

West Virginia Commission to Study Residential Placement of Children Summary Notes

Group Meeting: Quarterly Commission Meeting

Meeting Date: June 26, 2018

Location: Saint John XXIII

Members Present: Kent Nowvskie and Jeremiah Samples (proxy for Cabinet Secretary Bill Crouch); Keith King (Proxy for Cynthia Beane); Cammie Chapman; Susan Fry; Mollie Wood and Frank Andrews; (proxy for Jacob Green); Jessica Gibson; Denny Dodson (proxy for William Marshall); Cindy Largent-Hill; Sheila Paitzel (proxy for Dr. Steven Paine and Pat Homberg); Honorable Phillip M. Stowers; Steve Tuck; Nikki Tennis (proxy for Nancy Sullivan); Stephanie Bond; and Linda Watts.

Members Absent: Philip W. Morrison II; Honorable Jack Alsop; Honorable David Hummel; William Marshall; Dr. Rahul Gupta; and Rhonda Hayes.

Guests Present: Josh VanBibber; Brenda Haylman; Renee Brady; Robin Renquest; Gwen Davis; Michael Smith; Katrina Harmon; Ramona Preston; Andrea Darr; Trudi Blaylock; Kelly Sargent; Mark Allen; Shannon Bragg;

Administrative Assistance: Linda Gibson and Gary Keen

Commission Meeting	Decisions
<p><u>Opening</u></p> <p>Cabinet Secretary Crouch was called away to a Legislative meeting and could not attend. Acting Commissioner, for Bureau for Children and Families, Linda Watts called the meeting to order at approximately 10:30 a.m. Members and guests introduced themselves.</p> <p>Due to unforeseen circumstances, the presentation for the Office of Drug Control Policy was moved further down the agenda.</p>	
<p><u>Meeting Notes</u></p> <p>Linda Watts called for the review of the meeting notes for March 1, 2018 and moved for them to be considered for approval. The meeting notes were approved with no revisions.</p>	<p>The meeting notes were approved and will be posted on the Commission's website:</p> <p>http://www.wvdhhr.org/oos_comm/</p>
<p>The Bureau for Health and Health Facilities, Children's Pilots</p> <p>Nikki Tennis provided a brief overview of the BBHFF Children's Pilots.</p> <p><u>Children's Wraparound</u> is modeled after the Wraparound model and the Wraparound philosophy. Children's Wraparound is like Safe at Home WV, but it has a broader age criterion and is used for families whose children are still in their home (prevent out-of-home care).</p> <p>Of the 179 referrals, 77 children and their families were accepted for Wraparound Services. The following are findings for Children's Wraparound:</p> <ul style="list-style-type: none"> • 2/3 were male. • 46% were age 11 or younger. • 80% were white or Caucasian; 15% were black or African American; and 5 % were more than one race. • 39% were adopted or in the care of a relative or other legal guardian • 85% had Medicaid coverage; and 15% had private insurance. • 27 of the 77 accepted referrals were children age 11 or under (i.e., not eligible by age for Safe at Home WV). Of these 27 children, 9 were involved with Child Protective Services. • 29% of accepted referrals were for children who had an I/DD diagnosis in addition to the Serous Emotional Disturbance (SED) diagnosis. These children were not eligible for I/DD Medicaid waiver or were currently on 	<p>To access this service call: 1-844-HELP4WV. More information and a copy of the presentation was provided in the packet.</p>

<p>the waiver waitlist</p> <ul style="list-style-type: none"> • 18% of the accepted population had been adopted (Children's Wraparound provided post-adoption support for this population). • In July 2017, the Children's Wraparound program started tracking children who had a parent incarcerated. Since July 2017, there were 14 of 46 (30%) of the accepted referrals for children who had a parent experience jail time either currently or in the past. <p><u>Expanded School Mental Health (ESMH)</u> is a three-tier framework that includes the full continuum of mental health services for all students. There are 40 ESMH sites in 20 counties.</p> <ul style="list-style-type: none"> • 14,475 students benefitted in FY 2017, from ESMH grants <p><u>Trauma Informed Elementary Schools (TIES)</u></p> <p>Sustainability planning is underway to extend TIES beyond the 2018-2019 school year.</p> <p><u>Children's Mobile Crisis Response</u> is currently in two (2) pilot areas being provided by FMRS and United Summit Center. The program links children and their families/caregivers to services in the community, involve families in treatment, and avoids unnecessary hospitalization or residential placement.</p> <p>United Summit Center currently serves Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur Counties.</p> <p>FMRS currently serves Raleigh County and surrounding area in West Virginia.</p> <p>The Mobile Crisis Program will continue for another year through the Office of Drug Control Policy.</p> <ul style="list-style-type: none"> • 445 children/youth were served through Children's Mobile Crisis Response. • Of the 928 Crisis Calls: <ul style="list-style-type: none"> ○ 345 were managed by phone ○ 566 required an in-person response ○ 335 crisis plans were completed 	
<p>Family First Prevention Services Act (FFPSA)</p> <p>Cammie Chapman provided a review of the Family First Prevention Services Act. On February 9, 2018, President Trump signed into law the landmark bipartisan Family First Prevention Services Act (FFPSA), as part of Division E in the Bipartisan Budget Act of 2018 (H.R. 1892).</p> <p>The FFPSA redirects federal Title IV-E funds to provide services to keep children safely with their families and out of foster care, and when foster care is needed allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disturbances requiring special treatment.</p> <p>The FFPSA will change the way child welfare agencies work with families. After October 2019, no longer will the federal government incentivize out-of-home placements by only paying Title IV-E after children are removed. The FFPSA will allow states to claim funds for providing in-home services, parenting education, mental health, and substance abuse services to at risk families to keep families</p>	<p>A copy of the presentation, additional information and contact information for the Family First Preventions Services Act is provided in the packet.</p>

together. If states continue to remove children at the current rates, there will never be enough residential or foster care beds to meet our needs. Through serving families at home, the hope is to reduce the trauma to families and children that removal causes.

Most states are experiencing impacts from the opioid epidemic and are removing children at unprecedented rates. This legislation will allow states to use their IV-E dollars to pay for treatments and services that have shown an ability to help prevent child abuse and help keep children with their families. When children cannot be with their parents, family foster care settings or kinship settings are more favorable. Thirty-three states have had some opportunities over the past 20 years to do preventive work through the Title IV-E waivers. But those opportunities will sunset on September 30, 2019. Beginning in 2021, Congress expects outcome data from states to see if FFPSA is, indeed, making impacts on child removal statistics.

West Virginia, along with all other states and territories, will be required to make written assurances as part of our ability to claim IV-E. We must assure that we will not divert children who would need non-family settings to the juvenile justice system to avoid changing the structures of our child welfare programs. We must also assurance that foster families are able to manage the number of children in their homes. Exceptions to this can be for sibling groups to be placed together or for children who may have an existing relationship with the foster parent due to being in custody before a new entry. Children should not be given inappropriate mental health diagnoses to be placed in non-family settings.

Lastly, all services and programs must be delivered with agencies that practice trauma-informed care throughout their organization-agencies and whose staff understand how trauma impacts a child and family's decision-making and responses to stress and interpersonal relationships.

Eligibility for IV-E funding include children who are "candidates" for foster care who are at imminent risk of removal, and children in foster care who are pregnant or parenting. Services can be provided to the candidate and their caregivers.

- Types of services:
 - Mental health and substance abuse prevention and treatment.
 - In-home parent skill-based programs, parent education, and individual and family counseling in the home.
 - Duration: 12 months beginning on date of formal Prevention Plan.
 - Services must meet evidence-based requirements: promising, supported, or well-supported.

A written case plan, developed with the parents, that clearly states the risks of removal if in-home services do not control safety is required. Through the delivery of prevention services, children can remain in their home communities, with their meaningful family and friends, and remain in their school of origin. These services can help complement and strengthen the parents' ability to meet their children's needs at home.

The new structure for residential care must be in place before prevention funds can be accessed by states. That means, any IV-E claiming beginning on October 1, 2018, must meet the new criteria. IV-E can be claimed for up to two weeks in

other placements besides these listed. After two weeks, the IV-E reimbursement would end. Since that could involve an unnecessary placement disruption, it is important that the residential structure in West Virginia meet the new federal requirements to ensure seamless service to our vulnerable foster children, maximize federal funding, and minimize to the extent possible, the use of our limited state funds. The qualified residential treatment programs will be required to have more judicial oversight and requires that each youth accessing this level of care to receive an evaluation within 30 days of placement from an independent clinician employed neither by the child welfare agency nor the residential program being considered.

During consultations with our federal partners, West Virginia learned that waivers will only be approved if a state undergo statutory changes to implement FFPSA. If that is necessary, the waiver would only be applicable until the first quarter following the legislative session. For West Virginia, that would mean a waiver from October 1, 2019 until around April of 2020. During that time, if a waiver, was in place, West Virginia would not be able to bill for any of the services they currently provide under Safe at Home and could jeopardize the sustainability of this program. States may receive a delay if the Secretary of the US Department of Health and Human Services determines that legislation is required to comply with the FFPSA. The “delayed effective date” is defined as the first day of the first calendar quarter after the close of the first regular session after enactment. If a delay is granted, it also delays the effective date for claiming Title IV-E prevention services funds.

By October 1, 2018, the US Department of Health and Human Services is required to provide complete program instructions for all provisions within the FFPSA.

There are other areas of child welfare that will be impacted over the upcoming year by the FFPSA besides the allowance of IV-E expenditures for prevention services. Some of those changes will include how states provide services to parents with children who need in-patient residential care for substance use disorders, increasing the ages for youth to receive Chafee funds to 23 for housing and support services and to age 26 for an educational training voucher.

The FFPSA also recategorizes residential care for youth by defining the types of facilities that will be funded through IV-E and will restrict payment to facilities outside the new guidelines.

Additional investments to keep children safe with family and relatives could include Kinship Navigator programs which provide advocacy and support for relative-kinship providers when kids cannot stay with their parents. This program helps strengthen the resiliency of extended family members who care for youth who would otherwise be in foster care or residential care.

- Increases age for youth aging out of foster care to receive Chafee funds to age 23 for independent living subsidies and age 26 for educational vouchers;
- Requires state to compare current foster care licensing rules against “model” foster care licensing rules;
- Allows Title IV-E funds to be utilized for residential programs that serve parents with substance use disorders AND their children.

The FFPSA 2018 requirements that cannot be planned without additional

program instructions include the following:

Model Licensing Standards for Foster Family Homes - The U.S. Department of Health and Human Services (HHS) will identify the national model licensing standards for foster family homes. By April 1, 2019, state's must provide specific and detailed information about foster family home licensing standards and whether they meet model licensing standards identified by US HHS, waivers of non-safety licensing standards for relative caregivers, and case worker training.

Annual Outcomes Report - The US HHS's Annual Outcome Report to Congress has been revised to contain additional data on placements in non-foster family homes settings.

Grants for Electronic Interstate Case-Processing System - The US HHS is authorized to provide discretionary grants for states to develop an electronic interstate case-processing system to expedite Interstate Compact on the Placement of Children (ICPC) in foster, guardianship, or adoptive homes. WV currently has a regional partnership grant in place. The additional program instructions will provide more information about long term effects of the additional requirements.

Regional partnership grant program that assists families affected by substance abuse to focus on heroin, opioids, and other substance abuse

Data Exchange Standards - The FFPSA amends requirements for regulations designating federally required data exchange standards for states in consultation with an Office of Management and Budget (OMB) interagency work group for (1) information that states are required to under Federal law to electronically exchange with another agency and (2) Federal reporting and data exchanges required by law.

There are still many unanswered questions regarding the implementation of the FFPSA. The complete program instructions have not been released yet that will contain most of the details of the requirements.

Information the DHHR is hearing from our federal partners indicate that states will be required within the next year to year-and-a- half to use a nationally recognized model for foster care standards when certifying family foster care homes.

It is unknown at this time whether the changes to the residential structure will require changes to legislative rules. Residential program reimbursement based on the new structure begins on October 1, 2019.

The US Department of Health and Human Services (HHS) to release complete program instructions in October 2018, with pre-approved list of prevention services

HHS will provide states with technical assistance after the program instructions are released.

Cammie reiterated that now, more than ever before, the partners serving children and families will need to collaborate to make these monumental changes to our child welfare system. This involves the provider agencies, courts, families and youth. Stakeholders will be involved with development of FFPSA through stakeholder workgroups. This is an opportunity to share our common goal of keeping children in their homes whenever possible. The Department of Health and Human Resources cannot do this work alone. Our partners are vital, and their knowledge of services and families will be a called upon.

<p>WV is trying to prepare the best we can as the information is provided. We will begin surveying our providers to see if we have evidence-based programs.</p>	
<p>Office of Drug Control Policy</p> <p>Jeremiah Samples provided an overview of the Office of Drug Control Policy (ODCP). The ODCP was created in 2017 as a respond to the Substance Abuse and Opioid abuse.</p> <p>Substance and Opioid abuse has created a crisis in WV. 85% of all CPS cases involve Substance Abuse and Opioid use. West Virginia has seen an increase of 46% of children in custody.</p> <p>Christina Mullins is currently staffing this office. The ODCP will maximize funds to fight this crisis and have already had a lot of success (i.e., Medicaid waiver to allow WV to show that we can invest in treatment now, the cost of overdose will be medicated). Soon, the plan is to expand neonatal centers (i.e., Lilly Place) to support mothers and babies born addicted to substances and opioids and the development of treatment beds for SUD (through the Medicaid waiver).</p> <p>The ODCP has the potential to save money on the child welfare side, but there is a lot of work to get legislative support to sustain this program. One way to do this is to transition some IV-E or Medicaid funding streams into grants.</p>	
<p><u>2017 Legislative Interims</u></p> <p>Jeremiah Samples provided an overview of the Legislative Interim and said it was a historic day for WV Legislation.</p> <p>The Department was looking at moving Foster Care into Managed Care and the Legislative House was interested, but because service providers are not interested in doing this, DHHR is looking at another model that doesn't involve risk-based contracts (performance-based penalties) or adding children in DJS.</p> <p>Jeremiah stated that Steve Paine provided a presentation before legislators yesterday on Handle with Care. This initiative is a joint effort between the WVDE and the WV State Police to prevent additional trauma after children have been recently subjected to harmful and traumatic experiences. This initiative also increases knowledge and awareness of this issue.</p> <p>Jeremiah also stated that Denny Dodson provided an update to legislators on the funding that supports working with prisoners with known substance abuse at the Lakin Women's Prison. If the Department of Juvenile Services would like to replicate this program, Jeremiah said he would work with them to put into an improvement package.</p>	
<p>Data Reports</p> <p>Linda Watts provided an overview of the Foster Care Placements Report and the Data Reports the Commission is currently using.</p> <p><u>Foster Care Placements Report</u></p> <p>This data report includes all children in foster care both in-state and out-of-state from June 2016 to May 2017. Commissioner Watts also provided the data for June 2018.</p> <p>We are considering KEPRO providing managed care for children/youth who are in out-of-state placement.</p> <p><u>Casey Family Programs, National Rankings for Key Outcomes</u></p>	

This report was provided by Casey Family Programs. The report does not compare how WV is doing specifically to other states but provides where WV ranks to other states. The following is the outcomes and ranking for WV:

- Increase Exits to Entries: WV ranks third (3rd) nationally for more children entering foster care than exiting.
- Decrease Maltreatment Recurrence: WV ranks forty-seventh (47th) nationally for reoccurring maltreatment.
- Decrease Re-Entry into Care: WV ranks seventeen (17th) nationally for children re-entering foster care.
- Increase Timely Permanency: WV ranks thirty-sixth (36th) nationally for time for children to achieve permanency.
- Increase Permanency for Long-Stayers: WV ranks forty-first (41st) nationally for children to achieve permanency who have been in care long lengths of time.
- Decrease Rate of Child Maltreatment Fatalities: WV ranks third (3rd) worse nationally for child maltreatment fatality.

Comparatively, WV is doing better than other states. However, in other areas WV needs to make improvements.

Youth in Foster Care, Point in Time

The data for the Youth in Foster Care 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.

Tammy Pearson, who was providing this report, is no longer with System of Care so some of the data was not current. Linda stated that she would provide the current data at the next meeting.

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.

2018 Performance Scorecard

The data for the Performance Scorecard comes from data entered into the Family and Children Tracking System (FACTS). This report provides data on children, both in-state and out-of-state for children placed in group residential, long-term psychiatric facility and short-term psychiatric hospitalization.

Commission Member Updates

Transformational Collaborative Outcomes Management (TCOM)

Susan Fry, on behalf of the Service Delivery and Development (SDD) Committee, provided the 2018 Goals for the Transformational Collaborative Outcomes Management (TCOM):

- This year the SDD will continue with the annual training of the Child and Adolescent Needs and Strength (CANS). The SDD will also support the use of the Adult Needs and Strength Assessment (ANSA), the WV Family Advocacy and Support Tool (FAST) and the Crisis Assessment Tool (CAT). WV has the best public/private partnership with free training-for-trainers. The SDD has revised the training to 1 ½ day. The training now

includes the development of a Service Plan based on the scores of the CANS.

- WV System of Care, (if funding permits), will consult with a Chapin Hall to work with a small public/private representative group of the WV TCOM Implementation Team to develop a strategic plan to progressively and effectively implement TCOM at the individual, program and system level in WV.
- WV System of Care (if funding permits) will consult with Chapin Hall to develop algorithms to guide decisions to assist in the linkage of youth's assessed need to individualize and developmentally appropriate treatment interventions and support.
- Develop recommendations and implementation strategies to support system stakeholders to work together to automate the TCOM tools used in WV (CANS, FAST, ANSA, and CAT)
- WV System of Care and the TCOM Implementation Task Team will develop a plan and protocols to analyze data from reports and CANS data available and use it to make future system decisions based on the assessed needs of children and families.
- The TCOM Implementation Task Team will provide support to both private and public stakeholders who are attempting to implement TCOM on an ongoing basis (i.e., DJS and DHHR and Drug Court to inform training needs).
- The TCOM Implementation Task Team will stay familiar with new advances in TCOM via the TCOM community, annual conference, online training system and ongoing training and communication.

The SDD has representative from all systems except Juv. Drug Courts. However, the SDD is actively seeking a member from the Juv. Drug Courts. The SDD will bring recommendations associated with TCOM back to the Commission.

Information Exchange Between Providers

Linda Watts provided the update on the 2018 Goal of Information Exchange between Providers. After further review from the DHHR attorneys, DHHR cannot use an MOU for this purpose, but are looking at developing a release of information form so providers can request this information from previous providers.

Provider Input at MDT and Court

Cindy Largent-Hill provided the update on the 2018 Goal of Provider Input at MDT and Court Hearings.

The notifications to MDT and Court Hearings may be isolated. However, Cindy is hearing that there are some providers and youth that are not receiving notification of the MDTs.

Linda Watts said she can address this issue by sending out a memorandum to DHHR staff that notification to MDTs and Court are required. Monthly reports by providers also allow the provider to have input at the Court Hearings.

Stephany Bond said she believed there was a memorandum regarding a process for information exchange between DJS and DHHR regarding the MDTs.

Implementation of Every Students Succeeds Act - ESSA (Focus on Foster Care)

Frank Andrews provided the update on the 2018 Goal for Implementation of ESSA. The Memorandum to County Superintendents of Schools and Community Service Managers from Honorable Gary Johnson, State Superintendent of Schools, Steven L. Paine, and DHHR Secretary Bill Crouch, was provided.

The Memorandum states that “it is imperative that school districts develop a protocol that works best for each county in adhering to ESSA, West Virginia law, and this commitment to our state’s children”.

The Education of Children in Out-of-Care Advisory Committee has developed a guiding tool on conducting MDTs

Additionally, the Agreement for the exchange of data as required by ESSA was finalized. It has been difficult for the WVDE to report on educational outcomes for children in foster care without this exchange.

What is known at this time, is the outcomes will be poor for children in foster care, but the WVDE is looking at exemplary programs to close the gap for children in foster care.

Support for Kinship Providers/Relatives

Linda Watts provided the 2018 Goals for the Support for Kinship Providers/Relatives. These are:

- Implement Kinship Navigator Program – DHHR is looking at this program that will help caregivers “navigate” other forms of government assistance, short-term expenses for the relative child, and technical support through the process of Kinship Legal Guardianship if the caregiver wishes to make a legal commitment to the child.
- Second Chance – DHHR is considering the foster parent certification process/training and determine what we can do better and timelier. Information will be gathered and available by September or October 2018 to make changes.
- Child Only Cases – DHHR is considering Legal Aid to provide information and support to relatives that are taking care of children.

Transitioning Youth from Foster Care

Susan Fry, on behalf of the Service Delivery and Development (SDD) Committee, provided the 2018 Goals for the Transitioning Youth from Foster Care.

The priorities for this goal is to develop 3-5 levers-of-change recommendations that can be done across systems to support youth aging out of foster care or those struggling (not in care). SDD will use the 2009 Best Practice Guide and the 2015 whitepaper on Transition to Adulthood for these recommendations. Susan stated she was happy that the age for youth to be transitions was expanded to age 26.

Once recommendations are approved/revised, the task team will begin working on them. The following will be included:

- Complete revisions to the Readily at Hand website – this website provides essential skills and experiences along with a checklist and links to information about needed documents. A young person can now create their own account (they can check in on their own account). An intern has agreed to finish the recommended website content.
- The desk guide and wallet card for Readily at Hand (RAH) website

<p>www.ItsMyMove.org/raf.php for youth who are transitioning to adulthood was provided.</p> <ul style="list-style-type: none"> • The Wallet Cards, that are provided to young people, now has a scan code that goes to “It’s my Move” and Readily at Hand. It can be used all over the country. <p>Susan stated, that youth needs housing, educational support and treatment to successfully transition to adulthood.</p>	
<p>Commission’s Legislative Responsibilities and Goals</p> <p>Cammie Chapman provided a Memorandum to the Members of the Commission to Study Residential Placement of Children and an overview of the purpose of the Commission’s responsibilities and</p> <p>Nine (9) of the thirteen (13) recommended Studies or Goals found in §49-2-125 are also in the provisions of Family First Prevention Services Act (FFPSA).</p> <p>Cammie said she sees this group as an advisory team to implementation of the FFPSA.</p> <p>Cammie asked members to begin looking at ways this Commission could do better at meeting the Commission’s original purpose.</p>	<ul style="list-style-type: none"> • The members will look at ways to fully meet the purpose of the Commission. • The 2017 Annual Progress Report, Advancing New Outcomes, Findings, Recommendations, and Actions is in the meeting packet.
<p>Meeting Adjourned</p> <p>Linda Watts thanked everyone for attending and adjourned the meeting shortly after 1:30pm.</p>	
<p>Next meeting:</p> <p>September 6, 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>	