

## Family First Prevention Services Act

*Laura Barno, Family First Director, DHHR's Bureau for Children and Families*

West Virginia will be implementing the Family First Prevention Services Act (FFPSA) on October 1, 2019. Our state views this as an exciting opportunity to leverage these changes with existing initiatives in order to create lasting change in our child welfare system. Family First is a tool to help us correct a decades-old reliance on out-of-home care, specifically congregate care settings. Through the restructuring requirements, the focus on keeping children in the least restrictive setting, as well as the focus on primary prevention services, we believe FFPSA to be the much-needed missing piece of the puzzle.



Primary Prevention is a concept that often requires the child welfare staff to do the nearly impossible, in our crisis driven system, and think outside their child protection activities after maltreatment has already occurred. Associate Commissioner of Health and Human Services' Administration for Children and Families, Jerry Milner, honored West Virginia by addressing some of our state leaders and stakeholders December 11, 2018, during a meeting hosted by Casey Family Programs. During his presentation Mr. Milner urged states to remember that FFPSA will be a helpful first step in re-visioning child welfare, but it must be viewed as only one of many tools that states will need. The funding allowances under FFPSA are revolutionary, but they will not get us as far upstream as we need to go to effect real change.

In response to the Administration for Children and Families' call to action, DHHR has been refining its prevention vision over the past year, preparing for the development of the State's Family First Five-Year Prevention Plan. The goal of the prevention plan will be to expand existing prevention services, as well as enhance the array of services from which families may choose. Family engagement and family voice will be two important components of prevention service provision, much like Safe at Home.

Over the next five years, providers, foster parents, the courts, private citizens and DHHR staff will be involved at every step as we begin to plan, develop and utilize a broader range of in-home community-based services. The primary goal being to increase children served safety in their homes and decrease the number of children served in out-of-home care.

## DHHR Partners with US Department of Justice on Child Welfare Reform

*DHHR's Office of Communications*



On May 14, 2019, DHHR entered into a partnership with the US Department of Justice (DOJ) by signing a Memorandum of Understanding to serve children with serious mental health conditions in the most integrated setting appropriate, by expanding community-based mental health services and reducing the number of children in residential mental health treatment facilities.

"In 2013, DHHR realized changes were needed to the state's child welfare system and has been meeting with the DOJ for six years," said Bill J. Crouch, DHHR Cabinet Secretary. "Under the leadership of Gov. Jim Justice, we believe through the development of Safe at Home wraparound services, as well as the implementation of the Family First Prevention Services Act and the application for the waiver for Children

with Serious Emotional Disorders, we will be able to serve the vulnerable children of our state in their home communities rather than through residential mental health treatment facilities."

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## DHHR Partners with US Department of Justice, cont.

In 2013, West Virginia had one of the highest percentages of residential placement of children in the country. Based on the 2013 data and other indicators, DHHR applied for a federal IV-E Waiver to develop Safe at Home West Virginia.

In April 2014, the DOJ began its investigation of West Virginia's compliance with the Americans With Disabilities Act (42 U.S.C. §§ 12131-12134) requiring that individuals with disabilities, including children with mental illness, receive supports and services in the most integrated setting appropriate to their needs.

In October 2015, DHHR's Bureau for Children and Families began serving children ages 12-17 in their home communities through the launch of Safe at Home by providing wraparound services to children, family members, caregivers and foster parents to support them in developing and maintaining a stable and loving environment with the goal of children being safe, healthy and successful.

"I want to thank Assistant DOJ Attorney General Eric Dreiband and US Attorney Mike Stuart for getting intimately involved in these discussions and shepherding us to a resolution we could all agree upon. Both entities have the same end goal to ensure the safety and well-being of West Virginia's children," said Secretary Crouch.

West Virginia has reduced the percentage of children in residential care to 17% with the help of residential care providers. Secretary Crouch added, "West Virginia has a quality group of residential providers who are committed to caring for children in our state; they also share the same goal regarding our children."

## Safe at Home Helps Youth Accomplish Goals at Home and School

### *Burlington United Methodist*

Recently discharged from the Safe at Home program, A\* has achieved successes at school, home and in his community. When he started the Safe at Home program, he was in an out-of-state residential placement. A had been in several residential and juvenile detention facilities prior to his referral, and was on probation. He previously had numerous disciplinary actions and poor grades.

During his time with the Safe at Home program, A and his mother were motivated to improve their relationship and problematic behaviors. Safe at Home worked with A, his mother and his current residential setting to continue therapy services with their provider upon A's discharge. A and his mother expressed how much his therapist helped improve A's behaviors and their relationship. A's mother also participated in parenting/adult life skills while maintaining a full-time job.

A wanted to play football and attend regular education classes instead of alternative education classes with his home community school. However, given his history, this seemed like an unlikely scenario. With the help of the county's school transition specialist and Safe at Home, A was able to return to regular classes and play on both Varsity and Junior Varsity football teams with his high school. At the end of football season, A joined the wrestling team. A maintained a 3.5 GPA and had zero behavioral incidents upon his transition into his home community school. A was also released from probation.



The family still experiences times of stress in the home; however, A and his mother report with the skills they have learned between individual/family therapies and parenting, they're able to handle disagreements and stressful situations better than before.

"As a facilitator, it was an amazing experience to support and help the family meet their identified needs to help them have a success story," said A's Safe at Home facilitator.

*\*Name left out for privacy of Safe at Home youth.*

