



**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

Workforce
Supports

Transition Aged
Youth

Prevention
Supports

Fiscal
Modernization

Foster Care and
Adoption

Permanency

Relative
Placement
Supports

Service Region
Implementation

IT

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

CWT Workgroups

Stakeholder Advisory Group

Workforce
Supports

Foster Care and
Adoption

Transition Aged
Youth

Prevention
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Fiscal
Modernization

Permanency

Service Region
Implementation

IT

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

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:



- 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

