



Title IV-E Waiver: Expanding START in Kentucky

NAWRS 56th Workshop

Tuesday 8/1/17

Today Topics

Title IV-E Waiver

- What is a Title IV-E waiver?
- What is the goal?

Waiver Application and Approval Process

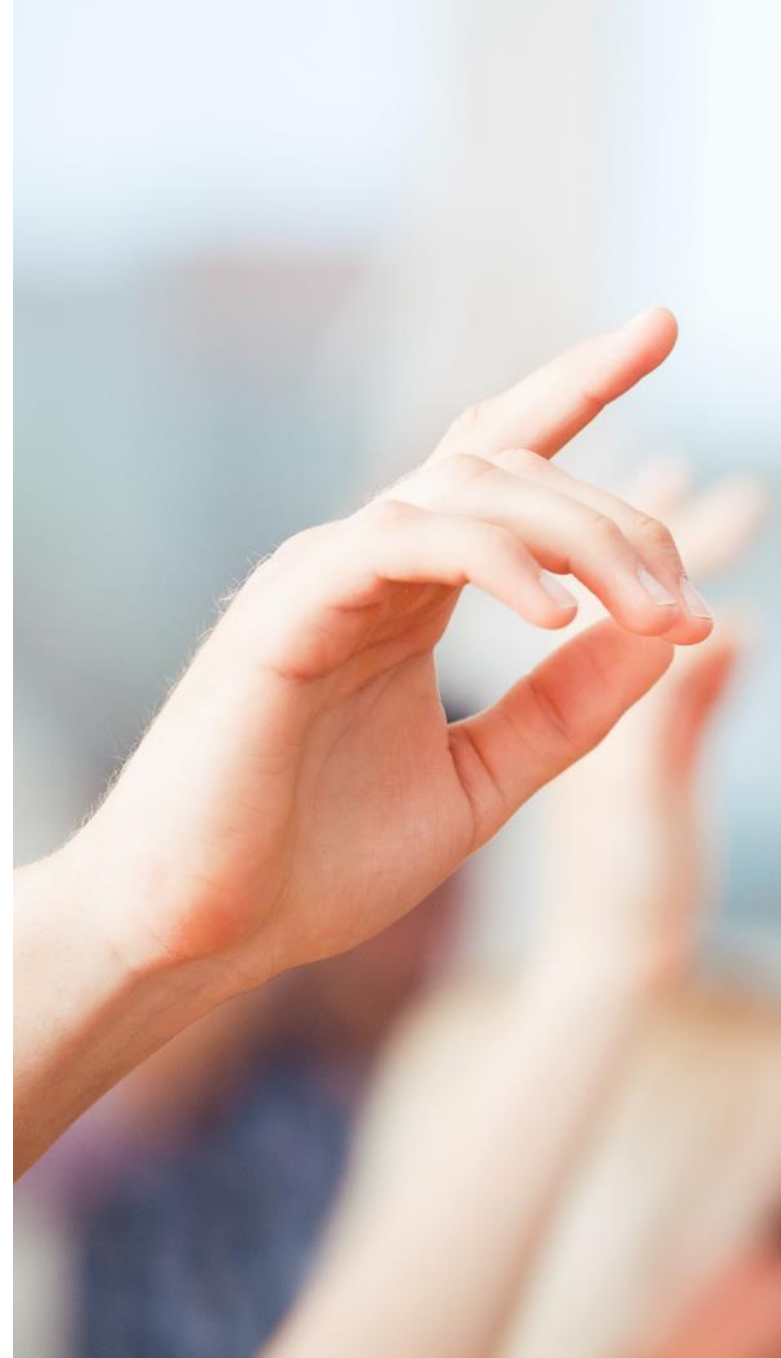
- Opportunity for innovation
- Project and application development
- Fiscal analysis and capped allocation

START

- Intervention goal
- History of START
- Essential elements

START in Kentucky

- Expansion of START in Kentucky
- Challenges & Roadblocks
- Outcomes
- Sustainability



Title IV-E Waiver

Title IV-E Waiver: *Overview*

- What is a Title IV-E Waiver?
 - Opportunity for states and tribes to more flexibly administer Title IV-E funding
 - Test innovative approaches/interventions to child welfare
- What is the goal?
 - Increase permanency by reducing time in foster care
 - Increase positive outcomes, improve safety, and improve well-being
 - Prevent child abuse and neglect and re-entry of children into foster care



Waiver Application and Approval: *Opportunity for Innovation*

- How can DCBS use the Title IV-E Waiver opportunity to better serve the children and families of Kentucky?
- Steering committee made up of agency leadership
- Conducted thorough review of data – placement trends, length of stay, risk factors, service array, reunification trends, placement levels, service utilization
 - By subgroups (age, race, gender, region)
- Review of current policies & practices – assessment tools, decision making tools, staff attrition
- Identified successful interventions and Evidence Based Practices that aligned with the populations with most need

Waiver Application and Approval: *Project and Application Development*

- Purpose of project
 - Further KY's progress towards CFSR outcomes of safety, permanency, and well-being
 - Reducing entry and re-entry rates and length of stay for children 0-9 for children whose parents have substance abuse risk factors
- Hypotheses:
 - By increasing services to families experiencing child maltreatment & substance use through the START program, children ages 0-5 will experience
 - ↓ entry into OOHC,
 - ↓ length of stay for those who require placement in OOHC
 - ↓ recurrence of child abuse and neglect.
 - Participation in START will result in improved family functioning and increased child well-being.
 - By decreasing the rate of entry in OOHC, decreasing the length of stay for those requiring placement in OOHC, and reducing the recurrence of child abuse and neglect of the target population, expenditures associated with OOHC will decrease.

Waiver Application and Approval: *Project and Application Development*

- Finding the target population
 - In-home children age 0-5 were excluded from certain types of in-home services
 - Substance abuse
 - Substantiated reports on children with substance abuse risk factor:

	2012	2013	2014	2012-2014
Under Age 6	4,044	4,240	4,083	12,367
% of Total	70.4%	65.3%	65.3%	66.9%

- Substantiated reports on children with substance abuse risk factor *that result in OOH placement*

	2012	2013	2014	2012-2014
Under Age 6	1,344	1,412	1,132	3,888
% of Total	78.8%	74.1%	71.2%	74.8%

Waiver Application and Approval: *Project and Application Development*

- START already was offered in 4 Kentucky counties
 - Jefferson, Daviess, Boyd, and Kenton
- Established practice model and measurable outcomes
- START leadership had established relationships with substance abuse providers and DCBS leadership and staff
- Expanding START would allow DCBS to address significant risk factors for parents of young children to prevent OOH placements
- START would initially be expanded in the already established Jefferson County (Louisville, Kentucky)
 - Intent to expand to additional counties as START leadership worked with counties to prep for expansion

Waiver Application and Approval:

Fiscal Analysis & Capped Allocation

- Advantages of capped Title IV-E allocation vs traditional Title IV-E funding model
 - Capped allocation = opportunity for intervention
- Cost benefit analysis
 - What is the cost of serving one child with the START intervention?
 - Are there other funding sources that would be affected by START (Medicaid, TANF, etc)?
 - How many children will meet the criteria of START?
 - What is the cost of those children if they are not offered START?
 - E.g., length of stay, placement type, case management needs
 - How will START affect the length of a child's time in foster care?
- Big Question: Are the projected cost savings?



Sobriety Treatment and Recovery Teams

START:

Intervention Goal

For families with young children in the child welfare system where parental substance use is the primary risk factor:

- Preventing foster care entry
- Child safety and well being
- Parental recovery
- Permanency for children
- Family stability and self sufficiency
- Improved system capacity for addressing co-occurring addiction and child abuse.



START:

History of the Program

- START adapted from model developed in Cleveland in 1990s with support from the Annie E. Casey Foundation
- Based on AECF Family to Family philosophy
- KY began planning for START in 2006 and has evolved the model to fit the needs of KY families
- START has been implemented in six unique counties in KY: Kenton, Jefferson, Boyd, Martin, Daviess and Fayette
- START also in Bloomington and Terre Haute, IN and Asheville, NC
- START has also been piloted in Bronx, NY and NW GA.

START:

Essential Elements

- An intense and coordinated CPS service delivery model that intervenes quickly to engage identified families upon receipt of CPS referral.
- CPS Worker and Family Mentor paired and co-located under a CPS START Supervisor.
- Capped caseload of 12-15 families for each CPS worker/family mentor dyad.
- Quick access to substance use disorder assessment and entry into indicated, high quality treatment.

START in Kentucky:

Expansion of the Program

- Proof of concept using empowerment evaluation
- Funded with TANF, state general funds, RPG, Medicaid, and now Title IV-E Waiver
- Replicating in new sites and expanding existing sites
- Support from federal partners

START in Kentucky: *Challenges & Roadblocks*

- Staffing shortage
- Uncertain funding for addiction treatment
- System change
- Learning to collaborate
- Willingness to adopt new practices

START in Kentucky:

Outcomes

- Women in START have around double the sobriety rate of their non-START counterparts (66% vs. 37%).
- Children in START are about half as likely to enter foster care (21% vs. 42%).
- At case closure, over 75% of START kids remained with or were reunified with their parent(s).
- For every dollar spent on KY START, \$2.22 is saved in the offset of foster care costs.
- Huebner, R.A., Willauer, T., and Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society*, 93(3), 196-203.

START in Kentucky: *Sustainability*

- Focus on preventive and in-home services
- Leadership buy-in
- Continuing to work on collaborative practices
- Evaluation
- Spreading practices
- Possible changes to the IV-E Waivers

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