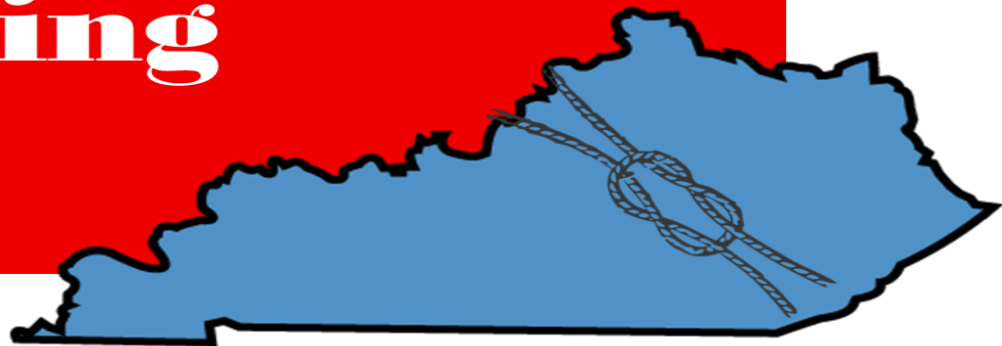




Kentucky
Strenghening
Ties and
Empowering
Parents



What is KSTEP?

- KSTEP stands for Kentucky Strengthening Ties and Empowering Parents.
- KSTEP utilizes evidence-based substance abuse treatment and intensive in-home services, to address parental substance abuse that is placing child safety at risk. The program places emphasis on quick access to these services and collaboration occurring between DCBS, and community partners, to assist families.
- Purpose is to reduce the number of children entering Out of Home Care by integrating substance abuse treatment services, child welfare practice and family preservation services.

History

- Originally a Title IV-E Waiver Program
- Started in 2017 in Greenup, Carter, Rowan and Mason counties.
- In 2019 further expanded to Montgomery, Bath, Lewis, and Fleming.
- KSTEP continued expansion in 2020 to Lawrence, Boyd, Elliott, Morgan, Menifee, Bracken, and Robertson counties. As of June 1st 2020 KSTEP is now in every county in the Northeastern DCBS Service Region.
- DCBS is actively exploring all opportunities to expand the program into additional regions of Kentucky.

Goals

- Children are able to remain safely in their home through enhancing the parent's capacity to care for their children and the location of sober supervisors.
- Children who enter out of home care are reunified at higher rates and in a timely manner. In home provider works with foster family/relatives.
- Repeat maltreatment is decreased
- Fewer children re-enter out of home care
- We believe the lives of many families can be positively affected by this effort.

Target Population and Referral Criteria

- One child in the home under age 10, who is at moderate to imminent risk of removal
- Parental substance abuse is a primary risk factor
- The family has an investigative (not an ongoing) CPS case
- The investigation will result in the case being opened for ongoing services

A Program overview

- The DCBS social services worker (SSW), in consultation with their supervisor, identifies a KSTEP eligible family (the referral may take place any time during the investigation).
- KSTEP in-home provider meets parent(s) within 24 hours of receipt of referral. An Addiction Society of Addiction Medicine (ASAM) level of care is determined through clinical assessment and referrals are made to the client's choice of providers at that level of care.
- The goal is to begin treatment at the determined level of care within 72 hours.
- Within six (6) working days, but no later than fourteen (14) days of KSTEP referral and acceptance, KSTEP in-home provider will convene a family team meeting (FTM).
- Family team meetings will occur monthly with the family throughout the life of the case.

Key components

- Partnership with the family
- Collaboration- Frequent contact with the in home provider, treatment providers, and DCBS
- Quick Access and provision of clinical services including Substance Use Treatment
- Use of frequent, regularly scheduled and emergency, family team meetings
- In home parenting, support, and intense case coordination
- Removal of Barriers (transportation, treatment costs, cost of drug screening).
- \$500 flexible funds for each family.
- Use of Evidence Based Practices
- Trauma Informed

Outcomes

- From the initial roll out of KSTEP in July 2017 to March 2020, 391 referrals were made to KSTEP.
- KSTEP has served a total of 770 children. Since the involvement of those families with KSTEP 722 children have remained in their home and 48 children have been placed in OOHC or relative/kinship placement. This is a 94 percent success rate of keeping children in their home of origin.
- In SFY 19 the cost per KSTEP family was \$6,506.74. The average cost per child in OOHC for an average amount of months is \$50,715.64.

Phases

- Phase One- 2 Face-to-Face contacts required every 7 days (50% in the home of the parent) Clients seen 5-10 hours each week
- Phase Two- Face to Face with the family every 7 days 2-8 hours per week
- Phase Three- Biweekly Face-to-Face Contact 2-10 hours a month
- Phase Four- Biweekly Face-to-Face Contact 2-10 hours a month. Aftercare phase.

Throughout all phases the KSTEP provider must immediately notify DCBS of any new safety concerns, maintain regular contact with the family's alcohol and drug treatment provider, and send weekly progress reports to DCBS.

Phase Movement and Completion

Determined by the progress the family has made in lowering their risk level.

Determined collaboratively between the family, DCBS and the KSTEP in-home provider.

Family can return to a previous phase if there is a relapse, new safety threat, new instance of maltreatment, etc.

Successful Completion will be determined by family's progress on the KSTEP provider's family service plan, NCFAS, ASI and PSI.

Aftercare planning is a constant work in progress and is started at the first FTM and finalized at the last FTM.

Evidence Based Practices

- Embedded into the framework of KSTEP

Cognitive Behavioral Therapy (CBT)

Motivational Interviewing (MI)

Solution Based Casework (SBC)

Parent-Child Interactional Therapy (PCIT)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Child Adult Relationship Enhancement (CARES)

Key Partners

- The Family
- DCBS Social Worker
- In Home Provider
- Substance Abuse Treatment Provider
- MAT Provider
- Community Resources- housing, utilities, food, etc

Social Services

Key Responsibilities

- 1. Investigate allegations of child abuse, neglect, and/or dependency.
- 2. Assesses child safety and risk and then makes appropriate safety plans. Adjusts those plans as needed.
- 3. Makes KSTEP referral and sends required documents to the in home provider
- 4. Attends monthly and emergency FTMS and reviews weekly updates

In home Provider

- **Key responsibilities of Clinical Staff/Therapist-**
- Completes initial and ongoing assessments with the family. Completes Addiction Severity Index (ASI) to determine appropriate referrals based on the level of care
- Provides Therapy and other clinical services
- Provides Evidence Based Practices to clients.
- Completes ASI and Parental Stress Index (PSI) to determine family functioning and assess further recommendations.

In Home Provider- Continued

- **Key Responsibilities of the Case Manager**
- Provides in home case management-**Main point of contact for family**
- Assists in the removal of barriers
- Provides weekly update to the social workers and arranges routine and emergency FTMs. Keeps in communication with the substance abuse treatment provider
- Provides in home parenting skills to family
- Completes NCFAS to determine family functioning and assess further recommendations

Substance Abuse Treatment

- **The client has freedom of choice for their SUD treatment provider. Once a level of care is determined, the KSTEP in-home provider provides a list of options and then makes an immediate referral to the agency the client chooses.**
- **KSTEP has current contracts with Pathways and Comprehend to assist with quick access to care and substance use treatment.**
 - **Key Responsibilities of the Coordinator**
 - 1. Makes initial appointment for CMHC assessment
 - 2. Links client with other needed supports (peer support, self-help meetings, community supports)
 - 3. Acts as a liaison between the client, in home provider, and therapist to schedule appointments, provide weekly updates, and attend FTMs
 - **Key Responsibilities of the therapist**
 - 1. Completes substance abuse assessment within 48 hours of referral.
 - 2. Provides individual and group therapy. Treatment begins within 72 hours of the assessment.
 - 3. Provides access to Peer Support
 - 4. Connection with self help meetings in community



Success Story!!

- Marie Bates
 - Back Story
 - Experience as a KSTEP client
 - Life Now- Peer Support

Questions?

- Jennifer Topping- KSTEP Program Administrator
- Jennifer.Topping@ky.gov
- 502-564-7635 x 3863
- Jennifer Thornhill- Prevention Branch Manager
- Jennifer.Thornhill@ky.gov

Thank you!!