Kentucky Title IV-E Waiver Demonstration Project Logic Model

Current Situation

Goals for Waiver Demonstration Project:

- (1) Reduce the number of children entering out of home care through implementation of the ESFP program expansion of the existing START program
- (2) Reduce the amount of time children in the target population spend in out of home care

Currently DCBS...

- Uses a strength-based approach to casework
- Uses a standardized Assessment and Documentation Tool (ADT) for identification of risk and protective factors
- Contracts with private providers for statewide in-home services;
- Operates the START program in four counties—one site currently funded through Children's Bureau
- Provides a comprehensive system of training/professional development for new and tenured staff
- Has a Continuous Quality Improvement (CQI) statewide Infrastructure including designated regional staff

Relevant Data/Information:

- Harburger, Zabel & Pires (April 2013) Kentucky Behavioral Health Recommendation Report
- START program evaluation data
- In-Home Services evaluation data
- MCO Pilot Data
- Baseline CFSR Outcome Data
- Financial Mapping Data

IV-E waiver demonstration project status will allow Kentucky to spend IV-E monies on previously non-allowable expenses including prevention, early intervention and reunification.

Inputs

Target Population:

• Children 0-9 years of age who are at moderate or imminent risk of entering OOHC and whose parents have risk factors of substance abuse and/or domestic violence.

Interventions/Strategies:

- ESFP—expand Kentucky's current continuum of in-home/reunification services to include families with children ages 0-9 who have substance abuse and/or domestic violence risk factors
- START—expand Kentucky's Sobriety and Treatment Recovery Teams (START) for families with children ages 0-5 into additional geographic locations throughout the state

Organizational Change Strategies to Support Interventions:

- Agency focus on prevention/early intervention/reunification
- Systems Change Model for Waiver implementation and sustainability (individuals, organizations, policies and regulations)
- Communication Plans

Resources:

- Waiver Exploratory Advisory Committee
- Key Partners (Depts. of Behavioral Health, Medicaid, AOC, Service Providers, Community Partners, etc.)
- Statewide SACWIS
- DCBS CQI and IQI Infrastructure

Activities

Engage staff, stakeholders and partners in designing statewide implementation plan

Research and identify EBP's to be provided through ESFP targeting substance abuse/domestic violence and child maltreatment

Assess and identify geographic locations for START expansion

Prepare organization for change—

- Assess readiness for change
- Identify needed changes in regs/SOP's to support Waiver activities:
- Develop training and train staff on new strategies;
- Develop coaching model for supervisors/staff:
- Develop strategies for communication to and from DCBS Leadership (vision, updates on changes, etc.) to all staff and community partners

Hire program staff and administrative staff for START expansion into targeted counties

Modify existing or enter into new contracts with providers to expand in-home, reunification and community based services for **ESFP**

Outputs

New regulations/SOP's in place to support implementation and continuation of Waiver activities

Staff develops competencies (through training and coaching model) necessary to appropriately identify, refer and support families in target population

Number of families receiving in-home services through ESFP and START increases

Number of families receiving reunification services through ESFP and START increases

Number of families receiving substance abuse treatment /community-based services increases

Outcomes

Short/Medium-Term

Long-Term

Recurrence of child

decreases for target

maltreatment

population

Well-Being and family functioning improve for families receiving ESFP and START (measured by NCFAS: secondary data sources)

Parents receiving

abuse/behavioral

Children served

through ESFP and

START enter OOHC

at a decreased rate

substance

Fewer children/youth placed in OOHC

health treatment Average length of through ESFP and stay for START achieve children/youth in sobriety/recovery OOHC decreases

> Costs for OOHC decrease; budget is cost-neutral

Children served through ESFP and START who enter OOHC spend less time in OOHC before reunification-

intervention services increase

lengths of stav decrease

Monies spent on prevention/early through ESFP and START programs