

West Virginia Commission to Study Residential Placement of Children

December 2, 2010

Notes

**Attendance:**

**Members:** Susan Perry (representing Secretary Patsy A. Hardy; Honorable Jack Alsop; Nikki Tennis (representing Steve Canterbury); Andrea Darr (representing Philip W. Morrison); Susan Fry; Honorable Gary Johnson; Vickie Jones; Honorable Mike Kelly; Mike Lacy; Jason Najmulski; Honorable O.C. Spaulding; and Fran Warsing

**Absent:** Honorable Jack Alsop; Dale Humphreys; Chris Curtis; Catherine Luikart; Steven Paine; and Nancy Adkins

**Guests:** Doug Robinson; Tricia Kingery; Tiffany Pittman; Linda Watts; Pam Schafer; Kathy Baird; Frank D. Andrews; and Lora Maynard.

Administrative Support: Sue Hage; Linda Dalyai; and Carl Hadsell

**Opening**

Susan Perry welcomed members and guests (on behalf of Chair, Patsy A. Hardy) and called the meeting to order at approximately 10:10 a.m. Secretary Hardy was unable to attend as she is preparing for the new Secretary, Dr. Michael Lewis. Dr. Lewis is expected to assume the duties of the Department Secretary beginning Monday, December 6, 2010. The Department Secretary's Office is now located at One Davis Square across from the Diamond Bldg.

Jason Najmulski announced the promotion of Sue Hage as Deputy Commissioner of Policy and Programs with the Bureau for Children and Families. He also stated that Kathy D'Antoni, WVDE Assistant Superintendent of Schools, has joined the Commission.

The **September 16, 2010** meeting notes were approved and will be posted on the Commission's website [www.residentialplacementcommission.org](http://www.residentialplacementcommission.org).

**Commission's Report to Legislative Oversight Commission on Health and Human Resources**

**Accountability**

The draft report was distributed to the Commission members for their review and final approval. The report reflects information the members' requested to be included in the report. The report echoes the many accomplishments over the last few years. Volunteers on the various workgroups are listed in the appendix of the report. The volunteers were instrumental in the accomplishments of the work of the Commission. Furthermore, the Out-of-Home Education Care Advisory Committee has been a strong contributor and supporter of the Commission's work.

Two specific sections were referenced at the meetings that were added to the report. The first includes information about the two small group homes that were developed after several data reports identified the need. The second section to be included provides information on the Commission's activities that have been achieved and those that are in progress.

## **Performance Benchmarks/Definitions & Data Analysis**

The Commission's Legislative requirements include decreasing out-of-state placements. The Commission will need to define the baseline for comparing changes of time. The baseline will include only those children in State Custody in Residential Group Care and Psychiatric Residential Treatment Facilities (short and long term). The positive effect we have on these three targeted groups will also have an effect on children in other types of foster care. Focused attention will be given to those activities/initiatives that will have the greatest effect on addressing the number of children going out-of-state. Susan Perry and Fran Warsing made a commitment to work together to see how both can further address the educational needs of these children.

It was determined that September 2010 or October 2010 will be used to establish a benchmark. If a child's family home address is within 50 miles of an OOS facility, the placement will be considered to be within the child's community (the map on page 11 of the draft Report provides a visual of those out-of-state providers that are within 50 miles of West Virginia bordering communities). However, this working definition would not supersede the expectation to select a West Virginia facility when one is available.

All out-of-state facilities must follow WV Standards. Both the onsite reviews and the Regional Clinical Reviews are addressing this issue. Additionally, the Regional Clinical Reviews focus on each child's medical, clinical, & physical needs.

Judge Spaulding requested copies of the Annual Report so he can distribute and educate his constituents on what the Commission is doing with regards to children in care. A cover letter will be provided. Judge Johnson stated that Delegates asked if we knew how many employees are working in facilities in bordering counties live in WV.

## **Small Co-Existing Group Home Presentation**

Sue Hage introduced Dr. Kathy Baird, Executive Director for Braley & Thompson. Dr. Kathy Baird provided a presentation on *A Challenge Taken Together (ACTT)* program.

The ACTT program targets male children ages 12-18 that have a diagnosis of co-existing mental health disorder and developmental/cognitive disability. Currently, all children served by the ACTT program have been out-of-state for at least two years. Overall, they have served twelve children. The maximum stay is two years with sixteen months as an average length of stay.

A strong emphasis of the program is on working with the children's families. This is essential because the child's parent is anxious about the child being away from home and when they do return because of the chaos that they have experienced prior to placement. Both the agency and family work closely together to determine what is most effective. Any strategies and techniques the staff find helpful in working with each child is passed on to the parent and also provides input into program model changes.

Discharge planning begins on the first day of placement. Children are given the opportunity to develop their own permanency outcomes. They provide input about where they wish to go after they leave the program. Foster parents are identified early, in the event that returning to their family is not an option.

Children are encouraged to understand the importance of belonging in their community. They must volunteer in their community, but are allowed to choose where they wish to volunteer. If appropriate, they are also encouraged to gain employment.

West Virginia Center for Excellence in Disabilities provided the model training to Braley & Thompson staff that included Positive Behavioral Environment that focused on Maladaptive Behavior (token economy system). The Maladaptive Behavior system eliminates power struggles. Since implementing this model, employees have not experienced any physical attacks. Role playing is used to help children understand maladaptive behaviors.

Children that experience cognitive delays cannot be given a lot of rules. Therefore, they are given only four rules. 1) Act First; 2) Be Considerate; 3) Be Trustworthy; and 4) Work Together.

Dr. Kathy Baird indicated the following strategies that would strengthen the program:

- Additional training for DHHR youth service workers and Probation Officers. Children that have a diagnosis of co-existing mental health disorder and developmental/cognitive disability can be difficult to work with. Therefore, a greater understanding of this population is needed.
- Admittance to Public School – these children have waited on an average of 7 days before being enrolled in a new school setting.
- Psychiatric Issues – there is no public inpatient psychiatric support for these children and private psychiatric facilities can deny a child for any reason (MR/DD children are like anyone that has depression, suicidal ideations, etc.).
- Lack of Understanding by Law Enforcement (specifically St. Albans area - they refuse to take a report for children that runaway).

Overall, the ACTT has partnered well with community members and have a “wonderful working relationship with Youth Service Workers”. The System of Care, FAST program and Stepping Stones have worked collaboratively with the ACTT House. Stepping Stones is the only facility that has provided their services to work with children in the ACTT program to get their transitional needs met.

Similar Programs exist in three of the four DHHR regions under various agencies.

### **Juvenile Drug Courts Presentation**

Lora J. Maynard, Deputy Director for Juvenile Drug Courts Division of Probation Services provided a presentation on the Juvenile Drug Courts in West Virginia.

There are a total of 10 Juvenile Drug Courts around the state. It is a “cooperative effort of the juvenile justice, social service, law enforcement, and education systems in West Virginia. The program seeks to divert non-violent juvenile offenders exhibiting alcohol or substance abuse behavior from the traditional juvenile court process to an intensive, individualized treatment process which includes parental involvement and cooperation and to reduce future court involvement for these youth”.

The existing Juvenile Drug Court's (JDC) include: Cabell; Wayne; Logan; Mercer; Brooke; Boone/Lincoln; Monongalia; Randolph; Wood; and Putnam. Youth are identified for admission to the program by: Judicial Official; Law Enforcement; Schools; Probation Officers; Prosecutor; and Parent.

The JDC Treatment Team includes: Treatment Provider; JDC Probation Officer; Presiding Official; Juvenile Prosecutor; Public Defender/Defense Attorney; DHHR; DJS; and School Counselor. Successful completion of the JDC program include: graduation from the program; complaint destroyed/petition dismissed or modified; six months aftercare offered; and one year tracking for recidivism.

More information was provided in the handouts to the Commission.

### **Regional Clinical Review Report**

Linda Watts, Director System of Care, provided an overview of the Regional Clinical Review process. The purpose of the review process is to identify a youth's current treatment and permanency needs and to serve as a resource to the youth's individual Multidisciplinary Treatment Team (MDT) in guiding decision-making.

Tammy Pearson, evaluator with Marshall University, provided the data collected from the reviews. Sixty-one (61) WV youth were reviewed this year that were at-risk of going out-of-state. It was recommended that thirty-nine (39) youth remain in the state. There were thirty-one (31) youth or 79% who did remain in WV. Eighty-four percent (84%) of the time recommendations (remain in state or go out-of-state) by the Regional Clinical Review Team were followed by the MDT for at-risk youth.

Fifty-six (56) youth who were out-of-state were reviewed by a regional clinical review team this year. Eleven (11) youth were recommended to return to the state. Eight (8) youth or 73% returned home within three months. Eighty-six percent (86%) of the time recommendations (remain out-of-state or return) by the Regional Clinical Review Team were followed by the MDT. Seventeen (17) youth who were out-of-state were reviewed through a 90-day review. It was determined that sixteen (16) youth or 94% were in appropriate placements and should remain there until the program was completed. One youth was referred to the Regional Clinical Review Team, but was discharged before the team could meet and has been back in state for three months.

More than 90 reviews were conducted last year. More youth were reviewed this year due to implementing 90 day reviews.

### **Lessons Learned**

- Process must be user friendly
- Process must be timely (RCR team agreed to meet more often as necessary)
- Continuous training on the process is needed
- Relationships are the key to success (County and Regions that do well have a good relationship with their community resources).

- A quality assurance review will be implemented in 2011.

Solutions and enhancements implemented include: Reaching youth sooner; revised forms and process; working with kids at risk of going OOS; six month follow-up to improve discharge planning; and the Child Placement Network bed availability is emailed to DHHR, Supreme Court of Appeals (PO and Court, and Juvenile Services).

Teams were strengthened when team members with expertise in specific areas are available, such as Intellectual Disabilities, Sex Offenders, etc.

Reports with trends are being shared with the Regional Summit members, DHHR Regional Directors, Program Managers, and Child Welfare Consultants.

The Regional Clinical Review staff has been trained on the revised RCRT forms, WV CANS and the MDT protocol through the WV Supreme Court Administrative office and the WV Department of Health and Human Resources, Bureau for Children and Families.

In 2011, the number of children being reviewed will be increased.

The Commission can support the Regional Clinical Review process by: Setting the benchmarks after the quality assurance QA is completed.

The Regional Clinical Review process may not “appear” to be reducing the number of children going out of state because children are always coming in and others going out. However, the length of stay has been dropping over the last three years and more appropriate placements are being made.

Judges are more excepting of the Regional Review Process than they were originally.  
Data from the Regional Clinical Review helps with systemic and practice issues.

### **“A Time is Now”**

Nikki Tennis provided an overview of the video, “A Time is Now” and members viewed the video that is for parents in West Virginia child abuse and neglect proceedings. The video is being distributed statewide and is available on the Court Improvement Program Oversight Board’s website at <http://wvcip.com/thetimeisnow.html> .

### **Best Practice Community Forums**

The four pilot Best practices Community Forums for Co-occurring; Co-existing; and Youth Transitioning have been completed. The Summary Plan Report Outline for the pilot county (Kanawha) was provided.

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

Susan Fry provided an overview of the small-scale test pilot of the CAPS/CANS tools.

The small-scale test pilot will determine if any changes are needed before a statewide pilot in all four DHHR regions is rolled out. As part of the small test pilot, a survey is being sent out to those that use this system. Everyone has been very receptive to the new process.

The Statewide Pilot Project will begin in February or March 2011 and in the same counties that Jacob's Law is implemented. The Trauma Informed CANS assessment will be used and implemented at the same time. West Virginia is also moving toward being self-sufficient with regards to the CANS assessment certification, recertification, and ongoing training. Susan Fry has been approved by the CANS developer, Dr. Lyons, as a trainer-of-trainers (known as a Super Trainer).

### **Child and Family Services Plan**

Sue provided an overview of what has been happening with the CFSP. Supervision (both private and DHHR staff) and a quality service array are two major themes that have been identified as areas that West Virginia needs to focus on. The Five Year Child and Family Services Plan can be found on the DHHR website at [http://www.wvdhhr.org/bcf/CFSP2010FinalVersion%204 %202 .pdf](http://www.wvdhhr.org/bcf/CFSP2010FinalVersion%204%202.pdf) .

### **Out-of-Home Education Advisory Committee Report**

The Out-of-Home Education Advisory Committee met in September to review the mission and goals for 2011. This year the focus will be on monitoring schools and continuing to monitor the adherence to the McKinney Vento Act. Additionally, the DHHR and the WVDE will continue to work jointly in conducting joint out-of-state reviews.

During the Out-of-State Forum held on June 29 and 30, 2010, the WV Residential Child Care Licensing Standards, WV Education Standards, and Treatment Standards as implemented by Medicaid were provided. In addition, the WV Department of Education is looking at developing forms for self reporting for regular education.

The Alice C. Tyler out-of-state facility, near Charlottesville, VA was reviewed October 18-19, 2010. On site reviewers were very pleased with the educational program, Standard's of Learning (SOL) used and their treatment program. There were no problems noted with Individual Educational Plans (IEP) and Special Education components. The youngest West Virginia child placed at Alice C. Tyler is 6 years old. Some children placed at this facility have severe-emotional issues. The program is unique with the use of an equestrian component in its program model. During the last meeting, Delegate Bobby Hatfield, provided information on programs that included a similar program called "Blue Prints".

In January, the onsite team will be traveling to Timber Ridge.

### **Reaching Every Child Brochure**

The brochure, Reaching Every Child, has been updated. Copies were distributed to those present. Frank Andrews will be assisting WVDE as part of the monitoring team for McKinney-Vento.

### **Building Bridges Initiative (BBI)**

Commission members were asked to review the BBI Joint Resolution and consider endorsing the Joint Resolution. The expressed support will be from the Commission as a whole, not from the members as individuals. West Virginia has had three BBI Summits that included developing recommendation for moving toward best practices for residential care in West Virginia. The BBI Joint Resolution incorporates the System of Care values and principles and will guide recommendations and outcomes in West Virginia.

A motion was made and passed that stated the Commission's endorsement of the BBI Joint Resolution.

***Other Initiatives/Notes***

Eastern Panhandle - There have been issues and barriers across disciplines reported in the Eastern Panhandle and the Commission would like the June Commission meeting to be moved to this region to allow those in this area to tell us why these issues and barriers continue. Timber Ridge, which is used for placements in this region, was selected for an onsite visit next month. The review team will report back at the March Commission on the outcome of the visit to Timber Ridge.

County Special Education Funds are being drastically cut as they pay for the educational costs of children in out-of-state placements.

The Regional Jail Authority Legislative Committee introduced a bill that provides that Court Orders state the reason a child is going out-of-state. A motion was made to endorse support of this bill. A motion was made and approved. An Endorsement letter of support will be provided.

Judge Spaulding would like a report to provide to other Judges on the number of children in out-of-state, where they are placed and from what jurisdiction they came from.

A presentation was requested to provide information on Fostering Connections. The presentation needs to include where the Fostering Connections funds are being spent. It was noted that Guardianship and IV-E funding to train court personnel is being considered.

The Judicial Data Base will be made public soon.

The next meeting date: **March 31, 2011**

*Meeting was adjourned at approximately 1:30 PM.*