

Committee on Kansas Mental Health Modernization and Reform:  
DCF Response to Mental Health Recommendations

August 27<sup>th</sup>, 2020

Legislative Mental Health Task Force (2018/2019 Reports)

<p>2.2 (2018) 3.1 (2019) Access to Effective Practices and Supports</p> <p>Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices in the community)</p>	<p><b>Mental Health in Schools Project</b> - Community Mental Health Centers provide assessment and treatment services in school districts through Department of Education Funding. Foster Care Grantees will amplify their work to assure more youth are referred in these pilot school districts.</p> <p><b>Crisis Response</b> - DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review.</p> <p><b>Family First</b> – The Family First Prevention Services Act (FFPSA) places an emphasis on in-home parent skill-based programs to keep families intact. The FFPSA also interprets "in-home" broadly meaning a child can live in the home of a parent or relative caregiver and still receive services. Through Family First, DCF and our grantees are delivering a number of new mental health supports for youth and families across the state. Programs implemented include Multi-Systemic Therapy, Functional Family Therapy, Parent Child interaction Therapy, and Family Centered Treatment.</p> <p><b>Foster Care Case Management Grants</b> - Evidence based screening and interventions focus on best practice for services including the setting of services.</p> <p><b>OneCare</b> – Some children in foster care are receiving OneCare Kansas services. OneCare KS provides children who qualify and opt in an additional layer of service coordination that is trauma informed. This extra service coordination ensures comprehensive and cohesive services to address mental and physical health conditions to ensure continuity of care.</p>
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<p>6.1 (2018) Expand Service Options</p> <p>Create additional options such as therapeutic foster care and home-based family therapy, among others, in regions across the state</p>	<p><b>Qualified Residential Treatment Programs (QRTPs)</b> - The requirement for Independent Assessor for youth in Qualified Residential treatment Program (QRTP) is met through award to Health Integrated Solutions. HB 2103 passed through legislation to yield CINC code changes requiring Judges to approve or disapprove QRTP placements at 60 days and set forth requirements for prevention plans by DCF. QRTP's provide service to high need children while in residential placement. A QRTP rate of \$250 / day has been established and costs for agencies becoming newly accredited are being covered in part to support efforts toward accreditation.</p> <p><b>Placement Array Relative Rate and Support</b> - Daily payment rates for relatives caring for children in the custody of the Secretary range from \$11 per day to \$108 per day based on needs of a child. Relatives caregivers have the same benefits of stability payment for days when a child temporarily needs acute mental health or hospital care. Rates for relative and foster homes were recently adjusted to include 5 tiers based on level of care needed. A new rate for transition from treatment to relative, kin, or licensed foster provider was implemented in February 2020.</p> <p><b>Diligent Recruiting Plan</b> – In collaboration with the Center for Capacity Building for States, DCF updated our diligent recruitment plan for foster homes to prioritize recruiting, training, supporting, and retaining foster families and respite homes to serve older children and youth with high acuity needs.</p>
<p>6.4 (2018) Early Intervention</p> <p>Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. Ensure children and caregivers are screened and assessed at regular</p>	<p><b>Project Eagle</b> – DCF is funding Attachment and Biobehavioral Catch-Up (ABC) intervention in 22 counties across the state via a Family First grant to the University of Kansas Medical Research Institute, Inc. ABC intervention helps caregivers strengthen parent-child attachment and increase self-regulation in infants and toddlers through parent coaching sessions, helping caregivers address ACEs.</p> <p><b>Family First</b> – Through Family First DCF is also funding Healthy Families America and Parents as Teachers services across the state. These intensive home visiting services for parents of infants and toddlers provide parent education, child development supports, and referrals to concrete services (mental health, economic support, etc.) as needed.</p>

<p>intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress.</p>	
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**Governor’s Substance Use Disorder Task Force**

<p><b>2.6 Fund Prevention</b></p> <p>Establish and sustain permanent funding sources for primary, secondary and tertiary prevention associated with prescription drugs, opioids, alcohol, methamphetamines and other drug misuse for all ages.</p>	<p><b>Family First</b> – DCF issued three Family First grants to Substance Use Disorder providers. These grantees will provide interventions to youth and families whose substance use is putting the youth at danger of coming into state custody. The purpose of these interventions is to treat the underlying substance use and prevent the youth from coming into state custody.</p>
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**Governor’s Behavioral Health Services Planning Council: Children’s Subcommittee**

<p>State Agencies will invest resources (funding) to support, encourage and increase the direct training and support of parents in the care of their children (2018)</p>	<p><b>PMTO</b> – DCF has worked with our stakeholders to begin implementing Kansas Parent Management Training Oregon Model (K-PMTO). PMTO is an evidence-based intervention for families in family preservation and foster care and all foster care case management grantees provide it. The program consists of 6 months of behavioral based intervention that teaches parents and caregivers techniques to manage their child’s difficult behavior. The therapy sessions are provided in the home or the community and are intended to increase placement stability.</p>
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<p>Continue to promote the education and implementation of trauma-informed practices across all child and family-serving sectors (2017)</p>	<p><b>Practice Models</b> – Over the past year and a half DCF has implemented new trauma-informed practice models to guide the department’s work in child welfare. Family Finding is an engagement and family meeting model employed when there is a barrier to stability or legal permanency for a child. Team Decision Making is a facilitated family meeting model used before a child is moved to determine if a child needs to be separated from their parent or primary caregiver. Signs of Safety is a set of tools used by CPS investigators when responding to report of abuse/neglect or FINA. DCF continues to look at ways to employ trauma-informed practices as we work alongside families.</p>
<p><b>Child Welfare System Task Force</b></p>	
<p>3 Families First Act</p> <p>Fund and institute the federal Families First Prevention Services Act</p>	<p><b>Prevention</b> - DCF received \$13 Million all funds for evidenced based foster care prevention programs. Grants were awarded to 17 organizations 10/1/19.</p> <p><b>Kinship Navigator</b> - DCF was granted a federal Kinship Navigator Award for FFY18 and 19 to develop or expand Kansas' kinship navigator program administered by Kansas Family Advisory Network (KFAN). Kansas has until 9/30/20 to expend most recent award funds.</p> <p><b>Placement in Family Like Settings</b> – Practice supports are in place for family finding and supportive rates to create stable placements with relatives and family foster homes.</p> <p><b>Qualified Residential Treatment Programs (QRTP)</b> - The requirement for Independent Assessor for youth in Qualified Residential treatment Program (QRTP) is met through award to Health Integrated Solutions. HB 2103 passed through legislation to yield CINC code changes requiring Judges to approve or disapprove QRTP placements at 60 days and set forth requirements for prevention plans by DCF. QRTP's provide service to high need children while in residential placement. A QRTP rate of \$250 / day has been established and costs for agencies becoming newly accredited are being covered in part to support efforts toward accreditation.</p>

<p style="text-align: center;">4 Access to Care</p> <p>Require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible high-risk youth through the Medicaid state plan or other appropriate sources of funding.</p>	<p><b>Medicaid and Health Care Coordination</b> - DCF established a Director of Medicaid and Children’s Mental Health summer of 2020 has a had Medicaid Liaison position funded and filled in the Prevention and Protection Services Division to support coordination and knowledge of health care coverage.</p> <p><b>Crisis Response</b> - DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review.</p> <p><b>High Needs and Foster Care in KanCare Workgroup</b> - DCF works closely with KDHE and KDADS on cross agency workgroups to address high needs and general foster care population. Meetings are bi weekly and include Managed Care Organizations every other meeting.</p> <p><b>Mental Health in Schools Project</b> - Community Mental Health Centers provide assessment and treatment services in school districts through Department of Education Funding. Foster Care Grantees will amplify their work to assure more youth are referred in these pilot school districts.</p> <p><b>Managed Care Organization Care Coordination</b> – Care coordination is provided to some of the foster youth assigned to an MCO.</p> <p><b>AAP Medical History Form</b> - September 2019 DCF and foster care grantees implemented a medical history form <a href="http://www.kansasaap.org/wordpress/chapter-focus/foster-care/">http://www.kansasaap.org/wordpress/chapter-focus/foster-care/</a> from the Kansas Chapter of the American Academy of Pediatrics (KAAP). Pediatricians volunteered to complete the history for each child in foster care which will then be uploaded to the case managers information system and shared at future medical appointments and with placement providers to assure consistent information and ease of access to basic medical information about the most recent physician's visit.</p>
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<p>6 Foster Care Re-entry and Transitional Services.</p> <p>Provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health and support services for youth who have exited the custody of DCF.</p>	<p><b>DCF IL Program-</b> The IL Program receives Chafee, ETV and TANF along with SGF match to serve older youth in Kansas ages 14-26. Since FY18 the IL program was able to start a TANF funded program Youthrive which is a mentoring program. Regional IL support workers who attend case planning for youth 16 and older in order to assure they are aware of the supports offered to them through the IL program. Youth that age out of foster care are eligible for KanCare until their 26<sup>th</sup> birthday and the IL program assists youth in receiving mental health services when needed.</p>
<p>7 Service Setting</p> <p>Prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered.</p>	<p><b>Family First Act Approach -</b> FFPSA places an emphasis on in-home parent skill-based programs to keep families intact. The FFPSA also interprets "in-home" broadly meaning a child can live in the home of a parent or relative caregiver and still receive services.</p> <p><b>Foster Care Case Management Grants -</b> Evidence bases screening and interventions focus on best practice for services including the setting of services.</p> <p><b>Family Team Decision Making -</b> Practice implementation began October 2019 in Kansas City and Southeast KS with Annie E. Casey Foundation and National Center for Crime and Delinquency to strengthen safety planning in facilitated meetings with families, relatives, schools and community supports.</p> <p><b>Family Finding Practice Approach:</b> Aetna Better health of Kansas is sponsoring Kevin Campbell Family Finding model implementation across all DCF, Juvenile Justice, CASA and DCF foster care grantees. This foundational approach emphasizes creating connections and plans of lifetime networks for connection to community and family.</p> <p><b>Placement Array Relative Rate and Support -</b> Daily payment rates for relatives caring for children in the custody of the Secretary range from \$11 per day to \$108 per day based on needs of a child. Relatives caregivers have the same benefits of stability payment for days when a child temporarily needs acute mental health or hospital care.</p>

<p>11 Safety Net, Early Childhood Programs, and Early Intervention</p> <p>Fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. The Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention);</p>	<p><b>Family First Foster Care Prevention Grants</b> - Grants include evidence based-program intervention for substance abuse treatment, mental health services, community-based parent skill building safety network program as well provisions for keeping children with their parents during in-patient substance abuse treatment programs. Nine (9) of the FFPSA grants serve families with children age 0-3 years or preschool age.</p> <p><b>Home Visitation Grants</b> - DCF has a Home Visitation grant with KCSL. This Healthy Families America program is an evidence-based model working with at-risk families and 5 parent skill building grants were awarded through Family First grants.</p> <p><b>Care Portal</b> - DCF has a \$150,000 grant to support the Care Portal project in many areas of the state to coordinate a system of connections across churches to fill family requests for concrete needs.</p> <p><b>Child Care Grant</b> - The CCDF Federal Child Care Grant increased rates from 45th percentile to the 85<sup>th</sup> percentile April 1, 2020. This will help to cover childcare costs for the state and children in foster care.</p> <p><b>Safety Net Programs</b> - DCF plans to continue to work to increase access to safety net programs such as SNAP, TANF and child care assistance to at-risk families. Some of these changes have been made through internal policy changes but most changes would require changes in statutes.</p>
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**FY 2019 Crossover Youth Working Group**

<p>Placement Stability and Geography</p> <p>“Making services available to youth in unstable placements or living in areas of the state where fewer services are available.”</p>	<p><b>Crisis Response</b> - DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review.</p> <p><b>Placement Stability</b> – An internal DCF placement stability work team has been formed to lead efforts to increase stability for youth. An emphasis has been placed on finding innovations to achieve and maintain placement stability.</p>
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<p style="text-align: center;">Parental and Family Involvement</p> <p>“Another key theme was the importance of parent and family support and involvement in the services needed by crossover youth”</p>	<p><b>PMTO</b> – DCF is working alongside our grantees and stakeholders to implement the Kansas Parent Management Training Oregon Model (K-PMTO). PMTO is an evidence-based intervention for families in family preservation and foster care and all foster care case management grantees provide it. The program consists of 6 months of behavioral based intervention that teaches parents and caregivers techniques to manage their child’s difficult behavior. The therapy sessions are provided in the home or the community and are intended to increase placement stability.</p> <p><b>Family Finding Practice Approach:</b> Aetna Better health of Kansas is sponsoring Kevin Campbell Family Finding model implementation across all DCF, Juvenile Justice, CASA and DCF foster care grantees. This foundational approach emphasizes creating connections and plans of lifetime networks for connection to community and family.</p>
<p style="text-align: center;">Increase Accessibility of Mental Health Services</p> <p>“Given the risk factors of crossover youth include mental health diagnoses or high levels of social and emotional needs, increased mental health services are needed for this population.”</p>	<p><b>Crisis Response</b> - DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review.</p> <p><b>High Needs and Foster Care in KanCare Workgroup</b> - DCF works closely with KDHE and KDADS on cross agency workgroups to address high needs and general foster care population. Meetings are bi weekly and include Managed Care Organizations every other meeting.</p> <p><b>Medicaid and Health Care Coordination</b> - DCF established a Director of Medicaid and Children’s Mental Health summer of 2020 has a had Medicaid Liaison position funded and filled in the Prevention and Protection Services Division to support coordination and knowledge of health care coverage.</p>

FY 2020 Crossover Youth Working Group

<p>SED Waiver</p> <p>“Children in the child welfare system – including both children in families receiving prevention services and children who are in foster care – are not consistently assessed for the SED waiver”</p>	<p><b>SED</b> - Over the last year DCF has been working to ensure children who enter foster care on the SED waiver are able to keep the waiver and transfer it to another CMHC should the child move out of the catchment area of their original CMHC. Biweekly calls between KDADS, DCF, and the MCO have also been underway assessing the children on the PRTF waitlist to ensure all are receiving the SED waiver if they are in an applicable setting.</p>
<p>Placements</p> <p>“More therapeutic, specialized foster care homes for high needs youth are sought across the state”</p>	<p><b>Qualified Residential Treatment Programs (QRTPs)</b> - The requirement for Independent Assessor for youth in Qualified Residential treatment Program (QRTP) is met through award to Health Integrated Solutions. HB 2103 passed through legislation to yield CINC code changes requiring Judges to approve or disapprove QRTP placements at 60 days and set forth requirements for prevention plans by DCF. QRTP's provide service to high need children while in residential placement.</p> <p><b>Diligent Recruiting Plan</b> – In collaboration with the Center for Capacity Building for States, DCF updated our diligent recruitment plan for foster homes to prioritize recruiting, training, supporting, and retaining foster families and respite homes to serve older children and youth with high acuity needs.</p> <p><b>Placement Array Relative Rate and Support</b> - Daily payment rates for relatives caring for children in the custody of the Secretary range from \$11 per day to \$108 per day based on needs of a child. Relatives caregivers have the same benefits of stability payment for days when a child temporarily needs acute mental health or hospital care. Rates for relative and foster homes were recently adjusted to include 5 tiers based on level of care needed. A new rate for transition from treatment to relative, kin, or licensed foster provider was implemented in February 2020.</p>