

# West Virginia's Child Welfare Crisis

## *A Path Forward*

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May 2018



# West Virginia Moving Forward

- At 3%, WV has 3rd lowest child uninsured rate in US
- At 6.17%, WV has 12<sup>th</sup> lowest adult uninsured rate in US
- Since 2010, WV has 7<sup>th</sup> biggest decline in uninsured in US
- Children with parents uninsured declined from 18% to 6% (2009-2015)
- Teen birth rate decline from 44 to 32 per 1000 (2011-2015)
- National Kids Count Rank Improved from 41 to 36 (2015-2017)
- Children in out of state placement declined from 630 to 425 (2008-2018)
- WV's adoption rate has increased 113% since 2006, highest nationally. Growth nationally has been 6% with PA, OH, and MD seeing declines ranging from 5-28%.

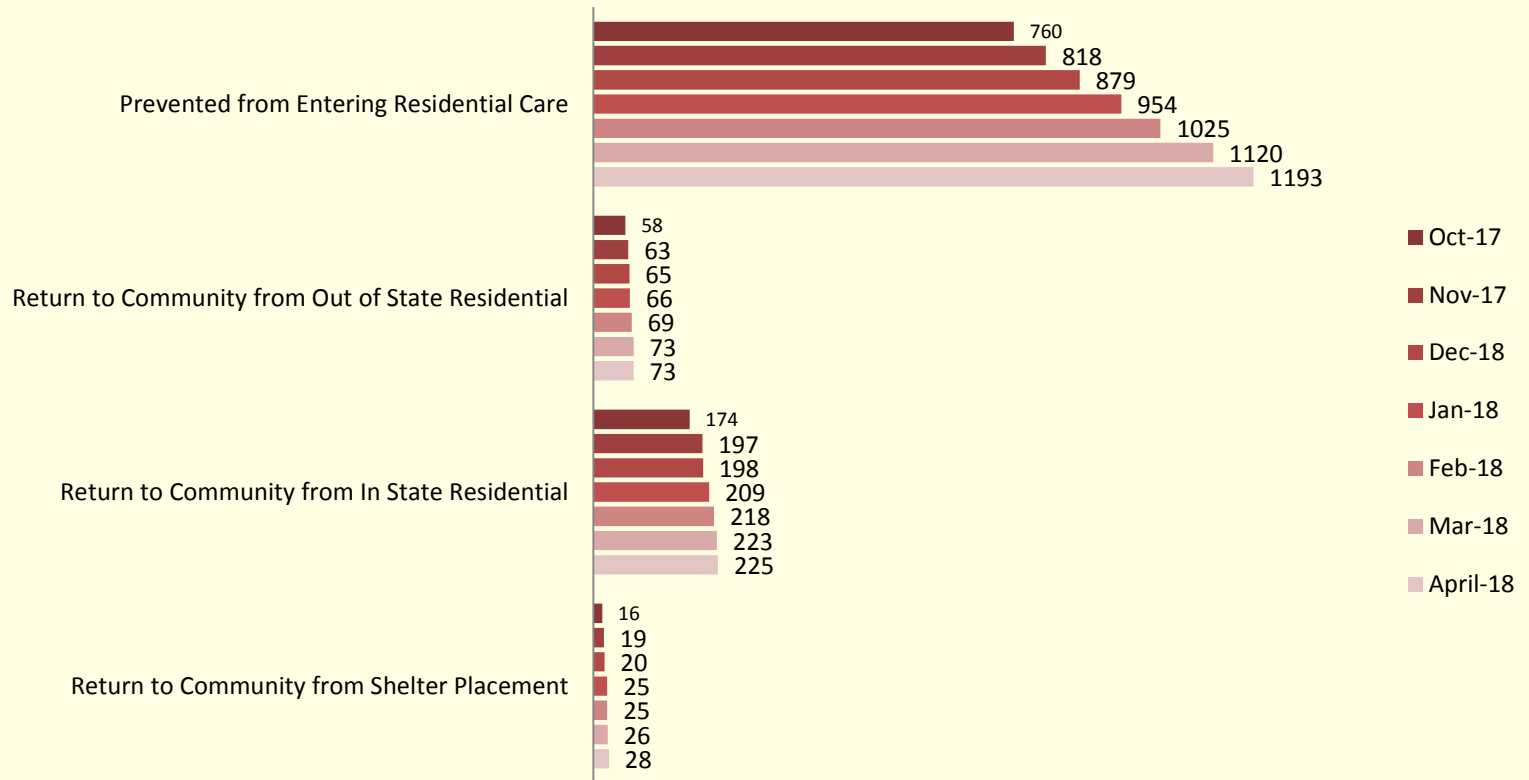
# West Virginia Moving Forward

- WV is a national leader in child support, ranking 14<sup>th</sup> in paternity match, 9<sup>th</sup> in support orders, and 15<sup>th</sup> in child support collections.
- WV demonstrated a 17% increase in the number of infants placed to sleep on their backs from 2007 to 2014, surpassing the national average.
- WV was first state in nation to be granted Neonatal Abstinence Syndrome State Plan in 2017.
- WV is one of only 10 states awarded a Title IV-E wraparound service waiver, known as Safe at Home
- The National Children's Health Survey shows that WV ranks 11<sup>th</sup> in the country for preventative medical care visits with 88.7%.

# West Virginia Safe At Home

## IVE Demonstration Project Cumulative Data April 2018

Number of Safe at Home WV Participants by Outcome  
(Cumulative Count)



# Socio-Economic Challenges

- **Third Most Rural State:** 51% of West Virginians live in a rural setting
- **Age of Population:**
  - Median age 41.3 years; third oldest in nation
  - 16% of population is elderly; second oldest in nation
- **Educational Attainment:**
  - WV ranks 43<sup>rd</sup> in US for high school diploma attainment
  - WV ranks 50<sup>th</sup> in US for college degree attainment
- **Report Disabled:** WV has highest disabled rate in US at 18.9%
- **Life Expectancy:** WV has second lowest life expectancy in US
- **Per Capita Income:** WV ranks 48<sup>th</sup> nationally
- **Median Household income:** WV ranks 49<sup>th</sup> nationally
- **Labor Force Participation:** WV has lowest rate in US

# WV Risk Factor Indicators

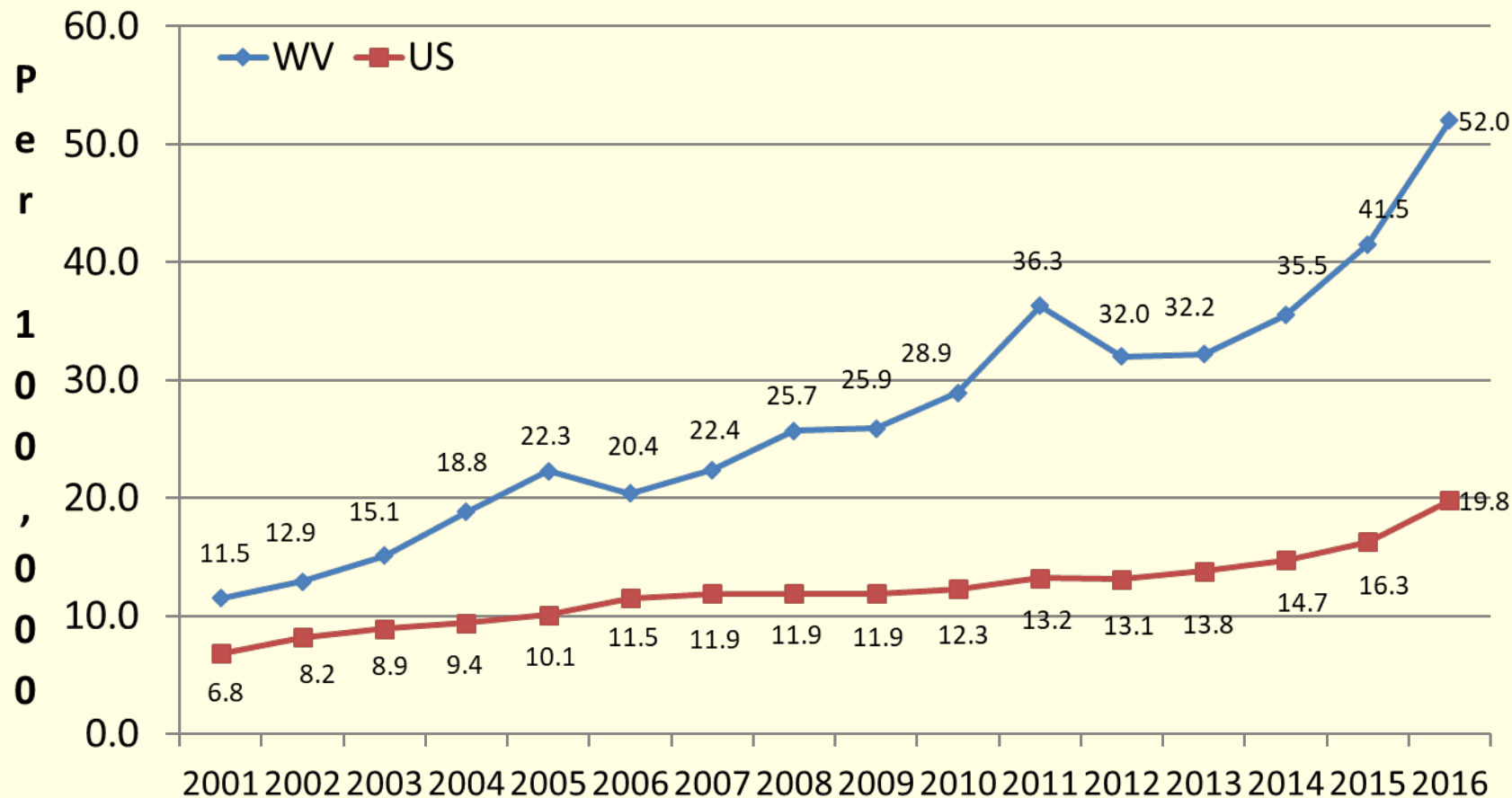
Risk Factor	WV Prevalence Rank Nationally
Current Smoking	1
Smokeless Tobacco Use	1
Obesity	1
Behavioral Health Measure	WV Prevalence Rank Nationally
Severe Mental Illness	1
Poor Mental Health Days (unable to function)	1
Prescriptions for Controlled Substances	1
Drug Induced Deaths	1
Any Mental Illness	3
Major Depressive Episode	5
Suicide	7

# WV Mortality Rates

Mortality Cause	WV Prevalence Rank Nationally
Overall Mortality Rate	1
Cancer	1
Chronic Lower Respiratory Disease	1
All Accidents	1
Diabetes	1
Stroke	1
Drug Overdose	1
Influenza/ pneumonia	2
Nephritis/ Nephrotic Syndrome/ Nephrosis	2
Heart Disease	4

# West Virginia versus United States

## 2001-2016 Resident Drug Overdose Mortality Rates West Virginia and United States



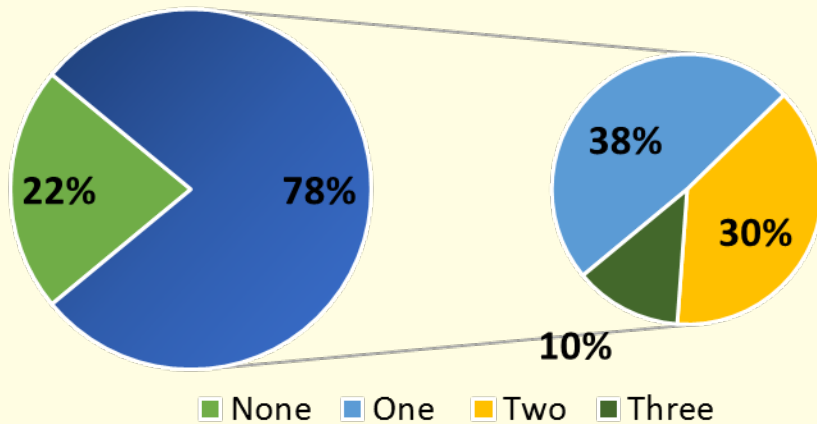
Data Source: WV Health Statistics Center, Vital Surveillance System and CDC Wonder  
Rates are age-adjusted to the 2000 US Standard Million



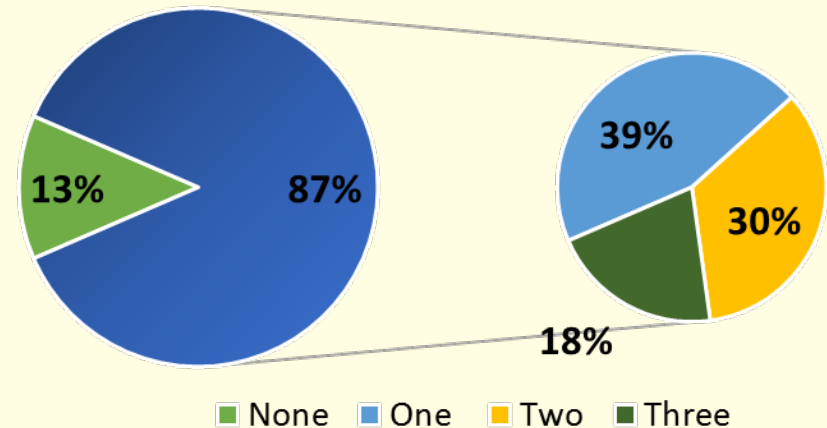
# Interactions with Health Systems

- **81%** of decedents interacted with one or more systems.
- Just under **40%** of decedents interacted with only one system.

## Males: Interactions with Healthcare Systems



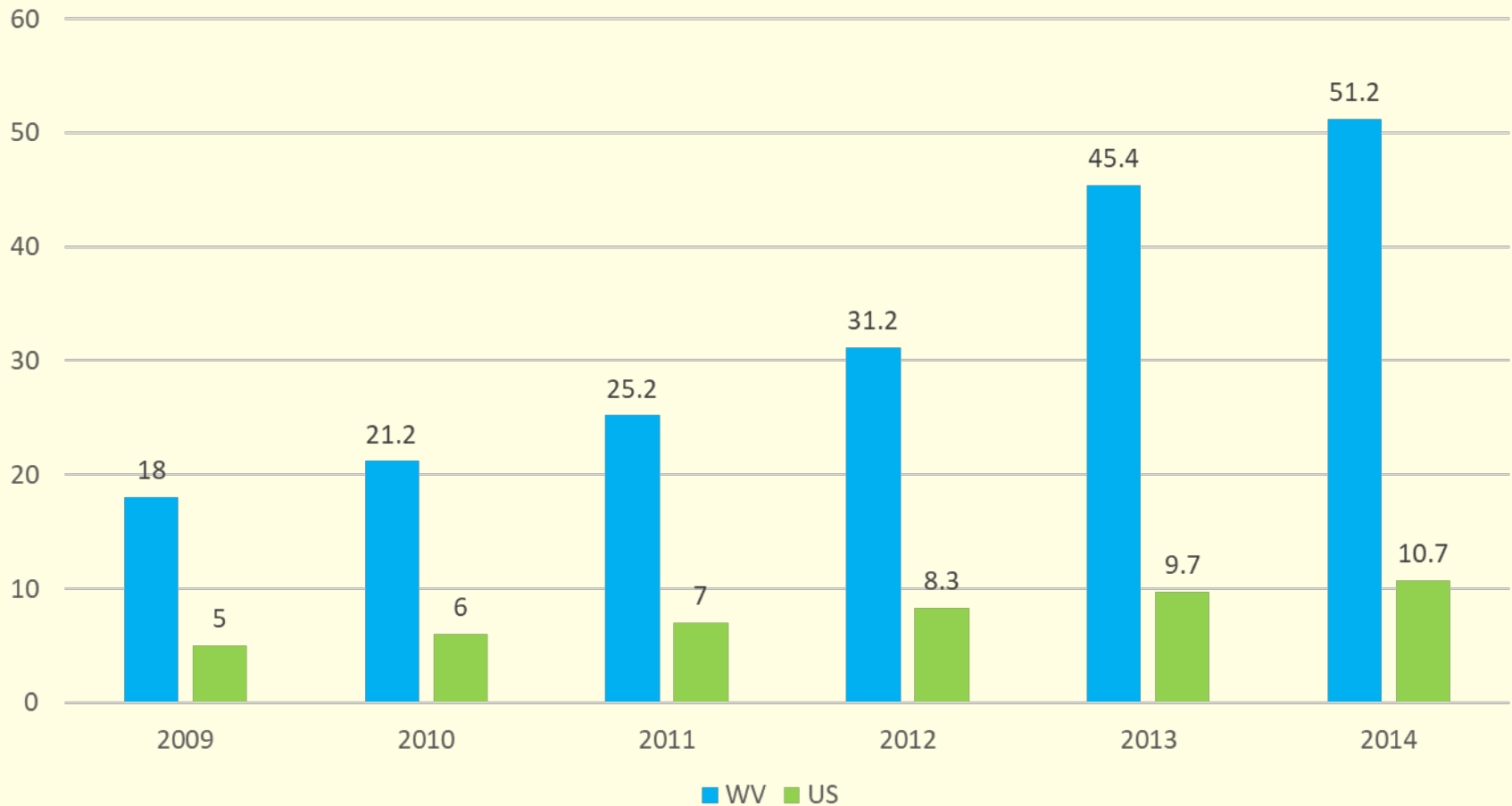
## Females: Interactions with Healthcare Systems



Healthcare systems included BBHMF, EMS, and CSMP. Neither Medicaid or Corrections were included.

# Neonatal Abstinence Syndrome

## Rate of Infants Born with NAS per 1,000 Delivery Hospitalizations

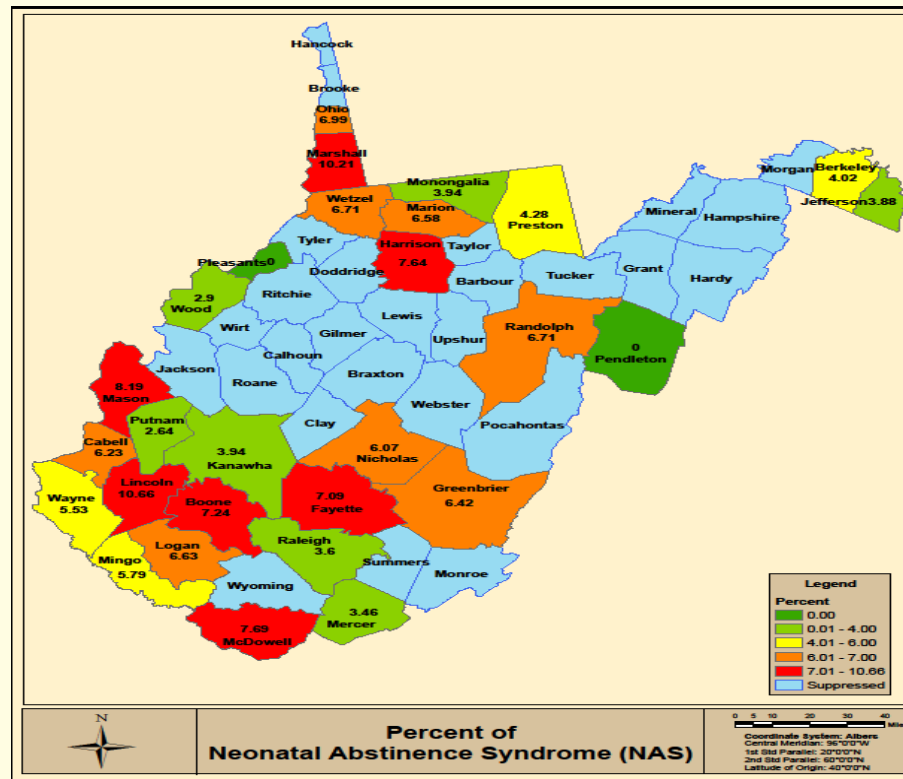


Source: HCUP – State Inpatient Databases

<https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures>

# West Virginia Babies

- Intrauterine Substance Exposure: 143 per 1,000 or 14.3%
- NAS: 50.6 per 1,000 or 5.06%



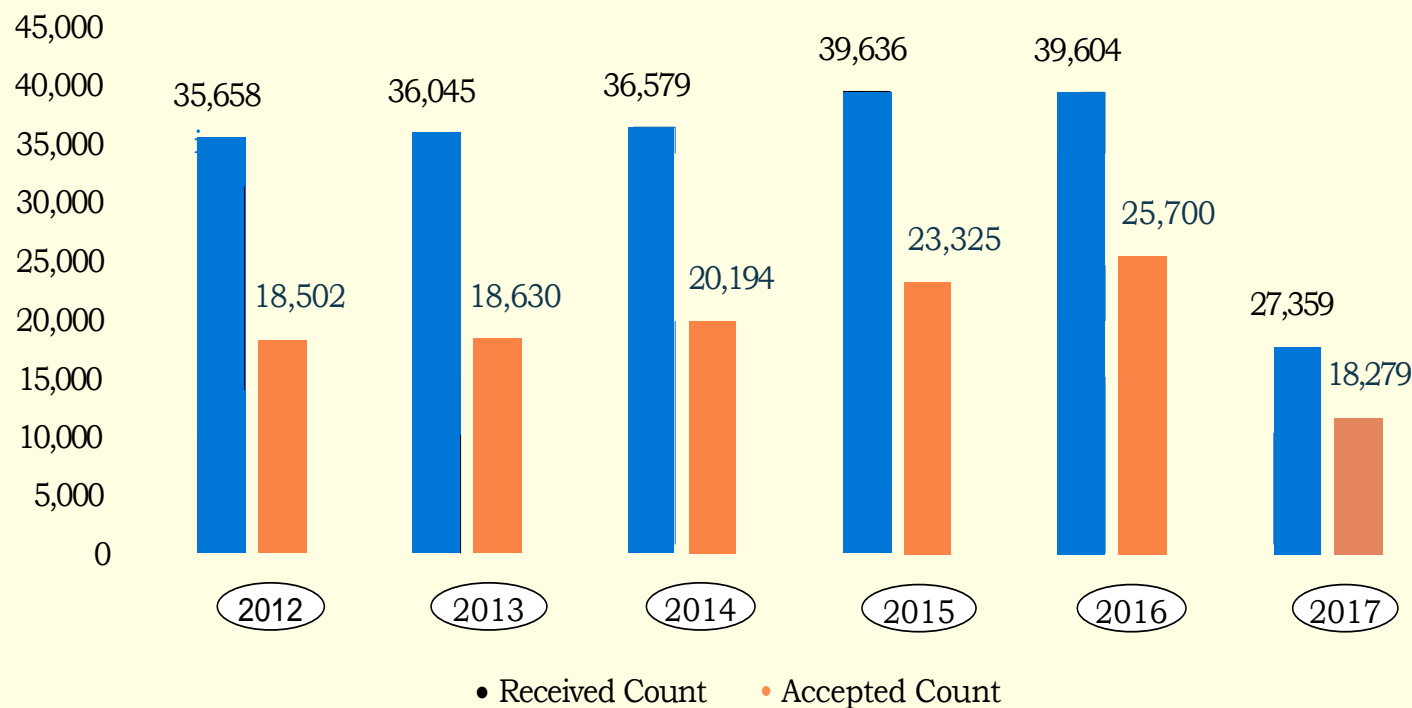
## Impact of ACE score of 0 compared to Ace score of 4

- 242% more likely to smoke
- 222% more likely to become obese
- 357% more likely to experience depression
- 443% more likely to use illicit drugs
- 1133% more likely to use injected drugs
- 298% more likely to contract an STD
- 1525% more likely attempt suicide
- 555% more likely to develop alcoholism

Source: Dr. Allison Sampson-Jackson, Virginia, Integration Solutions

# Child Protective Service Referrals

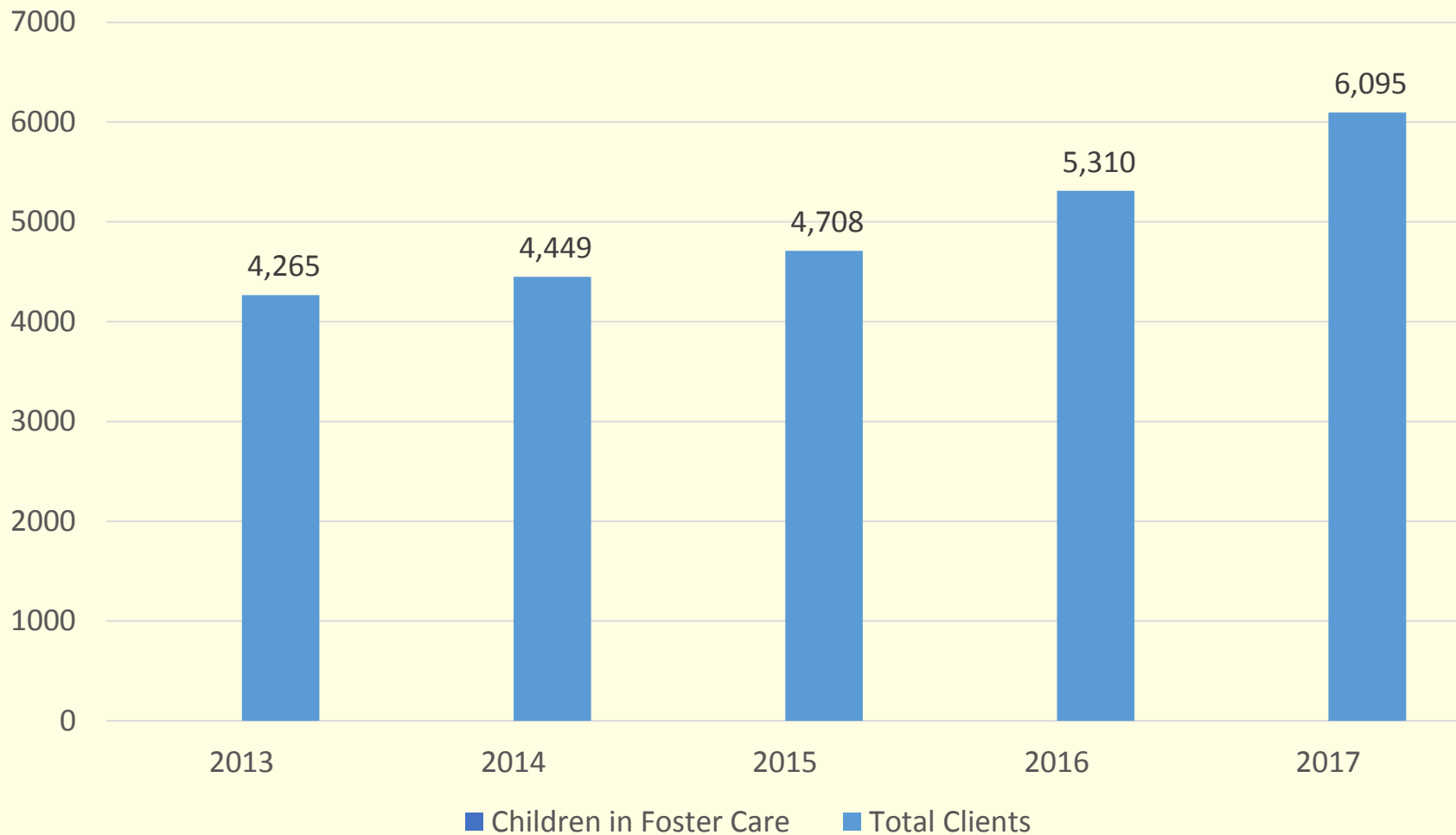
## Statewide Referrals



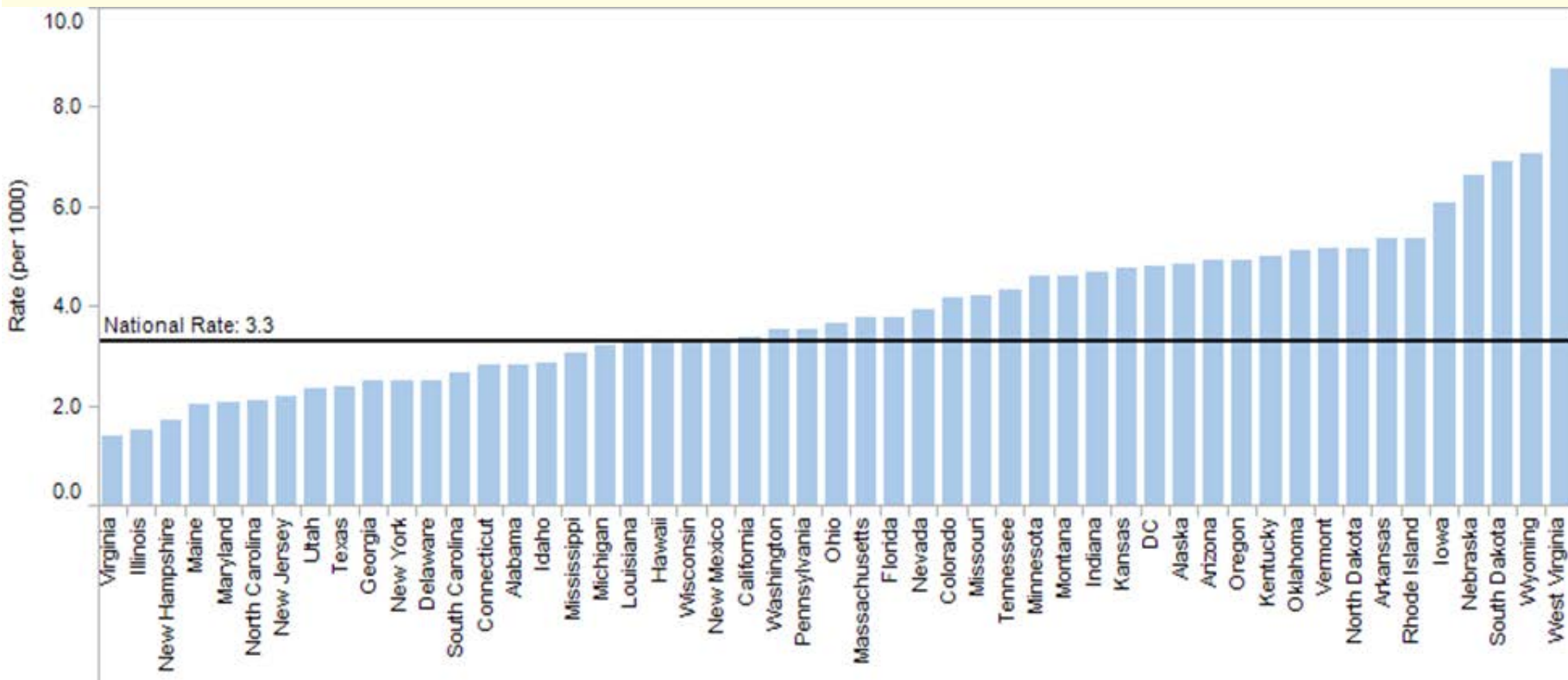
2017 Jan to Aug Only

# Growth in Foster Care

## West Virginia Children in Foster Care



# Child Welfare Indicators: Children in Care



Source:

- 1) WV Bureau for Children and Families
- 2) Annie E. Casey Foundation

# A Growing Crisis

## **WV is experiencing a child welfare crisis that is being driven by the drug epidemic**

- 83% of open child abuse/neglect cases involve drugs
- Since 2014 the number of youth in the custody of the state has steadily increased. When comparing October 2014 with October 2017, there was a 46% increase.
- 22% increase in accepted abuse/neglect referrals over 3 years
- 34% increase in open CPS cases over 3 years
- Averaging 23% vacancy rate for CPS positions
- 63% of the children entering care are age 10 and younger
- WV is #1 in children removals nationally
- 43% of the children are in kinship/relative placements
- WV adoptions have increased 113% since 2005



**“The best way to predict the future  
is to create it.”**

**~ Abraham Lincoln**

## **Child Welfare Reform Strategic Plan- 5 objectives, 25 strategies**

- Better serve youth in the Foster Care system by increasing the percentage of children in family home settings
- Improve healthcare and behavioral health outcomes for youth by implementing care coordination strategies for children at risk of trauma
- Improve juvenile care and placement
- Enhance the availability of behavioral health options statewide by maintaining and expanding the availability of community-based Child Welfare programs
- Engage stakeholders to drive change, specifically the Judicial Branch

# Child Protective Service Reform

**CPS Reform Strategic Plan- 59 different projects, tasks being tracked in a PMO portfolio to ensure timely implementation**

- Improve recruitment and retention
- Improve compliance with the Federal Child Family Services Review (examples: permanency, reunification timelines)
- Reduce situations where children stay in offices or hotels in emergency situations
- Improve CPS pay

1. Improve coordination of wrap around and other services for children and parents to mitigate number of children that need taken into state custody
2. Improve clinical oversight in order to move children into most appropriate care in least restrictive setting
3. Ensure that medical records follow a child wherever they receive services

- Beyond the moral and societal responsibility to protect and empower every child, now represents an ideal time to adopt a care management approach for several reasons:
  - Historic DHHR system changes
  - Department of Justice Investigation
  - Record numbers of child and families requiring Child Protective Service intervention due to drug crisis
  - Skyrocketing expenditures to address child welfare crisis
  - Passage of Family First Act

# Family First Prevention Services Act

On 9 February 2018, President Trump signed into law the landmark bipartisan Family First Prevention Services Act, as part of the Bipartisan Budget Act of 2018.

The Family First Prevention Services Act redirects **federal funds 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 and certain residential treatment programs** for children with emotional and behavioral disturbance requiring special treatment.

# Family First Prevention Services Act

## ➤ Eligibility:

- Candidates for foster care (includes those who have previously been adopted or are in guardianship care)
- Children in foster care who are pregnant or parenting
- Parents and kinship caregivers who need services to prevent disruptions

## ➤ Types of services:

- Mental health and substance abuse prevention and treatment
- In-home parent skill-based programs, parent education, individual and family counseling in the home
- Services must meet Evidence-based requirements: promising, supported, or well-supported.
- Allows IV-E funds to be utilized for residential programs that serve parents with substance use disorders AND their children;
- Additional investments to keep children safely with families (and kin) and lead to permanency and/or reunification, such as Kinship Navigator programs.

- A number of care management strategies for children have been explored and discussed in WV
- DHHR has shared concepts with a number of stakeholders
- Legislation to move foster care into managed care has been evaluated by the Legislature
- Active participant in Annie E. Casey Foundation efforts to improve child welfare across the United States
- DHHR has conducted research on foster care in managed care, including conducting an RFI and exploring efforts in other states, including the Georgia 360 model
- Providers have expressed concern about managed care
- DHHR recently met with officials from Connecticut and is now exploring the ASO approach for foster children and children at risk



# ASO vs MCO

- Administrative Service Organization- Provides care management, ensures care coordination, and performs utilization management services in an incentive/ disincentive, non-risk based contract. Example: Connecticut
- Managed Care Organization- Provides care management, ensures care coordination, and performs utilization management services in an experience driven, risk based contract. Examples: Georgia

# Care Management Concept

- Develop contract for an array of services for children in foster care and children at risk of entering foster care
- Link various Federal funding sources to maximize resources and ensure continuity to infrastructure developed
- Manage social service needs and medical needs of children and families under one contractual arrangement
- Build in incentives and penalties to ensure that vendor accomplishes goals set forth
- Create additional resources for circuit judges, prosecutors, law enforcement and child protective services to maximize supports for children in need

## General Approach

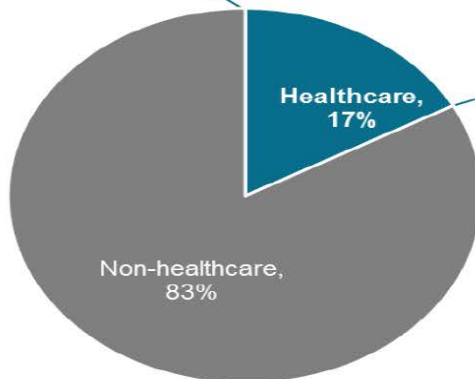
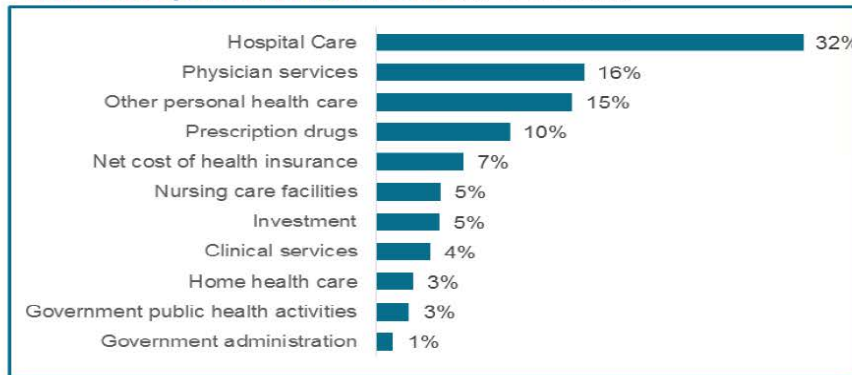
- Risk identification via broad based health and social service predictive modeling
- Combine health and human service funding streams to leverage private market for measurable outcomes
- Risk mitigation through enhanced management of social determinants

## Serving at Risk Children Holistically

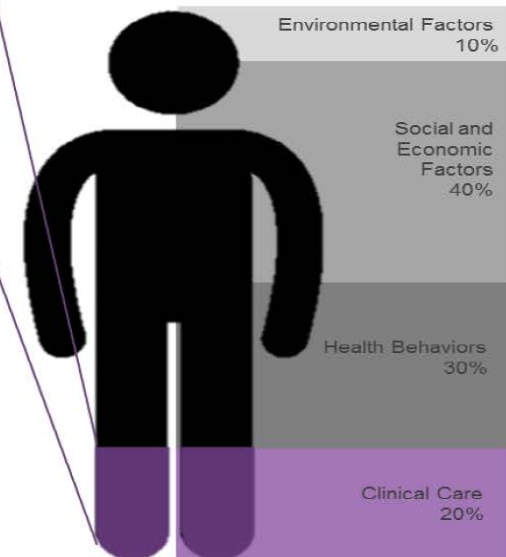
- Combine funding streams to maximize resources for children
- Attach case manager to foster children and at risk children/ parents
- Leverage private sector with contract outcomes to improve child safety, reduce childhood trauma, and empower salvageable parents

## Potential for Greater Impact

U.S. 2015 spend on Health Care (by % of spend)<sup>2</sup>



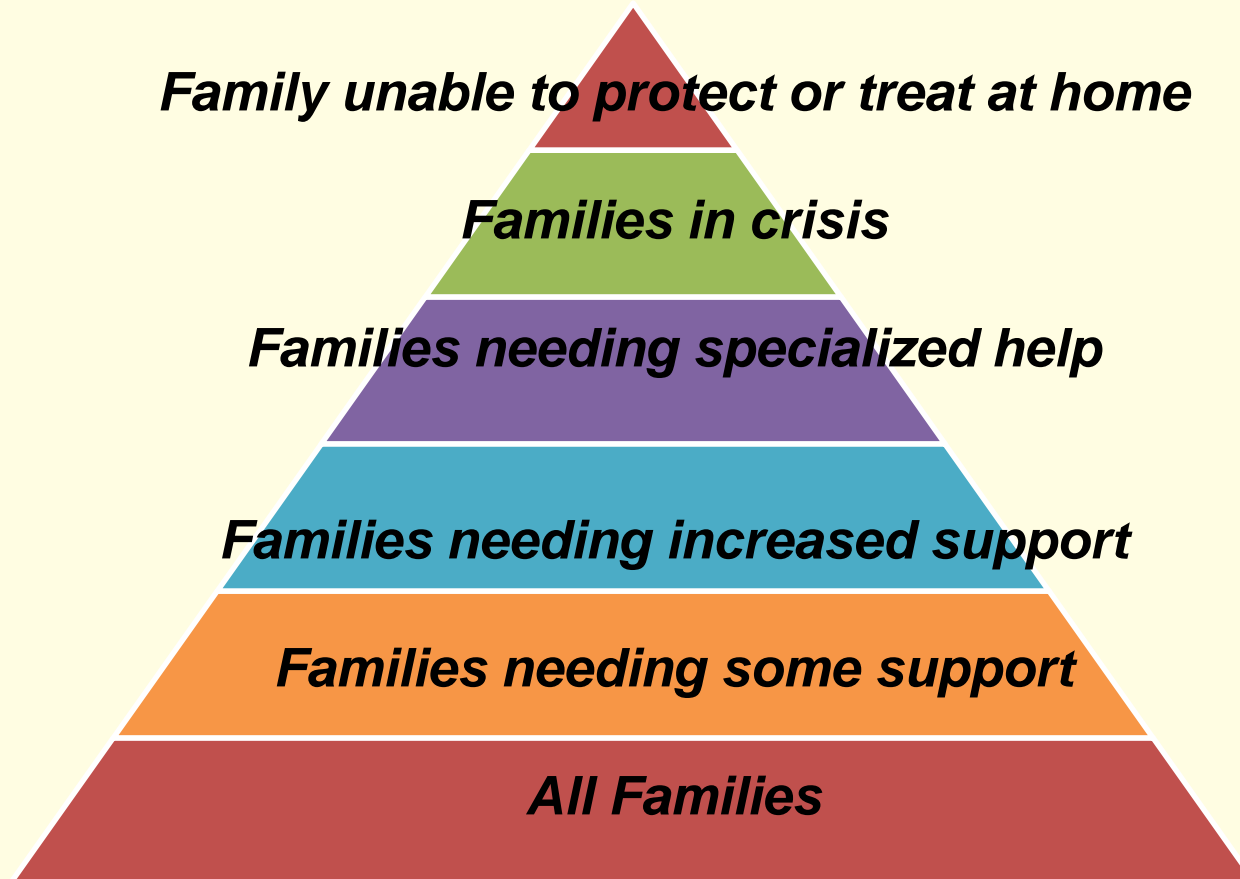
2015 Government Spending  
(by % GDP)<sup>1</sup>



Health Factors 27  
(by % of each factor)<sup>3</sup>

<sup>1</sup>Source: <http://www.thefiscaltimes.com/2015/12/03/Federal-Health-Care-Costs-Surge-17-Percent-GDP>

# Pyramid of Care



## ➤ **What populations will be served?**

- Foster children – Yes
- Adoptive children - Yes
- Children at risk of entering foster care - ?
- Parents of children in or at risk of entering foster care - ?

## ➤ **What services will be covered?**

- Medicaid services – Yes
- Child Residential/ Emergency Shelter Services - Yes
- Socially Necessary Services - ?
- Wrap Around Services - ?

# Critical Questions

- What assessment should be used to identify at risk children?
- What should be penalties/ bonuses in contract?
- How can vendor be used to support CPS and Court System?
- Should additional services be opened up? Functional Family Therapy, Therapeutic Foster Care, etc
- What Federal Funding sources can be leveraged to maximize funding and build continuity across the system?
- Should recruitment of foster care parents and critical providers be included in contract?

# Critical Questions

- What data will be tracked?
- How will vendor interact with CPS?
- Should pharmacy be included?
- Should children entering juvenile justice be included?
- How do we integrate services into MDT process?
- Should an ombudsman position be created and how should it be crafted?



# Stakeholders

- Circuit Judges
- Prosecutors
- Law Enforcement
- Education Officials
- Providers- Medical, Social Service, Behavioral Health
- Payers
- Child Advocates
- Probation Officers
- Education Officials
- Child Protective Services
- Social Workers
- Families
- Lawmakers
- ?

# Timeline

- DHHR will complete an outline of proposed services to be covered in a new care management contract by July 1
- Up to four public forums will be held across West Virginia from July through September. This will transition into monthly meetings on this subject to provide updates and gather additional feedback.
- A procurement will be completed for care management services by the end of CY2018
- Contract to be awarded and services in place by July 2019

# Contact Information for Feedback/ Questions

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