

## MINUTES OF THE CONTINUUM POPULATION SUBGROUP on October 21, 2005

Committee Chair Person, Carolyn Lapsley, opened the meeting by welcoming everyone and explaining her role. She then passed around a sign-in sheet to record who was in attendance. She commented on the importance of having the providers at the table and for them to be part of the planning process. Ms Lapsley explained that it would be necessary to record our meeting to be part of the historical data to support the RFP process, that the minutes would be posted on our web-site, and the tape would be available should anyone want to listen to the tape.

Ms Lapsley then spoke about evidence based practice and outcomes and how fortunate we are to have data that shows where our children are and how many that have not come into DHR care due to our in-home service effort at the county level. She stated that we still have concern over the children that are in out of home care and have not achieved permanency. Ms Lapsley then asked that everyone in the room introduce themselves. Those present at the meeting were: Ms Carolyn Lapsley – State DHR, Ms Nancy Wilson - Sumter County, Ms Cheryl Jackson-Salvation Army, Dr. Jim Wright - Childhaven, Mr. Lew Burdette - Kings Ranch, Ms Jennifer Parker - Grace House, Ms Melanie Graham - State DHR, Ms Glenda Peters - State DHR, Ms Chris Monceret – Shelby Co. DHR, Ms Carol Davenport – State DHR, Mr. Gary Mitchell – State DHR, and Ms Susan Ward – State DHR.

Ms Lapsley spoke about the meeting DHR had with the Child Welfare League of America during the summer. She explained how we worked with Ms Pat Wilson from the League to develop a Mission statement for the Department. The mission statement was handed out to the group and it was read out loud, “The Department of Human Resources will help families receive the least disruptive services they need, when they need them and for only as long as they need them in order to maintain children in or return them to a safe and stable home.” Carolyn spoke about the need to aggressively move children home and to permanency. She spoke about the work groups that met during the summer on the subject of continuums and that we are going to define a continuum as a dynamic process which focuses on achieving the outcome of successful permanency for children in a family setting. She continued to explain that a continuum has the flexibility to design services which are family driven and youth focused and individualized for children and families as well as the ability to customize the delivery of services in the least restrictive manner. She instructed everyone on the group that the work for our group was narrowly focused. Other groups will work on program design, core services, special circumstances, collaboration, cost and barriers but we will stay focused on the population to be served in the continuum. Chris Monceret asked if a continuum would provide services for all children coming into the system and Carolyn stated not at this time but maybe in the future. Carolyn instructed the group that if they had questions that needed to be answered throughout this process that all questions should be emailed to Starr Stewart at [ssstewart@DHR.State.AL.US](mailto:ssstewart@DHR.State.AL.US). The questions will be sent to the appropriate subgroup and all questions and answers will be posted to the web-site so that everyone can have the same information.

Dr. Wright stated that he thought continuums do move children quicker to permanency and he was glad to see that incentives were built in for least restrictive settings.

Chris Monceret stated that workers feel that financial incentives will drive providers to step children down too soon and then we will begin to see children step up. Gary Mitchell pointed out that the big issue for continuums is to answer the question, “Is the home safe?”. If the home is safe then the child will move home and receive the needed services.

Nancy Wilson thinks that continuums are exciting because not only the child but also the family receives services. Carolyn Lapsley stated that all of the discussion was leading us the second bullet on our agenda, What goals can be achieved through a Continuum of Care.

The group developed the following goals that can be achieved through a Continuum of Care:

1. Services to children and family
2. Expedite the reunification process

3. Help Department meet ASPHA guidelines
4. Focus on realistic permanency plan
5. Achieve a higher level of engagement with family to achieve permanency goals

Carolyn then led the group to concentrate on the goals of the continuum mentioned above and decide what population should be served by the Continuum of Care.

The group decided it would be easier to decide what populations the Continuum would not serve such as MRDD, Sexual Predators, Active Addicts/Detox, Moms and Babies, Wilderness and Intensive. Susan Ward stated that Moms and Babies and Wilderness were not specific populations but rather a program design. The group agreed and these were removed from the list. Chris Monceret wanted to know why Intensive would be excluded? Dr. Wright stated that it was strictly related to financial issues. The rate for intensive is so high that even as you stepped the child down you would never be able to recover the outlay for Intensive. Susan Ward suggested that the continuum could have one rate for intensive and another rate for services below intensive. Dr. Wright stated he had no objection to Intensive being part of the Continuum as long as the rate structure was in place to support Intensive.

Carolyn recapped that the only populations that would be excluded from the Continuum would be MRDD, Active Addicts/Detox, and Sexual Predators but what about Medically Fragile? Glenda Peters stated that this population requires another set of skills to serve the child and probably does not need to be part of the continuum. Melanie Graham stated that these children need services to work with the family so that the Medically Fragile child can be returned home. Dr. Wright thinks we need to develop a specialty continuum to serve this population and the group agreed that was the best solution.

The group agreed that the Continuum of Care should provide an array of services for all children referred to the continuum from Intensive to in-home or other permanency plan with exception of MRDD, Active addicts/detox and sexual predators.

Chris Monceret asked what about Family Options? Susan Ward answered that we should only refer families to the continuum that cannot be served by the Family Options program.

Dr. Wright told the group that just because you get to a continuum process doesn't mean that you get rid of other processes that you have in place.

Carolyn Lapsley asked if there were any further comments or if anyone felt there was a need for further discussion. There were none so she adjourned the meeting.

Meeting lasted 1 hour and 40 minutes.  
Minutes taken by Susan Ward



ERROR: syntaxerror  
OFFENDING COMMAND: --nostringval--

STACK:

/Title  
(  
/Subject  
(D:20051130085543)  
/ModDate  
(  
/Keywords  
(PDFCreator Version 0.8.0)  
/Creator  
(D:20051130085543)  
/CreationDate  
(lrek199a)  
/Author  
-mark-