

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Commission Meeting
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Meeting Date: September 11, 2014
Location: Charleston Civic Center

Members Present: Cabinet Secretary Karen Bowling; Keith King (representing Cynthia Beane); Stephanie Bond; Cindy Largent-Hill (representing Steve Canterbury); Commissioner Nancy Exline; Sue Hage; Susan Fry; Sheila Paitsel (representing Pat Homberg); Honorable Gary Johnson; Andrea Darr (representing Philip W. Morrison II); Honorable Philip M. Stowers; Steve Tuck; Christina Mullins (representing Letitia Tierney); and Jacob Green.

Members Absent: Vickie Jones; Mike Lacy; Honorable Jack Alsop; Honorable Scott Elswick; Honorable Davis Hummel, Jr.; Dr. James B. Phares; Nikki Tennis; and Rhonda McCormick;

Guests Present: Nancy Sullivan; Linda Watts; Michele Sigler; Amy Lawson-Booth; Heather Collins; Linda Kennedy; Joe Deegan; Lora Dunn-Carpenter; Frank D. Andrews; Raymona Preston; Jacqueline Columbia; Angie Hamilton; Jennifer Graham; Gwen Davis; Tara Stevens; Caroline Duckworth; and Sheila Walker.

Administrative Assistance: Linda Dalyai (WV DHHR, BCF)

Commission Meeting	Decisions
<p><u>Opening</u></p> <p>Cabinet Secretary Karen Bowling called the meeting to order.</p> <p>The meeting minutes of the June 6, 2014 meeting were reviewed and approved.</p>	<ul style="list-style-type: none"> • The June 6, 2014 meeting notes were approved and will be provided to members and posted on the Commission's website: http://www.wvdhhr.org/oos_comm/
<p>OLD BUSINESS</p> <p><u>Lily's Place</u></p> <p>Nancy Sullivan provided an overview and update on the "Lily's Place" pilot project. Lily's Place is a center in Huntington that will soon begin taking babies addicted to drugs, and their mothers. The center will take up to 12 babies. Cabell Huntington Hospital's Medical Director will oversee the center. Currently, babies addicted to drugs are treated in hospital NICU and/or sent home with parents or guardian. These babies born addicted experience difficulty as the child withdraws from addiction. These babies are very sensitive to light and sound which are typically common in hospital settings. Cabell Hospital implemented a program for these babies in their own NICU.</p> <p>The goal of Lily's Place is to be a short-term transitional home to alleviate the baby's drug withdrawal symptoms and provide parents training on the needs of their baby so the baby can go home with minimal risk.</p> <p>Lily's Place is supported by Presteria. Presley Ridge is working with Presteria to develop foster homes for those children that cannot return home.</p> <p>West Virginia is the second state to implement this program.</p> <p>Referrals for Lily's Place are to be sent to the DHHR.</p>	

<p><u>Mentoring & Oversight for Developing Independence (MODIFY) with Foster Youth</u></p> <p>Sue Hage provided an overview on the MODIFY (provided in the meeting packet).</p> <p>The MODIFY information has been revised to be more concise on what the MODIFY services include. 1) Chafee Education and Training Vouchers; 2) Map of Coverage with toll free number and website; 3) Overview of what staff provide; and 4) Foster Care Tuition Waiver.</p> <p>MODIFY is just one set of services for youth. A youth does not need to be in an apartment to be able to tap into some of the MODIFY services.</p> <p>Eligibility is different depending on the criteria of the service. The federal funding source determines the service criteria.</p> <p>DHHR wants to share what services are available. As the need for additional services is known, DHHR will request additional funding.</p> <p>DHHR is currently revising it's website to make it easier to find information. The information on MODIFY will be added to the revised website.</p> <p>Tina Faber was commended for doing a great job on the MODIFY informational materials.</p>	
<p>George Junior Update on Distance Clarification</p> <p>Linda Dalyai provided an update on a request from the previous meeting (June 5, 2014) that the data found on the Commission's Performance Scorecard for children out-of-state was being reported inaccurately because the distance of George Junior, an out-of-state facility in Pennsylvania, was not being reported correctly. The concern was that George Junior was being reported to be less than 50 miles of the border of West Virginia, which it is not.</p> <p>The Commission's Performance Scorecard identifies children in out-of-home placement for both in-state and out-of-state. The distance is calculated by taking the raw data from the Family And Child Tracking System (FACTS) system provided in a FREDI report (PLC5160) and running a "macro script" that takes out duplicates; etc.</p> <p>The part of the script that calculates the distance from the child's home county address (zip code) to the child's placement address (zip code) involves the script going out to a website. This website includes a tool that calculates the distance between coordinates (longitude and latitude) to get the Nautical Miles (not driving time). This tool was selected because it is free and available. Other mapping calculators such as MapQuest, Inc. and Maps.Com are not free and are set up so that they will not allow "scripts" to use their website calculators. Linda looked at the Performance Scorecard data for April 2014. On April 30, 2014 there were 38 children placed at George Junior Republic. Of these 38 children, 37 were placed more than 50 miles from their home county and 1 was placed within 50 miles. The home county for the child that is placed within 50 miles is Newell, West Virginia 26050. One route from MapQuest, Inc. calculates the driving time as 82.26 miles and other route to be 58.87 miles.</p> <p>Since the tool used to calculate the distance to George Junior from each child's home community calculates nautical miles ("as the crow flies"), the calculations are most likely accurate.</p>	

<p>The Commission values children placed appropriately so that their needs are met and in the closest proximity to their parents so visits can take place.</p>	
<p>Child Placement Network (CPN)</p> <p>Sue Hage provided information regarding a request to see if the Division of Juvenile Service (DJS) has the ability to update their information.</p> <p>Sue provided an overview of the trend analysis (provided in the meeting packet) that included the total number of beds available and the total number of beds available for each level of care. The total number of beds available for DJS does not show number of beds available because DJS has not reported any.</p> <p>Stephanie Bond will be provided with information on registering and entering data into the CPN and will determine who will update information each morning.</p> <p>Sue provided the following response to a question about Crisis Shelter Care:</p> <p>Crisis Shelters/Support is considered a level 4 because the treatment bundles (rehabilitation services) are intense. When services are bundled, they are services that are used at least once a day. Each shelter has a limit on the number of beds (clients they can serve).</p> <p>Levels are determined by the amount of treatment services and the intensity of the services needed. The cost methodology for these services/bundles of services is not as easy to define.</p> <p>Sue and Judge Johnson made the following response to a question about the “50 miles from the West Virginia border definition”:</p> <p>The Performance Scorecard identifies the distance/50 miles for all children in the Commission’s targeted placement types (in-state and out-of-state). The “50 miles” definition was first determined after Judges in the northern and eastern panhandles stated that in some areas of the state, it was closer to use an out-of-state facility than a facility in-state. The DHHR also felt that “50 miles” was an acceptable distance for families to visit with their children in out-of-home placement.</p>	<ul style="list-style-type: none"> • Linda Dalyai will provide Stephanie Bond with information on registering and entering data into the CPN
<p>IV-E Waiver</p> <p>Nancy Exline provided an update on the IV-E Waiver. The WV Three Branch Institute, IV-E Waiver committee was instrumental on completing the waiver and a lot of time was put into the development of the waiver in the short time given (WV had 60 days to develop this waiver).</p> <p>The IV-E Waiver does not provide additional funds, but allows for more flexibility in the use of current funds.</p> <p>Back in October, Casey Family Programs came to WV and provided the following data: WV was ranked 5th in the nation for congregate care and we take more children into care 3 times higher than other states for bringing children into care.</p> <p>States receive reimbursement for each child coming into care that meets IV-E eligibility criteria. Essentially, the number of children eligible for these funds and the number of children in out-of-home care give a penetration</p>	

<p>rate. This rate determines the funds each state can pull down.</p> <p>The IV-E Waiver does not provide additional funds. Instead, it allows states to “freeze” their penetration rate while they are allowed to use their funds in ways that are not generally allowed. When applying for a IV-E Waiver, it’s important to have the penetration rate “frozen” at a high rate (which means pulling down more funds).</p> <p>In the last year, WV was able to bring the penetration rate (lowest in the nation at 9%) to nearly 50%. This took a lot of commitment at all levels.</p> <p>Nancy feels that because of this commitment in practice to bring the penetration rate up, WV will be granted a waiver. She said, “we are very excited at what we can do for children and families. We will get to re-shape how we provide services including using “wrap-around” to support those that would benefit from these services”.</p> <p>Evaluation will be a big part of the waiver. Everyone in child welfare will assist with Results Based Accountability (RBA). For instance, education success is listed as a desired outcome. However, as a group we will decide what the outcomes should be.</p> <p>Those in child welfare across the state will be invited to hear about RBA so they can assist in “turning-the-curve.” The RBA is expected to increase the penetration rate. A scorecard will be provided on the DHHR website so everyone is kept informed of the progress. Communities can also do their own scorecards.</p> <p>The RBA will also provide us with a GAP analysis (where services are needed). The Bureau for Health and Health Facilities will also be working on the GAP analysis. The Governor is very supportive of this work and under his direction; PEW is working with us to do the GAP analysis.</p> <p>West Virginia’s name for the IV-E Waiver is Safe at Home.</p>	
<p>Trauma Screening Pilot</p> <p>Christina Mullins provided an update on the Trauma Screening Pilot.</p> <p>The Trauma Screening Pilot is a project of the Three Branch Institute. The goal for the Trauma Screening Pilot (also referred to as EPSDT) is to have 100% of children in out-of-home care to be screened for medical and physical needs.</p> <p>Dr. Lewis, who does a lot of work with parents and guardians for children in foster care, has formed a workgroup of providers and foster families. He has developed a plan for implementation in physician residency clinics throughout the state.</p> <p>A form has been identified for the pilot project (see attached Visit Discharge and Referral Summary), which Dr. Lewis hopes to initiate in physician residency clinics throughout the state by the end of this year.</p> <p>Physicians participating in the pilot will utilize the attached form in conjunction with a parent education handout (see attached anticipatory guidance).</p> <p>Unfortunately, Dr. Lewis’ efforts to implement the trauma-screening pilot project have been delayed until the fall due to waiting for Internal Review Board (IRB) approval.</p>	

NEW BUSINESS

Performance Benchmarks/Definitions & Data Analysis

The Scorecard includes the number of children and youth in West Virginia's physical and legal custody in Group Residential, Psychiatric long-term Facility and Psychiatric short-term (hospital) Facility placement. These numbers are for both in-state and out-of-state and reflect the distance these children and youth are from their county of origin.

Cabinet Secretary Bowling provided an overview for this quarter's performance Scorecard.

The numbers for July 2014 are the lowest that we've seen in a while. Much of this is probably due to looking at each child individually. The overall numbers are low, but still not where we need to be.

West Virginia has the highest number of children in out-of-home care and congregate care.

Secretary Bowling said that she has been visiting other states that do not place children out of state to learn how they do this.

One way West Virginia is trying to reduce the number of children in out-of-state care is by reviewing each child individually. Regional Clinical Reviews are being held in each region to determine what is preventing children from returning to West Virginia.

Comments:

Linda Watts said they are going very well. Two Regions have been completed and the remaining two are scheduled. She said a lot of time is being given to this project and everyone is excited about the process. The project has involved direct line workers, Child Welfare Consultants, Regional and Statewide management, and providers.

Linda Kennedy, who works with Bureau for Medical Services and part of the review team, said she is amazed at the direct line workers that are participating in the review. The workers know the children they work with.

Susan Fry said that the work on the front end has made this public/private partnership work. She also said that it helped that the DHHR staff brought pictures of the children so the team could see these children as individuals.

Sue provided the following response to a question to define "Long Term" Psychiatric Facilities.

The average length of stay is approximately 200 days. To be placed in a long term psychiatric facility, the child must meet West Virginia Medicaid eligibility. It's important to note that other states may define this differently.

The "step-down" from psychiatric care depends on the individual child.

The out-of-state reviews have shown that many of the children placed out-of-state were placed inappropriately (the facility did not meet the child's needs). Much of the problem for this is the "generic" way we look at placement.

Each long-term facility may have different criteria for placement. Sex Offender services are usually provided in a long-term psychiatric facility.

Approximately four years ago, The Bureau for Medical Services looked at length of stay and out-lining this in the manual for Psychiatric Residential Treatment Facilities (PRTF). Prior to this, some children were in PRTF for

more than four years. Most states do not place children for long lengths of stay. Currently, the average length is 9-10 months. However, some children are “authorized” to stay longer. These children’s cases are reviewed in 30-day or 90-day increments.

The problem with children remaining in long term psychiatric care is due to the lack of support given when these traumatized children first come into care (front-end work that includes discharge planning).

What is needed is a seamless continuum of care. When children are institutionalized, it is difficult to “de-institutionalize” them. Children that are in an institutional placement for long periods of time do not know how to cope outside of these environments. A seamless continuum of care takes a lot of work and will not change overnight.

Discharge planning should begin the very first day the child enters the placement.

It’s important to note that there are “pockets” of communities that are working.

Three Branch Institute Update

Secretary Karen Bowling provided an update on the Three Branch Institute that was not already discussed in this meeting. The updates for the Three Branch Institute are provided in the meeting packet.

Use of Psychotropic Medications

WV ranks highest for children in out-of-home care that are taking psychotropic medications and the highest for children in out-of-home care that are taking more than one psychotropic medications at the same time.

Dr. Lyons Case Review and Universal Assessment (CANS) Next Steps

Sue Hage provided an update on the recent case review by Dr. Lyons. The random sample included 60 children – 15 children from each of our four regions. The decision was made to obtain the information from our FACTS document system instead of asking workers to provide the information needed so as not to tie up their time.

The DHHR received Dr. Lyons’ draft report and was asked to provide feedback. Once we receive the final report, it will be shared.

Tammy Pearson and Linda Dalyai worked with Dr. Lyons in providing the random sample and providing both information from Regional Clinical Reviews (for children that have had a review) and from the FACTS system.

The WV CANS was used for the review.

In his draft report, Dr. Lyons provided the following:

- Residential treatment is a part of continuum of care. However, as intended, it is the most restrictive type of placement.
- Providers must have knowledge to provide the level of treatment needs for these children.
- Children are not being diagnosed with trauma, which was found to be high given the documentation indicating trauma events that were “identified” on non-clinical information provided (the number of children diagnosed with ADHD is an indicator of trauma).

- **A report on conclusive data will be shared at the next meeting.**

<ul style="list-style-type: none"> • Development on front end services is needed to assist these children dealing with trauma (“Handle with Care,” a program in the schools, is supportive of children dealing with trauma). <p>Our workers and supervisors will be trained in using the CANS.</p> <p>The CANS is being utilized early to identify children’s needs.</p> <p>Currently there are 35 Super Users who are approved to train and certify CANS users.</p> <p>West Virginia also has six Advanced Super Users. The Advanced Super Users are approved to provide training and certify individuals across systems.</p> <p>Those involved with the Juvenile Drug Courts have been trained and certified on the CANS.</p> <p>Development of the ANSA (an adult version of CANS) is being completed.</p> <p>The Super Users will be meeting to develop a plan to support the DHHR workers who will be trained and certified to use the CANS.</p> <p>Questions such as who needs to be trained (i.e., should those in behavioral health be trained and/or certified); how to become a Super User; Advanced Super User; or trained and certified in using the CANS can be directed to Susan Fry or Linda Watts.</p> <p>Secretary Bowling asked that a timeline of when everyone can be trained and recommendation and cost for system automation be provided at the next meeting.</p> <p><u>Education of Children in Out-of-Home Care Advisory Committee</u></p> <p>Jacob Green provided the update for the Out-of-Home Education Care Advisory Committee.</p> <p>Biggest project for this quarter was studying the educational growth of children in out-of-home care. Jacob will have data at our next meeting.</p> <p>Two years of data. They have matched about 5,000 children.</p> <ol style="list-style-type: none"> 1) Data shows pockets of children doing well. What is unique about them? 2) Large number of children that are not testing. They are trying to determine why. In-state, 3rd graders, why? <p>We are also working on a guidance document for guidance counselors on MDT</p> <p>The WVDE has hired a Transition Specialist who will look at regular education students.</p> <p>The brochure “Reaching Every Child” has been revised. Your input was included. Frank Andrews was commended for his valuable work on this.</p> <p>This will go out to everyone with a letter from the new State Superintendent.</p> <p>The DHHR and WVDE are sharing data.</p> <p>Jacob Green provided the update for the Out-of-Home Education Care Advisory Committee.</p> <p>The biggest project for this quarter was studying the educational growth of children in out-of-home care. They looked at two years of data and</p>	<ul style="list-style-type: none"> • A timeline for training and recommendations and approximate cost for system automation will be provided at the next meeting. • The Education Advisory Committee will provide a presentation at the next meeting.
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<p>matched about 5000 children.</p> <ol style="list-style-type: none"> 1) The data shows pockets of children doing well. What is needed is why these children did well; and 2) A large number of children that are not being testing. They are trying to determine why children in-state that is required (3rd graders) is not being tested. <p>The Advisory Committee is developing a document for guidance counselors on MDT</p> <p>The WVDE has hired a Transition Specialist who will look at regular education students.</p> <p>The Brochure “Reaching Every Child” has been revised. Your input was included. Frank Andrews was commended for his valuable work on this. The brochure will be sent out with a letter from the new State Superintendent. A copy of the brochure is included in the meeting packet.</p> <p>WVDE and DHHR are sharing data on children in out-of-home care. WVDE employees, Randal Kirk and Carla Howe (data governance person) were commended on the work they did on this project. Other data will include attendance and the number of schools attended. Jacob said that they can now see how many high schools children in care have attended.</p> <p>The Education of Children in Out-Of-Home Care Advisory Committee report to the Commission is included in the meeting packets.</p> <p><u>Report on the Commission’s Activities</u></p> <p>The Commission’s Update on Activities highlights the activities of the Commission and its supporting stakeholders on a quarterly basis. This report includes activities for June 2014 through August 2014.</p> <p>The Commission’s Update on Activities for this quarter is included in the meeting packets.</p> <p><u>Court Improvement Program</u></p> <p>Judge Johnson provided an update of the activities of the Court Improvement Program.</p> <ul style="list-style-type: none"> • The Cross-Training Conferences have been completed. • The Catalog of In-State Placement Services developed by the CIP Behavioral Health Committee was released in August. • The Statutory Retreat to update Chapter 49 took place in July at Glade Springs. <p>Activities being planned:</p> <ul style="list-style-type: none"> • Guardian ad Litem (GAL) - Training November 10th to be held at the Charleston Civic Center and November 13th to be held at the Waterfront Place Hotel in Morgantown. <p>The CIP will be celebrating their 20th year anniversary at their next meeting. The CIP quarterly update is included in the Commission’s meeting packet.</p>	
<p><u>Commission Member Reflections/Requests</u></p> <p>Sheila Paitsel</p> <ul style="list-style-type: none"> • Institutional Educational Plans for children in out-of-state 	

placements are being reviewed.

Andrea Darr

- November 19 and 20th is the WV Children's Justice Conference.
- A media advisory (provided in the meeting packet) for the new application, "WV Help" has been provided statewide. The application provides quick access to resources throughout the state that supports victims of abuse/child maltreatment. This application works on iOS or Android operating systems and can be found at <http://go.wv.gov/wvhelp>.
- Handle with Care notices, regarding individual children experiencing difficult situations, are being sent to schools to instruct educators and staff to be sensitive to these children. The notice does not provide detailed information about the child's situation.

Susan Fry

- Real World Event, with support from BHCF took place and involved children from 50 different facilities. Community partners included, the Reality Store.

Stephanie Bond

- The Division of Juvenile Services (DJS) is working with PEW to expand community services for youth; offer more options for youth; and removing low risk children from staff secure facilities. The DJS Task force has been transparent with their data. Information provided to PEW will be shared with everyone. The Juvenile Justice system in WV is very different than what some would believe.

Judge Johnson

- In-state (service) providers will need to begin providing community services.

The meeting adjourned shortly after 1:30 pm.

2014 Quarterly Meetings

December 4 2014

Meetings are from 10:30AM through 1:30PM. Lunch is provided.