

George Latimer
County Executive

Department of Social Services

Leonard G. Townes
Commissioner

92674

DATE: April 19, 2022

TO: Honorable Members of the Board of Acquisition and Contract

FROM: Leonard G. Townes, Commissioner
Department of Social Services

SUBJECT: Resolution authorizing the County of Westchester to enter into an agreement with The Mental Health Association of Westchester County, Inc. pursuant to which it will provide therapy services under a new program entitled "Functional Family Therapy – Child Welfare," to assist families and children with multiple risk factors, where there has been physical abuse and/or neglect of a child aged 0-17, for the period from January 1, 2022 through December 31, 2022, for an amount not to exceed \$650,000.00.

Authorization is requested for the County of Westchester ("County"), acting by and through its Department of Social Services ("the Department" or "DSS"), to enter into an agreement ("Agreement") with The Mental Health Association of Westchester County, Inc. ("MHA") pursuant to which MHA will provide therapy services under a certain new program entitled "Functional Family Therapy – Child Welfare" ("FFT Program" or "Program"), in order to assist families and children with multiple risk factors, where there has been physical abuse and/or neglect of a child aged 0-17, for the period from January 1, 2022 through December 31, 2022, for an amount not to exceed \$650,000.00, payable on a monthly basis pursuant to an approved budget and subject to appropriation.

The FFT Program is a home-based intensive therapeutic model for families with multiple risk factors, where there has been physical abuse and/or neglect of a child aged 0-17. Services are provided to youth and families who are at risk of placement or where there are issues of child safety/neglect/family violence. Referrals will be accepted from the Department's Child Welfare Programming areas of Preventive Services, Child Protective Services and Foster Care for open and active cases. The FFT Program will include three full-time licensed master's level clinicians, one full-time Program Coordinator who also has the capacity to see families, and psychiatric consultation. One clinician will be bilingual in Spanish. Telephonic or video translation services will be utilized for families speaking alternate languages. Staff will be trained and certified in the FFT Program Model. Services will be provided in the home most of the time, unless family requests to be seen in the office. During the height of COVID-19, services were provided utilizing

a telehealth model of care, and clinicians utilized a risk assessment to assure high risk individuals were seen in person to prevent individuals from falling off the Program. Telehealth services may be utilized when there are safety concerns related to COVID-19.

The services to be provided pursuant to this agreement will serve a public purpose by preserving the family, reducing risk of abuse or neglect, preventing delinquency and youth crime, thus averting the need for foster care placement as families will be better equipped to understand and handle child behaviors.

The goals and objectives of this agreement are in compliance with the New York State Office of Children and Family Services regulations, 18 NYCRR, Part 423 et seq., which mandate that the Department provide preventive services to families at risk of foster care placement. This Program often works with families who are reluctant to engage with services, experience mental health concerns, abuse or neglect issues, and a history of family violence, substance abuse or engagement with the criminal justice system. Therapists meet with families from the beginning and assess family members' relationships, with a range of individual and family assessments so they can better match families to necessary behavior changes to address risk, needs, safety, neglect and referral issues.

The FFT Program model clinical approach includes five distinct phases of therapy:

(1) Engagement: therapists begin to build trust and working relationships with families, address emergent needs as necessary, and start to understand the culture of the family and challenges they are facing.

(2) Motivation: therapists continue assessment and giving the family a voice to tell their story in order to instill hope for change, enhance family connections and decrease intra-family negativity and blame that is often a necessary first step for families to return to sessions.

(3) Relational Assessment: therapists work to understand the family relational patterns and what drives problem behavior so that the beginnings of a behavior change plan can start to be developed.

(4) Behavior Change: therapists address referral behaviors, safety and risk/needs by matching them to appropriate behavior change approaches that fit the family and their particular needs.

There is typically a strong cognitive/attributional component integrated into systemic skill-training in family communication, parenting skills, conflict management skills and numerous other skills linked to a variety of referral problems.

(5) Generalization: therapists focus on helping youth/families to generalize change into other systems, create methods to continue changes that have occurred in the family through treatment, as regards risk/needs/safety, to connect to ongoing services in the community to continue to impact risk/needs/referral issues, and to anticipate and plan for potential barriers or challenges that youth and families may face in the future.

The goals and objectives of this Agreement are in the best interest of the County in terms of public health and safety because the services provided through this Agreement will reduce adverse childhood experiences (ACES) which can have a lasting, negative effects on health, well-being

and opportunity, but many of these experiences and their associated harms are preventable, and will improve family functioning, improve communication, reduce conflict, decrease problem behaviors, reduce hospitalization, reduce out of home placements and delinquency, improve parenting skills, and increase effective problem-solving skills..

The goals and objectives are in the best interest of the County in terms of fiscal responsibility in that the Department will be able to avert the need for foster care placements and the costs associated with such placements or other higher level of care such as hospitalizations. Preventing children from entering the foster care system can result in substantial savings for the County. In addition, this is an approved evidenced based model that is eligible for IVE reimbursement under the Family First Prevention Services Act.

The goals and objectives as stated in the resolution will be tracked and monitored by the Department to evaluate success of the services provided by MHA under the Program.

This proposed Agreement is exempt from the Westchester County Procurement Policy and Procedures pursuant to Section 3(a) xviii regarding prevention of delinquency and youth crime and the advancement of the moral, physical, mental and social well-being of the youth of Westchester County. In addition, it should be noted that this proposed Agreement is not subject to the competitive procurement requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (formerly, the Grants Management Common Rule) as the federal funding for this Program falls under the Social Services Block Grant.

Accordingly, the County of Westchester is hereby requesting authority to enter into the Agreement with MHA for the aforesaid purposes.

An appropriate resolution requesting your Honorable Board's approval is attached herewith.

LGT/cmc

Encl.

RESOLUTION

Upon a communication from the Commissioner of the Department of Social Services, be it hereby

RESOLVED, that the County of Westchester is authorized to enter into an agreement ("Agreement") with The Mental Health Association of Westchester County, Inc. ("MHA"), to provide therapy services under the "Functional Family Therapy – Child Welfare" program in order to assist families and children with multiple risk factors, where there has been physical abuse and/or neglect of a child aged 0-17, for the period from January 1, 2022 through December 31, 2022, for an amount not to exceed \$650,000.00, payable on a monthly basis pursuant to an approved budget; and be it further

RESOLVED, that this Agreement is subject to County appropriations; and be it further

RESOLVED, that this agreement is also subject to further financial analysis of the impact of any New York State Budget (the "State Budget") proposed and adopted during the term of this Agreement. The County shall retain the right, upon the occurrence of any release by the Governor of a proposed State Budget and/or the adoption of a State Budget or any amendments thereto, and for a reasonable period of time after such release(s) or adoption(s), to conduct an analysis of the impacts of any such State Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates approved herein. If the County subsequently offers to pay a reduced amount to MHA, then MHA shall have the right to terminate this Agreement upon reasonable prior written notice; and be it further

RESOLVED, that the County Executive or his authorized designee is hereby authorized to take such action and execute such documents as may be necessary and proper to effectuate the purposes hereof.

Account to be charged/credited:

	FUND	DEPT	Major Program, Program & Phase, Or Unit	Object/ Sub- Object	Trust Account	Dollars
	101	22	8900	5960		\$650,000

Budget Funding Year(s): 2022 Start Date: 01/01/2022 End Date: 12/31/2022

(must match resolution)

Funding Source:

Tax Dollars: 29%

\$ 650,000.00

State Aid: 45%

(must match resolution)

Federal Aid: 26%

APPROVED BOARD OF ACQUISITION & CONTRACT - 05/19/2022 - RAYMOND SCULKY, SECRETARY