



DEVOTED TO THE STRENGTH OF FAMILY

November 13, 2022

Joint Committee on Child Welfare System Oversight

Chairperson: Representative Susan Concannon

Good afternoon, Chairwoman Concannon and members of the Committee. My name is Rachelle Roosevelt, and I am the Senior Vice President of Permanency for TFI Family Services. I am pleased to be here today to share information about our agency with a focus on the Child Welfare System. This testimony is a brief update of our programs from past testimony. I am glad to answer any questions you may have about the programs.

### **Background**

TFI Family Services, Inc., is a private, not-for-profit agency providing a wide range of child welfare and behavioral health services throughout Kansas. Our mission is Devoted to the Strength of Family. TFI's 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. In addition, our full range of behavioral health services include outpatient treatment and residential services via our Psychiatric Residential Treatment Facility (PRTF) and Qualified Residential Treatment Program (QRTP). TFI employs over 515 staff throughout the state of Kansas.

TFI provides a vast array of services in the Kansas Child Welfare System including prevention services through the Family First Grant and Family Preservation Grants. TFI's Pathways Family Services Psychiatric Residential Treatment Program serves 33 children at present with a capacity of 49 beds when we are fully staffed. Pathways Family Services community Independent Living program TRAIL provides community living for 9 teens. Our 16 bed Qualified Residential Treatment Program (QRTP) has suspended placements due to difficulty with hiring enough staff to sustain both the QRTP and PRTF.

### **Child Placing Agency**

TFI currently sponsors 451 family foster homes with a total of 547 youth placed in those homes. This is a decrease of 22 homes since September, but virtually the same number of youths are placed. This indicates the homes who closed had not been taking children.

### **Foster Home Exit Surveys**

When a TFI foster home closes, TFI attempts to conduct an exit survey with the family. For FY22, TFI had a 15% response rate of 92 exit survey sent out. The results of the survey found that 36% of foster parents reported they closed their home because they stopped providing care due to the behavior of children, 36% were due to personal issues, 21% moved out of state and 7% adopted.

79% reported they had received adequate support from their worker. 86% reported to receiving adequate information on training opportunities. Unfortunately, only 71% reported to being able to reach an on-call worker during crisis. TFI is working to resolve this through ensuring that homes have our crisis number and use it rather than their worker's phone number after hours. 43% reported to not receiving adequate/timely mental health services. We believe a move to allow foster parents to be able to get schedule and consent to mental health services just as they do for a medical appointment will increase the timeliness of services.

This response rate is low, and so in FY23, our Ombudsman is calling families now instead of sending an email.

### **Case Management Provider (CMP)**

TFI is a Case Management Provider for two designated service areas (4 and 8) that together cover 25 counties in the southeastern and southcentral areas of the state. The grant was initiated on October 1, 2019, and it is scheduled to extend to June 30, 2023, with the option for four (4) one (1)-year renewals. There are currently 1290 children in out-of-home care in our service areas, representing 809 families. There are 289 children receiving aftercare services. These children in out of home care have been removed from their homes as the court has determined that they are not safe in their family home. These youth include those who have been abused or neglected, as well as youth who are out of parental control and may have criminal charges or adjudication as juvenile offenders. It is our responsibility to develop recommendations in partnership with the family, other providers, DCF, and most importantly, the courts that would achieve goals of case plans that are court affirmed. Family involvement is critical for the development of a comprehensive case plan. The most likely initial case plan is to reintegrate the child back home safely and expeditiously. Case plans evolve as they progress and may in some cases lead to the need to pursue adoption for the child and severance of parental rights.

There are a variety of state and federally defined outcome indicators that reflect impact on youth and families who are served in the child welfare system. TFI has been successful in achieving a variety of the program objectives, has demonstrated progress toward achievement of others, and continues to address challenges in other areas.

- At least 40.5 % of children referred for Out of home Placement are to achieve permanencies within 12 months of referral. TFI Area 4 was at 40.1 % and Area 8 was at 32.8% in SFY 22.
- At least 45.8% of children that became legally free for adoption are to be discharged to a finalized adoption in less than 12 months of becoming legally free. TFI is at 39% in Area 4 and 29.1% in Area 8 for SFY22.
- At least 50% of children are to be placed in relative and non-related kinship families. TFI has improved from 41.1% for Fiscal Year 21 to 50.5% on 11/13/22. Area 8 increased from 45.8% the end of August 2022 to 50.2% as of 11/3/22. Area 4 has increased from 44.9% the end of August 2022 to 50.8% as of 11/3/22.
- Area 4 has also decreased placement moves resulting in a decrease from 5.7 placement moves per 1000 days in care in July 2020 to 5.0 for June 2022. The goal is 4.4 or less. Area 8 has improved from 11.9 in July 2020 to 5.8 in June 2022 again just over the goal.
- 95% of children in out of home care are to be seen monthly. In June 2022, TFI saw 96% of children in Area 4 and 98% of children in Area 8.

- No more than 47.8% of children in care for 3 or more years are to leave care without a permanency (aging out). For FY22, both areas met this goal with Area 4 at 35.6% and Area 8 at 41.9% (lower is better for this goal).
- 90% of children are to be placed in a Family Like Setting. Most of TFI's children are in a Family Like Setting, Area 4 at 90.5%, and Area 8 at 93% as of 11/13/22
- 78% of Siblings are to be placed with at least one other sibling. TFI has a campaign currently to raise awareness of this goal and have increased our sibling placements to meet this goal. Currently both areas are meeting the goal with 79.8% of siblings are placed with at least one other sibling.
- 30.3% of children in care for more than 24 months at the beginning of the Federal Fiscal Year at to achieve permanency within 12 months. Area 4 met the goal with 39.9% for Area 4 and Area 8 met the goal with 31.9%.
- Last FY, TFI had 6 different children spend a total of 9 night combined in the office. Since 7/1/2022, TFI has had 2 children spend the night in the office (2 children, total of 2 nights combined)
- TFI also continues to meet the outcome to have fewer than 8.5 victimizations per 100,000 days in care.
- TFI has seen a decrease in the median length of time in Foster Care from its high in July 2021 of 18.43 months to 16.94 months for children in foster care as of 11/10/22, and close to pre-COVID levels. (Graph A)

### Graph A

#### Median Length of Time in Foster Care

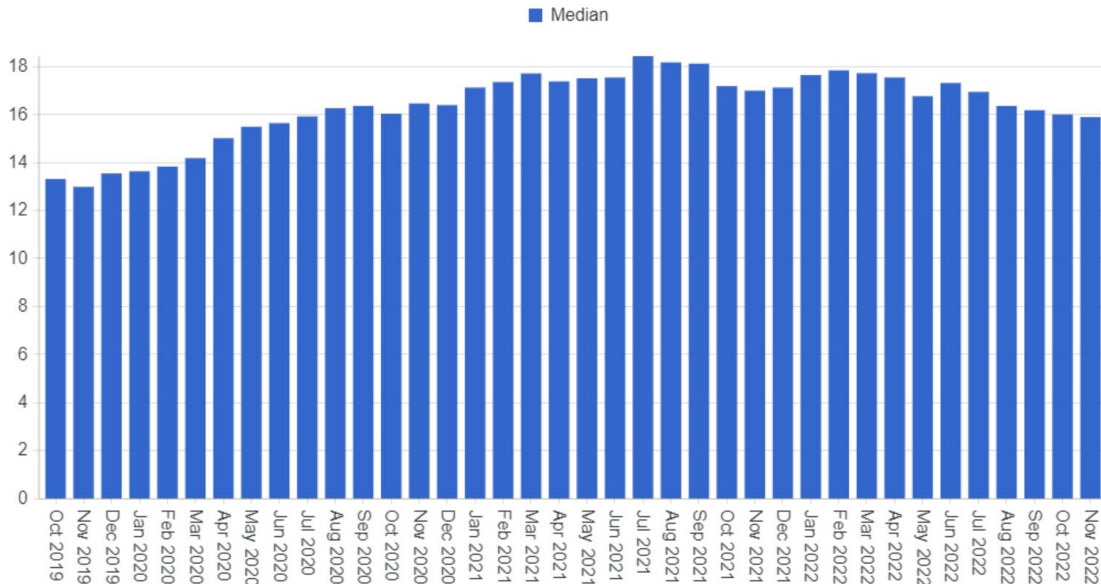
Median number of months children in current foster care placement

Time Period

Monthly | Oct 2019 - Nov 2022

Area: Area 4; Area 8.

None



### **Caseload Sizes**

TFI’s model of case management requires the Permanency Case Manager to retain responsibility for the case upon the child achieving permanency. Case Manager Caseloads for fully onboarded staff (60+ days) average 22 children in out of home care per worker. In the recent report to DCF, 13 staff had above the CMP grant requirement of 25 out of home cases, all in areas of high staff shortages.

### **Missing youth**

TFI continues to focus on finding youth who are missing from care. On 10/11/22, Area 4 had 5 children and Area 8 had 4 children missing from care.

### **Children sleeping in the office**

TFI continues to work to prevent children from spending the night from midnight to 6 AM in the office, the state definition of Failure to Place. Both myself and the COO are notified of each instance it appears a child has no placement as we approach 11 PM. Leadership of our CPA, Residential, and Case Management program are all involved to identify solutions to find a safe, licensed/approved place for the child to sleep. If a youth is in the office for the night, they are sleeping on a couch in a child or teen friendly room, with a TV and games, and access to bathrooms. Staff provide awake supervision, and unrelated youth do not share a room while sleeping.

# Children Overnight in the Office:

Time Period	# Children	# Nights
FY20 (Oct 2019 – Jun 2020)	26	31
FY21 (Jul 2020-Jun 2021)	2	2
FY22 (Jul 2021 – Jun 2022)	6	9
FY23 YTD	2	2

### **Sibling “Split” Decisions**

Considering the concerns regarding decisions to split siblings for the purpose of adoption, TFI recently reviewed our processes and decisions that have been made. TFI leadership have denied no sibling split requests from staff since receiving the grant in October 2019. TFI leadership has requested additional documentation to support the requests, but all requests have ultimately approved. We have reinforced that our Siblings Matters campaign messages are not meant to say that siblings must be placed together at all costs but are instead meant to reinforce that it is incumbent upon us to assess, understand and value the importance of the relationship, and to value what we believe are children’s rights to know about their siblings.

### **Children with complex needs**

Current shortages in PRTF and QRTP beds due to staffing shortages has negatively impacted our ability to provide stable services for children with complex needs. Shortages in staffing at community mental

health centers have resulted in difficulties in getting services in place for children with Serious Emotional Disturbances. It is difficult to obtain services such as attendant care. Shortages in staffing at acute hospitals have resulted in youth who are actively suicidal being sent back to their foster home without treatment.

The need for comprehensive and available mental health services is essential to prevention of youth coming into the foster care system and serving those youth in the system. The foster care system will struggle to succeed as our mental health system is struggling. When barriers to establishing services for children with complex needs become evident, multiple high level agency staff at our agency, DCF, KDADS, and the MCOs are involved in meetings to resolve those barriers. The shortage of PRTFs, QRTPs, and Foster Homes to serve children with Intellectual Developmental Disorder or dual diagnosis continues to be a significant barrier to establishing placement stability and meeting the needs of children with those needs.

### **Workforce stability and recruitment**

TFI continues face challenges to meet outcomes due to a cycle of consistent staffing shortages leading to burnout of our staff which leads to high turnover resulting in training deficits due to the steep learning curve of case management. TFI has seen increased competition with jobs in other sectors for our support positions with lower educational requirements, as well as for our professional staff. We continue to try to address staffing shortages through recruitment incentives for current staff and sign on bonuses. TFI increased salaries beyond our initial grant proposals due to these unexpected circumstances. We have invested increased spending in employee recruitment. We continue believe there is a need for a system-wide long-term workforce plan to train, recruit, and retain staff willing to do the work of child welfare.

TFI is dedicated to strengthening families and committed to providing effective evidenced-based services to families in need. We value our historical partnerships with both KDADS and DCF and appreciate the opportunity to work together to enhance needed services for the children and families of Kansas.

I am pleased to stand for questions and conversation.