

CHILD WELFARE TRANSFORMATION

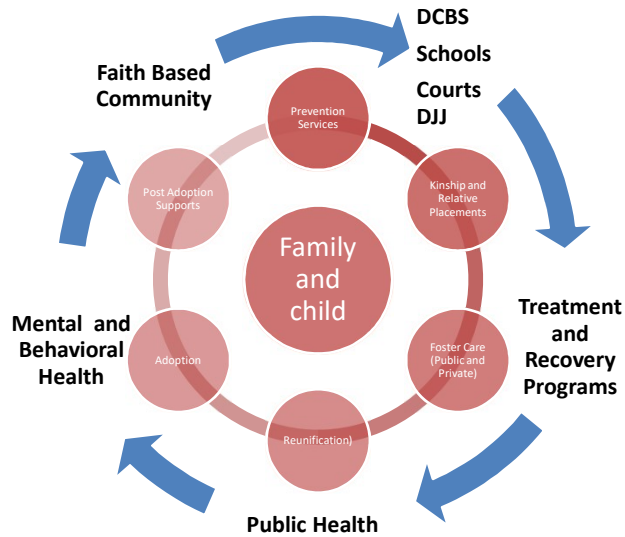
From Project To Practice.....



February 5, 2020 Jennifer Warren



The Child Welfare System

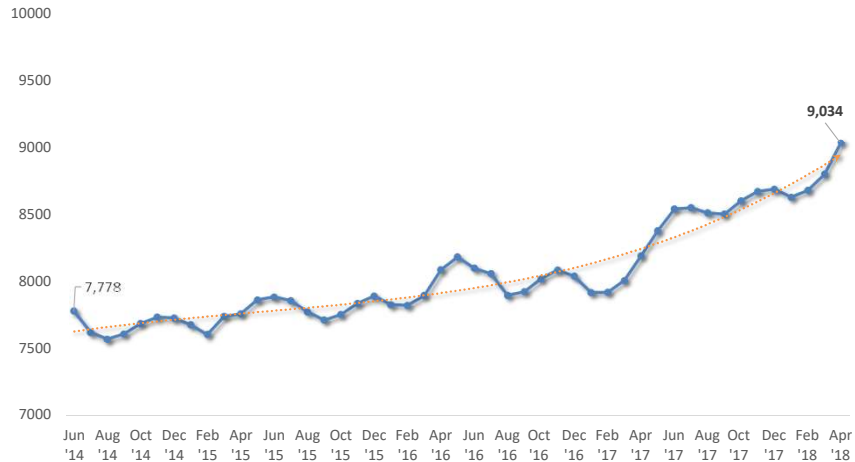


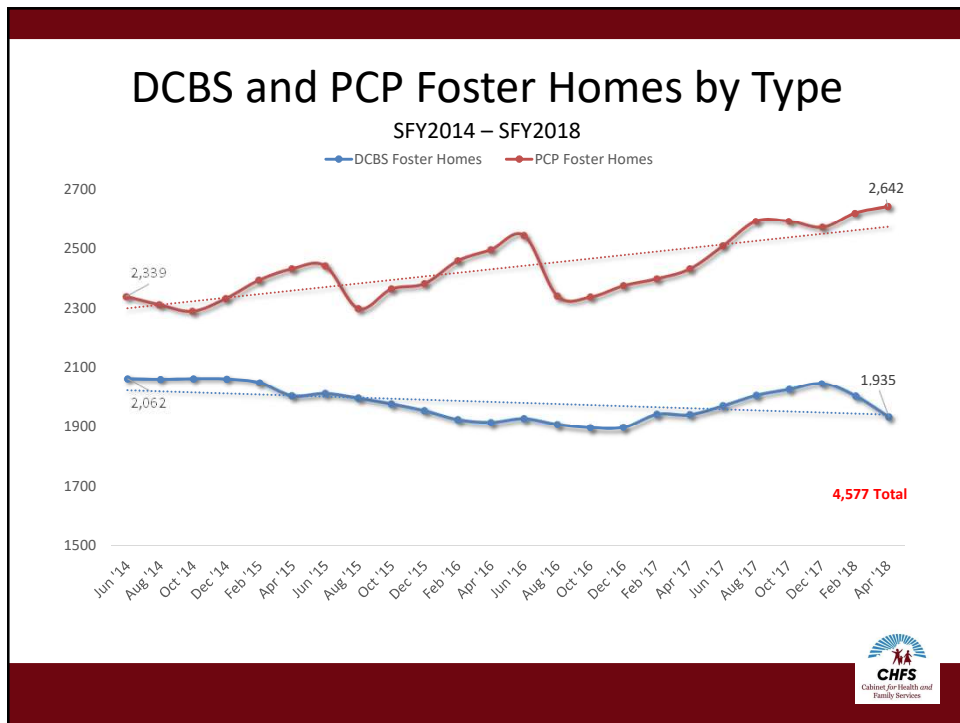
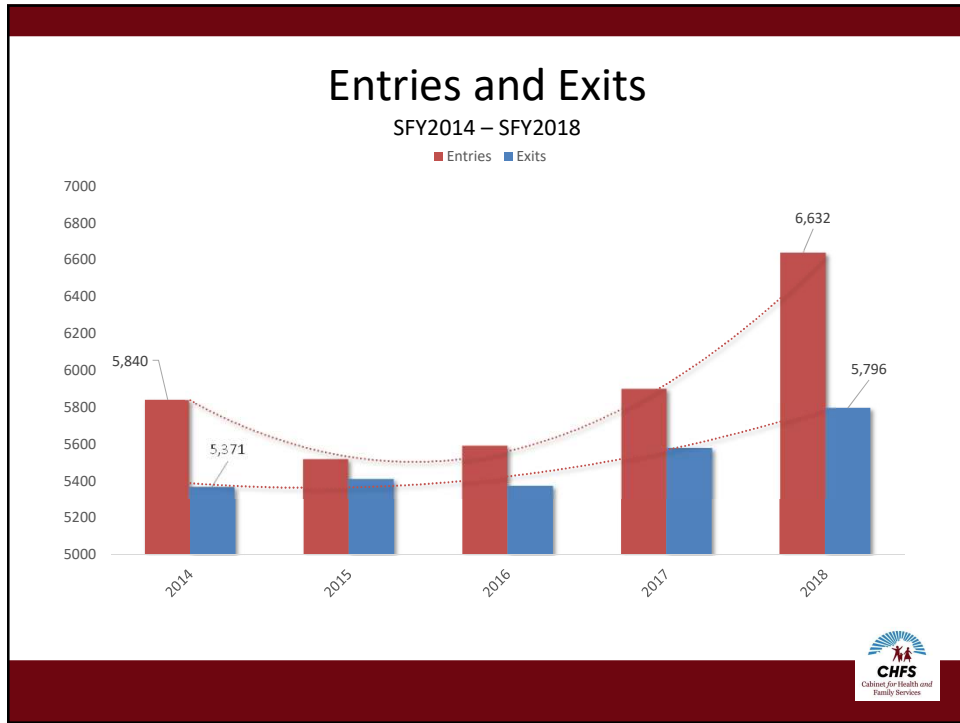
DCBS DATA TRENDS AND OUTCOMES A LOOK BACK....

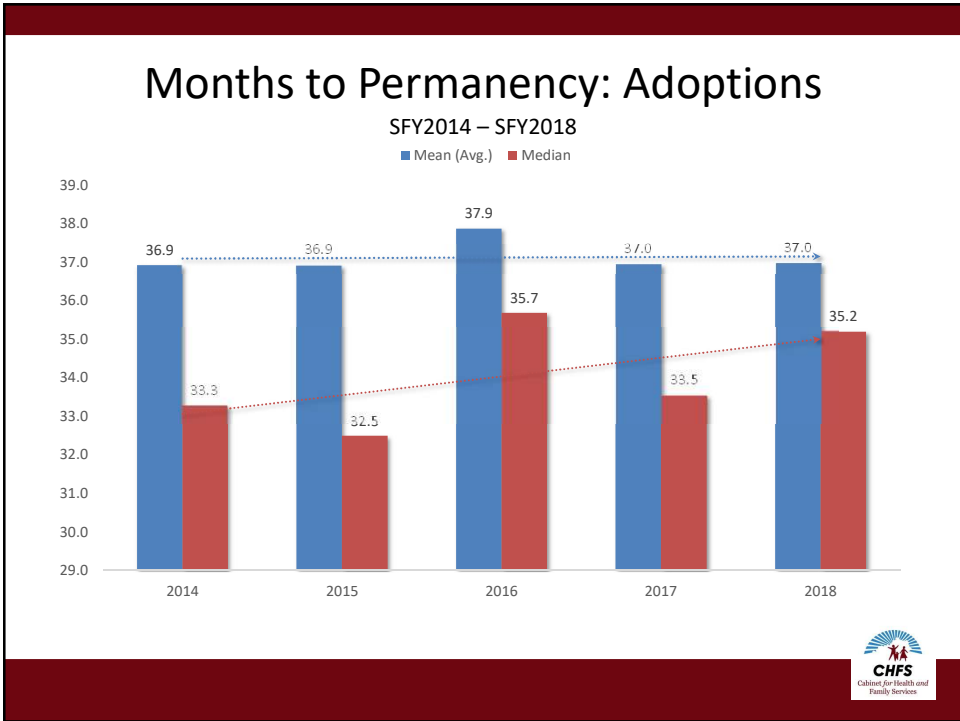
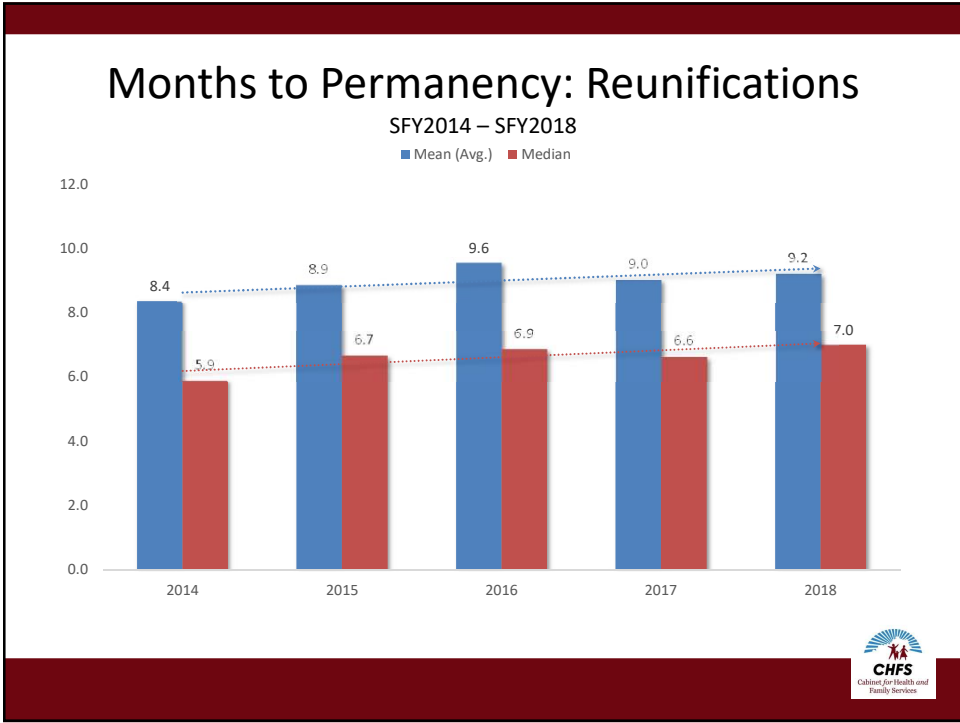


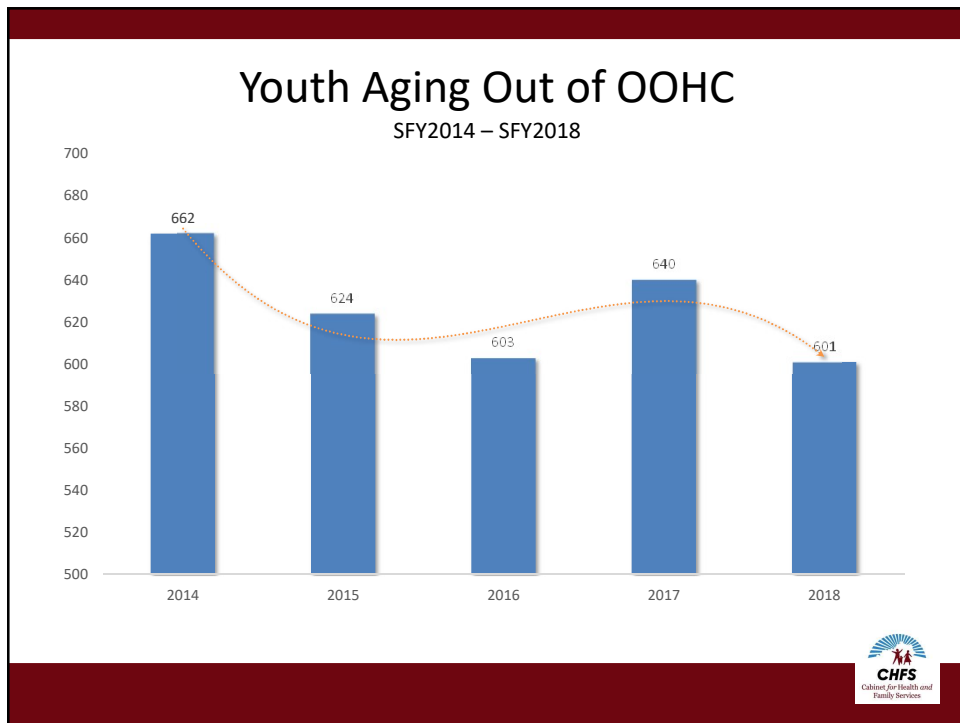
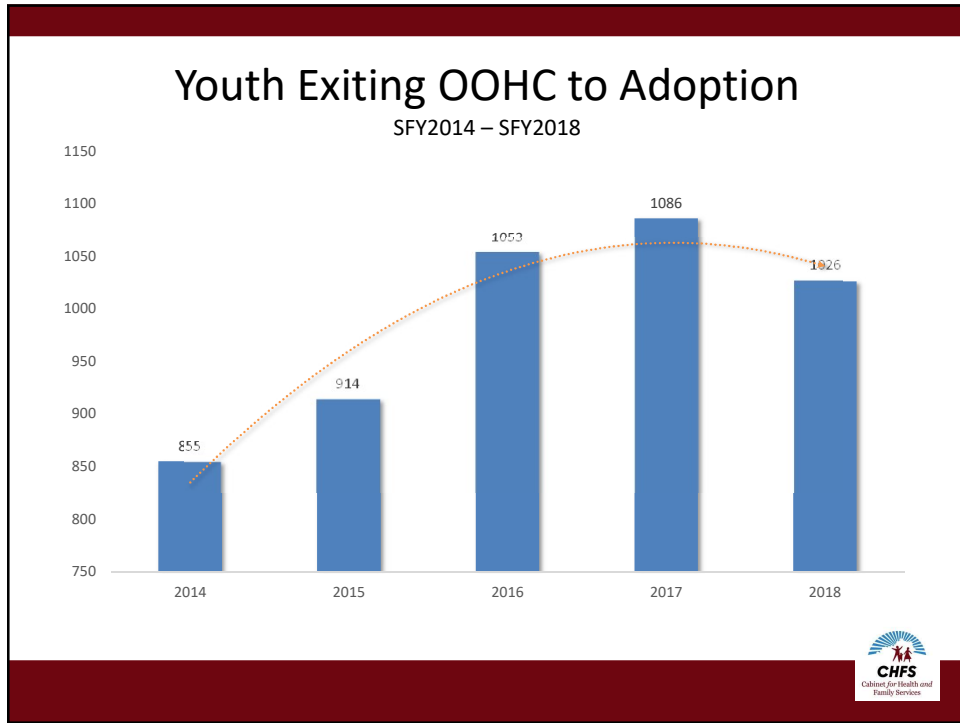
Number of Youth in Out of Home Care

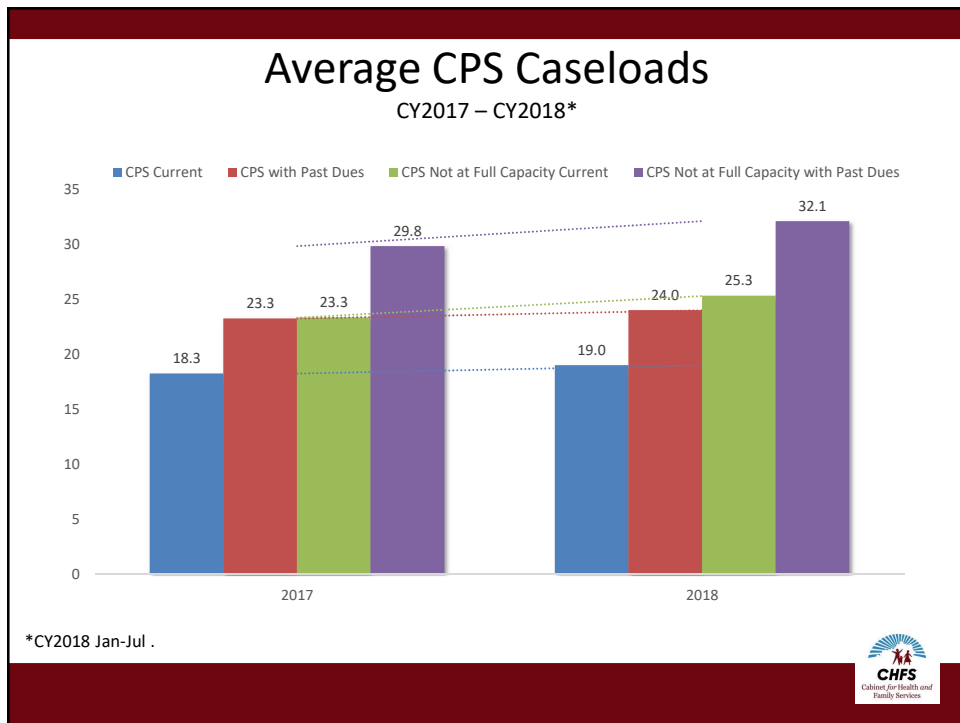
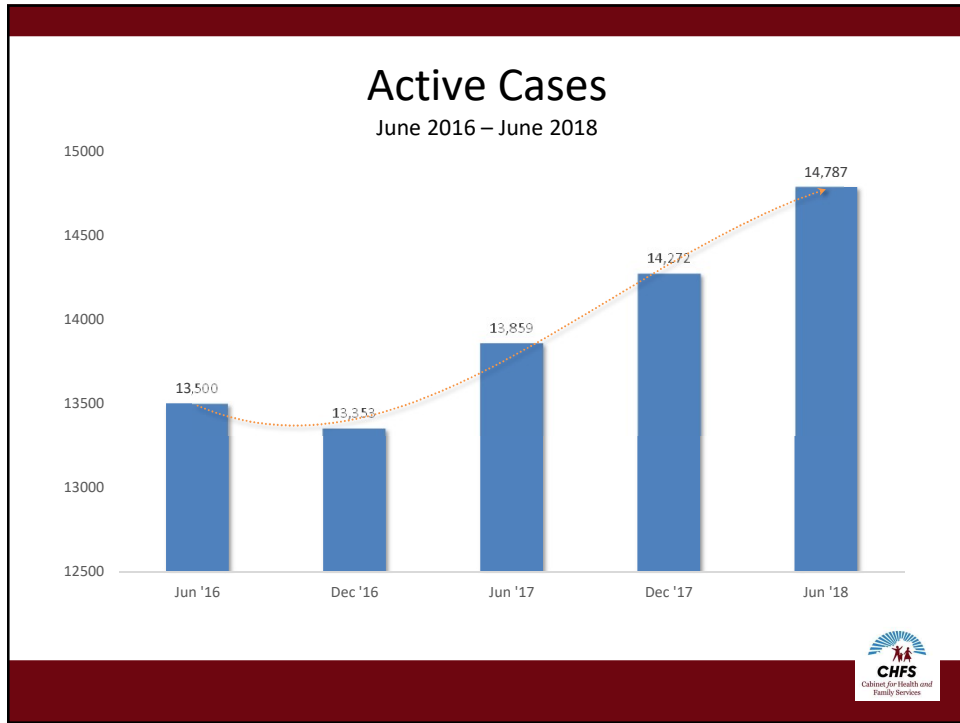
SFY2014 – SFY2018











A Call To Action: Time for Transformation

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

The Overarching Framework for Reform

Phase One

A FORMAL PROJECT MANAGEMENT STRUCTURE

April 2018: A proactive response to an unprecedented opportunity....



CWT Phase One

<p>April 2018: A proactive response to an unprecedented opportunity....</p>		<p><i>Identify the system we want, with families in the center.</i></p>
<p>The Overarching Framework for Reform</p>		<p><i>Reduce case loads, improve timeliness to permanency, and safely reduce the number of children entering into OOHC.</i></p>
<p>A Formal Project Management Structure that included oversight committees, sponsors, stakeholder engagement, and 9 work groups.</p>		<p><i>A systematic approach for evaluation, continuous improvement, and consistent methodology for strategic planning.</i></p>
<p>A collective charge to be innovative</p>		<p><i>Think big, dream big, and ask What it will take. The entire system was on the table.</i></p>

Project Management

<p>Structure</p> <ul style="list-style-type: none"> • 9 Workgroups • Workforce • Permanency • Prevention • Fiscal Mod. • Trans. Aged Youth • Foster Parent • Relative Pl. • Service Regions • IT 	<p>Process</p> <ul style="list-style-type: none"> • Requirements • Scope of Work • Key Themes • Risk Assessment • Communications • Project Monitoring • Stakeholder Engagement 	<p>Outcomes</p> <ul style="list-style-type: none"> • Strategy implementation • Deliverables • Early evaluation • Course correction as needed • Embed into ongoing practice
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Phase I Highlights and Key Strategies

- 77 planning sessions as of May 1, 2019;
- 154+ hours to date in planning, implementation and follow up;
- 53 Transformational Strategies as of May 1, 2019;

- Culture of Safety
- Relative Service Array
- Ky FACES Portal
- Child Specific Foster Home type
- Ky RISE Portal
- Expanded in Home Services
- Kinship Navigator funding
- Culture of Permanency Training



CWT Phase Two

Data Informed/Outcomes Driven

CONTINUOUS...
QUALITY...
IMPROVEMENT...



Child Welfare Transformation DATA INFORMED

Then, Now, and Moving Forward

Statewide Data

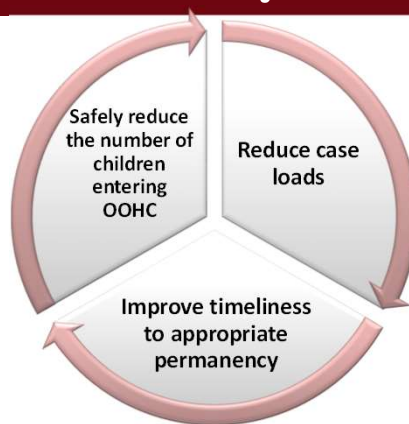
DATA Sets	April 2018	April 2019	Jan. 2020
OOHC #'s	9,034	9,739	9,747
Foster Homes	4,577	5,161	5,443
MTP: Reunification	7.0	7.1	**SFY
MTP: Adoption	37.0	37.5	**SFY
# of Children Reunified	2,124	2,418	**SFY
# of Children Adopted	1,026	1,257	**SFY
Entries	6,632	6,945	**SFY
Exits	5,796	6,847	**SFY
Average Case Loads	31.0	30.0	30.0 YTD

- ❖ OOHC #'s peaked in October 2018 at 9,916.
- ❖ On-boarded 866 foster homes
- ❖ 294 more children reunified with their families.
- ❖ 231 more children adopted.



Child Welfare Transformation Outcomes Driven

3 Primary Goals



Phase Two: Redesigning CQI

Plan.

Do.

Check.

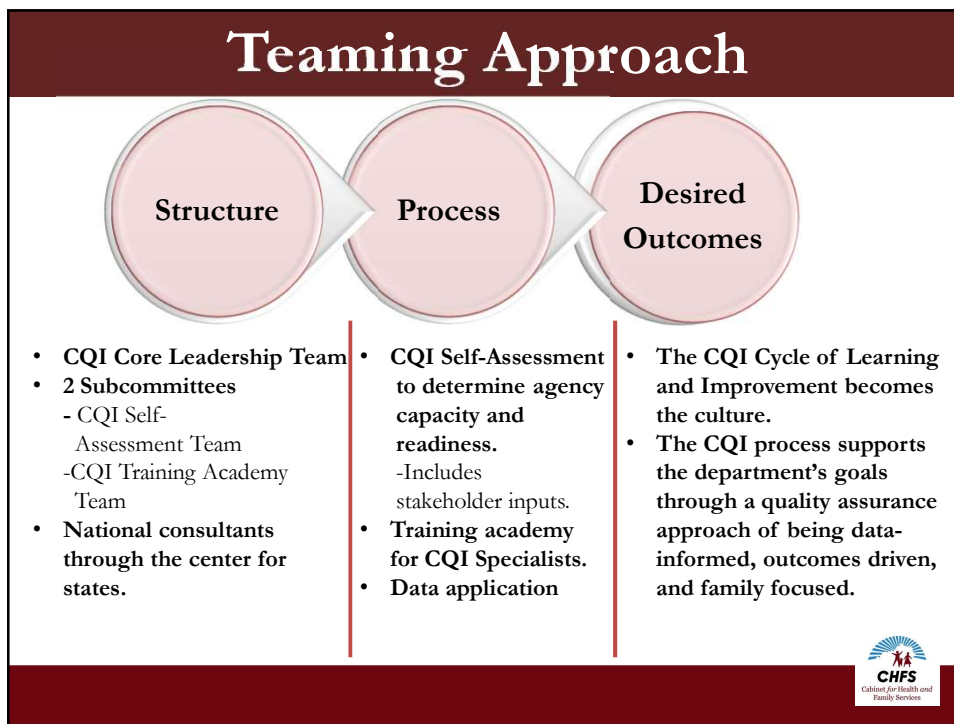
Act.



In Partnership With The Capacity Building Center For States

- Embed CWT into everyday operations;
- A systematic structure for responding to agency's changing needs;
- Foster a culture of learning;
- Consistent stakeholder engagement at all levels of the agency;
- Application of data to inform new strategies; and
- Structured communication.






Phase Two: Sustaining the Gains *From Project to Practice.....*

- **Family First implementation**
- **A movement towards primary and secondary prevention;**
- **A family centered focus on recovery and resilience by biological parents**
- **Judicial Engagement**
- **Quality Assurance teams to support the new CQI process.**

Phase 2 Quality Assurance Teams

- ❖ Workforce Supports
- ❖ Out of Home Care Supports
- ❖ Permanency
- ❖ Fiscal Modernization
- ❖ Prevention Supports
- ❖ Judicial Engagement



THANK YOU!

#ChildWelfareBelongsToAllOfUs

➤ **Follow DCBS on social media:**

- **Twitter:** @KyDCBS
- **Facebook:** Kentucky Department for Community Based Services <https://www.facebook.com/kydcbs/>



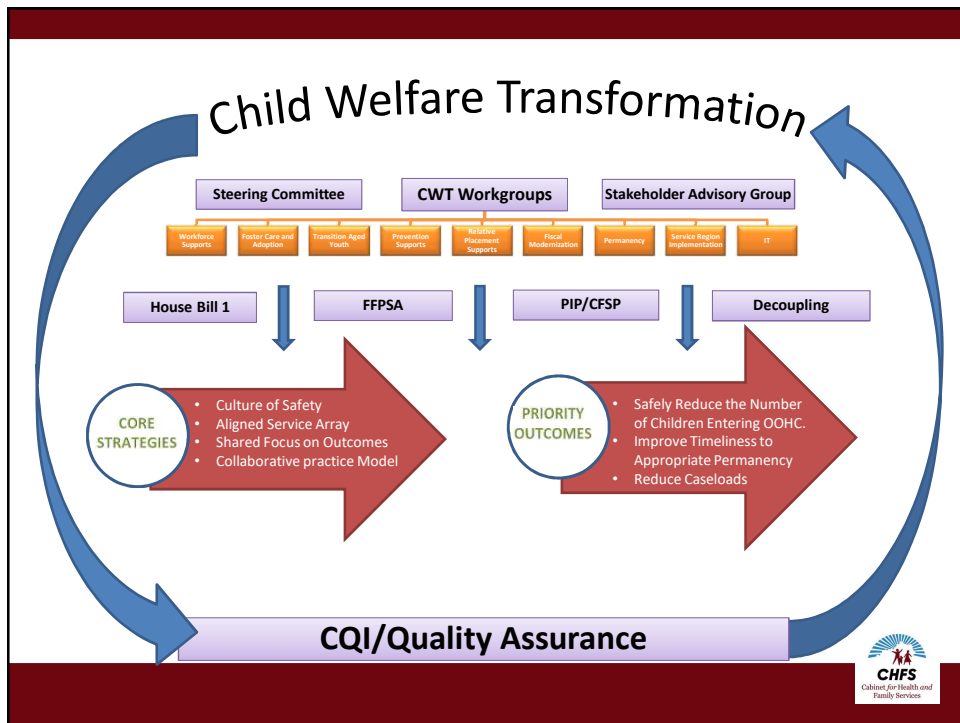
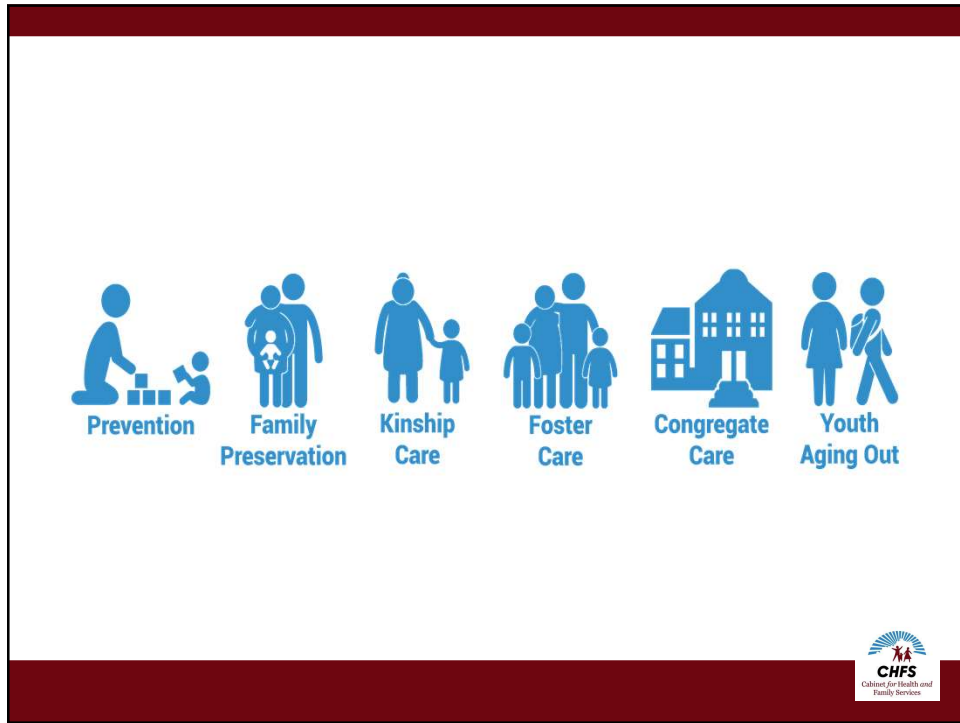


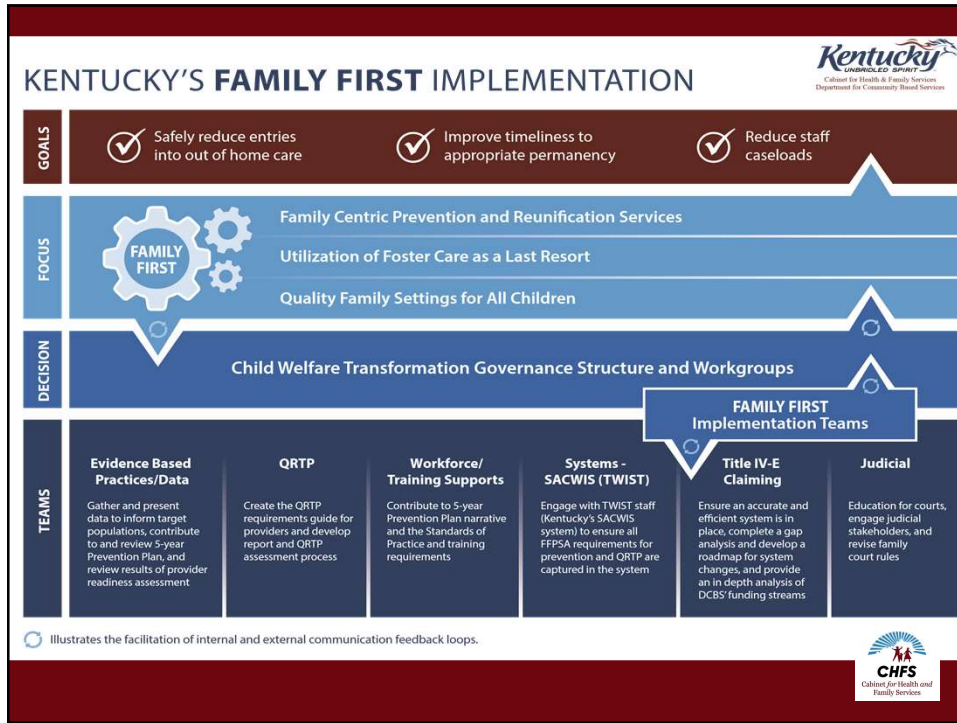
**Department for Community Based Services
System of Care 2020
Jessica Brown, DCBS Executive Advisor**



Family First Prevention and Services Act: A Key Lever in Kentucky's Child Welfare Transformation







Family First Prevention Services Act

- Landmark legislation: Most significant child welfare law in 20 years.
 - Dramatically alters the federal financing structure for child welfare programming (Title IV-E).
 - Prevent entry into foster care
 - Keeping children in family-like settings
 - Restricting funds for out-of-home care that is not a foster home.

“Family First” in Many Ways

- **Family** as the first and best choice for children
 - Services to reduce risk and prevent removal from home
- **Family** as a safety net when children cannot remain at home
 - Emphasis on kinship placement and kinship navigation
- **Family** as a high quality foster care service
 - Improved foster care standards
- **Family** as the first and best choice for children in foster care
 - Reduction in payments for congregate settings



Reorientation around prevention



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
- ✓ **Partnering** across systems



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*
 - *Substance abuse treatment and prevention*
 - *Mental health treatment*



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.



Breaking News!

The Family First Transition Act

- The “50% Well-Supported Reimbursement” requirement is **delayed by two years** and then **for two additional years**, supported practices are considered well-supported practices.
- **\$500 million** appropriated for **transition activities** in FFY 2020 which remains available through FFY 2021.
- States with **expiring waivers** will receive a minimum of **90%** of FFY 2019 funds in **FFY 2020** and a minimum of **75% in FFY 2021**.

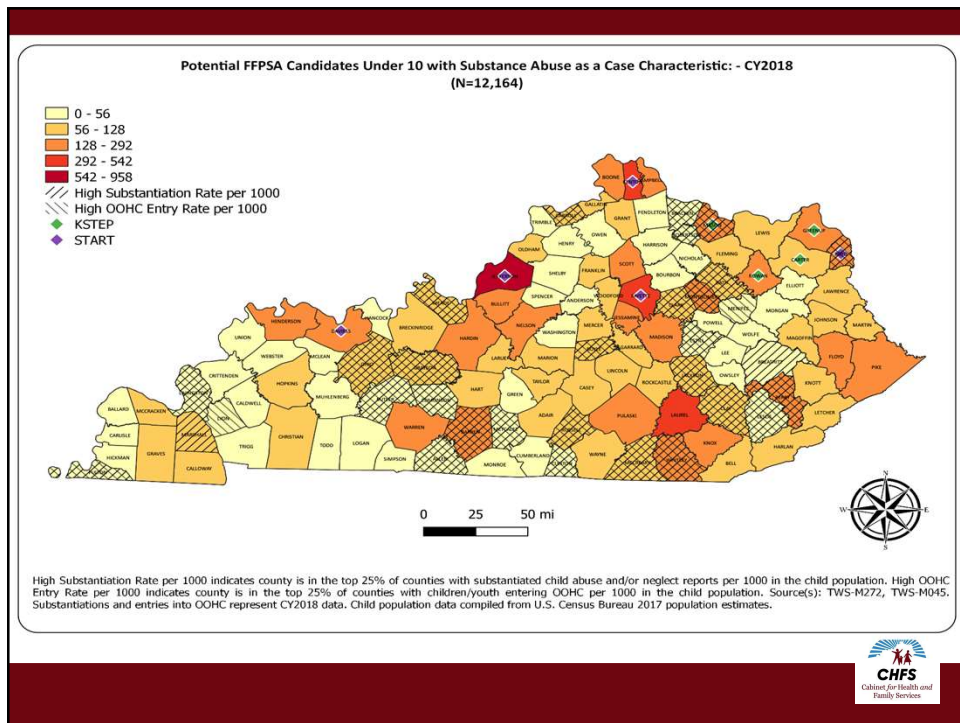
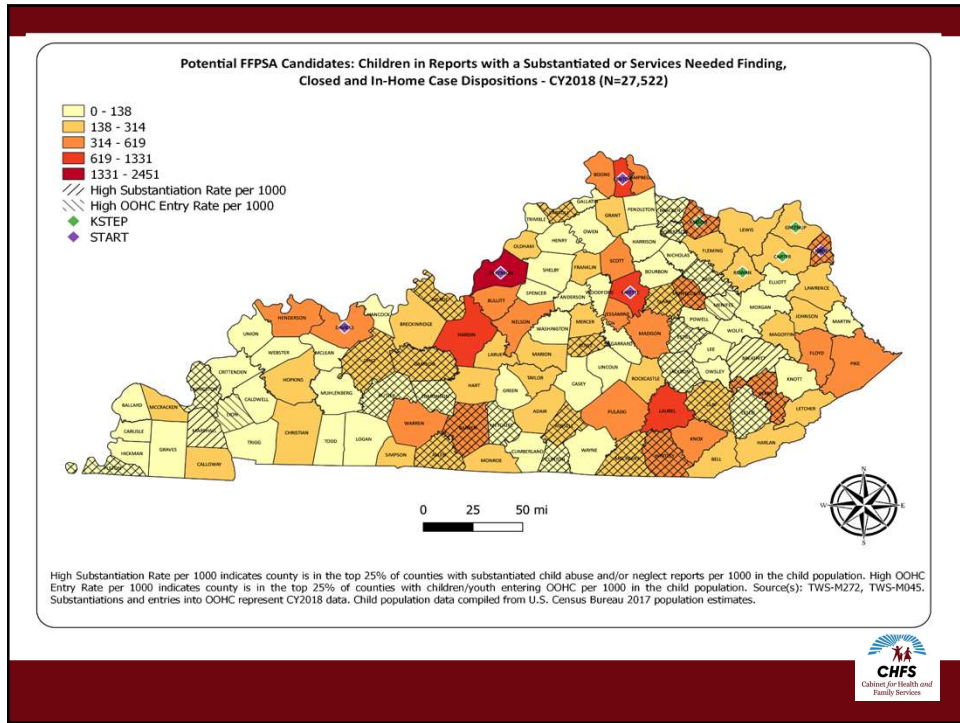
****FFTA was signed into law on December 20th, 2019 as part of the Further Consolidated Appropriations Act of 2020****



Candidate for foster care:

1. A **victim of substantiated maltreatment** in which existing safety and risk factors can be mitigated by provision of in-home services;
2. A child for whom maltreatment has not been substantiated, however, **moderate to severe risk factors for maltreatment are present** and services are necessary to prevent maltreatment and subsequent entry into foster care; or
3. A child who has **recently been reunified** for whom services to the family will mitigate identified risks, preventing further maltreatment and re-entry into care







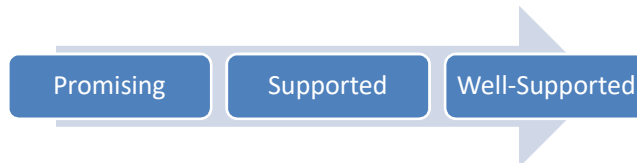
Title IV-E Prevention Plan

- Prior to implementation, all states must submit a Title IV-E Prevention Plan
- The plan must outline the Evidence Based Practices (EBPs) to be used by the state over a five year period
- The plan can be amended over time as new EBPs are approved by the Title IV-E Prevention Services Clearinghouse
- Kentucky's Prevention Plan submission included the following EBPs:



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.



Prevention services and programs

- Mental Health:
 - ✓ Parent-Child Interaction Therapy *–well supported*
 - ✓ Trauma Focused-Cognitive Behavioral Therapy *--promising*
 - ✓ Multisystemic Therapy *–well supported*
 - ✓ Functional Family Therapy *–well supported*
 - ✓ Cognitive Behavioral Therapy *--TBD*
- Substance Abuse:
 - ✓ Motivational Interviewing *–well-supported*
 - ✓ Multisystemic Therapy *–well supported*
 - ✓ Sobriety Treatment and Recovery Team (START) *--TBD*



Prevention services and programs

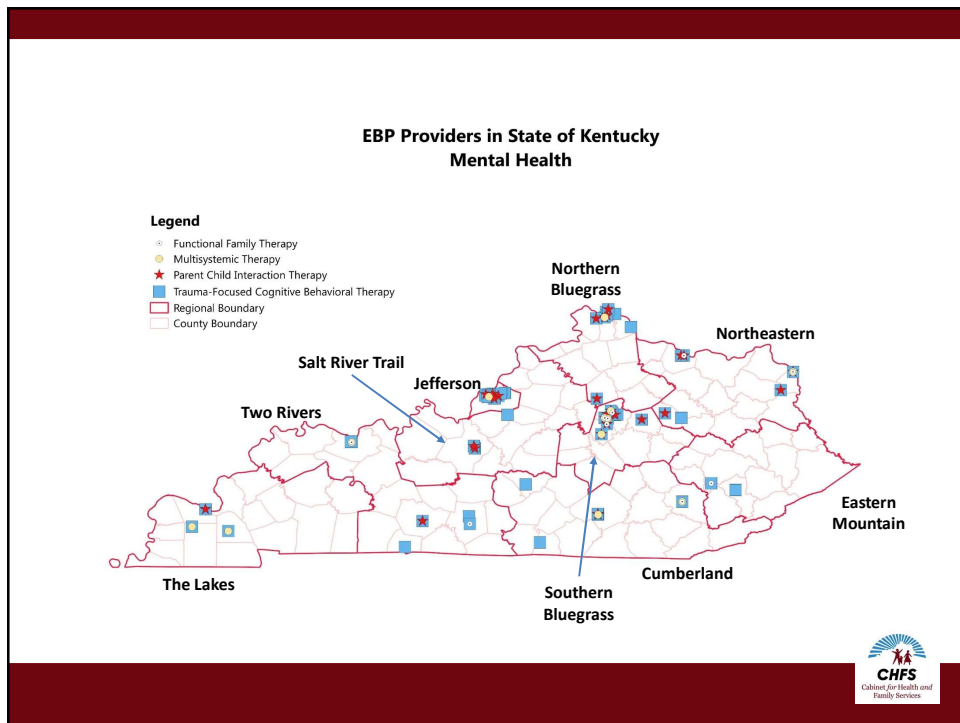
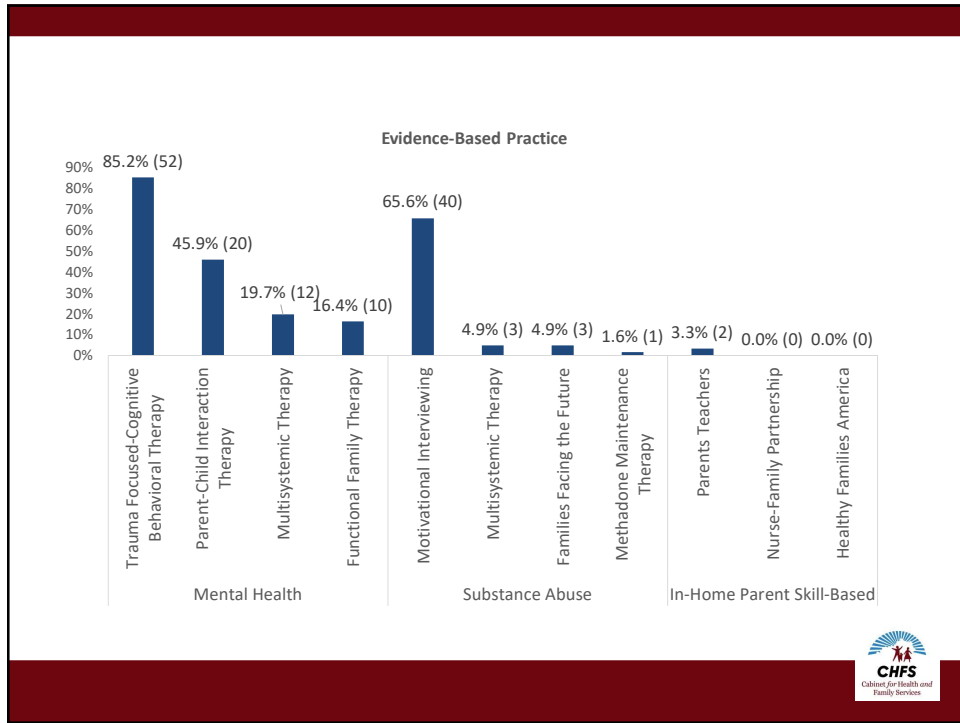
- *In-Home Parent Skill-Based:*
 - ✓ *Sobriety Treatment and Recovery Team (START) –TBD*
 - ✓ *Homebuilders –TBD*

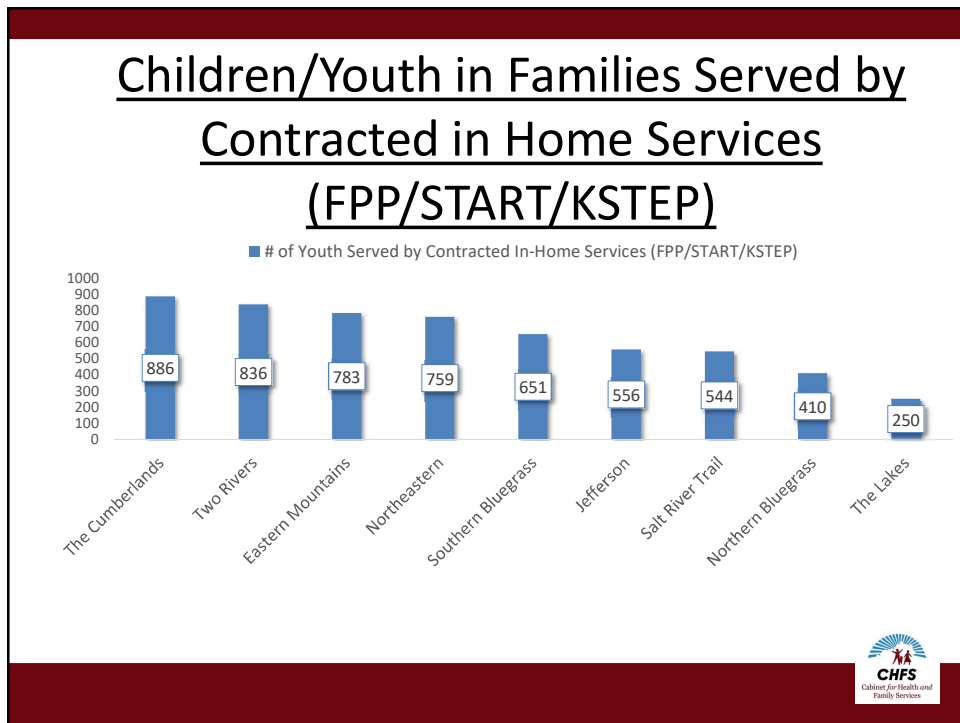
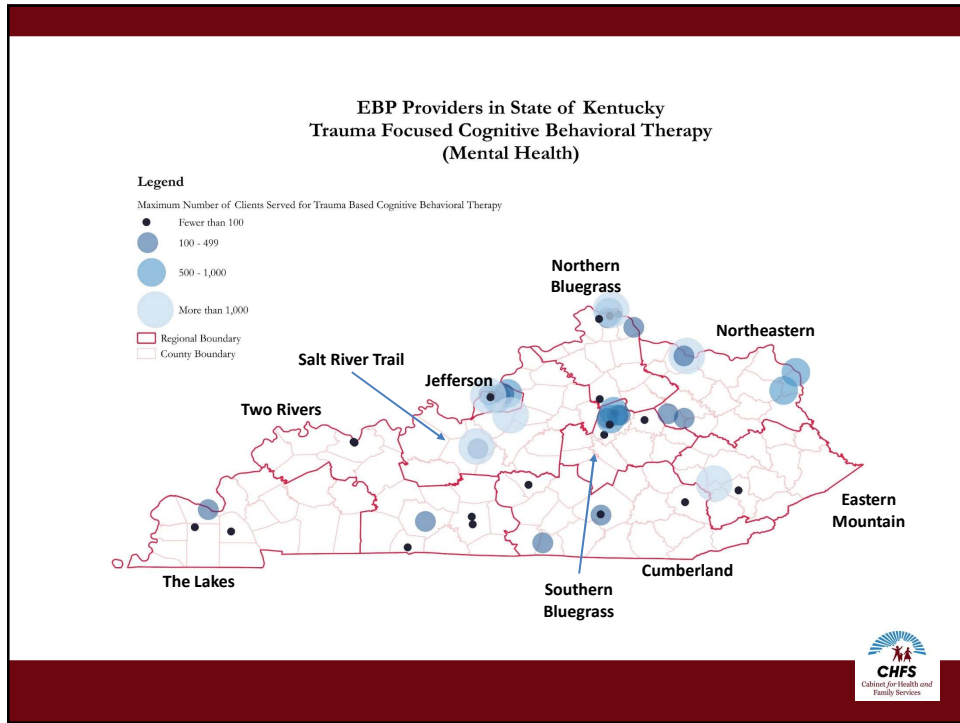


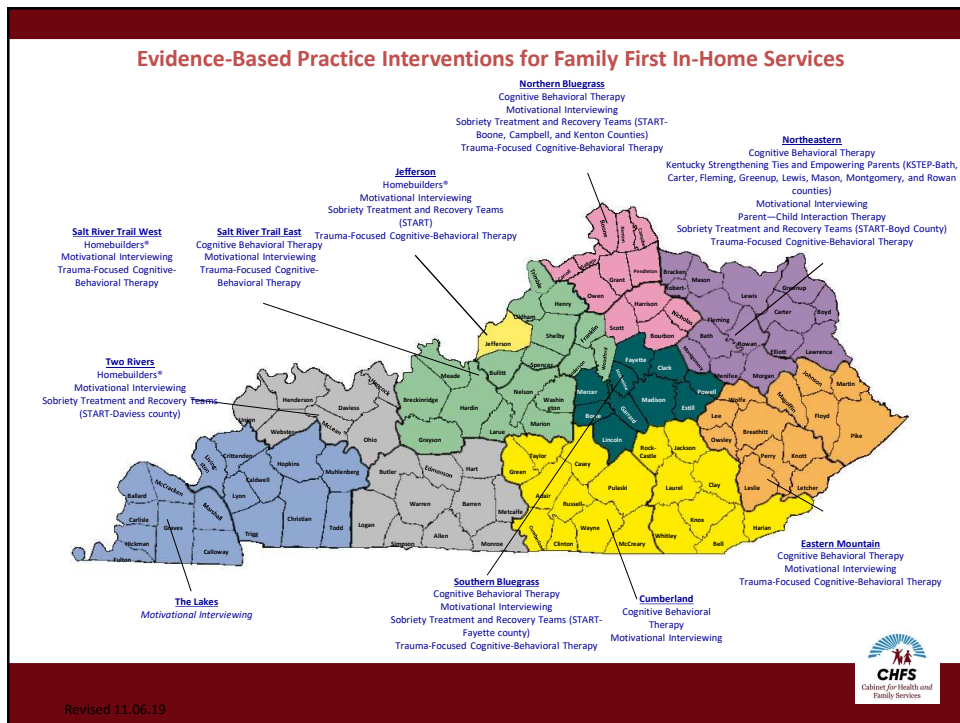
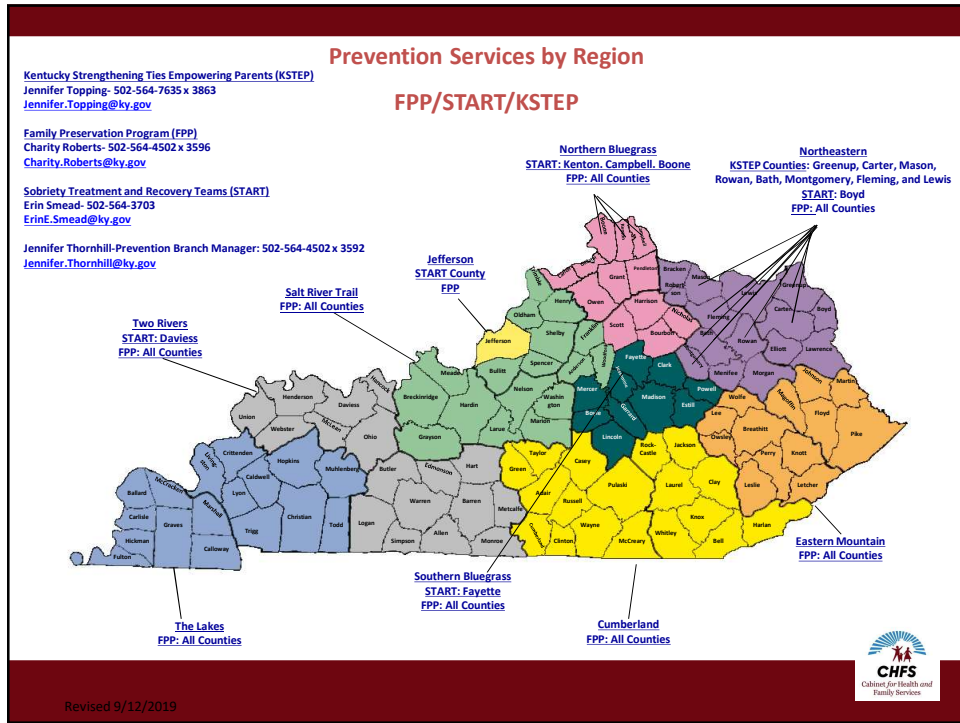
Provider Readiness Assessment

- Assess how prepared providers are to partner with the DCBS on the implementation of Family First
- Use findings to inform DCBS' planning and decision-making related to the implementation of Family First and Kentucky's child welfare transformation.
- Provide an opportunity for providers to assess their own capacity and identify areas for enhancement and capacity building.









You can tell a lot about people, businesses, organizations, etc in how they spend their money. Where are our priorities?

\$476M on OOHC



\$18M on prevention services



Of the \$18M spent on family preservation and prevention services, 96% of those families remained together and did not result in a child being removed from the home.

Why does it take a traumatic event that leads to the child being removed from their home in order for us to respond?



Family First Regional Forums

- ✓ Summer 2019
- ✓ 9 Regional Forums
- ✓ Lived experience experts
- ✓ Stakeholder engagement
- ✓ Data informed
- ✓ Outcomes driven



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



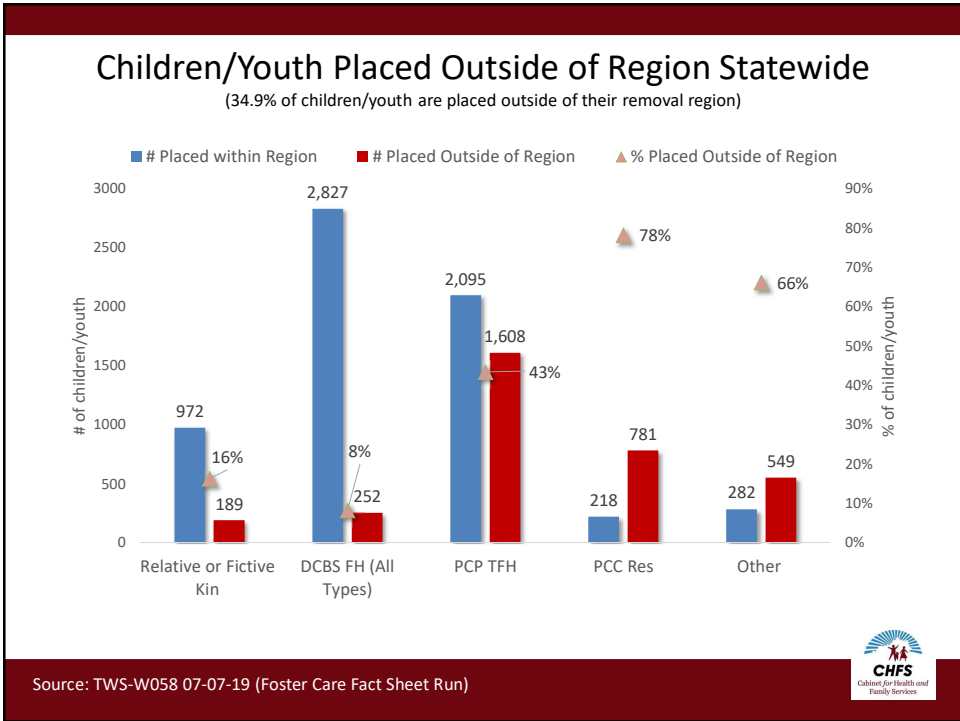
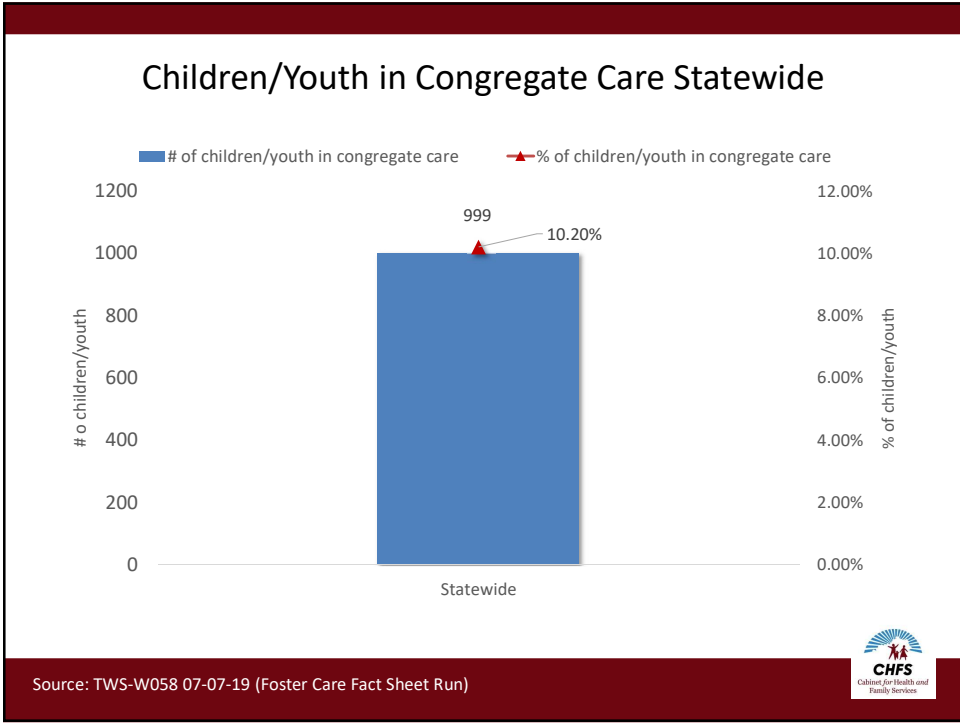
Total	Percent		
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) REQUIREMENTS "My agency currently..."	Completel y True	Somewha t True	Not at all True
...has a trauma-informed model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances.	76.7	20.0	3.3
...is able to implement the treatment identified for the child by the required 30-day assessment of the appropriateness of placement.	90.0	3.3	6.7
...to the extent appropriate and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program.	80.0	16.7	3.3
...facilitates outreach to the family members of the child, including siblings.	56.7	40.0	3.3
...documents how the outreach to the family member is made (including contact information).	76.7	20.0	3.3
...maintains contact information for any known biological family and fictive kin of the child.	63.3	26.7	10.0
...documents how the family members are integrated into the treatment process for the child, including post-discharge.	56.7	36.7	6.7
...documents how sibling connections are maintained	53.3	36.7	10.0
...provides discharge planning and family based aftercare support for at least 6 months post-discharge.	20.0	50.0	30.0
...is licensed and accredited by at least one of the following independent, not-for-profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), or any other independent, non-for-profit accrediting organization approved by HHS.	86.7	3.3	10.0
...has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tri-tribal law. They are on-site according to the treatment model and are available 24 hours a day and 7 days a week (A rule of construction in section 472(k) (6) of the Family First Act indicates that this requirement shall not be construed as requiring a QRTP to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship.)	80.0	6.7	13.3



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.



When ~~you~~ ^{we}
know better,
~~you~~ ^{we} do better.

— Maya Angelou



Family First: A lever for transformation

