West Virginia Commission to Study Residential Placement of Children Summary Notes	
Group Meeting: Quarterly Commission Meeting	**Meeting Date:** December 4, 2014 **Location:** Charleston Civic Center

Members Present: Cabinet Secretary Karen Bowling; Honorable Jack Alsop; Keith King (representing Cynthia Beane); Stephanie Bond; Harold Clifton; Susan Fry; Jessica Ritchie-Gibson; Jacob Green; Sue Hage; Honorable Gary Johnson; Jackie Payne, (representing Vickie Jones); Rhonda McCormick; Nikki Tennis; Andrea Darr (representing Philip W. Morrison II); Nikki Tennis; Steve Tuck; and Christina Mullins (representing Bureau for Public Health).

Members Absent: Honorable Philip M. Stowers; Mike Lacy; Honorable Scott Elswick; and Honorable David Hummel, Jr.

Guests Present: Angie Hairston; Chris Whitt; Linda Watts; Debi Gillespie; Sheila Walker; Barb Jones; Joanne Dobrzanski; Tara Stevens; Caroline Duckworth; Linda Kennedy; Frank D. Andrews; Vicki Pleasant; Lora Dunn Carpenter; Lauren Barker; Kathy Szafran; Tricia Kingery; Joseph Deegan; Sarah Walls; Jess Griffin; Raymona Preston; Gwen Davis; Heather Collins; Beverly Petrelli; Angie Hamilton; Regan McGahan; and Laura Barno.

Administrative Assistance: Linda Dalyai (WV DHHR, BCF)

Commission Meeting	Decisions
Opening Cabinet Secretary Karen Bowling called the meeting to order and welcomed the newest member, Jessica Ritchie-Gibson. The meeting minutes of the September 11, 2014 meeting were reviewed and approved.	• **The September 11, 2014 meeting notes were approved and will be provided to members and posted on the Commission's website:** http://www.wvdhhr.org/oos_comm/
OLD BUSINESS Review of Children in Out-of-State Linda Watts provided a summary of the Review of Children in Out-of-State. The review had established timelines for completing the report. The review team included those with experience and expertise needed to review children with complex needs. Standard forms and processes were used to collect both demographic and antidotal information. The standard forms and processes also ensure information was gathered consistently for each child. The report also includes the recommendations to track the youth and continue reviewing children in out-of-state placement. Among the strengths found during the review included DHHR workers knowing the youths' issues, strengths, challenges, and their history. Challenges to sustaining the Review Process include continuing and maintaining the level of expertise; turnover of staff and the knowledge of case history; sharing information across systems to address the barriers to return youth to WV; and access to FACTS and the Automated Placement Referral information. The timeframe for completing this review was also mentally draining due to the multiple traumas that many of these children were dealing with. The 18 review days were from April 2014 through July 2014. 205 youth were reviewed. The majority of the youth were males, and many of them were between the ages of 15 and 17 years old with the case type of Youth	• **A PowerPoint presentation handout was provided in the Commission's meeting packet and can be found on the Commission's website.**

Services.

Antidotal weaknesses for out-of-state services included:

- Out-of-state movement from program to program placed initially in a 30-day program until the provider decided where to place the youth (changing their therapist, cottage composition, etc.);
- Out-of-state trauma treatment provided was unclear;
- Out-of-state provider credentials for the professionals working with the youth were not always clear (no clear distinctions between licensed or supportive staff);
- Medicaid and/or FACTS did not include some of the out-of-state programs where children were placed;
- An out-of-state provider did not allow visits with parents and siblings for the first four months, and phone contact was limited;
- Some youth in out-of-state were not discharged to complete a vocational training or to obtain their high school equivalence (several youth obtained a GED at the age of 16 years old – this is not allowed in WV);
- Out-of-state providers' discharge dates were not always evident or were changed;
- Individualized Educational Plan (IEP) for youth in out-of-state placement were not reviewed annually as required; and
- Identical Diagnosis and IQs were given by specific providers serving two of the DHHR regional youth's Psychological.

Antidotal strengths for out-of-state services included:

- Seamless system of care (PRTF to group care to foster care and back if crisis occurred);
- Transportation provided by facility for parents and youth visits; and
- Some out-of-state providers did a good job with Intellectual/Developmental Disabilities population and vocational training.

Antidotal weaknesses for in-state services included:

- Lack of knowledge of the services offered by the Division of Juvenile Services;
- Lack of knowledge of trauma treatment services offered in-state;
- Lack of knowledge of the community resources and programs (i.e., Intellectual and developmental disabilities) offered in-state;
- Lack of knowledge of the community mental health services (some youth were placed from their homes directly into out-of-state residential placement);
- Inconsistent discharge and permanency plans;
- WV does not have a seamless continuum of care;

- Placement decisions are not always made at the MDT;
- Inconsistency with youth's educational needs when transitioning back to WV; and
- Court Orders that required children that lack the ability (i.e., IDD) to complete out-of-state programs.

Antidotal strengths for out-of-state services included:

- Some in-state providers do a good job with Intellectual/Developmental Disabilities and sex offender populations (although very limited).

Service Needs and Gaps in WV:

- Youth age 18 and older;
- Youth age 14 and younger;
- Severe mental health needs (only one program in WV);
- Sex Offenders (step down programs, youth with Intellectual Disabilities and programs for female sex offenders are needed);
- Abuse reactive/trauma PRTFs for older youth;
- Step-down programs and foster care beds for Intellectual and/or Developmental Disability population; and
- Community Services (i.e., in-home; foster care (all types); substance abuse services; psychiatrist; post adoptive services; seamless transition and coordination of services; and flexibility (wraparound) of services.

Funding and Contract Issues in WV:

- Guidelines for PRTF (youth were placed in PRTF with moderate to severe IDD complex needs);
- Out-of-state providers must contact/approval for services funded by Medicaid and Bureau for Children and Families (children are to be in programs/services specified in contracts);
- Review of Medicaid/State funds (state funds automatically pick up or are court ordered when Medicaid denies services); and
- Title XIX waiver application and long wait list (5-7 years - children slots versus adult slots).

Next Steps:

- Finalize Out-of-State Review Report;
- 90-day follow-up on every case;
- Case-by-case follow-up/support; and
- Develop a plan to replicate the Out-of-State Review Process in 2015.

Dr. Lyons Review of Children in Out-of-State (Summary by Linda Watts)

Linda Watts provided a summary of the report by Dr. John Lyons on the *Review of Out-of-State Residential Placements for Children and Adolescents from the State of West Virginia.* This review was commissioned to determine the reasons for West Virginia's high rate of children in out-of-state placements.

"Residential treatment can be an important part of an overall effective system of care for children and adolescents. However, it is also generally one of the most expensive and restrictive interventions for youth."

- The sample consisted of 15 randomly selected cases from each of the four regions resulting in a final sample of 60 cases for this review.
- When the randomly selected cases had insufficient information available to complete the CANS, randomly selected replacement cases were included. A total of 71 cases was sampled in order to obtain the target sample of 60. The sample consisted of 12 children (20%) and 48 adolescents (80%). The majority of the cases was boys (n=42, 70%) compared to girls (18, 30%). Although it was often difficult to determine prior placements immediately before out-of-state placements, when that was reasonably clear, the majority of cases was either in-state residential treatment (26%), detention (23%), or other institution placements (29%). Only about 20% were estimated to be placed directly from the community.
- Because West Virginia has no information available on the needs of children served through in-state residential treatment, and in order to better contextualize the information from the CANS-WV for the purposes of this review, we compare the needs of children and youth placed out-of-state in West Virginia to the population of all children and youth placed in residential treatment in Illinois' child welfare system. The Illinois version of the CANS is quite similar to the CANS-WV making an item-to-item comparison straightforward for most of the items. The few items that are on the CANS-WV that are not routinely assessed in Illinois were simply not included in the comparison.
- The primary review tool was the West Virginia version of the Child and Adolescent Needs and Strength (CANS) (Lyons, 2009). The CANS assessment was completed based on available file information consistent with the methods used in a similar planning project.

Frequencies of Trauma Experiences from the CANS-WV

- Sexual Abuse is documented in two-thirds of the cases.
- Physical Abuse is documented in one-half of these cases.
- At least one trauma experience in three quarters of cases.
- Multiple trauma experiences in half of the cases.

Trauma Stress Symptoms

- Trauma symptoms were documented in about three quarters of all cases.

Life Domain Functioning

- Family and social needs along with the lack of natural support were

common among these children and adolescents.

- About half the cases were actively involved in the juvenile justice system.

Behavioral and Emotional Needs

- Only one child had no documented actionable behavioral and emotional needs.
- The vast majority (98.3%) had at least one actionable need in this domain, and 88.3% had two or more actionable needs.
- The median for this group was at least 4 actionable needs.
- The most common behavioral/emotional needs were Anger, Attention deficit/hyperactivity, and Affect Dysregulation though this may misdiagnose complex trauma cases.

High Risk Behaviors

- The vast majority of children and youth had at least one high risk behavior (88.3%), although only 40% had any high risk behavior rated as a '3 on the WV CANS.
- Almost two thirds (63.3%) had multiple actionable high risk behaviors.
- West Virginia's pattern in comparison with Illinois is maintained with the exception of Sexual Aggression and Sexualized Behavior.
- In Illinois, youth had a higher rate of Danger to Others and Runaway.

Indiana and Illinois were used for Decision Support Algorithms

- Applying the Indiana model, 70.0% of children and youth placed out-of-state would be recommended for residential treatment.
- Use of the Illinois model results in an estimate of 71.7% of cases being recommended for placement in residential treatment.
- In West Virginia, the presence of risk behaviors drives placement decision for out-of-state residential as opposed to complex behavior/emotional needs.

Summary and Recommendations:

1. Further developing the capacity of the state to provide trauma-informed approaches to all children and youth early and consistently.

2. The trauma-informed evolution should focus on the capacity within the state to address issues of sexuality.

3. Building capacity of child welfare case workers to understand and represent the needs and strengths of the children on their caseloads might help them be more assertive advocates within the court system to improve trust and communication between the child welfare system and judges.

4. Residential treatment providers should not have any choice regarding whether they accept the referral of a youth if that young person's needs fit the residential treatment center's referral criteria. Further, once accepted, a residential treatment provider cannot discharge a youth for exactly the same behaviors for which he/she was admitted.

5. Developing the capacity of the state to manage difficult behavior for

children on the autism spectrum would have a small but notable impact on out-of-state placements. Perhaps a central ABA and Functional Assessment team that uses distance learning approaches to enhance in-state capacity in this regard would be a workable solution. 6. Systematically collect information about the needs and strengths of children, adolescents, and families so that planning and policy could be accomplished based on reliable information about the people served and the impact of the existing system. Adopting a formal outcomes management approach is recommended.	
<u>Education of Children in Out-of-Home Care Advisory Committee Presentation</u> The Education of Children in Out-of-Home Care Advisory Committee held its first and second meetings of the school year on September 19, 2014 and November 20, 2014. The Committee has been focusing on solutions to a list of educational barriers provided by the West Virginia Child Care Association experienced by children and their families. The Transition Specialist will provide technical assistance to remove barriers to the access of education for children in out-of-home care. Jacob Green provided an update on the *Report to Commission to Study Residential Placement of Children 2013-2014 Data Match*. The report included: Of the 6,996 children identified in the DHHR Family and Children Tracking System (FACTS), 5,498 had a history in the West Virginia Education Information System (WVEIS). Of these students, 2,659 students matched for attendance and membership in a county for the 2013-2014 school years. However, only 71 students identified were in attendance in a school for a complete year during 2013-2014. During the school year, the highest level for disciplinary infraction was 1,716 for level three infractions. Level 3 infractions are for "Imminently Dangerous, Illegal and/or Aggressive Behaviors – are willfully committed and are known to be illegal and/or harmful to people and/or property." These inappropriate behaviors are addressed by the school principal. Of the records found for 1,941 students, 24% students in out-of-home placements are proficient in mathematics, while the state average last year was approximately 44%, and 23% students in out-of-home placements were proficient in reading, while the state average last year was approximately 46%. Of the 3,322 students matched between grades 3-11, 1,381 students did not test, 300 of those students were reported as out-of-state, and 1,081 students had missing data with the majority in the 9th, 10th, and 11th grades. Possible reasons for students not testing may be with the data itself; change of placements during testing; school absence issues; alternative school setting issues; or reasons not yet defined. A further analysis of the data should provide a complete and accurate picture of why children in out-of-home are not being tested. The next steps for the Committee are to investigate the students missing from the data; investigate the student growth data discrepancy; examine and study the proficient students and see why these students are doing better; obtain change of placement data and correlate with assessment	❖ **The updated (Draft Copy 4) of the West Virginia Collaborative partnership for Ensuring Educational Success for Children in Out-of-Home Care; Memorandum from State Superintendent of Schools, Michael J. Martirano, on the Education of Children in Out-of-Home Care: School Stability and Provision of Educational Access and Seamless Transition When School Movers Occur; the activities of the Education of Children in Out-of-Home Care Advisory Committee; and the revised brochure "Reaching Every Child" were included in the Commission's meeting packet.**

data; and examine disciplinary infractions to see if the infractions made are accurate and consistent across the state. The revised brochure "Reaching Every Child" was provided to members and guests.	
NEW BUSINESS <u>Performance Benchmarks/Definitions & Data Analysis</u> 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 are going up. However, the reports from the Out-of-State Review and Dr. Lyons reports have identified barriers that will be addressed.	
<u>Report on the Commission's Activities</u> 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 September 2014 through November 2014 and is included in the Commission's meeting packets.	
<u>Safe at Home</u> Sarah Walls and Laura Barno provided an update on the *Safe at Home WV* (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. The IV-E Waiver does not provide additional funds, but allows for more flexibility in the use of current funds. *Safe at Home* will build on the foundation of the Commission's efforts created with *Advancing New Outcomes*. *Safe at Home Wraparound* is not a service or a collection of services, but a philosophical change of children growing up in residential care. *Safe at Home Wraparound* will include a process, a way of coordinating a community's services, that supports children remaining in their homes with the people they are bonded to. Residential Care will continue to be a part of the continuum, but will shift to providing shorter lengths of stay with more up-front planning for discharge. *Safe at Home Wraparound* will embrace the research that residential treatment stops healing after 3-6 months. The research states that after this time, residential treatment is no longer helpful but is harmful to the child. *Safe at Home Wraparound* will begin with the CAPS assessment, utilizing the WVCANS which will guide the wraparound treatment choices. It includes three separate approaches: The Wrap-around Facilitation; Intensive Wrap-around Care Coordination; and After-care Coordination. Under the *Safe at Home* initiative, WV will begin implementing performance- based contracts with service providers. Providers will be	❖ **The *Safe at Home West Virginia* organization chart was provided in the Commission's packet.**

reimbursed and monitored based on results. *Safe-at-Home* reimbursements will be structured through case rates or grants, the details of which are still in the early stages of planning. *Safe at Home* is in the planning phase and engaged in a large-scale review of the children in residential care within the targeted population and pilot counties that include all of DHHR Region II and the Morgan, Jefferson and Berkley district. Research is also being reviewed to identify the types of services that already exist or would need to be developed to serve children and families in their communities. Several workgroups and sub-workgroups (identified on the organization chart provided) are being formed to begin the work of community and service development. Stakeholder involvement will be needed by all stakeholders and at all levels. *Safe at Home* will depend on functioning Community Collaboratives and other infrastructures for open communication and thinking outside our traditional ways of serving families. *Safe at Home Wraparound* is in a better position that previous wraparound projects because with *Safe at Home*, we are able to use our current federal funding (with the IV-E Waiver) in ways we would otherwise not be able to do and because of the foundation and commitment in creating community and crisis response/residential care.	
<u>Comprehensive Assessment (EPSDT)</u> Overall, children are being scheduled for their EPSDT exams more quickly. For example, for foster children placed in September 2013, 17.0% were scheduled for an exam within 1 day of placement. For foster children placed in June 2014, this percentage has increased to 63.5%. Work on Medicaid capacity is supported by Tele-Health in rural areas.	
<u>Use of Psychotropic Medications</u> 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 medication at the same time. The Committee is exploring adding prior authorization for some medications.	
<u>Lily's Place</u> Lily's Place is a short-term transitional home to alleviate baby's drug withdrawal symptoms and provide parents training on the needs of their baby so the baby can go home with minimal risk. Lily's Place is currently serving six babies and has the capacity to take up to 12 babies. Cabell Huntington Hospital's Medical Director will oversee the center.	
COURT IMPROVEMENT PROGRAM Nikki Tennis provided an update of the activities of the Court Improvement Program. The Court Improvement Program celebrated their 20th year anniversary at their last meeting.	

Guidelines are being developed for the Guardian ad Litem (GAL) training scheduled for July 2015. It was noted that young people don't know who their Guardians ad Litem (GAL) are. The Annual Training has been scheduled for Charleston and Bridgeport in July 2015. Surveys about the effectiveness of the Multidisciplinary Treatment (MDT) team are being sent to Judges and others. A committee is working on reorganizing Chapter 49 to provide a more logical flow. The Youth Services Committee and the Juvenile Justice Committee are going to be combined into one committee. The next meeting of the CIP is January 23, 2015.	
The meeting adjourned shortly after 1:30 pm.	