

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

**Group Meeting:**  
Quarterly Full Commission Meeting

**Meeting Date:** December 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); Nancy Exline; Susan Fry; Pat Homberg; Honorable David Hummel; Honorable Johnson; Vickie Jones; Mike Lacy; Rhonda McCormick; Chuck Heinlein (representing Dr. James B. Phares); Rhonda McCormick; Nikki Tennis; Steve Tuck; and Fran Warsing.

**Members Absent:** Honorable Jack Alsop; Honorable Scott Elswick; Phillip W. Morrison; Honorable Phillip M. Stowers; Letitia Tierney

**Guests Present:** Renee Harrison; Julie DeMattie; Tricia Kingery; Raymona Preston; Jacqueline Columbia; Heather Collins; Barbara Jones; Joanne Dobrzanski; Linda Watts; Sheila Paitzel; Linda Kennedy; Caroline Duckworth; Scott Boileau; Karen Yost; Jacob Green; Rebecca Derenge; Regan McGahan; Stefanie Drake; Carla Harper; Tina Faber; Michelle Baughman; Vicki Pleasant; Trudi Blaylock; Debi Gillespie; and Frank Andrews.

**Administrative Assistance:** Linda Dalyai (BCF); Sue Hage (Deputy Commissioner)

### Key Discussions

### Key Decisions/Actions

#### *Opening*

Cabinet Secretary Karen Bowling welcomed members and guests and called the meeting to order at approximately 10:35 AM.

The meeting minutes from the last meeting were reviewed and approved.

❖ **The September 5, 2013 meeting notes were approved and will be provided to members and posted on the Commission's website:**

[http://www.wvdhhr.org/oos\\_comm/](http://www.wvdhhr.org/oos_comm/)

#### *Uniform Transition Plan*

Nancy Exline provided an overview for youth in transitioning into adulthood. The DHHR staff begins working with youth at the age of 14 years old with a Life Skills Assessment. At age 16, youth begin working on the needed skills that were identified in the assessment.

A memorandum (provided in meeting packet) has been sent to staff to reiterate the policy and expectations regarding preparing youth to transition to adulthood.

The Multidisciplinary Treatment (MDT) Teams collaboratively make recommendations that impact placements and youth transitioning to adulthood. The child's Social Workers, Court and other stakeholders at the MDT ensure that the information is a part of the transition plan.

The Service Delivery & Development (SDD), Older Youth Transitioning to Adulthood Best Practice Task Team (led by Ramona Preston and Kelli Holbrook), drafted a transitioning plan (provided in meeting packet) that is used for youth at age 16 years old. The task team will be finalizing the document prior to the next meeting. Because representatives from education are not on the SDD, Older Youth Transitioning to Adulthood Task Team, representatives at today's meeting were encouraged to join the team and/or provide input.

Fran Warsing requested that the High School Equivalency test replace the General Equivalency Diploma (GED) on the Transition Plan. The GED will

❖ **Involve education in reviewing the document one more time.**

❖ **Focus March meeting on MDT (institutional and regular education).**

<p>no longer be administered by the developer.</p> <p>Additionally, the Court Improvement Program, MDT Committee, no longer has an educational representative participating as a member on this Committee. Fran Warsing will provide names of educational representatives that can participate.</p> <p>The Transition Plan will be completed during the Out-of-State Monitoring Reviews.</p> <p>The DHHR staff will be trained on the Transition Plan after the document is finalized.</p> <p>The Transition Plan is tied back to the Readily at Hand Checklist.</p>	
<p><b><i>Transitioning Services and FC-18</i></b></p> <p>Carla Harper provided an overview of the Chafee Eligibility Desk Guide.</p> <p>Chafee is federal funding provided to youth in foster care up to age 21. The Chafee funds are distributed based on the rules for using these funds (e.g., the need must be indicated in the Transition Plan). The Chafee Act is targeted for children that are state wards.</p> <p>Youth establish the baseline of information and need for preparing for the transition to adulthood. However, others working with youth can provide input to guide the youth in identifying areas that need developed.</p> <p>As indicated previously, the DHHR staff begins providing/contracting for services as early as 14 years old. These services can be applied to all children up to the age of 21.</p> <p>Chafee funds are provided to and administered by the DHHR. Chafee funds can only be used if the youth's Transition Plan indicates the need and "leads to gainful employment."</p> <p>The DHHR contracts with West Virginia Center for Excellence in Disabilities (WVCED), Mentoring &amp; Oversight for Developing Independence with Foster Youth (MODIFY) to provide some services that utilize Chafee funds. WVCED (MODIFY) was formally referred to as Chafee but was renamed because they do not administer services for the entire population that may utilize Chafee funds.</p> <p>The MODIFY staff (provided in meeting packet) is assigned to a youth 6 months prior to their 18<sup>th</sup> birthday.</p> <p>Chafee Educational Training Vouchers can cover additional educational funding that is not covered by other funds. These funds are available to former or current foster care youth.</p> <p>All other funds (i.e., WV Higher Education; Free Application For Student Aid (FAFSA), must be utilized before Chafee funds are considered.</p> <p>The DHHR provides the former or current foster care youth with verification for the federally funded Foster Care Tuition Waiver. This funding is not provided by the state directly. However, the verification is needed to apply for these funds.</p> <p>If the MDT feels that Chafee funds could be utilized, the central office will review to see if Chafee funds can be utilized. Exceptions can be made.</p> <p>Other special circumstances can be added to eligibility Desk Guide.</p> <p>Higher Education Vouchers are also provided to youth through the WVDE.</p>	

<p><b>Providers Study of Barriers</b></p> <p>Summary findings and possible actions were tabled until the March 2014 meeting.</p>	<p>❖ To be put on the March 2014 agenda.</p>
<p><b>Performance Benchmarks/Definitions &amp; Data Analysis</b></p> <p>The Performance Benchmarks/Definitions &amp; Data Analysis for the month of December 2013 was provided.</p> <p>For the past few years, the numbers have not changed. One of the tasks of the Three Branch Institute will be to reduce the number of children in out-of-state and the distance children are placed from their homes.</p>	<p>❖ A comparison from 2012 and 2013 will be provided following the meeting.</p>
<p><b>Trauma Informed Committee Recommendations Follow-up</b></p> <p>Karen Yost provided an overview of the Trauma-Informed Care Implementation Report (provided in the meeting packet) that includes the recommendations of the Service Delivery and Development Workgroup, Trauma Task Team.</p> <p>To be trauma-informed involves understanding, recognizing, and responding to the effects of all types of trauma.</p> <p>There are three areas that have been done to date. These are:</p> <ol style="list-style-type: none"> <li>1. <b>State Readiness</b> – includes the endorsement of recommendations by the Commission to outline what is specifically needed to be Trauma Informed.</li> <li>2. <b>Workforce Development</b> – includes Trauma-Informed training for 1,700 to 1,800 individuals.</li> <li>3. <b>Screening/Assessment</b> – includes the completion of a universal screener for mental health, substance abuse, and trauma.</li> </ol> <p>There are three areas that need to be completed. These are:</p> <ol style="list-style-type: none"> <li>1. <b>State/System Level</b> – includes formalizing the state's commitment to implementing the trauma-informed care across all child serving systems and provide mechanisms for demonstration projects and grants.</li> <li>2. <b>Workforce Development</b> – includes establishing minimum requirements for competencies and training and work with academic institutions and professional licensure boards to adopt trauma training and licensure requirements.</li> <li>3. <b>Screening/Assessment/Treatment</b> – includes adapting a universal screening tool/protocol for use by non-clinical child serving systems and standardizes protocols/practice guidelines.</li> </ol> <p>Secretary Bowling stated that as work is completed “operationalized” and outcomes are established, DHHR will need to revise staff orientation.</p> <p>Probation Officers still need this training.</p> <p>A Bureau for Health and Health Facilities consultant participated in a task team meeting and felt the training needed to be continued.</p>	<p>❖ Karen Yost will provide discussion points to consider by Commission members at the next meeting.</p> <p>❖ Jackie Payne will provide information on the TA provided by the Center for Trauma Informed.</p>
<p><b>Commission's Key Actions and Annual Report</b></p> <p>Sue Hage provided an overview for the changes to the <i>Commission's Key Actions</i> document. Although, the Action Plan is useful for administrative</p>	<p>❖ An overview of activities will be provided at each quarterly meeting beginning in March</p>

<p>staff, it is lengthy and difficult to review or discuss during the meetings.</p> <p>Beginning in March, a “one-page” overview of activities that has been completed within the quarter will be provided at the quarterly meetings.</p> <p>During this next quarter, we will be drafting our <i>Advancing New Outcomes, Annual Progress Report</i>. Our goal will be to draft the annual report in January and finalize and provide the report to Legislators before the 2014 session is adjourned.</p>	<p><b>2014.</b></p>
<p><b>2013 Three Branch Institute Implementation of the WV Workplan</b></p> <p>Karen Bowling provided an overview of the progress of the Three Branch Institute on Child Social and Emotional Well-being of Children in Foster Care.</p> <p>The core team members include: DHHR Cabinet Secretary Karen Bowling, Honorable Gary Johnson, Cindy Largent-Hill, Cynthia Beane, Sue Hage, Senator John Unger, and Delegate Don Perdue. The Home Team includes the members from this Commission and other stakeholders.</p> <p>The following Committees have been established:</p> <ol style="list-style-type: none"> <li><b>1. Health Screening;</b></li> <li><b>2. Capacity and Access;</b></li> <li><b>3. Psychotropic Medication;</b></li> <li><b>4. Out of Home Placement; and</b></li> <li><b>5. Drug Addicted Infants</b></li> </ol> <p>Each of these Committees, that include many different disciplines, is developing work plans that will be included into the work plan for achieving the desired outcomes.</p> <p>Included in this work plan is a competitive waiver that will be will applied for by February 2014. The waiver will provide funding for a wrap-around concept that will support children that have multiple and significant needs. Casey Family Programs is helping us apply for this waiver.</p>	<ul style="list-style-type: none"> <li>❖ <b>Continue to involve the Commission in the Three Branch Institute work and provide detailed updates at future meetings.</b></li> <li>❖ <b>In March, the work groups will provide findings and recommendations to the Commission (Home Team) of Three Branch.</b></li> </ul>
<p><b><i>Children in Out-of-Home Care Education Advisory Committee</i></b></p> <p>Fran Warsing provided an update for the Children in Out-of-Home Care Education Advisory Committee. The Committee is interested in:</p> <ul style="list-style-type: none"> <li>• Looking at children transitioning from out-of-state back to West Virginia. The DHHR in Parkersburg is going to discuss with them about transitioning children from out-of-state and those returning in state.</li> <li>• The Committee (WVDE) will advertise a position to look at children returning from out-of-state.</li> <li>• Using the data that was gathered for the Reaching Every Child (2005), the Committee is interested in seeing where these children are now.</li> </ul> <p>55 Superintendents’ Survey: Additional information was provided when Nikki sent out the survey again.</p> <p>Communication is important. Out-of-state providers have been given the expectations that West Virginia has with regards to West Virginia children. We are now beginning to review their contracts to ensure this same</p>	<ul style="list-style-type: none"> <li>❖ <b>The Transition Specialist list will be provided at the March meeting.</b></li> <li>❖ <b>Shelters related to McKinney Vento questions can be provided to Rebecca “Becky” Derenge at <a href="mailto:rderenge@access.k12.wv.us">rderenge@access.k12.wv.us</a>.</b></li> </ul>

<p>language is included.</p> <p>The Committee is working hard to ensure that all schools understand that it is a violation to deny children their right to attend school. Transition Specialists are assigned to counties, and while they are stationed in a particular school, they are available county-wide. Transitional Specialists are addressing only children transitioning from out-of-state. Fran Warsing said to contact her office when a child is denied the right to attend school.</p> <p>Options Pathways is also being utilized for youth that are falling behind.</p>	
<p><b><i>Court Improvement Program (CIP) Update</i></b></p> <p>Nikki Tennis provided an overview and a report (provided in the meeting packet) regarding the 99 children that were beyond 50 miles as indicated in last year's Annual Report (December 2012).</p> <p>Nikki received surveys back from jurisdictions for 51 of the 99 children.</p> <p>Many of the jurisdictions were working collaboratively and provided reasons for the out-of-state placement.</p> <p>The survey showed:</p> <ul style="list-style-type: none"> <li>• 39 of the 51 children were male.</li> <li>• "Almost all had delinquency charges."</li> <li>• Regional Clinical reviews were mentioned in the orders.</li> <li>• Some of those that were beyond 50 miles from their home county were placed less than 100 miles.</li> <li>• Most of these children are no longer in care with one child deceased.</li> <li>• While the numbers of those out of state beyond 50 miles stay the same, they are not typically the same children.</li> <li>• Most Court Orders have the standard findings regarding the reason for out-of-state placements.</li> <li>• Of the 51 children, approximately half of the males would have been eligible for Rubenstein. Most judges feel Rubenstein is the new "Salem." Salem is considered a "last resort" so Judges also consider Rubenstein to be a last resort. More information may need to be provided to Judges about the use of Rubenstein.</li> <li>• Some children are receiving delinquency charges while in placements (some of these behaviors are due to trauma). Facilities need to be able to identify traumatized children and provide treatment as needed.</li> <li>• It was found that sometimes the MDT wanted charges filed against the child because victims may want charges filed (there are always outliers in each situation).</li> </ul> <p>The survey responses also showed:</p> <ul style="list-style-type: none"> <li>• Additional education is needed regarding the needs of these children.</li> <li>• The MDT needs to ensure that the needs are identified upfront and treatment/services fit those needs (BHHR trains how to deal with escalating behaviors, and there are very specific things that can be</li> </ul>	<p>❖ <b>A closer look is needed for those children that didn't have an assessment.</b></p>

<p>done).</p> <ul style="list-style-type: none"> <li>• Expectations need to be in place on how to deal with these children.</li> </ul> <p><u>Next Steps</u></p> <p>Out-of-State facilities that have the majority of children in foster care will be reviewed to capture 1) where they are coming from and 2) what their needs are. Reviews will begin with those children that are placed furthest from our state.</p> <p>When reviewing reasons why children in foster care are placed out-of-state, the business rules that apply for in-state providers need to be applied (i. e., is the service treatment for substance abuse or substance abuse education).</p> <p>In-state providers need to work together with community partners to ensure children's needs are met.</p> <p>As with this Commission, the Governor is very committed to keeping children in West Virginia if their needs can be met in-state.</p>	
<p><b><i>Commission Members Reflections/Requests</i></b></p> <p>Meetings are more productive when less time is given to presentation and more time given to members discussing the issues.</p> <p><i>Meeting was adjourned at approximately 1:30 p.m.</i></p>	