

Chairs Concannon and Owens, Vice-Chairs Johnson and Smith, members of the Committees: I appreciate the opportunity to speak to you about the intersection between child welfare and juvenile justice through the lens of Saint Francis Ministries.

Saint Francis Ministries (SFM) is an independent not-for-profit that has served Kansas children and families since 1945. At Saint Francis, we remain committed to providing high quality services to children and families that meet the current needs of Kansas families. Today, Saint Francis provides a continuum of child welfare services that can be categorized into three areas: Prevention, Out-of-Home, and Residential. Saint Francis cares for more than 2,950 children in foster care as the DCF case management grantee for catchment areas 1,2, & 7. In addition, Saint Francis sponsors more than 470 foster care homes, directs 2 youth residential programs including a Psychiatric Residential Treatment Facility (PRTF) and a Qualified Residential Treatment Program (QRTF), and serves children and parents with innovative and evidence-based mental health and substance use treatment services in Family First Prevention Services Act programs. To perform this work, Saint Francis employs more than 975 Kansans across 18 offices in 66 counties.

My name is Matt Stephens, and I serve as Vice President of Foster Care Homes. In preparation for today's meeting, I have provided data (below) on the crossover youth population in child welfare as well as referrals of children that Saint Francis would classify as moderate to high-risk juvenile offenders. SFM defines a moderate to high-risk juvenile offender as a youth who:

- has an open juvenile justice case (example pending charges, pending disposition, on probation).
- is involved in the juvenile justice system through intermediate intervention services or diversion, or
- was referred post-juvenile justice system involvement (case closure, probation violation, caregiver refusal to pick up from juvenile intake and assessment), or
- was referred due to parent inability or unwillingness to manage child behaviors, or
- has had law enforcement called for behaviors that could result in criminal justice charges, or
- has had law enforcement called for repeated runaway behaviors.

CROSSOVER YOUTH POPULATION DATA

In December 2022, SFM was serving 2984 youth in foster care (out of home placement). Of those youth, 1746 (58.5%) were over the age of 10. Of those youth over the age of 10, 385 (22.1%) of them would be classified as moderate to high level juvenile offenders. While in care crossover youth and moderate to high level juvenile offender population exhibit challenging behaviors such as defying caregivers, repeated truancy from school, running away, alcohol and drugs abuse, risky sexual behavior, or other activities that threaten their well-being or safety.

This also includes conflict and behaviors such as theft, vandalism, physical or verbal aggression, assaultive behaviors, property damage, setting fires, etc.



* As December 2022



- 17 and 15 y/o - Accused of setting up and participating in armed robbery of their foster mother. 17 y/o is currently on probation for armed robbery and several other felonies that occurred while in foster care.
- 2 17 y/o - In care for their behaviors and drug use. While in SFM office refusing placement, alleged to be using fentanyl and meth after "robbing their drug dealer" while on the run.
- 17 y/o – While at McDonald's with his worker, 17 y/o threatening to snap the neck of his female worker if he doesn't get more fentanyl. Youth stated he will attempt to have the police shoot him if worker calls for help.
- 17 y/o– SFM worker picked up from placement to take to grandmother's house for weekend visit. He got angry and lunged from the back seat into the front seat and began assaulting staff, grabbing the steering wheel while travelling.

REFERRAL DATA

In the calendar year 2022, SFM received 1706 referrals to foster care. Of the 1706 referrals, 855 or 50% were for youth ages 10 years and older. Of those, 286 referrals (33.5%) met the criteria of juvenile offender involvement as defined above.

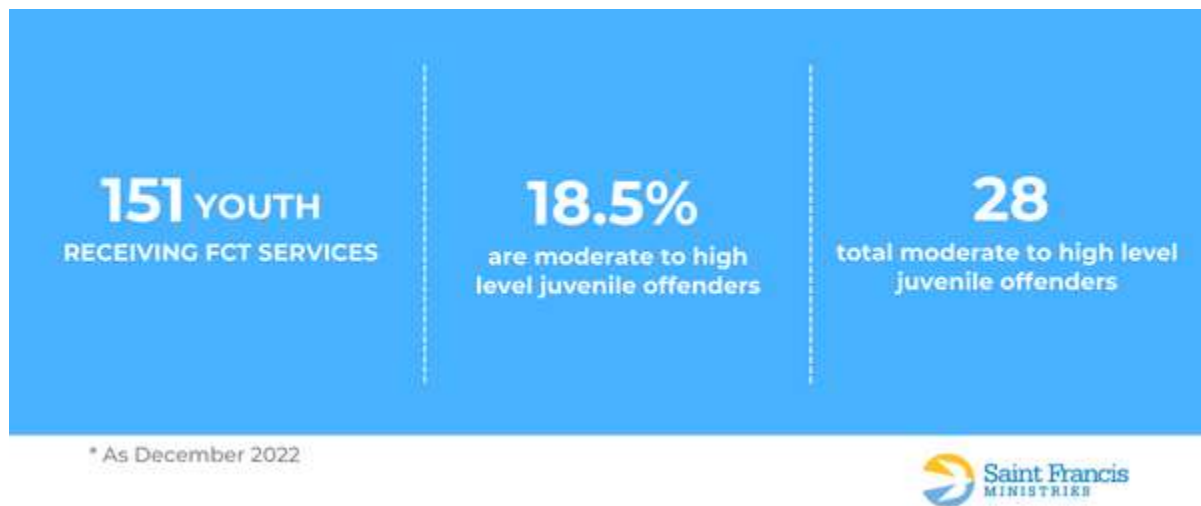


The following are real life examples of referrals received in the month of December 2022:

- 17 y/o – Fired a gun at his sister, striking her twice, and was charged with attempted murder. He is currently on probation, and his parents refuse to allow him to return to their home.
- 17 y/o – Referred after arrest for gun possession. He has a history of drug use (amphetamine, marijuana), defiant behavior, and truancy.
- 14 y/o – Referred for refusing to attend school, refusing to participate in family activities, stealing money from his parents, and being verbally aggressive to his parents.
- 15 y/o – Referred with five pending criminal charges and while on community corrections for 28 previous crimes that include aggravated assault, battery, aggravated burglary, robbery, vehicular burglary, criminal damage, theft, aggravated intimidation - felony interfere, felony theft, and attempted aggravated robbery.
- 17 y/o – Referred at age 13 for attempting to stab his father with a box knife. He has been detained five times since entering foster care for 329 days (about 11 months) and has been detained for a sixth time for breaking into his father's home and stealing a gun with another youth in out-of-home placement.

FAMILY CENTERED THERAPY:

As of December 2022, SFM had 151 youth receiving the intensive in-home prevention service of Family Centered Therapy (FCT). Of those youth, 28 (18.5%) were classified as moderate to high-risk juvenile offenders. In another state, Saint Francis has experience providing this evidence-based practice in coordination their department of correction. This joint service is proving beneficial in maintaining these children in their homes at nearly 80%.



CHALLENGES

Foster care is a necessary intervention for vulnerable children determined to be in imminent or immediate threat if they remain in their current living situation. As such, services are tailored to provide healing to the families of origin ensuring that the child remains safe. The child welfare system was never designed to work independently and relies heavily on other community-based services to support the goals of safety, permanency, and wellbeing.

The child welfare system has always served high acuity youth. However, recent referrals and the behaviors of moderate to high-level juvenile offenders have created additional challenges in the child welfare system. Those challenges are predicated by the behaviors described above that include threats and physical assaults of other children within the child welfare system, foster parents, and child welfare professionals. The impact of these threats and assaults upon child welfare professionals is significant. Child welfare professionals are experiencing both first-hand and secondary trauma. Those experiences are contributing to long-tenured professionals leaving this critical work. These departures can be directly linked to the threats and assaults by juveniles. The current juvenile offender situation is impacting both employee turnover and the overall availability of professionals – both a short-term and long-term concern. Given these challenges, one should also note that a lack of child welfare professionals ties directly to a lack of stability for abused and neglected youth - the same youth we are all diligently working to

protect and assist. The decrease in foster home availability can also be linked to these same type of juvenile offender threats and assaults as well – another significant concern. These behaviors naturally impact placement availability, stability, and sustainability and factor into staff morale and turnover. To better support the moderate to high-level juvenile offender population, another level of accountability is required. Interaction, support, and oversight from the legal community would provide incentives for cooperation and compliance with services and the ability to intervene timely if the youth is placing themselves in unsafe situations.

Like other providers, Saint Francis has sought creative solutions and strategies for caring for the youth we serve. Some examples are:

- Creation of an after-hours department comprised of 45 FTE's.
- Contracting with multiple attendant care day programs.
- Hiring off-duty police as security in the office.
- Hiring additional clinical staff to serve youth with complex mental health and behavioral health needs.

RECOMMENDATIONS:

1. Require increased access to evidence-based prevention services that can be delivered collaboratively with community-based resources. Collaborative service delivery will allow for youth to be held accountable for their actions if they continue to put themselves or others in unsafe situations. Timely intervention is imperative to slowing escalating behaviors and demonstrating that there are consequences for actions, while still protecting youth and members of the community.
2. Saint Francis Ministries supports expanding placement access to best support high-risk juveniles.

Saint Francis remains committed to serving children, families, and the state of Kansas. We are proud of our work and the effective partnerships that have been established to serve our most vulnerable population – our children. We look forward to continuing to serve the children and families of our great state for years to come as we move forward together. Thank you for your time and service. I am willing to ask questions at the right time.