

Meeting Title	Child Welfare Collaborative Meeting
Date	Tuesday, April 20, 2021
Time and Location	10 a.m. – Noon // Web Conference Only
Dial-In Information	Dial: 1-646-876-9923 Meeting ID: 954 6812 8077
Web Conference	https://berrydunn.zoom.us/j/95468128077
Facilitator	Kent Nowviskie
Attendees	<p>West Virginia (State) Department of Health and Human Resources (DHHR): Deputy Commissioner Jeremiah Samples, Cammie Chapman, Laura Barno, Commissioner Christina Mullins, Commissioner Linda Watts, Commissioner Cindy Beane, Shaun Charles, Kent Nowviskie, Nikki Tennis, Patricia Nisbet, Cassandra Toliver, Carla Harper, Christina Bertelli-Coleman, Deputy Commissioner Janie Cole, Deputy Commissioner Amy Hymes, Andrea Ramsey-Mitchell, Elliott Birckhead, Jean Kranz, Jessica Ball, Jim Jeffries, Keith King, Nikki Tennis, Rachel Goff, Rebecca Roth, Tanny O’Connell, Tina Mitchell, Tony Richards</p> <p>Stakeholders: Various</p> <p>BerryDunn: Lisa Roberts, John Byer, Mary James, Annie Messinger</p>

Agenda Items

Item #	Topic and Description	Responsible
1.	Welcome	Kent Nowviskie
2.	Children’s Mental Health Assessment Pathway and Planning	Nikki Tennis/ Pat Nisbet
3.	Update and Q&A Panel on the Agreement Between West Virginia (the State) and United States Department of Justice (DOJ)	Cammie Chapman/ Beth Kurtz
4.	<p>Child Welfare Reform Effort Updates</p> <ul style="list-style-type: none"> • Family First Prevention Services Act (FFPSA) – Laura Barno • Children with Serious Emotional Disorder (CSED) Waiver – Commissioner Cindy Beane • Coordinated Care Management (CCM) – Commissioner Beane • Child and Protective Services (CPS) Workforce – Commissioner Linda Watts 	

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5.	Open Discussion	All
6.	Meeting Conclusion	Kent Nowviskie

Action Item

- **DHHR will include the latest foster care ombudsman (FCO) report with the Child Welfare Collaborative notes.**

Meeting Notes

Item #	Topic and Description
1.	Welcome
2.	<p>Children’s Mental Health Assessment Pathway and Planning</p> <ul style="list-style-type: none"> • DHHR is working to develop easier access to children’s mental health services with a clear, streamlined mental health assessment process. • DHHR currently offers an array of services, including Safe at Home (SAH) with the Bureau for Children and Families (BCF) and the Bureau for Medical Services’ (BMS’) new Children with Serious Emotional Disorder Waiver (CSEDW). • Wraparound is a large part of family services. • DHHR can use the assessment process to simplify how families get connected to the necessary services for their child(ren) and family. • Per the Centers for Medicare and Medicaid Services (CMS) standards, BMS would verify several safeguards would be in place if one provider were to be used for both case management and service provision in the CSEDW eligibility process (rare occasion). • The family’s choice is most important. A family may choose not to apply for the CSEDW, but will need to know the pros and cons involved. • The goal is to help children and families live and thrive in their communities. • One stakeholder talked about her son who was born addicted to substances and with several mental health challenges. The usual supports could not provide respite. Wraparound service was initiated through single-point entry, and she was connected with a provider. <ul style="list-style-type: none"> ○ She began receiving SAH in-home in January, and then through the CSEDW. Her family could not keep the same provider coordinator because of funding streams.

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	<ul style="list-style-type: none"> ○ She was advocating for her son to have continuity of service provision. Working with two different agencies is challenging, especially with more forms to complete. • BMS is working with the provider network to hopefully have more providers join the CSEDW. BMS raised reimbursement rates to be more competitive. • The Bureau for Behavioral Health (BBH) has talked about how the Children's Mental Health Wraparound pays for the Wraparound Facilitator (WF). The intention is for the WF to provide CSEDW services to the family if the family is determined eligible for waiver services. • For now, a good starting point might be the Children's Mobile Crisis and Referral Line while DHHR continues to work on the assessment pathway. • DHHR is working with Marshall University and the University of Maryland on uniform training throughout Wraparound services, per the National Wraparound Initiatives (NWI) model. • Children's Crisis and Referral Line: https://dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/ChildandAdolescent/Documents/Help4wv%20Childrens%20Crisis%20and%20Referral%20Line%20Flyer.pdf Family Advisory Board may be an outlet: https://dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/ChildandAdolescent/Documents/Family%20Advisory%20Board%20Flyer.pdf • Questions for Aetna may be directed to Jen Eva at evaj@aetna.com. Please copy Heather Cummings at BMS: Heather.D.Cummings@wv.gov • Written feedback may be provided via email to: DHHRPublicComments@wv.gov • To learn more, please visit the Child Welfare Collaborative website here: https://childwelfare.wv.gov
3.	<p>Update and Q&A Panel on the Agreement Between West Virginia (the State) and United States Department of Justice (DOJ)</p> <ul style="list-style-type: none"> • BBH successfully initiated the Children's Mobile Crisis and Referral Line in October 2020. BBH is working on educating stakeholders and families when to use the referral line. • BMS' Assertive Community Treatment (ACT) is expanding statewide beginning in early 2022. • The West Virginia University (WVU) evaluation plan includes mechanisms for stakeholders to provide feedback to DHHR. Judges, families, and providers need to understand the current system and create a baseline. • DHHR is developing a data dashboard that will provide a dynamic view of current information and required data collection.

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	<ul style="list-style-type: none"> ○ During the last legislative session, House Concurrent Resolution 35 was passed that allows DHHR an opportunity to further the work of the data dashboard. ○ The first step to complete the evaluation system is to establish performance measures. ● DHHR views the Reducing the Reliance on Residential (R3) Stakeholders group as the best avenue to engage providers, in addition to this quarterly Child Welfare Collaborative meeting. ● Family interactions will be part of the WVU evaluation plan. WVU includes a section about how they will engage families and ask for feedback. ● The subject matter expert (SME) semi-annual reports are posted on the Child Welfare Collaborative website here: https://childwelfare.wv.gov/initiatives/Pages/DOJ-Agreement.aspx ● The CSEDW Quality Improvement Council is looking for parents to participate; contact Heather.D.Cummings@wv.gov
4.	<p>Child Welfare Reform Effort Updates</p> <ul style="list-style-type: none"> ● Family First Prevention Services Act (FFPSA) – Laura Barno <ul style="list-style-type: none"> ○ There is a delay in the cost allocation plan due to issues related to the pandemic. ○ DHHR moved forward with utilizing State funding and getting coding entered into the Oasis financial system. ● Children with Serious Emotional Disorder (CSED) Waiver – Commissioner Cindy Beane <ul style="list-style-type: none"> ○ The CSEDW currently serves 90 individuals. BMS is providing outreach to verify the individuals are receiving services per their treatment plan. ○ The program continues to grow. ○ Currently, there are 37 individuals on hold. A reason to be on hold is if a child is in placement or if a provider has not yet been selected. ○ BMS is streamlining eligibility and opened the possibility for other individuals to access the program. BMS made changes to the program to verify there is case management and fidelity to NWI standards to match the wraparound language. ○ BMS is working with BCF and BBH to streamline the application process and overall services. ○ One recent success story is about an adoptive placement of a three-year-old child. CSEDW provided positive behavioral supports (PBS) and training. The family is doing well. The child’s tantrum behaviors have normalized. CSEDW prevented that child from being removed from the home.

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	<ul style="list-style-type: none"> ○ BMS is in the process of increasing outreach and educating stakeholders about CSEDW. ● Coordinated Care Management (CCM) – Commissioner Beane <ul style="list-style-type: none"> ○ Aetna’s Mountain Help Promise (MHP) managed care organization (MCO) has seen successes and currently serves more than 23,000 members. ○ In the beginning, only 2% opted out of MHP (200 children). Forty-six of them came back to the program, which is a good sign MHP has advantages of care management for the families served. ○ The MHP website is now live, which accepts State court orders. ○ Last quarter, MHP care managers reported more than 700 outreach calls. ● Child and Protective Services (CPS) Workforce – Commissioner Linda Watts <ul style="list-style-type: none"> ○ BCF received additional positions during the 2020 legislative session, of which 90% have been filled, despite the pandemic. ○ BCF is not seeing as many applicants for Child Protective Services (CPS) and Youth Services vacancies. ○ In March 2021, BCF had more abuse and neglect referrals than two years ago, partly due to children returning to school. ○ There are foster family-like settings. ○ About 86% in out-of-home placements are in a family-like setting, which lends to the fact that kin/relative and foster homes are increasing. ○ Regarding the family locator unit, in 2018, BCF started tracking children who are reported as runaways. <ul style="list-style-type: none"> ▪ When a youth does not return, BCF must notify the national center. ▪ The unit has one centralized intake of runaway referrals, which has staff check with workers and perform record searches. Two workers (north and south) follow up on leads regarding children who have run away. ▪ The two locators conduct interviews about reasons why the child may have run away, including sex trafficking possibilities. ▪ BCF has seen improvement on getting children back, and on having the child understand the dangers of running away. ▪ BCF is reviewing whether the child has a MH diagnosis or IDD, or if they have been in supervision. ▪ BCF has had 14 debriefings. Some of the youth are over age 18 and have aged out of the system, which makes it harder to find them. Facebook helps.

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	<ul style="list-style-type: none"> ▪ BCF will have more data moving forward and hopes to not have to add more positions, although it will if needed. BCF will use data to improve delivery of service and provider collaboration. ○ BCF's current vacancy rate for CPS workers is 22% as of March 31, 2021. There is no single area with more vacancy than others. Training is all virtual. <ul style="list-style-type: none"> ▪ From training, the new CPS workers do not receive a full caseload right away. ▪ BCF is encouraging staff to earn a social work license within a year of their start date and receive a 7% salary increase.
5.	<p>Open Discussion</p> <ul style="list-style-type: none"> • Recent FCO Report <ul style="list-style-type: none"> ○ BCF's child welfare oversight team has a meeting coming up and will address strategies once the team has time to review the report. ○ Marissa Sanders would like families involved in addressing the report. • Are there any new developments related to kinship care? Also, is there an update regarding out-of-state placements? <ul style="list-style-type: none"> ○ BCF aims to have a more defined kinship care model at the next Child Welfare Collaborative meeting in August. ○ BCF encourages kin/relatives to get initial trainings, which are sometimes waived. The kin/relative model aligns with legislation last year about identifying kin/relatives and home studies on individuals for the courts when removing a child. • As of Friday, April 16, 2021, BCF had 258 out-of-state placements. • Other Discussion <ul style="list-style-type: none"> ○ BCF will use the SAH wraparound model for children who enter the foster care system. Any child with an SED will be referred to CSEDW or BBH's Children's Mental Health Wraparound. ○ During the pandemic, telehealth has helped. ○ Expanded school mental health has helped provide school-based practices.
6.	<p>Meeting Conclusion</p> <ul style="list-style-type: none"> • ACTION ITEM: DHHR will include the latest FCO report with the Child Welfare Collaborative notes.