

West Virginia Commission to Study Residential Placement of Children Summary Notes	
Group Meeting: Quarterly Commission Meeting	Meeting Date: December 5, 2019 Location: Charleston Coliseum – Parlor Room A & B
<p>Members Present: Cabinet Secretary Bill J. Crouch; Linda Watts; Susan Fry; The Honorable Philip Stowers; Frank Andrews, Proxy for Jacob Green; Jessica Ritchie-Gibson; Sarah Sanders, Proxy for Christina Mullins; The Honorable Tera Salango; Stephanie Bond; Susan Beck; Brenda Hoylman; Denny Dodson; Steve Tuck;</p> <p>Members Absent: The Honorable Andrew Dimlich; Cindy Beane; Stephanie Bond; Cindy Largent-Hill; Susan Beck; The Honorable William Thompson; William Marshall; Philip Morrison II; Dr. Steven Paine; Dr. Catherine Slemp; Steve Tuck; Rhonda Hayes</p> <p>Guests Present: Jeremiah Samples; Cammie Chapman; Laura Barno; Kent Nowvieskie; Christina Bertelli-Coleman; Linda Gibson; Amy Hymes; Cassandra Toliver; Angie Hamilton-Thomas; Rebecca Derenge; Pamela Woodman Kaehler; Raymona Preston; Joshua Booth; Katrina Harmon; Amber Perry</p>	
Commission Meeting	Decisions/Notes
<p><u>Opening</u></p> <p>Secretary Crouch called the meeting to order at approximately 10:30am. He welcomed everyone to the meeting.</p>	
<p><u>Meeting Notes</u></p> <p>Secretary Crouch asked if anyone had any questions regarding the meeting notes from the last commission meeting on October 3, 2019. The meeting notes were reviewed, and Secretary Crouch asked for a motion and second to approve and all in favor agreed. Notes were approved without any questions or revisions.</p>	<p>The meeting notes were approved and are posted on the Commission's website:</p> <p>http://www.wvdhhr.org/oos_comm/</p>
<p><u>Family First Prevention Services Act (FFPSA) Update</u></p> <p>The system development for the Family and Child Tracking System (FACTS) is nearing completion and next week they will start about 5 weeks of testing the system. It has some complex IV-E changes and coding due to the Qualified Residential Treatment Programs (QRTS) and the multiple times there are IV-E implications. Those coding changed were more complex than previous developments done in the past in FACTS. January 23, 2020 is the goal date of completion of the system with onboarding. Placements are to start shortly thereafter for QRTS and the beds.</p> <p>Consultation with the QRTSs has begun. They have started working through the details so that there will be a smooth transition not a situation where a child in the program will disappear. They will have a plan in place.</p> <p>The draft has been completed for the 5-year Prevention Plan and it is at the Governor's office then it will be forwarded to The Administration for Children and Families (ACF). There will be a few question and answer sessions which is typical when a new State plan is introduced. The State currently has two IV-E State plans and the Prevention plan will be a separate State plan, so the back and forth is expected.</p>	
<p><u>Department of Justice Update</u></p> <p>They are still working on the implementation plan. There have been two versions sent to the Department of Justice (DOJ) and they are waiting for responses and comments back from them. Once the plan is finalized it will be shared for public comment.</p>	

<p>They are already starting on the implementation of what was agreed upon in the agreement so although discussions are ongoing, both parties are working with the internal groups to get the program up and running in October 2020. There will be two semi-annual meetings with the DOJ that are required by the agreement, it will be between the DOJ and the DHHR. One collaborative meeting will be held on December 18th, everyone who is able to attend is free to come and ask questions at that time.</p> <p>There have been multiple meetings with the University of Maryland, and the Department will provide a baseline report to them. This was in the original agreement for December 14th but due to the procurement process it was delayed. Suzanne Fields and Melissa Schrober are the Leads from the University of Maryland. The Department is working with them to find out where it could use their assistance and working with them to see how the process should flow.</p>	
<p><u>Presentation: Introduction to the Foster Care Ombudsman</u></p> <p>Pamela Woodman Kaehler spoke on the goal of the Foster Care Ombudsman's office: "To contribute directly and indirectly to improvements in the West Virginia's child welfare system." She stated they will do this in 3 ways: 1. Giving people the opportunity to speak and be "intently" heard 2. Helping them resolve complaints, issues and concerns without bias, simply giving them a platform. 3. Making recommendations and findings to help people find solutions and explanations to the things that may be troubling or frustrating to them in this complicated system.</p> <p>On a personal note, she is a current and DHHR certified foster care parent of 10 children and adopted 8 of those as her own children, she also now has grandchildren. She was a CPS worker for Harrison county until she accepted this role. She was a CPS worker for a little over 4 years. She had several career opportunities in her life but her position in CPS was one of the best jobs she has ever had. She enters her new position as a member and then the coordinator for the WV Citizen Review panel, a CAPTA required review panel, multi-disciplinary looking at the deployment of the child welfare service efforts by the State and by observations and recommendations weigh in on those things. Other than being a foster parent and dealing with the children so intently, that group hooked her into the child welfare system. She spent most of her career as an Executive level Healthcare Administrator. She has a Master's in Business Administration, Master's in Social Work from WVU and a licensed graduate Social Worker. She is excited at the opportunity to use her experience to give her best effort in this position as Ombudsman.</p> <p>Ombudsman can mean a variety of things, but the definition is an independent, impartial public official that investigates, help settle and reports on complaints. It is a Swedish word that comes from "Representative". From the Code Section 9527 mandates the duties of the MCO here in WV that differs from some other States as these:</p> <ul style="list-style-type: none"> • Advocate for foster children and foster parents • Investigate and resolve complaints filed on behalf of foster children and foster parents as it may adversely affect their health, safety, welfare or rights of either or both. • Monitor federal, state and local legislation, regulations and policies that pertain to child welfare services and, 	

<ul style="list-style-type: none"> Establish a statewide uniform reporting system and reporting to collect and analyze complaint data to identify and resolve significant problems faced by foster children and foster parents. <p>In terms of bringing objectivity, the data her office collects may not be statistically significant because it will need to be moderated by population or sorts of issues that hit the press that could encourage people to call their office. There is value in good data, however, so this is a tremendous charge and she has it high on her agenda to get appropriate technology to collect data and report on it in a sound and methodical way.</p> <p>They are housed in the Office of Inspector General at the Capitol Complex. By being housed there she says it's imperative to be independent, impartial and credible and to give people a heightened responsive experience. The number will not be sent out for the public to see until they are ready and confident that they can provide the service to the public required by their office.</p> <p>Goals, Objectives and Actions to enable robust function of the office is characterized in 5 functions:</p> <ol style="list-style-type: none"> Determining and effective model of the unit – surveyed several ombudsmen to ask about mandate, scope, budget, location, human resources plan and lesson learned. It shows the differences state-to-state is remarkable. Roles can be completely different so they cannot pick up another state's model and implement it here because duties and scope, etc. are very different. Human Resources – There are complaints and concerns that are scattered and do not go anywhere measurable at this point. She has looked at other state's population, mandate and other information regarding staffing and ensuring there are enough employees to assist the citizens of the State. They aren't sure of demand yet but still working on determining it. Develop a handbook of policies and procedures so it is conforming to a standard of fidelity across the board. She pulled various reports and manuals from the National Ombudsmen Association, the American Bar Association and other resources to learn about best practices. What are they measuring, monitoring, recommending and how is it reported to the public? Select an electronic system – They are wanting a merge of case management, customer relationship system and an investigatory tracking system. There are several options. She will meet with MIS to discuss the research she has discovered. Community and Stakeholder relations – talk, share information with stakeholders and develop a telephone presence, webpage, web form, designing how they may communicate by email, and possibly social media outlets to promote service to the community. <p>She is excited to begin this journey; she will keep our group apprised of milestones and important changes and looks forward to working with everyone.</p>	

SED Waiver update

The Department anticipates within the next two weeks to receive the final approval notice from the Centers for Medicare & Medicaid Services (CMS). As soon as they receive approval for the Waiver, they will conduct assessments for the individuals they serve and at this point they are still working on getting the approval.

MCO Contract update

Aetna was the chosen vendor out of three vendors that submitted bids in the procurement process. The Department is having daily meetings with them, with the stakeholders and other partners and parts of the system that will need to be connected. They are working to make sure they speak with everyone who can help them get acclimated. There are a lot of technological updates to make sure everything is transferred, Aetna is meeting with Child Protective Services and getting into the training, how the CPS workers could communicate with them.

The Department doesn't expect to have covered lives in the plan and implementation in place until tentatively February 2020. They want to be sure they are ready. There are too many vulnerable people that we are caring for, so they want to do it the right way and make it as seamless as possible. Aetna will not get paid and the Department will not start using them until they show they are ready to go. The Department is trying to streamline and make sure billing and other aspects are reported correctly and payments are made to the providers in a timely manner.

When changes occur, it causes the Department to reach out to CMS and ACF especially when it comes to the actuarially sound rates that must be developed and those must be approved by the Office of the Actuary at CMS.

There is one modification – payment to child residential providers. Medicaid will start when the MCO is ready – potentially February. For the BCF component, bills will continue to the State as they have been doing. The MCO will be involved and doing the Medicaid side but they are still working through how the systems will connect. The Department could force the transition, but rates would change, and it would be difficult for the Providers. Care coordination and Medicaid treatment will not be affected, it will continue as it has been. Providers are as committed to our kids as we are, they may assume some of the expense in situations where Medicaid may be discontinued to ensure the kids have continuous care and aren't affected by these changes.

The Department stated that possibly as a matter of policy that any denial of service should be provided to the Court and the MDT. It would be great for this to become a practice that is uniform across the board.

Safe at Home update

Since the Commission's last meeting, Amy Hymes and Commissioner Watts reached out to the coordinating agencies, went over the changes that were going to occur and talked about how as a State we would like to have one wraparound model so that no matter how families enter, they can expect consistent services across the board. They have been working with the project manager to look at the contractual agreements. No cases have been closed; they are continuing as normal. The Department is looking at a length of time for the services; intensive in the beginning then slowly stepping away. They are looking at back-end reviews at 9 months where they will look at Child and Adolescent

Needs and Strengths (CANS) scores, how the family is progressing with the youth, etc. They are working with several agencies to ensure there is fidelity and consistency and only one wraparound model.

There will be a meeting in a week or so, mid-December to meet with the local coordinating agencies to gather their input and make sure they are all on the same page. Some changes like being able to bill Medicaid for some services will be effective January 1st. Opportunities that may not have been available at the IV-E rate will now be available. Prior to implementing this completely, they want to be sure everyone knows how the model will look and we have heard from them again before moving forward.

The Courts will be notified of the changes. Referrals haven't stopped. One of the biggest things that has changed and has been found during this period is that if a child is in a Provider agency's foster care setting, they cannot do Foster Care and Safe at Home at the same time. The foster care contracts are very clear about the agencies and what they should be providing to a child. Doing the CANS assessment will allow the agency to determine what they will need in therapy and if they are in the right placement. That will be a significant change.

The other piece they are looking at regarding the model is the fidelity of the wraparound. The national wraparound model is focused on training, recertification and going over the core principles of the model. It is imperative that all agencies get the same training, same refresher courses and enable families to get the same services regardless of where they were introduced to the services we can offer them. They are working to define meaningful contact in the model among other things.

They are trying to also work on how Socially Necessary Services (SNS) will be utilized within this model in the future. It isn't something other agencies have access to and if our children are with SED, they still may need something from SNS.

There will be a 30-day transition period. A script is being created for that. If we need a little more time, then we can assess the need on a case by case basis. Also, they are planning on expanding the age population from 9 to 11 years old and see how that looks for about 6 months to a year and if they need to adjust that age they can do so.

Due to time constraints, Secretary Crouch stated that we would need to conclude the meeting and unless someone had a brief update for the goals we could get the full update at the next meeting.

Commission Legislative Responsibility and Goals Update

Goal 1: Transformational Collaborative Outcomes Management (TCOM)

Postponed update until next meeting

Goal 2: Provider Input at MDT and Court

Brenda Hoylman stated they were continuing to gather information and the feedback was great so far.

Goal 3: Implementation of Every Student Succeeds Act – ESSA (focus on the Education of Children in Foster Care)

Frank Andrews stated that Jacob would be here to provide the update at the last meeting.

<p>Goal 4: Transitioning Youth from Foster Care</p> <p>Postponed until next meeting due to time constraints.</p> <p><u>Additional Information</u></p> <p>Linda provided a copy of the Youth in Group Residential and Psychiatric Treatment report as of September 30, 2019. The information shows all youth in residential treatment facilities and psychiatric residential treatment facilities, in-state and out-of-state on September 30th. The information is then further divided into those who are identified as Child Protective Service cases and Youth Service cases. Finally, it is then separated by Region and then Circuit Court.</p>	
<p>Meeting Adjourned: Secretary Crouch thanked everyone for their input and time and adjourned the meeting shortly after 1pm.</p>	
<p>Next meeting: March 26, 2020 (cancelled due to COVID-19)</p> <p><u>2020 Approved Quarterly Meeting Dates</u></p> <p>March 26, 2020 June 4, 2020 October 3, 2020 December 3, 2020</p>	