

West Virginia Commission to Study Residential Placement of Children

December 3, 2009

Charleston WV

Meeting Notes

Attendance

Members: Patsy A. Hardy, Cindy Beane (representing Nancy Atkins), Judge Jack Alsop; Jim Brown (representing Lynn Boyer), Nikki Tennis (representing Steve Canterbury), Chris Curtis, Andrea Darr, Susan Fry, Denny Dodson (representing Dale Humphreys), Judge Gary Johnson, Vickie Jones, Judge Mike Kelly, Caren Bills (representing Mike Lacy), Kate Luikart, Jason Najmulski, Kimberlee Sharp, Judge O. C. Spaulding, and Frank Andrews (representing Fran Warsing).

Absent: Judge John A. Hutchison, Philip W. Morrison II, and Steven L. Paine.

Guests: Delegate Bobbi Hatfield, Reverend Matthew Watts, Rhonda McCormick, Linda Watts, Nikki Tennis, Lisa Kaplan, Jeanette Rowsey, Jackie Payne, Tricia Kingery, Scott Boileau, and Pam Schafer.

Administrative Assistance: Sue Hage- BCF, Linda Dalyai- BCF, Carl Hadsell, CESD

Opening

Jason Najmulski welcomed members and guests and called the meeting to order at 10:30 a.m.

Members and Guests were asked for permission for WSAZ to tape a portion of today's meeting at the Summit Center. WSAZ wanted promotional footage of services offered by Summit Center with an actual conference. Judges requested that they not be identified by name due to ethical considerations. All members and Guests approved WSAZ to film the meeting opening.

The September 3, 2009 meeting notes were to be posted on the Commission's website www.residentialplacementcommission.org.

Comprehensive Assessment & Planning System (CAPS)

Susan Fry on behalf of the Service Delivery & Development Workgroup provided a presentation on what has been accomplished to strengthen the Comprehensive Assessment & Planning System (CAPS). A chart was provided that shows the process. It was found throughout the best practice data that there is the absolute need to do assessment at the front end. This initial assessment will be effective, completed at the earliest point possible, and completed in a timely manner.

The CAPS was first introduced in 2002 with the Child and Family Services Review (CFSR) Program Improvement Plan (PIP). The current changes being proposed take this current process and makes improvements based on lessons learned. The process has also been streamlined so that information can be obtained more quickly.

The proposal includes that any assessment needs to be built upon best practice, include a shared vision by all stakeholders, effectively serve child/families at all levels; accountability at all levels, and include decision making guided by assessment and they should be timely for placement decisions

The tool selected is the Child & Adolescent Needs and Strengths (CANS - developed by Dr. John Lyons – Northwestern University). “Different versions of the CANS are used in nearly every state, and in nearly every continent. In the U.S., statewide applications exist in Alabama, Florida, Iowa, Massachusetts, Mississippi, New Jersey, New York, and Tennessee, West Virginia, Wisconsin, Virginia, Oregon, and Nevada.”

The CANS was selected because it is individualized on what a child needs; supports child and family planning; it’s free (an open domain tool); reliable and valid (research is behind its use); reliable at action level (not a tool that has to be scored and sent off for interpretation – it is understood and can be used by non professionals) so we all speak same language; identifies needs and strengths (of the child); and also assesses the caregiver.

The CANS Initial Comprehensive Assessment can be completed within 14 days. Once completed, this initial assessment can identify if additional assessments are needed. If additional assessments are needed, a final report should be available within 30 days.

The CANS Initial Assessment will pull in information already known (e.g. Safety Assessment and Management System, educational information, Psychological, etc.) and identify additional assessments (Assessment Pathways) as needed. Additional assessments (when needed) – will be guided by established screening tools and clinical interviews that will trigger the additional assessment pathways. While the assessment will be extensive, the CANS Initial Assessment will be relatively simple for a clinician at a bachelors degree level to complete. Allowing a bachelor level clinician to complete the CANS Initial Assessment will help address the capacity issue. The additional assessments that may be triggered may still require a professional with a higher degree/behavioral health license. However, these assessments can be requested outside the placement agency when a greater expertise is needed.

The start date for using the new CAPS process that includes the CANS Initial Assessment should be between March and April for the population (Youth Services) that currently uses the CAPS process. Implementation will include completion of training of staff/providers, building the CAPS (including the CANS initial Assessment) into the Safety Assessment and Management System (SAMS), developing expected outcomes, and revising the time frames into the SNS Guidelines. The SNS Guidelines revisions will also address a protocol when timeframes are not met. The CANS assessment can be used for children under five years of age, and can identify early trauma, all three DHHR Bureau’s need to continue addressing this critical population.

The Child Traumatic Stress Network (a national clearinghouse for expertise pulled together for delivering training and providing best practice) indicate that assessments must be more individualized and tie into best practices specific to the individuals needs. The Division of Juvenile Services is already planning to use the CANS at their Diagnostic Centers.

Long term planning includes the use of CANS across all child-serving systems; across all child populations (e.g. CPS, early intervention programs - before the Bureau for Children and Families gets involved); develop methods for collecting placement profiles - systemic process to develop algorithms (that guide best practice recommendations –tying assessment scores to what child needs); and tying assessment scores into clinical pathways.

There were some questions regarding CANS that surfaced - Concern of who does CANS. Do they have the qualifications to administer it? First person must be professional. Will the RFP for such a service require that it be able to be done in 14 days? Need to build in outcomes/accountability.

Who makes decision? What are the qualifications for the person? What is the distribution of CANS results? Does CAN work at high school level? Can WVDE use it in school system?

Discussion regarding payment of psychologists

There was concern that psychologists may be moving out of WV because of Medicaid/APS Healthcare (administrative service organization) billing issues. It was noted that some psychologists are saying that they are not getting paid for services provided. Delegate Hatfield stated that when she talked to DHHR child welfare workers that they too felt that APS Healthcare could review a claim and decide if the service should be paid.

Jason Najmulski stated that from the information he was receiving from psychologists that the reason they are not getting paid is because they are refusing to turn in their reports for review. APS Healthcare, implementing the Bureau for Children & Families (BCF) guidelines, decides who will pay for the services (BCF or Medicaid) not if the service will be paid. When a service does not meet "Medical Necessity" (based on Federal Mandates/Guidelines), that service cannot be paid for by Medicaid (Federal granted money).

The BCF is working with the Board of Psychologists to address the issue of payment. A curriculum (WebCT course) for DHHR staff is also being developed that will include the purpose of APS Healthcare and how to request individualized psychological. Secretary Hardy stated that over the last 90 days her office has been talking with advocates on a number of issues, so the department has more objective information.

Discussion turned to educational standards in out-of-state facilities. Federal educational rights of students need to be considered when placement decisions are made. It was noted that 3 out of 5 children (most of WV Children going out of state) are close to our borders.

While our case plans and processes evaluate if an education is being provided, they do not compare WV standards to what is being provided. Furthermore, there are discrepancies between what we are told and what is actually happening.

Jim Brown said that he recently visited an out-of-state facility to look at educational standards for Special Education of Students. The facility he visited was a non-tax exempt charter school, therefore were not required to have certified teachers. This particular out-of-state facility had no designated classroom, textbooks, etc. When these youth return to West Virginia, they may or may not be given credit for this type of education. While Special Educational Standards were being reviewed, it was noted that if standards are not being met for Special Education students, they're probably not being met for regular students. Currently, there is no one that monitors regular education for West Virginia children placed out-of-state. Who owns the children in general education that are in out of state facilities? Need to formalize the protocol on assessment/monitoring of out-of-state facilities.

It was noted that BCF and the West Virginia Board of Education (WVDE) need to formalize a protocol where out-of-state facilities are evaluated either through a self assessment process or on-site reviews. They also need to develop a plan on what should happen when standards are not being met.

Some Commission members spoke as to how the issue of monitoring out of state education has been on the list to get accomplished for a while. Judges present noted they would not want to send a child to a place without some education program, but unless they know of these things, they can only go by what facilities say- and they may be not detailing the education programs.

MOTION/ACTION - The Commission (along with the Education Advisory Committee) recommended out-of-state onsite reviews. It was recommended by the Commission that WVDE and WV DHHR pick the top five out-of-state facilities as to number of children placed and come back to Commission with a report on the facilities meeting/not meeting WV standards. Jim Brown will provide his report to Jason by first of week.

DISCUSSION – While West Virginia needs in-state facilities (Group Homes and Psychiatric Residential Treatment Facilities) that will take younger children and children with low IQ, it has become costly for West Virginia facilities to provide placement for these children, because of the Federal Medicaid Licensing Regulations made a couple years ago. Among the new AMAP regulations is the requirement to have a nurse on staff. Larger out-of-state facilities can accepted younger children and remain cost effective.

Secretary Hardy said, “We are looking more at accountability from all our providers and will be requesting a full scope of what they are delivering (getting paid for) both in-state and out-of-state”.

Sample of CANS (what questions are explored) was passed around for review.

ACTION – The Commission (and Delegate Hatfield) requested information on communication regarding why psychologists are stating they are not being paid/leaving West Virginia and the APS Healthcare guidelines/methodology (how program works).

ACTION – Moving forward with the revised Comprehensive Assessment Planning System (CAPS) that includes the Child and Adolescent Needs and Strengths (CANS) as described. The Commission members requested the development of a brief guideline about CANS.

ACTION – After adopting CANS, come back with process of how it can be used across agencies, to move to a common approach/process for CANS to be used by different agencies (cross system).

Community Forums

Susan Fry on behalf of the Commission’s Service Delivery & Development (SDD) Workgroup provided a presentation on how the Commission might support best practices for the targeted best practice groups (co-existing disorders, co-occurring disorders, and older youth transitioning to adulthood). Additional information was provided.

The SDD Workgroup felt the best way for the best practice information to be disseminated to the communities where it was needed was to have Community Forums. Each DHHR Region would be visited twice and run for a full day each. The Community Forums would be led by a neutral facilitator through the WV System of Care. The forum would be hosted by someone from each community. A template letter will be provided to the host and assistance in getting the announcement out will be provided if needed.

The first forum is scheduled for January 14, 2010 and will include Berkeley, Jefferson & Morgan county community members. Kathy Bradley, Berkeley County CSM, will be hosting the first Community Forum. The main focus for this Community Forum (Region III, which includes Berkeley County) will be older youth transitioning to adulthood because of the high rate of older youth being placed in out-of-state facilities.

Although the agenda has not been finalized, the forum will include a review of the communities own data (from various sources), best practice information about the targeted populations provided, and an overview about how to build a specific community plan to support the targeted populations. Everything that the Commission and others have been working on will be brought together (e.g. Service array process, Child Family Services Plan, etc.) so participants will understand how it all fits together. At the second meeting participants will develop their own community plan. Two Community Forums will be held each quarter.

The next Community Forum will be in being planned for Raleigh and Fayette County (Region IV), followed by Kanawha County (Region 2), and then Ohio, Brook and Hancock Counties (Region 1).

The Commission is being asked to support the Community Forums and attend or request their constituents in these communities to attend these Community Forums. Information about the Community Forums will be sent to Nikki Tennis who will support the effort to have Judges informed of the Community Forums.

ACTION - Commission members supported the Community Forums and asked that the template letter with information about the Community Forums be provided to them so they, in turn, could provide it to their constituents that wish to attend

Foster Care Data and Distance Report

The Foster Care Placements Report was provided. This is the original way the Commission began looking at data. The data includes all placement types provided to children in foster care gathered on October 31, 2009.

The new Distance Report provides an analysis and trends for children placed in group residential, psychiatric (long-term) and psychiatric Hospital (short-term) placement types both in-state and out-of-state.

In the future, we would like to also show what levels of care are available across West Virginia and where (on a map) children are placed. This is believed to show gaps in some areas for PRTF, Residential, & Emergency Shelters.

Parental Placements

There is concern about children being placed out-of-state that are not in the state's custody. This population is very vulnerable because these children have even less supports and their placements are not monitored. More comprehensive reporting to the Commission on the out-of-state Parental Placements is expected to occur soon. Currently, out-of-state placements for youth who have a medical card require a medical authorization for medical necessity by the Bureau for Medical Services (BMS). While BMS is working on collecting what is being offered to these youth (system collection), all disciplines need to be more supportive and responsive to these youth's behavioral health needs.

As we learn more about the out-of-state facilities through reviews (both positive and negative), this information needs to be communicated to the larger population. We also need to provide information about our in-state providers and the services they provide well (e.g. Barboursville School highlighted by a Commission member on their effective work and noted by another that they are part of our state department of education program).

Child welfare workers need to know more about both in-state and out-of-state providers and what services they can and cannot provide, thus building a knowledge base that can shared with Judges making placement decisions.

Furthermore, the three DHHR bureaus need to work together to look at children that are being placed out-of-state, including those that are not in the state's custody (parental placements).

PRTF and Group Residential (Maps)

Sue Hage, on behalf of Tammy Pearson, Marshall University Research Department (contracted by WV System of Care), provided data maps showing numbers of children in out-of-home care.

Status Action Monitoring Table

The Status Action Monitoring Table includes the original recommendations and the three (expanded) set of recommendations from the Child and Family Services Plan (CFSP)

This report includes changes that will be more action oriented and will not include anything that has been completed. The actions and timelines will be finalized and sent to Commission members and put on the website.

Status on Actions

The Providers Survey, that looks at what services are being offered in state and their willingness or ability to expand, has been disseminated. The survey includes both open-ended questions and an option for a provider to offer suggestions.

The survey has been out approximately 3 weeks with 34 surveys returned. Greater effort is being made to get more providers to respond. Susan Fry, a member of the WV Child Care Association has encouraged members to respond and reported that all but 2 have responded.

Frank Andrews, on behalf of the WV Department of Education (WVDE), provided the West Virginia's Department of Education's Five (5) Year Progress Report as started with the Reaching Every Child report. The Progress Report includes closer monitoring of children in out-of-state facilities that are monitored through WVDE Special Education and those that are currently not being monitored (students in regular education classes). He also provided a list of goals for the advisory committee to address this year.

ACTION/MOTION – It was suggested that the Commission send a formal letter to WVDHHR Secretary Hardy and WVDE Superintendent Paine on the need for the two Departments to conduct onsite reviews of out-of-state providers. Action and Motion approved.

The WVDE Five (5) Year Progress Report - Transition Plan has been endorsed by the WV Board of Education.

The Five Year Progress Report addresses the high rate of truancy in certain parts of the state. The inability to respond immediately to truancy issues is due in part to truancy laws and legal process. Lack of parental involvement with truancy and the inability to file a petition until the 11th day of truancy has added to this problem. Absences can happen three times before a petition for unexcused absences can be requested.

Truancy issues need to be addressed earlier on in the case process by child welfare workers and more quickly by education attendance directors. Some Judges handle truancy cases at the same time that child custody case is being reviewed. Different solutions are needed because there are many different reasons for truancy problems.

Because WVDE is a party to the "Action" it becomes difficult in ordering schools to address truancy. The education system is not consistent across the state. It appears truancy by Special Education students is dealt with

better than general education students. Community based organization have been enlisted to address issues of truancy. It was reported that Emergency Shelters get influx of children due to truancy, therefore early intervention is needed. Student Assist Teams might also be utilized to support these children.

Social Workers in the schools (e.g. Parkersburg) have shown good short term outcomes, but loss of funding prevented long term outcomes to be gathered.

The Five Year Progress Report addresses low test scores for children in out-of-home care. A report to the Commission in March 2010 will show West Test Scores (May 2009) for youth in out-of-home care is going to be used as a baseline for long-term planning. The sense is the scores will continue to be lower than overall student scores.

Meeting Dates and Locations for 2010

The following meeting dates have been approved for 2010:

March 4, 2010

June 3, 2010

September 2, 2010

December 2, 2010

Commission members were asked about meeting time & the location. It was decided that the Summit would be used for the meetings in 2010 and that the meetings would begin a half-an-hour earlier at 10:00AM.

Commission Member Reflections

We need to look at placements. We cannot have placements that are bed-driven in the state. How do we match profile of facility to the placement need?

WV does a good job, but not enough in this area. We need to take care of our own children – need to look at more facilities/services in state.

Delegate Hatfield stated that Legislative Oversight Committee on Health and Human Resources Accountability (LOCHHRA) put in for a recommendation for a feasibility study (by an outside party) to look at OOS Placements and if it would be more feasible to expand current facilities and/or build a new facility in West Virginia. It was noted that some current providers in West Virginia would be willing to expand their Group Residential programs (in particular for older youth).

Reverend Watts noted that the Governor promised to look at some of the Juvenile problems (that might be routed through this Commission). Secretary Hardy talked to Reverend Watts yesterday about this. Jason had been unavailable to assist recently, but will provide Reverend Watts with the information requested. Jason is also working with Secretary Spears (exchanging information) and will be providing that information to Delegate Hatfield and Reverend Watts as soon as the information is gathered.

Sue Hage announced that two new members (Catherine Munster & Judge Swope) joined the Out-Of-Home Education Advisory Subcommittee.

The volunteers in the working groups appreciate the way the Commission embraces their work. Thanks to the Commission for great conversation today on the topics discussed. It will be helpful. We will get more information on CANS as requested.

The Division of Juvenile Services (DJS) provided a booklet that has been developed that provides information on their facilities and services. The DJS has been asked to present at the Judicial Conference in 2010.

Meeting was adjourned at approximately 1:30 PM.