

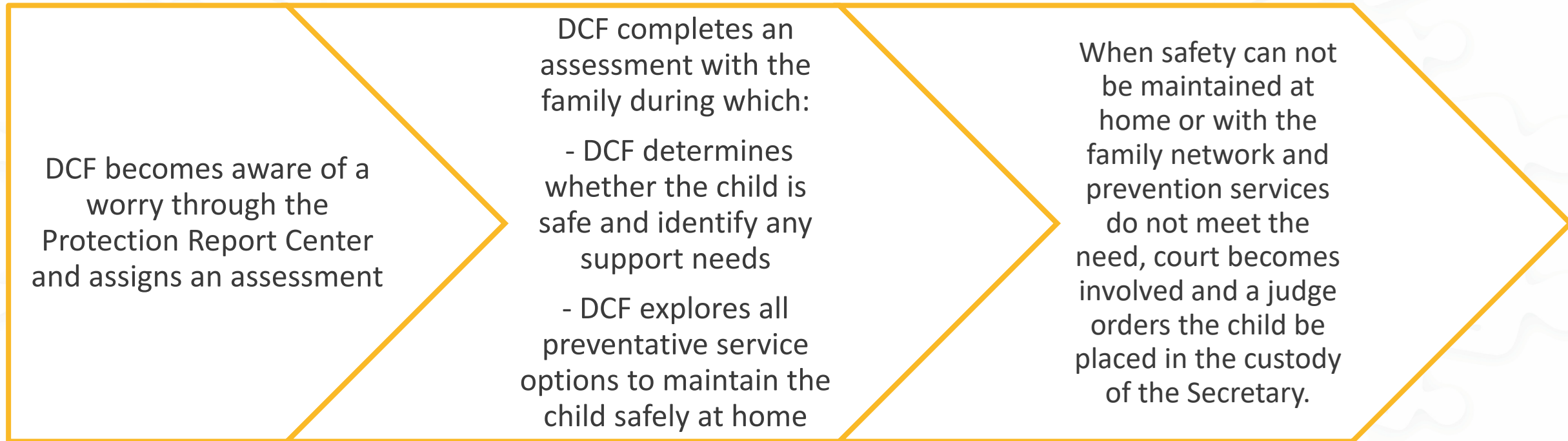
July 2025

*When a child enters foster care in Kansas,
what happens, who is involved, and what are
we trying to achieve?*

- When and how families are referred to foster care
- What foster care case management involves
- The Four Questions
- Kansas's Foster Care structure and providers
- Common myths and misunderstandings



What Precedes a Referral to Foster Care?



- ❖ In some situations, court may be involved prior to a DCF assessment being assigned.
- ❖ DCF involvement is not a requirement for a court to place a child into the custody of the Secretary and out-of-home. Nor is it a requirement for DCF to agree with the courts decision.

The Four Questions (Pre-Foster Care Referral)

1

What can we do to remove the danger instead of the child?

2

Can someone the child or family knows move into the home to remove the danger?

3

Can the caregiver and the child go live with a relative or family friend?

4

Could the child move temporarily to live with a relative or family friend?

Goal of Foster Care

DCF Mission Statement – “To protect children, strengthen families, and promote adult self-sufficiency.”

Foster Care Services aim to:

- Coordinate a safe environment for the child to reside in temporarily when danger cannot be immediately addressed at home.
- Support families in reunifying whenever possible and as soon as safely possible.
- When reunification is not possible, work towards ensuring children have permanent, legal connections to family.
- Assess and understand the unique needs of families and ensure children’s needs are met.

The Four Questions (Post-Foster Care Referral) IN DEVELOPMENT

1

What is the safety concern preventing the child from returning home today? Is it the same safety concern that caused the child's removal from the home?

2

What reasonable efforts have been made to have the child return home today? What support(s) is needed for the child to return home today? What support(s) does the family say they need for the child to return home today?

3

If the safety concern cannot be addressed today, what would need to happen to allow the child to be reunified with their family in 10 days?

[If 10 days is not enough due to waitlists, unavailability of services, etc.]

4

If the child cannot return home, is the child placed in the most connected place? (e.g., with relative/kin, siblings, home community, etc.) If not, who knows and loves this child where they can be a connected placement?

Follow up: How can these be accomplished in a different way?

Kansas BRAVE

Referral to Foster Care

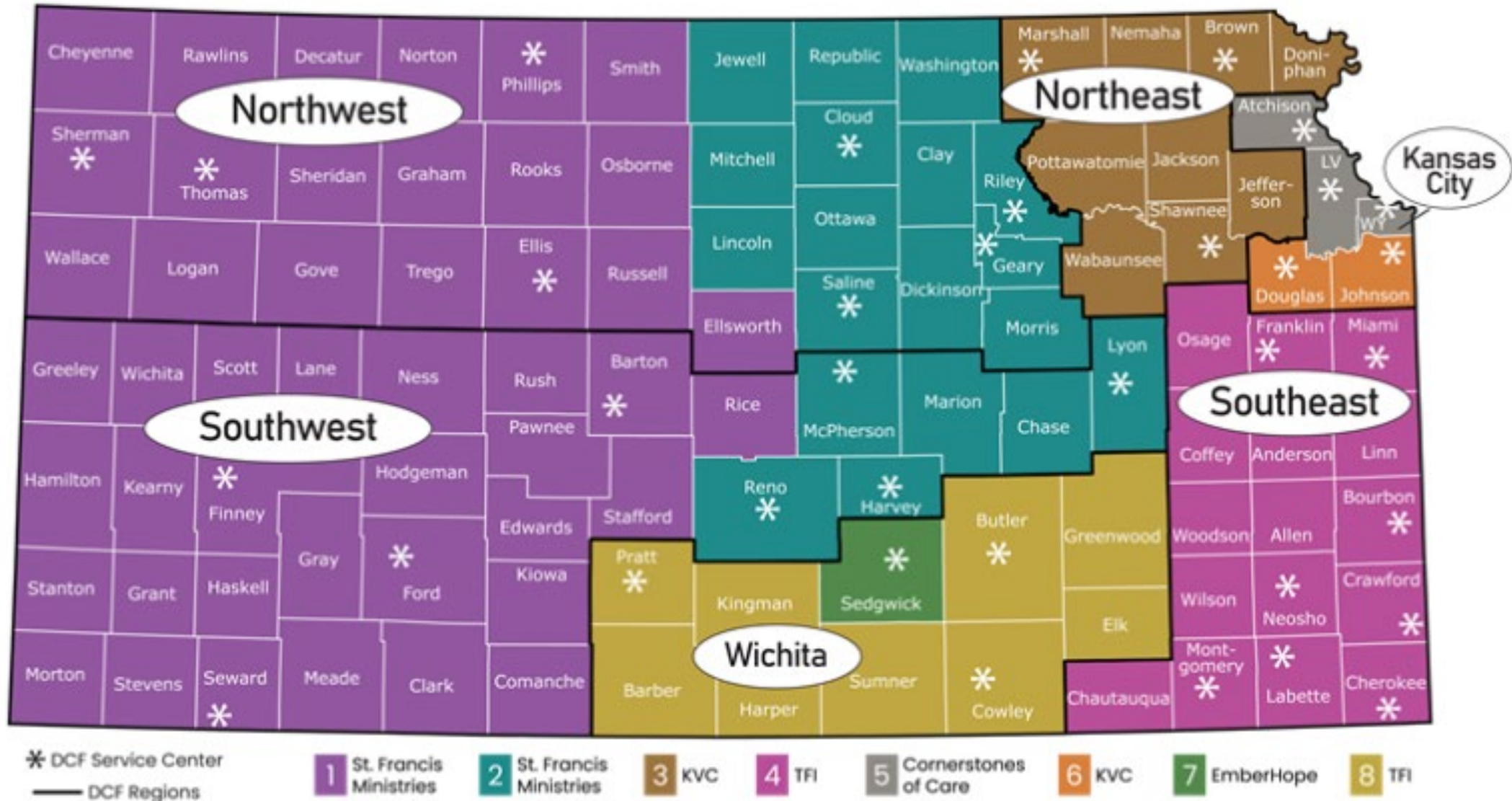
Once a court has ordered the removal of a child from their parent's custody and directed placement out of home:

- DCF Assessment and Prevention makes a referral for foster care services
 - Referral goes to the Case Management Provider (CMP) who provides services to the area where the court has jurisdiction.
- A DCF Foster Care Liaison is assigned to monitor the foster care service case.
- Foster Care Medical is opened.
- CMP immediately begins placement finding efforts, prioritizing relatives and NRKIN placements and keeping siblings together.

Kansas FC Case Management Providers

- Cornerstones of Care
- TFI
- KVC Behavioral Healthcare
- EmberHope Connections
- St. Francis Ministries

DCF Regions and Catchment Areas



Permanency Goals

- Reintegration
- Adoption
- Permanent Custodianship
- SOUL Family Legal Permanency
- Another Planned Permanent Living Arrangement (APPLA)
- ***Maintain at Home

Case Management Provider Family Centered Practice

- Case Management services are rooted in family centered practice which includes:
 - Working with the family unit to ensure the safety and well-being of all family members;
 - Strengthening the capacity of families to function effectively;
 - Engaging, empowering, and partnering with families throughout the decision and goal-making process;
 - Providing individualized, culturally responsive, flexible, and relevant services for each family;
 - Linking families with collaborative, comprehensive, culturally relevant, community-based and faith-based networks for supports and services.

Case Management Provider Responsibilities

- The most comprehensive place to review responsibilities of the CMP is the DCF Policy and Procedure Manual.
 - [Policies - Prevention and Protection Services \(ks.gov\)](https://www.ks.gov)
- CMP's act on behalf of DCF in delivering services to Kansas children and families.
- Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's and family's needs.
(DCF PPM 3000)
- Provides services to the whole family, not just the referred child(ren).

Members of a Case Team

CMP Case Manager

Legal
Guardian Ad Litem(GAL)
Parent Attorneys (when no PRT)
County or District Attorney

DCF Foster Care Liaison

Placement

Mental Health Providers

Tribal Representative when
ICWA applies

Family Network

MCO

Court Services Officer

CDDO/TCM

CASA

Placement Support Worker
Child Placing Agency(CPA)
or
CMP Kinship

Myths of Foster Care

MYTH

- Children in Foster Care have access to additional services for mental health and drug and alcohol.
- Children in Foster Care have access to more PRTF resources.

FACT

- NOT in Foster Care **have the same access** to services as children in Foster Care. Foster Care can limit some services such as some Family First Services and SED waiver respite. Most foster parents and facilities are not trained to address addictions.
- Children in Foster Care are placed on the **same PRTF wait list** and have access to the **same facilities as children in parental custody**, with the exclusion of one PRTF that is available to only girls NOT in foster care. Children in Foster Care **require the same assessment process** and approval for payment by insurance providers prior to being placed in a PRTF or on the PRTF wait list. A court order **does not influence** the insurance providers determination. All PRTF facilities have the right to decline admittance into their facility.

Myths of Foster Care

MYTH

- Children in Foster Care can be moved to the top of the IDD Waiver List.
- If a child is placed in Foster Care for truancy DCF and the Grantee (SFM) will be able to force them to attend school.

FACT

- Children in Foster Care can pass the wait list **for disability supports needed** while in Foster Care; however, children in **parental custody can also pass the wait list** in crisis situations to avoid coming into custody.
- Children in custody **can't be forced to attend school** by Foster Parents, Kin, or Facilities. Placements can try therapeutic techniques to encourage the child to attend school but don't have the ability to force a child to go to school.

Myths of Foster Care

MYTH

- Placing a child in DCF custody as a punishment or teaching a “lesson” for their negative behavior (running away, committing crimes, using substances, refusing to go to school) will motivate them to do better.
- DCF/SFM have access to facilities to meet the needs of children who have sexually acting out behaviors or other criminal behaviors.

FACT

- Most of these behaviors are a result of past trauma. Placing a child into Foster Care **causes more trauma** to a child and will likely increase the negative behaviors versus improve the behavior. Addressing the cause of the behavior in a trauma based therapeutic setting would likely lead to better outcomes.
- All placements have a right to refuse placement of a child. There are very few placements where there are no other children placed. There are **no placements or facilities who can provide 100% supervision** at all times.

What Can We All do?

- Remember that Foster Care is a temporary solution
 - Keep efforts centered on helping children return to safe, permanent family – not just managing care during custody.
- Challenge Myths and Assumptions
 - Share accurate information about foster care in your networks to better understanding and reduce stigma.
 - You may have the opportunity to be in a room before we are, support a shared understanding of the purpose of foster care and prioritize prevention.
- Be a collective problem solver
 - MCO's are part of the larger case team – communicate proactively and participate in team planning whenever possible.