



Legislative Budget Committee

August 13, 2019

Updates on Plans for Family First Prevention Services Act, Social Worker Positions, and Evidence-Based Initiatives Account

Presented by:

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Testimony of:

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Mr. Chair and members of the Legislative Budget Committee, thank you for the opportunity to appear today to provide information on three matters currently in progress at the Department for Children and Families.

1. Plans for the Family First Prevention Services Act programs

The Family First Prevention Services Act (FFPSA), federal legislation enacted in 2018, made significant changes to the ways that states can access the federal Social Security Act's Title IV-E funds for child welfare programs. Previously, IV-E funds could only be used for children who were already in state custody. Beginning October 1, 2019, states can receive a dollar-for-dollar match in IV-E funds for certain evidence-based prevention programs and services meant to keep children at risk of entering the child welfare system at home with their families. Prevention programs eligible for the federal match include substance abuse treatment, mental health services, and parent skill-building. One key philosophy of the FFPSA is to prevent children from entering foster care by providing services to families before they reach a crisis point. Another key philosophy is prioritizing placement in family-based settings for those children who do enter foster care.

To educate community-level partners about the opportunities and requirements of the Act, DCF held six community conversations across the state this spring, in Dodge City, Hays, Olathe, Pittsburg, Salina and Wichita. These community meetings yielded five advisory teams – one for each of the four DCF regions and one at the state level – to discuss and review the impact of Family First implementation in Kansas. Important program initiatives covered in these community conversations included opportunities for requests for proposals for grants in the areas of substance use, mental health, parent skill building, and kinship navigation; a deliberate emphasis on children's placement in family-based settings; and the implementation of requirements for Qualified Residential Treatment Programs for children in group care settings.

Prevention Provisions:

The state's FY 2020 approved budget included \$6.5 Million State General Funds for Family First prevention programs. These state dollars will yield a total of \$13 Million after the dollar-for-dollar federal match. Family First money must be expended for

evidence-based programs approved by the federal Administration for Children and Families within the Department of Health and Human Services. The ACF established a formal Title IV-E Clearinghouse to evaluate evidence-based programs and services and rate them as either promising, supported, or well-supported. Current instruction to states is that 50% of FFPSA program expenditures must be for programs rated as well-supported. The specific list of federally rated programs is a work in progress and monitored by DCF teams to assure grant awards align with ratings.

DCF plans to implement foster care prevention opportunities set forth in FFPSA beginning October 1, 2019, by awarding grants for specific evidence-based programs in substance use, mental health, parent skill building and kinship navigation. The bid period for the Family First Prevention Grant proposals closed on July 15, 2019. DCF received 55 distinct proposals, which are under review; awards will be made by September 2019 (Table 1). DCF accepted proposals for programs that may not yet be listed on the formal Title IV-E Clearinghouse, which we may consider implementing with state-only funds while awaiting clearinghouse approval or further federal guidance. Current emphasis within DCF is to provide training and support to front-line practitioners to make referrals to Family First prevention grantees based on the most appropriate match for each child’s age and unique family circumstances. Finally, DCF issued an RFP for evaluation of the prevention grants on June 27, 2019, to meet the FFPSA’s requirements for robust and cross-site evaluation of each state’s prevention initiatives; that RFP closed August 9, 2019.

Table 1: Service Category	# of proposals
Substance Use Disorder	8
Mental Health	19
Parent Skill Building	26
Kinship Navigator	7
*Total (includes duplicates applicable to more than 1 category):	60
**Total (no duplicates):	55

Qualified Residential Treatment Programs:

The second area of emphasis within the FFPSA relates to the placement of foster youth in congregate care facilities. According to the FFPSA, when children can’t reside with a relative or other family-based placement due to behavioral disorders or disturbances,

their group or congregate care placement experience should meet the quality attributes of a Qualified Residential Treatment Facility (QRTP). These attributes include having a trauma-informed treatment model, employing a licensed nursing staff, involving the family in the child's treatment program, and providing discharge planning and family-based aftercare support. While QRTPs do not provide prevention services themselves, states must implement QRTP standards for congregate care placements for youth in state custody to draw down the prevention match funds. DCF has been working with existing congregate care facilities who desire to meet the QRTP requirements. These facilities, which are already licensed by DCF as Youth Residential Center IIs and receive placements from DCF, will be eligible for federal Title IV-E maintenance placement payments for children in foster care through QRTP accreditation. Examples of Youth Residential Center IIs include the Wichita Children's Home, the Lawrence Children's Shelter, and various other youth shelters and treatment facilities throughout the state.

DCF has established a QRTP daily placement rate of \$250 (plus Medicaid funds billed by the facility for eligible services provided) and a daily placement rate of \$200 for facilities seeking QRTP status to cover costs associated with initiating an accreditation process. The funding for these placements will be covered in the consensus caseload process and will not come from the \$13 million in FFPSA prevention program funding. DCF has worked with KDADS to include the required QRTP screens into KDADS' crisis screening contract. House Bill 2103, enacted this past session, sets forth in the CINC code specific findings a judge must make to approve or disapprove the QRTP placement for a child within 60 days of the placement start date, as required by the FFPSA.

In addition to our work to implement new evidence-based prevention programs and bringing QRTPs online, DCF has submitted other required FFPSA policy documents, including model licensing standards for family foster homes, fingerprint-based background checks for adults working in child care institutions, Adoption Assistance and Chafee Independent Living program updates, and child abuse fatality review team reporting. DCF also completed applications for optional Title IV-E Funding for Evidence-Based Kinship Navigator Programs for both FY 2019 and FY 2020. DCF will submit a required Prevention Services and Programs Five-Year Plan once prevention grants are awarded.

2. Progress filling the new approved social worker positions

In the most recent budget, the legislature allocated DCF 42 new positions for child welfare staff in FY19 and FY20. As of August 7, 2019, 40 of the 42 (95%) positions are filled (Table 2). The unfilled positions include one front-line practitioner in the West Region and one PPS Program Administration position in our central administration

office. To promote these positions, DCF posted job announcements on social media and job search websites, created new recruiting materials, participated in job fairs, and sought to recruit at colleges and universities. Partnerships with social work programs to provide semester-long practicums to students have resulted in several practicum students transitioning to full-time DCF employment after graduation. We look forward to amplifying our work to support student internships and practicum experiences as a strategy for workforce recruitment and development.

Table 2: DCF Organization	# Approved for 2019	# Filled 8/5/19	# Approved for 2020	# Filled 8/5/19	Total Approved	Total Filled	% Total Filled
East Region	5	5	3	3	8	8	100%
Kansas City Region	8	8	6	6	14	14	100%
West Region	2	2	1	0	3	2	67%
Wichita Region	6	6	4	4	10	10	100%
PPS Program Administration	3	3	1	0	4	3	75%
Kansas Protection Report Center	2	2	1	1	3	3	100%
Total	26	26	16	14	42	40	95%

3. Plans for expenditures from the evidence-based initiative account (2016 SB 367)

2016 SB 367 was a comprehensive juvenile justice reform act that, among other things, created a reinvestment fund to support evidence-based programs to build a continuum of services for youth in the juvenile justice system. The bill mandated that the "fund shall be for the development and implementation of evidence-based community programs and practices for juvenile offenders and their families by community supervision offices, including, but not limited to, juvenile intake and assessment, court services and community corrections." The Juvenile Justice Oversight Committee, also created by 2016 SB 367, makes recommendations on how reinvestment funds should be spent, and the Secretary of Corrections is authorized to make the final decision on the allocation of the funds.

DCF collaborates with the Department of Corrections' Juvenile Services Division to support families with youth who may be at risk of entering the foster system because they are experiencing a mental or behavioral health crisis or engaging in criminogenic behavior. Recent communications from stakeholders and community-based providers indicate that youth involved in juvenile offender behaviors who, prior to 2016 SB 367,

would have been served by the juvenile justice system are now being served by DCF's assessment, intervention and foster care programs.

To prevent entry into the state's foster care program, maximize the accessibility of evidenced-based programs, and maintain juveniles in communities with their families, DCF recently requested that the Juvenile Justice Oversight Committee recommend allocating a portion of the Evidenced Based Programs Account of the State General fund (reinvestment fund) to DCF.

In a June 21, 2019, letter, DCF Secretary Howard outlined opportunities for DCF to better serve youth with juvenile offender behaviors or mental health crises who have been placed in – or are at risk of being placed in – DCF custody. The Secretary's letter requested the Juvenile Justice Oversight Committee consider recommending transferring to DCF a portion of funds in the evidence-based programs account. The request provided an array of options, including both grants and contracts for direct services, and training in evidence-based programs. An inventory of the Secretary's requests is provided below.

Service	Proposed Plan	Cost per unit	Total cost
Augment Intensive In-Home Family Preservation Services	Directly serve 100 additional families with youth age 15 and older facing crisis or juvenile offender allegations and risk of entry into foster care	Avg. \$4,667 per family	\$466,700
Augment programs for families via Family First prevention grant to shared evidenced based programs rated as effective in the OJJPD MPG and Title IV-E Prevention Clearinghouse	Transfer funds to DCF for use with Family First Prevention Grant programs. Spend on Family functional therapy or Multisystemic therapy to leverage funds for 100% federal match. These evidenced based programs are appropriate for youth age 15 and older facing crisis or juvenile offender allegations and risk of entry into foster care	Dependent on program or bidder proposal.	\$500,000
New Implementation: Purchase Kansas Big Brother Big Sisters Community Based Mentoring	DCF Regions or Foster care grantees would refer 200 youth/ new mentees across 11 program hubs in Kansas. (Program rated as Effective for health, positive parent relationship, delinquency prevention and positive peer supports)	\$1,500 per new mentoring match	\$300,000

Train Family Functional Therapy (FFT) teams in 8 DCF grantee foster care areas for a team of 3-8 clinicians.	Build Capacity for delivery of evidenced based programs for families with older youth. Phase 1 costs: \$47,782 Phase 2 costs: \$38,161 Phase 3 costs: \$13,216	\$99,159 per clinical area/ site team (x 8 areas)	\$793,272
Implement emerging program: Purchase Behavioral Intervention Services from FosterAdoptConnect	Serve 40 youth in Wyandotte and Johnson County families with youth age 15 and older facing crisis or juvenile offender allegations and risk of entry into foster care or in care.	\$49/ hour for minimum of 15 hours/week. Typical service is 30 weeks \$22,050/ child.	\$882,000
Implement Family Finding Practice Approach and positions with 4 foster care grantees to identify and locate family willing to support youth age 15+ in care.	Develop a 2020 Partnership agreement with Kevin Campbell for coaching and implementation support. The family Finding 4-day training boot camp for workforce is November 2019 thus the plan for coaching and development will be delivered Fall 2019.		Not yet determined.

DCF remains committed to serving the children and families of Kansas. Thank you for the opportunity to appear and provide updates on these important issues. I am happy to answer any questions the committee may have.

Family First Prevention Services Act



Who does FFPSA serve?

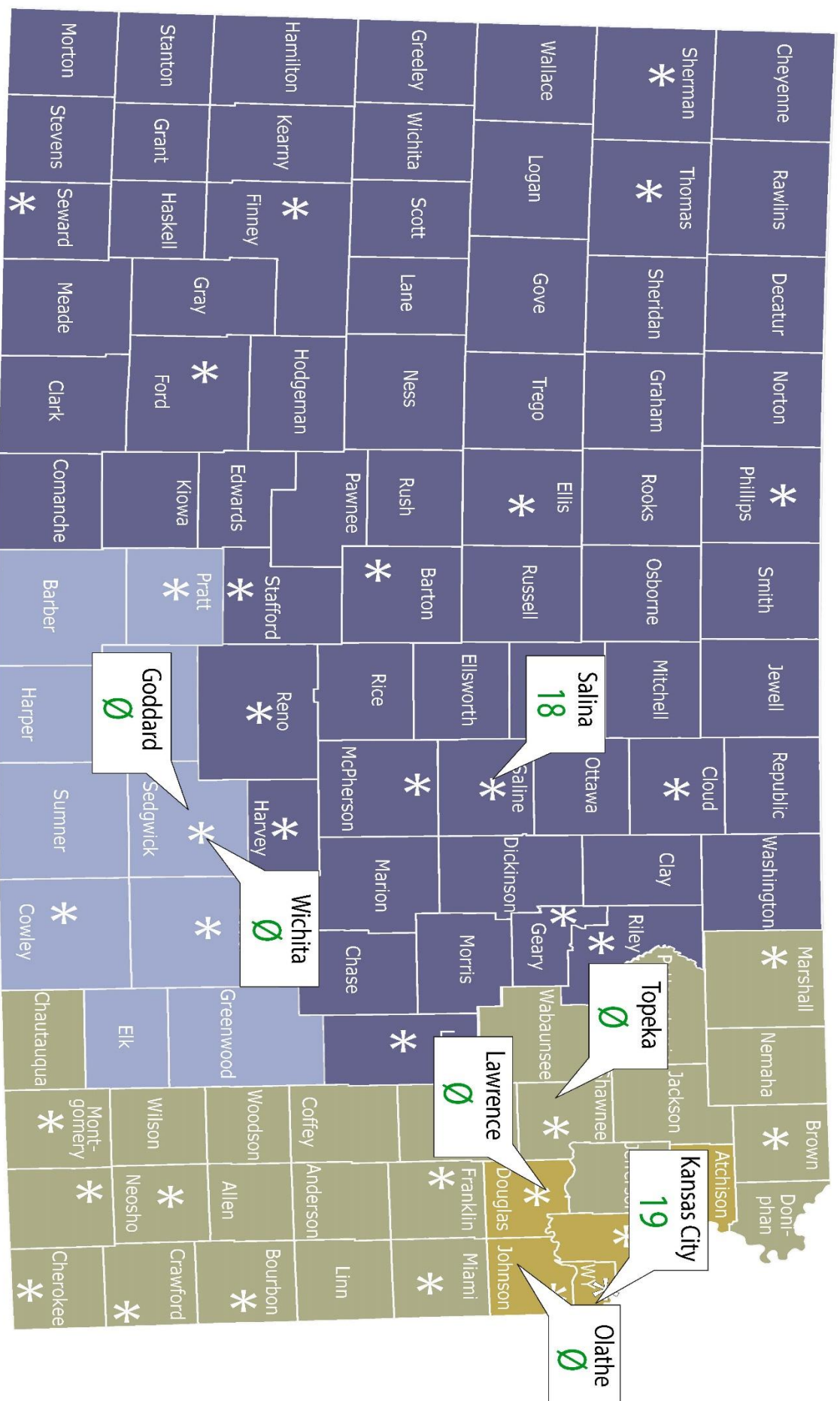
- ✓ Children at “imminent risk” of removal who can remain safely at home with services
- ✓ Their parents/caregivers
- ✓ Pregnant and parenting youth in foster care
- ✓ A variety of living situations may qualify
 - Child is with parent(s) but at imminent risk
 - Formal or informal kinship placements, if there is imminent risk of disruption or dissolution
 - Aftercare services for reunified and post-permanency youth

Qualifying Prevention Services



FAMILY FIRST
PREVENTION SERVICES ACT

Kansas Bed Numbers for Q RTP Facilities



* DCF Service Center

Q RTP Pending Q RTP beds