

<b>West Virginia Commission to Study Residential Placement of Children Summary Notes</b>	
<b>Group Meeting:</b> Quarterly Commission Meeting	<b>Meeting Date:</b> September 3, 2020 <b>Location:</b> ZOOM Teleconference
<p><b>Members Present:</b> Cabinet Secretary Bill J. Crouch; Linda Watts; Brigadier General Russell Crane; Susan Fry; Frank Andrews; Jacob Green; Stephanie Bond; Brenda Hoylman; Denny Dodson; Steve Tuck; Cindy Largent-Hill; Susan Beck; The Honorable William Thompson; William Marshall; Philip Morrison II; The Honorable Philip Stowers; Sheila Paitzel</p> <p><b>Guests Present:</b> Laura Barno; Gabriel Conley; Keith King; Andrea Ramsey-Mitchell; Debi Gillespie; Ashely Fizer; Jared Hughes; Tina Mitchell; Katie Moss; Marissa Sanders; Kathy Szafran; Jen Hall; Scott Patterson; Caroline Duckworth; Jeremiah Samples; Cammie Chapman; Kent Nowvskie; Linda Gibson; Amy Hymes; Cassandra Toliver; Angie Hamilton-Thomas; Joshua Booth; Katrina Harmon</p>	
<b>Commission Meeting</b>	<b>Decisions/Notes</b>
<p><b><u>Opening</u></b></p> <p>Commissioner Linda Watts called the meeting to order at approximately 10:30am and welcomed everyone to the meeting.</p>	
<p><b><u>Meeting Notes</u></b></p> <p>Commissioner Watts asked if anyone had any questions regarding the meeting notes from the last commission meeting on June 4, 2020. The meeting notes were reviewed, and Commissioner Watts asked for a motion and second to approve and all in favor agreed. Notes were approved without any questions or revisions.</p>	<p><b>The meeting notes were approved and are posted on the Commission's website:</b></p> <p><a href="http://www.wvdhhr.org/oos_comm/">http://www.wvdhhr.org/oos_comm/</a></p>
<p><b><u>COVID-19 Overview – Secretary Bill Crouch</u></b></p> <p>Secretary Crouch started the overview with where we are currently in WV, the current color-coding map is a “road map” for our State. As of today’s meeting we had one red county, eight orange counties and two additional yellow counties which means the disease is spreading in WV and faster than it has been. Over ½ of the deaths in WV are Long Term Care residents. We have 237 deaths right now in West Virginia. We are at 145 hospitalized, 44 in ICU and 24 on ventilators as of this meeting. All this information is available on the DHHR website. We are trying to look at what we can do, we have strike teams ready to go to nursing homes when there is an outbreak. One facility had 23 deaths alone. It attacks those with underlying conditions faster and harder, but it is also attacking children. We had a community pool update that had 11 children test positive from age 2-16. We are concerned and trying to focus on reducing the outbreaks.</p> <p>Wearing masks – this is our vaccine right now. Additionally, washing hands, social distancing, using sanitizer those are our tools to help keep the spread down. We are testing everyone we can test, the more information we have the better. Initially we had one lab doing testing when this first came about. We have test kits; we are going to test in orange and yellow counties to try to figure out where the outbreaks are and how to stop them. Testing is our yardstick to see how bad it is and how bad it can get. Percentages about 3 and 5%, we start to worry. That is our approach to try to control the spread, test, and keep testing.</p> <p>Regarding the schools reopening, we know it is going to be a tough couple of weeks. It is important to get the kids back to school, for our foster kids, to give them the support they need, to make sure they are okay. We wanted to test the kids who played sports because the Governor wanted to give the kids who have</p>	

been practicing for weeks the chance to play so they weren't disappointed but he also wanted to make sure they were safe doing it. The more information the better, test the children, test the coaches...evidence/fact based. We were very disappointed that people were saying they did not want to test because they were afraid, they would get a positive test and not be able to play ball next week. That is not the answer, being in the dark and not finding the positives. We have a lot of coaches at the high school, State and College level who are positive. We wanted to get the evidence and confirm if they were negative so they could play and be excited about it! We were disappointed that many chose not to move forward with that process.

The mapping is based on incidence rates. Those rates are calculated the same way Harvard and public health officials throughout the country calculate those rates, it is not a new science. Our cutoff is at midnight, we have about 6,000 tests being done per day. We have thousands coming through electronically and some coming through manually by fax that must be entered. The positives change the calculation every time they come through. There have been a couple of changes from the Harvard map, if there is an outbreak at a nursing home, that should count as a congregate number not a community spread number, they are not part of that spread. This is the same thing for the prison system, they do not count as part of the community spread. The employees do but not the residents. The other change is the metrics with the map. Any county with 25 cases per 100,000 or above becomes red then between and 10-24.9 those are orange. Those are the same as the Harvard map, but this is the change – the calculations of 3.1-9.9 is yellow and 3 or fewer is green. In a state like WV with a smaller population, these metrics seem to be better and more accurate.

The other change, counties that are small, below 16,000 we will do that calculation on as 14-day basis rather than a 7-day basis, so instead of a 7 day rolling incidence rate they are looking at a 14 day because a small number of cases can push them into orange. The National Institute of Health and CDC have a minimum number of cases before they will look at before they publish information, they suppress any information less than 20 cases, we are using the same approach. There is a review panel who look closer at those areas with the larger case totals. The basis is scientific, and they feel they have solid numbers and are confident using this method. Counties must get back to green or yellow to be able to return to in-school learning.

Regarding sports, the map will be posted on the Department of Education's website. We will coincide this map and our map at the same time, 9pm in the evening. We are still trying to decide if we will leave the Friday map up or not, but it will be for sports teams that if they are orange, they cannot play games of any kind, extracurricular activities will cease but they can continue to practice in masks. This way when the county does fall back to yellow or green, they will be ready to play. The map will also be used for nursing homes. If there is an outbreak, they cannot have visitation and will be tested weekly at a minimum, the larger outbreaks they test twice per week. If orange they will have limited visitation for those who may be at the end of life. It will reflect on the Department of Education website for sports and nursing homes.

#### **Family First Prevention Services Act (FFPSA) Update- Laura Barno**

Laura said there have been many interactions with the Administration of Children and Families since our last meeting related to revisions to the questions

<p>on the 5-year prevention plan. Three revisions were submitted revolving around the fidelity issues. The final revision of the prevention plan was submitted and now they are awaiting the final approval of the plan. Interactions have begun with providers who will be providing some of the services on that plan and should have some of them ready to go once we get the approval. Many of the providers have been around for a long time and are already approved and able to begin providing services once approval is given. Once the Administration of Children and Families sends over the approval, West Virginia will be 100% compliant with the Federal government.</p>	
<p><b><u>Department of Justice Update – Cammie Chapman</u></b></p> <p>Cammie stated that the release of the Subject Matter Expert report has taken place and have established a Child Welfare Collaborative website that is where these types of reports will be stored.</p> <p>The link is:  <a href="https://dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/Childandadolescent/documents/mobilecrisisstatewide.pdf">https://dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/Childandadolescent/documents/mobilecrisisstatewide.pdf</a></p> <p>The Wraparound workgroup are trying to streamline referral processes and looking at fidelity of those programs to the National model. They are doing internal reviews of the policies and manuals, they are also thinking about how they can do reviews of “field work” working with the families, they have touched on it but now they are continuing to incorporate fidelity into the practice. For the Mobile Crisis, they are hoping to have one phone number for all of West Virginia to reach out to the Mobile Crisis unit. They feel having one number that can be marketed, educated on and people can utilize mobile crisis vs using 911 and if Law Enforcement are called, they can use it as a tool to help the families. If they recognize this is a call that is involving a child with a mental health issue, contacting the mobile crisis unit in that area via the 1-800 phone number, they are hoping to create a new avenue for a child to receive mental health services. They are hoping to have the number rolled out in October and use it to strengthen that program.</p> <p>They are working with the Assertive Community Team (ACT) to ensure they are throughout the state and trying to make avenues of referrals reaching out to individuals that may not have known about this program. It is sort of a Wraparound type of philosophy geared toward 18-21-year-old young adults. Traditionally, ACT was a program for adults but was not thought about for that age range. Creating new pathways and referral sources is what they are trying to do, another avenue of support during transition for the foster care children as they enter the community. They have also been looking at therapeutic foster care homes as an alternative to residential homes to help those who may be medically fragile. They are working to find out what program needs and services are needed to make this an alternative for some of the kids with a serious emotional disorder.</p> <p>They are working on implementing the Department of Justice agreement and part of the agreement was to have an evaluation and WVU is the evaluator. The first step is to do a logic model for the school project. They spent June and July working on the initiative level project model, and now the next step for August and September is looking at each workgroup and creating logic models for each workgroup. In order to reach out to the stakeholders they are looking at mid-</p>	

<p>September as the stakeholder meetings to help build out the programs and make sure they understand what they want the long term impact to be and what activities need to be done to reach those outcomes. They are working to fill in those gaps. They are adjusting their workplans and their implementation plan based on the information they receive through this logic model process. The prompt will come from Annie Messenger at Berry Dunn, the project manager or Ben Nemeth from WVU, the evaluator.</p> <p>The goal is to increase the number of children remaining in their community and helping families navigate the mental health system so they will have the support they need to be able to remain in their community.</p> <p>The last year has been about building out services and making sure they are available to children in their communities. Now they are working on how to reduce reliance on residential. It is NOT about doing away with the facilities, they are definitely needed but also helping create the system so the children get the help they need in the least restrictive way possible at home and then get back to their family life setting. A workgroup called the R3 Workgroup was created to work toward reducing the reliance on residential. They have internal only meetings and stakeholder meetings to help work through these issues. One stakeholder meeting was held last month. The members of that workgroup consist of many different agencies and bureaus such as Children’s Provider Education, WV Treatment Initiative, WV Childcare Association, the judicial system, Mountain Health Promise, Juvenile Services, DHHR and specifically BCF field staff and also people from Behavioral Health and Medicaid. They are developing the logic model which will be presented to the stakeholders then the workplan will be created. They are hoping both will be created this Fall.</p> <p>Cammie stated they have also reached out to the Casey Family Programs; they are great partners and they will also help with this process. She reiterated this is a long-term process but Alan Vietze, a consultant with Casey Family Programs, will work with us to create a system that meets the needs of the children, reduce the amount of time they stay, the least restrictive placements, etc. A lot of work has been done but this will be a long-term process. She is hoping to have a presentation on the Logic Model at the December meeting.</p>	
<p><b><u>Serious Emotional Disorder Waiver Update – Katie Moss</u></b></p> <p>Katie Moss is the Program Manager for the Serious Emotional Disorder Waiver With Bureau for Medical Services. Since the last meeting they have submitted an appendix and it has been approved, it allows flexibility for providers and for those at the bureau to make sure they are getting on the waiver program even though this pandemic is happening.</p> <p>Total applications to date: 308  Total open application to date: 84  Total denials to date: 38 (6 natural family guardians and 32 had DHHR guardians)  Total active members to date: 36  Total members currently receiving services: 26  7 current members are on hold (approved but in a residential facility they will hold the waiver for them for 180 days.  150 closures of 308. Closures are different than denials. From start to finish the evaluation is supposed to be a 90-day process. Closures are those that happen</p>	

before the 90-day mark where denials are after the 90-day process. This is a new waiver; they are only 6 months into it, so she wanted to clarify the difference between the two. Commission Watts asked, if someone applied and wanted a status of the application who would they check with? Katie said she could be emailed for a status update at [Kathryn.L.Moss@wv.gov](mailto:Kathryn.L.Moss@wv.gov) but KEPRO has a dedicated email where someone can get the update. It is [WVCSEDW@kepro.com](mailto:WVCSEDW@kepro.com).

#### **Aetna/Mountain Health Promise (MHP) Presentation – Kathy Szafran**

Kathy began the presentation thanking everyone for the opportunity to speak and stated she wanted to give additional information on why they are partnering with West Virginia and where they are at this point and how they are moving forward. They are 6 months in, launched March 1<sup>st</sup> and due to COVID all travel was shut down on March 11<sup>th</sup>.

Why is a Managed Care Organization (MCO) working with such a high-risk population? It is based on the foundation of lifelong health that is built in childhood. They understand that the number of children in care has increased over the last 10 years, they know much of the risk is due to the poverty, opioid crisis, minimal community-based support and so many who live in rural communities.

Mountain Health Promise through Aetna wanted to translate science into practice. They believe: 1. What is predictable is preventable. 2. Our biography is our biology and 3. The brain and the body want to heal. They know that they can work with the members to help them. Their goal is to find the resilience in the child despite their experiences or circumstances to help them succeed. They want to find a way to change how they help families heal. MHP's new direction is to be Person Centered, Trauma Informed, promote, encourage and work toward Family Preservation, have Cultural Sensitivity in both rural and non-rural communities and to be Member-Obsessed; keeping the children and their well-being the central focus. They are working with DHHR and BCF and are in this together, it is a paradigm shift, being aligned is critical to this working.

MHP is different from Medicaid because it is a total approach to coverage that cares for the youth AND their family. They have a system of care that helps them work through the barriers that keep us siloed. A program they are developing is Family Connect. It is a portal that will be accessible to family members and to BCF staff and it will help them track with the child as they move through the system. This program is in phase 3 and will be out soon.

The members they serve are children and youth currently in the WV foster care system, children who have been adopted from the State of West Virginia, children who are receiving Socially Necessary Services involved in the child welfare support services and the children involved in the SED waiver program.

There are over 80 people throughout the state who are Care Managers. Their goals are to facilitate the seamless delivery of high quality, person centered, trauma informed care and services. They ensure the services align with the member's needs, goals preferences to optimize their self-empowerment and self-sufficiency, they address biopsychosocial needs while integrating cultural humility into their practices, they partner with members, providers, caregivers and support systems, and they assess for and address identified barriers and Social Determinants of Health. They lead the collaborative process through

assessment, planning, facilitation, care coordination, evaluation and an advocacy for options and services to meet an individual’s comprehensive health needs.

They have a 3 Tier Care Management System for Children and Youth. The Intensive Care Management (Tier 3), Supportive Care Management (Tier 2) and Population Health Care Coordination (Tier 1). She shared a map during the presentation that showed the Aetna Care Management regions and offered to provide more information on those teams and how to reach out to them if people needed it.

The System of Care team is made up of specialty clinical managers whose primary goal is to reduce barriers, improve access and identify and solve system process needs. We have 4 systems, Adult, Child, Judicial and Recovery and Resiliency. It is important to have someone who is an expert in the child welfare system who works with them with expertise and knowledge is critical. They work with the judicial system to identify gaps and barriers when working with youth and their families and work together to diminish these gaps and barriers, to inform the court on what resources Aetna’s Mountain Health Promise can provide to the justice system as well as youth and their families.

Some programs they will be informing everyone on in the coming months are Family Finding which works on building relationships, Boot Camp, and the Hero Workshop. The Hero Workshop will be helpful for the transitioning youth. Stay tuned!

Kathy and Heidi Staats have worked over the summer training over 600-700 line staff virtually to understand the roles of MHP and the uniqueness of their system of care and how they can help us maneuver through the system.

Implementation update since March 1, 2020:

664 members enrolled in Intensive Care Management

1,017 members enrolled in Supportive Care Management

18,604 members enrolled in Population Health

Total of 20,285 members enrolled in case management within 90 days. As of September 1, West Virginia’s membership count is 20,398.

We want to listen to those who have been impacted by the child welfare system and we are doing that through the Governance Council – Focus Groups. They have conducted 10 focus groups and had two governance councils since March. There will be two separate meetings taking place at the end of September. The groups are: Member Advisory Committee (MAC), Residential Treatment Facilities (RTF) Socially Necessary Services (SNS), and PACK which is grandparents and parents

The focus group participants were easily engaged (all virtually except the RTF youth) and offered comments on their experience with Aetna Mountain Health Promise, access to services, service delivery, gaps in services (systems), engagement with service staff, cultural competency and consumer knowledge of services and supports.

Although both advisory groups included foster, biological, and kinship parents, the PACK included grandparents as parents and each member provided a rich discussion based on their experiences. The RTF includes bio-parents, kinship relatives, foster parents, and youth.

<p>All minutes have been sent to DHHR while protecting the confidentiality of the participants.</p> <p>A summary of the stakeholder activities will be completed by the end of September. We hope to use this information to better improve our services and how we work with families.</p> <p>Our role as the health plan is viewed as a partner with the child welfare system. Trying to get early identification and prevention methods in place so the care managers know what is available on a continuum so they can help to the best of their ability. They hope a year from now there will be some substantial changes in the lives of the children and families in West Virginia.</p> <p>In summary:</p> <p>The goals of Mountain Health Promise:</p> <ul style="list-style-type: none"><li>- Reduce the number of children in foster care</li><li>- Reduce the number of children in long term care</li><li>- Ensure that transition aged youth have viable permanency and transition to adulthood plans</li><li>- Ensure that every foster care system involved youth has a comprehensive, multi domain plan with at least two community connections.</li></ul> <p>If you wish to reach out to Kathy with any questions or need additional information, you may email her at <a href="mailto:szafrank@aetna.com">szafrank@aetna.com</a>.</p>	
<p><b><u>Commission Legislative Responsibility and Goals Update</u></b></p> <p><b>Goal 1: Transformational Collaborative Outcomes Management (TCOM)</b></p> <p>Linda Gibson provided the following update for TCOM:</p> <p>Marshall University continues to partner with the Department of Health and Human Resources, to provide training on both the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy Support Tool (FAST) and the follow-up technical assistance. The technical assistance includes supporting the certification of these tools, reviewing a FAST rating sheet and Case Plan for families they are working with and providing input.</p> <p>Marshall has providing the training and technical assistance face-to-face, but now are providing this through virtual formats (such as Webinar, Zoom, and Blackboard). The TCOM staff are constantly learning how to make our training better. For instance, we have included Polls to engage our trainees more. We are using Vyond, an Animated Software, to create short learning videos to support concepts taught during training.</p> <p>The TCOM Team, with input from others, continues to develop a presentation for better understanding of TCOM and the tools (CANS and FAST) and the information sheet for Judges and other community stakeholders.</p> <p>Marshall University TCOM staff and Michelle Dean, who is a Program Manager with the DHHR, will be providing training at the International TCOM Conference (this year it will be a virtual conference). We will be providing two presentations.</p>	

The Youth Service Training and Technical Assistance Partnership and the Training and Technical Assistance for MU Students. Marshall's TCOM Team is providing training or presentations for Social Work, Psychology, and Counseling.

Marshall is also involved with the Dr. John Lyons, and his team from the University of Kentucky's Center for Innovation in Population Health in a University Partnership. This partnership allows the various universities across the nation to discuss and learn from one another. Commissioner Watts added that Dr. Lyons and his team are volunteering their assistance to help us look at some of the data and identify the games. He encouraged us to use the university and we continue to move forward. We should receive data and a lot of good information to see what we need to change around the delivery of services. It is an exciting time right now. She says they would also be helping WV to understand our children/families and their needs better.

### **Goal 2: Provider Input at MDT and Court**

Brenda Hoylman provided the following update:  
They got 80 responses back on the survey they sent to the Probation officers and then they sent out the survey for the attorneys and received 260 responses. They recently sent out the survey for residential providers and as of right now they have 91 responses. They also have a two-part survey, more like a questionnaire, for Education, 1<sup>st</sup> out to the county superintendents, collecting information from them. She said they are trying to send those out tomorrow then once they receive the information back from them, they will send the surveys to schools and personnel in the schools for the MDT questions. They are also working on questions going out to foster parents, kinship parents, etc. right now but it is not ready to go out yet. Their CIP data person is collecting the information and working on compiling the data for Brenda and then they will have those reports ready. Her goal is to have those reports for the next meeting in December.

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

The committee has not met since COVID began, they are planning the first virtual meeting in September, Frank is working on setting that up. We will not have the Assessment data this year due to COVID, however, they are planning to use the data match provided by the FACTS system in lieu of the assessment data to look at credit completions, grade point averages and other information. They will look at the first 9 weeks to find out where the students were prior to COVID and then of course look at the 4<sup>th</sup> 9 weeks. He feels they could learn some interesting information from those first 9 weeks. This would allow us to see the accomplishments and achievements of our students in lieu of the assessments this year.

Frank Andrews asked if Linda had time to review the information, he sent her regarding the role of a Case Worker in Education. She said she did look it over briefly and asked of he wanted her to get back to him on it and he said yes.

**Mary will follow up with Brenda about what she is hearing regarding the surveys and information gathered and hopefully speak on it at the December meeting.**

**Mary will follow up with FACTS to get the data match info sent over to Jacob and his team so they may gather the information and report on it at the December meeting.**

**Linda will review the documentation Frank sent her and reach out to him to discuss it.**



#### Goal 4: Transitioning Youth from Foster Care

Renee Ellenberger and Robin Renquist provided the following update:

Safe at Home continues to yield successful outcomes indicating a significant percentage of youth remaining in their home and being diverted from entering out of home care. As previously shared, in anticipation of the federal waiver expiration, a subgroup of the Service Delivery Development Workgroup revised and made recommendations to the following: • Wraparound 101 training updated • Applied Wraparound training updated

These documents were provided to the Office of the WVDHHR

Commissioner/Bureau for Children and Families for review and implementation approval. We are pleased to announce, we have received the approval to begin implementing the revised Wraparound 101 and Applied Wraparound trainings. The revisions reflect changes to enhance service delivery. The revised trainings are being prepared for distribution to the 10 LCA providers.

As with much in 2020, COVID-19 has taken presidencies as providers and WV DHHR, Bureau for Children and Families continue to focus their attention on COVID-19 related issues and challenge, the safety of children, youth and families being served, and the safety of staff and communities.

#### Additional Information

Susan Fry asked if they could have a meeting about the older youth transitioning out of Foster Care, it is the group that Chris Bertelli-Coleman is the lead on. She would like to see the plan on where the recommendations for that group are and what we will be doing moving forward. With the Tiny Homes project, they have been given funding for 6 more tiny homes that will be built this year and have 3 others so that would be 9 total. She would like to get that stakeholder group back together virtually and see where the recommendations are on the innovative approaches to those youth. Laura Barno said Alicia McIntire's group may be working on that. With COVID, Susan said she understood everyone was busy but if we could get together that would be great!

Stephanie Bond spoke on the Family Drug Courts. She provided the following numbers:

#### **West Virginia Family Treatment Courts 9/3/20**

County	Active Participants	Discharged	Denied	Participant Denied	Children Reunified	Children Not Reunified	Graduated	Number in Milestone 5
Boone County	21	3	6	1	10	14	2	8
Ohio County	10	1	3	0	1	15	1	2
Randolph County	5	2	0	0	0	9	0	0
Roane / Calhoun County	3	3	1	0	0	3	0	0
Nicholas	14	1	1	2	0	3	0	0
<b>TOTAL</b>	<b>53</b>	<b>10</b>	<b>11</b>	<b>3</b>	<b>11</b>	<b>44</b>	<b>3</b>	<b>10</b>

**Commissioner Watts will get with Christina Bertelli-Coleman to try to get the group back together within the next 45 days.**

Currently, they are still in 5 counties and added Calhoun in with Roane. They have slowed down due to the pandemic, so they added it hoping to increase their numbers.

Those 10 who are in the Milestone column should graduate in the next couple of months.

For those who may not know it is a family centered approach where the court system and DHHR work hand in hand with those who have lost their children at least temporarily they have been adjudicated in the abuse and neglect system and the children have been removed. They work with a treatment team intensely to conquer their addiction in the hopes of bringing those children back home to a safe environment and in a quicker timeframe than normal. The quality and quantity of the parent child contact is a good predictor of success. One of the key things in Family Treatment Court is not use visitation as a sanction. They will still see their children unless they are impaired. They are also monitored during the visits. What is helping the participants is the relationships they are forming with their treatment team and with each other. These individuals schedule zoom meetings and pick something out of the 12 steps to talk about to help keep them on track in the areas where there aren't any AA or NA meetings. They are very supportive of each other but also have support from the bench and the CPS worker. The CPS workers in these situations do not have as many cases so they are able to focus on them, spend time with them and the participant gets to see how much the CPS worker really cares for them. There was a worker who went with a participant, who didn't have any family, to the delivery room and was with her when she delivered the Family Treatment Court's first drug-free baby. The participant ASKED for the CPS worker to be there with her.

They received some additional funding so there will be three more. The counties will be Logan, McDowell, and Braxton county. They are still hiring and getting ready. In the Spring they are hoping to open three more and will meet with the Commissioner and Deputy Commissioners to discuss where would be the best counties to open next.

Sheila Paitsel said she received the email from us inquiring about how IEPs would be implemented given the changes to school schedules for students in Special Education. Sheila stated that special education is a federal law, any change would have to come through Congress, no flexibility has been given so the IEPs will have to be implemented as written, as developed. If schools go to a shortened schedule, blended model, or virtual schedule. The services they receive would still need to be what they need to progress on their IEP goals. If the IEP team needs to re-meet and discuss what they need on that model they can do that, if not their IEP stands and their minutes will have to be delivered. Counties are scrambling to try to figure out how to do that. Families are understanding but depending on what model you are on your free appropriate education might look differently. The IEP teams are working trying to meet the needs of each individual situation.

Linda asked if a parent or someone feels that is not happening who do they

<p>connect with? Sheila said the school principal, ask for an IEP meeting in writing and the district has a set period of time to convene the IEP team or put in writing why they are refusing but typically they will convene. If they cannot get assistance from the school, they can reach out to their county special education director and then if they still can't get any results they can call the Department of Education to Sheila Paitsel's office and file a State complaint or a Due Process complaint or ask for a facilitated IEP meeting or mediation following procedural safeguards.</p> <p>Jeremiah Samples said if Sheila's team or anyone needs any support for DHHR with this for Telehealth or anything else to let them know. He said they have discussed this among themselves, but he wanted to make sure that Sheila knew if they needed anything to feel free to reach out to their department.</p> <p>Linda said if anyone had anything they would like to discuss in these meetings or if there is a different way we could handle the meeting, if there is an agenda item someone would like to discuss in more detail, please let us know we want the meeting to be productive and informative. She thanked everyone for their time and input.</p>	
<p><u>2020 Approved Quarterly Meeting Dates</u></p> <p><b>Next meeting: December 3, 2020</b></p>	<p><b>The meeting was adjourned at 1pm.</b></p>