Family First Prevention Services Act Jefferson Regional Convening

















Family First Virtual Forum 2020 Jefferson Service Region

Kentucky Youth Advocates

Administrative Office of the Courts

Department for Community Based Services

November 12th, 2020



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) through partial reimbursement
 - Prevent entry into foster care
 - Keeping children in family based settings
 - Restricting funds for out-of-home care that is not a foster home



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

- Evidence based prevention services include:
 - In-home, skill-based parenting programs
 - Substance abuse treatment and prevention
 - Mental health treatment



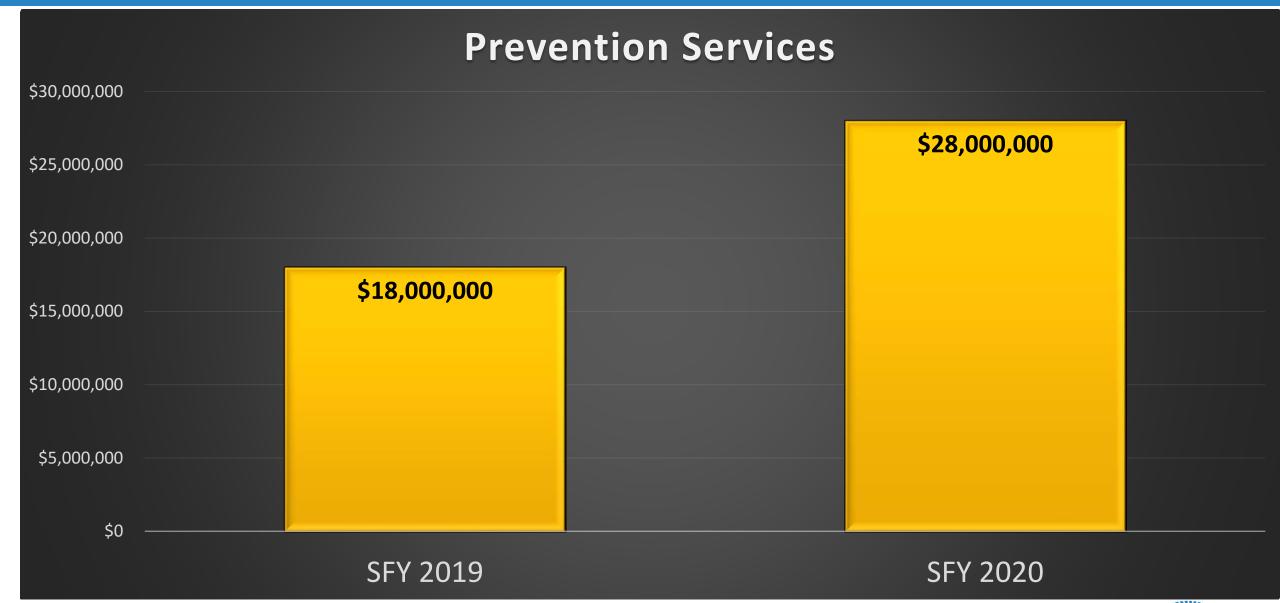




Reorientation around prevention









Of the \$20M spent on Family Preservation Program (FPP), 93% 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?



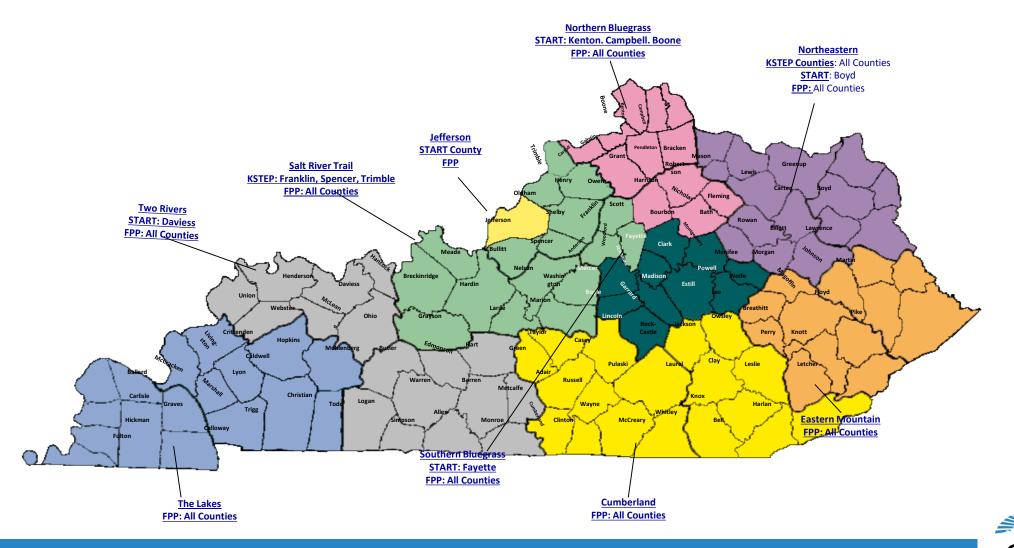
Family First Prevention Services in Kentucky

- Family Preservation Program (FPP)
 - ➤ Intensive Family Preservation Services (IFPS)
 - > Family Reunification Services (FRS)
 - Families & Children Together Safely (FACTS)
 - ➤ Diversion

- Kentucky Strengthening Ties and Empowering Parents (KSTEP)
- Sobriety Treatment and Recovery Team (START)



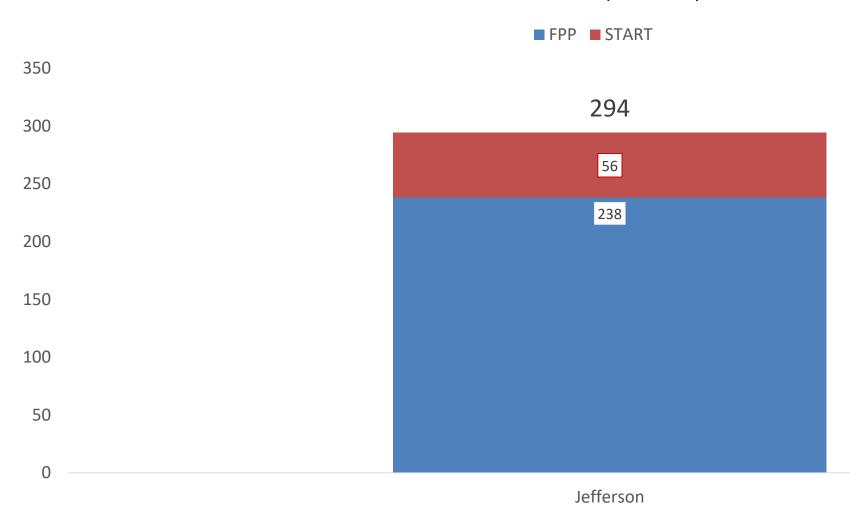
Family First Prevention Services by Region



Family Services

Jefferson: Families Receiving In Home Services

SFY2020 - (N = 294)





Family Preservation Program SFY 20 Data

Families served: 2762

Children served: 4,999

- **▶** Percentage of children in the home at closure: 93%
- ➤ Percentage of children in the home at 6 months: 92%
- ➤ Percentage of children in the home at 12 months: 86%

The number of children who would have been placed in OOHC if services were not available (at risk of placement): 4,665

Family Preservation Expansions

> SFY 19 and SFY 20 expansions for Evidence Based Practice (EBP) capacity, training and service provision

➤ 23% increase in families served projected through SFY 2021



Kentucky Strengthening Ties and Empowering Parents (KSTEP) SFY 20 Data

Families served: 202

Children served: 380

Children removed to OOHC: 24

▶ Percentage of children in the home at closure: 93%

The number of children who would have been placed in OOHC if services were not available (at risk of placement): 356



Kentucky Strengthening Ties and Empowering Parents (KSTEP) Expansions

- First expansion in July of SFY 20
 - Expanded from 4 counties in Northeastern service region to 8 counties
 - Served an additional 49% of families
- ➤ Second expansion in May/June of SFY 20
 - Expanded from 8 counties to 15 counties to cover the entire Northeastern service region
 - Expanded to serve an additional 72% of families



Kentucky Opioid Response Efforts (KORE)

- KORE seeks to establish a comprehensive response to Kentucky's opioid crisis by expanding access to opioid prevention, treatment and recovery support services
- Through partnership with the Department for Behavioral Health, Developmental and Intellectual Disabilities, KSTEP will expand utilizing KORE funding into 3 counties in the Salt River Trail Service Region
 - > Expansion to serve an additional 47%
- > START is also funded in two counties through KORE funding
 - ➤ Campbell and Boone counties



KY START Data and Outcomes

• In FY20 START served: 403 families

753 children

- For cases that closed in FY20 START retained 65% of children with the parents at closure, and 26% with a relative at closure, with 91% of children with either a parent or relative at closure
- Studies of START have also found parents in START achieve higher rates of early recovery and improve in their parental capacity
- START is listed on the **CEBC** (California Evidence Based Clearinghouse) as having *promising research evidence*



Family First Prevention Program Costs Per Child

- Family Preservation Program: \$3,495
- Kentucky Strengthening Ties and Empowering Parents: \$5,028
- Sobriety Treatment and Recovery Teams: \$4,105

The average cost per child in foster care: \$52,481



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:



Evidence Based Practices (EBPs):

Mental Health

- Parent Child Interaction Therapy (PCIT)
- Multisystemic Therapy (MST)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Functional Family Therapy (FFT)

Substance Abuse

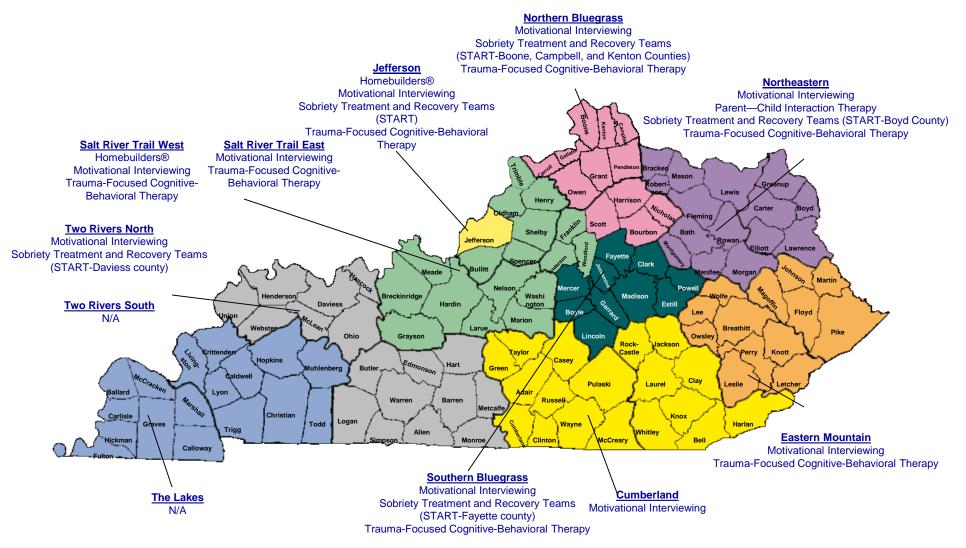
- Sobriety Treatment and Recovery Teams (START)
- Motivational Interviewing (MI)
- Multisystemic Therapy (MST)

In-home Parenting Skills

- Homebuilders
- Sobriety Treatment and Recovery Teams (START)

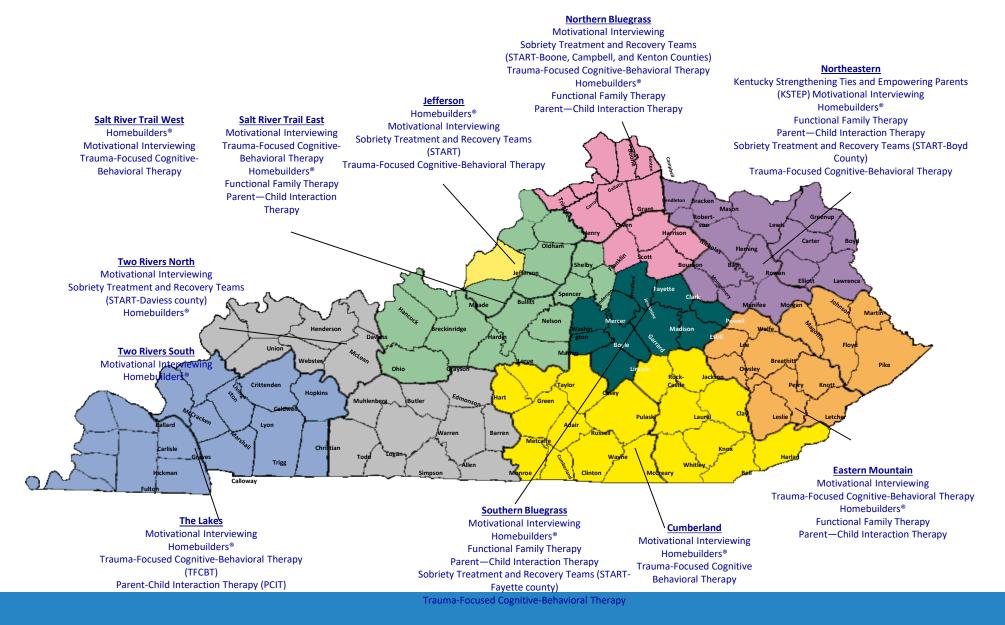


October 2019 Evidence-Based Practice Interventions for Family First In-Home Services





October 2020 Evidence-Based Practice Interventions for Family First In-Home Services





Systems Enhancements

- Continuous Quality
 Improvement Processes
 - > Reach reporting
 - ➤ EBP fidelity monitoring
 - ➤ Quarterly stakeholder meetings

- ➤ Advancing technology/data collection
 - ➤ Electronic referral and invoicing
 - ➤ Data collection to inform needs
 - >Tracking specialized populations



Right-sizing congregate care





Rightsizing Congregate Care

 Family First recognizes that some children and youth may require high quality residential treatment to stabilize them before they are able to return to their families and communities

 Federal funding is limited only to high-quality residential treatment programs that are short-term, meet minimal standards for quality of clinical care, involve families in treatment plans, and work towards helping children and youth return to family-based settings as quickly and safely as possible

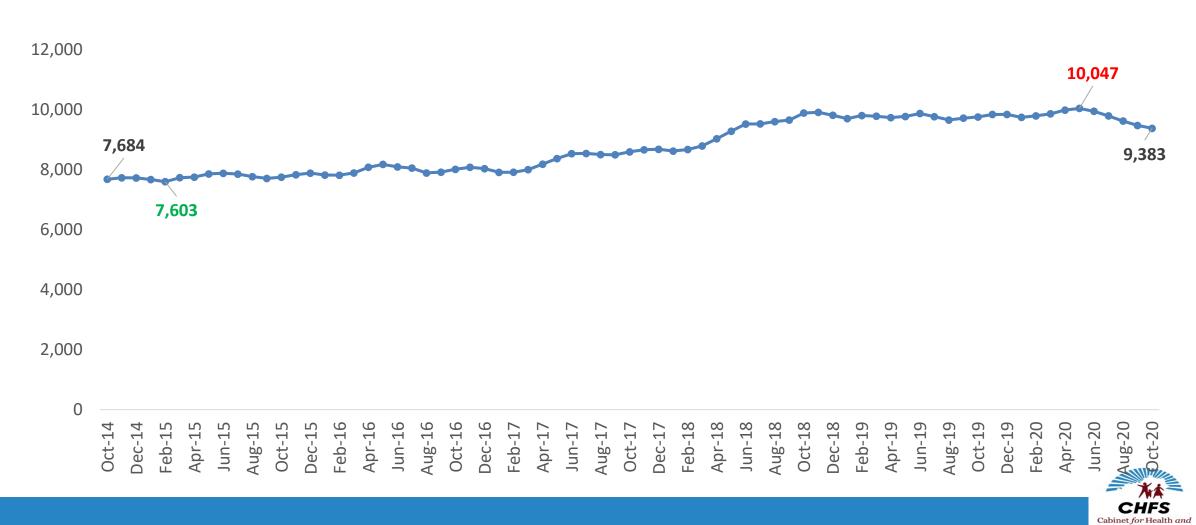


Major provisions: Congregate care

- 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

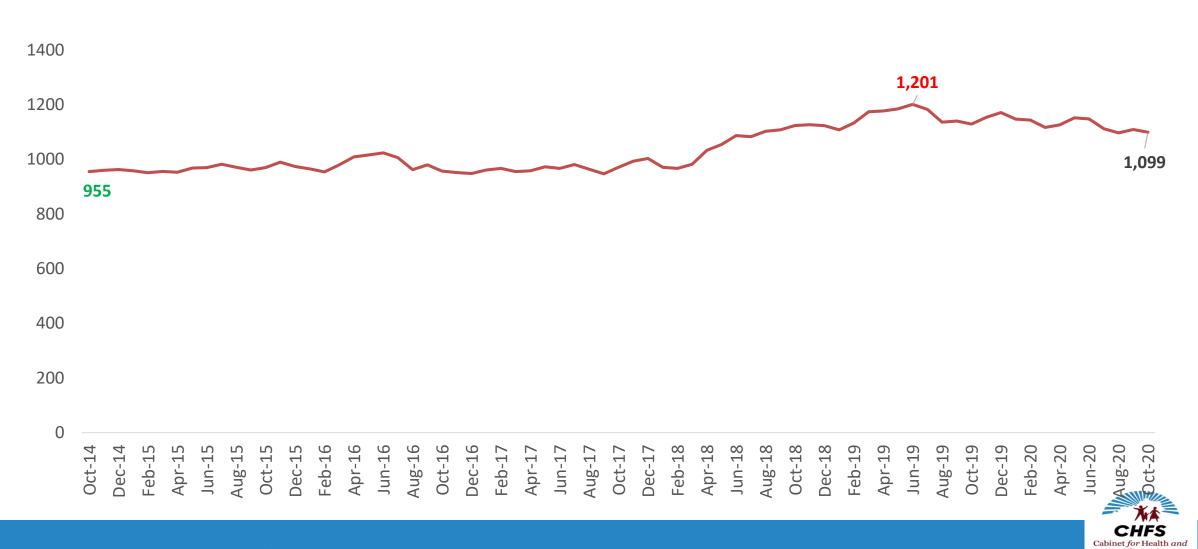
Statewide: # of Children/Youth in OOHC

October 2014 – October 2020

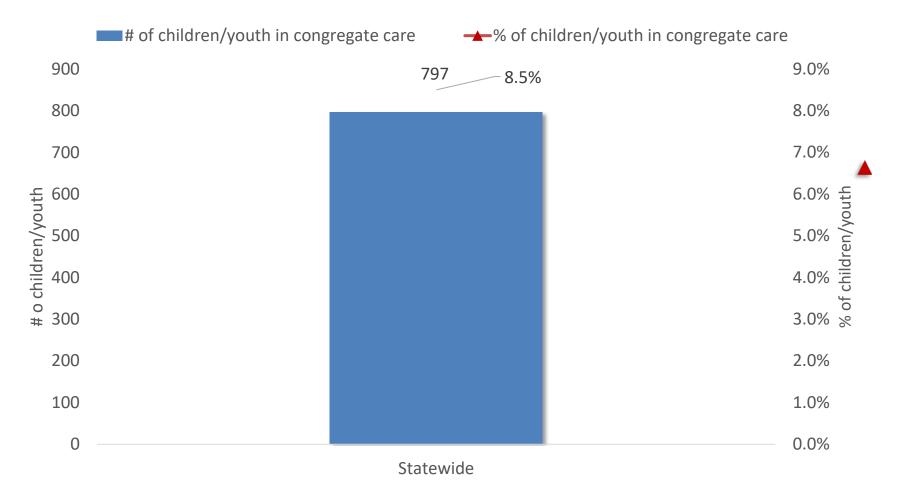


Jefferson: # of Children/Youth in OOHC

October 2014 – October 2020



Statewide: Children/Youth in Congregate Care

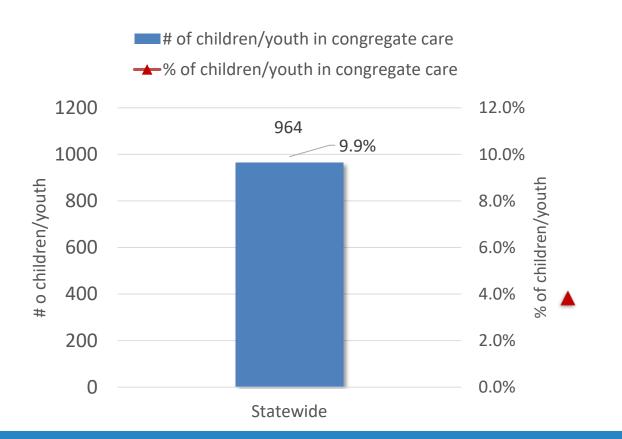




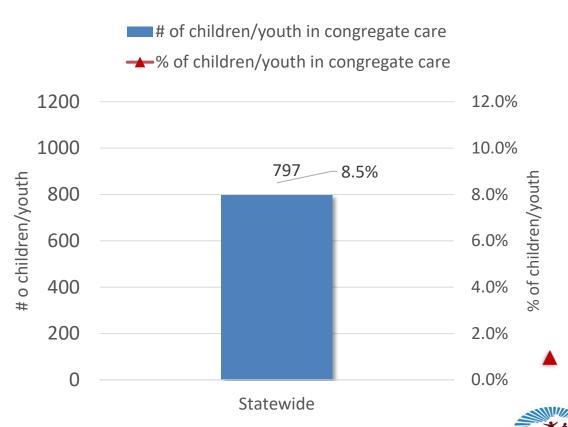
Statewide: Children/Youth in Congregate Care

This Year Compared to Last Year

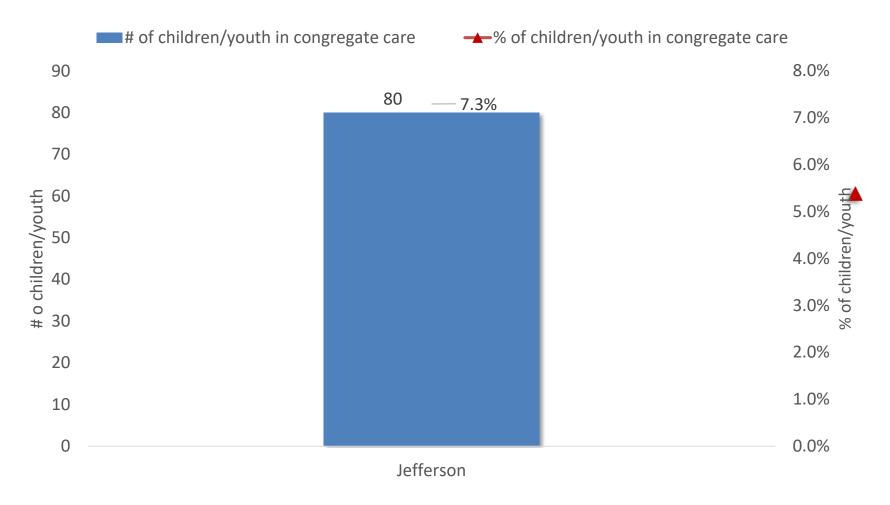
October 2019



October 2020



Jefferson: Children/Youth in Congregate Care

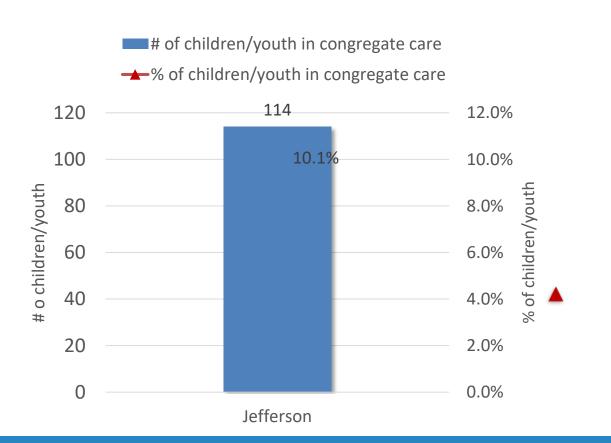




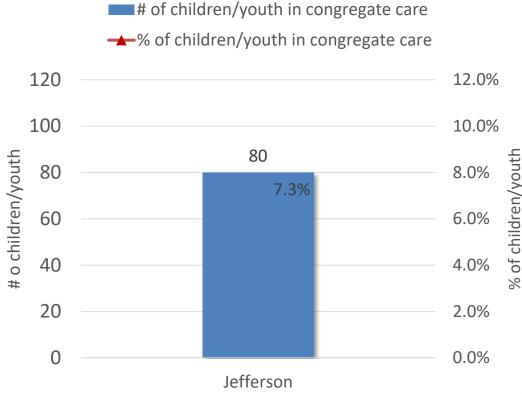
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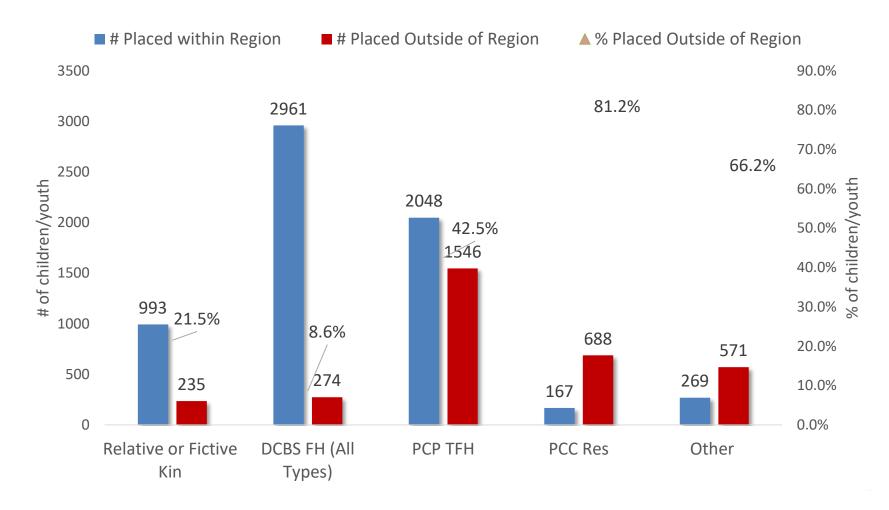
October 2020





Statewide: Children/Youth Placed Outside of Region

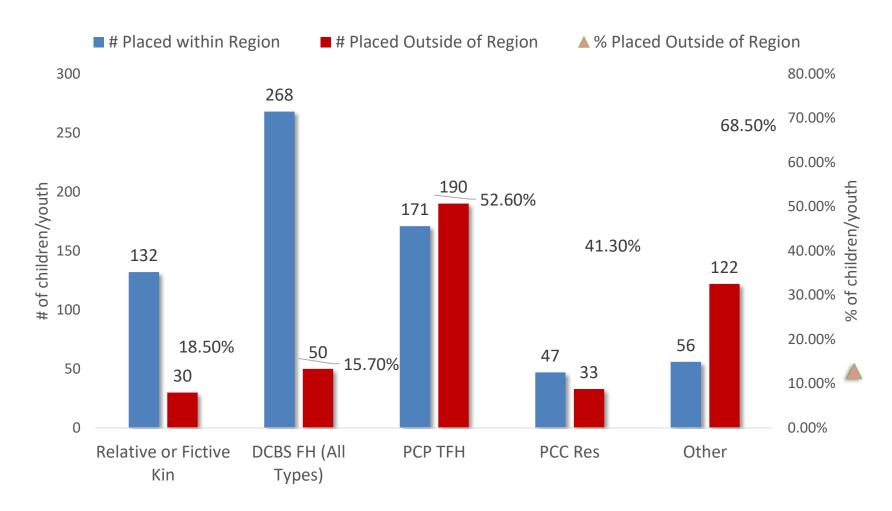
(34.0% of children/youth are placed outside of their removal region)





Jefferson: Children/Youth Placed Outside of Region

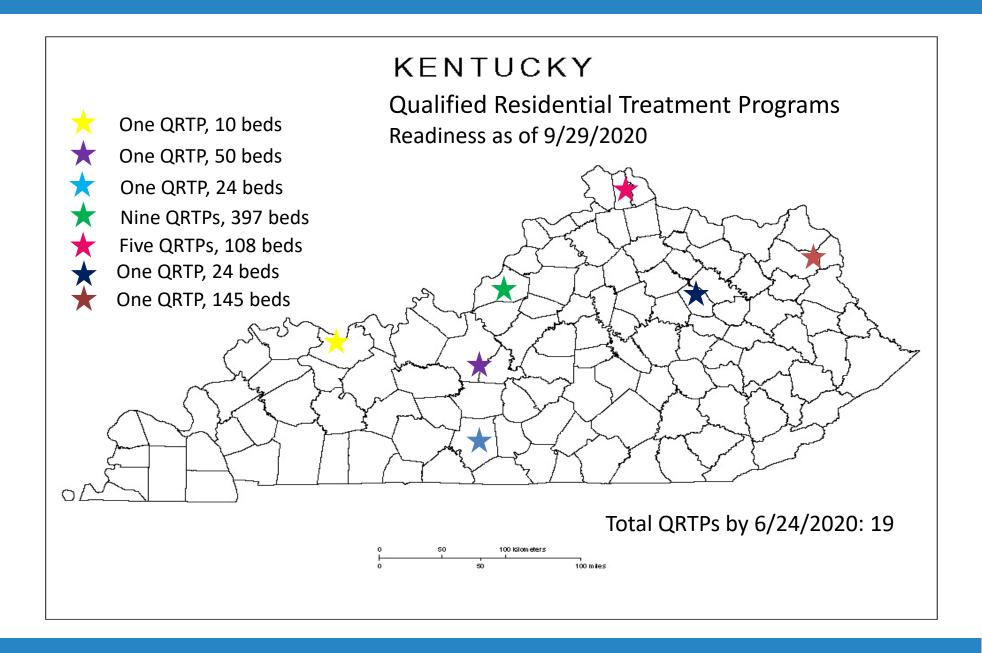
(38.7% of children/youth are placed outside of their removal region)





QRTP Implementation Status

- 19 programs have submitted documentation that meets criteria for QRTP designation
- DCBS anticipates 21 additional campuses will have demonstrated QRTP readiness by the end of 2020, for a total of 40 QRTPs
- Kentucky's Department for Medicaid Services (DMS) has assessed the Institute of Mental
 Disease (IMD) status of these Private Child Caring agencies on a facility-by-facility basis and
 has made the determination that these facilities do not meet the definition of an IMD
 according to Medicaid statute, regulation and guidance in the State Medicaid Manual
- DMS has assigned a Medicaid code for the QRTP assessment; DMS assignment of a Medicaid code for QRTP aftercare services is pending
- DCBS is moving forward with negotiating the contract for CRP to do QRTP Assessments; CRP will begin staffing their Assessments team when the contract has been negotiated
- We anticipate QRTP implementation at the start of the federal quarter beginning January 1,
 2021





Specialized Residential Treatment Services

 FFPSA applies significant restrictions to federal reimbursement for children and youth placed in congregate care

 In addition to QRTPs, there are settings offering specialized services that are eligible for Title IV-E reimbursement beyond two weeks

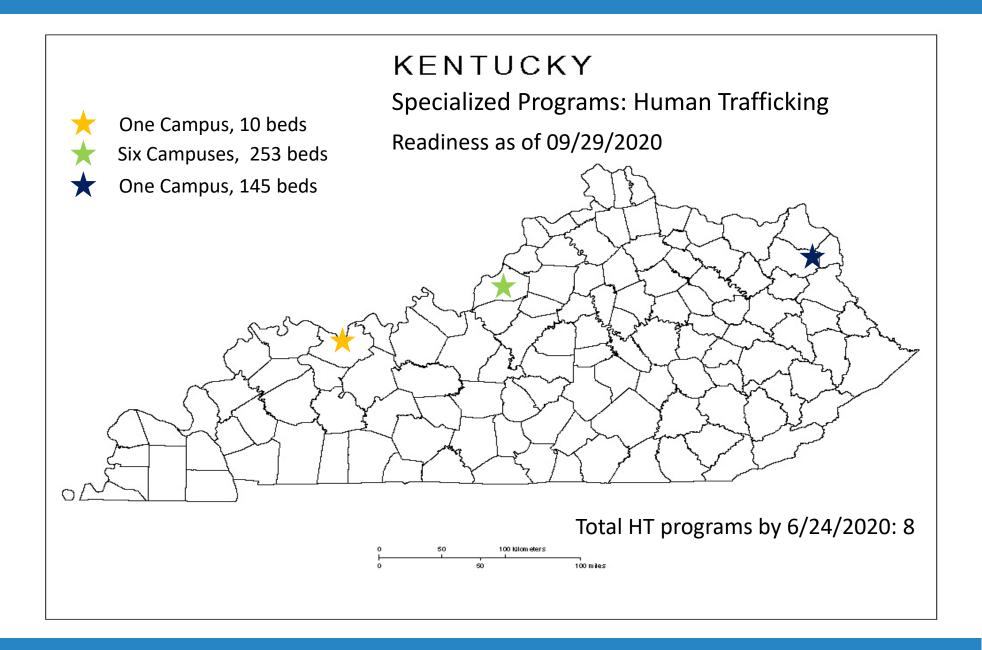


We are focusing on services for two special populations:

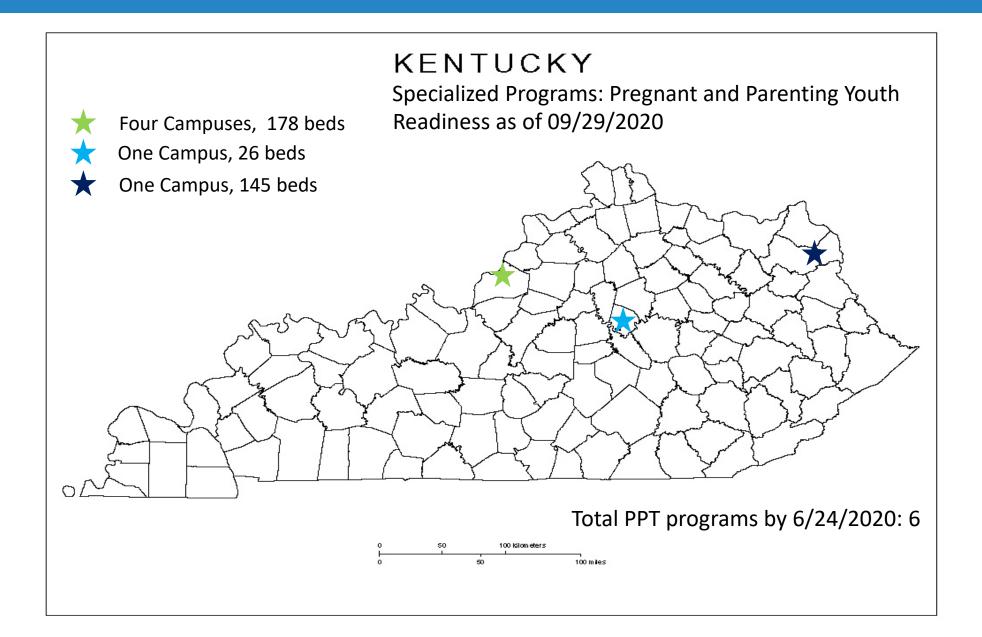
Pregnant and Parenting
Teens

Victims of or at Risk of Sex Trafficking





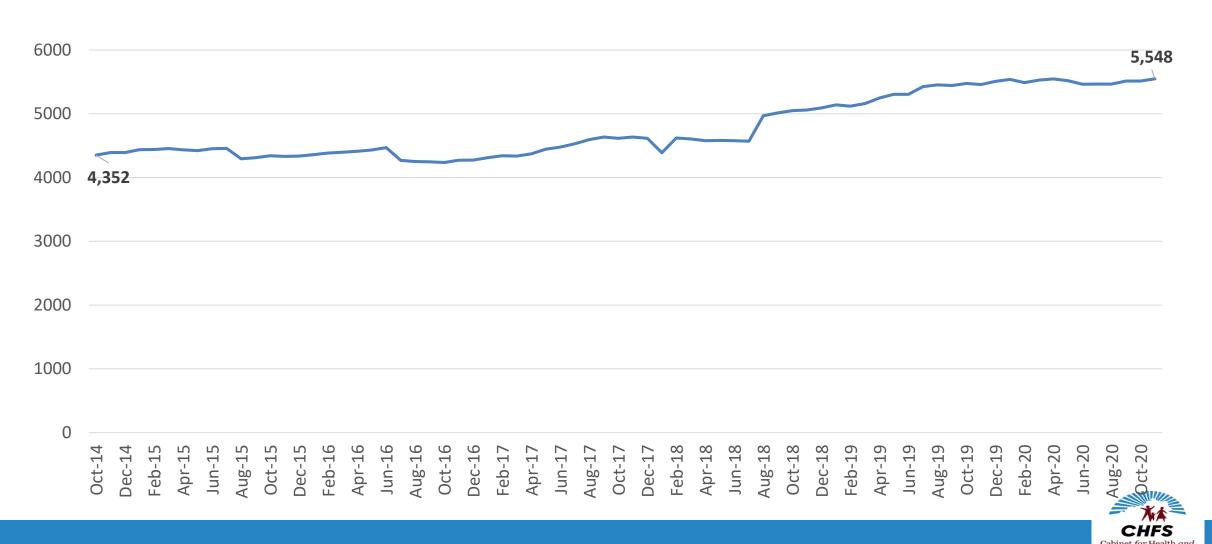






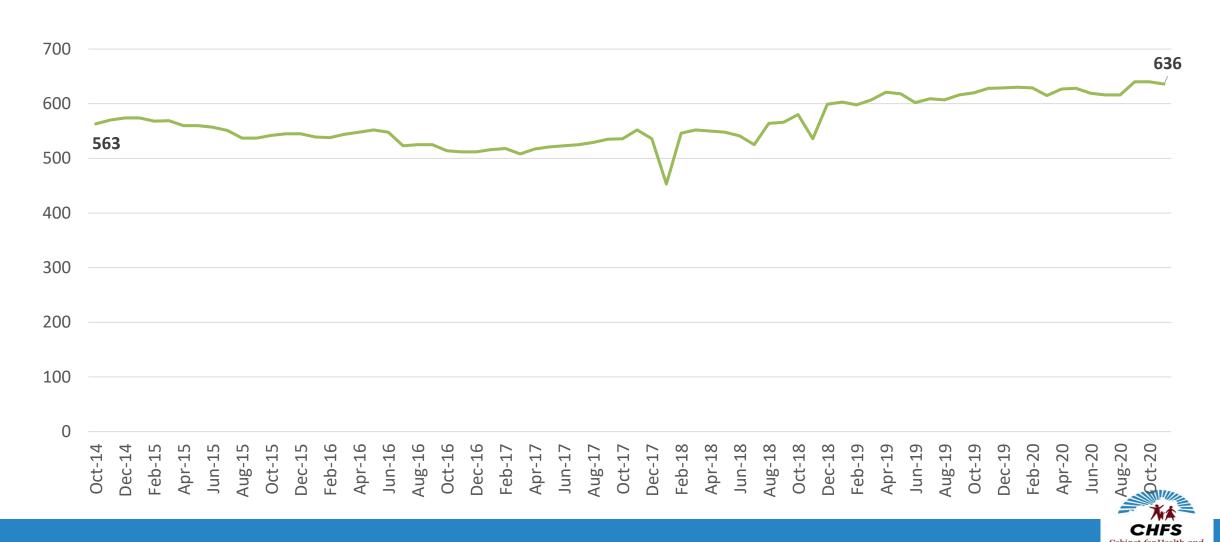
Statewide: Number of DCBS and PCP Foster Homes

October 2014 – October 2020



Jefferson: Number of DCBS and PCP Foster Homes

October 2014 – October 2020



Recruitment

Go to www.menti.com and use the code 46 71 04 1

What are the barriers for recruiting foster homes for older youth?

Fear of accusations by teens

fear of managing behaviors

stigma

many go into adoption to adopt a baby

Concerns about ability to manage behaviors of teens

Lack of support

Concerns about more significant acting out behaviors.

Lack of age specific training

Fear of managing behaviors

Concerns about ability to manage behaviors of teens

Lack of support

Behavior of youth





Family First: A lever for transformation

