Family First Prevention Services Act (FFPSA)

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Interim Joint Committee on Health
Charleston, WV
On February 9, 2018, President Trump signed into law the landmark bipartisan Family First Prevention Services Act (FFPSA), which **allows federal Title IV-E funds to be used to provide services to keep children safely with their families and out of foster care**, and when foster care is needed, allows federal reimbursement for care **in family-based settings, certain residential settings, and certain residential treatment programs** for children with emotional and behavioral disturbances requiring special treatment.
Family First Prevention Services Act

Title IV-E Prevention Services CLEARINGHOUSE

- Released June 20, 2019;
- A warehouse sponsored by federal government for services proven to reduce child abuse and neglect;
- The only IV-E reimbursable foster care prevention services for children and families;
- It’s the first step of many to come.

The clearinghouse can be found here: https://preventionservices.abtsites.com/
There are currently seven services on the Clearinghouse:

- Parent-Child Interaction Therapy-Well-Supported
- Trauma-Focused Cognitive Behavioral Therapy-Promising
- Multisystemic Therapy-Well-Supported
- Functional Family Therapy-Well-Supported
- Families Facing the Future-Supported
- Parents as Teachers-Well-Supported
- Nurse-Family Partnership-Well-Supported

Still being reviewed:

- Healthy Families America (By TEAM for WV Child. in Cabell, Wayne, Lincoln, Logan & Mason)
- Methadone Maintenance Therapy
- Motivational Interviewing
The goal is to allow children to receive the necessary services in the least restrictive setting.

Title IV-E reimbursement is allowable for:

- Qualified Residential Treatment Programs (QRTP);
- Settings specializing in providing prenatal, post-partum or parenting supports for youth;
- Supervised settings for youth who have attained 18 years of age where a youth can learn to live independently;
- Settings providing high-quality residential care and supportive services to children and youth who have been or are at risk of becoming sex trafficking victims.
There is significant compliance risk to the State if federal QRTP requirements are not satisfied, such as:

- 30-day Assessment of the Appropriateness of a QRTP Placement
- Ensuring the Quality of Residential Treatment
- Family and Permanency Team Requirements
- Case Plan Requirements
- 60-day Court Approval and Ongoing Review and Permanency Hearing Requirements
- Aftercare Services

* Court must review decision again at every status and permanency hearing
Family First presents West Virginia the opportunity to build capacity for children and youth historically placed out-of-state or at risk of being institutionalized.

Target population includes children and youth who:

- Are in the custody of the BCF; *and*
- Have demonstrated an inability to function in foster homes or less restrictive forms of residential care due to significant lack of behavioral control; *and*
- Have been diagnosed with one or more significant behavioral, intellectual, developmental, or emotional disorders that make him or her at a higher risk of out-of-state placements; *and*
- Have been assessed by an independent clinician to need the structure and mental health expertise provided by the services in a QRTP; *and*
- Are in need of 24-hour treatment/intervention to prevent hospitalization; *or*
- Are in need of step-down from a more restrictive level of care as part of a transitional discharge plan.
In an effort to support West Virginia’s implementation of the federal FFPSA, the West Virginia Department of Health and Human Resources will be converting 40 of the current licensed child residential beds into QRTP beds.

The Department, through a grant procurement process, is providing startup funds to cover allowable expenses necessary for a provider to meet the requirements of becoming a QRTP.

The Department will reimburse QRTP providers at an enhanced Level III daily rate established through the Office of Management Reporting and Accountability.

This is the Department’s first step for developing QRTP programming that will be part of a continuum of care for children who come into the foster care system.
Qualified Residential Treatment Programs-Phase I

Region II - Cabell County
- Cammack-6 Beds
- Pressley Ridge-6 beds

Region III - Mineral, Randolph and Berkeley Counties
- Burlington-8 beds in Mineral
- Board of Child Care-6 beds in Berkeley
- Elkins Mountain School-6 beds in Randolph

Region IV - Raleigh County
- Burlington-8 beds
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DEPARTMENT OF JUSTICE

Investigation and Findings 2015

- WV fails to provide services to children with significant mental health conditions.
- Treatment tends to be away from family, their community, out-of-state.
- Systemic failure to develop or sustain in-home and community based mental health services.
- Most often institutionalized.
- Remain in institutional settings due to lack of transition services.
In May of this year, an agreement was signed with:

- The Department of Health and Human Services
- The Department of Military Affairs and Public Safety
- The Department of Education
In the agreement DHHR is to do the following - STATE WIDE!

- Prevent children from being removed from family homes to receive treatment whenever possible;
- Prevent children from unnecessarily going into residential treatment care;
- Provide transition services so children can return home if they need placement;
- Provide in-home and community-based services including wraparound facilitation, children's mobile crisis response, therapeutic foster family care, behavioral support services;
- Obtain a “subject matter expert” to provide technical assistance & assess WV’s compliance with the agreement.
The targeted population:

- Children under the age of 21 who have a serious emotional or behavioral disorder or disturbance that results in a functional impairment; and
- Those who might be placed in a residential mental health treatment facility in the near future.
The Timelines in agreement are:

- Within 18 months of May 14, 2019, DHHR will develop a Quality Assurance and Performance Improvement System that facilitates an assessment of service delivery.
- Within 120 days of May 14, 2019, DI-IHR will provide a draft implementation plan to DOJ.
- By October 1, 2020, the specified programs will be available statewide.
- By December 31, 2022, DHHR expects a 25% reduction from the number of children living in residential mental health treatment facilities as of June 1, 2015.
- By December 31, 2024, any child residing in a residential mental health treatment facility must have been assessed by a qualified professional and determined to be in the most integrated setting appropriate to their individual needs.
What is Serious Emotional Disturbance (SED)?

Children from age 3 to 21 who currently, or in past year, had a diagnosable mental, behavioral or emotional disorder; that results in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, and/or community activities.
WEST VIRGINIA’S SERIOUSLY EMOTIONAL DISTURBANCE WAIVER

What could this waiver program look like?

- Add or expand services to help youth and caregivers/families to avoid inpatient psychiatric care.
- Services can range from case mgmt. to in-home supports to respite, to mobile crisis response to transportation to specialized therapy.
- Year 1 = 500 slots (could expand with demand)
WEST VIRGINIA’S SERIOUSLY EMOTIONAL DISTURBANCE WAIVER

What are the goals of the SED Waiver?

- To divert children with SED from institutions whenever possible;
- To enable them to live successfully with their biological family, foster family, or kinship placement;
- To integrate into the community to the extent possible;
- To prepare them for the transition to independent living as they become adults.
WEST VIRGINIA’S SERIOUSLY EMOTIONAL DISTURBANCE WAIVER

How will SED Waiver services differ from existing services under the Medicaid State Plan?

- Services to be offered that are not currently under the State Plan.
- Expand other services currently under the State Plan.
MANAGED CARE

- Provides statewide physical and behavioral health managed care services for children and youth in the foster care system.
- Includes individuals receiving adoption assistance.
- Provides statewide administrative services for all individuals accessing socially necessary services (SNS).
- Enhances coordination of care and access to services, including physical health, behavioral health, dental care, and SNS.
- Improves communication and training among stakeholders, including schools, the judicial branch, medical providers, and social service providers.
- Helps reduce the number of children removed from the home through increased family-centered care that provides necessary and coordinated services to all members of the family.
- Includes a comprehensive quality approach across the entire continuum of care services.
MANAGED CARE

Key Dates:

- Foster Care Bid Opening: August 16, 2019
- Projected Award Date: October 1, 2019
- Contract Effect Date (services begin): January 1, 2020
LEGISLATION FROM 2019 SESSION

Most notable was HB 2010. This Bill made modifications to the Foster Care System.

Key pieces include:

- Transitioning foster care into managed care (described as another set of eyes & ears)
- Performance based contracts for child placing agencies in place by December 1, 2020 to include evidence based services;
- Study of kindship foster care families to improve services by looking at training, supports and regulation;
- Add a foster care ombudsman;
LEGISLATION FROM 2019 SESSION

Most notable was HB 2010. This Bill made modifications to the Foster Care System.

Key pieces include:

- **Residential facilities may not discharge a youth from the program without consent** of DHHR and approval of the court. If DHHR doesn’t agree to the discharge, the facility may petition the court.

- **Three year certification for foster homes** unless substantial change occurs. Criminal Background checks are conducted with the re-certification. Home safety assessments are conducted annually.

- **If a service is covered by Medicaid and the service is not provided within 30 days, the court may order the service to be provided by a provider at a rate higher than the Medicaid rate.** The Department may object and request to be heard, after which, the court shall issue findings of fact and conclusions of law supporting its decision.
LEGISLATION FROM 2019 SESSION

Most notable was HB 2010. This Bill made modifications to the Foster Care System.

Key pieces include:

- Probation Officers shall develop and implement an *individualized case plan in within 90 days* prior to the disposition to probation (previously was “within 6 months”);

- Court may not terminate the parental right of a parent on the sole basis that the parent is participating in a regulated medically-assisted treatment program, as long as the parent is successfully fulfilling his or her treatment obligations program; and

- Court may not order a child to be *placed in an out-of-state facility* unless the treatment needs are not available in-state, the out-of-state facility is closer to the child’s family or services out-of-state services are more timely available.
FEDERAL LAWSUIT AGAINST DHHR

- Filed by A Better Childhood (national advocacy group for children); Disability Rights WV (statewide disability rights org.) & Shaffer & Shaffer (state law firm)
- 12 children named in lawsuit
- Charge DHHR with failing to provide necessary services that protect all the children in state’s custody (class action suit)
- Focuses on 3 subclasses: those in foster care with disabilities, those aging out of system, and those in kinship care
OUT-OF-HOME FACILITIES

Type and Services Provided

Level I Youth:

Must have a DSM diagnosis;
Having problems in school, home and/or community;
Needs a community based setting;
Will attend public school;
Will receive minimal support and treatment interventions; and
Preparing for transitional living.
OUT-OF-HOME FACILITIES

Type and Services Provided

Level II Youth

Must have a DSM diagnosis;
Has moderate to severe problems in school, home and/or community;
Cannot function in public school without significant treatment supports;
Receives professional level of treatment services; and
Some community integration.
OUT-OF-HOME FACILITIES

Type and Services Provided

**Level III Youth**

Needs much structure and intensive staff interventions;
Must have a DSM diagnosis;
Displays regular severe disturbances in behavior and emotions;
Are unable to function in more than one area of their lives;
Attends an on-grounds school; and
Some off-campus activities.
OUT-OF-HOME FACILITIES

Type and Services Provided

**Emergency Shelter Youth**

Need a highly structured, intensively staffed crisis setting;
Are involved in family dysfunction, some form of abuse, neglect or abrupt removal;
Temporary placement; and
Attends public school.
OUT-OF-HOME FACILITIES

Type and Services Provided

Psychiatric Residential Treatment Facility (PRTF) Youth

Must meet medical necessity (MCMI); Psychiatric issue; and NOT appropriate for developmental delayed or autistic children.
OUT-OF-HOME FACILITIES

Type and Services Provided

Detention Facilities - All have detention beds except:
- Rubenstein
- Sam Perdue

Committed Facilities – General population
- Chick Buckbee
- Donald R. Kuhn

Specialized Committed Facilities
- Sam Perdue (sex offenders)
- Ron Mullholland (girls)
- Rubenstein Center (males - less security)

Diagnostic Services provided at
- Robert Shell (MUST BE adjudicated)
MDT Project
Multi-Disciplinary Team
According to WV Code, multidisciplinary teams are designed to assess needs, then prepare and implement service plans for children and families where abuse and/or neglect is suspected, or alternatively where children are undergoing delinquency (and status offense) proceedings. This service plan is to be individualized and shared with the court.

The MDT teams should be convened by the DHHR case manager and include parent(s), guardian(s), immediate family members, their attorney(s), prosecuting attorney, GALs, CASA, child (if appropriate), probation, education, and others deemed appropriate by court.
The Division of Children and Juvenile Services and CIP recognizes that in West Virginia, juvenile cases and abuse and neglect cases often overlap. We also recognize the importance of quality MDTs as tools to ensure quality hearings so that children in child welfare proceedings receive quality hearings and achieve permanency.

The MDT can be the most important tool for a quality hearing. MDTs should meet and address the child and family needs in order to properly inform the court on case progress.
The Division is conducting a cross-systems examination of MDT policy, procedure, and practice in WV through interviews, desk reviews, and stakeholder surveys.

• Stakeholders interviewed to date include all the DHRR Community Service Managers (CSM) for all counties around the state.
• We spoke with educational transition specialists / school counselors and juvenile probation officers in September, and in upcoming months, will be employing surveys to these same individuals.
• DHHR and the WV Foster, Adoptive, and Kinship Parents Network have implemented an online survey to foster families recently which includes MDT questions. They expect to have those results sometime in December.
• Additionally, online surveys will be utilized for prosecuting attorneys, public defenders, GALS and respondent attorneys. Those will be sent out sometime in November.
MDT Interview Data as of 10/31/2019

- Interviews done in person or by phone. Asked a series of questions and asked to answer based on aggregate information. Data collection tool then completed by interviewers and entered into Excel spreadsheet for analysis.
  - While CSMs were interviewed in all counties, in 14 counties the CPS Supervisor was included in the interview and in another 13 counties, the CSM was joined by both CPS and YSW supervisors.
  - DHHR schedules all MDTs in 91% of the counties surveyed.
  - 87% said that the MDTS provides the ground work for the court hearing.
  - 92% said foster families are actively involved
  - 87% said children and youth were active participants
  - 83% said education participated
Our goal in the future is to begin observing MDTs and court hearings to collect baseline data on stakeholder participation, time to permanency, and quality of MDTs and hearings.
MISSING FROM CARE

LOOKS AT CHILDREN MISSING FROM CARE IN ORDER TO MAKE RECOMMENDATIONS ON SYSTEMIC CHANGES.
Federal Law (42 U.S.C. 5772) defines a “missing child” as “any individual less than 18 years of age whose whereabouts are unknown to such individuals legal custodian.”

- Children who may have been abducted by non-family member
- Wrongfully taken or retained by a person related to them
- Wandered away from safe environment and become lost
- Been displaced by disaster
- Runaway from home, foster home, or state care facility
TALKING TO THE SOURCE!!

- Surveys/interviews of youth in state custody
- All 10 BJS facilities
- All Emergency Shelter homes in the state
- Surveys/interview will be conducted for the course of one year
RESULTS OF SURVEYS THROUGH 11/1/19

- 99 completed interviews
- Youth interviewed were aged 11 to 19 and currently in BJS facilities
- 70% of youth stated it was a spontaneous decision to run
- 41% spoke to someone before they ran. Of those who spoke to someone about their plans, 90% talked to a peer
- 43% ended up somewhere they did not plan to be
- 10% reported they were victimized on the run, all but two of the youth were female
- 59% used drugs and or alcohol on the run
- Over 1/3 of the youth reported that at some point during their run, they were without food or shelter
RESULTS OF SURVEYS THROUGH 11/1/19

- 45% reported that they would have returned but were afraid of the consequences
- 21% of youth stated the first time that they ran away was before they turned 14
- Of those asked 65% ran in the summer
Nearly 65% Stated The First Time They Ran Could Have Been Avoided If…….

- Having more structure in facility
- Better staff
- Staff could treat her with respect
- Not being abused at home
- Having someone to help him if he reported the abuse
- Feeling safe in the home
- Not being in the home with his mother
- Wanted to go live with grandmother in Florida
- Being told when he would be done with the program and knowing when he could go home
Nearly 65% Stated The First Time They Ran Could Have Been Avoided If…….

- Courts following through with what they say
- Coping with his frustrations better
- Not being around siblings
- Home visits while in placement
- Having regular phone calls at placement
- Better supervision at facility
- Better relationship with father
- Having another living option
- Therapy
- His dad not being with the women he was with at the time
- Having a little more freedom while at residential and more contact from family
QUESTIONS......
JANIS, STATISTICS, DATA, AND YOU!

DID YOU KNOW THAT 76% OF STATISTICS ARE MADE UP

HOWEVER THE OTHER 44% ARE TRUE

Presented By

Andria Jones
Project Manager

Court Improvement Program
We often think of data and statistics as something like this…

Data and statistics are very important to what we do.
COURT DATABASES

Court databases

Court Plus
UJA
Court Statistics Database
OCMS

Abuse and neglect databases

JANIS
  • BenchView
  • CAN
  • JAA

GAL

Coming soon- Family Treatment Court
DATA COLLECTED IN JANIS

- Basic demographics on children and respondents
- Risk Factors
- Types of permanency reached
- Outcomes of overlap cases (JAA)
- Timeliness of permanency review hearings
- Improvement Periods
- Timeliness in court cases (Performance Measures)
A WORD ON PERFORMANCE MEASURES

Although performance measures are by Judge, there are many people who are involved in successfully reaching time standards.

- Judges
- Prosecutors
- Respondent Attorneys
- Guardians Ad Litem
- CPS Workers
- Adoptions Workers
- Child Advocates
- Clerical and Judicial Staff
- Others

Every case professional plays a role. This is a TEAM effort.
GENERALLY, WHAT AFFECTS MEETING TIME STANDARDS?

- Timeliness of order preparation
- Continuances
- Preparedness of parties
- Timeliness of report submission
- Priority of scheduling
- Completion of assigned case tasks by professionals
BRACE YOURSELF

DATA ANALYSIS IS COMING

Examples of how data is used
Statewide data 2012-2018

New juvenile case filings 2012-2018
23rd Circuit New Child Abuse and Neglect Case Filings 2012-2018

New Abuse and Neglect Cases 2012-2018 (Circuit View)

- 2012: 209
- 2013: 203
- 2014: 303
- 2015: 225
- 2016: 283
- 2017: 226
- 2018: 274
New Abuse and Neglect Cases 2012-2018 (County View)

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23rd Circuit New Child Abuse and Neglect Case Filings 2012-2018
Reason I have made this pie graph

- I have actually got an idea
- I have never made a pie graph before and I wanted to see how it is done
- I love pie
- I have nothing better to do
- I am "researching" "statistics"
- Just seein' how many colours this pie graph can accommodate
- To check if you are colour-blind
- Are you still reading this? Well, if you are.....
- Then this meme is so crazy it actually might work