

The logo for Maximus, consisting of the word "MAXIMUS" in a bold, black, sans-serif font with a registered trademark symbol. The background of the entire slide is a blurred photograph of several people in business attire sitting around a table, with their hands and arms visible as they work on documents and use pens.

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA) NORTH DAKOTA



Objectives

Review FFPSA project and timeline

Discuss how to work with Ascend for FFPSA

Applications and forms





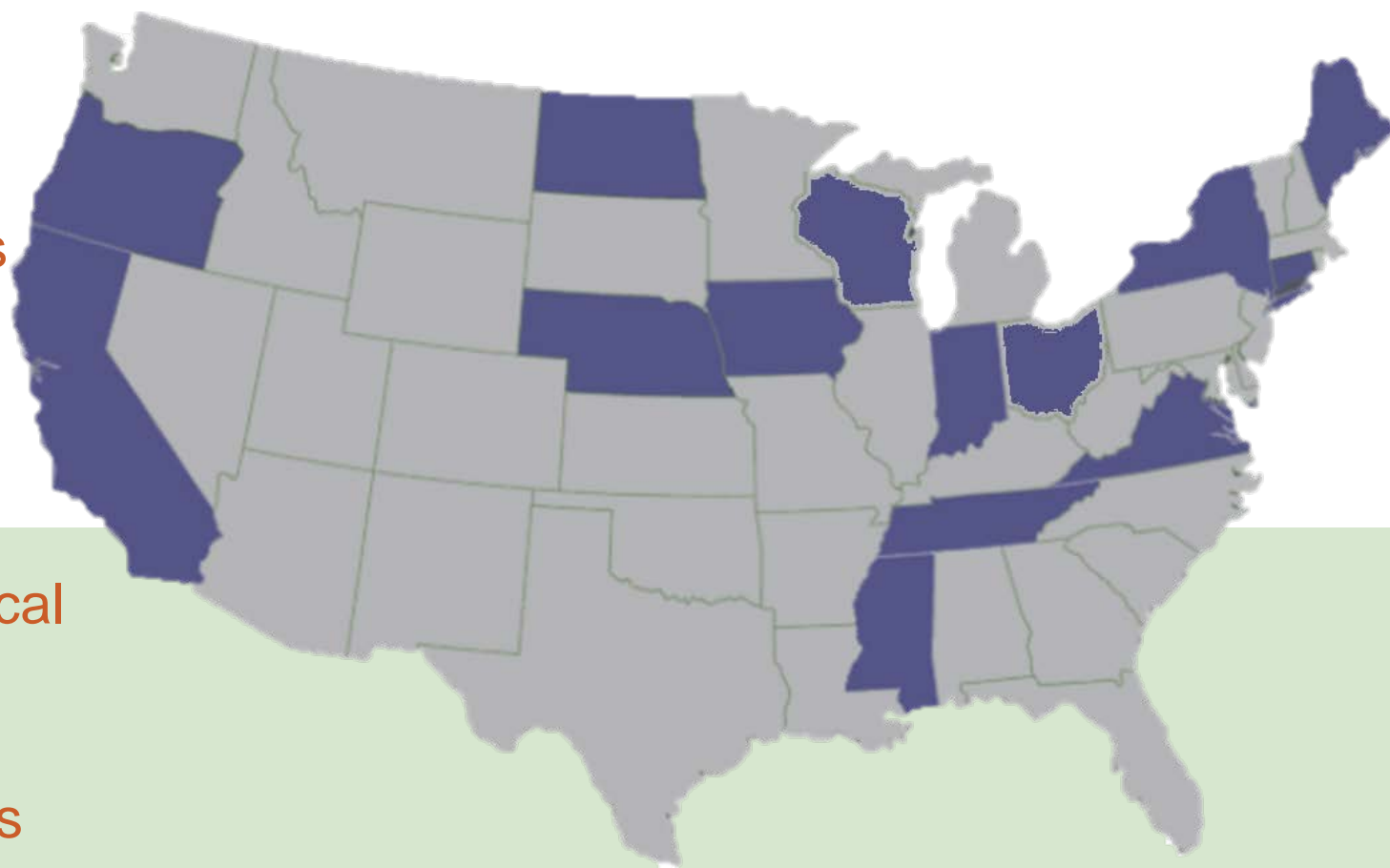
Who We Are

✓ Headquartered in Reston, Virginia;

- Based in Franklin, Tennessee
- 250 Employees across the country
- Network of 500+ independent contractor clinicians and physicians

✓ Services Provided

- Conflict-free clinical assessment services
- Customized data systems and clinical algorithms
- Intense focus on clinical quality – produce highly defensible outcomes



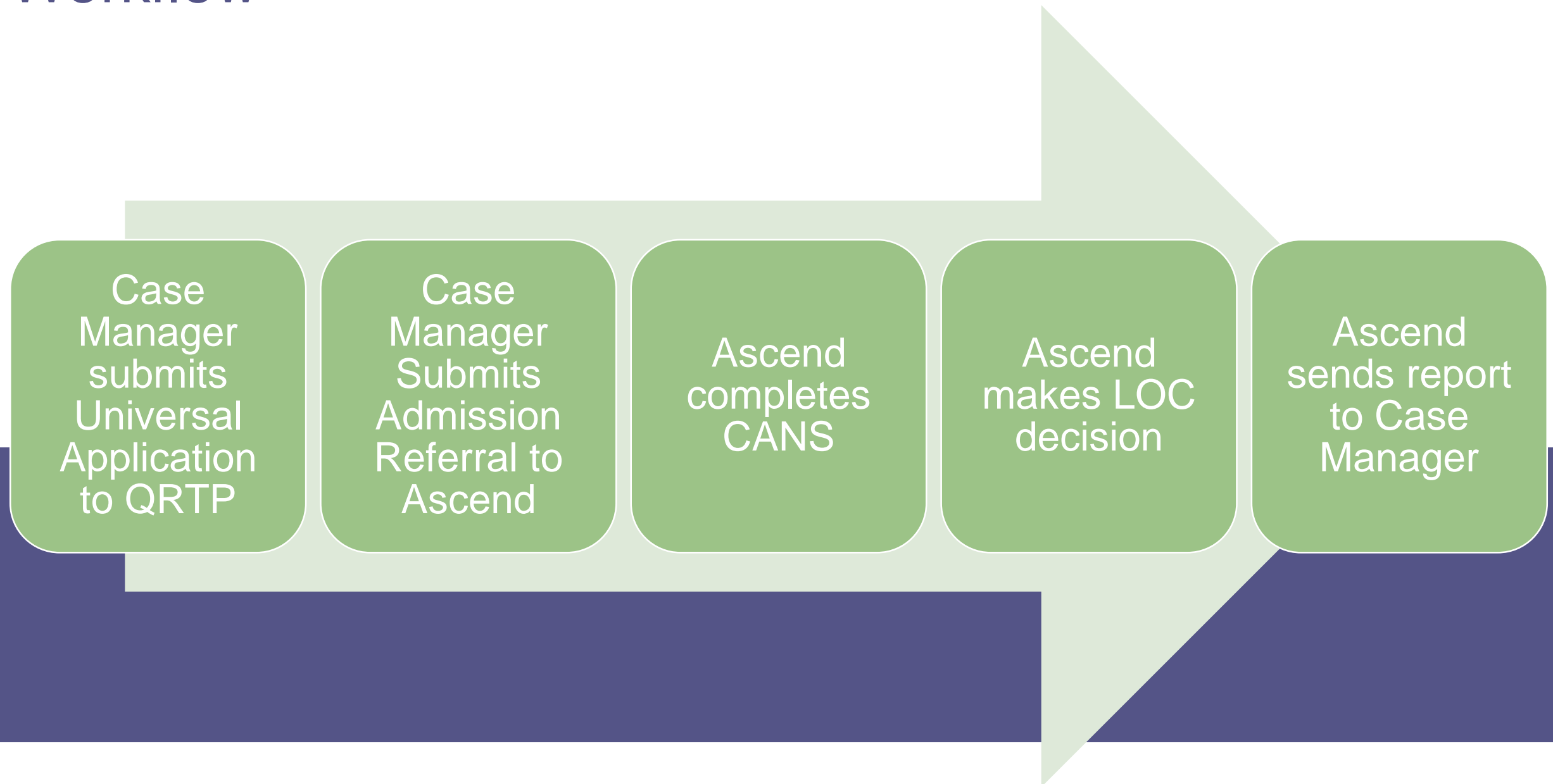


What is FFPSA in North Dakota

- ✓ Title IV-E changes
 - Impact the way child welfare services funded and delivered
 - Implement changes October 1, 2019
- ✓ Ascend will partner to conduct independent assessment and UR for Qualified Residential Treatment Placements (QRTPs)
- ✓ QRTPs are newly defined residential placements that meet certain requirements and can receive Title IV-E maintenance funds



Workflow





What is the CANS?

- ✓ Child and Adolescent Needs and Strengths assessment
- ✓ Developed for children's services to support decision making
 - Level of care and strengths-based service planning
 - To facilitate quality improvement initiatives
 - To allow for the monitoring of outcomes of services
- ✓ Each item suggests different pathways for service planning
- ✓ 4 levels for each item with anchored definitions to translate into action levels

The Praed Foundation is a public charitable foundation committed to improving the wellbeing of all through the use of personalized, timely, and effective interventions

CANS Areas of Focus: Life Domain Functioning

- Family Functioning
- Living Situation
- Social Functioning
- Recreational
- Developmental/Intellectual
- Job Functioning
- Legal
- Medical/Physical
- Sexual Development
- Sleep
- School Behavior
- School Attendance
- School Achievement
- Decision Making

Rating Scale

1. No evidence
2. Watchful waiting/prevention
3. Action
4. Immediate/Intensive Action

CANS Areas of Focus: Strengths

- Family Strengths
- Interpersonal
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Community Life
- Relationship Permanence
- Resiliency
- Resourcefulness
- Cultural Identity
- Natural Supports

Rating Scale

1. Centerpiece strength
2. Strength that you can use in planning
3. Identified-strength-must be built
4. No strength identified

CANS Areas of Focus: **Acculturation**

- Language
- Traditions and Rituals
- Cultural Stress

Rating Scale

1. No evidence
2. Watchful waiting/prevention
3. Action
4. Immediate/Intensive Action

CANS Areas of Focus: Caregiver Needs and Resources

- Supervision
- Involvement with Care
- Knowledge
- Organization
- Social Resources
- Residential Stability
- Medical/Physical
- Mental Health
- Substance Use
- Developmental
- Safety

Rating Scale

1. No evidence
2. Watchful waiting/prevention
3. Action
4. Immediate/Intensive Action

CANS Areas of Focus: Behavioral/Emotional Needs

- Psychosis
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional
- Conduct
- Adjustment to Trauma
- Attachment Difficulties
- Anger Control
- Substance Use

Rating Scale

1. No evidence
2. Watchful waiting/prevention
3. Action
4. Immediate/Intensive Action

CANS Areas of Focus: Risk Behaviors

- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm (Recklessness)
- Danger to Others
- Sexual Aggression
- Runaway
- Delinquent Behavior
- Fire Setting
- Intentional Misbehavior

Rating Scale

1. No evidence
2. Watchful waiting/prevention
3. Action
4. Immediate/Intensive Action

QRTP LOC Screening Considerations

High detail versus high level critical thinking

No acute risk

(suicidal, danger to others, violent thinking, sexual aggression)

Serious mental health symptoms

(psychosis, depression, adjustment to trauma, etc.)

Chronic Risk behaviors

(history of suicide attempts, dangerousness, runaway due to MH condition)

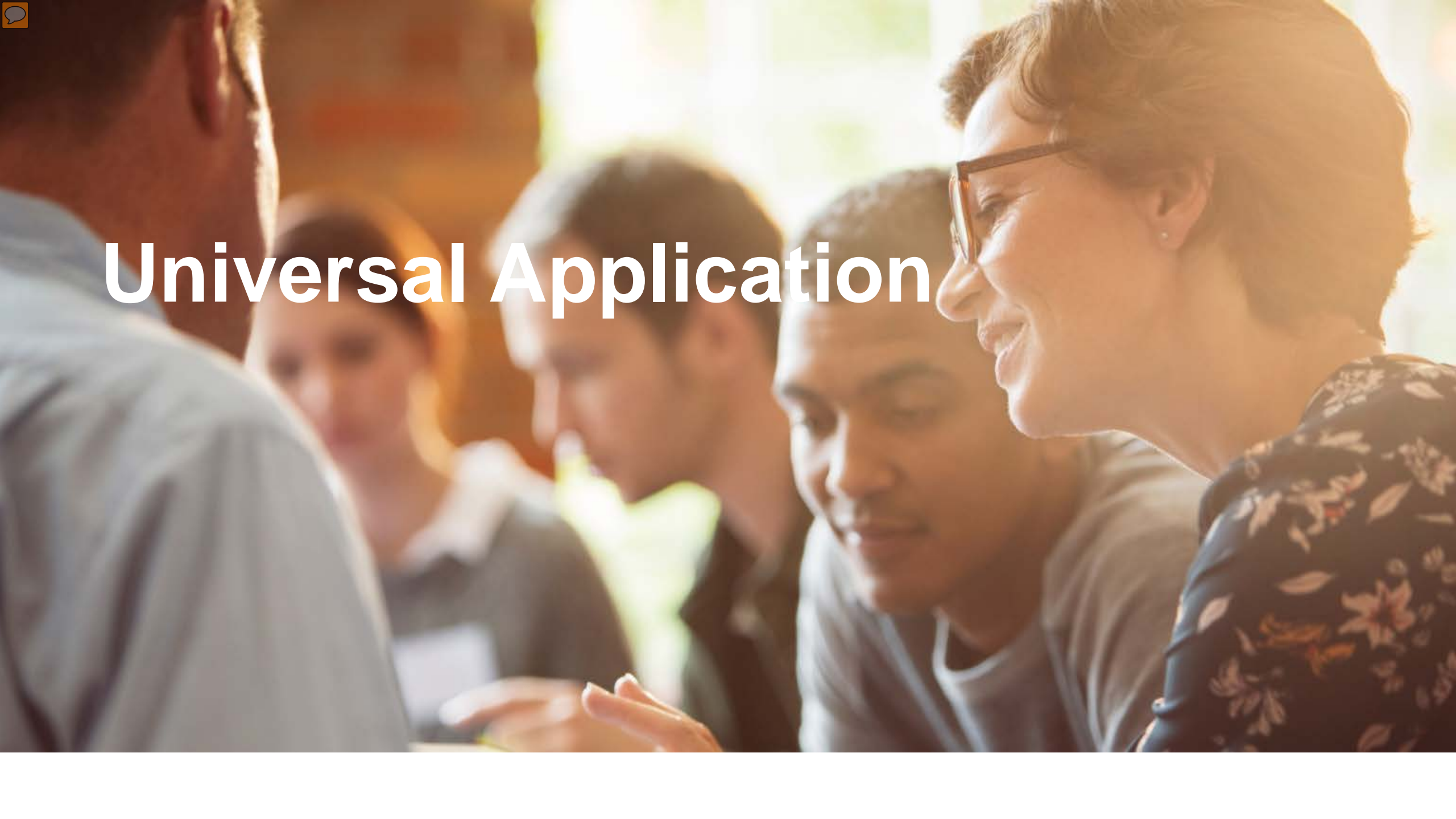
Major functioning impairments

(impacting school functioning, decision making, sleep, etc.)

Interventions or placement have been insufficient

(at least one attempt for TFC or two for QRTP)

Resiliency factors are unlikely to make lower LOC successful



Universal Application



CHILD DEMOGRAPHICS AND INFORMATION SOURCES

Name (First, Last, Middle Initial)		Date of Birth	Age	Case Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify):			Social Security Number (last four digits)		
Race and Ethnicity (check one) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native (specify Tribal affiliation): <input type="checkbox"/> Other (specify):					
Primary Language/Means of Communication				Height	Weight
Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Emergency Assistance Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
SSI Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		SSDI Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Third Party Insurance <input type="checkbox"/> None <input type="checkbox"/> Yes (provide requested details)		Name of Insurance Policy Holder			
Insurance Policy Number	Name of Insurance Company			Telephone Number	
Address		City	State	ZIP Code	



Date Entered into Foster Care	Age at Entry Into Foster Care	County at Entry Into Foster Care	Financially Responsible County/Zone																						
Current Residence Address		City	State	ZIP Code																					
Child's Current Living Arrangement (or type - e.g., home, foster home, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Family Setting (parents) <input type="checkbox"/> Family Setting (unlicensed relatives) (specify): _____ <input type="checkbox"/> Family Foster Care (licensed) <input type="checkbox"/> Family Foster Care - Therapeutic/Treatment (TFC) <input type="checkbox"/> Qualified Residential Treatment Program (QRTP) <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) <input type="checkbox"/> Other (specify): _____ 																									
Child Strengths/ Resiliency Factors <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Asks for support when needed</td> <td><input type="checkbox"/> Health-good general health</td> <td><input type="checkbox"/> Responds to routine</td> </tr> <tr> <td><input type="checkbox"/> Confident</td> <td><input type="checkbox"/> Hobbies</td> <td><input type="checkbox"/> Solves problems effectively</td> </tr> <tr> <td><input type="checkbox"/> Cultural identity</td> <td><input type="checkbox"/> Independence (autonomous)</td> <td><input type="checkbox"/> Spirituality</td> </tr> <tr> <td><input type="checkbox"/> Empathetic</td> <td><input type="checkbox"/> Interpersonal</td> <td><input type="checkbox"/> Talents/interests</td> </tr> <tr> <td><input type="checkbox"/> Exercise habits</td> <td><input type="checkbox"/> Initiative</td> <td><input type="checkbox"/> Trustworthy</td> </tr> <tr> <td><input type="checkbox"/> Genuine interest in school</td> <td><input type="checkbox"/> Maintains sense of purpose and positive outlook</td> <td><input type="checkbox"/> Vocational/work ethic</td> </tr> <tr> <td><input type="checkbox"/> Goals-sets and attain</td> <td><input type="checkbox"/> Optimism</td> <td><input type="checkbox"/> Other (describe): _____</td> </tr> </table>					<input type="checkbox"/> Asks for support when needed	<input type="checkbox"/> Health-good general health	<input type="checkbox"/> Responds to routine	<input type="checkbox"/> Confident	<input type="checkbox"/> Hobbies	<input type="checkbox"/> Solves problems effectively	<input type="checkbox"/> Cultural identity	<input type="checkbox"/> Independence (autonomous)	<input type="checkbox"/> Spirituality	<input type="checkbox"/> Empathetic	<input type="checkbox"/> Interpersonal	<input type="checkbox"/> Talents/interests	<input type="checkbox"/> Exercise habits	<input type="checkbox"/> Initiative	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Genuine interest in school	<input type="checkbox"/> Maintains sense of purpose and positive outlook	<input type="checkbox"/> Vocational/work ethic	<input type="checkbox"/> Goals-sets and attain	<input type="checkbox"/> Optimism	<input type="checkbox"/> Other (describe): _____
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<input type="checkbox"/> Goals-sets and attain	<input type="checkbox"/> Optimism	<input type="checkbox"/> Other (describe): _____																							
Describe the strengths of the child in greater detail:																									
Describe the child's reaction to the requested placement:																									



INFORMATION SOURCES			
Case Manager Name		Case Manager Telephone Number	
Case Manager Email Address		Case Manager Fax Number	
Legal Custodian Name	Legal Custodian Type <input type="checkbox"/> County <input type="checkbox"/> DJS <input type="checkbox"/> Tribe	Legal Custodian Telephone Number	
Address	City	State	ZIP Code

Child and Family Team Member (CFTM) (include any individual involved with the child's care not identified elsewhere in this form)

CFTM 1	CFTM 1 Telephone Number
CFTM 2	CFTM 2 Telephone Number
CFTM 3	CFTM 3 Telephone Number
Parent's Name	Parent's Telephone Number
Parent's Name	Parent's Telephone Number



Family Strengths

- Cultural identity Interpersonal Optimism Spirituality Talents/interests Vocational/work ethic
 Other

Describe other family strengths in greater detail:

SERVICES SOUGHT/REFERRAL TYPE

Services Sought/Referral Type Applying for (check all that apply)

- Family Foster -TFC (send to TFC agency)
- Psychiatric Residential Treatment Facility (PRTF) (send to PRTF)
- QRTP Application/Initial Request:
(when submitting to Ascend, attach documents specified above, as well as suicide risk assessment, behavior assessment, and medical assessment)
- QRTP Following Emergency Admission
(when submitting to Ascend, also attach any completed IQ testing, psychiatric evaluations, recent treatment progress notes, IEP and any specialist evaluations)

Answer below if any QRTP response was checked:

Who needs a copy of the QRTP Assessment Report?

- Custodial Case Manager
- Other (provide contact information below):

Name	Relationship		
Email Address			
Street Address	City	State	ZIP Code

If any QRTP response was checked, provide name of QRTP facility this application was also submitted to:

Facility	Facility
Facility	Facility
Facility	Facility
QRTP Admission Date (if already admitted under emergency status, enter actual date. If not yet admitted, enter proposed admission date)	
Anticipated Discharge Date (if admitted to QRTP)	



REASON FOR REFERRAL

Reasons Services are Being Sought Now *(if applying, create a timeline of pertinent events over the last year that led to needing services now):*

Why is the requested care believed to be the best level of care? *Why were community placement options ruled out or determined insufficient? (if currently receiving care, why are services still believed to be needed?)*

What would be needed for the child to be placed in a family setting?



Describe any other referral concerns not explained in the prior questions:

What is the long-term plan for care? *What will it take for the child to safely live in a family setting?*

Describe contingency plan if the preferred plan cannot be implemented:



RISK FACTORS/SUPPORTS/SOCIAL DETERMINANTS OF HEALTH/SYMPTOMS

Social Environment No Issues

- Abuse history (emotional, physical, sexual) victim by other than parents or primary support
- Acculturation difficulty (e.g. refugee status)
- Adopted
- Exposure to disaster/war(describe): _____
- Peer relationships limited or poor
- Other (describe): _____

Access to Healthcare/Social Services No Issues

- Healthcare or social services inaccessible Other (describe): _____
- Healthcare or social services inadequate

Housing No Issues

- Homeless Current family residence
- Neighborhood is unsafe Other (describe): _____



Social Environment No Issues

- Abuse-emotional by parents or primary support
- Abuse-physical by parents or primary support
- Abuse-sexual by parents or primary support
- Abuse-substance use/abuse of parents or primary support

Abandonment by parents or primary support

- Birth of a sibling
- Conflicts with parent(s)
- Conflicts with siblings
- Death of a family member or primary support (describe):

- Divorce
- Domestic Violence
- Employment instability
- Employment stress

- Family discord
- Financial-poverty/inadequate finances
- Legal-law violations by parents or primary support
- Legal-incarceration of parents or primary support
- Mental illness of parents or primary support
- Moves/Housing instability
- Neglect by parents or primary support
- Remarriage of a parent
- Removal from home
- Separation from sibling (e.g. foster care, split custody)

Trauma not already listed

- Other (describe): _____



Child's Behaviors/Symptoms

No Symptoms

Abuse-perpetrator of emotional abuse

Abuse-perpetrator of physical abuse

Abuse- perpetrator of sexual abuse

Adult relationship issues

Authority relationship issues

Aggressiveness

Anger issues

Anxiety

Danger/violence to others

Danger/violence to self

Depression

Destructiveness

Eating habits/disorder

Fighting

Physical/Developmental Disability

Self-mutilation

Fire Setting

Harm to self (cutting, burning, etc.)

Harm to animals

Peer relationship issues

Serious mental health issues

Serious acting out

Sexual offending

Sleep related disorder

Stealing

Substance abuse

Suicidal threats or attempts

Threatening behaviors or actions



Describe extent, severity, and typical frequency of all identified symptoms/behaviors, providing dates and specific examples:

Describe how symptoms and behaviors have affected prior living situation:

Describe any safety needs/risks, including what they would need from others to avoid safety concerns for self and others:

Describe history of runaway behaviors, including dates of the run and events that occurred prior to the run: NA

Has a trauma screen been conducted?

Yes No

If yes, describe results:



Has the child been assessed for fetal alcohol effects?

Yes No

If yes, describe results:

Were there any known utero events that may have contributed to the child's development?

Yes No

If yes, describe:

Describe any notable developmental issues or delays: NA



Child's Education No Issues

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic issues | <input type="checkbox"/> GED - in process | <input type="checkbox"/> Suspension/expulsion |
| <input type="checkbox"/> Behavior resulting in legal involvement | <input type="checkbox"/> GED - obtained | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Discord with teachers | <input type="checkbox"/> IEP or 504 | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Discord with classmates | <input type="checkbox"/> Left school | |

Current School Name

Highest Grade Completed

Current Grade

Child's Legal Issues No Issues

- | | |
|--|--|
| <input type="checkbox"/> Detention placement history | <input type="checkbox"/> Pending charges |
| <input type="checkbox"/> Legal-law violation | <input type="checkbox"/> Pending court date |
| <input type="checkbox"/> Legal-incarcerations | <input type="checkbox"/> Victim of crime |
| <input type="checkbox"/> Legal-probation | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Legal-Rule violation/Status offence/Delinquency | |

If any legal issues are identified above, describe those in detail, including dates, circumstances, past and pending charges:

Empty text area for describing legal issues.



DIAGNOSES

Mental Health, Intellectual, Developmental, and Substance Related Diagnoses <input type="checkbox"/> None (either check none or list below)	Date of Diagnosis

Medical Condition Diagnoses <input type="checkbox"/> None (either check none or list below)	Date of Diagnosis



Substance Use History None (either check none or completed responses below)

Substances Used:

Aerosol sniffing

Cocaine/crack

Marijuana/hashish

Alcohol

Hallucinogens/psychedelics

Methamphetamine/other amphetamines

Barbiturates

Heroin/opiates

Other (drugs): _____

Benzodiazepines

Inhalants

Describe substance use history, frequency of use, and most recent use for each selection:

History of withdrawal symptoms?

Yes No

Detox protocol ordered?

Yes No Unknown

Describe consequences associated with substance use (*e.g., arrests, blackouts, medical issues, etc.*):



MEDICATIONS

None (either check none or describe below)

Drug Name	Dosage	Purpose/Diagnosis	Dates Used	Precautions

Have extra medications on as as-needed basis been used within the past 30 days due to reduce the severity of the child's symptoms?

Yes No

If so, which medications and why?

Have they historically taken medications as prescribed?

Yes No

Explain:



TREATMENT/SERVICES					
Behavioral Health Treatment and Service History <input type="checkbox"/> None (either check none or describe below)					
Current?	Service	Start/End Dates	Frequency	Provider	Child's Response to Treatment (Were they motivated and engaged? Goals met or being met?)
<input type="checkbox"/> Yes	Acute inpatient psychiatric treatment				
<input type="checkbox"/> Yes	Case Aide (in-home)				
<input type="checkbox"/> Yes	Chemical dependency				
<input type="checkbox"/> Yes	Family Therapy				
<input type="checkbox"/> Yes	Group Therapy				
<input type="checkbox"/> Yes	Individual Therapy				
<input type="checkbox"/> Yes	Intensive In-home				
<input type="checkbox"/> Yes	Psychiatric medication management				
<input type="checkbox"/> Yes	Respite				
<input type="checkbox"/> Yes	Other				
<input type="checkbox"/> Yes	Other				
<input type="checkbox"/> Yes	Other				
<input type="checkbox"/> Yes	Other				

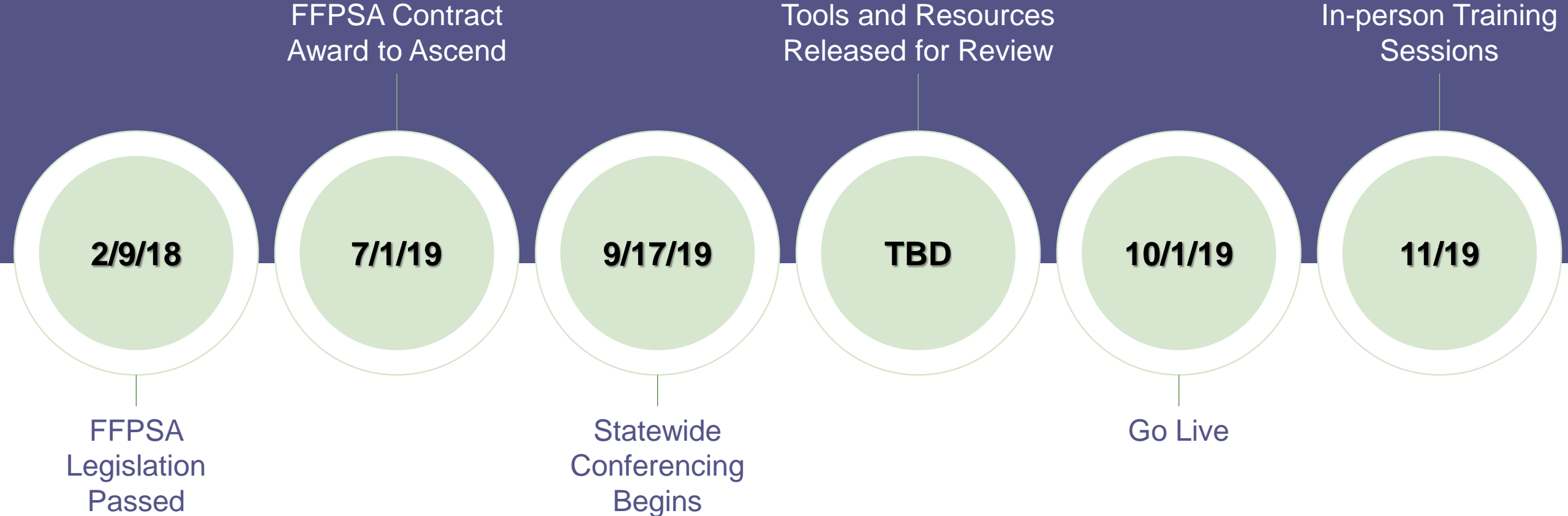
Additional details about overall treatment history and engagement:



REFERRAL INFORMATION		
Name of Referrer		Referral Date
Email Address	Telephone Number	Fax Number



IMPLEMENTATION TIMELINE



UPCOMING WEBINARS

9/24/19

- **Deep-dive into the new processes/workflow**
- **Provide resource materials for their reference**
- **Discuss Level of Care**

10/1/19

- **Implementation next steps**
- **Reminder of call-to-action/deliverables needed before go-live**
- **Q&A**
- **Help Desk/support contacts**

A person in a light blue shirt is seen from the back, pointing their right index finger towards a group of people seated in a meeting. The group consists of several individuals, including a man in a blue shirt who is smiling and looking towards the pointer. The background is softly blurred, showing an indoor setting with warm lighting. The word "QUESTIONS" is overlaid in white, bold, sans-serif font on the left side of the image.

QUESTIONS