

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Commission Meeting

Meeting Date: April 27, 2015

Location: Charleston Civic Center

Members Present: Cabinet Secretary Karen Bowling;; Keith King (representing Cynthia Beane); Stephanie Bond; Cindy Largent-Hill (representing Steve Canterbury); Harold Clifton; Susan Fry; Frank Andrews (proxy for Jacob Green); Jessica Ritchie-Gibson; Christina Mullins (representing Dr. Rahul Gupta); Sue Hage; Sheila Paitzel (representing Pat Homberg); Rob McKinney (proxy for Mike Lacy); Phillip Morrison, II; Nikki Tennis; Philip W. Morrison II; Honorable Philip M. Stowers; and Steve Tuck.

Members Absent: Honorable Jack Alsop; Honorable Scott Elswick; Nancy Exline; and Honorable David Hummel, Jr.; Honorable Gary Johnson; Vickie Jones; Michael Martirano; Rhonda McCormick; and Nikki Tennis.

Guests Present: Beth Morrison; Barbara Broddus; Janet Scarcelli; Lora Dunn-Carpenter; Karen Yost; Lisa McMullen; Linda Adkins; Laura Barno; Linda Watts; Debi Gillespie; Lisa Carmelia; Andrea Darr; Angie Hamilton; Tara Stevens; Caroline Duckworth; Nancy Creighton; Suzanne Evans; Jolie Kerckerick; Renee Ellenberger; Raymona Preston; Joanne Dobrzanski; Mark Allen; Kari Rice; and Jess Griffin.

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 and welcomed members and guests.</p> <p>Each member was given a notebook to keep information pertaining to the Commission. The information for this meeting will also include the Commission Annual Report.</p> <p>The meeting minutes of the December 4, 2015 meeting were reviewed and approved.</p> <p>Community Meeting Discussion</p> <p>Karen Yost, Director for Pretera, has agreed to host the Commission's community meeting. The community meeting, usually held in June, will be at Pretera's Pinecrest in Huntington. Due to conflicts in schedules, this meeting will take place in August and combine both the June and September meetings.</p> <p>Pretera's Pinecrest addictions treatment campus in Huntington WV accepts applications for housing from single adults with no active or current drug or alcohol use to live in permanent, safe, decent and affordable efficiency apartments. Regular drug and alcohol testing along with weekly apartment inspections is a requirement for residents.</p>	<ul style="list-style-type: none"> • The December 4, 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>Review of Children in Out-of-State</u></p> <p>Linda Watts provided a handout and brief overview of the comparison of the 2006 Out-of-State Review and the most recent 2014 Out-of-State Review</p> <ul style="list-style-type: none"> • The tools used for the reviews were different. The tool used in the first review, was developed in the 2006 review and was later revised for the 2014 review. The 2014 tool was more comprehensive. • The ages of the children being reviewed were different for the two 	<ul style="list-style-type: none"> • Please see the handout provided in the meeting packet for more information.

<p>reviews.</p> <ul style="list-style-type: none"> • There were public and private partnerships in both reviews, but the 2014 review included more specific experts (i.e., developmentally disabled, and educational experts). • The Regional Clinical Review process was re-designed as a result of the first review (2006), and the second review (2014) used this process. • The focus of the 2014 review was expanded that included looking at the psychotropic medications children were taking and comparing this to the diagnoses the children were given. • In 2006, the review looked sporadically at MDT meetings and recommendations. The 2014 review looked closer than recommendations and revealed that more MDTs are taking place. • Additional rounds of the 2014 reviews are scheduled. This review process will be for children both out-of-state and those that are at risk of placement out-of-state. • The review team will provide ongoing technical support <p>The results for the 2014 review are expected to be finalized soon.</p> <p>The recommendations from the 2014 review include revising the matrix of facilities (both in West Virginia and out-of-state) that include criteria of each facility to determine if children are being placed in facilities where the children's needs can/cannot be met based on the identified criteria of the facility.</p> <p>Questions and Revisions to be included in the 2014 review:</p> <ul style="list-style-type: none"> • Add reason for out-of-state placement (page 3). • Include jurisdiction and reason for entry into custody. • Identify if there are duplicates (i.e., substance abuse). Linda Watts stated that it depends on how things are reported. • Include the children who are in custody for child abuse and neglect, delinquent, or status offense. Status Offenders should be divided into corrigibility and truancy. Linda Watts stated that there were many from Youth Services. Graphs, charts, and other information will be provided in the final report. • Include the number of children that have an MDT prior to court. Include: 1) Was there an MDT; 2) Did the MDT make a recommendation; and 3) Was the MDT followed. <p>The MDTs are very important and required under Senate Bill 393 and <i>Safe at Home</i>.</p> <p>Nikki Tennis sent out a survey regarding MDTs to a variety of people. The results from this survey will be shared during the next scheduled meetings with the Court Improvement Program Board and this Commission.</p>	
<p><u>Commission's Annual Report: 2014 Advancing New Outcomes</u></p> <p>Secretary Bowling highlighted a few of our accomplishments from the annual report. The report demonstrates the amount of work that has taken place over the year.</p> <p>The accomplishments include:</p>	<ul style="list-style-type: none"> • Please see the annual report included in the meeting packet for more information.

<ul style="list-style-type: none"> • The new streamlined Comprehensive Assessment and Planning System (CAPS), that includes the Child and Adolescent Needs and Strengths (CANS) assessment, continues to expand the target population and is being rolled out incrementally across the Department of Health and Human Resources' regions. • The Bureau for Children and Families approved a statewide Treatment Foster Care pilot with Pressley Ridge of West Virginia to provide a home environment with priority given to children identified during out-of-state reviews, children at risk of out-of-state placement, and youth who are part of <i>Safe at Home WV</i>. • Timeliness of the entire Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is improving with children being scheduled for their exams more quickly. <p>The Performance Benchmarks/Definitions & Data Analysis Scorecard for 2014 shows the total number of children in congregate care last year fluctuates, but continues on a downward slope. The number of children being placed beyond 50 miles stayed consistent as children are placed further from their homes.</p> <p>Our out-of-state reviews have resulted in closing four out-of-state facilities. We plan to open long-term psychiatric facility in West Virginia and will work with current West Virginia providers who are willing to take children with very specific needs (i.e., sexually acting out).</p> <p>Our challenges continue to be our border counties. There are legitimate reasons why children continue to go out-of-state for placement; we need to address these issues and make changes to keep children in the state of West Virginia when possible.</p> <p>The Scorecard for this quarter (January through March) located under tab 3 in the meeting packet.</p> <p>The Next Steps for 2015 include:</p> <ul style="list-style-type: none"> • federal Title IV-E Waiver to support <i>Safe at Home West Virginia</i> • Using data to combat substance abuse as how it specifically relates to Appalachia. <p>The West Virginia Court Improvement Program Summary of the 2014 Annual Self-Assessment Report and the Education of Children in Out-of-Home Care Advisor Committees 2014 Report are also included. Commission members please review at your own leisure.</p> <p>The Annual Report will be distributed to the Legislators and other stakeholders and will also be available on the Commission's website.</p>	
<p>NEW BUSINESS</p> <p><u>Psychotropic Medications</u></p> <p>Christina Mullins provided an update for the <i>Safe at Home</i>, Psychotropic Medications Workgroup.</p> <p>The data was overwhelming when the workgroup first started looking at the psychotropic medications these children were receiving because many of them were on multiple medications. Because of this finding, the workgroup will recommend prior authorizations for psychotropic medications and also for stimulant medications.</p> <p>The workgroup is recommending that after the review of foster children</p>	<ul style="list-style-type: none"> • Angie Hamilton, with Pressley Ridge (Treatment Foster Care pilot), will be asked to present on pilot.

<p>prescribed psychotropic medications, we look at foster children prescribed stimulant after psychotropic medications.</p> <p>The workgroup has lost several members and is in the process of identifying and inviting additional members.</p> <p>The workgroup members want to work with DHHR Case Workers and Providers on the use of these medications. During the review, the workers were asked to go back and see if the issues identified by the review team were being addressed.</p> <p>Judge Stowers stated that in Putnam County each child's court summary includes diagnoses, medications, amount, and purpose.</p> <p>An expert child psychiatrist has been hired to assist with the many issues with regards to medications and diagnoses. He will help us look at these issues.</p> <p>Psychotropic medications need to be closely monitored, but a significant number of children are not being monitored for side effects as is best practice.</p> <p>The report being developed includes a list of psychotropic medications that was targeted and if other interventions were tried first. It also includes if any known medical conditions exist.</p> <p>The Treatment Foster Care pilot will be looking at how children receive medications and what has been offered. We are hoping that children will be taken off medications or reduced.</p> <p>Currently, we do not have pre-authorizations for all children in foster care, but the workgroup is recommending that we move in that direction. A culture shift to understand the role of medication is also needed.</p> <p>The review team recommends that transition specialists be aware of what medications have been tried, ruled out and why. Tele-medicine is helpful when transportation is an issue. Sometimes the reasons for medications are also a lack of community-based counseling/therapy services.</p>	
<p><u><i>Safe at Home</i></u></p> <p>The January and March <i>Safe at Home</i> newsletters were provided at the meeting and can also be reviewed on the DHHR Website.</p> <p>Lisa McMullen and Laura Barno provided an overview and update on the activities for <i>Safe at Home</i>. In 2012, West Virginia had the highest removal rate in the country and was 5th in the nation for foster children in congregate care.</p> <p><i>Safe at Home</i> will target foster children ages 12 through 17 who are in congregate care or at risk of congregate care. At present, we have six work groups that include 229 people (some serve on multiple groups). Susan Fry, who chairs the Service Delivery workgroup, is revamping and developing the wraparound model. The tools and training presentation has been developed and is currently being revised. The curriculum was designed to include a parent who is a co-trainer and is familiar with child welfare systems.</p> <p>This training will also be provided to the members of the Regional Summits and Community Collaborations. The Community Collaboratives are currently conducting a community services survey to determine what exist or what needs to be developed. A second survey will be sent to managers of licensed behavioral health facilities.</p> <p>A Request for Proposal (RFP) is being developed to hire an Independent Evaluator. The RFP is in the final phase of approval.</p> <p>The first <i>Safe at Home</i> report was submitted, and another report is due May</p>	<ul style="list-style-type: none"> • Members and guests are encouraged to visit the National Wraparound Website at: www.nwi.pdx.edu/.

14th.

The process of setting a rate will be based on the family.

A component of *Safe at Home/Wraparound* is to develop services that are needed and prevent children from entering out-of-home care. West Virginia's Wraparound will model the national Wraparound and is expected to include core services that help connect families to the community (Community Support Services). Four key services groups are: Family Support; Family Preservation; Time Limited Reunification; and Adoption Support. As we move forward, we will be phasing out Fee for Services/Socially Necessary Services. Wraparound services are typically 20% paid services and 80% natural services. Families will be encouraged and supported to be active partners in Wraparound.

Region II was selected as a pilot area due to their history with System of Care that included a Wraparound model. Berkeley, Morgan, and Jefferson Counties were selected because these counties are among the highest in number of children in out-of-state and congregate care. These counties do not have the services needed, and service development is expected. Developing partnerships will be essential.

Meetings will be held with Judges in the pilot areas by October 1, 2015 to discuss the need to allow the MDT to recommend wraparound for children that meet the criteria. Judges will be encouraged to not court order children to wraparound so that the MDTs can reserve wraparound for children that are most appropriate.

Currently, 482 children have been identified to meet the wraparound criteria.

A Request For Applications (RFA) will be sent out to identify the Local Coordinating Agencies. The Local Coordinating Agencies will work with other community resources to provide the families what is needed. We are able to do this because of the IV-E Waiver and flexibility it offers. However, the waiver will continue if we provide good data and have good outcomes. We are looking at a change in practice and are writing how we will expand the demonstration to all children across the state.

Results based Accountability will tie payment to outcomes and better accountability to the Court.

Gaps in Available Services for Children

Beth Morrison provided an update on the Gaps in Available Services for Children workgroup.

The Governor's Task Force for Substance Abuse Gaps has approved funds for Regional Youth Service Centers to foster innovation and to partner with the Comprehensive Centers to address unmet needs. The workgroups activities include:

- Focus on maximizing services.
- Partnering on the Out-of-State Reviews and Regional Clinical Reviews to recognize children with developmental disabilities and initiating the Adult Regional Clinical Reviews (dual purpose to bring youth back from out-of-state placements and using the Adult Needs and Strengths Assessment – ANSA, adult version of CANS).
- Promote Trauma Informed Care by providing information at a conference venue.
- Expanding statewide suicide awareness.

- **Vicky Jones will provide additional information at the next meeting.**

<ul style="list-style-type: none"> • Early Intervention and Prevention on Substance Exposed Infants awareness campaign. • Identify funding sources to maximize all the funding that is being used. Using the same Principles for Parental Placements (like <i>Safe at Home</i>). • Provide peer support services. <p>Next steps involve partnering with Secretary Bowling's Quick Fix benefits team to identifying all the behavioral health services and defining what we have. By working together, we may identify services that are already offered that was not known by all involved.</p>	
<p>Education of Children in Out-of Home care Advisory Committee Meeting</p> <p>The Committee was unable to meet due to weather concerns. However, Frank Andrews provided an agenda and a brief overview on what the upcoming Committee meeting will include.</p> <ul style="list-style-type: none"> • 10,000 Reaching Every Child Brochures were distributed that provide the rights and opportunities for out-of-home care. • Discussion of the Service Provider Survey on what issues we still have regarding children in out-of-home care. • Report on Children in Out-of-Home Care and Educational Stability. Data has been shared between the WVDE and the DHHR for approximately 1 ½ years. This data has allowed the Committee to look at how multiple placements/schools have impacted school stability and educational progress. 	<ul style="list-style-type: none"> • Nikki Tennis will be asked to provide the MDT Brochure she has prepared and new legislation impacting children in out-of-home care.
<p>Court Improvement Program</p> <p>The Court Improvement Program's Conference "Passion to Action: Channel your Skills into Positive Change" conference brochure and registration are now available on the CIP website.</p>	
<p>Commission Member Reflections:</p> <p>On May 11, 2015 Casey Family Programs in partnership with the West Virginia Three Branch Institute, has agreed to provide a workshop for child care providers and their role with the <i>Safe at Home</i>.</p>	
<p><i>The meeting adjourned shortly after 1:30 pm.</i></p>	