| West Virginia Commission to Study Residential Placement of Children Summary Notes | |
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| **Group Meeting:** Quarterly Commission Meeting | **Meeting Date:** December 2, 2021<br>**Location:** ZOOM Teleconference |
| **Attendees:** Cammie Chapman; Linda Gibson; Mary Thompson; Mollie Wood; Keith King; Christina Bertelli Coleman; Kendra Rogers; Christina Mullins; Angie Hamilton-Thomas; The Honorable Tera Salango; Amy Hymes; Lisa Roberts; Alicia McIntire; Gabe Conley; Katrina Harmon; Jessica Gibson; Caroline Duckworth; Rachel Goff; Laura Barno; Andrea Ramsey Mitchell; Andrea Clark, Berry Dunn; Cassandra Toliver; Brenda Hoylman; Russell Crane; Debi Gillespie; Jeff Pack; Steve Tuck; Nikki Tennis; Terri Miller; Susan Fry; Kathy Szafran; Kelly Sergent; Christie Fortney; Jeremiah Samples; Cindy Largent Hill; Lisa Roberts, Berry Dunn; Andrea Darr; Lisa Carden; Joshua Booth; The Honorable Phillip Stowers; Phillip Morrison; Marissa Sanders; Denny Dodson | |
| **Commission Meeting** | **Decisions/Notes** |
| ***Opening***<br>As Secretary Crouch was pulled away to a meeting, the Interim Commissioner of Bureau for Children and Families, Cammie Chapman, opened the meeting and welcomed everyone. | |
| **Meeting Notes**<br>Cammie asked if anyone had any questions or objections regarding the meeting notes from the last commission meeting on September 2, 2021. The meeting notes were approved without any objections. | **The meeting notes were approved and are posted on the Commission's website:**<br>http://www.wvdhhr.org/oos_comm/ |
| **Overview of today's meeting**<br>Cammie stated that today there would be a few presentations and updates on topics affecting the children's mental health system in West Virginia. As we think about the out of home placements, it requires thought in a couple of different ways. We will always need a residential level of care; this will always be necessary for our children but the more we can use preventative services the more likely we are to serve that child in their community and family home.<br>We are working to get the prevention services in place, identifying the children who need them and providing them in the child's home. For those who do need residential care, we should think about how we can have a level of care that is an intervention, it doesn't separate the child from their family bond and a way where they can move back once stabilized with the services they receive in a residential intervention. Also, Cammie said she tries to think of residential placement as an intervention vs. something permanent. This is the mindset we should begin to adopt as we head into 2022. | |

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| **Mobile Crisis Response: A year's overview**<br><br>Nikki Tennis and Cassandra Toliver spoke on the Mobile Crisis Response and services during 2021. The pilot became a statewide program and was connected with the Statewide Crisis and Referral line that launched last October. The phone number is 1-844-HELP4WV. The webpage is https://www.help4wv.com/<br><br>Children's Crisis referral lines consist of two components, the first is the crisis portion, the Children's Mobile Crisis response stabilization team and the second component is the non-emergency referral process.<br><br>Regarding the Crisis referral line, a call will come in and it's indicated there is a crisis, there will be a warm transfer to one of the seven providers throughout the state and the family is connected with an agency. The individual will remain on the line with the representative gets the crisis stabilization team on the line.<br><br>A call will come in on the referral line however they aren't stating there is a crisis but just looking for a referral of services. They do still give the information for the crisis response but at that time they indicate they don't need that and just make those connections for the families and then notify the Bureau for Behavioral Health (BBH) informing them that those services' information was provided to the family.<br><br>In the last year, they served 833 through the mobile crisis response stabilization teams. They received 347 calls, averaging 27 per month. They found that most of the calls, 92%, came in by chat or text.<br><br>They also found over the last year that most of the calls coming in were 57% female and 43% were male. That is very different than what they saw in the past. 48% came in from loved ones, 34% were from youths, 60% expressed there was an emotional health need, 26% indicated there was substance abuse issues and 9% was looking for peer emotional support.<br><br>The lines were very active, they were very pleased with the results. There wasn't a lot of advertising during the soft launch because they were tweaking the system and doing training. They are continuing to grow and expand. Now that it is statewide, they are advertising and direct individuals toward that line as it will become the single point of entry as they move forward. | |
| **Assessment Pathway: Open to testers**<br>Pathways to Children's Mental Health Assessment was launched on October 31, 2021, as a soft launch. There is a more specific path to get to the assessment pathway if the child has a serious emotional disorder or serious emotional illness. The family can be connected after a brief screening with the crisis and referral line to the BBH to the interim services and wraparound services while they apply to KEPRO for the CSED waiver. It is quick, within a week or so.<br><br>This was just started a little over a month ago. An in-depth 3-hour training was completed with First Choice Services. There will be refresher training for the referral portion of the call line. Another way is to apply directly through KEPRO who can connect a family to BBH for interim services. First Choice Services has the crisis and referral line, BPH worked with them to create an infographic, QR Code and online JOT form for physicians so if they work with families and doing Enhanced EPSDT screenings, if they see the child has behavioral needs, they can refer the family to the children's crisis and referral line with the family's | |

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| permission. The mobile crisis response providers refer families to the assessment pathway directly to BBH as well.<br><br>This is a new process. The next phase is working with the Bureau for Social Services (BSS) and receiving referrals from their staff, courts, etc. early 2022. During the soft launch they received 24 applications. As of December 2nd, there are 4 applications that came in completed for CSED and once they are logged in, they will be sent to KEPRO for assessment. Of the 24 applications, there were 4 individuals who didn't want any in-home services, so they wanted referral information and/or therapy services. They had 6 applications of the 24 that were not interested in CSED, Medicaid or they had private insurance. The main reason was the family felt the income exceeded the limit and didn't want to proceed with the process.<br><br>Cammie wanted to reiterate when a family reaches out it means they have been in crisis for some time, so the interim services help while they are waiting for the services that they apply for to be approved. They wanted to make sure if a child is identified, the services are received quickly. | |
| **CSED Waiver: Lessons learned and moving forward**<br><br>The CSED Waiver was introduced in March of 2020 and in July of 2021 an amendment was made that opened up the utilization of the waiver. Rachel Goff shared that the total number of members served from March 2020-December 2020 was 105. So far this year through November 30th they are at 250. They have been able to add several new members to be served. Aetna is in talks with 8 new providers throughout the State to be come CSED Waiver providers. Some are Safe at Home providers, and some are BBH's wraparound providers.<br><br>They had their first set of CSED waiver and billing training on November 29th, they had two times set on November 29th and had 80 people attend (50 in the morning and 30 in the afternoon training) The next training will be on December 13th, also 2 different sessions. They have similar numbers registered for that training.<br><br>*Lessons learned:* The program started in March 2020, which was also the start of the pandemic, since then they have signed on new providers and learned a lot. Of the 8 providers 3 are near the Eastern panhandle. We need to work more closely with the PRTF facilities, they are also working with Christina Bertelli-Coleman to reduce the reliance on residential. They realized they need to work more closely with those facilities regarding discharge planning for a more successful transition for the families.<br><br>*Moving forward:* They received a temporary approval for children who need the services but don't meet the income requirements for a medical card. They are working on a process to serve children with SMI or SED to obtain Medicaid eligibility and enroll with the SED waiver program. This will allow the children who may not have been able to get the services earlier to be able to get the services they need to be able to stay in their homes, schools, and communities. Another part was using Master level non-licensed clinicians to render therapy services under clinical supervision This went into effect December 1st. They will follow the guidelines from the Licensed Behavior Health Chapter 503 policy. This can ease the staffing issues found throughout the state, especially in the eastern panhandle. Aetna continues to have open communications with the providers. They reach out with information on the program, they have multiple training | |

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| calls with providers monthly, with policy training on the CSED waiver, how it works and on the incident management part for the providers. When a provider onboards, Aetna helps with the onboarding process, helps train, and continues to answer questions they may have as they work through the process.<br><br>Angie Hamilton-Thomas said they are mandated to become a CSED provider and although they have behavioral health licenses for foster care, residential they also must apply for another behavioral health license. Rachel said they have been talking about the issue and are working on it and will get back to them. Angie said they are at a standstill right now and anxious to hear back on next steps. Rachel said they are going to try to make the process more streamlined for the providers as she realizes it is complex. She said they are very excited for the future of the program! | |
| **Therapeutic Foster Care (Treatment Homes) Future state**<br><br>They wanted to reframe the term Therapeutic Foster Care (TFC) to Treatment Homes. They want homes that would serve children in lieu of residential facility placement. We are thinking of this home as a temporary home to keep the family-like setting but the child needs a significantly higher level of care than what would be provided in a typical foster home.<br><br>Kendra Rogers said they are hoping to look at it as a service and treatment vs placement. They are looking at it as a family like setting, a temporary move to help stabilize the child with the goal of returning the child to their biological families or kinship relatives. In looking at short-term that is a broad statement but looking at other state's options, it is an average of around 9 months, but it depends on the child's needs. The eligible children are those in foster care and approved as a CSED waiver participant. If they cannot be served at home or in a kinship relative home and require a treatment home to receive behavioral health interventions.<br><br>They are finalizing the treatment model now. They have been working with the subject matter experts to make sure that their model matches their peer states' models and taking some of the pieces of their models to perfect the one for WV. Once the model is finalized, they will begin working with the child placing agencies on training. They will have documented outcome measures after the first year of the program to be able to confirm the efficacy of the program and how it is running. They are expecting to implement the program in early 2022.<br><br>The focus during the implementation are the kids who are currently in these homes, and they are operating TFC, but the model is a bit different now. They are going to look at a model for those children so they can transition them into a traditional foster home, kinship home or reunify them with their families. They are then going to review the current treatment homes they have to make sure they are credentialed and have the appropriate training for the new model. They are going to look at the kids in those facilities that may be eligible for discharge to go to a less restrictive setting to continue receiving services.<br><br>The treatment homes will receive additional trainings they will be trained on enhanced coping skills, they will be provided skill sets to cope with challenging scenarios and some of the things they would like them to receive is positive behavioral support, crisis and de-escalation certifications, children with | |

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| exceptional needs and a few other trainings that are evidence-based curriculum approved by the DHHR.<br><br>Stakeholders and providers will be brought in to discuss the model once it is ready, but they wanted to provide an update today. They want to make sure that once they engage a family that has agreed to be a treatment home that they understand what they are agreeing to. It is not a home that is looking to adopt but a home that wants to work with children who have significant mental health needs and can open their home as an alternative to a residential treatment facility. This isn't for everyone; it will not be a typical foster home, but they want to be sure they understand going into it and can provide the level of care the children need. For treatment homes, this is separate and distinct from what has been done in the past. The eligibility and criteria are going to be different from what everyone currently knows as TFC. Keeping that in mind, that will determine who and how children will be transitioned out of the current TFCs.<br><br>They don't want to use the word "replace" for TFC, those homes may be called something differently and will not be going away, they will just be adding this option for children who may need a different kind of care and allow them to be in a family-like setting. They want to consider the child's needs and also the foster family's desire, what type of child they would like to serve. | |
| **Reducing the Reliance on Residential (R3): Changing the philosophy from placement to intervention**<br><br>Christina Bertelli-Coleman said the R3 group that she is working with is starting to look at the first piece of diversion. They want children screened for mental health needs, if they are and they do identify a need that should be addressed, they will be referred to the assessment pathway. That will give the children a uniform assessment and determine what each child needs individually and hoping to be able to treat them in their home. Also, during the screening process they want to be able to divert children who may have other risk factors to Safe at Home to try to help keep them out of residential care.<br><br>They want to view this as intervention rather than placement and see what progress they make if they do go into residential care vs being placed there to finish a school year or other reasons they may stay for a longer period of time. They want to focus on serving the child in the home. They want residential facility care to be a last resort for the children.<br><br>Another thing they are developing is what they want residential care to look like. They have a subject matter expert they are working with who has brought in peers from other states, their models and then using some of that information to build a model for WV. They also have a Casey Family consultant who is working with them.<br><br>The final piece is making sure placement, if it must happen, is short-term and they focus on the family engagement piece, that will be added into the model. They then need to figure out how to support the child when they are placed back in the community, the support and aftercare necessary, so they won't have to return to residential care. They are looking to change processes of those | |

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| children and their evaluations and reviews. They would like to review the children every 30 days by utilizing CANS every 30 days, other documentation on the child's progress and work with the MCO so there is an appropriate discharge plan in place so they can move and won't have to wait and have them staying in there so long.<br><br>They are focusing on educating the workers in this area and making sure they have open communication with the MDT and the Courts as well as the Department's employees so the kids will not have to linger long.<br><br>They have been working with Marshall University to have providers put their data on the CANS for the children they serve into the database, and they hope to have that implemented in January 2022. Marshall will be contacting the providers to get them enrolled and get them started putting their data in CANS.<br><br>Marshall and Dr. Lyons, the founder of TCOM and CANS have been very helpful utilizing the CANS every 30 days. He and his group are working on a decision-making model for them that they hope to use in the future to help determine what level of service a child would need prior to going into residential care. He is also giving them information about how other states share information around the CANS. Hopefully in the near future this will allow the providers to input and retrieve data from the CANS.<br><br>They are focusing on how they can use the data, when they go into care, why they couldn't be served in the community, how long are they in care, what are the reasons they are sent to residential facilities, etc. The hope is that the data will show what is done well and also reflect the gaps so services can be provided where they are needed. Chris asked the group if they have any ideas on how residential care is used and how to reduce the length of stay for children in residential care.<br><br>Marshall and Dr. Lyons helped the Department with a cluster analysis in 2020. Cammie has spoken with Commissioner Pack and Tammy Pearson to try to recreate that, it isn't set in stone and completed at this point, but they are contemplating doing this and will know more soon about doing another analysis in 2022. Linda stated that it was also in the annual report she provided to the group back in September. | |
| **Presentation on the Dashboard: Transparency and data-driven decisions**<br><br>Cammie Chapman and Andrea Clark with BerryDunn provided an overview of the data dashboard related to children in state custody in Residential Mental Health Treatment Facilities (RMHTFs). They wanted to create it as it is an ability to get more information available for a broader range of people than they currently have. It is in the beta-tester phase and are anticipating at some point to have a report that would come from this dashboard. Cammie wanted to provide an overview so everyone could see what they think may be helpful to have public facing. They know not everything can be shown but ultimately, they want to have a public facing suite of reports people can go in and review to understand where they are in the process. They showed the number of children who are foster children placed in a facility, group home, a PRTF or an acute hospital. The numbers didn't incorporate children in treatment homes, kinship homes, | |

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| emergency shelters or regular foster homes.<br><br>Some of the metrics that were reviewed included current and historical placement numbers by level of care, demographics of children in care by month, geographic information, and average length of stay.<br><br>Cammie stated they are in Phase 1-A, it is a work in progress. There is a Phase 1-B, Phase 2 and so on while they are continuing to figure out how best to use the information they are gathering right now.<br><br>They are expecting to have a semi-annual report that will come out at the end of January. That will encompass a lot of the information presented and information that was presented earlier in the meeting. As a part of all the work, they have created a Continuous Quality Improvement Plan (CQI) that is in draft, and the next step is to present it to the subject matter expert for feedback. As they move forward and they develop more reports, they will be able to provide that information, they want to be very transparent and be able to provide outcomes. Cammie believes in March they will review the CQI plan in detail and ask for feedback and comments the group may have. Also, for the next meeting, Cammie asked the group to email Mary Thompson and let her know what information they would like to have more of, what they would want to hear more about so they can plan an agenda for March that also incorporates information they need about what is happening. Many silos have been broken down and Cammie said she wants to give a big thanks to those who are helping with children's mental health reform and helping serve children in their communities when it is possible. | **For the next meeting, Cammie asked the group to email Mary Thompson and let her know what information people may want to discuss, learn more about, what they think would be helpful to them, and what information could be helpful in the suite of reports.** |
| **Commission Legislative Responsibility and Goals Update**<br><br>**GOAL 1: Transformational Collaborative Outcomes Management (TCOM) §49-2-125 (e)(3)** **TCOM Website: https://www.marshall.edu/coefr/tcom**<br><br>TCOM is built around the philosophy of how to help people achieve their health and wellness goals. It is about sharing a common vision and telling the story of the people they serve the way they want it told. The tools used such as CANS, FAST, are all communication tools so they tell the story, allowing it to be understood by everyone including the family and the youth.<br><br>The annual report was submitted and ran July-June 2021. It was provided to the group in September 2021. If you have any questions, Linda said to feel free to reach out to her or Tammy Pearson, their contact information is on the website link provided above.<br><br>Marshall provides virtual training monthly. It is live, the training dates for 2022 is on the website. For FAST and CANS, there are 2 sessions, and they must be attended consecutively and then there is a Wraparound training. Last year they had 20 training courses, there were a few issues getting new worker information, but the Division of Training is working with them now to make sure all the workers are being trained. There was 198 trained on FAST, CANS, 122 and Wraparound, 150. Regarding Workforce, Marshall University students are being trained on using these tools to be able to build a case plan, so far, they | |

have trained 142 people. Linda is also working with a couple of students individually right now.

They provide an annual training refresher, there will be a booster training and a one-on-one Supervisor training that Linda will be holding. For the Train-the-Trainers course, 57 individuals were certified in WV, 17 are Advanced. You can be certified to train in their agency but the 17 can train in the agency and across the State. They are trained by PRAED and Marshall.

They provide technical assistance (TA) for all youth service workers and wrap facilitators to get the information from those tools into the case plan, wrap plan and mobile crisis as well.

They provided TA to 116 wraparound facilitators, 74 times to youth service workers, they have 2 TA sessions required by the State but if TCOM is asked for help, Linda said they still will help them with that. PRAED just clarified what caregivers are so that will be added into their training and supervisors training.

Regarding the CANS automated data system, they have the list of providers and getting ready to enter those in the system. Some of the things to be done in the future, they are looking at the fidelity outcomes, are they being trained? Are they gaining the objectives? Is the model doing what it is saying? Is it reducing length of stay of care? They are wanting to do the Adult Needs and Strengths Assessment (ANSA), Dr. Lyons will help with that. Linda said they are looking more at proficiency and helping the supervisors so they can see the areas of improvement and areas of excellence so if they need areas of TA, they will know what will be discussed.

**GOAL 2: Provider Input at MDT and Court §49-2-125(d)(4)**

Brenda Hoylman provided the update. The Quality Hearing MDT project surveys were closed out with Education, it ran from mid-July through September, they have 54 responses from 48 counties so of the total there were 1,144 responses. At this time the data manager is going through the results and transferring it all into Excel for analysis and comparing the responses with the previous efforts on the MDT surveys from 2008 and 2014 and hopes to have a short report available by December 9th for their CIP board meeting and have a full report done by the end of December. Right now, they are currently observing MDTs and court observation in Roane and Berkeley counties and working on Mineral and Grant counties, working around the State so it is moving along. The MDT Needs Assessment will run through Fall or end of 2022.

**GOAL 3: Implementation of Every Student Succeeds Act – ESSA**

Mollie Wood spoke on behalf of Jacob Green and reviewed the highlights of the Education Out of Home Care Advisory Committee report, the meeting was held on November 17th via TEAMS. Regarding the Expansion of the Bridge Project which was the mentoring project that came out of Clay County, they received funding from the WV Schools from Diversion and Transition and the Milan Kushner Grant, so they are going to expand to 7 new mentors, a mentor coordinator and with 7 new sites. They hope to serve 200 more students per year with the mentoring and they look at attendance, grades, behavior, and

post-secondary education plans and have MOUs in Boone, Kanawha and extending Clay County out as well. Once all are hired and trained, they will be trained on the Check and Connect model that was developed at the University of Minnesota, and they are going to allow our education recovery specialist to be trained with that method as well with their mentor. There was a report with out of state monitoring, there hasn't been any out of state monitoring due to COVID, so the Office of Special Education has been doing desk audits primarily, but they do have a monitoring scheduled December7- 9th at Abraxas in Pennsylvania and at the time of the report there were 42 WV students there. Since July 1, 2021, WV has had 241 special education students at out of state facilities and 558 general and special education students in out of state facilities. The plan for 2022 is to monitor 5 of those out of state facilities.

One of the changes that was made to improve the quality of IEPS, they decided to use an internet-based form so all the county school systems would use that IEP form for students out of state and work collaboratively with the out of state facility to ensure it was being adhered to so they believe that will improve the process.

Regarding the School for Diversion and Transition, the educati0on recovery specialists hired, did a report on what they are working on, they are building their caseload, they have been to several schools and spoken with several counties, and they're doing a lot of foster care outreach to agencies and parents. They have completed 4 in-service trainings and reached about 100 foster parents. They are trying to make sure everyone knows that they serve students in foster care that are not from their schools. Students in their schools are served by a transition specialist and the education recovery specialists serve those who haven't been in one of the WV Office for Diversion and Transition programs.

There is a new school, Genesis at the Laurel Park location where Pressley Ridge is, and they are hiring staff.

They do not have a meeting scheduled however in early 2022 there will be another meeting scheduled.

**GOAL 4: Transitioning Youth from Foster Care §49-2-125(d) (11)**

Alicia McIntire said they were able to put through grants for several different programs such as Stepping Stones Tiny Village. They allocated grant funding for the WV Coalition to end homelessness for their hiring of a navigator for the Mason County area, they are now in place to assist with the foster youth initiative for HUD Housing program. That is now active in Kanawha, Putnam, and Mason counties. There are pilot programs started between Children's Home Society (CHS) and Youth Services System, up in the Jackson, Wood, Wetzel, and Ohio area and CHS in the southern part of the State, Raleigh, Fayette, Greenbrier, Summers, and Roane and NECCO in Cabell, Wayne, Lincoln Boone area. Those programs have 16 referrals given to them and one young person got into his first apartment with new furnishings and is now pursuing his education and a part time job in the Huntington area.

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| They also have an open Zoom meeting for the TL providers, during that time they process general questions, subsidy processing, referral issues etc. They had a presentation last week from the Coalition to End Homelessness on the Youth Navigator and FYI program and will continue to have updates from them and their youth board as part of the TL Open Zoom meeting. They are going to expand that meeting to include more providers so they can all learn from each other and include presentations from community providers who could support these transitional living pilots. They are developing internal and external Blackboard courses so they can expand the knowledge of what they are currently doing and know what's available. Alicia is hoping to open it up to other providers in the next few weeks. | |
| **Meeting Adjourned:** Cammie thanked everyone for their time and adjourned the meeting at approximately 1:00pm. | |
| 2022 Quarterly Meeting Dates<br>**March 3, 2022, June 2, 2022, September 1, 2022, December 1, 2022** | **All meetings in 2022 will be held via Google Meet. The invites have been sent and clicking on the link for Google Meet will allow you to enter the meeting. There is also a phone number for those traveling.** |