

West Virginia Commission to Study Residential Placement of Children

Status Report

March 2009

Submitted to
**Joint Committee on
Government and Finance
&
Governor's Office**

Submitted by
Martha Yeager Walker, Chair
Cabinet Secretary, WV Department of Health and Human Resources

NOTE: This report reflects the work of the Commission for the period March 1, 2008, through February 28, 2009, and serves to provide an update on the status of the Commission's work including a status of the implementation of Commission recommendations.

**West Virginia
Commission to Study Residential
Placement of Children**

Status Report

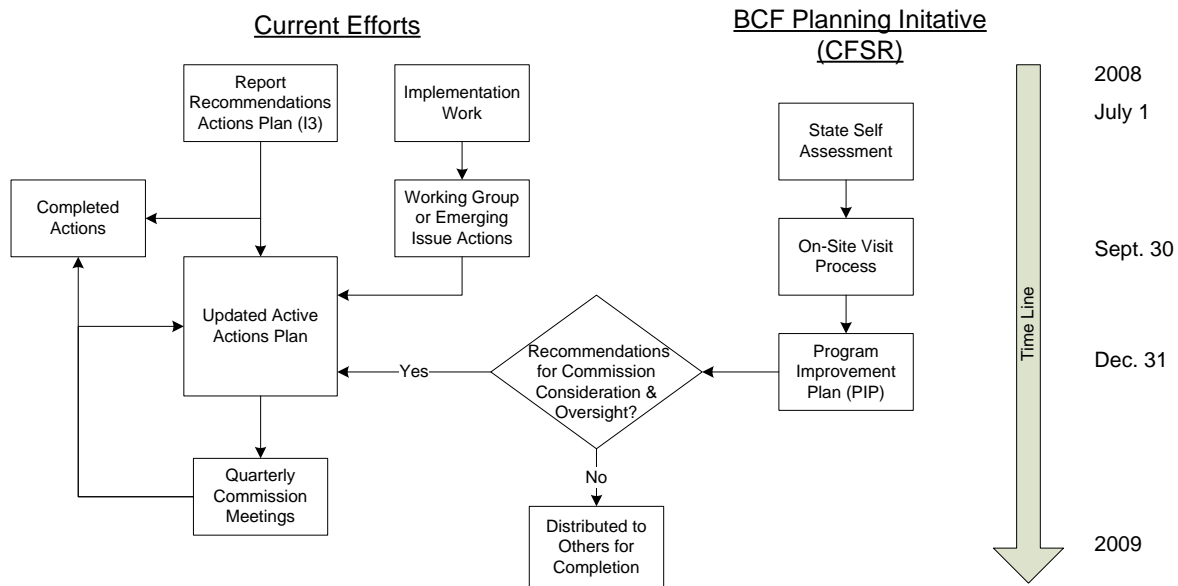
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Cabinet Secretary, WV Department of Health and Human Resources**

CONTINUED STRONG FOCUS

The Commission to Study Residential Placement of Children has continued its volunteer status by staying together to ensure implementation of the *Advancing New Outcomes* recommendations and to build capacity to meet the mission of reducing the number of West Virginia children placed out-of-state/out-of-home. The continued dedication and commitment of the original members of the Commission and those who have joined since our beginning is very gratifying and appreciated.

Recently, the Commission agreed to expand their focus to include child welfare and will be collaborating with the Bureau for Children and Families (WVDHHR) to develop an enhanced comprehensive child welfare system in West Virginia. This will include the development of the West Virginia Comprehensive (5-Year) Child and Family Services Plan. To do this, three additional workgroups (Safety, Permanency, and Well-Being) have been formed to assist in the development, implementation, and the ongoing progress of a comprehensive child welfare plan. The diagram below shows the expanded role.



Current Work Groups

1. Service Delivery & Development
2. System of Care Implementation
 - Service Array Ad-Hoc Committee
 - Family Advocacy, Support & Training
 - Regional Clinical Review
3. Multidisciplinary Treatment Team
4. Training Workgroup
5. Out-of-State Certification

CFSR Working Groups

1. Safety
2. Permanency
3. Well-being

* Note – Out-of-Home Care Educational Advisory Committee is working on Commission-related recommendations

Individuals from a “a wide range of appropriate public and non-profit private agencies and community-based organizations, parents, including parents who are involved or have experience with the child welfare system, and others” are being recruited.

Effective cooperation and communication among the participating entities (circuit judges, Supreme Court of Appeals, Division of Juvenile Services, Department of Education, Prosecuting Attorneys Institute, Department of Health and Human Resources, service providers, family members, and others) continues at a high level, especially agency-to-agency interaction outside of the direct Commission work.

Working collaboratively, and with a focus on the child, we are making a difference in how we look at, and ultimately solve, issues regarding the placement of out-of-home children.

MILESTONES & ACCOMPLISHMENTS

The Commission’s list of accomplishments/actions for the past year follows:

- **Commission Website:** The Commission’s dedicated website is active at www.residentialplacementcommission.org. This site contains information, meeting notes, and progress reports concerning the Commission from its original authorization. The website has been viewed 1,134 times since it was opened to the public in January 2008.
- **McKinney-Vento Act:** Working closely with the West Virginia Department of Education (WVDE), the Commission has gained greater understanding of the McKinney-Vento Act and how it affects policy and procedures in West Virginia. During this past year, an agreed upon definition of “awaiting foster care placement” was developed that will provide specific guidance on how West Virginia foster children will be included in provisions of the Act. The WVDE’s Out-of-Home Care Advisory Committee developed training for teachers to sensitize them to the unique problems and educational needs of children in out-of-home care.
- The **WV Child Placement Network (WVCPN)** website continues to be an excellent resource in tracking the daily availability of beds across West Virginia. Of the seventy-one providers identified, fifty-eight are required, by contract, to participate in providing information. The facility detail screen now includes accepted IQ ranges, accepted ages, mental, physical, and court involved criteria. This information is important when looking for placement. The website also provides important news about new facilities or expansions in services as they are made available.
- The **Standardized Referral & Tracking** or Automatic Placement Referral (APR) tracking system interfacing the Family and Children Tracking System (FACTS) and the FACTS Provider Lookup System (FACTSPLUS) has been implemented for Group

Residential and Psychiatric Residential Treatment Facilities (PRTF). The Standardized Referral & Tracking System tracks both placement referrals and provider responses. This data provides insight into the treatment options and availability of in-state group residential and long-term psychiatric facility providers. The Standardized Referral & Tracking System is expected to be made available for all placement referrals in the future. The APR will provide reporting statistical tracking, longitudinal reporting/trending and composites/outcomes-based reporting.

- The implementation of a “**System of Care**” **statewide model** has been initiated. The **System of Care Implementation Team** includes members from the Department of Education, Department of Health and Human Resources (Bureau for Children and Families, Bureau for Behavioral Health & Health Facilities, Bureau for Medical Services), Department of Military Affairs & Public Safety (Division of Juvenile Services), WV Supreme Court of Appeals (Probation Services), Providers, Family Networks and the West Virginia System of Care. The System of Care Implementation Team has been very active over the past year.
 - The West Virginia System of Care has partnered with Legal Aid of West Virginia to provide a family and youth voice and presence in all systems. Legal Aid is a non-profit organization that provides a wide range of services through a network of 13 offices throughout the state. The **Family Advocacy Support Training (FAST)** program will create a statewide parent-to-parent and youth support network. Four parent coordinators have been hired for each of the four DHHR regions. Recruitment of family members and youth is underway.
 - A new **Clinical Review Process** has been implemented through the West Virginia System of Care. This is a coordinated effort designed to provide a comprehensive, objective, clinical review of designated youth. The review teams work with child welfare, families, behavioral health, education, probation, and others in the community to ensure that the needs are being met for children/youth that are at risk of going out-of-state, and for those children/youth that are returning. This information is being collected and analysis for various trends in the service population and service needs. Additional information about the Regional Clinical Review and the user forms are located on the System of Care website at www.wvsystemofcare.org .
 - The **WV System of Care Implementation Team** will provide the oversight for the Service Array Assessment Process to improve outcomes for the well-being, safety and permanency for West Virginia's children and families.
- The **Service Array Assessment Process** has been implemented. The Service Array Assessment Process can help determine what community services and supports are available as well as what additional services might be needed. This

process will assess current capacity to meet the needs of children and families, develop a service directory and resource development plan. The Service Array Process is building on existing community stakeholder groups such as the Regional Children's Summits/Collaboratives and the Family Resource Networks across the state. The Collaborative Teams, responsible for the Service Array Assessment Process, are preparing their preliminary assessment results.

- West Virginia is moving toward requiring out-of-state placements to be made only to out-of-state (OOS) providers meeting (West Virginia Department of Health and Human Resources, Bureau for Children and Families, Department of Education, and Division of Juvenile Services) **standards of licensure, certification, and other rules of operation**. Information (e.g. child welfare laws, regulations, and OOS provider reviews) has been collected and analyzed on OOS provider/agencies where a West Virginia child/youth is placed along with a provider (self-study) survey to assess the OOS providers' ability and willingness to comply with West Virginia standards. Desk reviews of all OOS provider facilities and an onsite review of one facility as a pilot was completed in 2008. A second out-of-state facility will be reviewed in early 2009.
- The **Community Based Teams (CBT)** pilot began in 2005. CBT is an intensive family reunification/preservation, community-based team approach to youth returning from out of state/special needs placements that required multi-agency involvement. These teams provide the collaboration of local community-based providers willing to work together in the best interest of children and families. CBT was expanded in 2008 with the transition of CBT to the socially necessary fee-for-service model. This model will come with a unique method to bundle the rates and services. Since the pilot began, a total of 45 youth were returned or prevented from out-of-state placement. This collaboration has provided the groundwork for the transition to the System of Care Regional Clinical Teams.
- The **Service Delivery & Development Workgroup** has developed task teams to explore creative, best practice recommendations to serve the service gaps identified in various surveys, including the Service Array process. Task teams have been developed for *Youth Transitioning to Adulthood, Mental Retardation/Mental Health, and Substance Abuse and Mental Health*.
- The State Board of Education (WVDE) has entered into a **Memorandum of Understanding** signed by Dr. Steven Paine, State Superintendent of Schools, and Martha Yeager Walker, Secretary, Department of Health and Human Resources (DHHR), which continues the commitment to look at academic achievement gaps, increased prevalence of disability, and the rates of discipline occurrences for foster children placed in West Virginia. The WVDE and DHHR are sharing data for the purpose of developing reports on the academic achievement of children in out-of-home care and to improve programs.

- **Coordinator of Homeless Education, Attendance and Student Placement:**
An early concern with the Commission was defining clear “ownership” within the Department of Education regarding education issues with homeless and other out-of-home-care children. During this past year, the Coordinator of Homeless Education, Attendance and Student Placement, was established within the Office of Institutional Education Programs (OIEP). One primary area the coordinator will focus on is the students who have had multiple placements throughout their education. This position will help support the work of the Education of Children in Out-of-Home Care Advisory Committee as well as this Commission. Over the last year, the coordinator developed educational standards and verification procedures for out-of-state residential facilities providing education to West Virginia children and youth, and non-exceptional students placed in out-of-state facilities.

SUPPORTED INITIATIVES

- The **Bureau for Behavioral Health and Health Facilities** has implemented two **Transitioning Youth** programs in the northern and southern areas of the state. These programs involve a three phase transition to independence for youth ages 17-21 (mentioned earlier). The program serves individuals with a diagnosis of mental health, mild mental retardation and/or stable abstinence from previous substance abuse. The goal of the program is to provide services that support the individuals to live independently including obtaining education or employment, maintaining a safe lifestyle, and establishing relationships with families.
- The **Department of Health and Human Resources** has provided funding for four **group homes for adolescent children with co-existing disorders**. These group homes provide treatment for children with multiple disabilities in local communities and will promote opportunities for permanency for these children at the local level. The four group homes will be located in each of the four DHHR regions. Currently, group homes have been opened in Region I and Region II.
- The **Court Improvement Training Grant Committee** has been addressing areas that will prove helpful in the Commission’s work toward fully supporting the Multidisciplinary Treatment (MDT) Team concept and enhance the present MDT processes statewide, collaboration has occurred between the various state agencies and the Court. Accomplishments/actions underway in the past year include:
 - A statewide assessment of current MDT practices and procedures for child abuse and neglect was completed in 2008.
 - The creation of a uniform Individualized Case Plan and Review Summary has been developed and will be used statewide with Judicial “Round-Table” training and cross training of the MDT participants. This is scheduled for Spring 2009.

- The West Virginia **Comprehensive Behavioral Health Commission** was established by the West Virginia Legislature during its 2006 regular session. Their report, *Realizing Our Potential: Transforming West Virginia's Behavioral Health System* was released November 17, 2008. The Comprehensive Behavioral Health Commission identified six key focus area items critical for an efficient and effective behavioral health system. They are:
 - Model of Care – “Develop and implement a model of care that supports and incentivizes the integration of behavioral health and primary care, improves the availability, coordination and accessibility of behavioral health services, and focuses on prevention and early intervention in communities”.
 - Quality of Care – “Improve the quality of care for consumers by fostering a system that emphasizes continuous improvement, expects accountability for delivering cost-effective and successful outcomes, and encourages the informed use of evidence-based practices”.
 - Cost of Care – “Develop coordinated financing strategies for sustainable services in the future behavioral health system that include blended funding streams, formal cooperation between public and private organizations for additional funding, a formalized review process of publicly funded behavioral health services, and true mental health parity”.
 - Perception of Care – Reduce all stigma associated with behavioral health and its services in West Virginia.
 - Workforce – “Cultivate, train, and retain highly skilled behavioral health care workers and leaders who are empowered to enjoy a professionally rewarding career within a productive and supportive work environment.”
 - Technology – “Use leading, cost-effective technologies to support a comprehensive behavioral health care system in West Virginia”.

Early indications are that in several areas regarding children’s behavioral health, there will be actions that should have some positive affect on what the Commission to Study Residential Placement of Children is trying to achieve. The full report can be found at www.wvcbhc.org.

The cooperation and momentum represented by all of the state’s child-serving entities and their families will continue to advance new and better outcomes for West Virginia’s children and families.

CLOSING

The Commission has been pleased with the progress to date. There are a significant number of actions in progress that, when completed, will bring changes the Commission envisions to be positive in many areas.

All of this because of the dedicated individuals across state agencies, within the system throughout the state and in many provider and support organizations that have been the real leaders in making a difference in the lives of so many children. The Commission closes this progress report extending to each of these individuals its heartfelt gratitude and unwavering commitment to continue to improve the system.

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(as of March 2009)