

# DCF LEGISLATIVE TESTIMONY



*October 12, 2023*

**TESTIMONY OF**

Deputy Secretary Tanya Keys

Kansas Department for Children and Families

**TESTIMONY ON**

DCF Lead Agency Updates

**Chair**

Senator Gossage

**Vice Chair**

Representative Landwehr

**and**

**Members of the Committees**

Chair Gossage, Vice-Chair Landwehr, and members of the committees, thank you for the opportunity to appear before you today to provide updates regarding the recommendations in which DCF was the lead agency for any of the 2020 or 2021 Special Committee on Kansas Mental Health Modernization and Reform Recommendations. In addition, I am providing responses to other requested topics.

### Item 3.3 Foster Homes Update

**Item 3.3 recommended “The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support serious emotional disturbance (SED) youth.”**

- In SFY23, DCF added funding for one additional full-time position to each Child Placing Agency grant to augment recruitment of new licensed foster homes. The daily rates for foster care are structured flexibly to meet a child’s level of care and include two intensive levels of rate depending on the complexity of needs and rates for children living with intellectual or developmental disability. The payment model includes paid days of respite care. In SFY24, the legislature approved a \$5.1M foster care budget increase so that the daily rate to non-licensed relatives is set at 70% of the rate of licensed homes.
- Regarding additional incentives, in October 2022, DCF launched a financial framework to create a network of providers (family foster homes and residential facilities) agreeable to reserve a bed and serve any youth at risk of a failure to place instance (office stay.) The structure pays to hold a bed for a youth and if the catchment area in which the provider agrees to support has no failure to place instances, they receive an incentive payment quarterly.
- Regarding supplemental training
  - DCF is in the process of awarding a grant to the Kansas Center for Autism Research and Training (K-CART) for training supports and resources to foster parents and caregivers.
  - The Children’s Alliance of Kansas has frequently scheduled live in-person courses, virtual classroom courses and self-paced online courses across behavioral health related and contextual topics including, but not limited to Adverse Childhood Experiences (ACEs), Trauma-Informed Relational Interventions (TBRI®), Critical Ongoing Resource Family Education (CORE) teen supports, parenting children with special needs, cognitive interaction skills, and self-care for resource parents.
  - DCF created a therapeutic family foster home level of care in 2022 and will build capacity for that level of care with the \$6M legislative budget enhancement approved by the 2023 Legislature. In part, those \$6M funds will be invested be spent on training curriculum recognized nationally.

### 8.4 Defining Crossover Youth Population Update

**Item 8.4 recommended “Future efforts should include behavioral health within an operationalized definition for youth with offender behaviors at risk of entering foster care, as well as including diverted youth in the definition of the broader juvenile offender population.”**

- Access to services and supports that are in a youth’s home and community across agencies is key to wellbeing and preventing the need for foster care. House Bill 2021 of the 2023 session added a definition of behavioral health crisis to the Child In Need of Care Code and set forth that on or before October 1, 2023, the secretary for children and families identify an evidence-based risk and needs

assessment to administer to children who have been identified as exhibiting behavior that could lead to juvenile offender charges related to physical violence, aggression, damage to property or use of life threatening drugs during the course of a child in need of care proceeding. That assessment is completed to identify needs for service. Further, DCF shall collaborate with the secretary of corrections to allow children identified pursuant to subsection (a) to participate in community-based programs offered by (juvenile) community supervision agencies. HB2021 also includes language that any child or juvenile with a service need may receive that service from the state agency that has the service. Regarding implementation of HB 2021, after discussions with KDOC-JS, DCF has identified the CAFAS as the evidence-based assessment for service provision and has defined score cut offs for referring children to services available through KDOC-JS. DCF. KDOC-JS have created a referral process and form to share data and to access services. KDOC-JS and DCF staff will be engaging in on-going collaboration meetings to ensure delivery of services and to engage in ongoing communication about how to best meet the needs of children and families with a goal of avoiding unnecessary entry into either system.

## 7.5 Cross-Agency Data and whether the RFPs allow for data

**Recommended to “Encourage state agencies to develop policies that improve their ability to access and review cross-agency data for making service and program decisions based on a thorough, shared needs assessment.”**

- DCF and KDOC regularly share data for management information and have signed Data Sharing Agreements for governance that include Office of Judicial Administration to enable data sharing, systems analysis and planning for programs and outcomes.

## 2.8 Regarding the Mental Health Intervention Team program.

DCF case management agencies are required in their grants to actively participate in the Mental Health Intervention Team programs where available. In the 2022-2023 school year, just over 9% of students served in the program were in foster care at the time of service. Up until the 2022-23 school year, the percentage of students served who were in foster care ranged from 10-13%. DCF is trying to understand any geography or school program start up issues that might have impacted a lower percentage of students who were in foster care when the program increased to 6,000 students in 2023.

- 2018-19 – 1,708 students served, 212 in care – 12.41 %
- 2019-20 – 3,266 students served, 343 in care – 10.50 %
- 2020-21 – 4,711 students served, 582 in care – 12.35 %
- 2021-22 – 5,117 students served, 693 in care – 13.54 %
- 2022-23 – 6,014 students served, 552 in care – 9.18 %

In addition to the activity above, DCF wishes to share with the committee related recent program development:

- Implementation of pilot [Parent/Youth Facilitation Programs](#) in Saline and Wyandotte Counties made available through federal grant programs at the KU School of Social Welfare. These programs are for youth age 14+ and their parents or caregivers to help resolve conflict, identify helpful community supports and assure truancy does not result in placement in foster care.
- Expanded statewide Multisystem Treatment (MST) on 7/1/23, a well-supported mental health evidenced based program to prevent foster care.

- Augmenting service array in future case management agency grants and contracts with opportunities for including Functional Family Therapy (FFT) intervention teams and with \$2M legislative budget enhancement is awarding grants with the 3 KDOC FFT providers.
- Creating Children’s Behavior Interventionist: DCF worked with KDHE and KDADS to create Medicaid funding for Children’s Behavioral Interventionist services for youth aged 3-20. Upon state plan approval, the service would be available 10/1/23. The service goal is for a child/youth to live safely in the home increasing their behavioral function appropriately in daily living activities.
- Facilitating intentional conversations with families and provider collaborators to prevent the need for foster care through Team Decision Making ® and asking four deliberate questions in the process. The Four Questions are used in an Iowa judges’ model.
  1. What can we do to remove the danger instead of the child?
  2. Can someone the child/family knows move into the home to remove the danger?
  3. Can the caregiver and child go live with a relative or fictive kin?
  4. Could child move temporarily to live with relative or fictive kin?