

Joint Committee on Child Welfare System Oversight September 11, 2024

Chair Concannon, Vice Chair Gossage, Ranking Member Ousley and Committee members:

I am Emily Hermesch, Vice President of Permanency for TFI Family Services. Thank you for this opportunity to provide testimony today.

Who We Are

TFI is a private, not-for-profit organization founded nearly 60 years ago in Lyon County. We provide a wide range of child welfare and behavioral health services throughout the state. Today, we are a team of over 500 Kansas child welfare and family well-being professionals whose mission is to be Devoted to the Strength of Family. Our current services include early intervention to maintain and strengthen families, foster care in both family and residential settings, adoption support, independent living services, aftercare, and case management services for youth and families in the child welfare system.

Workforce Highlight

Program	Number of Employees
Case Management	242
Residential	76
Support	153
Prevention	43
Foster Care	48
Total	510

TFI continues to make the recruitment and retention of qualified professionals a priority. We recognize the need for manageable workloads which allow child welfare workers to provide a fully array of services designed to meet each family's individualized needs. A variety of strategies have been deployed in our efforts to increase our workforce to allow for the provision of quality services to Kansas families. Some of those efforts include:

- Increasing salaries and ensuring benefits packages stay competitive.
- Tuition assistance for employees who wish to further their education in the field of child welfare
- Annual longevity bonuses based on years of employment
- Remote and hybrid work opportunities which allow flexibility for employees to manage their own schedules
- University and Community College partnerships to develop future child welfare

workers

- Social Work practicum opportunities to expose social work students to the field of child welfare
- The development of workforce recruitment and retention strategies around the improvement of employee engagement and a positive organizational culture
- Combatting the negative stereotypes surrounding child welfare through highlighting positive outcomes and successes on social media platforms and through other means

Increasing our workforce and improving engagement and retention in the field of child welfare has not been an easy task. We continue to make active efforts to address the shortage of qualified professionals and, while caseload sizes are declining, the shortage of applicants with qualifying degrees is concerning. Case Manager and Foster Home Worker positions require licensure with the Kansas Behavioral Sciences Regulatory Board. Unfortunately, the majority of applicants for these positions in recent years do not hold the required licensable degree. While partnerships with university social work departments and other programs with qualifying degrees such as psychology are helpful, statewide messaging regarding the opportunities for social workers in child welfare should also be considered.

Ongoing focus on prevention efforts is another avenue for reducing the workforce challenges facing foster care and case management service providers. DCF has done tremendous work in the prevention arena in recent years and case management providers have continued to focus on safe and timely permanency for children who do have to enter foster care, reducing the demand on the child welfare workforce through reducing the need for foster care by over 1,700 children since 2019. However, the out-of-home population per capita in Kansas continues to be higher than the national average (12 children per 1,000 vs. 5 children per 1,000 nationally according to Kansas Health Institute, April 2024, *Spotlight on Foster Care: Kansas Data Walk*), resulting in an ongoing demand for child welfare workers that is greater than the supply.

Prevention Services

<u>Family First</u>: The primary purpose of this program is to prevent at-risk children from entering foster care by using the evidenced-based program called Parent-Child Interaction Therapy (PCIT). These families have been referred because of the need to assist parents in developing the best strategies for effectively communicating with, nurturing, and supporting their children.

<u>Family Preservation</u>: As the Family Preservation service provider for Western Kansas, TFI provides a variety of supportive interventions within the family home to strengthen the family as they navigate challenges that might otherwise lead to the child being removed from the family and entering foster care. Such services may include behavioral health treatment, tutoring, job-finding and maintenance, the purchase of hard goods, and crisis intervention.

The program is divided into two tier levels for referrals:

Tier 1 service is provided by a Licensed Master Level Clinician consisting of family and individual therapy, incorporating evidenced-based models of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Alternatives for Families Cognitive Behavioral Therapy (AF-CBT). The intervention plan is intense; weekly over the course of 6-8 weeks and is the more intense level of service provided.

Tier 2 incorporates Alternative For Families (AFP), a CBT based alternative intervention

developed specifically for Case Managers and Family Support Workers, and Solution Based Case Management.

These practices encourage strength-based skills building and resource development. The intervention is for a three-to-six-month period and is less intensive than Tier 1.

Prevention Families Served since July 1, 2024:

Program	FY 25 (to date)
PCIT	9
Family Preservation Tier 1	32
Family Preservation Tier 2	82
Total	123

Out-of-Home Services

Child Placing Agency (CPA):

We are licensed by DCF to sponsor foster homes throughout the state and have been heavily focused on increasing the capacity of available family-like settings through foster home recruitment, including exploring creative strategies for the provision of families to meet the need of some of the state's highest-acuity youth. We have increased our foster home base to 443 licensed families, who are caring for 536 youth in their homes. More than 36% of the children and youth placed in foster homes sponsored by TFI's Child Placing Agency are served by a Case Management Provider other than TFI.

Status of Licensed Homes as of June 16, 2024:

Home Status	Percent of Total Homes
Inactive with no child in	
placement	18.2%
Active with at least one child in	
placement	61.8%
Active with no child in	
placement	20%

Case Management Provider (CMP) Services:

TFI serves as the Case Management Provider for Areas 4 (Southeast Kansas) and 8 (South Central Kansas).

As of September 3, 2024, we are serving 1,047 children in out-of-home placement, a reduction of more than 27% since the start of our contract in 2019 and 4.5% since the end of Fiscal Year 2024. Most children exit foster care due to reunification with their families. In FY24, 51% of the 658 TFI youth who exited care returned to live with their family of origin, while 23% achieved permanency through a finalized adoption.

Since the start of the current fiscal year on July 1, 2024, 126 children served by TFI have exited care for the following reasons:

Permanency Type	Number of Youth
Reunification	84
Adoption	21
Guardianship/Permanent	
Custodianship	3
APPLA (independent living)	18
Total	126

In addition to the out-of-home population, TFI is serving 324 youth in aftercare.

There are several outcomes defined for children in out-of-home care and I would like to highlight a few we are proud of accomplishing.

- **Timely permanency:** both of TFI's case management service areas are meeting the outcome for achieving permanency for children within 12 months of entering care. Area 4 (Southeast Kansas) exceeded the outcome in FY24, as well, while Area 8 was short of the goal by less than 1%.
- TFI's Area 8 (South Central) is currently meeting the Relative Placement outcome. This is exciting as data supports that children placed with relatives/people they know have better overall outcomes than children placed in traditional foster care. TFI also monitors how many children are placed with a relative or non-related kinship home at the time of referral. So far this fiscal year, 58% of new referrals were placed with a relative/non-relative kinship home the day they entered care.
- Both Areas 4 and 8 continue to improve placement stability. Area 4 ended FY24 meeting the placement stability goal outlined in the contract (4.1), while Area 8 continued to improve, as well. As of the end of the fiscal year, Area 4 and Area 8 were leading the state in placement stability for children in care.
- Timely completion of initial child needs assessments: CMPs have a number of initial assessments to complete within the first 30 days of a family's foster care case, depending on the age of the child. Due to workforce challenges in hiring Case Managers with qualifying degrees mentioned earlier in TFI's testimony, this had been an area of need for the agency until we completed the transition of these initial assessments fully to our Clinical Department. Since that transition, Area 4 has met the 90% compliance for timely completion of these assessments for the past 6 consecutive months, while Area 8 has met the benchmark for the past three consecutive months.

Outcome areas our case management program is currently focused on improving include:

- Improving the rates of siblings placed together (from 76% to 80%)
- Improving family-like setting to new contract goals (from 90.7% to 92%)
- Maintaining placement stability rates in Area 4 and continuing to improve in Area 8
- Continuing to improve documentation of the mental health services

accessed/provided once a need is identified.

Children Overnight in Agency Offices

TFI has improved placement stability while at the same time preventing youth sleeping in offices. In FY24, TFI had had 2 instances of failure to place. So far in FY25, TFI has had one instance of a failure to place following a teenage youth who physically assaulted her foster mother, causing the foster parent to need emergency medical care for a concussion and broken nose. The youth was not arrested and did not screen in for acute psychiatric care. The agency was not able to locate a foster home or facility willing to take the youth until the following afternoon.

This has been accomplished through an agency-wide culture that children deserve to have a bed to sleep in. That culture has resulted in partnerships with our CPA, residential and treatment programs, and a very active Relative/Kinship department that have helped us to improve placement stability while identifying appropriate placements for youth. It has not been without its challenges, however. Like all the case management providers, TFI has several youth for whom the appropriate level of treatment, such as PRTF, has been difficult to access or who have behaviors that make it difficult to locate a foster home or family member willing to accept them into their home. These youth are often physically aggressive and pose a danger not only to themselves, but to agency staff. In those instances, we rely on our strong partnerships with our own and other child placing agencies, as well as treatment programs to find the right service level to meet the needs of the youth in question while working to keep everyone safe. Occasionally, the appropriate level of treatment has not been able to be found in Kansas and youth obtain psychiatric residential treatment in other states.

Absent Youth

TFI's Special Response Team continues to work diligently whenever a youth is absent from placement to make contact and return youth to a safe environment. Currently, TFI has 1 youth who is absent from placement.

SOUL Family

TFI is very excited to have had a positive response to the implementation of SOUL Family as a permanency option, with three youth already identified for whom SOUL Family is a potential route to achieving permanency. TFI's goal is to have at least 5 youth this fiscal year achieve permanency through SOUL.

I am pleased to stand for questions and discussion at the appropriate time.

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Presenting for: Tabitha Gibson, LMSW

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