Kansas
Department for Children and Families

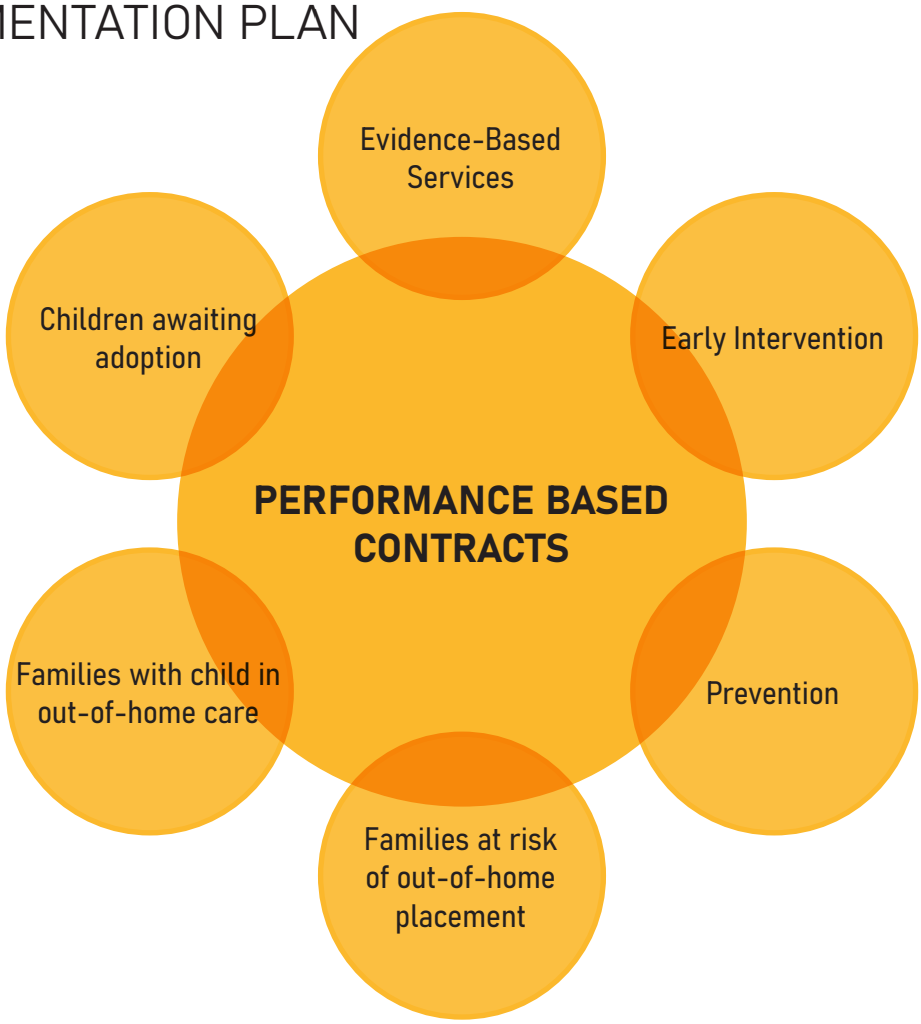
555 S Kansas Ave
Topeka, KS 66603
www.dcf.ks.gov

Performance Based Contracts Implementation Plan

Department for Children and Families

BACKGROUND

PERFORMANCE BASED CONTRACTS IMPLEMENTATION PLAN



The 2022 regular session of the legislature passed House Bill 2510 containing two sections setting forth that the Department for Children and Families (DCF) collaborate to jointly develop a plan for implementation of performance-based contracts (Appendix A).
Section 31 sets forth attributes the plan shall address, considerations for region wide service array capacity, and the engagement of community stakeholders and multisystem workgroups for plan implementation on July 1, 2023. The implementation plan document is due by January 31, 2023, with a report due to the governor, house of representatives committee on children and seniors and the senate committee on public health and welfare.
In this report, existing processes and stakeholder feedback is captured toward an implementation plan. This plan includes statewide voices and relevant agency process and procedures for attributes with an executive summary, detailed sections and appendices.

EXECUTIVE SUMMARY

In development of the implementation plan, 6 community conversations were convened by DCF in August across the state for joint development and co-design. Discussion tables visited by meeting participants helped gather information on evidence-based services, local capacity, service array and what needs to happen toward performance-based contract and grants.

We heard from community stakeholders:

- Build capacity for prevention
- Convene regular community conversations in regions like the August discussion opportunities
- Strive for holistic service delivery between providers

Services required range from information and referral to intensive case management, mental health and substance use disorder interventions, placement stability, permanency planning and adoption resource matching. Services in prevention for children at risk of out of home care and foster care have performance-based outcomes with operational definitions and a penalty and incentive structure in foster care.

Regarding capacity, there is statewide access in all counties for Family Preservation and Foster Care services. Evidence-based service models are not available in all counties for family first prevention grants. Implementation planning includes exploring evaluation and outcomes or common measures for Family Resource Centers, adding performance-based incentives to Family Preservation and Family First prevention grants, update foster care outcomes to new federal performance levels, monitor and learn from new incentives created for the network that is preventing failure to place instances.

Regarding an implementation plan, attributes are detailed further in the document. Action planning related to the major program impact areas yields the following high level project plan.

Implementation Plan of a set of performance based contracts

	SFY 2023											
Array and Activity	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Across the Array												
Quarterly Local or Regional Community Partner meetings to discuss prevention, contracts & outcomes	●			●			●			●		
Early Intervention & Prevention												
Explore common performance measures for school-based grants and family resource centers (FRC)			●									
Establish data method common measures for school-based grants and FRC					●							

Establish performance evaluation reviewer for Family Resource Centers (FRC)						●						
Report on baseline and common performance measures												●
Families with children at risk of out of home care												
Continue Family First Prevention Outcome Evaluation	●											
Explore incentives and Penalty terms for Family Preservation contracts and Family first grants		●										
Award new family preservation contracts							●					
Families with children in foster Care or awaiting adoption												
Add 2 discharge planning outcomes for DCF residential facilities to placement/ service agreements	●											
Award new foster care grants with updated state outcomes, federal measures, and penalty / incentive schedules.	●											
Evaluate and report impact to incentives provided to the Network of providers helping prevent failure to place			●									

JOINT DEVELOPMENT

COLLECTING FEEDBACK THROUGH COMMUNITY CONVERSATIONS

In August 2022, six community conversations were convened by DCF across the state to receive feedback on the attributes of an implementation plan. Feedback was received through attendance by diverse groups of stakeholders to include, but not limited to; individuals with lived expertise, current DCF contracted/granted providers, community agencies, school personnel, medical/mental health personnel, judicial personnel, and law enforcement personnel.

COMMUNITY CONVERSATION SCHEDULE

»	KANSAS CITY	8/10/22
»	HAYS	8/15/22
»	TOPEKA	8/16/22
»	EMPORIA	8/17/22
»	WICHITA	8/24/22
»	PITTSBURG	8/25/22

Attendees were provided background information and a few examples of current performance-based requirements such as federal timely permanency and placement stability indicators. Most of the time together was spent through guided conversations of 10 discussion questions facilitated by DCF. Discussion dialogues were framed as “Things to Think About” and set out at different facilitation tables between which attendees rotated about every 10 minutes. Finally, the entire group did some thinking together on 4 common questions.

EVIDENCE-BASED SERVICES	• Is your organization already providing evidence-based services in Kansas? If Yes:
	  • What services?
	  • What counties or areas?
	  • Are these through an existing DCF Contract?
	• Do you participate in any community level workgroups?

FAMILY REFERRAL, CONTACT AND COMMUNICATION	• How do families get referred or qualify for services your organization provides? • What are the protocols for communication with the families? • If service is through a contract or grant with DCF what are protocols for communication with DCF by your organization?
CAPACITY, SERVICE DELIVERY AND ARRAY	• Are you serving families to full capacity? If not, why not? • If at capacity, what barriers exist to serving additional families? • Are there other evidence-based services that your organization could or would like to provide? Barriers?
COMMUNICATION TO LEGISLATURE AND STAKEHOLDERS	• How does the effectiveness and successes of provided services get communicated to Legislature and Stakeholders? • Who are the "Stakeholders" who should be communicated with?
WILLINGNESS AND ABILITY	• Would your agency consider expanding services? • If yes, what barriers would need to be addressed? • What additional counties or areas would you consider expanding to? • Would the expansion serve more families or offer more services to existing families being served?
EFFECTIVENESS OF PROVIDER PERFORMANCE	• How is effectiveness of the provided services being evaluated? • Brainstorm ideas on how services should/could be evaluated to communicate program/services effectiveness.

DISCUSSION STATION DIALOGUE

The time together wrapped up with four (4) core questions for group feedback. A QR code for response was provided linking participants to a platform (Padlet) where they could provide additional feedback during or after the convening.

How can we collaborate?

How can we collaborate to implement performance-based contracts?

Who's missing from the community?

In your community who helps with performance improvement or reform? Who's missing?

What else do you wish we would ask?

What else do you wish we would have asked to get more information about how to assure and implement performance-based contracts?

How do we avoid failure to place?

What performance-based expectations should there be for CPA's and DCF facilities to prevent instances of failure to place (children sleeping in offices).

Details of the dialogue are in Appendix B and highlights of discussion includes:

We heard from community stakeholders...

- **Continue to schedule regular collaborative conversations with communities with engaging questions to build rapport.**
- Learn more from prevention approaches
- Consider community referrals for some prevention services
- Consider having functional family therapy in foster care
- **Talk about what's going well and emerging needs**
- If goals aren't being met, do more analysis and get more voices identify barriers to improvement
- Engage youth voice
- Need more communication between referral sources

SERVICES REQUIRED

Services that are required to be delivered under any contract in order to assure that providers have the ability to provide adequate, appropriate and relevant evidence-based services to individual families. Including: Core Functions, Evidence-Based, Outcomes.

ARRAY

- Prevention
- Early Intervention
- Families at risk of out of home care
- Families with child in care
- Children awaiting adoption

Program design for services required are set forth in a Requests for Proposal for bidders to submit proposals. Proposals are evaluated by a Contract/Grant Review Panel. In addition to panel review ratings, considerations in award may include, but are not limited to, underserved populations, strategic priorities, past performance, geographic balance, equity and available funding. Evidence base for child and family wellbeing may derived from different sources. Two key sources for ratings of evidence base for child and family wellbeing are the California Evidenced-Based Clearinghouse for child welfare and the Title IV-E Prevention Clearinghouse.

PREVENTION AND EARLY INTERVENTION

CORE FUNCTION

- **assessment**
- **information & referral**
- **time limited case management or support**

EVIDENCE BASE MODELS NOT REQUIRED

opportunity to launch small programs for evaluation

MAJOR SERVICE ARRAY

- **Children's Justice Act**
- **Safe Families**
- **Family Resource Centers**

FAMILIES AT RISK OF OUT-OF-HOME CARE

CORE FUNCTION

- assessment
- case management
- parent skill building
- parent support
- mental health service
- substance use service

TREATMENT/SERVICES

Mental Health

Multisystemic Therapy

Functional Family Treatment

Parent Child Interaction Therapy

PARENT SKILL-BUILDING

- **Nurturing Parent Program Healthy Families America**
- **Parents As Teachers**
- **Family Centered Treatment**
- **Seeking safety**
- **Parent Child Assistance Program**

In addition, Family Preservation Service models use the following evidence base depending on the family's presented needs:

Alternatives for Families –Cognitive Behavioral Therapy
Motivational Interviewing
Signs of Safety
Sobriety Treatment and Recovery Teams
Solution Based Casework
Strengthening Families
Trauma-Focused Cognitive Behavioral Therapy
Trust Based Relational Intervention

FAMILIES WITH CHILDREN IN CARE

CORE FUNCTION

- assessment
- case management
- placement stability
- child wellbeing coordination
- court coordination

TREATMENT/SERVICES

Multisystemic Therapy

Functional Family Treatment

Generation PMTO (parent model training)

Trust-Based Relational Intervention

INCLUDES

- **permanency planning tasks**
- **children awaiting adoption**
- **youth and young adults in independent living**
- **separate contract for adoption exchange**

GRANT AND CONTRACT OUTCOMES

Many performance-based outcomes align with federal outcome measures and practice improvements related to the McIntyre V. Howard settlement agreement. Prevention contract/grants include outcomes specific to family engagement and reducing the need for foster care.

Outcome Measures At a Glance	**Early Intervention**	**Prevention/ at risk of foster care**	**Foster Care**	**Adoption**
Federal Safety (free from maltreatment during service)		✓	✓	✓
Foster Care Prevention (preventing child removal into foster care)		✓		
Federal measures for timely permanency			✓	✓
Federal Measures for placement stability			✓	✓
State measures for wellbeing - Placed with relative/kin - Placed with sibling - Educational progression - Monthly worker/child contact - Timely mental health assessment			✓	✓
State measures for placement stability - No failures to place - No short-term placements - Children in family like setting			✓	✓
Penalties and Incentive Schedule for outcomes			✓	✓

Family preservation has 5 contract outcomes

Foster care grants have 15 current safety and permanency related measures and additional indicators of placement stability.

- Penalties and incentive schedules are included in current foster care grants
- A provider network and incentive structure was created in October 2022 to prevent instances of failure to place (children in offices).
  - Planned Evaluation in 2023 includes following the first 100 youth who experience a prevented failure to place instance to understand impact of the network on long term placement stability, connection to relatives and time to permanency.

Family Preservation and foster care outcomes have operational definitions and data elements set forth in their grant or contract and are used in evaluating the effectiveness of provider performance (Appendix C).

Family first prevention grants have four (4) engagement and prevention outcomes and an evaluation and research plan with KU School of Social Welfare and Center for Public Partnership and Research (Appendix D).

FAMILY FIRST OUTCOMES

Figure 1: Outcome Report Dates: 10/1/2019 - 10/31/2022

BY THE NUMBERS

Family First Outcomes

88%	of target children and youth who have reached 12 months from the time of service referral remained together at home without need for foster care.*
74%	of families referred to Family First were engaged timely in services (within 2 days). (GOAL: 95% of cases)
53%	of cases served and closed had successfully completed the referred service. (GOAL: 95% of cases)
5%	of target children and youth served have been placed in foster care during an open Family First case.* (GOAL: Less than 10% of cases)

**Target children are candidates for care within the target age range of the referred program*

KU SCHOOL OF SOCIAL WELFARE
The University of Kansas

KU CPPR

How families will be referred to contracted providers, including the protocols for continued communication or coordination between providers and the department in order to assure child safety and well-being and to promote the family's engagement.

GRANT/CONTRACT AGREEMENTS

Each grant/contract agreement includes the mechanism for referral and policies for contact and frequency of contact with families. DCF assists providers in engaging the family to begin the service delivery. Engagement in prevention array is dependent upon the family's openness to the service. **The protection and safety of the child is assessed and evaluated through informal and formal ongoing safety and risk assessments.**

PREVENTION AND EARLY INTERVENTION:

The prevention services track Figure 2 illustrates DCF prevention referrals that are provided electronically to a respective provider.

- In addition to DCF funded prevention grants and contracts, other community resources may be available to families that do not need any referral from DCF.
  - 1-800-children line is accessible through a website, mobile application or through the direct phone number and DCF provides a text to those who contact KPRC to create awareness of 1-800-Children. This resource provides service availability by location throughout the state. Families may identify a service type using a catalogue of services provided by this resource.
  - Communities supporting families grants are in the Emporia, Hutchinson and Wichita School Districts funding a position to support families to meet basic needs and primary prevention of truancy.
  - The Wichita police department and Sedgwick County Sheriff's department each have community specialists supporting families with safe sleep training, concrete supports and referrals to supportive agencies.

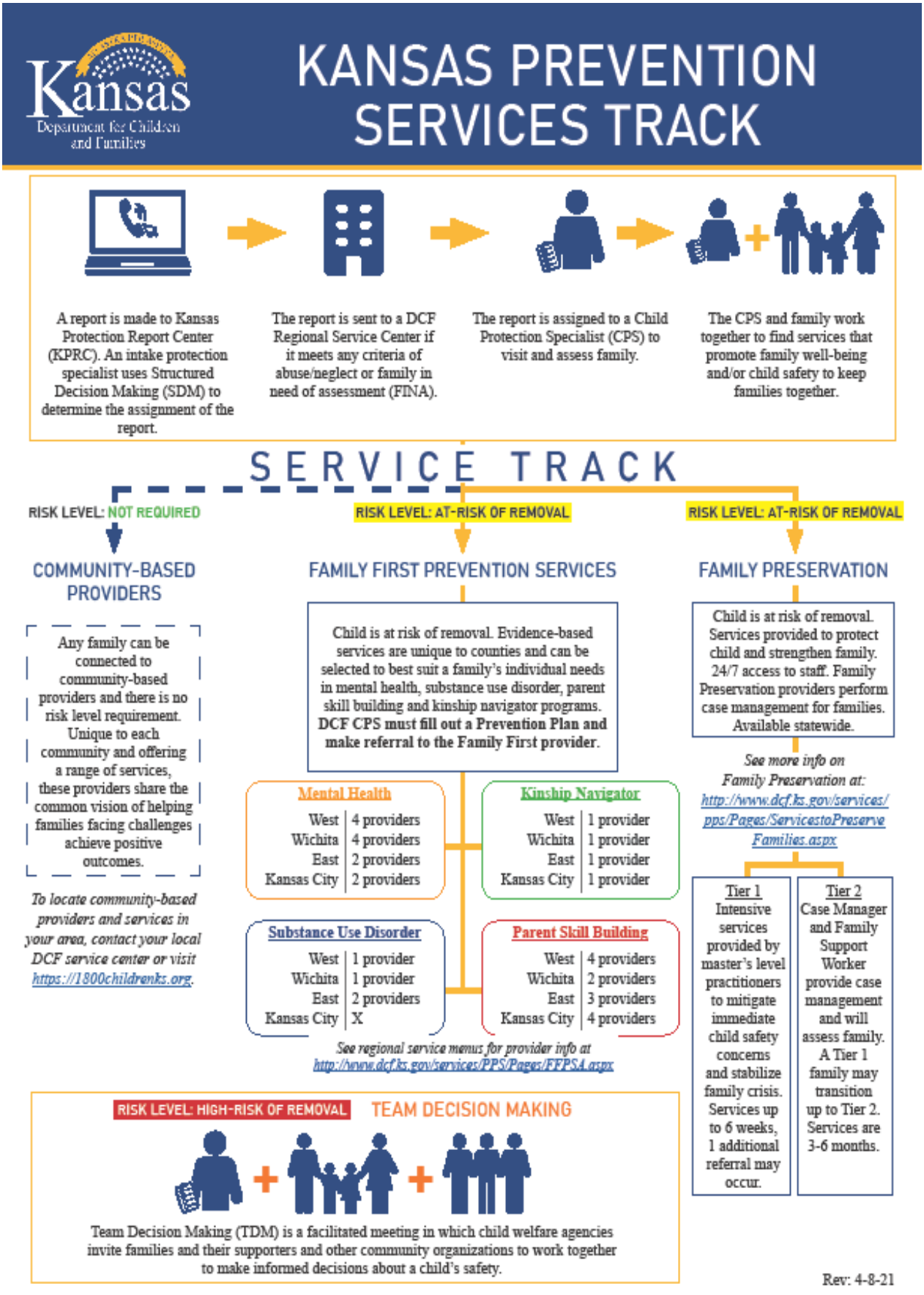
FOSTER CARE OUT OF HOME CARE

An electronic referral is made by DCF within the carematch system to the Reintegration/Foster Care/ Adoption Provider when the court has granted custody to the Secretary, and a determination has been made that the safety decision for the child is out-of-home placement; or a child is living with relatives at the time the child is placed in the Secretary's custody and reintegration plans with a parent have been ordered. Assessment information from DCF and any prevention provider is shared with a foster care provider and releases can be sought from the parents to assure information sharing for seamless service delivery.

CHILDREN AWAITING ADOPTION

Many children are adopted by relatives, non-relative kin such as teachers or family friends, or foster parents. Others continue to wait. If a child legally free for adoption is in out of home care and has no identified resource for adoption as a legal permanency, a referral form is made to the adoption exchange Adopt Kansas Kids provider. The referral provides information on the child to enable tasks associated with recruitment of an adoption resource such as creation of adoption profiles and photography resources for the child. The adoption exchange does not use a specific evidence-based program. AdoptKsKids partners with child welfare agencies (Case management providers and Child Placing Agencies) across the state to recruit and support families who are interested in adoption from foster care. Currently about 500 Kansas children are in foster care waiting to be adopted who do not have an identified adoptive resource. Some of the children have photo listings, videos and basic biographies available for viewing at www.adoptkskids.org. The majority of these children are age 12 and older, have two or more siblings, or have special needs.

Figure 2: Families may receive DCF prevention services through community referrals, self-referring, and/or a direct referral from DCF on behalf of the families.



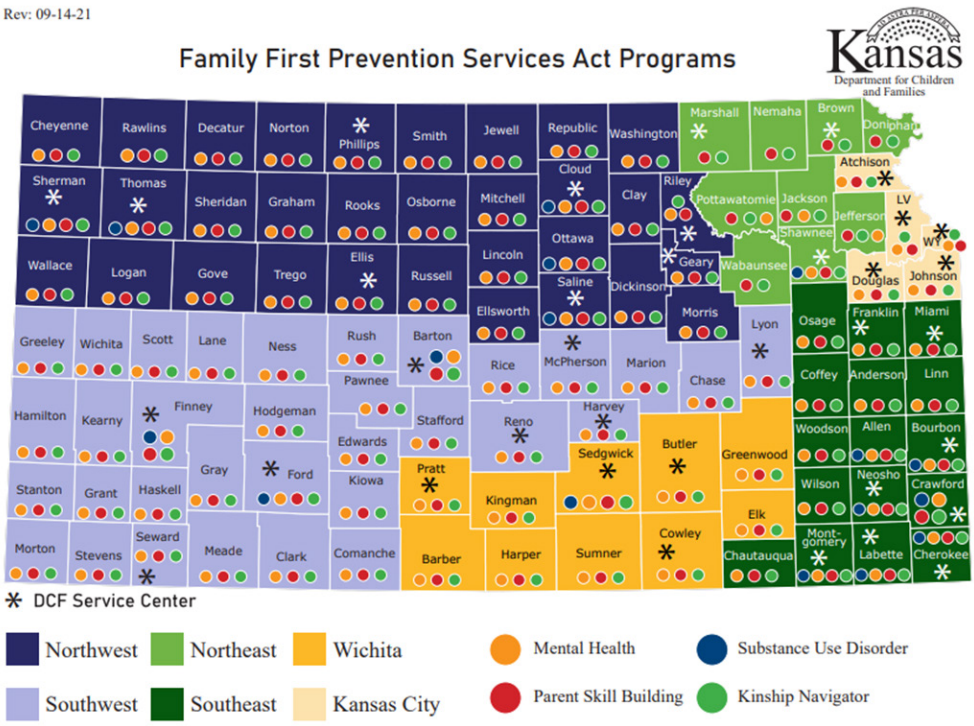
REGIONWIDE CAPACITY

Consider the capacity for regionwide delivery of an array of evidence-based prevention and early intervention services to children and families, paying particular attention to the willingness and ability of the community and stakeholders to collaborate in the development of the implementation plan by January 31, 2023, and whether there are any existing and available multidisciplinary or multisystem work groups engaged in performance improvement or reform

Early intervention programs that are grants from DCF are not available in every county, rather might be small and impactful in local community with potential to grow or replicate over time from a concentrated pilot.

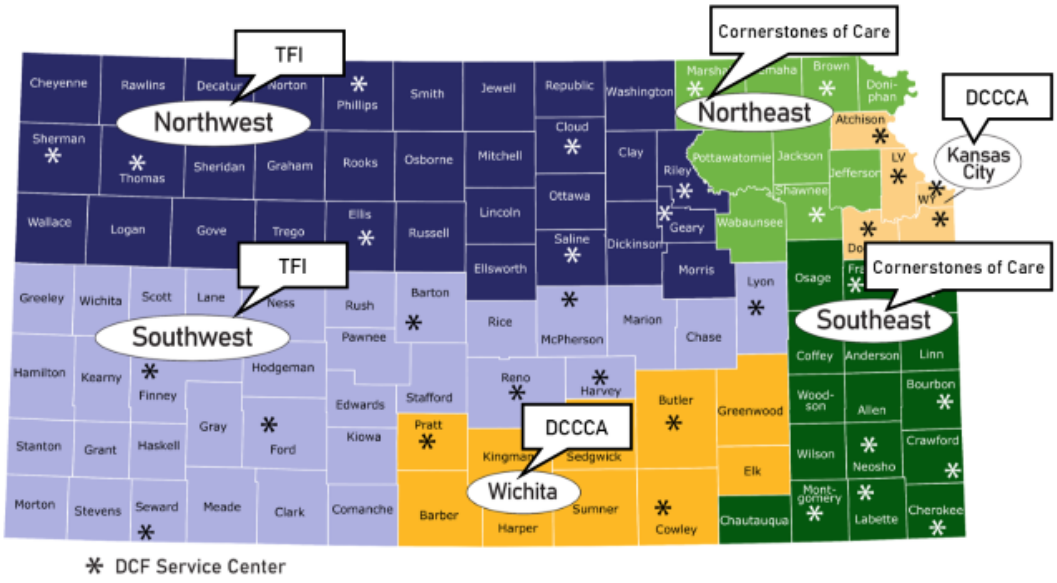
Prevention services are becoming more accessible statewide as more providers adopt evidenced based models and develop qualified staff for the program delivery.

Family First services are trauma-informed, evidence-based programs with unique criteria for families, such as specific age-range requirements or inclusionary/exclusionary factors. Per the federal instruction, providers are required to deliver the services to fidelity of their evidence-based model. With these requirements, naturally these services are more tailored and individualized to meet the needs of families. Each county has a unique combination of Family First services available, Figure 3.

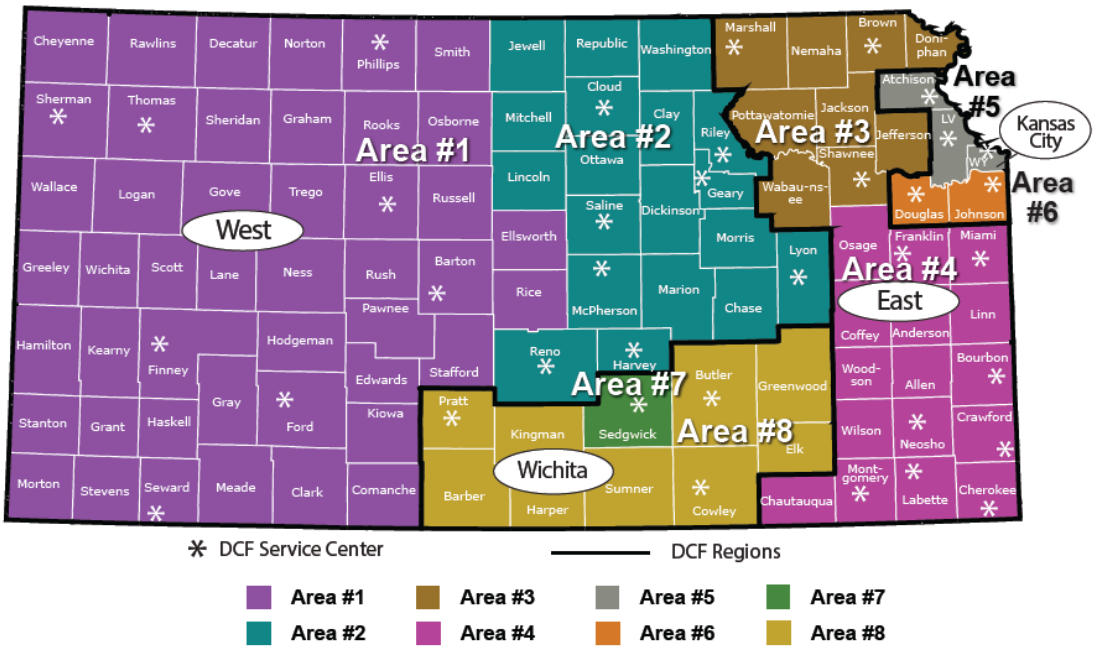


The DCF Family Preservation services are available in all 105 counties. Contractors provide evidence-based models with some flexibility with fidelity to models. This creates a more open-ended program able to serve all age-ranges and types of families. Each region has a contract with a family preservation provider.

Family Preservation in DCF Regions



DCF Regions and Catchment Areas



Foster Care and Adoption services are available in all 105 counties. All evidenced based programs may not be provided by all foster care case management agencies.

EXISTING MULTISYSTEMIC WORKGROUPS

Family First Prevention Services Act (FFPSA) and Kansas Strong Interagency and Community Advisory Board: 6 Regional & 1 Statewide

The Interagency Advisory Board (ICAB) is a Kansas cross-system multi- agency collaboration that was established to support two statewide implementations: The Family First Prevention Services Act and Kansas Strong for Children and Families.

The ICAB's overarching goal is to support and activate a comprehensive service array that spans a broad continuum of care for families by: (1) building cross-sector knowledge of needs, gaps, challenges, and best practices; (2) using data and continuous quality improvement to monitor processes and outcomes; and (3) developing and executing action plans to address service gaps. There is one statewide group that meets quarterly and 6 regional boards that meet at least three times a year. The statewide group is comprised of statewide agency and service representatives across sectors (e.g. Family and Child Well-Being, corrections, public health, health, early childhood, behavioral health, courts and legal systems, etc.). Regional groups, co-led by community and Family and Child Well-Being leaders for each region, are comprised of regional stakeholders across child/family serving sectors.

Family First Family Council (FFFC)

The Family Council, implemented in SFY22, is an advisory board of Kansans with experience in the child welfare system and/or prevention services as a caregiver or youth. The goal of the Family Council is to integrate family and youth voice into the Family First Prevention Services implementation in Kansas. The council is made of three members from each of the six DCF regions as well as members from the Family First evaluation team, the Family First prevention team, and the University of Kansas Center for Public Partnerships and Research. Family Council members must apply to be selected and serve a one-year term. They are required to attend at least six meetings and receive compensation for participation.

Other statewide and local standing multi systems groups include:

- Kansas Youth Advisory Council (regional and statewide)
- Kansas Family Advisory Network
- Kansas Family Advisory and Accountability Board: statewide regarding settlement monitoring
- Wichita Child Abuse Prevention Coalition

IMPLEMENTATION PLAN

A plan for services that are required to be delivered under any such contract in order to assure that providers have the ability to provide adequate, appropriate and relevant evidence-based services to individual families, the outcome measures that will be used to evaluate the effectiveness of provider performance under such contracts, how families will be referred to contracted providers, including the protocols for continued communication or coordination between providers.

The implementation plan is informed by August 2022 community meetings and includes some exploration and initial implementation tasks SFY2023. Services required in early intervention include support for concrete supports such as hard goods and referrals to other agencies or short-term interventions. High-level summary and detail follow:

PREVENTION AND EARLY INTERVENTION

EARLY INTERVENTION

- Establish evaluation method for Family Resource Centers **| Jul. 23**
- Develop outcomes for school based supportive grants **| Sep. 23**
- Develop common measures overlapping other early childhood or data trust partners **| Oct. 23**

PREVENTION

- Continue Family First Evaluation **| Jul. 23**
- Explore feasiblity of incentives and penalties for outcome achievement in FPS and family first grant/ contract amendments or RFP **| Jul. 23**
- Engage current accountability and advisory groups for focused ideas on performance improvements **| Fall 23**
- Review and award FPS contract **| Dec 23.**

OUT-OF-HOME CARE AND ADOPTION

- Adjust outcomes to new federal standards
- Implement discharge outcomes for DCF residential providers **| Jul 23**
- Evaluate effectiveness of the failure to place network **| Fall 2023**

DETAILED IMPLEMENTATION PLAN COMPONENTS

Attribute	Early Intervention	Prevention	Families with children at Risk of Out of Home Care	Foster Care & Adoption
Services Required	Information and Referral (Concrete services, mental health, substance use, housing and food security, education, training , employment and legal or justice supports.)	Information and referral Assessment Immediate and lasting safety planning Short term Case Management Therapeutic Supports	Information and referral Assessment Immediate and lasting safety planning Case Management Therapeutic Supports Legal referrals Legal advocacy or representation.	• Assessments • Case Management for family reintegration, adoption and/ or independent living. • Placement stability services • Behavioral health and educational supports or referrals • court and justice related reporting • referrals for adoption home recruitment as needed.
Relevant Evidence Base	As applicable accrediting body. Family Resource Centers use Strengthening Families Framework (5 protective factors)	As applicable accrediting body. Strengthening Families	-Multisystemic Therapy -Functional Family Treatment -Parent Child Interaction Therapy_ - Nurturing Parent Program -Healthy Families America - Parents As Teachers - Family Centered Treatment - Seeking safety - Parent Child Assistance Program - Alternatives for Families –Cognitive Behavioral Therapy -Motivational Interviewing -Signs of Safety -Sobriety Treatment and Recovery Teams -Solution Based Casework -Strengthening Families -Trauma-Focused Cognitive Behavioral Therapy - Trust Based Relational Intervention	-Multisystemic Therapy - Functional Family Treatment - Generation PMTO (parent model training) - Trust-Based Relational Intervention

Outcome measures to evaluate	Reduced rate of maltreatment in service area Reduced rate of entry into care for service area	Reduced rate of maltreatment in service area or 90% of children free from maltreatment for children served if DCF referral Reduced rate of entry into care for service area	90% of Children served free from maltreatment during service delivery 90% of Children served no not enter out of home foster care during service delivery or for 12 months from referral.	See Appendix C for standards -Timely Permanency -Placement Stability -Placed with relative/kin -Placed with sibling -Educational progression -Monthly worker/child contact -Timely mental health assessment - No failure to place -no short term placement
How families are referred	Self, school, DCF economic & employment supports, protection services or other community referral.	Community referral or DCF program.	DCF refers using a form after assessment of family on an assigned report of family in need of service (FINA) or worry for child abuse/ neglect (CAN) and the child is at risk of foster care.	DCF refers using a form when children is placed in protective custody or temporary custody of Secretary. Care match is used to refer a child for foster home or possible group care facility when relative / kin is not available
Protocols for continued communication and collaboration	Family Resource centers required to use connect to 1-800-Children	Referrals required based on assessments to connect to behavioral health services.	Required communication with prior DCF providers and to bridge communication to foster care if out of home not prevented. -Releases from a parent may be required in order to access other provider documents.	- school record transfers -referrals with mental health providers - Managed Care Organization contacts - Child's placement contacts -Court reports

APPENDIX A HB2510, SECTION 31.

KANSAS DEPARTMETN FOR CHILDREN AND FAMILIES

(a) On the effective date of this act, of the $235,276,149 appropriated for the above -23- ccr_2022_hb2510_s_4047 agency for the fiscal year ending June 30, 2023, by section 76(a) of House Substitute for Substitute for Senate Bill No. 267 from the state general fund in the youth services aid and assistance account (629-00-1000-7020), the sum of $5,350,000 is hereby lapsed.

(b) During the fiscal year ending June 30, 2023, in addition to the other purposes for which expenditures may be made by the above agency from moneys appropriated from the state general fund or from any special revenue fund or funds for the above agency for fiscal year 2023 as authorized by section 76 of 2022 House Substitute for Substitute for Senate Bill No. 267, this or other appropriation act of the 2022 regular session of the legislature, expenditures shall be made by the above agency to collaborate with community partners and stakeholders to jointly develop a plan for implementation of a set of performance-based contracts to provide an array of evidence-based prevention and early intervention services for families who are at risk for an out-of-home placement or have a child in out-of-home care and for children who are awaiting adoption:

Provided, That such plan shall describe the services that are required to be delivered under any such contract in order to assure that providers have the ability to provide adequate, appropriate and relevant evidence-based services to individual families, the outcome measures that will be used to evaluate the effectiveness of provider performance under such contracts, how families will be referred to contracted providers, including the protocols for continued communication or coordination between providers and the above agency in order to assure child safety and well-being and to promote such family's engagement and the optimum balance of shared responsibility for child protection and child welfare between the above agency and such providers, including a description of the core functions to be performed by each:

Provided further, That in developing such plan, the above agency shall consider the capacity for regionwide delivery of an array of evidence-based prevention and early intervention services to children and families, paying particular attention to the willingness and ability of community and stakeholders to collaborate in the development of the implementation plan by January 31, 2023, and whether there are any existing and available multidisciplinary or multisystem work groups engaged in performance improvement or reform efforts:

And provided further, That the above agency shall report to the governor, the house of representatives committee on children and seniors and the senate committee on public health and welfare by January 31, 2023, with a plan to begin implementation on July 1, 2023.

Section 32

During the fiscal year ending June 30, 2024, in addition to the other purposes for which expenditures may be made by the above agency from moneys appropriated from the state general fund or from any special revenue fund or funds for the above agency for fiscal year 2024 as authorized by this or other appropriation act of the 2022 or 2023 regular session of the legislature, expenditures shall be made by the above agency from such moneys for fiscal year 2024 to provide, not later than January 31, 2024, to the governor and the legislature a status update and recommendations for continued progress on the plan to implement performance-based contract criteria as described in section 29(b):

And provided further, That the above agency shall submit a proposal to the legislature and the governor on or before January 31, 2024, for the reinvestment of savings from reduced foster care caseloads into evidence-based prevention and early intervention programs designed to prevent the need for or reduce the duration of out-of-home placements:

And provided further, That such proposal shall include sufficient detail regarding accounting, budgeting and allocation of resources or other procedures for legislative consideration and

APPENDIX B: COMMUNITY STAKEHOLDER DETAIL COMMENTS

COMMUNICATION AND COLLABORATION:

- Scheduling regular collaborative conversations with communities w/engaging questions to build rapport.
    - Include non-traditional partners/ stakeholder, ie; Mayors, pastors, coalitions other community roles from the beginning
        - Include Staff who understand the family circumstances they serve.
        - Need to make sure to include survivors of domestic violence voices at the table. (KSDV)
        - Who helps with reform: Former foster youth
        - Young people currently in the system w/a way to protect their anonymity.
    - Spend time w/individual communities to brainstorm potential collaborations.
    - Facilitated panel discussions; work groups tor targeted topics/situations
    - Missing: Include lived experience and be intentional about it; use family-focused language and make sure they feel welcome.
    - Missing: Schools, judicial, city leadership, CMHCs, law enforcement, hospital partners, tribal partners, interpreter/ translation services, churches.
- Regular data report cards sent to contractors and stakeholders
- Agency Directors provide info to legislators through testimony.
- Hear and see info from DCF on effectiveness at the Supreme Court Task Force, and legislative task force.
- Share success stories, lobby, identifying gaps. – all shared with legislators
    - Emails, newsletters, social media, presentations to legislators
    - Also find on DCF website and in community forums.
    - Personal testimony from families and providers
- Lots of community groups/boards/coalitions – can't get a lot to show up – don't see issues as their problem.

ACCOUNTABILITY:

- If the goals aren't being met:
    - Are they too difficult to meet?
    - Do financial incentives/penalties make the foster care system better?
        - Do the penalties help improve the goals?
    - Have barriers to success been identified?
- Multiple data perspectives
    - Ensure data that is collected captures the whole picture
    - Relate numbers spent to the effectiveness of the services; return of investment
- Is the child's voice being heard?
    - Should there be different expectations based on their voice?
- How do we measure impact, different from individual children and family outcomes.
- Prioritizing family and kinship placements and providing wrap-around services for them as well as home-placements.
- Making sure CPAs are just as invested and involved in discussions around supporting services to children and their families as CWCMPs and prevention contracts/ grantees.
- Open lines of communication between Foster Care work, DCF, schools, and supports to build strong networks around child
- Provide more options for foster families related to daycare and respite
- Explore more creative options around temporary placements for children
- Consider behavior severity of child, mental health and legal concerns which may result in a failure to place. Develop programs to address and provide placement.
- CPA sees imbalance in communication from their agency and the needs of their CWCMP related to children referred to them and their acceptance.
- More emergency placements to take high needs children
- Better training supports for kinship parents on how to deal with children when behavioral crisis happens.
- Understand who are the players involved in ensuring children are stable. Far reaching beyond CWCMP, service provider and placements.

- Serve Kansas first – other states when capacity allows.
- Study regions or CWCMPs who are experiencing less instances of FTP – replicate process/practice.
- Use a Deferred facility, ie; a dorm.
- Consequences of failure to place (FTP); incentive for new placement options opened.
- Help courts and legislators understand the barriers that prevent outcomes from being achievable

PERFORMANCE EVALUATION & OUTCOME MEASURES

- Client satisfaction surveys (pre and post assessments)
- Assessment data
- Evaluation partners
- Data tracking
- Only measure services to bio-families; need to measure services provided to foster parents (Case review questions address services to the foster parent.)
- Reinforce measurement around placement with family versus foster home and placement with sibling(s).
- Coalitions, evidence-based services fidelity reviews
- Make a phone call – how did we do?
- Communication amongst referral resources
- Check in w/families up to 6-month post service.
- Quarterly meetings virtual or in-person w/ agencies to provide feedback – combat the us versus them mentality parent may experience.
- How is the judicial system evaluated?

REFERRALS AND FAMILY ENGAGEMENT

- Families are referred through a variety of ways; self-referral, community referrals, schools, shelters, courts, DCF, CWCMPs, IRIS, hospitals and other partners
- Communication and timelines for providers varies greatly depending on the type of service
- Stigma and fear for families that go through KPRC and have DCF oversight
- Invited to Team Decision Making (TDM) meetings.
- Formal notification to provider of staff changes in Administration.
- (can participate) In-person, text, virtual, email
- Warm hand-off ideal to a provider; DCF accompany service provider on 1st visit w/ family.
- Quarterly meetings w/DCF regional staff/ quarterly reporting

BARRIERS

- Staffing and retention
  - Competitive salaries
  - Large caseloads or demand
  - Better support services for staff; mental health, PTO, etc.
  - Training investments to fidelity of program
  - Intern/practicum students
  - Reliant on volunteers
- Funding
- Mental Health at capacity
- Low referrals when subject to DCF oversight or relying on DCF to send referrals
- When applicable, consider changing income requirements to increase referrals
- Consider community referrals for prevention services.
- Small pool of professionals to fulfill needed service roles in more rural and frontier areas of the state.
- Limited by contract on staffing qualifications.
- Burnout

CHALLENGES & COMPLICATING FACTORS

- Need staff
- Need the referrals
- Gaps in services
- Financial resources for families to address poverty and post reunification service expectations
- (lack of) Respite for families in prevention and in care.
- More funding for grants
- Creativity in finding staff
- Extend prevention services to foster parents/kinship parents
- Community Buy-in
- Holistic service delivery to families

APPENDIX C:

Kansas Department for Children and Families

PPS and Grant Outcome Report SFY 2023
SFY 2023 (as of October 31, 2022)

DCF/PPS Outcomes

	Kansas City Region	Northeast Region	Northwest Region	Southeast Region	Southwest Region	Wichita Region	Statewide
Safety							
Children who Experience Recurrent Maltreatment (Standard: 9.1% or less) *****	3.5%	3.8%	3.5%	3.4%	6.3%	3.7%	4.3%
Initial Placement with Relative/NRKIN (Standard: 50%)	41.5%	46.7%	38.4%	55.6%	50.9%	33.6%	42.6%
Timely Contact with Victim/Family Same Day and 72 Hr. (Standard : 95%) **	96.3%	93.9%	94.1%	95.8%	95.8%	93.8%	94.8%
Decision within 30 Working Days (Standard : 85%)** *****	45.4%	65.3%	71.2%	59.7%	68.6%	72.9%	63.9%
Adult Protective Services Recurrent Maltreatment (Standard: 95%)*** *****	96.5%	100.0%	96.0%	100.0%	100.0%	97.7%	97.7%
Adult Protective Services Timely Contact with Victim (Standard: 95%)*****	99.3%	97.9%	100.0%	98.8%	100.0%	97.7%	98.8%
Adult Protective Services Timely Findings (Standard: 85%)*****	86.1%	87.1%	95.5%	95.1%	92.9%	73.1%	85.7%
Adult Protective Services Timely Service Plans (Standard: 85%)*****	100.0%	100.0%	100.0%	100.0%	100.0%	71.0%	88.0%
Timely Initial Assessment Decisions (Standard: 95%)							81.3%

Family Preservation Outcomes

	East Region	Kansas City Region	West Region	Wichita Region	Statewide
Safety					
Children Maintained at Home					
Tier 1 (Standard 90%)	95.7%	95.8%	91.1%	97.6%	95.1%
Tier 2 (Standard 90%)	80.0%	76.1%	84.0%	72.9%	76.8%
Maintained at Home:					
Tier 1 (Standard 90%)	90.5%	93.3%	84.0%	94.7%	90.5%
Tier 2 (Standard 90%)	70.4%	76.0%	75.0%	73.0%	73.3%
Medication Assisted Treatment (Pregnant Woman Using Opioid)					
Tier 1 (Standard 90%)	0.0%	0.0%	0.0%	0.0%	0.0%
Tier 2 (Standard 90%)	0.0%	0.0%	0.0%	100.0%	100.0%
Babies Born Substance Free (Pregnant Women using Non-Opioid Substances)					
Tier 1 (Standard 90%)	0.0%	0.0%	0.0%	0.0%	0.0%
Tier 2 (Standard 90%)	0.0%	0.0%	0.0%	0.0%	0.0%
Safety During FP In Home Services					
Tier 1 (Standard 95%)	100.0%	96.7%	100.0%	100.0%	98.9%
Tier 2 (Standard 95%)	100.0%	100.0%	83.3%	97.3%	97.0%

Foster Care Outcomes

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Statewide
Safety									
Maltreatment in FC (Standard: 8.50 victimizations per 100,000 days in care or less) *****	4.63	2.40	0.55	2.96	2.19	2.01	3.39	4.67	2.78
Permanency & Well-Being									
Placement in Family Like Setting (Standard: 90%)	90.7%	90.0%	91.1%	91.0%	88.2%	93.3%	93.6%	92.4%	91.4%
Children Are Placed with Relatives (Standard: 50%)	40.3%	37.5%	41.5%	50.5%	49.6%	46.1%	42.5%	49.9%	44.0%
Children Are Placed with Siblings (Standard: 78%)	78.2%	74.9%	75.2%	78.2%	72.7%	82.8%	75.5%	77.4%	76.6%
Placement Stability: Rate per 1,000 days in Foster Care (Standard: 4.44 or less)	6.30	9.20	7.40	5.80	6.00	7.00	8.90	5.20	7.40
Child/Worker visit occurred monthly (Standard 95%)	98.6%	96.0%	97.1%	96.1%	94.2%	95.8%	95.9%	94.8%	96.2%
Child/Worker visit occurred in residence (Standard 50%)	89.8%	82.2%	87.4%	84.2%	80.6%	85.5%	79.0%	90.6%	84.3%
Permanency in 12 Months: Children Entering Care (Standard: 40.5%)	46.2%	43.8%	35.9%	44.2%	32.9%	35.6%	34.7%	41.9%	39.7%
Permanency in 12 Months: Children In Care 12 to 23 Months (Standard: 43.6%)	36.3%	45.5%	20.0%	33.0%	32.2%	33.5%	43.7%	32.8%	35.4%
Permanency in 12 Months: Children In Care 24 Months or Longer (Standard: 30.3%)	38.5%	34.5%	31.1%	37.4%	31.6%	37.6%	41.2%	34.4%	36.0%
Children in Care 3+ Years (Standard: 47.8% or less)	23.1%	33.3%	37.0%	35.0%	38.5%	46.7%	40.9%	28.6%	38.6%
Re-entry to Foster Care in 12 Months (Standard 8.3% or less)*****	9.7%	6.6%	11.4%	6.1%	7.0%	24.4%	5.1%	8.9%	8.5%
Educational Progression (Standard: 70%)*	97.3%	97.6%	95.3%	94.4%	48.5%	94.1%	98.3%	90.6%	90.6%
Timely Adoption < 24 Months (Standard: 26.8%) *****	6.1%	40.7%	7.7%	5.0%	11.8%	7.5%	24.5%	17.4%	15.9%
Adopted in < 12 Months of TPR. (Standard: 45.8%) *****	20.0%	55.2%	54.5%	41.9%	18.2%	35.3%	46.0%	43.8%	40.0%
Permanency with TPR (Standard: 96.8%)	95.3%	90.6%	93.1%	90.3%	100.0%	97.8%	91.7%	100.0%	94.5%
Success Indicators									
Permanent Connection	100.0%	83.3%	90.9%	100.0%	92.9%	91.7%	87.0%	90.0%	86.2%
Children Have Educational Continuity (Same School Attendance) (Standard: 25%)	40.1%	34.4%	17.9%	28.1%	14.2%	18.9%	29.0%	25.7%	26.9%
Completed 12th Grade	50.0%	56.7%	63.6%	10.5%	21.4%	83.3%	73.7%	40.0%	52.6%

Red bolded font represents performance is below the standard.
* = Not a valid measure until completion of SFY.
** = Processed 1 month behind due to PPS Policy Timeframes.
***= Processed 6 months behind due to reporting timeframes

****= Statewide KPRC Only
***** Updated with the most current available data

Prepared by: PPS Data Unit
SharePoint: PPS > PPS Multi Program > PPS Contract Outcomes Report: PPS and Contract Outcomes Last Updated: 12/8/2022

APPENDIX D: FAMILY FIRST PREVENTION SERVICES EVALUATION COMPONENT OVERARCHING RESEARCH QUESTION

PROCESS: EVALUATION PLAN EXCERPT FROM FFPSA/KU EVAL GRANT

The evaluation plan is guided by a utilization-focused approach which includes two major components: (1) a process evaluation, and (2) an outcomes evaluation. Collectively, these interrelated components, which are guided by the overall FFPSA logic model, examine the implementation and impact of FFPSA interventions in Kansas. Thus, the evaluation plan is both formative (by examining outputs and process-oriented success indicators and short-term outcomes) and summative (by examining long-term outcome measures). The primary audience of the evaluation is comprised of state child welfare administrators, child welfare providers, and other stakeholder interested in the prevention of foster care and the stability and well-being of families.

1. To what extent did the FFPSA interventions and implementation strategies achieve expected outputs?
2. To what extent did the FFPSA interventions achieve implementation success indicators of readiness and capacity, adoption, reach, fidelity, system integration, and collaboration?
3. To what extent did the FFPSA interventions achieve service delivery success indicators of engaging families in FFPSA interventions timely and having families complete the interventions?

Outcomes

4. To what extent did the FFPSA interventions improve child well-being, parent functioning (e.g. parenting, mental health, and substance use), and permanency outcomes?

FFPSA PROGRAM SPECIFIC OUTCOME RESEARCH QUESTIONS :

Adolescent Community Reinforcement Approach (A-CRA) with Motivational Interviewing (MI)Are they too difficult to meet?

1. To what extent did A-CRA paired with Motivational Interviewing improve child well-being and the parent functioning domains of parenting, mental health, and substance abuse?
2. To what extent did A-CRA paired with Motivational Interviewing improve child permanency outcomes of children maintaining safely at home one-year post-referral?
3. Parent-Child Assistance (PCAP)
4. To what extent did Parent-Child Assistance improve child well-being and the parent functioning domains of mental health and substance use?
5. To what extent did Parent-Child Assistance improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Seeking Safety (SS)

1. To what extent did Seeking Safety improve child well-being and the parent functioning domains of parenting, mental health, and substance use?
2. To what extent did Seeking Safety improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Family Centered Treatment (FCT)

1. To what extent did Family Centered Treatment improve child well-being and the parent functioning domains of parenting and mental health?
2. To what extent did Family Centered Treatment improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Functional Family Therapy (FFT)

1. To what extent did Functional Family Therapy improve child well-being and the parent functioning domain of parenting?
2. To what extent did Functional Family Therapy improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Parent-Child Interaction Therapy (PCIT)

1. To what extent did Parent-Child Interaction Therapy improve child well-being and the parent functioning domains of parenting and mental health?
2. To what extent did Parent-Child Interaction Therapy improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Multisystemic Therapy (MST)

1. To what extent did Multisystemic Therapy improve child well-being and the parent functioning domain of parenting?
2. To what extent did Multisystemic Therapy improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Attachment and Biobehavioral Catch-up (ABC)

1. To what extent did Attachment and Biobehavioral Catch-up improve child well-being and the parent functioning domain of parenting?
2. To what extent did Attachment and Biobehavioral Catch-up improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Family Mentoring Program – Nurturing Parenting Program (NPP)

1. To what extent did Nurturing Parenting Program improve child well-being and the parent functioning domains of parenting and mental health?
2. To what extent did Nurturing Parenting Program improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Health Family America (HFA)

1. To what extent did Healthy Family American improve child well-being and the parent functioning domain of parenting?
2. To what extent did Healthy Family American improve child permanency outcomes of children maintaining safely at home one-year post-referral?

Parents as Teachers (PAT)

1. To what extent did Parents as Teachers improve child well-being and the parent functioning domain of parenting?
2. To what extent did Parents as Teachers improve child permanency outcomes of children maintaining safely at home one-year post-referral?