CWAC January 24, 2014

Members present: Tania White, Deborah Eves, Lori Battin, Dorothy Hollahan, Phyl Parrish, Denise Dickerson, Kiva Rogers, Carol Wilson, Latanya Hairston, Emily Womble, JoAnn Harfst, Jennifer Cooper, Sandra Slappey, Christie Marra, Celest Williams, Melissa O'Neill, Stephanie Lynch, Craig Patterson, Lelia Hopper, Phyllis Savides, Pat Lewis, Alex Kamberis, Traci Jones, Paul McWhinney.

The meeting was called to order by Alex Kamberis and the group provided introductions. Latanya Hairston with the Department of Medical Assistance Services (DMAS) provided an update on the managed care (MCO) roll out. She provided a brief history of the Medicaid managed care transition and informed the group that, as of April 28, 2014, there are 10,700 MCO assignments. DMAS utilized a regional roll out model and the Southwest region is the last to transition. The assignments in that region will be effective as of June 1, 2014.

Ms. Hairston highlighted accomplishments including offering 66 training sessions with over 300 people being trained on this transition. Power points on managed care are located on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx. In July and August, there will be a focused effort to ensure client addresses are correctly entered into the system. There will be refresher trainings offered from Sept. 2014 through April 2015. Managed Care case managers will be attending the refresher trainings. There was a question from the group concerning older youth and maintenance of Medicaid.

Question: Is there an automatic Medicaid roll over for youth over the age of 18?
Answer: There is a process in place, but it is not automatic. Local department workers are tasked with making sure Medicaid continues for these youth.

If a youth was in foster care and aged out and is currently over the age of 18, that youth qualifies for Medicaid coverage up to the age of 26. The group discussed issues concerning eligibility. Anecdotally, there are stories about former foster youth going to a local department and having their income count against them. There is recognition that there are still issues with the process and the group made the suggestion to change DMAS guidance to include automatic eligibility as well as the recommendation that guidance about Medicaid eligibility after 18 be included throughout Foster Care guidance and not just in the Independent Living section.

Judy Gundy was scheduled to present a training update but was unable to attend. She sent an update that was presented to the group. There are several Subject Matter Expert (SME) workshops being offered including: SME009: Enhancing Visits and Connections – Ensuring Reasonable Efforts and Healthy Attachments, SME006: Advanced Injury Identification in Child Protective Services, SME007: Engaging Parents with Multiple Challenges – ambivalence, substance abuse and mental health issues, and SME008: Introduction to Trauma Informed Care for Caseworkers. The last workshop is scheduled for July and August with the dates to be determined. Ms. Gundy reminded the group that the Family Services Training Needs Assessment Survey for FY 15-16 will be sent out to ldss, regional consultants, VDSS staff, and CWAC members in early June.

Deborah Eves provided an update on the next round of the Child and Family Services Reviews (CFSR). The CFSR is based in law and regulation and is used to determine if states are complying with federal requirements and to see what is happening with children and families. These reviews are a three step process including drafting a statewide assessment, an onsite review, and creation of a program improvement plan (PIP) to address areas needing improvement. There have been two prior rounds of reviews. The first for Virginia was held in 2003 with Fairfax County, Bedford County, and Norfolk selected for the on-site review. The second round was held in 2009 with Fairfax County, Tazewell County, and Hampton selected for the on-site review.

The first stage of the review is to draft a statewide assessment. There are changes in the statewide assessment from the last round. In the past, the assessment detailed guidance and policy related to outcomes and systemic factors. The focus of the assessment is now on using data to address these areas. If the data shows substantial conformity for a systemic factor, states will not be required to hold stakeholder interviews for that factor. Another change is the statewide assessment is now part of the Child and Family Services Plan and the annual report on that plan. States now have the opportunity to update the assessment yearly. The final statewide assessment is due two months before the start of the onsite review.

The second stage is to conduct onsite case reviews. States have the option to conduct a "traditional" review or a state led review. The traditional review takes place over one week in three localities, one of which is the largest metropolitan area. Traditional reviews look at 65 cases, 40 from foster care and 25 in home services cases. A state led review can be conducted over the six month time period between April and September of the assigned year and states may review more than 65 cases. To get approval for a state review, states must demonstrate that there is a case review process in operation at least six months before the CFSR or they must provide a viable plan that the state can implement a case review process by the time of the review. States are required to use the federal onsite instrument and automated tools.

There have been changes with the onsite review instrument (OSRI) from the last round. The total number of items has been reduced from 23 to 18 and the automated tool will now include logic to assist with scoring. The OSRI continues to focus on safety, permanency, and well being. Safety outcome 1 has one item: timeliness of initiating investigation of reports. It also has two data indicators: maltreatment in foster care and re-report of maltreatment. Safety outcome 2 has two items: services to family to protect children in home and prevent removal –and- risk assessment and safety management. Permanency outcome 1 has three items and four data indicators. The items are: stability of foster care placement, permanency goal for the child, and achieving reunification, guardianship, adoption or OPPLA. The data indicators are: permanency in 12 months (entry cohort), permanency within 12 months (two plus years in care), reentry in 12 months, and placement stability. Permanency outcome two has five items: placement with siblings, visiting with siblings and parents in foster care, preserving connections, relative placement, and relationship of child in care with parents. Well being outcome one has four items: needs and services of child, parents, foster parents, child and family involvement in case planning, caseworker visits with child, and caseworker visits with parents. Well being outcome two has

one item: educational needs of the child. Well being outcome three has two items: physical health of the child and mental/behavioral health of the child. For each outcome 95% of cases reviewed must be rated strength to be in substantial conformity.

The data measures associated with the CFSR have changed with this round. In the second round there were six national standards; two for safety and four permanency composites. There are no longer any composites and national standards are set on each statewide data indicator. Some of the data indicators are relying on entry cohorts which will be children placed in foster care during a 12 month period or children with a screened in report of maltreatment during a 12 month period. The standards will be risk adjusted. The goal of risk adjustment is to minimize differences in outcomes due to factors over which the state has little control. Some examples of risk adjustment variables include child's age, child's sex, number of prior removals, and state foster care entry rates. The data will be used to help set targets and track performance. During round two of the reviews, all states had to improve by the same percent, regardless of the baseline. This did not take into account variability in state performance over time. For round three, baselines will be set on the current year data but the level of improvement will be set on the last three years of data. There are two companion measures; rates of reentry and discharges to permanency. The feds will be looking to see if there is progress made in one area that it does not fall in the other area.

The final step with the review is to create a PIP to address areas needing improvement. If a state does not successfully close out its PIP, financial penalties will be assessed. The next steps for Virginia are to determine if we are able to create a review process using the OSRI to complete case reviews. There are plans to consult with our federal region three consultant and the Children's Bureau. We must submit a letter of intent concerning traditional vs. state led review by July 2016.

Em Parente with VDSS and Carol Wilson with OCS spoke with the group about Integrating the Child and Adolescent Needs and Strengths (CANS) into Child Welfare Service Planning. Virginia has been involved with the Three Branch Institute that has been focused on measuring and improving social and emotional well being of children in foster care. One of the goals from Three Branch was to strengthen CANS by making it more meaningful for the child, family, worker, and supervisor as an integral tool that can be used for service planning. CANS was selected as the assessment tool that will be used for the CSA process for several reasons. It is a standardized, valid, and reliable instrument that makes assessments on multiple domains of social-emotional functioning. It is administered periodically to assess changes over time; screens for trauma associated with maltreatment and removal, and can help address mental health needs of children in foster care. A workgroup of VDSS, LDSS, and OCS staff was created to review CANS and make recommendations about possible modifications. The workgroup is recommending the addition of child welfare and trauma modules, specific reports including a parent/guardian report centered on capabilities for permanence and protective factors and a trauma focused report. The group also recommended other broad based enhancements to improve over all user functionality and reporting capabilities for all CANS users.

The CANS report will be integrated with the OASIS based service plan. The redesigned service plan will be used for CPS and Foster Care and maybe Prevention cases. It is anticipated that there will be an interface between CANVas and OASIS that will auto-populate the highest or lowest scores over to the service plan in OASIS. Until the interface is completed, workers will have the ability to add in the scores manually.

Alex Kamberis highlighted CPS and Foster Care/Adoption data for the group. Virginia has the highest number of children aging out of foster care in the nation. Conversely, Virginia has the lowest per capita rate of foster care of any state. When a child comes into foster care for abuse/neglect, they are 93% likely to achieve permanence. However, if a child comes into foster care for CHINS (child in need of services) or Delinquency, the rate of permanency drops dramatically. Up to 37% of CHINS entries age out of foster care and that number rises to 55% for children entering foster care for delinquency. Since CHINS and Delinquency entries total around 22% of all foster care entries, this data is informative as outcomes are considered.

Mr. Kamberis also discussed three CPS data elements. The first, duplicate clients, is an issue because the feds did not accept Virginia's most recent data submission since there are too many duplicates. To be considered a duplicate, the child must match both DOB and SS#. The regional consultants have been working with their local departments to reduce this list and have been successful in many areas but there are still several localities with several hundred duplicates. The other two measures, timeliness of the initial response and time open past 60 months, are also being managed by the regional consultants since performance has decreased recently.

The meeting adjourned at 12:45. The next CWAC meeting is scheduled for July 18, 2014.