## West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting:	Quarterly I	Full	Commission		November 29, 2012
Meeting				Location:	Summit Conference Center, Charleston,
				WV	

**Members Present:** Molly Jordan (representing Cabinet Secretary Rocco Fucillo); Honorable Jack Alsop; Nora McQuain (representing Nancy Atkins); Cindy Largent-Hill (representing Steve Canterbury); Becky Derenge (representing DeWayne Duncan); Susan Fry; Pat Homberg; Denny Dodson (representing Dale Humphreys); Honorable David Hummel; Honorable Gary Johnson; Jackie Payne (representing Vickie Jones); Rhonda McCormick; Andrea Darr (representing Phillip W. Morrison); Doug Robinson; Honorable Phillip M. Stowers; Nikki Tennis; and Steve Tuck.

Members Absent: Mike Lacy and Christina Mullins.

**Guests Present:** Jacqueline Colombia; Debi Gillespie; Trudi Blaylock; Karen Yost; Lisa Kaplan; Laurah Currey; Melissa Rosen; Scott Boileau; Tammy Pearson; Linda Watts; Vicki Pleasant; Nora McQuain; Linda Kennedy; Joanne Dobrzanski; Tara Stevens; Sheila Walker; Diana Cox-Booth; Tricia Kingery; Ry Rivard; Ghaski Browning; Debbie Ashwell; Caroline Duckworth; and Melissa Lazear

Administrative Assistance: Deputy Commissioner Sue Hage (BCF); Carl Hadsell (CESD); Linda Dalyai (BCF)

Key Discussions	Key Decisions/Actions
<b>Opening</b> Molly Jordan (representing Rocco Fucillo) welcomed members and guests and called the meeting to order at approximately 10:30 AM.	The September 6, 2012 meeting notes were approved, and will be provided to members and posted on the Commission's website: www.residentialplacementcommission.org.
Updated Priority Recommendation List 2012-2013 /Workgroups	
At the September meeting, the Commission approved the consolidation of the existing, active recommendations with new recommendations that support the vision and charge of the Commission. The "Priority Goals & Strategies for 2013-2015" tracking document has been prioritized into overarching strategies for the Commission to utilize in order to accomplish its goals over the next few years. The comments and recommended revisions are: • Strike "placed outside the state" (page 1).	<ul> <li>The Priority Recommendation document will be revised based on the comments of the members</li> <li>Once revised, the "Updated Priority Recommendation List 2012-2013" will be attached to the draft minutes.</li> </ul>
Add definition of "50 miles."	
• Include or be mindful that when children are placed out of state (even bordering counties), the county schools are responsible for the financial costs of those special education students going out of state.	
<ul> <li>Include "children need to be placed where needs are met, closest to home, in facilities that meet WV Standards, and must be in good standing in their own state and meet WV Standards of Care" (page 2 # 2 &amp; 6).</li> </ul>	
<ul> <li>Include "removal from the home is the last step for children and youth truant from school" (page 2).</li> </ul>	

Performance Metric Report	
The Commission's Performance Scorecard (see handout) reflecting the latest month of data was reviewed and discussed. The number of children in out-of-home care (more than 50 miles from their families' home) remains above the benchmark of 161.	
This is a point-in-time, representing Psychiatric Residential Treatment Facilities (PRTFs), Acute Short Term Hospital, Group Residential.	
• Although some areas of West Virginia are doing a better job than others in keeping children from going out-of-state, Doug Robinson and Sue Hage will need to meet with data information (FACTS) staff to state why children are going OOS (e.g., MDT recommendations, lack of resources, etc.).	<ul> <li>Need framework of characteristics of 195 children that are going out-of-state. APS Healthcare and Bureau for Medical Services will assist</li> </ul>
• Early evaluations showed lack of resources in-state and some OOS facilities were not meeting the children's needs.	with this report for both children in DHHR custody and private placements.
<ul> <li>Judges are beginning to state in the orders those reasons for sending children OOS.</li> </ul>	
<ul> <li>DHHR workers and some Judges are not sure of the resources offered in WV.</li> </ul>	
<ul> <li>MDT team members should agree that the placement is in the child's best interest.</li> </ul>	
A report is needed to determine reasons why the 195 youth (identified for October 2012) and "parental placements" are going out-of-state. Report is to include: number of youth going through the Regional Clinical Review and whether the recommendations were appropriate and services available; MDT recommendation; and characteristics of children.	
The Permanency Roundtables and the Child, Adolescent Needs and Strengths (CANS) assessment will determine what services are being received and what is needed for each individual child.	
System of Care (SOC) Annual Report	<ul> <li>The WV System of Care (SOC) Annual Report was</li> </ul>
Tammy Pearson, MU, provided an overview of the data for youth in custody of the state of West Virginia who are placed out-of-state in an acute care, group residential, psychiatric residential or specialized foster care. This report looks at all youth (not just those beyond 50 miles).	available for review. The WV SOC Annual Report can be obtained from the WV SOC website at:
The data was collected from the WVDHHR Families and Children Tracking System (FACTS); APS Healthcare; Regional Clinical Review Teams; and other committees working with youth.	<ul> <li>www.wvsystemofcare.org.</li> <li>Service Delivery and</li> </ul>
Information is an unduplicated count for each year by county.	Development is reviewing the RCR and will make
Significant findings:	recommendations to make the
<ul> <li>There continues to be a reduction in youth that are placed out-of- state each year with a 19% reduction since 2007 (slide 9).</li> </ul>	RCR process better.
<ul> <li>Gaps in services include: Services for youth age 18 or older; services for youth who are 10 years or younger (58); services for substance abuse; gender specific services; and services for youth</li> </ul>	

with an intellectual disability (100).	
<ul> <li>Region 1 and Region III have done a good job of reducing the number of youth going out-of-state. Region II and Region IV have remained relatively the same.</li> </ul>	
<ul> <li>Judge Stowers recommended that the Regional Clinical Review be attached to the Court Summary. Doug Robinson said he will ensure this is done.</li> </ul>	
The Service Delivery & Development Committee will review the Regional Clinical Review process and make recommendations. A report to the Commission should include:	
How many children were out-of-home/out-of-state?	
How many go through process?	
What was the recommendation of the Regional Clinical Review Team? Was the recommendation followed?	
What was the recommendation of the MDT? If it was different than the Regional Clinical Review, why?	
Individual Reviewers need to know as soon as possible when a child/youth is at risk of going OOS. However, it is important to understand that some children that need placement are not known to the DHHR/DJS prior to the need of placement and what their needs are.	
Automatic Placement Referral (APR)	<ul> <li>The Automatic Placement Referral full report will be sent</li> </ul>
Automatic Placement Referral (APR) Co-Chairs Laura Curry and Lisa Kaplan presented on the Automated Placement Referral (APR) system.	<ul> <li>The Automatic Placement Referral full report will be sent to all WV Judges by December 14, 2012.</li> </ul>
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Commer	nts:		
CC	equest that the WVCPN with APR data be integrated. Sue Hage ommented that this may take some time to initiate, but will work on is with others.		
• Ti	rauma can be misdiagnosed as ADHD.		
of	he reports data included Costal Harbor, which is for sexual fenders. However, the diagnoses in the report did not identify sex fenders.		
ba	veryone has access to the CPN to see what is available on a daily asis. The Regional Clinical Review has the CPN available. The ferral to the facilities could be made prior to the MDT.		
	CR does not recommend OOS placements, but may not include -state alternatives.		
	presentation for the APR and CPN for new Commission members needed.		
th	he Regional Clinical Review took the place of the former role of the "Gatekeepers" (team that made decisions for out-of-home /out- f-state placements).		
re de	ne of the purposes of the MDT is to make placement ecommendations. This works well with good MDTs and not when ecisions are made immediately prior to the hearing. The problem ith MDTs is it depends on how well it is working.		
A re in (g pl pl	he Service Delivery & Development Committee can review the PR data and come back to the Commission with ecommendations on revisions needed. The review should include: hprovements that will identify where it is working and why geographically); why DHHR social workers are looking for acements by phone; why social workers are not using the APR; if acement proximity is a factor; and the reasons why the RCR ecommendations are not being followed.		
MOU bet Secretary	ss the truancy issues for all children, Secretary Fucillo had an ween all disciplines drafted for consideration. In addition, the y is going to try to bring key stakeholders together to discuss how ach and then conduct open forums around the state.		
	adership is going on around the state, and an assessment has iducted. Judge Johnson has a truancy program that seems to be		
	rt Improvement Program (CIP) Board has asked WVU, Corey o submit a plan for a study on truancy.		
The Trua	ncy Assessment is on the CIP website.		
Children	in Out-of-Home Care Education Advisory Committee	*	, any ence and ence and being
Becky Derenge provided an update on the activity of the Advisory Committee.			involved in this Committee's work, contact Becky Derenge.

The Committee plans to continue with Foster Connections and the American Bar Association recommendations found in their <i>Blueprint for</i> <i>Change: Education Success for Children in Foster Care</i> (Goals 1 through 3 and Goal 7). The Committee met on November 7 <sup>th</sup> and will meet again on December 16 <sup>th</sup> . The agenda has not been finalized.	
Court Improvement Program Update	
Nikki Tennis provided an update on the activity of the CIP.	
<ul> <li>Guardian Ad Litem (GAL) Trainings were on November 14<sup>th</sup> and 16<sup>th</sup>. The participants are completing a survey now.</li> </ul>	
The CIP Cross Training occurred in July.	
<ul> <li>JANIS (orders of child abuse and neglect) may become web-based. This is important because the same order can be worked on jointly making the orders being completed more timely. The CIP would like to link JANIS to the child abuse and neglect data base.</li> </ul>	
<ul> <li>New View (modeled after Georgia's Cold Case review project) is being planned. Casey Family Programs Michele Barkley provided technical support through a recent conference call with several members of the CIP. New View cases will be selected based on specific indicators.</li> </ul>	
Other Status Updates	
<b>System "Levers" Work Team Status</b> - A small group is reviewing various system "levers" or activities that will provide the greatest impact for reducing the number of out-of-home/out-of-state placements. Once the team has completed their review, they will provide their recommendations to the Commission.	
<i>WV Providers Information Initiative</i> - At the June 2012 meeting, the Commission was interested in the in-state providers being more proactive in making the Court and others more aware of their programs and services in WV. The Alliance for Children, the WV Child Care Association, Emergency Shelters, and Foster Family Associations are partnering with the Bureau for Children and Families in developing a comprehensive "book" on in-state services. The format will include:	
<ul> <li>Agency information (including acute care providers).</li> </ul>	
<ul> <li>The resource will be in alphabetical order and include an appendix of providers by level of care.</li> </ul>	
The resource book may include geographical location maps at a later time.	
The CIP is also looking at more specific information that may be needed.	
<b>WV Providers Report on Barriers</b> – The Alliance for Children and the WV Child Care Association is surveying residential providers on the barriers they have/will have in making changes to deliver their services outside the centers and in the communities in West Virginia.	
WV Permanency Roundtables – Linda Dalyai gave an update on the Permanency Roundtables (PRTs) case consultations. PRTs were held in	

DHHR Regions II, III & IV in September and October 2012. Region I Permanency Roundtables were cancelled due to weather and "state of emergency" being declared. Several PRT Skills trainings and several PRT Values trainings took place across the state. Case workers reported that although they were apprehensive to the case consultations at first, they reported that they felt supported, were beneficial, and provided ideas they hadn't thought of toward achieving permanency for children in long-term foster care. An update and preliminary impressions on the PRTs were provided as handouts in the meeting packet.	
Shared Learning Collaboratives (SLC) sponsored by Casey Family Programs – Youth Representation – Sue Hage reported on the SLC that will focus on the number of youth in out-of-home care. A very short workplan has been developed. A meeting is being scheduled in December to expand on this workplan that will look at what causes the removal of youth from their homes to out of home care.	
<b>2012 Commission Progress Report</b> – The development of the Commission's Annual Progress Report will begin soon. Commission and workgroup members may be asked for information to go into the draft report. Commission members will review the report prior to distribution.	
2013 Commission Meeting Dates (and agreement to June being at a host site)	
• March 7 <sup>th</sup> ; June 6 <sup>th</sup> ; September 5 <sup>th</sup> ; and December 5 <sup>th</sup>	
• The June 6 <sup>th</sup> Community meeting location recommendations will be provided to the Commission members for an approval at a later date.	
Commission Member Reflections	
• Sue Hage recognized the retirement of Linda Kennedy. Linda previously worked for the Bureau for Children and Families and currently works for the Bureau for Medical Services. She has also served on several committees of the Commission and has provided data for the Commission's various reports.	
• Sue Hage announced that the federal Department of Human Services has provided a letter (included in the meeting packet) announcing that the Child and Family Services Plan (CFSP) Program Improvement Plan (PIP) has been successfully completed.	
Meeting was adjourned at approximately 2:15 PM.	