

Karen's Corner



2015 was a year of many new partnerships and accomplishments for the West Virginia Department of Health and Human Resources, one of which was the implementation of Safe at Home West Virginia. On October 1, 2015, our Bureau for Children and Families rolled out phase one of this innovative demonstration project in Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne counties.

We are already seeing improvement when it comes to reducing the state's reliance on in-state and out-of-state group care for youth ages 12-17. Since the launch, we have made 77 referrals to Safe at Home for wraparound services. So far, seven youth have returned to West Virginia; six have moved back to their home communities from in-state residential placements; and 23 have been prevented from entering residential placements.

Youth involved in Safe at Home are being served through the wraparound model, a planning process that helps ensure youth grow up in their homes and communities when safely possible. With help from a wraparound facilitator, key players in the child or youth's family work together, coordinate activities, and blend perspectives of the family's situation.

In order to provide the best opportunity for success for both the youth and their loved ones, Safe at Home emphasizes family engagement. During the wraparound process, family teams, groups of people chosen by the family and connected to them through natural, community and formal support relationships, develop and implement the family's plan and work toward the family's vision by monitoring their progress.

Since this is a new program, we are diligently monitoring feedback and progress when it comes to those youth referred to Safe at Home. Our staff continues to meet with Local Coordinating Agencies, which are tasked with hiring wraparound facilitators and providing services or securing them from other sources. Safe at Home is also being evaluated by a third party group to help us understand what changes we need to make as we expand.

We are excited about the next phase of our demonstration project, expected to launch this summer. We are working to educate our staff and partners in the phase two areas with continued informational meetings and trainings. Phase two includes 24 counties: Barbour, Brooke, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Lewis, Marion, Mercer, Mineral, Monongalia, Monroe, Nicholas, Ohio, Pendleton, Pocahontas, Preston, Randolph, Summers, Taylor, Tucker and Upshur.

I appreciate each of you for your continued support as we strive to provide all children the opportunity to live safe, healthy and successful lives right here in West Virginia. To learn more, visit <http://www.dhhr.wv.gov/bcf/Services/Pages/Safe-At-Home-West-Virginia.aspx>, and email SafeAtHome@wv.gov to subscribe to our weekly e-blasts.

DHHR Estimates Millions in Savings Due to Privatization Efforts

DHHR is estimating more than \$50 million in state and federal taxpayer savings in state fiscal year (SFY) 2016 by expanding the population served in managed care, adding several services to managed care, and decreasing the capitation rate (payment arrangement for health care service providers) for the traditional managed care populations. This savings allows DHHR to offset some of the inflationary increases in health care experienced by other public and private payers. *continues*



DHHR Estimates Millions in Savings, continued

“DHHR has worked very hard to protect the best interests of state taxpayers, while at the same time ensuring Medicaid members are receiving the best possible care,” said Jeremiah Samples, DHHR Deputy Secretary for Public Health and Insurance. “By privatizing the delivery of Medicaid services and strengthening oversight of managed care entities, we are experiencing greater efficiency and accountability than the traditional Medicaid model.”

In addition to lowering rates, DHHR last year implemented a quality withhold policy that pays private plans for performance and a Medical Loss Ratio (MLR) that requires plans to refund the state should they spend less than 85% of payments on care to citizens.

“To effectively transition a public program into a private model, we must make sure that we are holding everyone accountable for providing quality services,” Samples emphasized.

DHHR is currently planning to move the Supplemental Security Income (SSI) population into managed care in SFY 2017, which could save \$30 million in state and federal dollars annually once fully implemented. The transition would also allow the Department to increase care management of this vulnerable population.

Medicaid is a federal program administered by the state to help with medical costs for some people with limited income and resources.

Survey Shows Continued Compliance Prohibiting Sale of Tobacco to Minors



For the 16th consecutive year, West Virginia has been in compliance with federal requirements that limit retail sales of tobacco to minor youth, based on an annual statewide survey conducted by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities (BBHBF). The findings indicate that 92.0 percent of retailers inspected did not sell tobacco products to youth under the age of 18 during 2015.

“The partnership between the Bureau for Behavioral Health and Health Facilities, the West Virginia State Police and BBHBF grantees reduces the availability of tobacco products to youth,” said Vickie Jones, Commissioner of BBHBF. “I am proud of our teamwork and commend the retailers and employees who contribute to the State’s tobacco

prevention efforts by not selling tobacco products to youth under the age of 18.”

The Synar Survey, named for its sponsor, Congressman Mike Synar of Oklahoma, was enacted as part of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. The results are based on annual inspection results.

Federal law authorizes the Substance Abuse Prevention and Treatment (SAPT) Block Grant and requires states to enact and enforce laws prohibiting sales of tobacco products to minors. The state must demonstrate that its non-compliance rate does not exceed the target of 20% for illegal tobacco sales to minor youth in order to maintain \$3.5M in prevention and treatment funds. SAPT, the largest funding stream in West Virginia supporting substance abuse prevention and treatment, is administered by the Bureau for Behavioral Health and Health Facilities.

West Virginia’s 2016 Synar report is available for public comment at <http://www.dhhr.wv.gov/bhbf/resources/Pages/default.aspx>.

