

# Advancing New Outcomes:

*Findings, Recommendations & Initial Actions of the West Virginia  
Commission to Study Residential Placements of Children*

## SUMMARY REPORT



"We worry about what a child will become tomorrow, yet we forget that he is someone today."  
- Stacia Tauscher

**May 2006**

**Submitted to**

**The Joint Committee on Government and Finance  
West Virginia Legislature**

**Submitted by**

**Martha Y. Walker, Commission Chair  
Cabinet Secretary  
Department of Health & Human Resources**

**Advancing New Outcomes:**  
FINDINGS, RECOMMENDATIONS & INITIAL ACTIONS OF THE  
WEST VIRGINIA COMMISSION TO STUDY RESIDENTIAL PLACEMENTS OF CHILDREN

## A MESSAGE FROM THE COMMISSION CHAIR

On behalf of the Commission's members and the many professional support staff and families who, together, thoroughly studied the out-of-state placement issue, I submit our findings and recommendations to date. Most importantly, the initial implementation actions are delineated in this report. We have done well. From candid discussion of past lessons-learned to better defining our future system, the Commission has clearly done its homework.

The serious focus and cooperation demonstrated by the Commission bodes well for the implementation of the planned actions. I am confident the Commission has addressed all that the West Virginia Legislature requested and more. Further, the evidence will bear out that the collective wisdom from the Commission's efforts will bring about the changes desired by all of us.

With the common value of doing what is best for the child, the Commission has forged significant recommendations that will ultimately change the outcomes regarding out-of-home children in West Virginia. True change comes when those most responsible for the outcomes reach consensus on the challenges and then agree to work toward solutions that last.

Resources will be required, both financial and professional, to fulfill the vision embraced by the Commission. In addition, continued public-private working relationships operating in a true collaborative spirit are paramount to make the most progress, both short and long term.

I am grateful for the dedication and commitment shown by the Commission to build lasting solutions to our most challenging issues. Further, I am pleased the Commission will stay together during this next year to help guide the planned changes.

The Commission looks forward to continue positive work and the opportunity to further report significant progress regarding resident placement of out-of-home children in West Virginia.

Sincerely,



Martha Y. Walker, Cabinet Secretary  
WVDHHR

"If our American way of life fails the child, it fails us all."

Pearl S. Buck



# LIST OF COMMISSION MEMBERS

## Commission to Study Residential Placements of Children

Martha Yeager Walker, Chair

Cabinet Secretary

WV Department of Health & Human Resources

The Honorable Jack Alsop  
Circuit Court Judge  
Webster County

Frank D. Andrews  
Superintendent  
Office of Institutional Education Programs  
WV Department of Education

Nancy V. Atkins  
Commissioner  
Bureau for Medical Services  
WV Department of Health & Human Resources

John Bianconi  
Acting Commissioner  
Bureau for Behavioral Health & Health  
Facilities  
WV Department of Health & Human Resources

Lynn Boyer  
Executive Director  
Office of Special Education  
WV Department of Education

Pam Cain  
Assistant State Superintendent  
WV Department of Education

Steve Canterbury  
Administrative Director  
WV Supreme Court of Appeals

Andrea Darr  
Legal Assistant  
WV Prosecuting Attorneys Institute

The Honorable John A. Hutchison  
Circuit Court Judge  
Raleigh County

The Honorable Gary Johnson  
Circuit Court Judge  
Nicholas County

Mike Lacy  
Director  
Probation Services  
WV Supreme Court of Appeals

Cindy Largent-Hill  
Director  
Division of Juvenile Services  
WV Department of Military Affairs & Public Safety

Philip W. Morrison II  
Executive Director  
WV Prosecuting Attorneys

Steven L. Paine  
Superintendent of Schools  
WV Department of Education

The Honorable Jane Charnock Smallridge  
Family Court Judge  
11<sup>th</sup> District

The Honorable O.C. Spaulding  
Circuit Court Judge  
Putnam County

Margaret Waybright  
Commissioner  
Bureau for Children and Families  
WV Department of Health & Human Resources

Legislative Liaison  
Susan Coghill  
Legislative Services  
West Virginia Legislature

Staff to Commission  
Sue Hage  
Director, Regulatory Management  
Bureau for Children and Families  
WV Department of Health & Human Resources

Facilitator/Technical Assistance  
Carl D. Hadsell  
Center for Entrepreneurial Studies &  
Development, Inc.



## PREFACE

Established through legislation (HB 2334), the Commission has wisely leveraged its mandate to study residential placements of out-of-home children into hopefully positive actions for *Advancing New Outcomes* in this historically challenging landscape.

Building on other recent significant initiatives regarding out-of-home children and its own work, the Commission has gathered a cadre of professional leaders and practitioners to address the tough issues. Addressing dynamic challenges together is the right path to *Advancing New Outcomes* that are lasting.

Our success is reached only through the willingness, dedication, and commitment of the thousands of West Virginians in positions to bring about daily changes that result in *Advancing New Outcomes* in out-of-home care, especially the at-risk children, which we all genuinely seek.

Finally, and of utmost importance, is that no one agency, group of individuals, specific policy or practice is solely responsible for where we have been, or where we are going. This effort is not about meeting a targeted percentage benchmark or just resting on a success story here or there. Rather, the Commission's vision embraces *Advancing New Outcomes* for every child in out-of-home status, regardless of where they may be.

"At first people refuse to believe that a strange new thing can be done, then they begin to hope it can be done, then they see it can be done—then it is done and all the world wonders why it was not done centuries ago."

Frances Hodgson Burnett



# Table of Contents

Executive Summary .....	1
Background .....	3
Setting the Stage .....	9
Enabling Pre-requisites & Actions.....	13
Accomplishments .....	19
Commission Recommendations and Implementation Plan.....	20
Recommendations Table .....	21
Appendix A.....	27
Appendix B.....	28
Appendix C.....	31
Appendix D .....	33
Appendix E.....	36

## **Companion Commission Study Working Groups Outcomes and Reference Material Notebook**

A master copy of the large amount of background information and detailed data collected and used during the Commission’s work prior to this report has been gathered into a separate notebook. The notebook serves as a ready-made resource on which the Commission has based its recommendations to date and can serve, in part, to support continued work at the operational level as the Commission goes forward. The notebook can be accessed by contacting Sue Hage, Director, Regulatory Management, Bureau for Children and Families, WV Department of Health & Human Resources, 350 Capitol Street, Room 691, Charleston, WV 25301 (304.558.2983 or [suehage@wvdhhr.org](mailto:suehage@wvdhhr.org))



## EXECUTIVE SUMMARY

The Commission to Study Residential Placements of Children was established by legislative code in 2005. Key findings regarding the current system showed that standards and consistency were lacking, a critical need for stability of placements, more accurate data to support objective decision-making should be in place and a number of specific areas for improvement existed. Further, the “system of care” which focuses on a continuum of care model shows great promise as does continued oversight by the Commission to ensure implementation of its work. The Commission incorporated work already done or in progress including West Virginia Department of Health and Human Resources’ (WVDHHR) strategic plan regarding out-of-state placements and West Virginia Department of Education’s (WVDE) Reaching Every Child Task Force on out-of-home care education.

The Commission advocates that every effort be made to place a child in West Virginia before considering an out-of-state placement. Beyond framing the issue solely as a geographical ‘border’ one, it sought to understand the issues and make rational decisions based on the reality of present situations, while striving to build capacity within our in-state system. This is grounded in local community-based referral to a facility, program or service location based on the best interest of each child.

The Commission considered a number of pre-requisite actions that need to be in place to see true breakthrough in addressing the challenges regarding out-of-state placements. These, in part, include:

- ◆ keeping in mind that the majority of improvement actions and system changes will affect all West Virginia out-of-home children, regardless of in- or out-of-state placement
- ◆ funding the continuance of the system of care model in Region II and begin expansion statewide of the system of care principles and values
- ◆ framing issues using adequate objective collection of data and detail analysis
- ◆ giving priority to building good, sharable data
- ◆ removing all barriers for sharing data among different agencies so as to gain better insights into the profiles and outcomes of the out-of-home children population
- ◆ fostering principle-based collaboration at all levels and within all working group activities
- ◆ charging the WV Office of Institutional Education Programs with oversight of all out-of-home care education, regardless of where the child may reside or be placed
- ◆ working diligently, through the willingness of the Legislature and others, to find resources to implement the Commission’s priority actions
- ◆ sustaining the Commission through 2006 for oversight and to put in place a permanent oversight entity
- ◆ paying attention to other areas needing addressed or that can support the out-of-home children work, such as increased foster care capacity by building a sustainable effective and adequate foster family care system in West Virginia.

Accomplishments to date within the Commission's work include the WV Child Placement Network (WVCPN) website, a new Group Residential Provider Agreement that requires providers update bed availability information on the website (WVCPN) daily and the inclusion of the 'no-refusal' clause when appropriate space is available for a child.

In addition, work is being done to make the necessary changes in the West Virginia Certificate of Need Summary Review process to allow program reconfiguration and expansion to address WVDHHR identified needs, gaps, and barriers for placing out-of-home care children in state. In the 2006 Legislature, HB 4790 increased the age that facilities in West Virginia can continue to serve children in DHHR custody to age 21.

Thirteen specific recommendations are offered by the Commission and are fully outlined in the recommendation table found in this report. In general, the recommendations address process improvements, policy changes, workforce development, standards and continued collaborative work. These range from development of an accurate profile of the clinical needs of the out-of-home children to improvement of the Multidisciplinary Team (MDT) process. The recommendations require attention by state agencies, service providers, the court system and the WV Legislature.

The gains already evidenced and the Commission's recommendations bode well for bringing true change to improve the system for out-of-home children that historically has often been in need of serious attention. The Commission realized the value of conducting its work in a principle-based collaborative manner and not to interfere with the discretion or ability of the Circuit Courts to place a child in a facility which is in the best interests of the child, but to provide the Courts with new and additional options to meet the needs of children in facilities closest to their homes. Likewise, the departments involved in the areas of human services, education and corrections must be assured that the 'system' recognizes and integrates their respective mandates and approaches incumbent in their work.

### **System Definition**

Most often, the use of the word 'system' in this report refers to the total combination of policies, processes and people, including families, which constitute the entire focus along a full continuum of care (programs and services) for working with the out-of-home children population or in preventing children from being placed in out-of-home placement.

## BACKGROUND

The Commission to Study Residential Placements of Children was established by legislative code on April 9, 2005. At the time of this report, the Commission had formally met seven times from July 2005 through March 2006. These meetings have been attended by the majority of the Commission members along with several other individuals representing various organizations, agencies and families throughout the State.

The legislation (H.B. 2334) mandated the Commission to study the following areas:

1. Current practices of placing children out-of-home and into residential placements, with special emphasis on out-of-state placements;
2. Adequacy, capacity, availability, and utilization of existing in-state facilities;
3. Strategies and methods to reduce the number of children who must be placed in out-of-state facilities and to return children from existing out-of-state placements, initially targeting older youth who have been adjudicated delinquent;
4. Staffing, facilitation, and oversight of multidisciplinary treatment planning teams;
5. Availability of and investment in community-based alternatives;
6. Showing in-state placement availability;
7. Strategies and methods to promote and sustain cooperation and collaboration between the courts, state and local agencies, families, and service providers;
8. Availability of including 'no-refusal' clauses in contracts with in-state providers;
9. Identification of in-state service gaps and the feasibility of developing services;
10. Identification of fiscal, statutory, and regulatory barriers to developing needed services in-state;
11. Ways to promote and protect the rights and participation of parents, foster parents, and children involved in out-of-home care; and
12. Ways to certify out-of-state providers to ensure that children receive high quality services consistent with this state's standards.

There were four specific areas derived from legislation that the Commission needed to cover. These were:

- Study Area 1 – **Strategic Planning** (including strategies and methods to reduce the number of children presently placed out of state);
- Study Area 2 – **Region II System of Care** – How to transition many positive elements of that project into a statewide system;
- Study Area 3 – **Cooperation and Barriers** – Identify where there is cooperation among all involved parties and where there are barriers in developing needed services, and how to fund these services;
- Study Area 4 – **Special Issues & In-Progress Activities** – Look at what is almost completed or in the process, such as including the 'no-refusal' clause in contracts with in-state providers and the DHHR website, which was scheduled to be ready by the end of July 2005. In addition, focus on certification issues regarding facilities, especially out-of-state ones.

The Commission deployed working groups of practitioners to focus on the four study areas. Where appropriate, existing working groups on the topics were asked to work in one of the four areas. The twelve mandated items for attention by the Legislature were placed under one of the four study areas based on best fit. These four working groups met outside of the formal Commission meetings to research, discuss, and prepare reports to present to the full Commission. Each of the four groups reported on their study area and presented their findings and recommendations to the Commission for discussion. These reports can be found under separate cover.

In addition to receiving the study area working groups reports, the Commission heard briefings from the Office of Institutional Education Programs, the Bureau for Children and the Families and the Division of Juvenile Services. The Commission was given information regarding placements and other data as background for its work.

In early December 2005, a series of recommendations were developed based on all information studied to date. In a special extended Commission meeting in January 2006, all recommendations were discussed and moved to final draft status. This included submitted edits to the recommendations by Commission members.

From the recommendations processing meeting, an internal working draft was written and provided for initial review by the Chair and then the Commission. In the March 2006 Commission meeting adjustments to the report were made and this summary report.

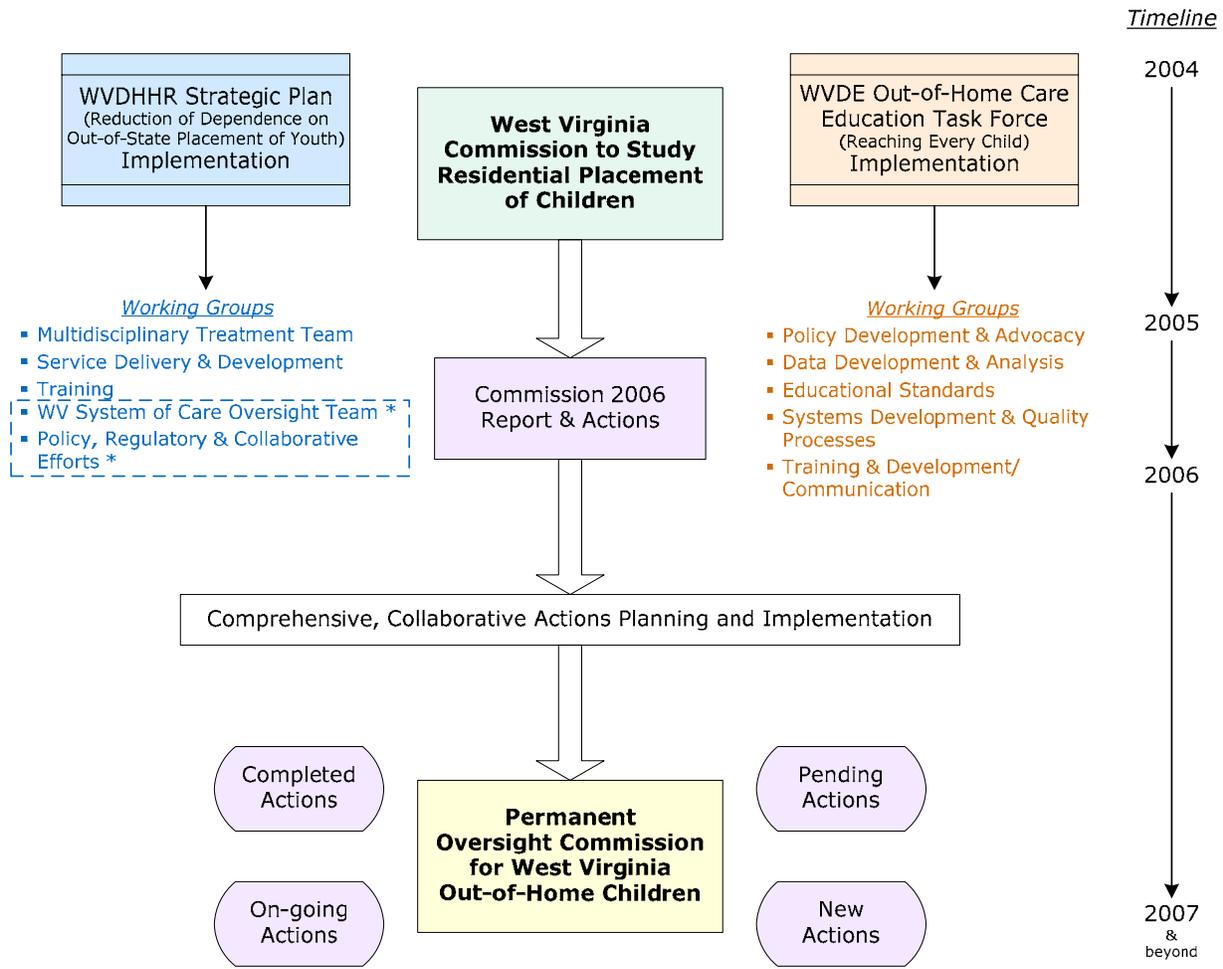
### **Commission Meeting Participation**

The Commission carried out its work with strong collaborative participation from the key stakeholders working in the overall system being addressed. Many staff members who represent the day-to-day expertise in various areas also attended. In addition, many practitioners contributed in study area work outside of the formal Commission meetings that provided key background information, data analysis and suggested recommendations.

### **Strategic Synergies & Timelines**

The Legislature charged the Commission with addressing issues that have been in the forefront in some capacity for a good number of years. Further, at the time the Commission had its inaugural meeting, two other directly related initiatives were well in progress that offered strategic synergy. Diagram 1 provides an overview of these efforts reflecting how the Commission has tapped into this work and how it envisions continued synergy to build on progress to date.

**Diagram 1**  
 Overview of Organizational Infrastructure  
 Addressing Out-of-Home Care of At-Risk Children  
 in West Virginia



\* Created in support of the Commission's work

In 2004, at the request of the WV Legislature, WVDHHR developed a Strategic Plan entitled, *Reduction of Dependence on Out-of-State Placement of Youth*. This plan moved into an implementation phase by deploying working groups targeted at specific focus areas determined to be critical to reducing dependence on out-of-state placements. Diagram 1 lists these groups. During the Commission's background and data gathering, four study areas were configured for assessment and recommendations regarding issues being explored by the Commission. Many of the teams working on the WVDHHR Strategic Plan contributed to the Commission's work. The Strategic Plan can be accessed at <http://www.wvdhhr.org/bcf>.

At approximately the same time, a white paper by the Alliance for Children had generated interest within WVDE to establish a special task force to look at the out-of-home care education, primarily in West Virginia. Under the leadership of the Office of Institutional Education Programs (OIEP), this cross-agency and private service provider membered team, spent nearly a year benchmarking the issue of education of foster children across the country.

It also completed internal assessments and, for the first time, matched student records between WVDHHR and WVDE. The successful results of this Task Force are found in its report fully titled, *Reaching Every Child: Addressing Educational Attainment of Out-of-Home Care Children in West Virginia*. The task force's results led to the WV State Board of Education asking that the Task Force stay together to implement as many of its recommendations as it could. Diagram 1 lists the five working groups that are comprised of Task Force members and selected practitioners invited to help with implementation actions. The full report can be downloaded at <http://wvde.state.wv.us/institutional>.

These two efforts have overlap in membership with professional expertise from the state level and in 'the field'. Both groups are working on specifics that are embedded in the overall direction the Commission is advocating, as well as targeted recommendations being made by the Commission. With leadership of the two efforts directly involved in the Commission's work, leveraging the natural synergy is beneficial and very achievable. This also affords the Commission with the ability to garner resources and expertise already engaged in the focus areas needing addressed.

The Commission recognizes that there are a number of other initiatives being done that also contribute to what is envisioned for improving policy and practices with the out-of-home children. The Division of Juvenile Services does continual review of its operations and has shown a willingness to reconfigure facilities to accommodate needs of the system. The many service providers, individually and as an industry, are working to improve parts of the system on a number of fronts. Coalitions, such as Worth Our Care, are also actively engaged in addressing issues in regards to the well-being of the out-of-home children in the State. Through training and other means, the judicial system and other stakeholders continue to raise awareness and look at ways to make improvements within the system. All these, when done with the same end in mind, add up to a positive future for West Virginia's out-of-home care children.

Diagram 1 also depicts that the Commission will continue on this next year to oversee implementation actions and continue to foster the vital working relationships required to make the kinds of changes envisioned. As recommended by the Commission, at some point a permanent defined group should be empowered with authority to provide oversight and guidance to sustaining changes made as a result of these multiple initiatives. Further, it should be a group capable of continuing to seek improvements and innovation to bring even greater outcomes to West Virginia's children most at-risk. Finally, as outlined in the proposed charter for this group (see appendix B), there is a need for it to serve as a sounding board and early intervention body to address emerging issues or help mediate problems that may surface in the system. This last point was a key recommendation in the *Reaching Every Child* work.

Overall, the Commission credits the recent positive concrete results and on-going work of many professionals and families within the system and those who rely on it for directly helping advance new outcomes. Sustaining such momentum and cooperation will advance new outcomes that will matter.

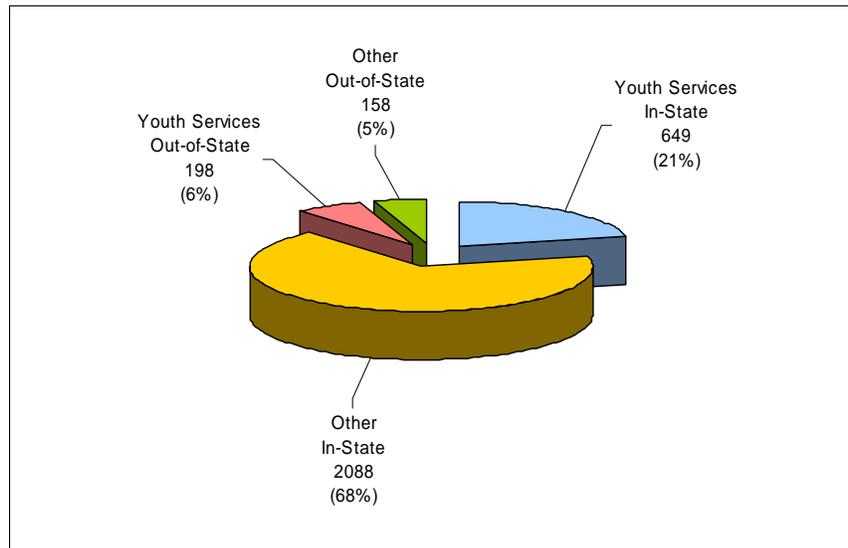
## Out-of-Home Care Population

As noted elsewhere in the report, the out-of-home care population consists of youth that reside within West Virginia locations and in placements in other states. 'Youth Services' refers to children/youth who are in DHHR custody and placement through juvenile proceedings. 'Other' refers to children/youth who are in DHHR custody and placement through child abuse/neglect or through a voluntary agreement with their parent(s). The table below provides a snapshot of this population as of February 2006.

**Foster Care Placements – In State and Out of State  
Snapshot as of 2/28/06**

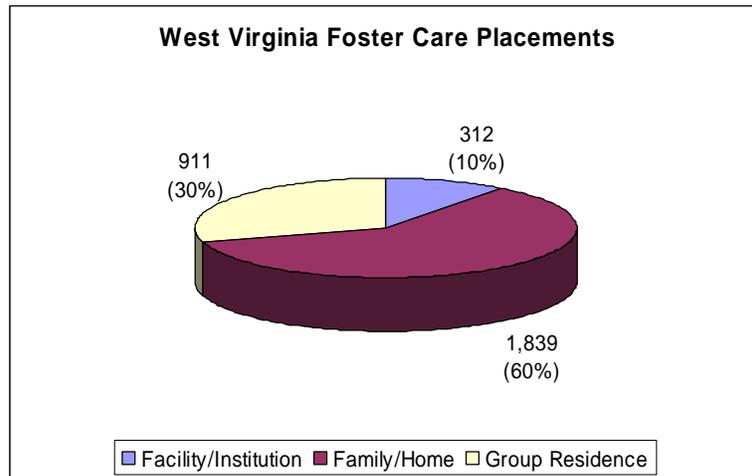
Type of Care Provided	In-State (Youth Serv.)	In-State (Other)	In-State TOTAL	Out-of-State (Youth. Serv.)	Out-of-State (Other)	Out-of-State TOTAL	TOTAL
Agency Emergency Shelter	82	49	131	0	0	0	131
DHHR Adoptive Home	0	177	177	0	28	28	205
DHHR Foster Care	30	738	768	2	14	16	784
Family Emergency Shelter	0	3	3	0	0	0	3
Group Residential Care	428	246	674	147	53	200	874
Medley	1	73	74	0	0	0	74
Psychiatric Facility (long-term)	38	19	57	44	47	91	148
Psychiatric Hospital (short-term)	10	11	21	0	5	5	26
Therapeutic Foster Care	45	746	791	5	9	14	805
Transitional Living Client	15	26	41	0	2	2	43
	649	2088	2737	198	158	356	3093

The pie chart graphically depicts the total population in the four categories.



In many state and national studies, the out-of-home care children are generally referred to as 'foster children'. West Virginia's Department of Health and Human Resources (DHHR) is responsible for the custody of foster children that are placed in a number of different facilities or arrangements, most often based on their level of mental or physical status. Not all out-of-home or foster children located in West Virginia are in institutional settings.

Based on an analysis in April 2005, the following pie chart categorizes placements into three groupings. The Family/Home reflects that approximately 60% of these children are in a home-based family situation. The out-of-state placements are primarily in group residential care.



Additional data regarding the population, including more specifics on nature of care needed, level of services, specific placement locations, etc., will become part of on-going reports to the Commission.

Diagram 2 shows the present four regions (I, II, III, IV) as defined by the West Virginia Department of Health and Human Resources for regional oversight and management. These should not be confused with the designated regions for Health and Human Services (DHHS) used by the Federal government. West Virginia is in DHHS Region III, which includes other surrounding states (Delaware, Maryland, Virginia, Pennsylvania, and Washington DC).



## SETTING THE STAGE

From reports of study groups to presentations from specific agencies or programs, the Commission processed a wealth of information to guide its work. Through review of presented material, including research and reports from other similar work, the Commission derived a number of telling findings and observations regarding current conditions. The following summary statements are vital elements that help set the stage for the Commission's present recommendations and continued work.

### Principle-based Collaboration a Must

The gains already evidenced and those proposed in this report by the Commission bode well for bringing true change to improve the system for out-of-home children that historically has often been in need of serious attention. From the onset, the Commission realized the value of conducting its work in a principle-based collaborative manner. Bringing a diverse group of individuals representing the many facets of the 'system' together is a necessary step for making meaningful strides in improvement. However, without common understanding and shared commitment, the effort may fail or, at best, provide false promise. The Commission's work is rooted in principles which focus first on the child and family. Further, there is mutual respect among members for the importance of preserving the fundamental mission each represented area brings to the Commission. Balancing a shared vision that drives Commission decisions with the inherent requirements of state agencies, the judicial system and of the private sector is paramount for successful outcomes.

The Commission embraces the principles developed as part of the Region II System of Care project (see insert box) as shining guideposts to frame its work.

#### **Key Principles Underlying the System of Care Model in West Virginia**

- ◆ Families must be viewed as equal partners and colleagues.
- ◆ Children are best served in their own homes, schools and communities.
- ◆ Support required by children with emotional, social and behavioral challenges must be found in the community.
- ◆ Child serving systems and agencies must collaborate to create a seamless system.
- ◆ Services and care must be available regardless of ability to pay.
- ◆ Services must be individualized to meet the needs of each child and family.
- ◆ Services must focus on strengths and competencies, rather than deficiencies.
- ◆ Interventions and services must be available to "wrap" services around the child and family.
- ◆ Services must be culturally sensitive and respect family differences.

In formulating its working agreements and understanding of ultimate responsibilities around the issues, the members respect the appropriate roles found within the missions of those serving on the Commission. Clearly, the Commission does not wish to interfere with the discretion or ability of the Circuit Courts to place a child in a facility which is in the best

interests of the child, but to provide the Courts with new and additional options to meet the needs of children in facilities closest to their homes. Likewise, the departments involved in the areas of human services, education and corrections must be assured that the 'system' recognizes and integrates their respective mandates and approaches incumbent in their work.

Given these various potential dichotomies, the Commission has and will continue to seek consensus on recommendations that will make a difference. Further, there is a commitment by those serving to work diligently to champion the changes needed in their respective areas.

All parties participating in the Commission meetings agree the goal is to do everything possible to increase the in-state placements that are close to the community in which the child resides. Given this overall goal, Commission members from their respective agencies and organizations will champion the recommendations and intent of the Commission to improve the state's internal systems of care for all out-of-home children.

As found in the appendix A, the Commission appreciates the principles underlying the work of the WV Department of Education's Task Force on Out-of-Home Care Education. These principles reflect the vital importance of such written statements for maintaining successful working relationships such that the Commission is striving to model.

"Things don't change, we change."

Henry David Thoreau

## **Standards and Consistency Lacking**

Weaved throughout the findings are clear signs of inconsistency and lack of standards in many facets of the system. Without question, these two telling themes surfaced in several areas during the study and deliberation of recommendations. More specifically, there are needs for standards and consistency across the entire system. From education standards, to standards in certification of out-of-state facilities and clinical programs, there was a call to strengthen standards where needed and establish standards where none existed.

As to consistency, there was evidence that what was expected as uniform practices across the system did, in fact, vary often to the point of misunderstanding of the value of some activities. For example, the Multidisciplinary Teams (MDTs) concept, required in law, were found to be working quite effectively in some regions of the State, yet apparently failing to be of value in others. This, despite many attempts in the past to encourage, train and develop the MDT model statewide.

The method of delivery and amount of education in some in-state resident facilities is not consistent. It is also suspected to be inconsistent across the many out-of-state residential facilities used by the State. The decisions made for placing children in either in-state residential facilities or out-of-state facilities by the judicial system are not always consistent across the State. While not questioning the decisions of the court, there is recognition that the final decision on placement of children, for a variety of reasons, is not always the same from court to court in West Virginia.

## **Stability of Placements Critical**

Difficult and 'hard-to-place' children are frequently placed in multiple foster homes, multiple potential adoptive homes, and multiple residential treatment facilities. Because these placements are often in different counties in different areas of the State, the child is treated by multiple providers. For these frequently placed children, treatment is not consistent, nor are services uniform. A good program for the child while in foster care in Kanawha County may not be available when the child is placed in Wayne County. With each new placement, a new counselor, therapist, psychiatrist and psychologist begins treatment. These persons may have different treatment protocols than the previous providers.

Medications are frequently changed when a new psychiatrist is involved. New 'trusts' for the child and the providers must be developed. Treatment begins anew, time is lost and progress starts all over. This cycle is then repeated again when the child regresses and the new foster/adoptive parents give up, and the child is again placed in another geographical area. The new placement is often too distant from the old placement, so another set of providers commences again. This lack of continuity and level of services hampers the child's progress. The Commission finds this frequent occurrence a significant barrier that must be addressed in all possible ways. The Commission advocates, throughout its work, that viable solutions should always strive to minimize the disruptions of the child as much as possible.

## **Accurate Data & Objective Decision Making**

Although better and continuing to improve, the availability of key data needed to help make more informed decisions has historically been missing. From knowing where a particular type of bed is open to understanding what clinical programs are needed for the out-of-home child, the use of accurate data is vital to achieving better outcomes in the system. All agencies involved in working with out-of-home children need to ensure accurate data is available and sharable in a timely manner. Further, the more the data can be put into value-added form so that it becomes information for decision-making, the better. Work in progress now by WVDHHR covered in this report and the data analysis recently done between WVDHHR and WVDE are encouraging signs of garnering more meaningful, useful data in the future.

A new website for tracking and reporting available beds and more comprehensive profiles of children in out-of-state placements are examples of progress being made in this important area. The Commission found other places where attention to improved data will greatly assist decision making and ultimately result in a better managed system. Objective decision-making becomes paramount when different agencies are required to decide on changes that may affect one area more than another. Likewise, challenges can surface when agencies within the state seek consensus decision making when working with the judicial system and private entities outside of government. The Commission, again, strives to focus on the best interest of the child to help shape framing issues and making decisions.

## System of Care Approach of Value

The system of care approach is about agencies, families, and communities interacting intentionally to create the best possible access to the appropriate care for children and their families. “A system of care incorporates a broad array of services and supports that are organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.” (Building Systems of Care: A Primer by Sheila A. Pires, Human Service Collaborative, 2002).

Major components of this found across all regions in West Virginia would include regional coordination, service delivery/training/workforce development, service development, family involvement, and evaluation. The degree any one of these is needed in a given region may vary.

The encouraging results of the Region II System of Care initiative offers hope on strengthening communities to be the central catalyst to bring breakthrough improvement to the out-of-home children in West Virginia. The Commission supports, wholeheartedly, the public-private approach that keeps youth in communities and reduces the time any child has to be in crisis. The Commission studied and held the System of Care as a model signifying the need for innovative approaches to improve the system and solve the long lingering ineffectiveness historically found in many parts of West Virginia.

“There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”

John F. Kennedy

## Continued Work & Oversight Role Remains

From its earliest study, the Commission recognized the importance of follow through to implement whatever it generated as needed changes. In essence, part of the Commission’s vision is seeing the effectual implementation of its recommendations. Further, it sees significant value in on-going oversight in the area of out-of-home children. To achieve any measure of success, the work must continue within the collaborative framework as modeled in the present Commission. In fact, there should be additional representatives on the Commission at some point. As determined by the Commission there remains opportunity to broaden the table to include active contribution from all stakeholders.

## ENABLING PRE-REQUISITES & ACTIONS

The Commission, either directly or indirectly as a result of other studies, determined that certain 'pre-requisites' appear to be critical for implementation of its work to take place and be effective. To ensure adequate and full implementation of the Commission recommendations, the following are considered vital areas of policy or practice that need in place immediately or within a short horizon. To do so will properly pave the way for the Commission's recommendations.

### Moving Beyond a Border Focus

The Commission advocates that every effort be made to place a child in West Virginia before considering an out-of-state placement. On all accounts, however, what is best for the child should be paramount in the final decision as to placement.

As the Commission focused on what works best in terms of keeping the child and the family together, it is recognized the need for clarifying what constitutes 'out-of-state.' A key issue surrounds the definition of 'out-of-state' as it applies to ensuring Federal regulations are met as to the proximity of placement to the child's support system. This touches, in part, on being able to receive Federal funding for some program costs.

As part of its work, the Commission strongly supported moving beyond framing the placement issue solely as a 'border' one. Rather, it sought to understand the dynamics and make rational decisions based on the reality of present situations, while striving to build capacity within our in-state system. The need to expand services available in-state with the prudent balancing of resources is a continuing challenge for the state, especially when striving to keep each child close to home and family. The required combination of location, clinical need, education and facility capacity all play into the daily situations faced by state human services and the courts.

The Social Security Act 475 (5) (A) ensures that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. If the child is placed in a different state from the one he/she resides or a substantial distance from the home of the parents, the case plan sets the reason why such placement is in the best interest of the child.

The community in which the child resides and has parents (natural or foster) or other relatives is usually the best option for placement. The Commission concurs with both the Federal regulations as well as the principles rooted in keeping our out-of-home children in their own communities. Therefore, the Commission fully supports a 'locality rule' policy through WVDHHR for West Virginia. The prime driver for placement must not be simply a specific geographical boundary or span from the child's home base, even when this stretches across a state line (border). This is grounded in local community-based referral to a facility, program or service location based on the best interest of each child.

***Pre-requisite Action: The Commission urges adoption, acceptance and adherence to a 'locality rule' immediately.***

Another ‘border’ aspect is that many of the issues facing the ‘out-of-state’ placed children are the very same that those out-of-home care children placed in West Virginia face. In fact, of the total number of out-of-home care children at any given point in time, nearly 90%, on average, are residing and receiving assistance within West Virginia. The lesson learned here is that shaping the recommendations and ultimate implementation of actions should focus primarily on those priorities that will help all West Virginia out-of-home care children.

***Pre-requisite Action:* In carrying out its work, it must be kept in mind that the majority of improvement actions and system changes will affect all West Virginia out-of-home children, regardless of in- or out-of-state placement.**

“We cannot hold a torch to light another’s path without brightening our own.”

Ben Sweetland

### **System-of-Care Model Holds Great Promise**

The Mountain State Family Alliance in Region II has been the agency that has been implementing the System of Care Grant for seriously emotionally disturbed children in Region II since West Virginia was awarded the grant in 1999. Although the grant period has ended, there is enough Federal and state funds remaining to afford another year. This group is now looking at sustaining what it has learned, as well as transitioning the system of care principles and values both within Region II and other parts of the State. Another group, the System of Care Collaborative, attended a Training Institute Meeting three years ago that focused on the System of Care – how to work to meet the needs of the children and their families, and how to build that system and continuum of care to hopefully keep children and families together. These groups, working together with one of the Commission’s subgroups, have developed recommendations, some of which require a ‘fiscal note’, especially for the continuation of the present effort in Region II.

The Commission determined that the Region II System of Care approach has proven to be a good investment of resources to improve many aspects of children in out-of-home care. The Commission agrees as the model is refined and expanded to other regions of the State, that a broader, more encompassing approach be designed. That is, the System of Care should go beyond a focus solely on emotionally disturbed children, to all children that are or may be in out-of-home care. There are a number of recommendations within the Commission work that support the System of Care. All of these are targeted to assist keeping children near families and within their communities.

The Commission embraces the principles and approach taken in Region II. The initial evaluation of the program results from Marshall University provides evidence of cost savings, but, more importantly, better outcomes for out-of-home children in Region II.

***Pre-requisite Action:* Fund the immediate continuance of the System of Care model in Region II and continue to refine a broader system of care model for use throughout West Virginia.**

## Data-Driven Decision Making

Too often, not enough information is known, or what information is known is not completely analyzed, let alone shared. In many of the new initiatives, data is being requested in more detail and across agencies. The need for accurate, timely data to drive decisions in the area of out-of-home care is critical. Agencies must invest in getting data that is not only accurate, but also current and value-added. Specific needs have been identified regarding where data would be most useful. The data matching work done by the WVDE Out-of-Home Care Education Task Force that linked WVDHHR files on out-of-home care children to the WVDE education information system demonstrates the kind of cooperation and analysis that will bring better decision making.

***Pre-requisite Action:* The Commission and those considering its recommendations must make decisions within the proper framing of the issues, adequate objective collection of data and detail analysis that guide the best choices. Therefore, priority should be given to building good, sharable data.**

***Pre-requisite Action:* Continue to find ways to remove barriers for sharing data among different agencies so as to gain better insights into the profiles and outcomes of the out-of-home children population.**

## Continued Effective Collaboration

The Commission and related initiatives have demonstrated the need and value of true collaboration on challenging issues faced by West Virginia in the out-of-home care arena. Only through the fore-mentioned principle-based collaboration can lasting progress be made. From specific working relationship agreements to general support and collective accountability on the issues, everyone gains. For example, the Commission thinks it is important that a re-negotiation of the interagency agreement between DHHR & WVDE, which phased out in 1997, be done to take into consideration current educational practices and financial limitations faced by both agencies.

In December 2005, nine individuals from West Virginia attended a special policy academy facilitated by the Region III Office of the US Department of Health and Human Services. The academy brought together key delegations from states in Region III with the purpose to:

- Develop strategies that will reduce reliance on expensive out-of-state residential care.
- Expand less-restrictive, more community-based treatment alternatives for children.
- Prevent families from having to relinquish custody to access needed services.

In selecting West Virginia's delegation, WVDHHR focused on inviting members of the Commission to Study the Residential Placement of Children and/or staff of their agencies; representatives from the private sector and family representatives. In preparing for the academy and in the work that was completed during it, the delegation used the draft recommendations then being considered by the Commission. The draft recommendations provided a framework to build upon specific strategies and actions regarding future implementation of the Commission's final recommendations in a collaborative approach.

***Pre-requisite Action:*** Ensure that all Memoranda of Understanding are current and support the Commission’s work and recommended actions.

***Pre-requisite Action:*** Continue to foster principle-based collaboration at all levels and within all working group activities as the Commission goes forward.

***Pre-requisite Action:*** Continue to tap the knowledge and commitment by those who participated in the special policy academy by asking them to serve in implementation work.

“We worry about what a child will become tomorrow,  
yet we forget that he is someone today.”

Stacia Tauscher

## **Defined Responsibility within WVDE for Out-of-Home Children Education**

The Office of Institutional Education (OIEP) has been a leader in championing education for those out-of-home care children in facilities where OIEP has on-grounds schools. Further, under the leadership of Superintendent Frank D. Andrews, a Commission member, there has been attention by the WVDE regarding the education of all students in out-of-home situations in West Virginia. During the Commission’s work, it became apparent, as seen in several targeted recommendations, that education should also be at the forefront in assisting out-of-home children, regardless of where he or she is placed. Based on findings and recommendations, work is needed on the education front regarding students in some of the out-of-home placement settings.

OIEP has been working on a number of issues that directly involve children in all types of settings, from out-of-state residential facilities to homeless shelters in West Virginia. Although units within WVDE work with many of these children (e.g., special education, homeless liaisons), there is no central office tasked with daily attention to this overall population. This should be addressed immediately.

***Pre-requisite Action:*** WVDE leadership should formally charge OIEP with oversight of all out-of-home care education, regardless of where the child may reside or be placed.

## **Resources to Carry out Commission Actions**

While some actions proposed by the Commission do require minimal resources or are within current resource allocations adjustments, many others will require new or re-directed funding to implement fully. The Commission believes that failure on the part of legislators and other government representatives to give the required financial support to this work will send the wrong message. Serious consideration is needed sooner than later to find the resources to move on actions already started or pending. Examples requiring new or additional funding are found within several of the recommendations. Appropriate fiscal notes will be developed before the recommendations are implemented.

A goal to increase in-state capacity (see recommendations) cannot be done without the resources to assess, to plan, and ultimately to establish the most appropriate options to maximize future placements in West Virginia. Further, once an expanded system is in place and the other identified improvements are complete, there must be resources for on-going oversight and evaluation of the system. As more children are placed in West Virginia, rather than distant out-of-state locations, fewer dollars will be spent out of state. Some of these dollars can be redirected for supporting an out-of-home care system in our state. Failure to continue to invest in the total system to ensure quality and performance outcomes are at the levels needed should be avoided from the on-set.

The Commission also recognizes the need to find ways to acquire funding from new sources. Through innovative programs that can garner grant funding to rethinking current resource allocation for programs and services, funding should not constrain the needed changes. Review of existing federal and state funding streams to determine availability and flexibility of funds to support the implementation plan is also required.

***Pre-requisite Action:* A willingness by the Legislature and others to work diligently to help find resources to implement the priority actions of the Commission is imperative for progress to be made with the out-of-home children including reduction in out-of-state placements.**

### **Division of Juvenile Services Designated Use of Facilities**

During Commission meetings, the WV Division of Juvenile Services (DJS) offered to reconfigure the use of selected in-state facilities to help accommodate the prevention of certain youth from being placed out of state. This work has begun outside of the immediate work of the Commission. DJS understands the need to effectively work with the courts, juvenile probation officers, WVDE and WVDHHR to ensure that all considerations for assessments, treatment and education of children placed in DJS facilities are adequately addressed. For example, the Commission has taken a strong stance on the education of youth in out-of-home care, regardless of where they are placed. To do so, takes adequate funding and appropriate accommodations for a conducive learning environment. DJS further recognizes the need to design service plans based on the individualized needs of the child more than the long-term or short-term lengths of stay.

***Pre-requisite Action:* Changes in the use of Division of Juvenile Services facilities within West Virginia should be planned collaboratively among all involved agencies to ensure adequate levels of care from treatment to education are in place.**

### **Stay the Course**

The Commission recognizes the value of an array of people being brought together to implement actions and recommendations. A critical concern by the Commission is that recommendations and the important communication among those involved in the system not be dropped when a final report is completed. Rather, the Commission will be building a process for continued tracking and monitoring of the issues it has addressed. Earlier models were in place to do this, but have failed to sustain the momentum. The Commission wants to be assured its work will be implemented and that issues and problems that surface in the future are addressed in a timely manner by the right people.

***Pre-requisite Action:*** The Commission remains in effect for 2006 with the design and establishment of a permanent oversight entity put in place when the current Commission ends its work.

## **Addressing the Total Environment for Out-of-Home Children**

The Commission was charged by the WV Legislature with specific items to study, especially the out-of-state placement issues. While much of the focus covered in-home services and facilities that are centered on residential placement, there are a number of underlying root causes that need attention to truly improve the status and systems of care for out-of-home children.

The Commission recognizes that the total environment in which out-of-home children are part of includes those elements that can be changed by process and those that need to be at the practiced level. Deeper understanding and system thinking will surface areas, some outside the purview of the Commission, that need to be addressed to make the long-term changes that will dramatically reduce the amount and degree of many of the required interventions now in place.

Example areas include building the capacity of foster family care, investing in early child development, strengthening local family support organizations, encouraging more people to enter the professions needed to work with out-of-home children, etc. In essence, the Commission invites discussion and strategies that address the total environment affecting directly or indirectly out-of-home care children work.

***Pre request action:*** Continue to call attention to other areas needing addressed or that can support the out-of-home children work, such as increased foster care capacity by building a sustainable effective and adequate foster family care system in West Virginia.

“Coming together is a beginning; keeping together is progress; working together is success.”

Henry Ford

# ACCOMPLISHMENTS

## Work in Process

Some of the work of the Commission has already begun and some already completed. Listed below are some of the completed and in-process activities, not addressed elsewhere in this report:

- ◆ The **WV Child Placement Network (WVCPN) website** was launched in late July 2005. The website allows one to view in one place, in real time, the availability of resources to meet the specific needs of the child for placement and treatment. Future enhancements are already planned for WVCPN. Judges participating on the Commission reported this site to be effective and of value. The Commission encourages refinement and expansion of this use of technology to improve the system.
- ◆ The new **Group Residential Provider Agreement** was effective September 1, 2005. Two new things had been incorporated into this agreement as a result of House Bill 2334. First, the provider must update the bed availability information on the website (WVCPN) daily. Second, the inclusion of the 'no-refusal' clause, which basically states that if the provider has an open bed in which it has been determined is appropriate for the level of care that the child needs, then they will be expected to provide services for that child.
- ◆ Immediate actions taken by the Commission have resulted in **better data being available** on the out-of-state placements of children. Further work is being done to assess youth currently in out-of-state placements to develop **data driven recommendations** as to service gaps, programmatic needs, barriers, training needs, etc. The initial focus is on 16-21 years of age out-of-state placements. (See recommendations.)
- ◆ Work is being done to make the necessary **changes in the West Virginia Certificate of Need Summary Review process** to allow program reconfiguration and expansion to address WVDHHR identified needs, gaps, and barriers. (See recommendations.)
- ◆ Work is also in process on implementing **uniform statewide protocols for timely and appropriately pre-reunification and discharge services** for all children in out-of-state placement. (See recommendations.)
- ◆ Legislation was introduced and passed (H.B. 4790) during the 2006 legislative session that will allow licensed group residential facilities in West Virginia to continue the placement and treatment of youth in DHHR custody at their facilities upon reaching their 18<sup>th</sup> birthday. This will allow the youth to complete their treatment without a disruption in placement.

## COMMISSION RECOMMENDATIONS AND IMPLEMENTATION PLAN

As indicated by some of the 'pre-requisites' or immediate recommended actions, the Commission quickly learned that there are a number of areas needing systemic improvement. The recommendations table found next delineates major recommendations the Commission puts in its priority list. Some of these will take more detail study before final implementation strategies will be fully known. Some recommendations will require significant resources. Appropriate fiscal notes will be developed as warranted. As earlier mentioned, some resources, both financial and human, may need to be redirected or shifted to accommodate implementation of a recommendation.

Additional information regarding the recommendations beyond that in the table notes, will be found in Commission background reference work and in specially developed documents. The Commission stands ready to assist in all ways it can in the implementation of these important actions.

### Implementation Plan

All the pre-requisite and accomplishments to date, along with the table of recommendations, need to be effectively managed through an on-going implementation plan. Once the report is accepted and consensus reached on the final implementation, then the priority, along with the logical sequence, of implementation actions can be established.

This work will include identifying who best to take responsibility (ownership) to organize the effort for implementation. In essence, a project management approach will help with the final design or requirements development, framing of the steps for achieving the action and tasking the most appropriate individuals or organization to carry it out. The appropriate authority should be identified to champion the implementation of each action.

For example, the recommendation to develop a 'master plan' for the long-term requirements for in-state capacity for out-of-home children will need to involve the right agencies to ensure good outcomes. Some actions have to occur in advance or concurrently to provide information to the planning process. All of this will be worked through as the Commission goes forth.

An important aspect of implementation is an effective communication plan to raise awareness of the Commission's work to date and its action plan. Initial focus on distribution of the summary report is critical. On-going communication strategies should be deployed.

## RECOMMENDATIONS TABLE

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
1	<p><b>Develop and maintain accurate profile/defined needs (clinical) of the targeted children in out-of-home care, both out-of-home and in-state.</b></p> <ul style="list-style-type: none"> <li>• Develop comprehensive assessment &amp; review protocols, oversight and designated uniform instruments to standardize an objective assessment of all youth at risk of or returning from out-of-state placement statewide.</li> <li>• The goal is to deploy resources for in-state capacity to where the documented greatest need (both short-term and long-term) is found.</li> </ul>	<ul style="list-style-type: none"> <li>a. First phase 16-21 out-of-state placed children.</li> <li>b. Critical that data is utilized to identify service needs, gaps &amp; practice issues. Requires all systems to use data.</li> <li>c. Need a standard process to sustain this and continually have a source database to consult.</li> <li>d. The clinical data collection and reporting system must include data from children admitted to treatment programs authorized by clinical administrative services organizations (e.g., West Virginia Medical Institute and APS Healthcare, Inc.) Otherwise, outcome-based contracting cannot be expected.</li> </ul>	DHHR (BCF)	Assessment work low cost	In progress Jan-June 2006
2	<p><b>Complete an accurate assessment of current in-state licensed behavioral health agencies and individuals on capacity &amp; program expansion/reconfiguration capabilities.</b></p> <ul style="list-style-type: none"> <li>• Secure provider(s) willingness and ability to provide services to meet identified need, service gaps &amp; barriers found in West Virginia.</li> </ul>	<ul style="list-style-type: none"> <li>a. Original survey results not adequate or complete.</li> <li>b. From those who responded in a first survey pass, there appeared some willingness on part of respondents to reconfigure or expand services. Barriers listed were training and the Certificate of Need (CON) process.</li> <li>c. Ensure appropriate service providers are in future surveys.</li> </ul>	DHHR (BCF)	Low	By July 2006

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
3	<p><b>Expand in-state residential and community-based capacity for out-of-home children through systematic and collaborative strategic planning.</b></p> <ul style="list-style-type: none"> <li>• A statewide formal planning process should be put in place to ensure appropriate coverage of need across the state and by clinical programs.</li> <li>• A longer term horizon should be considered in the planning.</li> <li>• Capacity of programs, capacity of facilities – need to set priority areas such as sexually reactive youth, those with substance abuse, developmental disabilities and co-occurring disorders.</li> </ul>	<ol style="list-style-type: none"> <li>Requires work plan to incrementally increase and maintain capacity statewide.</li> <li>Link to the WVDHHR Out-of-Home Strategic Plan and the work of the recommendation on clinical/profile assessment process.</li> <li>Ensure certification as to accreditation and standards are in place.</li> </ol>	<p>Multi-agency: DHHR &amp; WVDE Service Providers  DJS</p>	<p>Planning process low</p>	<p>Analysis &amp; work plan 2006  Implement 2007+</p>
4	<p><b>Develop a more simplified Certificate of Need (CON) process that is need-driven and includes all appropriate agencies in evaluation/approval activity.</b></p> <ul style="list-style-type: none"> <li>• Make the necessary changes in the West Virginia Certificate of Need Summary Review process to allow program reconfiguration and expansion to address WVDHHR identified needs, gaps and barriers.</li> <li>• Move toward a long range planning model (Recommendation 3) that helps with RFI process.</li> </ul>	<ol style="list-style-type: none"> <li>Final approval required by Health Care Authority.</li> <li>This will include a Request for Information (RFI) for all community-based group residential/PRTF level of care.</li> <li>Implementation of this recommendation would incorporate the recommendation made by WVDE Institutional Education to provide a fair and uniform process for the selection of private service providers.</li> <li>See appendix C for additional background.</li> </ol>	<p>DHHR  DJS  WVDE  Health Care Authority</p>	<p>Low</p>	<p>May 2006</p>

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
5	<p><b>Implement the “System of Care” model statewide.</b></p> <ul style="list-style-type: none"> <li>Continue and expand capacity of the Region II Comprehensive System of Care for multi-system, multi-need children.</li> <li>Need to include state and regional governance and oversight, as well as components that relate to other recommendations made by the Commission.</li> </ul>	<p>a. Federal funds for system of care expansion statewide requires the state sustaining Region II system of care.</p> <p>b. See appendix D for additional background.</p>	Multi-agency (DHHR lead agency)	High *Fiscal note required	Phase-in plan July 2006  Implement beginning July 2006
6	<p><b>Ensure uniform system of care is in place statewide through best practices/quality &amp; accountability for all treatment of WV’s out-of-home children.</b></p> <ul style="list-style-type: none"> <li>Develop &amp; implement best practice guidelines for treatment of WV’s out-of-home children. Guidelines will be standardized, monitored &amp; updated as needed, widely distributed and enforced.</li> <li>Identify funding to accomplish this on an on-going basis.</li> </ul>	<p>a. Will require collaborative effort including commitment of time to develop. Need contract monitoring of existing programs, with fiscal implications.</p> <p>b. Implement uniform statewide protocols for timely &amp; appropriate pre-reunification &amp; discharge services for all youth in out-of-state placement.</p> <p>c. Look to staff four regional positions for this work-need roles and responsibilities. (See appendix E for additional background.)</p>	DHHR	Cost of personnel (fiscal note)	2006 Development  2007 Implementation
7	<p><b>Address workforce staffing and development needs to ensure capacity to fulfill demand and for clinical services for out-of-home children in West Virginia in the future. Must have ready professional workforce to build capacity.</b></p>	<p>a. Work force development must occur in conjunction with WV institutions of higher education, including social work, psychology, and rehabilitation counseling programs.</p> <p>b. These programs must develop the capacity to produce students able to step into the work force in an immediately productive capacity.</p>	Multi-agency, service providers	Low to study	Planning 2006

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
8	<p><b>Require all West Virginia service providers to be certified and ensure on-going training of all clinical staff across all service providers.</b></p> <ul style="list-style-type: none"> <li>Consistent certification and ongoing training of clinical staff for working with special populations such as sexually reactive youth, those with substance abuse, developmental disabilities and co-occurring disorders.</li> </ul>	<ol style="list-style-type: none"> <li>West Virginia service providers should be proactive in visibly displaying qualifications and program certifications.</li> <li>Requirements in this area should include WV DJS facilities.</li> <li>All residential facilities must have the ability to address co-occurring issues of substance abuse. Substance abuse does not occur in isolation of other behavioral issues in adolescents and children. The development of substance abuse only residential treatment programs is not useful or realistic.</li> </ol>	<p>DHHR, Service Providers  DJS</p>	<p>Low  (cost to service providers)</p>	<p>Analysis &amp; work plan 2006  Implement 2007+</p>
9	<p><b>Ensure all out-of-home children are receiving appropriate quality education in all settings, and provide a flexible funding model to support educational costs.</b></p> <ul style="list-style-type: none"> <li>In accordance with a DHHR master plan identifying facilities needing on-grounds schools, request funding from the Legislature for the Office of Institutional Education Programs to initiate and maintain required education programs.</li> <li>Recommend to the Legislature a funding mechanism(s) to support county school districts providing educational services for students in residential placements in the jurisdiction of the school district and a funding mechanism(s) to support education programs for non-exceptional students placed in out-of-state facilities.</li> </ul>	<ol style="list-style-type: none"> <li>Would include education programs in county school systems and on-grounds residential programs.</li> <li>Exploration of funding strategies in other states needs to occur.</li> <li>Revise the state aid formula to provide support for county school districts providing educational services for students in residential placements in the jurisdiction of the school district, or have a line item to support this education at the county level.</li> <li>Recommend funding process is similar to the model like special education.</li> <li>This is especially true where counties have the fiscal burden for educating students from other county school districts, which can end up with costs exceeding available resources.</li> <li>Part of this work will be ensuring children get credit for educational work completed even when multiple placements occur. For example, issuing a “state board” diploma to children who demonstrate enough credit to graduate, but have no specific high school affiliation from having been placed many times.</li> </ol>	<p>WVDE  DHHR</p>	<p>High  *Fiscal note required  (new funding model needed)</p>	<p>July 2006 to being study</p>

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
10	<p><b>Require out-of-state placements be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation.</b></p> <ul style="list-style-type: none"> <li>Includes existing standards of licensure and rules of operation, as well as standards established by WVDE, DJS.</li> <li>Placement of children in out-of-state facilities must be held to the regulations of West Virginia. A method of enforcement of these regulations and standards must be established.</li> </ul>	<p>a. Support the termination of the identification of non-IEP students as disabled by the out-of-state facility and require the WV local education authorities to conduct that evaluation.</p> <p>b. Will require collaboration and staff time of all involved agencies.</p> <p>c. Process will be developed for auditing, certifying and periodic on-site review.</p> <p>d. Would require additional resources and out-of-state travel approval.</p>	DHHR, DJS, WVDE	High	Desk Audit July 2006
11	<p><b>Ensure education standards are in place and students are fully receiving the appropriate education services in all out-of-state facilities where West Virginia children are placed.</b></p> <ul style="list-style-type: none"> <li>Develop education standards requirements that all "out-of-state" providers must ensure are met for West Virginia students sent to that facility.</li> </ul>	<p>a. Special Education does have expectations in place. This would expand to all students placed out-of-state. This can be linked to other recommendations suggesting "certification" of out-of-state facilities.</p> <p>b. There should be oversight of educational programs provided by out-of-state institutions to ensure that West Virginia children placed out of state receive a complete and efficient public education.</p>	WVDE DHHR	Low	Jan. 2007
12	<p><b>Fully support the MDT concept and enhance present MDT processes statewide.</b></p> <ul style="list-style-type: none"> <li>Continue to fully support the MDT concept and develop specific strategies to improve the MDT process in all areas of the State.</li> </ul>	<p>a. There are pockets where the MDT process is working well and in some areas not as well. Look at improving the model, including the concept of coordinators to ensure the MDT approach works as it is suppose to at the local level.</p> <p>b. Look at new ways to improve the MDT process based on current barriers to success.</p> <p>c. Develop an effective, consistent, community-level, multidisciplinary approach for child and family.</p>	DHHR MDT Task Team	High  (Fiscal Note)	Analysis & work plan 2006  Implement 2007+

#	Recommendation	Specifics / Notes	Owner/ Responsible	Resources/ Cost	Time Horizon
13	<p><b>Develop and authorize a permanent oversight group to carry on the Commission's work long-term.</b></p> <ul style="list-style-type: none"> <li>Establish a high-level accountable, on-going duly appointed cross-agency group to track and monitor the Commission's work and that of related initiatives.</li> </ul>	<p>a. This group must be decision makers to ensure the oversight function can be fully empowered and held accountable.</p> <p>b. Be a ready group to address emerging issues and continue to provide process improvement for the system and ensure open communication among the stakeholders.</p> <p>c. The present Commission stays in place in 2006 to oversee initial recommendations work.</p>	Commission	Low	Commission for year New entity 2007-8

# APPENDIX A

## WVDE OUT-OF-HOME EDUCATION TASK FORCE PRINCIPLES

The following are excerpts from the guiding principles list developed by the Out-of-Home Care Education Task Force as part of its building collaborative positive working relationships among its members. These are referenced for consideration as to the 'spirit' of documenting statements that support the value of working together with a shared vision and understanding of common goals.

Excerpted list of principles found within the *Reaching Every Child* Report of the Out-of-Home Care Education Task Force (2005)

***As a group, we agree to:***

1. work with a spirit of trust, honesty, and mutual respect to build upon our individual and combined strengths.
2. focus on the "children in the center of the room" and put the child's well-being and education first and foremost.
3. embrace that education is part of the treatment and work through the entire process (from education to transition) with consistency.
4. understand and know the contribution of each involved agencies' roles and responsibilities on the continuum of youth needs and ultimate outcomes, and find the synergy along this continuum.
5. strive for true buy-in and a united front, so that consensus does happen to make our work action oriented, with actual follow through assignments and results documented.
6. be open-minded to new landscapes for solutions and set aside what has happened in the past.
7. not lose sight of, or ignore, the challenges and tough issues; rather, we will face each one and find a solution.
8. agree that the child's family needs to be a partner in our work; therefore, we will be involved and deal with family issues.
9. be open to dream, but stay awake to the reality of budgets, timelines, priorities, external influences, etc.
10. recognize that additional resources are not the only solutions by studying how we can use what we already have (not just shifting resources).
11. strive to find the strategies/methods to change the system-not just regulations and policy-work in the trenches.
12. take small steps to make progress and improvements, while working on the bigger system changes required.

# APPENDIX B

## SUGGESTED CHARTER FOR OUT-OF-HOME CHILDREN OVERSIGHT COMMISSION

### Scope/Purpose

To ensure continual oversight and refinement of the system (policy, process, people, authority, practices, etc.) in West Virginia that addresses children in out-of-home status. This on-going high level, decision-making, cross-agency body will be charged with carrying out the work done by the Commission for the Study of Residential Placements of Children (2005-6) and other state level initiatives focused on the out-of-home children. The intent is to have a single place to track and report performance outcomes, assess the current system for gaps or needs, monitor emerging issues and opportunities, implement improvements and serve objectively in mediating and resolving potential conflicts surfacing within the system among organizations.

Membership - To be determined (see the following diagram for suggested membership areas)

Sponsorship - Through Memorandum of Understanding by key sponsoring agencies:  
WVDHHR, WVDE, WVMAPS

Date Established - January 2, 2007

Meeting Frequency - On-going set schedule and additional meetings based on work plan and need

### Specific Roles & Responsibilities

The following are more specific roles and responsibilities expectations for Commission.

#### Leadership/Oversight

1. Ensure full implementation of the initial Commission's recommendations and actions.
2. Seek enabling legislation and funding to affect implementation of the plan actions.
3. Provide public leadership and actively champion the value of an integrated and comprehensive system-of-care approach for out-of-home children.
4. Support and foster guiding principles that will foster family and community involvement in the process.
5. Provide quality oversight in all aspects of implementing system reform regarding out-of-home children.
6. Suggest ways to promote and protect the rights and participation of parents, foster parents, and children involved in out-of-home care.
7. Be the logical point to address issues and all potential conflicts within the system or existing among partners to help reach resolution through communication, facilitation, or mediation.

#### Planning

1. Develop joint operating and funding proposals within child-serving agencies to serve the needs of children and families in a more seamless way.
2. Make recommendations for changes in fiscal, statutory, and regulatory provisions for legislative action.

3. Serve as an active clearinghouse for related initiatives, new program reviews and general benchmarking of successful programs that may be improve West Virginia's system regarding out-of-home children.
4. Provide a high-level sounding board for emerging issue or opportunities for improving any aspect of system for out-of-home children in West Virginia.
5. Identify the most appropriate performance benchmarks for monitoring successful outcomes that show the effectiveness of the system for out-of-home children.
6. Assist in developing the annual action plan for timely and effective implementation of improvements in the system.
7. Update the Commission's implementation plan on an annual basis to make sure it is relevant, reflective of assessments, and incorporates appropriate emerging issues critical to the success of the out-of-home children system.

#### Assessment/System Improvement

1. Conduct periodic 'listening sessions' with all stakeholders in the system, with a special focus on the families and children who have encountered the system at some point.
2. Reduce the number of children who must be placed in out-of-state facilities and return children from existing out-of-state placements based on the best needs of the child.
3. Deploy the most effective strategies and methods to promote and sustain cooperation and collaboration between the courts, state and local agencies, families, and service providers.
4. Identify fiscal, statutory, and regulatory barriers that hamper the development needed services in state for out-of-home children.
5. Obtain all necessary federal plan waivers or amendments in order for agencies to work collaboratively while maximizing federal funds.
6. Establish system of care components and cooperative relationships at the local, state, and regional levels.
7. Develop and support an internal 'lessons learned' process for improving future planning and the capability to successfully implement actions regarding out-of-home children.

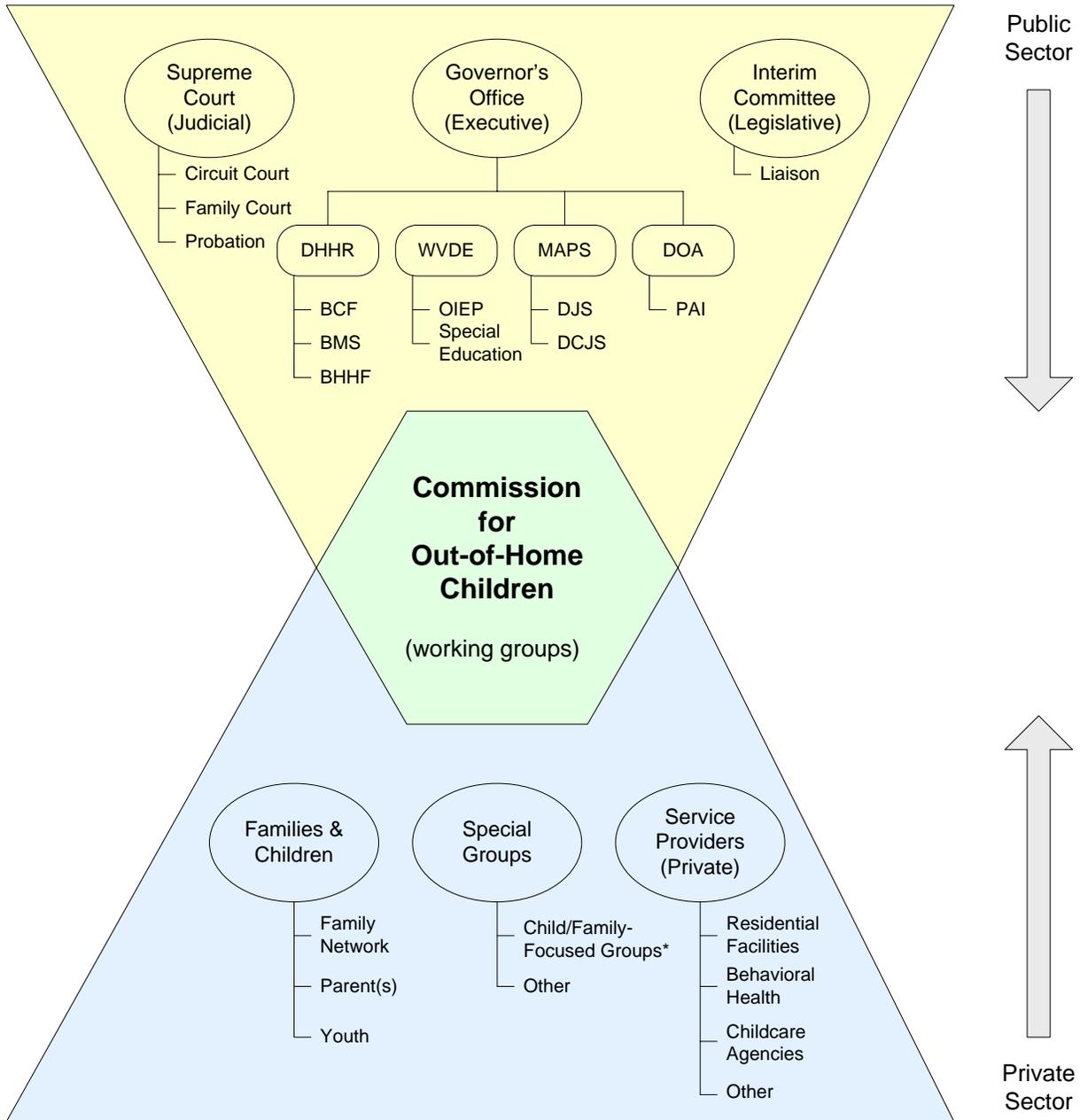
#### Collaborative/Working Relationship

1. Look for opportunities to blend use of resources, especially funding, to maximize them.
2. Empower existing or newly chartered Commission cross-functional working groups and seek resources to act on working group recommendations.
3. Foster, in a proactive manner, ways in which others can assist in the out-of-home child care process to ensure its success.

#### Reporting/Public Awareness

1. Provide communication on the work of the Commission.
2. Submit an annual report to the Governor, Legislature, and Supreme Court.
3. Communicate to the public and specific stakeholders.

## West Virginia Commission for Out-of-Home Children Membership Structure



\* The Commission is encouraged to have practitioners serve on the oversight Commission

**Key:**

BCF – Bureau for Children & Families  
 BMS – Bureau for Medical Services  
 BHHF – Behavioral Health & Health Facilities  
 DCJS – Division of Criminal Justice Services  
 DHHR – Department of Health & Human Resources  
 DJS – Division of Juvenile Services

DOA – Department of Administration  
 MAPS – Military Affairs & Public Safety  
 OIEP – Office of Institutional Education Programs  
 PAI – Prosecuting Attorney's Institute  
 WVDE – West Virginia Department of Education

# APPENDIX C

## CERTIFICATE OF NEED (CON) SUMMARY REVIEW PROCESS FOR CHILDREN'S BEHAVIORAL HEALTH SERVICES AND FACILITIES

§49-7-30 was passed during the 1997 legislative session. The purpose of this section of code is to allow an entity proposing to develop and/or expand behavioral health care facilities or behavioral health care services for children to be exempt from the Certificate of Need (CON) process if six criteria are met. The primary population to be focused on is children who are placed out of their home or who are at imminent risk of being placed out of their community, region or state.

The six criteria which have to be met include:

1. Consistency with the State Health Plan as it relates to quality of care, continuum of care, cost, accessibility and alternatives as it relates to construction.
2. Consistency with DHHR's programmatic and fiscal plan for behavioral health services for children with mental health and addiction disorders (is there a need, is it needed where being proposed, and can DHHR afford the service/facility).
3. Contributes to providing services that are child and family driven, with priority given to keeping children in their own homes.
4. Contributes to reducing the number of child placements in out-of-state facilities by making placements available in-state.
5. Contributes to reducing the number of child placements in in-state or out-of-state facilities by returning children to their families, placing them in foster care programs or making available school-based and out-patient services.
6. Will be, where applicable, community-based, locally accessible and provided in an appropriate setting consistent with the unique needs and potential of each child and his or her family.

These requirements are to support the concept of a balanced, accessible, family-friendly system of care, with emphasis placed on those services which help children remain in their home and communities. If these six criteria are met, the Secretary of DHHR is to forward his/her recommendations with appropriate documentation to the West Virginia Health Care Authority requesting that the proposed service be exempt from the Certificate of Need.

Currently the CON Summary Review Team consists of representatives from

- Bureau for Children and Families
- Bureau for Behavioral Health and Health Facilities
- Bureau for Medical Services
- Bureau for Public Health within DHHR

Other Team members include: Institutional Education Programs within the Department of Education and the Division of Juvenile Services within Military Affairs and Public Safety.

During the past eight years, the Department has allowed providers to submit proposals based upon their determination of need with input from the geographic region they were interested in serving. We are proposing to change the process in which proposals are accepted through the CON Summary Review Process.

Our goal is to issue Requests for Information (RFI) for interested entities to develop/expand behavioral health services/facilities for children based on what the Department has determined are their needs through a data driven methodology. Although this is part of the requirement for this process, the data has not always been objective nor concrete. This revision to the process will also allow DHHR to establish a plan of development/expansion based upon established priorities.

Existing providers wishing to make modifications to their programs/services will also be able to utilize the CON Summary Review process as long as the six criteria established in statute are met. All other entities wishing to develop or expand behavioral health services that are not requested through the RFI process will be required to proceed through the formal CON process.

Input from communities and the regions is extremely important and we will continue to request the information from them to determine what the needs are and to establish priorities.

Draft revisions to the CON summary review process have been completed and reviewed by the Bureau for Children and Families. A meeting has also been held including the Secretary's Office and other Bureau representatives within DHHR. The next steps to be taken include meeting with the WV Health Care Authority for comments and agreement to the revisions and then to announce the revisions to this process.

# APPENDIX D

## SYSTEM OF CARE (SOC)

### A COMPREHENSIVE COMMUNITY-BASED SERVICE SYSTEM APPROACH

It is about changing the way that families who have children with serious emotional disturbance learn about and receive mental health service. It is about changing the way that agencies in communities regard the families with children who are so special and who have such special needs. It is about changing the way that schools, juvenile courts, child welfare programs, and mental health agencies work together, in concert with children and their families, to ensure that there is no “wrong door” through which they may pass in order to receive needed service. It is about changing the way that agencies and individuals provide the money to pay for the needed services so that the process appears “seamless” to parents and their children. This is known as a system of care. **The system of care is about agencies, families, and communities interacting intentionally to create the best possible access to mental health care for children and their families.**

Since 1999, Mountain State Family Alliance, the Region II System of Care initiative, has demonstrated the effectiveness of an integrated service delivery system in southern West Virginia. Mountain State Family Alliance (MSFA) is a partnership between the Department of Health and Human Resources (DHHR), Region II Children’s Summit, providers, families, and community. Through collaborative and coordinated efforts, Region II partners pursued federal funds to develop an integrated service delivery system for multi system/multi need children.

#### Outcomes include:

- *63% overall cost reduction occurs after children are in a system of care for 1-1/2 years*
- *55% decrease in youth placed in out-of-state placements*
- *90% of the children remain in one family living situation and in their community*
- *75% reported school grades and attendance remain stable or improved*
- *89% of the children reported improved or stabilized behavior after one year*
- *decrease in psychiatric hospitalizations*

During the initial planning for the Region II System of Care, the management and oversight team gathered information, addressed federal mandates and community readiness. Five component areas were chosen to achieve the goals and objectives. In each component areas, representatives from the community provided an integral part in planning and implementation.

## Components include:

### Regional Coordination

- Two levels of gate keeping for children at risk of out-of-state/out-of-home placement, children returning from out-of-state/out-of-home placement, children at risk of entering the legal system, and children who require acute psychiatric hospitalization.

### Service Delivery/Training/Workforce Development

- Increase clinical capacity to address children with multiple needs
- Cross-system training for professionals, parents, and caretakers on best practices that include strength-based/family-centered practice.

### Service Development

The federal funds were used as seed money to address the service needs of children and their families. Based upon the annual needs assessment and reviews, the following were developed and are currently funded:

- Intensive Care Coordination--Intensive in-home services for children at the highest risk of out-of-home/state placement.
- Respite--Structured service intervention that supports the child's treatment/service plan that is community-based or in-home.
- Flexible funding--Low-end (aka: socially necessary) services as determined by the multidisciplinary treatment/individualized service plan.
- Funds were also used to address specific service needs within Region II. They included--Return 35 youth from out of state--Development of skilled professionals to address treatment needs of special populations--Increase the skill of foster parents to address special populations--Intensive outpatient programs, etc.

### Family Involvement

- Central point of contact/entry for families
- Parent-to-Parent Support, training, and information for families from families.
- Family inclusion and participation in evaluation of the system, policy and planning committees, training, etc.

### Evaluation

- Quality Assurance/Accountability
- Collect/Report Outcomes

West Virginia System of Care Strategic Plan for Continuation and Expansion  
Draft Recommendations February 17, 2006

Phase 1	Activities	Timelines
Establish a governance / oversight committee to:	<ol style="list-style-type: none"> <li>1. Determine the type of governance and oversight at the state level.</li> <li>2. Identify individuals to serve on this committee.</li> <li>3. Define the role and responsibilities of this committee.</li> <li>4. Develop a statewide vision for integration of the R2 system of care and expansion statewide.</li> </ol>	<p>June 30, 2006 – July 31, 2006</p> <p>July, 2006</p> <p>July, 2006</p>
Continue the Region II System of Care	<ol style="list-style-type: none"> <li>1. Establish guidelines for expansion and maintenance of the R2 SOC.</li> <li>2. Develop a plan to phase in the R2 System of Care into the statewide plan.</li> <li>3. Utilize the expertise and knowledge in the statewide expansion/redefine duties of the project director and technical assistance coordinator.</li> <li>4. Implement the phase in of R2 SOC into the State SOC model.</li> </ol>	<p>July 2006</p> <p>July – Aug 2006</p> <p>July-Aug 2006</p> <p>July-May 2007</p>
Develop the Regional Coordination in Region I, III, IV (50%)—youth at risk of out-of-state placement and returning from out-of-state placement	<ol style="list-style-type: none"> <li>1. Finalize the job duties and expectations of the positions.</li> <li>2. Develop policy and best practice protocols.</li> <li>3. Hire/Train 3 positions to assume the responsibilities.</li> <li>4. Establish Regional Clinical Assessment Teams.</li> <li>5. Begin staffing cases.</li> <li>6. Develop a data collection process.</li> </ol>	<p>July 2006</p> <p>July 2006</p> <p>July-Aug 2006</p> <p>July-Oct 2006</p> <p>Oct 2006</p> <p>July 2006</p>
Develop the Regional Parent Network in Region I, III, IV (25%)—	<ol style="list-style-type: none"> <li>1. Establish the role and expectations of the regional parent network.</li> <li>2. Establish the role and expectations of the regional parent network in the first phase in year.</li> <li>3. Hire/Train a Regional Director for I, III, IV.</li> <li>4. Complete a family needs survey.</li> </ol>	<p>July 2006</p> <p>July 2006</p> <p>Aug-Sept 2006</p> <p>Nov 2006</p>
Service Development/Develop workforce capacity—services / service delivery may be developed based upon regional readiness, identified need, etc.	<ol style="list-style-type: none"> <li>1. Oversight Team will define the service development category and determine the funding allocations available in Phase I.</li> <li>2. Develop a process for expansion of services.</li> <li>3. Service needs survey completed to determine service gaps and needs in each region.</li> </ol>	<p>Nov 2006</p> <p>Nov 2006</p> <p>Nov 2006</p>
Evaluation	<ol style="list-style-type: none"> <li>1. Develop the role of evaluation (system / local).</li> <li>2. Develop a standardized needs survey.</li> <li>3. Implement and analyze the needs survey.</li> <li>4. Develop a report regarding service needs/gaps.</li> </ol>	<p>July 2006</p> <p>Sept 2006</p> <p>Nov 2006</p> <p>Jan 2007</p>
Regional Readiness	<ol style="list-style-type: none"> <li>1. Develop a plan to assess readiness.</li> <li>2. Implement the activities to develop system of care readiness (includes understanding, information, and collaboration within the region).</li> </ol>	<p>July 2006</p> <p>August – on-going</p>

# APPENDIX E

## ROLES & RESPONSIBILITIES FOR REGIONAL CARE COORDINATORS

In support of many of the Commission's actions, and to help ensure that the system of care approach is fully and effectively deployed in all regions of the State, positions for four Regional Care Coordinators will be established. These coordinators will initially assist in building the systems of care in the regions and then in on-going work to sustain them at effective and efficient levels.

- ◆ Assists in the development of a process for identifying children at risk of out-of-state and all children at risk of long-term out-of-home placement.
- ◆ Facilitates the regional clinical/assessment teams (these are not in existence for all regions).
- ◆ Receives and processes referrals for children being referred to regional teams.
- ◆ Assists in the development and maintenance of a tracking system to monitor case activity movement of children/youth that are currently in out-of-state placements or children at risk of long-term out-of-home placement.
- ◆ Maintains a resource directory and develops a network of contacts within their region to assist with placement and oversight of children at risk of out-of-state placement or at risk of long-term out-of-home placement.
- ◆ Assists in the evaluation/meeting of goals and objectives of the regional clinical/assessment teams.
- ◆ Provides reports to specific caseworker, MDTs, etc.
- ◆ Participates in MDTs, IEPs, etc., as appropriate.
- ◆ Other duties and/or responsibilities as assigned.

### Projected Costs

#### Salaries

Maintain Region II KidsCare Coordinator \$47,596 (current cost)  
Expand to remaining three regions: salary and fringe: \$45,000 per region  
Estimated total: \$184,096

The above costs do not include expenditures such as potential office space, clerical support, supplies, mileage, expenses to attend meetings/trainings, etc.

**Commission to Study Residential Placement of Children  
Sue Hage  
WV Department of Health & Human Resources  
Bureau for Children & Families  
350 Capitol Street, Room 691  
Charleston, WV 25301**

**Phone: (304) 558-2983  
Fax: (304) 558-4563  
[suehage@wvdhhr.org](mailto:suehage@wvdhhr.org)**