



EXPENDITURE OF STATE FUNDS ALLOCATED FOR W. VA. CODE §49-2-111C

During the 2020 regular Legislative Session, \$16,900,000 was allocated for state fiscal year 2021 to the West Virginia Department of Health and Human Resources (DHHR) to be spent on the following priorities:

- Enhance and increase efforts to provide services to prevent the removal of children from their homes.
- Identify relatives and fictive kin of children in need of placement outside of the home.
- Train kinship parents to become certified foster parents.
- Expand a tiered foster care system that provides higher payments for foster parents providing care to, and child placing agencies providing services to, foster children who have severe emotional, behavioral, or intellectual problems or disabilities, with particular emphasis upon removing children in congregate care and placing them with suitable foster parents. This program shall be operational no later than December 1, 2020.
- Develop a pilot program to increase payment to uncertified kinship parents for the purpose of further helping families who have accepted kinship placements.

Enhance and increase efforts to provide services to prevent the removal of children from their homes.

Prevention Services

SFY 2022

DHHR received approval of its Family First Five-Year Prevention Plan from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. The prevention plan included three evidence-based services: Functional Family Therapy, Healthy Families America, and Parents as Teachers. The prevention plan services were not fully implemented until state fiscal year 2022.

Identify relatives and fictive kin of children in need of placement outside of the home.

Identifying Kin Services

Provided by Aetna

Aetna Better Health of West Virginia offers the ConnectOurKids tool as part of the Mountain Health Promise managed care program. ConnectOurKids helps caseworkers and the multi-disciplinary team (MDT) discover and engage anyone significant in a child's life by quickly building out family trees and groupings of important people. Upon a child's enrollment in Mountain Health Promise – which occurs upon entering the foster care system – caseworkers connect with an Aetna System of Care (SoC) administrator to support Family Finding through the Family Connections tool, an initial step in clinical staffing and treatment planning. This service is provided at no additional cost as part of the managed care contract.

ConnectOurKids is one of many support mechanisms for Family Finding, a nationally recognized model of supporting young people and families in the creation and maintenance of natural support connections, the greatest indicator of health and wellness for families and their lessened long-term reliance on formal systems.

DHHR staff have access to Family Finding experts within Aetna's SoC team, as well as partners in Aetna's management care teams. DHHR staff also have access to the Family Finding desktop toolkit (including support demonstration videos) to support the practice.

Aetna began providing mandatory training to all social services supervisors on May 13, 2021. Multiple training sessions occurred during the summer and fall of 2021. Continuing education credits were provided for this training.

Train kinship parents to become certified foster parents.

Foster Parent Training Increase \$21,938

DHHR provided additional funds to PRIDE¹ trainers to assist in increasing the number of certified kinship parents.

Kinship/Relative Incentive Payments \$2,600

DHHR developed a one-time incentive payment for kinship parents to provide additional financial support to kinship parents as they complete the certification process. DHHR's Bureau for Social Services (BSS) identified appropriate measures to document spending of the one-time incentive payment for auditing purposes. BSS developed a standard operating procedure that outlined timeframes, appropriate funding usages, and system documentation. BSS aligned this incentive with the redesign of the kinship foster care program. The one-time incentive payment program began in February 2021. The payments should increase for SYF 2022.

The one-time incentive payment provides to kinship or relative caregivers aid to become certified providers. The first payment of \$300 can be used for travel expenses associated with the placement or training, childcare during training, required medical examinations, required pet vaccinations, fire safety items, or household items for the child. If the kinship or relative caregiver completes the certification process within the 90-day timeframe requirement, an additional \$200 will be paid to the caregiver. BSS policy has been revised to guide staff through the process.

Expand a tiered foster care system that provides higher payments for foster parents.

Tiered Foster Care: \$6,439,459

DHHR increased the minimum payments to a foster home from \$20 to \$26 per day as of July 1, 2020. Additionally, DHHR increased the minimum payment based on the age of the child on December 1, 2020, and based on the acuity of the child's needs on July 1, 2021. There are three levels of foster homes provided by child placing agencies (CPAs). CPAs are required to pay foster homes DHHR's minimum amount but may pay foster homes more than the minimum amount. Tier 1 (T1) is traditional foster homes (care by families unknown the child in foster care). Tier 2 (T2) is treatment foster homes for children with mild to moderate behavioral or mental health needs or children with medical needs that exceed preventative care or routine monitoring of stabilized chronic health conditions. Tier 3 (T3) is treatment foster homes for

¹ PRIDE (Parent Resources for Information, Development, and Education) is the pre-service curriculum for potential foster parents. PRIDE training for kinship families is provided through the West Virginia Social Work Education Consortium, which is made up of representatives of the six public universities in West Virginia that offer social work programs.

children with moderate to significant mental or behavioral health needs or children diagnosed medically fragile by a physician.

Age Range	DHHR	CPA		
		T1	T2	T3
0-5	\$26.00	\$65	\$85	\$115
6-12	\$28.00	\$67	\$87	\$117
13-21	\$31.00	\$70	\$90	\$120

Adoption Subsidy Increase \$1,683,761

DHHR also increase the subsidy rate for adopted children prospectively. Initially, DHHR increased the rate to \$26 per day for adoption completed after July 1, 2020. For adoptions completed after December 1, 2020, the rates are based on the age of the child as outlined above.

Legal Guardianship Increase \$603,305

DHHR also increase the subsidy rate for legal guardianship prospectively. Initially, DHHR increased the rate to \$26 per day for legal guardianships completed after July 1, 2020. For legal guardianships completed after December 1, 2020, the rates are based on the age of the child as outlined above.

Note: DHHR leveraged federal dollars to the extent possible. Due to the COVID-19 pandemic, the federal government increased the amount of federal funds received for room, board, and supervision, thereby decreasing the amount of state funds needed to implement these increases to families.

Develop a pilot program to increase payment to uncertified kinship parents for the purpose of further helping families who have accepted kinship placements.

Non-Certified Kinship/Relative Increase \$526,779

Effective January 1, 2021, West Virginia increased the monthly TANF payment rates by 45% (see chart on following page). This rate increased the monthly amount for non-TANF eligible kinship and relative families paid through state funds.

Number of Individuals	Previous TANF Rate	New TANF Rate
1	\$288	\$417
2	\$331	\$480
3	\$374	\$542
4	\$422	\$612
5	\$462	\$670
6	\$506	\$734
7	\$547	\$793
8	\$559	\$811

Total expenditure for SFY 2021

\$9,277,842