

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Full Commission Meeting

Meeting Date: June 6, 2013

Location: St. Vincent de Paul, Wheeling, WV

Members Present: Deputy Secretary, Molly Jordan (representing DHHR Cabinet Secretary, **Rocco Fucillo**); Debbie Ashwell (representing WVDE, Office of Special Education, **Pat Homberg**); Director of Division of Children's Services, **Nikki Tennis**; Debi Gillespie (representing Acting Director, Division of Juvenile Services, **Stephanie Bond**); CEO, Children's Home Society of WV, **Stephen Tuck**; Beth Morrison (representing Bureau for Behavioral Health and Health Facilities, **Vickie Jones**); WV Department of Education, **Fran Warsing**; Cindy Largent-Hill (representing WV Supreme Court of Appeals, **Steve Canterbury**); **Honorable Gary Johnson** (Nicholas County); **Honorable Phillip M. Stowers** (Putnam County); **Honorable Scott Elswick** (Family Court Judge); Commissioner, DHHR, Bureau for Medical Services, **Nancy Adkins**; **Brandy Whitlatch**; Director, Stepping Stones, **Susan Fry**; and Commissioner, Bureau for Children and Families, **Doug Robinson**.

Members Absent: Honorable Jack Alsop; WVDE, Office of Optional Educational Pathways, Executive Director, Dewayne Duncan; Honorable David W. Hummel, Jr.; WV Supreme Court of Appeals, Probation Services, Director, Mike Lacy; Parent/Family Representative, Rhonda McCormick; WV Prosecuting Attorneys, Executive Director, Philip W. Morrison II; DHHR, Bureau for Public Health, Commissioner, Marian L. Swinker;

Guests Present: Kathy Szafran; Joanne Dobrzanski; Terence McCormick; Sandy Keller; Linda Kennedy; Nora McQuain; Karen Yost; Patty Vincent;

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

Key Discussions

Key Decisions/Actions

Opening

Carl Hadsell convened the morning segment of the meeting and explained that the following forms were provided to gather input from Commission members, community hosts and guests:

- Ask It Basket post card to be used for questions;
- Your Solutions form to be used throughout the meeting to provide ideas or items for the Commission to consider;
- Shining Star form to inform the Commission of innovative practices that are happening in the community; and
- After Thought forms for participants to take with them to jot down any thoughts they have after they leave the meeting.

Welcome

Terence McCormick welcomed members and guests to St. Vincent de Paul. Molly Jordan, Deputy Secretary (representing WVDHHR Secretary Rocco Fucillo) welcomed the members and guests at approximately 10:30AM, and began the meeting with greetings to the newest Commission member, Honorable Scott Elswick, Family Court Judge from Lincoln County.

Commission Public Listening Session

Terence McCormick, Director for *St. John's Home for Children*, provided an overview and video for his agency. *St. John's* is a Level II group home with a capacity for 12 children and serves males ages 8 to 12 years old with a mental health diagnoses.

The boys also attend public school. They typically serve children and their families within Region I based on the desire to work with the family, but they have provided services for children across the state. For more information about the services offered by *St. John's Home for Children*, visit their website at www.Stj.org. Tours of *St. John's Home for Children* were provided before and after the meeting.

Kathy Szafran, Director of *Crittenton Services, Inc.* provided an overview and video for her agency. Crittenton Services (a part of Wellsprings) is a Level II group home that serves females ages 12 to 21. *Crittenton Services* serves pregnant females, parenting females, and other youth. They have the capacity for 32 females and up to 10 children. *Crittenton Services* provides trauma informed services, has a medical facility, and a daycare for those they serve directly and the community. Education is individualized and provided on ground. In 2012, 92% of residents maintained parental custody of their children. Ms. Szafran provided the Crittenton Services Annual Report. For more information about the services of Crittenton Services visit their website at www.florencecrittenton.org.

Joanne Dobrzanski, Director for *Family Connections*, provided an overview for their agency. Family Connections is a Level II group home that serves females ages 12 to 21. They have the capacity for 12 females at Brooke Place, a residential treatment facility. They also provide outpatient services such as counseling. *Family Connections* is located in the Weirton Medical Center. Ms. Dobrzanski provided a brochure on their services.

Sandy Keller, with the *Family Resource Center (FRC)* in Cameron, WV, spoke about how three churches identified needs in their community and came together to meet these needs. Cameron is a very secluded rural community in an area with a low to median household income. As with other rural communities, Cameron's seclusion makes transportation a big issue when needing services. *The Blue and Gold Christian Center* is the location for the *FRC*. *The Blue and Gold Christian Center* is very connected to the community. These connections include the Cameron Baptist Church, House of Prayer, and Hometown Hardware. The *FRC* has volunteers for the various programs and services offered. The services include a thrift shop, conference room rental, computer lab, library, and day care. Programs include play groups for the young children and Dragon Cove, targeted towards teens. Dragon Cove was originally offered to get teens "off the street", but also provides an opportunity for youth socialization. Cameron Elementary makes the majority of the referrals for the Center. A brochure and newsletter was provided.

Open Discussion Forum

The history and goals of the Commission were provided to those present. The Commission members also provided areas of particular focus and provided community members at the meeting an opportunity to provide input. These include:

- A recent focus has included children that are placed in out-of-home residential placements by parents with a medical card. Currently, there are 40 children placed at Potomac Center by parents. For these parental placed children, Highland Hospital and Barboursville School are intense, residential treatment centers that could serve some of the children placed out-of-state. Funds from the WV Board of Education are currently being use for the education of children.
- Parental placements at River Park are paid directly by parents to River Park. Children with special education needs placed at River Park are funded by

<p>Cabell County Schools. However, the teachers are River Park employees. The Cabell County Board of Education issues diplomas earned at River Park.</p> <ul style="list-style-type: none"> • Chestnut Ridge, a PRTF, partners with the county Board of Education to ensure that children in foster care are getting their educational needs met. • Most parents cannot pay child support for children in foster care; therefore there is not a lot of money going back into the care of children. • St. John's and Burlington offers services to children ages 8 to 12. Burlington will also begin offering services for children from ages 5 to 8 years old (usually in treatment for 6 months). • Placement availability for young children is a challenge. These challenges have to do with both Medicaid regulations and the Certificate of Need (CON) process and criteria. Anyone wishing to provide group residential care must go through the CON process. This process can be shortened, but six criteria have to be met including the need for the service, that the service is needed where it is being proposed and if state funds are available. Representatives from the DHHR Bureaus meet to determine if the facility is needed. The last time the Healthcare State Plan was reviewed was in 1995. The CON process may need reviewed again. An identified need includes services requiring drug and alcohol addiction counselors. • The CANS is a tool that goes beyond the level of looking at a child's individual needs; it also can be used aggregately to determine where services are needed. The CANS data provides a predictor of services that works well for specific children. Additionally, children are coming into custody because there are not enough services at the community level. Sometimes we don't need more beds, but rather more local services. Services are needed for those children that can remain in their own home. However, community-based services have their own challenges. In addition to what services are needed, there is a need to ensure that we are getting positive outcomes from our current system and services. • Out-of-state placements are used when a child has behaviors that are so extreme that community-based services are not needed. A foster family treatment modality is needed. In WV, we do not have a true treatment foster care system as defined by the Foster Family Treatment Association (FFTA). True treatment foster care and wrap-around are essential to meet children's needs. • Sandy Keller spoke about how essential the continuum of services are needed from prevention services that prevent out-of-home care to the services needed once a child needs out-of-home placement. 	
<p>Commission Quarterly Meeting</p> <p>The March 7, 2013 Meeting Notes - were approved as presented and will be posted on the Commission's website: www.residentialplacementcommission.org.</p>	
<p>Performance Benchmarks/Definitions & Data Analysis</p> <p>The Performance Benchmark & Data Analysis provides a snapshot of a "point-in-time" of placement trends using the baseline of December 2010 up to April 2013. Data that is pulled for "point-in-time" will differ from data pulled over an entire year. Regardless, we need to think about what we can do to bring these numbers down. This report only includes Group Residential Care, Psychiatric Residential Treatment Facility (PRTF - long term) and Psychiatric Hospital (short term).</p>	

<p>Data is being analyzed for information about children who are juvenile delinquents (99 youth) to see what their specific needs are and what they have been offered.</p>	
<p>2012 Advancing New Outcomes</p> <p>The Advancing New Outcomes 2012 annual progress report was distributed to members and guests. The 2013 Actions Monitoring Table will be provided at the September meeting. The Actions Monitoring Table allows members of the Commission to track the activities and the status of the Commission's initiatives that support the Commission's goals.</p>	
<p>Trauma Informed Committee Report (Karen Yost)</p> <p>Karen Yost, on behalf of the Trauma Informed Committee, provided an overview of the final report from the Trauma Informed Committee. The desired outcomes include:</p> <ol style="list-style-type: none"> 1. Identify key components of Trauma Informed Care; 2. Identify best practices for trauma specific treatment; and 3. Make recommendations for systemic and practice changes. <p>Trauma is "an emotional shock that creates significant and lasting damage to a person's mental, physical and emotional growth."</p> <p><u>The four types of trauma are:</u></p> <ul style="list-style-type: none"> • Acute trauma: caused by a single traumatic event; • Chronic trauma: caused when a person experiences multiple traumatic events; • Complex trauma: exposure to chronic trauma, usually caused by adults entrusted with the child's care, and the impact of such exposure on the child; and • System Induced Trauma: caused from the very system that is to provide support or treatment. <p>Childhood trauma can last a long time or throughout their lives. It can reduce a person's life by 20 years. A summary of current practices, strengths, weaknesses, opportunities, and challenges can be found on pages 7 and 8 of the report. A Readiness Assessment is needed to determine if our system is Trauma Informed.</p> <p><u>Recommendations for Creating a Trauma Informed System include:</u></p> <ol style="list-style-type: none"> 1. Performance/Best Practice Guidelines; 2. Evidence Based Practice; 3. Implementation of Specific Strategies; 4. System Levels; 5. Practice Levels; and 6. Training. <p><u>A Trauma Informed System requires:</u></p> <ol style="list-style-type: none"> 1. Establishing a set of outcomes; 2. Working with Universities; 3. Financial support for purchasing information/training materials; and 4. Increased workforce <p>The training initiative is underway and is being scheduled. Recovery from trauma is possible. Trauma needs to be recognized and addressed. The Committee requests the support and acceptance of the Commission for this report. Karen Yost and the Committee were commended for the time spent on the research and development of this report.</p> <p>An independent evaluator for Jacobs Law is about ready to release this report at the</p>	<p>❖ The Commission members accepted the report in principle, and requested further information (chart) including the cost at next Commission meeting.</p>

<p>beginning of the next year. Jacobs Law was targeted toward children ages 4 to 10. The CANS was utilized as the assessment instrument. It is further recommended that this tool be a part of the Trauma Informed System. Furthermore, foster family care providers and DHHR staff will need to be trained on understanding how traumatized children react to attachment, crises, etc. The Service Delivery and Development Work Group will provide oversight to the Committee on the Commission's request.</p>	
<p>NGA Three Branch Institute</p> <p>West Virginia has once again been selected to participate in the National Governors Association (NGA) Three Branch Institute. This Institute will focus on Child Social and Emotional Wellbeing. The West Virginia proposal included addressing the physical and mental health needs for children in foster care. This is the second proposal accepted by the NGA Three Branch Institute. The first Institute focus was on Safely Reducing Adolescents in Long Term Foster Care.</p> <p>This Institute requires a Home Team. West Virginia's proposal recommends the Commission to Study Residential Placement of Children's members as the Home Team, if the members agree. The Commission was recommended because of the goals of the Commission and the many disciplines represented on the Commission.</p> <p>Four of the core members also serve on the Commission: Honorable Judge Gary Johnson and Juvenile Justice Monitor Cindy Largent-Hill represent the judicial branch, and the DHHR Cabinet Secretary Karen Bowling and Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services, represent the Executive Branch. The Legislative branch is represented by Senator John Unger and Delegate Don Perdue. Two additional members may be selected to attend with the core members to attend the Institute scheduled for July 2013.</p>	<p>❖ The Commission agreed to serve as the Home Team for the NGA Three Branch Institute. Other advocates and members of the West Virginia Youth Council will be encouraged to join the Home Team and provide input into the discussions involving the NGA Three Branch Institute.</p>
<p>Other Initiatives Updates</p> <p>Survey to determine barriers – The WV Child Care Association and Alliance for Children are reviewing the survey and will provide their comments at the September meeting.</p> <p>Resource Guide – The in West Virginia facilities Resource Guide has been developed and is being printed and distributed to DHHR staff and Probation and will be distributed at the Court Improvement Program Conference. The Resource Guide will be posted on both the Commission and Court Improvement Program websites.</p> <p>Out-of-Home Education Advisory Committee – Fran Warsing reported that the <i>Blueprint for Change</i> is still being used to guide best practice for the education of West Virginia's children, and the Out-of-State Facilities Review will continue with five more facilities to be reviewed in 2013. Several facilities are no longer being utilized for foster care/educational placement due to the findings of the reviews. The expectations for facilities that wish to make the necessary changes will be reviewed and possibly opened back up to be used. The Committee is also looking at facilities where one or two children are placed to see if we can limit the number of facilities utilized for out-of-state placement. The remote assessment (self-study) has been finalized. The process for the use of the remote assessment is being developed.</p> <p>Court Improvement Program</p> <p>Nikki Tennis provided an update on the Court Improvement Program (CIP) for this quarter. The CIP trainings in Charleston on July 15-17, 2013 are almost full, but there is still space at the Martinsburg trainings on July 9-11, 2013. The Juvenile Law training is new this year.</p> <p>New View (modeled after Georgia's Cold Case review project) case record reviews</p>	

<p>are being scheduled. New View looks at the barriers to achieving permanency for the children being reviewed. Recommendations from findings will be provided to WVDHHR and the Judge presiding over the specific case. There will be 50 cases reviewed this year with completion targeted for December 2013.</p> <p>At the last judicial conference, former foster children came to talk to participants about what they felt was helpful for them. This was well received.</p>	
<p>Commission Member Reflections</p> <ul style="list-style-type: none"> • The Bureau for Behavioral Health and Health Facilities (BHBF) and six provider agencies came together to be trained on understanding the needs of youth. The training included a panel of two youths. One of the youth shared that she still considered her foster family as being essential family members. • IV-E Waiver – The DHHR is assessing the viability of doing a IV-E Waiver which could allow more flexibility in using IV-E funds. • There was a change in West Virginia Law that allows truants to be supervised by the state until the age of 21. A legal interpretation is needed for how this can be done without violating the rights of an adult. Careful consideration also needs to look at where these young adults are placed. It may require the collaboration of the education being provided by an Alternative School (within a Day Report Center) and meals being provided by the public school. This is currently being done in Putnam County. • Information for the FC-18 agreement and Chafee will be provided at the September meeting. • The Commission requested that they be updated when a CON for residential care goes through the CON Summary Review (for children's programs) process. The Bureau for Children and Families will provide this information to the Commission members. • Family Courts need to be brought in earlier as they have knowledge of families and issues (i.e., domestic violence coming through Civil Court). • SB 2780, MDTs for Juvenile Delinquents, requires that any juvenile that is post-dispositional, an MDT will be provided to them. If a juvenile is in a detention center more than 60 days, a probation officer can call the MDT. WVBE wants to be involved in these MDTs also. Often when children are in placement, some schools feel that these youth should go to alternative schools even though they have demonstrated that they can attend public schools. WVDE policy requires that youth be placed in public schools if they were not in alternative schools prior to placement. Transition Specialists are to work with all children entering out-of-home care. • The Homeless Liaisons/County Attendance Directors are the first point of contact for children returning from out-of-home care. All these various school oversights need to come together to come up with a plan to work collaboratively. However, some discrepancies with public schools are being addressed. • Former foster care youth were asked in a West Virginia survey how the child foster care system could be improved. Surprisingly, the youth indicated that too much time was given to their parents to correct their behaviors that caused their children to enter foster care. They felt the "Foster Care System was broken" and that there are times when foster parents do not use the money they are given appropriately. 	
<p>The Commission meeting was adjourned at approximately 2:30PM with a special thank you to the hosts for this meeting.</p>	

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