

COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN

MEETING MINUTES FORM

GROUP MEETING:	Commission to Study Residential Placement of Children
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MEETING DATE: October 5, 2006

Members Present:	Martha Yeager Walker, Department of Health and Human Resources Jason Najmowski, Bureau for Children and Families Frank Andrews, WV Department of Education Andrea Darr, WV Prosecuting Attorneys Institute Mike Lacy, WV Supreme Court of Appeals Gary Johnson, Circuit Court Judge, Nicholas County Jack Alsop, Circuit Court Judge, 14 th Circuit John Bianconi, Bureau for Behavioral Health and Health Facilities Dale Humphreys, Division of Juvenile Services
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Members Absent:	Nancy Atkins, Bureau for Medical Services Lynn Boyer, WV Department of Education Pam Cain, WV Department of Education Steve Canterbury, WV Supreme Court of Appeals John Hutchison, Circuit Court Judge, Raleigh County Phillip Morrison, WV Prosecuting Attorneys Institute Steven L. Paine, WV Department of Education Jane Charnock-Smallridge, Family Court Judge, 11 th District O.C. Spaulding, Circuit Court Judge, Putnam County
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Staff/Guests:	Rocco Fucillo, DHHR General Counsel Jeanette Rowsey, WV System of Care Rhonda McCormick, Region II Family Network Scott Boileau, Alliance for Children Denny Dodson, Division of Juvenile Services Susan Sobkoviak, WV National Assoc. of Social Workers Linda Dalyai, Bureau for Children and Families Linda Watts, WV System of Care Dave Majic, Bureau for Behavioral Health and Health Facilities Jackie Payne, Office of Behavioral Health Services Pat Winston, Bureau for Medical Services Emily Proctor, APS Healthcare Arlene Hudson, APS Healthcare
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KEY POINTS DISCUSSED	
1.	Identify the patient's chief complaint and history of present illness.
2.	Review the patient's medical history, including chronic conditions and medications.
3.	Perform a thorough physical examination, focusing on the respiratory and cardiovascular systems.
4.	Order appropriate diagnostic tests, such as chest X-ray, pulmonary function tests, and blood work.
5.	Develop a differential diagnosis based on the patient's symptoms and test results.
6.	Formulate a management plan, including pharmacological and non-pharmacological interventions.
7.	Provide patient education on disease management, lifestyle modifications, and follow-up care.
8.	Document the patient's progress and response to treatment.

KEY DECISIONS MADE	
1. Identify the problem: The problem is that the company is not meeting its sales targets and is losing market share to its competitors.	
2. Analyze the situation: The company's sales are declining due to a combination of factors, including increased competition, changing consumer preferences, and a lack of innovation in its product line.	
3. Develop a plan: The company will implement a new marketing strategy that focuses on digital marketing and social media, and will also invest in research and development to create new products that meet the needs of its target market.	
4. Implement the plan: The company will launch its new marketing campaign and begin investing in research and development. It will also monitor its sales and market share closely to ensure that the plan is effective.	
5. Evaluate the results: The company will evaluate its progress over the next six months. If sales are still declining, it will reassess its strategy and make necessary adjustments.	

Welcome and Introductions

Secretary Walker welcomed the group.

New representative for the WV Division of Juvenile services is Dale Humphreys.

The agenda flow was changed. The Presentation was provided after the Welcome and Introductions.

Presentation: Implementation of the WV Systems of Care

The presentation was delivered by Linda Watts.

Main Points:

System of care is not a separate project; work is to

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integrate the recommendations of the Commission. Pilot project to begin in Region II. The infrastructure is indicated on slide 2.

As the project is implemented, everything will be reported to the Commission. There will be a fiscal agent (provider) for each region, along with a regional clinical team. Each regional clinical team will have a parent coordinator.

Families need to be active and involved in process, planning, etc. A parent coordinator in each region will help to unify delivery of services. Family involvement will include the family, extended family, and foster/adoptive family. An RFI for the family coordinator has not gone out yet.

The System of Care State Implementation Team will report to the Commissioners and collaborate between the Bureaus and the Commission.

The System of Care Implementation Team has met the last Monday of every month since July, and developed a memorandum of understanding.

Current funding encompasses Region II, expansion through June 30, 2007. There are six objectives for the first year. 1. Case Level Coordination; 2. Collaboration at state, regional, and community level; 3. Learning needs to take place across disciplines/systems; 4. Partner with families at all levels; 5. Develop services & supports that are effective and community based; and 6. Put the values of a system of care into practice. All objectives will be worked on simultaneously. Meeting these objectives include having the four regional Clinical Teams in place.

A standardized tool has been developed for those at risk of going out-of-state.

Regional Readiness:

A plan for Community Conversations is being scheduled across the state. The plan is to provide information on System of Care and to gain input from organizations, Courts, Collaboratives/Summits, and others is being implemented across the state. The SOC Readiness Team has begun to schedule meetings with the Collaboratives/Summits.

Linda Watts and Jeanette Rowsey, along with Mission WV, will be maintaining a website that will be accessible by anyone.

A question was raised regarding the best way to schedule meetings across the state. Sue Hage stated

that the Readiness Team has already had two Community Conversations with a Regional Summits and a community Collaboratives so far. The team would also like the juvenile probation officers to join in with the Community Conversations they will be having across the State.

Secretary Walker noted that we need to be able to attach dollar amounts to the work being done; initial amounts may sound high for legislators, for instance, so there is a need to be able to identify and educate the legislators and the joint committee of what the first phase of the system of care will cost, second phase, etc.

It was noted that we will need to sustain what has been done so far, and how much (money) will be needed to expand and grow. This will also need to be put on the agenda for the State Implementation Team.

Review and Approval of September 7, 2006 Minutes.

Motion made to approve the minutes, seconded, motion carried.

Commission Minutes Format

Sue Hage presented a form to use for the future Commission minutes, this format is used in other Bureau meetings, is briefer than narrative format.

Recommendations Table Report

Sue Hage presented the recommendations table report, which shows a timeline of activities.

A letter detailing changes in the CON process went out in September, they go into effect this month.

Work group will be dealing with education issues, Lynn Boyer, DOE, is working on language, may be asking existing to change their program to meet our requirements in this area.

Process letter may have to be developed for providers, when changes are necessary in level of care.

This recommendations report will be provided every month to the Commission.

Out-of-State Clinical Review – Additional Information

In the September meeting, a request was made for a

◎ **Subgroup needs to be formed to work on financial piece, also recognition of what this Commission is trying to accomplish, and asking for funds to carry on with the plan.**

◎ **Approval given to try the new format this month.**

breakdown of how many youth were in out-of-state placement by county, ages 16 – 21. New charts provided today show that breakdown, this number is from the same 128 youth addressed in last month's report. This may help to show what trends may be occurring in each county/region.

Request was also made for a report regarding diagnosis, length of stay, where the youth are placed, are their needs being met. This has been done, but the format has not been finalized yet, hope to have for the next meeting.

Memorandum of Understanding (MOU) – WVSOC Implementation Team

MOU needs to come from the Commission, then from the implementation team. Draft provided at today's meeting.

Letter of Support – PRTF

Commission members received format for a letter of support for the PRTF demonstration project. If members want to provide a letter of support, they need to be submitted to Sue by Tuesday, Oct. 10. A letter of intent to submit a grant application has gone to CMS, grant would be to develop community based services in order to keep youth in their homes. Project would be implemented in Regions I and II in the first year, Regions III and IV the second year, and would go statewide in year three. Request will be for 2.1 million.

Next Meeting

There will be no meeting in November, the next meeting will be held **December 7**.

© **Commission will review. Any comments should be sent to Sue before the next Implementation team meeting. Final approval will be made at the next Commission meeting.**