

CHILD WELFARE OVERSIGHT AND ADVISORY COMMITTEE

Minutes

September 17, 2018

Call to Order and Roll Call

The Child Welfare Oversight and Advisory Committee meeting was held on Monday, September 17, 2018, at 2:00 p.m., in Louisville, Kentucky at the Crowne Plaza Louisville Airport, 830 Phillips Lane, Pendleton Room, Crowne A Ballroom. Senator Julie Raque Adams, Co-Chair, called the meeting to order at 2:00 p.m., and the secretary called the roll.

Present were:

Members: Senator Julie Raque Adams, Co-Chair; Representative David Meade, Co-Chair; Senators Denise Harper Angel, Reginald Thomas, and Whitney Westerfield; Representatives Lynn Bechler, Angie Hatton, Joni L. Jenkins, and Suzanne Miles.

Guests: Jill Seyfred, MSW, Executive Director, Prevent Child Abuse Kentucky; Jaime Pittenger, MD, FAAP, Board President, Prevent Child Abuse Kentucky, Program Director, Pediatrics, Associate Clinical Professor, UK HealthCare, Department of Pediatrics; Kevin Payton, Immediate Past President, Prevent Child Abuse Kentucky, Top Shelf Lobby; Eric T. Clark, Commissioner, Elizabeth Caywood, Deputy Commissioner, and Lesa Dennis, Chief of Staff, Department for Community Based Services, Cabinet for Health and Family Services; Michelle M. Sanborn, MSW, President, Children's Alliance; Elizabeth Crony, Executive Vice President of Clinical Advancement, KVC Health Systems; and Anya Weber, Cabinet for Health and Family Services.

Guest Legislator: Representative Addia Wuchner.

LRC Staff: Ben Payne and Gina Rigsby.

Approval of the Minutes

A motion to approve the minutes of the August 20, 2018 meeting was made by Representative Bechler, seconded by Senator Harper Angel, and approved by voice vote.

Welcome to the 22nd Annual Kids Are Worth It® Conference

Jill Seyfred, MSW, Executive Director, Prevent Child Abuse Kentucky, welcomed the members to the 22nd Annual Kids Are Worth It!® Conference. Approximately 650 people registered for the conference from across the Commonwealth. The conference is the state's only multidisciplinary child abuse prevention conference.

Jaime Pittenger, MD, FAAP, Pediatric Hospitalist, Board President, Prevent Child Abuse Kentucky, Program Director, Pediatrics, Associate Clinical Professor, UK HealthCare, Department of Pediatrics, and Kevin Payton, Immediate Past President, Prevent Child Abuse Kentucky, Top Shelf Lobby, were there for questions.

Executive Branch Contracting: Foster and Adoption Services

Elizabeth Caywood, Deputy Commissioner, Department for Community Based Services, Cabinet for Health and Family Services, stated that a child-caring facility is defined in KRS 199.011(5) as any institution or group home, including institutions and group homes that are publicly operated, providing residential care on a 24-hour basis to children, not related by blood, adoption, or marriage to the person maintaining the facility. KRS 199.011(6) defines a child-placing agency as any agency licensed by the cabinet, which supervises the placement of children in foster family homes or child-caring facilities, or which places children for adoption. 922 KAR 1:300 sets the standards for child-caring facilities and 922 KAR 1:310 sets the licensure of child-placing agencies or licensed foster care and adoption providers. An agency or facility has to be licensed to conduct business in Kentucky. The DCBS promulgates the administrative regulations for child-caring facilities and child-placing facilities and are enforced by cabinet's Office of Inspector General. Some agencies are licensed by do not provide services to the state such as private adoption agencies. To take a child in the cabinet's custody, a provider has to make application with the state that is reviewed by a multi-faceted team, and pass an onsite inspection. Once the application is and the onsite inspection are approved, the agreement is executed. Currently, the cabinet has agreements with 47 providers, 25 facilities and 22 child-placement agencies. A facility or agency is paid on a per child per diem basis established by KRS 199.641 and 922 KAR 1:360. The per diem paid is a bundled rate that is inclusive of room and board, watchful oversight, facility or agency operations, and behavioral health care. On August 1, the per diem for Level IV and V facilities and emergency shelters was increased. The department has a contract with the Children's Review Program to help with referrals and matching the child's needs with the appropriate provider and level's the child that establishes the child's per diem. The providers can contract hold other licenses and contract with other state agencies for services such as the Department for Juvenile Justice.

As of June 2018, only 43 percent of all children in the foster care population are eligible under Title IV-E of the Social Security Act. Of those who are eligible, the federal fund sources covers approximately 71 percent of their foster care maintenance. The average care and support per child per year is \$39,074.

Lesia Dennis, Chief of Staff, Department for Community Based Services, Cabinet for Health and Family Services, stated that 74 percent of children in foster care are in private child placing (PCP) and DCBS foster homes. The other 26 percent are in private child caring (PCC) residential facilities, with a relative or fictive kin placement or placed in detentions centers, psychiatric hospitals, or an in independent living or education setting.

Of the children in PCP therapeutic foster care placement, 81 percent are Levels 3 and 4. There are 797 children in private child care and 3,029 children in DCBS foster homes who do not have a level. Approximately 57 percent of children in private child care residential facilities are a level 5.

Eric T. Clark, Commissioner, Department for Community Based Services, Cabinet for Health and Family Services, stated that House Bill 1 enacted in the 2018 Regular Session: (1) amended KRS 199.641 to facilitate provider participation in the state Medicaid program and solicitation of proposals to improve or expand alternative services to help leverage federal funds for foster children; (2) created a study group on performance-based contracting in KRS 199.665 that is required to send its one-time recommendations by December 1, 2018 to the Governor, the Interim Joint Committee on Appropriations Revenue, Interim Joint Committee on Health and Welfare and Family Services, and the Child Welfare Oversight and Advisory Committee; (3) created a privatization study group in KRS 629.345 that is required to send its one-time recommendations by July 1, 2019 to the same groups previously mentioned; (4) standardized home study requirements for foster parents, whether publicly or privately approved in KRS 199.474; (5) specified timelines to permanency for foster children in multiple statutes; and (6) mandated advanced 10-day notice to foster parents in regard to a foster child moving placements in KRS 620.365. The cabinet has implemented the performance-based contracting and privatization study groups moderated by Casey Family Programs and Chapin Hall. Currently the department is on target to meet the deadline of December 1, 2018 and July 1, 2019. but if for any reason it needs more time, the committee will be notified that the department needs more time.

The federal Family First Prevention Services Act Pub. L. 115-123 passed in February 2018 shifts Title IV-E of the Social Security Act funding away from foster care maintenance and adoption assistance and toward in-home services to try to prevent children from entering out-of-home care (OOHC). The Act's emphasis is to prevent children's entry into foster care through enhanced funding flexibility for evidence-based prevention services for children and youth determined to be candidates for foster care. All states must comply with the Act by October 1, 2021, but states can opt in as soon as October 1, 2019. DCBS has decided to opt in on October 1, 2019 to make sure that the state is in compliance by October 2021 and sustain the resources given to the cabinet in House Bill 1.

In response to questions by Senator Westerfield, Deputy Commissioner Caywood stated that the different types of facilities are residential, emergency shelters with or without treatment, child-placing agencies that do adoption services that do not work with the state, and foster care and adoption service agencies. Ms. Dennis stated that once a child is placed in OOHC, staff works with the Children's Review Program, and if a child is placed in a private child-caring or child-placing agency a level is assigned. The level is reviewed every 6 months unless there is a need to review it sooner if needed. Staff uses a DPP-886A, Application for Referral and Needs Assessment for the initial assessment and

screen to see if the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment completed by the private child-caring agency or community mental health center. There is a face-to-face screening. It is very rare for a child to be placed in a detention center for a short period of time until another placement can be found. It is harder to find a placement for a child with behavior issues. Senator Westerfield asked that the department send the committee the number of times a child is placed in a detention center and the average length of stay.

In response to questions by Senator Raque Adams, Ms. Dennis stated that the department struggles to find appropriate placements for some children that will meet the child's needs because of limited capacities. Commissioner Clark stated that the study groups meetings are open to anyone who wants to attend if the room is able to accommodate everyone.

In response to questions by Representative Jenkins, Deputy Commissioner Caywood stated that the Title IV-E funding will be used for foster care maintenance and adoption subsidy, but the Family First Prevention Services Act adds additional flexibility on how the Title IV-E funding can be used. Commissioner Clark stated that the Kentucky Sobriety Treatment and Recovery Team (START) program addresses the substance abuse disorder in homes. Ms. Dennis stated that the START program is in Jefferson County, Boyd County, Northern Kentucky, Daviess County, and Fayette County. The START program works with families with substance abuse issues that are identified during the initial investigative phase. The program partners with community mental health centers (CMHCs) to get quick access to treatment. The program includes family mentors who have past experience with the child welfare system and substance abuse. The program is available to families with children five years of age and younger. Commissioner Clark stated that the goal is for Kentucky's START program to become the national model. On July 1, 2017, Kentucky implemented the Kentucky Strengthening Ties and Empowering Parents (KSTEP), a child welfare waiver demonstration that is an evidence informed intervention that will stabilize and support families by providing intensive, strengths based, in-home services that will intervene with appropriate evidence-based practices (EBPs). KSTEP includes case coordination services, partnership with the family, and rapid access and provision of clinical services including substance use treatment. Both programs have early intervention with families to help prevent children from entering the foster care system.

In response to questions by Representative Bechler, Deputy Commissioner Caywood stated that the definition for the levels of care are found in 922 KAR 1:360. Commissioner Clark stated that the cabinet does not have a contract with Casey Family Programs or Chapin Hall. Deputy Commissioner Caywood stated that as of August 10, 2018, there were 1,000 qualified relative or fictive kin caregivers. There were 4,711 payments issued to relative and fictive kin caregivers for a total of \$4.7 million. These caregivers are eligible for the foster care per diem as long as they care for a child that is

either in the cabinet's custody or a child whose custody is transferred from the cabinet to the relative that has been approved by the cabinet to take the placement and has a temporary or shared custody with the cabinet. The vast majority of individuals that have contacted the cabinet's hotline has been denied because the cabinet never had custody of the child. The cabinet's understanding of the DO vs Glisson ruling is that the cabinet has to have had custody of the child at some point during the time of the child's removal in order for a relative to receive payment.

Private Sector Contracting: Foster and Adoption Services

Michelle M. Sanborn, MSW, President, Children's Alliance, stated that since 2014, the number of children in OOHC has increased by 22 percent. On September 2, 2018, there were 9,654 child in OOHC compared to 6,654 in May 2004. There are currently more children in PCC foster homes than DCBS foster homes. In 2018, private providers cared for over 50 percent of the children in OOHC. Partnering and contracting for OOHC services by private providers helps improve outcomes for children.

The federal Family First Prevention Services Act aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. House Bill 1 is a comprehensive plan to strengthen supports for children impacted by abuse and neglect, increases supports to keep families together safely, and addresses neonatal substance exposure to ensure women seek and receive substance use treatment.

Elizabeth Croney, Executive Vice President of Clinical Advancement, KVC Health Systems, stated that the Impact Plus program helped children by paying for services while allowing them to stay in their homes. A private agency nor a public agency can do a great job unless there is a team effort. Kentucky has 16 family preservation programs and diversion programs that are an effective model for keeping families together. There was public and private collaboration to design the KSTEP program.

In response to a question by Senator Raque Adams, Ms. Croney stated that it was pay for performance for a number of years but switched back to contract based with performance measures included.

The 2018 statewide Family Preservation statistics show that 96.8 percent of children at risk of removal were able to remain at home at the end of the case. KVC has eight contracts for family preservation and diversion. More families will be served because of the Family First Prevention and Services Act. The 2008 Comprehensive Family Preservation Program evaluation showed that FPP services are provided to families with high risks, young children, and more chronic involvement with child protective services (CPS). Family Preservation program services are successful in reducing entry to OOHC, speeding reunification for children, and promoting family wellbeing. Each dollar spent on FPP saved \$2.85 in cost avoidance.

There is a strong network of providers in Kentucky that can help alleviate the stress on the child welfare system and the capacity issues the cabinet is currently experiencing. Private providers are working with the cabinet to look at performance-based contracting and increased accountability for private providers. Public-private partnerships are the key to a successful child welfare transformation.

In response to a question by Senator Raque Adams, Ms. Sanborn stated that she would provide the recruitment numbers of DCBS foster homes and the number of PCC foster homes to the committee.

In response to questions by Senator Thomas, Ms. Croney stated that KVC is regulated by the state and reimbursed through the Medicaid program that has strict standards for hiring practices. KVC hires social workers, family and marriage therapists, nurse practitioners, psychiatrists, psychologists, and licensed professional counselors. She would like to hire more people with these degrees, but unfortunately, there is a shortage of individuals who are interested in obtaining one of these degrees. There needs to be a better recruitment for these degrees before having criteria that mandates someone have one of these degrees before working for the state.

In response to questions by Representative Miles, Ms. Sanborn stated that the increase in children in OOHC has increased since 2014 due mainly to substance abuse. Many states are experiencing the same OOHC increases.

In response to questions by Representative Hatton, Ms. Sanborn stated that the cabinet releases a monthly Foster Care Fact Sheet that lists foster care placements. Representative Hatton stated that different regions have different statistics and access to services. Ms. Croney stated that telehealth will allow people to get more services into regions that do not have access to services. Combining FPP and diversion eliminates a lot of cost by not have duplicative requirements like two separate supervisors. The goal is to keep a child from being removed from the home.

Adjournment

There being no further business, the meeting was adjourned at 3:01p.m.