



## Kansas Intensive Permanency Project (KIPP)

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In 2010, the Children’s Bureau (CB) awarded the University of Kansas, School of Social Welfare a [Permanency Innovations Initiative](#) (PII) grant. The Kansas Intensive Permanency Project (KIPP) was a statewide partnership implementing and evaluating an intensive, in-home, evidence-based parent training program. The project was led by the University of Kansas, School of Social Welfare, and included the following key partners:<sup>1</sup>

- Kansas Department for Children and Families
- KVC Kansas
- Saint Francis Community Services, Inc.
- TFI Family Services, Inc.
- Youthville

The PII grant program is a 5-year demonstration project designed to implement and evaluate interventions intended to improve permanency outcomes for children most at risk of remaining in long-term foster care. PII is building the child welfare evidence base by integrating evaluation research and implementation science. This integration is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and to provide evidence about program effectiveness. The federal government supported the PII Grantees as they implemented and evaluated their interventions through two offices within the Administration for Children and Families. Through the PII Training and Technical Assistance Project (PII-TTAP), the CB provided training and technical assistance (T/TA) to PII Grantees to strengthen their use of best practices in implementation. The Office of Planning, Research and Evaluation supported rigorous within-site and cross-site evaluations of PII Grantees’ interventions.

The following is a profile of the KIPP initiative.

### TARGET POPULATION

The target population for KIPP was children and youth, ages 3-16, who met the criteria for serious emotional disturbance (SED). While KIPP’s target population consists of children and youth with an SED, the focal point of the intervention was the parents of these children.

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<sup>1</sup> KVC Kansas and Saint Francis Community Services, Inc., are the current private providers of foster care services in Kansas. Youthville and TFI Family Services, Inc., were also private providers of PMTO/KIPP until contracts were re-awarded by the Kansas Department for Children and Families. Youthville and TFI Family Services transitioned all of their KIPP cases to KVC Kansas and Saint Francis Community Services in April 2013.

## **BARRIERS TO PERMANENCY**

The KIPP partners identified the primary obstacle to serving children with SED in Kansas as the inability of foster care agencies to deliver meaningful, intensive, home-based services and concrete supports to birth or permanency parents. Case record reviews of Kansas children in foster care with SED demonstrated that five family-level variables were associated with long-term foster care. These were, by prevalence: (1) parenting competency or attitude (97%); (2) parental mental health problems (90%); (3) poverty-related issues (87%); (4) parental alcohol and drug problems (83%); and (5) parental history of trauma (80%).

## **THEORY OF CHANGE**

KIPP's theory of change was premised on six sequential and interconnected assumptions: (1) Parents of children with SED face multiple problems that are complex in nature and not easily alleviated by current child welfare practice or within current child welfare time frames; (2) To bring about change of a sufficient magnitude, resources must be dedicated to improving ineffective parenting practices, such as coercion, and to connecting parents with community resources and social supports, such as mental health and substance abuse treatment; (3) When parenting and community connections are strengthened (proximal outcomes), a more adequate and pro-social environment for children is created; (4) When the family's interpersonal and social environment is bolstered, child functioning increases and behavior problems decrease (proximal outcome); (5) These changes combine to create readiness for family reunification (proximal outcome); and (6) These changes lead to more timely and stable reunifications (distal outcomes).

## **INITIATIVE AND ASSOCIATED INTERVENTION(S)**

KIPP implemented an evidence-based parent management training model (Parent Management Training—Oregon Model, or PMTO). This intervention was tailored to address permanency barriers for parents of children with SED. PMTO is a preventive intervention aimed at enhancing effective parenting and reducing coercive practices, especially in families with risk factors, such as parental mental health problems, poverty, and trauma. The intervention focused on five parenting practices: (1) effective discipline; (2) skill encouragement; (3) monitoring and communication; (4) problem-solving; and (5) positive involvement.

## **INTERVENTION START DATE AND NUMBERS SERVED**

Kansas began providing services to families on November 8, 2011, and served 750 families through September 30, 2014. A smaller number of families have been served since that time.

## **INTERVENTION STATUS**

During the first year of the initiative, KIPP defined their target population, determined barriers to permanency, coordinated a teaming structure, selected and promoted buy-in for their intervention, and planned for implementation and evaluation of the intervention. During Year 2, they worked to tailor and install the intervention, and assess the intervention's stability during the initial implementation. Because KIPP worked with a well-qualified purveyor, Implementation Sciences International Incorporated (ISII), to tailor and implement a well-established evidence-

based practice, KIPP was in full implementation in Year 3. Throughout the grant period, KIPP continued to be data-driven, conducting three rounds of an annual survey of staff to assess the quality of training, coaching, fidelity assessment, and administrative supports; participating in three rounds of a drivers assessment (administered by the PII Evaluation Team); and using results of both to develop action plans for sustaining and improving implementation supports.

By Year 4, the project's steering committee shifted its efforts toward developing and implementing plans to sustain the implementation infrastructure beyond the grant period. In Year 4, KIPP worked with the purveyor, ISII, to develop a guidance document and governance infrastructure for maintaining the implementation beyond the grant period. The guidance document planned for the transition from ISII as the primary provider of training, coaching, and fidelity assessments, to a system that is fully operated by Kansas' two providers of private child welfare services. In addition to the work with ISII, Kansas formed a sustainability workgroup that was responsible for fiscal and programmatic sustainability planning, including exploring Medicaid billing for KIPP services. This workgroup, which included KIPP leadership as well as leadership from the state child welfare, mental health, and Medicaid agencies, was also responsible for determining which data and reporting systems would continue past the grant period and how they would be maintained.

In October 2014, the beginning of Year 5, KIPP stopped enrolling participants in the comparison group (since there was a sufficient number of participants in the comparison group for planned summative data analyses), and all eligible families were offered the opportunity to receive the intervention. In Year 5 implementation continued to run smoothly in terms of delivery of the intervention with fidelity. KIPP received a no-cost extension to continue sustainability planning, program manual development, and dissemination activities into FY 2016. The sustainability workgroup continued to function during the no-cost extension period and KIPP continued to work with the private foster care agencies to clarify their roles and responsibilities beyond the PII grant period.

## **EVALUATION STATUS**

Each PII intervention is undergoing independent evaluation, overseen by the Office of Planning, Research and Evaluation (OPRE). Recruitment and enrollment of participants into the KIPP summative evaluation began on September 1, 2012, and ended on September 30, 2014. The final sample size for the evaluation of the permanency outcomes for KIPP was 918 children. In total, 461 target children were selected to receive the KIPP intervention and 457 were selected to participate in the comparison group.

As of the date of this publication, evaluation results were forthcoming. See the Permanency Innovations Initiative page on the OPRE website in late 2016 for more information (<http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>).