

# Project

# SAFESPACE

Screening & Assessment for Enhanced  
Service Provision to All Children Everyday

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- University of Louisville
- Cabinet for Health and Family Services
  - Department for Community Based Services
  - Department for Behavioral, Developmental and Intellectual Disabilities
- Eastern Kentucky University Training Resource Center
- Kentucky Partnership for Families and Children

# Collaborative Team

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- Social-Emotional Well-being
  - Cognitive functioning
  - Physical health and development
  - Behavioral/emotional functioning
  - Social functioning
- Cooperative Agreements designed to “improve the social and emotional well-being and restore the developmentally appropriate functioning of targeted children and youth in child welfare systems that have mental and behavioral health needs.”

## Children’s Bureau Vision for Promoting Well-being and Adoption After Trauma Grants

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## Trauma II Grantees

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- DC Child and Family Services Agency
- Rady Children's Hospital (CA)
- Dartmouth College (NH)
- New York University School of Medicine
- Tulane University (LA)
- Western Michigan University
- Oklahoma Department of Human Services
- Franklin County Children's Services (OH)
- University of Washington

## Trauma III Grantees

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- **University of Louisville**
- Dartmouth College (NH)
- Rhode Island
- TN
- University of Kansas
- University of Vermont
  - For T-III special emphasis is on pre- and post-adoptive population

# Two Clusters of Grants

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- Use interagency collaboration...to create a flexible service array that provides early access to effective mental and behavioral health services that match the needs of children, youth & families
- Implement a comprehensive and integrated approach to evidence-based or –informed screening and assessment of mental/behavioral health needs and the use of functional outcome oriented case planning to ensure needs are
- Service a systems level assessment and services that are a data which and services that are r
- Identify implementation and sustainability of service system changes
- Evaluate the effect of implemented system changes on safety, permanency, well-being, adoption and cost outcomes

**This is about capacity-building. Funds cannot be used to purchase services!**

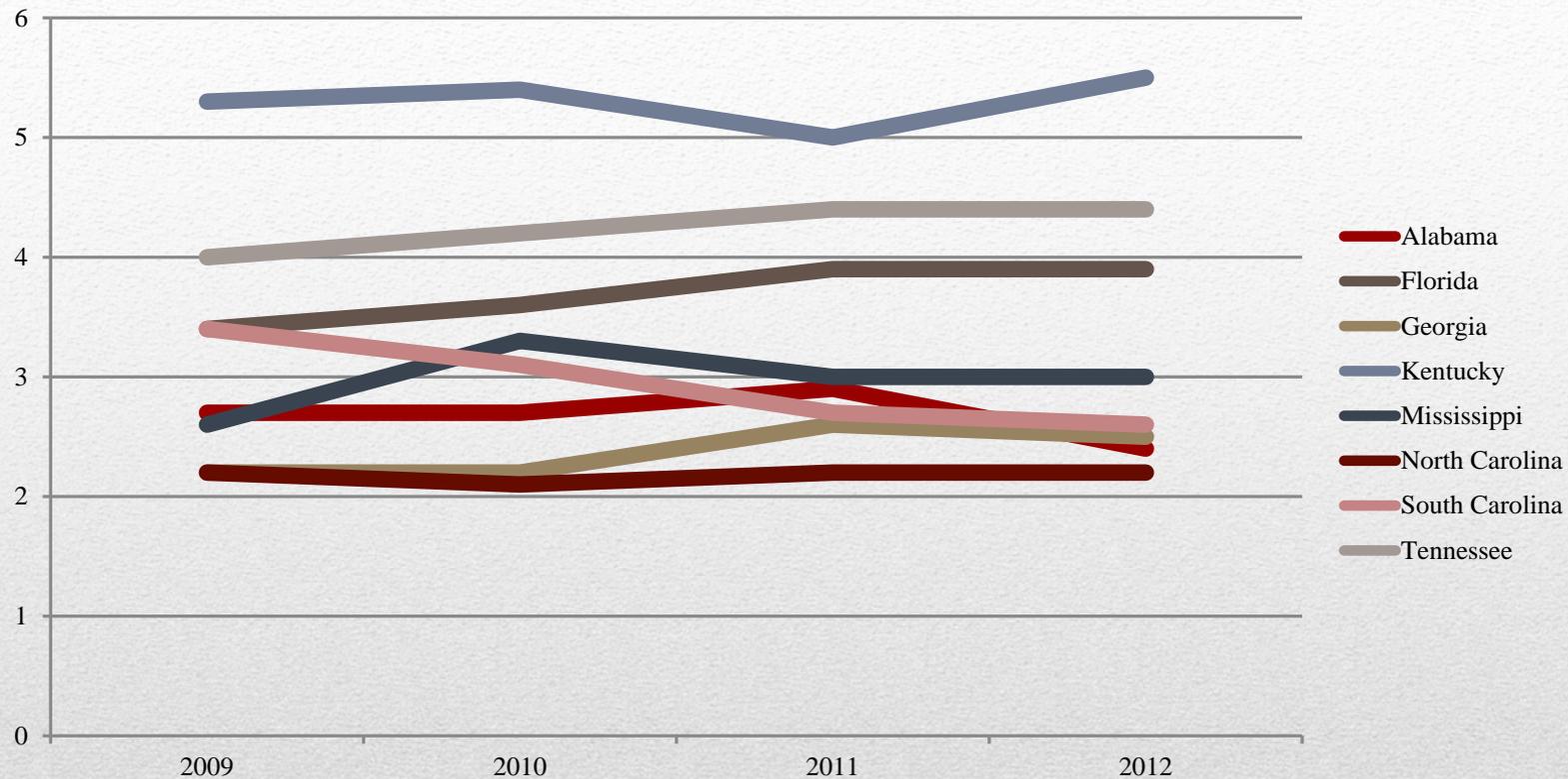
## Five Year Cooperative Agreements Designed to:

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- The number of Kentucky children in OOHC increased from 5,841 in 2001 to 7,242 in July 2013
- Under-identification of children with behavioral health needs when they come into care—placement and referral based on presenting issues only and resulting in escalation before treatment
- KY does not collect data on adoption disruption/dissolution, although 23 children received post-adoption crisis stabilization services last year
- 51% children in OOHC placed in PCP/PCCs. Of those 19% have one behavioral health diagnosis within 6 months of entry; 27% have 2 or more
- Median Child Behavior Checklist scores: 55 internalizing, 68 externalizing, 65 total score
- Large numbers of children in OOHC are prescribed psychotropic medications—42% based on one point in time analysis
- Lack of systematic way to share data between DCBS, PCP/PCCs and CMHCs regarding assessment to build into case planning and progress monitoring
- Concern about capacity to provide evidence-based treatment and consistency

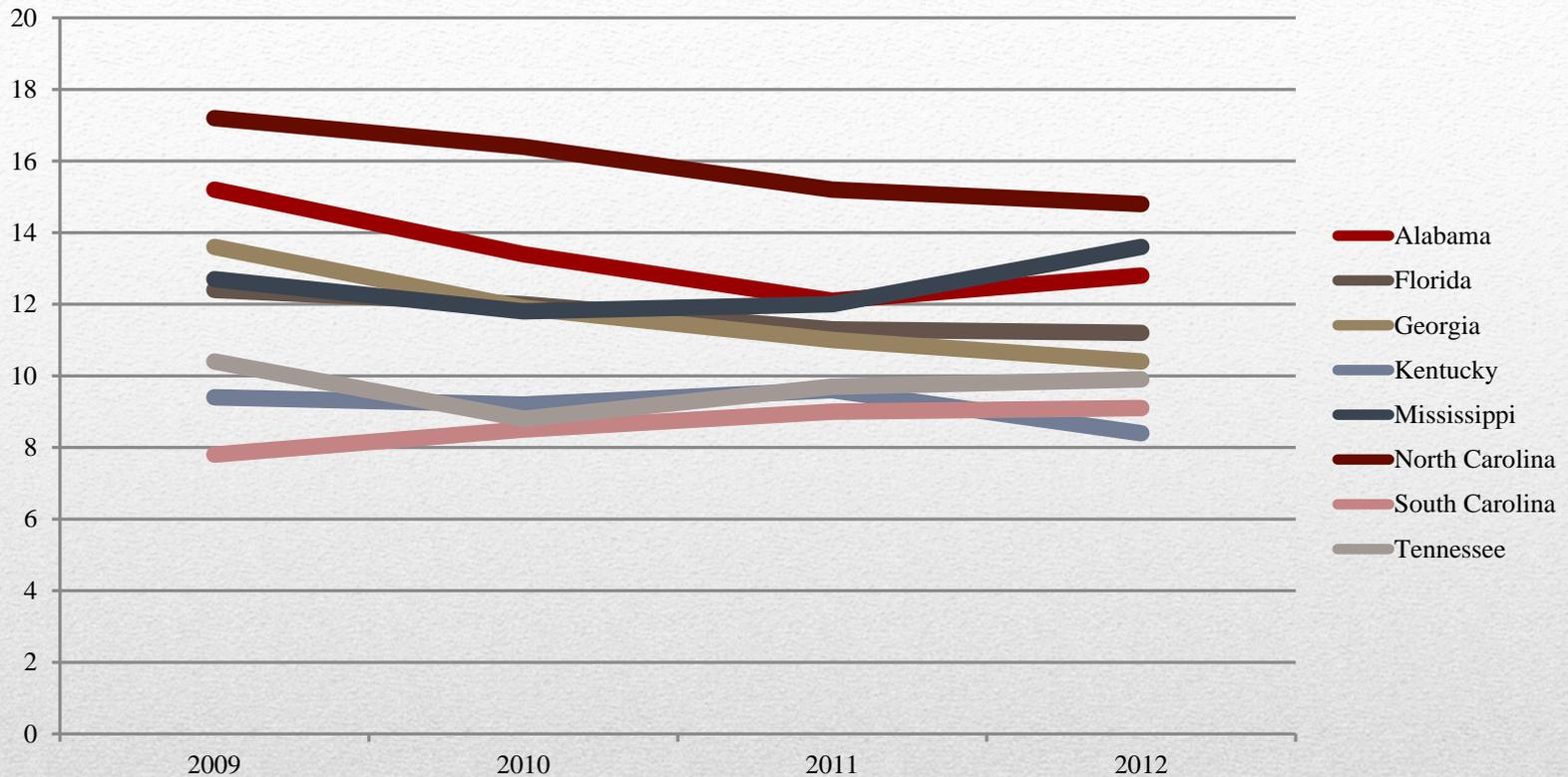
## Why Did KY Apply?

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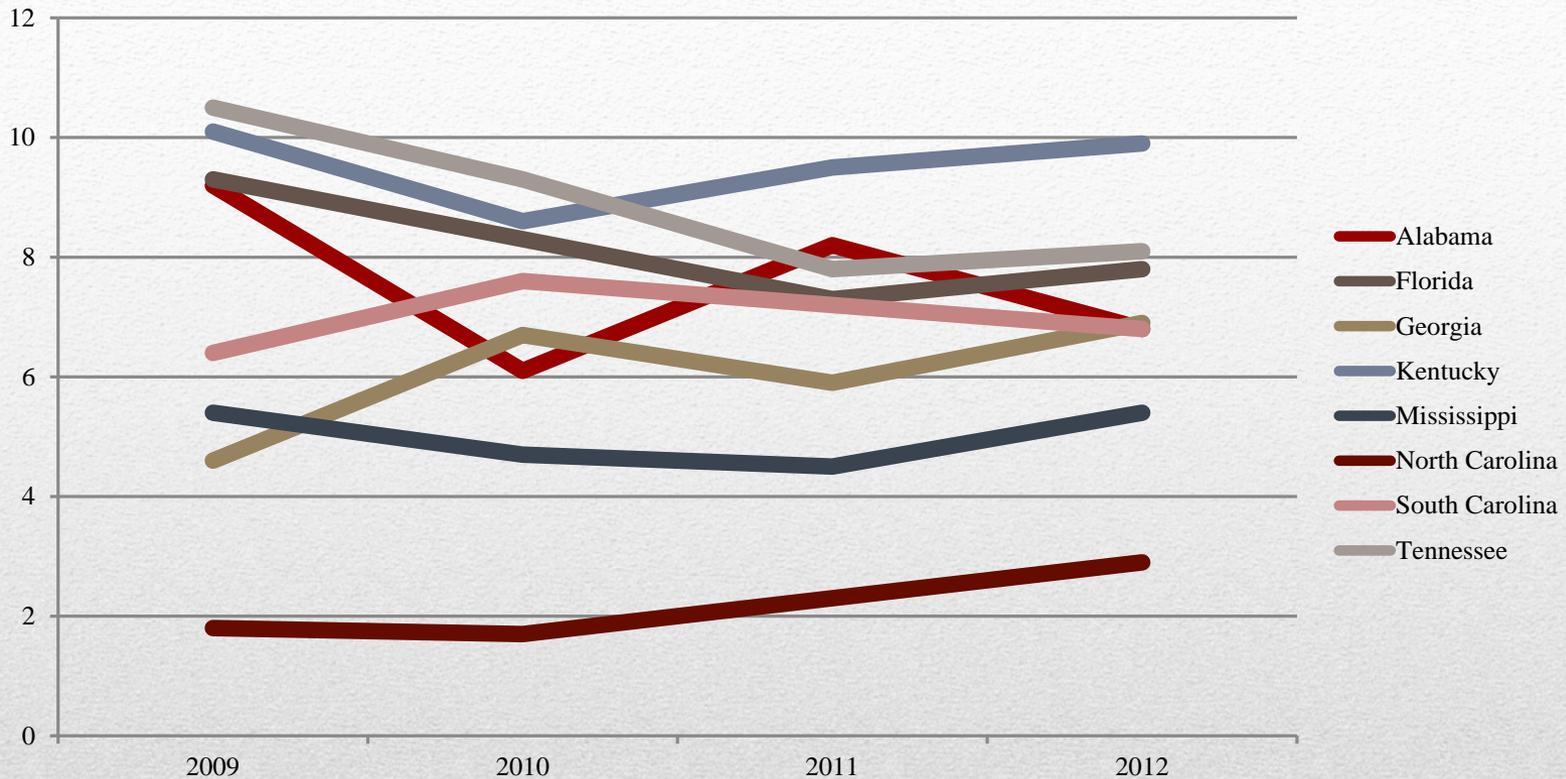
# FOSTER CARE ENTRY RATE

Source: AFCARS, Children's Bureau



# MEDIAN LENGTH OF STAY

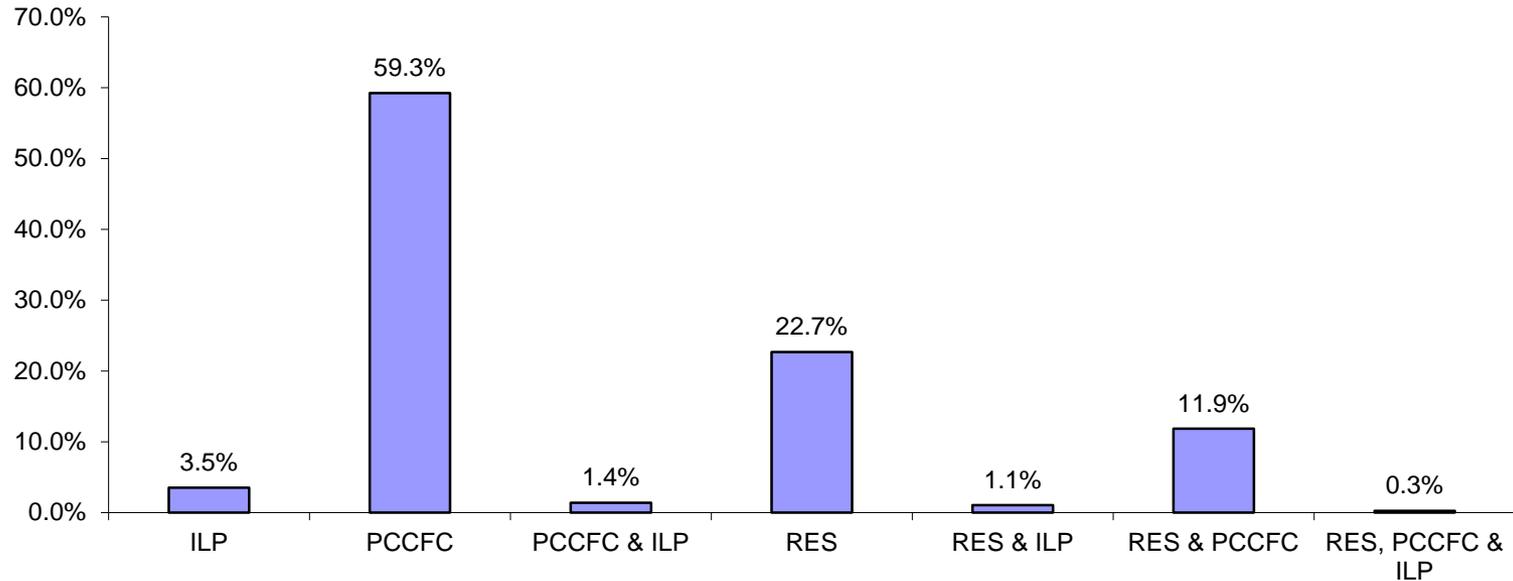
Source: AFCARS, Children's Bureau



## PERCENT OF CHILDREN REENTERING CARE IN 12 MONTHS

Source: AFCARS, Children's Bureau

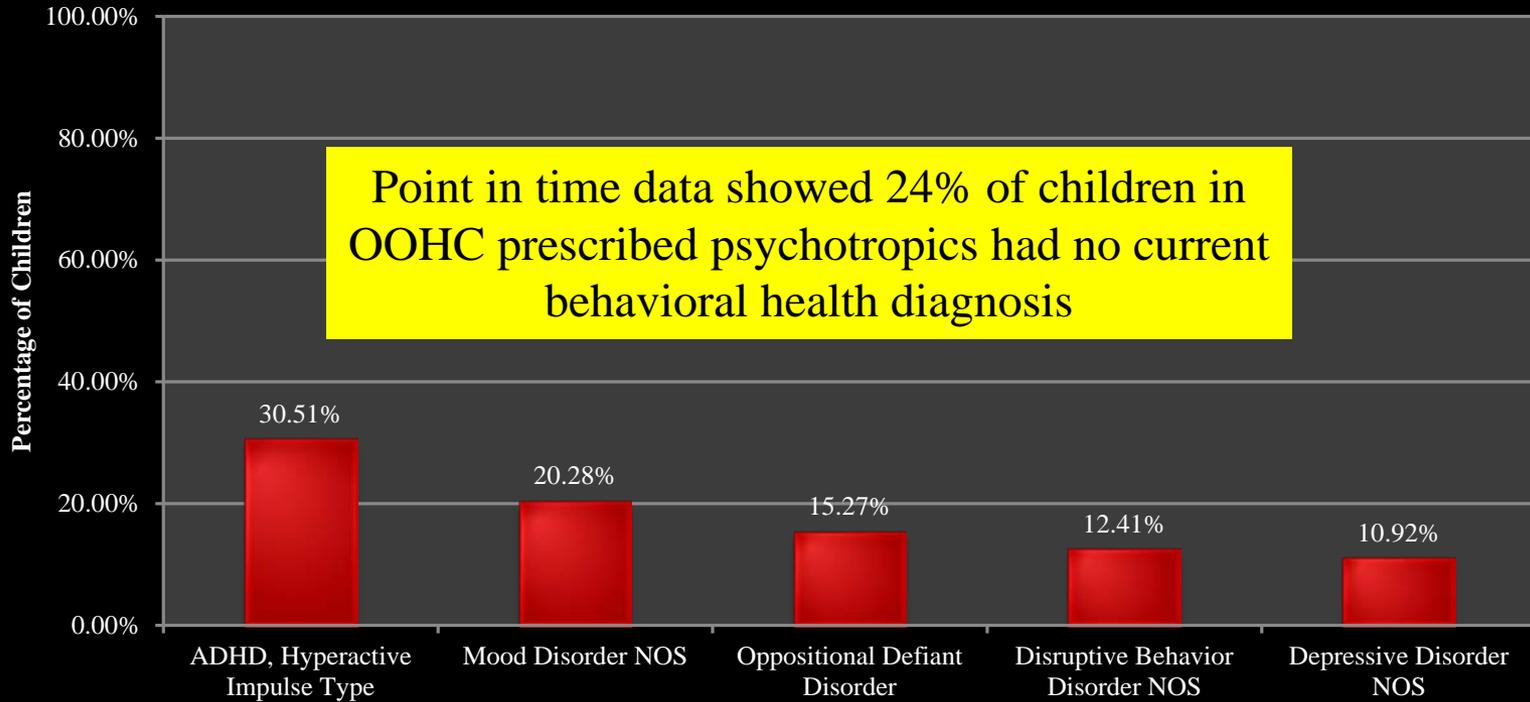
2013 Private Care Population  
Percentage in all Program Types



# Type of Placement for Children Not in DCBS Foster Homes

Source: Children's Review Program

## Top 5 DSM-IV Diagnoses



Data from Medicaid Claims  
on Children in OOHC

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- Total expenditures across all ages for all youth with mental health, substance abuse and co-occurring disorders: \$480,380,737 (94% funded by Medicaid)
- Highest Medicaid expenditure (37%) is for OOHC settings, 2<sup>nd</sup> highest for individual therapy (19%) and 3<sup>rd</sup> is for psychotropic medications (13%)

# Kentucky's Financial Mapping Project

Mary Armstrong, PhD

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- Secretary Haynes charged CHFS agencies to expand and redesign the existing array of services and supports for the children and youth with behavioral health challenges
  - Efforts to integrate Safespace into KICC and other initiatives

## Broader Children's Behavioral Health Expansion & Redesign

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1. Implementing policy, administrative, and regulatory changes
  2. Developing or expanding services and supports
  3. Creating or improving financing strategies
  4. Providing training, technical assistance and coaching
  5. Generating support and advocacy base

# How SAFESPACE Supports System Expansion & Redesign

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Develop Phase II  
Plan

Submit Plan to  
CB for Approval  
Oct 2014

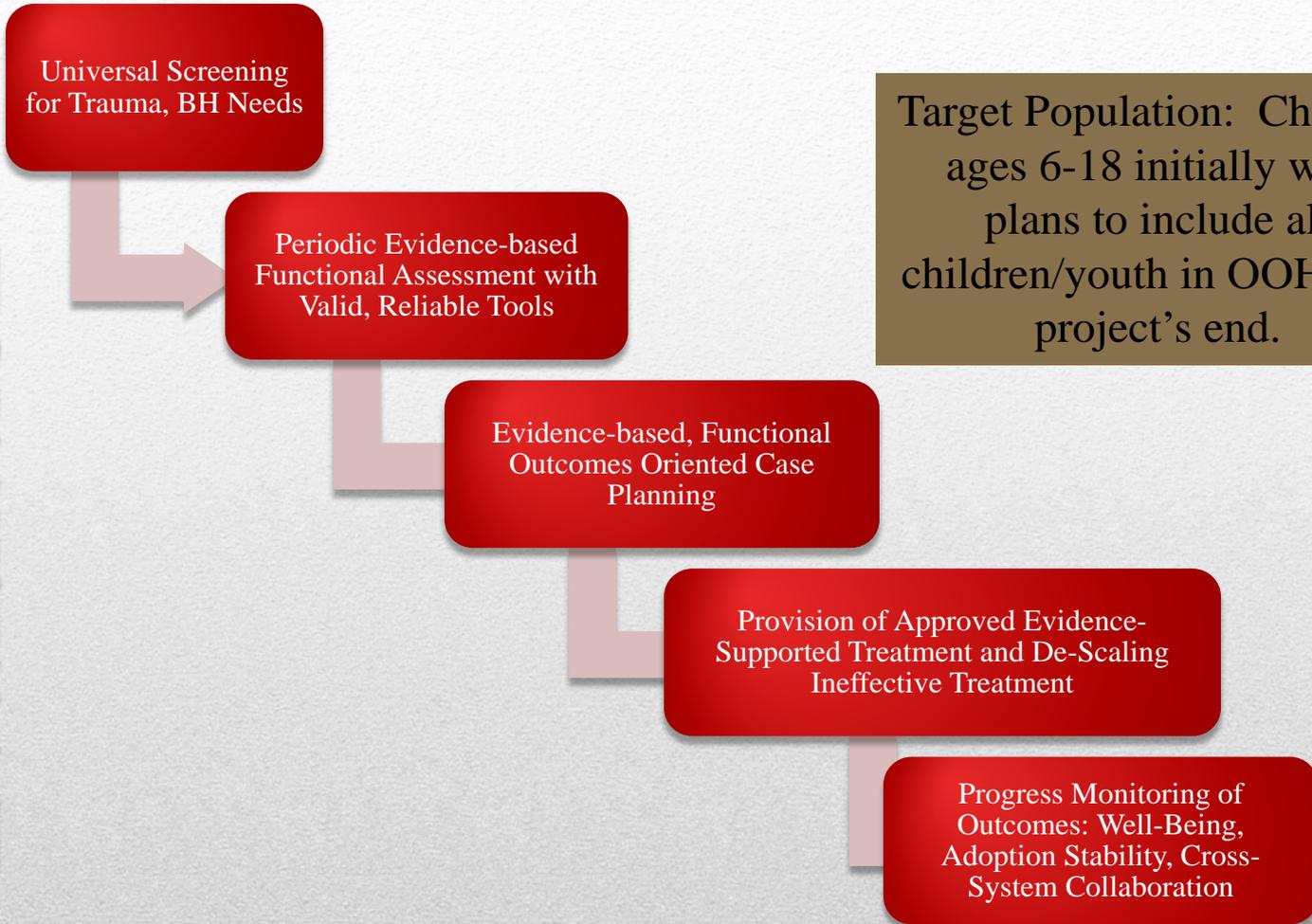
Implement Phase  
II Plan  
Through Sept '18

The Approach Submitted in the Application is Fully Up  
for Revision as Long as We Meet Required Components

# The Process

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# Evaluation



Target Population: Children ages 6-18 initially with plans to include all children/youth in OOHC by project's end.

## What we must do

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- Based on informal poll, at least 17 states have CW agencies conducting universal screening for trauma and/or behavioral health needs
  - UCLA PTSC Screen
  - Pediatric Symptom Checklist
  - Mental Health Screening Tool
  - Strength and Difficulties Questionnaire
  - Child and Adolescent Needs and Strengths (CANS)
  - Global Appraisal of Individual Needs Short Screener (GAIN-SS)
  - Screen for Child Anxiety Related Disorder (SCARED)
- Used to guide
  - Placement decisions
  - Treatment referral
  - Case planning decisions

# Universal Screening

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- Goes beyond clinical assessment to examine
  - Behavioral and person-centered approaches
  - Context of behavior: family, neighborhood, community, academic, recreational, etc.
  - Strengths and resources as well as challenges
- Standardized instrumentation enables measurement of change over time.  
Examples:
  - Behavior and Emotional Rating Scale (BERS-II)
  - Child and Adolescent Functional Assessment Scale (CAFAS)
  - CANS-MH
  - Child Behavior Checklist (CBCL)
  - Trauma Symptom Checklist (TSCC)
- May involve family-level assessment
  - North Carolina Family Assessment Scale (NCFAS)
  - Parenting Stress Index (PSI)
- Used to drive placement and evidence-based treatment decisions

# Functional Assessment

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- Incorporation of data from standardized screening and functional assessment to drive
  - Evidence-based treatment selection and termination
  - Placement and level of care decisions
  - Permanency planning
  - Outcome measurement
- Integration of data systems: DCBS, Providers, Medicaid/MCOs

# Case Planning and Progress Monitoring

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- Assessment and building of capacity to provide EBTs (such as TF-CBT, PCIT, MST)
- Assessment and reinforcement of training, supervision and fidelity assessment activities
- Descaling of ineffective practices
- Developing process for collaborative review of data regarding outcomes associated with treatment and capacity assessment.

# Reconfiguration of Service Array

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*Systematic  
re-evaluation &  
revision of  
proposed  
approach*



Phase 1: Assessment and  
Planning

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*Based on your experience, in which area do we most need to focus our efforts in implementing an evidence-supported approach?*



1. Universal screening by DCBS and other agencies for behavioral health needs
2. Functional assessment
3. Outcomes-oriented case planning
4. Evidence-based treatment provided by clinicians

# Polling Question

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*Based on your experience, in which area do we stand to experience the greatest challenges? What type of challenges?*



1. Universal screening by DCBS and other agencies for behavioral health needs
2. Functional assessment
3. Outcomes-oriented case planning
4. Evidence-based treatment provided by clinicians

# Polling Question

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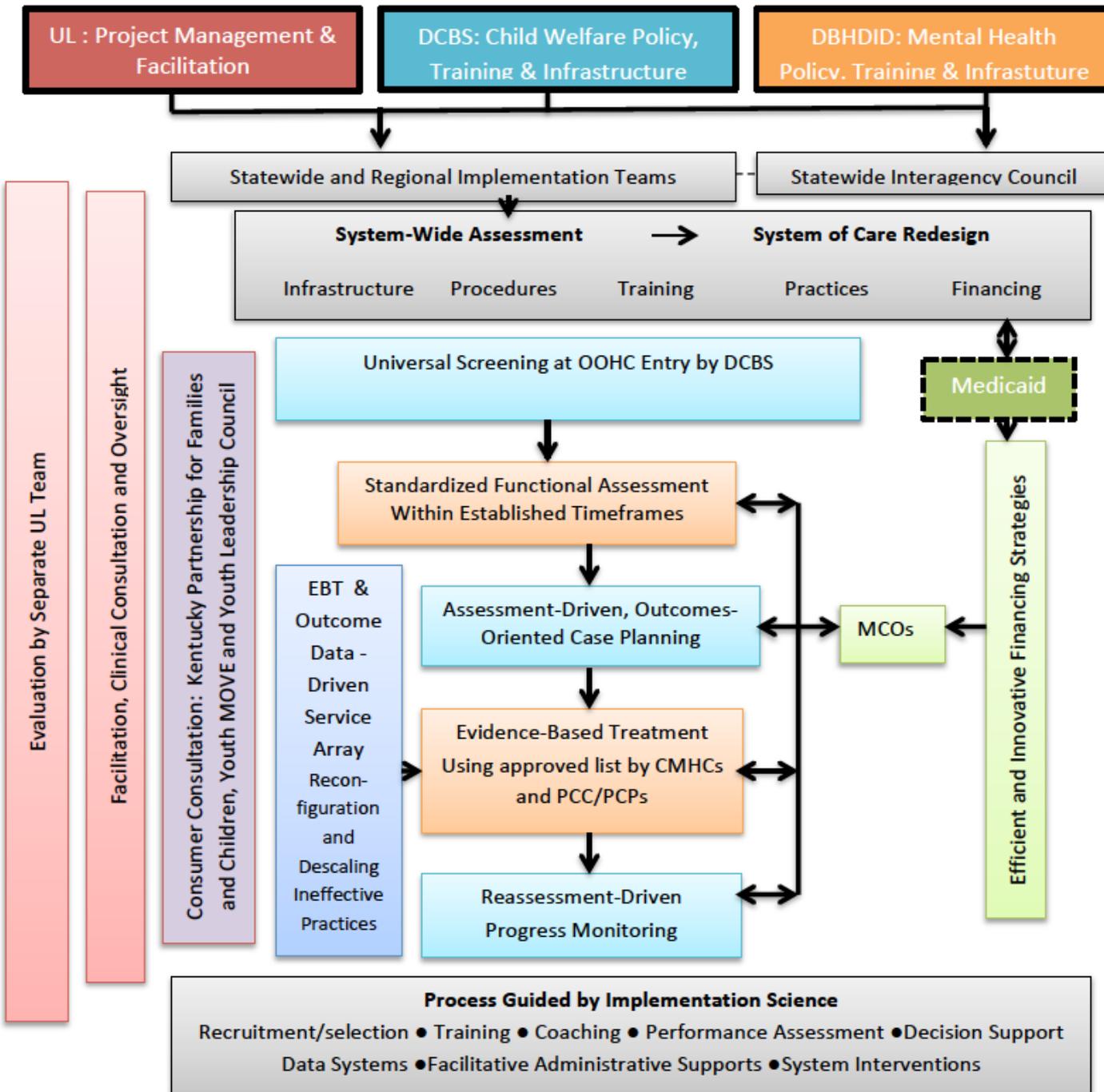
- Pilot in 2 DCBS Service Regions
- Roll out to balance of the state in Year 4 and Comparison Regions in Year 5
- Target Population: Children age 6 to 18, rolling out to 0-5 by end of Year 5
- Screening by DCBS worker upon entry into OOHC  
Standardized functional assessment and periodic reassessment
- DCBS evidence-based functional outcome informed case plan and progress monitoring
- Provision of approved evidence-based treatments by CMHC, PCC or PCP that link to the collaboration within the SOC

# What We Proposed

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# Project SAFESPACE Collaboration and Intervention Approach



- 3 Broad Categories of Evaluation
  - Needs Assessment
  - Process Evaluation
  - Outcomes Evaluation
- Quasi Experimental Design for Outcomes Evaluation
  - Regions matched and assigned to experimental or control condition for data collection.
  - All regions will ultimately have the opportunity to benefit so a “waiting list” comparison group
- Multiple data collection methods
- Use of data for planning and continuous quality improvement of the initiative through ongoing data analysis and feedback

# Overview of Evaluation

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- Reduced acting out behaviors and improved psychosocial functioning in placement, school, and elsewhere
- Reduced need for psychotropic medications
- Improved placement stability
- Reduced level of care needed
- More timely and appropriate permanency decisions
- Fewer adoption disruptions and dissolutions
- Improved social and emotional well-being for child
- Potential secondary prevention impact in the long term

## Expected Outcomes

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- Reassess the characteristics, needs and services provided to target population
- Assess capacity, readiness and fit of proposed approaches within the child welfare and behavioral health service delivery system
- Assess interagency collaboration and integration of service delivery
- Explore resources and funding strategies to support redesign

## **Through**

- Surveys
- Focus Groups
- Analysis of multiple data sources
- Review of current policies, procedures and processes
- Engagement of key stakeholders

# Status of the Project

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Project Manager

Nicole George

[Nicole.George@ky.gov](mailto:Nicole.George@ky.gov)

Principal Investigator

Crystal Collins-Camargo

[Crystal.Collinscamargo@louisville.edu](mailto:Crystal.Collinscamargo@louisville.edu)

Project Staff

for Additional Information

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