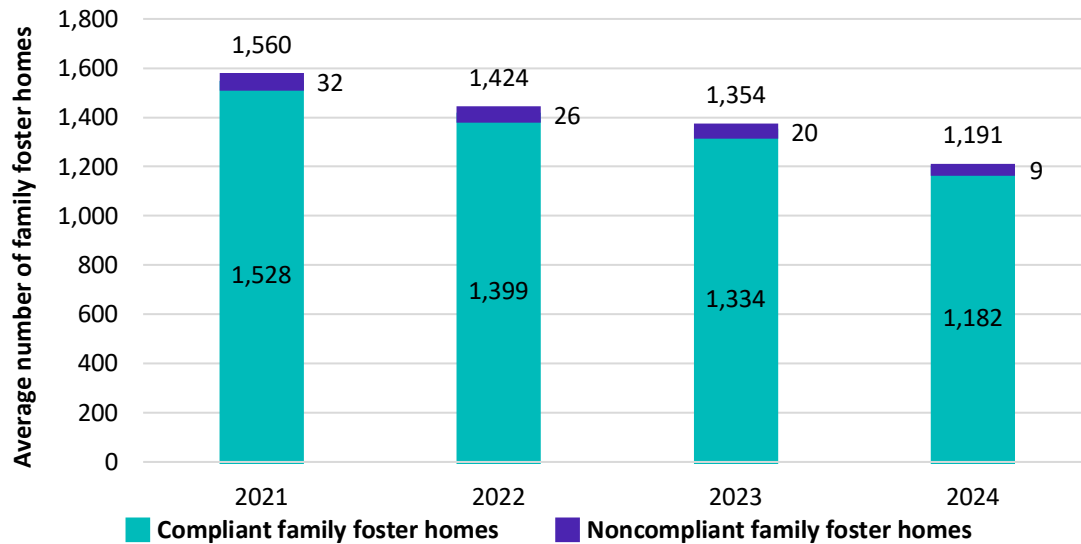
Since 2021, the average number of noncompliant family foster homes on the selected dates ranged between one and two percent of the total average number of licensed family foster homes with children placed (Figure 32). Additionally, although there has been a decline in the overall foster care population of approximately 11 percent since 2021, there has been a consistent decline in the average number of all licensed family foster homes with children placed, a 24 percent decrease from 2021 to 2024.

¹⁴⁶ Percentages do not add to 100% due to rounding. Averages have been rounded to the nearest whole number and do not add to the total average.

Figure 32. Average Family Foster Homes, by Compliance¹⁴⁷

2021–2024

Source: DCF - CareMatch and CLARIS



Kinship and Non-Relative Kin Homes

Nearly 100 percent of licensed kinship and NRKin homes with children placed were in compliance on the four dates (Table 32). Ninety-five percent or more of the homes in compliance on each of the dates reviewed were at or under capacity. The number of compliant homes that were over capacity with approved exceptions ranged from two to five percent of all compliant kinship and NRKin homes. Only one or two homes were out of compliance on each of the selected dates.

¹⁴⁷ Compliant and noncompliant averages have been rounded to the nearest whole number and do not sum to the total averages listed.

Table 33. Compliance Status of Licensed Kinship and NRKin Homes with Children Placed

January 18, July 17, October 28, and December 17, 2024

Source: DCF - CareMatch and CLARIS

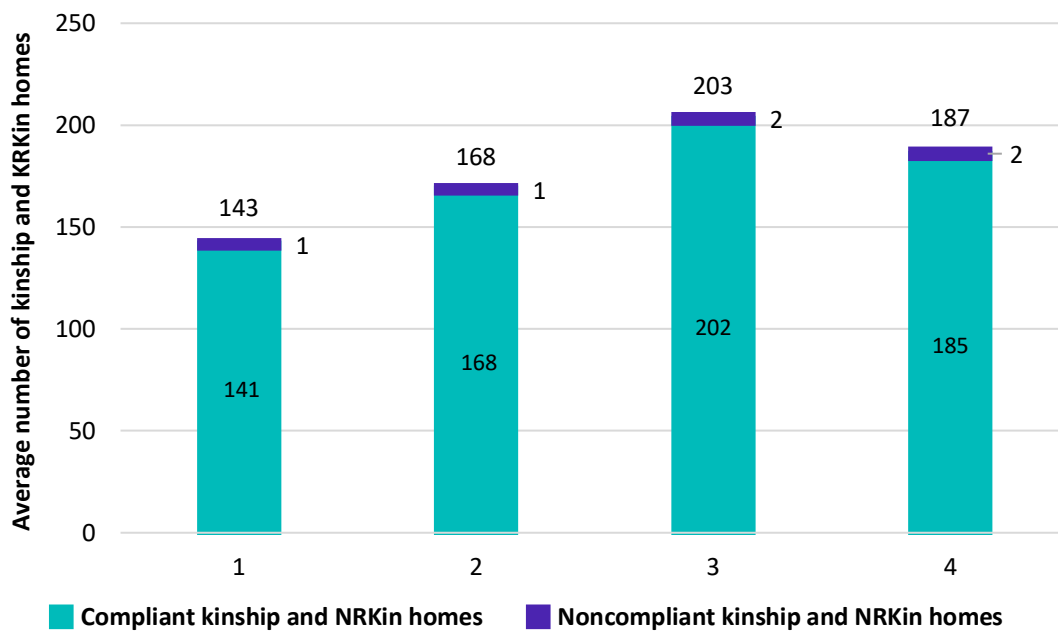
Compliance category	Homes on Jan. 18, 2024		Homes on Jul. 17, 2024		Homes on Oct. 28, 2024		Homes on Dec. 17, 2024		Year average	
	No.	%	No.	%	No.	%	No.	%	No.	%
Compliant	203	99%	198	99%	209	100%	131	98%	185	99%
At or under capacity	196	97%	193	97%	205	98%	125	95%	180	97%
Overcapacity with approved exception	7	3%	5	3%	4	2%	6	5%	6	3%
Noncompliant	2	<1%	1	1%	1	<1%	2	2%	2	<1%
Total	205	100%	199	100%	210	100%	133	100%	187	100%

The average number of noncompliant kinship and NRKin homes has made up a small percentage of the total average number of licensed kinship and NRKin homes with children placed since 2021 (1% or less) (Figure 33). Additionally, there has been an overall increase of 31 percent in the average number of all licensed kinship and NRKin homes with children placed since 2021.

Figure 33. Average Kinship and NRKin Homes, by Compliance

2021–2024

Source: DCF - CareMatch and CLARIS



Licensing Data Compared to Placement Data

The Neutral compared the number of children placed in a home according to child placement data from FACTS to the number of children placed in a home according to licensing data from CareMatch for the four selected dates in 2024 (Table 33). It is expected that the number of children reported will be equal, or that the number of children reported in CareMatch will be higher because it includes respite placements and non-foster children in the home. The results showed that, across the four dates, the number of children reported in CareMatch was lower than the number of children reported in FACTS for just three percent of family foster home, kinship, and NRKin homes. This finding increased the Neutral's confidence that licensing data is not undercounting children placed in homes.¹⁴⁸

Table 34. CareMatch and FACTS Comparison¹⁴⁹
January 18, July 17, October 28, and December 17, 2024
Source: DCF - CareMatch and FACTS


Date (2024)	Homes where CareMatch shows a higher count of children than FACTS		Homes where CareMatch and FACTS show an equal count of children		Homes where CareMatch shows a lower count of children than FACTS		Homes present in FACTS but not in CareMatch	
	No.	%	No.	%	No.	%	No.	%
January 18	195	8%	2,281	89%	42	2%	57	2%
July 17	235	10%	2,058	86%	51	2%	43	2%
October 28	237	10%	1,998	86%	63	3%	38	2%
December 17	199	9%	1,708	79%	58	3%	194	9%

Summary

Since 2021, DCF has demonstrated consistently strong performance ensuring the number of children placed in homes meets the required licensed capacity or has an approved exception. In the 2023 report, the Neutral was unable to determine compliance due to the data system limitations discussed above and the inability to compare data at the child level. At the request of the Parties in January 2025, the Neutral completed additional validation for the 2023 data and

¹⁴⁸ The Neutral explored the possibility that compliance was inaccurately assessed for those homes for whom FACTS showed a higher number of children than CareMatch. Very few of those homes (between four and seven across the four points in time) would be counted as noncompliant using the higher FACTS count, and the resulting increase in noncompliance rates would be less than one percentage point for each of the four points in time.

¹⁴⁹ The small number of instances where CareMatch showed a lower count of children than FACTS, or where a home is present in FACTS and not CareMatch, are likely attributed to issues with the point-in-time methodology and sequencing of data entry in multiple systems. There is no interface between CareMatch and FACTS so if an update to a placement or home information is entered in CareMatch, it will not be reflected in FACTS until it is manually updated and vice versa. Some instances where homes are present in FACTS and not CareMatch may also be the result of manually matching family foster home, kinship, and NRKin information in the placement data with CLARIS IDs.



amended the finding to indicate that DCF met the commitment. Details of the additional validation from 2023 are included in *Appendix G*.

Based on the finding that 99 percent of homes were compliant across the dates reviewed, the Neutral determined this requirement was met for 2024.

Mental Health Services

Children in foster care are at higher risk of poor mental health outcomes as they have often experienced multiple traumatic events, such as child abuse or neglect and separation from their parents and primary caregivers. To address these traumas, children must have access to mental health screenings and services to identify and meet their needs and to support them and their caregivers. The lack of a stable placement can exacerbate mental health symptoms, and can jeopardize a child's ability to receive consistent mental health treatment services, negatively impacting their overall well-being. The Settlement Agreement has four commitments related to mental health services for children in DCF custody. The State must ensure children receive an Initial Mental Health and Trauma Screen upon entering custody (SA 2.9.5); that children receive appropriate services to meet their mental health needs (SA 2.9.3) and that mental health services are not delayed due to lack of a stable placement (SA 2.5.3). The State is also required to make crisis intervention services available to all children in DCF custody (SA 2.5.4).

Overall, the State's performance for these commitments improved in 2024. Performance assessed by DCF and the Neutral through case reads found that most children who entered DCF custody in 2024 received an Initial Mental Health and Trauma Screen within their first 30 days in custody. These screens were conducted by trained and Qualified Mental Health Providers (QMHPs) as required in the Agreement.¹⁵⁰ The State's vast improvement in this area for 2024 compared to all other years demonstrates its ability to effectively implement change with consistent monitoring, oversight, and collaboration with the CMPs.

According to a sample of case records reviewed for children in custody during 2024, just over half of children who had an identified mental health need were provided with appropriate services, with the majority of services provided in a timely manner. For some children who did not receive appropriate mental health services for an identified need, or who did not receive services timely, the lack of a stable placement directly impacted their ability to receive necessary services. For others, interviews conducted by the Neutral with CMPs, CPAs, mental health providers, and foster parents, identified barriers to mental health service provision including: staff turnover among both CMP case workers and CCBHC clinicians which often impacted care coordination; a lack of Medicaid-accessible services (particularly in more rural areas of the state); and a lack of specialized services across the state (i.e., services for autism or outpatient substance use services).¹⁵¹

By the end of 2024, almost every CCBHC in the state had mobile crisis services available, and more than half (14) had mobile crisis services available 24 hours per day, seven days a week. Services provided by the CCBHCs – alongside services provided by the Family Mobile Crisis Helpline

¹⁵⁰ A Qualified Mental Health Professional is defined as a physician or psychologist, licensed master's level psychologist, licensed clinical psychotherapist, licensed marriage and family therapist, licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, Licensed Baccalaureate Social Worker, licensed master social worker, or registered nurse who has a specialty in psychiatric nursing.

¹⁵¹ Additional information about CCBHCs can be found [here](#).

(Helpline; operated by Carelon), 988, and HealthSource Integrated Solutions (HIS) – have made crisis intervention services generally available statewide for children in DCF custody.¹⁵²

Despite the progress, some challenges persist for caregivers and children trying to access crisis services. Interviews conducted by the Neutral with CMPs, CPAs, KDADS, Carelon, and HIS staff, as well as with foster parents, highlighted the continued need to increase public education and awareness of the availability of crisis intervention services as well as how to access them, when to use them, and what to expect when seeking crisis services.

2.9.5 Initial Mental Health and Trauma Screens

Settlement Agreement Commitment	<i>At least the following percentages of a statistically significant, representative, random sample of all Class Members entering DCF custody during a 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. The Initial Mental Health and Trauma Screen shall be performed by a person who has been trained to reliably administer the Screen, and 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, including but not limited to the following: 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 sample shall be to a 90% confidence interval with a 5% margin of error. The sample selection process and review protocol shall be approved by the Neutral. The results shall be independently validated by the Neutral with the Neutral reviewing up to 50% of the cases in the sample.</i> Final Outcome: 90%
Neutral finding	Case reviews found that 94 percent of children whose cases were reviewed received an allowable mental health and trauma screen within 30 days of entering custody. The State met this commitment for 2024 (Period 4).

The Agreement defines allowable Initial Mental Health and Trauma Screens as the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Child and Adolescent Needs and Strengths tool (CANS), or their functional equivalents as agreed by the Parties.¹⁵³ The State is required to provide a mental health and trauma screen for all children within 30 days of entering DCF custody. A properly trained and credentialed professional must administer the screen.

¹⁵² HIS contracts with CCBHCs to provide phone-based crisis intervention services. HIS is also one of the primary contractors to answer 988 calls in Kansas. Additional information about HIS can be found [here](#).

¹⁵³ Examples of these screening tools are included as attachments to the Settlement Agreement.

Methodology

To measure the State's progress in meeting this commitment, the Neutral used the case read process described in *Section IV. Methodology*. The sample included 241 children who entered DCF custody in 2024. For each child, reviewers read the case record and lists of CMP staff members' training and qualifications to answer questions regarding each element of the standard. For a case to meet the commitment, the following elements must be met:

- an approved screen must be completed;
- the screen must be timely (within 30 days of entry into care);
- the person completing the screen must be trained to use that specific instrument; and
- the screen must be completed by a qualified mental health professional or a person with one of the approved degrees as specified in the Agreement.

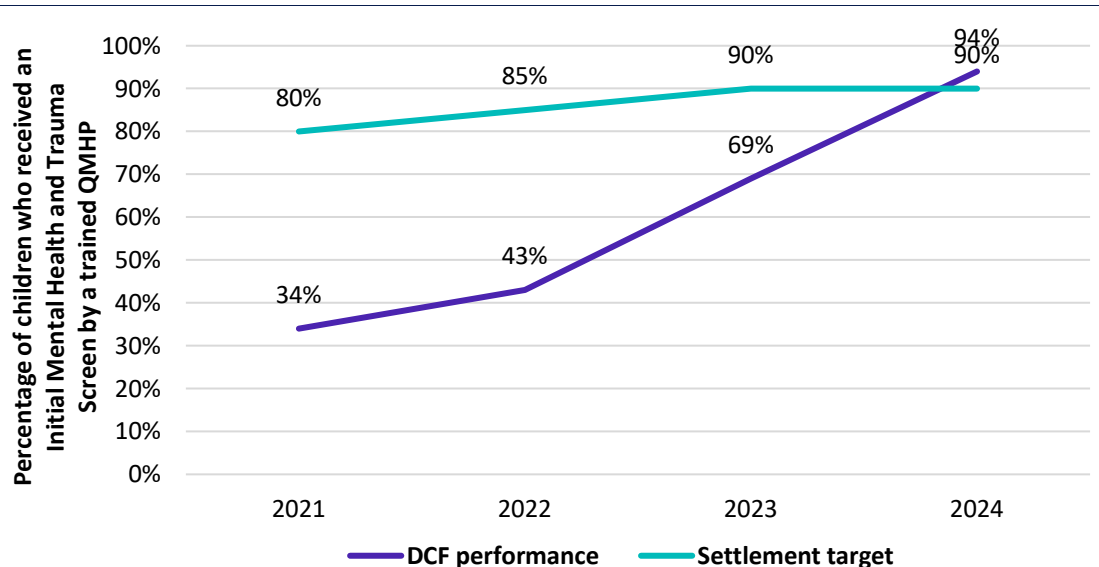
The Neutral compared performance over time, examined compliance with each element of the standard, and compared performance by catchment area.

Performance

An approved screen was conducted within 30 days of a child's entry into custody and by a trained, qualified professional in 94 percent of all cases reviewed (226 of 241). DCF's performance on this commitment improved significantly since 2023 (69%) (Figure 34).

Figure 34. Initial Mental Health and Trauma Screens Performance, by Year¹⁵⁴
2021–2024

Source: Settlement Case Reads



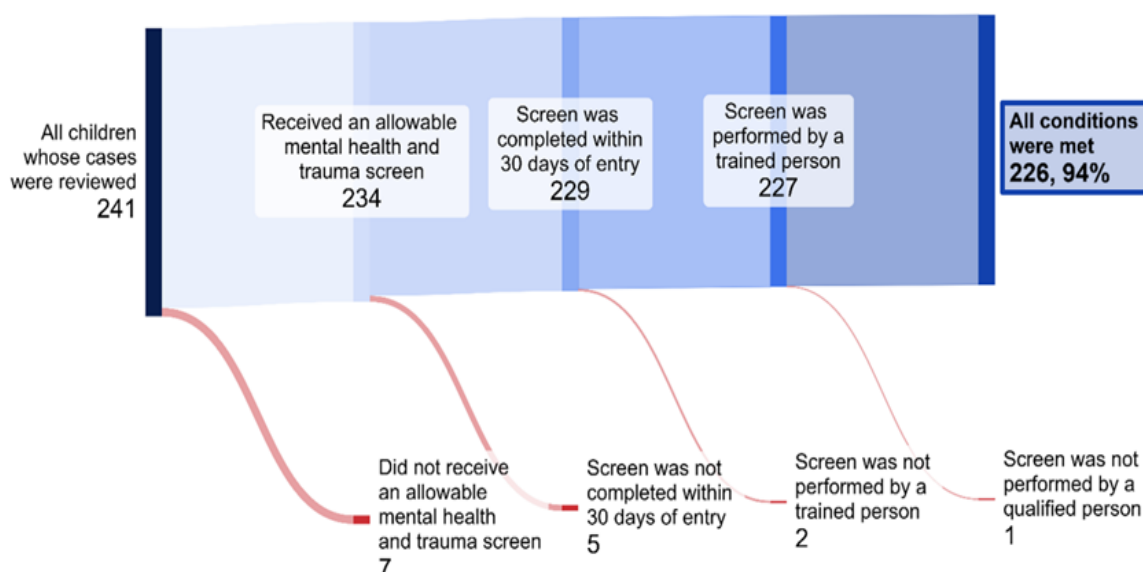
¹⁵⁴ There was sufficient interrater reliability between the Neutral and DCF's case read results across all four years.

The case read assessed all required elements of the standard; a case needed to comply with all elements to meet the standard. Of the 241 children whose cases were reviewed, 234 (97%) received an allowable screen at any point after entering DCF custody (Figure 35). Of those who were screened, 229 (98%) had the screen completed timely (within 30 days of entering custody). Of the 229 children who had their screen completed timely, 227 (99%) had the screen administered by a person who had been trained to provide it, and 226 of those children (<99%) also had the screen administered by a person with one of the professional qualifications identified in the Settlement Agreement.

Figure 35. Initial Mental Health and Trauma Screens Performance

2024

Source: Settlement Case Reads



Performance by catchment area ranged from 85 percent (SFM, when serving Area 7) to 100 percent (KVC: Area 3 and Area 6; COC: Area 5; and TFI: Area 8) (Table 34). This is a significant improvement from 2023, when performance ranged from 36 to 86 percent. Overall, most CMPs met the 90 percent target; SFM was the only CMP that did not meet or exceed the standard across all areas served.

Table 35. Initial Mental Health and Trauma Screens Performance, by Catchment Area

2024; N = 226 children whose case met the standard; N = 241 children whose case was reviewed

Source: Settlement Case Reads

DCF catchment area (CMP)	Cases meeting the standard	Cases reviewed	2024 performance
Area 1 (SFM)	28	32	88%
Area 2 (SFM)	36	40	90%
Area 3 (KVC)	34	34	100%
Area 4 (TFI)	40	42	95%
Area 5 (COC)	13	13	100%
Area 6 (KVC)	26	26	100%
Area 7 (SFM & EHC)	39	44	89%
SFM (1/1 - 6/30)	23	27	85%
EHC (7/1 - 12/31)	16	17	94%
Area 8 (TFI)	10	10	100%
Statewide performance	226	241	94%

Summary

In 2024, DCF began tracking completion of initial mental health and trauma screens on a monthly basis and publishing the results on their public data website.¹⁵⁵ Additionally, most CMPs (EHC, TFI, KVC, and COC) established separate units that are responsible for completing and tracking follow up from screens rather than relying on the child's case worker to complete the initial screens. These strategies appear to have been effective, as performance assessed through case reads show that DCF exceeded the 90 percent requirement in 2024; a demonstrated increase in performance compared to all prior years.

¹⁵⁵ DCF's public data website can be found [here](#).

2.9.2 Addressing Mental Health Needs

Settlement Agreement Commitment	<i>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, calculated utilizing the definitions and measurements in Item 18 of the CFSR Onsite Review Instrument and Instructions (Jan. 2016) (attached hereto as Attachment 5). The sample shall be to a 90% confidence interval with a 5% margin of error. The sample selection process and review protocol shall be approved by the Neutral. The results shall be independently validated by the Neutral who will review up to 50% of the cases in the sample.</i> Final Outcome: 90%
Neutral Finding	Case reviews found that 66 percent of children whose cases were reviewed with an identified mental health need received appropriate mental health services in 2024. The State did not meet this commitment for 2024 (Period 4).

This commitment requires the State to provide appropriate mental health services to all children in DCF custody who have an identified mental health need.

Methodology

To measure the State's progress in meeting this commitment, the Neutral used the case read process described in *Section IV. Methodology*. The sample included 263 children who were in DCF custody at any point in 2024. Reviewers first determined if documentation in the child's record showed the child had a need for mental health services in 2024, which resulted in 195 applicable cases for further review. For the 195 children who had an identified mental health need, reviewers then applied the case read tool to determine whether appropriate services had been provided to meet the needs. Generally, services are considered appropriate if they are:

- tailored to the specific needs of the child;
- culturally appropriate, with providers who can speak the language of the child;
- accessible to the child (considering waitlists, transportation, and hours available);
- provided in a setting that is the most effective and responsive to needs; and
- monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made.

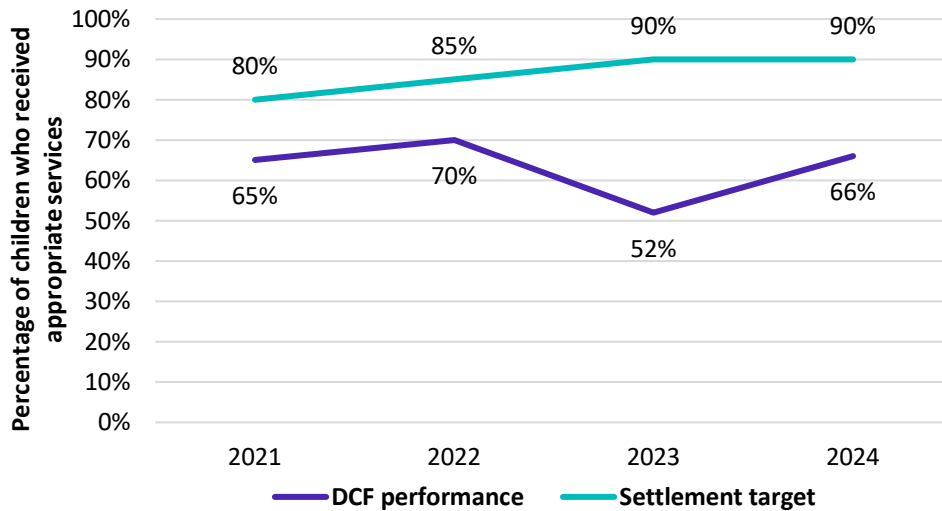
Performance

In 2024, 66 percent of children with an identified mental health need received appropriate services during the year. While performance has improved compared to Period 3 (103 of 197, or 52%), it remains far below the final standard of 90 percent (Figure 36).

Figure 36. Addressing Mental Health Needs Performance, by Year¹⁵⁶

2021–2024

Source: Settlement Case Reads

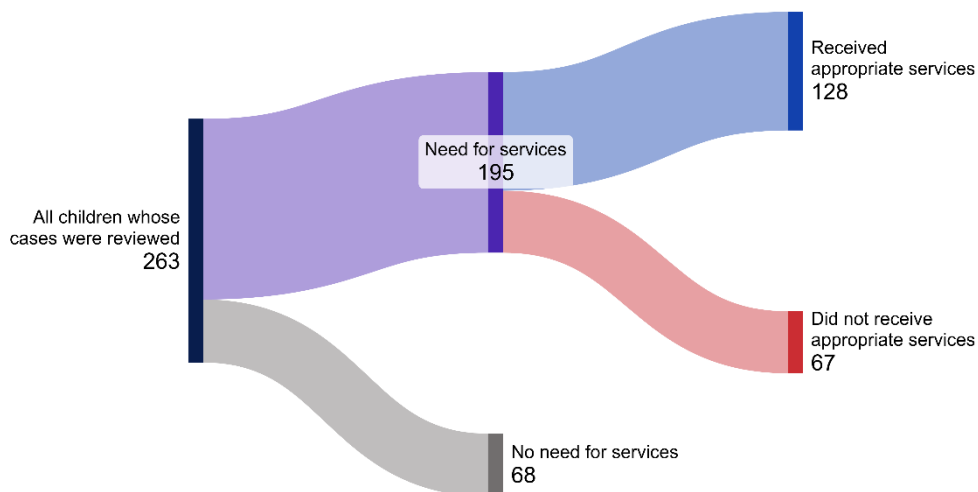


Settlement case reads show that, of the 195 children with identified mental health needs whose cases were reviewed, 128 (66%) of their case records contained documentation showing appropriate services were provided (Figure 37).

Figure 37. Addressing Mental and Behavioral Health Performance

2024

Source: Settlement Case Reads



¹⁵⁶ There was sufficient interrater reliability between the Neutral and DCF's case read results across all four years.

The extent to which children received appropriate mental health services varied significantly by CMP and catchment area. Catchment area performance ranged from a high of 94 percent (Area 8) to a low of 44 percent (Area 7). Overall, no CMP met the standard.

Table 36. Addressing Mental Health Needs Performance, by Catchment Area

2024; N = 128 children whose case met the standard; N = 195 children with an identified need for services whose case was reviewed

Source: Settlement Case Reads

DCF Catchment Area and CMP	Children whose cases met the standard	Children whose case was reviewed with an identified need for services	2024 Performance
Area 1 (SFM)	14	20	70%
Area 2 (SFM)	14	23	61%
Area 3 (KVC)	16	27	59%
Area 4 (TFI)	22	32	69%
Area 5 (COC)	9	13	69%
Area 6 (KVC)	20	23	87%
Area 7 (SFM & EHC)	18	41	44%
Area 8 (TFI)	15	16	94%
Statewide Performance	128	195	66%

Summary

The State continues to struggle to meet this requirement. Despite progress in 2024, case reviews found that approximately one-third of children who needed mental health services did not receive them. In discussions with the Neutral, various stakeholders, including mental health providers and child welfare workers, identified that services are often less available in more rural areas of the state. In places where services are available, appointments may not occur or be available with the recommended frequency to meet a child's needs, due to mental health provider staffing shortages, and challenges managing school and transportation schedules among agencies and foster parents. For example, weekly therapy may be recommended for a child, but the local mental health provider may only be able to offer sessions on a monthly basis. In another example, services may be available, but the foster parent or child welfare agency are unable to provide consistent, reliable transportation to the appointments, leading to the child being discharged by the mental health provider.

2.5.3 Authorization of Mental Health Services

Settlement Agreement Requirement	<i>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.</i>
Neutral Finding	Case reviews showed that, in total, 21 children did not receive needed mental health services, or experienced a delay in receiving services, due to placement instability. This is 19 percent (21 of 109) of all children who did not receive services or experienced a delay, and 11 percent (21 of 195) of all children who had an identified mental health need. The State did not meet this commitment for 2024 (Period 4).

This commitment requires the State to ensure that children are not being denied access to timely mental health services due to the lack of a stable placement.

Methodology

To measure the State’s progress in meeting this commitment, the Neutral used the case read process described in *Section IV. Methodology* for a sample of children in DCF custody at some point in 2024.¹⁵⁷ For each child, reviewers first determined if they had a need for mental health services during the year, resulting in 195 applicable children’s cases to review. For the 195 applicable cases where the child had an identified need, reviewers answer questions to determine whether the child received mental health services, and if so, whether those services were provided timely. If the child did not receive services, or services were delayed, reviewers assessed if the lack of a stable placement impacted the child’s mental health needs being met.

Performance

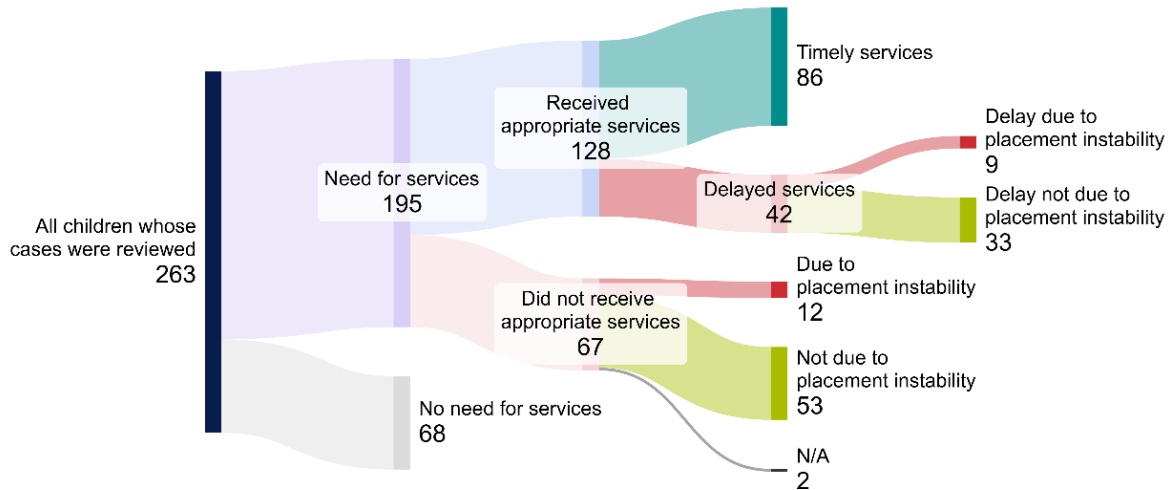
Of the 195 children with an identified mental health need, 67 of their case records (34%) showed that the child did not receive appropriate services to address their needs. For these 67 children, 12 (18%) of the records showed that the lack of services was caused, at least in part, by the lack of a stable placement for the child.

Of the 128 children (66% of 195) who received mental health services, 86 (67% of 128) of their case records showed that services were provided timely. Of the 42 children (33%) who experienced a delay in receiving mental health services, nine case records (21% of 42) showed that the delay was caused, at least in part, by the lack of a stable placement for the child.

¹⁵⁷ Agreed upon changes in the Neutral and DCF’s case read tool and protocol make it difficult to effectively compare the State’s performance across periods, thus an analysis across periods is not included in this report.

Figure 38. Delayed Services Due to Lack of Stable Placement
2024

Source: Settlement Case Reads



In total, 21 children did not receive needed mental health services, or experienced a delay in receiving services, due to placement instability. This is 19 percent of the 109 children who did not receive services or experienced a delay, and 11 percent of the 195 children who had an identified mental health need.

Summary

While the majority of delays in or lack of provision of mental health services were not attributed to placement instability, it was a factor for 11 percent of children with an identified mental health need. In the Neutral’s conversations with child welfare staff and mental health providers, placement instability was identified as a consistent barrier to meeting children’s mental health needs. While CCBHC clinicians can offer virtual appointments which can help maintain services in times of placement disruption, this is not always feasible because of the need for access to the necessary computer equipment, or challenges with a child’s ability to participate in virtual therapy sessions.

2.5.4 Availability of Crisis Intervention Services

Settlement Agreement Commitment	<i>Defendants shall ensure that Crisis Intervention Services are available to Class Members statewide.</i>
Neutral Finding	The State met this commitment for 2024 (Period 4).

This commitment requires the State to make Crisis Intervention Services available statewide to all children in DCF custody. Section 1.5 of the Agreement defines crisis intervention services as,

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

Methodology

To assess the State’s progress towards this commitment, the Neutral examined the infrastructure for crisis intervention services statewide and sought to understand the awareness of, access to, and provision of crisis intervention services to children in foster care.

Infrastructure

Since the Agreement was finalized in 2021, the State has made consistent progress towards increasing the availability of providers who offer crisis intervention services. These efforts are not specifically targeted to serve only children in DCF custody but rather are a part of a statewide network available to all Kansans. The three primary mechanisms for providing crisis intervention services are the Helpline, 988, and CCBHCs. Collectively, these resources provide statewide coverage for crisis intervention services.¹⁵⁸

Family Mobile Crisis Helpline

In 2021, DCF launched a statewide mobile crisis line, the Family Mobile Crisis Response Helpline (Helpline) now operated by Carelon Behavioral Health in collaboration with KDADS, Medicaid Managed Care Organizations (MCOs), and all 26 CCBHCs. The Helpline is intended to connect children and youth aged 20 years or younger anywhere in the state with free mental health supports and services in crisis situations to mitigate the need for more restrictive or institutional interventions. The Helpline services include:

- over the phone 24/7 support and problem solving from licensed mental health

¹⁵⁸ See Appendix H: Kansas Crisis and Helpline Call Intervention Services for visual of process for crisis calls.

- professionals to help resolve a child's behavioral health crisis;
- over the phone support with referrals to community resources or a recommendation to engage in stabilization services;
- in-person support via mobile crisis response if the crisis cannot be resolved over the phone.

When a call is made to the Helpline, trained mental health professionals respond to assist in stabilizing the situation; timeframes for responses are based on an assessment of the circumstances.¹⁵⁹ Stabilization services are provided for up to eight weeks through the CCBHC and can include work with the individual, family members, caregivers, and/or other support networks. These services often involve referrals and connections to CCBHCs in the area, which provide a full range of outpatient community-based public mental health services.

988

In 2022, the 988 Suicide and Crisis Lifeline was launched nationwide as an additional crisis hotline available 24/7 to provide behavioral health crisis support statewide. 988 also connects callers to local CCBHC crisis teams or emergency services for dispatch if needed.

CCBHCs

CCBHCs provide a broad array of mental health services in specific areas of the state based on service areas defined by KDADS (Figure 39). The CCBHC model requires:

- crisis services to be available 24 hours a day, 7 days a week;
- comprehensive behavioral health services to be available so people who need care do not have to piece together the behavioral health support they need across multiple providers; and
- care coordination to be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.¹⁶⁰

As of the end of 2024, 14 of the State's 26 CCBHCs had 24/7 mobile crisis services. The 12 CCBHCs that did not had contracts with HealthSource Integrated Solutions (HIS) to provide these services.¹⁶¹ HIS provides virtual and phone-based crisis intervention services, including conducting assessments to determine whether a caller might need a high level of care (such as in an acute psychiatric hospital) and provides Master's-level clinical support across the state. HIS is a subsidiary of the Association of Community Mental Health Centers of Kansas, Inc., (ACMHK), so any services provided by HIS are equivalent to the level of service provided by the CCBHC, and services they provide are billed through the CCBHC.¹⁶² HIS also acts as a backup for CCBHCs whose mobile-crisis teams are dispatched to provide support for clinicians in the field. The

¹⁵⁹ Frequently Asked Questions about the Family Mobile Crisis Response Helpline can be found [here](#).

¹⁶⁰ CCBHCs are required to be certified per federal standards. Most CCBHCs (23 of 26) were fully certified and three were provisionally certified at the end of 2024. Additional information on the CCBHC model can be found [here](#).

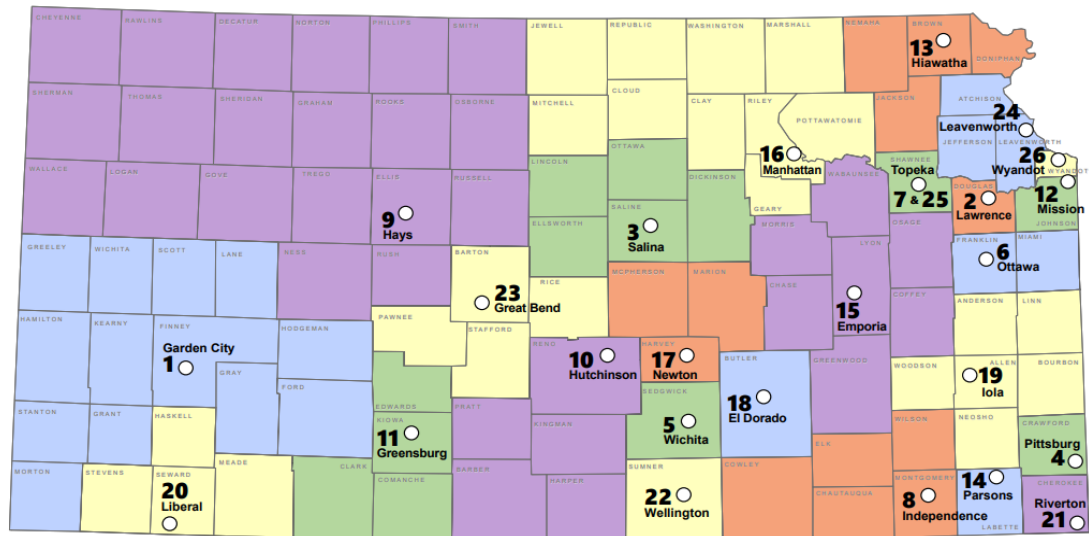
¹⁶¹ HIS is also one of the primary contractors to answer 988 calls in Kansas. Additional information about HIS can be found [here](#).

¹⁶² Additional information about ACMHK can be found [here](#).

implementation and continued support of these resources by the State make crisis services as defined by the agreement technically available statewide.

Figure 39. Map of Kansas CCBHCs¹⁶³

Source: KDADS



Provision of Services

To understand the provision of crisis intervention services to children in DCF custody, the Neutral validated data regarding Helpline calls and Medicaid crisis billing. Data regarding calls to 988 cannot be disaggregated by children in DCF custody because it is planned and operates as an anonymous helpline.

When a person calls the Helpline, the clinician who answers the call gathers all relevant information and completes a screening to determine the appropriate risk level of the call, which determines the response provided by the Helpline. Possible Helpline interventions described in this report are not prescriptive, nor are they exhaustive of all the interventions the Helpline may offer to callers based on the identified risk rating. Calls may be categorized into four levels:

- Risk Level 1, Routine: Helpline may provide referral resources or general relevant information.
- Risk Level 2, Urgent: Helpline may provide phone-based crisis support and referrals for services.
- Risk Level 3, Emergent, non-life threatening: Helpline may provide phone-based crisis support and dispatch a mobile crisis response unit, or refer to the nearest emergency room for voluntary services.
- Risk Level 4, Emergent, life threatening: Helpline may provide phone-based crisis support, dispatch a mobile crisis response unit, or contact 911 with the caller to provide immediate services.

¹⁶³ Numbers on the map correspond to the location directory for CCBHCs found [here](#).

Based on 2024 data, of the 177 calls pertaining to 116 children in DCF custody at the time of the call, most were assessed as Routine (112 calls, 63%) and the most common response was providing support and information over the phone (114 calls or 64%) (Figures 40 and 41). Efforts to dispatch a mobile crisis response unit were made for 104 calls (59%), although data show dispatch was subsequently canceled for nearly half of these calls (46 calls, 44%).

In response to the Neutral’s recommendation in 2023, KDADS and DCF reviewed cancelled dispatches that occurred in 2023 and 2024. For 2024, the State found that similar numbers of mobile response dispatches were canceled by the caller or the CCBHC providing the mobile response. The State also found that the majority of children received an alternate service when mobile response was canceled, such as de-escalation services virtually or over the phone, services provided at an acute hospital, or mental health services at the CCBHC’s office. Fourteen percent of cancelled dispatches were automatically listed as cancelled because the mobile provider did not provide information back to Carelon, even in cases where the child may have ultimately received a mobile response. KDADS stated they will be implementing monthly reviews of canceled mobile response dispatch to ensure Carelon is receiving accurate follow-up information on all calls recommended for dispatch.

Figure 40. Calls to Helpline with Routine Risk Rating and Outcome

2024

Source: KDADS

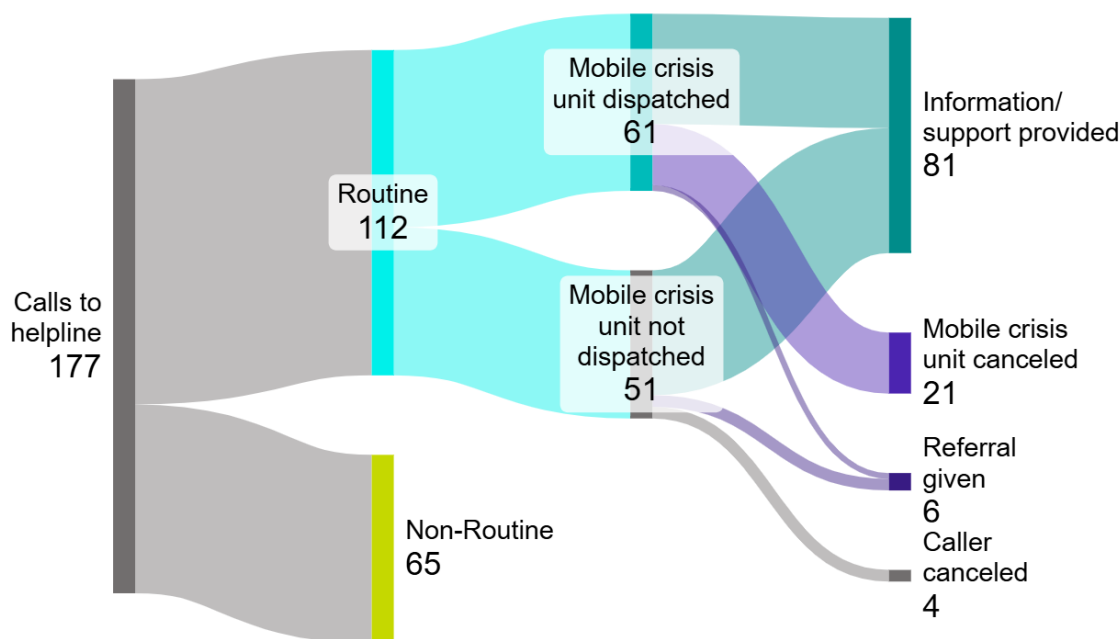
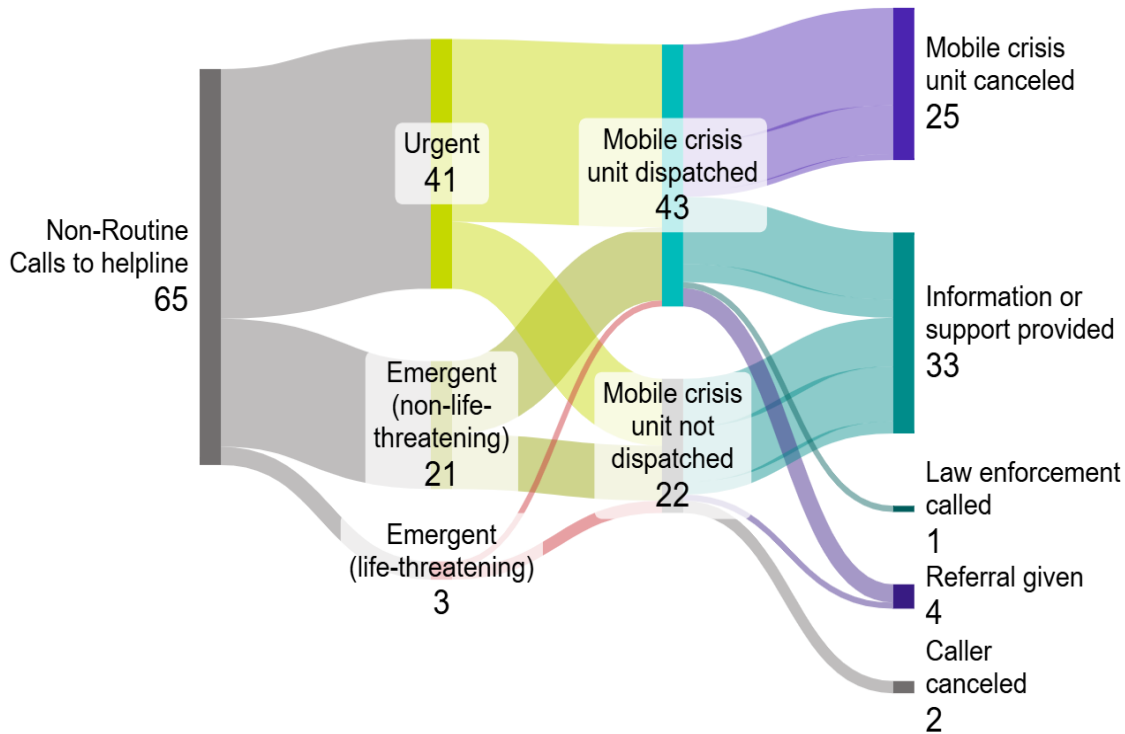


Figure 41. Calls to Helpline with Non-Routine Risk Rating and Outcome

2024

Source: KDADS



Crisis Intervention Services Provided by CCBHCs

During 2024, 606 children in DCF custody received crisis services according to Medicaid billing data. While this is a slight decrease from the number of children who received billable crisis services in 2023 (725 children), the total number of services billed to Medicaid increased (from 2,717 units in 2023 to 3,015 total units in 2024).¹⁶⁴

Figure 42 shows the distribution of counties where crisis services for children in DCF custody were billed to Medicaid. At least one child received crisis intervention services in 31 of 105 Kansas counties. Of the 72 counties where no children received crisis intervention services during the year, 24 counties (33%) had more than 30 children in DCF custody at any time during the year. Among the 31 counties where one or more children received crisis intervention services, the

¹⁶⁴ Units of service are used by CCBHCs to bill Medicaid for reimbursement for services provided and may be billed in minutes or hours based on federally defined billing codes. Examples of services captured as a billable units include, but are not limited to, psychotherapy provided to manage a crisis, mobile crisis response services, and services provided as part of a call to a crisis hotline.

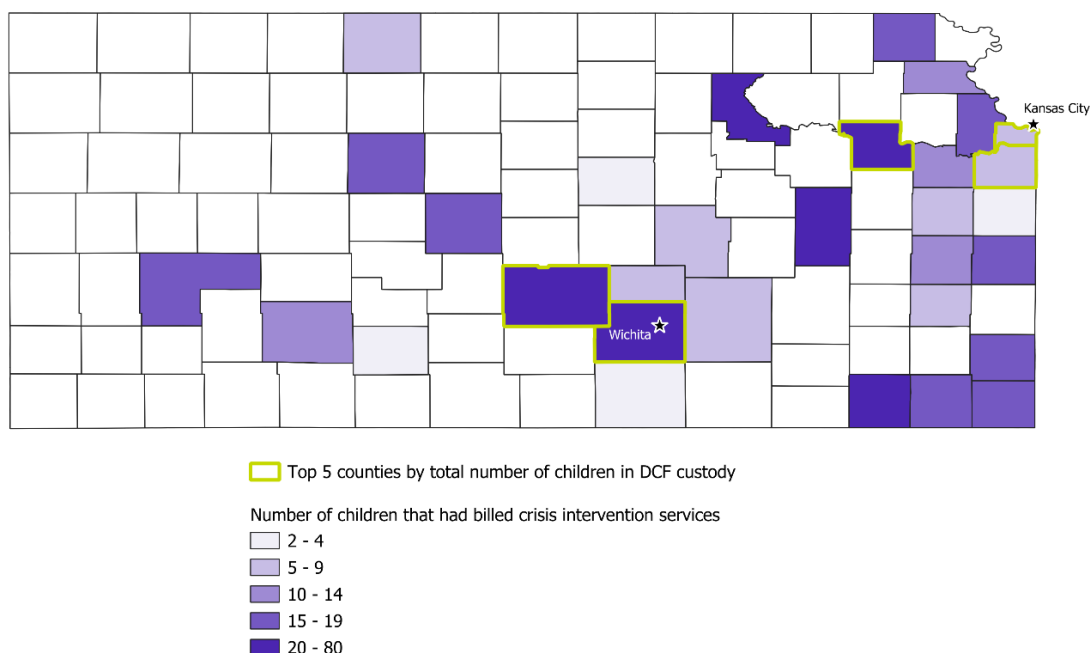
frequency of these services varied substantially, with a high of 92 percent of the children in custody (12 of 13) in Anderson County.

Among the four counties that had 300 or more children in DCF custody during the year, the rate of crisis intervention services ranged from a high of nine percent (81 of 939) in Shawnee County to a low of one percent (9 of 680) in Johnson County. The greatest number of individual children who received crisis intervention services during the year were in Lyon, Sedgwick, Reno, Montgomery, Shawnee, and Riley counties.

Figure 42. Children Who Received Medicaid-Billable Crisis Services, by County Where Service Was Billed

2024; N = 606 children

Source: DCF and KDHE - KMMS



When analyzing the demographic information for children who were the subject of a call to the Helpline and who received Medicaid crisis intervention services, the largest percentage of callers were requesting help for children between 11 and 15 years old, with significant numbers of both older adolescents (age 16 to 18) and children aged six to 10 receiving crisis intervention services (Table 36). Slightly more than half of crisis services were for females, and slightly more than half of Helpline calls were for males. The percentage of children who were the subject of a call to the Helpline and who received Medicaid crisis intervention services was generally consistent across racial and ethnic groups with the overall population of children in DCF custody.

Table 37. Age Ranges of Children Who Received Crisis Intervention Services

2024; N = 116 children in Helpline calls; N = 606 children who received crisis intervention services;
N = 8,826 children in custody

Source: DCF, KDHE - KMMS

Age in years	Children in Helpline calls		Children who received crisis intervention services per Medicaid data		Children in DCF custody	
	No.	%	No.	%	No.	%
0-5 years	6	5%	27	4%	2,862	32%
6-10 years	29	25%	106	17%	1,954	22%
11-15 years	48	41%	293	48%	2,446	28%
16-18 years	31	27%	160	26%	1,313	15%
18+ years	2	2%	20	3%	251	3%
Total	116	100%	606	100%	8,826	100%


Summary

The State has implemented multiple changes since the Agreement was executed in 2021 to develop and support a system that makes crisis intervention services available statewide to children in DCF custody, as well as to all children and families throughout the State. The additions of the Helpline, 988, the transition of all Community Mental Health Centers (CMHCs) to CCBHCs, and the partnership between HIS and CCBHCs, have all expanded access to crisis intervention services statewide.

While the overall number of children in DCF custody who received documented support from a Helpline call or who received a Medicaid billable crisis intervention service is a small percentage of total children served, and although there remain areas of the state where no services were billed, the Neutral cannot determine the expected or actual need for these services to be able to conclude that the low utilization is the result of services not being available.

The Neutral met with staff from CMPs, CPAs and foster parents to understand their experiences trying to access crisis intervention services for children in DCF custody. While some reported positive experiences where they felt services were available and effective, others expressed frustration. The most common issues reported included being told to take the child to the hospital, not getting a mobile response, or having a long wait time for a mobile response. The Neutral is not able to draw conclusions about the appropriateness of the response based on the circumstances – for example, referral to the emergency room is an appropriate response in some cases where there is an urgent non-life-threatening or life-threatening risk rating.

Crisis intervention services are a vital part of the broader continuum of mental health services, and are especially important for children in foster care, as being in foster care can often exacerbate trauma due to separation from their families and sometimes from multiple placements. The goals of making crisis intervention services available are to avoid a placement



disruption or to stabilize a situation without a child needing to go to an ER or psychiatric facility, (however, there are instances where those are appropriate responses). The Neutral recognizes the State's efforts to make crisis intervention services available statewide, and to increase awareness of foster care providers and staff to the availability of these services. The Neutral therefore has concluded that the State has met the requirements of the Settlement Agreement to make crisis intervention services available, while recognizing that work will need to continue to expand awareness of and effective utilization of these services. The Neutral has issued several recommendations to continue to improve the quality and efficacy of these services and to address concerns from CMPs, CPAs, and foster parents (*see Section II. Executive Summary*).

VII. 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 Scale
- **CCBHC:** Certified Community Behavioral Health Clinic
- **CFSR:** Child and Family Service Reviews
- **CINC:** Child in Need of Care
- **CLARIS:** Childcare Licensing and Regulation Information System
- **CMHC:** Community Mental Health Center
- **CMP:** Case Management Provider
- **CMS:** Centers for Medicare and Medicaid Services
- **COC:** Cornerstones of Care
- **CPA:** Child Placing Agency
- **CPI:** Continuous Performance Improvement
- **CROPS:** Child Report of Post-Traumatic Symptoms
- **CSDC-KS:** Child Stress Disorder Checklist KS
- **CSSP:** Center for the Study of Social Policy
- **CCWIS:** Comprehensive Child Welfare Information System
- **CY:** Calendar Year
- **DAT:** Drug/Alcohol Treatment Facility
- **DCF:** Kansas Department for Children and Families
- **DET:** Detention
- **EHC:** EmberHope Connections
- **FACTS:** Families and Children Tracking System
- **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
- **PECFAS:** Preschool and Early Childhood Assessment Scale
- **PSH:** Parsons State Hospital
- **PS TDM:** Placement Stability Team Decision Making
- **PRTF:** Psychiatric Residential Treatment Facility
- **QRTP:** Qualified Residential Treatment Program
- **RFP:** Request for Proposals
- **SACWIS:** Statewide Automated Child Welfare Information System <https://www.microsoft365.com/?auth=2>
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SFM:** St. Francis Ministries
- **TDM:** Team Decision-Making
- **TFFH:** Therapeutic Family Foster Home
- **TFI:** TFI Kansas
- **YRCII:** Youth Residential Center II



Appendix B: Case Read Tools

Case read	Corresponding commitments
Specialized	2.5.3 Authorization of Mental Health Services 2.9.2 Addressing Mental Health Needs 2.9.3 Stable Placements
Targeted	2.9.5 Initial Mental Health and Trauma Screens
Placement	2.5.5 Ending the Practice of Night-to-Night Placements
	2.5.5 Ending the Practice of Short-Term Placements

Specialized Read Tool

Case Read	Specialized Read Settlement PUR 2024
Section 1	Settlement Outcome 2.9.3
Section Purpose	Purpose of Assessment: To determine whether the child in foster care is in a stable placement at the time of the review.
Question 1.	Is the child's current placement setting (or most recent placement if the child is no longer in foster care) stable?
Question 1 Instructions / Guidance	<p><u>Question 1 Guidance/Instructions:</u></p> <p>Using professional judgement, consider the following when responding to this question:</p> <ul style="list-style-type: none"> • Length of placement; • Attachment/bond between the placement provider and child; • Commitment of the placement provider; • Are daily care needs being met?; • Are physical and mental/behavioral health needs being met?; • Is the child thriving in the placement? • Has the foster parent or other placement provider expressed concerns about their ability to meet the child's needs and/or maintain the child in the placement? If so, is there evidence that the agency has successfully addressed these concerns? • Have there been one or more episodes of running away from the placement? If so, have the causes of that behavior been identified and successfully addressed? • Has the child expressed a desire to be placed elsewhere, or the feeling that their needs are not being met in the current placement? If so, have those concerns been successfully addressed? <p>CFSR Definition of "Unstable Placements"-</p> <ul style="list-style-type: none"> • The child's current placement is in a temporary shelter or other temporary setting. • There is information indicating that the child's current substitute care provider may not be able to continue to care for the child. • There are problems in the current placement threatening its stability that the agency is not effectively addressing. • The child has run away from this placement more than once in the past or is in runaway status at the end of the PUR. <ul style="list-style-type: none"> • Yes- If the circumstances listed above as "Unstable Placements" are NOT occurring, the placement would typically be considered stable, and the question answered "Yes". • No- If any of the circumstances listed above as "Unstable Placements" apply to the child's current placement, the answer should be "No". • N/A- All cases are applicable for this question. N/A should not be selected.

Q1 Answer	
Section 2	Mental health review and table
Section purpose	Purpose of review: To determine whether the child in foster care has mental health needs during PUR.
Question 2.	During the PUR, was there an identified need for mental/behavioral health services?
Question 2 Instructions / Guidance	<p>**Review the mental/behavioral health needs table, it must be filled out for each Specialized read case and will assist you in answering the rest of the questions on this tool. (Instructions on separate document)</p> <p><u>Question 2 Guidance/Instructions:</u></p> <ul style="list-style-type: none"> • Yes- To determine whether there was an identified need for mental health services during the PUR, consider (If these circumstances took place, you will rate this question a “yes”): <ul style="list-style-type: none"> ○ If a formal assessment or mental health screen was completed during the PUR which identified needs. A formal assessment may be conducted by an outside provider, such as a psychologist or it may be conducted using a formalized assessment tool. ○ If a formal assessment or mental health screen conducted prior to the PUR identified a need that has not been fully resolved. ○ Case notes, court reports, and other areas of the case record where details about the child/youth <u>is</u> provided. Informal information may be provided by caregivers, case management and service providers to determine the child’s needs. • No. No mental/behavioral health service needs were identified. • N/A – All cases are applicable for this question. N/A should not be selected.
Q2 Answer	
Section 3	Settlement Outcome 2.9.2
Section Purpose	Purpose of Assessment: To determine whether the agency provided appropriate mental health services to meet the need of the youth.
Question 3.	During the period under review, did the agency provide appropriate services to address the children’s mental/behavioral health needs?
Question 3 Instructions / Guidance	<p>*Review the mental/behavioral health needs table</p> <p>For youth who had an identified need in December of 2023 (the end of the PUR) please use the documentation from January 2024 to assess if services were provided.</p>

Please be advised we are not looking for identified needs in January 2024, only assessing if mental/behavioral needs identified during the PUR had services established to address such need(s).

Question 3 Guidance/Instructions:

- Yes- each identified need was addressed with appropriate ‘Services Provided’,
- No- If there were ‘Services Needed But Not Provided’ and the agency has had reasonable time to address (as defined below) the need and did not, this question should be answered “no”. If services were not provided due to excessive waitlists, service providers not being available in the community, or delays by the agency, this question should be answered “no”.
 - “Reasonable time to address” means a need for a service has been identified at least 30 days prior to the end of the PUR, unless a significant incident has occurred or a more immediate response is expected.
 - *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.*
 - Determine whether the services provided were appropriate and matched identified needs. For example, were the services provided simply because those were the services available, or were they provided because the assessment revealed a particular need for a particular type of service? Reviewers may also consider whether the services provided were:
 - Tailored to the specific needs of the child(ren);
 - Culturally appropriate, with providers who can speak the language of the child(ren);
 - Accessible to the child(ren) (considering waitlists, transportation, and hours available);
 - Provided in a setting that is the most effective and responsive to needs;
 - Monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made; and
 - If services were not provided due to excessive waitlists, service providers not being available in the community, or delays by the agency, question 3 should be answered No. If the record shows appointments were frequently missed or canceled, the response would be “no.”
 - If the agency has arranged service and youth refusal is the reason a service hasn't been provided, and the agency has made consistent efforts to work with the youth to get them to accept services, you will rate this question “Yes.”

	<ul style="list-style-type: none"> • NA- Q2 was rated “No, there were NO identified needs for mental health services.” • If you were able to determine the child had an identified mental health need(s) but you are then unable to determine what services were provided due to lack of documentation rate “No” and note what documentation was missing in the rationale and the documentation that you did review in your efforts to determine if appropriate services were provided to address the identified mental health need • Note: If the answer to Question 3 is “No” or “N/A”, then the only responses available for Question 4 would also be “No” or “N/A”. <ul style="list-style-type: none"> ○ If the answer is “No” because there were some services that were provided and appropriate, but others that were not, then the answer to Question 4 would be “No” and the rationale shall explain the services that were provided timely and the services that were not or lacked documentation. Then for Question 5, use documentation to determine if placement stability could have been a factor in any delays during the Period Under Review. ○ If the answer is “No” because <i>all</i> services that were needed were not provided or there is a lack of documentation regarding <i>all</i> services that were needed but not provided, then the answers to Questions 4 and 5 would be rated as “N/A” due to there not being sufficient documentation to determine what services were being provided to address the identified need nor the appropriateness or the services and therefore, we do not have information to determine to determine timeliness of services. In summary, if we don’t have documentation regarding any of the services provided, we don’t have information to rate for timeliness of service provision.
Q3 Answer	
Section 4	Mental health access time
Section purpose	Purpose of review: To determine whether the child in foster care had a delay in mental health service provision
Question 4.	During the PUR, were the identified mental/behavioral health services provided timely?

<p>Question 4 Instructions/ Guidance</p>	<p>*Review the mental/behavioral health needs table</p> <p>Question 4 Guidance/Instructions:</p> <ul style="list-style-type: none"> • Yes = All identified mental/behavioral health services were provided timely • No = Not all identified mental/behavioral health services were provided timely. If one service was provided timely, but others were not, use the rationale box to identify the mental/behavioral health services that were not provided timely. • " Reasonable time to address" means a need for 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. • N/A = Q2 was rated "No there were NO identified needs for mental health services." OR if Q3 was rated "No- If there were 'Services Needed but Not Provided,'" this question should be answered 'N/A.' • Note: If the answer to Question 3 is "No" or "N/A", then the only responses available for Question 4 would also be "No" or "N/A". <ul style="list-style-type: none"> • If the answer is "No" because there were some services that were provided and appropriate, but others that were not, then the answer to Question 4 would be "No" and the rationale shall explain the services that were provided timely and the services that were not or lacked documentation. Then for Question 5, use documentation to determine if placement stability could have been a factor in any delays during the Period Under Review. • If the answer is "No" because <i>all</i> services that were needed were not provided or there is a lack of documentation regarding <i>all</i> services that were needed but not provided, then the answers to Questions 4 and 5 would be rated as "N/A" due to there not being sufficient documentation to determine what services were being provided to address the identified need nor the appropriateness or the services and therefore, we do not have information to determine to determine timeliness of services. In summary, if we don't have documentation regarding any of the services provided, we don't have information to rate for timeliness of service provision. <p>If the agency has arranged service and youth refusal is the reason a service hasn't been provided, <i>and</i> the agency has made consistent efforts to work with the youth to get them to accept services, review available documentation to ensure that the agency's efforts were timely in both an initial and on an ongoing basis. If the documentation supports consistent efforts were made, the answer would be "yes."</p> <p>In considering youth refusal, consistent efforts to work with youth to get them to accept services should consist of at minimum monthly phone conversations with the youth in</p>
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	<p>regard to their mental health needs. These discussions could include but are not limited to:</p> <ul style="list-style-type: none"> • Discussion of youth’s mental health needs with the placement • Discussion of alternative mental health options (tele-health, group therapy, specialized therapy) • Discussion of the youth’s personal barriers/worries regarding participating in services <p>If no mental/behavioral health services were provided at all during the PUR and they had an identified mental/behavioral health need, answer “No” and provide following in rationale box: “No services were provided during the PUR for any of the identified mental/behavioral health needs.”</p> <p>For youth that had an identified need in December of 23 (the end of the PUR) please use the documentation from January 24 to assess if services were provided timely. Please be advised we are not looking for identified needs in January 24, only assessing if mental/behavioral needs identified during the PUR had services established timely to address such need(s).</p> <p>If unable to determine timeliness of services due to a lack of documentation in the case file, this question may be answered with a “No” rating, and “unable to determine timeliness due to documentation” ONLY in the rationale box.</p> <p>Considering Timely Services:</p> <ul style="list-style-type: none"> • When considering timely service provision, per available federal guidance, consider overall appropriateness of the concerted efforts made given the circumstances of the case. Consider efforts that are made by the agency to arrange for those supports and services for the target child, to include efforts that are like but not limited to: <ul style="list-style-type: none"> • Calls to therapy offices • CWCMP therapy communications • Research to locate specialized therapy services • Conversations with the family to discuss therapy options • Efforts to support a child during service wait time (ex: a service provide has a 4 week wait list and agency is contacting child and foster parents weekly to check in during that time frame, and provide alternate therapy support during transition time frame, or even offering different options). • Alternatives explored due to long wait lists with certain providers.
Q4 Answer	
Section 5	Settlement Practice Improvement 2.5.3

Section Purpose	Purpose of Assessment: To determine whether or not any delays in mental health services were caused by a lack of placement stability.
Question 5	For any mental/behavioral health service not provided during the PUR, or not provided timely, was placement instability a factor in the delay?
Question 5 Instructions / Guidance	<p>*Review the mental/behavioral health needs table</p> <p><u>Question 5 Guidance/Instructions:</u> Only questions rated a “No” for Q3 (services needed but not provided) and “No” for Q4 (services provided, but not timely) apply to Q5.</p> <ul style="list-style-type: none"> • Yes = Placement instability WAS a factor in the services not being provided or not being provided timely. • No = Placement instability WAS NOT a factor in the services not being provided or not provided timely. • N/A = Q2 was rated “no” (no MH services needed).” OR Q4 was rated “yes” (services provided timely) <p>When considering reason for delay, in addition to writing your complete rationale, please copy and paste one of the following options that best reflects the reason for delay in the beginning of your rationale, then press enter a few times to start a new paragraph to begin your rationale:</p> <ul style="list-style-type: none"> • Response is “No” to Q5 if: <ul style="list-style-type: none"> ○ Family had to reschedule due to illness (COVID, flu, etc.) ○ Family had to reschedule due to conflicting life event (field trip, sports game, work, etc. Response is “No” to Q5: Provider had to reschedule due to illness (COVID, flu, etc.) ○ Family/Provider did not show up to scheduled appointment ○ If mental health referrals or service appointments were frequently missed or canceled, and the reasons for the appointments being changed were not due to placement instability, the answer would be “no.” Examples might include: a mental/behavioral health provider canceling the appointment, the child/youth/family is sick or has covid, or threats of inclement weather. • Response is “Yes” to Q5: Provider waiting for stable placement before connecting with services/Child had multiple placements. • <i>(if appointments are missed, carefully consider documentation regarding reason for missing appointments to ensure you are accurately capturing reason for missed appointment)</i> • Response could be “Yes” or “No” to Q5: <ul style="list-style-type: none"> ○ depending on if stability was a factor in this delay: No documented ongoing efforts by provider to connect in a timely manner with any therapy services after an identification of a mental health need. ○ depending on if stability was a factor in this delay: Reason for delay not documented.

	<p>○ depending on if stability was a factor in this delay: Other – Reason not captured above. Please detail 1 to 2 sentence response here:</p> <p>When considering whether placement instability was a factor in services being delayed or not provided, consider whether the placement was stable AT THE TIME THE DELAY OCCURRED/AT THE TIME WHEN THE SERVICES WERE NEEDED BUT NOT PROVIDED (Note – this may be different than the answer to Q1 regarding whether the child’s <i>current</i> placement is stable.)</p> <p>When determining if placement instability was a reason for the delay or for appropriate services not being provided, look at the placements that occurred during the PUR (refer to the Placement table). Consider the following, “Did the absence of a stable placement contribute to mental health referral or service being delayed or not provided?” If yes, rate this question “Yes”.</p> <p>If the agency has arranged service and youth refusal is the reason a service hasn't been provided, <i>and</i> consistent efforts to work with the youth to get them to accept services were not made (i.e. Question 4 was answered “No”) review available documentation to ensure that placement stability was not a factor in being able to provide the youth with timely services.</p> <p>No-</p> <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"> • 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. <p>For youth that had an identified need in December of 2023 (the end of the PUR) please use the documentation from January 2024 to assess if services that were not provided timely was due to placement instability. Please be advised we are not looking for identified needs in January 2024, only assessing if mental/behavioral needs during the PUR had services not provided timely due to placement instability.</p>
Q5 Answer	

Targeted Read Tool

Case Read	Settlement Targeted Read 2024
Section	Settlement Outcome 2.9.5
Section Purpose	Purpose of Assessment: To determine if the initial mental health & trauma screen has been completed 1) within 30 days of a child entering foster care, 2) by a Qualified Mental Health Professional or a professional who holds a bachelor's degree in the field of human services or a related field, and 3) by a person who has been trained to perform the screen.
Question 1.	Did the agency provide an allowable Initial Mental Health and Trauma Screen at any point after the child entered into care?
Instructions/ Guidance for Question 1	<p><u>Question 1 Instructions/Guidance:</u></p> <ul style="list-style-type: none"> • Yes- The child received an allowable initial mental health and trauma screen (approved screens listed below) <i>at any point</i> after entry into foster care. • No- The child did not receive an initial mental health and trauma screen at any point after the child's entry into foster care. • No- The child received a screen, but it is not an allowable screen (approved screens listed below). <i>If this occurs, please include in the rationale the type of screen that was administered.</i> • "N/A is not an option for this question. If it is discovered the child was not in custody for 30 days and the initial mental health and trauma screen had not yet been completed, the case may be eligible for elimination from the read. This case would have to be staffed to determine if elimination is appropriate. If <u>case</u> is eliminated, another case will be selected from the over sample. • Question 1 is NOT time restricted; it asks if an approved mental health and trauma screen occurred AT ANY POINT after the child entered into care. This could include information provided by the CWCMP from outside of the specific Period Under Review. • If this question is given a "No" response, Q2, Q3 and Q4 will all be "N/A" <p>Allowable screens include:</p> <ul style="list-style-type: none"> • Ages and Stages Questionnaire – Social Emotional (ASQ-SE) – Ages 30 Days-2 • Child Stress Disorder Checklist-KS (CSDC-KS) – Ages 2-18 • Preschool and Early Childhood Assessment Scale (PECFAS) – Ages 3-5 • Child and Adolescent Functional Assessment Scale (CAFAS) – Ages 6-18 • Child Report of Post-Traumatic Symptoms (CROPS) – Ages 7-17 <p>Since the CMP's are now uploading screen specific information for the Targeted Case Review, only documentation relevant to the screen will be included (i.e. the mental health screen itself.)</p>
Question 2.	During the PUR, was the Initial Mental Health and Trauma Screen completed within 30 days of the child's entry into foster care?

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

- No- The assessment was not performed by a qualified professional, or it is unknown who completed the assessment.
 - If the assessment was not performed by a qualified professional, document in the rationale the assessor's role with the agency (example: support worker, intake worker, etc.)
- N/A- Question 1 was answered No

A Qualified Mental Health Professional is: a physician or psychologist, a licensed master's 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 Baccalaureate Social Worker or a licensed master social worker, or a registered nurse who has a specialty in psychiatric nursing.

Examples of human services or a related field:

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

Should the file contain a physical screen completed by the youth's physician, then the answer would be "Yes" If a physician did administer the youths screen, the file will need to indicate this in some manner. This could be the physical screen with physician's name located in the file or clear documentation of a allowable assessment being performed in addition to the physicians name and degree.

Placement Read Tool

Placement Stability Read – Night to Night (1 day)

Section I: Definitions and Applicability

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

Definitions specific to the table include:

- A “short-term placement” shall mean “Any placement, regardless of setting or type, with a duration of 14 days or less.”
- This is the definition to consider if a placement meets for the purpose of this review: A “night to night placement” shall mean a one calendar day placement that is not the same placement for consecutive days.

Applicable placement type guidance:

*Some types of “placements” recorded in FACTS are not treated as placements in the CFSR review process. You will see below these placements are not applicable for the purposes of this review and therefore, not included in the data set so you will not see them included when reviewing the spreadsheet of placements, 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 **that are not applicable** for purposes of this review include:

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

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

Once you have determined that there was at least (1) night-to-night placement not on the list above of excluded placements, you then review case details to determine whether the change in placement occurred to achieve the child’s case goals or meet the needs of the child.

**Some youth will have multiple night-to-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.*

Section II: Tables and Review Tool

Case Read	(Proposed) Night-to-Night Placement Read Settlement PUR 2024																								
Program Specific/ Other Section	Court:																								
	Placement Table:																								
	<table border="1"> <thead> <tr> <th>Placement Start Date:</th> <th>Placement End Date:</th> <th>Placement Type:</th> <th>Reason for Change in Placement Setting:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Placement Start Date:	Placement End Date:	Placement Type:	Reason for Change in Placement Setting:																				
	Placement Start Date:	Placement End Date:	Placement Type:	Reason for Change in Placement Setting:																					
	How many night-to-night placements were there, in total?																								
Of those placements, how many were planned by the agency in order to achieve the child's case goals or meet the needs of the child?																									
Of those placements, how many <i>WERE NOT</i> planned by the agency in order to achieve the child's case goals AND <i>DID NOT</i> meet the needs of the child?																									
Placement Types:																									
<input type="checkbox"/> <u>Pre-Adoptive Home</u> —A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.																									
<input type="checkbox"/> <u>Foster Family Home (Relative)</u> —A licensed or unlicensed home of the child's relatives regarded by the title IV-E agency as a foster care living arrangement for the child.																									
<input type="checkbox"/> <u>Foster Family Home (Non-Relative)</u> —A licensed foster family home regarded by the title IV-E agency as a foster care living arrangement.																									

	<p><input type="checkbox"/> <u>Group Home</u>—A licensed or approved home providing 24-hour care for children in a small group setting that generally has from 7 to 12 children.</p> <p><input type="checkbox"/> <u>Institution</u>—A childcare facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include childcare institutions, residential treatment facilities, maternity homes, etc.</p> <p><input type="checkbox"/> <u>Supervised Independent Living</u>—An alternative transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting that provides the opportunity for increased responsibility for self-care.</p> <p><input type="checkbox"/> <u>*Other</u>—A licensed or unlicensed placement setting that is not included in the list of placement types considered for this item AND is not one of the placement settings that should not be counted as a placement per Section IV Instructions, such as runaway or respite care. Examples include a child's placement in a hotel or agency office.</p> <p><input type="checkbox"/> <u>Emergency Shelter</u> – A short-term safe place to stay until a long-term placement for the youth can be found.</p> <p>Reason for change in placement setting: (As defined in the Round 4 On Site Review Instrument, Section II Permanency – Outcome I Children have Permanency and Stability in Their Living Situations)</p> <ul style="list-style-type: none"> • Not Applicable. This is the current or most recent placement. • Move to an adoptive or permanent guardian's home. • Move from a more restrictive to a less restrictive placement. • Move from a less restrictive to a more restrictive placement. • Move to a relative placement. • Move that brings the child closer to family or other important connections. • Move to a temporary placement while awaiting a more appropriate placement. • Move due to foster parent's request.
Section 1	Settlement Outcome 2.5.5
Section Purpose	<p>Purpose of Assessment: 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.</p> <p>In general, the goal or task is to review short-term placements and night-to-night placements to determine which placements were deemed appropriate using CFSR Item 4 instructions and how many were appropriately time limited and utilized in a true emergency situation.</p>

Question 1.	Were all placement changes surrounding 1-night placements 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?
Question 1 Instructions/ Guidance	<p>Question 1 Guidance/Instructions:</p> <p><i>Ensure that in your rationale, you include explanation of evidence used to make your determination on if the placement meets CFSR placement stability standards (how the placement met the needs of the child or was planned by the agency to achieve the child's case goals).</i></p> <p><i>Ensure that in your rationale, you provide the exact location of the documentation/evidence used to make your determination on if the placement meets CFSR placement stability standards.</i></p> <p><i>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. (</i></p> <p><i>Here is an example of referencing location information: (Cricket File/Section 2 Legal/07-01-2023 Court Report > Page 4)</i></p> <hr/> <p>Response Guidance:</p> <ul style="list-style-type: none"> • Yes – all placement changes surrounding night to night placements were planned by the agency in an effort to achieve the child's case goals or meet the needs of the child. • No – at least one night-to-night placement did not occur to achieve the child's case goals OR meet the needs of the child. • N/A – all night-to-night placements are exempt from review due to being not applicable placement types, for example, respite or hospitalization. <p>Federal Guidance for Consideration:</p> <p>Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative foster care to relative foster care, and moves that bring the child closer to family or community.</p> <ul style="list-style-type: none"> • Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves due to placing the child in an inappropriate placement (that is, moves based on mere availability rather than on appropriateness); moves to more restrictive placements when this is to essential to achieving a child's permanency goal or meeting a child's needs; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular

	<p>placement type, such as shelter care, upon removal regardless of individual needs.</p> <ul style="list-style-type: none"> • If ALL placement changes during the PUR reflect planned agency efforts to achieve the child’s case goals or to meet the needs of the child, the answer to question 1 should be Yes • If any single placement change that occurred during the PUR was for a reason other than agency efforts to achieve case goals or to meet the child’s needs, the answer to question 1 should be No. • Placement changes that result from 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) can be considered similar to those that reflect agency efforts to achieve case goals for purposes of question 1. <p>Additional Guidance for Consideration:</p> <p>To determine if all placement changes reflected an effort to achieve the case goals, consider the following reasons that do reflect efforts to achieve case goals:</p> <ul style="list-style-type: none"> - 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 - Moves that bring the child closer to family or community <p>Any reason for a placement change that does not fall into one of the <i>above</i> categories does NOT meet CFSR placement stability standards, unless a move to a more restrictive setting “is ... essential to achieving a child’s permanency goal or meeting the child’s needs.” It is, therefore, important to consider the totality of the circumstances related to the 1-night placement. This could include, but is not limited to, the ongoing stability of the placement prior to the 1-night placement, efforts made by the agency to support stability, the reason for move from that placement, the stability of the 1-night placement, and the reason the child ultimately moved from the 1-night placement. To help develop your understanding of considering these circumstances, an example section is included below. The placement change could also still be considered a change in an effort to meet the needs of the child if the placement change was the result of unexpected circumstances or an emergency. This is further detailed on page 5.</p> <p>When a child enters care, the initial placement may be brief/temporary until a more appropriate placement (like relative or NRKIN) is found. This brief/temporary placement can happen especially in emergency situations defined below on page 4 where an initial placement is needed immediately. If the child’s initial placement was (1) one-night and the child was moved to a placement reflecting efforts to achieve goals or meet child’s needs, that would be a “Yes” response. If the child was moved from the initial placement to a</p>
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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 does not meet the CFSR standards.

In considering whether a placement was in fact an emergency placement, and was therefore needed to meet the needs of the child, consider the following:

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

Emergency Placement change guidance:

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

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.

EXAMPLES:

- **Example 1: Unplanned One-Night Placement Due to Urgent Safety Concerns**

	<ul style="list-style-type: none"> • A child was removed from their foster home due to an urgent report of abuse, requiring immediate intervention to ensure their safety. Given the timing and urgency of the removal, the agency placed the child in a one-night emergency shelter placement while arranging for a more appropriate, stable placement closer to their community. The next day, the child moved into a relative foster home closer to their parents and within, ensuring continuity of connections. Because the one-night placement was a necessary step in addressing their safety needs, this move would not be considered a move to achieve case goals but would meet the definition of an emergency placement. Therefore, this overall would be rated as positive. • Example 2: Unplanned One-Night Placement Due to Preventable Placement Disruption • A child had been exhibiting escalating behavioral concerns in their foster home over several months. Despite early indicators that additional support was needed, interventions were not put in place in a timely manner. The foster parents, feeling overwhelmed, requested the child's removal without sufficient time to explore stabilization options. As a result, the agency placed the child in an emergency shelter for one night before securing a placement with a relative the next day. While the move to a relative home aligns with case goals, the initial emergency removal was reactive and not part of a planned effort by the agency. Since the one-night placement resulted from an unaddressed disruption rather than a strategic transition, this would not be considered a planned placement in alignment with case goals nor would it be considered an emergency placement. • Implication for Review Scoring: If a child experienced both of these situations within the same review period, both Question 1 would be rated as "No" because at least one placement was neither planned to achieve case goals nor an unexpected circumstance (i.e. an emergency placement change).
Narrative:	

Placement Stability Read – Short Term (2 to 14 days)

Section I: Definitions and Applicability

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

Definitions specific to the table include:

- This is the definition to consider if a placement meets for the purpose of this review: A “short-term placement” shall mean “Any placement, regardless of setting or type, with a duration of 14 days or less.”
- A "night to night placement" shall mean a one calendar day placement that is not the same placement for consecutive days.

Applicable placement type guidance:

*Some types of “placements” recorded in FACTS are not treated as placements in the CFSR review process. You will see below these placements are not applicable for the purposes of this review and therefore, not included in the data set so you will not see them included when reviewing the spreadsheet of placements, 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 **that are not applicable** for purposes of this review include:

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

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

Once you have determined that there was at least (1) short-term placement not on the list above of excluded placements, you then review case details to determine whether the change in placement occurred to achieve the child’s case goals or meet the needs of the child.

**Some youth will have multiple short-term 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.*

Section II: Tables and Review Tool

Case Read	(Proposed) Short Term Placement Read Settlement PUR 2024			
Program Specific/ Other Section	Court:			
	Placement Table:			
	Placement Start Date:	Placement End Date:	Placement Type:	Reason for Change in Placement Setting:
	How many short-term placements were there, in total?			
	<input type="text"/>			
Of those placements, how many were planned by the agency in order to achieve the child's case goals or meet the needs of the child?				
<input type="text"/>				
Of those placements, how many <i>WERE NOT</i> planned by the agency in order to achieve the child's case goals AND <i>DID NOT</i> meet the needs of the child?				
<input type="text"/>				
Placement Types:				
<input type="checkbox"/> <u>Pre-Adoptive Home</u> —A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.				
<input type="checkbox"/> <u>Foster Family Home (Relative)</u> —A licensed or unlicensed home of the child's relatives regarded by the title IV-E agency as a foster care living arrangement for the child.				

	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Foster Family Home (Non-Relative)</u>—A licensed foster family home regarded by the title IV-E agency as a foster care living arrangement. <input type="checkbox"/> <u>Group Home</u>—A licensed or approved home providing 24-hour care for children in a small group setting that generally has from 7 to 12 children. <input type="checkbox"/> <u>Institution</u>—A childcare facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include childcare institutions, residential treatment facilities, maternity homes, etc. <input type="checkbox"/> <u>Supervised Independent Living</u>—An alternative transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting that provides the opportunity for increased responsibility for self-care. <input type="checkbox"/> <u>*Other</u>—A licensed or unlicensed placement setting that is not included in the list of placement types considered for this item AND is not one of the placement settings that should not be counted as a placement per Section IV Instructions, such as runaway or respite care. Examples include a child's placement in a hotel or agency office. <input type="checkbox"/> <u>Emergency Shelter</u> – A short-term safe place to stay until a long-term placement for the youth can be found. <p>Reason for change in placement setting: (As defined in the Round 4 On Site Review Instrument, Section II Permanency – Outcome I Children have Permanency and Stability in Their Living Situations)</p> <ul style="list-style-type: none"> • Not Applicable. This is the current or most recent placement. • Move to an adoptive or permanent guardian's home. • Move from a more restrictive to a less restrictive placement. • Move from a less restrictive to a more restrictive placement. • Move to a relative placement. • Move that brings the child closer to family or other important connections. • Move to a temporary placement while awaiting a more appropriate placement. • Move due to foster parent's request.
Section 1	Settlement Outcome 2.5.5
Section Purpose	<p>Purpose of Assessment: 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.</p> <p>In general, the goal or task is to review short-term placements and night-to-night placements to determine which placements were deemed appropriate using</p>

	CFSR Item 4 instructions and how many were appropriately time limited and utilized in a true emergency situation.
Question 1.	Were all placement changes surrounding 2-14 night placements 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?
Question 1 Instructions/ Guidance	<p>Question 1 Guidance/Instructions:</p> <p><i>Ensure that in your rationale, you include explanation of evidence used to make your determination on if the placement meets CFSR placement stability standards (how the placement met the needs of the child or was planned by the agency to achieve the child's case goals).</i></p> <p><i>Ensure that in your rationale, you provide the exact location of the documentation/evidence used to make your determination on if the placement meets CFSR placement stability standards.</i></p> <p><i>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.</i></p> <p><i>Here is an example of referencing location information: (Cricket File/Section 2 Legal/07-01-2023 Court Report > Page 4)</i></p> <hr/> <p>Response Guidance:</p> <ul style="list-style-type: none"> • Yes – all placement changes surrounding short-term placements were planned by the agency in an effort to achieve the child's case goals or meet the needs of the child. • No – at least one short-term placement did not occur to achieve the child's case goals OR meet the needs of the child. • N/A – all short-term placements are exempt from review due to being not applicable placement types, for example, respite or hospitalization. <p>Federal Guidance for Consideration:</p> <p>Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative foster care to relative foster care, and moves that bring the child closer to family or community.</p> <ul style="list-style-type: none"> • Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves due to placing the child in an inappropriate placement (that is, moves based on mere availability rather than on appropriateness); moves to more restrictive

placements when this is to essential to achieving a child’s permanency goal or meeting a child’s needs; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular placement type, such as shelter care, upon removal regardless of individual needs.

- If ALL placement changes during the PUR reflect planned agency efforts to achieve the child’s case goals or to meet the needs of the child, the answer to question 1 should be Yes
- If any single placement change that occurred during the PUR was for a reason other than agency efforts to achieve case goals or to meet the child’s needs, the answer to question 1 should be No.
- Placement changes that result from 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) can be considered similar to those that reflect agency efforts to achieve case goals for purposes of question 1.

Additional Guidance for Consideration:

To determine if all placement changes reflected an effort to achieve the case goals, consider the following reasons that do reflect efforts to achieve case goals:

- 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
- Moves that bring the child closer to family or community

Any reason for a placement change that does not fall into one of the *above* categories does NOT meet CFSR placement stability standards, unless a move to a more restrictive setting “is ... essential to achieving a child’s permanency goal or meeting the child’s needs.” It is, therefore, important to consider the totality of the circumstances related to the 2–14-night placement. This could include, but is not limited to, the ongoing stability of the placement prior to the 2–14-night placement, efforts made by the agency to support stability, the reason for move from that placement, the stability of the 2–14-night placement, and the reason the child ultimately moved from the 2-14 night placement. To help develop your understanding of considering these circumstances, an example section is included below. The placement change could also still be considered a change in an effort to meet the needs of the child if the placement change was the result of unexpected circumstances or an emergency. This is further detailed on page 5.

When a child enters care, the initial placement may be brief/temporary until a more appropriate placement (like relative or NRKIN) is found. This

	<p>EXAMPLES:</p> <ul style="list-style-type: none">• Example 1: Unplanned Three-Night Placement Due to Urgent Safety Concerns• A child was removed from their foster home due to an urgent report of abuse, requiring immediate intervention to ensure their safety. Given the timing and urgency of the removal, the agency placed the child in a short-term emergency shelter placement while arranging for a more appropriate, stable placement closer to their community. Three days later, the child moved into a relative foster home closer to their parents and within, ensuring continuity of connections. Because the short-term placement was a necessary step in addressing their safety needs, this move would not be considered a move to achieve case goals but would meet the definition of an emergency placement. Therefore, this overall would be rated as positive.• Example 2: Unplanned Three-Night Placement Due to Preventable Placement Disruption• A child had been exhibiting escalating behavioral concerns in their foster home over several months. Despite early indicators that additional support was needed, interventions were not put in place in a timely manner. The foster parents, feeling overwhelmed, requested the child's removal without sufficient time to explore stabilization options. As a result, the agency placed the child in an emergency shelter for three nights before securing a placement with a relative the third day. While the move to a relative home aligns with case goals, the initial emergency removal was reactive and not part of a planned effort by the agency. Since the short-term placement resulted from an unaddressed disruption rather than a strategic transition, this would not be considered a planned placement in alignment with case goals nor would it be considered an emergency placement.• Implication for Review Scoring: If a child experienced both of these situations within the same review period, both Question 1 would be rated as "No" because at least one placement was neither planned to achieve case goals nor an unexpected circumstance (i.e. an emergency placement change).
Narrative:	

Appendix C: Data Validation and Limitations

This appendix includes specific details about data validation and limitations for 2024 referenced in *Section IV: Methodology*.

Cohort Data Limitations

The initial cohort file submitted by DCF contained most but not all of the requested information and contained some data quality issues such as duplicates. The Neutral requested and DCF submitted a new file that corrected these issues. No additional issues were identified in the final file that impeded the Neutral's ability to analyze the cohort data.

Placement Data Limitations

The Neutral requested five files with placement information:

- a file from FACTS showing all placements of Class Members that began in or overlapped with the period under review;
- the 2024 AFCARS placement file for FFY 2024, in the historical (pre-2020) format;
- the 2024 AFCARS placement file for FFY 2024, in the new format (2020 and later);
- a file listing all Failure to Place (FTP) incidents, for commitment 2.5.1; and
- a file listing all jail and detention placements, for commitment 2.1.3a.

In its first review of the FACTS-based placement file, the Neutral identified many issues, including duplicate placements, overlapping placements, and unexplained gaps before, between, and after placements. The Neutral requested and DCF submitted an updated version of this file, in which some but not all of these issues were corrected. The Neutral requested a third correction and received it on April 28, 2025. Several issues remained in this third file, including 46 children with a gap between their removal date and the start of their first placement, and 12 children with gaps between placements. DCF reviewed these 58 gaps and determined the following: for the 12 children with gaps between placements, the children experienced hospitalizations that were not include in the file.¹⁶⁵ DCF further explained that for almost all of the 46 children with a gap between their removal date and their first placement, DCF did not file a petition for custody and the children was instead placed in DCF custody by the courts, resulting in delayed notification to DCF.¹⁶⁶ To keep the monitoring process timely, the Neutral decided to use the third placement submission.

According to the Settlement Agreement, the rate of placement moves is to be determined using the definitions and measurements utilized by the federal CFSR Round 3, including publicly available code written for the historical format of the AFCARS file.¹⁶⁷ However, the AFCARS files in the historical format that DCF submitted had a similar issue as described in the Neutral's three

¹⁶⁵ Acute hospitalizations do not meet the CFSR definition of a placement. However, to ensure that there are no gaps in the record, it is important that all children's movements, including non-placements, are included in the data.

¹⁶⁶ For one child, DCF reported that they corrected the gap in the placement data, but the gap remained uncorrected.

¹⁶⁷ See *Section IV: Methodology* for discussion of application of CFSR guidance to Settlement Agreement commitments.

prior reports. There were 327 children in this file with missing information regarding the number of different placement settings the child experienced during the federal fiscal year. The Neutral reported this issue to DCF, and in response, DCF identified and corrected a coding error. However, DCF reported that their internal process for generating AFCARS files in the historical format no longer existed; to obtain those files, DCF sends their AFCARS file in the new format to the Children's Bureau and the Children's Bureau sends back files in the historical format. Instead of waiting for the Children's Bureau to produce revised versions of the historical AFCARS files, the Parties agreed to have the Neutral calculate performance for commitment 2.9.1 using an approximation of the historical AFCARS file format based on FACTS.

As described in last year's report, the Neutral examined the viability of using the new AFCARS file format for calculating placement moves for commitments 2.9.1 and 2.9.4, but found that it was not possible to determine if placement changes occurred after temporary absences from care (such as hospitalizations, absences without consent, or detention spells). As a result, based on agreement of the Parties, the Neutral also used the FACTS-based approximation of the fiscal year AFCARS file, described above, to calculate performance for commitment 2.9.4.

DCF's initial data submission of all FTP episodes was missing one FTP episode that appeared in the FACTS placement data, and it was missing unique identifiers for providers. The Neutral requested and received a revised file with these issues corrected. DCF's initial data submission of all jail and detention placements for commitment 2.1.3a contained missing data and fewer incarceration events than expected; specifically, there were several incarceration events with an unspecified facility name, and there were several incarceration events shown in the FACTS placement data that did not appear in the incarceration data. The Neutral requested and received a revised file that addressed these issues. Upon review of this second submission, the Neutral found three incarceration events that appeared to be juvenile detention spells but were coded as jail spells. The Neutral confirmed with DCF that these were in fact juvenile detention spells.

Caseloads Data Limitations


The Neutral received point-in-time caseloads data from the CMPs each month throughout 2024. These data files contained issues such as duplicate names, duplicate IDs, and missing data. The Neutral worked with the CMPs to resolve these issues. The Neutral also requested and received clarification from DCF about how to operationalize the caseloads standards that went into effect in July 2024.

Licensed Capacity Data Limitations

In a small number of cases, the licensed capacity was missing for licensed homes. The Neutral requested and received this missing information from DCF.

Crisis Intervention Services Data Limitations

The Neutral received two files related to commitment 2.5.4: a list of all calls to the Helpline during CY 2024 that involved a child in DCF custody, and a list of all crisis intervention services in CY 2024 that were billed to Medicaid and administered to a child in DCF custody. The initial version of the billing data contained no FACTS Child IDs or dates of birth for children in the cohort, which made it



difficult to identify children and match records from this file to other files from DCF. The Neutral requested and received a resubmission of this file with FACTS Child IDs for all children.

Case Read Limitations

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

To verify that the findings from the case reads were as reliable as possible, the Neutral reviewed DCF's case read findings before reconciliation and checked the consistency with the agreed-upon guidelines for the case reads. In 54 cases from the Specialized case reads, DCF's answers were inconsistent with the guidelines. While working with DCF to resolve this, the Neutral found inconsistencies between DCF's answers as reported in spreadsheets sent to the Neutral and their answers as reported in the PILS system. This temporarily limited the Neutral's ability to calculate the interrater reliability and determine the specific cases on which the Neutral and DCF disagreed. The Neutral and DCF worked together to sort through these inconsistencies.

The Neutral will continue to work with DCF on improving this case read process for 2025, but it should be noted that issues are unlikely to be fully resolved without the benefit of a full CCWIS system.

Appendix D: KFAAB Composition as of December 31, 2024

Source: DCF

KFAAB membership by role and title is below as of December 31, 2024 is shown below. The board composition column indicates how members align with the requirements outlined in Section 2.1.2 of the Settlement Agreement that:

- at least one-third of the group be foster care providers, relative care providers, or parents or youth who are experiencing or have experienced alternative placements within their families;
- no more than 20 percent of members of the group are employees of the state of Kansas; and
- at least 50 percent of group members who are professionals are working directly with and providing services to families or are direct supervisors of professionals directly working with and providing services to families.

Role/Title	Geographic Area	Board Composition
Youth formerly in foster care	Area 3	Foster care provider, lived experience
Foster care provider/Adoptive placement	Area 7	Foster care provider, lived experience
Foster care provider/Adoptive placement	Area 8	Foster care provider, lived experience
Foster care provider/Adoptive placement	Area 7	Foster care provider, lived experience
Youth formerly in foster care/advocate	Area 3	Foster care provider, lived experience
Family member lived experience	Area 3	Foster care provider, lived experience
Parent lived experience	Area 5	Foster care provider, lived experience
Family member lived experience	Area 7	Foster care provider, lived experience
Parent lived experience	Area 3	Foster care provider, lived experience
Parent lived experience	Area 3	Foster care provider, lived experience
Youth formerly in foster care	Area 7	Foster care provider, lived experience
Parent lived experience	Area 3	Foster care provider, lived experience
KS FC Liaison	Area 1	State employee
KS TDM Lead Facilitator	Area 4	State employee
CMHC Director	Area 1	Professional direct work
CMHC Director	Area 1	Professional direct work
Community Therapist	Area 5 and 6	Professional direct work
CMP provider	Area 3	Professional direct work
Wichita State University	Area 7	Professional direct work
CASA	Area 3	Professional direct work

Appendix E: County Incarceration Data

Table 38 . Incarceration Episodes, by County

2024; N = 376 episodes

Source: DCF – FACTS, KDOC

County	No.	%
Sedgwick	84	22%
Shawnee	46	12%
Wyandotte	25	7%
Crawford	17	5%
Saline	17	5%
Johnson	16	4%
Geary	15	4%
Leavenworth	14	4%
Douglas	11	3%
Butler	10	3%
Harvey	8	2%
Lyon	8	2%
Reno	7	2%
Cowley	6	2%
Riley	6	2%
Bourbon	5	1%
Cherokee	5	1%
Finney	5	1%
Brown	4	1%
Dickinson	4	1%
Franklin	4	1%
Mcperson	4	1%
Miami	4	1%
Sumner	4	1%
Atchison	3	1%
Chautauqua	3	1%
Ford	3	1%
Neosho	3	1%
Ottawa	3	1%
Wilson	3	1%
Allen	2	1%
Cheyenne	2	1%
Decatur	2	1%
Elk	2	1%

Montgomery	2	1%
Pottawatomie	2	1%
Rooks	2	1%
Rush	2	1%
Stanton	2	1%
Barber	1	<1%
Barton	1	<1%
Edwards	1	<1%
Greenwood	1	<1%
Harper	1	<1%
Osage	1	<1%
Pratt	1	<1%
Rawlins	1	<1%
Republic	1	<1%
Stafford	1	<1%
Washington	1	<1%
Total	376	100%

Appendix F: Caseload Data, by CMP

Cornerstones of Care (COC)

Table 39. COC Permanency Case Worker Status, by Month¹⁶⁸

2024

Source: COC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (201 - 300% of the standard)		Not compliant due to aftercare case assignments ¹⁶⁹		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	28	100%	0	0%	0	0%	N/A	N/A	28	12
Feb	29	100%	0	0%	0	0%	N/A	N/A	29	11
Mar	27	100%	0	0%	0	0%	N/A	N/A	27	12
Apr	28	100%	0	0%	0	0%	N/A	N/A	28	12
May	29	100%	0	0%	0	0%	N/A	N/A	29	12
Jun	24	100%	0	0%	0	0%	N/A	N/A	24	13
Average (Jan - Jun)	28	100%	0	0%	0	0%	N/A	N/A	28	12
New contracts and caseloads standard in effect as of July 1, 2024										
Jul	8	38%	11	52%	0	0%	2	10%	21	12
Aug	10	43%	13	57%	0	0%	0	0%	23	12
Sep	7	26%	14	52%	0	0%	6	22%	27	9
Oct	12	41%	14	48%	0	0%	3	10%	29	8
Nov	12	41%	13	45%	0	0%	4	14%	29	8
Dec	15	52%	10	34%	0	0%	4	14%	29	10
Average (Jul - Dec)	11	40%	13	48%	0	0%	3	12%	26	10

¹⁶⁸ Percentages do not add to 100% due to rounding.

¹⁶⁹ This category includes permanency case workers who carried a mixed caseload of both permanency and aftercare cases, as well as those who only carried primary aftercare cases. The number of permanency case workers who only carried primary aftercare cases at EHC ranged from two to four across each month in the second half of the year.

Table 40. COC Supervisor Caseloads, by Month

2024

Source: COC

Month	1 to 15 primary cases		16 to 30 primary cases		31 to 45 primary cases		Over 45 primary cases		Total supervisors carrying primary cases
	No.	%	No.	%	No.	%	No.	%	
Jan	8	89%	1	11%	0	0%	0	0%	9
Feb	7	88%	1	13%	0	0%	0	0%	8
Mar	7	88%	1	13%	0	0%	0	0%	8
Apr	6	75%	2	25%	0	0%	0	0%	8
May	9	90%	1	10%	0	0%	0	0%	10
Jun	5	63%	3	38%	0	0%	0	0%	8
New contracts and caseloads standard in effect as of July 1, 2024									
Jul	4	50%	4	50%	0	0%	0	0%	8
Aug	6	67%	3	33%	0	0%	0	0%	9
Sep	1	100%	0	0%	0	0%	0	0%	1
Oct	1	100%	0	0%	0	0%	0	0%	1
Nov	1	100%	0	0%	0	0%	0	0%	1
Dec	2	100%	0	0%	0	0%	0	0%	2
Average (Jan - Dec)	5	84%	1	16%	0	0%	0	0%	6

EmberHope Connections (EHC)

Table 41. EHC Permanency Case Worker Status, by Month¹⁷⁰

July - December, 2024

Source: EHC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (201 - 300% of the standard)		Not compliant due to aftercare case assignments ¹⁷¹		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
New contracts and caseloads standard in effect as of July 1, 2024										
Jul	14	23%	32	52%	2	3%	14	23%	62	7
Aug	17	27%	24	39%	4	6%	17	27%	62	7
Sep	22	32%	30	43%	1	1%	16	23%	69	8
Oct	18	26%	31	45%	1	1%	19	28%	69	9
Nov	18	27%	29	44%	2	3%	17	26%	66	3
Dec	15	23%	34	52%	2	3%	14	22%	65	3
Average (Jul - Dec)	17	26%	30	46%	2	3%	16	25%	66	6

¹⁷⁰ Percentages do not add to 100% due to rounding.

¹⁷¹ This category includes permanency case workers who carried a mixed caseload of both permanency and aftercare cases, as well as those who only carried primary aftercare cases. The number of permanency case workers who only carried primary aftercare cases at EHC ranged from two to four across each month in the second half of the year.

Table 42. EHC Supervisor Caseloads, by Month

July - December, 2024

Source: EHC

Month	1 to 15 primary cases		16 to 30 primary cases		31 to 45 primary cases		Over 45 primary cases		Total supervisors carrying primary cases
	No.	%	No.	%	No.	%	No.	%	
New contracts and caseloads standard in effect as of July 1, 2024									
Jul	5	83%	1	17%	0	0%	0	0%	6
Aug	5	83%	1	17%	0	0%	0	0%	6
Sep	4	80%	0	0%	1	20%	0	0%	5
Oct	8	100%	0	0%	0	0%	0	0%	8
Nov	4	100%	0	0%	0	0%	0	0%	4
Dec	4	100%	0	0%	0	0%	0	0%	4
Average (Jul - Dec)	5	91%	0	6%	0	3%	0	0%	6

KVC

Table 43. KVC Permanency Case Worker Status, by Month

2024

Source: KVC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (201 - 300% of the standard)		Not compliant due to aftercare case assignments ¹⁷²		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	55	73%	20	27%	0	0%	N/A	N/A	75	9
Feb	57	75%	19	25%	0	0%	N/A	N/A	76	10
Mar	57	83%	12	17%	0	0%	N/A	N/A	69	11
Apr	57	81%	13	19%	0	0%	N/A	N/A	70	14
May	58	83%	12	17%	0	0%	N/A	N/A	70	18
Jun	61	85%	11	15%	0	0%	N/A	N/A	72	19
Average (Jan - Jun)	58	80%	15	20%	0	0%	N/A	N/A	72	14
New contracts and caseloads standard in effect as of July 1, 2024										
Jul	25	33%	19	25%	6	8%	26	34%	76	18
Aug	32	42%	17	22%	3	4%	25	32%	77	16
Sep	34	42%	19	23%	3	4%	25	31%	81	12
Oct	22	26%	30	35%	5	6%	28	33%	85	16
Nov	21	25%	29	35%	4	5%	29	35%	83	17
Dec	18	22%	22	27%	4	5%	37	46%	81	18
Average (Jul - Dec)	25	32%	23	28%	4	5%	28	35%	81	16

¹⁷² This category includes permanency case workers who carried a mixed caseload of both permanency and aftercare cases, as well as those who only carried primary aftercare cases. The number of permanency case workers who only carried primary aftercare cases at KVC ranged from 11 to 18 across each month in the second half of the year.

Table 44. KVC Supervisor Caseloads by Month, 2024¹⁷³

2024

Source: KVC

Month	1 to 15 primary cases		16 to 30 primary cases		31 to 45 primary cases		Over 45 primary cases		Total supervisors carrying primary cases
	No.	%	No.	%	No.	%	No.	%	
Jan	3	38%	5	63%	0	0%	0	0%	8
Feb	3	38%	5	63%	0	0%	0	0%	8
Mar	4	44%	1	11%	0	0%	4	44%	9
Apr	4	40%	1	10%	2	20%	3	30%	10
May	4	36%	2	18%	2	18%	3	27%	11
Jun	3	27%	2	18%	3	27%	3	27%	11
New contracts and caseloads standard in effect as of July 1, 2024									
Jul	4	36%	3	27%	1	9%	3	27%	11
Aug	4	44%	1	11%	3	33%	1	11%	9
Sep	4	44%	3	33%	1	11%	1	11%	9
Oct	5	50%	3	30%	1	10%	1	10%	10
Nov	7	58%	3	25%	1	8%	1	8%	12
Dec	8	67%	2	17%	1	8%	1	8%	12
Average (Jan - Dec)	4	44%	3	27%	1	12%	2	17%	10

¹⁷³ Percentages do not add to 100% due to rounding.

St. Francis Ministries (SFM)

Table 45. SFM Permanency Case Worker Status by Month¹⁷⁴

2024

Source: SFM

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (201 - 300% of the standard)		Not compliant due to aftercare case assignments ¹⁷⁵		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	63	59%	44	41%	0	0%	N/A	N/A	107	17
Feb	66	60%	44	40%	0	0%	N/A	N/A	110	17
Mar	63	59%	43	41%	0	0%	N/A	N/A	106	18
Apr	67	63%	40	37%	0	0%	N/A	N/A	107	20
May	72	66%	37	34%	0	0%	N/A	N/A	109	19
Jun	72	67%	35	33%	0	0%	N/A	N/A	107	18
Average (Jan - Jun)	67	62%	41	38%	0	0%	N/A	N/A	108	18
New contracts and caseloads standard in effect as of July 1, 2024										
Jul	12	17%	18	26%	1	1%	38	55%	69	9
Aug	12	18%	23	34%	0	0%	33	49%	68	11
Sep	23	29%	23	29%	0	0%	32	41%	78	6
Oct	15	20%	30	39%	0	0%	31	41%	76	8
Nov	17	23%	30	40%	0	0%	28	37%	75	10
Dec	13	17%	19	25%	0	0%	44	58%	76	7
Average (Jul - Dec)	15	21%	24	32%	0	0%	34	47%	74	9

¹⁷⁴ Percentages do not add to 100% due to rounding.

¹⁷⁵ This category includes permanency case workers who carried a mixed caseload of both permanency and aftercare cases, as well as those who only carried primary aftercare cases. The number of permanency case workers who only carried primary aftercare cases at SFM ranged from five to six across each month in the second half of the year.

Table 46. SFM Supervisor Caseloads, by Month¹⁷⁶

2024

Source: SFM

Month	1 to 15 primary cases		16 to 30 primary cases		31 to 45 primary cases		Over 45 primary cases		Total supervisors carrying primary cases
	No.	%	No.	%	No.	%	No.	%	
Jan	9	47%	5	26%	4	21%	1	5%	19
Feb	10	53%	7	37%	1	5%	1	5%	19
Mar	8	42%	8	42%	2	11%	1	5%	19
Apr	8	38%	8	38%	4	19%	1	5%	21
May	12	60%	5	25%	2	10%	1	5%	20
Jun	8	40%	8	40%	2	10%	2	10%	20
New contracts and caseloads standard in effect as of July 1, 2024									
Jul	6	55%	4	36%	1	9%	0	0%	11
Aug	6	55%	5	45%	0	0%	0	0%	11
Sep	2	29%	4	57%	1	14%	0	0%	7
Oct	5	63%	2	25%	1	13%	0	0%	8
Nov	5	56%	4	44%	0	0%	0	0%	9
Dec	5	71%	2	29%	0	0%	0	0%	7
Average (Jan - Dec)	7	51%	5	37%	2	9%	1	3%	14

¹⁷⁶ Percentages do not add to 100% due to rounding.

TFI

Table 47. TFI Permanency Case Worker Status, by Month¹⁷⁷

2024

Source: TFI

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (201 - 300% of the standard)		Not compliant due to aftercare case assignments ¹⁷⁸		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	41	68%	18	30%	1	2%	N/A	N/A	60	3
Feb	44	73%	15	25%	1	2%	N/A	N/A	60	1
Mar	45	78%	12	21%	1	2%	N/A	N/A	58	2
Apr	41	72%	15	26%	1	2%	N/A	N/A	57	4
May	44	77%	11	19%	2	4%	N/A	N/A	57	2
Jun	40	71%	14	25%	2	4%	N/A	N/A	56	0
Average (Jan - Jun)	43	73%	14	24%	1	2%	N/A	N/A	58	2
New contracts and caseloads standard in effect as of July 1, 2024										
Jul	9	16%	14	25%	0	0%	33	59%	56	0
Aug	8	14%	5	9%	0	0%	43	77%	56	0
Sep	7	13%	3	5%	0	0%	45	82%	55	1
Oct	13	22%	5	9%	0	0%	40	69%	58	2
Nov	14	24%	5	8%	3	5%	37	63%	59	2
Dec	19	32%	8	13%	2	3%	31	52%	60	0
Average (Jul - Dec)	12	20%	7	12%	1	1%	38	67%	57	1

¹⁷⁷ Percentages do not add to 100% due to rounding.

¹⁷⁸ This category includes permanency case workers who carried a mixed caseload of both permanency and aftercare cases, as well as those who only carried primary aftercare cases. The number of permanency case workers who only carried primary aftercare cases at TFI ranged from one to 10 across each month in the second half of the year.

Table 48. TFI Supervisor Caseloads, by Month¹⁷⁹

2024

Source: TFI

Month	1 to 15 primary cases		16 to 30 primary cases		31 to 45 primary cases		Over 45 primary cases		Total supervisors carrying primary cases
	No.	%	No.	%	No.	%	No.	%	
Jan	1	50%	1	50%	0	0%	0	0%	2
Feb	0	0%	0	0%	0	0%	0	0%	0
Mar	1	100%	0	0%	0	0%	0	0%	1
Apr	1	33%	2	67%	0	0%	0	0%	3
May	1	100%	0	0%	0	0%	0	0%	1
Jun	1	100%	0	0%	0	0%	0	0%	1
New contracts and caseloads standard in effect as of July 1, 2024									
Jul	1	100%	0	0%	0	0%	0	0%	1
Aug	1	33%	0	0%	2	67%	0	0%	3
Sep	0	0%	1	33%	1	33%	1	33%	3
Oct	2	50%	1	25%	1	25%	0	0%	4
Nov	2	50%	1	25%	1	25%	0	0%	4
Dec	2	100%	0	0%	0	0%	0	0%	2
Average (Jan - Dec)	1	60%	1	17%	0	13%	0	3%	2

¹⁷⁹ Percentages do not add to 100% due to rounding.

Appendix G: Additional 2.5.2 Licensed Capacity Data Validation for 2023

The Memorandum included below outlines the details and findings of additional validation the Neutral completed on data for 2.5.2 Licensed Capacity for 2023 (Period 3) at the request of the Parties. This was sent to the Parties by the Neutral on May 7, 2024.

Memorandum

This Practice Improvement requires that DCF ensure no placement exceeds its licensed capacity without an approved exception pursuant to agency policy. The Period 3 Report produced by the Neutral in September of 2024 rated this item as “unable to determine.” This rating was assigned because DCF is only able to produce point-in-time data limiting full annual validation of the measure and DCF had not produced information needed to compare licensed capacity data with child placement data. The validated quarterly data reported for Period 3 (see Attachment A) demonstrated strong performance.

In January 2025, the State and Plaintiff’s attorneys requested that the Neutral complete additional activities to further validate this measure for Period 3. These activities were:

- Reviewing General Overcapacity exception request documentation from the CLARIS system
- Reviewing a sample of overcapacity exception request forms
- Meeting with Leslie Rannebeck, Deputy Director for Foster Care Licensing Division to discuss policies, processes and data
- Additional quantitative analysis of Period 3 data.

Data Limitations

DCF can only produce real-time reports comparing each foster home’s licensed capacity with the number of children placed there. Current system functionality cannot retroactively produce a file to capture data for each day in a reporting period. Due to this limitation, DCF and the Neutral agreed to a quarterly point in time measurement. For this methodology, the Neutral randomly selects one date each quarter of a reporting period and on that date contacts DCF with a request to produce the reports for that day. The Neutral then validates the quarterly data for the annual report.

In addition to the limit of the point-in-time methodology, for Periods 1-3 the Neutral was also not able to complete additional validation to compare the quarterly licensed capacity data from CareMatch with child placement data from FACTS because there was no common identifier for providers between the files.

Additional Period 3 Validation

DCF reproduced the Period 3 placement data and included CLARIS (provider) IDs as a common identifier to compare with CareMatch data.¹⁸⁰ The additional analysis compared the number of children placed in a home according to child placement data from FACTS to the number of children placed in a home according to licensing data from CareMatch for the four selected dates from Period 3. It is expected that the number of children reported will be equal, or that the number of children reported in CareMatch will be higher because it includes non-foster children in the home and respite placements. The results showed the number of children reported in CareMatch was only lower than the number of children reported in FACTS two percent of the time across the dates.

Date	Providers where CareMatch shows a higher count of children than FACTS		Providers where CareMatch and FACTS show an equal count of children		Providers where CareMatch shows a lower count of children than FACTS		Providers present in FACTS but not in CareMatch	
	N	%	N	%	N	%	N	%
March 13, 2023	472	17%	2,030	74%	42	2%	193	7%
June 13, 2023	398	15%	1,928	75%	45	2%	204	8%
September 18, 2023	317	12%	2,169	79%	51	2%	196	7%
December 1, 2023	271	10%	2,118	80%	47	2%	215	8%

The small number of instances where CareMatch shows a lower count of children than FACTS or where a provider is present in FACTS and not CareMatch are likely attributed to issues with the point-in-time methodology and sequencing of data entry in multiple systems. There is no interface between CareMatch and FACTS so if an update to a placement or provider information is entered into CareMatch it will not be reflected in FACTS until it is manually updated and vice versa. Some instances where providers are present in FACTS and not CareMatch may also be the result of manually matching provider information in the placement data with CLARIS IDs.

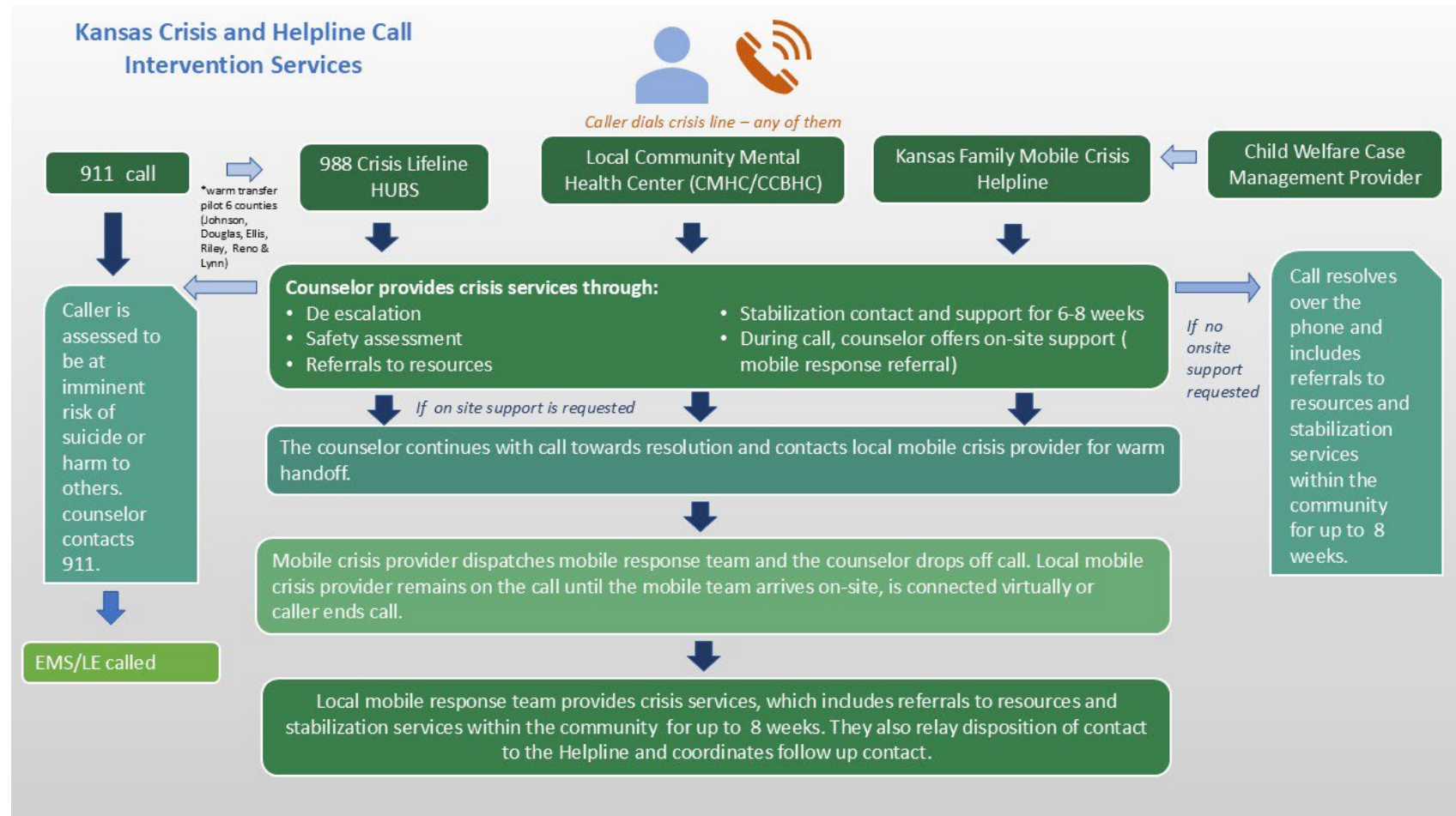
Conclusion and Finding

The review of CLARIS data, licensed capacity forms, and conversations with DCF raised no concerns about DCF's adherence to its policy for granting exception requests. The results of the additional quantitative analysis increased the Neutral's confidence that the licensed capacity data from CareMatch used to calculate performance for this commitment is not undercounting children and the previously reported over-capacity calculations are reliable. The Neutral is satisfied with the supplemental information provided by DCF and finds that DCF fulfilled its Period 3 commitment for Practice Improvement 2.5.2.

¹⁸⁰ This process required DCF to manually match provider names and addresses already included in the placement file with the licensed capacity data that includes provider names, addresses and CLARIS IDs.

Appendix H: Kansas Crisis and Helpline Call Intervention Services

Source: KDADS





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