

COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN	
MEETING MINUTES FORM	
GROUP MEETING: Commission to Study Residential Placement of Children	MEETING DATE: March 7, 2007
<p>Members Present: Martha Yeager Walker, Secretary/Chair; Jason Najmulski, Bureau for Children and Families; Frank Andrews, WV Department of Education; Andrea Darr, WV Prosecuting Attorneys Institute; Mike Lacy, WV Supreme Court of Appeals; Gary Johnson, Circuit Court Judge, Nicholas County; Jack Alsop, Circuit Court Judge, 14th Circuit; Denny Dodson, Division of Juvenile Services; Pam Cain, WV Department of Education; Lynn Boyer, WV Department of Education; Dale Humphreys, Division of Juvenile Services; Pat Winston, Bureau for Medical Services; Jacob Green (representing Matt Kittle), WV Department of Education</p>	
<p>Members Absent: Steve Canterbury, WV Supreme Court of Appeals; John Hutchison, Circuit Court Judge, Raleigh County; Phillip Morrison, WV Prosecuting Attorneys Institute; Steven L. Paine, WV Department of Education; Jane Charnock-Smallridge, Family Court Judge, 11th District; O.C. Spaulding, Circuit Court Judge, Putnam County; John Bianconi, Bureau for Behavioral Health & Health Facilities.</p>	
<p>Staff/Guests: Carl Hadsell, WVU Center for Entrepreneurial Studies & Development; Jeanette Rowsey, WV System of Care; Scott Boileau, Alliance for Children; Linda Dalyai, Bureau for Children and Families;; Dale Humphreys, Division of Juvenile Services; Laurel Haught, Region II Family Resource Network; Linda Watts, WV System of Care; Melanie Swisher, Bureau for Children and Families; Dennis Garrison, Department of Health and Human Resources; Susan Fry, Stepping Stones; Jerry Roueche, Department of Health and Human Resources, Secretary's Office; Dan Egnor, Division of Juvenile Services; Donna McComas, Bureau for Children and Families.</p>	
KEY POINTS DISCUSSED	
<p>1. Welcome and Introductions</p> <p>Secretary Walker called the meeting to order.</p> <p>Secretary welcomed all to this meeting and made mention of the Commission on Behavioral Health that has just begun its work. A meeting was held at West Virginia State University to launch seven working teams with this initiative. Despite the snow and bad weather, about 110 people participated and the meeting was very productive.</p> <p>2. Updates from Last Meeting</p> <p>a. Review and Approval of Minutes</p> <p>Minutes of the December 7, 2006 were reviewed; motion was made to approve the minutes, seconded, motion carried.</p> <p>b. General Updates Significant to Commission</p> <p>Carl Hadsell asked if there were any significant updates from members since the last meeting that they would like to report.</p> <p>c. Commission Progress Report</p> <p>A copy of the latest Progress Report regarding the Commission's recent work was distributed. This is a follow-up to the Commission report of May 2006. It shows that much is being accomplished by this Commission. This summarizes many of the positive points, discusses the Comprehensive Commission for Behavioral Health, which does have good representation in terms of children's issues. It also speaks to the task force of "Reaching Every Child," an effort which started with the Department of Education. Matt Kittle Superintendent with the Institutional Educational Program and Sue Hage, with the Department of Health and Human Resources/Bureau for Children and Families, agreed to co-chair the task force. They continue</p>	

to implement new data analysis and new agreements between DHHR and the Dept. of Education for sharing information.

Sue Hage and Judge Johnson will be attending a National Summit on Children in New York this week. This Summit is a follow up to one that was held in Minneapolis. Many chief justices from across the country are expected to be in attendance.

The Legislature this year has not dealt much with questions regarding out-of-state placements. This may be in part because of the work of this Commission; there are fewer youth in out-of-state facilities than a year ago, which reflects what accomplishments have been made. The Progress Report will be provided to the Legislative's Joint Commission.

d. Memorandum of Understanding (MOU)

The Memorandum of Understanding still needs some Commission members' signatures. It will be passed around for those present who had not signed it to date.

e. Commission Website

Linda reported that a meeting was held with the Webmaster working for DHHR to design and implement a website for the Commission. The Commission would like more information about the website to be provided at the next meeting. Reports to be included on the website are: "Advancing New Outcomes", "A Comprehensive Clinical Review of Youth in Out-of-State Placements", "Reaching Every Child", meeting minutes, progress reports, status action table, and the member's names and who they represent, and all the work groups. Commission members are encouraged to make any suggestions for items to include on the web page. The Commission's website will have links to the DHHR website and others.

3. Commission's Recommendations Table Progress Review

The updated Action Status Table was distributed and a review provided. The Action Plan is the tool used to track and monitor the Commission's recommendations. The plan indicates where each task is currently, if on schedule as projected, who is assigned to each task, and what amendments need to be made.

Susan Fry, chair to the Service Delivery and Development Workgroup, Melanie Swisher, member of the Service Delivery and Development Workgroup, Linda Watts, Project Director of the System of Care, Linda Dalyai, chair to the Multidisciplinary Team Workgroup, and Carl Hadsell, the facilitator to the Commission, provided updates for all the activities found on the Action Status Table associated with the Commissions Recommendations. *Below includes only some of the activities that were discussed. Please Refer to the Action Status Table for additional information.*

1B. Final revision to the clinical review tool has been completed and approved by the System of Care Implementation Team members. The Workgroup is now looking at putting a user friendly version on the web so reviews can be entered electronically and placed in a data base.

2A. Assess current in-state licensed behavioral health agencies/individuals in-state to determine what services we have available. Utilizing information APS Healthcare is collecting (data from a survey), we will be looking at what services could be expanded, if possible, if not, why not. It was noted that not all providers have submitted the information, may be that they were having difficulty with the questions on the form, or unwilling to complete the form. The date for this activity has been revised. Activity is in progress.

2B. The Commission has asked that this activity be modify to provide an analysis of the report, including any issues in terms of expansion, etc. Will make this a requirement. This activity is in progress.

3A. Expanding the in-state residential community based capacity for out-of-home children through

collaborative planning by implementing a community assessment. This activity is in progress.

Melanie provided information about an assessment tool that can be used for this purpose. This tool can be obtained through the National Resource Center and a representative, Steve Preister. Mr. Preister is willing to come to WV in June to present this tool. The Secretary commented that in terms of getting the provider community in-state to expand on their services, that we have to implement a tool that will be easy to complete and doesn't take up too much time. Melanie said that this tool is used in eight other states, and addresses everyone involved in child welfare. The Commission would like to look at the tool before it is sent out for implementation. The website to review this tool can be found at <http://muskie.usm.maine.edu/helpkids/servicearray.htm>. The Commission agreed to have this presentation (approx. 30 min.) at the June 7 meeting.

A question was raised by a member of the Commission with regards to judges providing information about what is needed in their district. This was an issue in the past that hasn't been reviewed recently. It was commented that the surveys would have more weight (especially with other Judges) if sent out under the names of the Judges who serve on the Commission.

5A. Linda Watts spoke about the progress that had been made on implementing System of Care statewide. She reported that the System of Care Implementation Team has been put together. The members represent state agencies and bureaus (e.g. child welfare, education, behavioral health, probation, juvenile justice, and medical service), private providers, and family representatives. A retreat is scheduled in April for the System of Care Implementation Team. This retreat will be facilitated by representatives of a policy and technical assistance group specializing in child and family service systems. An objective of this retreat is to begin developing a two-year plan on how to move forward, and how to address the community health needs, gaps in services, etc., and how to bring this together.

5B. Assess Statewide Readiness – This is being done by providing a presentation “Community Conversations” that orients community stakeholders on System of Care and provides a forum to receive information about community issues/needs, gaps in services. The Community Conversations are being hosted by the Community Collaboratives.

Expected date of completion will be changed as not all the presentations will be done by June. Half of the Community Conversations will be completed by the end of April. There are six or seven more to schedule. The Status Action Table will need to reflect this.

It was noted that it is important that everyone understand the system of care. To ensure that education is involved, Lynn will need to be notified so she can get the word out to individuals in the regions when the remaining Community Conversation dates are set.

There was further discussion regarding meeting the educational needs of youth. It was noted that school systems/administrators must be willing to comply with the directives of the court related to special or unusual education needs of at-risk youth. Possible need of a Memorandum of Understanding with the school boards and DHHR. Caseworkers need to be informed of whom to contact so that a plan for meeting a child/youth's educational needs can be met. It was noted that the contact should be a principal or someone with authority.

Carl is assisting with the Reaching Every Child Task Force which Matt Kittle and Sue Hage co-chair. This Task Force is focusing on trying to streamline the process for meeting the educational needs of out-of-home care youth. This includes the challenge of students being in one place for a short time and having to enter different schools in mid-year and students receiving credits for attending alternative schools. The Task Force is developing a standardized form and system. They want to follow what is already in state code, not necessarily develop new policy.

Secretary Walker suggested that there be a contact person assigned in each county (education offices) that

will be able to receive the instructions of the court from the case worker and be able to put the plan in place for the youth.

There was discussion about homebound youth and how best to plan for their education needs. It was noted that in some areas, providing homebound education is a voluntary program and it is difficult recruiting and keeping teachers for this program and providing the required number of education hours to the students.

5C. Hiring the four regional coordinators – Three of the four Regional Clinical Coordinators (RCC) have been hired. The role of the Regional Clinical Coordinator will include facilitating the clinical reviews. They will work with DHHR, Education, Probation, and other individuals in the community to ensure that the needs for children/youth who are at risk of going out of state, or for those children/youth that are returning.

5E. Develop the Family Support Component – This has been put on hold. A Response for Information (RFI) was sent out, but only one response (interest in providing this service) was received. It is thought that the lack of response may have been due to another similar RFI that went out at the same time. The Office of Behavioral Health and Health Facilities have agreed to assist with this activity.

5G. Provide Regional Clinical Review Team Operations Manual – This has been completed and is being reviewed by the BCF Commissioner's office. It is expected that it will be the end of June to get all of the teams up and running and fully operational.

6A. Ensure uniform system of care statewide. A meeting is scheduled for Monday, March 12th. to look at how to develop a uniform standardized referral and tracking system utilizing the Child Placement Network. Once developed, the DHHR placement referrals and the provider's responses will be captured.

6B. Research proven practice models and identify services and programs in WV that have demonstrated sustainable treatment effects over time. Develop a resource guide of treatment options for youth. – The resource guide is being developed. Collaboration during the development will need to include education to make sure the policies are clear at the regional level. This is something that is considered critical in the development of the individual plan. As data is gathered for reviews, surveys, this information will be provided to those who are responsible for issuing requests for new service development.

It was noted that the Child Placement Network (placement availability) that has been developed by DHHR lists all of the resources available in terms of residential facilities, what they offer, where they are. A DHHR worker, Judge, etc., can enter information about the child/youth needs and will be provided what placements are available at that point in time. Currently 58 providers are required to participate with this network, but can include more.

7 and 8, Address workforce staffing and develop needs to ensure capacity to fulfill demand and for clinical services for out-of-home children in West Virginia in the future. The activities under recommendations 7 and 8 are being addressed primarily by the Training Workgroup. The Training Workgroup collaborates with the other Workgroups to develop and support, and sometimes provide training as it's identified. Some of the training they have provided is listed, and most of those have been completed to date. It was noted that this section will be evolving a lot as training needs are identified.

The Training Workgroup has completed the training curriculum for the Regional Clinical Teams and will provide the training, at least initially. They will also be providing training for the clinical reviewers in each of the regions.

It was noted that the Behavioral Health Commission also has a Workforce workgroup that is looking at behavioral health issues. This work of this workgroup will fit in with the work of this Commission.

9, 10, & 11 – Recommendation 9, 10, & 11 include activities by the Education Workgroup. A meeting took place on Feb. 28th that included staff from BCF and WVDE staff (Sue Hage, Jean Shepherd, Laura Sperry,

Linda Dalyai, Matt Kittle, Pat Lucas and Vickie Buel). This group started developing a plan of action that will be incorporated in the Status Action Table. This preliminary plan was reviewed and approved by Matt. The plan will need a little more information added to the plan to address the Commissions concerns brought up in this meeting. By June, this information should be added to the Status Action Table.

Discussion regards the McKinney-Vento law - national expert that will make a presentation at a workshop "Meeting Education Needs of Children in the Foster Care System", from the American Bar Association, Kathleen McNaught, on March 27 at the John XXIII Pastoral Center, Charleston. She will be talking about solutions to some of the issues, legislation, policies, problems that are barriers to foster care for children.

10 – Require out-of-state placements be made only to providers meeting West Virginia standards of licensure, certifications, and expected rules of operation. The Out-Of-State Provider Certification Workgroup is in the process of developing a tool that will survey the out-of-state providers, get a look at standards, certifications they have, will have them do a self-survey, it will have West Virginia's standards, licensing standards, it will give us an idea of how they are meeting West Virginia's standards. It will be analyzed to see how well they match up. Education will also work with the out-of-state provider certification workgroup, to make sure the survey does not cover residential issues only.

12 - Fully support the Multidisciplinary Treatment (MDT) team concept and enhance present MDT processes statewide. – Recent collaboration between the MDT Workgroup, the Court Improvement Board Training Grant Committee and the Children's Justice Task Force. Some of the activities of each of these initiatives will cross over. It is expected that the MDT workgroup will support the Court Improvement Program Training Grant Committee and the Children's Justice Task Force by sharing information.

Focus – Design for the Permanent Long-Term Oversight Entity

The Commission decided to stay intact another year to oversee the work that has been accomplished to date. The next item is to look at the future goals and plans.

Floor was opened to ask the Commission what their thoughts are for where the Commission and its work will be a year from now regarding designing an on-going oversight plan/group.

- Need to have some permanent oversight body, especially to address legislation.
- The Residential Group Home Standards should be known, consistent – penalties for non-compliance.
- Accountability continues from enforcement requirements to continue true collaboration.
- Need to have ability to be open and address issues in a "safe" environment – need freedom to discuss and solve problems.
- Can invite people to the table who may want to have input rather than large group.
- Having family and providers at the table affords representation – but not everyone in these representative groups needs to be at the table.
- Need to define mission, especially going forward.
- May want to think about a new name for the Commission to be more encompassing in what it does.
- Need to be solution focused – both children at risk and high risk children.
- Working groups representing all input is valued – part of decision making.
- Ought to ask Select Committee A for input on the model.

It was recommended that a straw model be designed and presented for the Commission review at the next meeting if possible. Sue Hage and Carl Hadsell can help lead this effort.

Nest Meeting

The next meeting of the Commission will be held Thursday, June 7, 2007, from 10:30 am to 1:30 pm.