PROGRAM DESCRIPTION

Department: Social Services HB Section(s): 11.318

Program Name: BSFT & PCIT

Program is found in the following core budget(s): Brief Strategic Family Therapy & Parent Child Interaction Therapy

1a. What strategic priority does this program address?

Understanding, identifying, and developing specific plan to change patterns to improve youth's behavior.

1b. What does this program do?

Brief Strategic Family Therapy (BSFT) is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. These co-occurring problem behaviors include conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. BSFT is based on three basic principles: First, BSFT is a family systems approach. Second, patterns of interaction in the family influence the behavior of each family member. The role of the BSFT counselor is to identify the patterns of family interaction that are associated with the adolescent's behavior problems. Third, plan interventions that carefully target and provide practical ways to change those patterns of interaction that are directly linked to the adolescent's drug use and other problem behaviors.

Parent-child interaction therapy (PCIT) - is a dyadic behavioral intervention for children (ages 2.0 –7.0 years) and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. PCIT is time-unlimited. Families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior. Treatment length varies, but averages approximately 14 weeks of hour-long weekly sessions.

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2a. Provide an activity measure(s) for the program.

Number of Families served in a Fiscal Year

Number of Children served in a Fiscal Year

* This data will not be available until June 2023.

2b. Provide a measure(s) of the program's quality.

Self Assessment Scores of Youth and Families Pre and Post Therapy

* This data will not be available until June 2023.

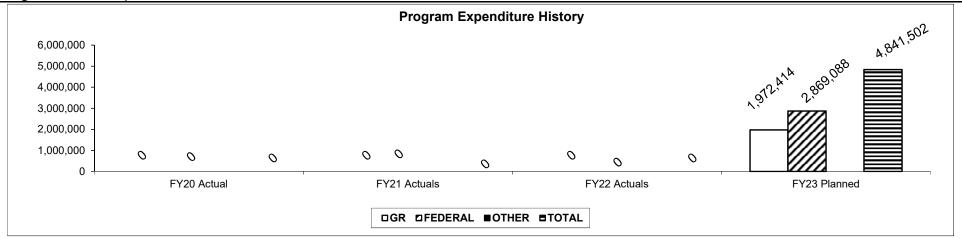
2c. Provide a measure(s) of the program's impact.

Measure under development.

2d. Provide a measure(s) of the program's efficiency.

Measure under development.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY 2023 expenditures are net of reverted and reserved.

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4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Public Law (P.L.) 116-94, Further Consolidated Appropriations Act, 2020; the Family First Prevention Services Act (FFPSA) within Division E, Title VII of the Bipartisan Budget Act of 2018 (P.L. 115-123); Sections 421, 423, and 1130 of the Social Security Act.

6. Are there federal matching requirements? If yes, please explain.

Expenditures on behalf of eligible IV-E children and youth are reimbursable at the IV-E program rate, which is the FMAP (Federal Medical Assistance Percentage). The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

The mechanism to utilize transition funding for states to move towards implementation is not mandatory; however, the changes set forth in P.L. 115-123 are. Additionally, The federal Child Welfare Act and the federal Child Abuse Prevention and Treatment Act obligate Missouri to care for children who have been abused and neglected.