



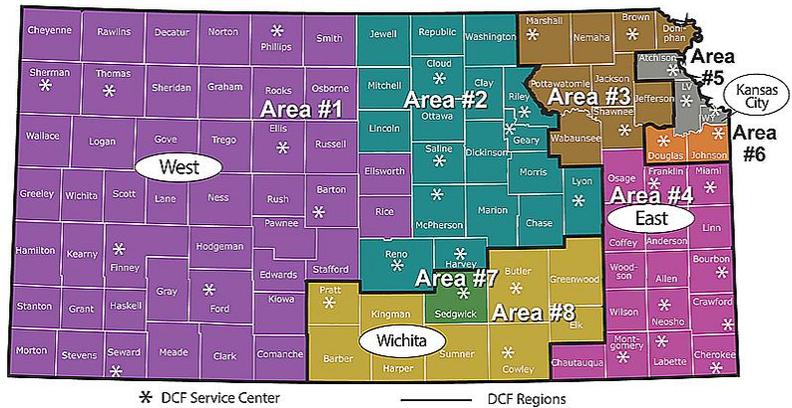
Testimony to the Joint Committee on Child Welfare System Oversight November 16, 2022

Chair Concannon, Vice Chair Hilderbrand, and Members of the Committee:

My name is Linda Bass, PhD, LCMFT, and I serve as President of the nonprofit KVC Kansas. I am joined by Angela Hedrick, LPC, who serves as Vice President of Operations for KVC Kansas. Our KVC team appreciates the opportunity to be the state’s foster care case management provider in two of the eight catchment areas.

KVC Kansas is the state’s foster care case management provider for:

- Area 6 (Kansas City & Lawrence areas)
- Area 3 (Topeka and NEK)



KVC’s Performance Highlights:

Our team members are motivated by our mission to strengthen families, prevent child abuse and neglect, and help people achieve mental wellness. This mission-minded approach means we feel a personal responsibility to innovate and elevate care to provide high quality services. Here are some successes of the KVC Kansas team:

- **Employee Retention** – KVC has an extremely high **88% employee retention** rate on a team of 450 people due to KVC’s intentional efforts to create a positive, supportive place to work. High employee retention indicates organizational health, enables high-quality service delivery to children and families, and leads to better outcomes on performance standards.
- **Child Safety in Foster Care** – KVC **exceeds the federal standard for child safety in foster care** (*0.55 to 2.74 victimizations per 100,000 days in care compared to federal goal of 8.5 or fewer victimizations*).

- **Worker/Child Visits** – KVC exceeds the standard for worker/child visits (*96-98% compared to 95% goal*).
- **Placement in Family Settings** – KVC exceeds the standard for placing children in family-like settings as opposed to group home and residential settings (*92.5% average compared to 90% federal goal*).
- **Placement with Relatives** – KVC is **close to the goal for the placement of children with relatives and other kin**. The state recently changed from the federal goal of 29% to a new state goal of 50%, which we agree is important to achieve (*KVC rate is 44-48% of children placed with relatives, compared to 50% goal*).
- **Safely Reduced the Number of Children in Foster Care** – Partnership between DCF and the four case management providers has **safely reduced the number of children in foster care by 19% during the current contracts**, helping more children to grow up with their families (*6,261 children statewide today compared to 7,687 children in FY2018*).
- **Healthy Caseload Sizes** – KVC is **meeting the standards for case manager to child caseloads**.
 - For reunification, KVC rates are 1:13 & 1:20 (*DCF requires 1:30 or less*)
 - For adoption, KVC rates are 1:21 & 1:30 (*DCF requires 1:30 or less*)
 - For aftercare, KVC rates are 1:23 & 1:28 (*DCF requires 1:30 or less*)
- **Highest Number of Foster/Adoptive Families Recruited** – KVC Kansas is the **state's largest recruiter of foster and adoptive families to care for children in need**. Currently KVC supports 623 foster families statewide. KVC also supports adopt-only families. This month, which is National Adoption Month, KVC is facilitating 60 children's adoptions statewide, including 30 children and their families who will be part of special events at the Johnson and Shawnee County Courthouses on Saturday, November 19th, 2022 (National Adoption Day).

KVC Kansas remains focused on improving placement stability, an outcome that is currently not being met. The performance standard is 4.44 moves per 1,000 days in foster care (lower is better). Through end of June 2022, the East Region (area 3) is at 6.6 and the Kansas City Region (area 6) is at 6.7.

Data on Youth in Offices Overnight

The number of youths being in a child welfare office overnight has **significantly decreased**. When the number of Kansas youth in foster care was at a record high in 2017-2019, overnights in offices occurred as frequently as 100 times a year. Now at KVC, it is occurring with *one youth per month on average*. As a state child welfare system, the possibility for this to happen is getting increasingly rare.

In the first 10 months of 2022, KVC has had a total of 12 youth who experienced 16 incidents of overnights in an office (*4 youth experienced 2 nights in the office in 2022).

- January: 3 total stays (2 youth)
- February: 1 total stay (1 youth)
- March: 1 total stay (1 youth)

- April: None
- May: 1 stay (1 youth)
- June: 2 stays (2 youth)
- July: 4 stays (2 youth)
- August: 3 stays (3 youth)
- September: 1 stay (1 youth)
- October: None

Of these overnight stays:

- ALL involved intensive, high tiered level youth with significant SED, IDD, and other behavioral health needs
- Older children ages 13-18 (with exception of 1 younger youth, age 9)
- Reasons for no placement for the 10 incidents:
 - Placement found - youth refused to go - 38%
 - Court order or DCF referral outlined very restrictive placement requirements that prevented home/facility from being located - 38%
 - Other (return from run, acute screen that was denied, or other late night/early morning returns that make placement impossible) - 24%

Data on Missing Youth

KVC Kansas continues to average about 10 missing or runaway youth each day (< 1% of youth in KVC care). The average age of a missing youth is 17-18 years. Our two full-time Missing Youth Specialists work diligently both to recover missing youth as well as prevent future running behavior.

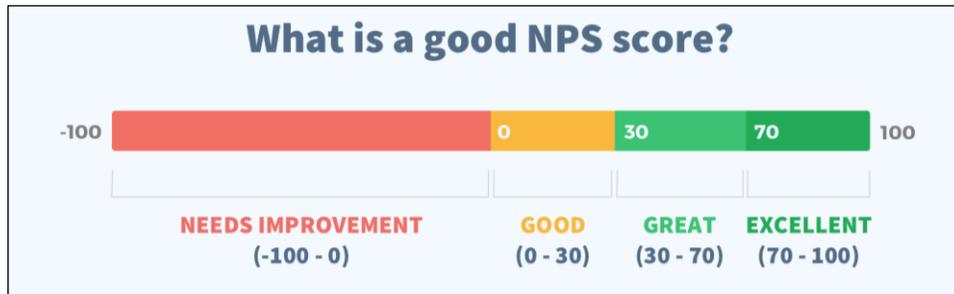
Commitment to a Positive Customer Experience

KVC Kansas has always focused on providing a positive experience to everyone we serve – children, birth families, foster and adoptive families, donors, volunteers, and other key stakeholders. Our top two Key Performance Indicators (KPIs) as an organization are employee retention and customer experience. We not only measure these data points on a consistent basis but also have regular forums like our Employee Engagement Champions group and Customer Experience Council which share innovative new ideas and best practices.

Specifically, we have:

- Created an Engaging Parents/Developing Leaders workgroup in which families who have received child welfare services give feedback and input that shapes how we serve other families.
- Created a KVC Foster Parent Advisory Board to engage foster parents in discussions regarding shared goals they have identified and to receive feedback to guide improvements to our work.
- Digitized all our client and supporter surveys and maximized feedback opportunities by distributing surveys via text message, tablet, email, QR codes on fliers, links in employee email signatures and more.

- Collected valuable feedback from all our stakeholder groups.
- Earned a **positive Net Promoter Score of +31.5** from July 2021 to the present which is classified as a Great customer experience (-100 to 0 = Needs Improvement, 0-29 = Good, 30-69 = Great, 70-100 = Excellent)



While we aim to provide a positive service experience, we understand that not every experience of our services meets our own expectations. That's why we have a robust process in place to address questions, comments, grievances, or complaints from families served. When a concern is received, the KVC Supervisor and Directors involved work to listen closely to the thoughts expressed and examine the circumstances of the situation thoroughly. They collaborate with those involved to address the concern in a timely manner. Directors inform KVC's President and Vice Presidents of concerns raised that have not been able to be resolved, so they can assist in the review and decision-making process.

KVC also has an online submission form to address concerns. When someone reaches out via our customer service line or online *Contact Us* form, the inquiry goes directly to our Director of Community Engagement. Our Director of Community Engagement then reaches out to the person who inquired to gather more information and to assist in resolving the concern if possible. If coordination with additional leadership members or departments is needed, our Director of Community Engagement connects with the appropriate leadership members and KVC departments. Our Director of Community Engagement also monitors comments received through our client surveys. When an individual provides their name and contact information on the client survey, our Director of Community Engagement contacts them to discuss their concerns in more detail and work towards a resolution. The involvement of our Director of Community Engagement in this process allows for a third party to gather information and assess the situation, providing a more neutral review of the circumstances.

In addition to our internal processes, KVC also works closely with DCF Administration when a question or concern is brought to their attention. We strive to provide detailed information to DCF Administration to assist in the review of decisions made and to aid in the determination of how to proceed. Likewise, when an investigation is initiated by the Division of Child Advocate, KVC provides requested records in a timely manner and participates in requested interviews to aid in an extensive review of the situation. We collaborate with both DCF and the Division of Child Advocate to resolve matters that involve a difference of opinion, with honesty, transparency, and integrity as guiding

principles of our work. Whether a question or concern is received through KVC's internal reporting process, DCF, The Division of Child Advocate, or another avenue, KVC always reflects on the situation to assess if a change in policy or procedure would be beneficial to our practices moving forward and implement changes that are agreed upon.

Opportunity for Systemic Improvement:

While there is much progress, there are also areas for improvement. There is a significant need for timely, consistent and quality mental health services for youth who have complex behavioral health needs. Biological, foster, and adoptive families caring for youth with intellectual and developmental disabilities such as autism experience significant gaps in services. The lack of community-based services available to truly meet the needs of these families leaves them feeling as though residential treatment facilities or even foster care are the only viable options to keep their families safe. When placed in foster care, youth with complex behavioral health needs are more likely to experience placement instability (including spending the night in the office), lack of access to community-based services, and long stays in foster care (often aging out of care without a permanent connection). As a state, we are not meeting the needs of these young people and their families. Many youths are coming into care because their caregivers are exhausted, scared, and lack the resources to safely maintain their child at home. These youth do not improve after entering the foster care system, and often experience greater difficulties after being separated from their families, who are safe, committed, and appropriate but who need support.

Systemic barriers faced by families caring for a child with IDD include:

- Extensive 10+ year waiver waitlist with nearly 5,000 Kansans with IDD.
- CDDO Targeted Case Managers experience inadequate capacity and lack of community-based services for families on the waiver wait list striving to maintain youth safely at home.
- Lack of trained, skilled supportive home care providers.
- Biological, foster, and adoptive families alike are left to identify their own supportive home care providers without formal training, rather than an organized, systemic method of identifying and training providers.
- Lack of trained professionals who serve IDD youth at community-based organizations.
- Lack of Applied Behavioral Analysis (ABA) therapy providers. Providers have significant wait lists and/or express clients' needs are beyond their scope.

Community based support options for families on the waiver waitlist and efficient access to these supports is vital to maintaining youth with IDD in a family setting. Development of a new Community Based Services Waiver to meet the needs of families on the IDD waitlist would be essential to closing the gap in services. Community based services are without a doubt what's best for children and families. To increase efficient access to

resources, families would benefit from a more structured management and training plan for supportive home care providers. An entity to manage the recruitment and training of supportive home care providers could increase the expertise that families are trying to access within their home. An education-based pipeline for recruitment of direct service professionals as well as training, certification, and apprenticeship to professionalize the direct service professional role is an important endeavor. Investment in ABA training for CMHCs and increased training for Targeted Case Managers so they are equipped to answer questions, assist in navigating the community base services, and be a resource for maintaining youth with their families is needed.

The placement challenges youth in foster care are experiencing are directly related to the high acuity of mental health needs of the youth we serve. By ensuring there are sufficient outpatient, specialty IDD, QRTP, YRCII, PRTF and acute beds statewide, the state of Kansas and the providers are much more likely to achieve the federal target for placement stability for children. Currently when a youth meets criteria for a psychiatric residential facility they are placed on a waitlist and the caregiver and the child's case team is faced with continuing to provide care for that child in their home until a bed is available. Funding allowing time and space for more realistic transition and discharge planning from residential treatment to a family-like setting is needed. Moving a youth from an extremely strict, structured routine with a repetitive schedule to a schedule with variations of a typical home environment is needed. Helping better prepare youth for the differences between the highly structured residential environment, where they tend to thrive, and the less structured realities of a family environment could help improve the success of children and families.

In managing the needs of high acuity youth with complex needs, we routinely coordinate with treatment providers and families to develop a care plan. We have an IDD Specialist who reviews a child's situation, provides case consultation, resources, care coordination, and advocacy. We have our own Outpatient department that provides assessment, therapy, and medication management. This department has staff trained in understanding the unique needs of children in foster care with complex developmental trauma and other behavioral health disorders. This team also screens all children entering care to identify behavioral health needs at the outset to ensure timely access to treatment. Our Child Placing Agency (CPA) employs dedicated foster parent trainers and foster family therapists who support families in caring for youth with complex needs. In 2018, KVC voluntarily created a new youth QRTP to open more treatment options for youth needing intensive residential treatment. While all these efforts contribute to our safety outcomes, additional systemic changes and resources are needed to support increased placement stability, timely permanency, and the overall wellbeing and trajectory of life for such high acuity youth.

While child welfare systems are complex, at times they are a necessary service to help strengthen families and ensure children are safe and healthy. On behalf of KVC Kansas, I want to thank each of you for serving our state as a legislator and as part of this committee. With continued collaboration, a focus on prevention and access to high-

quality, community-based treatment, I'm confident we will continue to see the Kansas child welfare system move forward on its trajectory of strengthened services. Thank you.