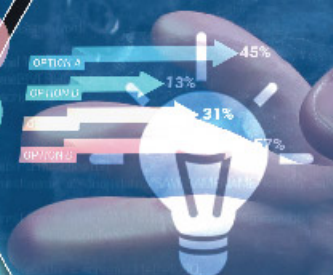


Collaboration between Child Welfare and Behavioral Health

NASMHPD conference June 6, 2023



TRENDS



TRENDS in CHILD WELFARE

- ✓ Transforming child welfare to focus on child and family wellbeing
- ✓ Focus on Prevention and early intervention
 - Addressing what brings families to child welfare
 - Increasing focus on strengthening families/family resource centers
- ✓ Push to limit/have no congregate care in child welfare
- ✓ Focus on kinship care
- ✓ Increased focus on inclusion of those with lived experience expertise (broad definition that includes front line staff) in everything
- ✓ Mandated reporting reforms – more focus on supporting
- ✓ Address issues of poverty/economic security

TRENDS in CHILD WELFARE

- ✓ Coming to terms with and addressing racial inequities
 - that get families to child welfare's door and once involved with child welfare
- ✓ Use of frameworks such as Social Determinants of Health, 2 Gen, Whole Family
- ✓ More focus to attend to the unintended consequences
- ✓ Recognition that we can't solve many of the issues in child welfare through child welfare's door – need other systems to be successful for child welfare to be successful/transformed
- ✓ Push to address prenatal alcohol and other drug exposure for children/youth beyond infants



PAIN POINTS

✓ **Serving youth with significant behavioral challenges**

- Lack of behavioral health related services – across continuum of community based and residential interventions (including co-occurring MH/SU)
- Sleeping in offices and hotels
- Higher level of acuity – providers and families that provide foster care refusing to serve/don't have enough
- Transformation in JJ system/ending up being ordered to child welfare
- Not able to “shut the door”

✓ **Workforce challenges**

- Public Agency Staffing – lack of interest in the field, hiring and retention challenges/able to be paid more by other systems
- Lack of parents/families to provide foster care and providers/staffing in provider agencies

PAIN POINTS

- ✓ **Unprecedented impact of the pandemic, racial inequities, and mass shootings/community trauma**
 - for children, youth, families, communities, and the agencies/their staff
- ✓ **Implementation challenges of FFPSA/Family First**
 - (e.g. EBPs, restrictions on congregate care/QRTPs, lack of families to provide foster care)
- ✓ **Youth who are older**
 - (e.g. aging out of the child welfare system/transition to the adult system)
- ✓ **Threat of being sued/being sued**
 - for not providing the behavioral health and disability related services to meet the needs of the children and youth in out of home care and their family
- ✓ **Funding challenges**



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BEST PRACTICE STRATEGIES

- ✓ Build relationships and choose to work together – serve the same families
- ✓ Share values, vision, goals – bring expertise to help with problem solving
- ✓ Support improvements in one system as will help with improvements in your own system
- ✓ Understand limitations and celebrate differences and successes
- ✓ Share ownership
- ✓ Find the win-win for collaboration – at local and state levels
- ✓ Cross train
- ✓ Share relevant data/collect data

BEST PRACTICE STRATEGIES

- ✓ Around transformation/system change efforts in sister systems/departments
 - FFPSA – child welfare
 - SOC & 988 Crisis System – behavioral health
 - Grant and waiver applications (e.g., NCTSN trauma Grant, SAMHSA State Opioid Response, Medicaid waivers)
 - Collaboratively working together to build on what is working in one system that might help families in sister agencies
- ✓ Co-location of specialty related staff in child welfare agencies/regional offices
- ✓ Address racial equity issues

OTHER ISSUES TO CONSIDER

- ✓ Domestic violence, mental health, substance use, child abuse and neglect, housing instability, economic insecurity, community violence) overlap
- ✓ Addressing the population with prenatal alcohol exposure
- ✓ Medical necessity/social necessity
- ✓ Diagnosis driven versus family needs driven



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Thank you!

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PARTNER SHIP

Kansas

June 2023

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Years Past

Siloed Agencies
Children's Mental Health Crisis
Siloed Thinking
Minimal Partnerships

Solution: State Agency Leadership Growth

2019: Governor Laura Kelly became the 48th Kansas Governor

2019: Appointment of Laura Howard as the Secretary

2019: Director of Children's services position created at KDADS

2020: Governor Kelly attempts Executive Reorganization Order (ERO)

2020: Director of Medicaid and Children's Mental Health position created at DCF

2021: Governor Kelly's second attempt at Executive Reorganization Order (ERO)

2021: Deputy Director of Medicaid and Children's Mental Health position created at DCF

Current Landscape: Department for Children and Families

DCF Administration

Secretary: Laura Howard

Deputy Secretary: Tanya Keys

Permanency and Licensing

Prevention Services

Safety and Thriving Families, Performance Improvement and

Learning and Development

Medicaid and Children's Mental Health

Current Landscape: Kansas Department for Aging and Disability Services

KDADS Commissions

Secretary: Laura Howard

Deputy Secretary: Scott Brunner

KDADS Commissions

Long Term Services & Supports

Behavioral Health Services

Financial and Information Services

State Hospitals

Survey, Certification and Credentialing

Solution: Partnering Initiatives

Acute Care Single Occupancy

Complex Case Staffings

**Special Committee on Kansas Mental Health Modernization
and Reform**

Stakeholder Groups Formed for Community Voice

Foster Care in KanCare Meeting

Solution: Data Collecting and Sharing

Transparent Data Across System
Position Expertise
MOUs
New Data System

Solution: Coordination of Initiatives

Committees
State Initiatives
Federal Initiatives
Funding for Programing

June 2023

Solution: Reframing State Behavioral Health Care

Request for Proposals
State Plan Amendments
State Contracts
State Grants

Across Agency Availability to State Leadership
Website Messaging

June 2023

Future

Internal Commitment to Transparency and Beyond

Youth voice

Data Collection and Sharing to Guide Our Work



Final Thoughts and Questions



CABINET FOR HEALTH
AND FAMILY SERVICES

Collaboration between Child Welfare and Behavioral Health in Kentucky: Past, Present, Future

Jennifer Warren, MSSW

Executive Advisor

Commissioner's Office

Department for Community Based Services

Beth Jordan, MS

Program Manager

Children's Behavioral Health & Recovery Services Branch

Department for Behavioral Health, Developmental & Intellectual Disabilities

KY Cabinet for Health & Family Services

The Cabinet for Health and Family Services is the state government agency that administers programs to promote the mental and physical health of Kentuckians and support Kentucky's families.

- Largest Cabinet in state government
- Host to majority of family/child- serving agencies:
 - Department for Community Based Services
 - Department for Behavioral Health and Developmental/Intellectual Disabilities
 - Department for Medicaid Services
 - Department for Public Health
 - Department for Aging & Independent Living
 - Division of Family Resource & Youth Service Centers
 - Office of Children with Special Health Care Needs
 - Office of the Inspector General
 - Office of Vital Statistics



Composition of Departments

Department for Community Based Services

- Child Welfare
 - Division of Protection & Permanency
 - Division of Service Regions
 - Division of Prevention & Community Well-being
- Division of Family Support
- Division of Child Care
- Division for Administration and Fiscal Management

Compassionately serves and empowers individuals, children and families through an innovative system of care using trauma informed, collaborative, and equitable approaches.

Department for Behavioral Health and Developmental/Intellectual Disabilities

- Division of Mental Health
 - Children's Behavioral Health
 - Adult Mental Health
 - Promotion, Prevention, & Preparedness
- Division of Substance Use Disorders
 - Adult Substance Use Treatment
 - Substance Use Prevention and Promotion
- Division of Developmental & Intellectual Disorders
- Division of Administration & Financial Management
- Division of Program Integrity
- Office of Autism

Promote health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance use; supporting people with intellectual or other developmental disabilities; and building resilience for all.

Where We've Been (Past)

Families in-law

- Connected by circumstances and expectations that are often beyond our control
- Tolerant of each other, some complaining, some celebrating, veiled resentment
- Awareness not necessarily acceptance of commonalities
- Invited sporadically to each other's tables, usually to address a specific and/or immediate situation or need
- Understanding about the need to collaborate around shared values and goals



Where We Are (local level)



Step families

- Connected by some level of choice
- Respectful of each other, and also somewhat skeptical
- In agreement regarding similar values, missions, and goals
- Routinely invited to each other's tables to offer support through expertise and brainstorming
- Understand that we all benefit from each other's work and knowledge

Where We Are (state level)

Chosen family

- Connected by choice and value each other's differences
- Share a broad vision and desire to improve ourselves by improving each other
- Respect for individuals and the collective, always consider how to lift each other while improving the system
- Share a table and sit beside each other
- Realize and believe we need each other and are better together
- See each other as a peer and colleague, we serve the same families



Collaborative Planning for and Implementation of System Change Efforts

State Opportunities

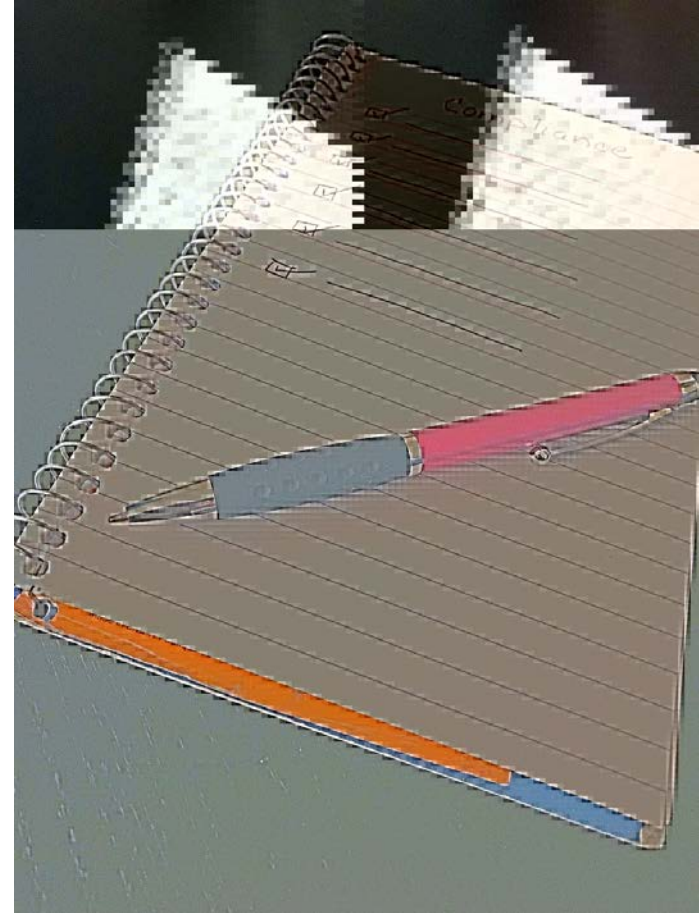
- Child Welfare Transformation
- KY SKY
- Prevention Collaboratives
- Permanency Roundtable
- Cross training
- Upstream work/culture

Federal Opportunities

- ACF Trauma Grant
- Title IV-E Waiver
- Family First Prevention Services Act
- SAMHSA System of Care
- SAMHSA State Opioid Response

Joint Development of Policy Recommendations

- Proposed legislation to reduce unnecessary custody relinquishment to obtain needed behavioral health services
- Reviewed and suggested changes to PRTF regulations
- Transitioning Pathways Leading to Critical Success (TLC) Learning Group
- Developing an implementation plan to provide behavioral health screening for all children who are child welfare involved



Where We Are Going (Future)

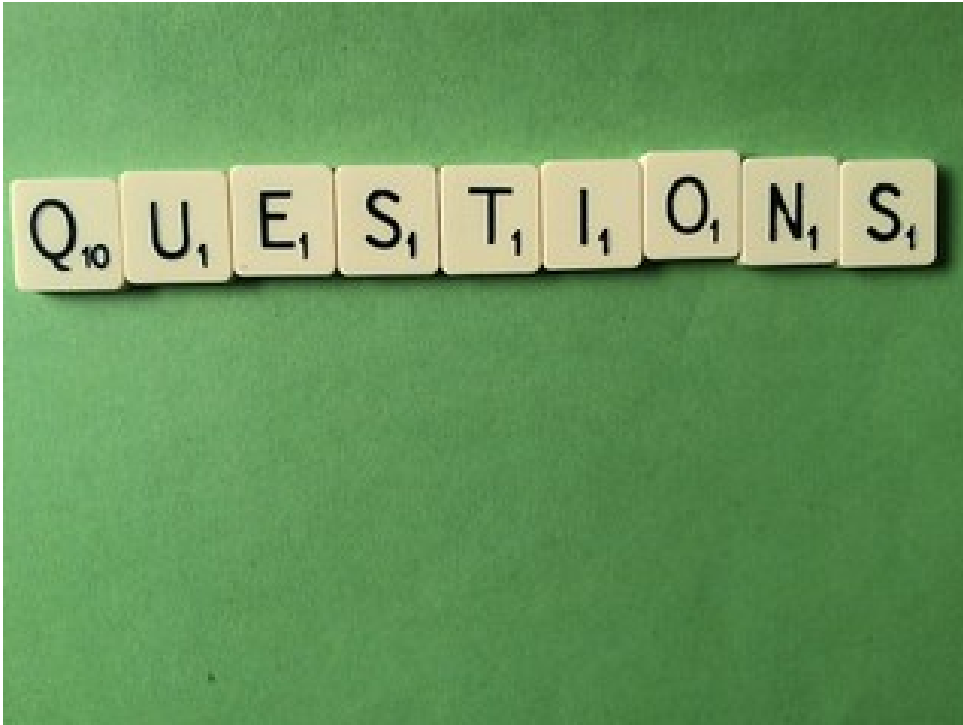
- Model, expect, and support ongoing collaboration at all levels
- Shared workforce development is ongoing to promote understanding and identify opportunities to support each other
- Collaborative planning for system improvement
- Relationships are embedded in system, not based on individuals
- Partnering is the cultural expectation
- Building on the foundation of partnership and leaving a stronger system in place for those who will come in after us.



Summary

- SOC framework is embraced by and embedded in agencies
- Culture of partnership is engrained vs. as needed
- Belief that work belongs to all of us, can't take it on alone
- Agreement that prevention is overall approach to supporting families
- Shared ownership between agencies is valued, not feared
- Family and youth voice are prioritized, agencies are uniting around most effective strategies to obtain and sustain
- Change at leadership level models and supports creation of parallel process at local level

Questions



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