West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Full Commission Meeting	**Meeting Date:** September 5, 2013 **Location:** Summit Conference Center, Charleston, WV

Members Present: Cabinet Secretary Karen Bowling; Nora McQuain (representing Nancy Atkins); Stephanie Bond; Cindy Largent-Hill (representing Steve Canterbury); Honorable Scott Elswick; Susan Fry; Sue Hage; Pat Homberg; Honorable David Hummel; Honorable Gary Johnson; Christina Mullins; Jackie Payne (representing Vickie Jones); Mike Lacy; Andrea Darr (representing Phillip W. Morrison); Chuck Heinlein (representing Dr. James B. Phares); Honorable Phillip M. Stowers; Nikki Tennis; Steve Tuck; and Fran Warsing.

Members Absent: Honorable Jack Alsop; Rhonda McCormick.

Guests Present: Stefanie Drake; Alicia McIntire; Regan McGaham; Karen Yost; Trudi Blaylock; Debi Gillespie; Angie Hamilton; Frank D. Andrews; Caroline Duckworkth; Linda Kennedy; Tara Stevens; Scott Boileau; Melissa Rosen; Anne Monterosso; Ghaski Browning; Raymona Preston; Joanne Dobrzanski; Rebecca Derenge; Linda Watts; Brenda Workman; Tricia Kingery;

Administrative Assistance: Linda Dalyai (BCF); Carl Hadsell (CESD)

Key Discussions	Key Decisions/Actions
Opening Cabinet Secretary Karen Bowling welcomed members and guests and called the meeting to order at approximately 10:40 AM. She indicated the importance of the work the Commission was doing. The Commission's newest member, Dr. James B. Phares was acknowledged. Chuck Heinlein, Deputy Superintendent, WVDE representing Dr. Phares was welcomed. Sue Hage was welcomed as now a member of the Commission. Sue has been appointed Interim Commissioner for the Bureau for Children and Families. Fran Warsing was welcomed back to the Commission in her role as leader of the Office of Institutional Education Programs (OIEP). The meeting minutes from the last meeting were reviewed and approved.	❖ **The June 6, 2013 meeting notes were approved, and will be provided to members and posted on the Commission's website:** http://www.wvdhhr.org/oos_comm/
Fostering Healthy Kids Christina Mullins, with the WV DHHR's Office of Maternal, Child & Family Health (OMCFH), presented information on the Fostering Healthy Kids Project.	**(See attachment 1 at the end of the notes for details of the presentation)**
Voluntary Foster Care Services Contract for Youth Over 18 (FC-18)and Youth Transitioning Services Based on a request from the last Commission meeting, discussion on FC-18 was covered. This area continued to be confusing to some, so part of the agenda was to present background information on the topic. Stefanie Drake, Alicia McIntire and Reagan McGahan presented on services for youth transitioning out of foster care. **Discussion** A number of questions were raised regarding this area. From noting a sense of a negative image given regarding "signing himself back in to the program" the FC-18 to how does education and transition plans work into this area. Different Commission members weighed in on what would be most helpful to	**(See attachment 2 at the end of the notes for details of the presentation)** ❖ **Follow up on the requests made by the Commission members on FC-18**

best understand this process which includes the FC-18 form: Those present wanted to know the specific guidelines of FC-18, perhaps in a simple flow chart. **The Commission requests the following information:** • Specific guidelines for the signing FC-18 • Provide a chart that provides what Chafee funds are for and what services/group of services (ETV, Chafee, etc.) are included. • Define the group of services (ETV, Chafee, etc.) • How does the child enter the program (qualify) both from within the system and when returning to the system • Determine role of MODIFY staff. • Statistics on what services children are receiving (e. g., foster children that sign the FC-18; go on to post-secondary education and what type). • Clarify what happens if a youth has a "trial" placement back with parents (remaining in the states custody) and remain eligible to sign the FC-18 • How is the youth's education reviewed • The number of foster care youth that go on to college. It was requested that a team meeting to include: Alicia, Stefanie, Reagan, and the members on the Service Delivery & Development Workgroup and to include the Best Practices that have been provided previously to see where the state is and what should be in place. There was a comment about transition planning. Some felt there was not, if any, transition planning happening. Susan Fry indicated a standard template for a transition plan is being developed. She also thought it important to go back to look at best practices which Service Delivery & Development had done earlier.	
Trauma Informed Committee Recommendations Follow-up Karen Yost provided follow up information that was requested from the last meeting. This was information on what it will take to implement the recommendations from the Trauma Informed Committee. The Commission members were asked to review the information, specifically, What Will it Take?	❖ **Karen will provide discussion points to consider by Commission members at the next meeting** ❖ **Jackie Payne will provide information on the TA provided by the Center for Trauma Informed**
Performance Benchmarks/Definitions & Data Analysis The Performance Benchmarks/Definitions & Data Analysis was provided. The trend was not in pace with what the Legislation had put in code. It was noted that since 2010, the number of children in out-of-state placement has remained relatively at the same level. This sparked discussion on trying to understand more about the data and what is happening to not get the number lower. (Several comments centered on recognizing that the number may never get to zero).However, some members stated since the Commission's inception that the out-of-state placements which were over 400 have dropped significantly.	❖ **Follow up on the requests made by the Commission members on the data analysis**

They are now at approximately 200. Commission members would like the strategies that were implemented that should have impacted the out-of-state placements, these include: • Children (150) are involved with Drug Courts keeping these children out of foster care/out-of-state • Standardized assessments • No denial provider contracts (Providers may deny when they do not have the information needed to determine if they can meet the child's needs in their programs). What is needed to prevent out-of-state placements: • In-home community services to prevent out-of-home placements Centralized placement referral Review how we level providers (PRTF, Group Care and Shelter Care) Using the information that was isolated from the December 2012 monthly data on out-of-state placed children (approximately 99 (adjudicated delinquents) that is already being analyzed, the Commission requested information based on the following discussion points. • Most children that are placed in psychiatric facilities, it is due to their behaviors/treatment needs • Sex Offenders are also difficult to place in-state • Point-in-time data on what was available as identified on the Child Placement Network on the day placement was made • Was protocol/policy (CAPS, etc.) followed? Pre-disposition MDT • How many children received a Regional Clinical Review and what was the recommendation • Reasons children are being placed out-of-state (MDT minutes may provide this information) • What counties these children are coming from Judges rely on DHHR workers to provide facts on what is available. MDT members that include the DHHR workers are responsible for making placement recommendations. A part of this discussion, especially offered by those Judges present, was concern as to what really is going on or happening at the "moment of placement" in the court room. Who do they rely the most on for a decision – DHHR case worker, MDT results, etc? Even though the Court requires every Judge to record why a child was placed out of state, there is concern that the data will take a while to become meaningful, if it will at all based on what the individual Judge' writes. Overall this discussion pointed to the need to ensure good analytics are in place and that objective data be a regular requirement of work the Commission reviews or undertakes.	
Commission's Action Table Review The working Actions Plan Table was distributed in the meeting materials. This table reflects the specific areas the Commission is addressing, especially in the next few years. This will be monitored throughout the year to determine what strategies (e.g., prevent out-of-home care; reduce the time spent in out-of-	❖ **Continue to refine the Actions Table and keep updated with dates.**

home care; and ensure the overall safety, permanency and well-being of children that must be placed in out-of-home placement) .	
2013 Three Branch Institute Implementation of the WV Workplan West Virginia was selected to participate in the National Governor's Association (NGA) Three Branch Institute. This Institute is focused on the social and emotional wellbeing of children in foster care. The core team members include: Honorable Gary Johnson, Cindy Largent-Hill; Secretary Karen Bowling, Cynthia Beane, Sue Hage, Senator John Unger, and Delegate Don Perdue. The Home Team includes the members from this Commission. The outcomes for this Institute are: • 100 percent of children entering foster care will be seen by an appropriate primary care provider within 72 hours • 100 percent of children entering foster care will be screened for medical and behavioral health needs and trauma through our Health Check screening process (EPSDT) • Build capacity for mental and behavioral health care services for children by a focus on redesigning the West Virginia behavioral health system through various mechanisms which may include using Results Based Accountability • Remove barriers related to requirement to receive state paid behavioral health services • Validate the appropriate use of psychotropic medications for children in congregate care and foster care • Increase collaboration related to child well-being between the three branches of government in West Virginia • Safely reduce the number of children in care by 5.5% by reviewing the MDT process and assure consistent state-wide compliance • Reduce the incidence of drug addicted infants placed in out-of-home care by establishing processes to provide drug addicted infants and their families with appropriate resources The plan includes quarterly Three Branch Institute Core Team meetings and conference calls; Home Team meetings; hosting a Three Branch summit in West Virginia and visiting Tennessee to learn about their Three Branch process. The following Workgroups have been established: **Health Screening, Capacity and Access, Psychotropic Medication, Out of Home Placement, Drug Addicted Infants** Members for Workgroups were identified during a conference call of the Core Team members, Home Team members and others. This information is included in today's packets.	❖ **Continue to involve the Commission in the Three Branch Institute work and provide detailed updates at future meetings.**
Annie E. Casey Update Sue Hage provided information for the Annie E. Casey activities presently in WV. Annie E. Casey is providing technical assistance to West Virginia to determine how children come into care. We are in the initial phase that involves a survey	

with Child Protective Services (CPS) and Youth Services (YS) direct line staff. It is expected that others will be interviewed. West Virginia will decide what next steps they wish to take once the survey has been completed. Annie E. Casey and Casey Family Programs work closely together so we can get a coordinated assessment.	
HB2780 (§49-5D-3 and §49-5D-3(c) Update Stephanie Bond provided information for **(§49-5D-3 and §49-5D-3(c) Update** These bills allow Division of Juvenile Services to call an MDT to better meet the needs of children in their care.	
Children in Out-of-Home Care Education Advisory Committee Fran Warsing provided an update for the Children in Out-of-Home Care Education Advisory Committee. The Committee plans to continue with Fostering Connections and the American Bar Association recommendations found in their *Blueprint for Change: Education Success for Children in Foster Care* (Goals 1 through 3 and Goal 7). The Committee has narrowed their focus for children in out-of-state to understand if their educational needs are being met. The Committee is also looking at a child''s transition back to West Virginia and how "transition specialists" are part of this. They proposed a meeting among WVDE and DHHR employees engaged in transition work. Anne Monterosso is taking Debbie Ashwell's place regarding children that are special needs. The eight Transition Specialists that will look at non-special needs children for the Out-of-State Reviews. The goal is to have a plan for each child (special needs and non-special needs) placed out-of-state. The DHHR, DJS and WVDE will work together on this.	❖ **Follow up on the transition back to WV work by this committee.**
Court Improvement Program (CIP) Update Nikki Tennis provided an update on the activity of the CIP. Training: • 800 individuals (CPS, YS and Guardian Ad Litem) • 270 GAL trained to be eligible as GALs o July 7 & 8 (Bridgeport) o July 10 & 11 (Charleston) • What constitutes a removal is an ongoing discussion Bob Noone (a speaker at this year's conference and planned to be at next year's conference) who discusses innovated technology to track children was well received. New View project – a meeting is taking place to discuss the status of the project on October 1st The CIP continues to work on JANIS improvements The CIP is helping the state to maximize IV-E reimbursement funds The CIP is assisting with the 99 children out-of-state within 50 miles report	

Next Meeting of the CIP Board is October 25, 2013	
WV Out-of-Home Care Resource Directory The Alliance for Children, the WV Child Care Association, Emergency Shelters, and Foster Family Associations are partnering with the Bureau for Children and Families developed a comprehensive "book" on in-state services. Bound copies were made available to Commission members at this meeting. This directory is being distributed to other groups. An online version is now available. Those present were very pleased to have this new resource available at www.WVCCA.Org	
Key Discussions ***Juvenile Proceedings and Habitual Truancy (§49-5-2(f)*** Legislation to amend and reenact West Virginia code to extend circuit court jurisdiction over Juvenile status offenders adjudicated delinquent for habitual truancy until the juvenile reaches twenty-one year of age or completes a court ordered education plan. Judge Stowers is going to use his Juvenile Drug Courts to provide the education and the high school to supply meals. Sue said the DHHR will be working with others to determine how we will do this and will bring this back at the December meeting. ***WV Providers Report on Barriers*** – The Alliance for Children and the WV Child Care Association completed its survey of residential providers on the barriers they have/will have in making changes to deliver their services outside their facilities and in the communities of West Virginia. The next step is for BCF representatives to meet with the providers and discuss the report. Summary findings and possible actions will be presented in December's meeting.	❖ **Provide additional information at December meeting on this code.** ❖ **Provide report on findings from providers report**
Commission Member Reflections Jackie Payne - "It's My Move" is being printed (5000 brochures and 10,000 cards) to expanded school mental health personnel and others. Jackie Payne - Integrated Behavioral Health Conference on September 17 – 19, 2013. Andrea Darr - Children in Poverty Conference scheduled for October 24th & 25th. Commission members were encouraged to attend as topics overlap topics that are of interest to the Commission. Steve Canterbury and Andrea Darr will be doing a presentation on Foster Care Reform. Judge Johnson thanked Secretary Bowling for her attendance, saying it makes a big difference to the Commission's success. *Meeting was adjourned at approximately 1:30 p.m.*	

Attachment 1

Fostering Healthy Kids Pilot Project Presentation

The Fostering Healthy Kids Pilot Project was implemented in September 1, 2010 and included Roane and Clay Counties. Kanawha County was added to the project in July 2013.

HealthCheck is the program named as the Early and Periodic Screening, Diagnoses and Treatment (EPSDT) federally required program. HealthCheck is required for all children receiving Medicare up to the age of 21.

The OMCFH works jointly with the Bureau for Children and Families to implement HealthCheck and CSHCN to facilitate coordinated services for children in foster care.

The goal of the Fostering Healthy Kids Project is to ensure that all children placed in foster care receive screening, diagnosis and treatment of health problems before they become more complex.

Services:

- Assure all children receive EPSDT exam/connection to a medical home at placement
- Record key data elements in the social service data system (FACTS)
- Assure children receive routine health exams as indicated by the American Academy of Pediatrics (AAP).
- Provide health care coordination to foster children in Roane and Clay Counties and now Kanawha County.
- Components of the Project include:
    - All children placed into foster care are required to have a HealthCheck EPSDT exam within 72 hours of placement
    - The Bureau for Children and Families FACTS documentation system is utilize to ID and track children
    - Families are contacted to facilitate medical appointments
    - Comprehensive health assessment that is on-going and is in accordance with recognized standard of care
    - Facilitate access to health care services and treatment
    - Management and tracking to verify care is received, including an easily accessed computerized management information system
    - A centralized individual electronic medical record for each child
- Data:
    - The number of children in foster care with a documented medical provider has improved from 30% to greater than 95%. The number of children who have a documented medical exam within 30 days of placement has increased from 40% to above 90%.
    - 190 children, in Roane and Clay Counties, received HealthCheck services. Six children are receiving care coordination. This number would be higher. However, this does not include children with behavioral health needs.
- Information collected include:
    - Body Mass Index (BMI) – nearly half of all children are “unhealthy.”
    - Tobacco Exposure – foster children are still among the highest number of children using tobacco. Children at the greatest risk for tobacco exposure and other drug exposure are those between the ages of 12 and 17.

- Data for West Virginia children in foster care include:

- Nationally, children in foster care account for 25-41% of expenditures within the Medicaid program despite representing less than 3% of all enrollees
- In 2012, 48% of children enrolled in foster care utilized the Emergency Room on at least one occasion.
- The average cost of an Emergency Room visit for this population is approximately $3,248.
- In 2012, 6% (348) children in foster care were admitted to the hospital at least one time, In addition, there were 87 readmissions. The average cost of a hospital admission was $43,585
- In 2012, 47% of children received at least one psychotropic medication at an annual cost of $1,730.

Public Health Vision:

- Access to EPSDT Services
- Coordinated Health Care
- No exposure to tobacco
- Adequate and healthy nutrition
- Participation in recommended physical activity
- Exceptional clinical services

Additional Comments:

- If medications are known they are included for children receiving care coordination.
- Workforce is an obstacle to including behavioral health care.
- Pressley Ridge is looking (in other states) to partner with primary care doctors. The Foster Family Treatment Association (FFTA), for which Pressley Ridge is a member, recommends this partnership to be included for a true treatment foster care model. They are also looking at how to enter a true partnership to get the EPSDT completed within 72 hours. West Virginia does not have a true “Therapeutic Foster Care” program.

Attachment 2

Voluntary Foster Care Services Contract: Understanding of the Parties for Continued Foster Care Services (FC-18) Presentation

Services that promote independence are offered to foster care youth beginning at age 14 and throughout their stay in foster care. At the age of 18 years old, foster children have the right to refuse foster care services. However, for many youth (foster children are no different), when a youth turns 18 years old, they are not ready to live on their own. Foster care youth who would like to complete their educational program (High school, College, or any other educational program) have the option of signing an Understanding of the Parties for Continued Foster Care Services or what is referred to as an FC-18.

The FC-18 is an understanding (individualize contract) between the DHHR and the youth. By signing the FC-18, the youth agrees to comply with the supervision and guidance of the Department social worker and their foster care placement provider agency/caregiver and continue pursuing an education.

Chafee

Chafee is a federal funding source that includes services available to foster care youth, beginning at age 14. Those services can include a wide variety of things that meet the needs of the youth.

Mentoring & Oversight for Developing Independence with Foster Youth (MODIFY) services are for youth that are likely to remain in foster care until the age of 18. Chafee funds for MODIFY include: free assistance in housing, medical, education and employment as well as assistance in emergency situations.

Eligibility:

- If a youth was in DHHR custody prior to Division of Juvenile Services, they are eligible to sign the FC-18
- They are former foster care recipients, who age out of foster care at 18 or older and have not reached their 21st birthday
- If they leave while in DJS they are not eligible for room and board.

Youth do not have to sign an FC-18 to be eligible for MODIFY services.

Youth Transitioning Services

Youth Transitioning Services begin when a youth in foster care is age 14 years old.

At age 14 years old, a youth is given a Life Skills Assessment and Learning Plan to Teach Life Skills. They are also assessed to determine what career options are available to them (GED, College, technical schools).

At age 16 years old, a youth is given another Life Skills Assessment and continues with their Learning Plan to Teach Life Skills; a Transition Plan is developed and a credit report history is pulled to ensure that a youth is not being exploited to ensure the youth information (social security number) hasn't been used by someone other than the youth.

At age 17 years old, youth are once again given the Life Skills Assessment and continues with their Learning Plan to Teach Life Skills; a Transition Plan is reviewed; and another credit report history is pulled; the National Youth in Transition Database (NYTD) federally required survey is administered to see how the youth is doing as they transition out of the foster care system. This survey is again administered after the youth's 19th and 21st birthday. Additionally, at the age of 17 years old, the youth is provided with information about Advance Directives, Social Security Disability, Adult Services and Chafee personnel are invited to attend a Multidisciplinary Treatment Team meeting.

At age 17 ½ years old, a referral is made for MODIFY to assist with planning for the transition to adulthood. This could include education and where the youth intends to live. HealthCheck (EPSDT) is also completed prior to the youth's 18th birthday to connect a youth to services needed. Youth are being encouraged to get dental, vision and preventative exams before their 18th birthday and how to apply for a Medical card after the age of 18 (new law). Youth are also given a GED option program is eligible for youth (regular diploma) that are so far behind receiving a diploma.