

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Commission Meeting

Meeting Date: March 1, 2018

Location: Saint John XXIII

Members Present: *Cabinet Secretary Bill J. Crouch, Keith King (Proxy for Cynthia Beane); Stephanie Bond; Cammie Chapman; Susan Fry; Jacob Green; Christina Mullins (proxy for Dr. Rahul Gupta) Cindy Largent-Hill; Honorable David Hummel; William Marshall; Philip W. Morrison II; Lorraine Elswick (proxy for Pat Homberg); Sheila Paitzel (proxy for Dr. Steven Paine); Rhonda Hayes; Honorable Phillip M. Stowers; Steve Tuck; Nikki Tennis (proxy for Nancy Sullivan) and Linda Watts.*

Members Absent: Honorable Jack Alsop; Jessica Ritchie-Gibson; and Honorable Gary Johnson.

Guests Present: Tammy Pearson; Caroline Duckworth; Richard Renquest, Amy Booth, Rene Ellenberger, Mark Allen, Kim Brown, and Raymona Preston.

Administrative Assistance: Linda Gibson and Gary Keen

Commission Meeting	Decisions
<p><u>Opening</u></p> <p>Cabinet Secretary Crouch called the meeting to order at approximately 10:30 a.m. Members and guests introduced themselves.</p>	
<p><u>Meeting Notes</u></p> <p>Secretary Crouch moved the agenda to the review and approval of the meeting notes from the last commission meeting on December 7, 2017. The meeting notes were reviewed and approved with no revisions.</p>	<p>The meeting notes were approved and will be provided to members and posted on the Commission's website:</p> <p>http://www.wvdhhr.org/oos_comm/</p>
<p><u>Legislative Bills and Updates</u></p> <p>Secretary Crouch provided an update regarding the 2018 proposed Legislative Bills. The special meeting that was scheduled for February was cancelled because the proposed Legislative Bill that was to combine the Department of Health and Human Resources with the Division of Juvenile Services did not pass. This would have had a great impact on DHHR and those that work with DHHR.</p> <p>Although controversial, the DHHR is supporting SB 575 that will add 6-4 ICF beds. These ICF beds will allow individuals to be placed in a community settings, instead of an institution. West Virginia (WV) has children who are IDD in out-of-state placements that need to come back to WV. WV also need to relocate eight (8) individuals who have an IQ below 60 that are in detention and need a more appropriate placement. Currently, children who are IDD may wait months to years to get on a waiver. Therefore, we would also like to modify the waiver process. WV also has six (6) children who are IDD that are currently placed in Psychiatric facilities. Although a 4-bed facility is more expensive than a 6-8 bed facility, it's not cost-prohibited. Secretary Crouch said he would like to set up an advisory team that would advise the DHHR on getting these children and others that have been out-of-state for a while back to WV. Although not all ICF homes are the same, the Secretary stated he has visited ICF Homes that are very much like a home setting where individuals are taken care of in a family-type setting. Many of the children that are needing this type of care are State Wards who don't have a family to go home to. While children who have been out-of-state more than a year (considered institutionalized), are less likely to be stepped-down to a foster home, these individuals could function in a small group home</p>	

<p>that has a family-like environment.</p> <p>Senate Bill 575, and a companion Bill that is in Senate, appear to be moving. This Bill will impact the Hartley Decree that has restrictions on ICR beds. The DHHR would like the Hartley Decree lifted, but does not want placements to by-pass the Courts. The intent is to provide a placement for these children so they are not institutionalized. This would also require providers willing to provide this care.</p> <p>Another Bill that the DHHR is watching is SB 443. This bill would cause the <i>recommendation for the termination of parental rights if a parent whose child has been removed from the parent's care and custody and voluntarily fails to have contact or attempt to have contact with the child for a period of 18 consecutive months with the exceptions that the parent incarcerated, being in a medical or drug treatment or recovery facility, or being on active military duty shall not be considered voluntary behavior.</i></p> <p>Secretary Crouch also stated that he will be making changes within DHHR that won't be handled by a Legislative Bill. Some of the changes to be made include pulling TANF and SNAP from BCF and address recruitment and retention in Child Protective Services (CPS) and Management issues. With additional CPS positions, the case size should be reduced to 15 which will allow the DHHR to better handle the drug problem. Currently, there are 15 to 16 counties that exceed these case load standards. The changes will enable every county to handle their cases more effectively. Changes to also help with worker retention includes additional classification within CPS and Case Aids that will provide a career ladder. A sign-up bonus, retention bonus and a 5-year bonus is also planned.</p> <p>Two additional Legislative bills that most likely will not pass is HB 2483, which keeps DJS with corrections and HB 2632, which allow children in state's custody to fish and hunt without a license. This last bill needs the Department of Natural Resources involvement. However, the Mayflower project is also interested in this.</p>	
<p><u>Review of Commission Goals and Workplan</u></p> <p>Linda Watts provided a review of the Commission Goals and the work involved. She began by providing a brief recap on the discussion we had during our last meeting in December when the Commission members reviewed the current Priority Goals that have guided the Commission since 2012. The Commission members determined at this meeting that they should focus their work toward common goals that focus specifically on decreasing the number of youth going to an out-of-state placement and outcomes that were responsive to the current child welfare environment.</p> <p>From the discussion we had, the following goals emerged:</p> <p>Goal 1: Transformational Collaborative Outcomes Management (TCOM). This goal would be led by the Commission's Workgroup, Service Delivery and Development.</p> <p>Goal 2: Information Exchange Between Providers. This goal would be led by the Bureau for Children and Families, but would involve providers and others. A Memorandum of Understanding is needed to allow providers to communicate with one another when needed (i.e., when a child is discharged from one agency and current agency needs additional information).</p>	<ul style="list-style-type: none"> • A Motion was entered and approved to accept the Commission 2018 Goals were approved.

<p>Goal 3: Provider Input at MDT and Court Hearings. The lead for this goal is the Court Improvement Program. Providers would like to have more input at MDT and to be allowed to participate at court hearings.</p> <p>Goal 4: Data Development and Delivery. With guidance from the Commission, the lead for this goal is the WV System of Care. This will involve data reports the Commission is interested in reviewing and include sharing data for youth in Division of Juvenile Services.</p> <p>Goal 5: Implementation of Every Students Succeeds Act (ESSA) - Focus on Foster Care. The lead for this goal is the Education of Children in Out-of-Home Care Advisory Committee.</p> <p>Goal 6: Support Kinship Providers/Relatives. The lead for this goal will be the Bureau for Children and Families.</p> <p>Goal 7: Transitioning Youth from Foster Care. This goal would be led by the Commission’s Workgroup, Service Delivery and Development and would include recommendations.</p> <p>To prevent duplication, the leads were determined to be those groups that were already looking at a specific goal. However, it is understood that these goals will require a collaborative effort.</p> <p>Linda Dalyai-Gibson will monitor the 2018 goals and objectives from the updates provided at each Commission meeting.</p>	
<p><u>Reports and Data Presentation</u></p> <p>Tammy Pearson provided a brief presentation on data that was requested by the Commission members at the December meeting.</p> <p>The presentation included a sample of data from available reports through WV System of Care. The Commission members were asked to determine if other data, charts and/or reports were needed by the Commission.</p> <p>The current reports include: Youth in Foster Care, Point in Time; Out-of-State Youth, July 2017 – January 2018, Monthly Stats – January 2018; WV System of Care End of Year Report. A report that will include the Division of Juvenile Services data will be reviewed later.</p> <p>The data comes from the DHHR, Family and Children Tracking System (FACTS), the Regional Clinical Reviews, the Out-of-State Reviews, Conference Call Reviews, and specific data requested from DHHR staff by WV System of Care.</p> <p>As with all reports, the data collected is what is entered or provided therefore data reliability is sometimes compromised. In addition, the data is collected at a “point-in-time” so data can change as new information is obtained.</p> <p>Overall the number of children in foster care has went up. Older youth still make up many of these children, but the age of children under two years of age has also greatly increased. With this shift in the age of children coming into care, our focus will need to be both on the older children and the very young children.</p> <p>While foster care placements are still needed, many children in foster care are placed in relative placements.</p> <p>Additional information found in the reports:</p> <ul style="list-style-type: none"> • The Out of State report does not list the children by age. 	<ul style="list-style-type: none"> • The Reports and Data presentation was provided in the meeting packet. • The Youth in Foster Care - Point in Time, Out-of-State Youth, July 2017 – January 2018, and WV System of Care End of Year Report was provided in the meeting packet.

<ul style="list-style-type: none"> • The Monthly data is provided to the Regional Clinical Review teams, the Community Service Manager, and the Community Collaborative Groups. • The monthly data provides the number of children that has the highest in out-of-state by county and DHHR Region. • Although we know the number for severe substance abuse is high the reports are not showing this. • The number of children in out-of-state placement may be higher for counties that are next to a WV border because sometimes these placements are closer than a similar placement in-state. • The data is showing that children who were adopted and later “failed” are typically age sixteen and older, have longer lengths of stay in out-of-state placements, which creates difficulty in finding them permanency. Failed adoptions are tracked by Medicaid numbers. The DHHR, administrative service organization, KEPRO, is planning to provide the care coordination for adoptive children in out of state placement to try to address this issue. • Youth are also being returned home right before they turn eighteen years old. Because of this, the youth are unable to access services that they would otherwise be provided if they were discharge from foster care at age eighteen. <p>The Commission members were asked to look at the data reports provided to determine what the Commission wish to be reported out in future meetings.</p>	
<p>Commission Member Updates</p> <p>Judge Stowers, who has been with the Commission for 8 years, has seen the shift in the dynamics of children in foster care and is a Safe at Home advocate. While many children are placed with a kinship provider, many are also placed in residential facilities. He feels that if we didn’t rely on the residential facilities for placements, we would find community placements for them because we didn’t have a choice. His comments included:</p> <ul style="list-style-type: none"> • The drug crisis has also created many children being placed to provide treatment and not just as a “safety service” as intended. • We need to provide support to kinship/relative providers who are caring for these children in our custody. • Day Report Centers could be utilized to hold parents accountable, instead of sub-contractors trying to make them go to parenting. • Shelters and treatment beds don’t need to be full. • In Putnam county, the supervisor is in court for every hearing which supports the new workers in making recommendations. • We need to address workers staying in hotels with children across the state because placements cannot be found. • We need to be careful where female kinship providers have an unrelated male living in their home, given that 80% of female children that have an unrelated male living in their home, are sexually assaulted. • About 10 years ago we had “residential without walls” where providers partnered with others to transport family members to a center to get what they needed (i.e., child care and parent education). However, 	<ul style="list-style-type: none"> • At our next meeting, Linda Watts will provide information on the Family First Prevention Services Act and what changes we are expected to be making • At our next meeting, Nikki Tennis, with BBHFF, will provide a presentation on Children’s Mental Health Wraparound.

<p>transportation and meals provided is key to making it work.</p> <ul style="list-style-type: none"> Youth need to be kept at home unless they or the community is not safe. Youth that don't offend in their own home or community, can remain at home if a risk assessment indicates that they are not at risk. Sex Offending programs sometimes teach other ways to offend. <p>Linda Watts stated that we would be discussing the Family First Prevention Services Act that will allow us to continue utilizing Safe at Home and Kinship and Community Based Prevention services.</p> <p>Nikki Tennis, with Bureau for Behavioral Health and Health Facilities (BBHFF) would like to provide a presentation on the data that is being obtained from the Children's Mental Health Wraparound. The Children's Mental Health Wraparound, is modeled after Safe at Home, but is a community-based program for children that are not in states custody. The goal of Children's Mental Health Wraparound is to prevent placement. This program has Prevention Specialist around the state.</p> <p>Nikki Tennis also provided postcards to members and guests that provides a direct link to the Bureau for Behavioral Health and Health Facilities (BBHFF), Children's Office. This website provides other programs and initiatives that the BBHFF is providing.</p>	
<p>2017 Performance Scorecard</p> <p>Commissioner Watts provided a brief review of the Performance Scorecard and asked the Commission members to review this report, with the other data/reports to determine if this report was still appropriate and needed.</p>	
<p>Meeting Adjourned</p> <p>Secretary Crouch thanked everyone for attending and adjourned the meeting shortly before 1:30pm.</p>	
<p>Next meeting:</p> <p>June 26, 2018 to be held at the Saint John XXIII Pastoral Center.</p> <p><u>2018 Approved Quarterly Meeting Dates</u></p> <p>March 1, 2018 June 26, 2018 September 6, 2018 December 6, 2018</p>	