

West Virginia Commission to Study Residential Placement of Children Summary Notes	
Group Meeting: Quarterly Commission Meeting	Meeting Date: December 6, 2018 Location: Saint John XXIII
<p>Members Present: Cabinet Secretary Bill J. Crouch; Keith King (Proxy for Cindy Beane); Susan Fry; Jessica Ritchie-Gibson; Jacob Green; Brenda Hoylman (Proxy for Cindy Largent- Hill); Rhonda Hayes; William K. Marshall; Nikki Tennis (Proxy for Christina Mullins); The Honorable Philip M. Stowers; Steve Tuck; Commissioner Linda Watts; Cammie Chapman and Debi Gillespie (proxy for William Marshall)</p> <p>Members Absent: The Honorable Jack Alsop; Stephanie Bond; Philip W. Morrison II; Dr. Steven Paine; Dr. Catherine Slempp; and Susan Beck.</p> <p>Guests Present: Amy Lawson Booth, Sue Hage, Raymona Preston, Katrina Harmon, Angie Hamilton Thomas, Joshua Booth, Kelly Sergent, Melissa Lazear, Jeanette, Rowsey</p> <p>Administrative Assistance: Linda Gibson and Mary Thompson</p>	
Commission Meeting	Decisions/Notes
<p><u>Opening</u></p> <p>Secretary Crouch called the meeting to order at approximately 10:30am. He welcomed everyone and informed the group that Dr. Catherine Slempp is the new Interim Commissioner for Public Health and gave a little background on her and her experience prior to coming to the DHHR. Mary Thompson was introduced as new support for the Commission. Members and Guests introduced themselves.</p> <p>Cabinet Secretary Crouch announced that he and members of the Commission are looking at how they can add more individuals from different areas of government to the Commission.</p>	<p>Susan Beck replaced Pat Homberg as the Executive Director for the WVDE, Office of Special Education. Pat Homberg recently retired. Sheila Paitzel will continue as the proxy for the Office of Special Education.</p>
<p><u>Meeting Notes</u></p> <p>Secretary Crouch moved the members to the review and asked if anyone had any questions regarding the meeting notes from the last commission meeting on June 26, 2018. The meeting notes were reviewed and approved with no questions or 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><u>Family First Prevention Services Act Update</u></p> <p>Cammie Chapman provided an update on Family First.</p> <p>Upcoming Meetings:</p> <ul style="list-style-type: none"> December 11th, kickoff meeting, Assistant Commissioner Jerry Milner with Health and Human Services will be presenting the Keynote Address. Residential Redesign Stakeholder meetings that are going to take place: <ol style="list-style-type: none"> 1. Qualified Residential Treatment Program (QRTP) 2. Vulnerable Youth 3. Transitional Living ongoing <p>If you would like to attend, let Cammie Chapman know and they will add you to the monthly meeting invitation list. These meetings may increase to twice per month as needed.</p>	

- Meeting on Friday, December 7, 2018 - Residential Facilities:
 1. Pregnant Youth – no stakeholder meeting set because there aren't many facilities that cater to that population in WV.
 2. License Residential Family-Based Treatment Facility for Substance Abuse. Reimbursement became available as of 10/1/18. This is an adult facility, where the parent can go and as part of their treatment they can bring their children. The child(ren) are only reimbursed for room and board, not treatment. For reimbursement under Title IV-E children would have to be in the court ordered DHHR legal custody and the parent would have physical custody of their child(ren). This is an additional funding stream and would not substitute the provision where parents do not have to go through the court to get their child treatment.
- Meeting on Monday, December 10, 2018 – Review Federal Program Instructions:
 1. Review of Federal Program Instructions that outline prevention services include Title IV-E reimbursement for services without removing the child from the home but would have to be designated as a "candidate for Foster Care" without prevention services.

The Federal government did not define imminent risk, so the definition requires a child for Foster Care to be at imminent risk of removal but what that means exactly will need to be defined by the State.

The Program Instructions included a list of services that will be reimbursable. These services are evidence-based (promising practices, supported, or well-supported). The services haven't been rated yet, but twelve (12) have been approved. This is important because 50% of expenditures must be in the well-supported category. The twelve (12) Prevention Services and Programs selected for the Clearing House and will be reviewed are:

Mental Health

 - Parent-Child Interaction Therapy
 - Trauma Focused-Cognitive Behavioral Therapy
 - Multisystemic Therapy
 - Functional Family Therapy

Substance Abuse

 - Motivational Interviewing
 - Multisystemic Therapy
 - Families Facing the Future
 - Methadone Maintenance Therapy

In-Home Parent Skill-Based

 - Nurse-Family Partnership
 - Healthy Families America

<ul style="list-style-type: none"> ○ Parents as Teachers <p><u>Kinship Navigator Programs</u></p> <ul style="list-style-type: none"> ○ Children Home Society of New Jersey Navigator Model ○ Children’s Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech). <p>More programs to be approved soon.</p> <p>Stakeholder meetings will be taking place on all Child Welfare initiatives the Department is involved in. If members or guests would like to be involved, contact Linda Gibson, Mary Thompson or Cammie Chapman to be added to the invitation list.</p> <p>The Safe at Home evaluator is going to submit our wraparound model to ACF to see if it can get on the list. The Department is wanting some of the IV-E money to be used for this, but it is still too early to know.</p>	
<p><u>Department of Justice Update (Presentation) – Commissioner Linda Watts</u></p> <p>In 2014, the U.S. Department of Justice (DOJ) initiated an investigation under Title II of the Americans with Disabilities Act (ADA) of West Virginia’s service system for children with serious mental health conditions. The DOJ interviewed complainants and stakeholders in West Virginia, visited numerous treatment facilities, and reviewed documents over the course of its investigation.</p> <p>On June 1, 2015, the DOJ notified West Virginia of its conclusion that West Virginia does not comply with Title II of the ADA. WV disagrees with that conclusion but has offered several commitments to the DOJ to ensure compliance with the ADA. These are:</p> <p>The target population of the DOJ investigation includes all individuals under the age of 21 who:</p> <ul style="list-style-type: none"> • have a serious emotional or behavioral disorder or disturbance and have been assessed that this condition results in a functional impairment, and (i) who are placed in a Residential Treatment Facility or (ii) who are at imminent risk of placement in a Residential Treatment Facility; and • meet the eligibility requirements for mental health services provided or paid for by the Department of Health and Human Resources. <p>DHHR is committed to prevent children with serious mental health conditions from being needlessly removed from their family home to obtain treatment, to prevent those children from unnecessarily entering Residential Treatment Facilities, and to transition children who have been placed in these settings back to their family homes and communities with needed services.</p> <p>Through the statewide expansion of DHHR’s wraparound programs (currently known as Safe at Home WV and Children’s Mental Health Wraparound Program), Children’s Mobile Crisis Response, Therapeutic Foster Family Care Continuum and Assertive Community Treatment, children will receive services in the most integrated setting appropriate to the needs of the individual.</p> <p>DHHR provided several key pieces of data to the DOJ in 2017. Those data elements were brought current during discussions with the DOJ in the fall of 2018. These data elements brought current were:</p>	<p>A copy of the PowerPoint presentation was provided to all attendees of the meeting and will be emailed to members and guests of the Commission.</p>

- The first figure in our 2017 report involved the progress WV has made through the Bureau for Public Health, Office of Maternal, Child and Family Health's (OMCFH) HealthCheck Program and its efforts to ensure that Medicaid eligible families are screened and rescreened according to periodicity tables established by the American Academy of Pediatrics and that all children placed into foster care receive EPSDT services within 72 hours.
- The second figure in our initial report was related to the first, showing the 2011 National Center for Health Statistics (NCHS) rankings by state for the percentage of children receiving one or more preventative medical care visits. At that time, 88.7% of WV's children received preventative medical care. The 2016 NCHS survey showed 84.9% of West Virginian children receiving preventative medical care visits. This represents a 4.28% decrease over the previous year surveyed (2011), though this change is commensurate with trends seen in neighboring and comparable states. There was a 20.72% increase in raw numbers out of state placements from 2017 to 2018; however, it is important to note that there was a **7.38% decrease in the percentage of all youth in care** who were placed out of state over the same period. The figure presented an unduplicated count of children in out-of-state placement by state fiscal year as of 2016.

Linda noted that there is a discrepancy in the out-of-state placement numbers provided by System of Care and those drawn from the Legislative Foster Care Report.

- The sixth figure represents a point in time picture of children in out of state placement in June of each year from 2007 to 2016. Point in time measurements may capture temporary fluctuations and should not be considered as reliable metric as unduplicated counts over an extended time period. Bringing this chart current shows a 25% increase of youth out of state between June 2016 and June 2017, and a further 21.89% increase in June 2018 over the previous year.
- The seventh figure in the initial report gave a point in time illustration of in-state residential and PRTF placements versus bed capacity. This figure appeared on page 19 of the initial report, in the context of reducing the utilization of in-state residential capacity due to the implementation of Safe at Home. The data is drawn from the Legislative Foster Care Report, coupled with capacity reporting from BCF's residential licensing unit.
- The eighth figure presented in our initial report simply illustrated total enrollment in the Safe at Home WV program over time. This figure was presented on page 20 of the initial report. The numbers are drawn from the Safe at Home WV Semi-Annual Progress Report, last published in May 2018.
- The ninth figure presented in the initial report was designed to illustrate WV's efforts to expand Kinship-Relative placements as part of the effort to reduce out of state placement. This data was presented on page 21 in the original report. The original figure presented data through 2016. Kinship/Relative placements increased by 30.45% from 2017 to 2018, and 243.11% from the previously reported 2016 figures. This increase

<p>represents BCF's efforts to place children in kinship/relative settings, as well as efforts to increase certification of kinship homes. Out-of-state placements decreased by 15.30% from 2017 to 2018, though total out of state placements were up 30.38% over the previously reported figures for 2016.</p> <ul style="list-style-type: none"> • The tenth figure in the initial report showed the trend for placements of children in parental or adoptive custody in Psychiatric Residential Treatment Facilities (PRTF) from 2013 to 2016. The updated information shows a 45.91% decrease in PRTF placements of children in parental or adoptive custody from 2016 to 2017, due to improvements in UM, screenings for medical necessity, and the increased availability of community supports and prevention services. • The eleventh figures in the initial report were designed to illustrate the increased availability of care coordination for Medicaid-eligible children not in state custody or on long term waiver services. These figures in the initial report were designed to illustrate the increased availability of care coordination for Medicaid-eligible children not in state custody or on long term waiver services. While the updated figures show an 25.25% increase in the pay-to-provider claims under TCM from 2016 to 2017, they also show that the percentage of WV Medicaid members for whom TCM claims were paid decreased by 40.46% during the same time. • The graph showing Congregate Care vs Total Placements was not included in the initial report to the DOJ, the slide illustrates that the total number of congregate care placements has remained consistent, even as the total number of children in foster care has increased over a six-year period. 	
<p><u>Division of Corrections and Rehabilitation, Bureau for Juvenile Services Update</u> <u>– Debi Gillespie</u></p> <p>Debi Gillespie spoke on what they are doing to support children with special needs within the Bureau for Juvenile Services and provided a document for the Commission's review.</p> <p>The Bureau for Juvenile Services (BJS) and other stakeholders are participating in meetings to discuss alternative placements for vulnerable children who have special needs and who have been placed within the Bureau for Juvenile Services.</p> <p>The BJS conference call meetings began on June 29, 2017 with the following case:</p> <p>The Bureau of Juvenile Services received a youth from Wirt County with an IQ of 44. He had been in several out-of-state placements through DHHR custody but had been aggressive and unsuccessful. He was returning to WV and the option was proposed to place him in detention while DHHR worked on finding another placement who would accept him. His diagnosis consisted of Reactive Attachment Disorder; Post Traumatic Stress Disorder; Major Depressive Disorder with psychotic features; Attention Deficit/Hyperactive Disorder, Oppositional Defiant Disorder along with the Intellectual/Development Disorder. He was on a long list of medication, but it included Thorazine, Klonopin, Clonidine, Depakote, Lexapro, Zyprexa, Trazadone and Diastat gel for his seizures.</p> <p>When the Juvenile Justice Commission learned about the Wirt County youth,</p>	<p>Residential or Foster Care teams will be invited to participate in the conference calls.</p>

they had serious concerns. After conversations with the Circuit Judge and BJS administration, it seemed as if there were no immediate or appropriate options, so detention was ordered. This was disturbing to all involved (Judge, Commission and BJS). The process started with weekly calls with the BJS staff, BJS administration, his DHHR worker, Probation Officer. DHHR supervisors, Child Welfare Consultants and the Regional Director were later added.

While this youth has the lowest IQ at 44, he wasn't the only youth with special needs in detention. There were more. Some lower functioning (IDD), some on the autism spectrum, younger youth/children, some with significant mental health symptoms.

The idea for the calls came from the success of the weekly calls during the Robert Shell transition from status to detention (SB 393). A conversation was held with Commissioner Linda Watts and an official committee was developed with the DHHR Regional Directors representing the district staff to streamline the conversation about each youth on the list.

The Committee now consists of representatives from DHHR - BCF (all four Regional Directors); DHHR – BBH due to the youth with extreme mental health concerns and those IDD; DHHR – ICPC Office; DHHR – BMS; BJS Administration; PSIMED – BJS mental health provider; Supreme Court – both Probation and Children and Juvenile Services Divisions; and Education – Diversion and Transition Programs. After a conversation with Commissioner Linda Watts about one month ago, we added representatives from the Emergency Shelters to staff these youths for the possibility of placing them in an emergency shelter while waiting for placement and assessments. They are now weekly members as well.

The following statistics from June 2017 to the Present were provided:

Total youth staffed to date is 181

13 of those youth have been on the list twice – 168 unduplicated youth

Ages of Youth staffed		Days in BJS Facilities	
12 and under	62	30 days or less	52
13-14	64	30-90 days	51
15-17	54	90-120 days	15
18+	1	120-180 days	22
		180+ days	18

Numbers by Region staffed

Region 1	56	7 currently on the list
Region 2	52	4 currently on the list
Region 3	40	9 currently on the list
Region 4	33	1 currently on the list

21 total

Placements

In-state	66
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24 of these were shelter placements so these youth

<p><i>could have eventually been placed out of state</i></p> <table> <tr> <td>Out of State</td><td>46</td></tr> <tr> <td>Home with services</td><td>39</td></tr> <tr> <td>Committed to BJS</td><td>8</td></tr> </table> <p>IDD</p> <table> <tr> <td>Below 70</td><td>43</td></tr> <tr> <td>Borderline</td><td>41</td></tr> <tr> <td>Autism Spectrum</td><td>22</td></tr> </table> <p>Children with low IQ and Autism can be duplicative.</p> <p>21 is the average number on our current list. Two (2) in-state facilities serve children under 12, otherwise they go out of state.</p> <p>Judge Stowers asked if there were any early intervention or services that are available to them when they were younger – Linda Watts stated the Department would try to gather that information, but it was not discussed in their group.</p> <p>Racial demographics were not included in the data, but Debi said she believes the majority are Caucasian, she didn’t include this, but can provide this to the Commission for the next meeting.</p> <p>Children with IEP must be severely modified to address the educational needs of these children. Furthermore, when a child is Autistic it can be hard to establish good testing because they don’t cooperate during testing because high-level of trust isn’t established and communication and sensory overload can cause them to appear aggressive/violent which skews the findings.</p>	Out of State	46	Home with services	39	Committed to BJS	8	Below 70	43	Borderline	41	Autism Spectrum	22	
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<p><u>Commission Legislative Responsibility and Goals Update</u></p> <p>Goal 1 - Susan Fry – Transformational Collaborative Outcomes Management (TCOM)</p> <p>On behalf of the Service Delivery and Development workgroup, we have made progress as far as TCOM.</p> <p>The biggest success is the Experts Training (training-the-trainers) and the automated certification process which has been sustained. The Child and Adolescent Needs and Strengths (CANS) tool and the Family Advocacy and Support Tool (FAST) are strategies in TCOM. The purpose of TCOM is to collaboratively transform the system.</p> <p>The next step is to take the CANS tool and work toward a University partnership as is recommended by Dr. Lyons and Chapin Hall. Susan feels it would be beneficial for Dr. Lyons to speak with Secretary Crouch and the Commission on how to get there. The missing piece toward moving toward TCOM is a system that can both collect the data from the CANS and used this data to make decisions.</p> <p>Linda Gibson added that the FAST tool is being considered for Youth Service staff.</p>													

Linda Watts stated that she was approached by Tammy Pearson with Marshall University to look at the university partnership to provide this support to the State. Tammy has the support of other colleagues (Social Work and Psychology) about this.

Linda also stated that the current Safe at Home evaluator has already automated CANS and have had discussions on how to use it. We are in preliminary discussions, but it is too early to make recommendations to the Commission. The goal and direction are that all Universities that work with us will train the staff on how to use the CANS so when they come out, they will be ready to utilize them.

Susan said they will report as progress is made.

Goal 2- Cindy Largent-Hill (absent) Brenda Hoylman as her proxy requested on her behalf to table this update until the meeting in March 2019.

Goal 3 – Jacob Green provided a presentation on the data collected on children in foster care test scores that promotes the implementation of *Every Students Succeeds Act* (ESSA): Focus on Foster Care

The WVDE, Office of Diversion and Transition Programs, collected from the following:

- Match 6,109 educational records with the DHHR, FACTS database
- 6,082 children had attendance records in WVEIS
- 3,023 children of the matches are assessment eligible (Grades 3-8 & 11)
- 2,652 children had actual assessment records
- There were 369 missing assessment from eligible students

The explanation for the West Virginia Standards for English and Language Arts and Mathematics - General Summative Assessment Results for Grades 3-8 and Grade 11 are measured by 5 categories provided (Exceeds Standard; Meets Standard; Partially Meets Standard; and Does Not Meet Standard).

All data below is for the cumulative 2017-2018 School Year:

English/Language Arts (ELA):

- 3-5th grade - OOH Students' scores were lower than Overall WV Students.
- 6-8th grade – OOH students' scores were lower than Overall WV Students.
- 11th grade OOH students' scores were lower than Overall WV Students.

Mathematics:

- 3-5th grade – OOH Students scores were lower than Overall WV Students.
- 6-8th grade – OOH students' scores were lower than Overall WV Students.
- 11th grade OOH students' scores were lower than Overall WV Students.
- *Proficiency Breakdown:* Majority do not meet expectations however

Per Cindy Largent-Hill's request, Goal #2 and information pertaining to it has been tabled until the March 2019 meeting.

Jacob's Presentation will be sent by email to members and guests.

there were some showing no test taken in English/Language Arts or Mathematics.

- *Participation Rates:* 2017 – 2018 School Year –OOH participation was lower in each area than ELL, Low SES and SPED.
- *Attendance Rates:* 2017-2018 School Year – OOH students were equal to LOW SES and SPED at 92%, All students reflected 93% and ELL 95%.
- Statistics and Charts were provided for Victim vs. Offender, Disciplinary Incidents, Suspension and Expulsion.

What's next?

- Assessment and other data reported in race, gender and age categories
- School Stability Data and Discipline Data correlated with assessment data
- Create a student profile of students who fall into the category of "Exceed" and "Does Not Meet Standard". WVDE would like to replicate, if possible, those factors that enable a student in OOH to Exceed.
- Confirm the "No Test" students and explore why there is no data

Goal 4 – Youth Transitioning to Adulthood Best Practice Recommendations by the Service Delivery & Development Workgroup – Susan Fry

Target Population: The recommendations included in this report are for youth, ages 17-23, who do not have viable family or adult connections or a safety net to ensure successful transition to adulthood. These youth often have experienced trauma, have chronic mental health, intellectual disability, extensive behavioral and safety needs and/or have past court involvement in the juvenile justice system, including completed terms of incarceration. The goal of these best practice recommendations is to provide a full continuum of housing, treatment and support for transitioning youth based on developmental needs that range from basic financial support to intensive support, treatment and crisis response.

Best Practice Recommendations

1. There should be no wrong doors, no barriers and easy access to transitioning youth needing support, housing, transition coaching and crisis support before and after aging out of the child serving system. This support needs to be accessible in the youth's community without stigma or barriers. We also recommend implementation of a 1-800-JustSayYes number.
2. A thorough study of current housing options in WV, as well as models across the country and of best practice models resulting in a gap analysis, identification of resources needed and recommendations for improvement to be submitted to the Commission by May 7, 2019.
3. Standardized regulation, certification, funding and oversight of all transitional living programs providing direct services and support by October 2019
4. Provide a quick reference card to Judges to assist in transition planning and review by May 2019.

<p>5. Recommendations for funding, structuring and the integration of <u>Transition Coaches</u> for all youth over the age of 17 meeting the identified target population and assessed to need this additional level of support by October 2019. These recommendations will also be applicable for youth meeting the target definition up to age 23.</p> <p>The Commission asked the SDD Workgroup to provide a cost analysis for #1 and 5.</p> <p>Judge Stowers' did not feel that a quick reference card (#4) would help Judges to assist in transition planning because at that point youth only want to leave. However, the youth do need to know when they need help (in some circumstances) that they can come back into care.</p> <p>Susan Fry asked if they should move the May dates back since we will revisit at March 2019 meeting with the results of the analysis.</p> <p>Linda asked that Susan's workgroup make a document with some creative solutions. Susan stated that these workgroups meet the 2nd Monday of each month at 10:30am in the Diamond Building basement.</p> <p>The next meeting is January 14th at 10:30am. Commission Charge Full Service delivery.</p>	
<p><u>Data Reports</u></p> <p>Linda Watts briefly went over the Data Reports provided in the packet for the Commission.</p> <p>The Commission's <u>Performance Scorecard</u> provides data for both in-state and out-of-state for children in Group Residential, Psychiatric (long term) and Psychiatric (short term) care. This report also states if the child's placement is less than or greater than 50 miles from their own county.</p> <p>The <u>Foster Care Placement Report</u> provides data for all children in both in-state and out-of-state placements. Definitions for placement types is also provided.</p> <p>The Commission's <u>Youth in Foster Care</u> (for October 2018) report shows we are getting more younger children are coming into care. Most of these children are due to substance abuse or addiction. The report on older children 12-17 and 18 and even 19-21 are leveling off or about the same. This is significant for the Commission.</p> <p>In the pie chart it shows 79% are in Relative/Kinship placement.</p> <p>On the last page of this report, for 2018-2019 the data shows that the numbers for out of state are steadily growing monthly.</p>	
<p><u>Other Commission Member Updates</u></p> <p><i>Susan</i> – Announcement & Invitation: Stepping Stones & Youth Transition Project Partners are having a groundbreaking ceremony for the Tiny Home Village, Task Center and Option Pathways, Garden Farm and Greenhouse on 12/20 at 10:30am inviting all members of Commission to celebrate with them. RSVP and Susan said she will send directions.</p>	<p>An invitation will be sent to all members and guests.</p>
<p><i>Jacob</i> – Department of Education continuing partnership with The Board of Child Care for the new population for the undocumented immigrants, they will be providing education for them. They will be coming in January. They are getting</p>	

<p>this set up quickly and although this is new territory, it is exciting.</p>	
<p><i>Judge Stowers</i> - Mentioned that in the next 30 days the Court will be addressing the lack of Commission members who are permanently identified on the list but are no longer able to serve. They do not have an interim director or director at this time but the Judges who were previously identified have been talking, they are going to try to enter new orders to identify some of the younger judges to get involved with the Commission. The goal is to work with the Supreme Court to get additional members/new members to fill a couple of spots. Would like at least 2 new Judges. This will be discussed further at the March 2019 meeting. They would like representation from all regions.</p> <p>Juvenile Services has received funding for Case Managers, that helps the effectiveness of the program.</p>	<p>Will provide Judicial Commission members at March 2019 meeting.</p> <p>Linda/Mary will follow up a couple of weeks before the meeting to see where they are re: members.</p>
<p>Meeting Adjourned: Commissioner Watts adjourned the meeting at 1:15pm.</p>	
<p>Next meeting: March 7, 2019</p> <p><u>2019 Approved Quarterly Meeting Dates</u></p> <p>March 7, 2019 June 6, 2019 September 5, 2019 December 5, 2019</p>	