

Meeting Title	Child Welfare Reform Collaborative
Date	Tuesday, December 4, 2018
Time and Location	3:00 p.m. – 4:00 p.m. Room B10/11 in the Diamond Building, Charleston
Dial-In Information	Dial: 1-866-453-5550 PIN: 8353635
Meeting Facilitator	Deputy Secretary Jeremiah Samples
Attendees	Stakeholders: Raymona Preston, Susan Fry, Katrina Harmon, Damon Cater, Steve Tuck, Michelle Vaughn, Melody Plumley, Sharon L. Carte, Mark Drennan, Andrea L. Darr, Ron Stollings, Frank Andrews, Betty Rivard, various telephone attendees DHHR: Linda Gibson, Vicki Cunningham, Jennifer Eva, Amy Lawson Booth, Jim Weekley, Janie Cole, Jeff Wiseman, Heather McDaniel, Kent Nowviskie, Cindy Beane, Deputy Secretary Jeremiah Samples, Elliot Birkhead, Christina Mullins, Fred Lewis

Agenda Items

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1.	Welcome and Introductory Remarks	Jeremiah Samples
2.	Child Welfare Reform Updates – Family First	Laura Barno
3.	Child Welfare Reform Updates – Serious Emotional Disturbances (SED) Waiver	Cindy Beane
4.	Child Welfare Reform Updates – Coordinated Care Management	Jeff Wiseman
5.	Child Welfare Reform Updates – Child Protective Services (CPS) Workforce	Kent Nowviskie
6.	Open Discussion	All
7.	Next Steps	Jeremiah Samples

Action Items

- DHHR will provide an overview of existing Family First work groups at the next Child Welfare Reform Collaborative meeting.
- DHHR will provide a detailed status report on the implemented and planned CPS strategies at the next Child Welfare Reform Collaborative.

- DHHR will provide a timeline and status report on the SED waiver at the next Child Welfare Reform Collaborative.
- DHHR will provide a breakdown of all work group meetings.
- Deputy Secretary Samples will share the DHHR legislative agenda with the group.
- DHHR will extend the duration of the Child Welfare Reform Collaborative meeting.
- DHHR will communicate to stakeholders when the website is up and running.
- DHHR will move the Child Welfare Reform Collaborative Meeting to One Davis Square.
- DHHR will send out a request for proposed agenda items for next month's Child Welfare Reform Collaborative meeting.

Meeting Notes

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1.	<p>Welcome and Introductory Remarks</p> <ul style="list-style-type: none"> • Meeting participants introduced themselves, and Deputy Secretary Jeremiah Samples went over the agenda for the meeting. He said each major area will be on the agenda each time so there can be an overview of all.
2.	<p>Child Welfare Reform Updates – Family First</p> <ul style="list-style-type: none"> • Laura Barno said the Bureau of Children and Families (BCF) is right in the middle of work. She said the schedule of program overviews should be finalized in the next 30 days or so. She said there is a lot that hinges on the program overviews. She said the final program instructions on prevention services from the Administration of Children and Families (ACF) have been delivered. • Laura said the first list of services has been sent by the Children's Bureau as part of the Title IV-E Prevention Services Clearinghouse. She said the Family First Prevention Services Act (FFPSA) required the Secretary of HHS to form its own clearinghouse of evidence-based programming. She said there are 12 services on the list; however, the Children's Bureau did not release the evidentiary standard for each of the 12 services. She said the standards are expected by spring of 2019. She said that information will not go into the child and family service programming. She said that information was to accompany the child and family service plan (five-year plan). She said the evidentiary standards are required to write the prevention plan. She said 50% of the prevention plan services must be well-supported. She said West Virginia will continue to move forward without all evidentiary standards because some of the services on the list provided by the Children's Bureau are already implemented in West Virginia. She said BCF will move forward without the

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	<p>standards. She said these are the final program instructions that will be released from the federal government.</p> <ul style="list-style-type: none"> • Laura said it is a time consuming process to choose these services, as the Children’s Bureau does its own review. She said the Children’s Bureau contracts with an entity to form the clearinghouse. She said the FFPSA requires the Children’s Bureau to establish its own evidentiary standards, so the standards that exist have to be reviewed individually to meet the criteria FFPSA created. She asked for questions. <ul style="list-style-type: none"> ○ Steve Tuck asked if the latest guidance from the Children’s Bureau will help the Department of Health and Human Resources (DHHR) to determine the financials for programming. He asked how DHHR is projecting ahead to October 2019 in regard to the federal match and conversion from previous funding to Title IV-E funding. <ul style="list-style-type: none"> ▪ Laura said much of the programming logistics is what is needed to make the financial projections. She said the Title IV-E prevention services are only a 50% match of what DHHR will spend. She said the program instructions indicate that Title IV-E is the last-resort source of funds. ACF will expect that Medicaid will be the initial source of funding, but funding will be on a child-by-child basis. She said DHHR can determine children as candidates for foster care in order to use Title IV-E funding for prevention services. ▪ Steve said Laura’s answer is helpful somewhat in preparing, but it is difficult to develop programming without the financial information as well. ▪ Laura said it depends on how the services are planned. She said some of the children being provided for will be eligible for the current funding, and some will be eligible for Title IV-E funding, but it is difficult to predict right now. She said DHHR and providers may have to enter into training for the delivery of these services. She said providers may be able to claim some of the cost, but it is still unclear. ○ Steve asked if DHHR feels there is a realistic time frame to help the legislature understand what the state will have to fund differently than what is happening currently. <ul style="list-style-type: none"> ▪ Laura said the program instructions for prevention services have only just been delivered, and therefore having a defined budget for the legislature is not likely at this time. ○ Steve asked if there is still no consideration to requesting a waiver and postponing the Family First implementation for two years.

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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Laura explained that a waiver is not being considered. ○ Steve said there has been mostly focus on programmatic changes, but at some point financials will be important to understand. <ul style="list-style-type: none"> ▪ Deputy Secretary Samples said once DHHR receives further guidance from the federal government, these questions should be resolved. ○ Frank Andrews asked what kind of impact DHHR anticipates for educational services. <ul style="list-style-type: none"> ▪ Laura said the instructions gave no guidance on educational programs. She said DHHR does not anticipate these kinds of programs changing. ○ Frank asked if the number of children in residential care will decrease, subsequently affecting other facilities. <ul style="list-style-type: none"> ▪ Laura said she does not foresee an immediate decrease, but over time, the number of children in residential care will decrease due to the new prevention services that will be in place. She explained that it is unclear when this kind of residential facility population change would happen. ○ Frank asked if DHHR has a recommendation for providers on where to move services to complete the continuum of care as changes are happening. <ul style="list-style-type: none"> ▪ Laura said the purpose of these changes is to bolster community-based programming. She said the program instructions do not give guidance to reduce residential or foster family care; rather, the federal government would simply rather see more family-based care. ○ Deputy Secretary Samples said as this transition is taking place, it will take some time for DHHR to confidently develop a forecast of future changes. He said there have been discussions at the legislature and next week the Bureau for Behavioral Health (BBH) will be presenting to the legislature on an idea for improving services at the school setting. He said DHHR cannot wait entirely for the federal government to produce this guidance; DHHR must think ahead. He said many of these conversations will happen in front of the legislature. ○ A stakeholder asked who is involved in the granular planning. <ul style="list-style-type: none"> ▪ Deputy Secretary Samples said DHHR has several meetings with providers to prepare and make business plans to move forward. He said it is a very complicated shift as not all changes are clear, but

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	<p>both DHHR and providers must be ready in a short amount of time. He said those work groups can report to the Child Welfare Collaborative meeting so the larger group can have broader discussions. He said DHHR needs to meet with that group of providers to work through some of the major issues. He asked the group what other work groups should be created and what else meeting participants would like to see at these meetings. He said he does not want to duplicate meetings and existing work groups should be leveraged.</p> <ul style="list-style-type: none"> ▪ ACTION ITEM: DHHR will provide an overview of existing Family First work groups at the next Child Welfare Reform Collaborative meeting. ○ Steve asked if DHHR would disseminate the information on the program instructions for prevention services. He asked if there will be a stakeholder group for prevention services and what else providers can be doing now. <ul style="list-style-type: none"> ▪ Laura said, yes, there will be a work group for prevention services. She said providers should read the program instructions and become familiar with the list of services provided by ACF. She said if anyone would like a copy of the program instructions, they should email her directly.
3.	<p>Child Welfare Reform Updates – SED Waiver</p> <ul style="list-style-type: none"> • Commissioner Cynthia Beane said many of the children in the population that qualifies for the SED waiver will be the children that are normally seen at residential care facilities. She said Medicaid has special allowances with a waiver. She said this waiver takes away some of the federal rules and allows providers to offer more unique services. She said this waiver will be for children that are 3 – 21 years old. She said in order to apply for the waiver DHHR must get public input at public forums. She said all of these forums have been held, but the timeline is very tight. She said the goal is to have the waiver start on October 1, 2019, so it can be used in the community at the same time the Family First changes are implemented. • Commissioner Beane discussed the five public forums for the SED waiver. She said the forums were well-attended by a variety of different people. She said some common themes from the forum include: <ul style="list-style-type: none"> ○ Adequacy of workforce ○ The high number of children that are still out of state ○ Support for parents and foster parents ○ Expanding services within schools

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	<ul style="list-style-type: none"> ○ School-based mental health ○ Need for transportation ○ Need to work closely with judiciary ○ Use of wraparound and intervention ● Commissioner Beane said a common question at the forums is how many youth may qualify for the waiver. She said there are currently 7,000 children who may qualify for the SED waiver. <ul style="list-style-type: none"> ○ Steve asked if the number of children on the waiver is based on a cost neutrality that is based on Psychiatric Residential Treatment Facility (PRTF) numbers. He commented that the projection for how many children would otherwise be going to PRTF will help determine the number of children using the waiver. ○ Commissioner Beane said the waiver takes away the institutional level of care. She said the goal is for children never to have to go to a PRTF. She said PRTF is the highest level of care. She said the top six services being considered for the waiver are: <ul style="list-style-type: none"> ▪ Family support and training ▪ Respite ▪ Child therapeutic foster care and counseling ▪ Therapeutic services ▪ Crisis intervention ▪ Case management ● Commissioner Beane said there are other opportunities for public input as well. She said the timeline and presentation of current progress for the SED waiver can be shared. She said DHHR is on track so far. She said there has been a lack of community-based services for these children, so it is exciting to be able to provide a stronger service array for all of these children in the community. She noted all services through Medicaid must be medically necessary, but the SED waiver allows for services that are not medical. <ul style="list-style-type: none"> ○ ACTION ITEM: DHHR will provide a timeline and status report on the SED waiver at the next Child Welfare Reform Collaborative. ● Commissioner Beane said DHHR does not advocate for children to stay out of school, but some school systems determine this based on the child's medical needs. <ul style="list-style-type: none"> ○ Deputy Secretary Samples said this waiver is not to waive the requirement that a child goes to school or not. He said there are other waivers currently

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	<p>in place to serve children that cannot attend public school, such as the Traumatic Brain Injury (TBI) program.</p> <ul style="list-style-type: none"> ○ Commissioner Beane said the Department of Education is still responsible for making the decisions on whether a child is required to attend school. She said this waiver will support the child if they are in the home or in public school. She said Medicaid can help by paying for support. ○ Senator Ron Stollings discussed education in the home. He said the legislature is eager to see the results of programs trying to get education to the highly impacted children. He said the earlier these programs start the better. <ul style="list-style-type: none"> ● Commissioner Beane said another program that has been commonly discussed is parent training to provide parents with education for how to work with a child. She said that is one of the services in the waiver. <ul style="list-style-type: none"> ○ Senator Mark Drennan asked if different populations will qualify for the waiver, or if only the PRTF-level population will qualify for these services. <ul style="list-style-type: none"> ▪ Commissioner Beane said children with an SED diagnosis will be eligible for these services, and there will be evaluators to determine diagnoses. She said DHHR is working to define qualifications for the SED waiver as broadly as possible while still staying in the federal guidelines to make sure as many children as possible can be captured under this particular waiver and get the services into the community. She said there must be eligibility, but if a child has trauma, they will likely qualify. ● Steve asked if a new Utilization Management (UM) manual will have to be developed. <ul style="list-style-type: none"> ○ Commissioner Beane said there will be new guidelines for the waiver, but Medicaid is used to working with tight timelines. ○ Steve asked if the Managed Care Organization (MCO) is actually going to be administering the UM manual. <ul style="list-style-type: none"> ▪ Commissioner Beane said DHHR is looking at the possibility of requiring the MCO to administer the SED waiver program. ○ Steve asked if the MCO will estimate costs for services based on the manual DHHR develops. <ul style="list-style-type: none"> ▪ Commissioner Beane said DHHR would set rates for all of the services, but the rates are usually based on Medicaid rates.

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	<ul style="list-style-type: none"> ▪ Steve asked if the child’s team that involves parents and others would decide how much respite or family work is needed. He said these would have to conform to the overall budget <ul style="list-style-type: none"> ▪ Commissioner Beane said this work is done at the team level, but DHHR is still in the designing phase. She said whoever is involved in that child’s life would be a part of the team, with care tailored to the needs of the child. ▪ Damon Cater asked if the members of that team will have the ability to authorize services. He asked if there would be only one provider, or several agencies. <ul style="list-style-type: none"> ▪ Commissioner Beane said DHHR is still in the design phase, but based on other waivers, there may be a provider that has a specific service, therefore requiring multiple providers versus one single provider. She said it is up to that team to make the decision and do what is best for the child.
4.	<p>Child Welfare Reform Updates – Coordinated Care Management</p> <ul style="list-style-type: none"> • Jeff Wiseman said DHHR is looking at transitioning youth to a foster care managed organization. He said there have been two rounds of public comment. He said the full contract of medical services, social services, wraparound, etc., will be included in a draft document expected to be released at the end of December 2018. • Jeff said the Bureau for Medical Services (BMS) and BCF are also working on a Frequently Asked Questions (FAQ) document. He said the goal is to have the FAQ document released by the end of the week. He said there has been some misunderstanding with this procurement and he hopes the FAQ better explains the procurement. He said there have been questions on residential bundled rates. He said there will be no change in bundled rates. He said DHHR will include in the MCO’s contract that the MCO must pay at least 100% of the current DHHR rates. He said the MCO will be required to cover all court-ordered services. He said the other concern that has been expressed was about access to care and the MCO denying services. He said DHHR has the final authority when it comes to any service; if DHHR, the medical director for the foster care population, and BCF program staff feel a service is needed, DHHR can override any decision the MCO makes. <ul style="list-style-type: none"> ○ Steve asked if there are any changes to how much time there will be to respond to the document that is released. <ul style="list-style-type: none"> ▪ Jeff said DHHR has a goal of implementing the MCO by July 1, 2019, and therefore the comment period will not be long for this document. He said the public commentary period will run in parallel

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	<p>with the review by state purchasing, and the period will likely be no more than two weeks.</p> <ul style="list-style-type: none"> ○ Frank asked if the new process will govern how long a child is in residential care. <ul style="list-style-type: none"> ▪ Jeff said the MCO will take on the responsibility of assessing medical necessity. ▪ Laura said the only length-of-stay criteria for Family First is the one-year limit on stays at a Qualified Residential Treatment Program (QRTP). She said providers will have the ability to extend stays with the signed approval of the commissioner. ○ Senator Drennan asked if there will be a minimum length of stay outlined in the contract with the MCO. He asked how soon after the initial admission will the MCO consider the continuation of stay. <ul style="list-style-type: none"> ▪ Jeff said that timeframe is not yet clear. ▪ Commissioner Beane said historically, children are in residential care because there has not been available home and community-based care. She said the goal with the MCO is that care is available and children are being transitioned to a home where they are in a less restrictive environment. She said the institutional level of care is never the first or best alternative. She said the MCO will work with a different service array that has not been historically available. ○ Frank said in the past, there have been educational programs where children could only remain in programming for a certain period of time and then were put back to schools; there were no transitional services. He said there were issues within schools because these children were not ready to go back to public school. <ul style="list-style-type: none"> ▪ Commissioner Beane said the length of stay in programming will be up to the MCO. She said the MCO will have to make sure there is care coordination that ensures community-based services are available when the child is discharged. ▪ Susan Fry suggested it is critically important to have specialty-specific provider councils. She indicated there is still a disconnect between providers and the individuals responsible for creating regulations. She suggested the MCO must get that level of on-the-ground information when creating regulations on length of stay.

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	<ul style="list-style-type: none"> ▪ Laura said the Title IV-E funding will pay for the child’s room and board if they are a candidate for foster care or are in the custody of the state. ▪ Deputy Secretary Samples said DHHR must reduce the number of children that are facing trauma, particularly because of the drug crisis. He said reducing the number of children facing trauma is the only way to solve the problem of increased rates of children in residential care, long-term. He said DHHR meeting a family in crisis is the worst case scenario; DHHR must have prevention services. He said the very name of Family First indicates the federal government’s main priority; the federal government wants the state of West Virginia to solve the crisis before it occurs in the first place. He said not every family can be saved; there will be children that must be protected and DHHR must take into custody. He said some children have severe issues and need a place to be cared for that is safe, and that is why the state will have an infrastructure of facilities to do that. He said those undesirable situations will always happen to some extent, but they need to occur less often than they do today. ▪ Deputy Secretary Samples said DHHR has been working on increasing kinship care through the Safe at Home waiver. He said if DHHR does not prevent more children from facing trauma and entering state custody, there will be a generation of children that will continue to struggle into adulthood, and the situation will become exponentially worse.
5.	<p>Child Welfare Reform Updates – CPS Workforce</p> <ul style="list-style-type: none"> • Kent Nowviskie said there is a broad suite of reforms DHHR is developing to build up and bolster (CPS to improve recruitment and retention. He said DHHR has identified 59 separate projects to work on. He said DHHR is continuing to evaluate the projects on the list and move forward. He said while the initial focus is on CPS workers and supervisors, a newer development is to reevaluate and make improvements for other Child Welfare workers. <ul style="list-style-type: none"> ○ Deputy Secretary Samples said there will also be a discussion on CPS workers at this year’s legislative session. He said the goal is to increase salaries for CPS workers and all Child Welfare workers. He said at the next Child Welfare Collaborative meeting DHHR could report on the strategies that are already being implemented.

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	<ul style="list-style-type: none"> ▪ ACTION ITEM: DHHR will provide a detailed status report on the implemented and planned CPS strategies at the next Child Welfare Reform Collaborative.
6.	<p>Open Discussion</p> <ul style="list-style-type: none"> • Deputy Secretary Samples said the time of this meeting needs to be extended, and the website must get up and running. He said the meeting will also likely be moved to One Davis Square. He asked if meeting participants would be interested in spending more time on the four major subject areas, and hearing presentations from different work groups. He asked if there are other issues that should be put on the agenda. <ul style="list-style-type: none"> ○ Betty Rivard proposed six work groups. She suggested adding a focus on kinship care because data shows it is an issue. She said there should be a focus on data and its interpretations. She said this group should do the work and not have an MCO at all. She said providers have been asking for more information on best practices. She said there is a newsletter being organized to report out on work that is being done. ○ Deputy Secretary Samples said everyone wants to meet about major issues, but it would be best to mitigate the overlap of work and discussions as much as possible. He said everyone is super busy, so the group should leverage existing meetings. He said this meeting can be a central hub to report out and not dictate what other groups are doing. He asked what others thought about work groups. <ul style="list-style-type: none"> ▪ Steve indicated that this meeting was very helpful. He said it would be helpful to have representatives from work groups at other meetings, but this is a good overview of what is happening. • Deputy Secretary Samples said the meetings should continue during legislative sessions. He said legislators will continue to be invited to participate in the meetings. He said before discussing work that should be done by a new or existing work group, this meeting can be used for DHHR to present on subject matter that does not fit into the scope of existing work groups. He said it may be helpful to first have a presentation on kinship care. <ul style="list-style-type: none"> ○ Steve asked about the next meeting. <ul style="list-style-type: none"> ▪ Deputy Secretary Samples indicated the next meeting will take place early January 2019, with a goal of holding the meeting before the legislative session.

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	<ul style="list-style-type: none"> ○ Susan recommended always having action items and recommendations. She emphasized the importance of improving partnerships between providers. ○ Betty said there have been many references to other groups, but not all meeting participants know what they are. She said it would be helpful to explain these groups and their issues at the next meeting. She said this would give the group a common base and make better use of time during the meeting. <ul style="list-style-type: none"> ▪ ACTION ITEM: DHHR will provide a breakdown of all workgroup meetings. ○ Betty asked if there has already been an RFP for an MCO. <ul style="list-style-type: none"> ○ Deputy Secretary Samples said DHHR has circulated the two RFP drafts for the MCO to everyone. He said the next round of public comment will be on the actual contract, which will include more granular detail of how the MCO will function. ○ Damon asked if there is an expectation from this meeting for work to be done. <ul style="list-style-type: none"> ▪ Deputy Secretary Samples said for those who are new to this meeting, DHHR has many major initiatives taking place, and therefore this meeting is an opportunity for everyone to go over the four major initiatives and allow participants to present other topics. He said the meetings are a platform where these discussions can take place. He said there are no expectations other than to increase awareness. ○ Steve said post adoptive services would be another good discussion point. ○ Betty asked if DHHR can share their legislative agenda with the stakeholders that attend this meeting. <ul style="list-style-type: none"> ▪ ACTION ITEM: Deputy Secretary Samples will share the DHHR legislative agenda with the group. ○ Deputy Secretary Samples asked for comments or suggestions. He said Family First initiatives would take place through emergency rules because of the lack of final guidance. He said both the Senate and House have been discussing major, child welfare reform efforts. <ul style="list-style-type: none"> ▪ Steve said the group should keep working hard to get the West Virginia Judiciary involved. He said these meetings will not be something a judge changes his or her docket to attend, but the Judiciary's role and input in these initiatives is critical.

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	<ul style="list-style-type: none"> ○ Deputy Secretary Samples said a reason for this meeting is DHHR staff have agreed it is time to put in the work required to achieve initiatives and implement change. He said there has been much discussion on these changes, but little action, and right now there are many opportunities.
7.	<p>Next Steps</p> <ul style="list-style-type: none"> • ACTION ITEM: DHHR will extend the duration of the Child Welfare Reform Collaborative meeting. • ACTION ITEM: DHHR will communicate to stakeholders when the website is up and running. • ACTION ITEM: DHHR will move the Child Welfare Reform Collaborative Meeting to One Davis Square. • ACTION ITEM: DHHR will send out a request for proposed agenda items for next month's Child Welfare Reform Collaborative meeting.