Commission to Study Residential Placement of Children
(House Bill 2334)
(Sponsored by Speaker Kiss an Delegates: Michael, Perdue, Amores, Brown and Palumbo)
Report Review and Implementation Process Planning Session
Building 3, Room 522
Thursday, September 7, 2006

MINUTES

Commission Members Present:

Martha Yeager Walker, Chair, Department of Health and Human Resources (DHHR)
Jason Najmulski, Acting Commissioner, Bureau for Children and Families, DHHR
Lynn Boyer, WV Department of Education
Denny Dodson, Division of Juvenile Services, MAPS
Jack Alsop, Circuit Court Judge, 14th Circuit
John Bianconi, Bureau for Behavioral Health and Health Facilities, DHHR
Jane Charnock-Smallridge, Family Court Judge, 11th Circuit
Steve Canterbury, WV Supreme Court of Appeals
Mike Lacy, WV Supreme Court of Appeals
Gary Johnson, Circuit Court Judge, Nicholas County

Staff and Guests Present:

Shannon Riley for Nancy Atkins, Bureau for Medical Services, DHHR
Sue Hage, Bureau for Children and Families
Linda Dalyai, Bureau for Children and Families
Lisa Kaplan, River Park Hospital
Susan Fry, Stepping Stones, Inc.
Raymona Preston, Stepping Stones, Inc.
Jeanette Rowsey, WV System of Care/Mountain State Family Alliance
Laurel Haught, Region II, Family Resource Network
Rhonda McCormick, Region II, Family Resource Network
Susan Sobkoviak, WV National Association of Social Workers
Linda Watts, WV System of Care
David Majic, Bureau for Behavioral Health and Health Facilities
Jackie Payne, Children's Mental Health, BHHF
Scott Boileau, Alliance for Children
Caroline Duckworth, APS Healthcare
Rocco Fucillo, General Counsel, DHHR

Welcome and Introductions

Secretary Walker welcomed the group. Minutes of the July 13, 2006, meeting were accepted and approved with one amendment.

Introductions were made, of note: Jason Najmulski, Acting Commissioner for the Bureau for Children and Families, effective with the retirement of Margaret Waybright; Denny Dodson, Division of Juvenile Services, replacing Cindy Largent-Hill; Frank Andrews of the Department of Education has retired, Lynn Boyer remains on the Commission.

Sue Hage began by introducing two guests who will review the power point presentation report "A Comprehensive Clinical Review of Youth in Out-of-State Placements."

Susan Fry, Executive Director of Stepping Stones, Inc., in Lavalette, WV. Stepping Stones is a group residential treatment facility for males, she have been with them for over 20 years. She has been involved in working in the Strategic Plan group meetings in 2004, and the small work groups for service development and delivery. Lisa Kaplan of River Park – Barboursville School, also with over 20 years of experience in various roles of clinical therapy, as a therapist has worked at both River Park and at Barboursville School. Both were instrumental in being able to put together this review.

The presentation focuses on a point of time study of adolescents between the ages of 16 – 21, that were in an out-of-state placement on December 30, 2005. One of the charges of this Commission was to look at the older adolescents and adjudicated delinquents. The decision was made to focus on the older youth who were in out-of-state placement.

This report describes the demographic and clinical characteristics of 128 youth. When the process was started, there were about 190 youth in this age range who were out-of-state. Decision was also made that if a youth had returned home prior to doing the on-site reviews, that they would not be included in the report. There were a number of youth that were returned home while they were compiling the reports.

Lisa Kaplan – It came as no surprise that most of the youth that went out were male, 103 were males, 25 females. Most were white, one was Asian, there were 19 black females or males. By age, at least 53% of those reviewed were age 18 and over. Large percentage were age 17, only 14 of those included in the review were age 16. This finding is significant in looking at service development needs, and the direction that we need to go.

Adjudication – 91 of the youth reviewed were adjudicated delinquents. Ages 17 and over accounted for 80 of the 91 adolescents. Many of these youth had mental health issues as well; anxiety, substance abuse, conduct disorders, attention deficit disorders. Question asked as to how many were substance abuse issues, number was 33.

Regarding the areas where youth were place out of state, the largest majority by far was in Pennsylvania, 59 in facilities there. They looked at the miles from the border (50 mile marker), assuming that workers/families could visit, participate in their care. Many were not within the 50 mile radius, which makes visits difficult. Family involvement was an issue, some didn't know who to contact, couldn't get to facilities to visit the youth, big

problem with lack of communication. Some (family) are not involved with visits, even if they do live within closer proximity.

Clinical characteristics are shown in an overview by diagnosis. The biggest category (103) had diagnosis that falls in the childhood infancy and adolescent age that carries attention deficit disorders, oppositional defiant, disruptive behavior, conduct disorders, and learning disorders.

As far as personality disorders (5), there were some youth diagnosed with personality disorders (chronic conditions), and two mentioned were antisocial personality disorder and borderline. About 5% had mood disorders, ranging from depressive episodes to major depressive episodes, bipolar disorders. Some fell under anxiety disorders, of 16 in this category, several had post-traumatic stress disorders. Under sexuality disorders, (including pedophiles), the number was 10, this was expected to be a higher number. A total of 37 had diagnosed substance abuse and dependence disorders.

A concern that came out of the review was that, in looking at the youth and their clinical profiles, theirs was not a condition that was necessarily something the facility they were in could provide treatment for, instead were providing treatment services that the youth did not actually need. As a result, there are frustrated youth, away from home, not having treatment needs met. In many cases, the reviewers asked for new psychiatric evaluations to get a better diagnosis to put together a more complete profile. There were five adolescents they found that had no diagnostic profile at all.

In the IQ category, 52 of those reviewed had an IQ of 85 or above, which is considered average. 29 fall in the borderline intellectual functioning range, which is an IQ of 71 to 84. 33 fell under mild middle retardation, 51 – 70, and three under moderate retardation. This shows that many youth were analyzed with conditions and IQ's that WV facilities can serve in placement, which is 70 IQ and above.

What this shows is that facilities need more training to make better diagnosis for treatment. Many of these youth could have been treated in-state, but the facilities need better education about what IQ's mean, what the tests mean, to determine more fully the learning disabilities and disorders that need to be addressed, screenings need to be more thorough.

Some of the facilities looked at the age of a youth, if they were very close to their 18th birthday, they automatically said no, they wouldn't take that kid, and they would be sent out of state. The new legislation will help in some of these cases, to provide continued service to the youth.

Under the review of previous placements, a total of 52 youth had never been previously place out of the home. The thought had been that those youth being placed out-of-state had been through multiple placements in the past, and there was no recourse but to send them out. The findings of this review proved that this was not true. A total of 25 had only had one previous placement out of home. These numbers do not include

corrections, youth in detention, just placements that went through DHHR custody. Another finding was that 46% of the youth placed had no CAPS assessment, which is the way to determine what their needs are, what treatment they require. Evidence that many times, youth are placed in a facility which may be a "favorite" for referrals, not necessarily the facility that is within the 50 mile radius or the one that can provide the best treatment for the youth's specific needs.

Most in-state facilities serve adolescents an average of 6 – 12 months. Eighty-seven of the youth reviewed have been in treatment for less than one year. Expectations had been that they would have been treatment longer, that the majority would be low-functioning.

Sue Hage: Two administrative services organizations, WVMI and APS Healthcare, WVMI does authorizations and referrals for those who need psychiatric residential treatment for both in-state and out-of-state, if out-of-state, facility must be registered as a WV Medicaid provider. APS Healthcare has a contract with DHHR, to use the same criteria for the out-of-state facility that we use for in-state facilities. Through the past few years we have attempted to have facilities out-of-state complete a survey like those that were done in-state, to determine whether their program is Level I, Level II, or Level III. The expectation is that they request continued stay for the youth the same way in-state providers do. Facilities out-of-state are reminded when they are not participating with our criteria. Language for requirements is built into the contracts with the Bureau. In APS Healthcare reports, "non-clinical" means that they do not meet the criteria for one of our levels of treatment in-state.

We are probably not where we need to be, because there is not payment linked to completion of these surveys. In-state, if a child is deemed to no longer need the medical necessity of treatment, Medicaid will discontinue funding the treatment component, but we will continue to pay room & board and supervision. We do send staff notification when a youth no longer needs medical necessity out-of-state, and give them a transition period to make an appropriate discharge. Improvement of course can be made on this procedure.

Lisa Kaplan – Some instances, when a facility is denied payment for a particular service, the child is discharged, which puts the worker in a difficult position to find a place for the youth to continue treatment.

When looking at reasons for out-of-state placement, conclusion was that 49 of the youth in this review could have been treated in West Virginia with a currently active program. One issue that was not covered was bed availability at the time of placement. Facilities do not always keep records day to day what they have available, because they have pending lists that are waiting for a space to open up.

There were 18 youth that were MR/MI, that they recommended remain out-of-state. They also recommended that 13 youth needed to go to corrections, anti-social personality disorders conduct, multiple problems, no other mental illness, just behavioral

issues. They were in treatment facilities receiving treatment they did not need, but were being disruptive for others that did need treatment.

Review recommendations – 40 adolescents should remain where they are to complete treatment, they have been doing well with their treatment. The others are varied, shown on the chart, suggests some go to foster care, some to adult services, one to a PRTF facility in WV for psychological treatment. Some should to be returned to WV to have diagnostic testing done to determine what their needs are.

Sue Hage noted that there is a spreadsheet that was also prepared which gives many more details, such as county, type of service, contacts, etc. The data is broken down by region, with recommendation specific to each child/case, and what the Committee suggests for each case. Questions were asked about the data, what processes will take place if a youth is brought back to WV, if they have to go through placement process again, will unnecessary steps be repeated, will the youth's needs be served. The overall report data makes clear that there are many areas where changes can be made to improve the processes already in place, additional training needs to occur to make sure workers are addressing the child's needs suitably.

Susan Fry takes over to address systems characteristics. The findings of the review indicated that there was no particular entity, facility, or personnel that could be pointed out as where the fault should be when there were problems. Results show that all areas involved in the placement of adolescents have room for improvement. However, these results also showed many positive aspects in the procedures. A total of 175 volunteers worked together to conduct this review, donating travel time and many hours. With some basic changes, she hopes that many adolescents can be returned to the state.

In Service Development Needs, 55% of the youth (71 adolescents) can be returned to the state without any new services. This doesn't take into account systemic issues. Clinically, we have the expertise and the facilities, but it doesn't take into account availability, whether or not providers are accepting the referrals. The other 45%, there is a major gap of services for those over the age of 18, or close to that age. The new law will help some, but those already out-of-state age 18 and above, we don't have the services to transition them back into WV, or to provide their treatment needs, or housing, employment, or education needs. Another area that was found to be lacking in services is mental retardation/mental health, specifically, those with IQ's between 60 and 69. Another need was those youth with sexualized behavior, those kids over age 17 and MR.

Under the Number of DHHR Workers that the youth had during the course of their stay, the numbers were better than originally expected;43% had two or more workers; this ties into several issues that we will be covering in the other slides.

Barriers to returning youth – 24 would be able to return with no barriers; 37 had specific court orders to their facility; 9 have elect specialized services; 19 were not making

adequate treatment progress in their current facility; 8 were in need of a "step-down," which we have a lack of in WV, because many facilities would require the youth to come in and complete the whole program, which would be repetitive of some of the services they have already received, we need 90-day short term step down transitional programs. 19 were aged out, no place to return them to.

Next slide is on face-to-face visits, this ties in to many factors. 54% of the youth had initial face-to-fact visit within 90 days, policy states they are to have face-to-face very 90 days. 46% of the youth did not have a face-to-face, sometimes for more than 180 days. 26 youth were found to have no face-to-fact at all during their placement.

All are in agreement on the next slide, showing that the MDT has to be prepared to have appropriate planning. 83.6% were out of compliance, had been over 180 days since their last MDT; found 7 youth that no MDT had occurred at all. This tells how important the MDT role is in making the decision to send the youth out-of-state, and in the oversight and discharge planning to bring the child back to the state. This also helps with the family ability to participate in the process.

Judge Johnson – Court Improvement Board has applied for three different grants, would deal with the training of workers with MDT.

In lessons learned, it is agreed that the systemic issues can be fixed, the question is where/how to start. There were areas where more information was needed, such as family involvement and education. In cases where there had been abuse or neglect issues, not all the history was in the records. Workers need to be trained more efficiently to use the MDT tool. The review indicated that where the CAPS or MDT were correctly used, the results of the placements, record keeping, were better, showing the importance of these tools.

Next, Sue Hage presented the "Creative Collaborative Efforts for West Virginia Youth" provider profiles. This is a compilation of successful treatment collaboration efforts by behavioral health providers throughout the state.

A Recommendations Table Report was presented, which details upcoming activities resulting from the assessments and recommendations of the study group. The group is currently looking at certification of out-of-state facilities. They will be looking at regulations and standards in other states as compared to WV standards. The group will also be partnering with education to also review the educational standards.

Another recommendation (#5 on the chart) deals with the System of Care, sustaining the care in Region II and expanding the system statewide. A state implementation team has met twice, they will be recruiting additional members from the private sector, and will continue to meet on a monthly basis. Sue will bring to the next meeting a presentation on this group, and what progress has been made.

Mike Lacy has asked Sue to have a presentation at the Probation Officer's conference in November 2006, on the System of Care, and the Child Placement Network.

Lynn Boyer – Frank Andrews of the Department of Education retired this past July, a replacement for him will be named soon. The intention is for the new person to join this Commission in October.

Sue Hage – The overall results of the work done so far, both on this Commission, and by the case workers and reviewers, have been very positive. The outcome has shown where additional work needs to be done and improvements made. As noted in Conclusions, we did not have enough information about family involvement, or the lack of. We did not have enough information about the education the youth were receiving, and whether it was what we (WV) considered as education: are they doing computer classes, are there teachers involved, etc. Many of the kids have been involved in abuse and neglect situations from an early age, or some come through the behavioral health system, then the juvenile justice system, often so they can receive services. We did not get a complete report about the history of abuse and neglect, this is something that needs to be worked on. The tool has been finished, but may need to be fine-tuned as we work on the data base. We want to be able at the state level to get aggregate information, to get the results to the case worker, MDT, court system, to be able to more effectively help each individual. The tool can be useful for all those, not only out-of-state, but those in all out-of-home care situations.

Conclusions noted – CAPS needs to be expanded and utilized by the MDT; OOS facilities need to be certified and monitored by the state; need development and expansion of programs for MR/sex offending youth, and those over age 17.

The certification of facilities out-of-state can be built into the Child Placing Network, which will be on the internet, so that the judges can have access to the list before sending a youth to a provider.

Lisa Kaplan – Different practices that have been used with the MR/MI population and transition services for those over age 17, we need to expand on what we have in WV so far, look at what has worked in other facilities, and train our workers. We also need to develop a resource guide, the work group is working on this. Many new workers are just learning their field, need to have a resource guide that can show what problems the child has, and where he/she can receive the best treatment, this will come with collaboration with APS Healthcare and WVMI.

Susan Fry – With this treatment guide, it can give support to the MDT; if looking for particular kind of treatment, this is the minimum (requirements) to expect from a facility. The court will have this guide to use in looking for certain services. On the referral/response practices, there is a need to have accountability on both sides, on the referral as well as the response to the referral. There should be a tracking mechanism in the Child Placement Network that would keep record of where referrals are made to, the response, response time, and perhaps a reconsideration/appeal process. Work

plan is being developed, may be able to present at the next meeting. The comprehensive review tool also needs to be revised. Another thing that should happen is a regional, clinical review of youth before they are sent out of state, to give support to the MDT. If a child is sent out of state, they should be re-reviewed periodically, to monitor their progress and discharge plans.

The Secretary thanked everyone for all of their hard work on this Commission.

The next meeting will be October 5, 2006, from 11:00 at to 1:00 pm, at Building 3, Room 522.