

# Therapeutic Foster Care (Stabilization and Treatment Home)

## Standard Operating Procedure

(March 2022)

**Step-by-step reference tool for the Therapeutic Foster Care (Stabilization and Treatment Home) model.**

### Introduction to the West Virginia Stabilization and Treatment Home Model of Care

A Stabilization and Treatment (STAT) Home is a family alternative to residential placement for children requiring a behavioral health intervention. STAT Homes provide short-term intervention to provide a stable, family-like setting, with treatment and behavioral interventions so the child can ultimately return to their home or another family setting. Children deemed appropriate for the STAT Home setting must be eligible for the Children with Emotional Disorders Waiver (CSED) program and in state custody. STAT Homes provide a safe environment for children with serious emotional disturbances or disorders to receive the behavioral health coordination of services they need from a high-fidelity West Virginia Wraparound Facilitator. STAT Home foster parents are specifically recruited and trained to provide intensive support for these children.

The West Virginia Stabilization and Treatment Home model will be accessible statewide. The goal of the West Virginia STAT Home is to ensure that children who are appropriate for the STAT Home level of care are timely placed in a home in their own community with specially trained foster parents who provide supports so the youth can achieve their permanency plan. In addition to their other responsibilities as foster parents, STAT Home parents may act as resource parents to the child’s family of origin or kin, if appropriate. CSED Waiver services will provide children with high-quality treatment services in a community-based family setting. Additional service needs beyond CSED Waiver services will be met as needed.

### Primary Points of Contact for developing this guide

Cara Harper, Director, Children and Adult Services

Kendra Boley-Rogers, Program Manager I, Children and Adult Services

### Primary participants

Participant	Duties
Department of Health and Human Resources (DHHR) Bureau for Social Services (BSS) Worker	<ul style="list-style-type: none"> <li>• Work with the family of all children that have Child Welfare involvement.</li> <li>• Assure safety, permanency, and well-being.</li> </ul>

Participant	Duties
	<ul style="list-style-type: none"> <li>● Incorporate the child’s specific Wraparound plan into the DHHR Child, Youth and Family Case Plan.</li> <li>● Coordinate MDT meetings.</li> <li>● Attend court hearings and write comprehensive court reports.</li> <li>● Manage the DHHR Child, Youth and Family Case Plan, which is inclusive of the Wraparound Plan, to address the safety concerns of all children.</li> <li>● Ensure identified treatment coordinators are in place (e.g., Aetna Care Coordinator and Wraparound Facilitator).</li> <li>● Complete legal components to facilitate treatment options for youth.</li> <li>● Collaborates with STAT Home Agency, Aetna Care Coordinator and Wraparound Facilitator on child’s plan of care.</li> </ul>
DHHR Review Team	<ul style="list-style-type: none"> <li>● Review each new STAT Home for appropriate documentation of certification prior to placement.</li> </ul> <p><i><b>Note:</b> This team is comprised of program and policy staff, field home-finding staff, and grants and contracts staff.</i></p> <p><i>See Appendix A for information on the DHHR Review Team process</i></p>
Mountain Health Promise (MHP) Aetna Care Coordinator	<ul style="list-style-type: none"> <li>● Coordinate and facilitate the mental and behavioral health care of children involved with social services.</li> <li>● Collaborate with DHHR, STAT Home Agency, and Wraparound Facilitator on child’s plan of care.</li> </ul> <p><i><b>Note:</b> Mountain Health Promise is the Managed Care Organization for Foster Care children. The Care Coordinator from MHP works with the DHHR and STAT Home agency workers to develop plans to meet the mental, physical, and medical needs of children in foster care.</i></p>
STAT Home Agency Worker	<ul style="list-style-type: none"> <li>● Recruit and support STAT Home families.</li> <li>● Facilitate access for families to the required STAT Home trainings.</li> <li>● Collaborate with DHHR, Aetna Care Coordinator, and Wraparound Facilitator on child’s Wraparound plan, including discharge planning.</li> </ul>

Participant	Duties
	<ul style="list-style-type: none"> <li>● Facilitate day-to-day care and supervision of children, by ensuring parents have appropriate supports.</li> <li>● When needed, provide guidance and supervision of home, ensuring proper training and support to meet the child's needs.</li> </ul>
Stabilization and Treatment Home	<ul style="list-style-type: none"> <li>● Provides day-to-day care for children placed in foster care who need specially trained parents with a higher level of skill to address behavioral and mental health issues.</li> <li>● Implement and provide feedback on behavioral support plans.</li> <li>● Attend and participate in SAT (Student Assist Team) and Individualized Education Program (IEP) meetings.</li> <li>● Engage the family of origin or kin with their family case plan and visitation with the child, if consistent with the permanency plan.</li> <li>● Support the family of origin with reunification efforts and interventions, if consistent with the permanency plan.</li> <li>● Meets ongoing training requirements.</li> <li>● Participate in Child and Family Team meetings.</li> </ul>
Child and Family Team	<ul style="list-style-type: none"> <li>● Collection of informal and formal supports that provide care and develop Wraparound Plan.</li> <li>● Family establishes membership.</li> <li>● Family collaborates on appropriate level of care.</li> </ul> <p><i><b>Note:</b> CFT is a team of people who are relevant to the life of the child or youth (e.g., family members, members of the family's social support network, service providers, and agency representatives). The CFT collaboratively develops an individualized plan of care, implements this plan, monitors the efficacy of the plan, and works towards success over time.</i></p>
Multi-Disciplinary Team (MDT)	<ul style="list-style-type: none"> <li>● Collection of all providers and attorneys involved in a family case, that meet every 90 days to ensure that case proceeds efficiently through the court process.</li> <li>● Statutorily mandated.</li> </ul>

Participant	Duties
Wraparound Coordinating Agency	<ul style="list-style-type: none"> <li>● Licensed behavioral health agency.</li> <li>● Hire, train, supervise and maintain Wraparound Facilitators.</li> </ul>
<p>Wraparound Facilitator</p> <p>OR</p> <p>For youth aged 18-21 receiving ACT, this role is filled by the ACT</p>	<ul style="list-style-type: none"> <li>● Work with Child and Family Team to coordinate the development of the Wraparound plan that identifies strengths, behavioral health services and natural supports to address the child's specific treatment needs.</li> <li>● Collaborates with DHHR, Aetna Care Coordinator, and STAT Home Agency on child's Wraparound plan.</li> <li>● Manages the CSED Waiver/WV Wraparound services. <ul style="list-style-type: none"> <li>○ For youth aged 18-21 receiving ACT, this role is filled by the ACT.</li> </ul> </li> <li>● Coordinate and attend meetings with family to develop plan to address any needed services to address mental or behavioral health issues, build upon strengths, and support well-being across life domains.</li> <li>● Coordinate of service array among multiple agencies.</li> </ul>
Wraparound In-Home Family Support Services Provider	<ul style="list-style-type: none"> <li>● Provides in-home CSED Waiver services to child and families, such as In-Home Family Therapy.</li> </ul> <p><b>Note:</b> <i>Wraparound In-Home Support worker cannot be same worker as the STAT Home Agency worker.</i></p>

## Foster Home vs Stabilization and Treatment Home

A child entering foster care typically has needs that are not yet fully known until they proceed through a standardized screening process. Children placed in a traditional setting do not typically have significant unmanaged emotional or behavioral health disorders and they are able to demonstrate behaviors that are appropriate and expected for their age and their trauma experiences. However, a STAT Home is utilized to provide care for children that exhibit complex behavioral, mental health, medical, and developmental needs that require additional supervision and support. While some of the care provided in a STAT Home overlaps with that of which is provided in a traditional home, STAT Home support is more intensive, requiring care and supervision for up to 24 hours a day.

The Stabilization and Treatment Home model has been designed to be implemented alongside the current tiered model utilized in West Virginia:

- Foster Care Tier I: Traditional Foster Care
- Foster Care Tier II: Youth who exhibit mild to moderate levels of trauma/behavioral or emotional dysregulation
- Foster Care Tier III: Youth who exhibit moderate to significant indicators of trauma/behavioral or emotional dysregulation.

Children currently served within these tiers will be evaluated for STAT Home eligibility, should there be a disruption.

	Foster Care Home	STAT Home
Number of Children in Home	Tier I: Up to 6 (total) Tier II: Up to 3 (total) Tier III: Up to 2 (total)	Up to 2 (total)
Duration	Until permanency achieved	Reviewed every 30 days
Responsibilities		
Provide consistent directives, structure, and routines	•	•
Heightened parental duties (provides additional supervision, practices behavioral techniques, participates in team meetings and treatment, as appropriate)		•
Reinforce age-appropriate life skills training	•	•
Knowledgeable of current education curriculum and assignments	•	•
Ability to navigate Children with Exceptional Needs program	•	•

De-escalation skills	●	●
Certified in Crisis Prevention and Intervention		●
Ability to co-parent with permanent placement family (biological, kinship/relatives, pre-adoptive) as resource parents	●	●
Model effective caretaker intervention with permanent placement family (biological, kinship/relatives, pre-adoptive)	●	●
Ability to follow complex medication schedule		●
Ability to follow and implement complex behavioral health treatment plans		●
Ability to identify poor peer interactions and facilitate positive coping skills	●	●
Ability to identify poor social skills and model appropriate positive social skills	●	●
Ability to maintain cultural sensitivity	●	●
<b>Expected Outcomes</b>		
Increase biological family interaction (consistent with safety and permanency goals)	●	●
Decrease in need for additional outside crisis services over time		●
Increased participation in Home and Community Based Services (HCBS)		●
Increase in face-to-face interactions with identified permanent placement provider and foster family	●	●
Improve placement stability (fewer moves)		●
Increased participation in evidence-based models of behavioral supports		●

that extend beyond required curriculum.		
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**Stabilization and Treatment Home Training**

In addition to standard training provided to all foster care homes, STAT Homes are also trained in enhanced coping skills and provided training to manage the challenging scenarios they may encounter. To be considered a certified STAT Home, foster parents must successfully complete the following initial trainings:

- Children with Exceptional needs training
  - Completed by WV Department of Education
- Positive Behavior Support (PBS)
  - Completed by Bureau for Behavioral Health
- Various trainings as offered on the [Foster Parent College website](#) or DHHR approved equivalent:
  - Anger Management
  - Children Entering Care: Mental Health Issues
  - Cultural Issues in Parenting
  - Positive Parenting 1
  - Positive Parenting 2
  - Working together with Primary Families
  - Working with Birth Parents: Visitation

In addition, Child Placing Agencies (CPAs) must provide or facilitate access to trainings across the following categories utilizing curriculum approved by DHHR:

- Medication administration
- Trauma Systems Therapy
- LGBTQ Training
- Sexual Development and Pregnancy Prevention
- Advanced Crisis Prevention, Intervention, and De-Escalation

In addition to the above listed initial pre-service trainings, STAT Homes will be expected to complete an additional 18 hours of in-service training each year. Specific topics per family will be determined by their CPA based upon each family’s identified individual needs.

Training serves the dual purpose of providing STAT Home parents an opportunity to increase their understanding of problem situations and behaviors and an opportunity for obtaining the support of other foster parents. Training may be provided by the Licensed Child Placing Agency, Department staff, Schools of Social Work staff, community resources, adult education centers, hospitals, libraries, etc. Training done by people other than Department staff, or by Schools of Social Work, must have approval of the Home Finding Specialist

Each agency will have their STAT Home parents’ records reviewed by the DHHR Review Team prior to initial placement of children. Annually, a sample of homes from each agency will be reviewed by DHHR Licensing for compliance. Reviewed items will include an updated study, updated safety evaluation, confirmation of current CPR/first aid certification, documentation of identified training needs and validation of completion of in-service training. Every 18 months, the Administrative Services Organization (ASO) will complete a retrospective review of these STAT Homes to ensure that all training

requirements are met. In addition, the ASO will review the CPA performance indicators and conduct interviews with STAT Home parents. STAT Home parents will also receive an annual survey from DHHR to determine if their needs have been met, identify additional training needs, and help ensure proper support. Lastly, a quarterly review of children placed in STAT Homes will be completed to monitor progress, including average length of stay, and transition details (number of moves, children moving to a higher level of care, and more). This will be collected monthly from each CPA and monitored by DHHR, with appropriate technical assistance provided when necessary.

**Identified groups of children**

Children and youth are eligible if they meet **all** the following criteria:

- Age 4 through 20
- In state custody
- Approved CSED Waiver participant
- Cannot be safely served in their own (or kinship) home and require a STAT Home setting to receive behavioral health interventions
- Not an immediate danger to others or self, or a habitual flight risk which cannot be safely addressed through a safety plan/flight risk plan

**Billing/Funding Source**

Child Placing Agencies as well as the STAT Home parents will be paid using the following fee schedule, funded under Title IV-E and reimbursable state funds.

<b>Foster Home</b>	
<b>Total Rate: \$65-\$75</b>	
<b>Provider</b>	<b>Foster Family</b>
<b>\$39</b>	<b>Daily Rate (0-5): \$26</b>
<b>\$41</b>	<b>Daily Rate (6-12): \$28</b>
<b>\$44</b>	<b>Daily Rate (13-21): \$31</b>
Rate covers general recruitment, training, and certification activities as well as minimal support to the foster family.	Rate covers room, board, supervision, and general parenting.
<b>Stabilization and Treatment Home</b>	
<b>Total Rate: \$220</b>	
<b>Provider</b>	<b>STAT Home Family</b>
<b>Daily Rate: \$135</b>	<b>Daily Rate: \$85</b>



Rate covers <b>supervisory activities</b> , such as recruitment, pre-service training, and licensing of the foster parent; on-going support, monitoring, training, and oversight of foster home; supervised home visits throughout youth’s placement, data collection, and general services for the provider to <b>support and retain the</b> foster family.	Rate covers <b>treatment</b> support (participation in wraparound team meetings, training and other treatment-oriented appointments for the youth and family) and <b>Room &amp; Board</b> (basic needs such as clothing, shelter, food, and daily essentials).
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### Stabilization and Treatment Home Services and CSED Waiver Services

All children in state custody approved for CSED waiver who require a foster care setting are eligible for STAT Home care if determined appropriate. The following outlines the complementary activities between STAT Home services, funded under child welfare and those provided by the CSED Waiver program.

STAT Home Activities	CSED Waiver Services
STAT Home activities funded under child welfare include:	Services funded under the CSED Waiver include:
Daily Supervision <ul style="list-style-type: none"> <li>• School attendance</li> <li>• Appointment support</li> <li>• Meal supervision</li> <li>• Supporting daily self-care skills</li> <li>• Supporting Independent Living Skills as outlined in Wraparound Plan</li> </ul>	Wraparound Facilitation
	Crisis Service: Mobile Response
	Independent Living/Skills Building (includes creation of Independent Living / Skills Plan portion of Wraparound Plan)
	In-Home Family Support
	Job Development
Food	Supportive Employment, Individual
Clothing	Extended Professional Services: Specialized Therapy
Shelter	Assistive Equipment
School supplies	Community Transition
Child’s personal incidentals	In-Home Family Therapy
Liability insurance	Respite Care, Out-of-Home
Child’s personal travel to child’s home for visitation	Respite Care, In-Home
Child’s travel to school in which child is enrolled at time of placement	Peer Parent Support

Per diem/travel expenses for state external partners participation in the development of Child and Family Services Plan	Non-medical transportation
	<b>Excluded for STAT Homes Only</b>
Any foster care activity (including Respite)	For Foster Parents/Homes: Respite Care, Out-of-Home
<b>Excluded activities</b>	For Foster Parents/Homes: Respite Care, In-Home
Provision of health care services	
Reimbursement in the nature of salary for foster family of ordinary parental duties	Non-Medical Transportation

### Stabilization and Treatment Home Service and CSED Waiver Service Overlap

STAT Home Services are complementary to the existing CSED Waiver Services, where STAT Home families are trained to support Waiver services as they are defined in the Wraparound Plan. However, there are certain services where foster care services and CSED waiver service responsibilities may overlap. The following outlines the STAT Home activities for these Waiver services.

<b>CSED Waiver Service</b>	<b>STAT Home Activities to Support CSED Waiver Services</b>
Respite	Respite is not included as a covered CSED service for STAT Home-enrolled youth; STAT Home Agency contracts assume minimum respite levels. All children are eligible for respite; how they access it and who funds it will differ.
Independent Living/Skills Building	STAT Home families provide standard daily skills support, as expected of all foster care families, supporting a normative developmental experience. STAT Home families will also provide oversight and support of the Independent Living Skills Plan/Wraparound Plan developed by the Waiver Provider.
Crisis Response	STAT Home families are trained and equipped to deal with most behaviors and leverage the support of their STAT Home agency worker. However, if after implementing and adhering to a Crisis Plan, a child's behaviors continue to escalate, Children's Mobile Crisis Response should be utilized. Children receiving foster care in a STAT Home are also eligible to utilize Mobile Crisis Response through a self-referral.
Wraparound Facilitation	All STAT Home case management duties noted previously are designed to support tasks identified in the Wraparound Plan, and provide support to the therapeutic foster parents, improving satisfaction and retention.

## **Children's Mobile Crisis Response Guidelines for Stabilization and Treatment Homes**

Children's Mobile Crisis Response (CMCR) teams offer crisis specialists to families in need when someone up to age 21 is experiencing an emotional or behavioral crisis. This includes situations in which a person's behaviors put themselves or others in danger.

CMCR will work with the family to, as much as possible, help keep the child or youth in their home safely while providing the necessary resources and services to help stabilize the situation and prevent unnecessary placement disruptions or changes. Crisis services can help deescalate the situation, work with families to complete a crisis assessment and develop a crisis plan. They will also make any referrals necessary and provide for the linkage of services.

CMCR is not a facility-based service, so there are no beds available, and they do not provide assistance with placing children. CMCR cannot commit children to Residential Mental Health Treatment Facilities (RMHTFs).

### **When to call Children's Mobile Crisis Response**

Children eligible for STAT Homes are able to contact CMCR whenever they feel the need.

STAT Home parents are able to contact CMCR when the children's behavior is prolonged, prevents the STAT Home parents from completing major tasks and/or affects someone's safety. Unless the nature of the event or child's behavior requires an immediate emergency or CMCR call, STAT Home parents should be trained and equipped to deal with most acting out behaviors on their own, supported by a comprehensive crisis plan that articulates the youth's triggers and de-escalation plan. This could include, but is not limited to:

- Tantrums
- Yelling
- Non-imminent threat of harm to self or others
- Crying
- Refusing to comply by exhibiting disruptive behavior
- Arguing

When neither the STAT Home parent nor the agency can safely deescalate the behavior and/or the child is a danger to themselves or others, CMCR response will need to be called. CMCR will work with child/family to update a crisis plan. From this point the STAT Home agency and STAT Home family will provide services in support of the defined crisis plan.

Should the waiver provider be utilized for the crisis response, the STAT Home agency may provide supportive services to the family while the family responds to the crisis. This may include normal household activities in support of other household members.

## Process for new children

The BSS will implement a process to determine the treatment need for all children, in all settings, to determine the most appropriate level of care. This process will ultimately identify the most appropriate, least-restrictive setting for the children’s needs to be met.

Placement of any child in foster care (both foster home and STAT Home) assumes the child cannot receive appropriate services in their home of origin or that of a relative (real or fictive) or guardian.

### Scenario 1: Children newly entering foster care with no prior history

*Note: See Appendix B for a visual diagram of this process.*

Step #	Activities	Description	Responsible	Timeline
1.	Foster Care Home Placement	At the time of placement, child is placed in a foster care home.	DHHR Worker, CPA, Aetna Care Manager	Immediate
2.	Initial Screening	Child goes through the standard screening process, (utilizing the FAST or CPS Assessment or EPSDT).	DHHR Worker, CPA	Within 30 days of referral
3.	Placement for non-CSED Waiver children	If the initial screening determines that the child does not meet referral requirements for CSED Waiver services, the child remains in their foster care home.	DHHR Worker, CPA	Immediate
4.	CSED Waiver Determination	For children who have been determined to have indications of mental or emotional health disorders, a CSED Waiver application is completed.	DHHR Worker, CPA, Aetna Care Manager, KEPRO	Within 30 calendar days
5.	CSED Waiver Ineligible Process	If the child <b>is not</b> CSED Waiver-eligible, the DHHR worker (in consultation with Aetna), determines additional HCBS needed, and the child remains in their current foster care home with appropriate supports.	DHHR Worker, Aetna Care Manager, CPA	Within 7 calendar days
6.	CSED Waiver Eligible Process	If the child <b>is</b> CSED Waiver-eligible, then a level of care will be	DHHR, CPA, Aetna Care	Completed during CSED

Step #	Activities	Description	Responsible	Timeline
		determined based on child's individual needs, exhibited behaviors and current placement stability.	Manager, KEPRO	Waiver application
7.	STAT Home Evaluation	If a STAT Home is not needed, then the child remains in their current foster care home with CSED Waiver services.	DHHR Worker, CPA	Immediate
8.		If a STAT Home is needed, then child is placed into certified STAT Home.	DHHR Worker, CPA	Immediate

### Scenario 2: Children already in Foster Care (Traditional, Tier 2, or Tier 3)

Note: See Appendix B for a visual diagram of this process.

Step #	Activities	Description	Responsible	Timeline
1.	Foster Care Home Placement	Child's history is reviewed to determine if the child is currently approved for CSED Waiver services.	DHHR Worker, CPA, Aetna Care Manager	Immediate
2.	CSED Waiver Ineligible Process	If child <b>is not</b> currently approved for CSED Waiver services, the DHHR worker (in consultation with Aetna), determines additional HCBS needed, and the child remains in foster care with appropriate supports.	DHHR Worker, Aetna Care Manager, CPA	Within 7 calendar days
3.	CSED Waiver Eligible Process	If the child <b>is</b> CSED Eligible, then a level of care will be determined based on child's individual needs, exhibited behaviors and current placement stability.	DHHR, CPA, Aetna Care Manager, KEPRO	Within 30 days

Step #	Activities	Description	Responsible	Timeline
4.	STAT Home Evaluation	If a STAT Home is not needed, then the child remains in foster care home with CSED services.	DHHR Worker, CPA	Immediate
5.		If a STAT Home is needed, then child is placed into certified STAT Home.	DHHR Worker, CPA	Immediate

### Scenario 3: Children transitioning from RMHTF

Note: See Appendix B for a visual diagram of this process.

Step #	Activities	Description	Responsible	Timeline
1.	Entrance into foster care from RMHTF	Prior to entering foster care, the child's history is reviewed to determine if the child is currently approved for CSED Waiver services.	DHHR Worker, CPA, Aetna Care Manager	Immediate
2.	CSED Waiver Ineligible Process	If the child <b>is not</b> CSED Waiver-eligible and child requires a foster care setting, the DHHR worker (in consultation with Aetna), determines additional HCBS needed, and the child is placed in a foster care home with appropriate supports.	DHHR Worker, Aetna Care Manager, CPA	Within 7 calendar days
3.	CSED Waiver Eligible Process	If the child <b>is</b> CSED Waiver-eligible, then a level of care will be determined based on child's individual needs and exhibited behaviors.	DHHR, CPA, Aetna Care Manager, KEPRO	Within 30 days
4.	STAT Home Evaluation	If a STAT Home is not needed, then the child is placed in foster care home with CSED Waiver services.	DHHR Worker, CPA	Immediate

Step #	Activities	Description	Responsible	Timeline
5.		If a STAT Home is needed, then child is placed into certified STAT Home.	DHHR Worker, CPA	Immediate

### Stabilization and Treatment Home Performance Measures and Indicators

The BSS has identified multiple initial STAT Home metrics to be analyzed and refined throughout the STAT Home implementation. Initial measurements include:

- Breakdown of STAT Home CSED Waiver services while child is in the STAT Home.
- Number of STAT Home youth committed to West Virginia Bureau of Justice Statistics (BJS).
- Number of STAT Home youth receiving school expulsions while in STAT Home care.
- Trending report of STAT Home youth taking three or more anti-psychotic drugs.
- Number of STAT Home youth who have improved school academic performance.
- Number of STAT Home youth who have maintained relationships with families of origin.
- Number of STAT Home youth who had a crisis intervention.
- Number of STAT Home youth with improved functioning (e.g. – reduced Child and Adolescent Functional Assessment Scale score).
- Number of qualified STAT Homes over time.
- Number of children with more than one STAT Home caretaker placement.
- Trend of RMHTF vs STAT Home placement over time.
- Placement proximity to home of origin.

In addition, CPAs that offer STAT homes will submit monthly measures along with their current set of Traditional Foster Care Measures. Initial STAT Home specific monthly measures include:

- Number of unduplicated STAT children in care during reporting period.
- Number of STAT Home children with substantiated IIUs during report period.
- Number of children placed in a STAT home during reporting period.
- Number of children discharged from a STAT home during reporting period.
- Average length of stay during children discharged during reporting period.
- Number of children in a STAT home with disruptions during reporting period.
- Number of new STAT Home placements that transitioned from RMHTF in last month.
- Number of STAT Home children that transitioned to Residential in last month.
- Number of STAT Home children that transitioned to BJS in last month.
- Total number of certified STAT Homes.

- Total number of certified STAT Homes with a placement.
- Number of new STAT Homes certified in last month.
- Number of new STAT Homes by county.



## Appendix A: DHHR Review Team Process

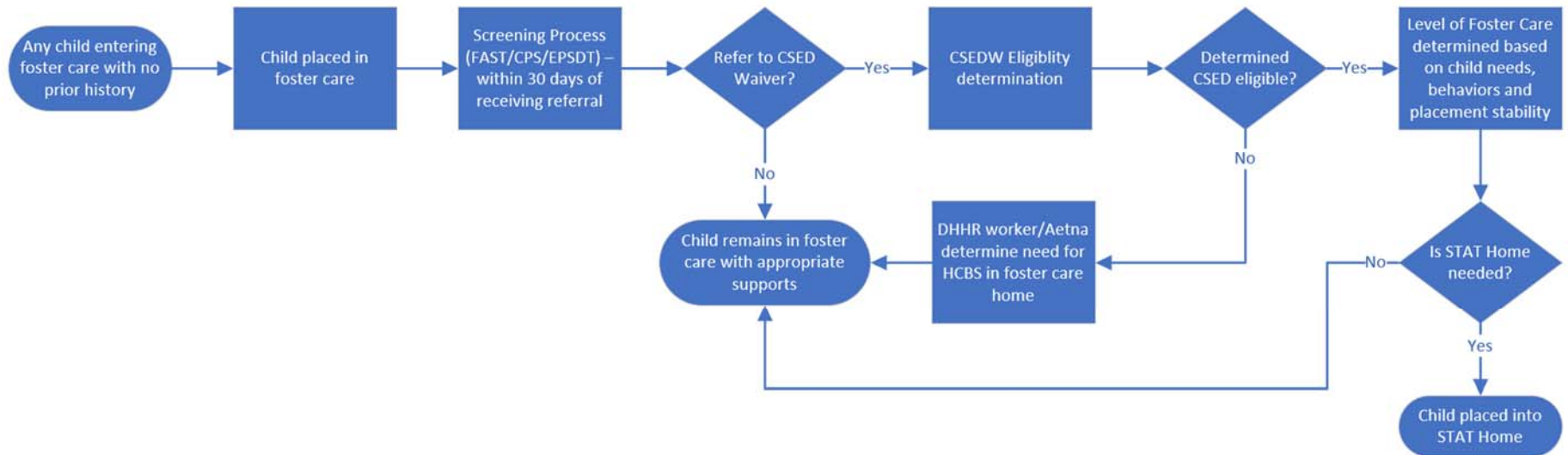
As CPAs certify and qualify new STAT Homes, they will be responsible for completing the appropriate background checks and complying with both Traditional and STAT Home training requirements, documenting everything within the Family and Children Tracking System (FACTS). In addition, CPAs will provide a monthly summary of all newly certified STAT Homes. The DHHR Review team is responsible for ensuring proper certification of all STAT Home families and will work closely with the CPA to address any anomalies. The DHHR Review Team Process is as follows:

- CPAs provide a monthly summary of all new STAT Homes certified within the prior calendar month.
- CPAs will provide the Provider IDs for all new STAT Homes.
- By the end of the next calendar month, DHHR Review Team staff will validate the following against the DHHR Review Team Checklist:
  - Completion of all required Traditional Foster Care trainings (uploaded and visible to DHHR team within the Family and Children Tracking System [FACTS]).
  - Completion of all required STAT Home trainings, utilizing the DHHR-recommended curriculum or an approved equivalent (accessible within FACTS).
  - Completion of Home Study (accessible within FACTS).
  - Completion of Adult Protective Services (APS) background check (results accessible within FACTS).
  - Completion of Child Protective Services (CPS) background check (results accessible within FACTS).
  - Completion of fingerprint collection and criminal background check (results accessible within FACTS).

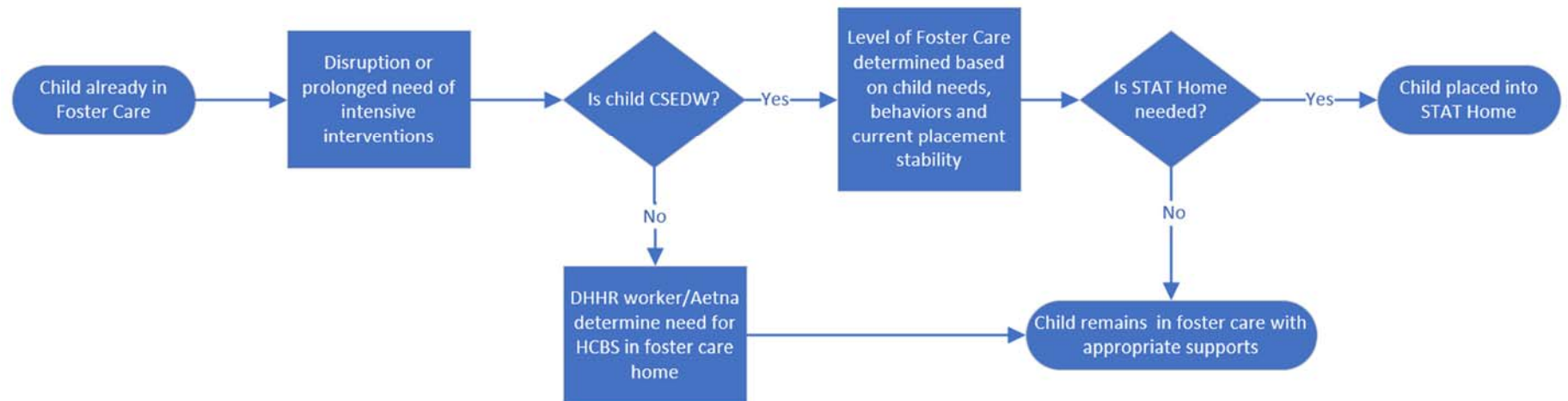
Should discrepancies be found, the DHHR will work directly with the CPA until a resolution can be found. If the CPA is unable to certify the family, then DHHR and CPA will work together to develop a plan to bring the home into compliance.

## Appendix B: Stabilization and Treatment Home Workflows

### Scenario 1: Children newly entering foster care with no prior history



### Scenario 2: Children already in Foster Care



### Scenario 3: Children transitioning from RMHTF

