



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

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

January 1 – December 31, 2025 (Period 5)

Neutral

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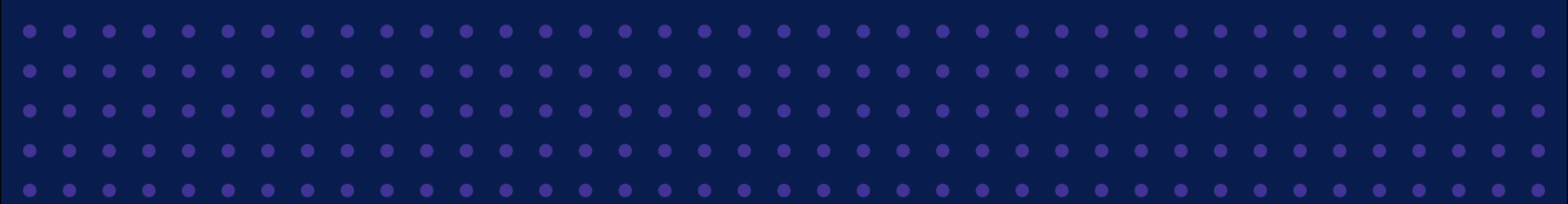




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I. Introduction

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 for Children and Families (DCF), the Kansas Department for Aging and Disability Services (KDADS), and the Kansas Department of Health and Environment (KDHE).¹ The suit alleged repeated and ongoing placement instability and inadequate provision of mental health services for children in DCF custody. The Parties negotiated a Settlement Agreement that was approved by the Court on January 18, 2021.^{2,3}

Settlement Agreement

The Settlement Agreement (“Agreement”) outlines the State’s obligations to improve the experiences of and outcomes for *“all children who are now, or in the future will be, in the protective custody of DCF”* through structural changes and the achievement of measurable outcomes.⁴ These commitments, defined in the Performance Goals section of the Agreement, are intended to significantly strengthen placement stability and mental health supports for children and are divided into three sections:

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

Accountability, Reporting, and Implementation⁵

This portion of the Agreement requires DCF to:

- amend contracts with Child Welfare Case Management Providers (CMPs) to be consistent with the requirements of the Settlement Agreement;
- 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 annually:
 - all children in foster care in detention or other juvenile justice facilities and how long they spent there, and
 - the caseloads of all placement case workers and placement case worker supervisors.

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

² 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 Laura Howard, Secretary of DCF and KDADS, and Janet Stanek, Secretary of KDHE, in their official capacities.

³ The executed Settlement Agreement can be accessed [here](#).

⁴ Settlement Agreement Section 1.2 defines the Class. It includes children aged 17 and under.

⁵ Settlement Agreement Section 2, Part I; the State has met all commitments in this Section since 2021.



Practice Improvements⁶

The Agreement requires five areas of practice change. The deadline for achieving substantial compliance with Practice Improvements was December 31, 2021.⁷

The Practice Improvements are to:

- end the practice of temporarily housing children overnight in inappropriate settings, including offices, hotels, cars, or other unlicensed locations;
- ensure placements do not exceed their licensed capacity without an approved exception;⁸
- end delays in the provision of mental health services due to placement moves, thereby not 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 placements for Class Members.⁹

Outcomes¹⁰

The Agreement also mandates five measurable outcome improvements.

The Outcomes are to:

- 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, for at least 90 percent of Class Members;
- ensure that placements are stable, for at least 90 percent of Class Members;
- limit placement moves to one or fewer per 12 months, for at least 90 percent of Class Members; and
- provide an Initial Mental Health and Trauma Screen by qualified, trained professionals within 30 days of entering foster care, for at least 90 percent of Class Members.

To exit court oversight for both Practice Improvements and Outcomes, the State must achieve and then sustain substantial compliance for one year.¹¹

⁶ Settlement Agreement Section 2, Part II.

⁷ Settlement Agreement Section 2.2 defines the period under review for the Practice Improvements as November 1, 2020 to October 31, 2021. The Court granted a Joint Stipulation on April 10, 2023, changing the dates to align with those outlined in Section 2.6 for Outcomes, January 1 to December 31.

⁸ The State was eligible to exit court oversight for this after 2024, and based on agreement of the Parties, the Neutral is no longer reporting on this commitment.

⁹ The DCF PPM defines night-to-night placement as “a one calendar day placement that is not the same residence address for consecutive days” and a short-term placement as “any placement, regardless of setting or type, with a duration of 14 days or less. See *Section 5233 Placement Definitions* [here](#).

¹⁰ Settlement Agreement Section 2, Part III.

¹¹ Settlement Agreement Section 1.27 defines substantial compliance as “*performance sufficient to conclude that the specific obligation has been achieved.*”



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.¹² 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 collect, analyze, and validate data included in this report is in *Section IV. Methodology*.

Report Structure

This report assesses and validates the State of Kansas’ progress towards meeting the requirements of the Settlement Agreement from January 1 through December 31, 2025 (Period 5). This report is presented in six sections:

- *Section I* outlines the Settlement Agreement and describes the role of the Neutral.
- *Section II* summarizes the State’s progress towards Settlement Agreement commitments during 2025.
- *Section III* provides an overview of the child welfare system in Kansas and demographic information about children in DCF custody during 2025.
- *Section IV* describes the Neutral’s activities and methodology.
- *Section V* presents a table summarizing the State’s performance over time.
- *Section VI* discusses the State’s performance for each Practice Improvement and Outcome during 2025.

¹² Settlement Agreement Section 1.15 defines the term “Neutral” 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](#). CSSP contracts with Action Research, a child welfare research organization, to assist with data analytics. More information about Action Research can be found [here](#).

II. Executive Summary

This is the Neutral's fifth report on the State's progress towards achieving the *McIntyre v. Howard* Settlement Agreement commitments. This report covers performance from January 1, 2025 to December 31, 2025 (Period 5).

In 2024, the State met or exceeded the requirements for four Practice Improvements and Outcomes and was eligible to exit court oversight for the requirement to ensure no placement exceeded its licensed capacity.¹³ For the remaining three measures met in 2024 — ensuring children are in stable placements, completing timely initial mental health and trauma screens, and ensuring crisis intervention services are available statewide — the State maintained strong performance in 2025, continuing to meet requirements, and will be eligible to exit court oversight upon agreement of the Parties. The Neutral has found that the State has complied with the Accountability, Reporting, and Implementation requirements since 2021, and based on performance assessed in 2025, has met the final Settlement Agreement targets for four of the ten Practice Improvements and Outcomes.

The three commitments met in 2025 reflect concerted efforts by the State to make improvements to achieve better outcomes for children and families. Through interagency collaboration, improved quality assurance processes, and new oversight of contracted providers, the State made significant progress towards increasing the availability of crisis intervention services and ensuring timely initial mental health and trauma screens. The reduction of night-to-night and short-term placements in 2025 also correlated with the coordinated effort among DCF, Child Welfare Case Management Providers (CMPs), Child Placing Agencies (CPAs), and congregate care providers to develop statewide strategies to end overnight placements.¹⁴

Despite the areas of progress noted in this report, there remain persistent and still unresolved challenges of extreme placement instability, Failure to Place (FTP), and too many children not receiving the mental health services they need. Fully meeting the expectations and requirements of the Settlement Agreement and ensuring that all children in the State's custody are provided with the care and services to support their safety and well-being will require that the State apply focus, resources, and diligence to achieve the remaining Practice Improvements and Outcomes.

Overall, the State's performance in 2025 was similar to that in 2024, with the exception of a concerning increase in episodes of Failure to Place and nights children spent sleeping in unlicensed, temporary settings.¹⁵ Although there was a reduction in the number of children

¹³ Based on agreement of the Parties that the State met this Practice Improvement, the Neutral is no longer reporting on this requirement.

¹⁴ The DCF Prevention and Protection Services Policy and Procedure Manual (PPM) defines an overnight placement as "placement providing care during overnight hours only." See *Section 5233 Placement Definitions* [here](#).

¹⁵ The DCF PPM defines Failure to Place (FTP): "An 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. An episode of FTP refers to the total time a child was without placement and may last more than one night." See *Section 5233 Placement Definitions* [here](#).

experiencing night-to-night and short-term placements and the total number of such placements, the State is still far from meeting the Settlement Agreement requirements for six of the Practice Improvements and Outcomes.

Summary of Performance

Key findings for commitments related to placement stability and mental health services are highlighted below.

Placement Stability

Strengths

The State exceeded the requirement for one commitment in 2025:

- *Children in stable placements:* Case reviews found that the current placement for 92 percent of children whose cases were reviewed was stable. This is consistent with the finding from 2024 (92%) and exceeds the Agreement requirement of 90 percent for the second year.

Challenges

The State made some progress towards two other commitments related to placement stability in 2025, but challenges remain with:

- *High rate of placement moves:* Children who entered DCF custody during 2025 experienced a rate of 6.75 placement moves per 1,000 days in care. This is a reduction (7%) from the rate of 7.25 placement moves per 1,000 days in care in 2024 but is still 52 percent higher than the Agreement requirement of 4.44 moves per 1,000 days in care. Publicly available data from the federal Children’s Bureau show more recent progress towards meeting this commitment with a reported rate of 5.22 moves per 1,000 days in care for the period covering April 1, 2025 to March 31, 2026.¹⁶
- *Children experiencing brief, unstable placements:* Throughout 2025, a high number of children continued to experience night-to-night and short-term placements.¹⁷ Specifically, 665 children experienced a total of 1,391 night-to-night placements and 1,155 children experienced a total of 2,916 short-term placements. Compared to 2024, this is a 19 percent reduction in the number of children who experienced a night-to-night placement and a 31 percent decrease in the total number of night-to-night placements, as well as a 10 percent reduction in the number of children who experienced a short-term placement and an 18 percent decrease in the total number of short-term placements. This is the first meaningful reduction in these types of placements and the number of children I’m experiencing them from the prior year since the Neutral began reporting in 2021, though

¹⁶ The most recent publicly available data can be found under the *CFSR Round 4 Statewide Data Indicators Workbook* [here](#).

¹⁷ The DCF PPM defines night-to-night placement as “a one calendar day placement that is not the same residence address for consecutive days” and a short-term placement as “any placement, regardless of setting or type, with a duration of 14 days or less. See *Section 5233 Placement Definitions* [here](#).

the State is still far from meeting the requirement to end both night-to-night and short-term placements.

Performance remained unchanged for the commitment to limit the number of placement moves:

- *Children experiencing multiple placement moves:* The percentage of children experiencing one or fewer placement moves during 2025 was 84 percent. This is only slightly above the performance of 83 percent in each of the two prior reporting periods and remains below the Agreement requirement of 90 percent of children.¹⁸

Performance notably worsened for one commitment:

- *Children without placement:* In 2025, 136 children experienced 348 episodes of Failure to Place (FTP), totaling 870 nights without placement for these children. The number of children experiencing an FTP increased by 36 percent from 2024, and the number of episodes increased by 61 percent from 2024. Most concerning is the 175 percent increase from last year in the number of nights children in DCF custody went without placement. Publicly available data from DCF show that this trend has continued to worsen in 2026, when, as of August 31, 2026, there have already been 1,163 nights without placement for children in DCF custody.¹⁹ The overwhelming majority of nights without placement in 2025 (94%) and 2026 (96%) occurred in Sedgwick County (Catchment Area 7, EmberHope Connections (EHC)).

Placement Stability Summary

Performance across all placement stability measures in 2025 was similar to that observed since the Neutral began reporting in 2021. The Neutral has consistently found that, despite case reviews showing that most children in DCF custody are in stable placements, there are still children who experience instability in the form of nights without placement, night-to-night and short-term placements, and multiple placements moves. A small percentage of children in DCF custody each year experience extreme placement instability; in 2025, four percent of children moved placements six or more times during the year. As with prior reporting periods, data showed that teenagers were disproportionately impacted by placement instability, and Black/African American children were more likely than other children in DCF custody to experience two or more placement moves or a night-to-night or short-term placement, and had a higher rate of placement moves than children of all other races. Notably, Black/African American children were twice as likely as White children to have an FTP or to be incarcerated in 2025.

Placement instability disrupts all areas of a child's life, including connections with family and community, education, and service provision. The sharp increase in nights children went without placement in 2025 raises additional concerns about experiences of children without stable placements, as more children spent longer periods of time with no placement. When children have no placement, they typically sleep in CMP offices or unlicensed drop-in centers. While

¹⁸ In 2023 and 2024 performance for this commitment was measured on a Federal Fiscal Year (FFY) rather than a calendar year. *Section VI Performance* explains the change to methodology in detail.

¹⁹ DCF posts unvalidated data tracking Settlement Agreement commitments [here](#).

extreme placement instability continues to occur statewide, the ongoing issue with Failure to Place is almost exclusively in Area 7 (Sedgwick County, EHC). Despite the clear concerns raised about children’s experiences in Area 7 (EHC) in the Neutral’s previous report, and additional allocations from the State budget to support the Area, current strategies remain insufficient to curb the ongoing challenges.²⁰

Although FTPs worsened in Area 7 (EHC) and remained an issue in Areas 1 and 2 (Saint Francis Ministries (SFM)), there were signs of progress, particularly within some catchment areas. No child from Area 4 (TFI) experienced a night without placement in 2025, and Cornerstones of Care (COC) and KVC met the requirement to eliminate Failure to Place in areas they serve. By February of 2026, COC and KVC had also eliminated overnight placements and other CMPs had drastically reduced instances of overnight placements.²¹ During the year, KVC implemented a policy requiring caregivers to accept placements for a minimum of 14 days, and performance for all placement stability commitments in Areas 3 and 6 substantially improved in 2025 compared to 2024. COC (Area 5) also improved performance for all placement stability commitments in 2025. For most measures other than FTP, Area 2 (SFM) and Area 7 (EHC) either improved or maintained performance from 2024. Performance in Areas 1 (SFM), 4 (TFI), and 8 (TFI) declined for most placement stability commitments in 2025. The successful strategies used by some of the CMPs need to be implemented in the areas of the state where more pronounced problems remain.

Mental Health Services

Strengths

The State met or exceeded the requirement for two commitments in 2025:

- *Children receiving timely initial mental health and trauma screens:* Case reviews found that 96 percent of children whose cases were reviewed received an initial screen that met all the Agreement requirements within 30 days of entering DCF custody. This is consistent, strong performance, and the second year the State has exceeded the Agreement requirement of 90 percent.
- *Availability of crisis intervention services:* Crisis intervention services were available to children in DCF custody statewide through the Family Mobile Crisis Helpline (Helpline), 988, and Certified Community Behavioral Health Clinics (CCBHCs). In 2025, the State implemented a “Just Go” model for mobile crisis dispatch, resulting in an increase in mobile crisis response services delivered in-person on-site to children in DCF custody of almost 450 percent (225 in 2025 compared to 41 in 2024).²² The State continued ongoing quality assurance processes with the Helpline and CCBHCs to ensure accurate data

²⁰ Additional state funds were allocated to address rising caseloads and stabilize foster care in Sedgwick County (Area 7) in the amended [SFY 2026](#) and [SFY 2027](#) budgets.

²¹ While the State agreed to eliminate the practice of overnight placements by February 2026, this commitment is not a formal Settlement Agreement requirement.

²² The “Just Go” model allows CCBHCs to directly dispatch a mobile unit when they receive a call and report data to Carelon within two business days. Prior to 2025, CCBHCs had to contact Carelon prior to dispatch.

collection and that children ultimately received services in the several instances where a mobile crisis response was expected but did not occur.

Challenges

Performance did not meet the Agreement requirements for two commitments:

- *Children’s mental health needs not being met:* Case reviews found that almost two-thirds (63%) of children with an identified mental health need received appropriate services during 2025. This is a slight decrease from 2024 (66%) and remains well below the Agreement requirement of 90 percent of children.
- *Placement instability continues to impact mental health services:* Case reviews found that 13 percent of all children who had an identified mental health need did not receive needed mental health services or experienced a delay in receiving services due to placement instability. This finding is similar to 2024 (11%) and does not satisfy the Agreement requirement to not delay authorization and provision of medically necessary mental health services or otherwise link access to medically necessary mental health treatments to placement stability.

Mental Health Summary

The State’s progress in launching and expanding mobile crisis services since the inception of the Settlement is commendable. The significant increase in mobile crisis services delivered to children in DCF custody in 2025 was the most notable change in performance from 2024. Though CCBHCs indicated that reporting to Carelon Behavioral Health is duplicative of other data collection processes, it allowed DCF and KDADS to continue their commitment to quality assurance and oversight to closely track services provided to children in DCF custody and to ensure needs were addressed in crisis situations. The State’s ongoing efforts to increase the availability of crisis services statewide, described in detail in *Section VI: Performance*, have resulted in marked systemic improvements that benefit all Kansans.

Although most children whose cases were reviewed (96%) received a timely initial mental health and trauma screen in 2025, this practice did not result in an improvement in meeting children’s mental health needs. Approximately one-third of children whose cases were reviewed (37%) did not have their mental health needs addressed, and more than one-quarter of children (26%) who did have their needs addressed experienced a delay in receiving services. While delays were sometimes attributed to placement instability, the Neutral continued to hear of other persistent challenges that contribute to these findings.

In interviews conducted throughout the year with youth, caregivers, CMPs, CPAs, and CCBHCs, all stakeholders identified the need for increased availability of specialized services, including treatments for autism spectrum disorders and youth substance use disorders as well as the need for mental health providers to have more consistent training in trauma and working with children in foster care. While CCBHCs reported that the transition to the CCBHC model has improved their staffing, caregivers and CMPs continued to report that there are sometimes waitlists for services and that providers are not always available at the frequency needed. Both CMPs and CCBHCs

described communication challenges with each other that inhibit both the initiation of services and ongoing care coordination.

Discussion and Recommendations

Discussion

In 2025, the State advanced a range of efforts to improve outcomes for children, both building on work already underway and introducing new strategies. DCF announced the awards for contractors to develop a Comprehensive Child Welfare Information System (CCWIS) in July of 2025.²³ The project is currently underway and on schedule for implementation by the end of 2028. This is a much-needed modernization for the State, whose current infrastructure and processes for data collection are antiquated, inefficient, and limit accountability and DCF's ability to use data to monitor outcomes in real time.

The CMPs (COC, EHC, and KVC) that were awarded the Behavioral Health Intervention Team grants in 2024 to establish case teams dedicated to serving children with more significant needs with a 1:5 case worker to child ratio all had their teams operating by April of 2025. A total of 56 children were served by these teams during the year resulting in promising placement stability outcomes. CMP staff of all levels spoke highly of this model, its efficacy, and expressed a desire to expand it if funding were available. The State also continued to expand the availability of children's behavioral interventionist providers (CBI), a Medicaid reimbursable service, throughout the state. There are currently four approved models for CBI provided by seven different agencies. CMPs, CPAs, and FosterAdopt Connect all shared successes with having CBI's available to support children in placements. DCF and KDADS are currently working with KDHE to get two additional evidence-based services for children and families, Multisystemic Therapy and Functional Family Therapy, added to the Medicaid State Plan for reimbursement. The number of Therapeutic Foster Family Homes (TFFH) also increased throughout the year from 90 in May of 2025 to 121 in December of 2025.

Contracts for Managed Care Organizations (MCOs) that went into effect January 1, 2025, require children in foster care to automatically be assigned a care coordinator to assist with finding services to meet the child's individual needs. There are three levels of care coordination, including complex/high risk, that require different frequencies of communication with the child. Some CMP staff and caregivers reported positive experiences where care coordinators were effective with identifying providers and helping to link children to services, though several noted that having additional in-person visits from care coordinators early in a child's placement felt overwhelming, indicating an opportunity for improved teaming among professionals.

In late 2025, the State was awarded two substantial grants that will support the expansion of crisis and other mental health services statewide. One is a private grant to provide technical assistance to CCBHCs, and the other is a federal grant to support the state's Rural Health Transformation Program.²⁴ Additionally, the State issued a Request for Proposals for a provider to administer the Helpline that included updated requirements based on feedback from the Kansas Foster

²³ More information about the CCWIS contractors can be found [here](#).

²⁴ More information about the private grant can be found [here](#); and more information about the Rural Health Transformation Program grant can be found [here](#).

Accountability and Advisory Board (KFAAB) and user surveys including increased marketing, enhanced data reporting, and tracking of cancelled mobile dispatches. The contract was awarded in May of 2026, and in November of 2026, management of the Helpline will fully transition from Carelon to HealthSource Integrated Solutions (HIS), a provider that already has established working relationships with CCBHCs throughout the state.²⁵

Throughout the year, DCF continued monthly convenings of the Settlement Connections workgroup that includes CMPs, CPAs, and congregate care providers to develop strategies to eliminate overnight placements. This focused effort included regular data submissions from providers and monitoring of progress by DCF; these efforts resulted in a significant decrease in instances of overnight placements by the end of the year with even more progress occurring in the Spring and Summer of 2026.

DCF also worked with the Neutral to develop and implement a Placement Stability Quality Case Review (QCR) during the fall of 2025 to understand how different areas of system functioning were impacting placement stability for children. Eight cases from Areas 2 (SFM) and 7 (EHC) were reviewed, and findings highlighted both practice strengths and areas for improvement, including engagement, assessment, planning, teamwork, and access to resources. These findings could be used to pursue practice changes to address identified areas for improvement and to support the ongoing implementation of the Kansas Practice Model (KPM) by CMPs with subsequent reviews to assess progress and practice change.

Though it did not occur until March of 2026, Kansas joined the federal A Home for Every Child initiative to increase the ratio of foster homes to children in DCF custody.²⁶ To meet this goal, DCF is continuing strategies identified for its Child and Family Services Review (CFSR) Program Improvement Plan, including strengthening prevention services and cross-system collaboration to reduce entries into foster care and increasing early identification and engagement of kin. As part of this initiative, DCF will track and report monthly data to the federal Children's Bureau on progress measures, including the rate of placement moves, the percentage of children experiencing six or more placement moves, the length of time children remain in placements, the percentage of children in kinship placements, the number of available foster homes, and retention of foster homes.²⁷ These efforts and enhanced data reporting should benefit progress towards Settlement Agreement requirements.

²⁵ Additional information about HIS is available [here](#).

²⁶ More information about A Home for Every Child can be found [here](#). Kansas' plan can be found [here](#).

²⁷ The complete list of monthly measures reported to ACF is: (1) monthly entries into foster care; (2) timely reunification, guardianship and adoption rates (per federal benchmarks); (3) percentage of families who had a child entering care who had documented engagement with prevention services or efforts prior to removal; (4) percentage of TDMs where at least one natural support person was engaged; (5) percentage of children placed with relatives/kin initially and overall; (6) placement stability rate (per 1,000 days in care); (7) placement interval disruption rates (the length of time children remain in placements before experiencing a move); (8) percentage of children experiencing six or more placement moves in the past 364 Days; (9) foster home-to-child Ratio, with number of homes and number of beds; and (10) 12-month retention of licensed foster homes.



Recommendations

The Neutral acknowledges the State's efforts as part of its ongoing commitment to better serve children in DCF custody and recognizes that new initiatives take time to implement and that impacts from them may not be immediately visible in data outcomes. To further this work and progress towards meeting Settlement Agreement commitments, the Neutral offers the following recommendations. Several of these have been included in prior reports by the Neutral either in whole or in part.

- *Intervene to provide more direct oversight and support for Area 7:* Despite efforts by EmberHope to eliminate Failure to Place, there has been no sustained progress, and the overall situation has worsened in the last two years. The State needs to provide more direct oversight of the Area, including close monitoring of cases where children experience multiple FTPs, night-to-night, or short-term placements to support efforts to find appropriate placements and services. To help identify long-term solutions to the persistent challenges and ensure there are appropriate resources available in the Area, the State should conduct a case review of all children who experienced an FTP in the last year or who have a new FTP to better understand their needs. The State should also review cases of all children who are placed in but not from Area 7 to determine if their needs could not be met by providers in their community of origin or if there was simply a lack of available placements. These case reviews would allow the State to compile specific information about gaps in service and placement array and develop plans to remediate them.
- *Develop and implement a process for CMPs to escalate cases to DCF:* While the challenges in Area 7 require special attention and heightened oversight by the State, children experience significant placement instability throughout the state. DCF needs to work with CMPs to establish consistent criteria and processes to escalate cases to DCF for review and to outline expectations for monitoring, corrective action, and support from DCF. At a minimum, criteria for escalation should include cases where a child has experienced six or more placement moves in a 12-month period, but other criteria — including experiencing an FTP and/or multiple night-to-night or short-term placements — should also be considered.
- *Work to ensure CMPs have adequate resources to meet caseload standards:* As reported in *Section VI Performance*, while progress varied in 2025, no CMP has met the new caseload standards that went into effect July 1, 2024. Higher caseloads impact outcomes for children and families, and data this year demonstrate that the CMPs with lower caseloads made more progress towards meeting Settlement Agreement commitments than those whose caseloads remain far higher than the standards. DCF needs to enforce accountability to the standards. DCF also needs to ensure CMPs have the adequate resources and staff recruitment and retention plans to achieve the staffing levels necessary to consistently meet the caseload standards outlined in their contracts.
- *Expand CMP Behavioral Health Intervention Teams:* The existing case management teams have shown promising results, and there is a need to expand them to all CMPs and to

increase their capacity to serve children who have more significant needs. Understanding this would require a budget appropriation, the Neutral encourages DCF to prioritize expansion of this model in its budget requests and legislative advocacy.

- *Continue to expand availability of Children’s Behavior Interventionist Services (CBIs):* The availability of CBIs to support children in placements and as a preventive service to support parents in their communities is also showing promising results. The State should develop and implement strategies to recruit and train more children’s BIs beyond the planned expansion of FosterAdopt Connect’s services.
- *Develop specific, targeted strategies for foster home recruitment and retention:* The continued challenges with placement stability indicate there are not enough foster homes available to meet the needs of children currently in DCF custody in many areas of the state and especially in Area 7. The Diligent Recruitment and Retention Plan developed by the State in collaboration with the CPAs and other stakeholders lacks specificity and defined outcome commitments.²⁸ It also lacks a clear articulation of the characteristics and skills needed from foster parents to serve children with specific needs as well as detailed information about the capacity needed in different areas of the state. The State needs to develop actual targets for recruitment and retention based on the needs and geographic distribution of children in custody and explicit strategies to achieve these targets. Retention strategies should also include ways to support kinship and NRKin caregivers.
- *Enhance Therapeutic Foster Family Homes by implementing more consistent requirements and tracking outcomes:* While the expanded availability of Therapeutic Foster Family Homes (TFFH) is a positive step, there are opportunities for the State to improve this service. The Neutral recommends requiring consistent training for all TFFHs prior to accepting a therapeutic placement. The DCF placement standards indicate that Pressley Ridge curriculum is required as in-service training, but in practice, CPAs reported using different models, and no additional training is currently required of a caregiver prior to transitioning from a regular foster family home to a therapeutic one.²⁹ DCF should begin tracking referrals to TFFH to understand reasons children are being denied placement and use that information to inform training plans and recruitment strategies. Finally, DCF should also track placement stability outcomes for children placed in TFFH to identify areas that are working well and opportunities for improvement.
- *Implement consistent requirements for collaboration between child welfare and mental health professionals:* CMPs, CCBHCs, and caregivers continued to report significant issues with communication that impact the provision of services to children and effective case and treatment planning. Findings from the QCR conducted by DCF and the Neutral highlighted teaming as a particular challenge. DCF and KDADS should review existing

²⁸ The plan shared by the State was last reviewed by the Diligent Recruitment Advisory Committee on May 6, 2025. Each CPA also has an individual recruitment and retention plan specific to their agency and are in the process of updating them to align with the statewide plan.

²⁹ More information about Pressley Ridge and its treatment foster care training is available [here](#).



policy expectations related to collaboration and information sharing for their respective contractors to ensure they are sufficient regarding frequency and timeliness and then work with contractors to consistently implement these expectations. CCBHCs and CMPs in some areas have identified effective teaming structures that could be used as a model for the rest of the state.

- *Provide training on trauma and child welfare to mental health providers and other professionals:* Caregivers and youth reported a lack of understanding of trauma and challenges faced by children in foster care from mental health providers and other professionals, including teachers and school personnel. Providing training to these individuals will allow them to better work with and serve children in DCF custody. Some CCBHCs have taken the initiative to provide this type of training to their staff and reported it was beneficial and these efforts could be expanded to additional providers.

III. The Kansas Child Welfare System

Structure and Privatization

The Kansas Department for Children and Families (DCF) is the agency responsible for administering child welfare services in the state. While DCF retains certain functions, including conducting investigations and licensing placements, family preservation and foster care services are privatized and delivered through contracted providers.

Children and families come to the attention of DCF when a report of abuse or neglect is made to the Kansas Protection Report Center. DCF conducts investigations and may close the case, refer to family preservation services, or, if necessary for the child's safety, recommend to the Court that the child enter foster care. The District Court may place a child in the custody of the Secretary as protective custody, temporary custody, or after making the determination that a child is a "Child in Need of Care" (CINC).³⁰ Children may also enter foster care after initially being placed in Police Protective Custody (PPC) if continued out-of-home placement is necessary for the child's safety.³¹ Placement of a child in the custody of the Secretary continues until the court determines it is no longer necessary.

Once a child is in foster care, a contracted Child Welfare Case Management Provider (CMP) has responsibility for the child's care and all case management related functions, including placement, assessment of needs and provision of services to children and their parents, case planning, visitation, and making recommendations to the Court about permanency options. 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 foster care from that area. DCF currently holds contracts with five CMPs – Cornerstones of Care (COC), EmberHope Connections (EHC), KVC Kansas (KVC), Saint Francis Ministries (SFM), and TFI Family Services Kansas (TFI).

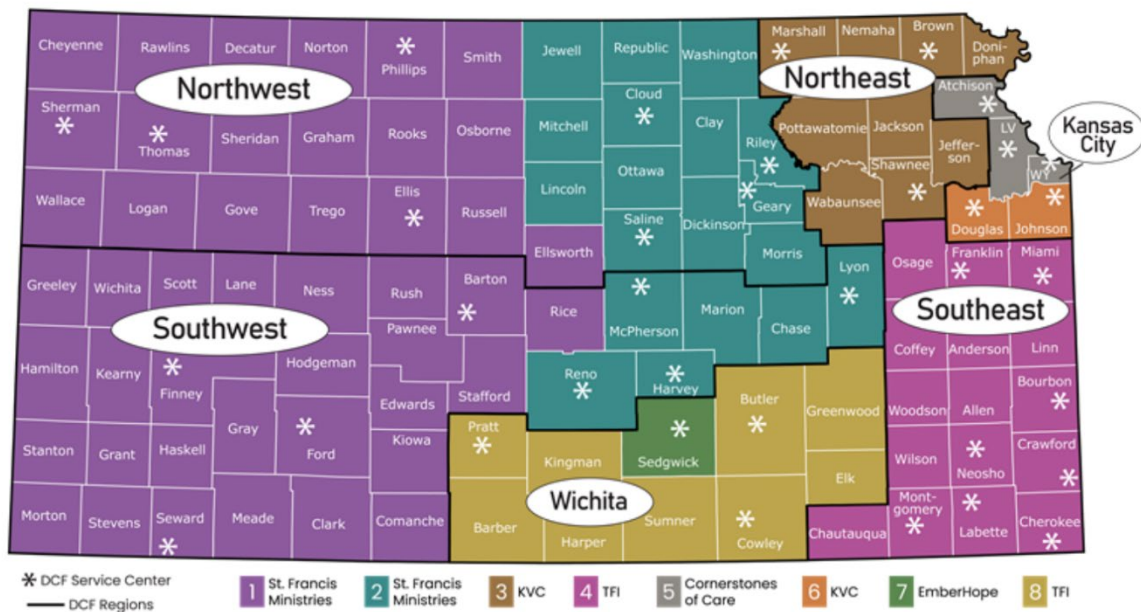
While DCF does not directly provide foster care services, it is responsible for ensuring that CMPs comply with policy, fulfill their contractual obligations, and achieve desired outcomes for children and families. Management activities include data collection and reconciliation, and case record reviews. DCF regional offices manage the CMPs that serve in their designated region. Most DCF regions align with catchment areas; however, the Wichita region includes Areas 7 and 8, and Areas 1 and 2 are divided between the Northwest and Southwest regions (Figure 1).

³⁰ K.S.A. 38-2202. The full statute can be found [here](#).

³¹ Pursuant to [K.S.A. 38-2231\(b\)](#), a law enforcement officer is authorized to take a child under 18 years of age into custody when, among other circumstances, the officer: (1) reasonably believes the child is at risk of harm if not immediately removed from where the child has been found; (2) reasonably believes the child is experiencing a behavioral health crisis and is likely to cause harm to self or others; (3) has probable cause to believe the child is a runaway or missing person; or (4) reasonably believes the child is a victim of human trafficking or sexual exploitation. Following PPC, the District Court may make the determination that a child is a "Child in Need of Care" (CINC) and place them in the custody of the Secretary.

Figure 1. DCF Regions with Catchment Area

Source: DCF



Data collection from CMPs is a cumbersome process as DCF's Comprehensive Child Welfare Information System (CCWIS) is in development, and currently there is no uniform statewide data collection system.³² In the absence of a uniform statewide system, CMPs maintain proprietary systems and send data reports and spreadsheets to DCF who then enters data in its current system of record, the Families and Children Tracking System (FACTS).^{33,34} CMPs and DCF staff reconcile data regularly to improve accuracy and consistency.

³² The federal Children's Bureau started an initiative to fund state data systems in 1993. States that implemented data systems that complied with the State Automated Child Welfare Information System (SACWIS) standards qualify for substantial federal subsidies to help with 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](#).

³³ DCF uses multiple data systems to maintain data on the children and families it serves. DCF's main database is FACTS which includes information on children in DCF custody. CareMatch is the system DCF, Child Placing Agencies (CPAs), and CMPs use to track licensed foster homes and children's placements. A system called CLARIS (Childcare Licensing and Regulation Information System) tracks licenses for foster home and non-clinical facilities.

³⁴ Each CMP has its 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 children and families' records and an electronic system for data purposes. SFM is beginning the process of developing an electronic system for case records. The CMP data systems are not compatible with one another, nor are they compatible with any of DCF's data systems.



DCF also holds provider agreements with congregate care facilities and issues grants to private Child Placing Agencies (CPAs) to recruit foster parents, provide training and assistance with the licensure process, and provide ongoing support when children are placed in a home.³⁵

While DCF has primary responsibility for child welfare specific services, the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) have significant responsibilities related to the availability and provision of mental health services. KDHE is responsible for administering Kansas' Medicaid managed care program, called KanCare, and ensuring that all Medicaid services are appropriately administered.³⁶ KDADS is responsible for overseeing all state hospitals and institutions and coordinating and overseeing all Certified Community Behavioral Health Clinics (CCBHCs) in Kansas.³⁷ KDADS also administers the Medicaid waiver programs for disability services, mental health, and substance use disorders.³⁸ Staff at these three agencies regularly communicate and work together, given their shared responsibilities, with a goal of ensuring that children and families receive necessary services and supports.

³⁵ In 2026, DCF will begin contracting with congregate care providers rather than using provider agreements. A request for proposals for providers was issued in early 2026, and DCF is currently reviewing bids prior to announcing awards.

³⁶ Children in DCF custody are enrolled in the KanCare Medicaid managed care program. Additional information can be found [here](#).

³⁷ KDHE uses the Kansas Modular Medicaid System (KMMS), a Medicaid Management Information System (MMIS) to track all Medicaid claims data. 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. AIMS and KMMS do not interface with each other or with FACTS or any other data systems DCF uses.

³⁸ Additional information on KDADS can be found [here](#).

Children in DCF Custody

This section presents contextual information about the population of children under 18 years of age served by DCF during 2025, including the number of children who entered, exited, or remained in custody as of the last day of the year; the distribution of children in custody statewide; basic demographic information such as race and ethnicity, age, and sex; and information about placement types and length of time in custody.

On January 1, 2025, there were 5,784 children in DCF custody, and on December 31, 2025, there were 5,560 children in custody, representing a reduction in the population at the end of the year (Table 1). Over the course of the year, 2,345 children entered custody and 2,341 children exited custody. A total of 8,099 children were in DCF custody at some point during 2025.³⁹

Table 1. Children in DCF Custody

2025

Source: DCF – FACTS

Children in DCF custody on January 1, 2025	5,784
Children entering into DCF custody during 2025	2,345
Children exiting from DCF custody during 2025 ⁴⁰	2,341
Children in DCF custody at any point during 2025	8,099
Children in DCF custody on December 31, 2025	5,560

³⁹ This includes children who were a part of the Class at any point during the year and excludes those who were over 18 for all of 2025.

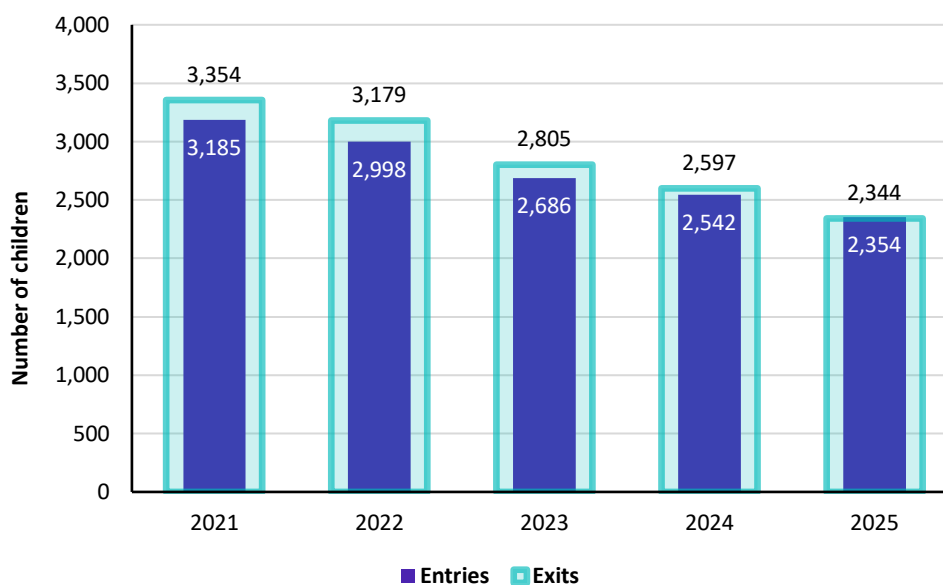
⁴⁰ Exits reported in this section include children who turned 18 while in DCF custody and exited on or after their 18th birthday.

There were a total of 2,354 entries into and 2,344 exits from DCF custody in 2025 because nine children entered custody twice and three children exited custody twice. Entries into DCF custody have declined each year from 2021 to 2025, representing a 26 percent decrease. Exits from custody have also declined each year and reflect a 30 percent decrease from 2021 to 2025. In 2025, entries into DCF custody exceeded exits from DCF custody for the first time since 2021 (Figure 2).

Figure 2. Entries to and Exits from DCF Custody, by Year⁴¹

2021-2025

Source: DCF – FACTS



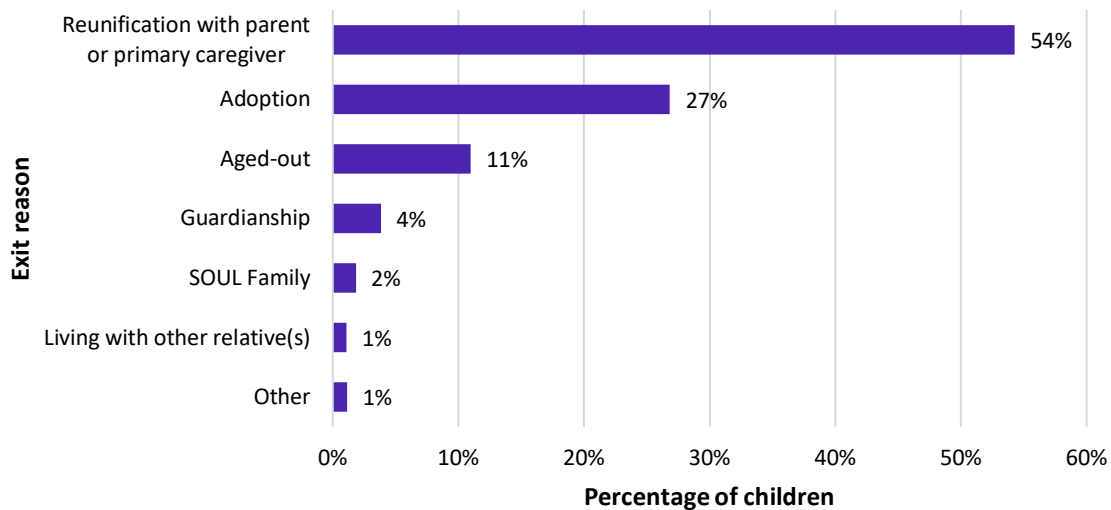
⁴¹ Exits reported in the Neutral's 2024 report (2,754) included children over 18 who exited care. This figure only includes the 2,597 children who turned 18 during the year while in DCF custody and exited on or after their 18th birthday.

Of the 2,344 exits from DCF custody in 2025, over half (54%, 1,272) resulted from reunification with a parent or primary caregiver, and more than one-quarter (27%, 629) were due to adoption (Figure 3). Eleven percent (257) of exits were due to children aging out of DCF custody.

Figure 3. Exits from DCF Custody, by Exit Type⁴²

2025; N = 2,344 exits

Source: DCF –FACTS



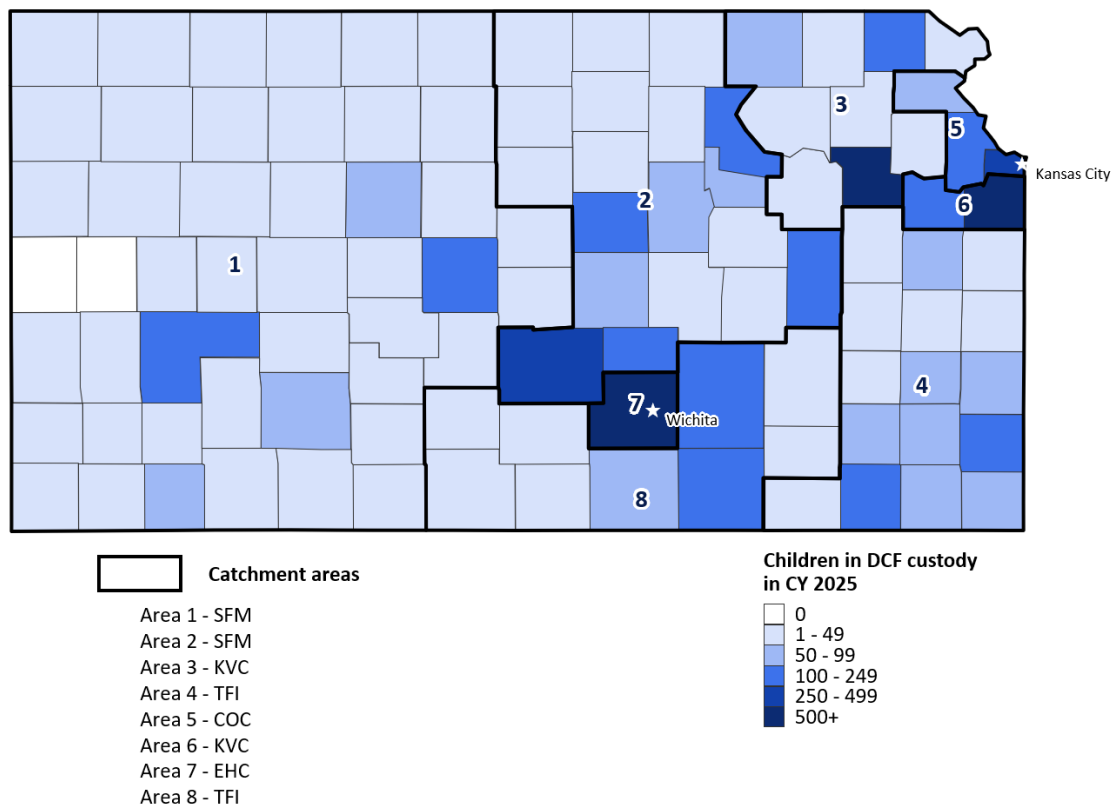
⁴² "Other" reasons include: transferred to a Tribe (8), transferred to other agencies or persons (7), runaway, (4), child death while in custody (4), and transferred to Department of Corrections (4). The exit reason is recorded as "runaway" if the Court discharges the child from foster care while they are on runaway status. "Living with other relatives" is used when a child exits custody to live with a relative who is not a parent or legal guardian without a legal guardianship agreement. SOUL Family is a permanency option available since 2024 that enables children in foster care aged 16 and older to establish a legal caregiving relationship with one or more adults, described in detail [here](#).

The largest concentrations of children in DCF custody during 2025 were from the most populous counties: specifically, Sedgwick County (Area 7 EHC), Shawnee County (Area 3 KVC), and Johnson County (Area 6 KVC) (Figure 4).

Figure 4. Distribution of Children in DCF Custody Statewide⁴³

2025; N = 8,099 children

Source: DCF – FACTS



⁴³ County reflects the child's legal county of custody and does not necessarily reflect where the child was placed.

The largest percentage (27%) of children in custody on December 31, 2025, were from Area 7 (EHC), which had nearly twice as many children in custody as any other catchment area (Table 2). The areas with the smallest percentage of children in custody were Area 5 (COC) (7%) and Area 8 (TFI) (6%). SFM, KVC, and EHC each served approximately one-quarter of children in DCF custody; TFI served a slightly smaller portion of children (17%) in Areas 4 and 8, and COC served seven percent of children in custody.

Table 2. Children in DCF Custody on December 31, 2025, by Catchment Area and CMP⁴⁴

N = 5,560 children

Source: DCF – FACTS

Case Management Provider	Catchment area	No.	%
EHC	Area 7	1,526	27%
Subtotal		1,526	27%
KVC	Area 3	791	14%
	Area 6	564	10%
Subtotal		1,355	24%
SFM	Area 1	569	10%
	Area 2	771	14%
Subtotal		1,340	24%
TFI	Area 4	605	11%
	Area 8	346	6%
Subtotal		951	17%
COC	Area 5	388	7%
Subtotal		388	7%
Total		5,560	100%

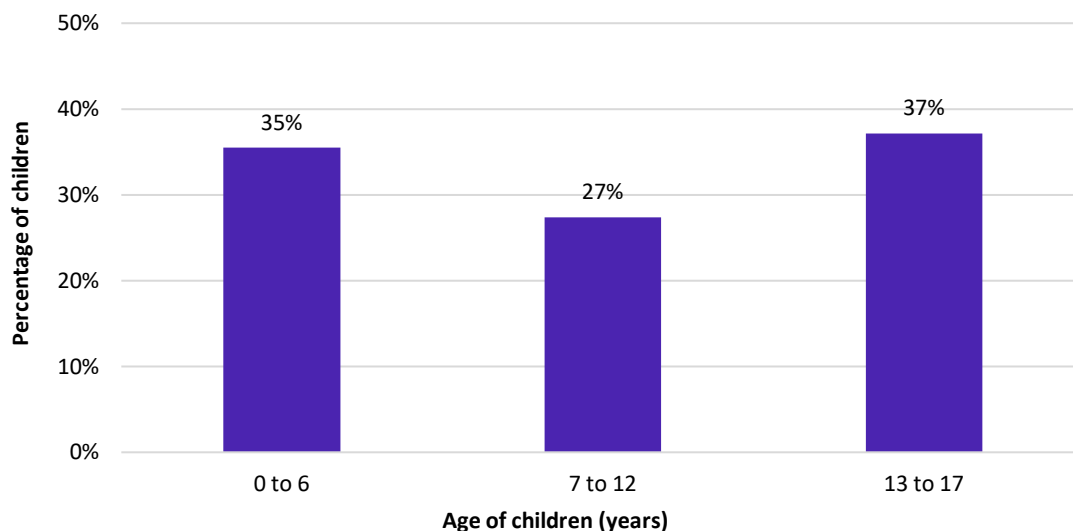
⁴⁴ Percentages listed in this table do not add to 100% due to rounding.

Among children in DCF custody on December 31, 2025, 35 percent (1,973 children) were aged six and under, 27 percent (1,522 children) were aged seven to 12, and 37 percent (2,065 children) were aged 13 to 17 (Figure 5). Seventeen-year-olds represented the largest single age group, accounting for 502 children (9%) in DCF custody.

Figure 5. Age of Children in DCF Custody on December 31, 2025

N = 5,560 children

Source: DCF – FACTS



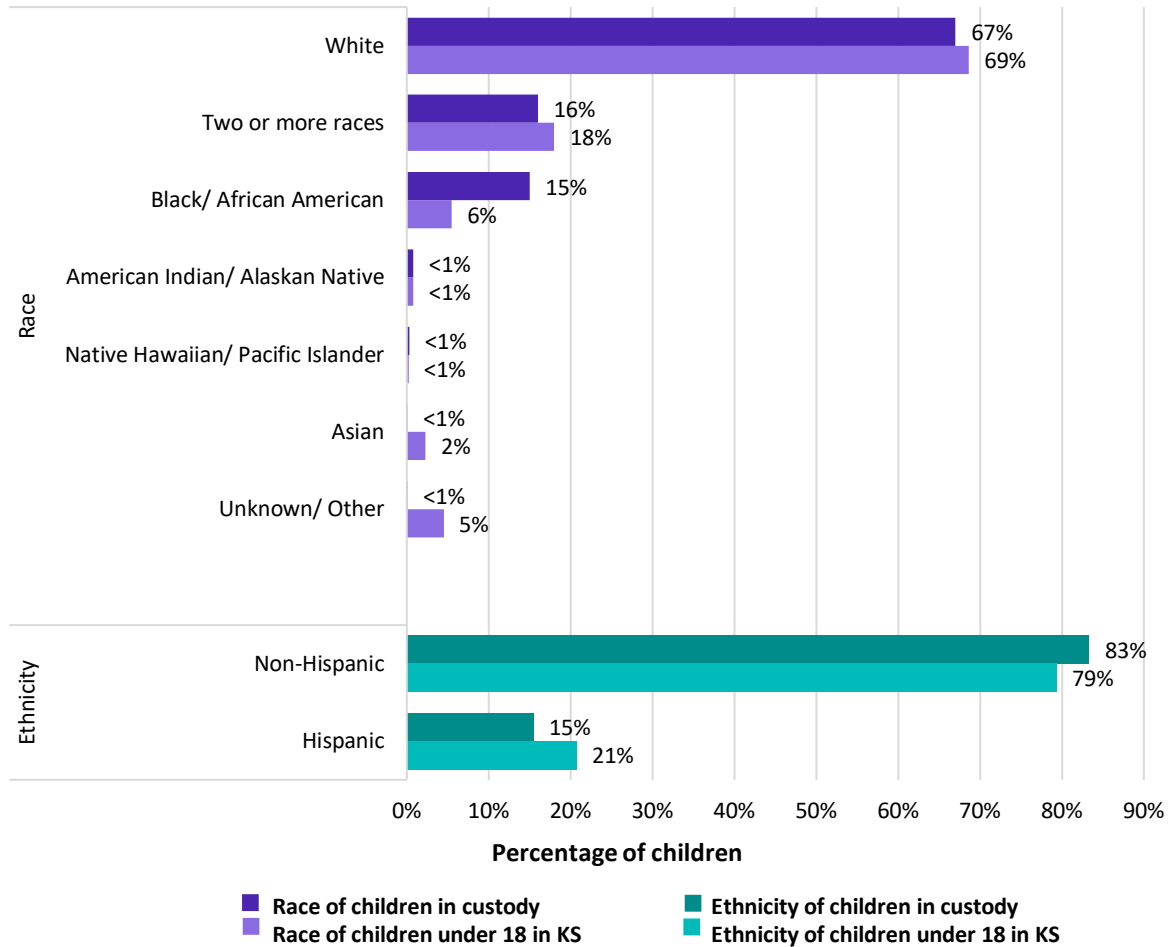
On December 31, 2025, there were slightly more children who were identified as male (51%, 2,839 children) than female (49%, 2,721 children).

The Neutral compared the race and ethnicity of children in DCF custody on December 31, 2025, to the statewide child population of Kansas (Figure 6). While the majority of children in DCF custody were White (67%), consistent with the general child population of Kansas, the comparison shows that Black/African American children are overrepresented in DCF custody (15%) compared to the general population of children in Kansas (6%). The second largest group in DCF custody is comprised of children who are two or more races; among these children, 65 percent were reported as being Black and White. About 15 percent of children in DCF custody were identified as Hispanic.

Figure 6. Race and Ethnicity of Children in DCF Custody on December 31, 2025, Compared to Race and Ethnicity of Children Statewide^{45,46}

N = 5,560 children in DCF custody; N = 684,959 children under 18 statewide

Source: DCF – FACTS, US Census Bureau (2024)



⁴⁵ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. Percentages do not add to 100% due to rounding.

⁴⁶ US Census Bureau American Community Survey 1-Year Estimates for children under 18 years in Kansas, 2024.

Most children (91%) in DCF custody on December 31, 2025, were placed in home or family-like settings, with 36 percent in family foster home placements and 44 percent with relatives or non-related kin (NRKin) (Table 3). Children placed in congregate settings (6%) were primarily in residential placements.

Table 3. Living Arrangements for Children in DCF Custody on December 31, 2025⁴⁷

N = 5,560 children

Source: DCF – FACTS

Living arrangements of children	No.	%
Home or family-based settings		
Kinship/NRKin home ⁴⁸	2,433	44%
Foster family home	1,988	36%
Placed at home	515	9%
Pre-adoptive home	124	2%
Subtotal	5,060	91%
Congregate settings		
Residential placement ⁴⁹	246	4%
Independent living	30	<1%
Emergency shelter	24	<1%
Maternity home	6	<1%
Subtotal	306	6%
Temporary placements or absences⁵⁰		
Institutional and detention ⁵¹	149	3%
Runaway	43	<1%
Placed in office	2	<1%
Subtotal	194	3%
All children in custody on December 31, 2025	5,560	100%

⁴⁷ Percentages listed in this table do not add to 100% due to rounding.

⁴⁸ “NRKin” is non-related kin who the child or the child’s parent already has ties a close emotional attachment or ties to. See PPM *Section 5235 Non-Related Kinship Home Placements* [here](#).

⁴⁹ Includes Qualified Residential Treatment Programs (QRTP), Secure Care, and Youth Residential Center II (YRCII) placements.

⁵⁰ The following events are classified as temporary absences: runaways, hospitalizations (medical and psychiatric, including Psychiatric Residential Treatment Facilities (PRTF), and acute hospital stays), and incarceration stays. Office stays, or Failure to Place are counted here as temporary placements.

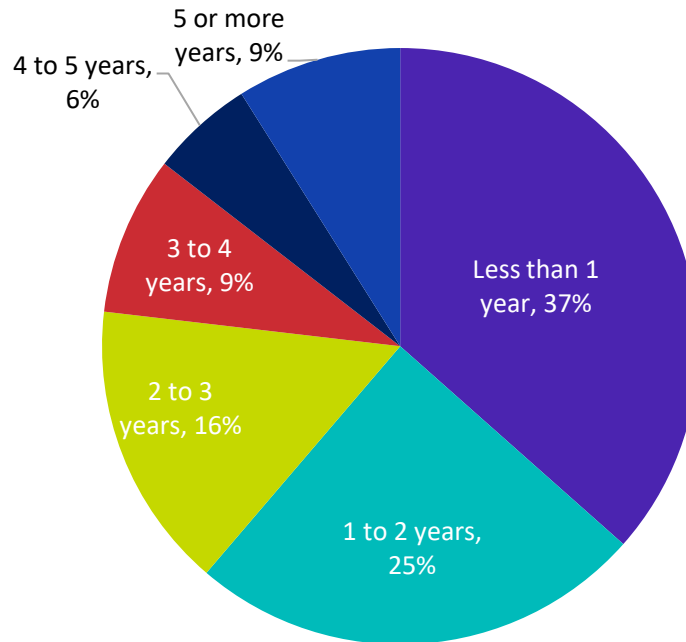
⁵¹ Includes hospitalizations and incarceration.

Among children in DCF custody on December 31, 2025, the median length of time in custody was approximately one year and six months (Figure 7). The majority of children (62%, 3,406 children) were in custody for less than two years. A total of 497 children (9%) were in DCF custody for five years or more, 66 of whom were in custody for 10 years or more.

Figure 7. Length of Time in DCF Custody as of December 31, 2025^{52,53}

N = 5,560 children

Source: DCF – FACTS



⁵² A length of time in custody of "1-2" years, for example, means the length of time was equal to or longer than one year but shorter than two.

⁵³ Percentages listed in this figure do not add to 100% due to rounding.

IV. Methodology

Neutral Activities

The Neutral maintained regular communication with DCF, KDADS, and KDHE staff and Plaintiffs' attorneys, and facilitated quarterly meetings between the Parties during Period 5. The Neutral conducted two on-site visits in 2025 and one in the Spring of 2026 to meet with CMPs, CCBHCs, members of the Kansas Foster Accountability and Advisory Board (KFAAB), CPAs, and FosterAdopt Connect. During these visits, the Neutral also toured and met with staff at an emergency shelter, multiple group homes, a day services provider, and a facility where children without placements spend time. The Neutral continued to attend all KFAAB meetings. In the Spring of 2026, the Neutral held additional virtual interviews with CMP case managers, supervisors, and leadership; staff from two CCBHCs, Carelon Behavioral Health, and HealthSource Integrated Solutions (HIS); and foster parents. Foster parent interviews were focused on understanding experiences accessing crisis intervention and mental health services for children, and included individuals licensed as foster family homes, therapeutic family foster homes, and kinship and NRKin homes, all of whom care for children with more significant mental health needs. The Neutral also identified and spoke with a sample of caregivers who had sought mobile crisis services multiple times during the year to interview them about those experiences.

Settlement Case Reviews and Samples

The Neutral uses the results of three case reviews – the Specialized read, the Targeted read, and the Placement read – to assess progress for five Settlement Agreement commitments. To determine which children's cases will be reviewed, the Neutral draws statistically significant, representative samples.⁵⁴ The Specialized read sample was drawn from the universe of all children who were in DCF custody at any point during 2025, and the Targeted read sample was drawn from the universe of children who entered DCF custody in 2025. The Placement read requires two samples; one drawn from all children who were in DCF custody at any time during 2025 who experienced a night-to-night placement during the year, and the second drawn from all children who were in DCF custody at any time in 2025 who experienced a short-term placement during the year. The corresponding commitments and 2025 sample sizes for each review type are shown in Table 4.

⁵⁴ Samples are statistically representative of the larger universe of children in DCF custody on the following variables: age, race, ethnicity, sex, year of removal, catchment area, and permanency goal. The review tools and sampling methodologies were codesigned with DCF and approved by the Neutral.

Table 4. Settlement Case Review Commitments and Sample Size

Case review	Corresponding commitments	Sample size	Neutral 50% sample size
Specialized	2.5.3 Authorization of Mental Health Services	262	131
	2.9.2 Addressing Mental Health Needs		
	2.9.3 Stable Placements		
Targeted	2.9.5 Initial Mental Health and Trauma Screens	239	120
Placement	2.5.5 Ending the Practice of Night-to-Night	65	33
	2.5.5 Ending the Practice of Short-Term Placements	67	34

To complete the case reviews, DCF Performance Improvement staff reviewed documentation in a child’s case record and applied the review tool to determine compliance with standards defined by the Agreement.⁵⁵ To validate DCF’s findings, the Neutral reviewed 50 percent of each sample using the same process and tool and conducted interrater reliability analysis. The interrater reliability analysis compares the DCF reviewer’s and the Neutral’s responses to each question to ensure the review tool is consistently applied to the same information. For 2025, there was sufficient interrater reliability between responses across all three reviews, meaning the data and outcomes are valid.^{56,57}

After completing the interrater reliability analysis, DCF and the Neutral reconciled responses for any questions where there was disagreement to determine the final, correct findings. Based on the reconciled case review answers, the Neutral analyzed the results, as specified in the Metrics Plan, to quantify and report performance for each of the five Agreement commitments.⁵⁸ 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 reporting period ends on December 31. 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 developed the Metrics Plan collaboratively in 2021 and update it together annually as needed.

The Metrics Plan requires the State to produce sets of cohort data each year. For 2025, DCF provided data sets for five cohorts of children:

⁵⁵ Case review tools for 2025 can be found in *Appendix B*.

⁵⁶ 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 review tools consistently, thereby increasing confidence in the findings. Results of Cohen’s Kappa are categorized as: perfect agreement, 1.00; almost perfect agreement, .81 - .99; substantial agreement, .61 - .80; moderate agreement, .41 - .60; fair agreement, .21 - .40; none to slight agreement, .01 - .20; and no agreement, values ≤ 0.

⁵⁷ Interrater reliability results for 2025 were as follows: Specialized Read – Questions 1-2, almost perfect agreement, and for Questions 3-5, substantial agreement; Targeted Read – Questions 1-4, substantial agreement; and Placement Reads – both night-to-night and short-term reads, substantial agreement.

⁵⁸ The Metrics Plan can be accessed [here](#).

- all children in foster care as of January 1, 2025;
- all children who entered custody in 2025;
- all children who exited custody in 2025;
- all children in foster care as of December 31, 2025; and
- all children who were in custody at any point during the year (“all children served”).

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 Reviews described earlier. 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 custody do not appear in the December 31, 2025 cohort file.

DCF also submitted a file containing all placements that occurred during 2025, a file with all Failure to Place episodes, and data from the Kansas Modular Medicaid System (KMMS) and the Family Mobile Response Crisis Helpline (“Helpline”) operated by Caelon Behavioral Health. In addition, DCF coordinated data collection from the five CMPs for caseload data and case reviews. As noted in the Neutral’s previous reports, both the limited ability to integrate information from Kansas’ multiple data systems and CMPs maintaining their individual proprietary systems are a burden for DCF and creates challenges for the Neutral specifically when assessing caseloads or reviewing case records. The lack of integration of these multiple data systems also impacts DCF’s ability to assess current performance, make data-informed decisions, and to hold CMPs accountable for meeting contractual obligations.

The quality of data provided by the State through its multiple data systems improved from 2024 to 2025. Many of the data issues occurred because the FACTS system, created over 25 years ago, cannot easily be changed to accommodate current data needs, meaning information is drawn from multiple sources. DCF resubmitted data or provided clarification as needed and corrected most of the issues found in the initial data submission. Any remaining issues did not have a substantial impact on the Neutral’s findings. A specific issue with some placements not including a Provider ID limits the Neutral’s confidence in the precise count of night-to-night and short-term placements, though the overall impact on the State’s performance is minimal. Data limitations specific to each data commitment are noted, as applicable, throughout this report. Many instances where data quality issues did not have a tangible impact on the Neutral’s ability to report, or where the Neutral remedied the issue without additional requests to DCF, are omitted. Specific details about data validation and limitations for 2025 are included in *Appendix C*.

Child and Family Services Review (CFSR) Guidance

The federal Children’s Bureau periodically conducts Child and Family Services Reviews (CFSRs) 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

⁵⁹ More information about the CFSR can be found [here](#).



jurisdictions. The Settlement Agreement requires the Neutral to use CFSR Round 3 definitions and measurements to assess the following Practice Improvements and Outcomes:

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

Since the Agreement was signed, the Children’s Bureau has issued subsequent Round 4 guidance, and the Parties agreed to update review tools and methodology as needed to reflect the most recent standards.⁶⁰

Settings including jails and detention centers; medical hospitals; acute and long-term psychiatric hospitals; and instances where a child has run away are considered “non-CFSR placements.” Based on CFSR guidance, time spent in one of these settings is not considered a placement for the purpose of counting placement moves. If a child leaves one of these settings and returns to their prior placement, no placement move is counted. 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. The CFSR considers time spent in offices or other unlicensed settings (Failure to Place) as a placement for the purpose of counting the total number of placements a child has, as well as placement moves.

⁶⁰ The On-Site Review Instrument (OSRI), information about Statewide Data Indicators, and other guidance can be found [here](#).

V. Summary of Performance

Summary of Performance on Settlement Agreement Practice Improvements and Outcomes					
Practice Improvements					
2.5.1 Temporary Placements (Failure to Place)					
	2021	2022	2023	2024	2025
Performance	53 children experienced 69 episodes of FTP totaling 167 nights.	85 children experienced 141 episodes of FTP totaling 257 nights.	57 children experienced 68 episodes of FTP totaling 83 nights.	100 children experienced 216 episodes of FTP totaling 316 nights.	136 children experienced 348 episodes of FTP totaling 870 nights.
Neutral Finding	Not Met	Not Met	Not Met	Not Met	Not Met
2.5.2 Licensed Capacity					
	2021	2022	2023	2024	2025
Performance	97% family foster homes and 99% kin/NRkin homes were compliant.	98% family foster homes and 100% kin/NRkin homes were compliant.	99% family foster homes and 100% kin/NRkin homes were compliant. ⁶¹	99% family foster homes and 99% kin/NRkin homes were compliant.	
Neutral Finding	Not Met	Not Met	Met	Met	Exited court oversight ⁶²

⁶¹ The Neutral's finding for 2.5.2 was reported as "unable to determine" for 2023 (Period 3). The finding was amended to "met" based on additional validation completed by the Neutral at the request of the Parties.

⁶² The State was eligible to exit court oversight after 2024, and based on agreement of the Parties, the Neutral is no longer reporting on this commitment.

Summary of Performance on Settlement Agreement Practice Improvements and Outcomes

2.5.3 Authorization of Mental Health Services⁶³

	2021	2022	2023	2024	2025
Performance	24% of all children with an identified mental health need experienced a delay due to placement instability. ⁶⁴	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.	13% of all children with an identified mental health need experienced a delay or did not receive services due to placement instability.
Neutral Finding	Not Met	Not Met	Not Met	Not Met	Not Met

2.5.4 Availability of Crisis Intervention Services

	2021	2022	2023	2024	2025
Performance	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 showed services were technically available statewide.	Data and interviews showed services were available statewide.
Neutral Finding	In Process	In Process	In Process	Met	Met

⁶³ Performance for 2.5.3 is measured using a case review process defined in *Section IV. Methodology*.

⁶⁴ In 2021, the percentage of children in the sample who needed services but did not receive them due to placement instability was not included in the analysis. Since 2022, the analysis has included both children who experienced a delay and children who did not receive services due to placement instability.

Summary of Performance on Settlement Agreement Practice Improvements and Outcomes

2.5.5 Night-to-Night and Short-Term Placements

	2021	2022	2023	2024	2025
Performance	801 children experienced a total of 1,501 night-to-night placements.	801 children experienced a total of 1,508 night-to-night placements.	822 children experienced a total of 2,057 night-to-night placements.	824 children experienced a total of 2,006 night-to-night placements.	665 children experienced a total of 1,391 night-to-night placements.
	1,366 children experienced a total of 2,945 short-term placements.	1,365 children experienced a total of 3,321 short-term placements.	1,275 children experienced a total of 3,700 short-term placements.	1,282 children experienced a total of 3,577 short-term placements.	1,155 children experienced a total of 2,916 short-term placements.
Neutral Finding	Not Met	Not Met	Not Met	Not Met	Not Met

OUTCOMES⁶⁵

2.9.1 Placement Moves Rate

	2021	2022	2023	2024	2025
Standard	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	
Performance	5.84 moves per 1,000 days in care	7.29 moves per 1,000 days in care	7.94 moves per 1,000 days in care	7.25 moves per 1,000 days in care ⁶⁶	6.75 moves per 1,000 days in care
Neutral Finding	Met⁶⁷	Not Met	Not Met	Not Met	Not Met

⁶⁵ Performance for 2.9.2, 2.9.3 and 2.9.5 is measured using a case review process defined in *Section IV. Methodology*.

⁶⁶ The Neutral identified an error in the methodology for calculating the placement moves rate for Period 4 (FFY 2024) which caused a very small number of placement moves and person-days in care (<0.5%) to be excluded from the calculations. The rate reported in the Neutral's 2024 Annual Report was 7.24 moves per 1,000 person-days in care; the corrected rate is 7.25.

⁶⁷ The summary table in the Neutral's 2024 report incorrectly stated that this outcome was not met in 2021.

Summary of Performance on Settlement Agreement Practice Improvements and Outcomes

2.9.2 Addressing Mental Health Needs

	2021	2022	2023	2024	2025
Standard	80%	85%	90%		
Performance	65%	70%	52%	66%	63%
Neutral Finding	Not Met	Not Met	Not Met	Not Met	Not Met

2.9.3 Stable Placements

	2021	2022	2023	2024	2025
Standard	80%	85%	90%		
Performance	86%	91%	87%	92%	92%
Neutral Finding	Not Met	Met	Not Met	Met	Met

2.9.4 One or Fewer Placement Moves

	2021	2022	2023	2024	2025
Standard	75%	80%	85%	90%	
Performance ⁶⁸	Data not available	Data not available	83%	83%	84%
Neutral Finding	Not Met	Not Met	Not Met	Not Met	Not Met

2.9.5 Initial Mental Health and Trauma Screens

	2021	2022	2023	2024	2025
Standard	80%	85%	90%	90%	
Performance	34%	43%	69%	94%	96%
Neutral Finding	Not Met	Not Met	Not Met	Met	Met

⁶⁸ Data issues prevented the Neutral from validating performance for this Outcome in 2021 and 2022.

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 continues to meet this commitment.

DCF initially met this commitment by amending Case Management Provider (CMP) contracts in 2021. The current CMP contracts that went into effect on July 1, 2024, continue 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 timely completion of initial mental health and trauma screens (SA 2.9.5) and placement stability rate (SA 2.9.1). For SFY 2024 (July 1, 2024 – June 30, 2025), all CMPs completed 90 percent or more of initial mental health and trauma screens timely and received an incentive of .978 percent per catchment area.⁶⁹ No CMP met the contractual standard of 4.48 or fewer placement moves per 1,000 days in care, and DCF assessed a penalty of .489 percent for all catchment areas.

⁶⁹ 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.

The Kansas Foster Accountability Advisory Board (KFAAB) was established in 2021 to fulfill the requirement that the State develop an independent advisory group to “*inform action planning and program improvement and to assist in the implementation of the Settlement Agreement.*” Since 2021, KFAAB has met regularly and issued periodic recommendations to DCF.

Throughout 2025, the Parties and the Neutral worked closely with KFAAB and the contracted facilitator, Wichita State University’s Community Engagement Institute, to update the Board’s charter, increase administrative support, and onboard new members. Twelve new members were oriented in September 2025, and the Board composition continued to meet the requirements specified in the Settlement.⁷⁰

In October 2025, KFAAB met with the Neutral to review the Period 4 report and identify priority areas for further exploration. The Board identified placement stability as a focus area, and after meeting with representatives from DCF and reviewing additional data and DCF policies, issued recommendations in May of 2026 for improving the Placement Stability Team Decision Making (PS-TDM) process as a tool to reduce placement disruptions. The recommendations focused on clarifying expectations for PS-TDMs in policy; ensuring appropriate, representative participation from families and case team members in meetings; holding CMPs accountable to the expected practice; and developing informational materials for caregivers. DCF responded to the Board in June of 2026 and accepted the recommendation to create materials for caregivers and agreed to review the structure of the policy manual. DCF outlined current efforts to improve practice around PS-TDMs but did not accept recommendations to add specific language to policy defining terms

⁷⁰ Settlement Agreement Section 2.1.2 requires that the community accountability structure “*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. At least one-third of this group shall be stakeholders who are foster care providers, relative care providers, parents, or youth who are experiencing or have experienced alternative placements within their families. No more than 20% of the members of this group shall be employees of the state of Kansas. At least 50% of the professional members of this group shall be professionals directly working with and providing services to families, or direct supervisors of professionals directly working with and providing services to families.*”

and required participants, or establishing processes within CMPs citing that PS-TDMs are a proprietary model and changes cannot be made without consulting the developer.⁷¹ The recommendation to create a process for accountability, reporting, or grievances when stakeholders are not invited to PS-TDMs was also not accepted.

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 commitment.

The State is required to report all children in DCF custody who were incarcerated in detention, jail, or other juvenile justice system facilities during the year.⁷² Children are placed in these facilities by order of a judge or other legal authority with the Kansas Department of Corrections – Juvenile Services (KDOC-JS) when they have been accused of committing a crime or adjudicated as a juvenile offender. Although some children are detained in these facilities while in DCF custody, incarceration is not considered a child welfare “placement,” and DCF does not have the authority to place a child in any detention facility or jail.

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 episode; and the child’s age, sex, race and ethnicity, and county of custody.⁷³

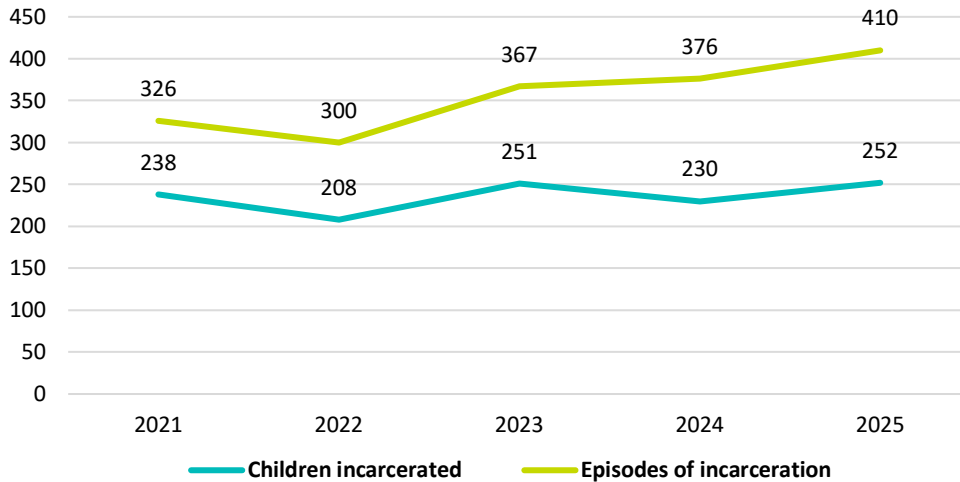
Validated Data

During 2025, 252 children experienced a total of 410 episodes of incarceration (Figure 8). Both the total number of children incarcerated and number of episodes of incarceration increased in 2025 compared to 2024 and reached the highest levels since the Neutral began reporting in 2021.

⁷¹ Kansas uses the Evident Change model for PS-TDMs. More information about the Evident Change is available [here](#).
⁷² In this report, “jail” refers to facilities that serve adults aged 18 and older, while “detention facility” refers to ones that serve children up to age 18.
⁷³ DCF does not have access to detailed delinquency or incarceration data, such as a child’s specific charge, from KDOC-JS.

Figure 8. Total Number of Children Incarcerated and Incarceration Episodes
2021–2025

Source: DCF – FACTS, KDOC

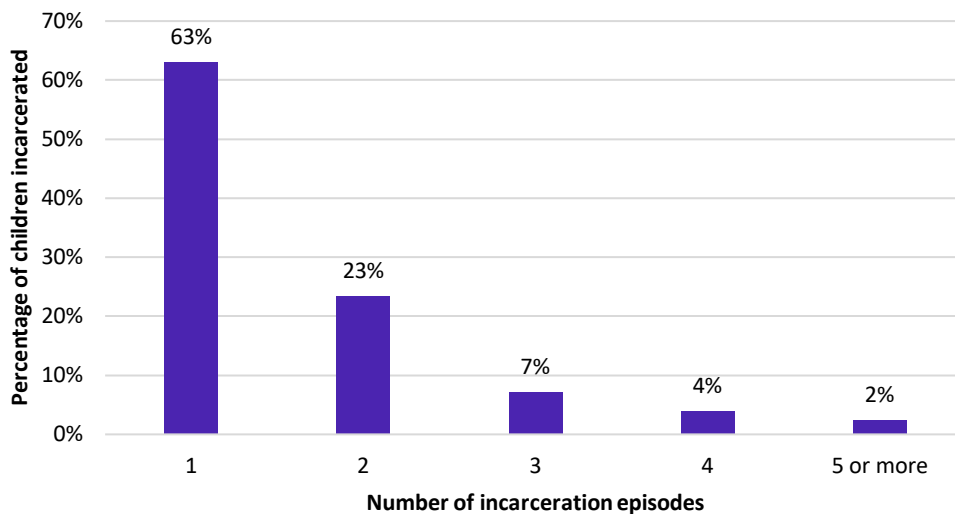


Most children who were incarcerated during the year experienced one incarceration episode (63%, 159 children); 34 children (13%) were incarcerated three or more times (Figure 9). One child was incarcerated eight times in 2025.

Figure 9. Number of Incarceration Episodes

2025; N = 252 children incarcerated, 410 incarceration episodes

Source: DCF – FACTS, KDOC

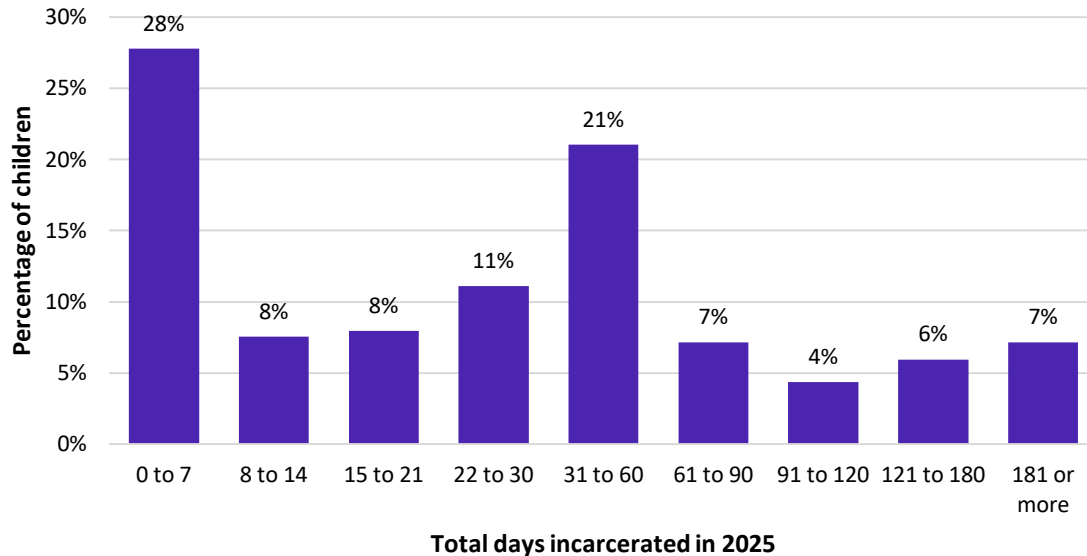


In 2025, almost half of all children who were incarcerated (46%, 115 children) were incarcerated for 31 days or more over the course of the year, with 44 children (17%) spending 91 days or more incarcerated (Figure 10). Eighty-nine children (35%) spent 14 days or less incarcerated during the year. There were three children who spent the full year incarcerated.

Figure 10. Total Days Incarcerated, by Child

2025; N = 252 children

Source: DCF – FACTS, KDOC



Statewide, six percent of children in DCF custody aged 10 or older were incarcerated at some point in 2025.⁷⁴ Sedgwick County had the largest number of children incarcerated (60) and incarceration episodes (108), which accounted for approximately one-quarter of all children and episodes statewide (Table 5).

⁷⁴ To determine the number of children aged 10 and older, the Neutral used the child's age at the time they exited custody or on December 31, 2025, if they remained in custody.

**Table 5. Counties with the Highest Number of Children Incarcerated
2025**

Source: DCF – FACTS, KDOC

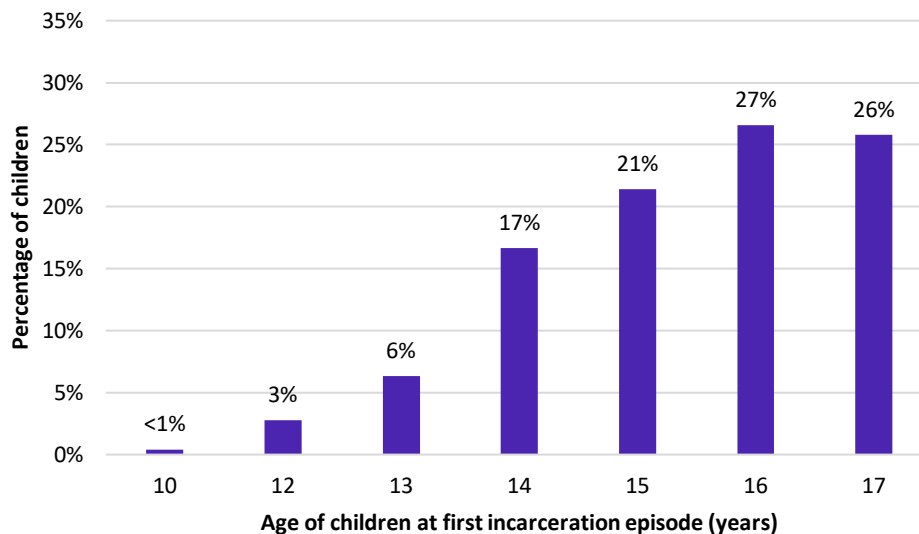
County	Number of children in DCF custody incarcerated	Number of incarceration episodes	Number of children in DCF custody aged 10+	Percent of children in custody aged 10+ that were incarcerated	Rate of episodes per 100 children in custody aged 10+
Sedgwick	60	108	887	7%	12.2
Shawnee	30	44	390	8%	11.3
Johnson	10	28	364	3%	7.7
Reno	10	13	141	7%	9.2
Douglas	9	13	80	11%	16.3
Wyandotte	9	14	155	6%	9.0
Statewide	252	410	4,245	6%	9.6

Most children who were incarcerated (65%) were identified as male. Children aged 15 to 17 accounted for the majority of children incarcerated (74%, 186 children) (Figure 11). The youngest child incarcerated was 10 years old.

Figure 11. Age of Children at Start of Incarceration Episode in 2025⁷⁵

2025; N = 252 children

Source: DCF – FACTS, KDOC



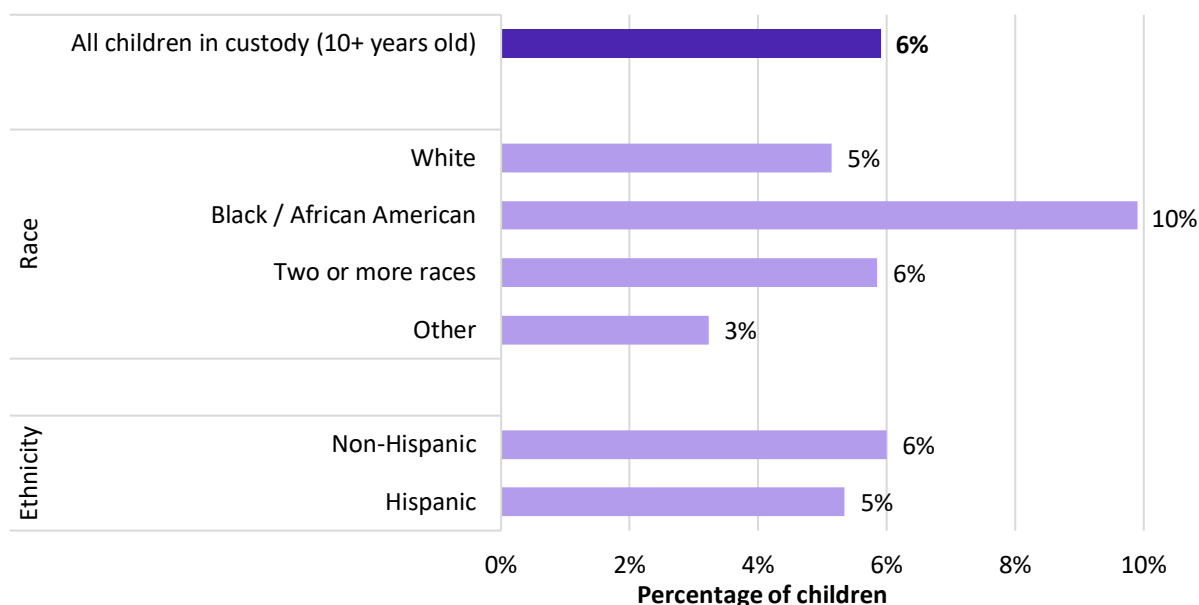
⁷⁵ Age is calculated at the start of the child's first incarceration episode in 2025. For episodes that began prior to 2025 and continued into 2025, age is calculated as of January 1, 2025.

Six percent of all children in DCF custody aged 10 or older were incarcerated at some point during 2025. Black/African American children were disproportionately represented among those incarcerated and were twice as likely to be incarcerated as their White peers (Figure 12). Among children aged 10 and older in DCF custody, 10 percent of all Black/African American children were incarcerated at some point in 2025 which is double the rate for White children (5%).

Figure 12. Percentage of Children Aged 10 or Older of Each Race and Ethnicity Who Experienced Incarceration ⁷⁶

2025; N = 252 children incarcerated; N = 4,245 children aged 10 or older in DCF custody

Source: DCF – FACTS, KDOC



⁷⁶ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.

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 commitment.

The Agreement requires the State to provide caseload data for all permanency case workers and permanency case worker supervisors. While the Agreement does not specify limits for caseloads, CMP contracts include standards based on recommendations by the Council on Accreditation (COA).⁷⁷ The current contractual standards that went into effect on July 1, 2024 have a lower child-to-worker ratio than previously allowed and require dedicated aftercare teams.⁷⁸

Table 6. CMP Caseload Standards

Case type	Caseload standard
Reunification ⁷⁹	12 - 15 children
Adoption/Guardianship	25 children
Therapeutic foster care	8 children

Methodology

CMPs provided monthly caseload data on random dates identified by the Neutral using a uniform format agreed upon with DCF and the Neutral.⁸⁰ To calculate caseloads, the Neutral applied the agreed upon case weights to determine a case worker's total caseload.⁸¹

Permanency case workers may carry dedicated caseloads of one type or mixed caseloads. Case weights are determined by the case type. 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.⁸² Each case weight is added

⁷⁷ More information on the COA standards can be found [here](#).

⁷⁸ Aftercare workers provide support to children and caregivers for up to 6 months after children are placed at home while in DCF custody or have exited DCF custody.

⁷⁹ The reunification standard applies to children with APPLA or SOUL permanency goals.

⁸⁰ In 2025, the dates were January 16, February 3, March 18, April 21, May 6, June 24, July 18, August 26, September 22, October 30, November 12, and December 1.

⁸¹ Analysis of permanency case worker caseloads in this section excludes cases with no assigned case worker and cases assigned to any staff who were not classified as permanency case workers (including any supervisors).

⁸² To be considered a treatment foster care case for the purposes of determining caseloads, a child must qualify for the Therapeutic Foster Family Home (TFFH) level of care and be placed in a TFFH.

together to calculate a total caseload. If a case worker's total caseload is greater than one, it exceeds the standard.⁸³ Permanency case workers who also carry aftercare cases are considered outside the standard.⁸⁴ There is no caseload standard for permanency case worker supervisors as they are not expected to carry cases.

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 25 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.

Validated Data

Case Worker Caseloads

Overall, CMPs did not meet the caseload standards between January and December 2025 (Figure 13). Statewide, the percentage of all permanency case workers with caseloads within the standard rose from 34 percent in January to 43 percent in December, with slight variation throughout the year, ranging from a low of 32 percent in February to a high of 49 percent in July.

COC's performance was the highest of any CMP in all but two months, though it decreased from the start of 2025 to the end (69% in January to 59% in December). Both KVC and TFI made progress from January to December 2025 but ended well above the caseload standard at the end of the year. EHC and SFM did not meaningfully improve their performance throughout the year.

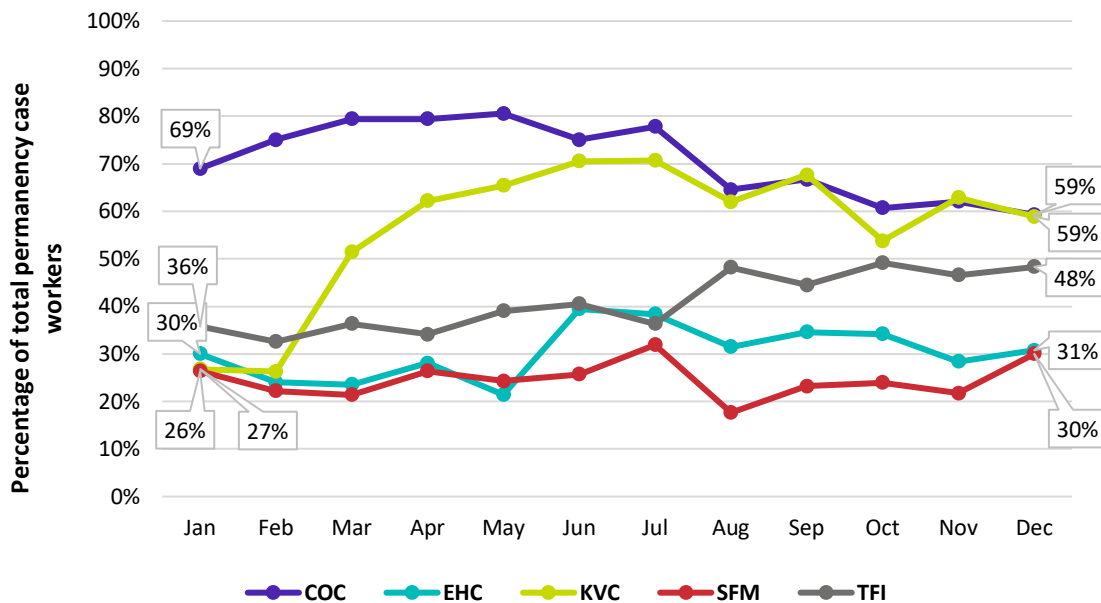
⁸³ For example, if a permanency case worker carried 2 treatment foster care cases, 10 adoption permanency cases, and 12 permanency cases with a permanency goal other than adoption, their total caseload (or total case weight) would be 1.45: $(2 \text{ TFC cases} \times 1/8\text{th case weight}) + (10 \text{ adoption permanency cases} \times 1/25\text{th case weight}) + (12 \text{ non-adoption permanency cases} \times 1/15\text{th case weight}) = 1.45$. 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.

⁸⁴ In meetings with the Neutral, CMPs shared that the point-in-time methodology of data collection may mean caseloads are pulled before routinely scheduled staffings transfer cases from permanency to aftercare case workers. The Neutral identified some instances where this appeared to be the case, however, some permanency case workers carried aftercare cases for extended periods of time. In 2026, the Neutral will continue to work with DCF and CMPs to determine any needed adjustments to the reporting template.

Figure 13. Case Workers within the Standard, by CMP⁸⁵

2025

Source: Data from all CMPs

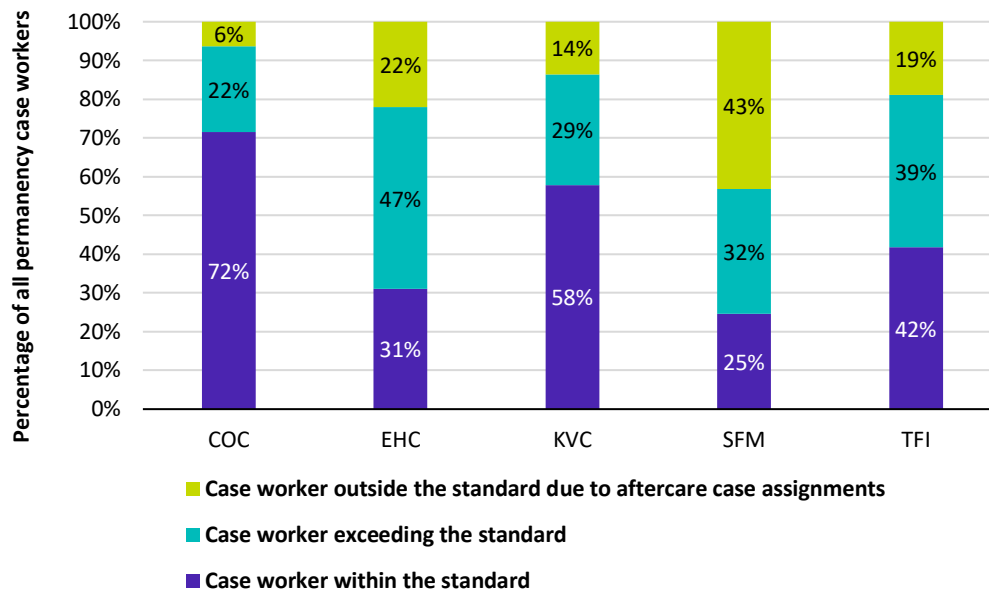


The Neutral did further analysis to determine the percentage of permanency case workers who did not comply with the standard because their caseload was too high and the percentage who were outside the standard due to aftercare case assignments. Across the 12 days sampled (one per month), an average of 35 percent of permanency case workers had caseloads that exceeded the standard, and an average of 23 percent of permanency case workers did not meet the standard because they carried aftercare cases (Figure 14). Performance varied by CMP, with EHC and TFI having the highest average percentage of case workers with caseloads above the standard (47% and 39%). SFM had an average of 43 percent of case workers who did not meet the standard because of aftercare case assignments. COC and KVC had the strongest performance with respective averages of 72 percent and 58 percent of case workers with caseloads meeting the standard.

⁸⁵ See *Appendix E* for a detailed breakdown of the number and percentage of case workers within the caseload standard in each month, by CMP.

Figure 14. Average Monthly Percentage of Case Worker Compliance Status, by CMP⁸⁶
2025

Source: Data from all CMPs

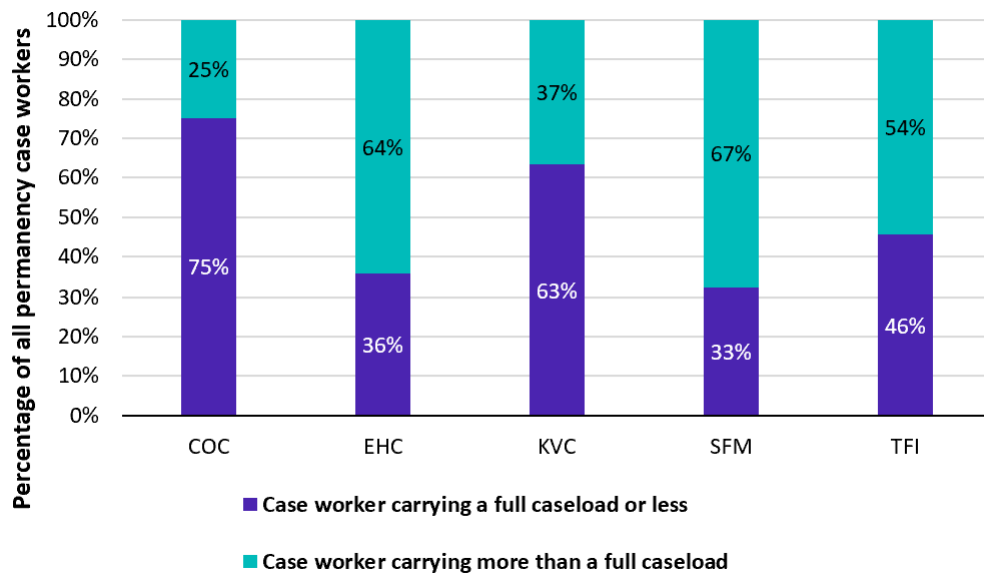


Because all CMPs had permanency case workers who did not meet the standard due to aftercare case assignments, the Neutral analyzed the total caseload of all permanency case workers, including aftercare cases to better understand their total workload. For this analysis, aftercare cases were weighted as 1/15th, which is the same weight applied to reunification cases. With aftercare cases included in the analysis, across the 12 days sampled (one per month), an average of 52 percent of permanency case workers carried a caseload that exceeded the standard (Figure 15). This is an increase from 35 percent of permanency workers when aftercare cases are excluded. The percentage of permanency case workers with caseloads that exceed the standard was highest at SFM and EHC with 67 and 64 percent respectively. COC had the highest average percentage (75%) of case workers with caseload within the standards.

⁸⁶ Percentages do not add to 100% due to rounding.

Figure 15. Average Monthly Percentage of Case Workers, by Caseload Status and CMP⁸⁷
2025

Source: Data from all CMPs



On December 1, 2025, the median number of children on a permanency case worker's caseload ranged from 14 children (KVC) to 19 children (EHC and SFM), and the maximum number of children on a permanency case worker's caseload ranged from 20 children (COC) to 59 children (SFM) (Table 6).

Table 7. Median and Maximum Number of Children on Caseload, by CMP⁸⁸

December 1, 2025

Source: All DCF contracted CMPs

Case Management Provider	Median number of children on caseload	Maximum number of children on caseload
COC	16	20
EHC	19	41
KVC	14	45
SFM	19	59
TFI	16	36

Supervisor Caseloads

The expectation is that supervisors are not assigned as the primary case worker, however all CMPs had supervisors assigned at least one case across all 12 dates sampled in 2025. The percentage of

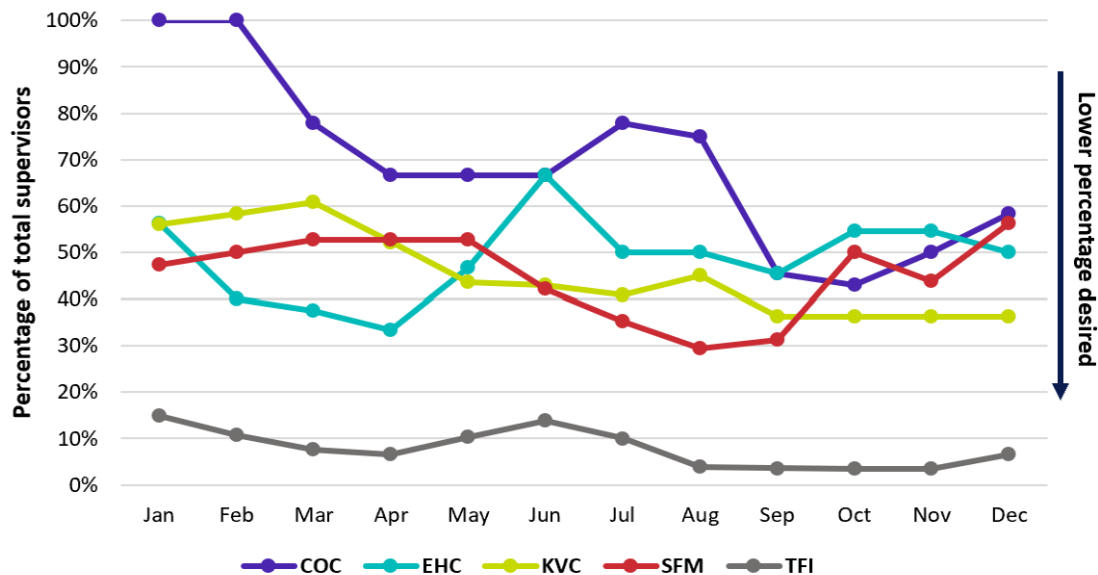
⁸⁷ Percentages do not add to 100% due to rounding.

⁸⁸ This table includes all children assigned to a permanency case worker, including those with an aftercare case.

supervisors assigned to a case ranged from three percent (October and November at TFI) to 100 percent (January and February at COC) (Figure 16). The percentage of supervisors carrying at least one case remained relatively stable from January to December at all CMPs except COC and KVC, which reduced their rates considerably by December. The percentage of supervisors carrying cases at TFI was significantly lower than other CMPs across the year, ranging from three percent to 15 percent.

Figure 16. Case Worker Supervisors Carrying At Least One Case, by CMP, by Month⁸⁹
2025

Source: All DCF contracted CMPs



Summary

While the CMP contracts acknowledge there will be times when caseloads may be higher because of temporary staff vacancies, each CMP routinely had a substantial percentage of permanency case workers whose caseloads exceeded the contractual standard. When caseloads are high, case workers, children, parents, and caregivers can all feel the impacts, with case workers experiencing increased stress and having less time to spend working directly with each child and family. On average, most permanency case workers at SFM (67%), EHC (64%) and TFI (54%), more than one third at KVC (37%), and a quarter at COC (25%) carried a caseload above the contractual standard. The Neutral compares performance by CMP and catchment area for Settlement Agreement commitments, and it is notable that COC and KVC, the CMPs with a higher percentage of case workers with caseloads within the contractual standard, generally performed better, particularly for the placement stability commitments.

⁸⁹ See *Appendix E* for a detailed breakdown of the number and percentage of case worker supervisors carrying cases each month, by CMP.

Placement Stability

The Settlement Agreement includes five commitments that measure different components of placement stability. The State must ensure children are in stable placements (2.9.3), lower the rate of placement moves (2.9.1), and limit the number of children who have more than one placement move (2.9.4). The State is also required to eliminate Failure to Place (2.5.1) and end brief placements lasting one-to-14 nights unless they meet certain approved exceptions (2.5.5). Although not a Settlement Agreement requirement, the State also agreed in 2025 to eliminate the practice of overnight placements and to provide data on the number of children experiencing them. The Neutral’s findings for each of these commitments are presented in this section, followed by a discussion of the State’s overall performance.

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 continued to meet this commitment in 2025 after first meeting it in 2024.

This commitment requires DCF to ensure that children are in stable placements. The target is for 90 percent of children whose cases were reviewed to be in stable placements.

Methodology

The Agreement specifies that this Outcome is measured using the federal CFSR standards for placement stability. The Neutral used the case review process described in *Section IV. Methodology* to assess performance. The review sample included 262 children who were in DCF custody at any point during 2025. To determine whether each child’s current placement was stable, reviewers considered documentation from case records and applied the following CFSR criteria:

- 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}

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

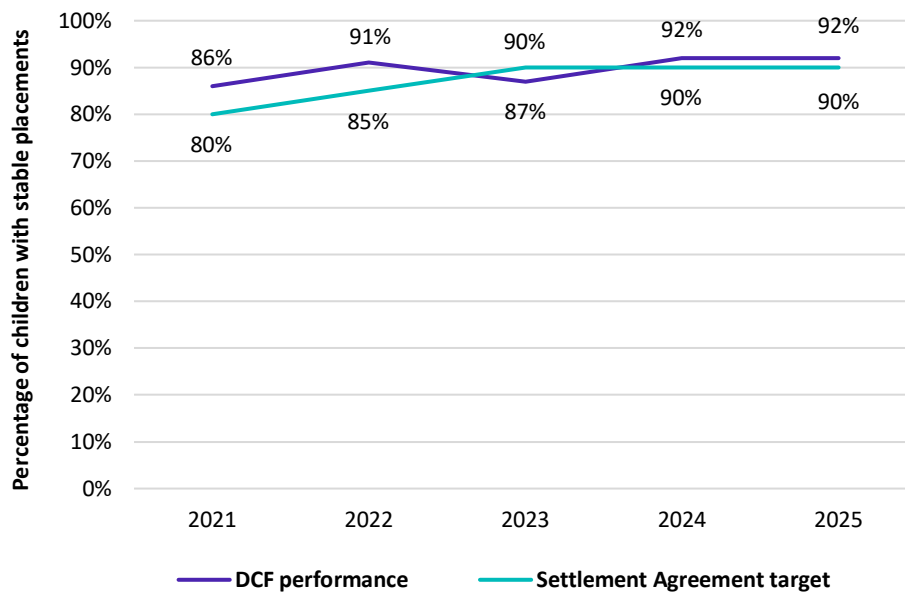
Performance

Case reviews found that the current placement for 92 percent of children whose cases were reviewed (240 of 262) was stable. This performance exceeds the final target of 90 percent of children and was consistent with 2024 (Figure 17).

Figure 17. Stable Placement Case Review Performance, by Year

2021–2025

Source: Settlement Case Reviews



Performance by catchment area ranged from 83 percent (19 of 23 cases) in Area 8 (TFI) to 100 percent of children whose cases were reviewed in Area 6 (KVC) (Figure 18). Two other catchment areas fell slightly below the target: Area 3 (KVC) at 89 percent (39 of 44 cases) and Area 7 (EHC) at 88 percent (59 of 67 cases). Case review findings were generally consistent with those from 2024, when performance by catchment area ranged from 86 percent to 100 percent.

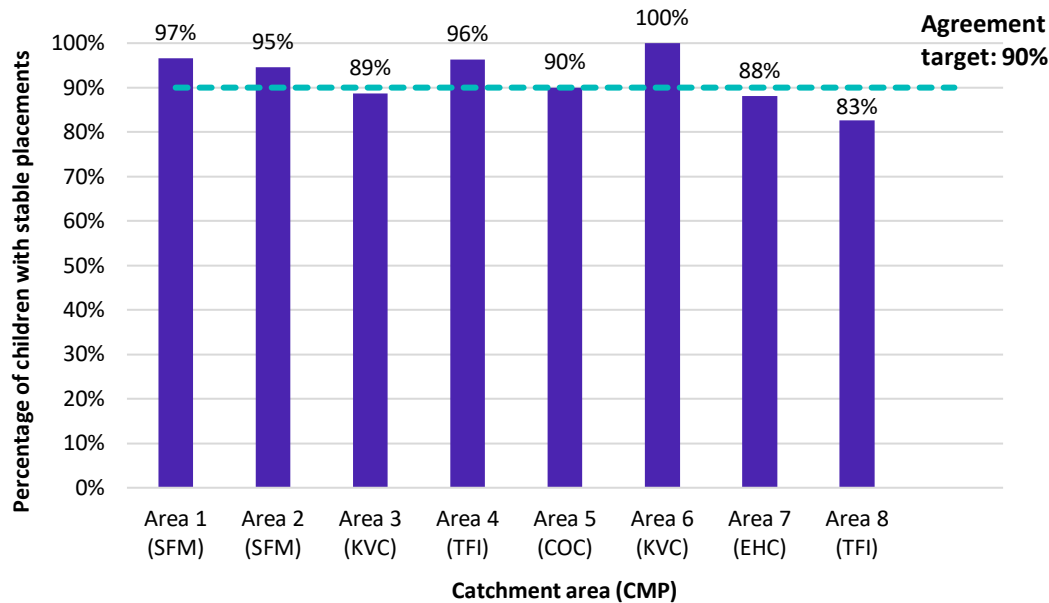
⁹⁰ The child's current placement for the period under review (2025) was either the child's placement on December 31, 2025, or the child's most recent placement in foster care if they were discharged from custody during the year.

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

Figure 18. Stable Placements Case Review Performance, by Catchment Area

2025; N = 240 children whose cases met the standard; N = 262 children whose cases were reviewed

Source: Settlement Case Reviews



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 4.44 moves per 1,000 days in care
Neutral Finding	The Neutral's data analysis found that children who entered DCF custody during 2025 experienced a rate of 6.75 placement moves per 1,000 days in care. The State did not meet this commitment in 2025.

This commitment requires DCF to limit the number of placement moves among children who entered custody during a 12-month period. The final target of no more than 4.44 moves per 1,000 days in care is equivalent to 1.62 moves per 365 days in care.

Methodology

The Agreement originally required that the rate of placement moves for children entering DCF custody during a 12-month period was calculated using the definitions and measurements for the



federal CFSR Statewide Data Indicator for Placement Stability. In 2025, the Parties agreed to amend this methodology to use DCF’s FACTS placement data as the source instead of AFCARS data and to report performance on a calendar year rather than Federal Fiscal Year (FFY).⁹² Aside from these changes, the Neutral used the same definitions and measurements as prior reporting periods. The metric is defined as the total number of placement moves during the year for all children who entered DCF custody during the year, divided by the total number of days these children were in custody as of December 31, 2025, multiplied by 1,000.

The Neutral analyzed performance over time, the distribution of placements among children who entered custody during 2025, and differences in the outcome by children’s age, race and ethnicity, and DCF catchment area.

Performance

In 2025, 2,345 children entered DCF custody, and there were a total of 2,449 placement moves among this cohort of children.⁹³ The rate of 6.75 placement moves per 1,000 days in care in 2025 is an improvement from the rate in FFY 2024 (7.25) but is still above the baseline rate in FFY 2021 (5.84) and is 52 percent higher than the target of 4.44 moves per 1,000 days in care (Figure 19). The State’s performance in 2025 is equivalent to 2.46 placement moves per 365 days in care.

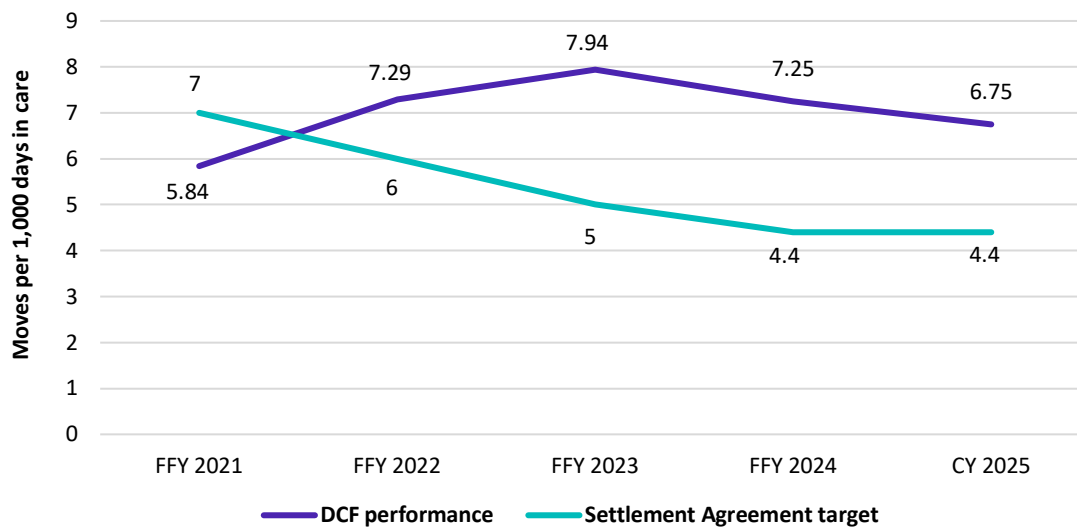
⁹² The Neutral used AFCARS data to report progress for this commitment between 2021 and 2023 and, with agreement from the Parties, used DCF’s FACTS data in 2024. Since concerns with the timing of production and data quality of the AFCARS file were unlikely to be resolved, the Parties agreed to formally amend the methodology in the Agreement starting for Period 5. More information about AFCARS can be found [here](#).

⁹³ This includes 9 children who entered DCF custody twice during 2025.

Figure 19. Placement Moves Rate, by Year^{94,95}

2021–2025 (Periods 1–5)

Source: DCF – FACTS

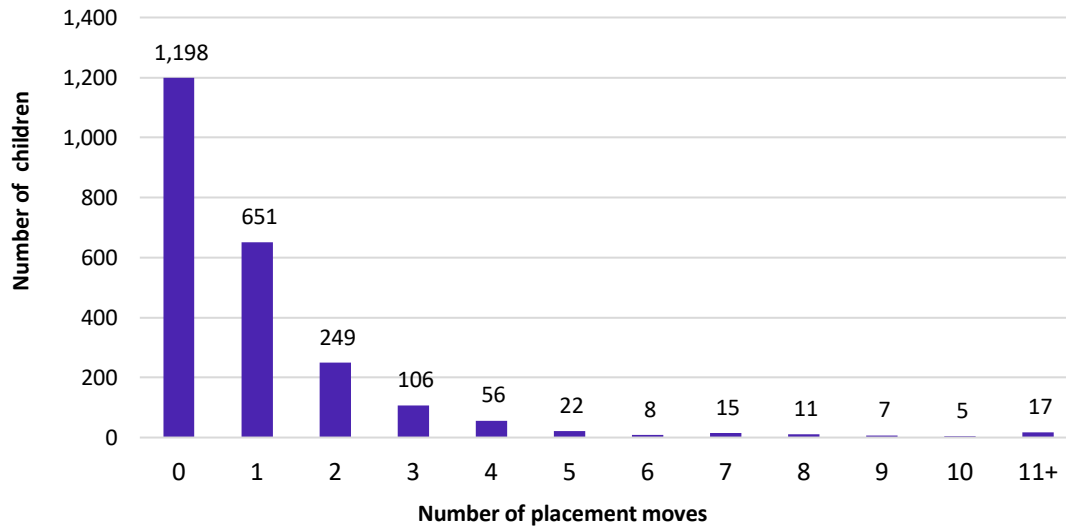


To better understand the overall rate of placement moves, the Neutral analyzed the distribution of placement moves among children who entered custody in 2025. Of the 2,345 children who entered custody, just over half (51%) had no placement moves, and over one-quarter (28%) had one placement move during the year (Figure 20). There were 63 children (3%) who experienced considerable placement instability throughout the year. The number of placements these children had ranged from six to 28, and collectively, they experienced a total of 648 placement moves. This accounted for 26 percent of all moves (648 of 2,449) among this cohort of children and was a significant driver of the high overall rate.

⁹⁴ For Periods 1 through 4 (2021 – 2024), this Outcome was measured on a Federal Fiscal Year (FFY), October 1 through September 30. Because of the change in reporting period, this figure does not reflect placement moves or days in care from October to December of 2024.

⁹⁵ The Neutral identified an error in the methodology for calculating the placement moves rate for Period 4 (FFY 2024) which caused a very small number of placement moves and person-days in care (<0.5%) to be excluded from the calculations. The rate reported in the Neutral’s 2024 Annual Report was 7.24 moves per 1,000 person-days in care, the corrected rate is 7.25.

Figure 20. Distribution of Placement Moves among Children Who Entered Custody⁹⁶
 2025; N = 2,345 children who entered DCF custody
 Source: DCF – FACTS



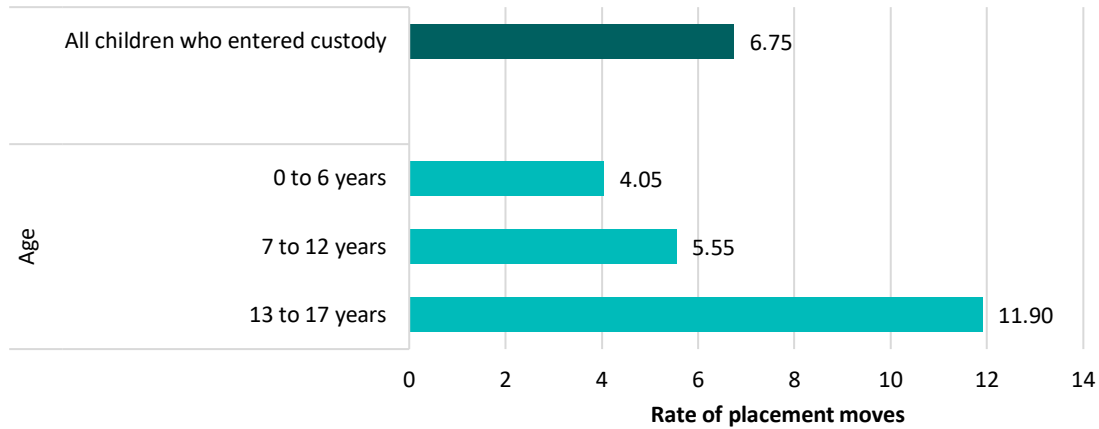
The placement moves rate was correlated with age, with children aged 13 and older experiencing a significantly higher rate of placement instability, 11.90 moves per 1,000 days in care, compared to younger children (Figure 21). The highest rate for any single age was 14.37 moves per 1,000 days in care for 17-year-olds, which represents approximately five moves per calendar year. While the rates were higher for teenagers, it is notable that the rate exceeded the target of 4.44 moves per 1,000 days in care for all children older than five, except for children who were eight years old.

⁹⁶ The number of placements for children who experienced 11 or more were: 11 (three children); 12 (one child); 13 (two children); 17 (four children); 19 (one child); 20 (three children); 23 (one child); 25 (one child); and 28 (one child).

Figure 21. Placement Moves Rate per 1,000 Days in Care, by Age

2025; N = 2,345 children who entered DCF custody

Source: DCF – FACTS

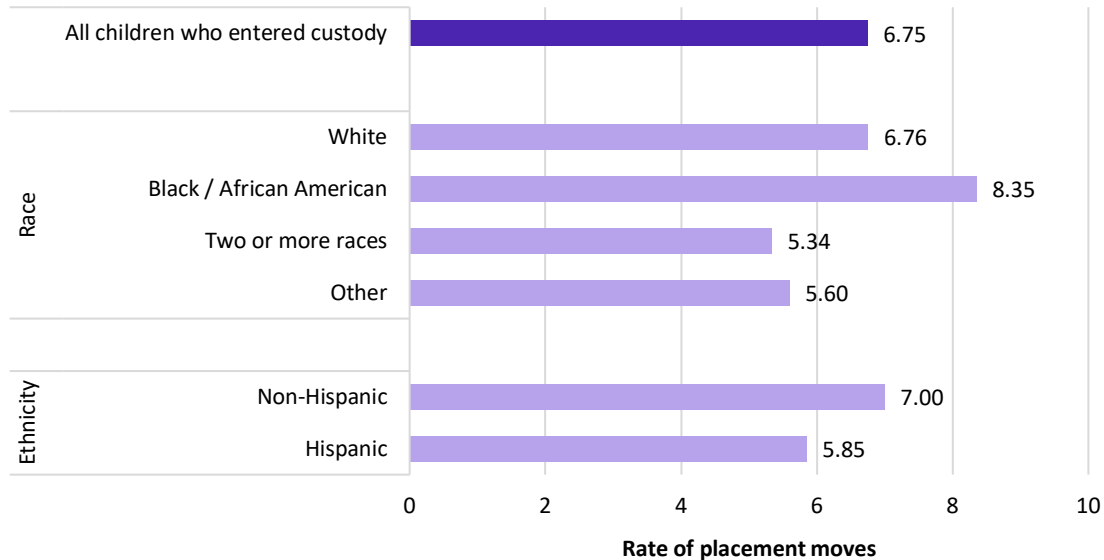


The rate of placement moves for Black/African American children (8.35 moves per 1,000 days in care) continued to be the highest among all racial groups (Figure 22). In 2025, it was 24 percent higher than the rate for White children (6.76 moves per 1,000 days in care). The rate for Hispanic children (5.85 moves per 1,000 days in care) was 13 percent lower than the rate for all children in custody (6.75 moves per 1,000 days in care).

Figure 22. Placement Moves Rate per 1,000 Days in Care, by Race and Ethnicity⁹⁷

2025; N = 2,345 children who entered DCF custody

Source: DCF – FACTS



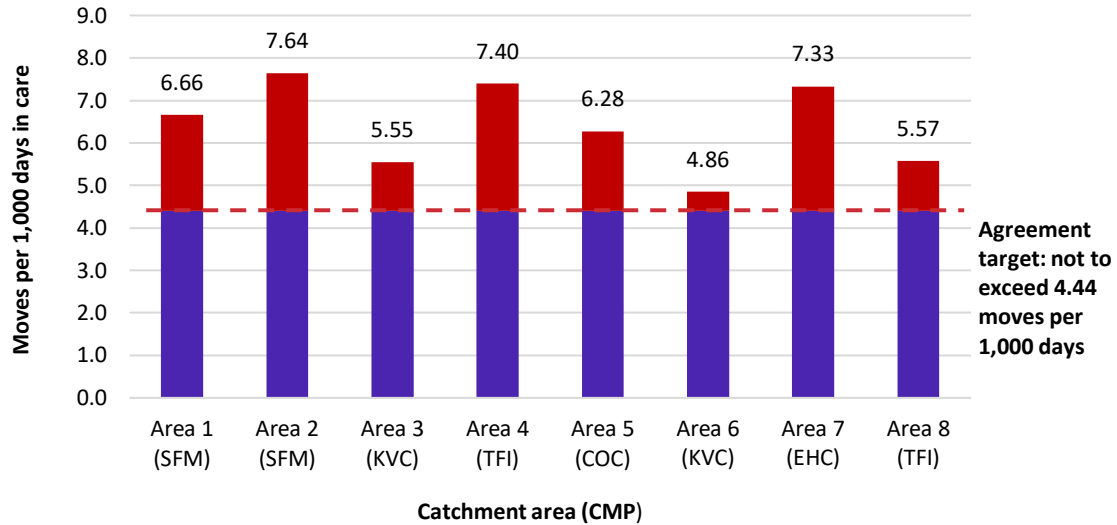
Though performance varied, no catchment area met the Agreement target of 4.44 placement moves per 1,000 days in care. Children from Area 2 (SFM), Area 4 (TFI), and Area 7 (EHC) experienced the highest rates of placement moves (Figure 23). The rate of placement moves in Area 4 (TFI) notably worsened to 7.40 in 2025, increasing 79 percent from 2024 when it was the only area to meet the Agreement target with 4.13 moves per 1,000 days in care. Area 6 (KVC) had the lowest rate (4.86 moves per 1,000 days in care) in 2025, and the rates in both Areas 3 and 6 (KVC) improved the most from 2024, decreasing by 41 and 36 percent, respectively.

⁹⁷ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.

Figure 23. Placement Moves Rate per 1,000 Days in Care, by Catchment Area

2025; N =2,345 children who entered DCF custody

Source: DCF – FACTS



2.9.4 One or Fewer Placement Moves

Settlement Agreement Commitment

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.

Final Outcome: 90%

Neutral Finding

The Neutral's data analysis found that 84 percent of children in DCF custody at any point in 2025 experienced one or fewer placement moves. **The State did not meet this commitment in 2025.**

This commitment requires the State to ensure stability for children by limiting the number of placement moves that occur during a year. The final target is for at least 90 percent of children in DCF custody to have no more than one placement move a year.

Methodology

As with the previous metric (2.9.1), the Agreement originally specified that this commitment be calculated using the definitions and measurements of the federal CFSR. The changes in methodology that Parties agreed to for 2.9.1 also applied to this commitment, meaning that in 2025, it was measured on a calendar year and used DCF's FACTS placement data as the source.⁹⁸ All other definitions and measurements for the commitment remain the same as prior periods. This metric is defined as the total number of children who were in custody at any point in 2025 who experienced no or one placement move.

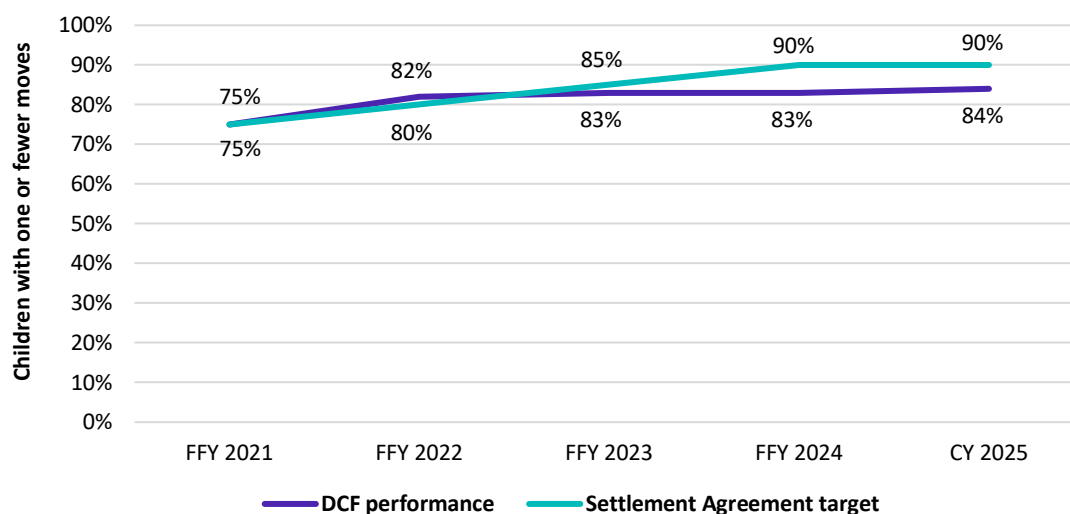
The Neutral analyzed performance over time, the distribution of placements among children, and differences in the outcome by children's age, race and ethnicity, and DCF catchment area.

Performance

Of the 8,099 children in DCF custody at any point during 2025, 6,792 (84%) experienced one or fewer placement moves (Figure 24). This is a negligible change from FFY 2024 when 83 percent of children had one or fewer placement moves and represents an improvement of nine percentage points since the first reporting period of FFY 2021.

Figure 24. Percentage of Children with One or Fewer Placement Moves^{99,100}
2021–2025

Source: DCF – FACTS



⁹⁸ The Neutral used AFCARS data to report progress for this commitment between 2021 and 2023 and, with agreement from the Parties, used DCF's FACTS data in 2024. Since concerns with the timing of production and data quality of the AFCARS file were unlikely to be resolved, the Parties agreed to formally amend the methodology in the Agreement starting for Period 5. More information about AFCARS can be found [here](#).

⁹⁹ For Periods 1 through 4 (2021 – 2024) this Outcome was measured on a Federal Fiscal Year (FFY), October 1 through September 30. Because of the change in reporting period, this figure does not reflect placement moves from October to December of 2024.

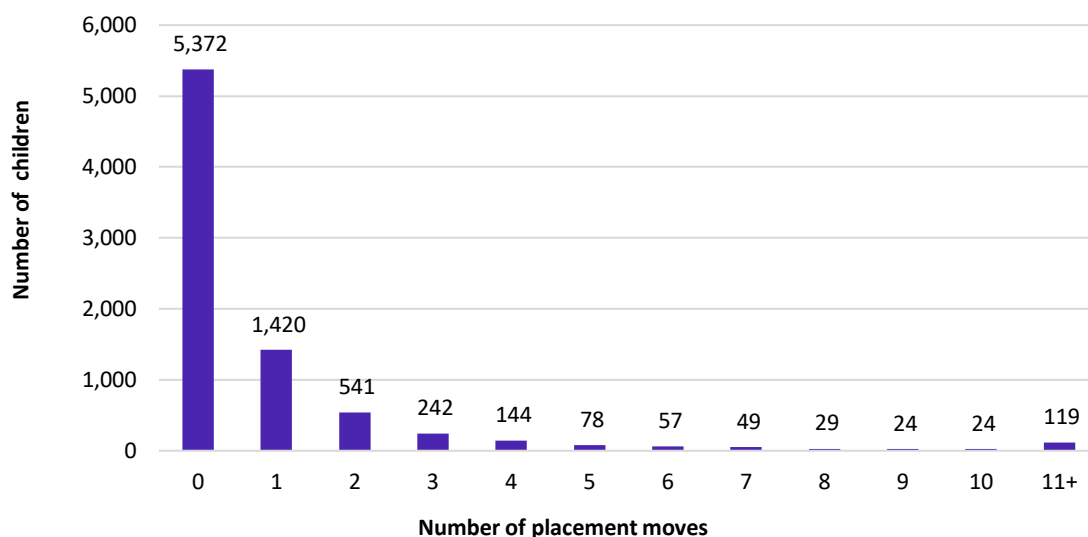
¹⁰⁰ Because of data issues, calculations for FFYs 2021 and 2022 performance were not included in the respective annual reports. These were retroactively calculated when data issues were resolved and are included here for reference only.

Approximately two-thirds of children (66%, 5,372) had no placement moves, and just under one-fifth (18%, 1,420) had one placement move (Figure 25). Consistent with previous reporting periods, there was a group of children who experienced extreme placement instability, defined as six or more placement moves during the year. These 302 children represent four percent of children in DCF custody, but their combined 3,433 moves account for 45 percent of all placement moves in 2025.

Figure 25. Distribution of Placement Moves among Children in DCF Custody¹⁰¹

2025; N = 8,099 children in custody

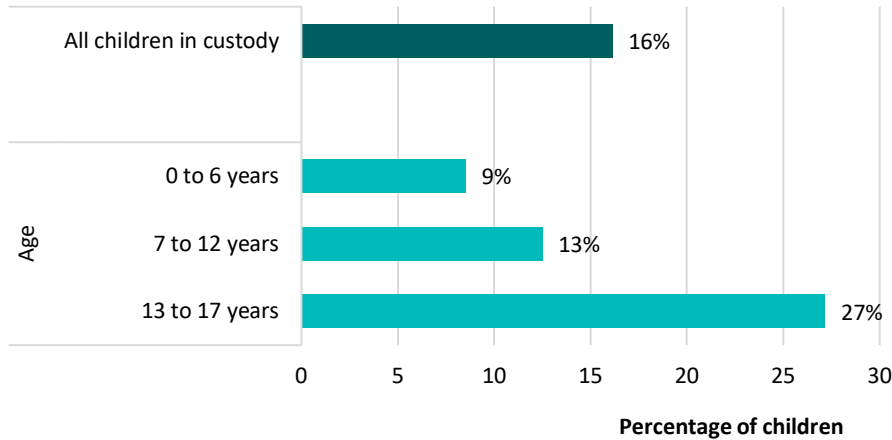
Source: DCF – FACTS



Twenty-seven percent of children aged 13 to 17 experienced two or more placement moves compared to 13 percent of children aged seven to 12, and nine percent of children aged six and under (Figure 26). While older children are disproportionately represented among those with two or more placement moves, no individual age group over 10 years old met the Agreement target of 90 percent of children, and at least seven percent of children from every age group, including infants and children under five, experienced two or more placement moves.

¹⁰¹ The number of placements for children in who experienced 11 or more were: 11 (20 children); 12 (16 children); 13 (7 children); 14 (6 children); 15 (6 children); 16 (5 children) 17 (12 children); 18 (4 children); 19 (4 children); 20 (8 children); 21 (3 children); 22 (3 children); 23 (5 children); 24 (6 children); 25 (3 children); 26 (2 children); 28 (2 children); 29 (1 child); 30 (3 children); 31 (1 child); 32 (1 child); 33 (1 child) and 35 (1 child).

Figure 26. Percentage of Children of Each Age Group with Two or More Placement Moves
2025; N = 1,307 children who experienced two or more placement moves; N = 8,099 children in DCF custody
Source: DCF – FACTS

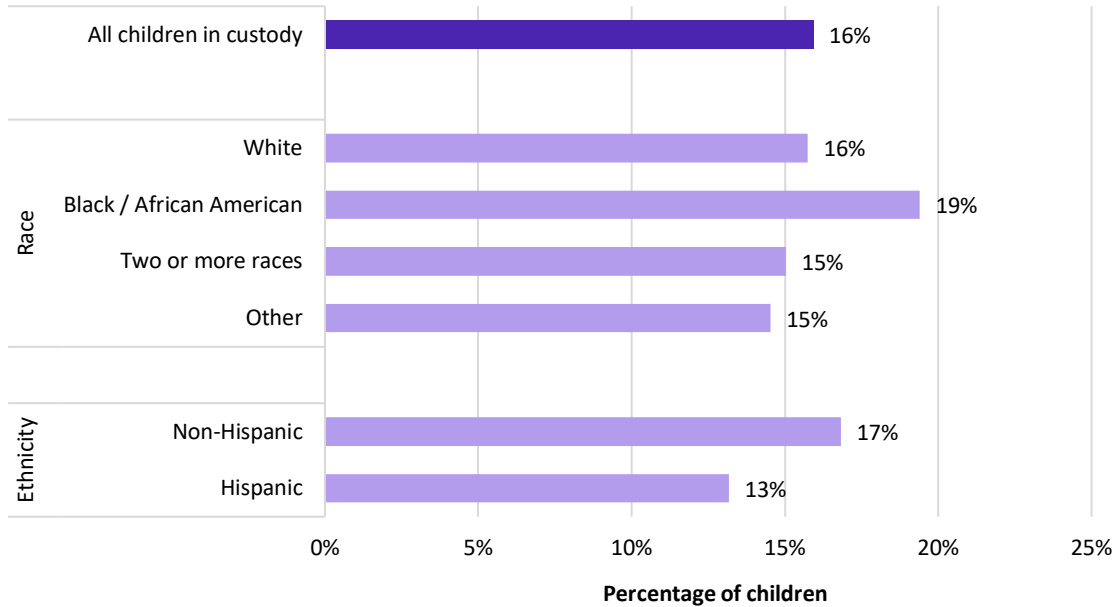


Sixteen percent of all children in DCF custody had two or more placement moves in 2025. A higher percentage of Black/African American children (19%) experienced two or more placement moves compared to White children (16%) (Figure 27). A slightly higher percentage of non-Hispanic children (17%) experienced two or more moves compared to Hispanic children (13%).

Figure 27. Percentage of Children of Each Race and Ethnicity with Two or More Placement Moves¹⁰²

2025; N = 1,307 children who experienced two or more placement moves; N = 8,099 children in DCF custody

Source: DCF – FACTS



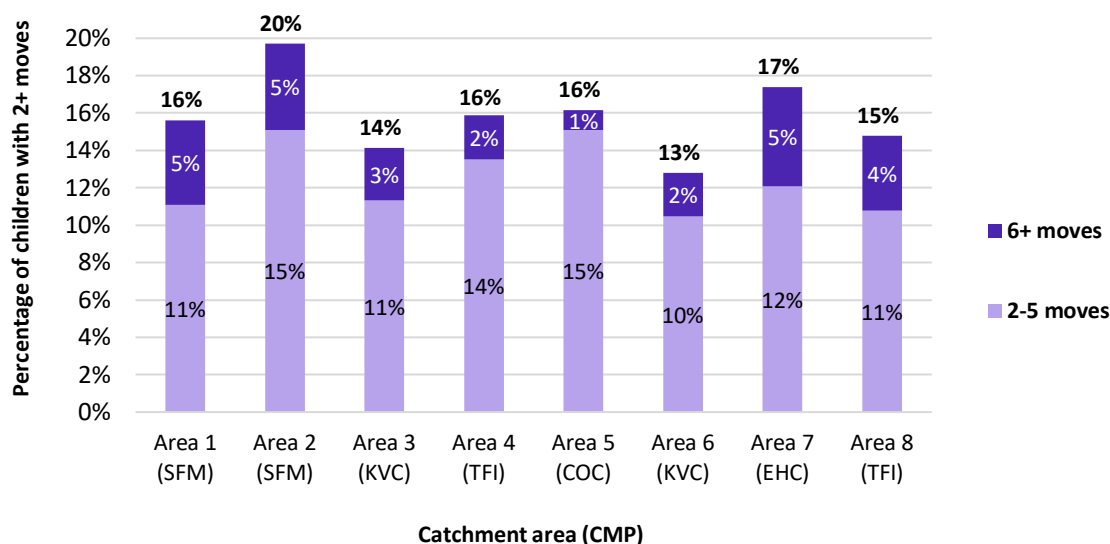
The overall percentage of children from any catchment area who experienced two or more placement moves ranged from 13 percent in Area 6 (KVC) to 20 percent in Area 2 (SFM) (Figure 28). The highest prevalence of extreme placement instability was in Areas 1 (SFM), 2 (SFM) and 7 (EHC), where five percent of all children from each catchment area had six or more placement moves during the year. Overall, performance by catchment area did not vary widely from last year, though two catchment areas made more progress than others. The percentage of children from Area 5 (COC) who experienced six or more placement moves decreased from four percent in FFY2024 to one percent in 2025, and the percentage of children from Area 6 (KVC) who experienced two or more placement moves decreased from 21 percent in FFY 2024 to 13 percent in 2025.

¹⁰² Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.

Figure 28. Percentage of Children within Each Catchment Area with Two or More Placement Moves¹⁰³

2025; N =1,307 children who experienced two or more placement moves; N = 8,099 children in DCF custody

Source: DCF – FACTS



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 136 children experienced a total of 348 episodes of Failure to Place, totaling 870 nights without placement. The State did not meet this commitment in 2025.

This commitment requires that children in DCF custody have a placement in an appropriate setting and that there are no instances where children in custody stay overnight in inappropriate, unlicensed settings. In 2025, settings where children experiencing an FTP spent the night typically included CMP offices and unlicensed facilities.

¹⁰³ Bar totals (in bold) may not equal the sum of the two subtotals, due to rounding.

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.¹⁰⁴ CMP staff are required to file a critical incident report with DCF when this occurs.¹⁰⁵ DCF aggregated critical incident reports for FTPs to produce a data file identifying every FTP episode that occurred in 2025, 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.

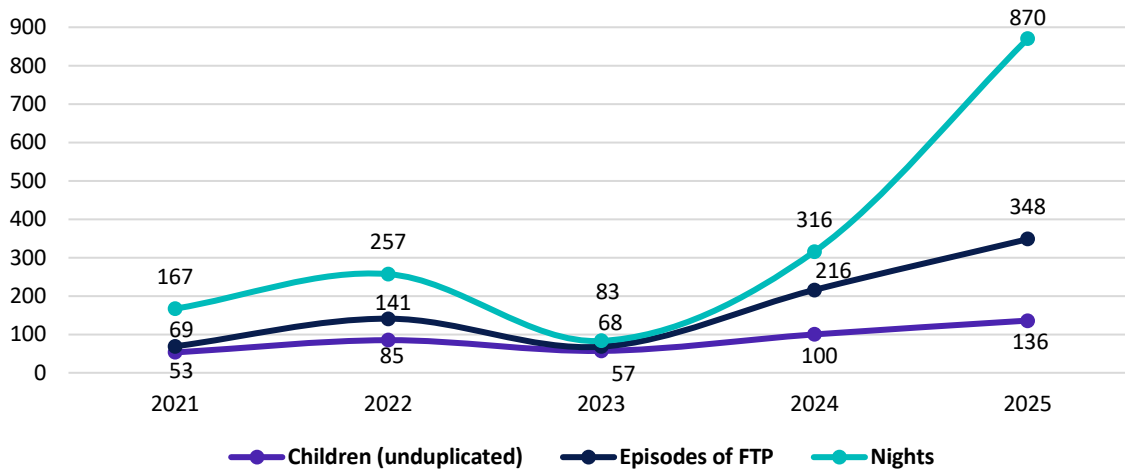
The Neutral reports episodes of FTP, which refers to the total time a child was without a placement and may last more than one night. This section includes a comparison of performance over time, analysis of the duration of FTP episodes, and the age, race and ethnicity of children experiencing them, and performance by DCF catchment area.

Performance

In 2025, 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 (Figure 29). Children spent a total of 870 nights without placement in 2025, representing a 175 percent increase from 2024 and a 421 percent increase from the baseline in 2021.

Figure 29. Failure to Place Episodes, Nights, and Children Experiencing Failure to Place, by Year 2021–2025

Source: DCF – FACTS



¹⁰⁴ 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 (e.g., shelter in place orders), or similar emergency situations.

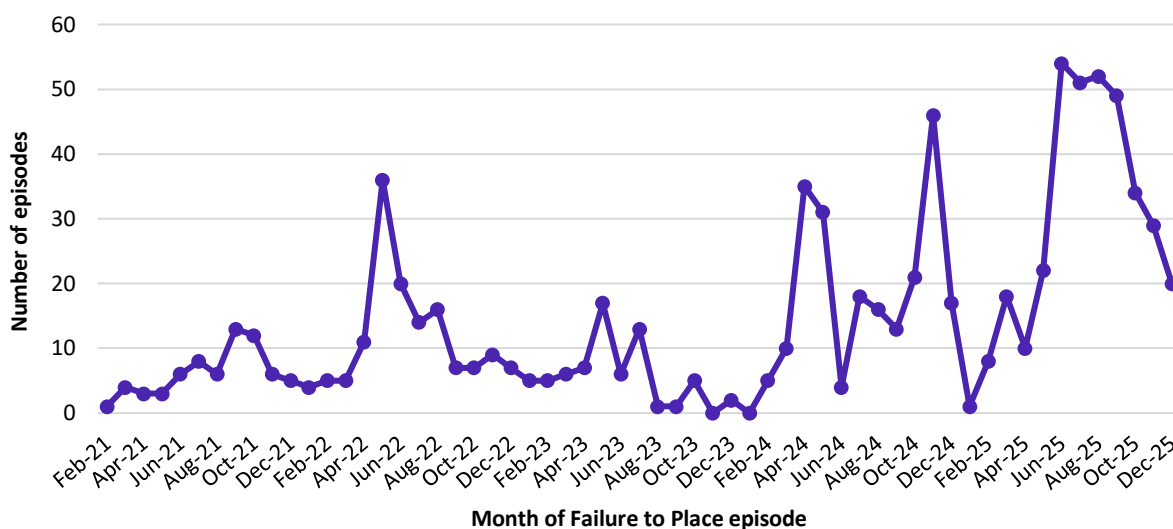
¹⁰⁵ DCF's Critical Incident Protocol can be found [here](#) on pg. 87. DCF's Critical Incident Form can be found [here](#).

The highest numbers of FTP episodes occurred during the summer months of 2025, peaking in June with 54 episodes (Figure 30).

Figure 30. Failure to Place Episodes Over Time

2021–2025

Source: DCF – FACTS

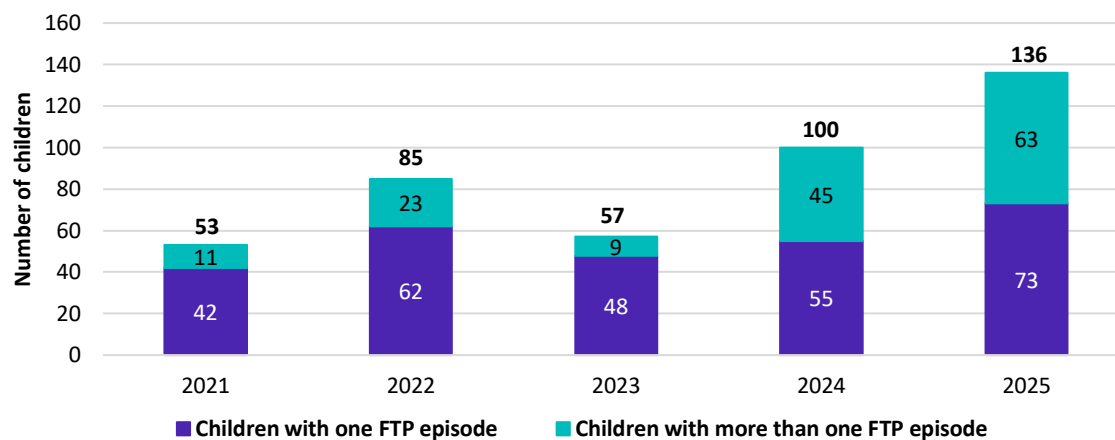


The number of children experiencing at least one FTP in 2025 (136) was the highest across all reporting periods and was a 36 percent increase from 2024 (100 children) and a 157 percent increase from the baseline of 53 children in 2021 (Figure 31). Among the children who had an FTP in 2025, 63 children (46%) had more than one episode, ranging from two to 13. The number of children experiencing multiple episodes within the year was the highest it has been since the Neutral started measuring performance in 2021.

Figure 31. Children Experiencing Failure to Place Episodes

2021 – 2025

Source: DCF – FACTS

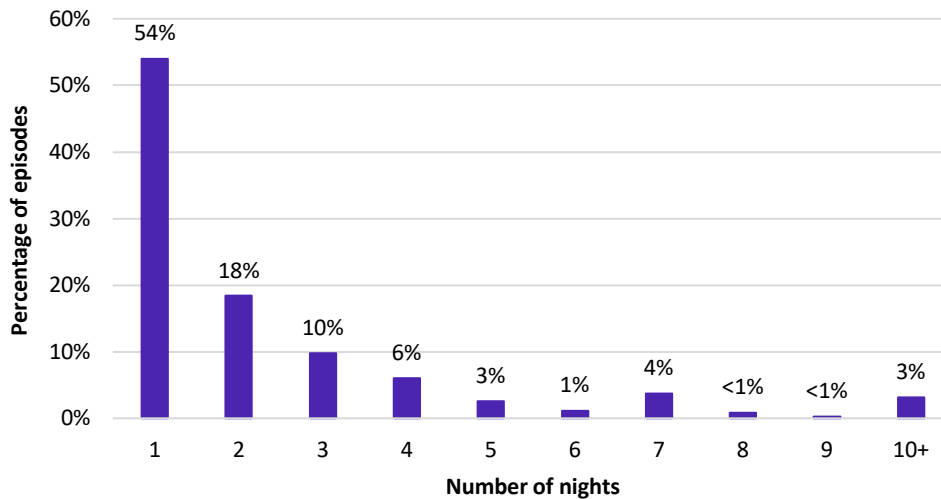


More than half of FTP episodes (54%, 188 of 348) lasted one night (Figure 32). Eighteen percent of episodes (64 of 348) lasted four or more nights. There were 11 episodes that lasted 10 or more nights, one of which lasted longer than a month (32 nights).

Figure 32. Duration of Failure to Place Episodes¹⁰⁶

2025; N = 348 FTP episodes

Source: DCF – FACTS



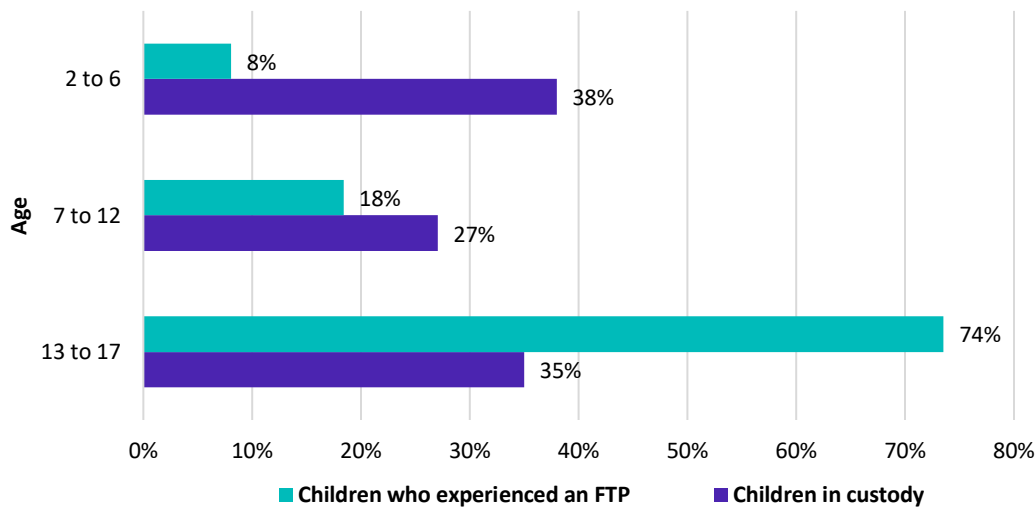
Children aged 13 or older represented 74 percent of all children (100) who experienced an FTP in 2025 despite only comprising 35 percent of all children in custody (Figure 33). Children aged 13 to 15 had the highest rate of FTP episodes, with four percent of 13- to 15-year-olds in DCF custody experiencing an FTP episode at some point in the year. Eleven children who had an FTP in 2025 were six years old or younger (8% of all children who experienced an FTP), and the youngest child to experience an FTP was two years old.

¹⁰⁶ Percentages in this figure do not add to 100% due to rounding.

Figure 33. Children Who Experienced a Failure to Place Episode, by Age¹⁰⁷

2025; N = 136 children

Source: DCF – FACTS



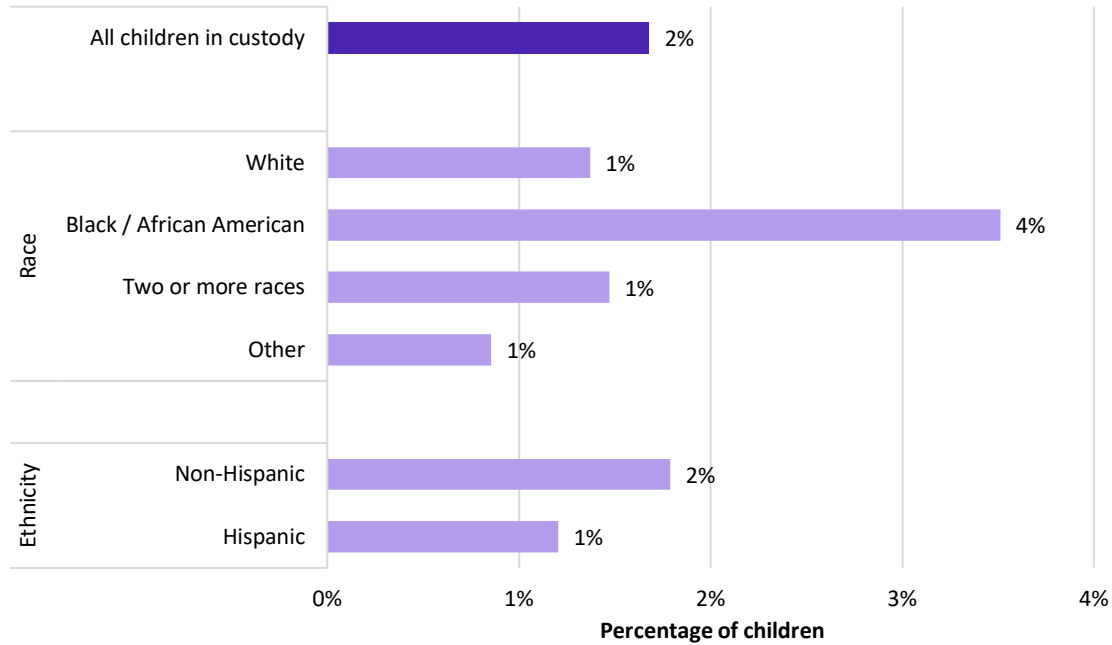
Two percent of all children in DCF custody experienced an FTP in 2025 (Figure 34). Black/African American children were twice as likely to experience an FTP episode than all children in DCF custody, while White children and children of two or more races were slightly less likely to experience an FTP episode compared to all children in DCF custody.

¹⁰⁷ This figure reports the age of the child at the start of their first FTP episode in the year. For all children in custody, the figure reports the age of the child at the start of the year or the start of their custody episode, whichever one is more recent.

Figure 34. Percentage of Children of Each Race and Ethnicity Who Experienced a Failure to Place Episode¹⁰⁸

2025; N = 136 children

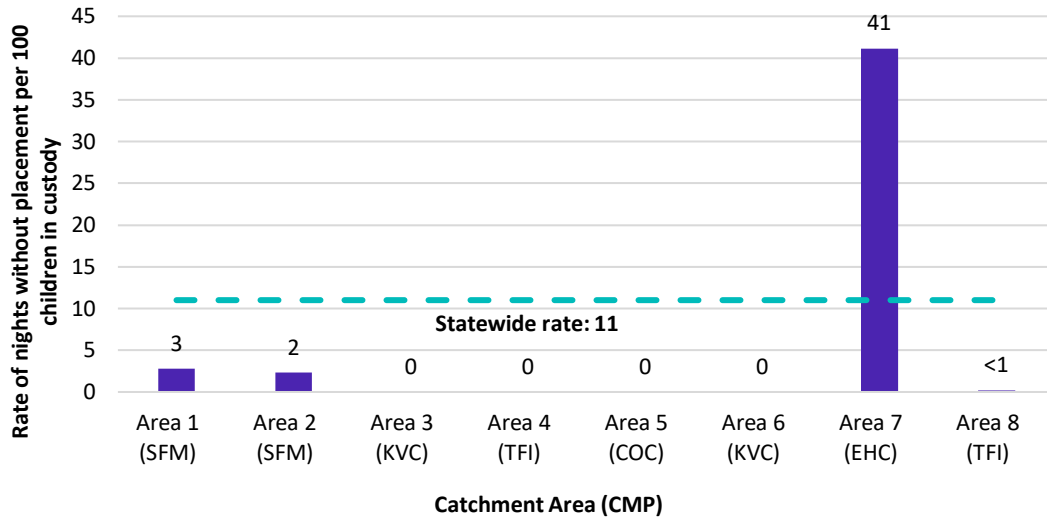
Source: DCF – FACTS



Among the 870 nights children spent without placement across the state, the vast majority (94%, 818) of those nights occurred in Area 7 (EHC) where there was a rate of 41 nights without placement for every 100 children in custody (Figure 35). Children in Areas 1 and 2, served by SFM, spent 25 and 26 total nights without placement, respectively, and Area 8 (TFI) had one night where a child did not have placement. All other areas reported no nights without placements in 2025. Statewide, the rate of nights without placement was 11 nights for every 100 children in custody.

¹⁰⁸ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.

Figure 35. Rate of Nights without Placement per 100 Children in Custody, by Catchment Area
 2025; N = 870 nights without placement; N = 8,099 children in custody
 Source: DCF – FACTS



2.5.5 Night-to-Night and Short-Term Placements

Settlement Agreement Commitment	<i>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.</i>
Neutral Finding	The Neutral’s data analysis found that 665 children experienced a total of 1,391 night-to-night placements, and 1,155 children experienced a total of 2,916 short-term placements. The State did not meet this commitment in 2025.

This commitment requires DCF to end the practice of placing children in brief, unstable placements lasting 14 days or fewer. The Agreement recognizes that there may be circumstances when a brief placement occurs because a move 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 only one day and is not in the same residence address for consecutive days. A short-term placement is defined as a placement with a duration of 14 days or less.¹⁰⁹ The Neutral uses DCF FACTS placement data to determine the total number of night-to-night and short-term placements children experience during the year.

To determine if a night-to-night or short-term placement occurred due to an emergency situation or another allowable exception per the federal CFSR standard, the Neutral and DCF used the case review process outlined in *Section IV. Methodology* of this report.¹¹⁰ 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. Cases for review are drawn from two separate samples of children who experienced at least one night-to-night placement and children who experienced at least one short-term placement to determine if any of the children's placements were made due to an allowable exception. Case review findings are reported at the child level as opposed to the placement level.

After comparing performance over time, data on night-to-night and short-term placements in 2025 are presented in this section. For each placement type, the Neutral analyzed the placement settings where they occurred and the child's race and ethnicity, age, and DCF catchment area. Case review results are also presented in this section.

Performance

In 2025, for the first time since the Neutral began reporting in 2021, there was a decrease in the total number of brief, unstable placements and in the number of children who experienced them.

Number of children and placements

The total number of children who experienced a night-to-night placement during 2025 (665) represents a 19 percent decrease from the number of children who had one in 2024 (824) (Figure 36). This decrease represents the first substantial reduction in the number of children experiencing night-to-night placements from the prior year since the Neutral began reporting in 2021, though the proportion of all children in custody who had a night-to-night placement during 2025 (8%, 665 of 8,099) is equal to the proportion in 2021 (8%, 801 of 10,153). The number of night-to-night placements decreased by 31 percent from 2,006 in 2024 to 1,391 in 2025 and is below the total count from 2021 for the first time.

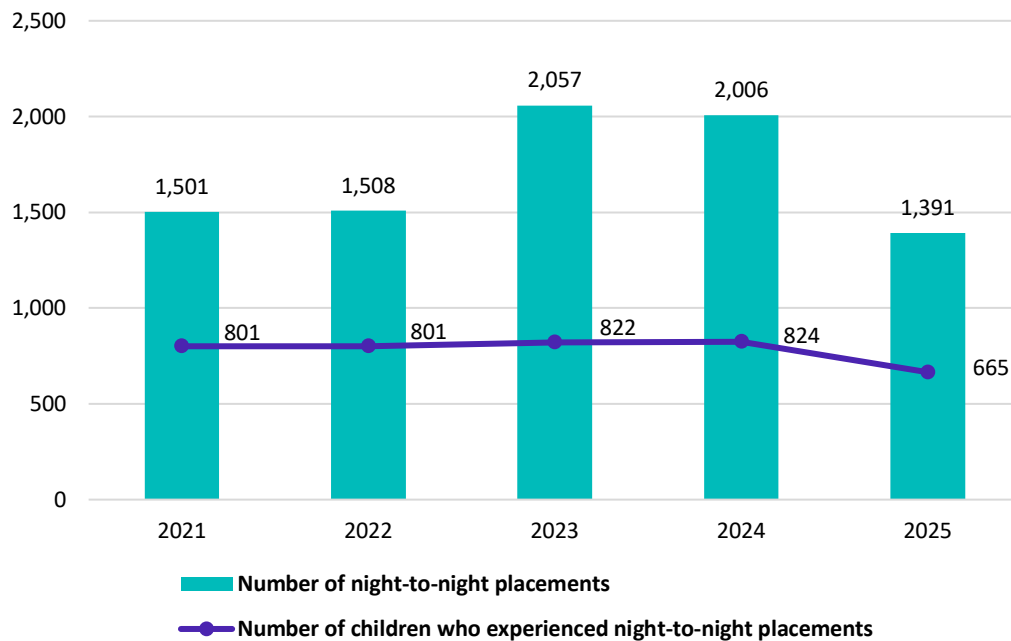
¹⁰⁹ For the purpose of validation, night-to-night placements are excluded from the universe of short-term placements.

¹¹⁰ The Placement Read Tool used for this review can be found in *Appendix B*.

Figure 36. Night-to-Night Placements, by Year^{111,112}

2021 – 2025

Source: DCF – FACTS



DCF and the Neutral completed case reviews of a sample of children who had one or more night-to-night placements to determine if any met the criteria for exceptions as defined by the Agreement. Case reviews found that all night-to-night placements met the criteria for an exception in 22 percent of cases reviewed (14 of 65). This is an increase from 10 percent in 2024, meaning that more night-to-night placements that occurred were allowable under the Agreement. Although progress has been made, the State is still far from meeting the commitment to eliminate placements that do not meet the CFSR standard.

The total number of children who experienced a short-term placement during 2025 (1,155) declined, representing a 10 percent decrease from the number of children who had a short-term placement in 2024 (1,282) (Figure 37). The total number of short-term placements decreased by 18 percent from 3,577 in 2024 to 2,916 in 2025 and is also below the total number from 2021 for the first time.

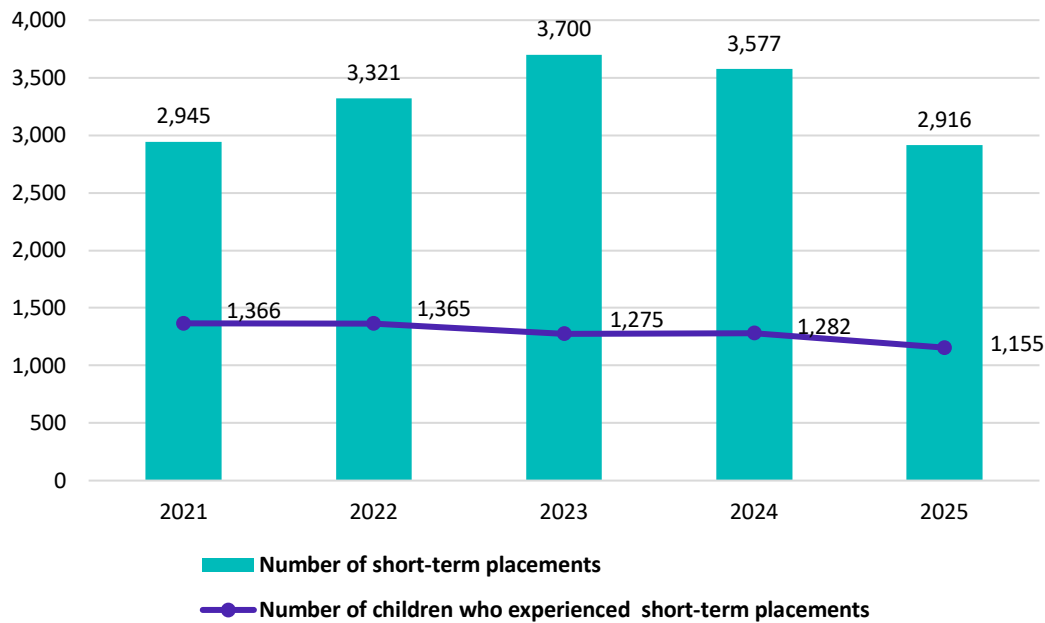
¹¹¹ From Period 1 to Period 4, the Neutral made slight revisions to the methodology for counting night-to-night and short-term placements to avoid over-counting placements. These changes were: counting time spent in a temporary absence as part of the duration of a placement if the child returned to the 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.

¹¹² 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.

Figure 37. Short-Term Placements, by Year¹¹³

2021 – 2025

Source: DCF – FACTS



Case reviews found that for 37 percent of children whose cases were reviewed (25 of 67), all short-term placements met the criteria for an exception. This is an increase from 18 percent in 2024 and, as with night-to-night placements, means that not only did the total number of short-term placements decrease, but a higher percentage of those that occurred were allowable under the Agreement.

Analysis of children who experienced multiple night-to-night and short-term placements

Almost 40 percent of children (254) who had a night-to-night placement experienced more than one such placement (Figure 38). Fifty-four children had six or more night-to-night placements during the year, totaling 438 placements and accounting for 31 percent of all night-to-night placements (438 of 1,391). The highest number any child experienced in 2025 was 15, and six children had 11 or more night-to-night placements. This is an improvement from 2024, when 83 children had six or more night-to-night placements, and 33 children experienced 11 or more.

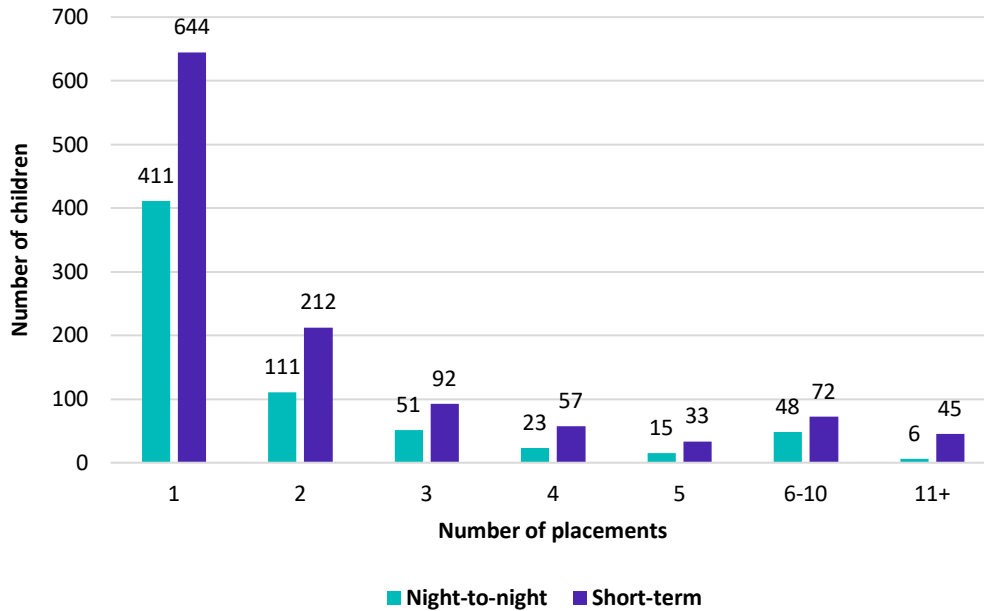
Of the 1,155 children who experienced a short-term placement in 2025, 44 percent experienced more than one. Forty-five children had 11 or more of these placements, totaling 639 placements and 22 percent of all short-term placements. One child experienced 23 short-term placements, the most of any child in custody in 2025.

¹¹³ Ibid.

Figure 38. Number of Night-to-Night and Short-Term Placements

2025; N = 665 children who experienced night-to-night placement; N = 1,155 children who experienced short-term placements

Source: DCF – FACTS



Analysis of placement setting, children's age, race and ethnicity, and performance by catchment area

Forty percent of night-to-night (557) and half of short-term placements (52%, 1,526) occurred in a non-relative foster home. Thirty-eight percent (531) of night-to-night, and 26 percent (765) of short-term placements occurred in a residential setting (Table 7). By contrast, only one percent (20) of night-to-night and seven percent (202) of short-term placements occurred in a kinship or NRKin home.

Table 8. Night-to-Night and Short-Term Placements, by Placement Setting¹¹⁴

2025; N = 1,391 night-to-night placements; N = 2,916 short-term placements

Source: DCF – FACTS

Placement type	Night-to-night placements		Short-term placements	
	No.	%	No.	%
Home or family-based settings				
Foster home (non-relative)	557	40%	1,526	52%
Kinship or NRKin	20	1%	202	7%
Subtotal	577	41%	1,728	59%
Congregate settings				
Residential placement ¹¹⁵	531	38%	765	26%
Placed in office	162	12%	135	5%
Group home (emergency shelter)	119	9%	282	10%
Independent living	2	<1%	6	<1%
Subtotal	814	59%	1,188	41%
Total	1,391	100%	2,916	100%

Most children who experienced a night-to-night (68%) or short-term (59%) placement were aged 13 to 17. Of all children in custody 13 to 17 years old in 2025, 16 percent experienced a night-to-night placement, and approximately one in four (24%) experienced a short-term placement (Figure 39). The seven percent of children aged six and under (229) who experienced a short-term placement represented 20 percent of all children who had a short-term placement during the year.

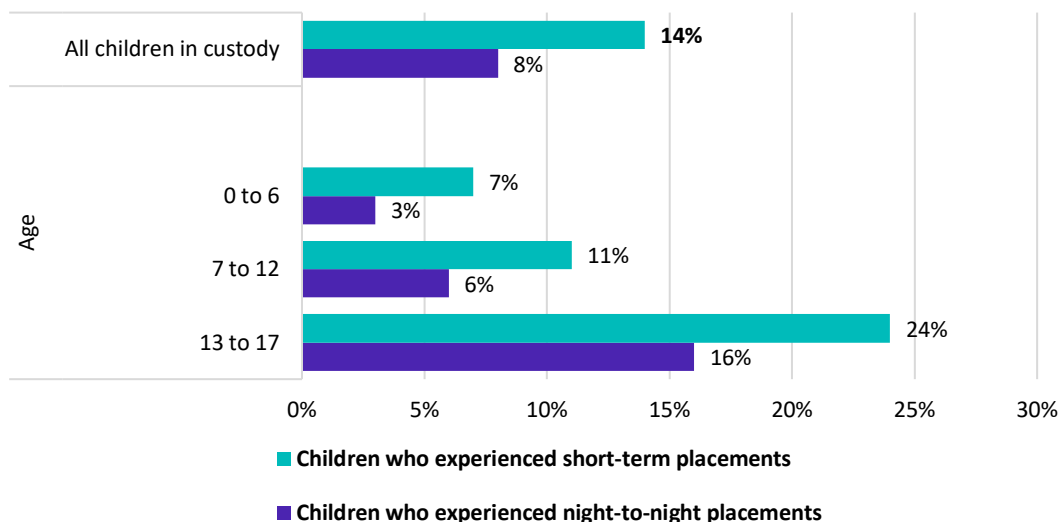
¹¹⁴ Percentages listed in this table do not add to 100% due to rounding.

¹¹⁵ This includes Qualified Residential Treatment Programs (QRTS), Secure Care, and Youth Residential Center II (YRCII) placements.

Figure 39. Percentage of Children of Each Age Group Who Experienced Night-to-Night and Short-Term Placements¹¹⁶

2025; N = 665 children who experienced night-to-night placement; N = 1,155 children who experienced short-term placement; N = 8,099 children in custody

Source: DCF – FACTS



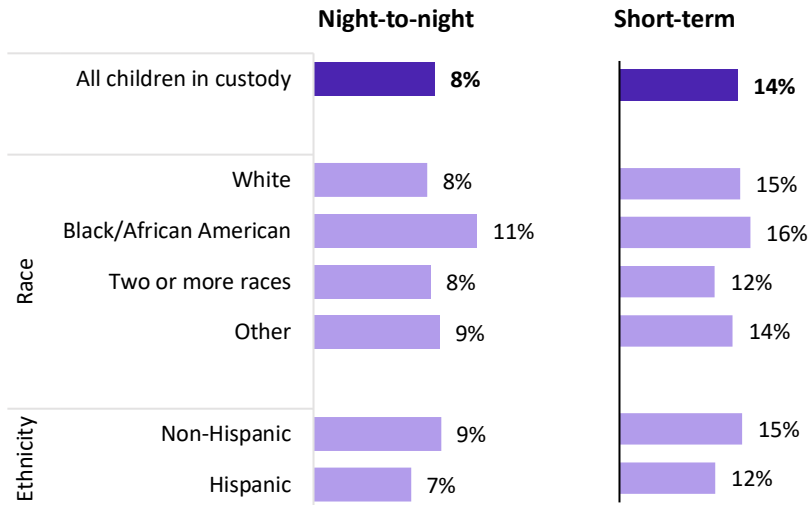
Eight percent of all children in DCF custody in 2025 experienced a night-to-night placement, and 14 percent of all children experienced a short-term placement (Figure 40). These percentages were higher for Black/African American children who were more likely to experience both night-to-night and short-term placements than all children in custody. Eleven percent of Black/African American children had a night-to-night placement, and 16 percent had a short-term placement.

¹¹⁶ For children who experienced night-to-night or short-term placements, age at the start of their first night-to-night or short-term placement in 2025 is reported. For all children in custody whose most recent episode of foster care started before 2025, age at the start of the year is reported; for those whose most recent episode started during 2025, age at the start of the episode is reported.

Figure 40. Percentage of Children of Each Race and Ethnicity who Experienced Night-to-Night and Short-Term Placements¹¹⁷

2025; N = 665 children who experienced night-to-night placement; N = 1,155 children who experienced short-term placement; N = 8,099 children in custody

Source: DCF – FACTS



The rate of night-to-night and short-term placements varied significantly depending on catchment area (Figure 41). Area 7 (EHC) had the highest rate of night-to-night placements in 2025, with 32 night-to-night placements for every 100 children served. Areas 1 and 2 (SFM) were the only other catchment areas at or above the statewide rate of 17 night-to-night placements per 100 children served. Area 5 (COC) had the lowest rate of night-to-night placements (3 for every 100 children served).

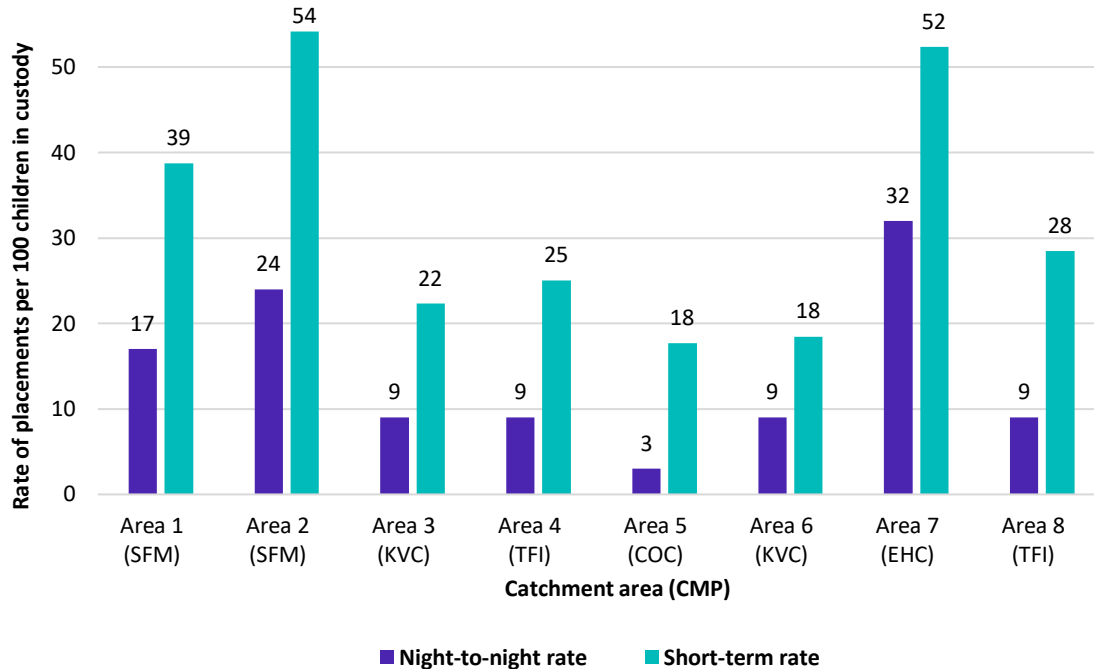
Children from Area 2 (SFM) and Area 7 (EHC) had the highest rates of short-term placements, with 54 and 52 short-term placements for every 100 children served, respectively, and were well above the statewide rate of 36 short-term placements per 100 children served. Area 1 (SFM) was the only other catchment area above the statewide rate. The lowest rates of short-term placements were in Area 5 (COC) and Area 6 (KVC), each with 18 short-term placements for every 100 children.

¹¹⁷ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.

Figure 41. Rate of Night-to-Night and Short-Term Placements per 100 Children in Custody, by Catchment Area

2025; N = 1,391 night-to-night placements; N = 2,916 short-term placements; N = 8,099 children in custody

Source: DCF – FACTS



The rates of night-to-night and short-term placement in each catchment area reflect the percentage of children served who experienced these placements and the average number of placements per child (Table 8). For example, the comparatively high rates of night-to-night and short-term placements in Area 7 (EHC) and Areas 1 and 2 (SFM) were driven by higher percentages of children experiencing these placements and higher average numbers of placements per child relative to other catchment areas. Among catchment areas with comparatively lower rates, Area 5 (COC) had the lowest percentage of children experience night-to-night placements and the lowest average number per child. Area 5 (COC) and Area 6 (KVC) had equal rates of short-term placements, however the underlying patterns differed: Area 5 (COC) had a higher percentage of children experience night-to-night or short-term placements but a lower average number per child, while Area 6 (KVC) had a lower percentage of children experience placements but a higher average number per child.

Table 9. Night-to-Night and Short-Term Placements, by Catchment Area

Source: DCF - FACTS

Catchment Area (CMP)	Percent of children served who had a night-to-night or short-term placement		Average number of night-to-night or short-term placements per child	
	Night-to-night	Short-term	Night-to-night	Short-term
Area 1 (SFM)	8.6%	14.4%	2.0	2.7
Area 2 (SFM)	10.9%	20.3%	2.2	2.7
Area 3 (KVC)	6.1%	12.3%	1.4	1.8
Area 4 (TFI)	6.2%	14.5%	1.4	1.7
Area 5 (COC)	3.2%	12.6%	1.1	1.4
Area 6 (KVC)	7.0%	9.6%	1.4	1.9
Area 7 (EHC)	11.5%	14.6%	2.8	3.6
Area 8 (TFI)	5.3%	12.6%	1.8	2.3

Placement Stability Discussion

Overnight Placements

In 2024, the Neutral and Plaintiffs' attorneys became aware of the practice of overnight placements and raised concerns to DCF. Overnight placements involve foster homes or facilities accepting children on very restricted terms. These placements were for sleeping only, as children were picked up very early in the morning (sometimes as early as 6:00am) and only returned late in the evening (8:00pm or later), at times to an entirely different placement. Children experiencing overnight placements often spend the day in unlicensed day centers where they shower, do laundry, and eat meals. In response to concerns raised about this practice and the harms it causes children, the State committed to ending the use of overnight placements by February of 2026. Though this is not a Settlement Agreement requirement, the Neutral has included information about overnight placements in this report to provide a more comprehensive picture of the experiences of children in DCF custody and to demonstrate another area where increased oversight of and collaboration with contracted providers has resulted in systemic improvements.

The practice of using overnight placements grew as CMPs worked to eliminate Failure to Place. The Neutral and Plaintiffs' attorneys were concerned about the impact the practice has on children. There was additional concern that overnight placements are not visible in DCF's regular placement data; since some children return to the same overnight placement for many consecutive nights, and therefore they do not appear as a night-to-night or short-term placement in data reports. As part of the commitment to ending the practice, DCF agreed to provide regular, unvalidated data on the use of overnight placements.

In late 2024, DCF convened a group of CMPs, CPAs, and congregate care providers to address the issue and develop a plan to eliminate overnight placements by February 1, 2026. One of the



primary statewide strategies included developing unified messaging for providers CMPs, CPAs, congregate care facilities, and foster parents on the State’s expectations for eliminating the practice. After the deadline of February 1, 2026, DCF required executive level approval from both CMPs and CPAs prior to any overnight placement occurring.

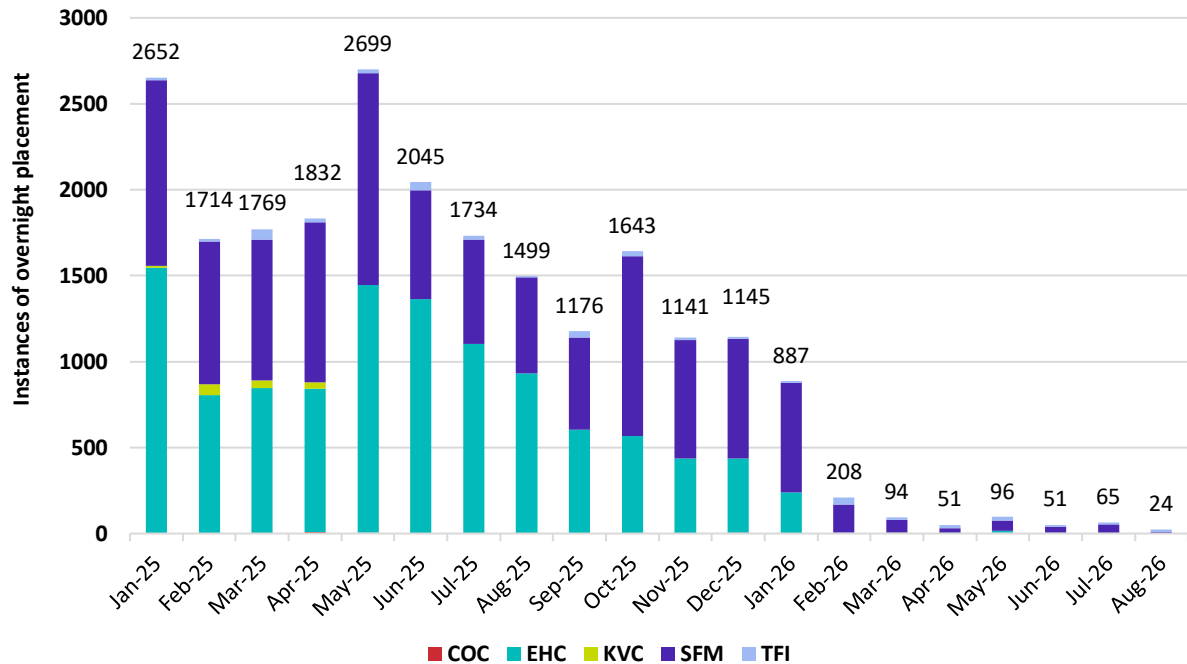
While there have been fluctuations over time, instances of overnight placements have generally decreased since DCF began tracking the data (Figure 42).¹¹⁸ These unvalidated data show that throughout 2025, children served by EHC and SFM experienced the majority of overnight placements in the state. Instances of overnight placements for EHC reached a peak of 1,543 in January 2025, and instances for SFM reached a peak of 1,234 in May 2025. COC and TFI had comparatively few children experience overnight placements, with a maximum of 10 and 60 instances, respectively, in any month during 2025. KVC has not reported any child experiencing an overnight placement since May of 2025. Statewide, the number of unique children experiencing these overnight placements in a given month in 2025 ranged from a high of 487 children (3,073 instances) in January to a low of 227 (1,141 instances) in November.

As of the deadline of February 1, 2026, instances of overnight placements had meaningfully declined, and progress has continued throughout 2026. EHC, TFI, and SFM remain the only CMPs with children regularly experiencing overnight placements, though instances continue to decrease with the most recent data from August of 2026 showing the lowest numbers of individual children (10) and instances of overnight placement (24) since DCF began tracking the data.

¹¹⁸ Each night spent in an overnight placement is counted as one instance regardless of whether a placement move occurred the next night.

Figure 42. Instances of Overnight Placement, by Case Management Provider¹¹⁹

Source: DCF



Discussion

Overall findings for the placement stability commitments showed that, while most children whose cases were reviewed (92%) were in stable placements, children continued to experience nights spent in offices (Failure to Place), night-to-night and short-term placements, and multiple placement moves. While there was progress in reducing night-to-night and short-term placements, performance for eliminating episodes of Failure to Place deteriorated significantly.

While there is a clear need to address the ongoing challenge of extreme placement instability (six or more moves for a child in a calendar year), which mostly affects older children, other areas also require attention. Placement stability should be improved for children who experience two to five placement moves a year (12% of children in DCF custody) and for younger children generally. The rate of placement moves for children of almost every age five and older exceeded the Settlement Agreement target, and 13 percent of children aged seven to 12 had two or more placement moves in 2025. Any placement instability for a child who is separated from their parents and placed in foster care negatively impacts their sense of security and well-being and can disrupt connections, school, and services. Placement moves should be limited to those that are truly in a child's best interest and that further case goals.

Data for 2025 showed some catchment areas making consistent improvements from 2024, while other areas remained stagnant or had worse outcomes. Notably, COC and KVC improved

¹¹⁹ DCF reported overnight data to the Neutral on a weekly basis. The end of the reporting week did not always align with the end of the calendar month; in these instances, data were counted for the month in which the week ended. Some months reflect 4 weeks of data while other months reflect 5.

performance for every placement stability commitment and were the only CMPs to completely eliminate overnight placements and Failure to Place. Both CMPs attribute progress with overnight placements and FTP to having their own facilities where they can safely and temporarily place children until more appropriate long-term placements are identified, but they also used other strategies to improve placement stability, including increasing family finding and kinship placements, increasing staff retention, and using PS-TDMs regularly. KVC's policy to require homes to accept children for a minimum of 14 days has also been successful, and the agency plans to increase the required commitment to 30 days. The successes in these areas in 2025 can be built on and used as examples of strategies for other CMPs.

The coordinated effort to eliminate overnight placements is another example of statewide progress influenced by focused attention, collaboration, and increased DCF oversight. This work may have also contributed to the reduction in night-to-night and short-term placements, both of which decreased substantially from 2024, marking the first real progress towards this commitment after performance worsened in 2023. Especially encouraging was the decreased number of children experiencing six or more night-to-night placements.

The dramatic increase of children from Area 7 (EHC) spending nights in offices during 2025, with the problem continuing into 2026, is of great concern. Nights without placement peaked in June of 2025, and after staying relatively consistent through September, started to decrease for the final three months of 2025, ending with 20 nights in December. This progress was short-lived as DCF's unvalidated data show FTP nights increasing starting in January 2026, rising sharply in March and remaining persistently high through August of 2026. Children who are without placement mostly spend daytime hours in CMP offices or unlicensed day centers and nights in offices or institutional-like drop-in centers. They are often not enrolled in school for periods of time, experience gaps in service provision where their needs are not met, and many change service providers multiple times. Youth interviewed by the Neutral described their experiences with FTP and moving placements frequently as "being treated like cattle" and "inhumane."

The State has reported that some strategies, including using agency-approved placements, have helped with overnight placements and FTP in Area 7, however current efforts are clearly not sufficient to address the problems in Area 7.¹²⁰ All CMPs continued to report challenges finding placements, especially foster family homes, that are able to care for children with more significant needs. The expansion of TFFH is seen as positive, however, there appear to be a number of TFFH providers who provide short-term respite only or do not take older children, highlighting the need for more targeted recruitment and retention efforts and consistent statewide guidelines for TFFH. For the State to make meaningful progress in eliminating FTP and extreme placement instability, more focused efforts are required to understand the specific needs of children for whom safe and secure placements are not available and to recruit, train, and retain placements that can meet their individualized needs are required for the State to make meaningful progress in eliminating FTP and extreme placement instability.

¹²⁰ Agency-approved placements for children 16 and older do not require a license but are assessed by a CPA prior to placement of the child. More information is available [here](#).

Mental Health Services

The Agreement requires the State to improve the provision of mental health services for children in DCF custody. Specifically, the State must ensure children receive an Initial Mental Health and Trauma Screen upon entering custody (2.9.5), that children receive appropriate services to meet their mental health needs (2.9.2), and that mental health services are not delayed due to the lack of a stable placement (2.5.3). The State is also required to make crisis intervention services available statewide to all children in DCF custody (2.5.4). The Neutral’s findings for each of these commitments is presented in the sections below, followed by a discussion of the State’s overall performance.

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 96 percent of children whose cases were reviewed received an approved mental health and trauma screen within 30 days of entering custody. The State continued to meet this commitment in 2025 after first meeting it in 2024.

This commitment requires the State to ensure that all children who enter DCF custody receive appropriate mental health and trauma screens administered by qualified and trained professionals within 30 days of entry. The final target is for at least 90 percent of children whose cases are reviewed to receive a timely, appropriate screen.

Methodology

To measure the State’s progress in meeting this commitment, the Neutral used the case review process described in *Section IV. Methodology*. The sample included 239 children who entered DCF

custody in 2025. For a case to fulfill this Agreement commitment, the following elements had to be met:

- an approved screen, as defined by the Agreement, must be completed;
- the screen must be timely (within 30 days of entry into custody);
- the person completing the screen must be trained to use that specific instrument; and
- the person completing the screen must be qualified mental health professional or hold one of the approved degrees as specified in the Agreement.¹²¹

For each child, reviewers read the case record and data detailing CMP staff members' training and qualifications to answer questions regarding each element of the standard. Approved screens defined by the Agreement include the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Child and Adolescent Needs and Strengths tool (CANS), and their functional equivalents.¹²² The Neutral analyzed performance over time, examined compliance with each element of the commitment, and compared performance by DCF catchment area.

Performance

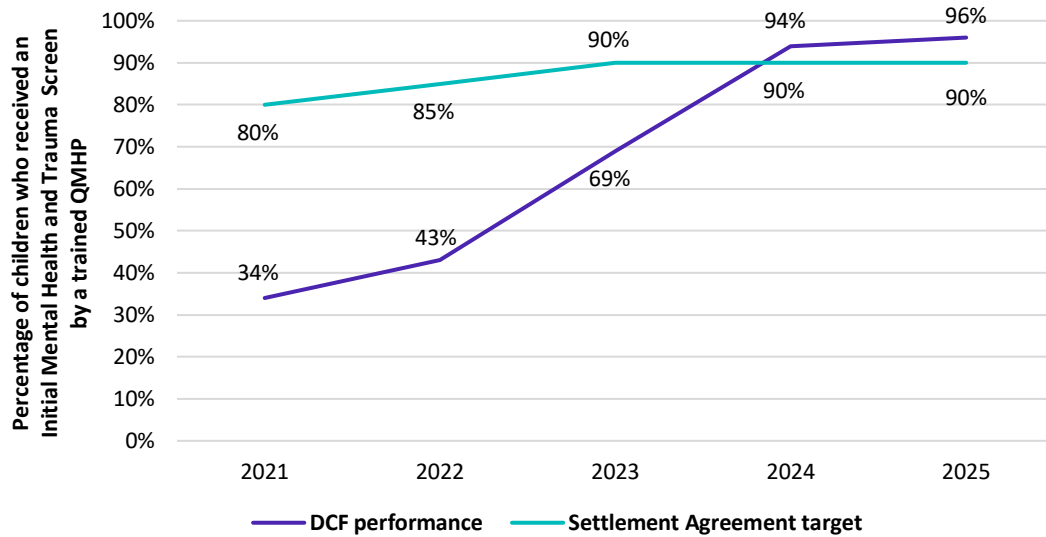
Case reviews found that 96 percent of children in the sample (230 of 239) received allowable screens administered by trained and qualified professionals within 30 days of entering DCF custody. This is a slight increase from 2024 (94%) and a substantial improvement in performance from 34 percent in 2021 when this commitment was first measured (Figure 43). Performance in both 2024 and 2025 exceeded the final standard of 90 percent of children. Of the nine children whose cases were reviewed and did not meet the standard, six received allowable screens after 30 days in custody, and three did not receive an allowable screen.

¹²¹ The Targeted case read tool used to assess this commitment can be found in *Appendix B*.

¹²² Additional information about the CAFAS and PECFAS can be found [here](#), and additional information about the CANS can be found [here](#). The Targeted case read tool identifies additional allowable screens, including the Ages and Stages Questionnaires (ASQ), the Child Report of Post-Traumatic Symptoms (CROPS) and the Child Stress Disorders Checklist (CSDC). Additional information about the ASQ can be found [here](#); information about CROPS can be found [here](#); and information about the CSDC can be found [here](#).

Figure 43. Initial Mental Health and Trauma Screens Performance, by Year
2021–2025

Source: Settlement Case Reviews

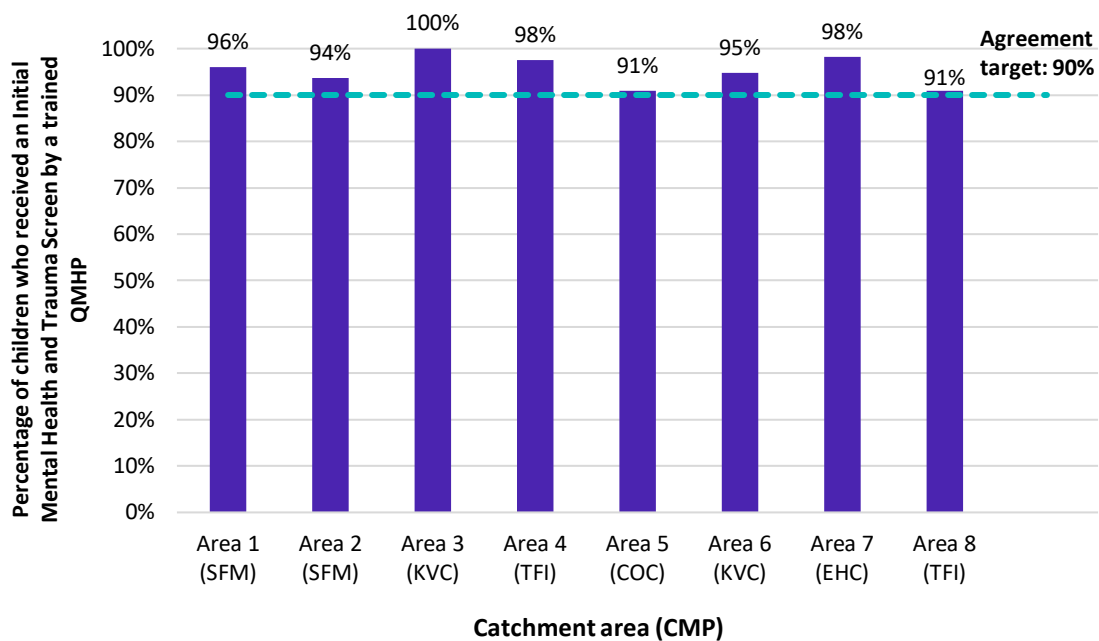


Performance varied slightly by catchment area and CMP; however, each CMP's performance was above the target of 90 percent in 2025 (Figure 44).

Figure 44. Initial Mental Health and Trauma Screens Performance, by Catchment Area

2025; N = 230 children whose cases met the standard; N = 239 children whose cases were reviewed

Source: Settlement Case Reviews



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 63 percent of children with an identified mental health need whose cases were reviewed received appropriate mental health services. The State did not meet this commitment in 2025.

This commitment requires the State to appropriately address the mental health needs of children in DCF custody. The final target is for at least 90 percent of children whose cases are reviewed to have their mental health needs addressed.

Methodology

To measure the State's progress in meeting this commitment, the Neutral used the case review process described in *Section IV. Methodology*. The sample included 262 children who were in DCF custody at any point in 2025. Reviewers first determined if the child had a need for a mental health service(s) in 2025, which resulted in 194 applicable children. Documentation used to make this determination includes formal mental health assessments or screenings, as well as information in case notes, court records, or other areas of the case record where information about the child indicates a mental health need. For the 194 children who had an identified mental health need, reviewers then applied the case review tool to determine whether appropriate services had been provided to meet the need. Generally, services are considered appropriate if they are:

- tailored to the specific needs of the child;
- culturally appropriate, with providers who can speak the child's language;
- accessible to the child (considering waitlists, transportation, and hours available);
- provided in a setting that is the most effective and responsive to the child's needs; and
- monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made.¹²³

¹²³ The Specialized case read tool can be found in *Appendix B*.

The Neutral compared performance over time and disaggregated results by DCF catchment area.

Performance

Case reviews found that 63 percent of children with an identified mental health need whose cases were reviewed (123 of 194) received appropriate services in 2025. Performance decreased slightly from 2024 (66%) and remains well below the final standard of 90 percent (Figure 45).

Figure 45. Addressing Mental Health Needs Performance, by Year
2021–2025

Source: Settlement Case Reviews

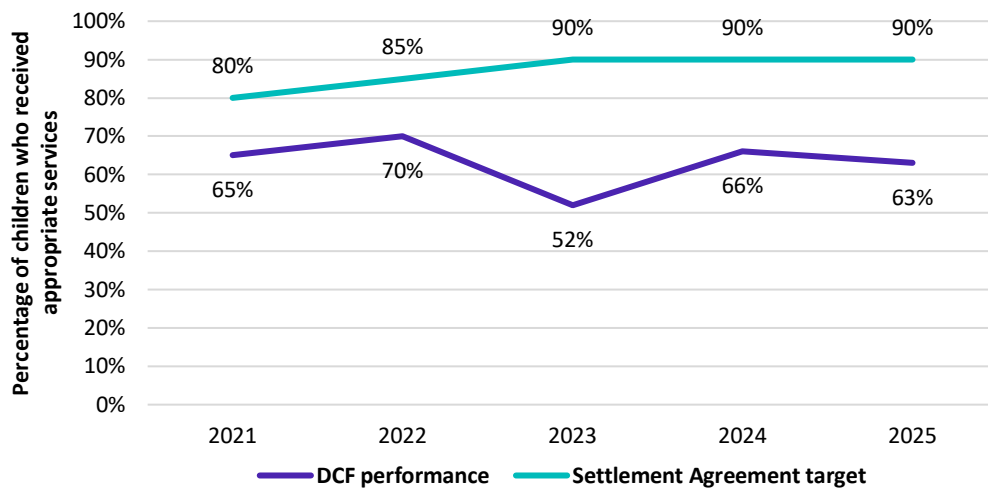
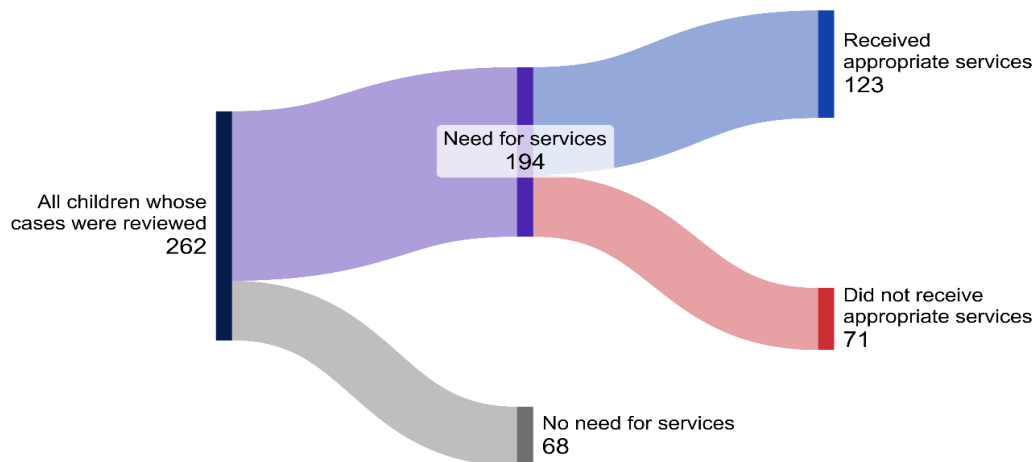


Figure 46 shows the full breakdown of case review results for the 262 children whose cases were reviewed.

Figure 46. Addressing Mental and Behavioral Health Performance
2025

Source: Settlement Case Reviews

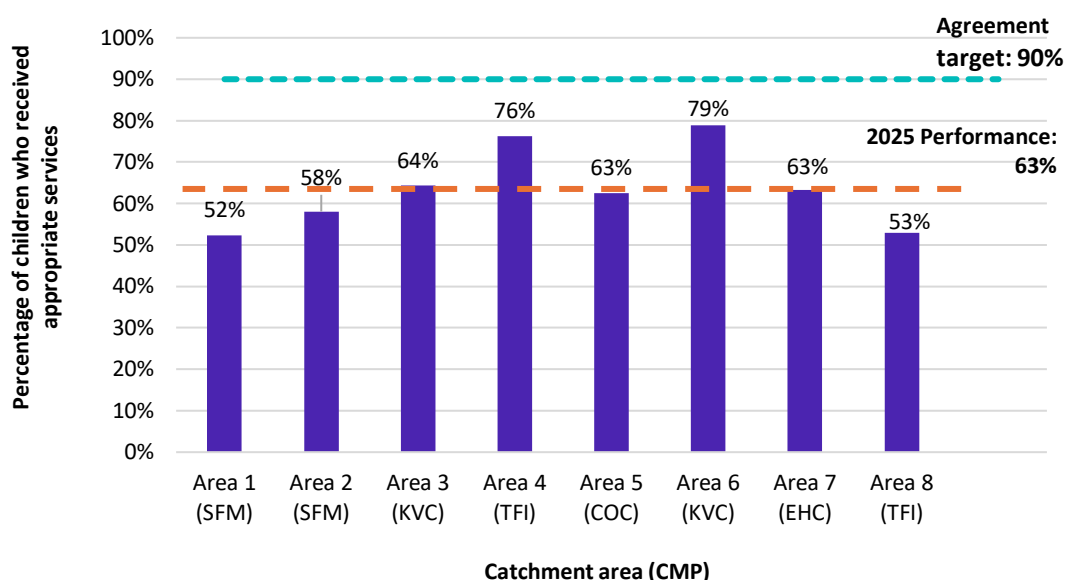


The percentage of children in the sample who received appropriate mental health services varied across catchment areas from a low of 52 percent in Area 1 (11 of 21 cases, SFM) to a high of 79 percent in Area 6 (15 of 19 cases, KVC) (Figure 47).

Figure 47. Addressing Mental Health Needs Performance, by Catchment Area

2025; N = 123 children whose cases met the standard; N = 194 children with an identified mental health need whose case was reviewed

Source: Settlement Case Reviews



2.5.3 Authorization of Mental Health Services

Settlement Agreement Commitment	<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 found that 13 percent of all children with an identified mental health need experienced a delay or did not receive services due to placement instability. The State did not meet this commitment in 2025.

This commitment requires the State to ensure that children receive mental health services regardless of whether they are in a stable placement. This means that moving placements – whether daily, weekly, or after a long period of time – will not delay services or prevent a child from receiving needed treatment.

Methodology

To measure the State’s progress in meeting this commitment, the Neutral used the case review process described in *Section IV. Methodology*. Findings in this section are based on the Specialized

Read Tool and build on results reported in 2.9.2 *Addressing Mental Health Needs*. For the 194 children in the sample with an identified mental health need, reviewers answered 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 whether this was due to the lack of a stable placement.

Performance

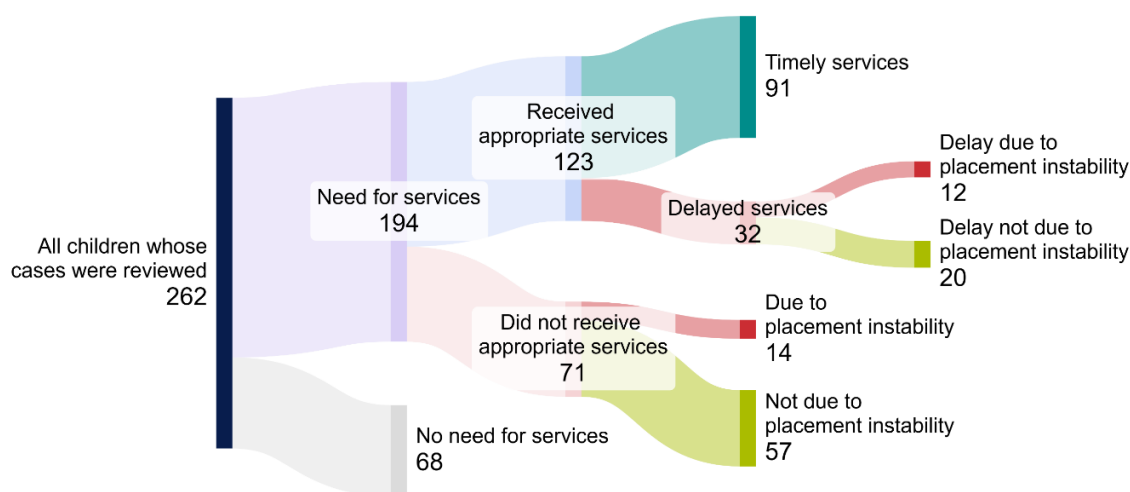
Case reviews showed that among the 194 children in the sample with an identified mental health need, the lack of a stable placement either prevented or delayed the provision of appropriate mental health services for 26 children (13%). Performance for 2025 is similar to 2024, when case reviews showed that 11 percent of children (21 of 195) with an identified mental health need experienced a delay in or did not receive appropriate mental health services due to placement instability.

Figure 48 provides a more detailed summary of the case review findings and shows a continuation of the results presented earlier in 2.9.2 *Addressing Mental Health Needs*. Of the 194 children in the sample with an identified mental health need, case reviews found that 71 children (37%) did not receive appropriate services to meet their needs. This was due to placement instability for 14 of these children. Of the 123 children who did receive appropriate services, case reviews found that services were provided timely in 91 cases (74%), and services were delayed in 32 cases (26%). The service provision was delayed because of placement instability for 12 of these 32 children. In total, 26 children whose cases were reviewed, or 13 percent of all children with an identified mental health need experienced a delay or did not receive services due to the lack of a stable placement.

Figure 48. Services Not Received or Delayed Due to Lack of Stable Placement

2025

Source: Settlement Case Reviews



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 continued to meet this commitment in 2025 after first meeting it in 2024.

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.”

The State takes a “no wrong door” approach for access to crisis services, meaning that people can call 988, the Helpline, or the Certified Community Behavioral Health Clinics (CCBHCs) directly and expect to receive similar services regardless of their initial point of access.¹²⁴ Additionally, anyone can walk into a CCBHC during “open access” times, typically daytime and evening hours, to be seen without the need for a scheduled appointment.

Since 2021, DCF and KDADS have collaborated to build capacity for in-person, mobile, phone, and virtual crisis intervention services statewide. In October 2022, DCF launched the Kansas Family Mobile Crisis Helpline (“Helpline”) to provide phone-based triage, crisis support and de-escalation, and, when needed, direct connection to mobile crisis response (MCR) services provided through the CCBHCs.¹²⁵ The Helpline is available to all children in Kansas from birth to age 20. In 2025, the Helpline was managed by Carelon Behavioral Health, but HealthSource Information Solutions (HIS) was awarded the contract in 2026, and transition of management began on May 1, 2026.¹²⁶ Calls to the Helpline are confidential, however, Carelon reports information to the State to track services provided to children in foster care.

Concurrently with the launch of the Helpline, the federal government rolled out 988 in July 2022, which connects to the National Suicide Prevention Lifeline to provide crisis intervention supports

¹²⁴ Additional information about Kansas CCBHCs is available [here](#).

¹²⁵ Additional information about the Helpline is available [here](#). When the Helpline launched, most current CCBHCs were operating as Community Mental Health Centers (CMCHs) and provided mobile crisis services as available.

¹²⁶ The Helpline will fully transition to HIS management in November 2026.

to anyone of any age experiencing a mental health crisis.¹²⁷ In Kansas, 988 connects directly to Kansas-based behavioral health contractors, including HIS and some CCBHCs, to provide phone-based crisis intervention support. Calls to 988 are confidential, with no data available to the State for the purposes of tracking services provided to children in foster care.

The launch of the Helpline and 988 occurred during a time of transition for community mental health centers, as Kansas became one of the first states to pilot the federal CCBHC initiative starting in 2021. CCBHCs are community-based behavioral health clinics certified to provide a wide array of services, including drug and alcohol treatment, outpatient therapy, peer and family support services, targeted case management, and crisis intervention services. Crisis intervention services, including mobile crisis response, must be available 24 hours per day, seven days per week. Each CCBHC has its own crisis hotline number that can be accessed by anyone experiencing a mental health crisis. As of December 31, 2025, Kansas has 25 CCBHCs across the state.

In 2024, some CCBHCs reported barriers to meeting the requirement to have mobile crisis response available 24 hours per day, seven days per week, primarily due to difficulty staffing non-traditional working hours, such as nights and weekends, with qualified mental health professionals. Many CCBHCs contracted with HIS to respond to crisis calls during these times. While unable to dispatch mobile crisis teams, HIS can provide face-to-face interventions through telehealth, including crisis triage, de-escalation and support, and assessments to determine if callers meet criteria for acute hospital admission.

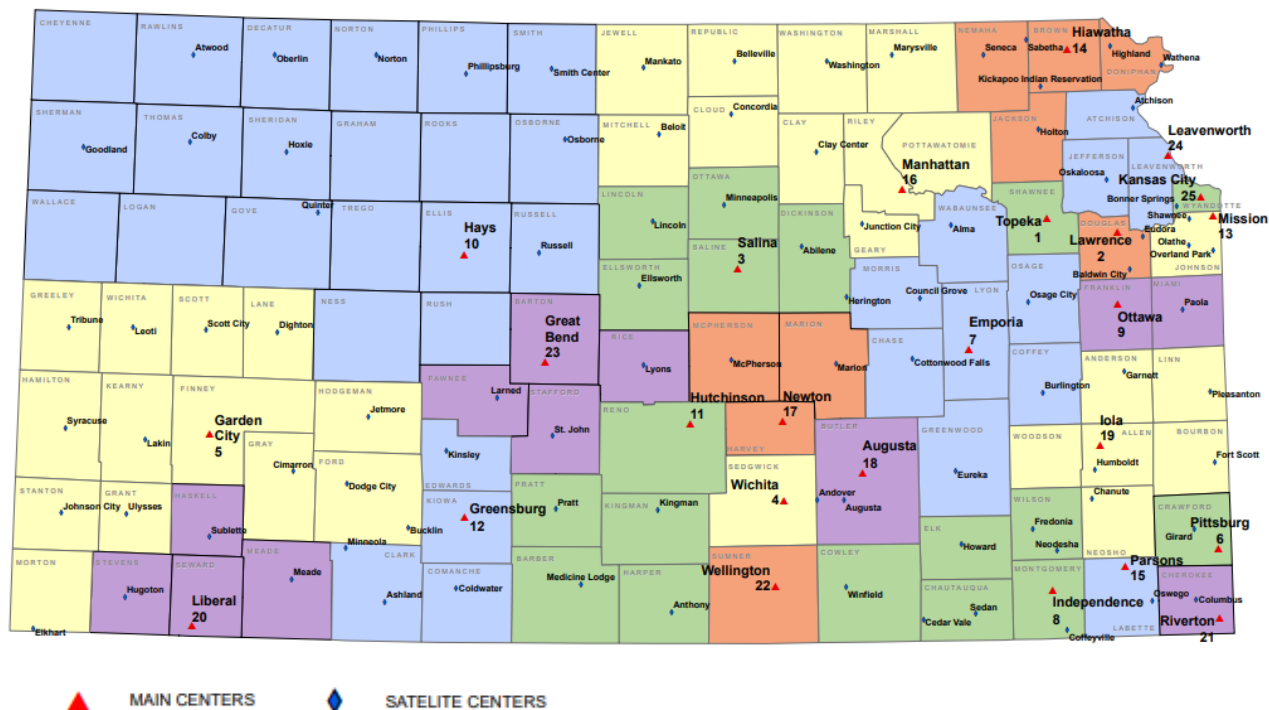
In 2025, CCBHCs implemented creative solutions, such as cross-training all clinical staff on crisis response, so they can work rotating on-call shifts to meet mobile crisis needs during overnight and weekend hours. Other CCBHCs continued to partner with HIS to provide a full scope of virtual face-to-face crisis intervention services or to provide access to qualified mental health professionals to support mobile crisis teams comprised of Bachelor's-level trained clinicians when needed. As of December 31, 2025, all CCBHCs except one were able to dispatch on-site mobile crisis response services 24 hours per day, seven days per week, with the final CCBHC achieving this as of April 1, 2026.

In 2025, the State also changed processes to be consistent with a "Just Go" model of crisis service delivery and allowed CCBHCs to self-dispatch mobile teams when they receive a direct call and then report to Carelon within two business days. Prior to this change, CCBHCs had to call Carelon before dispatching a team.

¹²⁷ Additional information on 988 is available [here](#).

Figure 49. Map of CCBHCs¹²⁸

Source: KDADS



For children in DCF custody, discussions with foster parents, caregivers, and case workers revealed that during times of high stress or crisis, children and their caregivers are more likely to contact their CMP or CPA case worker or existing mental health provider first, rather than a crisis hotline. Case workers often try to de-escalate the situation, but in cases of a mental health crisis, may then direct the caregiver to reach out to a crisis hotline, 911, or to go directly to the hospital.

Regardless of whether a child, case worker, or caregiver calls the Helpline, 988, or their local CCBHC's crisis number, each of these crisis lines completes an initial triage and assessment to determine the most appropriate response to meet the caller's needs. This may include providing referrals for additional services, support, and de-escalation over the phone, and can also include a referral to 911 or emergency services if the caller identifies an imminent safety risk.

Depending on the situation, the caller may be offered mobile crisis response services, which are provided by a team of qualified professionals from CCBHCs in a caller's home or at a setting in their local community. If the Helpline or 988 determines a mobile crisis response is appropriate, the caller will be connected to their local CCBHC crisis line with a warm handoff. Once connected to the CCBHC, their staff will complete a brief assessment prior to dispatching their mobile crisis response team. In most cases, the child then receives mobile crisis response services in their home or community, but in some cases, callers later decline mobile crisis response services and instead opt to go directly to the CCBHC's office or to an acute hospital instead of having a mobile

¹²⁸ Additional information on the CCBHC map is available [here](#).

crisis response team in their home. During conversations with the Neutral, some foster parents and caregivers shared they preferred taking the child to the CCBHC's office as opposed to having another new person come into their home environment.

Methodology

To assess the State's progress in ensuring crisis intervention services were available to all children in DCF custody, the Neutral analyzed data from the Helpline and from Medicaid claims data on crisis services provided to children in DCF custody in 2025. The Helpline data provides details on all calls made pertaining to children in DCF custody, as well as a list of all mobile crisis response services provided to children in DCF custody. Because children and caregivers can call multiple crisis response numbers to initiate a mobile crisis response (Helpline, 988, CCBHC crisis lines), DCF and KDADS require CCBHCs to report to Carelon all instances when a mobile crisis response team is dispatched in order to ensure accurate tracking of services. The Medicaid claims data provided by KDHE includes all clinical services identified as a crisis intervention service (including services provided virtually, in the office, or in a child's home or community) for children in DCF custody in 2025.

There is some overlap between the KDHE and Helpline data, but due to the normative provider billing lag, which allows providers up to six months to submit a billing claim after providing a service, the Medicaid data may include some, but not all, of the crisis services identified in the Helpline data. For the purposes of this report, the Helpline and KDHE data are discussed and analyzed separately, using the Helpline data to report information for all mobile crisis responses and Medicaid claims data to report on all other crisis services.

Additionally, to understand the awareness of, access to, and provision of crisis intervention services to children in foster care, the Neutral completed group and individual interviews with mental health providers (including CCBHCs, DCF's Helpline, and HIS staff); case management providers; CPAs; youth; and foster, kinship/NRKin, and therapeutic family foster home parents.

Performance

The Medicaid data show that 537 children in DCF custody received 3,237 units of crisis intervention services in 2025.¹²⁹ This includes all outpatient individual, family, or group services identified by mental health providers as a crisis intervention service, as well as some crisis services provided via a crisis hotline and mobile crisis response. This is similar to 2024 when 606 unique children received 3,015 units of crisis intervention services. Helpline data show 266 calls resulting in crisis intervention services for 173 children in DCF custody in 2025. There was an increase in crisis intervention services reported through the Helpline in 2025 compared to 2024, when 177 calls were made to the Helpline for 116 unique children. Notably, the number of mobile crisis responses provided to children in DCF custody increased by almost 450 percent from 2024 (41) to 2025 (225). Overall, in 2025, seven percent of all children in DCF custody accessed some type of crisis intervention service, and two percent accessed services using the Helpline.

¹²⁹ Units of service are used by providers to bill Medicaid for reimbursement for services provided and may be billed in minutes or hours based on federally defined billing codes.



Of the 266 Helpline calls, 229 were CCBHCs (“providers”) reporting a mobile response dispatch that was attempted or completed after a call directly to them. The remaining 37 calls to the Helpline were made by a caregiver, parent or child, school personnel, or others involved with the child.

The most common resolution for calls reported to the Helpline was mobile crisis response (192 calls or 72%) where a mobile crisis response team was dispatched to the child’s location and provided supports and referrals to community-based services (Figure 50).¹³⁰ An additional 33 calls (12%) reported that the mobile crisis response team was dispatched to the location and referred the child to a higher level of care, such as an acute hospital or PRTF. Five calls (2%) had the resolution “MCR not dispatched” and 18 calls (7%) were marked as “MCR canceled.” In the five instances where MCR was not dispatched, KDADS and Carelon reached out to providers and families to determine the reason MCR did not occur and found that MCR was either unavailable or would take longer than preferred by the caller. This does not necessarily indicate the wait time exceeded the allowable response time for MCR – which in rural areas is up to two hours. In four of the five instances, the caller received crisis services directly at their local CCBHC, and in one instance, the caller was provided sufficient supports over the phone.

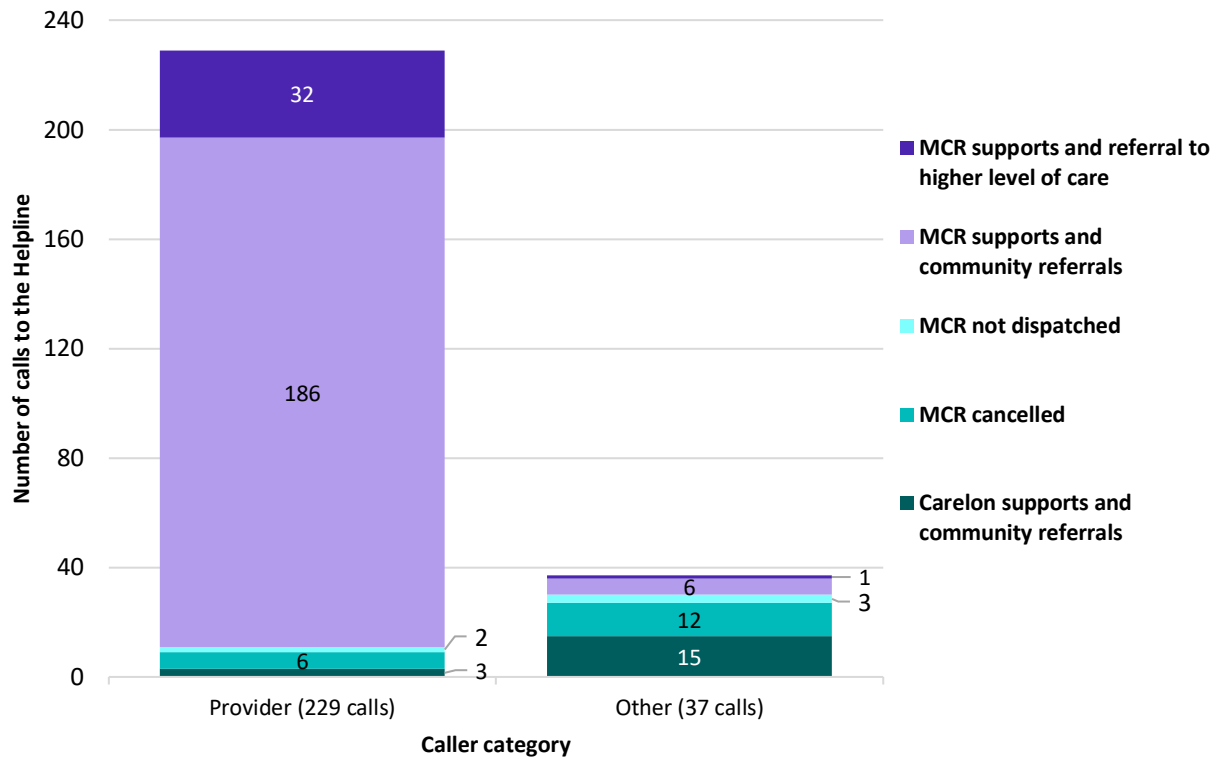
For the 18 calls identified as “MCR canceled,” KDADS, DCF, and Carelon identified that these were instances where the caregiver declined MCR or where the mobile crisis team arrived at the caller’s location only to find that the child had left. In some of these instances, the caregiver opted to take the child to the emergency room rather than wait for the mobile team to arrive. All of these instances were categorized as “canceled,” although the children ultimately received crisis intervention services.

¹³⁰ The majority of callers to the Helpline were from CCBHCs, who provided similar but not consistent descriptions of categories for the outcome of crisis intervention services provided. Because of this, the Neutral manually grouped similar descriptions together based on the service the child ultimately received.

Figure 50. Family Mobile Crisis Helpline Resolution Descriptions

2025; N = 266 calls to the Helpline

Source: DCF, KDADS



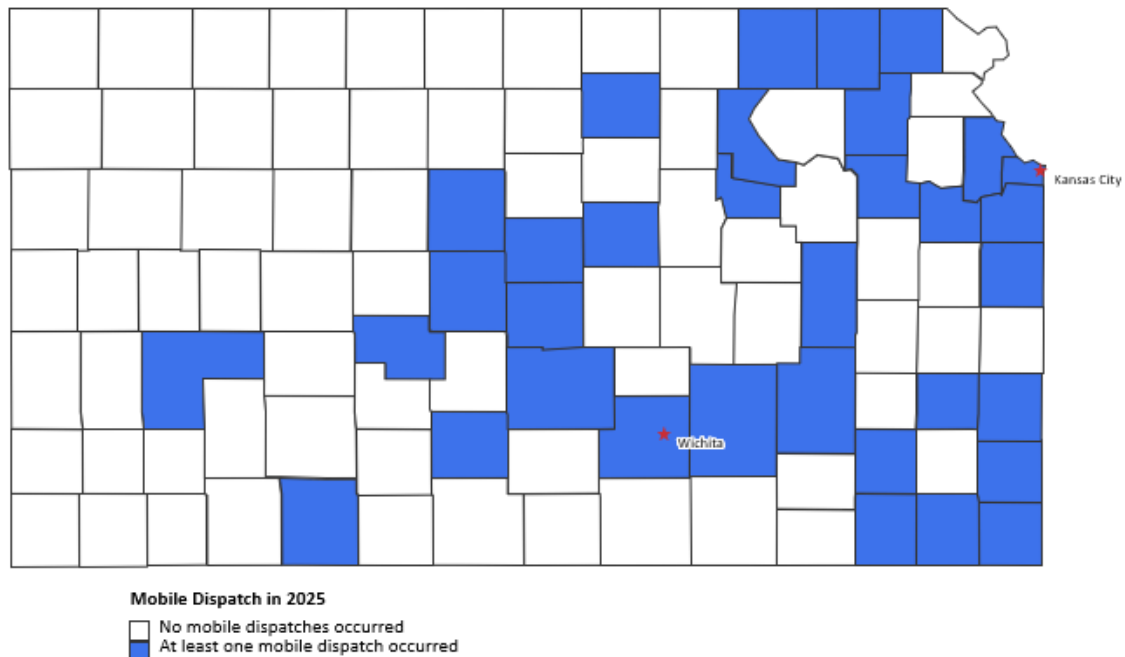
In total, there were 224 instances in 2025 where MCR was provided in Kansas to a child in DCF custody as a result of either a call to a CCBHC or to the Helpline.¹³¹ These MCR services were provided to children placed in 34 counties across the state, including all counties with 100 or more children in DCF custody placed there on December 31, 2025 (Figure 51).

¹³¹ There were 225 total mobile dispatches to children in DCF custody, however one was provided to a child placed in Missouri and is excluded from this count and subsequent analysis.

Figure 51. Mobile Dispatches, by County¹³²

2025; N = 224 mobile dispatches

Source: DCF and KDADS



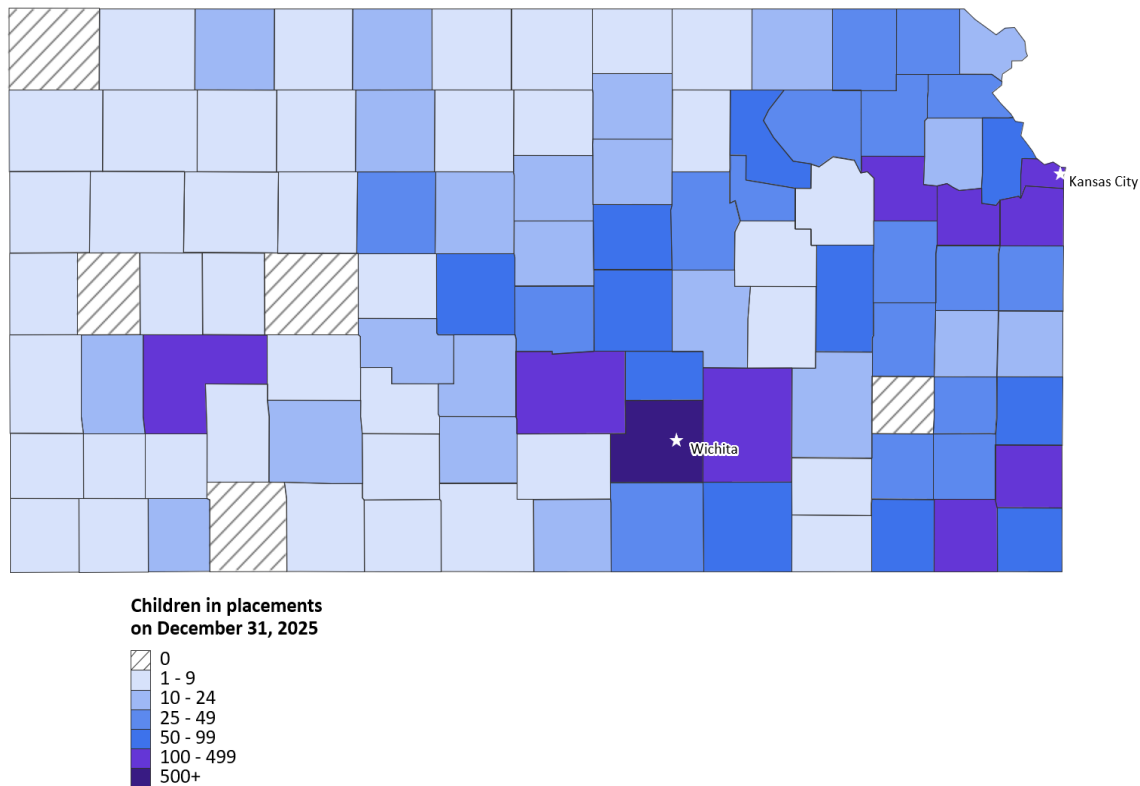
Of the 71 counties where no mobile crisis services were provided, 57 of these counties had fewer than 20 children placed on December 31, 2025, including five counties where no children were placed (Figure 52). Thirteen of these counties had between 21 and 50 children placed, and one had 88 children placed on December 31, 2025. While placement counties may change during the year, identifying the small number of children placed in these counties as of the last day of the year helps illustrate that mobile crisis services were provided across the counties where children were most likely to be placed in 2025.

¹³² This figure excludes one mobile dispatch to Missouri.

Figure 52. Map of Children by Placement County on December 31, 2025¹³³

2025; N = 5,447 children¹³⁴

Source: DCF – FACTS



When a child receives MCR or services from the Helpline, there is an expectation that the provider will offer referrals to connect the child with on-going mental health services, or to ensure the child has upcoming appointments scheduled with any established mental health providers following a crisis. The Neutral analyzed Medicaid claims data for all non-crisis mental health services provided in a community-based setting to determine whether children reported in the Helpline data received follow up mental health services.¹³⁵ Of the 173 children who were the subject of a call to the Helpline, Medicaid claims data show that over three-quarters of these children (131 or 76%) received at least one community-based mental health service within 30 days of the call, with 104 children (60%) receiving a service within 24 hours of the call. Of the 42 children who did not receive services within 30 days of the Helpline call, 15 children received services 31 or more days after the Helpline call, and 27 children did not receive a community-based mental health service in 2025 according to the Medicaid claims data. The Neutral used available data to try to determine why children experienced delays or did not have follow-up services reported. Based on this review,

¹³³ The Neutral used placement addresses provided by DCF to determine the county of placement.

¹³⁴ This total excludes children placed outside of the state of Kansas on December 31, 2025.

¹³⁵ The Medicaid claims data exclude services provided in hospitals, PRTFs, partial hospital programs, or other higher-level services.

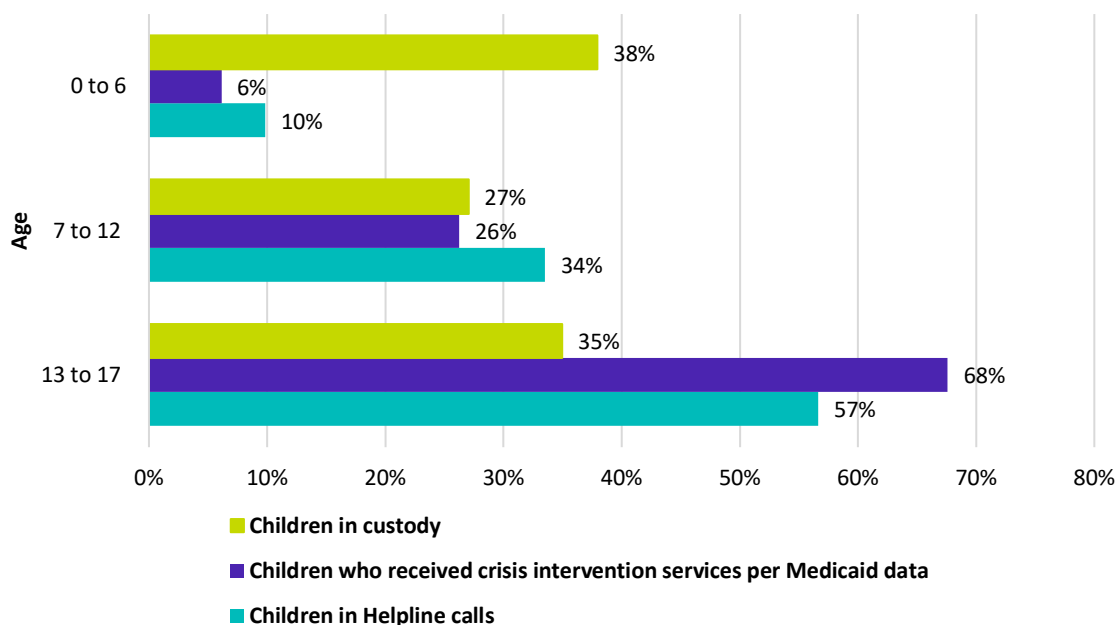
it appears some children received services in a PRTF, while others were identified as being in detention or on runaway status immediately or shortly after the call to the Helpline. The Neutral was unable to identify reasons all children did not have follow-up services shown in the Medicaid claims data; however, it is possible in some cases that services were provided and were not captured in the Medicaid claims data due to the billing lag or the child having private insurance, or that the child and/or caregiver declined additional services.

More than half of children who received a billed crisis service (57%, 306 of 537) and who were subject of a Helpline call (59%, 102 of 173) were identified as female. More than half (57%) of children who received services through the Helpline, and over two-thirds (68%) of children who received Medicaid crisis service were aged 13 to 17 (Figure 53). Children aged six and under were far less likely to receive any type of crisis service, representing only 10 percent of children who received services through the Helpline and six percent of those who had at least one Medicaid crisis service.

Figure 53. Ages of Children Who Received Crisis Intervention Services

2025; N = 173 children in Helpline data; N = 537 children who billed crisis intervention services; N = 8,099 children in custody

Source: DCF, KDADS, KDHE - KMMS

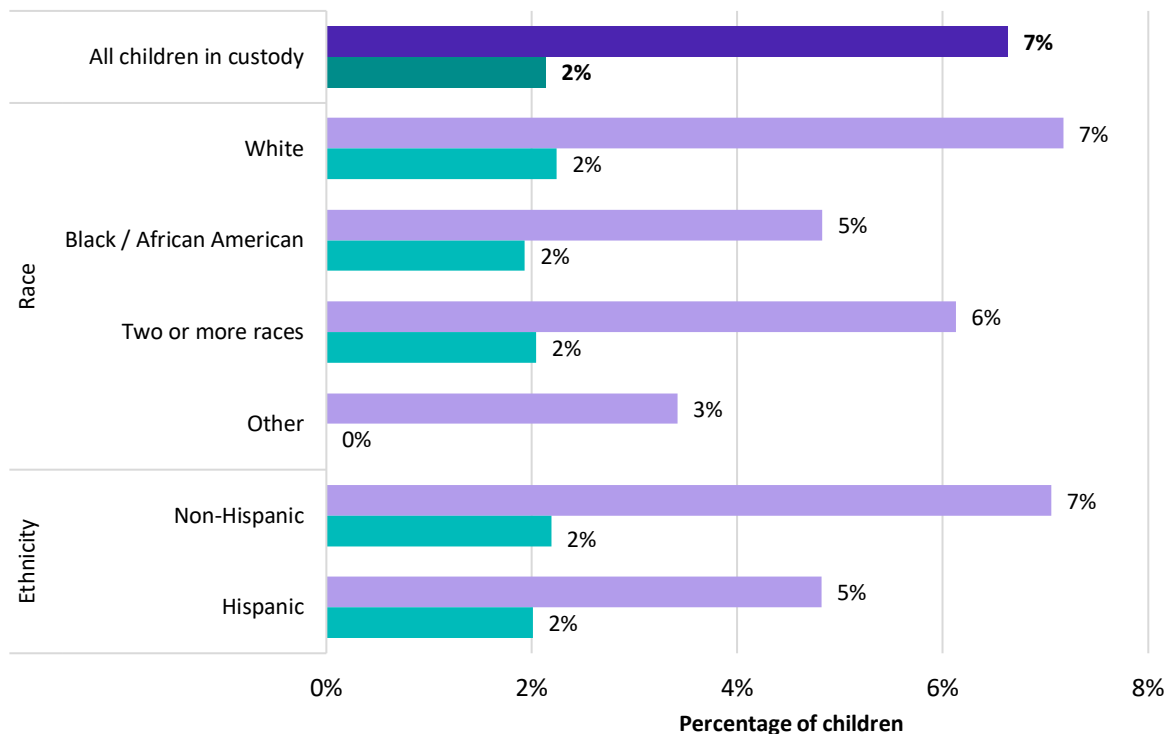


In 2025, seven percent of all children in DCF custody accessed some type of crisis intervention service, and two percent accessed services using the Helpline. The percentage of children who were the subject of a call to the Helpline or received a Medicaid billed crisis intervention service did not differ significantly by race (Figure 54).

Figure 54. Percentage of Children of Each Race and Ethnicity Who Received a Crisis Intervention Service¹³⁶

2025; N = 173 children in Helpline calls; N = 537 children who billed crisis intervention services; N = 8,099 children in custody

Source: DCF, KDADS, KDHE - KMMS



Summary

The Agreement requires the State to make Crisis Intervention Services available to Class Members Statewide. Through the implementation of the Helpline, 988, and the CCBHC model, all of which have occurred since 2021, there are now multiple points of access to the in-person on-site and virtual face-to-face crisis services defined by the Agreement. CCBHCs have the capacity to dispatch timely on-site mobile response teams to any area of the State, and the Helpline and 988 provide additional statewide coverage for virtual services. Medicaid and Helpline data, and interviews conducted by the Neutral show that children in DCF custody are receiving crisis services and the number of mobile crisis response services delivered to children in DCF custody increased by almost 450 percent in 2025.

¹³⁶ Children are counted once in a race category and once in an ethnicity category. Children of unknown ethnicity are excluded from the ethnicity portion of the figure. The “other” category for race includes children identified as American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and unknown. The number of children of each race included in the “other” category is too small to draw conclusions about over-or-under representation for these children.



In addition to the significant investments in service delivery capacity, the State has also directed substantial resources toward educating the public, and specifically individuals who work with children in foster care, about the availability of these services and toward developing and implementing quality assurance processes. DCF and KDADS have collaborated to enhance oversight and closely track services provided to children in DCF custody to ensure needs were addressed in crisis situations and to improve the quality of data provided by CCBHCs. As previously noted in this report, the systemic improvements made in this area since the inception of the Settlement Agreement are commendable and benefit not only children in foster care, but all Kansans.

Mental Health Discussion

In 2025, the State continued to build upon the progress it made in 2024 for initial mental health and trauma screens and crisis intervention services. However, performance remained largely unchanged in addressing mental health needs and preventing placement instability from impacting the provision of mental health services.

The data show that most children (96%) who entered DCF custody received an allowable Initial Mental Health and Trauma screening conducted by a trained and qualified staff person within 30 days of entry. Specialized assessment units at CMPs and regular monitoring from DCF have contributed to the dramatic improvement in performance over time and the State's performance exceeding the Settlement Agreement target (90%) for the second year.

While most children were screened upon entry, the impact of those screens on children receiving mental health services is unclear. Among children whose cases were reviewed, more than half of those with an identified mental health need (63%) received appropriate mental health services during 2025, with the majority of those services (74%) provided timely and about a quarter of those services (26%) provided after a delay. Barriers such as transportation, conflicting child/family schedules, limited provider availability, or issues getting appropriate consent paperwork signed to begin treatment contributed to delays or needs not being met. Case reviews found that placement instability was a contributing factor in one-quarter of cases where mental health services were delayed or not provided.

Making crisis intervention services available is an area where the State continued to improve in 2025 after first meeting the commitment in 2024. Since 2021, DCF and KDADS have collaborated to build and connect multiple crisis hotlines (the DCF Helpline, 988, and CCBHC hotlines) to be able to provide services, including mobile crisis response, to children and families. In 2025, over 500 children received a billable crisis intervention service either in-person, virtually, or via de-escalation and support provided during a crisis phone call. Over 266 services to children in DCF custody were reported by the Helpline, including 225 mobile crisis responses, which is a dramatic increase from 41 in 2024.

The State's significant achievements in providing Initial Mental Health and Trauma Screens and making crisis intervention services available are commendable and demonstrate that the State can effectively solve problems to achieve a set goal when focused on implementation and consistent



oversight of relevant contractors. While screening and crisis intervention are crucial components in the mental health service array, accessing appropriate mental health services timely is another area where continued intervention and increased oversight are needed to ensure screenings result in actual service provision and that children’s mental health needs are being addressed well before a situation becomes a crisis. Making progress on the provision of needed mental health services will also likely assist with reducing placement instability.

Discussions with CMP, CPA and CCBHC staff, foster/kinship parents, and youth highlighted many ongoing issues related to accessing mental health services. Case workers and CCBHC staff identified gaps in their communication with one another, often complicated by staff turnover in both agencies. Therapists and CCBHC staff reported that they are often unaware that a child’s placement has changed until the child misses a scheduled appointment. While CCBHCs endorsed the availability of telehealth to provide services virtually, barriers to consistent, effective communication between CMPs and CCBHCs sometimes prevented telehealth from being used to maintain mental health services. Gaps in communication and information sharing resulted in children receiving multiple assessments from different providers prior to actually receiving services. Multiple youth reported to the Neutral that their mental health services were negatively impacted when they were moving placements.

Once children are in services, some case managers described issues with obtaining records and regular treatment updates and with getting some therapists to participate in team meetings, such as PS-TDMs. In discussions with young people, many expressed feeling frustrated with the lack of mental health care they received, but some also shared feeling forced into some services that they did not think were necessary. Youth and caregivers identified the need for mental health providers to have more specialized training in trauma and experiences of children in foster care.

CMPs, CPAs, CCBHC staff, foster/kinship parents and youth all reported gaps in the current service array available to serve children in Kansas. Some CCBHCS reported efforts to build capacity to provide services to address sexually reactive behaviors, autism, and youth substance abuse; however, a service gap in these areas remains in many parts of the state.

Appendices

Appendix A: Glossary of Acronyms

- **AFCARS:** Adoption and Foster Care Analysis and Reporting System
- **AIMS:** Automated Information Management System
- **APPLA:** Another Planned Permanent Living Arrangement
- **ASQ:** Ages and Stages Questionnaire
- **BHIT:** Behavioral Health Intervention Team
- **CAFAS:** Child and Adolescent Functional Assessment Scale
- **CBI:** Children’s Behavior Interventionist
- **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
- **COA:** Council on Accreditation
- **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
- **DCF:** Kansas Department for Children and Families
- **EHC:** EmberHope Connections
- **FACTS:** Families and Children Tracking System
- **FFY:** Federal Fiscal Year
- **FTP:** Failure to Place
- **HIS:** HealthSource Integrated Solutions
- **IL:** Independent Living
- **KDADS:** Kansas Department for Aging and Disability Services
- **KDHE:** Kansas Department of Health and Environment
- **KDOC-JS:** Kansas Department of Correction – Juvenile Services
- **KFAAB:** Kansas Foster Accountability Advisory Board
- **KMMS:** Kansas Modular Medicaid System
- **KPM:** Kansas Practice Model
- **KS:** Kansas
- **KVC:** KVC Kansas
- **MCO:** Managed Care Organization
- **MCR:** Mobile crisis response
- **MMIS:** Medicaid Management Information System
- **NRKin:** Non-Relative Kin

- **NTN:** Night-to-Night
- **OSRI:** CFSR Onsite Review Instrument
- **PECFAS:** Preschool and Early Childhood Assessment Scale
- **PPM:** Policy and Procedure Manual
- **PRTF:** Psychiatric Residential Treatment Facility
- **PS TDM:** Placement Stability Team Decision Meeting
- **PPM:** DCF Prevention and Protection Services Policy and Procedure Manual
- **PUR:** Period Under Review
- **QMHP:** Qualified Mental Health Provider
- **QRTP:** Qualified Residential Treatment Program
- **SA:** Settlement Agreement
- **SACWIS:** Statewide Automated Child Welfare Information System
- **SFM:** Saint Francis Ministries
- **SFY:** State Fiscal Year
- **TDM:** Team Decision-Making
- **TFC:** Therapeutic Foster Care
- **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 2025
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	<u>Question 1 Guidance/Instructions:</u> Using professional judgement, consider the following when responding to this question: - 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? CFSR Definition of "Unstable Placements"- - 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. - 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	**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) <u>Question 2 Guidance/Instructions:</u> • 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”): ○ The OSRI defines “behavioral health needs” to include needs related to behavioral problems that are not always specified as mental health needs, including substance use concerns. ○ 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. ○ If information in case notes, court reports, and other areas of the case record where details about the child/youth is provided indicate a need for services. This could be information provided by caregivers, case management and service providers to determine the child’s needs. ○ <i>Identification of need may occur through formal or informal assessments conducted initially and/or on an ongoing basis during the PUR.</i> • 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	
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	*Review the mental/behavioral health needs table For youth who had an identified need in December of 2025 (the end of the PUR) please use the documentation from January 2026 to assess if services were provided. Please be advised we are not looking for identified needs in January 2026, 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 any 'Services Needed But Not Provided' this question should be answered "no". Explain in your rationale which, if any, services were provided and which services were needed but not provided.
- NA- Q2 was rated "No, there were NO identified needs for mental health services."

Additional Guidance

- The OSRI defines "behavioral health needs" to include needs related to behavioral problems that are not always specified as mental health needs, including substance use concerns.
- Determine whether the services provided were appropriate and matched identified needs. Consider documented information regarding the child's mental/behavioral health needs and experiences, including trauma exposure (such as exposure to domestic violence), as identified through accurate, ongoing formal or informal assessment, and determine whether that is reflected in the type of service provided. 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; and
 - Monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made;
 - 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."

	• If the child is on prescription medication for mental/behavioral health issues, for “services provided” determine if there was appropriate oversight of medication, including: ○ Ensuring that the target child is seen regularly (at least every 90 days) by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type, and determine whether medication is still necessary and/or whether other treatment options would be more appropriate ○ Regularly following up with foster parents/caregivers about administering medications appropriately and about the target child’s experience with the medication(s), including any side effects ○ If the child is taking medication for mental behavioral health issues and appropriate oversight did not occur, the answer to question 3 is no. • 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, the answer should be “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 ○
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?
Question 4 Instructions/ Guidance	*Review the mental/behavioral health needs table Question 4 Guidance/Instructions: • Yes = All identified mental/behavioral health services were provided timely (Only an option if Questions 2 and 3 are answered “yes”) • No = Not all identified mental/behavioral health services were provided timely, and there was reasonable time to address. 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. • If you are unable to determine the timeliness of services due to lack of documentation, the answer should be “No” and note what documentation was missing in the rationale and the documentation that you did review in your efforts to determine if services were timely. • N/A = • Q2 was rated “No there were NO identified needs for mental health services.” OR • if Q3 was rated “No”

•
For youth that had an identified need in December 2025 (the end of the PUR) please use the documentation from January 26 to assess if services were provided timely. Please be advised we are not looking for identified needs in January 26, only assessing if mental/behavioral needs identified during the PUR had services established timely to address such need(s).

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, 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."

In considering youth refusal, consistent efforts to work with youth to get them to accept services should consist of at minimum monthly phone conversations with the youth in regard to their mental health needs. These discussions could include but are not limited to:

- 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

Considering Timely Services:

- "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.*
- 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:
 - 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	*Review the mental/behavioral health needs table <u>Question 5 Guidance/Instructions:</u> • Cases rated EITHER “no” for Q3 OR “no” for Q4 are applicable for this question. • 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 Q3 AND Q4 were rated “yes” (services provided timely) 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: • Response is “No” to Q5 if: ○ 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: ○ depending on if stability was a factor in this delay or service not being provided: 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 or service not being provided: Reason for delay not documented. ○ depending on if stability was a factor in this delay or service not being provided: Other – Reason not captured above. Please detail 1 to 2 sentence response here: 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.) 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”. 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. No- **Use the guidelines below to evaluate placement stability AT THE TIME OF THE DELAY.** CFSR defines “Unstable Placements” as: • The child’s placement is in a temporary shelter or other temporary setting. • There is information indicating that the child’s substitute care provider may not be able to continue to care for the child. • There are problems in the placement threatening its stability that the agency is not addressing. • The child has run away from this placement more than once in the past or is in runaway status at the time of the delay of services.
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	For youth that had an identified need in December of 2025 (the end of the PUR) please use the documentation from January 2026 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 2026, only assessing if mental/behavioral needs during the PUR had services not provided timely due to placement instability.
Q5 Answer	

Targeted Read Tool

Case Read	Settlement Targeted Read 2025
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	<u>Question 1 Instructions/Guidance:</u> • Yes- The child received an allowable initial mental health and trauma screen (approved screens listed below) <i>at any point</i> after entry into foster care. • No- The child did not receive an initial mental health and trauma screen at any point after the child's entry into foster care. • No- The child received a screen, but it is not an allowable screen (approved screens listed below). <i>If this occurs, please include in the rationale the type of screen that was administered.</i> • "N/A is not an option for this question. If it is discovered the child was not in custody for 30 days and the initial mental health and trauma screen had not yet been completed, the case may be eligible for elimination from the read. This case would have to be staffed to determine if elimination is appropriate. If case is eliminated, another case will be selected from the over sample. • Question 1 is NOT time restricted; it asks if an approved mental health and trauma screen occurred AT ANY POINT after the child entered into care. This could include information provided by the CWCMP from outside of the specific Period Under Review. • If this question is given a "No" response, Q2, Q3 and Q4 will all be "N/A" Allowable screens include: • 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 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.)
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	<u>Question 2 Instructions/Guidance:</u> • 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	<u>Question 3 Instructions/Guidance</u> 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. • 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. 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.
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	<u>Question 4 Instructions/Guidance</u> • 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 2025			
Program Specific/ Other Section	Court:			
	Placement Table:			
	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:				
☐ <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.				
☐ <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.				
☐ <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.				

	☐ <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. ☐ <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. ☐ <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. ☐ <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. ☐ <u>Emergency Shelter</u> – A short-term safe place to stay until a long-term placement for the youth can be found. Reason for change in placement setting: (As defined in the Round 4 On Site Review Instrument, Section II Permanency – Outcome I Children have Permanency and Stability in Their Living Situations) • Not Applicable. This is the current or most recent placement. • Move to an adoptive or permanent guardian's home. • Move from a more restrictive to a less restrictive placement. • Move from a less restrictive to a more restrictive placement. • Move to a relative placement. • Move that brings the child closer to family or other important connections. • Move to a temporary placement while awaiting a more appropriate placement. • Move due to foster parent's request.
Section 1	Settlement Outcome 2.5.5
Section Purpose	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. 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.

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	Question 1 Guidance/Instructions: <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> <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> <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> <i>Here is an example of referencing location information: (Cricket File/Section 2 Legal/07-01-2023 Court Report > Page 4)</i> Response Guidance: • 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. Federal Guidance for Consideration: 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. • 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 <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. 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
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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**

	• 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 2025			
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?			
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:				
☐ <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.				
☐ <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.				

	☐ <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. ☐ <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. ☐ <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. ☐ <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. ☐ <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. ☐ <u>Emergency Shelter</u> – A short-term safe place to stay until a long-term placement for the youth can be found. Reason for change in placement setting: (As defined in the Round 4 On Site Review Instrument, Section II Permanency – Outcome I Children have Permanency and Stability in Their Living Situations) • Not Applicable. This is the current or most recent placement. • Move to an adoptive or permanent guardian's home. • Move from a more restrictive to a less restrictive placement. • Move from a less restrictive to a more restrictive placement. • Move to a relative placement. • Move that brings the child closer to family or other important connections. • Move to a temporary placement while awaiting a more appropriate placement. • Move due to foster parent's request.
Section 1	Settlement Outcome 2.5.5
Section Purpose	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. 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.
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	Question 1 Guidance/Instructions: <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> <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> <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> <i>Here is an example of referencing location information: (Cricket File/Section 2 Legal/07-01-2023 Court Report > Page 4)</i> Response Guidance: • Yes – <i>all</i> placement changes surrounding short-term placements <u>were planned</u> by the agency in an effort to achieve the child's case goals or meet the needs of the child. • No – <i>at least one</i> short-term placement did not occur to achieve the child's case goals OR meet the needs of the child. • N/A – <i>all</i> short-term placements are exempt from review due to being not applicable placement types, for example, respite or hospitalization. THIS IS AN ELIMINATION CRITERIA – CONTACT REBECCA TURNER AND KEVIN COLEMAN TO DISCUSS.... Federal Guidance for Consideration: 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. • Placement changes that do not reflect agency efforts to achieve case goals include moves due to unexpected and undesired placement disruptions; moves

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

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) short term and the child was moved to a placement reflecting efforts to achieve goals or meet child's needs, that would be a "Yes" response. If the child was moved from the initial placement to a temporary placement or other placement that does not reflect efforts to achieve goals or meet child's needs, that would be a "No" response.

In reviewing cases, please also take note of whether the short-term 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 short term placements, the most common reason for short term 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

	<i>emergency situation arises, we are assessing the REASON for the placement change, not the actual placement type as a result of the emergency.</i> EXAMPLES: • 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 the specific details about data validation and limitations for 2025 referenced in *Section IV: Methodology*.

Cohort Data Limitations

DCF submitted the initial cohort file on March 4, 2026. The file contained most of the requested information, but excluded additional race variables for children of two or more races. The Neutral requested and DCF submitted a new file that included the additional race variables. 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 three files with placement information:

- a file from FACTS showing all placements of Class Members that began in or overlapped with the period under review;
- 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 and after placements. The Neutral requested and DCF submitted an updated version of this file, in which most but not all of these issues were corrected. The Neutral requested a third submission which included a small number of remaining issues. The Neutral requested a fourth submission and received it on April 20, 2026. No additional issues were identified in the fourth submission that impeded the Neutral's ability to analyze the placement data. However, as in prior reporting periods, the provider ID was not available for all placements and the Neutral was unable to determine if a placement move occurred before or after placements with no provider ID.¹³⁷

DCF's initial data submission of all FTP episodes did not match the information provided in the FACTS placement data for four episodes. 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 two incarceration episodes that could not be matched to the FACTS placement data. The Neutral requested and received a revised file that addressed these issues.

Caseloads Data Limitations

The Neutral received point-in-time caseload data from the CMPs each month throughout 2025. These data files contained issues such as duplicate names, duplicate IDs, and missing data. The Neutral worked with the CMPs to resolve these issues.

¹³⁷ The provider ID is a number used to identify unique providers and is available for placements in family settings (Foster Family Placements, Relative Home Placements, and Pre-adoptive Home Placements).



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 2025 that involved a child in DCF custody, and a list of all crisis services in 2025 that were billed to Medicaid and administered to a child in DCF custody. In the Helpline file, the Neutral identified 110 children who were not in the cohort files and not in DCF custody during 2025, as confirmed by DCF. This file also included call resolution descriptions that were less detailed than those provided in the file from 2024. The Neutral requested and received a resubmission of the Helpline file that excluded children who were not in DCF custody in 2025 and included more detailed resolution descriptions. The Neutral also requested and received a resubmission of the Medicaid services file, which was updated to include the services associated with the per diem code “T1040” which does not represent a specific service. In this resubmission, the Neutral identified 451 children who were not in the cohort files. DCF confirmed these children were not in DCF custody during 2025, and the Neutral excluded them from the analysis.

Case Review 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. To complete reviews, DCF staff and the Neutral relied on scanned copies of documents provided by the CMPs. Information pertinent to the reviews was often missing and documentation that was provided often lacked sufficient detail to fully assess performance. Each CMP maintaining a proprietary system prevented the Neutral from reading full case records, which would have been helpful to better understand the experiences of children in DCF custody.

To verify that the findings from the case reviews were as reliable as possible, the Neutral reviewed DCF’s case review findings before reconciliation and checked for consistency with the agreed-upon guidelines for the case reviews. In 37 cases from the Specialized case review, DCF’s answers were inconsistent with the guidelines. The Neutral requested and received updated answers from DCF that were consistent with the guidelines.

The Neutral will continue to work with DCF on improving the case review process for 2026, but it should be noted that issues are unlikely to be fully resolved without the benefit of a CCWIS system.

Appendix D: Caseload Data, by CMP

This Appendix includes detailed monthly reporting by CMP. Case worker status is presented as case workers whose weighted caseload was within the standard, exceeded the standard by 101 to 200 percent, exceeded the standard by more than 200 percent, or who were considered outside the standard because they were assigned at least one aftercare case. To provide a sense of what a caseload at 200 percent of the standard might look like in practice, this could represent 30 reunification cases, 50 adoption cases, 16 therapeutic foster care cases, or a combination of case types based on the weights assigned to each case type.¹³⁸ Other staff carrying permanency cases are often supervisors, but may include workers with other titles, such as Aftercare Specialist. Supervisor caseloads are broken out by the total number of unweighted cases assigned.

Cornerstones of Care (COC)

The largest permanency caseload carried by a permanency case worker at COC was 150% of the standard. The maximum number of primary cases carried by a supervisor at COC was 22 cases.

Table 10. COC Permanency Case Worker Status, by Month

2025

Source: COC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (over 200% of the standard)		Outside the standard due to aftercare case assignments		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	20	69%	9	31%	0	0%	0	0%	29	10
Feb	24	75%	8	25%	0	0%	0	0%	32	9
Mar	27	79%	6	18%	0	0%	1	3%	34	7
Apr	27	79%	7	21%	0	0%	0	0%	34	6
May	29	81%	7	19%	0	0%	0	0%	36	6
Jun	27	75%	5	14%	0	0%	4	11%	36	6
Jul	28	78%	4	11%	0	0%	4	11%	36	7
Aug	20	65%	5	16%	0	0%	6	19%	31	7
Sep	18	67%	4	15%	0	0%	5	19%	27	5
Oct	17	61%	9	32%	0	0%	2	7%	28	6
Nov	18	62%	11	38%	0	0%	0	0%	29	6
Dec	16	59%	9	33%	0	0%	2	7%	27	7
Average	23	72%	7	22%	0	0%	2	6%	32	7

¹³⁸ 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.

Table 11. COC Supervisor Caseloads, by Month
2025
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	10	100%	0	0%	0	0%	0	0%	10
Feb	10	100%	0	0%	0	0%	0	0%	10
Mar	7	100%	0	0%	0	0%	0	0%	7
Apr	6	100%	0	0%	0	0%	0	0%	6
May	6	100%	0	0%	0	0%	0	0%	6
Jun	6	100%	0	0%	0	0%	0	0%	6
Jul	7	100%	0	0%	0	0%	0	0%	7
Aug	6	100%	0	0%	0	0%	0	0%	6
Sep	3	60%	2	40%	0	0%	0	0%	5
Oct	6	100%	0	0%	0	0%	0	0%	6
Nov	6	100%	0	0%	0	0%	0	0%	6
Dec	7	100%	0	0%	0	0%	0	0%	7
Average	7	98%	<1	2%	0	0%	0	0%	7

EmberHope Connections (EHC)

The largest permanency caseload carried by a permanency case worker at EHC was 291% of the standard. The maximum number of primary cases carried by a supervisor at EHC was 59 cases.

Table 12. EHC Permanency Case Worker Status, by Month
2025

Source: EHC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (over 200% of the standard)		Outside the standard due to aftercare case assignments		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	15	30%	27	54%	4	8%	4	8%	50	13
Feb	12	24%	28	56%	5	10%	5	10%	50	13
Mar	12	24%	27	53%	5	10%	7	14%	51	10
Apr	16	28%	27	47%	4	7%	10	18%	57	9
May	12	21%	27	48%	6	11%	11	20%	56	14
Jun	28	39%	21	30%	4	6%	18	25%	71	11
Jul	28	38%	20	27%	3	4%	22	30%	73	7
Aug	23	32%	26	36%	2	3%	22	30%	73	6
Sep	27	35%	28	36%	2	3%	21	27%	78	5
Oct	26	34%	30	39%	2	3%	18	24%	76	9
Nov	21	28%	31	42%	2	3%	20	27%	74	10
Dec	24	31%	36	46%	2	3%	16	21%	78	9
Average	20	31%	27	42%	3	5%	15	22%	66	10

Table 13. EHC Supervisor Caseloads, by Month
2025
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.	%	
Jan	3	33%	5	56%	1	11%	0	0%	9
Feb	1	17%	5	83%	0	0%	0	0%	6
Mar	1	17%	3	50%	1	17%	1	17%	6
Apr	3	60%	2	40%	0	0%	0	0%	5
May	5	71%	2	29%	0	0%	0	0%	7
Jun	6	75%	2	25%	0	0%	0	0%	8
Jul	4	80%	1	20%	0	0%	0	0%	5
Aug	4	67%	2	33%	0	0%	0	0%	6
Sep	4	80%	1	20%	0	0%	0	0%	5
Oct	6	100%	0	0%	0	0%	0	0%	6
Nov	6	100%	0	0%	0	0%	0	0%	6
Dec	6	100%	0	0%	0	0%	0	0%	6
Average	4	65%	2	31%	<1	3%	<1	1%	6

KVC Kansas (KVC)

The largest permanency caseload carried by a permanency case worker at KVC was 255% of the standard. The maximum number of primary cases carried by a supervisor at KVC was 51 cases.

Table 14. KVC Permanency Case Worker Status, by Month
2025

Source: KVC

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (over 200% of the standard)		Outside the standard due to aftercare case assignment		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	15	27%	28	50%	4	7%	9	16%	56	19
Feb	15	26%	30	53%	3	5%	9	16%	57	20
Mar	36	51%	27	39%	2	3%	5	7%	70	19
Apr	46	62%	19	26%	1	1%	8	11%	74	17
May	51	65%	22	28%	0	0%	5	6%	78	16
Jun	55	71%	14	18%	0	0%	9	12%	78	17
Jul	53	71%	14	19%	1	1%	7	9%	75	19
Aug	44	62%	16	23%	0	0%	11	15%	71	20
Sep	48	68%	12	17%	0	0%	11	15%	71	19
Oct	36	54%	16	24%	0	0%	15	22%	67	19
Nov	44	63%	18	26%	0	0%	8	11%	70	17
Dec	43	59%	12	16%	1	1%	17	23%	73	18
Average	41	58%	19	27%	1	1%	10	14%	70	18

Table 15. KVC Supervisor Caseloads, by Month
2025
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	6	43%	6	43%	1	7%	1	7%	14
Feb	7	50%	5	36%	1	7%	1	7%	14
Mar	10	71%	2	14%	2	14%	0	0%	14
Apr	10	83%	2	17%	0	0%	0	0%	12
May	8	80%	2	20%	0	0%	0	0%	10
Jun	9	100%	0	0%	0	0%	0	0%	9
Jul	9	100%	0	0%	0	0%	0	0%	9
Aug	9	100%	0	0%	0	0%	0	0%	9
Sep	8	100%	0	0%	0	0%	0	0%	8
Oct	8	100%	0	0%	0	0%	0	0%	8
Nov	8	100%	0	0%	0	0%	0	0%	8
Dec	8	100%	0	0%	0	0%	0	0%	8
Average	8	81%	1	14%	<1	3%	<1	2%	10

Saint Francis Ministries (SFM)

The largest permanency caseload carried by a permanency case worker at SFM was 221% of the standard. The maximum number of primary cases carried by a supervisor at SFM was 40 cases.

Table 16. SFM Permanency Case Worker Status, by Month¹³⁹

2025

Source: SFM

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (over 200% of the standard)		Outside the standard due to aftercare case assignments		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	19	26%	18	25%	1	1%	34	47%	72	7
Feb	16	22%	19	26%	1	1%	36	50%	72	6
Mar	15	21%	24	34%	0	0%	31	44%	70	6
Apr	19	26%	24	33%	1	1%	28	39%	72	8
May	17	24%	22	31%	1	1%	30	43%	70	9
Jun	19	26%	24	32%	0	0%	31	42%	74	7
Jul	22	32%	16	23%	0	0%	31	45%	69	8
Aug	12	18%	27	40%	0	0%	29	43%	68	7
Sep	16	23%	21	30%	0	0%	32	46%	69	8
Oct	17	24%	23	32%	0	0%	31	44%	71	9
Nov	15	22%	22	32%	0	0%	32	46%	69	8
Dec	21	30%	29	41%	0	0%	20	29%	70	13
Average	17	25%	22	32%	<1	<1%	30	43%	71	8

¹³⁹ Percentages do not add to 100% due to rounding

Table 17. SFM Supervisor Caseloads, by Month¹⁴⁰

2025

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	4	44%	5	56%	0	0%	0	0%	9
Feb	7	78%	2	22%	0	0%	0	0%	9
Mar	7	70%	3	30%	0	0%	0	0%	10
Apr	6	60%	4	40%	0	0%	0	0%	10
May	5	50%	4	40%	1	10%	0	0%	10
Jun	7	88%	1	13%	0	0%	0	0%	8
Jul	5	83%	1	17%	0	0%	0	0%	6
Aug	3	60%	2	40%	0	0%	0	0%	5
Sep	3	60%	2	40%	0	0%	0	0%	5
Oct	6	75%	1	13%	1	13%	0	0%	8
Nov	6	86%	0	0%	1	14%	0	0%	7
Dec	5	63%	1	13%	2	25%	0	0%	8
Average	5	67%	2	27%	<1	5%	0	0%	8

¹⁴⁰ Percentages do not add to 100% due to rounding.

TFI Family Services (TFI)

The largest permanency caseload carried by a permanency case worker at TFI was 403 percent of the standard. The maximum number of primary cases carried by a supervisor at TFI was 119 cases.

Table 18. TFI Permanency Case Worker Status, by Month
2025

Source: TFI

Month	Within the standard (0 - 100% of the standard)		Exceeding the standard (101 - 200% of the standard)		Exceeding the standard (over 200% of the standard)		Outside the standard due to aftercare case assignments		Total permanency case workers	Other staff carrying permanency cases
	No.	%	No.	%	No.	%	No.	%		
Jan	15	36%	13	31%	2	5%	12	29%	42	6
Feb	14	33%	13	30%	2	5%	14	33%	43	5
Mar	16	36%	18	41%	3	7%	7	16%	44	7
Apr	14	34%	15	37%	5	12%	7	17%	41	6
May	16	39%	15	37%	5	12%	5	12%	41	7
Jun	17	40%	14	33%	5	12%	6	14%	42	7
Jul	16	36%	12	27%	7	16%	9	20%	44	6
Aug	26	48%	17	31%	2	4%	9	17%	54	3
Sep	24	44%	20	37%	3	6%	7	13%	54	4
Oct	29	49%	17	29%	0	0%	13	22%	59	1
Nov	27	47%	19	33%	1	2%	11	19%	58	2
Dec	29	48%	20	33%	1	2%	10	17%	60	3
Average	20	42%	16	33%	3	6%	9	19%	49	5

Table 19. TFI Supervisor Caseloads, by Month

2025

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	25%	1	25%	1	25%	1	25%	4
Feb	0	0%	1	33%	0	0%	2	67%	3
Mar	0	0%	0	0%	1	50%	1	50%	2
Apr	1	50%	0	0%	0	0%	1	50%	2
May	2	67%	0	0%	1	33%	0	0%	3
Jun	1	25%	2	50%	0	0%	1	25%	4
Jul	1	33%	1	33%	0	0%	1	33%	3
Aug	0	0%	1	100%	0	0%	0	0%	1
Sep	0	0%	1	100%	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	<1	37%	<1	26%	<1	11%	<1	26%	2



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