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| **In-Home Services**  | **Target Population** | **Referral Criteria** | **Response Time** | **Services** | **Duration of Service** | **Follow-up** | **Area** |
| **Targeted Assessment Program****(TAP)** | Low-income parents/caretakers at risk for substance use and mental health disorders, intimate partner violence, and learning deficits and disabilities served by DCBS. | Individuals must:**1)** Receive Temporary Assistance to Needy Families (TANF)/Kentucky Transitional Assistance (K-TAP) benefits or be eligible for TANF/K-TAP benefits with a family income at or below 200% the federal poverty level; **2)** Have at least one dependent child related by blood, adoption, or marriage in the home or have a plan for reunification; and**3)** Be at risk for one or more of four targeted barriers – substance abuse, mental health disorders, intimate partner violence, or learning deficits/disabilities.  | **Varies by county – between 1-30 days of referral** | • Holistic assessment • Referral to services• Pre-treatment to increase readiness for  service engagement • Case coordination: includes strengths- based case management to address  basic needs and other external barriers  to self-sufficiency and family safety.  Includes home visits and other  outreach service and accompaniment  to first appointments as needed to  assist engagement• Follow-up on service engagement;• Case consultation and training • Collaboration with community partners. | **Each client has an individualized plan, so duration varies. Average duration – 6 months.** | **TAP follows up on each case to** ensure the parent/caretaker engages in needed services and to assist in the reunification process. For Kentucky Works Participants, TAP also follows up to ensure the participant is engaging in work preparation or employment as soon as possible.  | 35 Counties: Barren, Boone, Boyd, Breathitt, Bullitt, Campbell, Christian, Daviess, Fayette, Floyd, Nelson, Hardin, Henderson, Hopkins, Jefferson, Johnson, Kenton, Knott, Laurel, Lee, Letcher, McCracken, Madison, Magoffin, Martin, Muhlenberg, Ohio, Owsley, Perry, Pike, Pulaski, Rowan, Union, Warren, and Wolfe. |
| **Sobriety Treatment and Recovery Team (START)** | Families at risk of child removal due to substance abuse issues. | The families must exhibit substance abuse risks to children as a primary risk factor and include at least one child in the family age 5 or younger, including substance exposed infants.The family case must be a new case opening with a substantiated finding of child abuse/neglect or a FINSA case. **Jefferson County START serves only families who have an infant born drug exposed to a substance abusing mother.****Boyd County START serves families with a child in the family age 0-5 including substance exposed infants.****Daviess County START serves families with a child in the family age 0-5 including substance exposed infants.** | Once intake identifies a family who may be eligible for START, a family team meeting is scheduled at which time the START team becomes involved with the family and **immediately** begins providing services. A behavioral health assessment is conducted by the substance abuse treatment provider within two days of the FTM. The provider must then enroll the client in treatment services within 48 hours and must have a minimum of four more sessions and a completed treatment plan with client within the next two week period. START team is providing weekly home visits during at least the first 90 days of a case. | START provides intensive case management services by a START social worker and Family mentor. In-home and ongoing protective services. When indicated, they can take custody and place children out of the home, working with the family on reunification or the development of an alternative permanency plan for the children.  | Services are available until the risk has been reduced or an alternative permanency plan has been achieved for the children. Families must demonstrate a minimum of 6 months of documented, uninterrupted sobriety before consideration will be given to case closure or reunification in the case of an OOHC case. | START provides ongoing support to families through the case and links families with recovery supports and community resources for when the DCBS case is closed. | Boyd, Daviess, Kenton, & Jefferson  |
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| **Health Access Nurturing Development Services (HANDS)** | Voluntary program provides services which can begin during pregnancy or anytime before a child is 3 months old. | First time new and expectant parents residing in Kentucky. NEW! (in select counties) No longer just for first time families! Also available for new or expectant parents who are parenting other children. (Contact your local health department to see if this service is available in your county.)For more detailed information:<http://chfs.ky.gov/dph/mch/ecd/hands.htm> | Timeframe from initial screening to assessment is 30 days. If the assessment is positive for services, contact occurs w/in 48 hours and a visit w/in one week.  | Pregnant women are screened, as early in pregnancy as feasible, using an Universal Screening Tool for indicated “stress factors.” link parents with community services· Women who screen positive have a family assessment completed using a Standardized Assessment Tool. Women who have a negative screen are advised of available parenting resources, if interested. A trained home visitor introduces parenting skill development in areas such as recognizing your baby’s needs, what to expect as your baby grows, making your home safe, etc. Services focus on supporting the family, family-child interaction, child development and personal responsibility and assistance in securing a medical provider. The frequency of visits is determined by the family's needs; intensity may be increased/decreased based on need. | Services are available for the family until the child is two years of age. Services may be extended until the child is three years of age if weekly visits have continued and there has “been no progress with the family”. | Family may return if less than 3 months since services were discontinued. | Statewide |
| **First Steps** | First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families.  |  Child eligibility for the program is determined two ways:By developmental delay - A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas: communication, cognition, physical, social and emotional or self-help. Automatic entry  - A child may be eligible if he or she receives a diagnosis of physical or mental condition with high probability of resulting developmental delay, such as Down Syndrome.For more detailed information:<http://chfs.ky.gov/dph/firststeps.htm> | Anyone can refer a child for First Steps services by calling 877-417-8377 or 877-41 STEPS.The Point of Entry offices are to follow up with a family within 5 days of receiving a referral.  Per federal timelines we are required to develop an individualized family service plan (IFSP) within 45 days of receiving a referral.Referrals are directed to teams at the district Point of Entry offices that help children and families access needed services. Services are available to any child and family who meet developmental eligibility criteria, regardless of income.  | First Steps is Kentucky's response to the federal Infant-Toddler Program. First Steps offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.Children with developmental delays or conditions likely to cause delays benefit greatly from First Step services during critical developmental years. Services and support also benefit families by reducing stress.  | Children are eligible for service up to their third birthday.  | Our system does not allow for any follow up once a child exits our services.  Many of the children we serve go on to receive developmental services through the school system so that is where follow up occurs.  | Statewide |
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| **In-Home Based Services (CCC)** | Ages birth through 18 | Must be low risk families – DCBS Resource Links/FINSA; Community partners and families are encouraged to make referral to help strengthen, support, and educate families to prevent child abuse.For more information:Lynn.Mason@ky.gov502-564-4502 | First visit scheduled within 5 working days | Teaching problem-solving skills; assist parents with self-sufficiency skills. Services teach the family how to live together safely while addressing their immediate needs. Develops action plan & refers family to needed resources | Varies according to the needs of the families and curriculum or model used. Required to use a nationally recognized research-based curriculum. | At set intervals or as designated by the referring agency based on the needs of the family. | Statewide |
| **Intensive Family Preservation Services (IFPS)** | Provided to family with child at imminent risk of removal. Ages birth to 17  | Child at imminent risk of removal.\*DCBS open case or RIAC.Supervisor and Regional R&S approval.One parent willing to meet with IFPS.For more information:Charity.Roberts@ky.govLynda.Robertson@ky.gov502-564-4502 | Response to referral w/in 24 hours | Intensive crisis intervention to help resolve immediate crisis that precipitated referral. Asses family functioning; teach skills to family members to address recurring areas of conflict, counseling, and life skills education. 24/7 access | 4-6 weeks(Minimum of 8-10 direct service hours per week) | 3, 6 (face to face) and 12 months | Statewide |
| **Time Limited Reunification Services (FRS)** | Provided to family & child returning from OOHC w/in 15 month of most recent entry.Ages birth to 17 | Child in OOHC with DCBS plan for return home within 1 month. DCBS open case.Supervisor and Regional R&S approval.For more information:Charity.Roberts@ky.govLynda.Robertson@ky.gov502-564-4502 | Response to referral w/in 72 hours | Intensive services to help child transition home to family and community. Assess child and family functioning; teach skills to family members to address recurring areas of conflict and provide counseling & life skills education to prevent re-entry. 24/7 access | 6-17 weeks(Minimum of 3-8 direct service hours per week) | 3, 6 (face to face) and 12 months | Statewide |
| **Families and Children Together Safely(FACTS)** | Provided to family with a child at substantial risk of removal or to family w/child returning from OOHC beyond 15 months. Ages birth to 17  | Child at risk of removal or child to return home from OOHC. DCBS open caseSupervisor and Regional R&S approval.For more information:Charity.Roberts@ky.govLynda.Robertson@ky.gov502-564-4502 | Response to referral w/in 72 hours | Comprehensive services to families to assess family functioning; teach skills to address recurring areas of conflict; provide counseling and life skills education to family members. 24/7 access | 4-17 weeks(Minimum of 3-8 direct service hours per week) | 3, 6 (face to face) and 12 months | Statewide |
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| **FPP Adoption Support** | At risk of adoption dissolution, at risk of abuse or neglect to adopted child; previous disruption | Eligible child/family must live in Jefferson County and be at risk of adoption dissolution, adopted child at risk of abuse or neglect, or have had a previous disruption.Includes families in Jefferson County with children in pre-adoptive placements who are at risk of placement disruption.  | None noted | Respite care; Parent education and psycho-educational sessions offered; Crisis Intervention: 24/7 access | 2-6 months of in-home service at a minimum of 3-5 hours per week.Reunification services include 1 month of in home sessions and may be extended for 3 months if needed. | 6 and 12 months  | Jefferson County |
| **Impact****Program** | Birth up to age 21Children with Severe Emotional Disability (SED). SED is defined by KRS 200.501. (i.e., children who have an Axis I Diagnosis like ADHD/ADD, Major Depression, Tourette’s, Oppositional Defiant Disorder, etc.) And who show functional impairment in at least 2 of 5 areas and who are in need of coordination of services. Diagnoses of Mental Retardation or Substance Abuse may also exist but only if with SED-mental health diagnosis. | Children with SED who are receiving institutional care or are at risk of institutional placement shall be given priority for services pursuant to KRS 200-501-509. Each Regional program has a “nomination packet/form” that must be filled out and forwarded to the RIAC, generally through the IMPACT Local Resource Coordinator. Anyone may make the referral.Primary State level Contact: Kari.Collins@ky.govFor more detailed information:<http://dbhdid.ky.gov/dbh/kyimpact.aspx> | No specific time frame that is uniform statewide. Generally referral made to RIAC/LIAC through the Local Resource Coordinator and then reviewed at next available RIAC/LIAC meeting-generally held 1-2 times per month. Many regions have provision in policy manual for an “emergency” review/acceptance into the program. | Targeted Case Management /Service Coordination utilizing Wraparound. Wraparound is a “best practice”Model whereby a facilitator guides development and implementation of a service plan that encompasses all services and supports deemed appropriate i.e., not just behavioral health services.  | Varies widely but generally longer term (18-36 months) | In some Region, there is a formal IMPACT Follow Up period of 3-6 months whereby the IMPACT Service Coordinator is available to the family but does not actively meet with the child or family unless needed.In all regions, | Statewide |

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| **KIDS NOW Plus** | Pregnant women who are currently at risk for Substance Usage, currently using substances, and/or are currently diagnosed with a Substance Use Disorder. | Pregnant woman who has current risk for substance use, currently using substances, and/or diagnosed with a substance use disorder.\*Please note: A) Pregnant women with a Substance Use Disorder would be directly referred to KIDS NOW Plus case management services. Those with a SUD do not qualify for prevention services.B) Pregnant women who do not have a Substance Use Diagnosis should be referred to a KIDS NOW Plus Prevention Education Program. Women without a SUD will be assessed at a prevention education class to determine if they meet criteria for a substance use diagnosis and/or KIDS NOW Plus case management services.There is **NO** charge to the client but Medicaid information is required for billing purposes.**Contacts**Katie StrattonKatie.stratton@ky.gov**502-782-6192****Pregnancy Behavioral Risk Assessment/Level 1:**<http://dbhdid.ky.gov/dbh/documents/pregnancyrisk.pdf>**KIDS NOW Plus Webpage:**[http://dbhdid.ky.gov/dbh/kidsnow.aspx#](http://dbhdid.ky.gov/dbh/kidsnow.aspx)  | Typically within 24 hours of program referral being received from a community partner.  | 1. Provide community education, development of referral sources, work with community partners and coalitions, and engagement in outreach activities associated with addressing issues surrounding substance use/abuse and pregnancy;
2. Early identification of pregnant women at risk for ATOD use;
3. Provision of substance abuse prevention services to at-risk pregnant women who qualify for universal, selected, and indicated prevention services (Medicaid billable services);
4. Engagement of pregnant women in case management services that meet the DSM substance use disorder criteria (Medicaid Billable services);
5. Creation of a client-centered case plan;
6. Referrals to services that may include treatment for substance use, mental health, and domestic violence;
7. Increasing readiness for treatment while encouraging abstinence or reduction of ATOD use for those pregnant women who are involved in case management services, but not ready to accept referrals for treatment services;
8. Encouragement and support to attend all prenatal care appointments during the pregnancy as recommended by physician and follow physician/OBGYN medical recommendations; and
9. Participation in community outreach services such as marketing, community education, provider education, provider program training; and coalition involvement.
 | Duration of pregnancy and up to 60 days postpartum | Clients can remain in the KIDS NOW Plus program up to 60 days postpartum. If the client continues to remain in need of Substance Use Services (once 60 days post-partum has been reached), and has a Substance Use Diagnosis, the client can transfer her case file from KIDS NOW Plus case management to a case management service for Moderate to Severe Substance Use (now a covered/billable Medicaid service) (available in all CMHC’s). UK Center for Drug and Alcohol Research (CDAR) will complete follow-up surveys via phone with those women that are willing to participate.  | Mental Health RegionsFour Rivers –Paducah & Surrounding CountiesPennyroyal-Hopkinsville & Surrounding CountiesRiver Valley – Owensboro & Surrounding CountiesLifeskills – Bowling Green & surrounding countiesCommunicare – Elizabethtown & surrounding countiesSeven Counties – Louisville & surrounding countiesNorth Key – Northern Ky areaComprehend- Maysville & Surrounding Counties Pathways – Ashland & surrounding countiesMountain – Pikeville & surrounding countiesKY River- Hazard & Surrounding Counties Cumberland – Corbin & surrounding countiesAdanta – Somerset & surrounding countiesPlease note: KIDS NOW Plus is not available in the Bluegrass Region. However, the PRIDE Program with Bluegrass.org is a similar program for this population |
| **Diversion Program** **Prevention &****Reunification** | A target child is age 10 up to age 17 that has been identified by DCBS as being at risk for being placed in OOHC or a child who will be transitioning back to their home. | Open case with DCBSAt least one Target Child in the home between 10 and 17 years old.Family must be TANF eligibleReferrals are to be made via your designated Regional Selection & Referral staffFor more information:Vivian.Schneider@ky.gov502-564-4502 | Family Assessment completed w/in 10 days and which must include the North Carolina Family Assessment Scale (NCFAS) | Intensive & comprehensive home based services utilized to divert child from OOHC or to reunify a child with their family.Services Include:Clinical assessment of targeted child and family based on the North Carolina Family Assessment Scale and other assessment tools, which include but are not limited to, Adult Adolescent Parenting Inventory (AAPI), Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), Social Skills Rating Scales (SSRS)Therapeutic child supportive services which are behavioral, psychological and psychosocial in orientation; are multi-faceted and include crisis management, individual/family counseling, skills training, coordination, and linkage with other necessary services, resources and supports.Parental development programCrisis intervention24/7 Availability to family | 3 to 4 months | 3 months, 6 months and 1 year following intervention with successful intervention being defined by the child remaining in the home. | Statewide  |
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| **Michelle P Waiver** | Children and adults any age | Must have a developmental disability or significantly sub average intellectual functioning, Must meet ICF/MR or NF level of care, Must qualify for Medicaid, and must benefit from active treatment.A Severe chronic disability that is attributable to mental or physical impairment or combination of both (excluding mental illness). This must be manifested prior to age 22 and has to be likely to continue indefinitely and results in substantial functional limitations in 3 or more life areas:Self careUnderstanding and use of languageLearningMobilitySelf directionCapacity for independent living | The Community Mental Health Center has 14 days from time the assessment is requested to get it completed. | 40 Hours of services per week.Service that you can receive that are not counted in the 40 hours:RespiteCase management services.AssessmentRe-assessment Services included in the 40 hours:HomemakerPersonal carAdult day trainingADHCHomemaker servicesSupported employmentAttendant careBehavioral supportsCommunity living supports | For as long as the client is eligible and the service is deemed necessary.Yearly reassessment required to determine continued eligibility. | Not applicable | Statewide |