

Children and Families Interim Meeting

Karen L. Bowling, Cabinet Secretary, DHHR
October 21, 2014

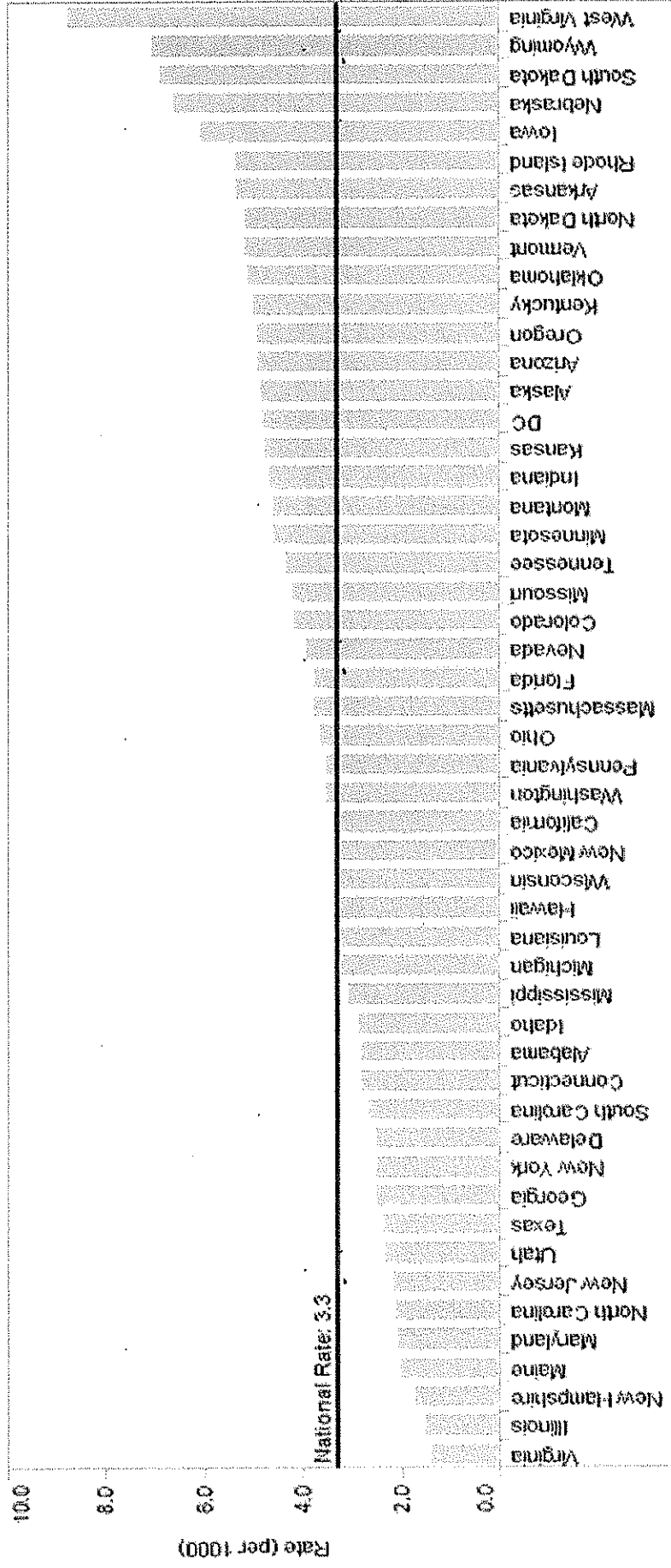


Initiatives for Improvement

Three Branch Institute on Child Social and Emotional Well-Being

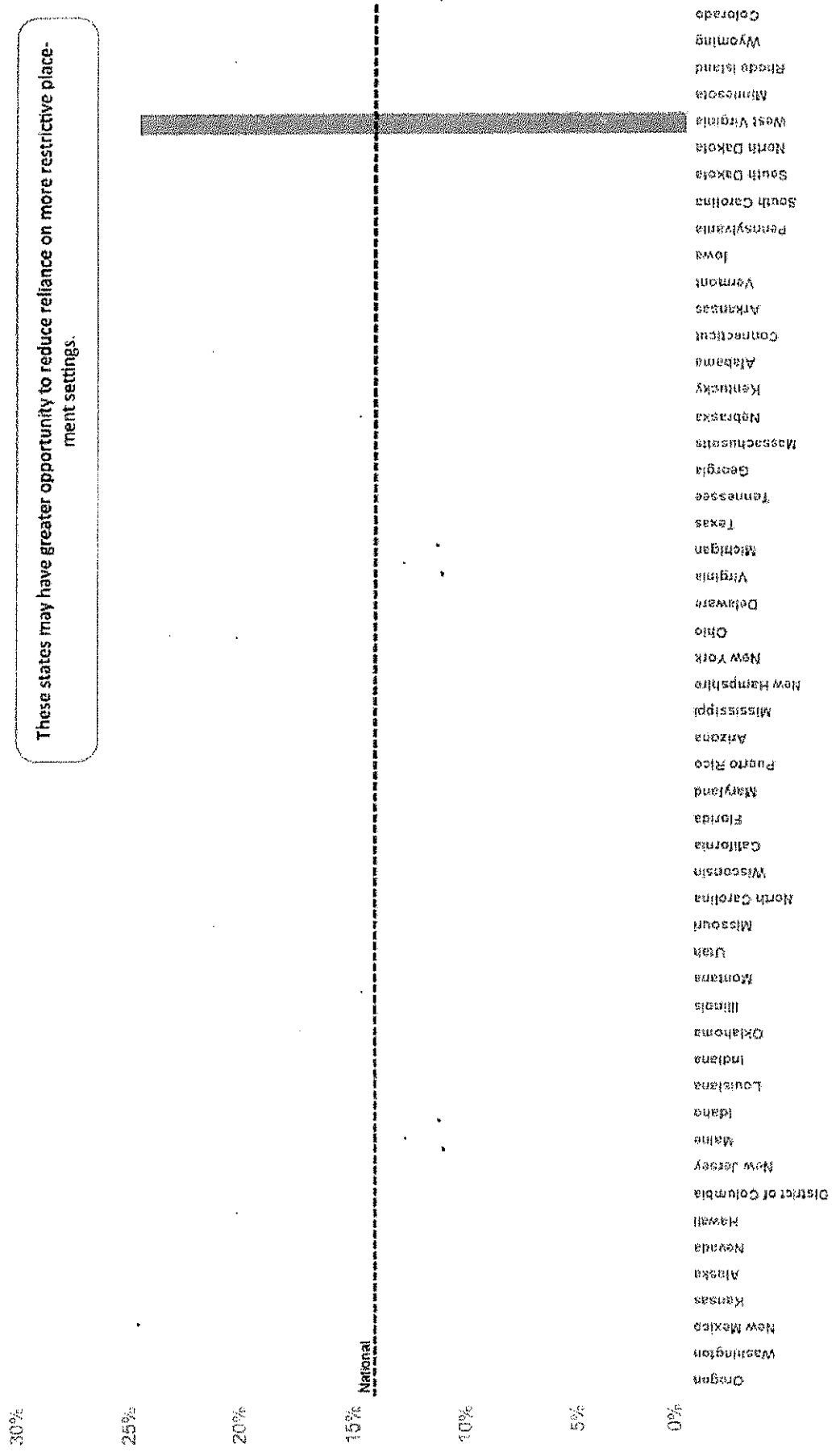
- Sponsored by:
- National Governors Association Center for Best Practices.
 - National Conference of State Legislatures.
 - National Council of Juvenile and Family Court Judges.
 - National Center for State Courts.
 - Casey Family Programs.
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- Engaging stakeholders from the Judicial, Legislative, and Executive branches of government.
 - Provide better outcomes for children and improve the social and emotional well-being of our foster children.

Child Welfare Indicators: Children in Care



Child Welfare Indicators: Children in Congregate Care

These states may have greater opportunity to reduce reliance on more restrictive placement settings.



Foster Children Receive Timely Screenings

The rate of foster children scheduled for a medical screening within one day to three days of placement has increased from 17 % in 2013 to 63.5 % in June, 2014. The goal is screening will occur within three days of placement.

Demonstration project headed by Dr. Lewis of the Marshall University Medical School will screen every foster child for trauma.

- A screening tool has been developed.
- The tool will be initiated in physician residency clinics by the end of the year.
- American Academy of Pediatricians is considering the pilot to implement trauma screening nationwide for all children.

Address Neonatal Abstinence Syndrome (NAS)

Taking a preventive approach to reduce the number of children with NAS placed in out of home care.

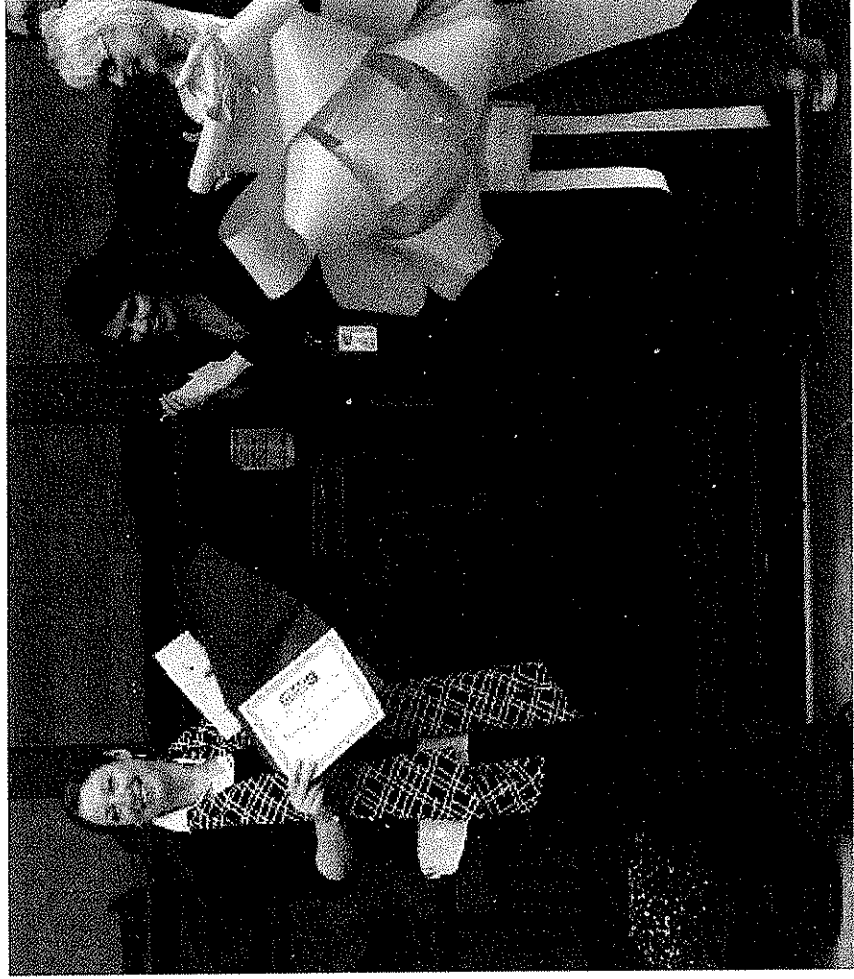
- In the Spring, BCF initiated a new web-based reporting system to track babies with NAS.
- Surveying pregnant and postpartum women to identify barriers to accessing treatment:
 - WVU at Chestnut Ridge Center.
 - Dr. David Chaffin, from Joan C. Edwards SOM.
 - WV Perinatal Partnership is compiling survey data from the statewide three-year moms and babies program.

Lily's Place Pilot

- New Local Neonatal Abstinence Recovery Center.
- Six month pilot with the BCF.
- To support healthy babies and families, Lily's Place provides:
 - Therapeutic handling method and latest weaning techniques to ease the discomfort of the baby.
 - Non judgmental counseling and support for the parents.
 - Education for the parents and caregivers.
 - Referral to appropriate human service programs and support.

Lily's Place Pilot

**The facility officially opened October 1, 2014.
The First Lady and I had the privilege of cutting
the ribbon.**



Implement Results Based Accountability (RBA)

- RBA is a disciplined way of thinking, starting with the end and working backward, step by step, to the means.
- Gets the Bureaus and partners from talk to action quickly.
- Uses plain language and common sense methods that everyone can understand.
- All BCF offices will be trained and utilizing RBA process by November.
- Have trained a team to share the process with other Bureaus and our public and private partners.

Children Remain in Their Community

Implementing a TITLE IV-E Waiver pilot, *Safe at Home West Virginia*, in two regions of the state.

- Will provide wrap-around behavioral and human services to:
 - Support and strengthen families to keep children in their homes.
 - Return children currently in congregate care to their communities.
 - Reunite children in care with their families.

14 counties will be included in the initial demonstration:
Kanawha, Boone, Cabell, Wayne, Jackson, Mason, Roane,
Lincoln, Putnam, Logan, Mingo, Berkeley, Jefferson, Morgan

Our Vision For Safe at Home West Virginia

Our children and families will:

- Be safe.
- Have a strong, permanent connection with family and community. While reunification, adoption, and legal guardianship are ultimate goals, we need to make sure that all children have caring adults in their lives.
- Be successful in their lives and have enhanced well-being.
- Be mentally and physically healthy.
- Be supported, first and foremost, in their homes and home communities, and by receiving the correct services to meet their needs.

Our child-serving systems will be transformed to meet the needs of children and families.

Safe at Home West Virginia

- Targeted implementation date is October 2015.
- Safe at Home West Virginia will be based on the “National Wraparound Initiative” engaging community support and providing services individually designed to meet the complex needs of children and families.
- This will require true partnership between the Bureau for Children and Families, families, and our community partners.
- Elements of the service model will include assessments, care coordination, planning and implementation, and transitioning families to self-sufficiency.
- It will be focused on a single coordination plan for the child and family.

Child and Adolescent Needs and Strengths (CANS) Universal Assessment

The Keystone of the Single Coordination Plan

CANS tells us what to do next:

- Does not replace existing tools.
- Safety, risk and other assessments remain essential.
- Family Functioning Assessment.
- Youth Risk Assessment.
- Case Plan/Service Plans.

Triggers the need for targeted assessments.

- CANS is not a diagnostic tool.

CANS Decision Making Tool

Guides the decision for:

- Wrap-around services for the family.
- Service gaps to be developed in the community.
- Supports needed to maintain children in the community.
- Alternatives to out-of-home placement.
- Placement decisions when they are absolutely needed.

WV CANS Next Steps

- BCF social work professionals trained to use the CANS.
- Revised WV CANS on-line training for BCF professionals.
- Wider use of WV CANS across all systems.
- University partnership.
- Essential for measuring effectiveness of all services and programs, especially those for Youth Services and Child Protective Services, will be:
 - Automation of CANS Scores and Summaries.
 - Analysis of data for Total Clinical Outcomes Management (TCOM).
 - Guided Decision Making.

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