



# House Social Service Budget Committee

January 27, 2020

## **Updates on QRTP and Family First Services**

Presented by:

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**Testimony of:**

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Chair Carpenter, Vice-Chair Mastroni, and Ranking Member Ballard, thank you for allowing me the opportunity to address the committee. I'm excited to share with you updates on activity and services implemented through the Family First Act including Qualified Residential Treatment Programs.

**Family First**

The Family First Prevention Services Act (FFPSA) provides new federal funding for prevention activities. Thanks to legislative support last session, Kansas has been able to take full advantage of the dollar for dollar federal match to provide prevention services to families across the state.

The state's FY 2020 approved budget included \$6.5 Million State General Funds for Family First Prevention Services Act (FFPSA) programs. FFPSA programs are designed to prevent the need for foster care and funding is available only for children at imminent risk of placement in foster care.

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.

Kansas was one of the first states in the nation to implement Family First services. As required by the Family First Prevention Services Act, the Five-Year Title IV-E Prevention Plan was initially submitted to the Department of Health and Human Services (HHS) on September 30<sup>th</sup>, 2019. Kansas is in conversations with HHS and is awaiting approval on that plan.

DCF implemented the foster care prevention opportunities set forth in FFPSA on October 1, 2019, by awarding grants for specific evidence-based programs in substance use, mental health, parent skill building and kinship navigation. DCF received 55 distinct proposals and awarded 17 grants. The grants term awarded is October 1, 2019, through June 30, 2020, with an option for up to four (4) one-year renewals.

**Table 1: FFPSA Grants by Service Category**

<b>Service Category</b>	<b>Grantee (Counties Served)</b>	<b>Program</b>
Substance Use Disorder	DCCCA (CR)	Adolescent-Community Reinforcement Approach
Substance Use Disorder	Kansas Children's Service League (SN)	Parent-Child Assistance Program
Substance Use Disorder	Saint Francis Ministries (FI, SG, SW, TH, SA, BT)	Seeking Safety
Mental Health Services	Community Solutions, Inc. (AL, AT, BT, BU, CL, CR, EW, HV, LB, LV, MG, MP, NO, RN, SA, SG, SN, WY)	Multisystemic therapy
Mental Health Services	Cornerstones of Care (AT, DG, JO, LV, WY)	Functional Family Therapy
Mental Health Services	Horizons (BA, HP, KM, PR, RN)	Parent Child Interaction Therapy
Mental Health Services	Saint Francis Ministries (entire West and Wichita DCF Regions)	Family-Centered Therapy
Mental Health Services	TFI (AL, AN, BB, BU, CQ, CK, CF, CR, EK, FI, FR, GW, LB, LN, MI, MG, NO, OS, RL, SN, WL, WO)	Parent Child Interaction Therapy
Kinship Navigation	KS Legal Services (statewide)	KIN-Tech
Parent Skill Building	Child Advocacy and Parenting Services (OT, SA)	Family Mentoring
Parent Skill Building	FosterAdopt Connect Inc. (JO, WY)	Fostering Prevention
Parent Skill Building	Great Circle (AN, AT, BR, CF, CQ, DG, DP, FR, JA, LN, MS, NM, OS, PT, WB, WO)	Health Families America
Parent Skill Building	Kansas Children's Service League (AL, NO, SG, WL)	Healthy Families America
Parent Skill Building	Kansas Parents as Teachers Association (statewide)	Parents as Teachers
Parent Skill Building	Success by 6 Coalition of Douglas County (DG)	Healthy Families America
Parent Skill Building	University of Kansas Medical Center Research Institute, Inc. (CN, DC, DG, EL, GH, GO, LG, LV, NT, OB, PL, RA, RO, RS, SD, SH, SM, TH, TR, WA, WY)	Project Eagle

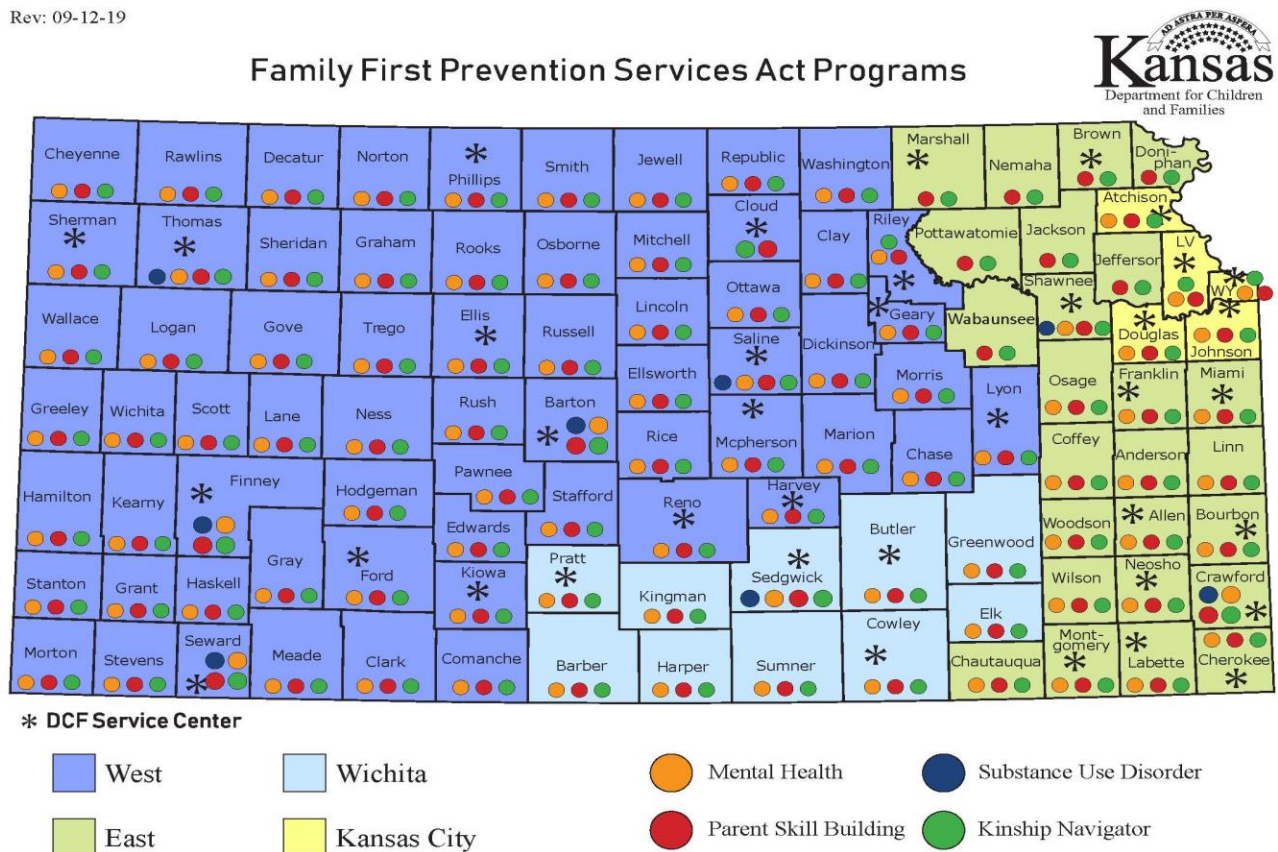
DCF also awarded the FFPSA grant evaluation to the University of Kansas Center for Research, Inc. The agency is required to engage in an evaluation of our Family First implementation and programs. In its role as Grant Evaluator, KU's Center for Research will work with DCF prevention grantees to evaluate program data and information regarding outcomes in communities where the new programs are implemented.

Implementation efforts began immediately after grants were awarded. To start a conversation between the front-line practitioners and the grantees serving Kansas families, DCF hosted eight meet and greet events across the state during the months of October and November.

Additionally, grantees have been connecting with staff during unit meetings and identifying other avenues to continue to build relationships and educate the nuances of their evidence-based programs. Many grantees are already accepting referrals at limited capacity. Agencies continue to hire and train staff with the goal of providing all services at full capacity by Spring 2020.

### Map 1: Family First Prevention Grants Service Array

Rev: 09-12-19



# KANSAS PREVENTION SERVICES TRACK



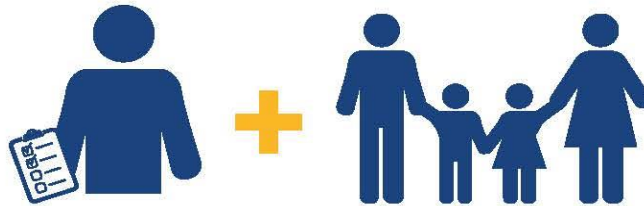
A report is made to Kansas Protection Report Center (KPRC). An intake protection specialist uses Structured Decision Making (SDM) to determine the assignment of the report.



Report is dispatched to DCF Regional Service Center if it meets all criteria of abuse/neglect or family in need of assistance (FINA).



The report is assigned to a Child Protection Specialist (CPS) to visit and assess family.



CPS and family work together to choose service track to prevent child from entering foster care.

## S-E-R-V-I-C-E-T-R-A-C-K

### FAMILY SERVICES

Non-crisis, FINA. Concrete goods and services based on the needs of the family. DCF or contractor provides case management for family.

Services alleviate specific situations and may be offered by DCF staff or through referrals to other community agencies. Services provided without regard to income and may be voluntary or court ordered.

### FAMILY FIRST PREVENTION SERVICES

Child is at risk of removal. Evidence-based services are unique to counties and can be selected to best suit a family's individual needs in mental health, substance use disorder, parent skill building and kinship navigator programs. **DCF CPS must fill out a Prevention Plan and make referral to the Family First provider.**

#### Mental Health

West Region - 4 providers  
Wichita Region - 4 providers  
East Region - 2 providers  
Kansas City Region - 2 providers

#### Substance Use Disorder

West Region - 1 provider  
Wichita Region - 1 provider  
East Region - 2 providers  
Kansas City Region - X

#### Kinship Navigator

West Region - 1 provider  
Wichita Region - 1 provider  
East Region - 1 provider  
Kansas City Region - 1 provider

#### Parent Skill Building

West Region - 4 providers  
Wichita Region - 2 providers  
East Region - 3 providers  
Kansas City Region - 5 providers

### FAMILY PRESERVATION

Child is at risk of removal. Services provided to protect child and strengthen family. 24/7 access to staff. Family Preservation providers perform case management for families. Available statewide.

#### Starting January 2020

**Tier 1**  
Intensive services provided by master's level practitioners to mitigate immediate child safety concerns and stabilize family crisis. Services up to 6 weeks, 1 additional referral may occur.

**Tier 2**  
Case Manager and Family Support Worker provide case management and will assess family. A Tier 1 family may transition up to Tier 2. Services are 3-6 months.

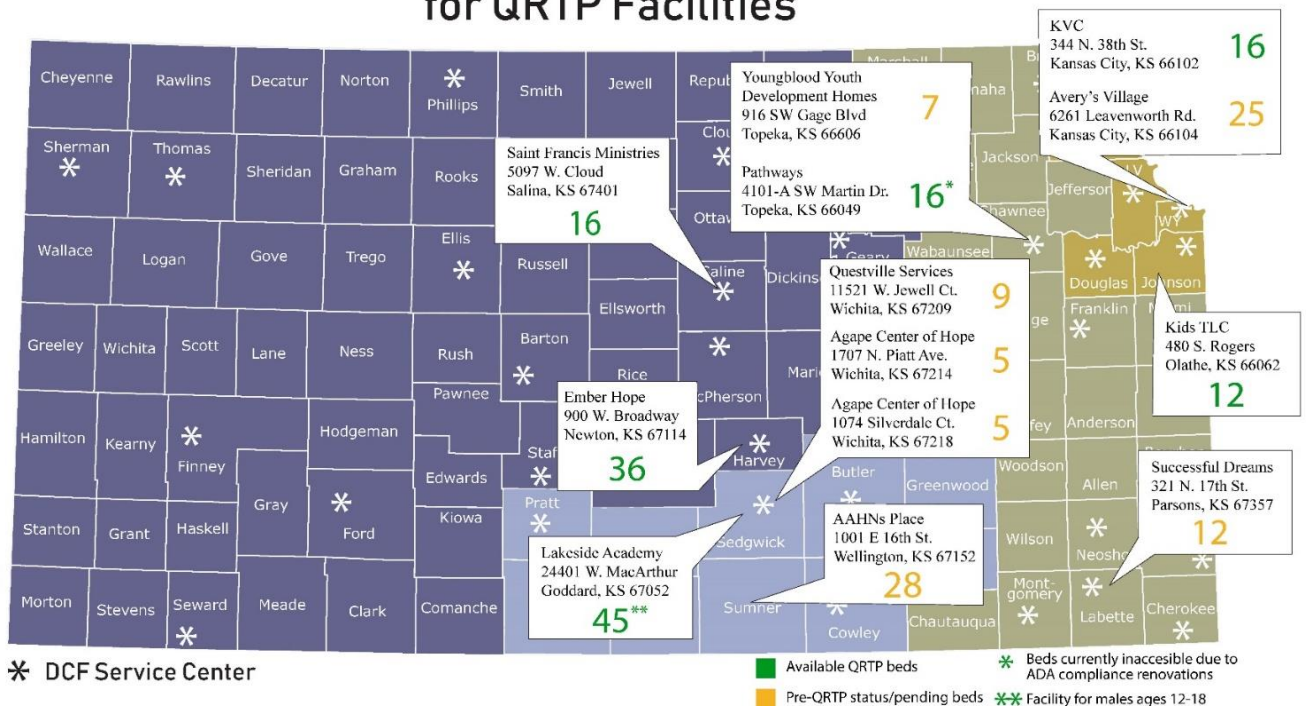
In addition to allowing federal IV-E funding to be used for evidence-based prevention services, the Family First Act also created requirements for any placement of foster youth in congregate care facilities. According to the FFPSA, when children can't reside with a relative or a family foster placement due to behavioral disorders or disturbances, their group or congregate care placement experience should meet the quality attributes of a Qualified Residential Treatment Program (QRTP). Every QRTP must be accredited and have a trauma-informed treatment model and 24-hour access to a licensed nursing staff, must involve the family in the child's treatment program, and must provide 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.

Based on a QRTP Needs Assessment conducted last summer, it was estimated that a capacity of 120 QRTP beds would be needed to fully serve Kansas. There are currently 141 accredited QRTP beds across the state.

### Map 2: QRTP Facilities

Rev: 12-4-19

## Kansas Bed Numbers for QRTP Facilities



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 uses KDADS contractor HealthSource Integrated Solutions to complete the required QRTP screens.

On Friday, December 20, 2019, the President signed a year end spending package which included the Family First Transition Act (FFTA). The effective date of this law was October 1, 2019 when states began implementing prevention programs under Family First. The provisions include one-time transitional payments for states implementing Family First and delaying for two years the 50% requirement for well-supported programs.

Kansas is now waiting for guidance on how any additional one-time transition funds will be released and details on what those funds may be used for. Early estimates indicate the allotment for Kansas may be \$4.7 million.

Again, I thank you for the opportunity to appear and provide an update on the Family First Act and QRTP service efforts in communities. I am happy to answer any questions the committee may have.