Kansas
Department for Children and Families

Child and Family Services Reviews
Program Improvement Plan
Kansas

Submitted To:
U.S. Department of Health and Human Services
April 3, 2024

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Section I: General Information

State/Territory: Kansas

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Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Post-PIP Evaluation Period:

Reporting Schedule and Format: Quarterly progress reports completed and submitted 30 days after the end of the reporting period. Kansas will utilize the tables in each section of the Performance Improvement Plan document outlining goals, strategies, and key activities as well as additional narrative to report on progress.

While preparing to receive the CFSR Final Report, Kansas sought technical assistance from the Capacity Building Center for States (referred to as the Center throughout document). Kansas began meeting with the Center and Children's Bureau to prepare for the Program Improvement Planning (PIP) process. Meetings with the Center were held weekly while meetings with the Children's Bureau occurred bi-weekly. The Children's Bureau shared themes of key areas needing improvement to help Kansas best prepare for establishing workgroups to conduct problem exploration, root cause analysis, and develop recommendations for strategies and key activities; sharing the Final Results with community partners; and the development of the Program Improvement Plan. Based on themes identified by the Children's Bureau, Kansas established six workgroups to address the areas needing improvement: Safety, Placement Stability, Permanency, Well-being, Quality Assurance, and Training.

Kansas elected to organize the areas needing improvement under the domains of Safety, Permanency, Placement Stability, Well-Being, Quality Assurance, and Training. Workgroups were assigned to address the following based on identified areas needing improvement in the Final Report:

- **Safety**
  - The Final Report indicated Kansas' performance on the SWDIs related to safety was statistically better than national performance. However, Kansas initiated and made face-to-face contact with children in maltreatment reports within the established timeframe in 69% of applicable cases reviewed. Kansas also faced challenges surrounding consistencies in the provision of needed risk and safety services to families, ongoing risk and safety assessments, and developing and monitoring safety plans.
- **Placement Stability**
  - During the case review, it was determined in 80% of applicable cases reviewed children had stability in their foster care placement. However, Kansas' performance on the "placement stability" data indicator is statistically worse than national performance and continues to worsen. The Final Report indicates challenges surrounding finding appropriate and stable placements for children and youth. The Final Report also suggests further exploring any potential impact of Senate Bill 367 and an increase in "crossover youth" with serious mental/behavioral health needs on the placement stability statewide data indicator.

- **Permanency**
  - The Final Report indicated Kansas continues to face challenges surrounding establishing

appropriate permanency goals and achieving timely permanency. Based on cases reviewed, Kansas established permanency goals timely and permanency goals were appropriate for the child's needs in 45% of the cases reviewed. Of applicable cases reviewed, only 33% of were rated a strength for achieving timely permanency. Statewide Data Indicators supported this data as Kansas was found to be performing statistically worse than national performance in achieving permanency within 12 months for children entering care, in care 12-23 months, and in care 24 or more months. Kansas was also found to have challenges surrounding the timely filing and acceptance of termination of parental rights (TPR).

- **Well-Being**
  - The Final Report indicated concerns surrounding efforts to reunify families, concerted efforts to ensure parents have regular visitation with children in care and maintaining parents' relationships with their children in care outside of visitation. Overall, items related to this domain may be impacted by better engagement with children and families including, but not limited to engagement in case planning as well as proper needs assessments. In tandem with needs assessments, the Final Report indicated challenges surrounding array of services, particularly mental/behavioral health services, and the ability to individualize services to ensure the unique needs of children and families are met.
- **Quality Assurance**
  - The Final Report indicates Kansas does not have a clear process or mechanism for using evidence collected through quality assurance activities to inform, implement, or assess program improvement activities. Information gathered during Round 4 did not demonstrate how case review data and reports are utilized to improve service delivery and overall quality of services.
- **Training**
  - The Final Report outlines both initial staff training and ongoing staff training as areas needing improvement. The report indicates standards and requirements for initial and ongoing training for staff with the child welfare case management providers (CWCMP) is unclear and there is very little oversight or monitoring by DCF. Additional concerns include there being varying levels of confidence surrounding basic skills and knowledge needed by staff to carry out their duties.

To ensure there was broad representation within the workgroups, Kansas began brainstorming with administration and regional leadership within DCF, provider partners, and other community partners to determine individuals who may best serve on each workgroup. Kansas' goal was to include DCF and provider staff from a variety of levels (from practitioners to administrators and executive leadership), those with lived expertise (including youth, young people, parents, foster parents, adoptive parents); representation from the four federally recognized tribes in Kansas; legal and judicial partners; and other community partners. To achieve this goal the Kansas team connected with individuals who were previously involved in the Statewide Assessment, on-site review, and focus groups as well as individuals who were members of already established groups across the state. Kansas also remained open to and asked if there were others missing from the table. Additionally, when new individuals reached during the PIP development process they were welcomed and able to join the workgroup they felt they could best contribute to.

Regarding the engagement of tribes, Kansas held individual meetings with each tribe and utilized additional opportunities to extend an invitation to participate in PIP development during regional gatherings. Kansas' Tribal Specialist also ensured communications were tailored specifically to the audience and assisted in making connections. Similarly, additional methods were utilized to engage the legal and judicial community. The Office of Judicial Administration previously sent a survey to those on their listserv asking if they would like to be involved in the Program Improvement Planning process. The results of the survey were then shared with the Kansas team, which served as a starting point for communication. The Office of Judicial Administration and Kansas team worked in partnership to send subsequent communication to engage legal and judicial partners.

Kansas first engaged co-leads for each group, which consisted of one individual from the state agency (Department for Children and Families/DCF) and one individual with a community partner agency. Outreach was conducted by outlining the timeframe of the work, approximate number of meetings per week, and

outlining what the workgroups would be doing throughout the PIP development process. A data lead was also assigned to each workgroup, which was someone on the state's data team. The Center provided two subject matter experts to each workgroup to provide support and technical assistance. Once co-leads were in place, the process was replicated to engage other workgroup members. For those with lived expertise, Kansas found it most helpful for the ask to come from someone who already had an existing relationship with the individual. Kansas was also able to provide compensation to those with lived expertise for their time and participation. As workgroups were established, one thing that was prevalent across the workgroups was the involvement of individuals with dual experiences. For example, professionals in the child and family wellbeing system who also had lived expertise in some capacity (approximately 12 individuals).

Stakeholders Involved in PIP Development

Name	Agency	Role
Dezaree Wenk	Cornerstones of Care	Family Preservation Services Manager
Heather Hughey	Cornerstones of Care	Family Finding Manager
Kimberly Davis	Cornerstones of Care	Placement Stability Team Decision Making Facilitator
Lesa Chandler	Cornerstones of Care	Director of Collaborative Learning and Training
Yasmin Rios- Brown	Cornerstones of Care	Case Manager
Ashley Sloop	Cornerstones of Care	Performance Excellence Manager
Samantha Vogel	Cornerstones of Care	Director of Permanency Services
Allison Jay	Cornerstones of Care	Family Preservation Services Manager
Annmarie Harris	Cornerstones of Care	Agency Attorney
Bobbi Darnell	Cornerstones of Care/Tribal Member	Family Preservation Services Family Support Worker/Tribal Member
Kristin Hines	Court Appointed Special Advocates (CASA)	State Training Coordinator
Jeanette Owens	DCCCA	Chief Child Welfare Officer
Shelli Bean	DCCCA	Quality Assurance Manager
Jennifer Thomas	Department for Children and Families	Foster Care Program Administrator
Christin Loveall	Department for Children and Families	Management Systems Analyst
Brandi Lewis	Department for Children and Families	Team Decision Making Supervisor
Penny Pfannenstiel	Department for Children and Families	Performance Improvement Supervisor
Regine Knight	Department for Children and Families	CPS Supervisor
Cory Seller	Department for Children and Families	Independent Living
Erin Sizemore	Department for Children and Families	Attorney
Callie Bartholomew	Department for Children and Families	Adoption Specialist
Denise Voss	Department for Children and Families	Assistant Regional Director
Kaylee Peak	Department for Children and Families	Foster Care Liaison
Stephanie Olmstead	Department for Children and Families	Foster Care Liaison
Vivien Olson	Department for Children and Families	Assistant General Counsel
Rebecca Gerhardt	Department for Children and Families	Director of Permanency and Licensing

Sandra Shopteese	Department for Children and Families	Tribal Expert
Tiya Holloway	Department for Children and Families	Foster Care Program Administrator
Sarah Befort	Department for Children and Families	Foster Care Liaison
LeAnn Hamilton	Department for Children and Families	Attorney
Deidra Fountain	Department for Children and Families	CPS Practitioner
Sara Kaiser	Department for Children and Families	Team Decision Making (TDM) Facilitator
Paige Roudybush	Department for Children and Families	Foster Care Liaison
Nicole Mize	Department for Children and Families	Management Systems Analyst
Ellen Corkill	Department for Children and Families	Foster Care Liaison
Kayla Stroud	Department for Children and Families	Independent Living
April Matthews	Department for Children and Families	Foster Care Liaison
Stacy Tuxhorn	Department for Children and Families	CPS Supervisor
Jenny Parker	Department for Children and Families	Support Services Administrator
Jilinda Hale	Department for Children and Families	Performance Improvement Supervisor
Rebecca Turner	Department for Children and Families	Support Services Administrator
Audrey Schmidt	Department for Children and Families	Foster Care Liaison
Hayley Munford	Department for Children and Families	Foster Care Liaison
Deanne Dinkel	Department for Children and Families Administration	Director of Safety & Thriving Families, Performance Improvement, & Learning & Development
Ashley Johnson	Department for Children and Families Administration	Deputy Director of Performance Improvement
Kieli Frey	Department for Children and Families Administration	Safety & Thriving Families Program Administrator
Amy Ervin	Department for Children and Families Administration	Independent Living Program Manager
Dena Briley	Department for Children and Families Administration	Management Systems Analyst
Sydney Dringman	Department for Children and Families Administration	Deputy Director of Permanency
Jennifer Nichelson	Department for Children and Families Administration	Deputy Director of Medicaid and Children's Mental Health
Kevin Coleman	Department for Children and Families Administration	Management Systems Analyst
Ashley Brown	Department for Children and Families Administration	Crossover Youth Policy and Practice (CYPM) Coordinator
Stacy Tidwell	Department for Children and Families Administration	Deputy Director of Youth Programs
Katrina Klein	Department for Children and Families Administration	Foster Care Program Manager
Kristine Wheat	Department for Children and Families Administration	Settlement Administrator
Sherrie Gross	Department for Children and Families Administration	Training Development Manager
Annabelle Seader	Department for Children and Families Administration	Training and Curriculum Specialist
Toni Harryman	Department for Children and Families Administration	CCWIS Director
Allyson Sanders	Department for Children and Families Administration	Performance Improvement Manager
Kristalle Hedrick	Foster Adopt Connect	Vice President Kansas Programs
Cassandra Bone	Kansas Coalition Against Sexual and Domestic Violence	Child & Youth Collaboration Coordinator
Kristina Scott	Kansas Coalition Against Sexual and Domestic Violence	Child Welfare Project Coordinator
Nina Shaw- Woody	Kansas Family Advisory Network	Executive Director
Jordan Wampler	KVC	Case Manager
Megan Hosterman	KVC	Director of Permanency

Kierstin Reed	KVC	Adoption Supervisor
Danielle Bartelli	KVC	Vice President of Operations
Nicole Hines	KVC	Director of Policy, Training, & Data Management
Tyanna Kueser	KVC	Performance Improvement Supervisor
Judge Kimball	Legal/Judicial	CINC Judge
Geri Hartley	Legal/Judicial	Guardian Ad Litem
Jeffry Larson	Legal/Judicial	CINC Judge
Douglas Jones	Legal/Judicial	CINC Judge
Timothy Woods	Legal/Judicial	CINC Judge
Amy Coppola	Legal/Judicial	CINC Judge
Kathleen Sloan	Legal/Judicial	CINC Judge
Lexi Nguyen	Legal/Judicial	Parent's Attorney
J.C.	Lived Expertise	Young Person
K.R.	Lived Expertise	Foster and Adoptive Parent
C.S.	Lived Expertise	Foster and Adoptive Parent
Lana Goetz	Office of Judicial Administration	Court Program Specialist
Dena Russell- Marino	Office of Judicial Administration	Court Program Specialist
Patricia Pena	Prairie Band Pottawatomie Nation	Tribal Victim Services Specialist
Sarah Cowan	Prairie Band Pottawatomie Nation	Social Services
Dawn Collins	Saint Francis Ministries	Director of Independent Living
Krysteen Bonjour	Saint Francis Ministries	Reintegration Supervisor
Erica Case	Saint Francis Ministries	Agency Attorney
Malacie Reeves	Saint Francis Ministries	Reintegration Specialist
Tammie Thronesberry	Saint Francis Ministries	Reintegration Director
Becky Bennett	Saint Francis Ministries	Vice President of System Improvement
Holly Osborne	Saint Francis Ministries	Executive Director
Jessica Ristich	Saint Francis Ministries	Director of Care Center
Lacy Abercrombie	Saint Francis Ministries	Training Supervisor
Jovan Sanchez	Saint Francis Ministries	Quality Assurance Supervisor
Thomas Lutz	Saint Francis Ministries	Director of Quality Assurance and Quality Improvement
Paige Harper	TFI	Parent Partner
Charleen Workman	TFI	Placement Stability Team Decision Making Facilitator
Jill Vanderpool	TFI	Parent Partner
Emily Hermesch	TFI	Vice President of Permanency
Erin Felzke	TFI	Director of Permanency
Brandy LeFever	TFI	Case Manager
Taylor Cady	TFI	Performance Improvement Supervisor
Stacie Tush	TFI	Director of Quality Improvement
Vickie McArthur	University of Kansas	Kan Coach
Natasha Santiago-Mason	University of Kansas	Program Coordinator
Alanea Hanna	University of Kansas	KanCoach

Kansas received the CFSR Final Report on July 18, 2023. The state held their Final Results and PIP Kickoff on August 2, 2023, and August 3, 2023. On the morning of August 2, 2023, Kansas, the Center, the Children's Bureau, and stakeholders met in-person with an option for virtual participants to share the Final Results. The afternoon of August 2, 2023, the Center, Kansas, and the PIP core team including workgroup co-leads met in person. The agenda consisted of level setting including what was needed as a result of the PIP process, workgroup norms and expectations, and discussion on continually and authentically engaging partners throughout the process. Inclusion effort tips and considerations were also provided to workgroup co-leads. The team completed an Eco cycle planning activity surrounding existing initiatives, reviewed the Center's model and applied data example, and prepared for the following day when all workgroups would be meeting in- person.

On August 3, 2023, workgroups met in-person with a virtual option for those who were unable to attend in-person. Kansas utilized this opportunity with all workgroup members present to open discussion regarding what stood out in the Final Report and what they felt was the most important issue to be addressed in the PIP. Time was allotted for reflection from the previous day as well as to allow the workgroups time to establish group norms, expectations, and a plan for the remaining days until the PIP was due. From there, workgroups were engaged in the foundation of the data plan, data exploration, and additional information on areas needing improvement. Following the workgroups initial meeting in their respective groups on this date, the workgroups reconvened as a larger team to share initial insights with other workgroups including potential cross cutting themes through a "shift and share" activity. Kansas also created a survey and asked workgroup members to complete the survey to provide feedback regarding the PIP kickoff on 8/3/23.

Following the PIP kickoff, the workgroups began meeting weekly. Each workgroup selected their own schedule based on the availability of their membership. Workgroup members were added to a Teams channel and were provided access to several relevant documents including templates, data, current initiatives, and a weekly meeting schedule and desired key deliverables outlining the PIP development process. The Teams channels by workgroup provided a platform for workgroups to communicate and share information with one another. Workgroup members also engaged with one another via e-mail, recording meetings to ensure accessibility when individuals could not attend, surveys, and the use of Google Jamboard, which is a collaborative digital whiteboard.

In addition to weekly workgroup meetings, the workgroup co-leads and the rest of the core team met with the Center on a weekly basis to discuss data needs, the progress of each workgroup, and any other PIP related items. Kansas' PIP leads met with the CFSR subject matter expert with the Center ahead of the core team meetings to build the agenda and discuss any pertinent matters. Additionally, the co-leads met separately on a weekly basis to discuss their respective workgroup's needs and raise agenda items for the core team meetings.

Around the midpoint of PIP development (week eight), another two-day in-person meeting was held primarily for co-leads and the core team. However, there was also a block of two hours for workgroups to meet the first day. The first day included a review of each workgroup's contributing factors and root cause analysis process. Once the review occurred, the co-leads joined virtual meetings with their respective workgroups to finalize contributing factors and root cause analysis. The second day consisted of a review of each workgroup's root cause analysis, identification of cross cutting themes, an overview of the writing of the PIP, and the beginning of strategy development. This in-person meeting helped prepare the workgroups to finalize PIP strategy development including identification of goals, strategies, key activities, and timeframes by week 10.

Once PIP strategy development was finalized team leads reviewed and provided comments to the workgroup leads. From there, workgroup leads addressed the comments and reconvened their workgroups if additional input was needed from the larger workgroup. Workgroups and workgroup leads were also responsible for recommending implementation sites based on the data they reviewed as well as a synopsis of the work they completed for the PIP to be compiled and finalized for submission.

Section II: Goals, Strategies/Interventions, & Key Activities

Safety

The Children and Families Services Review (CFSR) Round 4 Final Report identified Safety Outcome 1, Item 1, and Safety Outcome 2, Items 2 and 3 as areas needing improvement. The safety PIP workgroup consisting of representatives from DCF, CWCMPs, Family Preservation providers, Tribal partner, legal and judicial partners, those with lived expertise, and other child and family well-being partners developed the following problem statements and research questions they believe are directly impacting the overall goal of ensuring children in Kansas are safe.

After reviewing the Final Report and statewide aggregate data, the following problem statements were identified:

Problem Statement 1: Safety and risk assessments are not adequate.

Item 3B: The agency conducted ongoing assessments accurately assessing all risk and safety concerns in 67.5% of foster care and 56% of in-home cases.

Problem Statement 2: When safety concerns are identified, there is not an appropriate safety plan being crafted and the plan is not being monitored for family engagement in safety-related services for changes in concerning behaviors.

Item 3C: When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed, including monitoring family engagement in safety related services in 40% foster care and 53.3% in-home cases.

Problem Statement 3: Initial face-to-face safety determinations are not timely per agency policy and performance standard.

Item 1: The timeliness of initial face to face safety determinations is occurring 69.44% of the time. DCF receives, assesses, and is responding to reports that do not contain safety or abuse/neglect concerns. This is impacting available resources to meet overall timeliness, especially when families are only experiencing risks.

Research Questions:

The Safety workgroup posed research questions and subsequently aligned similar questions into groups with an overarching theme.

Consistency within Policies and Assessment Tools

1. What does research or national data identify as risk and safety?
2. Do Mandated Reporters understand the difference between risk and safety?
3. Do Mandated Reporters believe they should report concerns for children and families even if they don't have safety or abuse or neglect concerns?
4. Is the data different for varying ages of children including those verbal and nonverbal, and the types of assessments completed?
5. What assessment tools are being used by providers?
6. What is the definition of "ongoing?" Does this mean even just one update was made to the initial assessment?
7. What is the policy surrounding risk and safety assessments?
    a. Is it carrying forward risk and safety concerns from the initial assessment?
    b. How often are they required to assess risk and safety?
    c. Are there different policies for different agencies?
    d. What does the DCF Policy and Procedural Manual (PPM) indicate?
    e. What does each grantee/CWCMP agency policy indicate?

8. What are the differences between the initial assessment versus ongoing assessment?
9. Is there practice around assessing the family and conditions for a safe return? (Practice versus policy)
10. Are the assessments consistent? Are they (grantees, providers, and DCF) doing it the same way?
    a. Do we want them to be done the same way or what would the "same" really mean?
11. What do case readers look for (formal and or informal) to determine or demonstrate an assessment or plan and ongoing assessment was completed?
    a. What's the evidence it happened?
    b. A form?
    c. A narrative?
12. If we do try to use a consistent tool, does it create a check box list?
13. How do transitions work from initial assessment to ongoing assessment or even from one goal to the next?
14. How does this impact different agencies who have different workers for reintegration, adoption etc.?
    a. Transitioning from DCF to Family Preservation
    b. Transitioning from DCF to foster care
    c. Are supervisors reviewing the safety assessments with frontline staff who are doing the assessments?
    d. Is there data or policy to support this?
15. What are the standards across the board for reporting using safety vs risk?
16. Does the Mandated Reporter Training cover the needed content to help explain the difference between when a community can support a family versus when DCF should be contacted to build safety?
17. Are the conversations happening, but not being documented and then carried into court reports and safety plans?
18. What are the barriers to keeping the ongoing assessment going?
19. If safety planning for domestic violence needs to look different, what does it entail?
20. Does the sharing of the information increase safety or decrease safety and for whom?

Documentation

1. Related to the follow up and measurement and progress?
2. How does worker turnover impact risk and safety assessments?
3. Do original case plans with initial items not get carried over with the ongoing issues later?
    a. Ex: psychological evaluation was originally placed on the case plan, but future issues arise and the previous evaluation is not carried forward, etc.
4. Why is the documentation not reflecting safety assessments or ongoing monitoring?
    a. Are caseloads too high?
    b. Are supervisors carrying caseloads?
5. Why are safety assessments and plans not carrying forward into the child's placement?
6. Do mental health providers impact risk and safety assessments and/or safety planning?
    a. For example, safety of the child from a mental health practitioner's perspective when a mental health provider will not complete a screening assessment.
7. Is there continuity of the sharing of the information?

Training

1. Is there data related to the different types of "trainings" providers provide for risk and safety training for staff?
2. Do people know the difference between risk and safety? Do they know how to apply the skills in the field free from personal bias?
3. Are supervisors equipped to have those conversations with staff?
4. Words- bias/poverty- Who defines risk versus safety?
5. Are we defining the words we are using and educating/training everyone coming to the table with different backgrounds and roles?

6. Cross training safety planning- Risk versus safety education and training
7. What is ongoing monitoring and training related to safety planning?
8. Training across programs and agencies- what are their trainings for safety? This includes questions for Kansas Children Service League who currently provides Mandated Reporter Training regarding their content surrounding risk verses safety.

Data and CFSR

a. Of the cases rated an area needing improvement, how many of those cases were assigned for non-abuse or neglect/FINA cases? How many were assigned for abuse or neglect allegations?
b. Is there any data related to language of bias within the assessments?
c. Of cases showing inadequate risk and safety assessments, was it because the assessments were inadequate or because there was not documentation? 67.5% of assessments were conducted accurately so what data supports those findings?
    a. Adequate- Does it mean they are not getting done or halfway filled out?
    b. If they were not done at all, why not?
    c. If they were completed, but not "correct" why?
d. Appropriate safety planning-
    a. Are they missing? Why?
    b. Are they "incorrect"? Why? Not identifying safety concerns?
    c. What does appropriate mean? What is accurate?
    d. Who identifies the accuracy and adequacy?
e. Reason for removal versus type of "incident' warranting a safety plan and are they related?
f. Are our assessments more accurate when the child is in the home and has a safety plan versus the child is removed and safety plans and ongoing safety assessments are conducted?
    a. Difference between in-home assessments versus out-of-home assessments?
g. Are we identifying the safety concern to achieving permanency versus safety concerns impacting the child anywhere they live?
h. Analysis of data available related to the initial assessment versus ongoing assessments
    a. 3A and 3B what is the gap?
    b. Are the gaps regional?
    c. Are the gaps agency issues?
    d. Are the gaps rural or frontier urban etc.?
    e. How many workers were assigned to the case and were there multiple transitions?
    f. Was the PPS 3005/6 or another form utilized on these cases?
i. Is there data related to what practitioners do not feel equipped to assess or safety plan for?
j. What is the data of FINA concerns being reported verses abuse/neglect concerns?
k. What is the data for mandated report categories for reporting abuse or non-abuse/neglect?
l. How does the volume of non-abuse/neglect reports assigned impact the timeliness of safety determinations.
m. CPS Intake Reports FY 2022 from July 2021- June 2022 shows statewide 31% of reports assigned are for Family In Need of Assessments where there are no concerns for Abuse or Neglect identified.
n. July 2022-June 2023- our highest report of FINA's are from Educators with 13,328 reports received from educators, with 6,777 Social Service entities. Educators report almost double the concerns for FINA's than any other reporter source.

Monitoring and Engagement

1. How do we ensure the family and child's voice were heard?

2. Continuous monitoring and family voice and engagement.
3. Educating the family between risk and safety.
4. Transparency and clarity within the families; everyone understanding.

Contributing Factors

The workgroup utilized an online interactive Google Jamboard to identify potential contributing factors for the three problem statements. Contributing factors identified included:

1. Lack of common knowledge between DCF and grantees and Mandated Reporters on the difference between risk and safety and how to apply them.

2. Lack of understanding of what monitoring a safety plan means.

3. How and where key responses are documented or recorded.

After identifying contributing factors, workgroup members contributed to the process by completing a root cause analysis using the "5 Whys" method.

Problem Statement 1: Risk and safety assessments are not

adequate, why? Root causes identified by group included:

a. We do not have a common knowledge across DCF, CWCMP agencies, and Mandated Reporters on knowing the difference between risk and safety and how to apply.
b. There is not a common standard.
c. There are vague definitions and guidance regarding the difference between risk and safety and which tool is used to address each risk and safety concern.
d. Agencies have different risk and safety assessments they use within their own agencies possibly causing inconsistencies across the state for families.
e. DCF has allowed flexibility among all the contract agencies to create their own system with little oversight to how effective the system is.

Problem Statement 2: When safety concerns are identified, there is not an appropriate safety plan being crafted and the plan is not being monitored for family engagement in safety-related services for changes in concerning behaviors, why?

Root causes identified by group included:

a. Workers do not know when a safety plan needs to be monitored or updated.
b. Inconsistency as to when a safety plan is required or needs updated.
c. There is a lack of training on when or how to update safety plans.
d. There is not a dedicated training to create and monitor safety plans.
e. DCF policy does not outline specific training requirements for this type of training.

Problem Statement 3: The timeliness of initial face to face safety determinations is occurring 69.44% of the time. DCF receives, assesses, and is responding to reports that do not contain safety or abuse/neglect concerns. This is impacting available resources to meet overall timeliness, especially when families are only experiencing risks.
Root Causes identified by group included:

a. Kansas DCF accepts reports for all types of worries including those that do not contain abuse/neglect or safety concerns.
b. Mandated Reporters believe DCF is the agency to report all concerns too, even if they aren't

specific to abuse and neglect or safety concerns.
c. Mandated Reporters report families to DCF when they only have risk factors.
d. Mandated Reporters don't understand the difference between risk and safety.
e. Mandated Reporters, especially educators, do not use the same language when discussing risk versus safety and therefore report a lot of risk only situations.

Goals, Strategies, Key Activities, and Rationales:

Safety Goal 1 - Safety Outcome 1 & 2 (Items 1, 2, & 3): Ensure children are safe by accurately, consistently, and comprehensively assessing risk and safety with children, families, and support networks.

- Rationale: This goal addresses the overarching theme of needed improvement when assessing for risk and safety which encompasses safety planning. This goal allows for cohesive work in identified areas needing improvement with overlapping concerns which interrelate starting from the type of reports received at the Protection Report Center to the initial face-to-face safety determination, progressing through the in-home and ongoing risk and safety assessments for children experiencing foster care. Progress on this goal will be measured by review of Safety Outcome 1 and 2 by reviewing quarterly case reads for Items 1, 2, and 3.

From this, the team moved into developing the following strategies.

Strategy 1.1: Improve consistency in practice with alignment of commonly used definitions and policies of risk and safety between DCF, Child Welfare Case Management Providers (CWCMP), Family Preservation grantees, legal/judicial partners, Kansas Children's Service League (KCSL), and Mandated Reporters.

- Rationale: This strategy supports the goal of practitioners and mandated reporters having a shared understanding of risk and safety. Mandated Reporters report their concerns to the PRC and practitioners assess risk and safety from the point of initial face-to-face contact and throughout the life of the case, using a shared understanding of risk and safety. Creating alignment between all entities regarding the commonly used definitions for risk and safety will decrease the volume of reports that only contain risk factors coming to PRC. By reducing the volume of risk reports, this will increase timeliness of initially assessing and responding to reports that do contain safety concerns. Practitioners will also be using common definitions to completing assessments which will increase the quality of accurately assessing risk and safety amongst child-wellbeing partners.

Strategy 1.2: Improve consistency in safety planning with families practice by standardizing and implementing casework competencies and expectations.

- Rationale: Strategy 1.2 will ensure those tasked with developing safety plans with families and networks will have a shared understanding of what casework competences can be expected within a safety plan regarding the monitoring and engagement portion. The legal community can understand the shared competencies when evaluating the safety parameters impacting a child's ability to achieve permanency and apply those broadly.

<u>Safety Goal 1 - Safety Outcome 1 & 2 (Items 1, 2, & 3):</u> Ensure children are safe by accurately and comprehensively assessing risk and safety with children, families, and support networks. All impacted/improved by the Safety goal: Safety Outcome 1 & 2 (Items 1, 2, & 3), Permanency Outcome 1 (Items 4, 5, & 6), Permanency Outcome 2 (Items 7, 8, & 10), Systemic Factor 4 (Items 26 & 27) Implementation Site(s): Statewide				
Strategy 1.1	Improve consistency in practice with alignment of commonly used definitions and policies of risk and safety between DCF, Child Welfare Case Management Providers (CWCMP), Family Preservation grantees, legal/judicial partners, Kansas Children's Service League (KCSL), and Mandated Reporters.	Who?	When?	Measurement
Key Activity 1.1.1	Form or use an existing advisory group together, collate, and compare definitions and key policies related to risk and safety from DCF, CWCMP, and Family Preservation Grantees, Office of Judicial Administration, and KCSL to identify accepted definitions/understandings/expectations across all partners.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts	Q1	Documentation of meeting dates and times
Key Activity 1.1.2	Utilize group members identified in 1.1.1 to propose to leadership and adopt upon approval shared definitions and policies relative to the definitions of risk and safety.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development	Q2	Documentation of meeting dates and times
Key Activity 1.1.3	Based on the information identified in 1.1.2, partner with DCF, CWCMPs, Family Preservation grantees, and legal/judicial partners to disseminate, communicate and educate all partners on the adopted definitions and policies. Opportunities may include regularly scheduled meetings and other activities related to risk and safety at venues. The following venues may be utilized to disseminate, communicate, and educate the shared understandings and to gather baseline data to measure transfer of knowledge of risk and safety: • Quarterly Supervisor meetings where DCF, Family Preservation and Foster Care grantees, and Tribal partners attend. • Excellence in Supervision Conferences • Mandated Reporter Trainings with Kansas Children Services League (KCSL)	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development, KCSL	Q2, Q3, Q4 due to timing of pre-scheduled events	Pre and post surveys of foundational knowledge of risk and safety Documentation of meeting dates and times
Key Activity 1.1.4	Based on results of 1.1.3, link the learnings with experiential learning for DCF, CWCMPs, and Family Preservation grantees. a. Utilize peer to peer reflections to transfer knowledge related to direct practice of applying	Safety and Thriving Families team, CWCMPs, Family Preservation	Q4	Future case read results, pre and post surveys of future

	the shared understanding of risk and safety. b. Support TOL and application of the shared understanding of risk and safety through supervisory review and coaching with practitioners.	grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development		Quarterly Supervisor meetings, Child Welfare Summit, and Excellence in Supervision Conference
Key Activity 1.1.5	Review results of quarterly case reads relevant to performance of Safety Outcome 1 and 2 and adjust activities as necessary based on the learnings. a. Identify a method and timeline for regular collaborative data analysis and discussion of observed trends. b. Review training results of the Training Key Activity 1.2.2 to inform potential concepts for the 1.1.6 activity.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development, Performance Improvement	Q4	Case read resultsandPRC data
Strategy 1.2	a. Improve consistency in practice by standardizing and implementing safety planning expectations surrounding monitoring and engagement.	Who?	When?	Measurement
Key Activity 1.2.1	Form or use an existing advisory group to gather, collate, and compare current key policies and procedures related to safety planning monitoring and engagement among DCF, CWCMP, Family Preservation Grantees, and the Office of Judicial Administration.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts	Q1	Documentation of meeting dates and times
Key Activity 1.2.2	Utilize group members in 1.2.1 to identify and subsequently adopt the policies and procedures related to safety planning monitoring and engagement.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts	Q2	Documentation of meeting dates and times
Key Activity 1.2.3	Based on the information identified in 1.2.2 partner with DCF, CWCMP grantees and legal/judicial partners to disseminate and implement the adopted polices and definitions to increase knowledge surrounding the expectations for safety planning monitoring and engagement. Opportunities may include regularly scheduled meetings and other activities related to safety planning. The following venues may be utilized: • Quarterly Supervisor meetings where DCF, Grantees and Tribal Partners already	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development	Q2, Q3, Q4 due to timing of pre-scheduled events	Pre and Post Surveys Documentation of Meeting Dates and Times

	attend. Excellence in Supervision Conferences			
Key Activity 1.2.4	Based on results of 1.2.3, link the learnings with experiential on-the-job learning for DCF and CWCMP and Family Preservation grantees, and/or legal/judicial partners. a. Utilize peer to peer reflections to transfer knowledge related to their direct practice of applying the shared expectations for monitoring and engagement in Safety Plans. b. Support TOL and application of the shared understanding of risk and safety through supervisory review and coaching with workers.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development	Q4	Future case read results, pre and post surveys, future Quarterly Supervisor Meetings, Child Welfare Summit, and Excellence in Supervision Conference
Key Activity 1.2.5	Review results of quarterly case reads relevant to performance of Safety Outcome 1 and 2 and may adjust activities based on the learnings. Identify a method and timeline for regular collaborative data analysis and discussion of observed trends specific to risk and safety and safety plans	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development, Performance Improvement	Q4	Case read results
Key Activity 1.2.6	Based on 1.2.5, promote activities each agency can do to standardize understanding of risk and safety. a. Encourage peer to peer sharing between agencies/stakeholders, with emphasizing any additional clarity needed based on previous learnings and results. Conduct a Safety Assessment and Planning Practice Alignment Intensive (tentatively planning for Fall of 2024) where risk, safety and safety planning will be the focus. Key concepts within each will be reflected upon, which include monitoring and engagement.	Safety and Thriving Families team, CWCMPs, Family Preservation grantees, legal/judicial partners, Tribal partners, lived experts, Learning & Development, Performance Improvement	Q4	Meeting dates and times of the activity

Placement Stability

The Children and Families Services Review (CFSR) Round 4 identified the state's performance on the statewide data indicator (SWDI) for Placement Stability as worse than national performance and continues to worsen. This indicator measures the number of moves per 1,000 days in care while the onsite case review considers if the moves were planned by the agency to achieve case plan goals and/or meet the needs of the child. At the conclusion of CFSR Round 3, Kansas identified improving placement stability for children in foster care as a priority. Over the last two years, The Leading for Results (LFR) workgroup gathered state program staff, case management providers, technical assistance from the Center, and other partners to identify and address root causes of placement instability. The Center provided guidance and technical expertise to DCF and the LFR workgroup members using a data-informed analytic approach following the Center's *Change and Implementation in Practice* process for problem exploration and theory of change development. The data analysis consisted of 5-year descriptive trends based on state fiscal years. The purpose was to examine trends over time comparing demographic and placement characteristics of children and youth with 3 or more moves in a 12-month period to those with less than 3 moves in a 12-month period. The descriptive analysis is like the methods used in the annual AFCARS reports and in other public health epidemiological studies. Kansas data analysts performed all data analysis with Center guidance.

Data identified several demographic and placement characteristics differing between the two groups. The group experiencing more placement instability were older ages 13 to 18, they had greater documentation of disabilities[1], and very few youth ages 13 to 18 were being placed with relatives, despite Kansas having a very strong agency practice of placing children with relatives. Over a third were entering foster care for reasons other than abuse and neglect via the Family in Need of Assessment (FINA) pathway and the top documented reason was due to Child Behavior Problems. Further exploration into removal patterns for all ages showed over 40% of statewide removals were being initiated by non-DCF staff.[2] Results from the LFR analysis are consistent with other recent independent research showing Kansas has a large percentage of children in foster care without a history of maltreatment[3].

The data was shared at LFR meetings took place every two months. Representatives from each of the eight service catchment areas took data-driven results back to their local area and convened local stakeholder meetings to vet and interpret data. At each LFR state meeting, representatives from each of the eight service catchment areas reported on the feedback from their local stakeholder meetings. At the conclusion of problem exploration, three root causes of placement stability were identified: (1) Inadequate community-based prevention services to serve older youth, (2) the front door to child welfare was "too wide", and (3) a lack of placements for youth with intensive behavioral health needs. Moreover, numerous stakeholders discussed concerns Senate Bill 367 increased the number of "cross-over" youth with serious mental/behavioral health needs entering care, contributing to difficulty finding services needed, and long wait lists. Some stakeholders explained this creates placement challenges because many foster homes will not accept youth with serious mental health and behavior challenges. As a result, there are times when workers use "night-to-night" homes, "standby homes", or even house children temporarily in local offices.

In July 2023, after reviewing LFR work, the Children's Bureau met with Center consultants and suggested the Center support additional data analysis using a cohort design defining placement stability as the CFSR placement stability indicator to inform additional root cause analyses and identification of strategies. Suggested areas to examine included (1) exploring step up and step downs in placements and levels of care, (2) the needs of youth whose initial placement is in congregate care versus those whose initial placement is a kinship placement, and (3) the characteristics of children and families who become child welfare involved through the Family in Need of Assessment (FINA) pathway compared to abuse and/or neglect allegations. CFSR also identified similar areas for further data analysis; and identified a need for more consistent efforts to identify, locate, and evaluate both paternal and maternal relatives of children and youth in care.

[1] See AFCARS Technical Bulletin #1 - Data Elements (hhs.gov) for definition of disabilities.

[2] https://www.dcf.ks.gov/services/PPS/Documents/FY2023DataReports/FCAD_Summary/RemovalsByPrimaryReasonFY2023.pdf

[3] Recent published research by Drake and colleagues linking AFCARS and NCANDS to create a longitudinal file examines a subset of children in AFCARS without a history of Child Maltreatment. Kansas is in the top 3 of the states, roughly 23% of children in Kansas AFCARS files, have no history of child maltreatment (see pg. 602). Roughly half have an actual documented history of child maltreatment (47.7%).

During the PIP kickoff event, members reviewed data slides from The National CFSR Data Profile Context Data issued by the Children's Bureau in February 2023, showing Kansas in the top 10 states with the highest foster care entry rates at the end of 2022. Context data shows 40% of total entries are youth ages 11 to 17 and this age group comprised almost two- thirds of the total number of moves (63.3%) in 2022. This age group is the most likely to remain in care longer. Context data also show Black and American Indian/Alaska Native children experience more placement instability than other racial/ethnic groups. Based on these findings, members identified the following:

Problem Statement 1: Youth ages 11 to 17 in foster care tend to have multiple planned and/or unplanned placements.

Based on these findings and suggestions by the Children's Bureau, the placement stability PIP workgroup sought to answer the following research questions by examining each by race/ethnicity, abuse and neglect or FINA, and DCF vs. non-DCF initiated removals:

1. What are the initial removal reasons for youth ages 11 to 17? How do they differ from children ages 0 to 10?
2. What are the placement characteristics for youth ages 11 to 17? How do they differ from children ages 0 to 10?
3. What are the initial service and support needs of youth ages 11 to 17 entering care?
4. What are the placement and service needs of youth ages 11 to 17 in care? How do they differ from children 0 to 10?

Research questions 1 through 3 are focused on examining factors leading to entry into care while question 4 seeks to understand the service needs of youth to exit to stable permanency. Notably, these research questions align with the McIntyre Settlement commitment which focuses on what structural changes and measurable outcomes are needed to improve placement stability and mental health supports for youth in foster care. To answer key questions, several different data sources were identified including AFCARS, Family and Child Tracking System (FACTS/Kansas' system of record), Child Welfare Case Management Provider (CWCMP) data, and Settlement data. The placement stability workgroup members chose to focus on data from AFCARS and CWCMP data in order focus on identifying counties with the highest foster care entry rates for all children (see Figure 1), and the counties with the highest numbers of foster care entry counts for youth ages 11 to 17 (see Figure 2).[4] The top 10 counties driving entry rates are presented in figures 1 and 2.

Members also spent considerable efforts assessing and gathering information from their own internal CWCMP data to reflect potential services needs for youth ages11 to 17. This effort proved to be challenging because each CWCMP collects information in similar but different ways and members noted there is no common state definition or method to identify service needs. The closest data points are the attributes used for placement matching, but members also noted they do not follow the same process of updating these fields. Even with these limitations, three of the CWCMPs were able to pull fairly consistent data points (KVC, Saint Francis, and TFI) and their data analysis of placement disruptions showed similar patterns: (1) Disruptions are seasonally driven and tend to spike in the spring, (2) roughly 71% of all disruptions happen in the first 90 days of any placement (excluding night to night placements), (3) a substantial number of youth ages 11 and 17 who enter into care do not remain in their first placement, and (4) youth in care have much higher prevalence of mental health/behavioral health needs.

Based on the data reviewed during the PIP planning period, members moved forward with the "5 Whys" exercise to answer the following questions:

- Why are Native and Black youth more likely to experience instability than other racial groups?
- Why do youth ages 11 to 17 in foster care have more mental health and behavior needs than those 10 and younger?
- What are some of the challenges placing youth ages 11 to 17 with relatives compared to ages 0 to 10?

[4] Population for analysis included all children/youth included in the February 2023 Context Data CFSR Round 4 placement stability indicator.

- Why is foster care perceived as having more resources and access to mental health services?

The members identified many of the same contributing factors as the LFR members. They centered on the lack of community based mental health services including culturally specific services, the door into the Kansas foster care system is too wide, and there are simply not enough foster homes or placement resources to take older youth. Members noted the experience of being separated and placed into foster care, specifically for non-abuse and neglect related reasons, is also a traumatic event likely contributing to the presence of mental health symptoms. Members also noted a need for a more comprehensive statewide placement move analysis to answer the research questions.

Figure 1. Foster care entry rates for all children

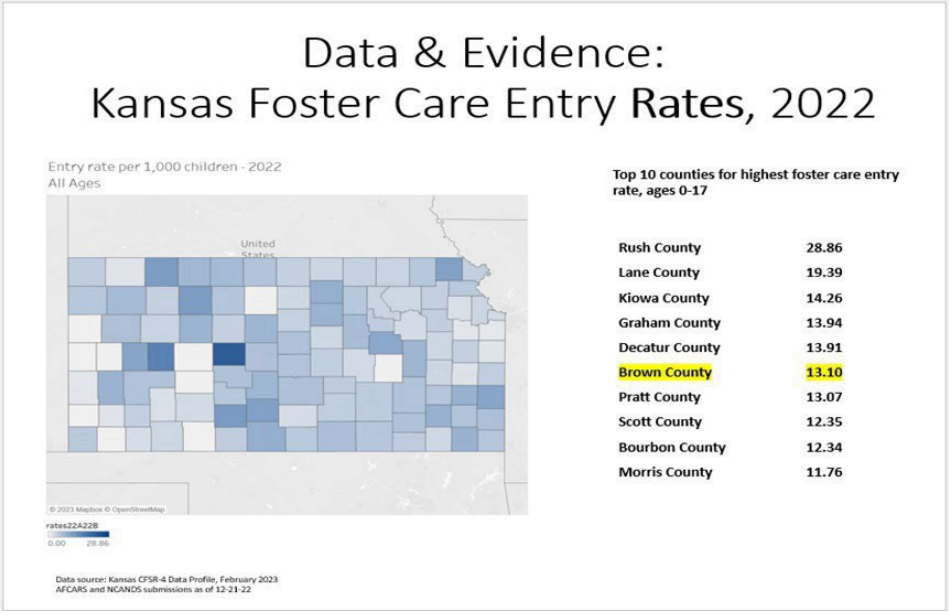


Figure 2. Foster care entry counts for ages 11 to 17

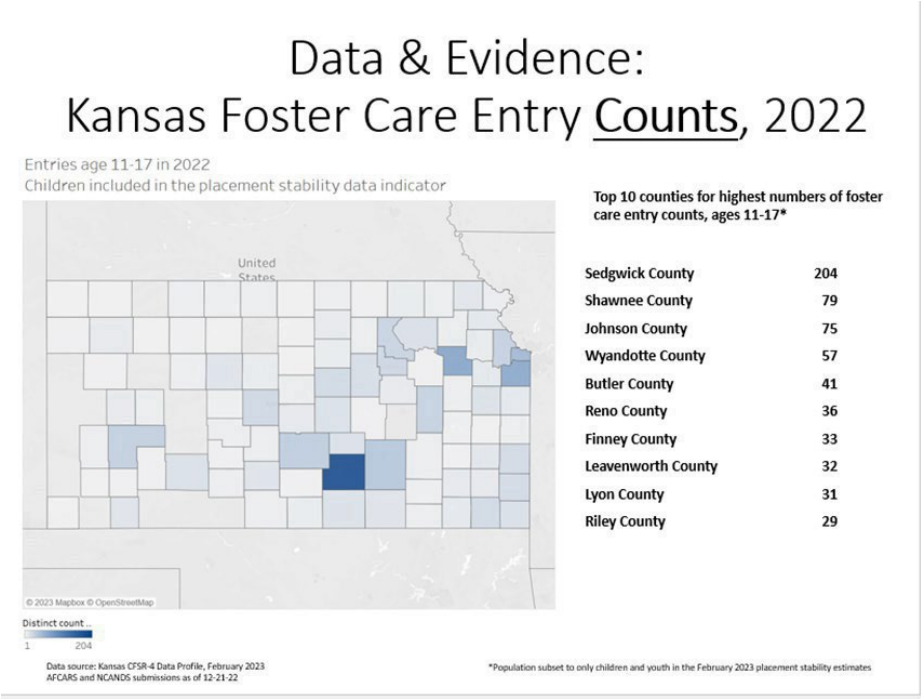


Figure 3. Referrals for Foster Care DCF vs. Non-DCF Recommended

Removals by County SFY 22				
County	Court Removals	DCF Recommended Removals	Total Children Placed into Foster Care	% of Non-DCF Removals compared to the overall total removed
Rush	6	5	11	54.5%
Lane	2	1	3	66.6%
Kiowa	2	3	5	40%
Graham	1	0	1	100%
Decatur	1	3	4	25%
Brown	39	8	47	82.9%
Pratt	2	6	8	25%
Scott	8	3	11	72.7%
Bourbon	20	10	30	66.6%
Morris	2	0	2	100%
Total	83	39	122	68%

The state had a total child population placed into foster care of 2,950 for SFY 22 with 1,290 court removals and 1,660 recommended for foster care by DCF, representing 43.7% being placed into care directly by the courts without DCF recommendations for foster care.

Goals, Strategies, Key Activities, and Rationales:

Placement Stability Goal 1 - Permanency Outcome 1 (Item 4): Kansas Youth ages 11 to 17 will have safe, stable, and planned placements to support well-being and case plan goals supported by CFSR Round 4 placement stability standards.

Strategy 1.1: Decrease number of youths entering care due to FINA removals and non-DCF referred removals by collaboration with court system and education of stakeholders.

- Rationale: There is an underlying assumption foster care opens resources for youth in need of services. There are other services available in some areas of the state, which may have opportunities for expansion.
- Implementation Site(s): Brown, Sedgwick, and Shawnee counties (see Figures 1 &2). The three counties were identified as implementation sites as they reflect the race, ethnicity, and others who have been historically underserved, marginalized, and adversely affected by poverty and inequity in the KS Child Welfare System. Brown County was selected because it includes the Iowa Tribe, Sac and Fox Nation, and the Kickapoo Tribe which are located within the county. Sedgwick and Shawnee have the most foster care entries for youth ages 11 to 17.

Strategy 1.2: Promote awareness of existing resources, examine barriers to service delivery and gaps for youth ages 11-17 and their parents/caregivers to ensure entries into foster care are based upon un-addressable safety concerns. Increase or redistribute community resources to cover identified service gaps.

- Rationale: If key community service gaps are identified and filled, less youth will be identified as at risk for custody. The same services once in custody will be used to stabilize youth within care and as the step down from care. Kansas may be able to learn from other states who have improved relative placements and placement stability for youth ages 11-17 as current family engagement and placement for this age group is a challenge.
- Implementation Site(s): Brown, Bourbon, Shawnee, and Sedgwick counties. The following counties were chosen based on youth population size, removal rates, and % non DCF entries into care, and disproportionality. Brown County was selected because it includes Iowa Tribe, Sac and Fox Nation, and the Kickapoo Tribe are located within the county. Sedgwick and Shawnee have the most foster care entries for youth ages 11 to 17.

Strategy 1.3: Utilize culturally informed strategies to improve placement matching through standardized definitions, assessments, data collection, and data entry processes.

- Rationale: Shared language and definitions may promote consistent application of policy and procedures statewide. There is no statewide system in place to collect uniform data on youth attributes/needs or to enter attributes into the same data system. Consistent standardized assessment and collection of data creates an environment for key decision makers to see gaps in service needs for youth and caregivers to better allocate resources. Standardized data would also allow providers to match placements to youth attributes promoting placement stability and decreasing short-term placements and multiple moves consistent with the McIntyre Settlement practice improvement goals. Placement disruption data illustrated key timelines to disruption. Targeted intervention at key intervals to maintain placement and decrease the number of short-term placements. Ending short term placements is a practice improvement commitment for the McIntyre Settlement. Placement Stability TDM's are shown to be an effective placement stabilizing strategy. Ending night to night placements and failure to place are a practice improvement commitment for the McIntyre settlement.
- Implementation Site(s): Statewide

<u>Placement Stability Goal 1 - Permanency Outcome 1 (Item 4)</u>: Kansas Youth ages 11 to 17 will have safe, stable, and planned placements to support well-being and case plan goals supported by CFSR Round 4 placement stability standards. All impacted/improved by the Placement Stability goal: SWDI 4.44, Permanency Outcome 1 (Item 4 & 6), Well-Being Outcome 1(Item 12), Well-Being Outcome 3 (Item 18), Systemic Factor 3 (Item 25), Systemic Factor 5 (Item 29), Safety Outcome 2 (Items 2 & 3), # short-term placements, # of office sleepers/FTP, # youth entering custody				
Strategy 1.1 Implementation Site(s): Brown, Sedgwick, & Shawnee Counties	Decrease number of youths entering care due to FINA removals and non-DCF referred removals by collaboration with court system and education of stakeholders.	Who?	When?	Measurement
Key Activity 1.1.1	Educate, collaborate and create awareness with key community stakeholders on placement instability as it relates to their area of work. a. Conduct an analysis of placement moves by entry/removal reasons. This analysis will demonstrate magnitude of the youth who enter the system, what their placement stability and average length until permanency is achieved. This information is a key educational component creating awareness surrounding the need for foster care. The findings may highlight disparity in placement stability outcomes. b. Explore work being done by the Family in Need of Assessment (FINA) work group to make recommendations about new FINA definitions, policies, and assessment process to align with the Kansas Practice Model (KPM). The new policies once enacted will help decrease those entering and facilitate speedy permanency. Revising the policies will help to address the systemic reasons contributing to inequities. c. Conduct cross-system community forums with key stakeholders/partners to share findings (inclusive of Tribes, courts, communities most impacted by foster entries/placement instability). Goal is to educate at each venue and create engagement. Discussion should include what services they hoped those entering foster care would be given and discuss ICWA values and racial equities. The following venues may be utilized: Child Welfare summit, quarterly residential Tribal meetings, state policy team for KPM, cross-over youth, Joint CW/JJ oversight committee, Supreme Court Task Force on Permanency Planning, law enforcement forum, child advocacy centers quarterly meetings, Governor's subcommittee on children's behavioral health, judges,	LFR workgroup, the Center, Performance Improvement data teams (DCF & CWCMP) DCF Permanency team/leadership LFR Workgroup	Q1 Q2 Q5	Documentation of meetings and activities with stakeholders Documentation of completed analysis of data Documentation of meetings and activities of new FINA workgroup. Revised policy or policy change request documentation of recommendations Documentation of meetings and activities of cross community forums, CWS, Tribal meetings, KPM Policy team, or other forums chosen for completion of this task. Documentation of meetings and activities with Court(s) and OJA regarding TDM and family meetings that are like a TDM Monitoring activities would include review of entries into care for a decrease in

	county/district attorney's forum, school districts, Mental Health Intervention Teams (MHIT). Quarterly State-Tribal Meetings will provide an opportunity to share Tribal-specific data reflecting youth from the four Tribes/Nation within Kansas, as well as other Tribal youth from other states who reside in Kansas. d. Meet with court and local regional staff to discuss FINA cases in a TDM like manner to prevent the need for foster care entry. This meeting would represent a team of DCF staff, community service providers, and other stakeholders who work with the family to identify and access services and supports available to maintain children safely in their home, and prevent children being placed in foster care. Discussion to include timeframe for entering custody if staffing's not completed (specifically to address non eligible TDM cases). Goal is to advocate for TDM like meeting for FINA youth prior to entry. Advocate for the pause = ability to family find, assess needs and resources preventing entry into care and stabilize youth and family in community. (These strategies are also used to stabilize youth in care which leads to timely permanency) If courts agree, it will change practice to divert this age group from coming into care. And this should be shared out through update policy and training for all partners. This forum is meant to extend across DCF referrals, PPC referrals, and private CINC referrals. TDM like meetings will provide an opportunity to identify culturally responsive family supports and needed resources. e. Obtain consensus with court and OJA on key areas for educational and policy needs and provide update to leadership for resource allocation. f. Partner with court and OJA to implement practice and policy changes identified. Implementing changes in policies will help to address the systemic reasons contributing to inequities. g. Utilize the LFR workgroup to monitor ongoing implementation and effectiveness at reduction of non-DCF referrals.	DCF Permanency team/leadership	Q6 Q7 Q7 Q8	number of non-DCF initiated CINC referrals

Strategy 1.2 Implementation Site(s): Brown, Bourbon, Shawnee, & Sedgwick Counties	Promote awareness of existing resources, examine barriers to service delivery and gaps for youth ages 11-17 and their parents/caregivers to ensure entries into foster care are based upon un-addressable safety concerns. Increase or redistribute community resources to cover identified service gaps.	Who?	When?	Measurement
Key Activity 1.2.1	Complete business process mapping of CWCMPs from entry into care to attaining permanency as it relates to service array. Identify strategies or interventions to advance equity and address disproportionalities and disparities. a. Identify business process mapping goals and processes critical in consistency across the state and impact placement stability outcomes. The completed business process map shall include CareMatch data input procedures and updated access standards for CCBHC (Certified Community Behavioral Health Centers). This shall include reviewing resources utilized and gaps. b. Conduct business process mapping with all child welfare case management providers (CWCMP). c. Partner with CWCMP and DCF Leadership to identify recommended changes in policy and practice. d. Implement policy and practice recommendations. Implementing changes in policies will help to address the systemic reasons contributing to inequities. e. Monitor consistent application of policy and practice implementation and data trends.	DCF, CWCMPs	Q2 Q4 Q5 Q8 Q8	Documentation of business process mapping Documentation of meetings and activities held to review and identify strategies Documentation of recommendations of policy changes and practice innovations that come from the business process mapping Stakeholder groups such as CWCMP stakeholder groups, KFAN, KYAC, FFPSA advisory board etc. will be asked to provide feedback on consistent policy and practice. Monitoring of CWCMP award. New policy regarding data entry will be evident and monitored monthly during data recondition.
Key Activity 1.2.2	Conduct peer to peer sessions with other states and Tribes to learn about increasing relative supports for youth ages 11 to 17 and make recommendations to leadership for consideration. a. Explore successful relative supports for youth aged 11-17 via other states. b. Communicate strategies and practice models utilized with Leadership for resource allocation.	DCF	Q8 Q1 Q2	Documentation of completion of peer sessions, documentation of policy updates and practice implementation.

	c. Develop and implement plan of endorsed strategies and practice models. d. Implement model to fidelity. e. Review data for efficacy and monitor consistency of implementation statewide.		Q5 Q6 Q8	
Key Activity 1.2.3	Reconvene Leading for Results work group (LFR) with technical assistance from the Center to facilitate gap analysis, process mapping, collection of results and implementation of strategies. The Leading for Results work group (LFR) shall serve as a feedback loop for strategy implementation. As identified through the LFR work effort, identify ways to advance equity and address disproportionalities.	DCF, LFR workgroup, the Center	Q1	Documentation of LFR workgroup meetings and progress on work plan steps created within the group
Strategy 1.3 Implementation Site(s): Statewide	Utilize culturally informed strategies to improve placement matching through standardized definitions, assessments, data collection, and data entry processes.	Who?	When?	Measurement
Key Activity 1.3.1	Standardize language and definitions used to identify placement moves for more consistent data collection statewide. a. Create a shared list of key definitions and terminology including their associated timelines to standardize outcome by increasing the understanding statewide across all CWCMPs with consistent data collection. For example: planned move, emergency 1 night placement vs. Therapeutic Foster Home 1 night placement. b. Utilize PAC (Permanency Advisory Committee) to provide feedback on standardized definitions to review and determine consensus on key terminology.	DCF, CWCMPs, PAC	Q1 Q3	Documentation of list of key terms and their definitions created by consensus within PAC Standardized definitions shall be added to policy glossary and procedures (sections 0000 glossary and 5000) Utilize PAC to provide monitoring on consistent implementation on data entry procedures.
Key Activity 1.3.2	Standardize assessment and collection methods of youth and caregiver needs at entry into care. a. Review the foster care level of care (LOC) attributes for completeness and clarity. Examine and determine if represented in a culturally responsive manner. b. Develop process for documentation of LOC attributes and associated needs/ behaviors collected in CareMatch or CCWIS for use in placement matching.	DCF, CWCMPs	Q1 Q4	Documentation of LOC review meetings and recommendations for change made by the Group Documentation of changes made in CareMatch or recommendations to CCWIS

				development team regarding review of LOC and associated needs and behaviors
Key Activity 1.3.3	Complete business process mapping of CWCMPs from entry into care to attaining permanency as it relates to standardization of data collection and data entry. a. Identify business process mapping goals and processes critical in consistency across the state and impact placement stability outcomes. The completed business process map shall include CareMatch data input procedures and updated access standards for CCBHC. b. Conduct business process mapping with all CWCMPs. c. Partner with CWCMP and DCF Leadership to identify recommended changes in policy and practice thus improving consistent statewide data practices. d. Utilize the Permanency Advisory Committee (PAC) to monitor ongoing progress and efficacy.	DCF, CWCMPs, PAC	Q2 Q4 Q7 Q8	Documentation of completed business process mapping with each CWCMP Documentation of PAC meetings and activities related to this activity Documented recommendations of policy changes or practice innovations
Key Activity 1.3.4	Develop and implement a culturally responsive, data informed approach to placement service array. a. Work to develop a report which monitors matching of placement based on identified youth attributes and cultural needs. b. Review the placement service array report for capacity based on youth and family needs. Determine who is reviewing the report and identifying trends and placement need gaps. Determine process to communicate analysis with leadership for alignment of resources and to monitor youth with frequent short-term placements. c. Child Placing Agencies (CPAs) shall continue to recruit and support Foster Families who reflect the youth served.	DCF, CWCMPs, CPAs	Q3 Q7 Q8	Report monitoring matching of placement attributes, youth attributes, and cultural needs. This report will also be able to indicate relative placements. Documentation of review of report and analysis Documentation of CPA recruitment activities

Key Activity 1.3.5	Increase support and resources to long-term placements for youth ages 11-17 during the first 90 days to prevent disruptions. a. Develop consensus on targeted intervention and support prior to day 3 of placement and higher intensity of support provided within in 90 days of placement (excluding night to night placements). *Current thoughts are support within 3 days is defined as of visit from CPA resource to foster family to support relationship building and service setup for identified needs. *Intensive support within 90 days is defined as ice breaker occurring and higher frequency of contact from CPA and CWCMP staff. b. Record final decisions and determine policy update needs and communicate out. c. Update policy to reflect identified changes. d. Disseminate through policy venue trainings policy changes to affected parties with understanding for necessity of the changes. The policy venue training is required for all involved staff. e. CWCMPs, CPAs, and DCF identify and implement a standardized process to review. f. Monitor number of night-to-night placements and short-term placements for youth entering care through monthly report indicating number of placements moves, placement type, and time spent in each placement.	DCF, CWCMPs, CPAs	Q1 Q3 Q4 Q7	Documentation of policy recommendations and updates and communications to effected parties Documentation of standardized review process and CMP, CPA and DCF usage of such process Also monitoring SWDI of placement stability
Key Activity 1.3.6	Increase support for Placement Stability Team Decision Making (TDM) meetings to occur prior to change in placement or notice of disruption. a. Utilize Placement Stability TDM data with Placement Stability TDM supervisors to make data-driven decisions surrounding practice. b. Implement practice changes as identified. c. Monitor practice changes for successful implementation utilizing the data.	DCF, CWCMPs	Q4	Documentation of increased usage of PS-TDM over current levels Documentation of recommended practice changes

Permanency

The Child and Family Services Review (CFSR) Round 4 Final Report issued by the Children's Bureau in July 2023 found the following regarding children/youth who entered foster care in a 12-month period:

- 30.2% exited foster care to reunification, adoption, guardianship or living with a relative within 12 months of their entry. The national performance for this data indicator is 35.2%.
- Of the children who had been in care between 12 and 23 months, 40.1% exited to permanency in the subsequent 12 months. The national performance for this data indicator is 43.8%.
- Of the children and youth who had been in care 24-months or more, 32.8% exited to permanency in the subsequent 12 months. The national performance for this data indicator is 37.3%.

Since the formation of the PIP workgroups on August 2, 2023, the permanency workgroup has met a total of 10 times to collaborate on the development of the following goals, strategies, and key activities. The workgroup had consistent participation from a total of 27 professionals and members of the child and family well-being community who offered helpful feedback, ideas, and support in creation of this plan. The permanency workgroup developed two problem statements for consideration:

Problem Statement 1: Kansas is not meeting the timeline to permanency within 12 months because there are policies, procedures, and practices hindering safe and timely permanency for children.

Problem Statement 2: Kansas is not meeting permanency timelines for children with a permanency plan of adoption because there are policies, procedures, and practices hindering safe and timely permanency.

Focus was given to the importance of modifying and improving current procedures or practice hindering safe and timely permanency for children in foster care. Additionally, the workgroup highlighted the need to partner with appropriate stakeholders to implement the identified action plan and streamline processes to reduce differences across counties in Kansas. Through identifying research questions, gathering data, establishing root causes and processing through what can be done to affect change, the following strategies and activities were identified.

Research Questions:

The permanency workgroup created a list of research questions which fell into the following categories relevant to one or both preceding problem statements. Data was gathered to provide information for some, but not all, questions. Data gathered is listed below and is for a cohort of children who entered care in state fiscal year (SFY) 2023.

1. What are the initial removal reasons for all youth in care, and how do those reasons differ when comparing children ages 0-10 and 11-17?

   In Kansas, 2,780 children ages 0-10 years entered care for a primary reason of abuse or neglect. Of those children, 70.9% were removed due to:

   - Lack of Supervision
   - Physical Abuse
   - Physical Neglect

   In Kansas, 1,282 children ages 0-10 years entered care for a primary removal reason of non-abuse/neglect. Of those children, 70.1% were removed due to:

   - Caretaker Inability to Cope
   - Drug Abuse Parent
   - Methamphetamine Use

Of children ages 0-10 years who entered care, 61.2% of removals were initiated by DCF.

In Kansas, 1,258 children ages 11-17 years entered care for a primary removal reason of abuse or neglect. Of those children, 56.9% were removed due to:

- Physical Abuse
- Lack of Supervision
- Abandonment

In Kansas, 793 children ages 11-17 years entered care for a primary removal reason of non-abuse/neglect. Of those children, 73.3% were removed due to:

- Child Behavior Problems
- Caretakers Inability to Cope
- Runaway

Data shows children in the 11–17-year age range are more likely to achieve permanency through reunification rather than adoption.

2. Do higher acuity mental health needs in children 11-17 effect the ability of those children to reach permanency in a timely manner?

Data from regions 3 and 6 show of 140 children ages 11-17, 41.6% of those children have a level of care score of Basic 3, Intensive 1, or Intensive 2, which is indicative of higher acuity needs. Within 12 months of coming into care, at least 15.4% of children 11-17 were placed on the SED, PRTF or IDD waivers. Additionally, 17.3% of children ages 11-17 were placed in a QRTP setting within the first 12 months of referral.

3. How does staff training and turnover affect the ability to achieve permanency timely?

Data included in the legal and judicial stakeholder report indicated staff turnover was a barrier to timely filing and adjudication of termination motions and influenced continuances being granted for termination motions. More detailed information from the report is detailed in Question 7.

Data from regions 3 and 6 show an average of .7% staff turnover rate when a case reaches permanency within 12 months of referral, and a 2.3% staff turnover rate when a case does not reach permanency within 12 months.

4. What are the reasons for delays in filing of parental rights termination, delays in adjudicating motions to terminate, and timely filing of adoption pleadings?

The Legal and Judicial Stakeholder report provided information to the group regarding question 7. Of note, was when considering the question of whether "motions or petition for TPR are filed timely," 64.5% (of 31 total responses) of legal and judicial respondents believed motions and petitions were timely filed either always or usually. When asked if TPR hearings were held timely, 70.9% (of 32 total responses) of respondents believed hearings were held timely either always or usually.

Barriers to filing TPR petition included in the report were:

- Prosecutor case load
- Parents making progress.
- Caseworker or agency issues

Reasons for continuances of TPR hearings include:

- Lack of contact with Tribes

- Lack of appropriate notice or service by publication
- Parental Progress
- Attorney caseload, client conflicts or calendar availability.
- Parent nonappearance
- Crowded court calendars and the need for multiple days of evidence.

Reasons documented regarding times when TPR is not filed:

- Lack of permanency resource for the child
- Insufficient efforts by the agency
- APPLA is more appropriate goal and so termination not pursued.
- Termination not in child's best interest
- Lack of service of process
- Caseworker turnover
- Parent progress

Additional information will be available to determine timeframes in the future, however, data gathering systems within OJA are not all currently functional.

After reviewing data, the team worked through a "5 Whys" analysis to determine root causes. The root causes identified by the permanency group involved cross cutting themes being considered by nearly every workgroup involved in the PIP.

Root causes identified by group included:

1. There is a lack of education and shared definition among DCF, CWCMP and court partners surrounding the concept of safety versus risk factors which leads to delays in timely permanency. Children do best with their families, and risk factors can be addressed with in-home services. Reunification services should be strengths-based, trauma-informed and focus specifically on the current safety concerns preventing that child from returning to their home. Without a shared understanding of what constitutes a safety concern versus a risk factor, unnecessary barriers can be put in place for a family, delaying reunification.
2. Child welfare stakeholders, particularly courts and child welfare practitioners, do not have a common understanding of what is timely permanency.

Goals, Strategies, and Rationales:

Permanency Goal 1 - Permanency Outcome 1 (Items 4, 5, & 6): Kansas will improve timeliness of reintegration and reunification within 12 months.

Strategy 1.1: Improve documentation and communication of safety and risk concerns so that information can be provided to the Court and Parties to allow for more safe and timely reintegration.

- Rationale: Throughout discussions with the workgroup the lack of consistent definitions was a recurring theme. Utilizing the Four Questions model currently in place for placement out of home (i.e. removals from home), with modifications, to focus on reintegration options and permanency plan questions, allows for all child welfare stakeholders in both the courts and the CWCMPs to use consistent language focusing on the ability to safely reintegrate children to their homes.

  The Four Questions was initiated by a group of seven judges in Iowa and utilizes four questions to help determine if a child can be safely kept outside of the foster care system. These questions are utilized to both preserve safety and the relationship of children and youth with their families and communities. DCF has included these questions in Team Decision Making (TDM) meetings and in encounters with families and includes the Four Questions in Court recommendations. Additionally, DCF has discussed the use of the Four Questions with child welfare stakeholders in communities including law

enforcement, courts, attorneys, and others to engage the community in the use of the Four Questions.

The Four Questions are:

1) What can we do to remove the danger instead of the child?
2) Can someone the child or family knows move into the home to remove the danger?
3) Can the caregiver and the child go live with a relative or family friend?
4) Could the child move temporarily to live with a relative or family friend?

In situations where maintaining the child safely out of foster care is not possible, utilizing a modified set of questions could assist the parties to focus on the changes which can be made, or services accessed, to move quickly toward reintegration. If the case cannot move quickly toward reintegration a question can guide the stakeholders to consider if another permanency plan is more appropriate. By utilizing a parallel format to the Four Questions for removal purposes, the Four Questions for permanency shares the same basic simplicity as the original while maintaining a focus on safe and timely permanency.

While shared definitions of risk and safety are important, it is also necessary to ensure the parties to a court case receive information supporting reintegration decisions. A main source of information for courts is the court report submitted by the CWCMP giving details of activities in the case, including services received by the child and family and steps taken to mitigate safety and risk concerns. The workgroup believes supplementing current court reports with specific information regarding safety barriers will increase focus of both case workers and court participants in consideration of risk and safety factors. By including information in the court report template, practitioners are prompted to consider safety and risk prior to every hearing and demonstrate as part of their reporting they have considered whether the child can be safely reintegrated.

- Implementation Site(s) for Key Activity 1.1.1-1.1.3:
  - Judicial District 3, consisting of Shawnee County, Shawnee county in SFY 2023 had an average of 654 youth in care on the last day of the month. The out of home on the last day of the month number ranged from 625 to 712 throughout SFY 2023. Shawnee county had in SFY 2023 an average length of stay in care, regardless of permanency goal, of 31 months. The SFY 2023 average number of months in care for adoption and emancipation was 49 months and for youth with a permanency goal of reintegration the average number of months in care was 14.

- Implementation Site(s) for Key Activity 1.1.4: Statewide

Permanency Goal 2 - Permanency Outcome 1 (Items 5 & 6), Systemic Factor 2 (Item 23): Kansas will improve timeliness of permanency through adoption or achievement of other permanency goals in 12+ months.

Strategy 2.1: Increase timely filing of TPR and subsequent adoptions.

- Rationale: While CFSR data indicates Kansas did not timely file motions for termination of parental rights, the Kansas Legal and Judicial Stakeholder Focus Group report showed a disconnect between data and the belief of legal stakeholders who believed motions for TPR are always or usually submitted or filed timely (64.5% of respondents were in one of these categories) and TPR hearings are held timely usually or always (68.8% of respondents were in one of these categories).

  Including key out of home dates to the Court report creates a consistent understanding by all parties of how long the child has been in an out of home placement. Putting this information in the court report makes the information easily accessible to all parties to the case and centers the information for inclusion in court proceedings throughout the case. While some CWCMP court reports capture the 15

of 22-month deadline date on their cover page, the DCF court report form, PPS 3003, only requires a yes or no answer as to whether the child has reached 15 of 22 months; this decreases the consistency between agencies as it is not required information. Capturing only the date at which a youth has been placed out of home15 of 22 months does not increase permanency for youth within 12 months. Calling attention to dates earlier in the case creates a focus on permanency at all points of the case.

If a permanency hearing or review date falls in month 14, the box would be checked no and further hearings may not be set until 6 to12 months down the road. This date does not provide ongoing information about how long a child has been in custody and does not create a sense of urgency until after the first year of a case has passed. Providing key dates within the first year of the case may provide a sense of urgency in reintegration that does not exist with only the 15 of 22 date.
The workgroup noted in multiple meetings that the push for timely permanency must begin in advance of the 15 of 22 date and ideally be a primary focus in the beginning of a case rather than when a termination timeline has been reached. Legal stakeholders, specifically county and district attorneys and their designees, begin the filing process, utilizing background information from DCF and CWCMPs, therefore, it is important for all individuals involved in the case to understand not only the federal timelines but also to have an easily available mechanism to know how long a child has been out of home.

Process mapping will inform stakeholders in local communities regarding areas where roadblocks exist as well as potential for efficiencies which will allow terminations to be filed timelier which should lead to more timely adoptions or other forms of permanency. Utilizing the workgroup already created in 1.1 allows for a “top to bottom” assessment of timely permanency in a specific judicial district creating a big picture view.

Data shows statewide, after a child reaches legal freedom 41.9% of children are adopted within 12 months; this number falls short of Kansas’ performance standard of 45.8%. However, it does reinforce the workgroup’s belief to improve timely permanency for children in need of foster care the focus must be on the first 12 months of care.

Providing key dates earlier than the 15 of 22 months date keeps these dates before the Court earlier in the process reinforcing that action toward timely permanency must be during the first 12 months of the case rather than when the child has been out of home 15 months.

Implementation Site(s): 2.1.1a-b statewide and 2.1.1c matching to Key Activity 1.1.1 and 1.1.2.

Permanency Goal 1 - Permanency Outcome 1 (Items 4, 5, & 6): Kansas will improve timeliness of reintegration and reunification within 12 months. All impacted/improved by the Permanency goal: Permanency Outcome 1 (Items 4, 5, & 6), Safety Outcome 2 (Items 2 & 3), SWDIs (Permanency)				
Strategy 1.1	Improve documentation and communication of risk and safety concerns so information can be provided to the court and parties to allow for more timely reintegration.	Who?	When?	Measurement
Key Activity 1.1.1 Implementation Site(s): Judicial District 3 (Shawnee County)	Review the current Four Questions concept and collaborate with child and family well-being stakeholders including the court, county or district attorney, CWCMPs, guardians ad litem, parents' attorneys and DCF staff to write similarly styled questions to support targeted reintegration discussions and permanency goal selection and modification to support timely reintegration and permanency goal review and change. a. Partner with child welfare stakeholders including the court, county or district attorney, CWCMPs, guardians ad litem, parent attorneys, and DCF staff in Judicial District 3 to modify the existing Four Questions to address safety concerns and support more timely reintegration efforts and permanency goal selection and modification. b. Collaborate with partners in consistent use of the modified Four Questions and how the questions apply to their individual roles.	Legal/judicial partners, CWCMPs, DCF Permanency team and leadership, DCF Performance Improvement, DCF Communications, OJA	Q1	Finalized set of questions created to utilize for safe reintegration or evaluation of permanency goal.
Key Activity 1.1.2 Implementation Site(s): Judicial District 3 (Shawnee County)	Utilizing the modified Four Questions created as part of 1.1.1: a. Collaborate with implementation site team to create and implement training plans for use of modified questions by child welfare stakeholders in various roles throughout the life of the case. b. Implement modified Four Questions in Judicial District 3.	Legal/judicial partners, CWCMPs, DCF Permanency team and leadership, DCF Performance Improvement, DCF Communications, OJA	Q3	Completed training plans and documentation of implementation of plan.

Key Activity 1.1.3 Implementation Site(s): Judicial District 3 (Shawnee County)	Utilizing the Four Questions (1.1.1) and engaging in training and implementation (1.1.2). Original implementation will occur for 1 month to allow for adjustment of CWCMP staff including this information in court reports. a. Create review tool for use when reviewing court reports and observing court hearings that includes both qualitative and quantitative data. Reviews will be of a sample of hearings occurring over a period of three months. b. Evaluate, with cooperation of DCF Legal, implementation of modified Four Question through court observation and review of CWCMP court reports as contained in the Court file. c. Review evaluation results with the planning team in the judicial district for adaptation of modified Four Questions due to lessons learned during pilot. If there are any identified significant adjustments, pilot those adjustments in the same area. d. If data comparing pre and post pilot timely reintegration supports ongoing use, expand use into additional judicial districts. Considerations for additional pilot sites should include whether the pilot site is below the national performance for children achieving timely permanency as well as willingness of stakeholders in pilot site to utilize the modified questions. e. Evaluate, with cooperation of DCF Legal, implementation of modified Four Question through court observation and review of CWCMP court reports as contained in the Court file in any additional pilot sites.	Legal/judicial partners, CWCMPs, DCF Permanency team and leadership, DCF Performance Improvement, DCF Communications, OJA	Q5 Q5	Documentation of court observations and review of CWCMP court reports showing use of questions Documentation of recommendations for modification of questions post modification and suggestion regarding continued usage and/or addition of use in more sites Copies of redesigned cards and documentation of methods of distribution Documentation of discussions with OJA regarding inclusion of question on CINC Code books and/or production of books with questions included

Key Activity 1.1.4 Implementation Site(s): Statewide	If data supports statewide expansion of modified Four Questions, implement transfer of learning for the Permanency Four Questions in the following ways: a. Design and distribute DCF provided cards and other promotional materials. b. Include modified Four Questions on OJA provided bench cards as bench cards are redeveloped. c. Explore inclusion of both versions of Four Questions with OJA on yearly CINC Code Books to make the questions readily accessible to attorneys and judges. d. Evaluate need for changes to the Court report form or policy with input from the Permanency Advisory Committee and modify court report requirements through the DCF Policy Workgroup process to include specific information addressing modified Four Questions. e. Collaborate with Performance Improvement to adapt the current case read tools to support intentional data collection of current safety barriers in court reports by use of modified Four Questions (Key Activity 1.1). Evaluate case read results to determine additional communication, training or policy needs. f. If 1.1.4.e indicates additional needs for communication or training this will be communicated to CWCMP leadership and DCF and CWCMP training teams for follow up and implementation. g. If 1.1.4.e indicates additional needs for policy clarification, policy workgroup will discuss and change policy as deemed appropriate through the workgroup process.	Permanency Advisory Committee, Performance Improvement, DCF policy workgroup, CWCMPs, DCF Permanency team and leadership, Learning & Development	Q6	Documentation of dates and activities from Permanency Workgroup meetings regarding discussions held on the topic Documentation of meeting dates and discussions of policy workgroup and Permanency Advisory Committee regarding modification of court reports Documentation of meeting dates and times with Performance Improvement to discuss enhancement of current case read tool Documentation of any new read questions to enhance collection of information on modified "Four Questions" Documentation of updated training plans and policy language to include use of modified "Four Questions" in court reports and communications with court personnel and other stakeholders

Permanency Goal 2 - Permanency Outcome 1 (Items 5 & 6), Systemic Factor 2 (Item 23): Kansas will improve timeliness of permanency through adoption or achievement of other permanency goals in 12+ months. All impacted/improved by the Permanency goal: Permanency Outcome 1 (Items 5, & 6), Systemic Factor 2 (Item 23)				
Strategy 2.1	Increase timely filing of TPR and subsequent adoptions	Who?	When?	Measurement
Key Activity 2.1.1 Implementation Site(s): Statewide	Improve understanding of timely permanency of CWCMPs, DCF, Legal Partners and other Stakeholders to facilitate timely filing of TPR. a. Educate child welfare staff and legal stakeholders, including judicial district teams, through opportunities such as the Child Welfare Summit (being held April 2024, in place of Spring Best Practices) and Best Practices in Child Welfare Law Trainings (held 2x/year), about federal timelines for reintegration and adoption so that all partners have a clear understanding of federal timelines. b. Collaborate with Office of Judicial Administration in creating Summit questionnaires and action plans through participation on the child welfare summit planning committee. c. Collaborate with OJA to make materials and recordings from the Child Welfare Summit available to individuals who were not able to attend. d. Evaluate aggregate data provided by Office of Judicial Administration, from the Child Welfare Summit and other training opportunities, including any questions designed to evaluate behavioral change within judicial districts for effectiveness of learning and collaboration activities at the Child Welfare Summit. e. Generalize findings from Child Welfare Summit evaluations and review of action plans, provided by OJA, to inform further training needs for child welfare staff and judicial stakeholders.	OJA, DCF, Permanency Advisory Committee, DCF policy workgroup, legal/judicial partners, DCF Permanency team and leadership, DCF Performance Improvement, CWCMPs	Q2	Documentation of training held at Child Welfare Summit Obtain and review copies of evaluation materials

Key activity 2.1.2 Implementation Site: Judicial District 3 Shawnee County	Engage in process mapping with the team created in Judicial District 3 (Key Activity 1.1.1) to determine specific process barriers which are delaying filing of TPR Motions. a. Utilize process mapping to collaborate with partners to eliminate delays in TPR filing and generalize strategies to increase timely filing of TPR. b. Generalize findings from process mapping evaluation to inform policy recommendations and practice innovations to support timely filing of TPR. c. Engage policy workgroup to revise policy, with input from Permanency Advisory Council, as determined in 2.1.2.b.	DCF Permanency Advisory Committee, DCF policy workgroup, legal/judicial partners, DCF Permanency team and leadership, DCF Performance Improvement, CWCMPs	Q2 Q3 Q4	Documentation of process mapping and notes of meetings and activities held in collaboration with the identified judicial district. Identification of process barriers garnered through consensus of the group Documentation of any policy change or practice innovation created as a result of the process mapping
Key Activity 2.1.3 Implementation Site: Statewide	Utilizing information from 2.1.2 and business process mapping occurring in Placement Stability task 2.1.1.b, institute a collaborative with DCF Performance Improvement and CWCMPs to develop case read questions focused on timely submission of required documents by DCF and CWCMP to legal partners for filing of TPR. a. Develop fidelity measures and reconciliation protocols. b. Coordinate to have CWCMPs complete targeted case reads and reconcile results with DCF Performance Improvement. c. Evaluate case read results to determine any additional policy needs. d. Engage policy workgroup to revise policy, with input from Permanency Advisory Council.	OJA, DCF, Permanency Advisory Committee, DCF policy workgroup, legal/judicial partners, DCF Permanency team and leadership, DCF Performance Improvement, CWCMPs	Q5	Documentation of case read questions Documentation of Fidelity and Reconciliation protocols developed. Documentation of case read results

Key Activity 2.1.4 Implementation Site: Statewide	Explore with Permanency Advisory Committee the inclusion in all court reports information about when the child will reach key out of home timeframes (3, 6, 9, 12, 15, 18 and 24 months) so that all professionals in the case have a clear point of reference for the length of time the child has been out of home. 1. Introduce at the Child Welfare Summit. 2. Engage CWCMPs to include this information in all court reports 3. Include questions in 1.1.3 review tool for use when reviewing court reports and observing court hearings that includes both qualitative and quantitative data. Reviews will be of a sample of hearings occurring over a period of three months. 4. Evaluate, with cooperation of DCF Legal, implementation of key date documentation and review of CWCMP court reports as contained in the Court file. 5. Monitor outcomes data and solicit feedback from legal and judicial partners and CWCMPs to determine if inclusion of this information on court reports has been effective. 6. If determined effective, work with policy workgroup to revise policy to require this information in a specified format.	OJA, DCF, Permanency Advisory Committee, DCF policy workgroup, legal/judicial partners, DCF Permanency team and leadership, DCF Performance Improvement, CWCMPs	Q2	Proposed and / or new court report form for policy changes

Well-Being

The Round 4 Children and Families Services Review (CFSR) identified Items 12, 13, 14, 15, 16, 17, 18, 29, and 30 as having need for improvement. The Well-Being PIP workgroup, consisting of representatives from DCF, the judicial community, various community stakeholders, a tribal advocate, and members with lived experience reviewed these items and collaborated to identify the following problem statements and research questions to guide problem exploration:

Problem Statement 1: Parents and Caregivers of youth involved with or at risk of being involved with the Kansas child and family well-being system are not being engaged as collaborative partners.

Research Questions Related to Problem Statement 1:

1. Are there differences across regions in completion of timely and/or quality case plans?
2. Are there differences across regions in timely and/or quality worker/child and/or worker/parent visits?
3. What is the current case manager, family support worker, or supervisor vacancy/turnover rate regionally/by CWCMP and CPA? What are the case manager and supervisory caseloads for each region/CWCMP and CPA? Any differences by in-home or foster care for CWCMPs?
4. What percent of required Icebreakers are being held?
5. To what extent were mothers/fathers/kin involved in Initial TDMs? Placement Stability TDMs?

Problem Statement 2: Not all families served by the Kansas Department for Children and Families have knowledge of and/or access to equitable services to meet their individual needs.

Research Questions Related to Problem Statement 2:

1. What are the assessed service and support needs of children entering care?
2. What are the assessed service and support needs for children being served in the home?
3. What are the assessed service and support needs for parents?
4. By geographical area, how have different areas of Kansas performed in
5. administering assessments of children/parents/foster caregivers needs?
6. What is the provider capacity for identified service needs regionally?
7. What percentage of youth/parents/caregivers in cases reviewed indicated they
8. declined services that were assessed as needed?

The workgroup relied on the DCF data team for acquisition of relevant evidence which was compiled and reviewed by the team as a whole group. In addition to the data team, evidence for consideration was also provided by KDADS, two CWCMPs (Cornerstones of Care and KVC), Kansas Strong for Children and Families, PIP workgroup members, and by joint review of pertinent sections of the DCF PPM. Key findings were as follows:

Key Findings for Research Questions Related to Problem Statement 1:

The data the Well-Being workgroup was able to access regarding engagement was largely qualitative. The workgroup was not able to clearly identify any data source which indicated whether certain areas of the state, nor certain agencies within the state, had disproportional concern in quality engagement outside of comparing out of home vs. in-home service data.

Through qualitative data review the workgroup discovered consistently low performance regarding involvement and engagement with fathers regardless of service type. Through qualitative data review the workgroup discovered very low performance regarding frequency of visits. Through caseload data provided by the CWCMPs, the workgroup discovered high reunification caseloads. Through review of the DCF PPM, the workgroup discovered little clarity surrounding DCF's expectations for engagement between a CWCMP and a parent during case planning, worker/client visits, and family visitation.

Key Findings for Research Questions Related to Problem Statement 2:

The well-being workgroup found it consistently difficult to gather data surrounding service array in Kansas. It was discovered there is no centralized system to access information on needs assessments. It was discovered

there is little to no comprehensive information available regarding services available to meet an identified need in various areas of the state. It was discovered while families may experience long wait times, some pivotal mental health facilities including PRTF's were licensed for beds they could not fill due to staffing issues. Through qualitative data review it was discovered in-home service cases performed consistently better in supporting children and families through access to needed services.

Following review of the findings, the workgroup came to consensus on the following goal statements:

Goal 1: Increase collaborative engagement with parents and caregivers through the life of their case.

Contributing Factors for Goal #1**:** Parents and Caregivers are not being sought out for invitation to meetings; parents or caregivers are not being asked what they think is important and what they would like help on; inconsistency in structure of case plan meeting across agencies as well as inconsistency in structure of case plan meeting from worker to worker within same agency; privatization; poor rapport between case manager and parent or caregiver; cultural components involving parent feeling shame around involvement with child welfare; lack of consistent acknowledgement of cultural components such as language or tradition during case plans and worker-parent visits; worker turnover; power dynamic between case manager and parent or caregiver; lack of consistent natural support involvement during case plans and visitations.

Goal 2: Improve equity, accessibility, timeliness, and individualization of services in Kansas to meet the needs of families we serve.

Using the CFSR Final Report, identified problem statement, and research question analysis as a guide, the workgroup identified the following contributing factors as barriers to achieving these goals:

Contributing Factors for Goal #2: lack of easily accessible information for workforce on available services to meet individual needs; inconsistent data sharing or information dissemination on what services are available where; low number of available services in rural areas; barriers to access in rural areas such as travel/operating hours/cost; lack of accessible information on identified needs of families in different geographical areas of the state; long wait times; lack of services with operating hours which coincide with evening crisis needs; placement stability; lack of providers who share cultural values with populations disproportionately represented in the child welfare system.

With contributing factors identified, the workgroup utilized Google Jamboard collaboratively to complete the "5 Whys" root cause analysis and came to a consensus on the following root causes:

Root Causes identified by group for Problem Statement 1: Engagement elements of the Kansas Practice Model are not yet integrated into all areas of the Kansas child and family well-being system.

Root Cause identified by group for Problem Statement 2: Professionals interacting with a family involved in the Kansas family and child well-being system, decision makers, program organizers, and leaders, have little to no access to data on the assessed needs and/or services available to meet those needs in various areas of the state. Additionally, the current service array is not functioning at its highest capacity which is needed to adequately serve Kansas families.

From this, the team moved into developing the following goals and strategies:

Well-Being Goal 1 - Well-Being Outcome 1 (Item 13, 14, 15): Improve engagement with parents and caregivers throughout a family's encounter with the Kansas child and family well-being system.

- Rationale: Goal one addresses the need for reform in the practice of engagement with families in Kansas.

Strategy 1.1: Align and ensure implementation of practice expectations for case planning, worker/client interactions, and visitations with the Kansas Practice Model.

- Rationale: Strategy 1.1 supports the goal of improving engagement with parents and caregivers by providing guidance and consistency across the state during identified moments in a case where

quality engagement is pivotal for family success.
- Implementation Site(s): Statewide

Well-Being Goal 2 - Systemic Factor 5 (Item 29, Item 30), Well-Being Outcome 1 (Item 12), and Well-Being Outcome 3 (Items 17 & 18): Improve equity, accessibility, timeliness, and individualization of services in Kansas to meet the needs of families we serve.

Strategy 2.1: Strengthen available mental health and other services provided to Kansas youth through collaboration with KDADS and the CMHC's (Community Mental Health Center) on the transition to a CCBHC (Certified Community Behavioral Health Clinic) model of care.
- Rationale: The CCBHC model is new to Kansas and will change how mental health services are accessed and timelines for service standards. This is a change since the CFSR review. DCF released policy changes effective July 1, 2023, which align with CCBHC standards.
- Implementation Site(s): Statewide

Strategy 2.2: Increase array of available mental health services for Kansas youth through development of Children's Behavioral Interventionist (CBI).
- Rationale: Policy allowing this service to be Medicaid billable went into effect October 1, 2023.
- Implementation Site(s): Statewide

Strategy 2.3: Expand stable placement options available for Kansas youth with high acuity needs through increased capacity of the Therapeutic Family Foster Home model (TFFH).
- Rationale: The purpose of a TFFH is to improve the safety, permanency and well-being of a child or youth with high acuity needs in a family-based setting. A TFFH supports improved mental health status, including emotional and social adjustment, allowing the child or youth to function in a community setting outside of a hospital or residential facility and/or to prevent the need for placement in a hospital or residential facility. By providing a stable placement option, access to consistent physical health monitoring and resources is also improved. A capacity building Request for Proposal (RFP) was published 9/18/2023.
- Implementation Site(s): Statewide

Strategy 2.4: Collaborate with KDADS on improvements to crisis mental health services available Kansas families through support of Mobile Response and Stabilization Services (MRSS).
- Rationale: The MRSS model is a process of mental health crisis service and support in the community in contrast to the family coming to a resource. It is a best practice which aligns with CCBHC standards and increases access equity through a mobile response to meet the whole family's needs in the community location requested by the family.
- Implementation Site(s): Statewide

Well-Being Goal 1 - Well-Being Outcome 1 (Item 13, 14, 15): Improve engagement with parents and caregivers throughout a family's encounter with the Kansas child and family well-being system. All impacted/improved by the Well-Being goal: Well-Being Outcome 1 (Items 12, 13, 14, & 15), Permanency Outcome 1 (Items 4 & 6), Permanency Outcome 2 (Item 10), Systemic Factor 2 (Item 20), Systemic Factor 4 (Items 26 & 27), Placement Stability SWDI Implementation Site(s): Statewide				
Strategy 1.1	Align and ensure implementation of engagement practice expectations for case planning, worker/client interactions, and visitations with the Kansas Practice Model.	Who?	When?	Measurement
Key Activity 1.1.1	DCF Foster Care/Permanency policy writers will explore with the Kansas Practice Model (KPM) Statewide Implementation Team and KPM Steering Committee which established work group's goals best align with this strategy. DCF Foster Care and Permanency policy writers with support of members of the identified KPM work group will identify additional participants or other established workgroups who should be included in this policy review to ensure well-rounded input is provided	DCF Permanency Team, KPM Workgroup	Q2	Documentation of workgroup roster, meeting dates, and activities
Key Activity 1.1.2	Revise DCF PPM policies and forms as needed to align with the KPM and improve consistency in engagement with families.	DCF Permanency Team, KPM Workgroup	Q4	Policy updates published; revisions completed to training curriculum, as needed
Key Activity 1.1.3	Disseminate, train, implement, and monitor best practices on engaging families to child and family well-being professionals.	DCF Permanency Team, Learning & Development	Q5	Documentation of developed plan

Well-Being Goal 2 - Systemic Factor 5 (Item 29, Item 30), Well-Being Outcome 1 (Item 12), and Well-Being Outcome 3 (Items 17 & 18): Improve equity, accessibility, timeliness, and individualization of services in Kansas to meet the needs of families we serve. All impacted/improved by the Well-Being goal: Well-Being Outcome 1 (Item 12), Well-Being Outcome 3 (Items 17 & 18), Safety Outcome 2 (Items 2 & 3), Systemic Factor 5 (Item 20), Systemic Factor 4 (Items 26 & 27) Item 4 and Placement Stability SWDI? Implementation Site(s): Statewide				
Strategy 2.1	Strengthen available mental health and other service accessibility provided to Kansas youth through collaboration with KDADS and the CMHC's (Community Mental Health Center) on the transition to a CCBHC (Certified Community Behavioral Health Clinic) model of care.	Who?	When?	Measurement
Key Activity 2.1.1	Measure effectiveness of July 1, 2023 policy changes which support the efficacy of access to mental health services through an internal audit process. The audit process will entail case reads and interviews, the results of which will show whether practice has begun to align with CCBHC standards. Audit is proposed to be commenced January 1, 2024, and completed in March 2024, reviewing October, November, and December of 2023 policy implementation.	DCF	Q2	Audit
Key Activity 2.1.2	Generalize findings from internal audit report to inform policy recommendations and practice innovations for further support.	DCF Medicaid and Children's Mental Health	Q3	Generalized audit findings disseminated to DCF administratio n and any other identified policy makers and practice innovators
Strategy 2.2	Increase array of available mental health services for Kansas youth through development of Children's Behavioral Interventionist (CBI).	Who?	When?	Measurement
Key Activity 2.2.1	Director of Medicaid and Children's Mental Health will meet with FosterAdopt Connect to create one-pager on process and a FAQ about the service.	Director of Medicaid and Children's Mental Health	Q1	Meeting dates, completed one- pager, completed FAQ

Key Activity 2.2.2	Director of Medicaid and Children's Mental Health will create process to connect FosterAdopt Connect with potential providers to develop capacity.	Director of Medicaid and Children's Mental Health	Q1	Process created
Key Activity 2.2.3	Director of Medicaid and Children's Mental Health will create a process to review and approve or deny training certification for providers to be eligible to bill Medicaid for CBI provider.	Director of Medicaid and Children's Mental Health	Q2	Process created
Key Activity 2.2.4	DCF will request a utilization report on the CBI Service from KDHE to monitor use of this service.	DCF Medicaid and Children's Mental Health	Q4	Utilization Report Obtained
Key Activity 2.2.5	Generalize findings from utilization report evaluation to inform policy recommendations and practice innovations to support increased access to CBI. DCF will disseminate information on the finalized approval process to FosterAdopt Connect as well as other identified potential providers.	DCF Medicaid and Children's Mental Health	Q5	Generalized findings from utilization report disseminated to FosterAdopt Connect any other potential providers
Strategy 2.3	Expand stable placement options available for Kansas youth with high acuity needs through increased capacity of the Therapeutic Family Foster Home model (TFFH).	Who?	When?	Measurement
Key Activity 2.3.1	RFP review team will evaluate proposals to determine outcomes which will be included in Grant awards. Grantees will collaborate with DCF to create measurement tools and determine specific outcomes which will be included in grant awards.	RFP Review Team, grantees, DCF	Q1	Signed NOGA's for selected grantees
Key Activity 2.3.2	DCF will begin to monitor implementation of grants for increased capacity of therapeutic foster homes and success in meeting outcomes in Grant awards.	DCF	Q4	Collection of outcome reports

Key Activity 2.3.3	Generalize findings from evaluation of outcomes to inform policy recommendations and practice innovations to support increase of capacity of therapeutic family foster homes.	DCF Permanency	Q5	Generalized findings disseminated to DCF administration and any other identified policy makers and practice innovators
Strategy 2.4	Collaborate with KDADS on improvements to crisis mental health services available Kansas families through support of Mobile Response and Stabilization Services (MRSS).	Who?	When?	Measurement
Key Activity 2.4.1	Support KDADS in implementation and utilization of MRSS statewide for youth and adults in Kansas through participation in monthly meetings with stakeholders, QLC peer cohorts (6 states and 1 territory), national expert calls, and local state agency meetings.	DCF, KDADS	Q4	Program implemented
Key Activity 2.4.2	Measure impact through increased utilization of MRSS statewide and decrease in hospitalizations due to mental health crisis. Support KDADS in decision making regarding adjustments, as needed, through review of findings during meetings referenced in activity 2.4.1	DCF Medicaid and Children's Mental Health	Q6	Billing report showing use of MRSS, hospitalization report showing decline in MH hospitalizations

Quality Assurance

The Round 4 Children and Family Services Review (CFSR) Final Report identified Systemic Factor 3, Item 25: Quality Assurance (QA), as an opportunity for improvement in Kansas. Stakeholders and the Statewide Assessment identified areas of opportunity for collaboration and consistency in implementing, assessing, and informing systemic CQI activities. The QA workgroup is supported by a wide range of child and family well-being professionals from DCF, Cornerstones of Care, DCCCA, KVC, TFI and SFM. Collaboratively working together, the group identified the following problem statement and research questions to guide CQI problem exploration.

Problem Statement 1: Kansas does not have a cohesive and clear systemic process for using evidence collected through its Performance Quality Improvement activities to inform, implement, and assess program improvement.

Research Questions:

Workgroup Research Questions

1. What DCF performance data is routinely shared with providers? How is it shared? How frequently is it shared? How is performance data typically utilized at the state, regional, and provider levels?
2. What performance metrics does DCF currently use to monitor (state, regional, provider) the delivery of services and achievement of child and family outcomes?
3. What performance metrics do provider(s) currently use to monitor internally their delivery of services and achievement of child and family outcomes? How similar/varied is it across providers?
4. What CQI cycle of improvement does DCF currently use? What do providers currently use? How similar/varied is it across providers? How effective is it being used to identify and resolve problems?
5. What policies/procedures do DCF and providers have to guide their CQI/QA processes and activities? How similar/varied are they?
6. Do providers and DCF staff have access to the qualitative and quantitative data needed to inform practice improvement?
7. Is DCF currently doing "temperature checks" on how the systemic PQI team structure is functioning? Is it accessible? Is what you are provided helpful? Can you understand it? What data do you need? What data/information could be more helpful?
8. Who are we currently engaging as part of our CQI process? How are we engaging them?

Key Findings: The workgroup utilized a simple matrix reflecting DCF and each CWCMPs CQI procedures, policies, and key performance indicators. Workgroup members were asked to share their agency's relevant contextual information to assist with data collection and analysis. During the groups data gathering and sharing, a need was identified to obtain additional input on systemic data accessibility, helpfulness, and understandability for staff across all agencies. To support the goal of assessing contributing factors, a survey was created to gather a "temperature check" on statewide data access. Key findings identified:

1. What DCF performance data is routinely shared with providers? How is it shared? How frequently is it shared? How is performance data typically utilized at the state, regional, and provider levels?
    a. DCF and CWCMPs report similarities and differences with data access across agencies. For case read performance data, there were similarities such as reviews being shared between Regional Performance Improvement staff and the Regional CWCMPs staff. They are requested to respond to the case read results or reconciliation needs in an allotted time frame.
    b. All agencies report access to timely data reports being a barrier to successful data utilization for systemic CQI activities this includes both case-read performance data and administratively produced outcome data.
2. What performance metrics does DCF currently use to monitor (state, regional, provider) the

delivery of services and achievement of child and family outcomes?

Kansas State Operational Definitions for Grant Outcomes and Success Indicators			
Family Preservation: In Home Services Outcomes			
Data Source	**Outcome/ Success Indicator Item**	**Outcome/ Success Indicator Definition**	**Measure**
FACTS	Families are engaged timely program services	Families referred shall be engaged timely in Family Preservation Services.	95%- The number of families referred to services each month who had a case plan completed and signed within 20 days of referral out of those referred to services within the same month. (Both Tier 1 and Tier 2).
FACTS	Children referred to program services are safe from future maltreatment as defined by affirmed or substantiated abuse and/or neglect	Families will not experience affirmed or substantiated abuse or neglect during participation in Family Preservation Services.	95%- The number of families with a signed case plan who did not have a child referred to foster care during the service period or within 30 days of case closure out of referred families to services with a signed case plan. (Both Tier 1 and Tier 2).
FACTS	Children are maintained safely at home with family in Services	Families will not have a child referred to the foster care program during the referral period of services or within 30 days of case closure.	90%- The number of families with a signed case plan who did not have an affirmed or substantiated finding between date of referral and case closure from services out of referred families with a signed case plan. (Both Tier 1 and Tier 2).
FACTS	All children will be maintained in their home safely during services.	Children will not be referred to the foster care program during the referral period of services or within 30 days of case closure.	90%- The number of children with a signed case plan who were not referred to foster care during the service period or within 30 days of case closure out of referred children to FP services with a signed case plan. (Both Tier 1 and Tier 2).
FACTS	Babies are born substance free to pregnant women using non-opioid substances.	Babies are born substance free to pregnant women using substances other than opioids who are referred to Family Preservation Services.	90%- The number of births to families referred to services for reason of substance use other than opioids during pregnancy with a signed case plan, *whose babies were then born with a negative alcohol and drug tox result* out of births to families referred to services for reason of substance use other than opioids during pregnancy with a signed

			case plan. (Both Tier 1 and Tier 2).
FACTS	Women using opioids during pregnancy will be referred for medication assisted treatment.	Women using opioids during pregnancy will receive a referral to medication assisted treatment.	90%- The number of families referred for reason of pregnant woman using opioids during pregnancy, with a signed case plan, *who were also referred to med assisted treatment during pregnancy* out of referred families for reason of pregnant woman using opioids during pregnancy, with a signed case plan. (Both Tier 1 and Tier 2).

Foster Care Case Management: Out of Home Services Outcomes		
Data Source	**Outcome/ Success Indicator**	**Measure**
FACTS: Removal date Discharge date Date of Birth Report Date Occurrence Date Decision Date	Maltreatment in foster care by rate of victimization	8.5 victimizations/100,000 days in care (FC children affirmed reports/total days of all children in FC)
FACTS: Removal date Discharge date All discharge reasons Date of birth Mother's PRT Date of Father's PRT	Achieving permanency for all children with termination of parental rights	96.8% (permanency within 12 months before 18th birthday/ all discharged)
FACTS: Removal date Discharge reason of emancipation Discharge date Date of Birth	Emancipated Children who were in care 3 years or longer	47.8% or lower (3yrs or longer FC/ all emancipated; aged out children)
FACTS: Removal date Discharge reason of emancipation Discharge date Date of Birth	Permanency in 12 months for children entering foster care	40.5% (children discharged within year/ all children entering within year)
FACTS: Removal date Discharge date Date of Birth Placement codes	Permanency in 12 months for children in foster care between 12 and 23 months	43.6% (children discharged within a year/ children remaining 2nd year)
FACTS: Removal date Discharge date Date of Birth Placement codes	Permanency in 12 months for children in foster care 24 months or more	30.3% (children discharged within 12 months/ children in FC 24+ months)

FACTS: Removal date Discharge date Date of Birth Placement codes	Re-entry in foster care in 12 months	8.3% (children re-entered within 12 months of discharge/ children discharged)
FACTS: Removal date Discharge date Date of Birth Placement codes	Placement stability as a rate of moves by days in foster care	4.12 moves/1,000 days in FC (placement move rates/ days in foster care)
FACTS: Placement codes Sibling indicator Out of home end date	Children are entitled to live with their siblings in care when in the best interest of the child	78% (Siblings together in OOHP/ All children with Siblings in OOHP)

3. What performance metrics do providers currently use to monitor internally their delivery of services and achievement of child and family outcomes? How similar/varied is it across providers?
    a. All agencies utilize the above metrics in their respective programs to monitor internally and externally.
    b. Internal performance metrics, not federally measured, vary by agency as they identify monitoring needs unique to them. DCF and CWCMP partners all approach targeting key areas needing support and interventions based on current trends in the outcome data.
4. What CQI cycle of improvement does DCF currently use? What do providers currently use? How similar/varied is it across providers? How effective is it being used to identify and resolve problems?
    a. DCF uses Continuous Performance Improvement (CPI) as their cycle of improvement. It has been identified this cycle is not extended systemically, creating a barrier in the effectiveness of identifying, assessing, and implementing CQI activities with the CWCMPs, timely.
    b. Accreditation requires each CWCMP to adopt and utilize an agency wide CQI plan.
        i. Saint Francis Ministries- Quality Performance Reviews, Quarterly CQI Meetings, Six Sigma,
        Quality Council, and Quality Board
        ii. DCCCA- COA (Council on Accreditation); Performance Quality Improvement- Plan, Do,
        Check, Act
        iii. TFI- COA (Council on Accreditation), Corrective Action Plans
        iv. KVC- Plan Do Check Act, monthly Quality Assessment check-ins.
        v. Cornerstones of Care- COA (Council on Accreditation); Performance Quality Improvement- Plan, Do, Check, Act
5. What policies/procedures do DCF and providers have to guide their CQI/QA processes and activities? How similar/varied are they?
    a. DCF Policy and Procedure Manual has a section dedicated to Continuous Quality Improvement, Section 8000. However, current DCF PI program leadership staff did not possess knowledge of the policies and no training has been identified or created to support the knowledge.
    b. Due to RFP requirements and agency accreditations, each CWCMP has their own set of agency-based policies and procedures supporting their CQI activities.
    c. Through this comparison activity, it was identified each agency has similar policies and procedures and each agency has a functioning infrastructure, separately.
6. Do providers and DCF staff have access to the qualitative and quantitative data needed to

inform practice improvement?

a. DCF utilizes many database systems to input and track different key performances. Some of these systems include:
    i. FACTS, the statewide system of record, which passed the CFSR Round 4 Review
    ii. CareMatch, tracks placements for youth in the custody of the Secretary
    iii. KIDS, CPS tracking of investigation and assessments assigned
    iv. KIPS, PRC assignment database for CPS and APS programs
b. These systems are incompatible in communicating with each other and therefore, data must be manually pulled together. The FACTS system contains most of the necessary information and as the system of record, is the required system to be updated. There are less than five DCF employees in the entire state who have the capacity permissions wise, and training wise, to run quantitative reports necessary to inform practice improvement.
c. Each CWCMP also has their own outcome tracking and data storing systems. Although a handful of DCF employees may have access to the CWCMPs databases, they are not utilized to contribute data unless specifically outlined in the RFPs.

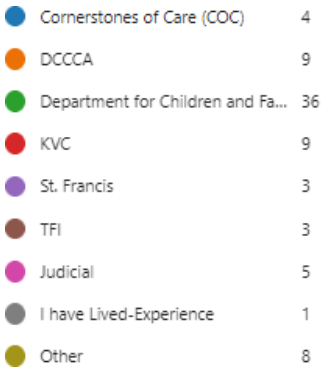
7. Is DCF currently doing "temperature checks" on how the systemic PQI team structure is functioning? Is it accessible? Is what you're provided helpful? Can you understand it? What data do you need? What data/information could be more helpful?
    a. Within each CWCMPs CQI processes, most agencies conduct a temperature check within their respective agencies.
    b. DCF currently provides inconsistent temperature check methods, varying from region to region.
8. Who are we currently engaging as part of our CQI process? How are we engaging them?
    a. CWCMPs leadership and CQI teams intentionally engage each level of their organization in their CQI processes and activities.
    b. DCF works within their own regions and teams to determine who needs to be engaged in the CQI process leading to inconsistencies across the state in engagement practices.

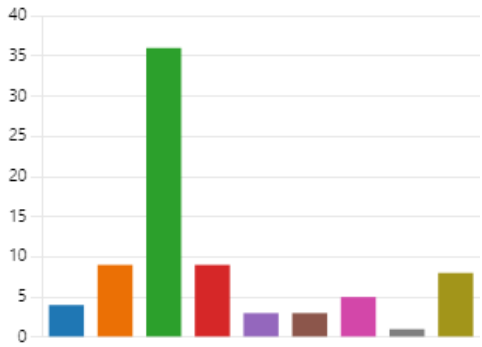
A QA workgroup survey was developed and dispersed as a tool for data collection to support Research Question #7. Survey research questions included the following:

1. On a scale of 1 to 10, how accessible is DCF collected data to you, from the position you are in and the knowledge and access you have?
2. On a scale of 1 to 10, how helpful is the data you are provided?
3. On a scale of 1 to 10, how well can you understand the data available to you?
4. What data do you need?
5. What data/information could be more helpful?

Key findings identified included the following:

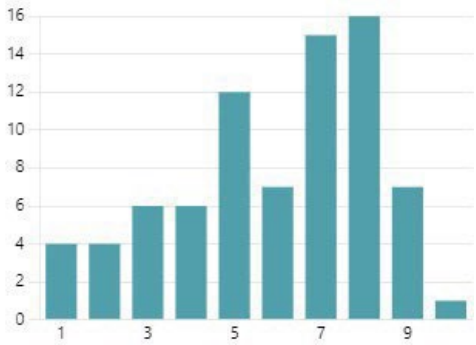
There was engagement across varying agencies, from DCF, CWCMPs, and legal/judicial partners with a total outcome of 78 responses, statewide. The partners who participated are as followed:



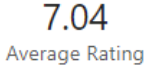


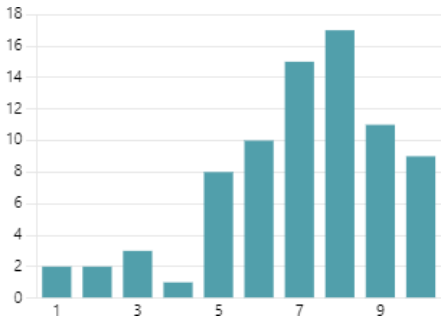
1. On a scale of 1 to 10, how accessible is DCF collected data to you, from the position you are in and the knowledge and access you have? *1 - I have no access to data and no knowledge of where to go or who to speak with to gain access to data. 10 - I have all the data available and I know how to navigate the systems to get to the data*

- Lowest of the ratings out of the 3 scaling questions:
  - 5.92 average.
- Comments:
  - 25 of the 57 applicable responses reported (43.86%):
    - Do not have the access to data they need
    - Do not use data in their work
    - Do not know who to contact to obtain data
    - Indicate data is confusing
  - 23 of 57 responses reported (40.35%):
    - Have access to the data they needed for their work.
    - Know where to go to obtain data they need.



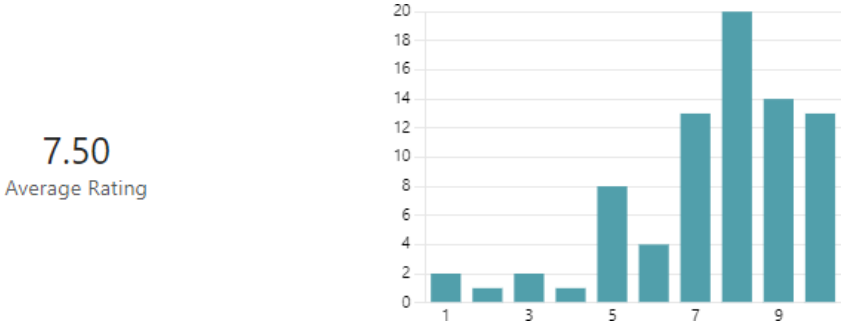
2. On a scale of 1 to 10, how helpful is the data you are provided? *1 - The data provided is of no use to me and I do not know who to go to with questions about the data. 10 - The data is highly useful to me, and I can use the data individually and as a team to help improve performance*
   - Average rating of the 3 scaling questions:
     - 7.04 average
   - Comments:
     - 22 of the 47 applicable responses reported (46.81 %):
       - Discrepancies in the data
       - Delays in posting data
       - Duplicated data
       - People are not sure how data is used for performance improvement as data can be difficult to understand
     - 18 of the 47 applicable responses reported (38.3%):
       - Data received is very helpful in their daily work for CQI activities
       - Caveat being it is helpful when it is received timely and is accurate





3. On a scale of 1 to 10, how well can you understand the data available to you?
   - Highest of the ratings:
     - 7.50 average
   - Comments:
     - 22 of the 48 applicable responses reported (45.83%):
       - Lack of training and support surrounding understanding the data
       - Struggles of how to utilize the data to inform, implement and assess CQI activities.
       - Lack of access to data across the various agencies and levels.
     - 18 of the 48 applicable responses reported (37.5%):
       - Data is helpful and easily understandable

   Important Insight: It was reported data access, understandability and helpfulness varies greatly depending on factors of position with agency, agency you work for and experience/education.



4. What data do you need?
   - 40% of respondents "not sure" what data they need
   - Respondents want access to timely and accurate data including:
     - Reason for removal
     - Names
     - Ages
     - Race
     - Biological parents
   - Respondents need different data, depending on agency and position:
     - Quality Assurance:
       - AFCARS Error Report
       - Candidate for Care errors
       - Quarterly Case Read data
       - Settlement Case Read data
       - Individual documents (court reports, case plans, case notes, and court orders)
     - DCF Child Protection:
       - Safety
       - TDM
       - Case findings
       - Missing determinations

Important Insight: This reflects how many of our teams feel disconnected, both from each other and from the CQI process.

5. What data/information could be more helpful?
   - 40% of respondents "not sure" what data/information could be more helpful
   - Respondents individually want access to data including:
     - Diversity, Equity and Inclusion statistics
     - Biological parent information, especially for *adopted children*

        - Case planning information
        - Historical information for families
        - Percentages of families referred to services
        - Foster placements
    - Respondents systemically want:
        - System to run specific inquiries for data
        - Consistent and reliable data
        - Education on the data systems
        - Education on the outcomes tracked

Important Insight: This reflects the need for systemic and internal partners to have education on and access to the data-storing systems. Particularly, needs identified a lack of education surrounding how to interpret the data and being able to apply it to systemic CQI activities. Each of the functioning infrastructures require different data support for their programs and in order to function effectively.

Goal Statement: Kansas will have a cohesive and clear systemic process for using an integrated systemic CPI process to use evidence/data collected through the CPI activities to inform, implement, and assess program improvement.

Contributing Factors: Through the data collection and comparison process, the main contributing factors were identified.

1. The reconciliation process (both case read and outcomes) is inconsistent in how/when data is shared and collected across the state.
2. Systemic communication related to data and PQI is lacking in formalized processes, to set up needed data and PQI activities to get from the individual(s) who provide data to all the people who need the data. Communication of numerical data and PQI activities is not always communicated in an engaging or consistent way supporting performance improvement.

Root Cause: After identifying the contributing factors, the QA workgroup conducted a 5 Whys activity to narrow down the root causes of inconsistent data reconciliation processes and systemic communication barriers.

The conclusion of the "5 Whys" activity, identified the following barriers to successful systemic CQI activities:

- Data quality
- Data access
- Data use

Quality Assurance Goal 1 - Systemic Factor 3 (Item 25): DCF and Child Welfare Case Management Providers (CWCMPs) will have consistent communication through advancement of the Systemic CQI process by improving data quality, improved accessibility to shared data, and creating multi-agency CQI collaboration opportunities to support data collected through the systemic CQI activities will be used to inform, implement, and assess program improvement across the state.

Strategy 1.1: Improve the collaboration between the involved parties, including case teams who produce forms that data comes from, leadership who disseminates information, and data entry teams at DCF and CMP's, to support consistency of collaboration by producing a space for systemic PI resources, providing PI education, and structuring a case read statewide reconciliation and feedback process. Rationale: Supports the goal of having improved systemic communication by producing a space for PI resources to house, develop and monitor educational materials with QA stakeholders, alike. DCF Task Force will support the goal of improved and consistent communication by collaboratively developing a statewide case read feedback and reconciliation structure. This improves data sharing practices by providing education on shared data and implementing new processes for increased data exposure activities.

Strategy 1.2: Establish an intentional multi-agency integrated Alliance to structure a collaborative space between DCF and CWCMPs to support agency collaboration to inform, implement, and assess practice activities.

- Rationale: Supports the goal of having improved systemic communication by establishing an Alliance to provide an intentional space for all agencies to come together and review current data trends. This will provide opportunities systemically, to identify strengths and areas in need of improvement to strategize collaboratively and recommend strategies for practice improvement at a minimum of quarterly. This will support consistency in Kansas' CQI activities being used to inform and assess implemented positive practice changes.

Quality Assurance Goal 1 - Systemic Factor 3 (Item 25): DCF and Child Welfare Case Management Providers (CWCMP)will have consistent communication through advancement of the Systemic CQI process by improving data quality, improved accessibility to shared data, and creating multi-agency CQI collaboration opportunities to support data collected through the systemic CQI activities to inform, implement, and assess program improvement across the state.

All impacted/improved by the Quality Assurance goal: Systemic Factor 3 (Item 25), Safety Outcome 1 & 2, Permanency Outcome 1 & 2, Well-Being Outcome 1, 2, & 3, Systemic Factor 2 (Items 20 & 23), Systemic Factor 4 (Items 26 & 27), Systemic Factor 5 (Item 29)

Implementation Site(s): Statewide

Strategy 1.1	Improve the collaboration between the involved parties, including case teams who produce forms that data comes from, leadership who disseminates information, and data entry teams at DCF and CMP's, to support consistency of collaboration by producing a space for systemic PI resources, providing PI education, and structuring a case read statewide reconciliation and feedback process.	Who?	When?	Measurement
Key Activity 1.1.1	Provide a space for Systemic PI staff to have access to resources and ensure the continual updating/monitoring of those resources. a. Establish a DCF Teams Resource Channel to serve as a PI Systemic Resource to support the Alliance (Strategy 1.2) and staff across all agencies having the same ease of access to case read and outcome resources and tools. b. Develop a Resource Monitoring Agreement outlining: a. Procedure of monitoring and updating the resources relevant to each agency b. Specific roles from each agency assigned to monitor their agency's resources c. Procedure of monitoring and updating the Systemic Organization Chart (KA 1.1.2) d. Timeline of monitoring and updating activities e. Process for accountability support (intended to provide structured support if the commitment of monitoring and updating is not being fulfilled by an identified role) f. Timeline of monitoring efficiency of PI Systemic Resource channel and Resource Monitoring Agreement - to support the success of providing current resources to and by all agencies. c. Implement Resource Monitoring Agreement according to identified timeline to support the structured success of up-to-date resources being shared. d. Conduct "temperature" check ins to assess usefulness to of the Systemic PI Resource Teams Channel to PI staff across all agencies to support improvement to the Channel as needed.	DCF Performance Improvement Program Manager & EBITS Alliance (Key Activity 1.2.1) Alliance (Key Activity 1.2.1)	Q1 Q3 Q4 Q4	PI Systemic Resource TEAMs channel is accessible Documentation of meeting notes, meeting agendas, and meeting dates Written protocol of Resource Monitoring Agreement from the Alliance Survey results from "temperature" check-in

Key Activity 1.1.2	Provide Systemic PI staff with contact and educational resources. a. Gather and combine Performance Improvement/Quality Assurance organizational charts introducing current PI staff and a brief synopsis of their roles and responsibilities, to support a systemic PI organizational chart being created to store contact information in one place. b. Combine Performance Improvement/Quality Assurance organizational charts across all agencies producing one systemic chart to support the goal of sharing data by providing a tool to identify who to share data with and any PI/QA vocabulary barriers to sharing data. c. Share combined systemic PI organizational chart on the Systemic PI Resource Teams Channel to support equal access to PI/QA contact information for consistent data sharing.	Alliance (Key Activity 1.2.1)	Q2	Documentation of meeting notes, meeting agendas, and meeting dates Documentation of each agency's PI organizational charts Documentation of one combined systemic PI organizational chart uploaded and stored on the Systemic PI Resource Teams Channel
Key Activity 1.1.3	Improve DCF's PI case read reconciliation and feedback structure. a. Form a temporary DCF Task Force to develop a consistent case read reconciliation and feedback structure to support the process of sharing and receiving case read findings across all regions of the state being consistent in delivery with the CWCMPs. b. Compile a crosswalk of each region's current case read feedback and reconciliation methods to support a consistent method of case read feedback and reconciliation being structured. c. Consult and collaborate with the Alliance as Subject- Matter-Experts to support successful feedback and reconciliation engagement with the CWCMPs. d. DCF task force will create educational and supportive case read reconciliation and feedback documents such as: Outline of new process including roles, responsibilities, and timeline of CQI activities o Training on the new process o Templates relevant to the new process To support DCF PI staff as they learn the new process. e. Implement Task Force's structured quarterly case read reconciliation and feedback procedure with CWCMPs to support Kansas's goal of improved data sharing practices across all regions. f. Monitor implemented change by conducting quarterly "temperature" check ins on efficiency and quality of the feedback structure with the	DCF PI Staff Task Force (Key Activity 1.1.3) Task Force (Key Activity 1.1.3) & Alliance (Key Activity 1.2.1) Task Force DCF Regional PI staff & CWCMPs	Q1 Q2 Q2-Q3 Q3 Q3 Q4	Documentation of Task Force roster, meeting notes, meeting agendas, and meeting dates Documentation of crosswalk compiling each region's current feedback and reconciliation processes Documentation of Alliance and Task Force meeting notes, meeting agendas, meeting dates and emails exchanged Documents outlining structured PI case

	Alliance to support quality of data delivery will being assessed consistently. g. Implement any agreed upon revisions to the case read reconciliation and feedback structure as identified to support practice continuously improving.	Alliance (Key Activity 1.2.1) & DCF PI Program Manager DCF PI Regional staff & CWCMPs	As needed	feedback and reconciliation process Documents developed and uploaded to the Systemic PI Resource Teams Channel to provide examples and templates for DCF PI staff in the development of reconciliation and feedback sessions Survey results from "temperature" check-in
Key Activity 1.1.4	Update the Performance Improvement Learning System (PILS) to enhance the ability to report and analyze characteristics of the youth alongside the case read results, to support data reflecting practice across various youth demographics and informing systemic CQI activities. Characteristics to be gathered include: • Race • Ethnicity • Who petitioned the removed? • Sex • Pronouns • Health insurance before entry • Tribal affiliations • Number of siblings • Grade • Reason for removal • Disability • Conditions of disability • School district • Reason for youth staying in care	DCF/PI and PILS vendor	Q1	PILS reports inform youth characteristics and are used to inform CQI activities

Strategy 1.2	Establish an intentional multi-agency integrated Alliance to structure a collaborative space between DCF and CWCMPs to support agency collaboration to inform, implement, and assess practice activities.	Who?	When?	Measurement
Key Activity 1.2.1	Form the systemic PI Alliance and structure a process for Alliance collaboration. a. Draft a memorandum inclusive of: Team charter role expectations Group objectives Rules of Engagement Meeting logistics (meeting at least quarterly) Agreement on disaggregation of data at multiple levels To support a clear and consistent foundation of expectations and goals for the Alliance b. Review current data trends, identifying strengths and areas in need of improvement to strategize collaboratively and recommend strategies for practice improvement at a minimum of quarterly to support consistency in Kansas' CQI activities being used to inform and assess implemented positive practice changes. c. Share recommended strategies for practice improvement with each Alliance member's agency or program, to support the agency or program's ability to adapt practice, positively. d. Implement the practice change recommendations at each agency or in each program as key decision makers determine best practice for their workforce and communities to support positive practice adaptation. e. Monitor and evaluate Alliance recommended strategies during each quarterly Alliance CQI meeting to support the feedback loop of the systemic CQI process and ensure best practice outcomes. f. Monitor effectiveness of the Alliance structure by conducting "temperature" check ins to support	DCF & CWCMPs Alliance Alliance Alliance Alliance Alliance Alliance	 Q2 Q3 Q3 Q4 Q5 Q6-Ongoing	Documentation of Alliance roster, meeting notes, meeting agendas, and meeting dates Documentation of memorandum Documentation of recommendations and strategies identified during quarterly CQI meetings Documentation of performance measures impacted by implemented recommendations and strategies identified during quarterly CQI meetings Documentation of meeting notes reflecting assessment and

	consistent and collaborative communication surrounding informing, implementing, and assessing systemic CQI activities.			monitoring of previously implemented strategies, ensuring longevity of improvement Survey results from Alliance "temperature" check-in
Key Activity 1.2.2	Provide education to systemic PI staff on the statewide key performance indicators and outcomes. a. Compile education on the Systemically utilized set of key performance indicators and outcomes. b. Share indicators and outcomes education on the Teams Channel PI Resource Hub to support staff across all agencies have equitable access to data education resources.	Alliance Alliance Alliance	 Q4 Q4	Documentation of Alliance roster, meeting notes, meeting agendas, and meeting dates Documents outlining Kansas' already existing key performance indicators and outcomes uploaded to the Systemic PI Resource Teams Channel

Training

The Children and Families Services Review (CFSR) identified two training items as needing improvement.

Item 26, Initial Staff Training read "The standards and requirements for initial training completed by new staff at the contract case management providers are less certain. While contract in-home and foster care caseworkers must complete basic online courses prescribed by DCF, the remainder of the curriculum, process, and timeframes seems to vary by agency. Each agency is responsible for ensuring their staff complete initial training, and there appears to be very little oversight or monitoring by DCF. Additionally, stakeholders expressed varying levels of confidence about whether the initial training addressed the basic skills and knowledge needed by new staff to carry out their duties."

Item 27, Ongoing Staff Training read "Kansas does not have a clear, consistent process and mechanism for ensuring ongoing training requirements for staff are met. While some opportunities for joint training exist, each agency appears largely responsible for the ongoing training provided for their staff and independently ensuring staff meet ongoing training requirements. The result is a fragmented training and recordkeeping system, and the state was unable to provide data and evidence showing staff consistently completed ongoing training as required and demonstrating staff are provided ongoing raining addresses the basic skills and knowledge, they need to carry out their duties."

It is from these two items the Training Workgroup consisting of representatives from DCF and each CWCMP as well as a tribal advocate, derived the problem statement "Kansas does not have a clear consistent process and mechanism for ensuring initial and ongoing training requirements for child welfare staff are met and address the basic skills and knowledge they need to carry out their duties." The group then began a comprehensive analysis of what each agency's training system has to offer, and sought to answer the following research questions:

1. How does the training curriculum, process, and timeframes vary by agency?
2. What attendance reports are available? How do you monitor completion of training?
3. How varied are competencies for training?
4. How often are workers carrying cases before training is completed?
5. How are we measuring knowledge, skills, and readiness?
6. How often are agencies communicating with each other about training and what is the method for communication?
7. Is there anything unique about the community you serve being addressed through training of your child welfare staff?
8. Do providers have anything within their structure or processes to consult with people with lived experience pertaining to training development and delivery?

Key findings of research questions:

1. How does the training curriculum, process, and timeframes vary by agency?

The answers to this question varied greatly across agencies, with one agency holding new staff on 'probation' for six months and giving them up to a year before receiving a full caseload, and two agencies reporting 90 days. All agencies reported there is a blend of pre-recorded computer training, in-person training, and virtual training. Other than preservice training, agencies are not using common curricula.

2. What attendance reports are available? How do you monitor completion of training?

At the time this discussion was happening, one CWCMP had just launched a new Learning Management System (LMS) on 8/21/23 and had not been able to identify how attendance would be reported. Previously they had been counting by hand.

Another CWCMP was in the process of changing LMS systems. CWCMPs have access to DCF's LMS for the DCF- required initial trainings, but ultimately each agency's LMS and how they use them varied as well, thus also the capabilities for what reports are available, with some agencies saying they can run reports on individual staff members, and some reporting they can run reports for the classes they offer.

3. How varied are competencies for training?

Each agency is training to their specific skillset and have been able to identify competencies required per their skillset and specific evidence-based models they are using. Discussion uncovered not only are competencies vast and varied, but each agency seems to have a different definition of what a 'competency' entails.

4. How often are workers carrying cases before training is completed?

Each agency reported what training requirements (which are also not consistent across any two agencies) need to be met before workers are assigned cases and DCF cited "If workers are being assigned to cases before training is completed, that is not being reported to the training team or management." One agency requires supervisors to carry the new staff member's caseload until the new staff member can have their own cases, another reported team members can be assigned to a case as an 'assistant case manager' to gain shadowing experience, with the other agencies reporting varying time frames before cases can be assigned to workers.

5. How are we measuring knowledge, skills, and readiness?

Some agencies utilize pre- and post- test evaluation methods to measure staff readiness, all agencies in some of their trainings utilize training quizzes. The biggest similarity across DCF and CWCMPs was readiness is supervisor-led. Staff's supervisors are ultimately the ones responsible for making the link between classroom learning and experiential learning and ensuring staff are working competently in the field. This led to further questions about how we might be ensuring supervisors have the basic skills and knowledge they need to develop competent staff.

6. How often are agencies communicating with each other about training and what is the method for communication?

Ultimately, agencies are not in regular communication. There have been efforts made previously to put DCF and CWCMP in regular communication but staffing changes at the administrative level have led for this task to be neglected.

7. Is there anything unique about the community you serve being addressed through training of your child welfare staff?

All agencies cited training pertaining to the LGBTQIA+ community and the availability of the NICWA online (Indian Child Welfare Act) training through the DCF Learning Management System, one agency reported training for hair care. All agencies also cited training pertaining to trauma-informed care and poverty. Agencies did not report consulting directly with the Kansas tribes on their ICWA curriculum. DCF reported joint training opportunities with the military base Fort Riley in Manhattan, KS.

8. Do providers have anything within their structure or processes to consult with people with lived experience pertaining to training development and delivery?

Some agencies report consulting with youth councils pertaining to training. One reported there is a parent engagement group they work with where they take feedback from parents the agency has worked with and pass information along to the training team. Many agencies report they hire many people with lived

experience at each level of the agency.

While the research questions did not uncover failures with any specific agency's training system, we were able to validate the issue that Kansas does have a "fragmented training and record-keeping system." Each agency utilizes a different set of standards and has a different practice model.

From the problem statement and the great variance uncovered by analysis, the workgroup derived the following goal statement:

"Kansas will implement a training process including a shared set of competencies needed to practice child and family well- being across the state and will ensure consistent fulfillment and evaluation of initial and ongoing training requirements and ensure training addresses identified Kansas competencies."

Through the PIP work to follow, Kansas DCF and CWCMP will collaborate to identify a shared set of competencies to ensure that practitioners in different agencies across the state are practicing according to a shared standard. This shared set of competencies will operate as standard practice, allowing for further skills to be developed within each individual agency that meets their own unique goals according to their specialties.

Using the Final Report, the problem statement, and the research question analysis as a guide, the workgroup sought to identify contributing factors to what has been a barrier to achieving this goal previously. The contributing factors uncovered were worker turnover, turnover at the administrative level, privatization, supervisor-reliance, minimal sharing of information and resources, variance within agencies, variance between agencies, lack of core competencies, lack of shadowing opportunities, software capabilities, unclear tracking requirements. From this, each contributing factor was sorted into a "Practical Experience and Support Issue" and "Administrative Inconsistency."

Practical Experience and Support	*Administrative Inconsistencies*
Worker turnover- competencies and skills are hard to grow – new workers are shadowing slightly less new workers	Turnover at administrative level
Supervisor reliant but not knowing capabilities of supervisors	Privatization and sophistication of multiple tracking systems
Lack of shadowing opportunities – shadowing is unstructured	Minimal sharing of information and resources
	Variance even within agencies- then variance between agencies
	We haven't identified statewide core competencies for child welfare staff
	"Sit and wait" barriers- trainings available to be offered, training needing to change based on external factors like legislation
	Software capabilities- when trainings are 'broken'
	Not knowing what we want to or what we need to track

Root Cause:

It was with these two categories the workgroup completed a “5 Whys” root cause analysis and uncovered the following root cause, with assistance from partners from the Center while at the on-site PIP meeting:

"Need for shared level of core competencies and infrastructure to track training and the basic knowledge and skills of the workforce.”

From this, we moved into developing the following goals and activities:

Training Goal - 1 Systemic Factor 4 (Item 26 and 27: Kansas will ensure staff training is based on shared expectations and provides the basic skills and knowledge related to child and family well-being.

- Rationale: Goal one addresses the lack of a shared set of competencies and will identify a shared expectation for what ‘basic skills and knowledge’ mean to Kansas across DCF and CWCMP.

Strategy 1.1: Adopt and implement a shared set of competencies for child welfare practitioners working in DCF and Child Welfare Case Management Providers (CWCMP) in Kansas

- Rationale: Strategy 1.1 supports the goal of defining ‘basic skills and knowledge’ needed to practice child and family well-being by collaborating across DCF and CWCMP to research, identify, troubleshoot, and reach consensus regarding core competencies to be adopted by the state’s entire child welfare system. The workgroup will then compare competencies to existing training to strengthen current curriculum if necessary and ensure all state competencies are covered.

Strategy 1.2: Identify a shared process across DCF and CWCMPs for tracking and ensuring training requirements are met, both initial and ongoing, to ensure training addresses core competencies and basic skills and knowledge needed by staff to carry out their duties.

- Rationale: Strategy 1.2 will ensure Kansas is practicing according to the shared set of competencies identified under strategy 1.1. This strategy supports goal 1 by ensuring staff will be trained according to baseline competency before they are assigned cases and doing direct client work. Strategy 1.2 also ensures Kansas will have a process to demonstrate staff have completed the initial and ongoing training requirements necessary to engage with families and carry a caseload.

Training Goal - 1 Systemic Factor 4 (Item 26 and 27): Kansas will ensure staff training is based on shared expectations and provides the basic skills and knowledge related to child and family well-being. All outcomes and/or items impacted/improved by the Training Goal: Systemic Factor 4 (Items 26 & 27) Implementation Site(s): Statewide				
Strategy 1.1	Adopt and implement a shared set of competencies for child welfare practitioners working in DCF and CWCMPs in Kansas	Who?	When?	Measurement
Key Activity 1.1.1	Identify Core Competencies for Kansas' Child Welfare Workforce a. Research other states and other organizations' core competencies b. Analyze and compare current competencies currently identified and trained by DCF and each CWCMP c. Recruit focus group members to provide input for core competencies (front line staff, lived experience, subpopulations, stakeholders) d. Reach consensus about the shared set of core competencies e. Present shared set of core competencies to inter-agency Training Steering Committee f. Revise core competencies if necessary, based on steering committee input?	Training Steering Committee (CWCMPs & DCF)	Q2	Written Feedback from Focus Groups Documentation of shared approved competencies from Training Steering Committee Meetings.
Key Activity 1.1.2	Crosswalk approved set of shared competencies. a. DCF and CWCMP will each review their agency's curriculum for evidence of training according to competencies and present to workgroup b. DCF and CWCMP will search curriculum for gaps in training regarding shared competencies c. Workgroup will reach consensus about needs for revision to training curriculum d. DCF and CWCMP will revise training as needed to address any competencies previously missed	Training Steering Committee (CWCMPs & DCF)	Q3	Evidence from each agency's curriculum of training according to each shared competency (i.e., curriculum slides, trainings, handouts.) Evidence of any changes to curriculum.
Key Activity 1.1.3	DCF and CWCMP will implement revised training a. Communicate the shared Kansas Core Competencies b. Announce changes to training as needed across DCF and CWCMP c. Begin training according to changes	Training Steering Committee (CWCMPs & DCF)	Q3	Documentation and meeting dates from meetings where changes were being communicated Emails detailing changes to current curriculum Evidence of use of improved curriculum

Strategy 1.2	Identify and implement a shared process across DCF and CWCMP for tracking and ensuring training requirements are met, both initial and ongoing, to ensure training addresses core competencies and basic skills and knowledge needed by staff to carry out their duties.	Who?	When?	Measurement
Key Activity 1.2.1	Identify shared key measures to monitor if staff are completing initial and ongoing training as required a. Review training plans of all CWCMP and DCF b. Identify common elements and gaps across training plans c. Reach consensus regarding a shared set of key elements to be tracked d. Inform and consult with Training Steering Committee	Training Steering Committee (CWCMPs & DCF)	Q3	Documentation and Meeting Dates from Training Steering Committee Meetings
Key Activity 1.2.2	Identify a shared process to ensure staff have the basic skills and knowledge needed to carry out their duties a. Review what each CWCMP and DCF already have in place to assess training completion and staff readiness b. Identify common elements and gaps across measurement and assessment processes c. Reach consensus about achievement/baseline standard for how this will be tracked d. Identify common set of performance metrics e. Identify how often reporting will be happening and with whom the report will be shared f. Identify a method and timeline for regular collaborative data analysis and need to adjust across CWCMP and DCF g. Initiate implementation of collaborative meetings according to agreed upon timeline	Training Steering Committee (CWCMPs & DCF)	Q4	Documentation and Meeting dates from Training Steering Committee Meetings Written protocol Action plan/agenda for future meetings

Section III: CFSR Round 4 PIP Measurement Plan

State/Territory: Kansas

Date: 10/13/2023

Re-Submitted: November 30, 2023; March 1, 2024; April 3, 2024

Statewide Data Indicators

States have two pathways to achieve the required amount of improvement for each SWDI included in the PIP Measurement Plan. Achievement of the required amount of improvement for SWDIs is determined by whichever pathway is achieved first.

1. The first pathway is for the state's observed performance for a 12-month reporting period to meet or exceed the improvement goal.
2. The second pathway is for the state's RSP for a 12-month reporting period to be better or no different than national performance.

Statewide Data Indicator Measure Information—Observed Performance Goals

Table 1A. Safety Outcome 1: SWDI Measure Information—Observed Performance Goals

Statewide Data Indicator[1]	PIP Status: PIP or No PIP[2]	Baseline 12-Month Reporting Period[3]	Baseline Observed Performance[4]	Observed Performance Goal[5]
Recurrence of Maltreatment	No PIP	N/A	N/A	N/A
Maltreatment in Foster Care	No PIP	N/A	N/A	N/A

Table 1B. Permanency Outcome 1: SWDI Measure Information and Observed Performance Goals

Statewide Data Indicator[1]	PIP Status: PIP or No PIP[2]	Baseline 12-Month Reporting Period[3]	Baseline Observed Performance[4]	Observed Performance Goal[5]
Permanency in 12 Months (Entries)	PIP	20B21A	31.7%	33.5%
Permanency in 12 Months (12-23 Months)	PIP	22A22B	37.5%	39.9%
Permanency in 12 Months (24+ Months)	PIP	22A22B	36.0%	37.5%
Reentry to Foster Care in 12 Months	No PIP	N/A	N/A	N/A
Placement Stability	PIP	22A22B	7.30	6.55

Case Review Items

States have two pathways to achieve the required amount of improvement for a case review item measure:

1. The first pathway is to meet or exceed the sustained improvement goal in any three measurement periods.
2. The second pathway is to meet or exceed the high-performance value in any single measurement period.

To determine that a PIP measurement goal is met using case review data, the following measurement criteria must be met: (1) CB confidence in the accuracy of results, (2) significant changes not made to the case review schedule, (3) the minimum number of applicable cases reviewed that were required for each item, and (4) the distribution/ratio of cases from Measurement Period 1 (baseline) maintained. A +/-5% tolerance is provided to the proportion of cases reviewed in the metro site or site with the largest case population and by case type when comparing Measurement Period 1 (baseline) with subsequent measurement periods.

Measurement Period 1 (Baseline) Case Review Period[1]: 3 Months Following PIP Approval

Case Review Item Measure Information

Table 2A. Safety Outcome 1: Case Review Item Measure Information

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	Number of Applicable Cases[5]	2% Tolerance Applied to Applicable Cases[6]	Number of Cases Rated as a Strength	Measurement Period 1 (Baseline) Performance[7]	Sustained Improvement Goal[8]	High-Performance Value[9]	Item 1 Aggregate Measure Goal[10]
Item 1 (Aggregate Measure): Timeliness of Initiating Investigations of Reports of Child Maltreatment[3]	PIP							

Table 2B. Safety Outcome 2: Case Review Item Measure Information

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	Number of Applicable Cases[5]	2% Tolerance Applied to Applicable Cases[6]	Number of Cases Rated as a Strength	Measurement Period 1 (Baseline) Performance[7]	Sustained Improvement Goal[8]	High-Performance Value[9]
Item 2: Services to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	PIP						
Item 3: Risk and Safety Assessment and Management	PIP						

Table 2C. Well-Being Outcome 1: Case Review Item Measure Information

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	Number of Applicable Cases[5]	2% Tolerance Applied to Applicable Cases[6]	Number of Cases Rated as a Strength	Measurement Period 1 (Baseline) Performance[7]	Sustained Improvement Goal[8]	High-Performance Value[9]
Item 12: Needs and Services of Child, Parents, and Foster Parents	PIP						
Item 13: Child and Family Involvement in Case Planning	PIP						
Item 14: Caseworker Visits With Child	PIP						
Item 15: Caseworker Visits With Parents	PIP						

Case Review Explanatory Notes:

[1] *Measurement Period 1*: Identifies the dates on which case reviews were conducted to establish baselines and goals.

[2] *CFSR Items Requiring Measurement*: For a description of the case review item and rating criteria, see the CFSR Onsite Review Instrument and Instructions.

[3] *Item 1 State Aggregate Measure Description*: The number of children statewide identified in accepted/screened- in CPS reports that require face-to-face contact in a 12-month period that received timely face-to-face contact according to agency policy. The state aggregate measure does not include attempted contacts or delays outside of the agency's control. Kansas proposes using a statewide aggregate measure for Item 1, pending verification by MASC. Until the aggregate measure is verified and approved, the state will

conduct case reviews for Item 1.

[4] *PIP Status*: Determination is made by CB based on the state's CFSR onsite case review performance as specified in the CFSR Final Report.

[5] *Number of Applicable Cases*: Number of cases reviewed that were applicable to (rated for) each item. The number shown is for Measurement Period 1 (baseline). A minimum of 33 applicable cases per case review item are required for the baseline period. The number of applicable cases reviewed for each item must be equal to or greater than the baseline number of applicable cases in order to evaluate goal achievement for ongoing measurement.

[6] *2% Tolerance Applied to Applicable Cases*: A 2 percent (-2%) tolerance is applied to the number of cases reviewed for the baseline period to establish the minimum number of cases required in each measurement period to evaluate goal achievement.

[7] *Measurement Period 1 (Baseline) Performance*: Calculated by dividing the number of Strength ratings for the item by the total number of applicable cases reviewed for that item during Measurement Period 1; is expressed as a percentage.

[8] *Sustained Improvement Goal*: Established by the CB using a scaling factor based on the state's baseline performance and percentage of applicable cases that would equal a CFSR Strength rating adjusted by 25%. The value is expressed as a percentage, rounded up to the nearest whole number, and capped at the percentage of

applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved by meeting or exceeding the sustained improvement goal in any three measurement periods.

[9] *High-Performance Value*: Established by the CB using a scaling factor based on the state's baseline performance and percentage of applicable cases that would equal a CFSR Strength rating adjusted by 50%. The value is expressed as a percentage, rounded up to the nearest whole number, and capped at the percentage of applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved by meeting or exceeding the high-performance value in any single measurement period.

[10] *Item 1 State Aggregate Measure Goal*: Established by the CB using a scaling factor based on the state's baseline performance and a maximum amount of improvement of 3%. The value is expressed as a percentage, rounded to the nearest tenth of a percent, and capped at the percentage of applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved when a state meets or exceeds the item measurement goal in any single 12-month measurement period following Measurement Period 1 (baseline).

Case Review Sampling Methodology

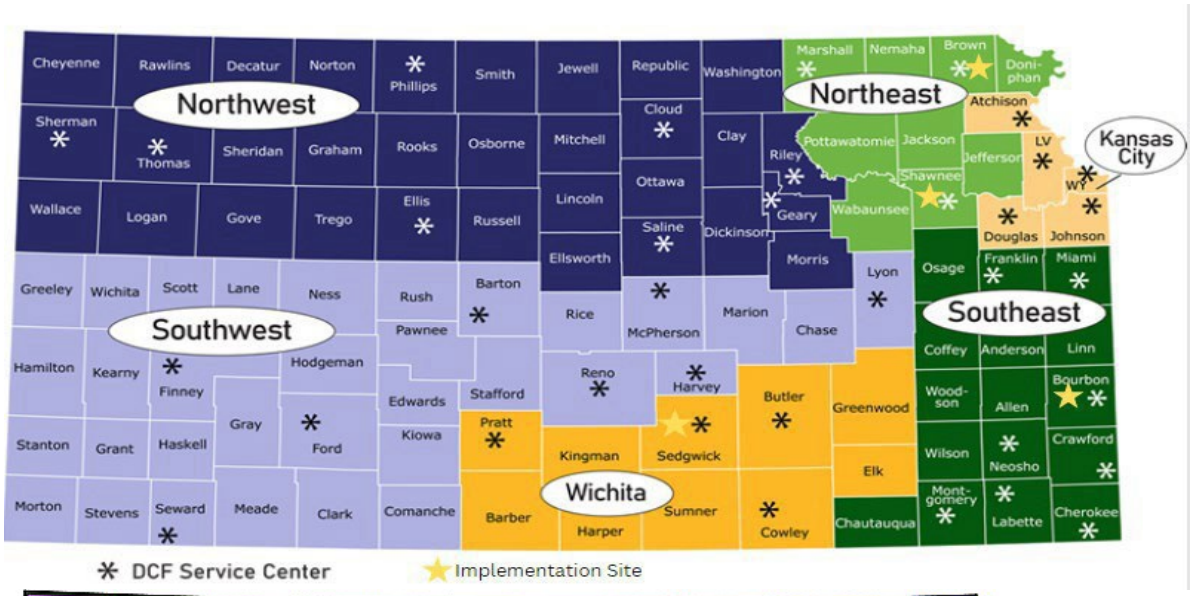
A. Case review data collection instrument:

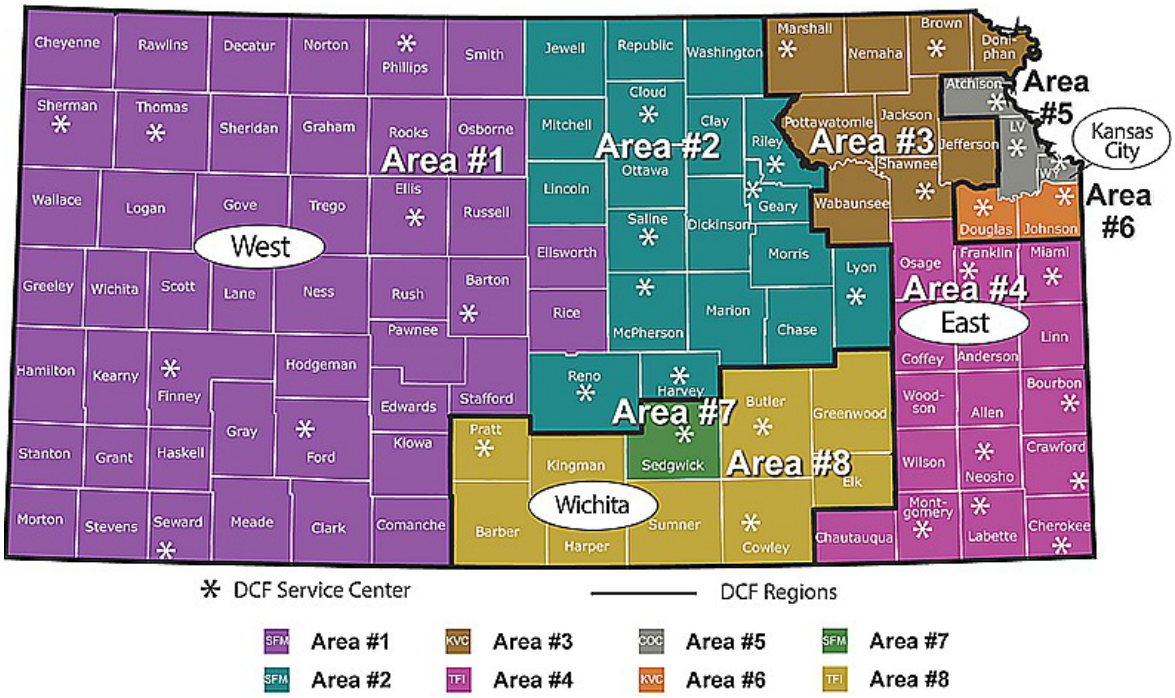
Federal Onsite Review Instrument and Instructions (OSRI) from Round 4 using the Online Monitoring System (OMS).

Region:	Counties for Review:
Kansas City Region	Atchison, Wyandotte, Douglas, and Leavenworth Counties
East Region	Brown, Bourbon, and Shawnee Counties
West Region	Catchment Area 1 Counties
Wichita Region	Sedgwick County

B. PIP Measurement sites and explanation of how these align with PIP implementation sites:

1. **DCF Performance Improvement East Region:** Brown, Bourbon, and Shawnee counties are implementation/measurement sites for this region.
2. **DCF Performance Improvement Kansas City Region:** CWCMP Catchment Area 5 (Wyandotte, Leavenworth, and Atchison Counties) and Douglas County out of CWCMP Catchment Area 6 are measurement sites for this region.
3. **DCF Performance Improvement Wichita Region (serves Sedgwick County which contains Wichita, the largest metropolitan city in the state):** Sedgwick County is the implementation/measurement site for this region as it represents 22% of the population in Out of Home care (as of 02/2024).
4. **DCF Performance Improvement West Region:** Statewide implementation site is included in this measurement site. The CWCMP Catchment Area 1 counties within the West region are utilized as the measurement site due to the counties within having smaller populations in Out of Home care and sent for In Home services. The map below reflects the expansive 44 county Catchment Area 1, represented on the second map below and includes counties from both the Northwest and Southwest Regions indicated in the first map. The counties included in the data for this catchment area include Barton, Cheyenne, Clark, Comanche, Decatur, Edwards, Ellis, Ellsworth, Finney, Ford, Gove, Graham, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Logan, Meade, Morton, Ness, Norton, Osborne, Pawnee, Phillips, Rawlins, Rice, Rooks, Rush, Russell, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace and Wichita counties.





All PIP implementation activities for Safety Outcomes 1 & 2 and Well-Being Outcome 1 are statewide.

Permanency Outcomes 1 & 2 have implementation sites statewide and in Brown, Sedgwick, Shawnee, Bourbon counties, along with Judicial District 3 (Shawnee County).

C. Total number of cases to be reviewed in each measurement period

(sample size): 60 Total Cases:

- 40 Out-of-Home
- 20 In-Home

Kansas considered utilizing a simple random sample in discussions with CB/MASC and has elected to stratify by region to accommodate the geographic design of the DCF management regions and child welfare case management providers (CWCMP) catchment areas. The maps above show the

DCF regions and catchment areas. The CWCMP Saint Francis Ministries, who will represent approximately 50% of the out of home sample, provides services in Sedgwick County and within the Area 1 Counties and utilize paper files. Each Region (East, Kansas City, West, Wichita) has a Performance Improvement Team and a Performance Improvement Supervisor who work directly with their partnering CWCMP. The Performance Improvement Team will be able to obtain physical files in a timely manner as needed. This will reduce the amount of time spent in transporting files, giving this critical time for reviewing, interviews, and QA activities. A stratified random sample will be selected from Foster Care and In-Home sample frames. The stratified random sample will include 40 Foster Care and 20 In-Home cases. The statewide populations for Foster Care, Family Preservation and Trial Home Visits will be stratified by the above mentioned DCF PI Regions: East, Kansas City, West, and Wichita (serves Sedgwick County which contains, Wichita, the largest metropolitan city). Sample size for each region will be proportionate to the total sample frame for each region. An oversample with at least five times more cases than the required sample for each service type and region will be provided to accommodate case elimination.

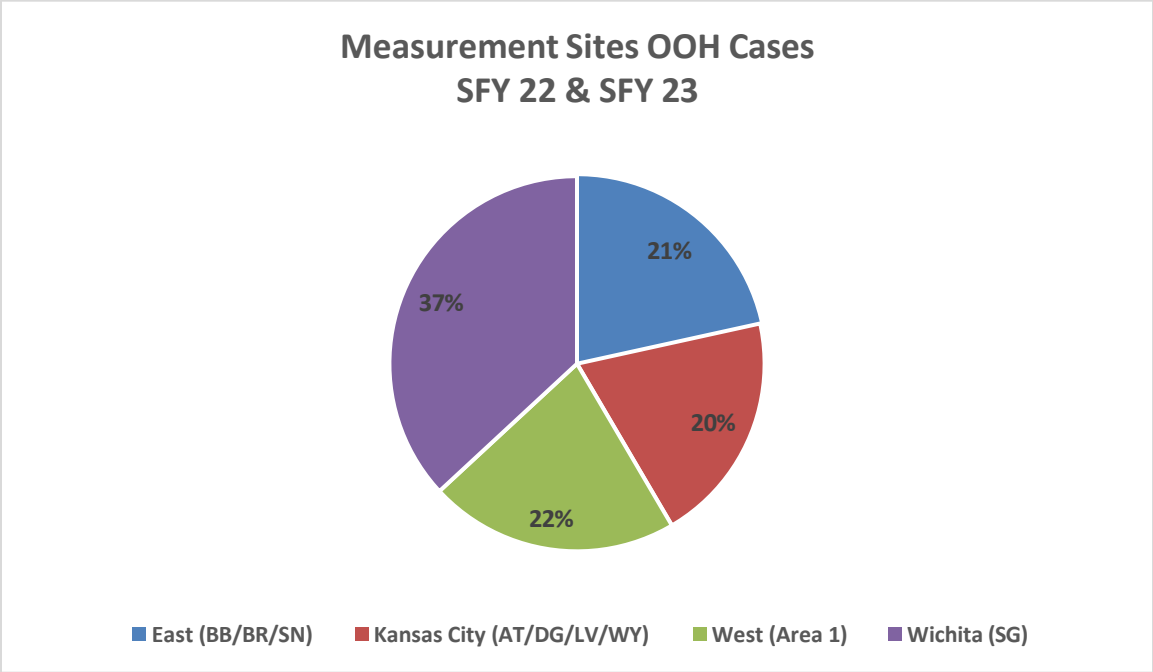
Measurement Site:	Out of Home:	In Home:	Total:
Kansas City Region: Atchison, Wyandotte, Douglas & Leavenworth	8	6	14
East Region: Brown, Bourbon & Shawnee	9	3	12
West Region: Area 1	9	4	13
Wichita Region: Sedgwick	14	7	21
Total:	40	20	60

Projected numbers of cases in each quarterly sample are:

Foster Care

- Kansas City Region – 8
- East Region – 9
- West Region – 9
- Wichita Region – 14

Stratification for the Foster Care sample was determined based on the following regional composition average for a two-year period: East Region – 21%; Kansas City Region – 20%; West Region – 22%; Wichita Region – 37%.

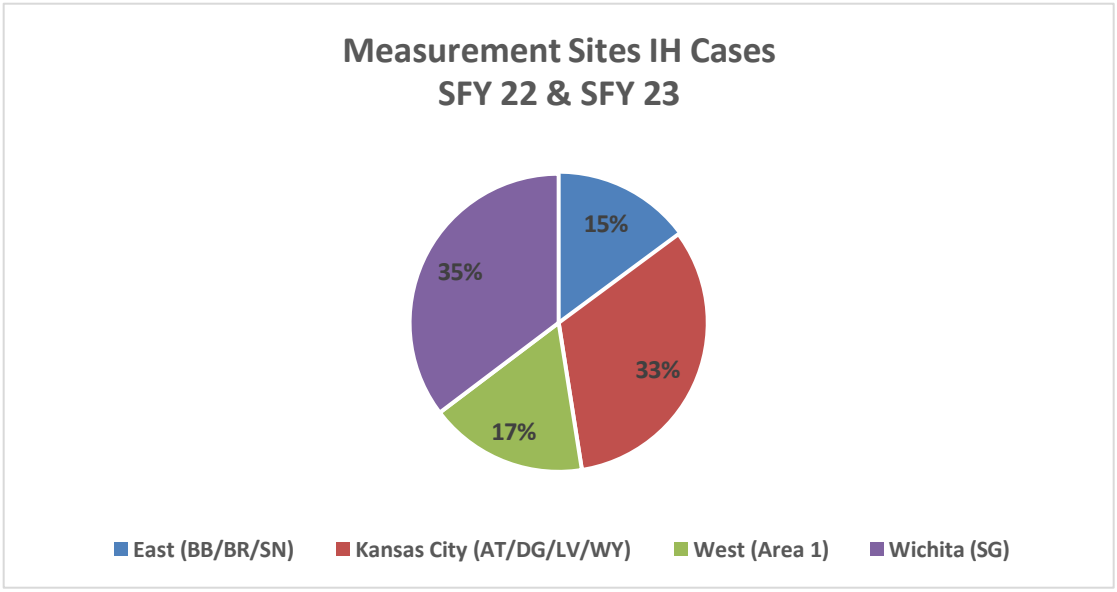


SFY22 & SFY23 Measurement Sites Youth in OOH Care

Family Preservation

- Kansas City Region – 6
- East Region – 3
- West Region – 4
- Wichita Region – 7

Stratification for the Family Preservation sample was determined based on the following regional composition average for a two-year period: East Region – 15%; Kansas City Region – 33%; West Region – 17%; Wichita Region – 35%



SFY22 & SFY23 Families served via In-Home Services across measurement sites

Random Sample Protocol-

Cases will be assigned a random ID number by using a Microsoft Excel Workbook, sorted ascending by random ID number, then selected from the top of the list down until the correct number of cases for each region is achieved.

D. Length of each measurement period (e.g., month, quarter, 6 months): [quarter]

E. SFY25 Q1 (July 2024-September 2024) [3-month measurement period]

F. Fill out Table 3 to identify the sites, case review dates, and number/percent of cases to be reviewed by case type and site (sample stratification) for Measurement Period 1 (baseline period):

Table 3: Case Review Schedule for Measurement Period 1 (Baseline)

Sites	Dates*	Foster Care Cases	In-Home Services Cases	Total Cases
East	July, August & September 23	9	3	12
Kansas City	July, August & September 23	8	6	14
West	July, August & September 23	9	4	13
Wichita	July, August & September 23	14	7	21
Total	**SFY 2025 Quarter 1**	**40**	**20**	**60**

Note: The schedule will be replicated until all case review goals are achieved or the end of the Post-PIP Evaluation Period, whichever date occurs first.

G. Sampling Approach: Fixed (for each quarterly measurement period)

H. Length of Period Under Review (PUR): 9-12 months

I. Sampling Periods and PUR Dates:

Table 4. Measurement Period 1 (Baseline) Sampling Periods and PURs
Note: The dates in the table will be replicated on a quarterly basis until all case review goals are achieved or the end of the Post- PIP Evaluation Period, whichever date occurs first, by advancing sampling periods and PURs for each case review period at the interval shown in the table. Kansas is not utilizing the optional 45 additional days for the in-home services sampling period.

*** To ensure 45-day case completion and applicability, the sample will be pulled 45 days after the end of the sampling period. This will allow any cases who had been opened 45 days or less during the sampling period to meet the 45-day requirements.*

Baseline to Set PIP Goals				
Review Begin Date: 07/15/2024 Sampling Period: 10/01/2023 to 03/31/2024 (May pull sample after 05/15/2024) Period Under Review: 10/01/2023 to Date Case Review Completed (Or Case Closure, if Earlier)				
Region:	**Measurement Site:**	**Out of Home:**	**In Home:**	**Total Cases Reviewed:**
Kansas City	Atchison, Wyandotte, Douglas and Leavenworth Counties	8	6	14
East	Brown, Bourbon, and Shawnee Counties	9	3	12
West	Area 1 Counties	9	4	13
Wichita	Sedgwick County	14	7	21

J. Description of foster care case population:
During State Fiscal Year (SFY) 2023, there were 8,903 children/youth who would have been included in the out- of-home population for the entire state. When a child or youth enters foster care in Kansas, they are referred to one of four case management providers (Saint Francis Ministries, TFI, Cornerstones of Care, or KVC, Ember Hope will be a new provider covering the Wichita area effective July 2024) based on the area of the state the child/youth resides in at the time of removal from the family's home. The case management provider will then partner with that child/youth and family for the duration of the foster care episode.

K. Description of in-home services case population:
For CFSR Round 4, Kansas has included Family Preservation cases open 45 consecutive days or more as well as Trial Home Visits (THV) meeting the criteria of THV being the child's only placement during the 6-month sampling period, the THV spanned at least 45 consecutive days from the start of the sampling period, and no child in the family having a foster care episode of 24 hours or more at any point during the sampling period or the PUR. Kansas currently has two-tier service options on intensity and duration of services provided. To provide a better understanding of the two-tier service options please find highlights by tier below:

Tier 1

Intensive In-Home Family Preservation Services

- Provided by a master's level practitioner with the intent to mitigate immediate child safety concerns, stabilize family crisis and assess the family's needs.
- Services last approximately six weeks (approximately 42 days).
- Will meet with the family intensively, consistent with the applied evidence-based model.

Tier 2

Short-Term Family Preservation Case Management Services

- Provided by a worker dyad consisting of an assigned Case Manager and a Family Support worker, assessing for existing risk and emergent safety issues and when identified, initiative services to stabilize and support the family.
- Services shall last three to six months.
- The case manager will meet with the family at a minimum of one hour face-to-face weekly.
- Family Support workers will assist the family with learning skills to strengthen the family system.

There will likely be fewer Tier 1 cases included in the sample provided as often Tier 1 Family Preservation cases are closing at the 6-week mark. This is just shy of the minimum 45 consecutive days criteria set forth by the Children's Bureau within the CFSR Round 4 Procedures Manual.

The In-Home Family Preservation Services structure is anticipated to change beginning with all cases referred on or after 7/1/2024. There will no longer be an option for Tier 1 Intensive In-Home Family Preservation Services and all Family Preservation Services cases may be open for up to six months from the date of referral.

L. Case elimination criteria— Federal criteria:
- An in-home services case open for fewer than 45 consecutive days during the PUR.
- An in-home services case in which any child/youth in the family was in foster care for more than 24 hours during the PUR.
- An in-home services case in which a child was on a trial home visit (THV—placement at home) at the start of the sampling period and the THV was fewer than 45 consecutive days.
- A foster care case in which the child/youth was in foster care for fewer than 24 hours during the sampling period.
- A foster care case in which the target child/youth reached the age of 18 before the PUR.
- A foster care case in which the selected child/youth is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
- A foster care case in which the child's/youth's adoption or guardianship was finalized before the PUR and the child/youth is no longer under the care of the state child welfare agency.
- A foster care case in which the child/youth was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care.
- A case open for subsidized adoption payment only and not open to other services.
- A case that was discharged or closed according to agency policy before the sample period.
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during the sampling period(s).
- A case reviewed in the past 12-months.

The following cases are subject to review unless extenuating circumstances warrant exclusion as discussed and agreed to by the Children's Bureau:
- Cases involving administrative, civil, or criminal litigation.
- Cases involving current or former employees of the child welfare agency and contracted provider agencies.

M. <u>Approach to meet minimum applicable case criteria for each item:</u>
PPS Administration and the Regions will partner together to ensure the minimum number of applicable cases is met. Each quarterly review during ongoing PIP measurement, as per the below "Process Overview" section, will be conducted in two parts, with half of the cases within the sample being reviewed in the first part and the second half being reviewed in the second part. To ensure minimum applicability, administration and the regions will screen the second part of the sample to determine the applicability of the items and, based on the number needed for each item to meet minimum applicability, total, will determine if additional cases will need reviewed. The additional cases that will be reviewed will be specific to the item that is short of meeting minimum applicability. The next case up on each of the Oversample lists from the stratified region samples will be added to an excel spreadsheet and, using the excel randomizer feature, the order in which the cases would be reviewed for applicability of the needed items will be determined. Each case will then be screened for the needed items and read for, if meeting applicability, until the total number of minimum

applicable has been met. When selecting additional cases for review, KS will ensure case type and the metro region proportions for the measurement period are within 5 percentage points of the distribution for Measurement Period 1 (baseline). PIP Measurement schedule allows for additional cases to be reviewed during the last two weeks of each measurement period as needed to reach applicability standards. Administration will ensure an oversample five times the required sample size. Each case reviewer will prepare one back-up case each measurement period, to ensure readiness for replacement needs due to case elimination. For the baseline, KS will rely on the distribution of the random sample and conduct additional item-only reviews, if needed to meet the minimum of 33 applicable cases per item. Kansas will coordinate with CB regarding documentation requirements as well as the OMS Help Desk prior to conducting item-only reviews.

N. Identify all Measurement Periods through the end of the Post-PIP Evaluation Period

Table 5: PIP Measurement Period Information

Case Review Period	**Sampling Periods** *(Time period cases are drawn from, includes additional 45 days for IHS cases)*	**Period Under Review** *(Identify dates using first day of sampling period to date of review)*
SFY25 Q1- 07/01/2024-09/30/2024	SFY24 Q2&Q3- 10/1/2023 - 3/31/2024 (May pull sample after 5/15/2024)	10/1/2023 - Date Sent for 1st Level QA
SFY25 Q2- 10/01/2024-12/31/2024	SFY24 Q3&Q4- 1/1/2024 - 6/30/2024 (May pull sample after 8/15/2024)	1/1/2024- Date Sent for 1st Level QA
SFY25 Q3- 01/01/2025-03/31/2025	SFY24 Q4 & SFY25 Q1- 4/1/2024 - 9/30/2024 (May pull sample after 11/15/2024)	4/1/2024- Date Sent for 1st Level QA
SFY25 Q4- 04/01/2025-06/30/2025	SFY25 Q1&Q2- 7/1/2024 - 12/31/2024 (May pull sample after 02/15/2025)	7/1/2024- Date Sent for 1st Level QA
SFY26 Q1- 07/01/2025-09/30/2025	SFY25 Q2&Q3- 10/1/2024 - 3/31/2025 (May pull sample after 05/15/2025)	10/1/2024- Date Sent for 1st Level QA
SFY26 Q2- 10/01/2025-12/01/2025	SFY25 Q3&Q4- 1/1/2025 - 6/30/2025 (May pull sample after 08/15/2025)	1/1/2025- Date Sent for 1st Level QA
SFY26 Q3- 01/01/2026-03/31/2026	SFY25 Q4 & SFY26 Q1- 4/1/2025 - 9/30/2025 (May pull sample after 11/15/2025)	4/1/2025- Date Sent for 1st Level QA
SFY26 Q4- 04/01/2026 – 06/30/2026	SFY26 Q1&Q2- 7/1/2025 - 12/31/2025 (May pull sample after 02/15/2026)	7/1/2025- Date Sent for 1st Level QA
SFY27 Q1- 07/01/2026-09/30/2026	SFY26 Q2&Q3- 10/1/2025 - 3/31/2026 (May pull sample after 05/15/2026)	10/1/2025- Date Sent for 1st Level QA
SFY27 Q2- 10/01/2026-12/31/2026	SFY26 Q3&Q4- 1/1/2026 - 6/30/2026 (May pull sample after 08/15/2026)	1/1/2026- Date Sent for 1st Level QA
SFY27 Q3- 01/01/2027-03/31/2027	SFY26 Q4 & SFY27 Q1- 4/1/2026 - 9/30/2026 (May pull sample after 11/15/2026)	4/1/2026- Date Sent for 1st Level QA
SFY27 Q4- 04/01/2027-06/30/2027	SFY27 Q1&Q2 7/1/2026 - 12/31/2026 (May pull sample after 2/15/2027)	7/1/2026- Date Sent for 1st Level QA

SFY28 Q1- 07/01/2027-09/01/2027	SFY27 Q2&Q3 10/1/2026 - 3/31/2027 (May pull sample after 5/15/2027)	10/1/2026- Date Sent for 1st Level QA
SFY28 Q2- 10/01/2027-12/31/2027*	SFY27 Q3&Q4 1/1/2027 - 6/30/2027 (May pull sample after 8/15/2027)	1/1/2027- Date Sent for 1st Level QA

*The duration and end date for the final PIP Measurement Period will be adjusted, if needed, based on the end date of the Post-PIP observation period.

Note: All case reviews will be completed by the end of the Post-PIP Evaluation Period, including cases reviewed to meet minimum applicable cases.

O. **Case Review Procedures**

Appendix A: Kansas Case Review Process and Review Dates (2024-2026)

Process Overview:

Initial Case Review	**1st Level Quality Assurance (QA)**	**2nd Level Quality Assurance (QA)**	**Secondary Oversight**
Regional DCF staff will complete a minimum of 60 case reads and corresponding stakeholder interviews. Staff shall have no direct contact, supervision, oversight or consultation for the cases they review. Who is responsible: PI regional staff in field	DCF Administration will designate trained and competent staff to complete the 1st level review on all cases. These staff will not review or conduct QA on any case in which they participated or consulted. Who is responsible: PI Supervisors (will not QA own region)	DCF Administration will complete the 2nd QA on all cases initially, and then will move to a sample of cases to assure inter-rater reliability and accuracy of case ratings. Who is responsible: PPS Administration in consultation with CB about moving to a sample of cases	ACF/CB will review case read results or a sample thereof through the CFSR PIP Site for final review. Who is responsible: ACF/CB

PIP Measurement Period 1 (Q1):

Initial Case Review	**1st Level Quality Assurance (QA)**	**2nd Level Quality Assurance (QA) & Secondary Oversight**
Week 1 - Week 2 of Quarter 30 cases East – 5 OOH; 1 IH KC – 4 OOH; 3 IH West – 5 OOH; 2 IH Wichita – 7 OOH; 3 IH	Week 2 – Week 3	Week 3 - Week 4
Reviewers will be available by phone/email **Week 2 – Week 4** to answer questions during QA. During this time, PPS Administration will be reviewing the number of applicable cases for each item requiring measurement. If the number of applicable cases is less than 50% of the required applicable cases Administration will consult with CB to determine if additional cases are needed to meet the minimum applicability requirements during the second half of the PIP measurement quarter. Reviewers will utilize time during QA between Week 2 – Week 4 to prep for next round of case reviews and interviews.		
Week 5 - Week 6 of Quarter 30 cases East – 4 OOH; 2 IH Kansas City – 4 OOH; 3 IH; West – 4 OOH; 2 IH Wichita – 7 OOH; 4 IH	Week 6 – Week 7	Week 7 – Week 8

Reviewers will be available by phone/email from **Week 6 – Week 9** to answer questions during QA.

Week 7 – Week 9 can be used as a buffer to review additional cases, if needed, due to elimination or not meeting applicability requirements per CFSR baseline. If this occurs, 1st level QA staff can begin QA once those cases are completely entered in the CFSR PIP Site.
East Region will complete QA on Kansas City Region cases and Kansas City Region will complete QA on East Region cases. West Region will complete QA on Wichita cases and Wichita will perform QA on West Region cases. All regions will complete 1st level QA on all 30 cases before Week 7.

Week 7 – Week 9: 2nd level QA will occur for all regions.

Week 9: PPS Administration and Children's Bureau finish secondary oversight and debrief.

Conducting Performance Improvement Plan (PIP) Monitored Case Reviews:

Regional PI staff and selected qualified reviewers in Kansas will be responsible for completing the case reviews and stakeholder interviews within the timeframe allotted. Due to the possibility of cases being eliminated and/or not meeting the required number of applicable cases, it is strongly encouraged that each case reviewer has at least one back up case prepared each measurement period. If any case is eliminated during the review period, the region should make all efforts to complete the next case in the sample within the allotted timeframe. The Regional PI Supervisor may assist their staff with case reviews, interviews, and/or staffing any cases assigned to their site.
DCF will use the following case review structure for the CFSR Performance Improvement Plan (PIP) case reviews in assessing each measurement site, and the Children's Bureau staff will also be involved in QA activities described in this procedure:

Reviewers can complete QA notes to indicate areas needing further exploration or if a reviewer is unsure how to answer a specific item. Reviewers can also use QA notes to provide additional information about a question and rating, this might include a conversation/staffing completed with QA staff or another reviewer on how the reviewer arrived at the answer. After the reviewer completes the case and formally submits for QA, case will then show "Data Entry Complete" until QA staff is assigned. After the case is submitted, reviewers will have read only access.

The 1st Level QA Supervisor will then go into the system and assign themselves to the case. The Regional PI Supervisors will complete 1st Level Quality Assurance (QA). At the end of the initial case review period, the PI supervisors will complete 1st level QA on the site they are assigned. East Region and Kansas City Region will QA each other's cases, and West Region and Wichita Region will QA each other's cases.

1st level QA is completed via the Online Monitoring System (OMS). QA staff will review the case from start to finish in the OMS and are looking for discrepancies and errors in case ratings. It is important that QA staff are familiar with and use all the resources available (OSRI, FAQ's, QA Guide, and Reviewer Briefs). Documentation within the OMS should clearly justify the item ratings to someone who hasn't read the case. QA staff should ensure the narratives have no opinion statements or proper names. Additionally, narratives should not attribute information to a specific person when referencing information from case specific interviews. For example: "This item is rated ANI because at least one person interviewed indicated that the agency did include the parent in case planning meetings, but drafted the case plan in advance and only presented it to the parent for signing at the meetings." QA staff can add QA notes and respond to reviewer QA notes within the OMS during the review. The notes will help track whether the identified issue has been resolved. QA staff can return the cases to reviewers to make edits, with the steps being repeated until the case is ready to be finalized.

After 1st level QA is completed, PPS Administration will complete 2nd level QA. DCF Administration will complete the 2nd QA on all cases initially and then will move to a sample of cases to assure inter-rater reliability and accuracy of case ratings. The 2nd level QA is completed much like 1st level QA. 2nd level QA staff can also return the case to reviewers to make edits, if necessary. Therefore, it is important that case review staff remain available during the period after the case review has been completed in case any issues need to be resolved.

Once 2nd Level QA is completed ACF will conduct Secondary Oversight on a percentage of cases. ACF may request clarifications or additional information on cases. PPS Administration will notify the reviewer and QA staff if any additional modifications are needed.

Conflict of Interest

The Performance Improvement staff completing the case reviews are required to disclose any conflict of interest to cases that are selected for review. The reviewer will not be assigned to any cases that could result in a conflict of interest due to the following:

1. Direct or indirect involvement in case work activities or participants in the case.
2. Participated in decisions related to the case or has personal interest in any participants in the case.

Basic Elimination Process and Criteria

If a Regional PI Case Reviewer believes that one of the Basic Elimination circumstances outlined below applies to a sample case, the Reviewer shall contact the Regional Supervisor to request elimination. The Supervisor will determine if the case should be eliminated and will track all required information on the PIP Elimination Worksheet which will be provided to CB for each measurement period.

Supervisors will need to save a copy to their computers and will add any eliminated cases for that quarter. The elimination worksheet shall be submitted to PPS Administration at the end of the PIP Measurement Quarter, or upon request. If the Regional Supervisor is unsure if the Basic Elimination circumstances apply the Supervisor should immediately contact PPS Administration, Ashleyr.Johnson@ks.gov and/or Rebecca.Turner@ks.gov, to determine if the criteria are applicable resulting in elimination. If cases are eliminated, additional cases will be included in the sample by selecting the next case in the oversample.

Basic Elimination Criteria

- An in-home services case open for fewer than 45 consecutive days during the PUR.
- An in-home services case in which any child/youth in the family was in foster care for more than 24 hours during the PUR.
- An in-home services case in which a child was on a trial home visit (THV—placement at home) at the start of the sampling period and the THV was fewer than 45 consecutive days.
- A foster care case in which the child/youth was in foster care for fewer than 24 hours during the sampling period.
- A foster care case in which the target child/youth reached the age of 18 before the PUR.
- A foster care case in which the selected child/youth is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
- A foster care case in which the child's/youth's adoption or guardianship was finalized before the PUR and the child/youth is no longer under the care of the state child welfare agency.
- A foster care case in which the child/youth was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care.
- A case open for subsidized adoption payment only and not open to other services.
- A case that was discharged or closed according to agency policy before the sample period.

- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during the sampling period(s).
- A case reviewed in the past 12-months.

The following cases are subject to review unless extenuating circumstances warrant exclusion as discussed and agreed to by the Children's Bureau:

- Cases involving administrative, civil, or criminal litigation.
- Cases involving current or former employees of the child welfare agency and contracted provider agencies.

Elimination Process and Criteria Regarding Stakeholder Interviews

Cases may be eliminated from the sample based on being unable to arrange interviews with key participants. If key participants are unavailable or unwilling to participate in interviews, Regional PI Reviewer staff shall contact the Regional PI Supervisor who will consult with PPS Administration, Ashleyr.Johnson@ks.gov and Rebecca.Turner@ks.gov, who will consult with CB to determine whether sufficient information and perspectives can be obtained from the available parties. PPS Administration will determine if the case should be included or eliminated from the sample. The Regional PI Supervisor will track all such determinations on the PIP Elimination Worksheet. If cases are eliminated, additional cases will be included in the sample by selecting the next case in the oversample.

Cases involving out of state parents who are applicable at any point during the Period Under Review will be interviewed. For other out of state family members (such as family members who served as a placement during the Period Under Review, or pertinent extended family members) or service provider who are identified as potentially having relevant information to share regarding the case review will be considered for interview, determining on the availability of the key individuals. Children on runaway status will not be eliminated from the sample unless it is determined that pertinent information needed to complete the Onsite Review Instrument cannot be obtained from other available parties, such as the guardian ad litem or other significant individuals.

Reasonable Efforts to Interview Stakeholders

Regional PI Reviewers will make reasonable efforts to seek the participation of key individuals in the case (though without pressuring them) to ensure the validity of the random sample. Reasonable efforts to make contact include multiple attempts using multiple methods (IE: phone, mail, in person, etc.). Reasonable efforts to engage participants include explaining the purpose of the interview and providing reassurance regarding confidentiality. All efforts to contact and engage case participants shall be documented and reviewed by the PPS Administration in the event key individuals do not respond to attempts and or refuse interviews. PPS Administration may request additional attempts at contact and/or engagement before considering case elimination.

Interview Requirements

The following individuals related to a case will be interviewed unless they are unavailable or completely unwilling to participate:

- The child (school age).
- The child's parent(s).
- The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent, if the child is in Foster Care.
- The child and/or family's caseworker(s) or such a worker's supervisor if the caseworker is unavailable. (When the caseworker has left the agency or is no longer available for interview, it may be necessary to schedule interviews with the supervisor who was responsible for the caseworker assigned to the family.)

Acceptable exceptions to conducting interviews:

- Only school-age children are interviewed unless other arrangements are made. Cases involving children younger than school age, or children who are developmentally younger than school age, may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth or foster parent(s).
- The parents cannot be located or are outside of the United States.
- There is a safety or risk concern in contacting any party for interview.
- Any party is unable to consent to an interview due to physical or mental health incapacity.
- Any party refuses to participate in an interview and the agency can document attempts to engage them.
- Any party is advised by an attorney not to participate due to a pending criminal or civil matter.

Unacceptable exceptions to conducting an interview:

- An age cut-off that does not take into account a child's developmental capacity, e.g., a policy of not interviewing children under age 12.
- A party refuses to participate in an interview, and the agency did not attempt to engage them beyond a letter/or telephone call.
- A party has a pending criminal, civil or procedural matter before the agency, e.g., appealing a termination of parental rights.
- The agency has not made attempts to locate a party for an interview.
- Any party speaks a language other than English.

Guidance for Interviewing Placements

- All placements during the period under review must be interviewed. If the reviewer and/or QA believes the placement should not be interviewed for any reason, they shall consult with DCF Administration regarding this. Consideration may be given to children/youth on night-to-night placements and extenuating circumstances.
- Respite placements are not required for interview unless the reviewer deems their information pertinent to the case.
- Medical hospitals and acute psychiatric stays are not required for interview unless the reviewer deems their information pertinent to the case.
- PRTF placements should be interviewed.

Case-Specific Interview Purpose and Process

During PIP Measurement Case Reviews, we want to have a full understanding of what occurred that affected child and family outcomes in a case. It is critical to obtain information from a variety of sources before making initial determinations about outcomes. Case-related interviews with key individuals involved in the case serve as an opportunity to determine what has occurred in the case, confirm case record documentation, collect information that might be missing from the record, and obtain input about case participants' experiences. **The interview information is weighed equally with information obtained from the case file documentation.**

When interviewing persons important to the case, reviewers are responsible for asking questions relevant to the items in the Onsite Review Instrument (OSRI). Sometimes, information obtained during an interview may conflict with the documentation contained within the case record or obtained from another interview. In these cases, reviewers have a responsibility to pursue the issue across multiple interviews until they can determine the most accurate response to the relevant item questions. In some cases, it may be necessary to contact the case manager again to ask clarifying questions. It is suggested that reviewers have the case managers contact number ready if these circumstances arise.

Case-related interviews should be scheduled to take place after reviewers have had an opportunity to thoroughly review case record documentation. This allows reviewers to explore relevant issues and confirm or verify information found in the case record with each person. For each PIP Measurement Review completed, the period under review (PUR) start date will be fixed and the period under review end date on

all cases will be the date the hard case review and case specific stakeholder interviews are completed. Regional Case Reviewers will conduct case reviews and interviews simultaneously. The case file will be reviewed and the corresponding stakeholder interviews will be completed within two weeks.
The Children's Bureau has created interview guides for key case participants. The guides include suggested language for introducing the interview process to the interviewee as well as specific questions that cover the key areas in the OSRI that should be informed by case participant information. The questions in the guides can be modified to fit the specific needs of participants as well as the circumstances of the case. The Children's Bureau strongly recommends that the guides be utilized for interviews to ensure that adequate and consistent information is gathered through the interviews across the sample of cases being reviewed. Reviewers are encouraged to review the guides before interviewing case participants so they can highlight questions that they plan to ask and develop additional questions that may be needed based on case specifics.

Telephone interviews are acceptable and are encouraged when distance or other capacity issues arise. If any stakeholder requests an in-person interview, then staff should ensure all efforts are made to interview in-person. Whether an in-person or phone interview should occur is a regional decision. This decision should be made on a case- by-case basis and should take into consideration: stakeholder role, stakeholder interview preference, age/maturity, use of interpreters, travel considerations and other capacity issues. The Regional PI Supervisor can consult PPS Administration, if assistance is needed to determine whether an in-person interview should be held.

Reviewers are also encouraged to combine case manager/family support worker interviews if multiple workers are being interviewed within the same agency. This is a reviewer decision and is an option to save on time, this is not a requirement. Prior to setting up combined interviews reviewers should ask permission from the interviewee. If any interviewee requests a separate interview, then reviewers must accommodate this request.

Scheduling Case Specific Interviews

DCF Case Reviewers may begin contacting stakeholders upon receiving the sample list and identifying those key participants. Child Welfare Case Management Provider (CWCMP) staff may assist reviewers by making initial contact with key participants, scheduling appointments, and potentially providing transportation. Regional DCF staff can determine the level of involvement of the CWCMP. However, CWCMP staff should not be present during interviews.

Regional Reviewers may find the PIP Case Coordination and Information Document helpful in coordinating with the CWCMP. During CFSR some regions notified the provider of the sample case and asked that they fill out this form. This is just a resource to staff and is not mandatory.

When contacting stakeholders for interviews reviewers should not provide community participants (foster parents, family, child, etc.) with the list of interview questions. However, reviewers may give the providers (Case Managers, Supervisors, Family Support Workers, CPS Practitioners, etc.) the Interview Template to help them prepare for the interview. Additionally, Regional DCF Staff should allow and help facilitate access to the provider's case file to assist in getting them any needed information to help them prepare for the interview.

Reviewers may use some or all the language below in verbal or written communication with community stakeholders to help answer their questions:

> *Thank you for taking the time to talk with me today. We are conducting a review of the services provided to children and families by [agency name]. The goal of the review is to provide feedback to [agency name] about how they can make improvements in their system so that children and families have the best outcomes. I'm here to ask you about the kinds of services you received during [provide dates of the period under review] and what your experiences were like as you worked with the agency. The information you share with me is confidential and will not be shared with your*

caseworker, so it will not have any impact on your case. I want to encourage you to be open and honest with me as I ask you questions because your feedback is a very important part of this review process. I understand that some of these questions or topics may be difficult to talk about, so please feel free to respond in whatever way you are most comfortable, and if you prefer not to answer a question, just let me know. Before we begin, do you have any questions about the interview or the review process? I have some specific questions to ask you, but before I start, can you tell me why the agency is/was involved with your family?

Canceling Case Specific Interviews

There may be some circumstances when it is appropriate to cancel interviews. This can occur when oversample cases are not necessary or when it is determined that a stakeholder originally identified as a key participant does not require an interview. Reviewers may start by thanking them for agreeing to participate in PIP Measurement Case Reviews to improve the agency's services to children and families. Reviewers should then explain that during our preparation for the review it has been determined the information required for the review will be provided by other individuals.

If there is something the stakeholder wants to share about the case, staff should take that information during the call and assure the stakeholder that their information will be utilized as part of the agency's improvement activities.

Reviewer Training

All Quality Assurance and Case Review staff will complete at least one mock case available through the CFSR Information Portal E-Learning Academy - E-Learning Academy | CFSR Information Portal (hhs.gov) - prior to reviewing any cases for PIP measurement. The Regional Supervisor should track the completion and send the date of completion to PPS Administration. Additional training includes OSRI trainings through the CFSR Information Portal E-Learning Academy, annual facilitated discussions over the Onsite Review Instrument (OSRI) and documentation/data entry expectations in the Online Monitoring System. Regional Supervisors will determine if, in addition to the training noted above, reviewers need additional support or training and will reach out to DCF Administration for guidance as needed. DCF Administration and Regional Supervisors will work together to partner any staff reviewing cases for PIP measurement together in teams of two.

If new review staff are hired during the PIP measurement periods the Regional Supervisor will consult with PPS Administration, Ashleyr.Johnson@ks.gov and Rebecca.Turner@ks.gov, to determine reviewers experience and what trainings need to occur for those staff to review PIP Measurement cases. Any new staff are encouraged to assist with interviews and to partner with an experienced reviewer/reviewer team.

Safety Concerns During Case Review

Reviewers and QA Staff must report any new allegations of abuse or neglect to the Kansas Protection Reporting Center (KPRC) at 1-800-922-5330 or at DCF Web Intake (wellsky.com).
If a Reviewer or QA Staff have any safety concerns during the case review process, then staff shall immediately communicate the concerns to the appropriate regional administrator per PPM 8020.