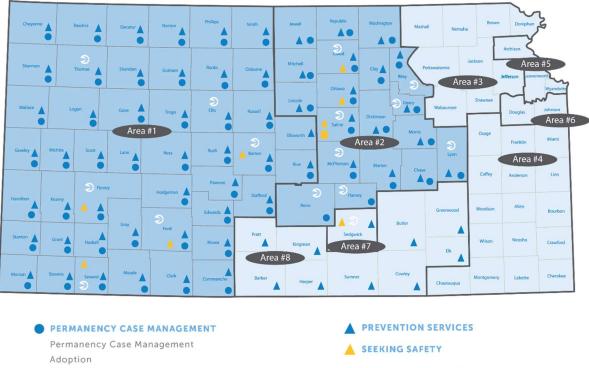
Saint Francis Ministries Providing Healing and Hope to Children and Families



Provider Update Joint Committee on Child Welfare System Oversight March 31,2025

Chair Gossage, Vice Chair Howerton, Ranking Member Faust Goudeau, and members of the Joint Committee on Child Welfare System Oversight, thank you for the opportunity to speak with you today. My name is Matt Stephens, and I serve as the Vice President of Advocacy for Saint Francis Ministries (SFM). My colleague Holly Osborne, Vice President of Permanency at SFM, joins me today. Saint Francis Ministries, an independent not-for-profit organization, has been dedicated to serving Kansas children and families since 1945. We are committed to delivering high-quality services and programs that address the needs of Kansas children and families. Saint Francis provides a comprehensive range of services, including prevention, permanency case management (reintegration and adoption), foster care homes, and residential care.



Adoption Independant Living Kinship Permanency Clinic

SUBSTANCE USE ASSESSMENT, OUTPATIENT TREATMENT AND INTENSIVE TREATMENT

KANSAS STATE WIDE SERVICES

Community Outreach Programs & services Foster Care Homes Psychiatric & Medication Management Services Psychlogical Assesment Salina West–Residential

Saint Francis Ministries





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Family First Prevention Services:

Saint Francis Ministries remains dedicated to providing Family Centered Therapy (FCT), a home-based intervention designed to reduce the need for out-of-home placements. The program has been consistently refined through research, experience, and proven effectiveness. Since July 1, 2024, SFM has delivered FCT services to 259 families, encompassing 625 youth. The data shows that 99% of children remained safely at home while participating in the program, and 93% of young people were still in their homes one year after the referral date.

Case Management Grantee:

Saint Francis Ministries provides case management services in catchment areas 1 and 2, encompassing most of western Kansas (refer to the map above). Currently, SFM serves 1,362 youth in out-of-home placements and offers aftercare services to 265 youth and their families. In the first 8 months of FY25, 498 new youth were referred for out-of-home case management services. The table below shows the total number of permanencies achieved, including the corresponding percentages of overall permanencies during this period.

PERMANENCY TYPE	CLIENT COUNT	% OF TOTAL
Reunification	310	57 %
Adoption	93	17%
Aged Out	82	15%
Custodianship	18	3%
SOUL Permanency	4	1%
Other	42	7%
All Perm types combined	545	

SOUL Implementation:

Saint Francis Ministries was proud to play a role in making Kansas the first state to offer SOUL as a permanency option. Since its passage, SFM has trained staff, collaborated with external stakeholders, and identified youth eligible for SOUL, to date, we have supported four SOUL permanencies. Moving forward, we remain committed to working with community partners to ensure SOUL is a widely known and accessible permanency option, allowing more youth to find lifelong, supportive families.



Case Load Ratios:

Saint Francis Ministries is actively working to reduce caseload sizes. Currently, there are 17 reintegration case manager vacancies across the 12 offices in western Kansas. The table below provides an overview of caseload sizes across various service lines.

	AREA 1	AREA 2	AVERAGE	GOAL
Reintegration	21.11	16.68	18.895	15
Adoption	24.39	25.65	25.02	20
Aftercare	23.56	17.07	20.315	25

Foster Care Homes/Child Placing Agency (CPA):

Saint Francis Ministries operates a child-placing agency with homes located throughout the state. As discussed, the CPA continues to see a decrease in foster parents. To mitigate that decrease, SFM has implemented an evidence-based practice to equip staff and foster families to meet the complex needs of young people. The practice provides additional support to the families that SFM serves, resulting in increased retention rates of foster families.

	FOSTER CARE HOMES	INQUIRIES	New SPONSORED HOMES	CLOSED HOMES
FY 19	600	1,054	238	254
FY 20	584	831	228	241
FY 21	571	615	167	241
FY 22	497	602	194	235
FY 23	456	550	162	171
FY 24	447	566	125	152
FY 25	456	329	63	137



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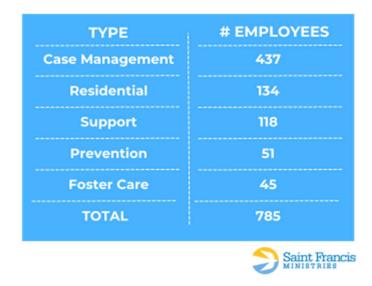


Residentials:

Saint Francis Ministries directs a Psychiatric Residential Treatment Facility (PRTF) and a Qualified Residential Treatment Program (QRTP). The QRTP is licensed to serve 8 clients aged 12-18. QRTP services in Salina provide structured environments for youth on PRTF wait lists or discharged without readiness for family-like placement. The PRTF serves up to 42 youth between the ages of 6-18 who are deemed medically unable to reside safely in the community. The PRTF currently maintains a census of 93.5%. To increase PRTF capacity SFM is currently transitioning QRTP beds to PRTF beds.

Workforce:

In Kansas, Saint Francis Ministries employs 785 professionals dedicated to delivering direct services to children and families or supporting our array of child welfare services. Since Saint Francis Ministries deeply values the specialized experience and knowledge our staff bring to protecting the children in our care, recruitment and retention remain top priorities. To support these efforts, SFM has developed a strategic recruitment and retention plan with specific goals and strategies. The table below provides a breakdown of staff allocation.



Missing/Runaway Youth:

As of 3/24/2024, Saint Francis Ministries had 12 (or less than 1%) youth on missing or runaway status. Saint Francis Ministries has a Special Response Team comprised of staff whose sole job is to locate, communicate with, and bring children back into care. They use several approaches to complete this work including internet searches, field observations, social media monitoring, family finding, and collaboration with DCF and Law Enforcement on retrieval operations.

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Failure to Place Data:

Since July 1, 2024, one youth, who declined placement in October, stayed overnight in the office for a single night. Historically, there are two primary reasons for these stays: either the youth refused an identified placement, or placements were unwilling to accept them because of violent or sexualized behavior, a history of running away, or severe mental health needs. The utilization of the Standby Bed Network and increased capacity in therapeutic foster homes has decreased instances of office stays.

Overuse of Foster Care:

The issue of too many Kansas children in out-of-home placements continues to be a significant challenge. Despite ongoing efforts to safely decrease the reliance on foster care, on February 28, 2025, there were 5,620 children in the system. While this number is lower than in previous years, it remains considerably higher than the national average of 3,379 highlighting a gap that requires sustained attention and intervention. Kansas is 166% of the national average of children in foster care.

- 1. As previously noted by DCF in testimony, during State FY 24, 54% of foster care referrals were initiated by the court, compared to 46% recommended by DCF. This indicates that either the state agency responsible for child safety is unaware of some children being referred to foster care, or is aware but believes that, given the current circumstances, those children could safely remain with their families in their communities.
- 2. Nearly 40% of the children referred to foster care come from families identified as needing assessment, as opposed to cases involving abuse or neglect. This trend suggests that many children enter the system due to broader family challenges and not necessarily because they are in immediate harm.
- 3. While some progress has been made, Kansas currently ranks 42nd out of 52 jurisdictions in terms of children entering care, highlighting the need for targeted solutions to address systemic issues.

Foster care should be reserved for children facing immediate danger, as it was never meant to be a pathway to services for families in crisis. Children in foster care do not receive additional access to services. This misuse diverts attention and resources away from those who truly need protection and support. Foster care is not meant to be punitive or a means to ensure the safety of others; utilizing the system in this manner undermines its primary purpose and can have detrimental effects on both children and families.

We urge this committee to continue advancing legislation that ensures foster care remains a last resort, bringing only children in immediate danger into the system. Important work is already underway, including efforts to redefine neglect in statute, reduce the time between permanency hearings, and provide law enforcement with additional support when making decisions about police protective custody. Ensuring that all systems serving children and families—including child welfare agencies, mental health providers, schools, substance use treatment programs, and the juvenile justice system—have the necessary resources and tools to provide comprehensive support is essential. Addressing the complex needs of children requires collaboration and a shared commitment across these systems, ensuring that foster care is no longer seen as the default solution, but rather one component of a broader continuum of care.

Matt Stephens / Vice President of Advocacy