

Commission to Study Residential Placement of Children  
June 12, 2008

MEETING NOTES

Present Members: Martha Y. Walker; Honorable Jack Alsop; John Bianconi; Lynn Boyer; Pam Cain; Steve Canterbury; Andrea Darr; Dale Humphreys (represented by Denny Dodson); Honorable John A. Hutchison; Honorable Gary Johnson; Matt Kittle, Mike Lacy, Marsha Morris; Jason Najmulski; and Honorable O. C. Spaulding.

Absent Members: Honorable Jane Charnock-Smallridge; Philip W. Morrison II; and Steven L. Paine;

Commission Chair, Martha Y. Walker called the meeting to order at 10:30 am. The March 6, 2008 Meeting Notes were approved pending recommended changes and will be posted on the Commission's website.

The primary agenda item was a detailed review of the Commission's original recommendations including an update status on each and determining what remains for each. An advance progress and opportunities for improvements on the 13 Recommendations was provided to each Commission member. This included staff reviewing and ranking from 1-not started to 10-completely done each recommendation. The following reflects the status and discussion from the meeting. The recommendation table will be updated for use by the Commission based on this review.

*1. Develop and maintain accurate profile/defined needs (clinical) of the targeted children in out-of-home care, both out-of-home and in-state. Ranking of "6" for Excellent Progress.*

The Commission is making excellent progress in this area. Currently the work is being done to implement the Regional Clinical Review tool for web-based application. Although not all children placed out of state are being reviewed the number of children assessed continues to increase. It was noted that some DHHR-CPS staff may not be familiar with the Regional Clinical Review and it was recommended that they be trained. Additional practice and resource issues will be captured from the Regional Reviews. The quality of our resources will be captured during the Service Array Process.

*2. Complete an accurate assessment of current in-state licensed behavioral health agencies and individuals & program expansion/reconfiguration capabilities. Ranking of "6" for the attempt made.*

The attempted survey to capture the *capacity & program expansion/reconfiguration capabilities* did not provide the information wanted. The members were asked to consider folding this task into Recommendation #6. However, it was recommended that this task remain under Recommendation #2. The statewide Service Array Process (with oversight by the System of Care Implementation Team) will address Recommendations #2 and #3.

*3. Expand in-state residential and community-based capacity for out-of-home children through systematic and collaborative strategic planning. Ranking of 5-Doing well. Stay on course*

Providers are having the opportunity to expand services by participating in RFAs (Small Group Homes for MH/MR-DD and Transitioning Youth to Adulthood).

*4. Develop a more simplified Certificate of Need (CON) process that is need-driven and includes all appropriate agencies in evaluation/approval activity.*

While the Certificate of Need (CON) process has expanded some services, more work needs to be done to limit the time it takes for CON reconfiguration. There was a strong recommendation from members to look at the State Code concerning the CON process to either make exemptions from the CON process or do away with the CON altogether. It was noted that without the CON, standards for the education of children may be lost. The

Comprehensive Behavioral Health Commission is also looking at the CON process. The Commission would like the alternatives to be explored. Any alternatives should allow for controllability (e.g. statutorily expedited review or exemption for current providers as opposed to new providers) and incorporate quality of services that are managed through licensing regulations. Members from three Bureaus and the Judges will review this and make recommendations.

*5. Implement the "System of Care" model statewide. Ranking of 8-Doing well. Stay the Course  
And*

*6.Ensure uniform system of care is in place statewide through best practices/quality & accountability for all treatment of WV's out-of-home children. Ranking of 6-Need to refocus.*

Both of these recommendations are related.

The direct services under the System of Care that have been implemented are the Regional Clinical Review and the Family Advocate, Support, and Training Program.

Sustaining funding for the West Virginia System of Care still needs to be considered. Currently, the Bureau for Children and Families and the Bureau for Health and Health Facilities are providing the funding. The current funding is providing for current sustainability, but does not allow for any expansion of service delivery.

The System of Care Implementation Team will be reviewing/approving their 3-year Strategic Plan at their annual retreat scheduled later this month. The SOC Finance/Contracts Committee will be looking at sustaining and expanding funding. Prior to requesting an Improvement Package, existing resources need to be utilized first.

*7. 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. Ranking of 2-Challenge / Needs Refocused. Capacity of Workforce must occur at a higher level and should also occur in conjunction with WV institutions of higher education.*

The overall capacity of workforce in this area must occur at a higher level and should also occur in conjunction with WV institutions of higher education. This recommendation has been addressed both from the immediate training needs to ensure an effective workforce and from the longer-term requirement to have a workforce in place that can meet the needs. The second area must be a priority going forward. This will require working with the colleges that prepare these professionals and require a process for certification. The availability of professionals and statewide "turnover" continues to be a problem. The Commission asked that the basic competencies for these professional staff be identified. Jason Najmowski stated that he will be meeting with the Legislation soon about this issue.

Currently, several of the Workgroups are addressing capacity by providing training and support for professional staff. Furthermore, Commissioner, John Bianconi (BHCF) said that they are providing Family Therapy workshops and the CIB Annual Conference (working with School of Law) would like to provide training that will include child welfare staff.

*8. Require all West Virginia service providers to be certified and ensure on-going training of all clinical staff across all service providers. Ranking of 7-Stay the Course. Ongoing*

Training for providers is ongoing

*9. Ensure all out-of-home children are receiving appropriate quality education in all settings, and provide a flexible funding model to support educational cost. Ranking of 8-Stay the Course. Issues are being addressed.*

The Out-of-Home Care Education Advisory Committee is meeting on a regular basis and addressing issues (*See Recommendation #11*)

*10. Require out-of-state placements be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation. Ranking of 7-Stay the Course.*

The desk reviews of OOS facilities and the out of State Site Review of one of the out of state facilities has been completed. A meeting is scheduled for tomorrow to look at the outcomes of the on-site review.

*11. 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. Ranking of 7-Completed.*

A brochure has been developed to provide information that clarifies rights & responsibilities. Language within Policy 4110 was drafted and approved supporting “awaiting foster care”.

The Out-of-State Residential Facility Manual of Verification Procedures and Documentation Standards for out-of-State Facilities have been developed. These Core Principles and Standards must be met regardless of where the student is placed.

The problem with the transfer to high school credits occurs because county school districts have the discretion of choosing a 9-week traditional semester or a 6-week semester calendar. When children move from one district, with one type of semester calendar duration to another, it becomes difficult in determining what to do with the course work/credit for the time between the 6 to 9 weeks. Although all school work and credits are entered into the WVEIS (WV education data system), each school district determines if the course work completed will be accepted or not. This is practically problematic for students out of state where West Virginia Standards are not equal. For these children, the counselors review transcripts’ from the OOS facility and determine if the course work has met the standards. A uniform procedure is needed to ensure that children receive credit for course work that was completed and met level of proficiency.

Over the next six months the advisory committee will be looking at the Standards, compliance (monitoring), and Professional Development for teachers, principals, and superintendents.

Currently, no one has responsibility for non-special education students that account for nearly 50% of children placed OOS. The responsibility of non-special education students in OOS placement, along with ensuring transfer of high school credits earned (Policy 2510-page 30) would have been a responsibility of the two Coordinators that was requested in an Improvement Package. However, the Improvement Package was not approved. The Commission agreed to endorse this in the upcoming special session. Sue Hage and Matt Kittle will draft a letter of endorsement for Secretary Walker to sign on behalf of the Commission.

Over the next six months the Education Advisory Committee will be looking at the standards, compliance (monitoring), and professional development for teachers, principals, and superintendents.

*12. Fully support the MDT concept and enhance present MDT processes statewide. Ranking of 6-Stay the Course.*

The MDT Workgroup has been working on a standardized MDT Minutes Form for use by DHHR and DJS staff and recommendations for a better working collaboration between DHHR and DJS.

The Court Improvement Board, through their Training Grant has been exploring ways to support MDTs. The MDT Study (for CPS cases) is underway with a report to be made available soon. The MDT Study planning group is scheduled to meet after the Commission meeting. A similar MDT Study for Youth Service cases is expected to follow.

*13. Develop and authorize a permanent oversight group to carry on the Commission's work long term.*

Jason provided an overview of the Child and Family Services Review (CFSRO and made a motion that the Commission formally agree to expand their focus from addressing out-of-state residential placement issues to child welfare issues, utilize the CFSR Outcomes (that are aligned with the Commission's original 13 Recommendation), and expand the current membership of the Commission. The added members would include: one representative from Public Health; one provider representative that directly provides Foster Care/In-home Services; one provider representative that directly provides Residential Care/In-home Services; one Family Representative; and one Youth Representative.

The Commission has been addressing issues that go beyond the scope of out-of-state residential placements for some time. Judge Johnson pointed out that the court Improvement Program is submitting information for the CFSR.

There was concern about managing the meetings as the number of membership was increased. Secretary Walker and Jason Najmulski will address this and keep the membership manageable. The Commission agreed to expand focus of the Commission, utilize the CFSR Outcomes to address child welfare issues and increase the membership. The Commission will retain its original name for now. The Commission would like the additional members to be on Commission by the next meeting. Current members, that have not been attending, will be contacted to determine their membership.

**Benchmark performance Discussion**

Information on the distance from a child's (family) home to the out of state placement was provided to the Commission. The information includes children in out-of-state Group Residential and Psychiatric Residential Treatment placement. This information reflects those children placed within 50 miles (50) from their home address and those placed beyond 50 miles (187) of their home. The document also provides the placement agency for the fifty children that are placed within 50 miles.

Additional information provided to the Commission included, the Expanded School mental Health Steering Team (this is a team also supporting the work of the Comprehensive Behavioral Health Commission) and the Foster Care performance benchmarks.

**NEXT MEETING: SEPTEMBER 4, 2008 (10:30 AM – 1:30 PM)**