



## Quarterly Kids Thrive Collaborative Meeting

**Date: Thursday, August 17, 2023**

**Time and Location: 10:30 – 1:30 p.m. / Virtual Only**

**Meeting Information:**

[Join with Google Meet](#)

Meeting link: [meet.google.com/gdq-rhau-jby](https://meet.google.com/gdq-rhau-jby)

Join by phone

(US) [+1 484-841-4470](tel:+14848414470)

PIN: 843828759

**Attendees:** Molly Arbogast, Logan Arnold, Aimee Bond, Lorie Bragg, Jessica Brown, Kelli Caseman, Roxanne Chaney, Cammie Chapman, Christie Fortney, Jessica Fulkner, Linda Gibson, Debi Gillespie, Rachel Goff, Asia Gray, Katrina Harmon, Brenda Hoylman, Laura Hunt, Annie Messinger, Carna Matheney-White, Christina Mullins, Kent Nowvskie, Jeff Pack, Cynthia Persily, Raymona Preston, Leo Quigley, Laura Radcliff, Tim Reynolds, Tammi Rizzo, Tonya Roloson, Courtney Rombow, Rebecca Roth, Cheryl Salamacha, Kelly Sargent, Angie Sloan, Deborah Spears, Evan Sprigle, Melinda Strader-Mason, Nicholas Stuchell, Nikki Tennis, Mary Thompson, Cassandra Toliver, Steve Tuck, Mel Waterman, Myia Welsh, Brittany Gould, Caroline Duckworth, Courtney Hereford, Haley Van Erem, Jennifer Ervin, Jennifer Spencer, Josh Booth, Leia Washington, Lisa Carden, Lisa McMullen, Lora Dunn Miller, Rebecca Gillam, Robin Renquest

## Agenda Items

Item #	Topic and Description	Responsible
1	<b>Welcome</b>	<b>Cammie Chapman</b>
2	<b>Updates from the Commission to Study Residential Placement of Children</b> <ul style="list-style-type: none"><li>• Review and Approval of Meeting Notes</li><li>• Commission Legislature Responsibility and Goals<ul style="list-style-type: none"><li>○ Goal 1: Transformational Collaborative Outcomes Management (TCOM)</li></ul></li></ul>	<b>Mary Thompson</b>

- Goal 2: Provider Input at Multi-Disciplinary Teams (MDTs) and Court
- Goal 3: Implementation of Every Student Succeeds
- Goal 4: Transitioning Youth from Foster Care

<b>3</b>	<b>Reducing the Reliance on Residential Services for Children – Outline of Goals</b>	<b>Cammie Chapman</b>
<b>4</b>	<b>Children’s Mental Health and Behavioral Health Services</b>	<b>Cassandra Toliver, Nikki Tennis, Rachel Goff, Jessica Fulknier, Laura Hunt</b>
<b>5</b>	<b>Qualified Independent Assessment (QIA)</b>	<b>Lorie Bragg</b>
<b>6</b>	<b>Remodeling Residential Treatment Interventions</b>	<b>Cammie Chapman</b>
<b>7</b>	<b>Updates from the U.S. Department of Justice (DOJ)</b>	<b>Haley Van Erem (DOJ)</b>
<b>8</b>	<b>Meeting Conclusion</b>	<b>Cammie Chapman</b>

### Action Items

- Linda Gibson will send MU’s year-end report to Mary Thompson to share with the meeting group.

### Meeting Notes

Item #	Topic and Description
<b>1</b>	<b>Welcome</b>
<b>2</b>	<p><b>Updates from the Commission to Study Residential Placement of Children</b></p> <ul style="list-style-type: none"> <li>• Review and Approval of Meeting Notes <ul style="list-style-type: none"> <li>○ Cammie Chapman said Mary Thompson sent the meeting notes and asked if anyone had edits they would like to make. <ul style="list-style-type: none"> <li>▪ No objections were raised.</li> </ul> </li> <li>○ Notes were approved as presented.</li> </ul> </li> <li>• Commission Legislature Responsibility and Goals</li> <li>• Goal 1: TCOM</li> <li>• Linda Gibson said TCOM is a partnership between Marshall University (MU) and DHHR, among others. The main goal is to help ensure the needs and strengths of children and adults who enter DHHR’s custody are communicated in a concise manner. The tools used are the Child and Adolescent Needs and Strengths (CANS) assessment, the Functional</li> </ul>

Assessment Screening Tool (FAST), and the Adults Needs and Strengths Assessment (ANSA).

- Linda said MU has primarily gotten involved in providing training and technical support to DHHR staff and CANS system users. 233 individuals have been trained in FAST, 554 in CANS, and 127 have received technical assistance (TA).
- MU is also supporting the Division of Planning and Quality Improvement (DPQI) unit.
- MU recently released a year-end report; this will be distributed with the meeting notes.
  - **ACTION ITEM: Linda Gibson will send MU’s year-end report to Mary Thompson to share with the meeting group.**
- The following question was posed in the chat.
  - “Linda, this is Carolyn Canini, Director of Behavioral Health Programs at Higher Ed Policy Commission. I understand that some masters students have had the opportunity to take CANS training. Are there more opportunities for masters’ students interested in careers in child welfare to take those trainings while in their master’s programs?”
  - Linda asked Carolyn to contact her at [Gibson370@marshall.edu](mailto:Gibson370@marshall.edu).
- Goal 2: Provider Input at MDTs and Court
  - No updates available.
- Goal 3: Implementation of Every Student Succeeds
  - No updates available.
- Goal 4: Transitioning Youth from Foster Care
  - Evan Sprigle said his team is contacting various public housing authorities to determine their capability to serve the foster youth initiative (FYI). He said his team is renewing memoranda of understanding (MOUs) and helping to ensure they are signed.

### **3 Reducing the Reliance on Residential Services for Children – Outline of Goals**

- Cammie clarified that DHHR does not aim to eliminate residential services, as they are a part of the continuum of care. DHHR wants to help ensure children are served in the community when possible. DHHR wants to support in-state providers to serve more children in state.

### **4 Children’s Mental Health and Behavioral Health Services**

- Cassandra Toliver said the Children’s Crisis and Referral Line (CCRL) is available statewide, 24/7, at 844-HELP4WV.
- Cassandra said the CCRL is meant to connect youth and families with children’s mobile crisis response and stabilization (CMCRS) teams when in crisis or with home- and community-based services (including WV (West Virginia) Wraparound).

- Nikki Tennis explained WV Wraparound, which is available for children aged three to 21 and wraps the child and family with support.
- Rachel Goff highlighted the Children with Serious Emotional Disorders (CSED) waiver program. This program was implemented in March 2020. There are 731 active participants, with a capacity to serve 2,000.
  - The program is funded through 2028, at which point an application will be submitted to the Centers for Medicare & Medicaid Services (CMS) for additional funding.
- Laura Hunt reviewed initial outcomes of the Assessment Pathway (AP).
  - Throughout the AP process, families are provided information.
  - 20% of families in the AP ceased participation in 2022, partly due to their connection to home- and community-based services, which they felt met their needs.
  - Data shows that CCRL calls are answered within 14 seconds.
  - Additional data can be found in the July 2023 Quality and Outcomes Report at the following link.
    - [https://kidsthive.wv.gov/DOJ/Documents/July%2027%202023%20DHH%20Semi-Annual%20Report\\_FINAL\\_pdf.pdf](https://kidsthive.wv.gov/DOJ/Documents/July%2027%202023%20DHH%20Semi-Annual%20Report_FINAL_pdf.pdf)
- Nikki said children’s mental health services can be accessed for individuals with a mental health diagnosis, an intellectual or developmental disability, combined with serious behavioral or mental health concerns between ages zero and 21.
- Nikki said the Safe at Home (SAH) program serves youth aged nine to 18 in the child welfare system and covers interim wraparound for ages three to 21 awaiting CSED determination.
- Cassandra explained the CMCRS pilot began in 2017 and became fully statewide in May 2021.
  - Individuals up to the age of 21 can be served.
  - There were 617 calls to the CCRL between July and December 2022.
  - There are six regional providers who provide services statewide.
  - CMCRS teams will work with families up to eight weeks after the initial call to CCRL.
- Nikki explained Regional Youth Service Centers (RYSCs) serve children and families statewide aged 12 to 25 and promote positive outcomes through evidence-based programs and practices. This service can be accessed through the 844-HELP4WV number.

- Nikki said DHHR is working to increase expanded school mental health (ESMH) services. The program currently serves 82 schools statewide.
- Nikki shared the following links, which provide more information:
  - <https://dhr.wv.gov/BBH/about/Children,YouthandFamilies/Pages/default.aspx>
  - <https://wvtraining.org/wraparound-mobile-response/>
  - <https://dhr.wv.gov/BBH/DocumentSearch/Children,%20Youth%20and%20Family%20Services/Regional%20Youth%20Service%20Centers%20Flyer.pdf>
  - <https://quietmindswv.com/>
  - <https://wvesmh.org/>
  - <https://legallaidwv.org/our-programs/legal-services/special-education-fast/>
  - <https://rtn.cedwvu.org/>
  - <https://helpandhopewv.org/prevention-works.html>
  - <https://clearinghouse.helpandhopewv.org/>
- Laura provided an overview of DHHR's Semiannual Quality and Outcomes report. This report can be found on the Kids Thrive Collaborative website at the following link.
  - <https://kidsthive.wv.gov/DOJ/>
- Dr. Cynthia Persily said the work with Continuous Quality Improvement (CQI) is important to improve services. She said she looks forward to seeing substantial improvements with the investments made in new services. DHHR is dedicated to these efforts.

## 5 Qualified Independent Assessment (QIA)

- Lorie Bragg said if a child has a mental health need identified through assessments, the Bureau for Social Services (BSS) worker discusses the CSED waiver and AP with the child and family. If the family is agreeable, the BSS worker assists the family in completing the application. If the child is in state custody, the BSS worker submits the application on behalf of the child.
  - Children who require a QIA (those who are at high risk of residential placement or already reside in a residential placement) must be referred to the AP. The QIA assesses for the most appropriate level of care to divert children who can be served in the community.
  - The QIA can be used to aid in decision-making to help ensure children receive the services they need.
- The QIA is completed by a third-party professional who uses evidence-based assessment tools and decision modes to recommend appropriate levels of intervention in the least-restrictive service setting.

## 6 Remodeling Residential Treatment Interventions

- Cammie highlighted in-state and out-of-state group residential provider data.
- Cammie provided an overview of the current program structure.
- Cammie explained the identified areas of concern with the current structure.
- Cammie said Myers and Stauffer have been contracted to assist DHHR with an assessment of the current rate structure and rate development.
- Cammie provided an overview of the current rate structure.
- Cammie shared the intensity of services model and the proposed program structure, which includes residential homes, specialized residential intensive treatment facilities, residential intensive treatment facilities, and emergency shelters.
- Cammie explained the proposed rate structure.
- Cammie shared the project timeline and said the goal is to have the established rate in place by July 2024.
- Cammie said the next steps include rate development, a latent class study, model development, and ongoing provider meetings.

## **7 Updates from the U.S. Department of Justice (DOJ)**

- Haley Van Erem explained the DOJ and DHHR entered into an agreement in 2019 and continue to work together.
- Haley said a new subject matter expert (SME) report will soon be released.
- Haley said additional questions can be submitted to her at [haley.vanerem@usdoj.gov](mailto:haley.vanerem@usdoj.gov).

## **8 Meeting Conclusion**

- Kent Nowviskie highlighted changes to work requirements for the Supplemental Nutrition Assistance Program (SNAP). Youth aging out of foster care are exempt from work requirements until age 25. College students are subject to a separate set of work requirements.
- The next meeting is scheduled for December 7, 2023.
- Cammie asked that any additional questions be submitted to [kidsthive@wv.gov](mailto:kidsthive@wv.gov).