

West Virginia Commission to Study Residential Placement of Children

March 4, 2010

Charleston WV

Meeting Notes

Attendance

Members: Jason Najmulski; Lynn Boyer; Pam Cain; Nikki Tennis (representing Steve Canterbury); Susan Fry; Denny Dodson (representing Dale Humphreys); Honorable Gary Johnson; Mike Lacy; Catherine Luikart; Kimberlee Sharp; and Fran Warsing.

Absent: Patsy A. Hardy; Honorable Jack Alsop; Vickie Jones; Chris Curtis, Andrea Darr; Honorable John A. Hutchison; Honorable Mike Kelly; Nancy Adkins; Philip W. Morrison II; Steven L. Paine; and Honorable O.C. Spaulding.

Guests: Linda Watts, Scott Boileau, Jim Brown, Frank Andrews, Rebecca Derenge, Rhonda McCormick, Jackie Payne, Caroline Duckworkth, Tricia Kingery, and Doug Robinson.

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 approximately 10:30 a.m. Due to a Legislative commitment, Secretary Hardy could not attend the meeting today.

The December 3, 2009 meeting notes were approved and will be posted on the Commission's website www.residentialplacementcommission.org.

Legislative Update

Jason provided an update on the activity of Legislative Bills that could impact the work of the Commission. This information is attached.

Ninth Annual Citizen Review Panel National Conference

Sue Hage provided information about an opportunity for a Commission member to attend the Citizens Review Panel Conference on May 26-28, 2010 in Lexington, KY. The Bureau for Children and Families would like to pick up the costs for one member. The Citizens Review Panel Conference includes workshops on Child Abuse and Neglect. A handout with additional information was provided. Sue asked that she be notified by Monday if any of the members are interested.

Special Joint Task Team on Young Children Behavior Health Issues

Sue Hage asked the Commission to support a Special Joint Task Team on Young Children with Behavior Health Issues. Sue Hage and Jackie Payne, with the Bureau for Health and Health Facilities, are co-chairs for this Task Team. Members will include: Susan Fry, a member of this Commission; Kathy Safron, a member of the Comprehensive Behavioral Health Commission's Advisory Council; behavioral health providers; behavioral health associations; and other stakeholders. A Preliminary Report will be provided to the Commission in May 2010. The Team is using data from the System of Care quarterly and annual reports, APS Healthcare data,

Psychiatric Hospital data, and county educational data. Additionally, The Commission's Service Delivery & Development (SDD) Workgroup will be looking at addressing the needs of younger children going out of state. Members representing Public Health and Education are still needed. The Task Team is meeting again tomorrow, March 5, 2010. A handout was provided with more information.

Judge Johnson made a motion to support the Special Joint Task Team on Young Children Behavior Health Issues. Support of this task team was approved

Performance Benchmarks

The Foster Care Placements Report was provided. The data includes all placement types provided to children in foster care gathered on February 29, 2010.

The 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.

The benchmarks have remained the same (between 10% - 12%) over the last few years for children going out of state for treatment issues. However, we are finding that some children are still not getting their treatment needs met or a quality education. It is believed that children are being placed out of state because there is not enough resources (capacity) to provide for some of these children in-state, and sometimes children are placed out of state based on "recruitment marketing" by out of state providers.

The Commission members discussed solutions to lower these percentages (that are now required under the reconstitution of the Commission). These solutions include:

- The Building Bridges initiative (using Residential Care more effectively) will change what Residential Care looks like and will allow children to get their needs met in a closer proximity to their families. The shift will take place when the residential communities begin to expand their services beyond their facilities and into the communities.
- In-state providers may be able to increase their capacity, but feel they have an unfair advantage because out of state providers do not have to adhere to WV Standards that are more restrictive. It was recommended that out of state providers should be working with their own public school systems because currently many facilities where children are placed out-of-state have non-chartered schools which mean the teachers do not have to be certified. The WV Child Placement Network (WV CPN) needs to be used to identify placements in WV.
- More information is needed about those children that are going out of state because it is being said that they do not meet the criteria for in-state facilities. For instance, while there are Level 1 facilities available in Region IV, they are needed in Region III and data indicates that some children are going out-of-state for sex offending treatment when this treatment is offered in WV. At the next meeting, we will begin taking a look at where facilities are located. This will help us understand where we are lacking services throughout the state. When we look at capacity, we need to include the age criteria so we can identify deficiencies specific to age populations. The Child Placement Network (CPN) needs to be enhanced to include all criteria information for each facility.
- As information is known about the out-of-state facilities ability to comply with WV standards, Judges will receive this information so they can be more informed about placement decisions.

- Population trends need to be reported along with the number of children going into care. It was noted that although the percentages out of state are the same (approximately 10%), the population in general may have increased as well.
- Children are placed out of state in the Eastern and Northern panhandles of West Virginia, and for some the 50 mile statement is giving a justification for sending children out of state.

Community Forums

The first Community Forum was held in Martinsburg, WV (Berkeley, Jefferson & Morgan county) on January 14, 2010. 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).

Next Forum is in Region IV scheduled for March 12. The Forums are occurring in the DHHR offices to keep the cost down. Commission members were asked to continue writing their constituents to attend the Forums. A summary will be provided after the second forum for each Region is completed.

Comprehensive Assessment and Planning System (CAPS)/Child & Adolescent Needs and Strengths (CANS)

Susan Fry on behalf of the Commission's Service Delivery & Development (SDD) Workgroup provided several handouts to the Commission in response to their request to develop a brief guideline about CAPS process & the CANS tool. The brief guidelines include the following information:

- A chart was provided that shows the process. The current process has been streamlined so that information can be obtained more quickly.
- There are ten (10) focus areas of the CANS. They are: Trauma Experiences, Traumatic Stress Symptoms, Child Strengths, Live Domain Functioning, Acculturation, Child Behavioral/Emotional Needs, Child Risk Behaviors, Developmental, Life Skills, and Caregiver Needs & Strengths.
- The CANS Initial (14 day) 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. When psychologicals are needed, the request should be specific because psychologicals differ depending on what information is needed. Sometimes Psychologicals are not needed because the specific information can be obtained by another source (e.g. If IQ is needed, this information may already be known by the child/youths school). Those requesting the CANS Initial (14-day) Assessment will also be provided a score sheet and the appropriate Assessment Pathway, if recommended.
- Because the CANS has rater (administer) reliability (consistent regardless of who the rater is), the CANS can be used to see what changes, if any, have occurred over time by looking at past assessments and comparing them to a current assessment.
- The child's behaviors and emotional needs are designed to translate into the following action levels: "0" equals "no evidence of need – no action needed"; "1" equals "Significant history or possible need which is not interfering with functioning – Watchful waiting/Preventive Activities/Monitoring"; "2" equals "Need interferes with functioning – Action/Intervention (requires action to ensure that this identified need or risk behavior is addressed); and "3" equals "Need is dangerous or disabling – Immediate/Intensive action".

Special Evaluation Process

The Commission was provided information prior to this meeting on why psychologists are stating they are not being paid/leaving West Virginia and the APS Healthcare guidelines/methodology (how program works). Essentially, if children meet “medical necessity” payment is made through Medicaid. If children, in the custody of the state, do not meet medical necessity, payment is made through the Bureau for Children and Families. Professionals must provide documentation for services they provided.

Provider Survey

The Providers Survey that looks at what services are being offered in state and their willingness and ability to expand, has been completed. A working group will review the survey results to and provide a summary analysis and offer recommendations to the Commission and provide feedback communication to the providers that completed the survey. Refer to handout

WVDE & WVDHHR Out-of-State Standards Report/Onsite Reviews

Information was sent out to the Commission members in the form of a letter from Secretary Hardy to Dr. Paine establishing an agreement that both Departments will work together to ensure WV Standards are met. Today, WVDE and WVDHHR representatives stated that jointly they will be conducting on-site reviews at Timber Ridge, Child Help, Adelphoi, Summit Academy, and George Junior. There have been no changes to the concerns found at Fox Run since the visit by Jim Brown, Assistant Director of WVDE, Office of Assessment, Accountability and Research. A tool is available to determine if the facility meets WV Standards that include treatment and special education criteria. WVDE is working on a tool to determine if facilities are meeting the regular educational standards. Providers will be notified of expectations once tool is completed.

At the December 4th Commission meeting, the following recommendations were made:

1. WVDE and WVDHHR are to finalize the protocol to monitor out-of-state facilities accepting children/youth into their program
2. A monitoring process shall include education (IDEA-eligible and general education students), treatment and supportive programs, as well as ensuring the safety and well-being of the children youth being served.
3. WVDE and WVDHHR to conduct joint site visits. West Virginia would not be involved in the visits when the only reason an IDEA-eligible children/youth are being placed out of state is for educational purposes only.
4. Comprehensive monitoring will be completed through site-visits and/or desk reviews. Initially, the focus will be on the five sites where the majority of children/youth are being placed.
5. Contracts, agreements, etc. will be revised to reflect the facility’s comprehensive monitoring process, their participation in the monitoring process, and what the minimum standards are that WVDE and WVDHHR expect as it related to the educational, treatment, and supportive programming at the facility.
6. The results of the comprehensive monitoring will be provided to the Commission to Study Residential Placement of Children in a timely manner.

APS Healthcare and Medicaid are also part of the meeting to determine what should happen when facilities do not meet West Virginia Standards. We already know that “Non-clinical” providers will not meet treatment standards.

A plan needs to be developed on how to get information from the reviews out to families/other professionals (including MDTs, DJS, Courts, and Probation Officers) for children that are not in DHHR custody. Other information to be disseminated includes facilities closing or suspended.

Status on Actions

Frank Andrews, on behalf of the WV Department of Education (WVDE), provided an overview of the document, *Link between Academic Performance and Permanency* that was sent to the Commission members prior to this meeting.

The Out-of-Home Care Advisory Committee is providing the *Endless Dreams* workshop for Regional Summit members and Case Workers that was developed for teachers to sensitize teachers to children in foster care.

June 3, 2010 Agenda:

1. Child and Family Services Plan (includes Chafee; Child and Family Services Review, Program Improvement Plan (CFSR-PIP); and IV-E). The CFSR-PIP is expected to be approved very soon. The Chairs of the Safety, Permanency & Well-being Workgroups will begin meeting again to develop their Workplans. The three Workgroups will be expected to also work collaboratively because some of the issues/recommendations cross over.
2. Dashboard indicators by county and Region.
3. A summary of what the Commission has accomplished over the last four years. This is needed for Legislators and Judges.

The following meeting dates have been approved for 2010:

June 3, 2010

September 2, 2010

December 2, 2010

Meeting was adjourned at approximately 1:30 PM.