Kansas DCF Regions

Statewide Service Structure
(July 1, 2020)

- 6 DCF Regions/8 Catchment Areas
- 4 Foster Care Case Management Providers
  - KVC Kansas (#3 and #6)
  - Saint Francis Ministries (#1, 2 & 7)
  - TFI Family Services (#4 & 8)
  - Cornerstones of Care (#5)
Kansas

Sources of Law and Policy

- Statutes and Regulations
  - Federal and State Mandates

- Agency Policy and Procedures
  - Department for Children and Families (DCF) Prevention & Protection Services (PPS) Policy and Procedures Manual (PPM)
States were provided the opportunity to request a delay of implementation of the Family First Prevention Services Act. Kansas is an “early adopter” and elected NOT to request a delay and determined to proceed with implementation of this act.

Different implementation dates attached to various requirements in Family First, but Prevention Services and Qualified Residential Treatment Facilities were implemented statewide in Kansas as of October 1, 2019.
DCF, the State’s IV-E agency, with enactment of Family First Prevention Services Act (FFPSA) is now allowed to claim federal funding for certain prevention programs and services rather than only be able to claim for foster care expenses/costs.

DCF submitted a required five (5) year Prevention Plan to Administration for Children and Families (ACF) for review and approval. This Prevention Plan encompasses the variety of prevention practice approaches the agency supports and describes how these efforts work together. The Plan has been approved.
Pursuant to FFPSA:

Title IV-E Prevention Funding is now allowed for the following types/categories of services:

- Mental Health
- Substance Abuse Prevention & Treatment
- Parent Skill Building Programs
- Kinship Navigator Programs

(Kansas’ plan for implementation of this portion of FFPSA will be addressed by DCF Prevention Team staff in separate presentation.)
Court Improvement Program (CIP) Grants-all three CIP grants (basis, data and training) were extended for FY2017-FY2021. This provides stability and full funding for these grant programs through FY2021. These grants are awarded to Kansas Judicial Branch and monitored by Office of Judicial Administration.
• Improvement of Foster Care/Adoption Interstate Placements-
States are required to use an electronic interstate case-
processing system to exchange documents to help expedite
the interstate placement of children for foster care, adoption
and permanent custodianship (guardianship) no later than
October 1, 2027.
  o Kansas implemented the National Electronic Interstate
    Compact Enterprise (NEICE) system on October 1, 2018.
Requires development of a Statewide Plan to Prevent Child Abuse and Neglect Fatalities. This was incorporated into DCF’s Child and Family Services Plan submitted 6/30/2019. States are required to document how child maltreatment fatalities are tracked and steps state will take to prevent such fatalities.

- Kansas has a Child Death Review Board in place/DCF has a representative on such Board. The board reviews every child death which occurs in Kansas and submits an Annual Report to the Legislature.

- Multiple practice approaches are being implemented by DCF should assist in prevention of maltreatment of children and resulting deaths with respect to children who have contact with DCF.
U.S. Department of Health and Human Services (HHS) was required to publish model foster parent licensing standards. The standards published were then reviewed by DCF Licensing to ensure current licensing standards were in accordance with such model standards.

- It was determined DCF’s licensing standards were generally in compliance with a few needed minor revisions. The proposed revised regulations to address such revisions are currently in process for approval and subsequent publication.
An important focus of FFPSA is to place the vast majority of children in the foster care system with relatives or in foster family homes. Children needing special services and treatment can be placed in what is termed a Qualified Residential Treatment Program (QRTP) for a time necessary for needed services/treatment. This will be addressed in more detail later in this presentation.

- Kansas has historically had a low percentage of kids in DCF custody in congregate (group home/facility) care (Generally approx. 8%).
Family First Prevention Services Act

- Since Judges are vital to effective implementation of placement of children in family homes and reduced need for congregate care, there is a requirement for judges, attorneys and other legal professionals on child welfare cases to be trained in federal child welfare policies and payment limitations.

- Required training for judges is a criteria for receipt of CIP grant funds. OJA, via Best Practices Training, trained on FFPSA in 2019 and this training is the second training provided which focuses on FFPSA implementation.
• States were required, upon enactment, to establish as part of the health care services oversight and coordination plan, procedures and protocols to ensure children in foster care are not being inappropriately diagnosed with mental illness, disorders or disabilities that may result in the child not being placed with a foster family home. There were already existing protocols as the result of multi-agency work which brought the state into compliance with this requirement.
Effective October 1, 2018, states were required to have procedures in place for background checks on any adult working in “child care institutions” which includes group homes, residential treatment centers, shelters and other congregate care settings where children in care are placed.

- Required checks:
  1. National fingerprint-based criminal records check.
  2. Child abuse and neglect registry checks.

- The criminal records check must reveal the prospective employee/volunteer has not been convicted of the felonies prohibited by statute (K.S.A. 65-516). The KS statute does not allow any exemptions or exceptions.
Kansas has successfully implemented this background check requirement. All employees of DCF, Grantees, CPAs and congregate care settings must undergo fingerprinting and pass criminal records and abuse and neglect registry clearance checks.

Specific checks run:
- National fingerprint based criminal history
- National Sex Offender Registry
- State of Kansas name-based criminal history
- Kansas Child Abuse/Neglect Central Registry
- Kansas Adult Protective Services Registry

All relatives, even if they don’t choose to become licensed, receive the same background checks as licensed foster and facility staff.
Family First Prevention Services Act

- FFPSA renamed Chafee Foster Care Independence program as the “Chafee Foster Care Program for Successful Transition to Adulthood”.
- Youth in DCF custody began receiving life skills/independent living services at age 14.
- Transition plans are now developed for all youth ages 14 and older, regardless of case plan goal.
- DCF IL Coordinators may act as consultant to help youth develop transition plan, for 16 and older if case plan goal is Another Planned Permanent Living Arrangement (APPLA) and all youth 17 and older, regardless of case plan goal.
- Minimum age for Basic Chafee and Education and Training Voucher (ETV) eligibility has been lowered to 14 years.
• Eligible youth may now participate in the ETV Program until age 26. Youth may participate in the ETV program for a maximum of five years, whether or not those years are consecutive.

• Eligible youth may request access to ETV services prior to the semester in which they turn 26, if enrolled or applying for admission to post-secondary education.

• Youth who left a foster care placement subject to permanent custodianship or guardianship or who were adopted before the youth’s 16th birthday are not eligible for ETV. Youth may continue to be eligible for Basic Chafee supports if they experienced an eligible out of home placement at age 14 or older.
In general, to obtain federal funding for foster care maintenance, if a child is placed in a “child care institution” designated as a Qualified Residential Treatment Program (QRTP), such institution must meet certain requirements and standards for QRTPs as defined in law. It is a setting to address the needs, including clinical needs as appropriate, for children with serious emotional or behavioral disorders or disturbances and can implement the treatment identified by the required assessment (later discussed).
Family First Prevention Services Act (FFPSA) creates Qualified Residential Treatment Programs (QRTP) which:

• Must be a Trauma-Informed treatment model
• Must be able to implement the treatment identified for the child following assessment made in the required 30 days.
• Must facilitate family participation.
• Must provide discharge planning and family-based aftercare support for at least 6 months post-discharge.
Family First Prevention Services Act

Qualified Residential Treatment Programs

- Must be licensed and accredited.
- Must have registered or licensed nursing and other licensed clinical staff under state/tribal laws and who are available to provide services according to the treatment model.
- Staff must undergo and pass criminal records, and abuse and neglect registry clearance checks.
QUALIFIED INDIVIDUAL

A “qualified individual” must assess a child to determine the appropriateness of a placement within 30 days after the placement in a QRTP is made, to be able to claim Title IV-E for the duration of the placement.

Qualified Individual:

• Trained professional or licensed clinician: 1) who is not an employee of the Title IV-E agency, and 2) who is not connected to, or affiliated with, any placement setting in which children are placed by the agency.
Family First Prevention Services Act
Qualified Residential Treatment Programs

QRTP Assessment:

- Assess the strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool approved by the HHS Secretary.

- Determine whether the needs of the child can be met with family members or by placement in a foster-family home.
  - If not, which allowable congregate setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.
Develop a list of child-specific short- and long-term mental and behavioral health goals.

Work with the child’s family and permanency team while conducting and making the required 30-day assessment.

• The Title IV-E agency must assemble a family and permanency team for the child placed in the QRTP.

• The team must consist of all appropriate biological family members, relative and fictive kin of the child, as well as professionals (as appropriate) who are a resource to the family of the child, such as medical mental health providers who have treated the child, teachers, or clergy.
• If the child is 14 years or older, the team must also include the members of the permanency planning team for the child that are selected by the child in accordance with the Title IV-E case planning requirements.

Must specify in writing the reasons why the child’s needs can’t be met by the family or in a family foster home

• Shortage of family foster homes is NOT an acceptable reason.
• State why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child as specified in the permanency plan for child.
QRTP CASE PLAN REQUIREMENTS:

- Agency must state efforts to identify and include child’s family on permanency team.
- Agency must include contact information for family and other permanency team members.
- Provide permanency team meeting evidence including when held, what time, and whether time and place were convenient for the family.
- If reunification is the goal, evidence of input from parents, family and permanency team regarding continuing services needed for the child.
Family First Prevention Services Act
Qualified Residential Treatment Programs

- Congregate Placement: Evidence of placement preferences of the family and permanency team relative to the required 30-day assessment of appropriateness of QRTP.

- Recognition that children should be placed with their siblings unless there is a finding by the court that such placement is contrary to the child’s best interest.

- If the placement preferences of the family and permanency team are not recommended by the qualified individual conducting the required 30-day assessment, the reasons why must be provided. Kansas has contracted with Health Integrated Solutions, Inc. (“qualified individual”) to complete the assessments and return same to DCF grantees.
Family First Prevention Services Act
Qualified Residential Treatment Programs

- Written recommendation by the qualified individual regarding the appropriateness of the QRTP.
- Court approval-or disapproval-of the QRTP placement.
- The Family First Prevention Services Act does NOT qualify QRTP placements as a permanency option. The appropriate permanency goal must be set forth for the child regardless of QRTP placement status.
- The only goals are reunification/reintegration, adoption, permanent custodianship, custody with a fit and willing relative and another planned permanent living arrangement (APPLA)
KS: A Joint Committee (made up of members selected from the Kansas Judicial Council JO/CINC Advisory Committee, Kansas Supreme Court Task Force on Permanency Planning and selected Ad Hoc members) was formed to fully review the federal Family First Prevention Services Act after its enactment to determine what state legislation may be required to ensure Kansas is in compliance with requirements of the Act.

- A proposed bill was drafted related to FFPSA and was introduced as HB 2103. Said bill successfully passed through the Legislature and was signed into law by the Governor, effective May 2, 2019.
- Although QRTP placements commenced October 1, 2019, the legislation provided the necessary framework to enable such implementation.
Definition of Qualified Residential Treatment Program-K.S.A. 38-2202

“A program designated by the secretary for children and families as a qualified residential treatment program pursuant to federal law.”
Family First Prevention Services Act
Qualified Residential Treatment Programs

Process per federal and state statutes:

- **NOTICE:** When a child is placed in a QRTP, the secretary shall notify the court, petitioner, parent attorney, parent, child, GAL, other parties or interested parties and CASA in writing within 7 days. (FFPSA) Since DCF is not a party to the CINC action in Kansas, the state statute requires the secretary immediately notify the court. The court will then send notice of the placement to the parties set out above. A Notice of Placement form has been created and posted on the Kansas Judicial Council website.

- Within 30 days of placement, state statute provides that any party listed above may request a hearing, in writing. If a hearing is requested, the court will give notice of the hearing to such persons. The court MUST conduct the hearing within 60 days of placement.
Family First Prevention Services Act
Qualified Residential Treatment Programs

- The secretary (via DCF grantee) shall provide to the court the completed written assessment and documentation regarding the need for placement in a QRTP.
- Within 60 days after placement, the court shall:
  - Consider the assessment and documentation provided;
  - Determine whether the needs of the child can be met in a family foster home placement, and if not, whether QRTP provides the most effective and appropriate level of care in the least restrictive environment and if that placement is consistent with short and long term goals for the child as set forth in the permanency plan; AND
  - Approve or disapprove the placement
QRTP and Permanency Hearings:

K.S.A. 38-2264: (Per HB 2103) New added language:

(e) The requirements shall apply only if child is placed in a QRTP at the time of the permanency hearing. "At each permanency hearing held with respect to the child, in additional to requirements of subsection (c), the court shall document:

(1) That the ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short-term and long-term goals for the child, as specified in the permanency plan for the child;
(2) the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and

(3) The efforts made by the secretary to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home.”
Agency (DCF) may claim Title IV-E (federal funding) during the period necessary to transition a child out of a QRTP for up to 30 days (from the date a determination is made that the placement is no longer the recommended or approved placement) for the child when:

- The required 30-day assessment determines that a QRTP placement is not appropriate.
- A court disapproves the QRTP.
- A child is going to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent or in a family foster home.
Health and Human Services Reporting (QRTP Placements)

- If a child is placed in a QRTP for more than 12 consecutive months, or 18 nonconsecutive months, or, in the case of a child who has not attained the age 13 years, for more than six consecutive or nonconsecutive months, the agency must report:
  - The most recent versions of the documentation submitted for the most recent status review or permanency hearing AND
  - The signed approval of the head of Title IV-E agency (DCF) for the continued placement of the child in that QRTP setting.
HB 2103 revised K.S.A. 38-2234 by adding the following to be included with the petition to commence a child in need of care action:

(a)(8) “The petition shall have an attached copy of the prevention plan, if any, that has been prepared for the child.”

If there was no prevention plan for a child, there is no document to attach. The above-referenced “prevention plan” is for an individual child and is separate and apart from DCF’s “Five Year Prevention Plan” which was required to be submitted to ACF.

Questions, if any.
For more information on FFPSA:
Administration for Children and Families

http://www.acf.hhs.gov

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