

WV Commission to Study Residential Placement of Children 2010 Actions Monitoring Table

Purpose: To monitor and report status on actions being tracked by the Commission that will advance one or more of its recommendations from *Advancing New Outcomes* or its expanded oversight role regarding West Virginia's Child & Family Services Plan.

Advancing New Outcomes Open Recommendations

- A1 Develop and maintain accurate profile/defined needs (clinical) of the targeted children in out-of-home care, both out-of-home and in-state.
- A2 Complete an accurate assessment of current in-state licensed behavioral health agencies and individuals on capacity & program expansion/reconfiguration capabilities.
- A3 Expand in-state residential and community-based capacity for out-of-home children through systematic and collaborative strategic planning.
- A6 Ensure uniform system of care is in place statewide through best practices/quality & accountability for all treatment of WV's out-of-home children.
- A7 Address workforce staffing and development needs to ensure capacity to fulfill demand and for clinical services for out-of-home children in West Virginia in the future. Must have ready professional workforce to build capacity.
- A8 Require all West Virginia service providers to be certified and ensure on-going training of all clinical staff across all service providers.
- A9 Ensure all out-of-home children are receiving appropriate quality education in all settings, and provide a flexible funding model to support educational costs.
- A10 Require out-of-state placements be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation.
- A11 Ensure education standards are in place and students are fully receiving the appropriate education services in all out-of-state facilities where West Virginia children are placed (and based on Commission oversight, in-state placements also).
- A12 Fully support the MDT concept and enhance present MDT processes statewide.

(Note: Recommendations 4, 5 and 13 have been completed.)

Expanded Oversight Open Recommendations

- C1 Protect children from abuse and neglect and safely maintained in their homes whenever possible and appropriate.
- C2 Ensure children have permanency and stability in their living situation and continuity of family relationships and connections preserved.
- C3 Ensure that families have enhanced capacity to provide for their children's needs and receive appropriate services to meet their educational, physical and mental health needs.

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	Recs Link	Action/Focus Area – Task	Performance Measurement/ Expected Outcomes	Action Implementer(s)	Planned Finish Date	Status	Comments/Special Notes/ Follow up Reference
1.	A1	Implement revisions to the Comprehensive Assessment and Planning System (CAPS)	Standardized, innovative, family centered, accessible, timely, and results oriented comprehensive assessment system in WV.	Susan Fry Service Delivery & Development Workgroup CAPS Subcommittee	In place by 1/1/10	AS	Process report before Commission on 12/3/09 Finalize WV CAPS 30-day (full report format/template and pathways 06/14/10 CAPS Model Training (Phase II) Aug. 2010 Implement CAPS Model Statewide 01/20/10
2.	A1	Implement CANS as primary initial assessment for Comprehensive Assessment and Planning System for children at risk or in out-of-home situations.	CANS assessments competed and reported within 14 days of referral.	Susan Fry Service Delivery & Development Workgroup CAPS Subcommittee	06/01/10	AS	Finalize WV CANS Assessment 02/08/10 CANS/CAPS (Phase I) Training May 2010 Initiate Demonstration Projects – Phase I 06/01/10
3.	A1	Implement the clinical review tool on the Bureau for Children and Families (BCF) web site for user friendly data entry and time sensitive data analysis and reports.	Reduced timeframes for Regional Clinical Review process.	Sue Hage BCF			Schedule a meeting with the Family And Children Tracking System (FACTS) staff in January 2010.
4.	A1	West Virginia's Service Array (WVSA) Process – Conducting assessment of practice, leadership, systemic culture, current service and needed new service to include: a. Writing Consolidated Assessment Report b. Creation of the Resource and Capacity Development Plan	The array of services available to meet the individualized needs of children and families are improved.	Melanie Swisher Community Collaboratives & Linda Watts System of Care Implementation Team	10/31/10	AB	Three of the 13 Community Collaboratives have completed the SA Resource and Capacity Development Plans (RCDP). Seven additional Community Collaboratives are expected to complete their SA RCDP by July 2010. The remaining three Community Collaboratives are expected to complete their SA RCDP by October 2010.

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5.	A1	Service Directory – Community and Collaborative Directory Information will be entered into one document in a consistent format for publication. <i>WV Service Array will utilize One Economy's Resource Locator to store Service Directory information.</i>	Online portal directory of community service and supports.	Melanie Swisher Community Collaboratives & Linda Watts System of Care Implementation Team	2010		The WV Beehive Resource locator (resource directory website) is expected to be launched in 2010.
6.	A2	Conduct a provider's survey seeking information regarding expansion of or adding new services to increase the in-state capacity for assisting children needing care.	Survey completed with high response rate and analysis of results provided to the Commission.	Sue Hage & Linda Dalyai BCF	1/15/10	AS	Survey has been sent to providers, initial responses are being tabulated. Efforts in place to increase response rate.
7.	A2	Develop a regular quarterly report that provides information regarding the automated referral system that can be used in decision-making and development of strategies to improve the in-state placement process.	Quarterly report is issued for review by the Commission and others.	Sue Hage & Linda Dalyai BCF	3/1/09		Initial review of the system has been done. A number of data elements collected can be used for analysis and in making changes to the process or the service system.
8.	A6	Implement the "best practice" recommendations of the first three target populations <ul style="list-style-type: none"> • Older youth transitioning to adulthood • Youth with co-existing disorders (mental retardation/developmental disabilities/mental illness) • Youth with co-occurring disorders (substance use/abuse and mental illness) 		Susan Fry Service Delivery & Development Workgroup	11/15/10		Process report before Commission on 12/3/09. A brief update on the implementation strategies and systemic and training implications May 2010 Final report Aug. 2010
9.	A6	Community Forums to open communication and test the "best practice" concepts for the targeted populations in: R-3 (Berkley, Morgan, & Jefferson); R-4 (Raleigh/Fayette); R-2 (Kanawha); R-1 (Brooke/Hancock)	Analysis of success (lessons learned) for Community Forums state wide.	Susan Fry Service Delivery & Development Workgroup	11/30/10	AS	The first Community Forums to be held in January 2010

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10.	A6	Develop a resource guide that can be utilized to guide decision making by those responsible for obtaining treatment for children with clinical needs. Resource guide will include: a. What has been proven to work with children/youth b. Questions that should be asked prior to making a placement	Resource guide is published (available if on-line) and has been demonstrated as valued by documented use of the guide.	Susan Fry Service Delivery & Development Workgroup	PS		Cannot start until a significant amount of best practice research and recommendations have been completed.
11.	A9	Develop a transition plan for children returning to county school districts from out-of-state and in-state placements.					Implementation of the plan.
12.	A9	Develop coordination and collaboration between the WVDE and DHHR regulatory and monitoring systems for children in out-of-home care.	Develop a Memorandum of Understanding (MOU) between the Department of Health and Human Resources and the Department of Education	Laura Sperry Out-of-State Provider Certification Workgroup Fran Warsing Out-of-Home Education Advisory Committee			Ensure appropriate delivery of standard, quality education programs for all out-of-home care through coordination and collaboration between WVDE and DHHR that includes addressing regulatory and monitoring aspects.
13.	A9	Improve the interagency coordination and process to access needed data on the educational status of children in out-of-home care.					
14.	A9	Coordinate efforts to evaluate education programs and quality of care in out-of-state facilities.	The DHHR and the WVDE, through the Out-of-Home Education Advisory Committee will formalize a protocol where out-of-state facilities are evaluated either through a self assessment process or on-site reviews. A plan will be developed to address what should happen when standards are not being met.	Laura Sperry Out-of-State Provider Certification Workgroup Fran Warsing Out-of-Home Education Advisory Committee			

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15.	A9	Study the involvement of education personnel in multi-disciplinary team meetings (MDTs) for children in foster and kinship care.					
16.	A9	Study the impact of truancy and attendance on placements in out-of-home care.					
17.	A12	Implement recommendations from the “Multidisciplinary Teams in West Virginia Study (October 2008)” <ol style="list-style-type: none"> 1. Provide more facilitation support for MDTs 2. Create multidisciplinary training for multidisciplinary Teams 3. Reassess the Objectives, Goals, and Purposes of the MDT Process 4. Attend to the practical needs of all stakeholders 5. Recognize the Developmental character of Treatment Planning 6. Study the parent and child’s needs to engage them in the MDT process 	Best practice model for West Virginia’s Multidisciplinary Treatment Teams	Court Improvement Program MDT Workgroup			Field Study of the MDTs for both Youth Services and Child Abuse & Neglect cases that include comparing two different MDT facilitation models. Satisfaction survey of parents / guardians and youth on their satisfaction of the MDTs Time study of MDT participation Revising/combining current MDT training curriculum
18.	C1	Protect children from abuse and neglect and safely maintained in their homes whenever possible and appropriate.					<ol style="list-style-type: none"> 1. IV-B plan has been approved. 2. BCF/CAS reviewing Goals established by the Commission workgroups to determine what has been addressed/completed & what hasn’t 3. Reviewing activities in the
19.	C2	Ensure children have permanency and stability in their living situation and continuity of family relationships and connections preserved.					

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20. C3	Ensure that families have enhanced capacity to provide for their children’s needs and receive appropriate services to meet their educational, physical and mental health needs.					<p>Program Improvement Plan (PIP). Next draft is due to Regional ACF Office April 1st.</p> <p>4. Will incorporate activities approved in PIP within the IV-B Plan. This will be presented to BCF Leadership for approval of IV-B workplan.</p> <p>5. Three Workgroups of the Commission (Safety, Permanency & Well-Being) will meet to discuss status of IV-B Plan & PIP. Will review & provide input related to what has been accomplished; focus over next two years in relationship to PIP & remaining activities of IV-B Plan.</p>