Department for Community Based Services
Child Welfare Transformation
1-16-19 Transformation Summit
Child Welfare Transformation

A Call To Action......

There is a child on the other side of every decision made, every policy implemented, and every law passed who will either feel the benefit or the consequence.
Child Welfare Transformation

- Building on the foundation
- Agency evaluation
- Asking the right questions
- Transparency
- Developing strategies that are reasonable and transformative
- Requires a culture shift
- Starts with leadership
- Communication is key at all levels of the agency and to stakeholders and community partners
- Doing the right thing, for the right reasons, at the right time
- Collaborative
- Outcomes driven, data informed
Project Management:
A deliberate approach

• Nine workgroups
• Scope development based on priorities identified by the workgroup members
• Ongoing risk assessment and review
• Creation of communications plan – external and internal
• Project performance monitoring
• Continuous stakeholder engagement
• Deliverable verifications
The Workgroups

<table>
<thead>
<tr>
<th>Workforce Supports</th>
<th>Transition Aged Youth</th>
<th>Prevention Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Modernization</td>
<td>Foster Care and Adoption</td>
<td>Permanency</td>
</tr>
<tr>
<td>Relative Placement Supports</td>
<td>Service Region Implementation</td>
<td>IT</td>
</tr>
</tbody>
</table>
Workforce Supports

Purpose: To identify and implement supports and resources necessary to strengthen our DCBS workforce and build capacity.

- **Strategies:**
  - DCBS re-organization and the creation of a Clinical Branch and Transitional Services Branch to provide support to the field.
  - Technology solutions to include new tablets and the development of an offline solution.
  - Implementation of a Culture of Safety framework.
  - Implementation of a Field Training Specialist program
Relative Placement Supports

Purpose: To identify needs and implement structures and processes necessary to adequately support relatives who provide care for children in the child welfare system.

- Strategies:
  - Creating a new foster home type that is child-specific
  - Kinship Navigator funding to support different means for a relative /kin caregiver to access referrals and services and intensive staff training
  - Developing a menu of legal options and associated service options for relatives/kin, inclusive of sustainable monetary supports, in-home services, and post-permanency supports
  - Developing a full disclosure process prior to a child’s placement to facilitate the relative’s informed decision-making based upon their preferences and the child’s needs
Fiscal Modernization

Purpose: To improve provider relationship and ensure return on investment.

❖ Strategies:

• Decoupling
• Revision of MCO contracts
• FFPSA implementation with a focus on Title IV-E claiming
Prevention Supports

Purpose: To identify and expand services and resources necessary to prevent maltreatment and support healthy families.

❖ Strategies:

• Expansion of K-STEP and START
• Modification of FPP contracts
• FFPSA implementation
• Implementation of a safety model
Foster Care and Adoption

Purpose: To create a more efficient process for recruitment and approval of foster and adoptive families and to identify needs and strengthen the network of resources to provide support.

❖ Strategies:
• Streamlining the Presentation Summary process to reduce barriers to timely permanency.
• Implementation of a statewide permanency tracking protocol which involves monthly calls with regions to discuss barriers.
• Partnering with Casey Family to develop a “Culture of Permanency” values training for staff.
• In home services and clarification of the process to access supports covered by MCO’s.
• Establishment of a Diligent Recruitment committee
• Implementation of a Partnership Plan
• Ky FACES an online resource for foster parents.
• Development of a respite provider program
Transition Aged Youth Supports

Purpose: To build processes and supports necessary to better prepare youth for adulthood and reduce the number of youth with negative outcomes.

- **Strategies:**
  - Voices of the Commonwealth youth meet with the Commissioner of DCBS to provide input and feedback regarding the strategies identified.
  - Collaboration with Murray State and Foster Club to develop a training for foster parents and IL Specialists in the service regions.
  - Development of a statewide template for exit packets and exploring an online option for youth “myvault.com”
  - Chafee funds to be available for youth in foster care for car insurance, tutoring and extracurricular activities.
  - Expansion of Independent Living Pilot project to all regions.
  - Expansion of aftercare services for youth ages 21-23.
  - Updated Youth With Disabilities Resource manual.
DCBS Service Region Implementation

Purpose: To identify and implement structures and processes necessary to implement transformation measures in the field.

 Strategies:

• Communication structures and processes have been implemented to ensure field staff are informed of the Child Welfare Transformation efforts.

• A process has been implemented to allow a field review of SOP changes and the opportunity to provide comment prior to implementation (when not mandated by regulation changes).

• Child Welfare Transformation leads have been identified for all regions to help with the CWT implementation and FFPsa.
Child Welfare Transformation
Uniting Kentucky

Steering Committee
- Workforce Supports
- Foster Care and Adoption
- Transition Youth
- Prevention Supports
- Relative Placement Supports
- Fiscal Modernization
- Permanency
- Service Region Implementation
- IT

CWT Workgroups

Stakeholder Advisory Group

House Bill 1
- FFPSA
- PIP/CFSP
- Decoupling

CORE STRATEGIES
- Culture of Safety
- Aligned Service Array
- Shared Focus on Outcomes
- Collaborative practice Model

PRIORITY OUTCOMES
- Safely Reduce Entries Into Foster Care
- Improve Timeliness to Appropriate Permanency
- Reduce Caseloads

CQI/Quality Assurance

Uniting Kentucky
De-coupling
Misty Sammons
What is de-coupling and why?

- An initiative to ensure children in DCBS custody receive the high intensity services they need and not just a predetermined amount of services that is not based on need.
- Currently, DCBS has a bundled payment that includes behavioral health services in the per diem.
- We need to ensure that the State’s money is spent on quality services by the provider, which will ensure children can return to their home and be in their community.
- CHFS is creating a child-centered system where treatment follows the child and is responsive to the child’s needs in a broader, effective continuum of care.
What will happen and when?

- Provider Assessment Surveys – February 2019
- Rate Structure Changes - The provider will bill Medicaid for therapeutic services and DCBS per diem will pay for room, board, and watchful oversight – Ongoing work
- Providers will need to enroll as Medicaid billable providers – By December 2019
- DPP-1294 will be updated so that providers can get in the habit of knowing what services are Medicaid billable and tracking those services monthly on the form – April 2019
- One MCO will be used for all kids in the custody of DCBS. Implementation July 1, 2020
- De-coupling implementation will coincide with the new MCO contract – July 1, 2020
Family First Prevention and Services Act: A Key Lever in Kentucky’s Child Welfare Transformation

Jessica Brown
Family First Prevention Services Act

- Landmark legislation: Most significant child welfare law to pass in 20 years.
- The Family First Prevention Services Act (FFPSA) was passed into law on February 9th, 2018 as part of the Bipartisan Budget Act of 2018.
- Dramatically alters the federal financing structure for child welfare programming (Title IV-E).
- Provides the legislative foundation for states to reorient their child welfare systems by expanding the use of federal Title IV-E child welfare entitlement dollars to prevent entry into foster care and restricting funds for out-of-home care that is not a foster home.
Reorientation around prevention
Major provisions: Prevention

• FFY2020: States gain the option to use federal title IV-E funding for prevention services for children, parents and/or kin caregivers.

• Prevention services include:

  *In-home, skill-based parenting programs* – individual and family counseling, parenting skills and parent education.

  *Substance abuse treatment and prevention* provided by a clinician.

  *Mental health treatment* provided by a clinician.
Major provisions: Prevention

• 3 categories of evidence for the prevention programs:

Promising  Supported  Well-Supported

• HHS will publish eligible services and their level of evidence via an Evidence-Based Clearinghouse.
Major provisions: Prevention funding

• **No income.AFDC test** for child, parent or kin recipients of prevention services.

• Preventive services can be federally funded for up to 12 months at a time.

• **At least 50%** of state’s funded prevention services/programs must be at the well-supported level.

• States must adhere to maintenance of effort requirements
**Prevention:**

**Implications and opportunities**

- **Transforming** the child welfare focus from foster care to prevention, increased family stability and well-being.
- **Investing** in evidence-based interventions.
- **Applying** a trauma-responsive lens to the continuum of prevention services.
- **Partnering** across systems (mental health, substance use disorder, juvenile justice, early childhood, health, etc.) to align prevention efforts.
Right-sizing congregate care
Major provisions: Congregate care

• Applies significant restrictions to federal reimbursement for children and youth placed in congregate care.
  ✓ Facilities that meet the Qualified Residential Treatment Program (QRTP) criteria for any child’s stay beyond 2 weeks.
  ✓ Children whose assessment completed within 30 days indicates their clinical needs are best met in that setting.

• Additional safeguards for children placed in QRTPs include specific case planning requirements, review and hearing requirements, and court approval of placements.
Major provisions: Congregate care

• A QRTP must be a program that:
  ✓ is licensed and accredited
  ✓ has a trauma-informed treatment model
  ✓ facilitates outreach to and participation of family members in the child’s treatment program;
  ✓ has nursing staff and other licensed clinical staff, on-site if required by the treatment model, and are available 24 hours a day and 7 days a week
Major provisions: Congregate care

• Exceptions to QRTP requirements are:
  ✓ Facility for pregnant and parenting youth
  ✓ Supervised independent living for youth 18 years and older
  ✓ Specialized placements for youth who are victims of or at-risk of becoming victims of sex trafficking
  ✓ Residential family based substance use disorder facilities
Congregate care:
Implications and opportunities

- **Right-sizing** congregate care for kids with a clinical need.
- **Building** an effective and appropriate array of family-based placements and community supports to meet treatment needs and promote placement stability.
- **Preventing** inappropriate increases to the juvenile justice population; inappropriate clinical diagnoses.
- **Expanding** the business model of placement providers beyond congregate care.
Family First: A lever for transformation