Family First Prevention Services Act:

Transforming the Child Welfare System Together

MARCH 2019 REGIONAL CONVENINGS
Welcome, Purpose & Agenda

Tanya Keys, Deputy Secretary
Jane Meschberger,
Director of Prevention and Protection Services

Jessica Hanak-Coulter
Michael Martinez
DCF Regional Directors

Pamela Beach, West Region
Thomas Buell, Wichita Region
Anita Cooper, Interim, East Region
Shanelle Dupree, Kansas City Region
Flow for the Day.....

Morning Session

• Impromptu Networking – Connecting our Work and Vision for Children and Families
• Briefing on FFPSA and Connections to Work + Q&A
• Data and Strategies Moving Forward
• Table Talk: Insights and Aha’s
• Lunch on Site

Afternoon Session

• FFPSA World Café
• Sharing from World Café Discussions
• Next Steps and 15% Solutions
• Adjourn
Connecting to Our Work and Vision for Kansas’s Children and Families

We will have three rounds of networking. Each round will be approximately 4-5 minutes during which each partner will share their response to the following questions...

Round 1: What is you and/or your organization’s vision for improving systems for Kansas’s children and families?

Round 2: How do you see yourself partnering to advance the work around FFPSA?

Round 3: What do you need, or does your organization need, to move this work forward?
Briefing on FFPSA and Connections to Work in Kansas

❖ Please use the white notecards at your table to write down questions during the briefing.

❖ Planning team members will walk around and collect them in the moment.

❖ We will have a round of clarifying FFPSA Q & A after the briefings and continue to collect and respond to questions throughout the convening.
Kansas Timeline

**Summer 2018**
- Children’s Alliance of Kansas and Casey Family Programs FFPSA convening
- Advocacy with Child Welfare Task Force around prevention resources for FFPSA
- DCF Policy Review, background checks and project planning

**Fall 2018**
- Surveys to YRC II group home providers regarding QRTP readiness
- Explore provider agreements for inpatient SUD treatment for children in care with a parent in need of the SUD treatment

**2019**
- Governor’s Budget Recommendations $8M for FFPSA
- Legislative action to amend CINC code for QRTP court review and approval
- Community Conversations, RFI and RFP for evidence based prevention grants
The Family First Prevention Services Act (FFPSA) creates a reimbursement pathway for federal funds to provide services to keep children safely with their families. When foster care is needed, it allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with demonstrated clinical need.

- Child welfare federal financing legislation
- Bipartisan support
- Staged implementation timeline spans several years (2018 → 2026)
Overall Themes

- Reinvestment in Prevention
- Emphasis on Family-based Placement
- Systemic Partnership
Prevention
Who is a “Candidate”? 

✓ Children at “imminent risk” of removal (who can remain safely at home with services)
✓ Their parents/ caregivers
✓ Pregnant and parenting foster youth are *per se* candidates
Who is a “Candidate”? (cont.)

✓ 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 entering foster care
  ▪ In an adoptive or guardianship placement at risk of disruption or dissolution
  ▪ Aftercare services for reunified and post-permanency youth

✓ No income restrictions
Qualifying Prevention Services

Mental Health Services

Substance Abuse Treatment

Parenting Skills Training

Trauma-Informed, Evidenced-Based, & provided by Qualified Clinician
“TRAUMA-INFORMED — The services or programs...are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing.”
Evidence-Based Continuum

Promising
- At least 1, independently verified, “well-designed and well executed” study;
- Used some form of control measure outcomes

Supported
- Same as above + used “rigorous random-controlled trial or quasi-experimental research design”
- Carried out in usual care or practice setting
- Showed sustained effect after 6months

Well-Supported
- At least 2, independently verified, “well-designed and well-executed” studies
- used “rigorous random-controlled trial or quasi-experimental research design”
- Carried out in usual care or practice setting
- Showed sustained effect after 12months
EB Programs Under Review

- Parent-Child Interaction Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Functional Family Therapy
- Multisystemic Family Therapy
- Families Facing the Future
- Methadone Maintenance Therapy
- Motivational Interviewing
- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers
- KIN-Tech
- Children’s Home Society of New Jersey Kinship Nav. Model
Prevention Opportunities in Kansas

DCF plans to issue a Request for Information, then Request for Proposal for ideas and evidence based program to expand our current prevention programs in the areas of:

- Mental health services
- Substance abuse services
  - Including residential, family-based svcs.
- In-home parent skill-based programs
- Kinship navigator programs
- Other related services
Placement
Continued IV-E Reimbursement (No Change)

- A licensed foster family home with 1-6 foster children
- A foster family home with 6+ youth that meets an exception: Sibling placements, meaningful family relationships.
- A specialized setting for youth with specialized medical needs
- A specialized setting for pregnant or parenting youth
- A specialized setting for youth who have experienced sex trafficking
- A supervised independent living facility for youth 18 and older
New IV-E Reimbursement

✓ A licensed residential family-based substance abuse treatment facility for up to 12 months.

• Must be trauma-informed
• Up to 12 months of federal reimbursement
• Funds became available 10/1/18
Qualified Residential Treatment Providers

✓ More than 6 youth
✓ Child resides there for more than 2 weeks
✓ Trauma-informed
✓ Facilitates family participation in treatment plan
✓ Registered or licensed nursing and clinical staff
✓ Provides discharge planning and aftercare for at least 6 months
✓ Licensed and accredited by COA, CARF, or JCAHO
Beginning in 3rd week of residential placement, child must be in QRTP.

Within 30 days of placement in QRTP, child must complete assessment that is, age-appropriate, functional and clinical.

Within 60 days of placement in a QRTP, the Court must review assessment and approve or disapprove of placement.

Placement is reconsidered at each status and permanency hearing.
QRTP Opportunities in Kansas

✓ HB 2103 introduces CINC language for court action regarding QRTP
✓ Group Care provider meetings quarterly to encourage QRTP
✓ Surveys regarding readiness for QRTP in August 2018 and Jan 2019
✓ Particularly interested in:
  ◦ Proposals for QRTP programs
  ◦ Ideas for Independent Assessor

Notify an interest to: Ashley Brown
Ashley.Brown@ks.gov
Challenges, Opportunities & Next Steps
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What’s positive &amp; exciting?</th>
<th>What are our next steps?</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Who will provide these prevention services?</td>
<td>-Exciting to serve children earlier</td>
<td>-Leadership Committees on regional and state level?</td>
</tr>
<tr>
<td>-Many youth currently in residential – where will they go?</td>
<td>-Chance to grow services that we know work well</td>
<td>-We want to hear from you with ideas and proposals to reimagine programs and services</td>
</tr>
<tr>
<td>-Recruiting and sustaining caregivers</td>
<td>-Entrepreneurial opportunity for providers to expand prevention and reunification services</td>
<td>-Let’s continue to work together as a child welfare system</td>
</tr>
<tr>
<td>-Costs for recruiting and supporting staff</td>
<td>-Increased rigor so that children are not in residential care longer than clinically recommended.</td>
<td></td>
</tr>
<tr>
<td>-Increasing number of youth in foster care</td>
<td>-Future trainings on trauma, use of EBP, competency in SUD/OUD, etc.</td>
<td></td>
</tr>
</tbody>
</table>
Conclusion

- Family First is a contradiction of sorts: both sweeping in changes and also quite prescriptive.
- Step in the right direction with tools.
- Partnerships across systems will be critical to bring this to life in Kansas.
- Transformation will take time, but we will get there together.
In Kansas, the number of children in foster care has had a steady increase.
Number of Kansas children coming into foster care has consistently outpaced exits

Numbers of children exiting and entering care

- Children entering care
- Children exiting care
Nationally, most children come into foster care due to neglect, not abuse; parental substance use is often a contributing factor.

Reasons children enter care

- Neglect: 53%
- Parental Substance Abuse: 48%
- Inadequate Housing: 11%
- Physical Abuse: 9%
- Caretaker Inadequate Behavior: 26%
- Acquaintance Sexual Abuse: 2%
For babies in Kansas, there has been a large increase in the percent who enter foster care due to parental substance abuse.

Reasons children enter care, by age:

- **Babies < 1**
  - Parent Substance Abuse: 43% in 2012, 70% in 2018
  - Neglect: 13% in 2012, 14% in 2018
  - Inadequate Housing: 13% in 2012, 14% in 2018

- **Ages 1-5**
  - Parent Substance Abuse: 43% in 2012, 56% in 2018
  - Neglect: 14% in 2012, 12% in 2018
  - Inadequate Housing: 12% in 2012, 7% in 2018

- **Ages 6-12**
  - Parent Substance Abuse: 59% in 2012, 49% in 2018
  - Neglect: 25% in 2012, 24% in 2018
  - Child Behavior: 48% in 2012, 44% in 2018

- **Ages 13-17**
  - Parent Substance Abuse: 48% in 2012, 44% in 2018
  - Neglect: 25% in 2012, 24% in 2018
  - Inadequate Housing: 7% in 2012, 6% in 2018
Kansas has high percentages across the 3 optional service areas as reasons for entry into foster care.

Consider Family First prevention areas...

- **Parental Substance Abuse**: ~1,920 children (48% of entries)
- **Mental Health**: ~1,280 children (32% of entries)
- **Parenting**: ~800 children (20% of entries)
Kansas Practice Model

- Strong Organizations
- Strong Collaborations
- Strong Outcomes

Components:
- Family Centered Approach
- Systems
- Safety Networks
- EB Practice
- Quality
- Results
Evidence Based Practice: Substance Use, MH, Parent Skill Based, Kinship Navigation

Informed Decisions: Outcomes Based, Safety and Data Informed Alongside families

Strong Child Welfare Workforce

Strong Safety, Resiliency and Prevention Networks
Strengthen Placement Stability
Strengthen Health Care Coordination for Children
Reduce Delays to Legal permanency

Evidence Based Practice: Substance Use, MH, Parent Skill Based, Kinship Navigation
Kansas Emerging Approaches

❖ Statewide Placement Management System July 2019
❖ Team Decision Making for the strongest safety plan in placement decisions, Fall 2019
❖ Structured Decision Making in KPRC, Fall 2019
❖ Rapid Permanency Reviews since 2018
❖ Approaches Connecting Birth and Foster Families since 2018
❖ Caregiver Support Grant with Wichita State University since Summer 2018
Questions and Answers
Table Talk – Insights and Questions

At your table, share any insights or ahas you had from the FFPSA briefing

Write down any additional questions and bring them to the front before breaking for lunch
You will have the opportunity to participate in three conversations total. Each round join a new conversation.

Conversation groups ideally should be about 6-8 participants. If a group is already at capacity please join another group.

Each round of conversation is 15 minutes. Remember “Café Etiquette”.

During each conversation help write ideas on sticky notes (one idea per post-it) and group them together in themes.

When time is called, move to a new table or area for a conversation on a different topic. A host from the previous round will share ideas already noted for that conversation topic.

At the end of round three, participants in that conversation will help identify the top two or three ideas to share with the large group. This will be a very brief, quick report out.
World Café Etiquette

Focus on what is possible
Contribute your thinking
Speak your mind and heart
Listen to understand
Link and connect ideas
Listen together for insights and themes
<table>
<thead>
<tr>
<th>Conversation Topic 1:</th>
<th>Conversation Topic 2:</th>
<th>Conversation Topic 3:</th>
<th>Conversation Topic 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What effective prevention services and other successful innovations should Kansas consider expanding?</td>
<td>How might we expand the availability of parent-child substance abuse treatment facilities in Kansas?</td>
<td>How might we create a continuum of behavioral health supports for high needs youth? (in community, day treatment, etc.)</td>
<td>What will a QRTP look like? How might current programs be repurposed and what would services look like?</td>
</tr>
<tr>
<td>Conversation Topic 5:</td>
<td>Conversation Topic 6:</td>
<td>Conversation Topic 7:</td>
<td>Conversation Topic 8:</td>
</tr>
<tr>
<td>How might we involve courts and legal partners in the Family First vision for child welfare transformation?</td>
<td>How might we structure the Independent Assessor requirements in order to ensure the highest quality care for youth?</td>
<td>How might we improve engagement with and support for kinship caregivers?</td>
<td>What does joint development and joint ownership of a 21st Century Child Welfare system look like?</td>
</tr>
</tbody>
</table>
Next Steps & 15% Solutions

• Next steps for FFPSA in KS
• 15% Solutions – Consider what things you have the freedom and resources to do NOW to help move FFPSA forward from your position, within your organization, etc.
  ✓ Write down two or three 15% solutions and share them with a partner
  ✓ Each participant decide on one solution you’ll put into action and write it on a sticky note to post