

# West Virginia



## Annual Progress Report 2015



*Bureau for Children and Families  
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Charleston, WV 25301  
Earl Ray Tomblin, Governor  
Karen L. Bowling, Cabinet Secretary*

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## **1. General Information**

The West Virginia Department of Health and Human Resources (the Department) is a cabinet level agency of state government, which was created by the Legislature and operates under the general direction of the Governor. This Department can be described as an umbrella agency with responsibility for a number of different programs and services including, but not limited to, Public Health, Behavioral Health, Child Support Enforcement, and services to Children and Families. The Department operates under the direction of a Cabinet Secretary, and the major programs are assigned to different Bureaus. Each Bureau operates under the direction of a Commissioner. The authority and responsibilities of the Commissioner vary from Bureau to Bureau. The Commissioner of the Bureau for Children and Families is Nancy N. Exline.

### *THE BUREAU FOR CHILDREN AND FAMILIES*

Located within the Bureau for Children and Families (BCF) are individual offices which perform various functions for the Bureau. The offices are: the Office of Programs; the Office of Field Operations; and the Office of Operations. Oversight of each office is by a Deputy Commissioner who reports to the Commissioner of the Bureau who, in turn, reports to the Cabinet Secretary of the Department.

#### *Office of Programs*

The Office of Programs and Resource Development, under the direction of Deputy Commissioner Sue Hage, have primary responsibility for program planning and development related to child welfare. The staff formulates policy, develops programs, and produces appropriate state plans and manual materials to meet federal specifications and applicable binding court decisions. Such manual material is used as guidance for the implementation of applicable programs by field staff deployed throughout the state.

The West Virginia Department of Health and Human Resources, through the Bureau of Children and Families (BCF), is responsible for administering child welfare services by WV Code §49-1-105. The administration of federal grants, such as Child Abuse

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Prevention Treatment Act funds, Chafee Independent Living funds, Title IV-E funds, and Title IV-B funds, is also a responsibility of this Bureau.

The staff within the Bureau for Children and Families is primarily responsible for initiating or participating in collaborative efforts with other Bureaus in the Department on initiatives that affect child welfare. The staff in the Bureau also joins with other interested groups and associations committed to improving the wellbeing of children and families.

For the most part, the staff within the Children and Adult Services (CAS) policy division is not involved in the direct provision of services. In some cases, however, staff does assist with the provision of services or is directly involved in service delivery. For example, staff in CAS operates the Adoption Resource Network and maintains financial responsibility for a case once an adoption subsidy has been approved. The Director, Jane McCallister is both the IV-B and IV-E Coordinator. West Virginia's approved Child and Family Services Plan and any approved Annual Progress Services Report can be located at <http://www.wvdhhr.org/bcf/>.

In addition, this office is responsible for the Division of Family Assistance, the Division of Early Care and Education, and the Division of Training. This Division is charged with the oversight, coordination, and delivery of training to BCF employees and foster parents statewide.

This training includes New Worker Training, Supervisory Training, and Tenured Worker Training on new initiatives and professional development activities.

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*The Office of Operations*

The Deputy Commissioner of Operations, Linda Adkins, is responsible for oversight of the Division of Grants and Contracts; the Division of Finance; the Division of Personnel and Procurement; the Division of Planning and Quality Improvement (DPQI); and the Division of Research and Analysis. Major responsibilities of the Office of Operations are: approving and monitoring sub-recipient grants and contracts; oversight of the bureau budget; oversight of personnel and procurement activities; and developing and producing research and analysis on the results of operations for the major programs

operated by the Bureau. Major activities of DPQI include conducting program and peer reviews; coordinating statewide quality councils; coordinating corrective action and program improvement plan; and accreditation activities.

#### Update

The Deputy Commissioner of Operations, Linda Adkins, is responsible for oversight of the Division of Grants and Contracts; the Division of Finance; and Procurement. Major responsibilities of the Office of Operations are: approving and monitoring sub-recipient grants and contracts; oversight of the bureau budget; and procurement activities. The Division of Personnel lead by Pam Holt and the Office of Research and Analysis lead by Kevin Henson, reports directly to the Commissioner, Nancy Exline. The Division of Planning and Quality Improvement (DPQI) falls under the Office of Research and Analysis. The Division of Personnel completes all of the Human Resource functions for the Bureau and Research and Analysis does research and analyzes the results of the operations for the major programs operated by the Bureau. The major activities of DPQI include conducting program and peer reviews and coordinating corrective action plans; coordinating the statewide quality councils; coordinating the state's Child and Family Services Review and developing and monitoring the Program Improvement Plan when implemented.

#### *The Office of Field Operations*

The Office of Field Operations is under the direction of Deputy Commissioner Tina Mitchell. Field Operations' charge is the direct service delivery of all services within the Bureau, as well as Customer Services. In January 2015, two additional directors, one for Family Assistance Programs and one for Social Services Programs, were hired to assist with supervision and direction for field staff.

West Virginia is divided into four regions. Each region is supervised by a Regional Director (RD) who reports directly to the Deputy Commissioner. Various counties are grouped within each Region. If a county is large enough, it is considered a District. The District is supervised by a Community Services Manager. All supervisory staff report directly to the Community Services Manager. Field staff is responsible for the service delivery of Child Protective Services (CPS), Youth Services (YS), Foster Care and Adoption.

#### Update

Effective July 22, 2015, the Office of Field Operations is under the direction of two Deputy Commissioners. Tina Mitchell, Deputy Commissioner of Field Operations South oversees Region II and Region IV. Tanny O'Connell, Deputy Commissioner of Field Operations North oversees Region I and Region III. Together, the Deputy Commissioners of Field Operations coordinate their efforts to ensure staff and customers' needs are being addressed and resolved in a timely manner.

The Bureau has hired the two Directors that report directly to the Commissioner, Nancy Exline. The Director over Social Services, Patricia Vincent will provide direct field support to social services staff from the Commissioner's office. The Director for Family Support, Marilyn Trout will provide direct field support to the Family Support staff in the field offices.

### *Vision Statement*

West Virginia is recognized for a collaborative, highly responsive quality child welfare system built on the safety, wellbeing, and permanency of every child. Its vision is guided by principles that are consistent with child and family services principles specified in Federal regulations [45 CFR 1355.25(a) through 1355.25(h)]. These practice model principles are:

- Our children and families will be safe
- Our children will 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
- Our children and families will be successful in their lives and have enhanced well-being
- Our children and families will be mentally and physically healthy
- Our children and families will 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

### **Collaboration**

West Virginia Department of Health and Human Resources (DHHR) continues to collaborate with internal and external stakeholders to ensure that child welfare information and data is shared on a regular basis, agency strengths and areas needing improvement are assessed collectively, and goals and objectives for improvement are determined through a coordinated process.



West Virginia held joint planning meetings in preparation of the 2015-2019 Child and Family Services Plan (CFSP) that involved many stakeholders and will continue doing this to coordinate and collaborate for each of the Annual Progress and Services Reports (APSR).

To gain input for the 2015 APSR, the DHHR brought together an APSR Steering Committee that includes management from the DHHR, Bureau for Children and Families and a representative from the Court Improvement Program. Additional stakeholders came together on October 23, 2014 to discuss the progress that was made on the goals of the 2015-2019 CFSP. The participants were divided into 6 workgroups (and subcommittees). These workgroups and subgroups are:

1. Agency Responsiveness to the Community Assessment of Performance
  - Information Systems
  - Case Review System
  - Quality Assurance System
  - Agency Responsiveness to the Community
  - Foster Adoptive Parent Licensing, Recruitment, and Retention
2. Plan for Improvement – IV-E Waiver/Wraparound
3. Services
4. Chafee Foster Care Independence Program (CFCIP)
5. Health Care Oversight and Coordination Plan
6. Data and Evaluation Team

In addition, the DHHR is able to continuously obtain input from stakeholders across the state and all child welfare systems by partnering with several high-level groups that together provide oversight and direction for child welfare in West Virginia.

These oversight groups are: Commission to Study Residential Placement of Children; “Safe at Home West Virginia”; West Virginia Three Branch Institute; West Virginia Court Improvement Program; and Education of Children in Out of Home Care Advisory Committee.

### *Commission to Study Residential Placement of Children*

The Commission to Study Residential Placement of Children has leveraged its mandate (WV Code §49-2-125) to address both residential placements and their expanded focus on all children in out-of-home care. This Commission is chaired by the DHHR Cabinet Secretary. Members include all child-serving systems and the many volunteers that



carry out the Commission's work, enabling the Commission to work collaboratively on making informed decisions.

Members of the Commission to Study Residential Placement of Children (serve as the Three Branch Institute Home Team) continues to work on the Safe at Home WV funding structure and addressing other needs for Safe at Home WV as they arise.

*Title IV-E Assessment and Waiver Application "Safe at Home West Virginia"*

In 2014, the WV DHHR, BCF submitted a Title IV-E application, and received a federal waiver, that would freeze the penetration rate at the current level and allow a full continuum of supports, that begin with community-based solutions, to improve the lives of West Virginia children and families. West Virginia's waiver is referred to as Safe at Home West Virginia.

The goals of Safe at Home West Virginia are to:

- Ensure youth remain in their communities whenever safely possible.
- Reduce reliance on foster care/congregate care and prevent re-entries.
- Reduce the number of children in higher cost placements out-of-state.
- Step down youth in congregate care and/or reunify them with their families and home communities.

The IV-E Waiver, Safe at Home WV 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; and
- Reunite children in care with their families.

Safe at Home WV will measure its success with a Results Based Accountability (RBA) system.

During the development of Safe at Home West Virginia, the Bureau for Children and Families collaborated with all of its community partners through our community collaboratives and regional children's summits to complete the community service needs assessments. This process allowed local partners to identify service gaps and to begin development of strategic plans in their communities to assist with the development of those needed services. Provider partners have also completed the Manager's Guide Implementation of Wraparound Readiness to Implement Self-Assessment to prepare for the initiative.

During the development of Safe at Home West Virginia, the Bureau for Children and Families collaborated with all of its community partners through our Family Resource Networks, Community Collaborative groups and Regional Children's Summits.

During this review period, the WV Department of Health and Human Resources provided technical assistance for building the partnerships within each of the Family Resource Networks, Regional Summits and Community Collaborative groups. DHHR State Office Staff had been working with the Community Service Managers (CSMs) statewide and collectively the group of CSMs gave input on rebuilding the Community Collaborative groups. The group decided to reduce the number of strategies for filling gaps in services down to between 3 to 5 strategies overall for each Community Collaborative group. The CSMs came up with plans to help the Community Collaborative groups build membership with the Courts, Education, Public Health, Local Government, Juvenile Justice, Partner Agencies, Businesses and Family Members and the information was shared statewide with the CSMs and Collaborative Chairs.

DHHR State Office Staff also met with the CSMs on May 18<sup>th</sup>, 2014 and reviewed the WV Comprehensive Assessment Planning System (WV CAPS) rollout, including giving recommendations on the strengths and weaknesses of the rollout plan. WV CAPS is the assessment and planning system model for children who are at risk of or placed in out of home care. DHHR State Office Staff took the suggestions from the CSMs into consideration in moving forward with the WV CAPS implementation.

The DHHR State Office Staff attended all of the Regional Children's Summits including Region I Children's Summit on 7/01/14, Region II Children's Summit on 8/15/14, Region III Children's Summit on 10/01/14 and Region IV Children's Summit on 11/17/14 where the focus of the content was on building the WV CAPS providers capacity for each region. DHHR Central Office Staff created a training website for WV CAPS, created a training course and made it available for community stakeholders to access. The department trained over 1000 people in West Virginia on the WV CAPS. A WV CAPS Manual was created as well as development of Regional CAPS Task Teams to oversee Quality Assurance measures utilizing the DHHR Quality Assurance Process.

A Community Collaborative Conference was held on December 17<sup>th</sup> with CSMs, Family Resource Network Directors, and Community Collaborative chairs, to give technical assistance on the roles of the groups. The Family Resource Networks, Regional Summits and Community Collaborative groups were given direction by the Bureau for Children and Families (BCF) for moving forward with the Safe at Home WV Implementation Plan.

The Community Collaborative groups were also asked to complete the West Virginia *Safe at Home Services and Supports Survey* to assess what services were currently available, what were available in limited capacity and any gaps in services. This initial assessment allowed local partners to identify service gaps from a list of 17 core wraparound services. BCF identified services that are core to high fidelity wraparound and every county is completing a survey to show which of those services are available, which services are not, and which services may be available but in limited capacities and therefore needed further capacity building. The initial 11 counties were assessed as well as 19 other counties that have completed the survey so far. The results of this survey will need to be reviewed and/or revised as community partners are included and services available and needed are identified.

During the next review period, we will continue providing technical to support expanding the partnerships of the Family Resource Networks, Regional Summits and Community Collaborative groups in expanding their membership, and increasing the availability of core wraparound services, including non-formal community supports.

Community Collaborative groups along with provider partners have begun completing the *Community Assessment of Strengths and Needs Survey*, a community readiness assessment for the implementation of wraparound services, which will determine the community's preparedness for the Safe at Home WV initiative. At the completion of the survey, collaborative groups will be expected to develop strategic plans to address identified gaps of service in their area. The DHHR Community Partnerships unit will monitor and provide communication pathways for these plans. The DHHR CSMs will be expected to provide oversight of these plans for their Community Collaborative group.

The information about Safe at Home WV is shared through various venues, such as the Safe at Home WV Network Newsletter and the Safe at Home WV website [www.wvdhhr.org/bcf/safe](http://www.wvdhhr.org/bcf/safe) that will be launched in early 2015.

### *Three Branch Institute*

In 2013, West Virginia submitted a proposal and was again selected to participate in the National Governor's Association (NGA) Three Branch Institute. This institute focus is on the social and emotional wellbeing of children in foster care. West Virginia's proposal includes addressing the physical and mental health needs for children in foster care.

Governor Earl Ray Tomblin selected the following individuals to represent West Virginia's Core Team: Honorable Gary Johnson, Nicholas County Judge; Cindy Largent-Hill, Juvenile Justice Monitor; Karen L. Bowling, DHHR Cabinet Secretary; Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services; Susan

C. Hage, DHHR Deputy Commissioner for Policy, Bureau for Children and Families; Senator John Unger, Berkeley County, District 16; and Delegate Don Perdue, Wayne County, District 19.

With this strong commitment by representatives from the three executive branches and with the Commission to Study Residential Placement of Children's members to serve as a "Home Team," West Virginia has a solid foundation for which collaborative changes can be made and sustained.

### *West Virginia Court Improvement Program*

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with DHHR and the provider communities involved through funding from three federal grants with matching state funds. These are referred to as the "basic", "training" and "data collection" grants.

### *Education of Children in Out of Home Care Advisory Committee*

The mission of the Education of Children in Out-of-Home Care Advisory Committee is to ensure that children placed in out-of-home care receive a free appropriate public education in accordance with federal and state laws, regulations and policies.

### **KEY ACCOMPLISHMENTS OF 2014**

The following represent the 2014 key accomplishments for: the Commission's workgroups; the Three Branch Institute; Safe at Home WV; West Virginia Court Improvement Program; and the Education of Children in Out-of-Home Care Advisory Committee. The accomplishments may apply to more than one priority goal area.

#### **1. Appropriate Diagnosis and Placement**

a.) The new streamlined Comprehensive Assessment and Planning System (CAPS) that includes the Child and Adolescent Needs and Strengths (CANS) assessment continues to expand the target population and is being rolled out incrementally across the Department of Health and Human Resources regions.

- DHHR Region I was able to begin making referrals using the new process to service providers on October 10, 2014.
- DHHR Region III was able to begin making referrals using the new process to service providers on October 15, 2014.

- At the end of 2014 there were 425 certified users in the CANS in WV; 35 super users in West Virginia representing 29 different agencies; and 6 advanced CANS specialists.

(Service Delivery & Development and Three Branch Institute)

b.) Dr. John S. Lyons, Chief Developer of the Child and Adolescent Needs and Strengths (CANS) Assessment provided a seminar in West Virginia on how the assessment can be utilized to design a strategy for Total Clinical Outcomes Management (TCOM). Dr. Lyons also reviewed and assessed sixty (60) children and youth using the CANS assessment. The draft report has been received and is being reviewed. (DHHR, Bureau for Children and Families, WV System of Care)

c.) In December 2013, the Commissioner for the Bureau for Children and Families decided to support a full review of West Virginia's children placed in out-of-state residential treatment facilities, and to use this information to develop short and long term strategies that will support the reduction of youth in congregate care. The report includes children in residential group facilities, psychiatric residential treatment facilities, acute care hospitals, and specialized foster care out-of-state. It is important to note in this report that children are only counted one time in six years. However, there are a number of youth who are placed out-of-state numerous times, or remain in placement for numerous months. There were a total of 205 youth reviewed between April and October 2014. The report and findings will be distribution in February 2015. (WV System of Care)

d.) Regional clinical review teams continued to provide comprehensive, objective, clinical review for children at risk as a resource for the child's Multidisciplinary Treatment Team (MDT). (WV System of Care)

- A total of 58 regional clinical review team meetings took place between January and December 2014, to review 131 youth.
- Data show 21 youth who received a clinical review in 2014 were prevented from out-of-state placement.

e.) Participation in Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, known as HealthCheck in West Virginia, is a requirement for every child in foster care. All children who enter foster care are required to have an evaluation of their physical health within 72 hours. This is facilitated by the HealthCheck Program administered by our Bureau for Public Health Office of Maternal, Child, and Family Health. Overall the foster children are being scheduled for their exams more quickly. For example, 17% of foster children placed in September 2013

were scheduled for an exam within 1 day of placement. In June 2014, that increased to 63.5%. (Three Branch Institute)

f.) A plan for implementation of a trauma screening for physician residency clinics throughout the state is being developed. Physicians participating in the pilot will utilize a form that identifies trauma, in conjunction with a parent education handout. In April 2015, the HealthCheck Program will seek advice and guidance from the Office of Maternal, Child and Family Health Pediatric Advisory Board pertinent to HealthCheck psychosocial/behavioral screenings – specifically early toxic stress and trauma. (Three Branch Institute)

g.) In support of the WV Initiative for Foster Care Improvement (WV IFCI), that began as an American Academy of Pediatrics grant to improve health care of foster children, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Children with Special Health Care Needs (CSHCN) programs will work to identify at least one pediatric practice that sees a high volume of foster children in which to pilot the Visit Discharge and Referral Summary and accompanying Trauma-Specific Anticipatory Guidance. The Office of Maternal, Child and Family Health (OMCFH) Database Management Unit will oversee data collection and analysis. (Three Branch Institute)

h.) To obtain a statistically relevant sample, 68 case records for foster children prescribed psychotropic medications from three or more classes were reviewed using a standardized tool in 2013. Nearly all (63/68; 93%) of these foster children had a hyperkinetic syndrome diagnosis, primarily ADD and ADHD (59/63; 94%) though it is not known if hyperkinetic syndrome diagnoses are appropriate or if this was a result of a trauma response. These prescriptions were primarily written by psychiatrists (98%) and did not exceed the recommended daily dosage (83%). There is evidence in the case record of therapy being used to help manage the majority of these conditions (90%). However, appropriate baseline and routine metabolic monitoring and follow-up are lacking. In 2015, the Three Branch Institute, Psychotropic Medication Workgroup would like to explore the use of prior authorization for these prescriptions that would help promote best practice for monitoring and follow-up, provided the correct criteria are in place. The workgroup would like to investigate the option of limiting the duration of these prescriptions to promote appropriate monitoring and follow-up. A plan will be developed to provide provider education on appropriate prescribing practices for psychotropic medications, best practice standards for baseline and routine metabolic monitoring and provider follow-up appointments, tardive dyskinesia assessments and clinical psychological exams.

## **2. Expanded Community Capacity**

a.) On October 15, 2014, Governor Earl Ray Tomblin announced the award of a federal Title IV-E Waiver to support Safe at Home West Virginia Initiative, which will allow the Bureau for Children and Families to have more flexibility in delivering individualized services to children and their families. The Safe at Home project is expected to launch by the end of 2015 in Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne counties and will focus on youth ages 12-17 currently in or at-risk of entering congregate placements. The Safe at Home WV 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; and
- Reunite children in care with their families.

b.) In November 2014, the Bureau for Children and Families approved a statewide Treatment Foster Care pilot with Pressley Ridge of West Virginia, to provide a holistic, strength-based individualized approach as an alternative to residential placement settings for children ages 0-17, with priority given to children identified during out-of-state reviews, children at risk of out-of-state placement, and youth who are part of Safe at Home WV.

c.) A new level three residential facility, Old Fields, for children aged 5-10 with co-existing disorders (mental health and intellectual disabilities) operated by Burlington United Methodist Family Services was opened in Hardy County.

d.) Medicaid has implemented the Telehealth Policy and will continue to monitor the Behavioral Health and Health Facilities system redesigns which is starting with the comprehensive gap analysis. Medicaid will also monitor the new policies that were put in place in July to assure prioritized assessments for children in foster care. The group is working with the Casey Family Foundation and the Bureau for Behavioral Health to review how we can maximize our current resources to provide Behavioral Health Services to the children in our care. (Three Branch Institute)

e.) In 2014, the Division of Probation Services opened new Drug Courts in Marion, Wyoming, and Summers/Monroe Counties. A new Juvenile Drug Court was opened in Ohio County.

f.) Lily's Place, a treatment facility licensed for 12 neonatal beds in Cabell County, opened in partnership with DHHR/Child Protective Services, Prestera Center and Cabell Huntington Hospital, to serve the entire state of West Virginia. The treatment facility provides monitoring and treatment for newborns suffering from Neonatal Abstinence Syndrome (NAS) or drug exposure. The staff also provides one-on-one care to mothers



and connects them with the resources they need including substance abuse programs, food, clothing, parenting, housing and other needed services.

g.) YALE Academy

Academy Programs, located in Fairmont, West Virginia submitted an application to the Bureau for Children and Families for the development of Youth Accelerated Learning Environment (YALE) Academy. This 24-bed, level II, staff secured residential treatment facility, will treat male and female adolescents between the ages of 12 and 17 and transitioning adults, with co-occurring substance abuse diagnosis and mental health or conduct disorder diagnosis. The YALE Academy is expected to open in 2015.

3. Best Practices Deployment

a.) Safe at Home West Virginia, approved for implementation by end of 2015, is based on the National Wraparound Initiative Model which focuses on a single service coordination plan for the child and family. Elements of the service model will include assessments, care coordination, planning and implementation, and transitioning families to self-sufficiency. The Title IV-E Waiver program will require commitment of all stakeholders to transform the way we serve families. (Safe at Home WV)

b.) The New View was implemented in 2013. When the project started, West Virginia children ranked with the coldest temperatures (i.e., those predicted to be most likely to linger in care). The New View, modeled after Georgia's Cold Case project, assigns attorney "viewers" to conduct file reviews and interviews in order to make permanency and transitional recommendations to local courts, multidisciplinary treatment teams, and the Bureau for Children and Families (BCF) leadership, on the children identified as being at risk of lingering in care and/or aging out of the system. The New View Project involves some court observation, as local courts sometimes invite the attorney viewers to attend hearings regarding the children they are viewing, and the viewers' often participate in the children's multidisciplinary treatment team (MDT) meetings. This year, the use of AFCARS data for the New View Project is in the implementation phase. The project used Fall 2013 AFCARS data for a predictive model to identify children likely to linger in out-of-home care.

Approximately 100 were assigned to viewers in the past two years. Although the New View project provides a treasure trove of information, it represents a small segment of the whole state's cases. The New View, implemented in 2013, began incorporating use of AFCARS data.

c.) For the May 2014 circuit court judicial conference, the Court Improvement Program worked with Casey Family Programs to bring Judge Michael Nash of California to speak to the judges about monitoring psychotropic medications of children in care.

#### **4. Workforce Development**

a.) The Court Improvement Program (CIP) sponsored training that involved cross-system collaboration.

- In July 2014, the CIP held juvenile law training, “Building a Strong Education”, that involved attorneys and the W.Va. Department of Education;
- In July 2014, the CIP with support from the Department of Health and Human Resources provided free cross-trainings for attorneys, social workers, counselors, and others involved in child abuse/neglect and juvenile cases. The theme of the July 2014 trainings was “From Impossible to I’m Possible: Empowering Children, Families, and Professionals to Realize Their Potential.”

b.) Approximately 900 people have been trained on the Comprehensive Assessment and Planning System (CAPS) and the Child and Adolescent Needs and Strengths (CANS) assessment.

- A total of 202 people have attended the Comprehensive Assessment and Planning System (CAPS) Implementation Training; 24 CAPS providers trained and certified; online CAPS training was viewed by 424 DHHR employees and 258 people from other agencies/organizations; CAPS and CANS face-to-face training was provided to over 200 service provider staff in each DHHR region.
- Treatment providers utilized by the Juvenile Drug Court have also been trained in the use of the CANS.
- DHHR staff will be trained on using the CANS beginning with the Youth Services staff and their supervisors.
- A subgroup of the West Virginia super users began building the same sustainable Child and Adolescent Needs and Strengths (CANS) assessment training program for the Adult Needs and Strengths Assessment (ANSA).

c.) Training curriculum to support practical implementation of best practice principles, including Family Centered Practice, Family-Youth Engagement, and Cultural-Linguistic Competence, was delivered to 442 cross-systems direct care and management staff in 2014. Curriculum was launched in 2013 with support from a federal SAMHSA expansion grant and modules are approved for social work continuing education and delivered free of charge to stakeholders. (West Virginia System of Care)

d.) "Introduction to Serving Children with Co-Existing Disorders" training was revised and presented to 60 direct care staff and managers serving children with both mental health and intellectual/developmental disabilities. (Bureau for Behavioral Health & Health Facilities, Service Delivery and Development Work Group)

## **5. Education Standards**

a.) To promote school stability, educational access and provide a seamless transition when school moves occur for children in out-of-home care, the West Virginia Department of Education and the Out-of-Home Care Education Advisory Committee worked on the following to promote positive outcomes:

- An additional Transition Specialist was hired in 2014 and participated in the out-of-state site visits to monitor regular educational programs of children in placement. They assisted students and the out-of-state host agency in developing individualized portfolios for the transitioning of students. The Transition Specialists reconnect children returning from placement in juvenile institutions to their communities and public schools.
- The Reaching Every Child brochure was revised and a memorandum was sent out by the State Superintendent of Schools.

## **6. Provider Requirements**

a.) The West Virginia Bureau for Children and Families has been working collaboratively with our Out of Home Provider partners to transform our child placing system. There have been numerous group meetings to allow activities of this group to focus on the development of proposals and plans to move from a system built on levels of care to a system built to meet the identified needs of individual children.

Meetings were held May 11, June 5, June 26, July 10, and August 18, 2015 with providers of the different types of agencies: shelters, specialized foster care, and group residential. The agencies were asked to develop standards of care across the placement types as well as outline a continuum of care for community based services. last sentence is ok but describe how they would assess each child to determine their level of need. They were also encouraged to submit proposals (by out of home setting type and across types) to describe how they would assess the child to determine level of needs. By November 1, 2015 a plan will be developed outlining how the system will be transformed into a continuum of care by identifying each step that will need to be taken. Once the plan is developed, an implementation date will be determined.

Included in these systemic changes will be measurable outcomes and performance measures that will be included in all provider agreements. Draft provider agreements, including the newly developed outcomes and performance measures, are to be completed by August 31, 2015 to allow for updating agreements for finalization in September 2015.

b.) The West Virginia Interagency Consolidated Out-of-State Monitoring process continued to ensure children in foster care and placed outside of the state of West Virginia are in a safe environment and provided behavioral health treatment and educational services commensurate with WV DHHR and WVDE standards. In 2014, five on-site reviews and three remote assessments (facility self-assessment) were conducted on out-of-state facilities where WV children were placed. (West Virginia Interagency Consolidated Out-of-State Monitoring Team.

These are joint reviews done by staff from the Department of Education, Bureau for Medical Service (via APS Healthcare), and BCF's Licensing unit. The teams do 5 on-site reviews a year, and the facilities that are reviewed are normally the OOS facilities that provide services to the largest population of youth from WV. The three entities decide what facilities will be reviewed every year prior to Jan 1 of each year. The reviews normally take several weeks to complete, with the reviewers being onsite for about 2 to 3 days. Each entity decides how many staff they will send for each review. A sample (10%) of staff records and (10% of WV youth) youth's records are reviewed. Example: Timber Ridge in VA was reviewed recently and we had 2 staff from education, 1 staff from Licensing and 1 staff from APS HealthCare.

## **7. Multidisciplinary Team (MDT) Support**

a.) Curriculum and training package for statutorily required Multidisciplinary Treatment (MDT) teams have been finalized. (Court Improvement Program)

b.) Regional Clinical Review teams continued to provide comprehensive, objective, clinical reviews for children at risk as a resource for the child's Multidisciplinary Treatment Team (MDT) (System of Care)

c.) The Court Improvement Program began sending an electronic survey to judges, attorneys, social workers, and others involved in child abuse/neglect and juvenile cases in the past year. The survey results may illuminate how MDT participation is going in practice, compared to policy and procedural rules. (Court Improvement Program)

## **8. Ongoing Communication and Effective Partnerships**

- a.) Members of the Commission, the Court Improvement Program and the West Virginia Department of Education/Education of Children in Out-of-Home Care Advisory Committee initiated an agreement to share data to compare educational outcomes for children in out-of-home care with all children in state public schools.
- b.) Youth representative Jessica Richie-Gibson joined the Commission to Study Residential Placement of Children as a full member.
- c.) Timeliness of the Health Screening (EPSDT) process overall has improved, a success that is a product of the Bureau for Children and Families and the Bureau for Public Health working together. (Three Branch Institute)

#### **9. Performance Accountability**

- a.) The IV-E Waiver, Safe at Home West Virginia began its development and planning phase, including statewide training of Bureau for Children & Families staff and community providers on the Results Based Accountability (RBA) process. RBA uses a data-driven decision-making process to help communities and organizations take action to solve identified problems. It is a simple, common sense framework that everyone can understand. RBA starts with ends and works backward, towards means. Using RBA to guide the program means three core questions will inform the process: How much did we do? How well did we do it? Is anyone better off? Success is measured not simply by compliance to rules and regulations, but by the real life impacts, or results, of the work completed. (Safe at Home WV).
- b.) As part of Safe at Home WV, BCF has and will continue to award grants for Local Coordinating Agencies who will be responsible for hiring the Wraparound Facilitators. The grant Statement of Work was drafted by BCF and includes measurable outcomes that are included within the Demonstration Project. These Statements of work will also be discussed with our partners to allow for their input and additions. There is a meeting scheduled on September 16, 2015 with the lead agencies and BCF grants staff, program staff, and financial staff to discuss the statement of work and other requirements and to further assure the unity of our focus and purpose. The Waiver Demonstration Project Evaluation will measure identified outcomes. This information will be used to assist BCF and our partners in assuring quality performance. All grants and contracts will be revised to include RBA performance measures.

As outlined in the "Provider Requirements" section, West Virginia has worked collaboratively with our Out of Home Placement Providers to develop measurable outcomes and performance measures to include within their programs and our provider agreements. West Virginia's Out of Home Placement partners have developed

proposals for their program restructuring and outcome/performance measures. As a result of our partnership of going through Results Based Accountability training together the outcome/performance measures are structured within the RBA framework. Most proposed outcomes also fit within West Virginia's Demonstration Project outcomes and therefore will be evaluated as part of the Demonstration Project program evaluation.

c.) Semi-annual evaluation reports prepared for the Commission by Marshall University, on both out-of-state youth and regional clinical review provide information to address systemic issues, service needs and gaps. (West Virginia System of Care)

### *Other Collaborative Efforts*

#### *Regional Summits and Community Collaboratives*

In the Title IV-E demonstration project (Safe at Home, West Virginia); the Regional Summits and Collaborative Bodies have specific roles. The purpose of the Regional Summits is to help develop the appropriate linkages with courts, juvenile probation, agency providers, DHHR staff and county education systems to meet the purpose of their identified specific service needs and gaps. The purpose of the Community Collaboratives is to share resources and identify service gaps in order to develop needed services with providers, service agencies and the community to ensure a timely, consistent and seamless response to the needs of children and families. Specifically, the Community Collaboratives will prevent children from being placed in congregate care and assist in returning children from out-of-state placements by identifying services or resources in their communities that can meet the needs of these children. They will also develop, link and implement services to assist youth transitioning into adulthood and prepare them for independent living. When the Collaborative Bodies have difficulty with filling gaps in services, the Collaborative is expected to forward the request to the Regional Summit to identify any resources in the area that lie outside the Community Collaborative body's scope. The regional Summit will communicate that need to the BCF Statewide Coordinator who can present the need to the Safe at Home West Virginia Advisory Team.

## **2. Update on Assessment of Performance**

### *Child and Family Outcomes*

The most reliable data West Virginia has is our CFSR style reviews, AFCARS and NCANDS. The following information is from the reviews completed by the Division of

Program and Quality Improvement. West Virginia also has many forms of data for the Systemic Factors but no clear concise way to calculate or analyze the data.

Additionally during Contract Year 2013-2014, the Family Support Educator for APS Healthcare Inc. conducted eleven (11) Focus Groups with youth receiving Medically Necessary Services (MNS) for Behavioral Health Services.

The purpose of these focus groups is to provide youth who are receiving medically necessary behavioral health services in West Virginia the opportunity to candidly share their experiences and opinions. These groups are conducted on a regular basis in various regions across the State of West Virginia to gain insight regarding the utilization and impact of these services in the state. Each group may consist of youth receiving individualized and/ or group treatment in a residential facility and/or within the community.

This year seventy-three (73) youth receiving residential treatment participated.

The focus group questions were developed with input from the Bureau for Children and Families. The intent of these questions was to generate responses identifying systemic issues regarding consumer perceived problems and solutions in regards to:

- Access
- Service delivery
- Gaps in support systems
- Engagement with system staff
- Frequency/ duration of therapy
- Treatment plan goals and outcomes
- Consumer knowledge of services and supports

This information will be included to the assessment of performance as it assists the agency on gaining input from one of our key stakeholders.

### ***Factors Contributing to Cases Ratings***

One of the key indicators of how well Districts perform on the Child and Family Services case review process is the staffing pattern of the district. Districts that experience a staffing shortage due to staff turnover, rate significantly lower on all measures. All of the districts reviewed in Federal Fiscal year 2014, indicated significant staffing issues at the time of the exit as a factor contributing to the area needing improvement.

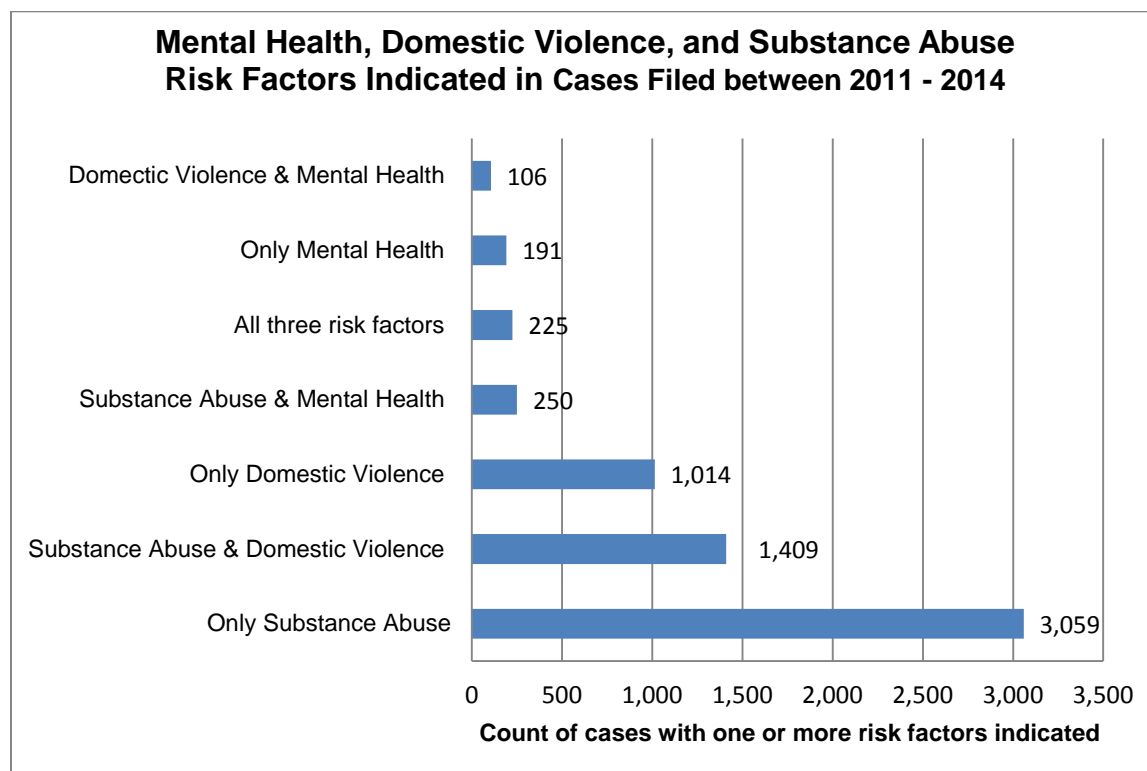


Districts indicate the limited availability of services including quality ASO providers, mental health services, domestic violence counseling for victims and batterers, and substance abuse treatment for both adults and youth as other barriers in meeting the needs of children and families. The lack of quality providers of services coupled with the lack of public transportation in many areas, results in social service clients not having their treatment needs adequately addressed. Urban areas tend to have better resources than rural areas.

All Districts reviewed indicate the majority of the cases in which the Agency becomes involved deal with issues related to substance abuse. Districts report long wait lists for substance abuse treatment, both inpatient and outpatient services. Districts also note a lack of quality substance abuse treatment programs for youth, and the lack of ongoing community based support groups for those that remain in the community, or are returning home after treatment. West Virginia's case reviews indicate that 62.9% of the cases reviewed indicated substance use/abuse as a factor in the case.

WV Supreme Court of Appeals data further supports the Districts' findings regarding the prevalence of substance abuse and domestic violence in the case work process.

The data presented in this risk-factor analysis were pulled from the Supreme Court of Appeals of West Virginia's Child Abuse and Neglect (CAN) Database. The CAN database was created to collect and track the status and timeliness of all W.Va. child abuse and neglect cases. Each Circuit Court Judge's staff input data in each child abuse and neglect case assigned to the judge. The Court Services Division has trained staff to indicate which risk factors were present and mentioned in the original petition as a reason for filing the abuse and neglect petition. Cases may have more than one risk factor indicated.



Between 2011 and 2014, there were 6,254 cases with one or more risk factors indicated. The above chart shows a breakdown of these cases and which risk factors were indicated in the original petition. This research assumes all cases include one or more risk factors; therefore, cases without an indicated risk factor are considered underreported.

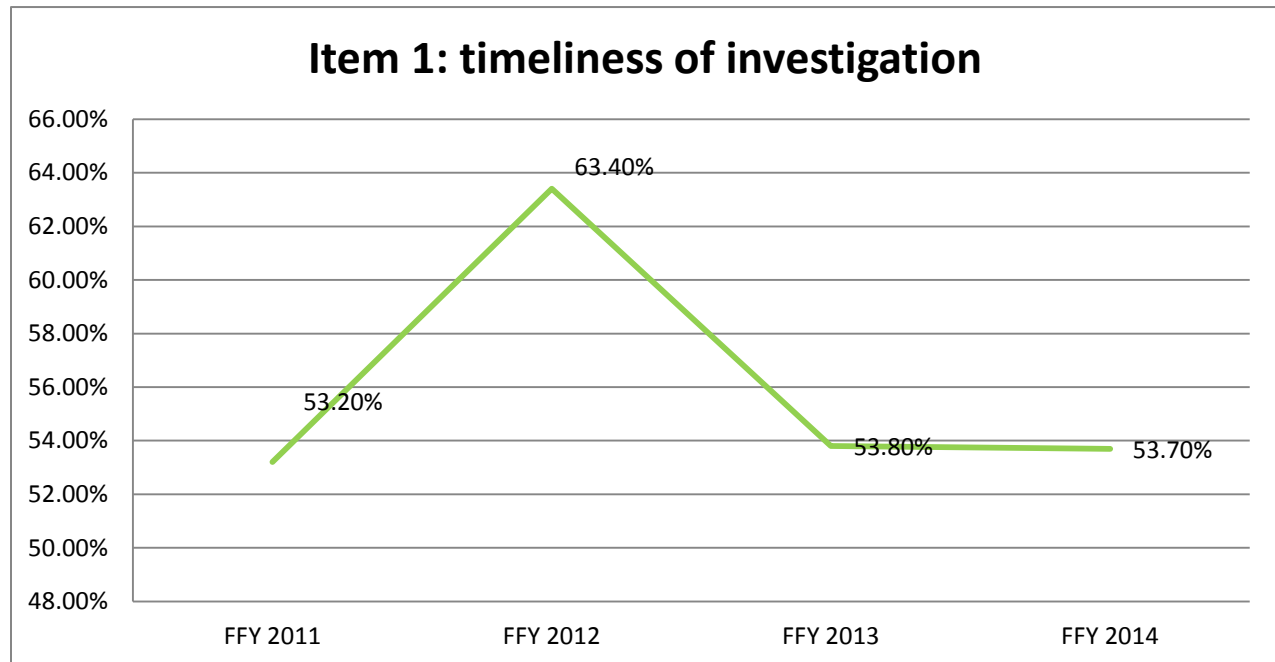
### **Safety Outcomes 1 and 2**

Safety outcome 1 incorporates two indicators. One indicator pertains to the timeliness of initiating a response to the report of child maltreatment, and the other related to the substantiation of recurrent reports of maltreatment.

The outcome rating for safety one based on case reviews for federal fiscal year 2014 indicate safety outcome one was substantially achieved in 52.2% of the cases reviewed, and partially achieved in 35.8. % of the cases reviewed.

#### *Safety 1: Timeliness of initiating investigation of reports of maltreatment*

Timeliness of initiating investigations of reports of maltreatment measures whether or not the assigned time frames were met on the Child Protective Services referrals received during the period under review.

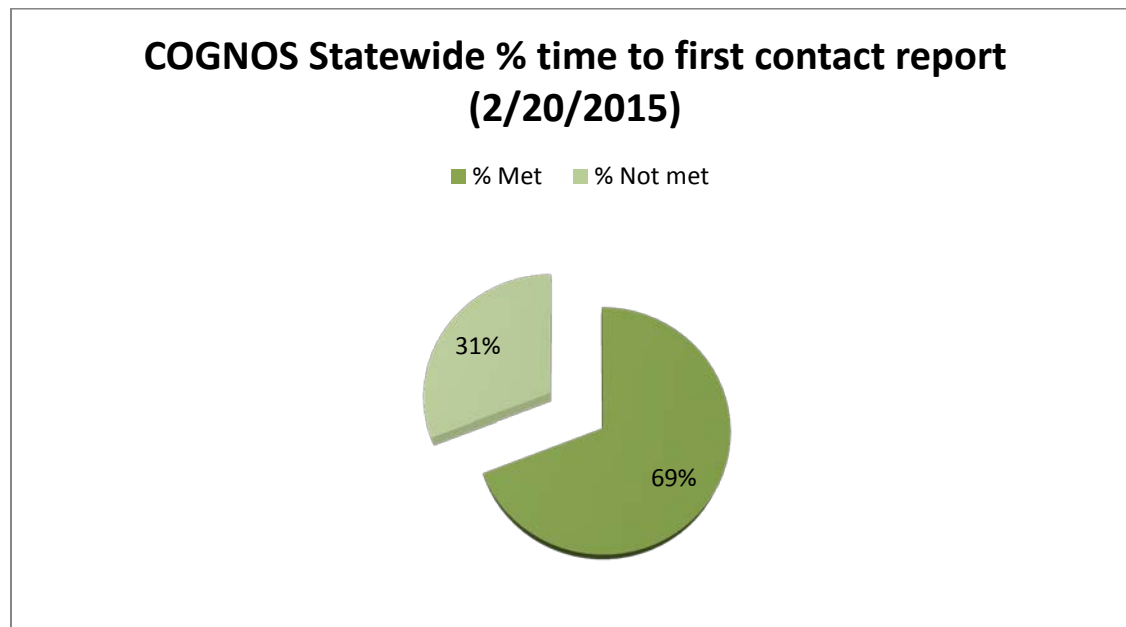


Federal Fiscal Year Data is based on the case reviews completed from Oct 1, 2013 to September 30, 2014. Case reviews conducted in federal fiscal year 2014 are reflective of practice that occurred 14 months prior to the date of the review; therefore the data is indicative of practice that occurred in 2012 and 2013. Safety one case review data is not indicative of the current performance for initiating investigations of reports of maltreatment. Case review data for Federal Fiscal Year 2014, accounts for completed contacts. Attempted contacts are not reflected in the case review data. As of Federal Fiscal Year 2015, attempted contacts made by workers to initiate investigations of reports of maltreatment will be included in the measurement.

Districts' track and monitor the status of referrals through the COGNOS site. COGNOS data provides the Districts with point in time data regarding the time to first contact. This report is monitored by the District Community Services Managers and the Deputy Director of Field Operations. Currently, COGNOS data as of February, 2015 indicates 69.1 % of intake assessments have been seen within the designated timeframes established by the Child Protective Services Supervisors. It should be noted the COGNOS system does not account for attempted contacts by workers.

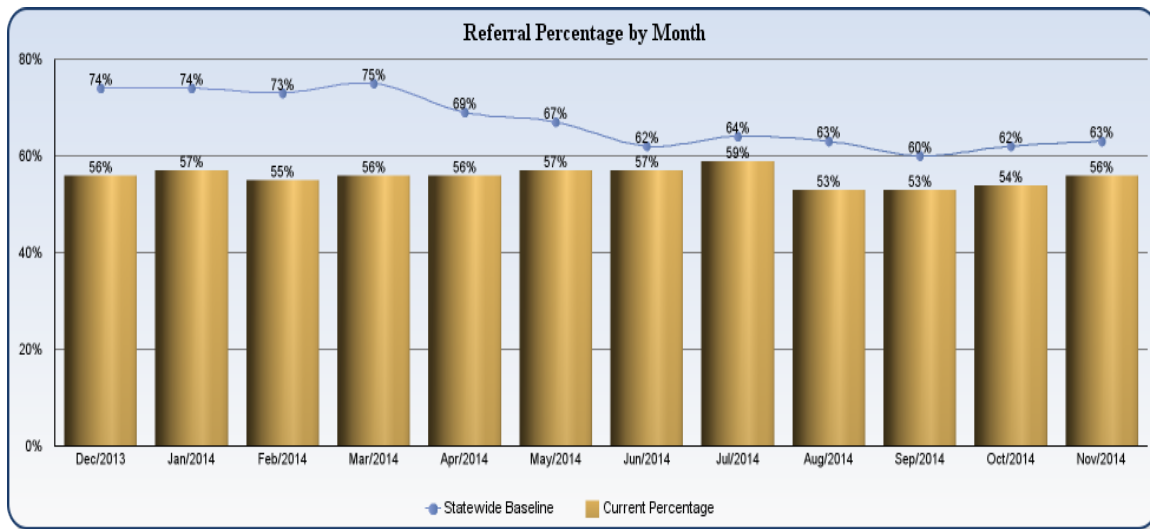
Although Districts are more cognizant of their need to meet time frames, they are still struggling to resolve staffing issues that continue to impact this measure. All districts included in the Federal Fiscal Year 2014 reviews, indicated a shortage of staff. Lack of staffing creates a backlog of Family Functioning Assessments which in turns creates a reduction in the timeliness of investigations.

West Virginia is utilizing crisis teams to assist Districts experiencing a backlog of Family Functioning Assessments. Additionally, the Commissioner will pull staff from other districts to assist in the backlog reduction. Currently West Virginia is not experiencing a significant backlog of Family Functioning Assessments. It is anticipated that continued improvement in this measurement will occur as the result of the efforts of staff and management to address the backlog and move forward with initiatives to improve the timeliness of investigations.



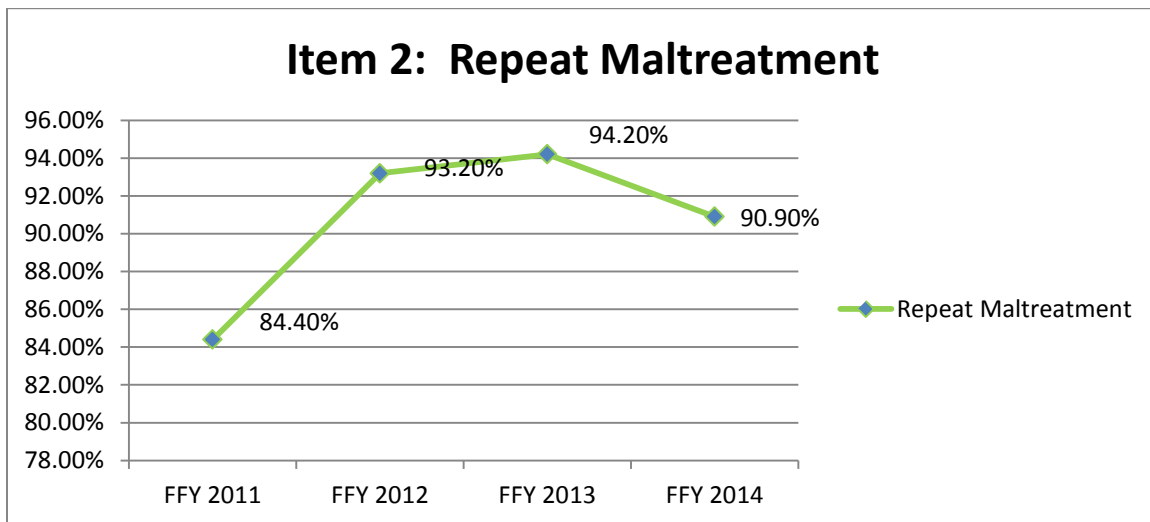
It should also be noted that the number of referrals received and the number accepted for Family Functioning Assessments remain on the average at 55.7%.

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*Safety 1: Repeat Maltreatment- the substantiation of recurrent reports of maltreatment*

Repeat maltreatment indicator determines if any child in the family experiences substantiation of recurrent reports of maltreatment.



Based on the DPQI Child and Family Service Review data, the State appears to have a slight decline in the number of cases that rated as strength for Repeat Maltreatment.

West Virginia's Contextual Data report indicates 97.7%. Measurement appears stable in the context of the larger sample.

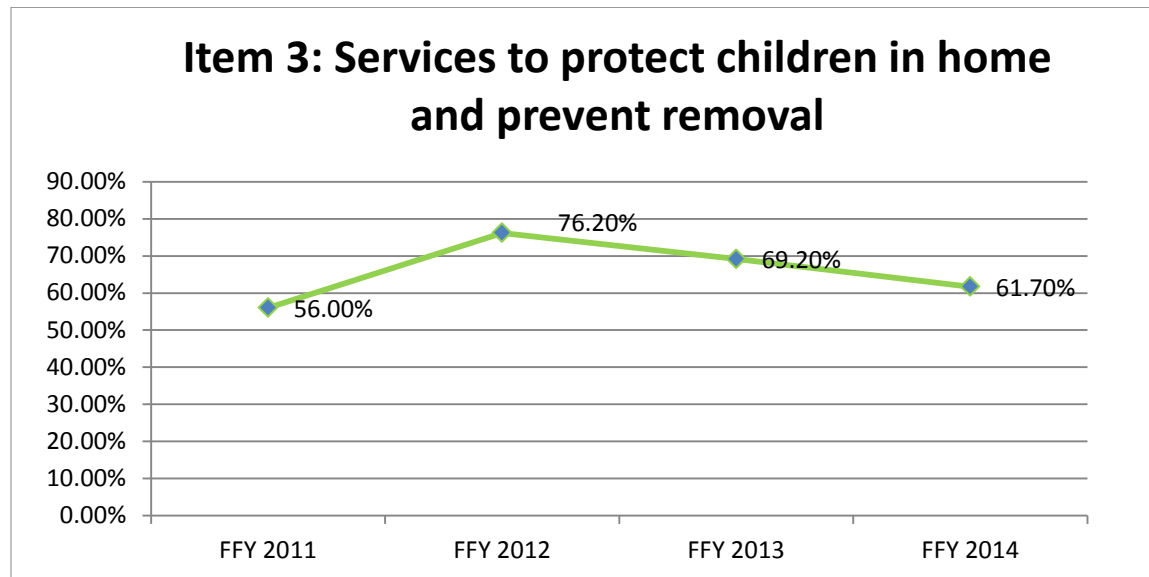
<b>1.1 Recurrence of Maltreatment Within 6 Months (%)</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Children without a recurrence	95.6	97.6	97.6	97.7
Children with one or more recurrences	4.4	2.4	2.4	2.3
<b>Number</b>	<b>2,068</b>	<b>1,971</b>	<b>2,305</b>	<b>2,264</b>

*Safety 2: Children are safely maintained in their homes whenever possible and appropriate.*

Outcome Safety 2 is measured by two measurement indicators: Items 3 and 4 of the 2008 CFSR measurement instrument. The outcome rating for safety 2 based on case reviews for federal fiscal year 2014 indicate safety outcome 1 was substantially achieved in 31.5% of the cases reviewed, and partially achieved in 21.8 % of the cases reviewed.

*Safety 2: Services to families to protect child(ren) in their homes and prevent removal.*

Item 3 is a measurement of services to protect children in the home and prevent removal or reentry into foster care. It should be noted that if services would not have been able to ensure the child's safety and the only alternative was to place the child in care, then the measure would be rated strength.



The social service reviewers found several factors contributing to the Areas Needing Improvement for this measure. Though there continues to be an increase in safety planning, the adequacies of the provision outlined in the plan fail to control for safety. Additionally, there was also a lack of contact with the family afterwards to insure that the safety plan was effective. Safety services were often initiated but not continued in the ongoing work of the case. Services placed in the home do not match the issues identified in the assessment for safety, and/or services were not referred into the homes in a timely manner.

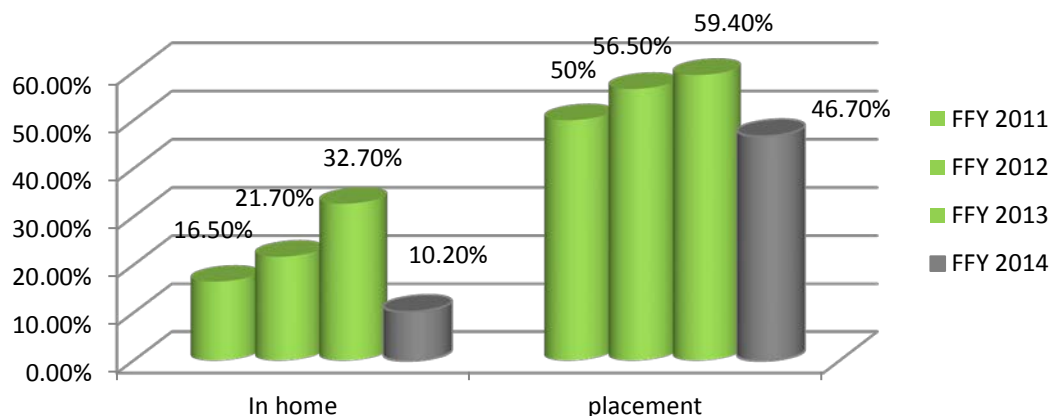
It should be noted domestic violence was often identified in safety plans but not addressed through services. This is also the case with the identification of parental substance abuse.

#### *Safety 2: Risk of harm to children*

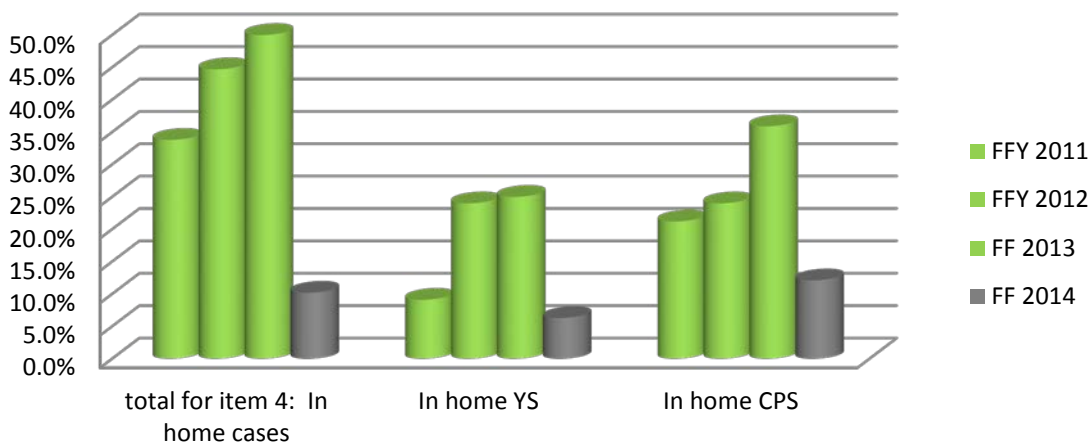
Item 4 is a measurement of risk assessment and safety management. This item addresses the Agency's concerted efforts to assess and address the risk and safety concerns to the child(ren) in their homes or while in foster care. Review of this measurement addresses what services were put into place to reduce or eliminate risk. Review of this measurement addresses ongoing risk assessment.



#### Item 4: Risk of harm to children



#### Item 4: In home cases



Data suggests that children in non-placement cases, both youth services and child protective service cases, are being continuously assessed for risk and safety at a low rate. This measure is impacted by the lack of visits to the home to assess all of the children in the home. The lack of on-going assessments during the in-home portion of the cases is reflected in the rating of the placement cases. The period under review for federal fiscal year 2014 remained at 14 months prior to the date of the review. Children in placement are being seen on a regular basis and DPQI reviews indicate a continued improvement in workers' ability to assess the child's needs and safety.

Risk to children in the home is not being formally or informally assessed in non-placement cases. This measure is also impacted by the lack of appropriate services put into the home to address the identified safety concerns. Primarily services to address domestic violence and parental substance abuse are inadequate. Cases reviewed also indicate that delays in initiating services and delays in filing petitions contributed to this measurement's decline. It should be noted that several of the districts reviewed in Federal Fiscal year 2014 had significant staffing shortages at the time of the reviews.

Social service reviewers identified several factors that contributed to the areas needing improvement in safety outcome measurement S2. There were more cases in which initial safety was assessed in a thorough manner; however, the practice was not carried into the ongoing casework. Although there are more cases where safety plans are developed, there continues to be a lack of contact made with the family afterwards to ensure that safety was continuing to be maintained. Social service reviewers also found that when visits do occur, the worker frequently fails to assess all of the children in the home. Furthermore, workers experience difficulties in visiting with all the children on their caseloads as they are frequently traveling to visit with the children in placement. This limits the amount of time they have to make all of their required contacts on in home cases.

Risk and safety for child protective services placement cases are being assessed on a regular basis. This has greatly improved through the use of the "dashboard" tracking system.

## **Permanency Outcomes 1 and 2**

### *Permanency 1: Children have permanency and stability in their living situations*

Permanency Outcome 1 incorporates six indicators into the assessment process. The indicators pertain to the child welfare agency's efforts to prevent foster care reentry; provide stability for children in foster care; and the development and establishment of appropriate permanency goals for children in foster care to ensure permanency. The remaining indicators focus on the agency's efforts to achieve the child's permanency goals.

The outcome rating for permanency 1 based on case reviews for federal fiscal year 2014 indicate permanency outcome 1 was substantially achieved in 46.7 % of the cases reviewed, and partially achieved in 52.0% of the cases reviewed. As reflected in the CFSR style case review data, West Virginia continues to make improvements to achieve permanency.

There are many factors that need to be considered when reviewing the data related to the achievement of permanency for West Virginia's children.

The Adoption and Safe Families Act established that the termination of parental rights should occur within a 22 month timeframe following placement. Barriers to achieving this measure are primarily the delays in the court process, such as extended improvement periods and parents being adjudicated at separate times. WV State code allows for the Court to extend a parent's post-adjudicatory or post-dispositional improvement period for 90 days or longer after they have had two 90 day improvement periods in either or both the post-adjudicatory and post-dispositional time periods. These extensions may occur due to case circumstances such as: waiting for paternity testing, multiple fathers named, parents remaining in rehabilitation programs, parents who are incarcerated but are expected to be released during the court case, or even personal or weather related events that delay a hearing or hearings.

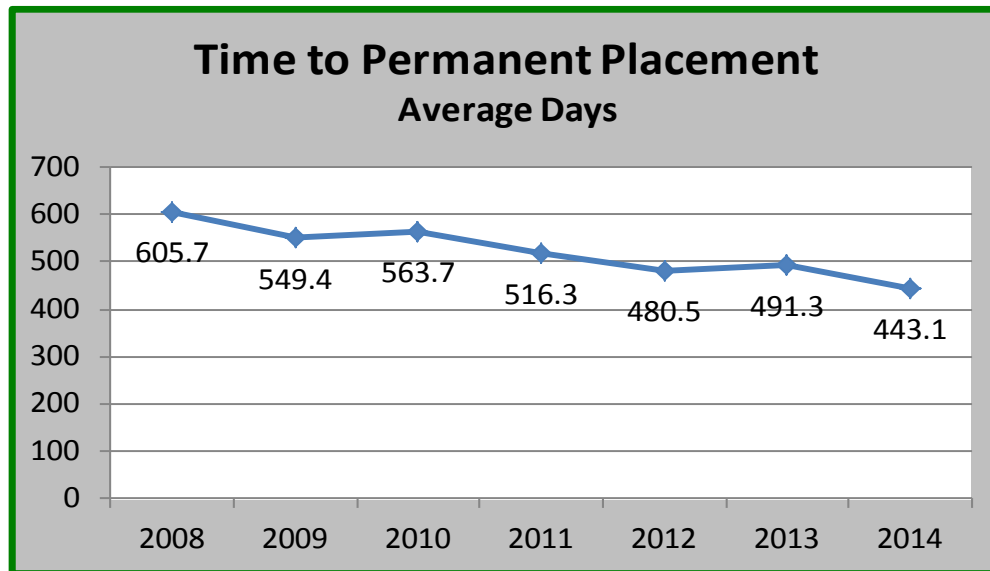
Additionally, if one or more parents are adjudicated at separate times due to case circumstances, such as paternity being established 6 months into the case, or an absent parent being located several months into the case, the parents will be on different timelines, and the case will last much longer. For example, Parent 1's case should end within the regular court dates, but the addition of 6 months for Parent 2 may add that much time to their court hearing timeline, and lengthen the child's time in custody and care. It is not unusual for the parents in the court case to be on separate timelines.

Despite these barriers West Virginia continues to make progress in achieving permanency for children. Data collected by the Supreme Court of Appeals of West Virginia also indicates an improvement in the time it takes for children involved in abuse and neglect proceedings to reach a permanent living placement.

### ***Judicial Performance Measure Trends***

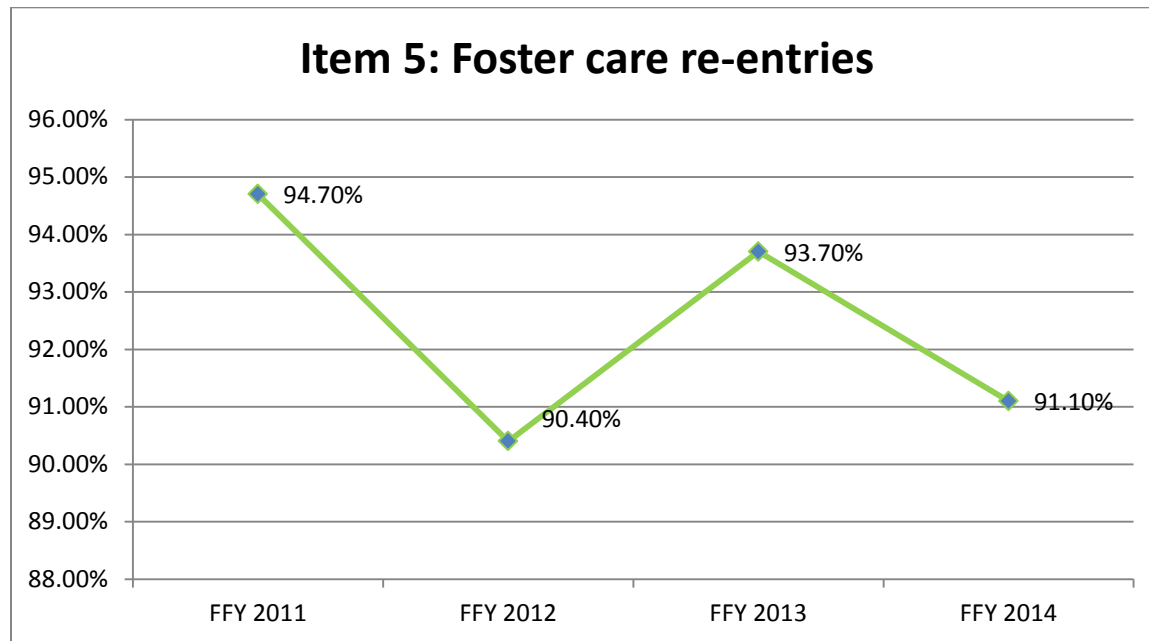
According to data collected by the Supreme Court of Appeals of West Virginia, the time it takes for children involved in abuse and neglect proceedings to reach a permanent living placement has been reduced significantly over the last seven years. For children who reached permanency through court proceedings during 2008, it took just over twenty months on average to complete judicial proceedings and find a sufficient permanent placement for the child. As demonstrated in the chart below, during 2014,

the average was reduced by thirty three percent (approximately five months). With many children involved in such proceedings being placed away from home, a swifter process expedites access to a stable, permanent living arrangement. Permanency is considered to have been accomplished when a child has reached any one of the federally accepted permanency goals including: reunification with parents/guardians, adoption, legal guardianship, placement with a fit and willing relative, or emancipation.



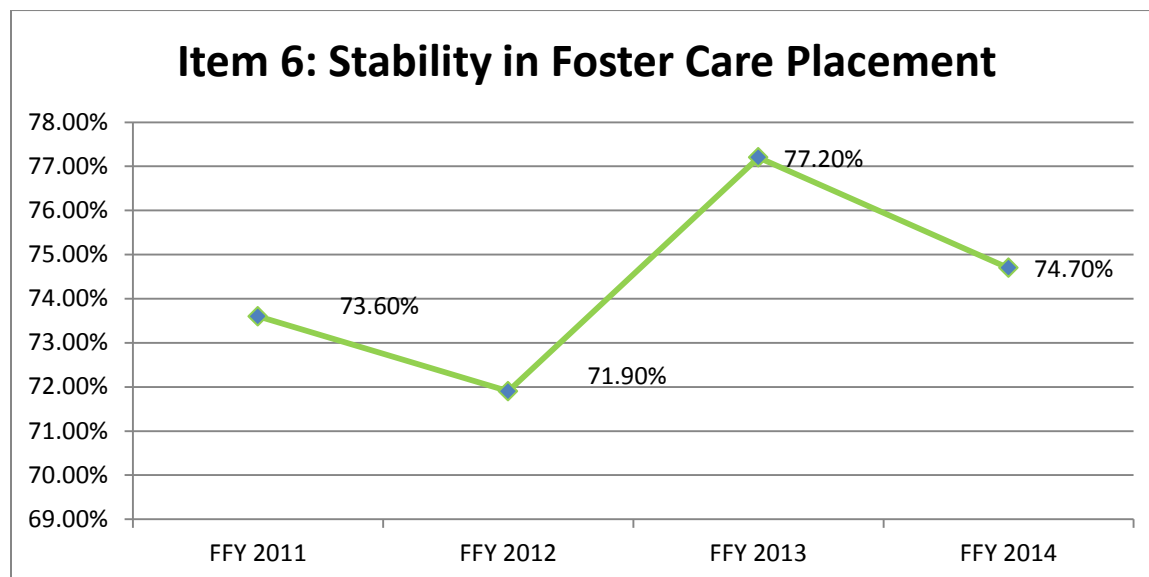
#### *Permanency 1: Foster Care Reentries*

Social service reviews indicate that WV is maintaining the foster care re-entry rate. In Federal Fiscal Year 2011, 94.7% of cases rated strength, in the Federal Fiscal Year 2014, 91.10% of the cases rated strength, indicating that the Agency continues to make concerted efforts to provide services to families to prevent the children's re-entry into foster care or re-entry after reunification within a 12 month period from the prior discharge.



#### *Permanency 1: Stability in Foster Care Placement*

Social Service Reviews also indicate that West Virginia had a slight decline in the rate of stability of foster care placements as indicated below.



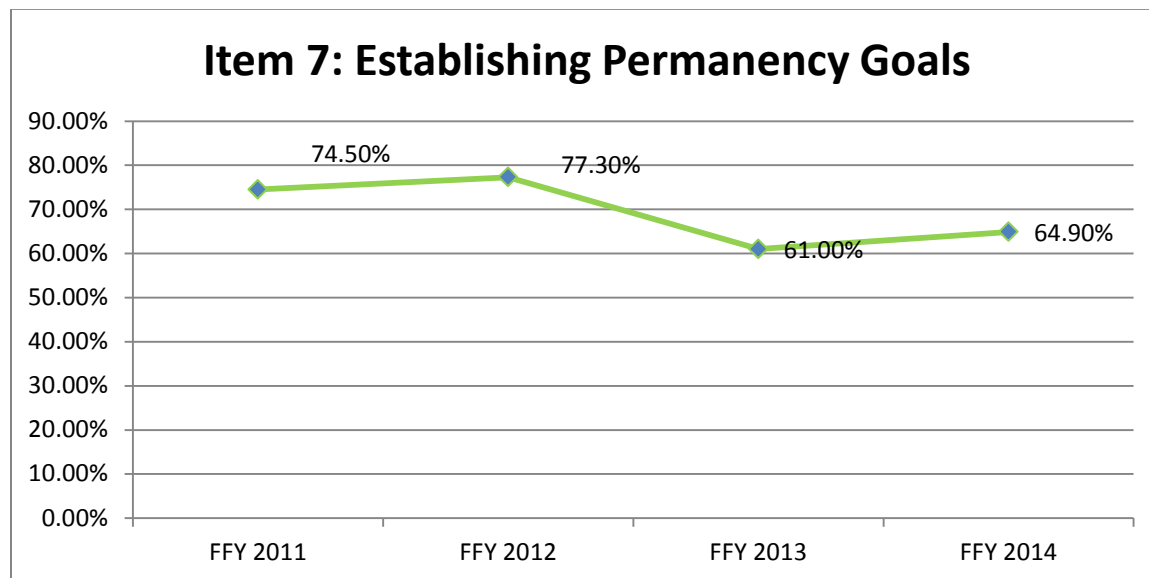
The decline in foster care placement stability is related to the use of shelter care and the unavailability of foster care beds at the time of placement. All regions reported a lack of foster homes. They noted a lack of homes that are willing to accept older children, children with severe behavioral issues, and large sibling groups. Furthermore, reviews indicate that when placement changes are needed, the moves are reflective of a planned move necessary to address the child's needs that may not have been evident at the time of initial placement.

Social Service reviews indicate that workers are making concerted efforts to place children in the homes of relatives when possible. This practice is believed to contribute to the stability of the placements.

West Virginia continues to have a large number of children entering care; therefore, increasing the need for more foster care homes. West Virginia continues to work on the recruitment and retention of foster care homes.

#### *Permanency 1: Establishing Permanency Goals*

West Virginia has made a gradual increase in establishing appropriate permanency goals in a timely manner. Data indicates a 3.9 % increase in the number of cases that rated as strength for establishing permanency goals in a timely manner.



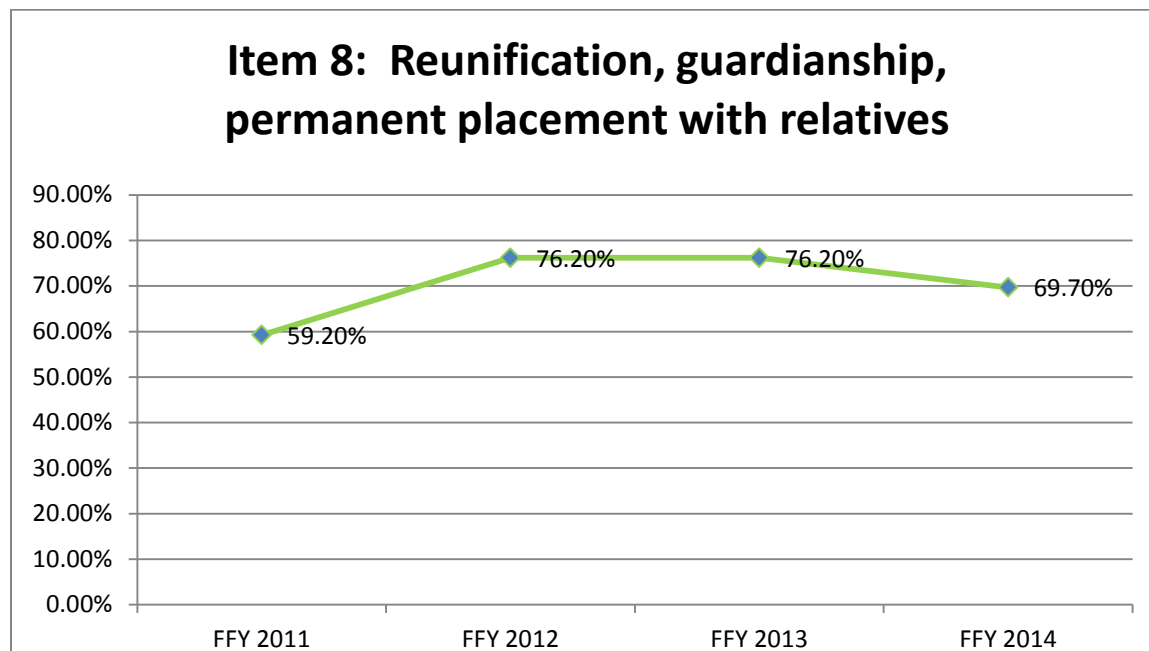
Field staff has made concerted efforts to review permanency goals and develop more appropriate goals. Districts with active Multidisciplinary Teams (MDTs) are more likely to

address the continued need for permanency planning throughout the life of the case. Permanency planning is reflected in the uniform case plans.

Cases that rated as an area needing improvement are related to the goals not being documented in the case file in a timely manner, or goals that have not been changed to reflect the current status of the case.

*Permanency 1: Permanency goal of reunification, guardianship, permanent placement with relatives.*

Of the cases reviewed in federal fiscal year 2014, 69.70% indicated that acceptable progress was being made toward the achievement of permanency goals of reunification, permanent placement with a relative, or guardianship (Item 8). This measure looks at whether this permanency goal for the child has been achieved and/or effort by the agency/court within 12 months. It also addresses if efforts are being made to work the concurrent plan.



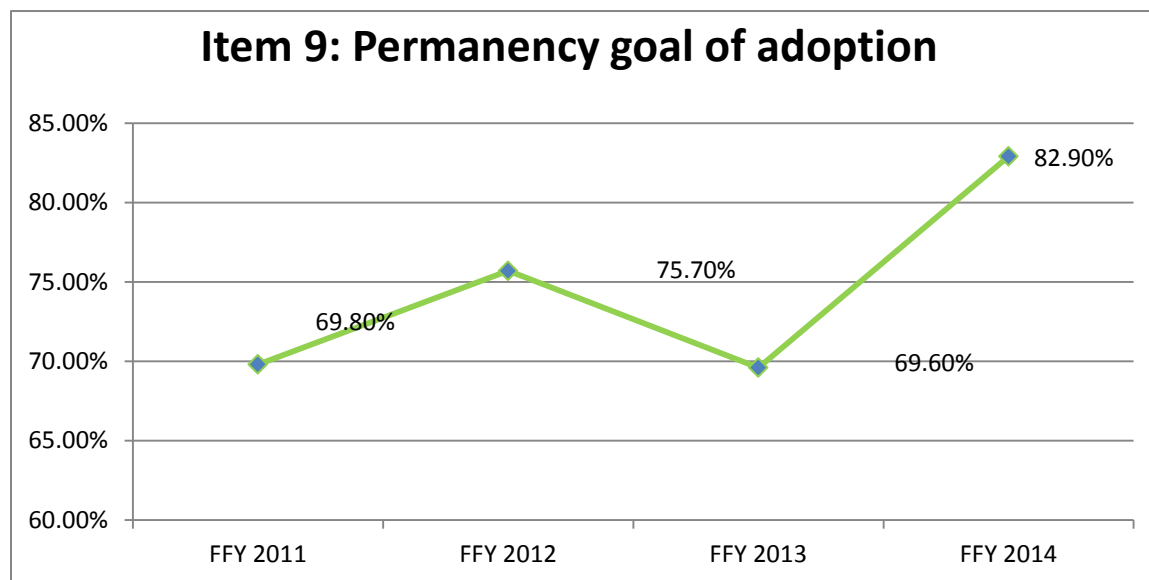
Case reviews indicate the decline in this measurement is related to the length of time in care without achieving permanency. Additionally this measure is impacted by the lack of implementation of concurrent goals. Often concurrent goals are not being worked until after the primary permanency plan has failed.



WV foster care policy section 4.5 addresses the use of concurrent planning. As outlined in policy, “all children whose permanency plan is reunification must have a concurrent permanency plan. For other children, concurrent planning should be utilized in an effort to expedite the achievement of permanency for these children.” (WV BCF FC policy page 107). Unfortunately, concurrent plans are viewed too often as consecutive plans and are not pursued concurrently.

#### *Permanency 1: Permanency goal of Adoption*

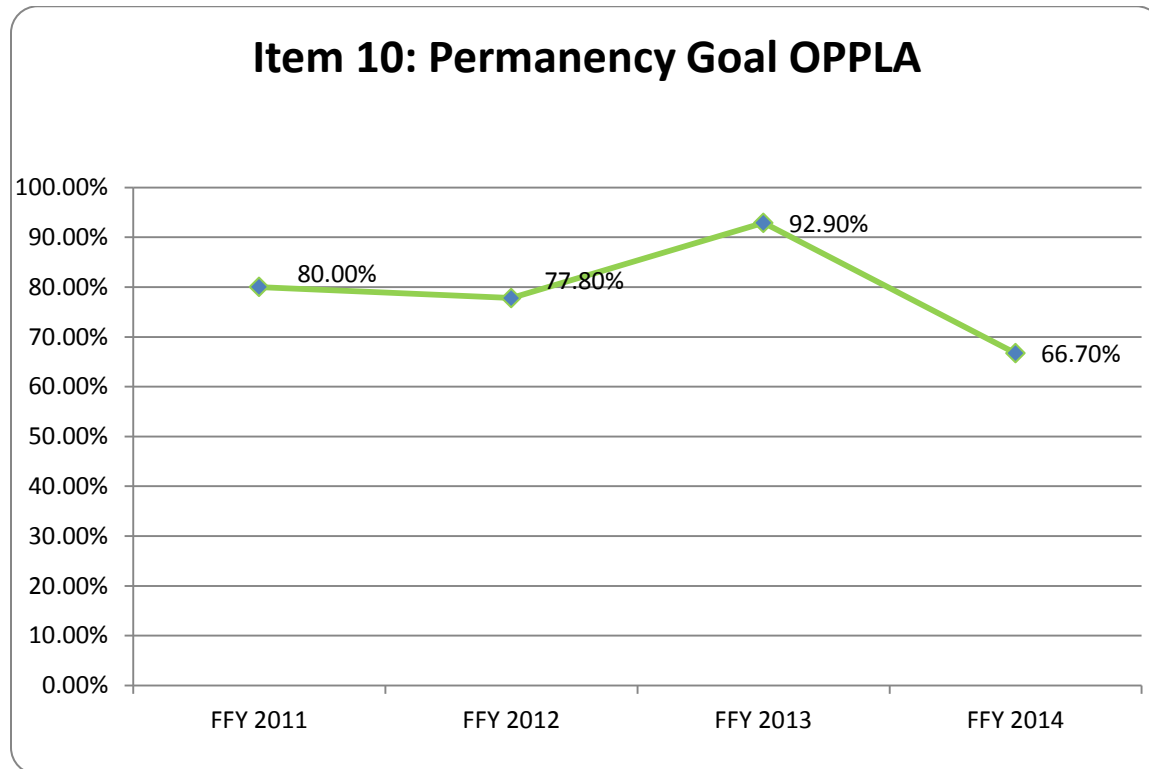
In the Federal Fiscal Year 2014, 82.90% of the cases reviewed with the permanency goal of adoption or a concurrent goal of adoption indicated that concerted efforts were made to achieve finalized adoptions. This measure determines if the child’s adoption will be finalized within 24 months of the most recent foster care entry. There is a 13.3 % improvement from Federal Fiscal Year 2013 where 69.60% of the cases achieved this measure.



#### *Permanency 1: Permanency goal of other planned permanent living arrangements.*

The percentage of cases with the permanency goal of Other Planned Permanent Living Arrangement that demonstrated progress toward permanency was achieved in 66.7 % of the case sample. It should be noted that cases are chosen for review based on a random sample. Only nine cases reviewed during federal fiscal year 2014 had a primary

goal or a concurrent goal of independent living; therefore six of the nine cases reviewed rated as strength.

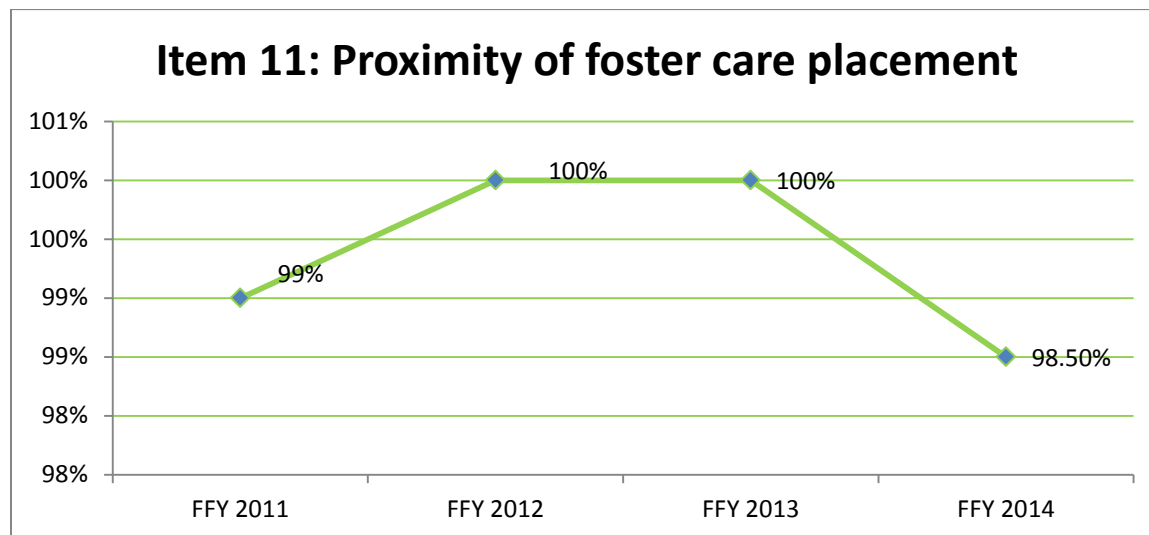


*Permanency 2: The continuity of family relationships and connections is preserved for children*

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance in placing children in foster care in close proximity to their parents and close relatives (item 11); placing siblings together (item 12); ensuring frequent visitation among children and their parents and siblings in foster care (item 13); preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); seeking relatives as potential placement resource (item 15); and promoting the relationship between children and their parents while the children are in foster care (item 16). West Virginia's case review data indicates 94.7% of the cases reviewed substantially achieved, and 5.3% partially achieved. This is a significant improvement from 2008 Child and Family Services Review. The outcome was rated as substantially achieved in 77.5%.

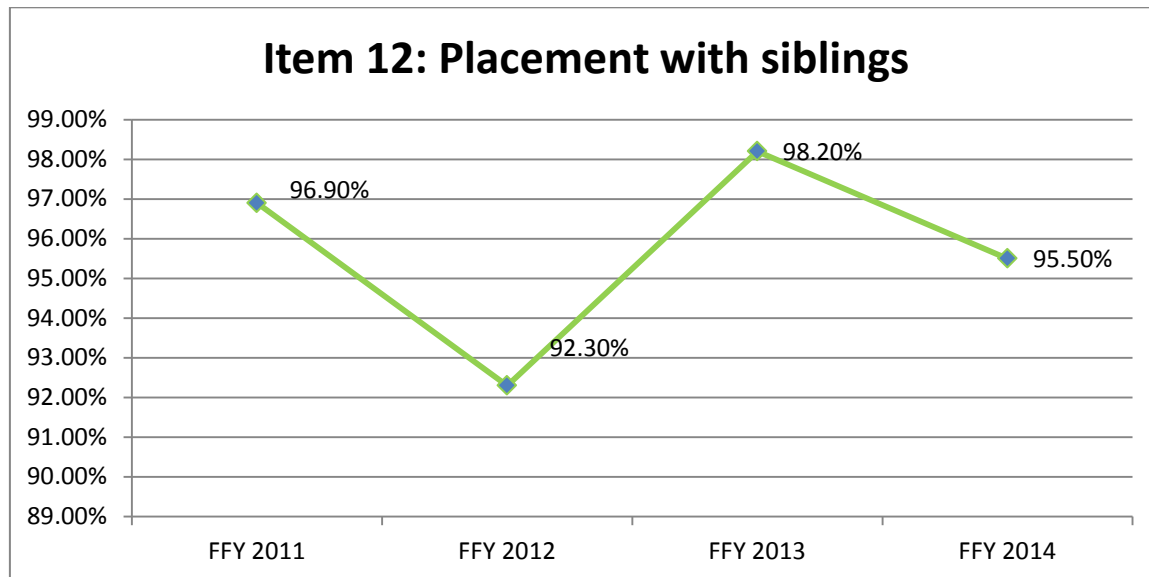
*Permanency 2: Proximity of foster care placement*

Permanency measures for the State appear to be improving. Based on the sampling of cases reviewed by the Division of Planning and Quality Improvement during Federal Fiscal Year 2014, 98.5% of the placement cases demonstrated that the Department made concerted efforts to ensure that the child's placement was close enough to the parents to facilitate visitation.



*Permanency 2: Placement with siblings*

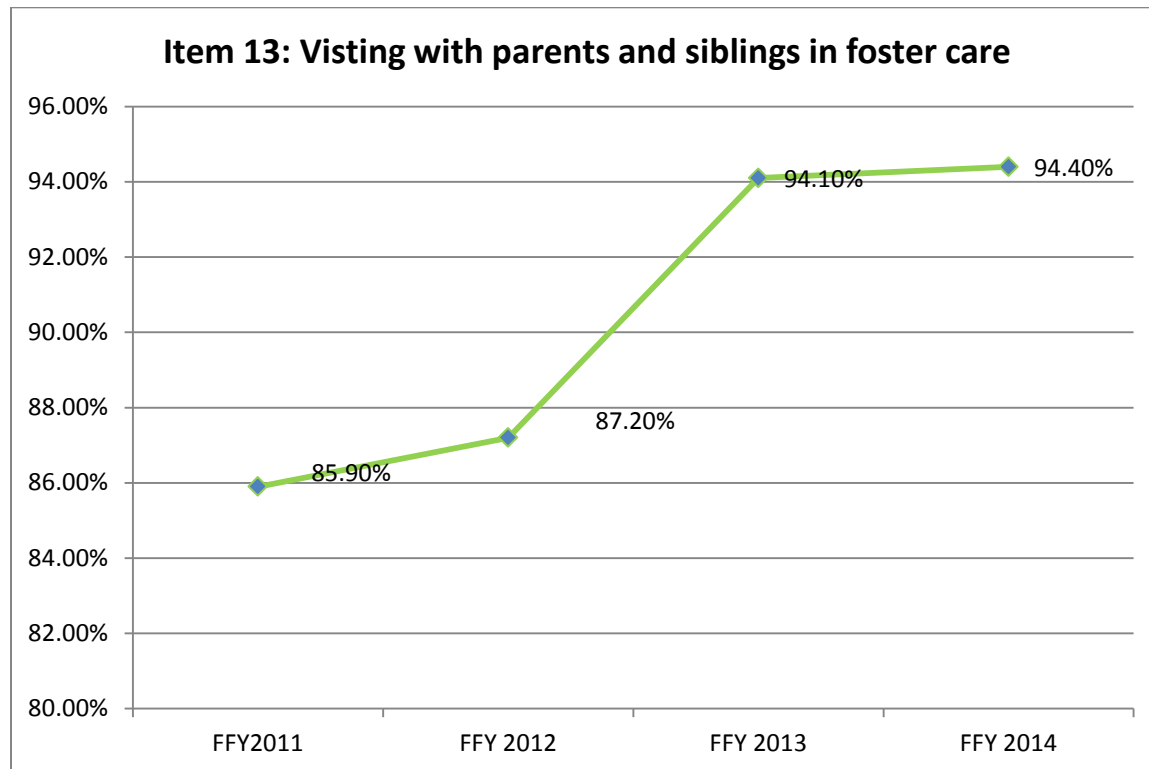
This measurement (Item 12) determines if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. West Virginia saw a slight decline in this measure in FFY 2014.



Lack of available foster care homes makes placing large sibling groups together difficult and often requires the children to be separated based on the lack of foster homes. The children are often separated, placed in close proximity, and provided with ample visitation. All Districts interviewed over the course of the two year period state that they struggle with the lack of foster care placement options. West Virginia continues to have a high rate of entry into placement.

#### *Permanency 2: Visiting with parents and siblings in foster care*

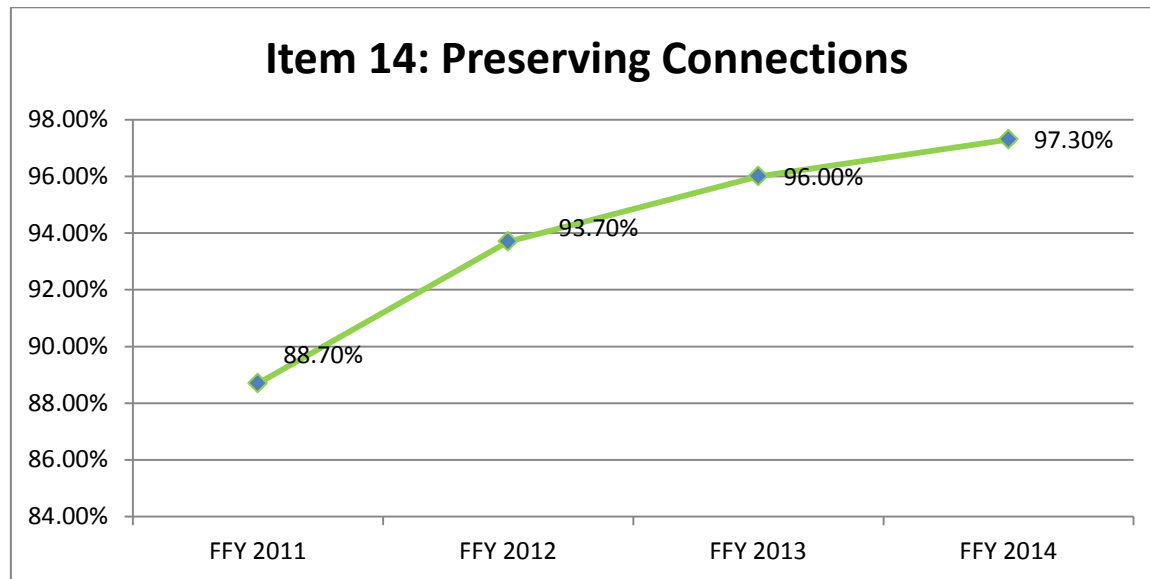
Item 13 addresses the frequency and quality of visits between the parents and/or caregivers with the child and with the child and siblings who are in separate foster care placements. Frequency relates to whether the Department arranged sufficient contact to maintain or improve the existing relationship. Quality means that the visits were held in settings that were amenable to allow for children to interact with siblings and parents in a safe and positive atmosphere. If the visits were determined by the Agency and courts not to be in the best interest of the child then the worker must provide documentation to support this decision.



This measure was rated strength in 94.40% of the cases reviewed in FFY 2014. West Virginia continues to make gradual improvements in this measure. Cases that did not meet the measure typically have failed to include the absent father(s).

### *Permanency 2: Preserving Connections*

Child and Family Service reviews determine if workers explore and maintain the primary connections for the child in care and document those efforts. This may include connections in the community, school, church, extended family members and siblings not in foster care. If a child is a member or eligible to be a member of an Indian Tribe the Tribe must be notified in a timely manner to advise them of their right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights. The child must be placed in accordance with the Indian Child Welfare Act (ICWA). 97.3% of the cases reviewed in FFY 2014 indicated that the workers have made concerted efforts to maintain the child's important connections to their community, faith, extended family and siblings.

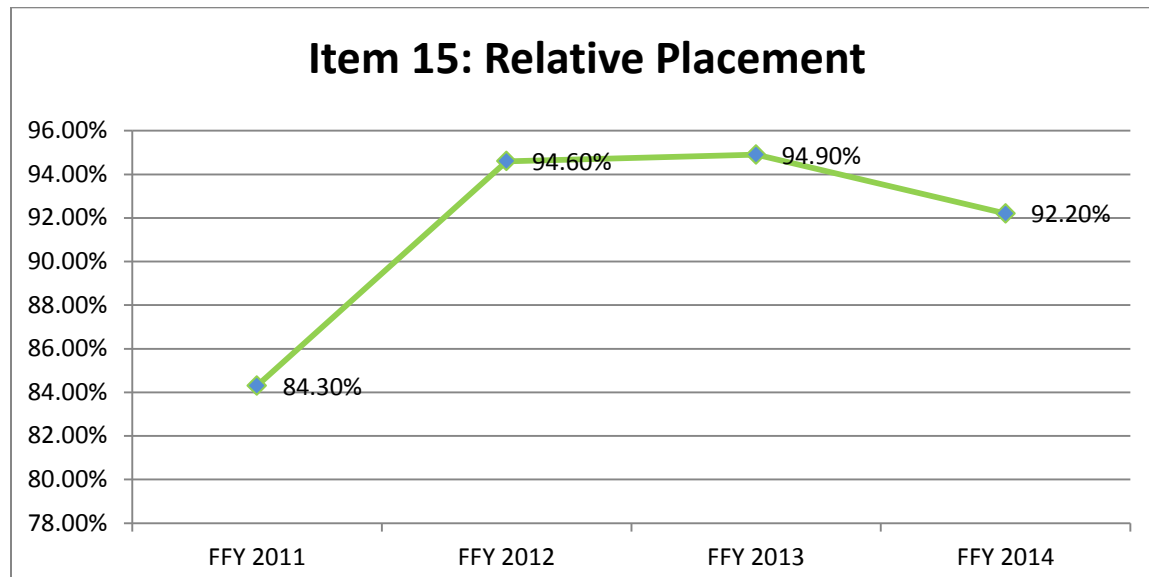


The use of relative placements is reflected in this measure. The cases reviewed indicated an increased involvement with extended family members as a result of placement with relatives.

#### *Permanency 2: Relative Placement*

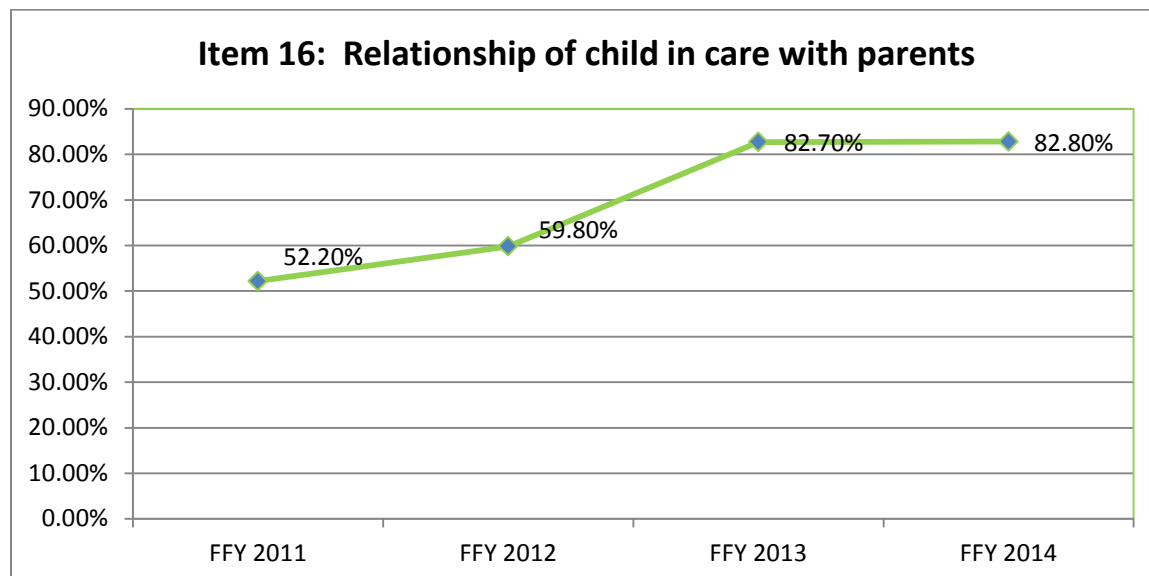
Workers continue to make efforts to explore relative/kinship care placements; this is often necessitated by the lack of other foster care homes. In cases where this measure has not been met, it is often paternal relatives that have not been considered. Although these measures declined by 2.7 %, case reviews indicate efforts to locate relatives are achieved in 92.2% of the cases reviewed during federal fiscal year 2014. Round two of the Child and Family Reviews indicate this measure as strength in 79% of the cases rated during the onsite reviewed.

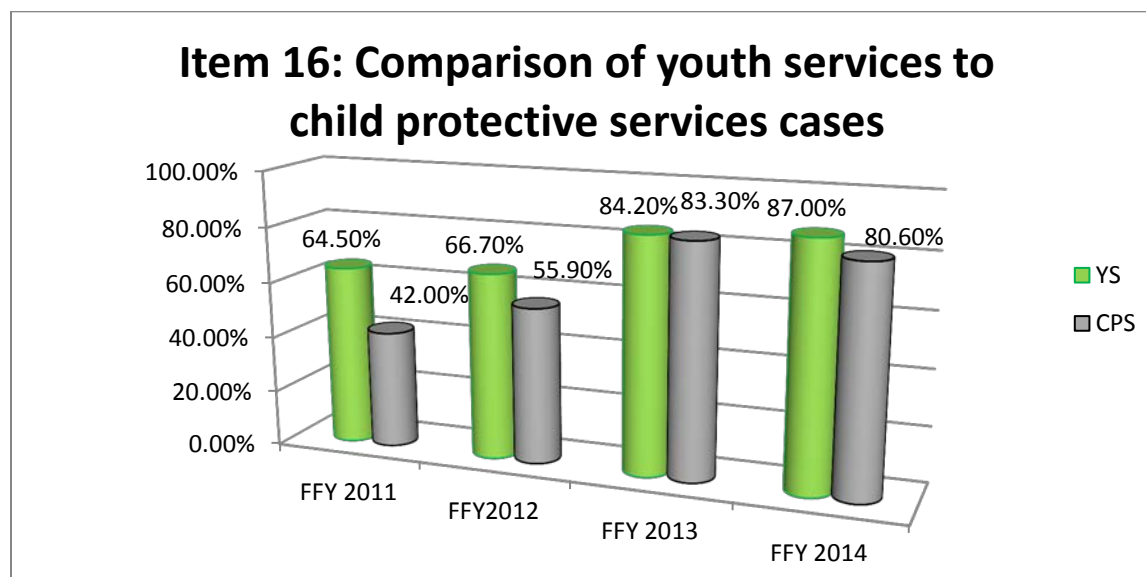
West Virginia continues to distribute the diligent search tips guide developed during the last program improvement plan to staff on a regular basis to ensure continued use.



*Permanency 2: Relationship of child in care with parents*

Social service reviews also determine whether concerted efforts were made to promote, support and maintain positive relationships between the children in foster care and his or her parents or primary caregiver from whom the child had been removed through activities other than visitation.





Reviews indicated that children placed in care through the youth services system are more likely to receive services to promote, support and maintain positive relationships between the child and his or her mother and father or primary caregiver from whom the child had been removed through activities other than visitation. This is achieved as the primary focus of treatment in most youth services cases involves working toward improving the parent child relationship to discover the underlying cause(s) for the child's behaviors. Older youth are typically placed in residential treatment centers that involve the caregivers in family therapy, treatment plan development and provide additional socially interactive activities. Many of the facilities encourage the youth to keep in touch with extended family through calls, emails, and visitation; whereas children in placement due to abuse and neglect are often unable to maintain contacts and relationships outside of supervised visitation without approval from the court system. It should also be noted that often in abuse/neglect cases, safety concerns prevent additional interaction or contact outside of the supervised visitation setting.

### Well-being Outcomes 1, 2 and 3

*Well-being Being 1: Families have enhanced capacity to provide for their children's needs.*

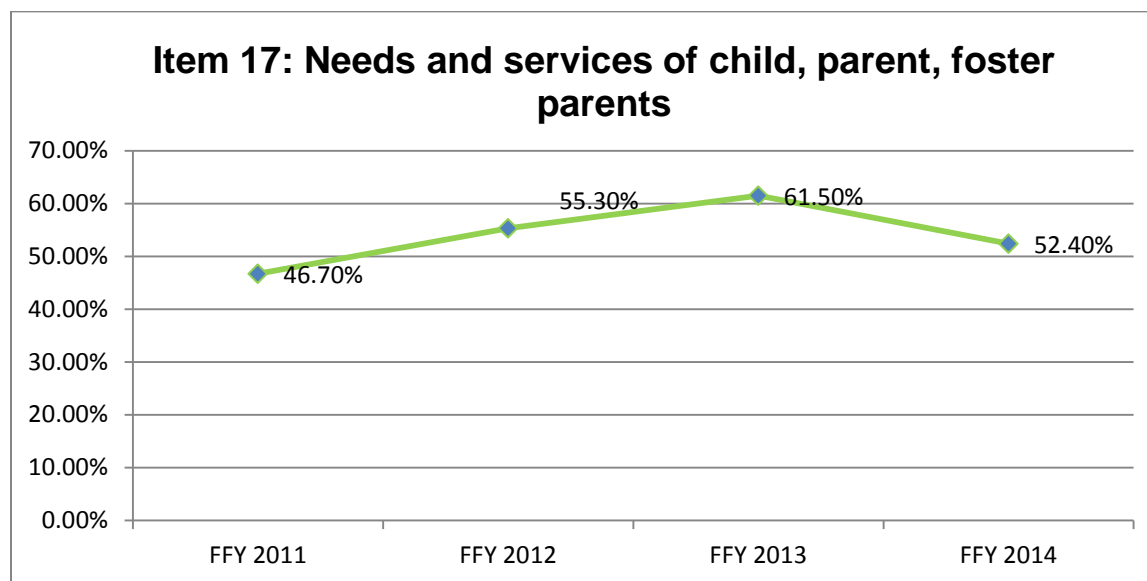
Well-being Outcome 1 incorporated four indicators. One pertains to the agency's efforts to ensure that the service needs of children, parent, and foster parents are assessed and that necessary services are provided to meet identified needs (item 17). A second indicator examines the agency's efforts to actively involve parents and children in the



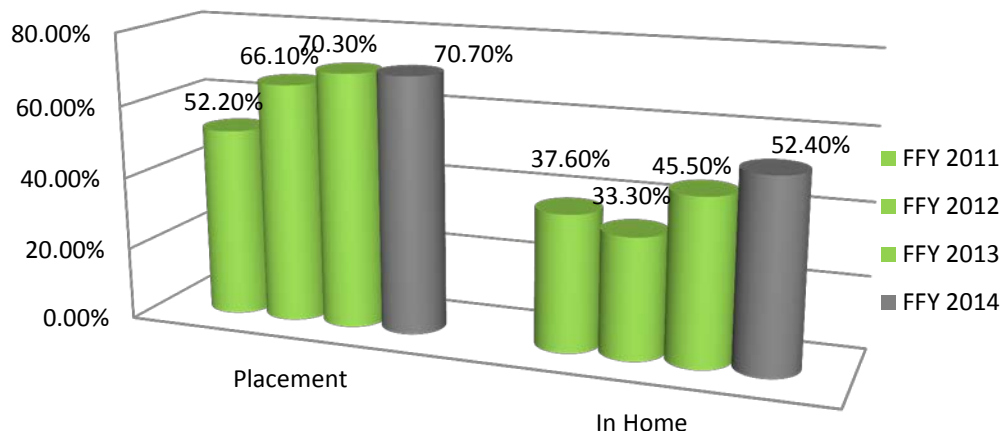
case planning process (item 18). The two remaining indicators examine the frequency and quality of the caseworkers' contacts with the children in their caseloads (item 19) and with the children's parent (item 20). Case reviews conducted in FFY 2014 indicate substantial conformity was met in 42.7% of the cases reviewed and partially achieved in 26.6%.

*Well-being 1: Families have enhanced capacity to provide for their children's needs.*

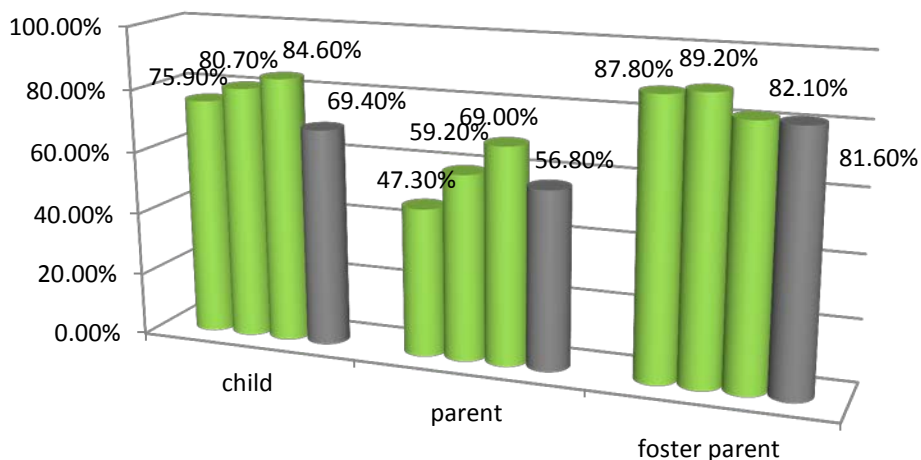
Cases were reviewed to determine whether concerted efforts were made to assess the needs of children, parents, and foster parents to determine or to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and if appropriate services were provided. This measure is a composite of sub measurements that look separately at services to the children, fathers, mothers and foster parents.



### Item 17: Breakdown by case type



### Item 17: Breakdown by persons served



The Agency continues to work towards improving their ability to assess the needs of children, parents and foster parents and to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family. The data indicates that this measure is only being met in 52.5% of the cases reviewed. The lack of on-going case work in non-placement cases and the lack of involvement with all identified fathers tend to hinder improvements.

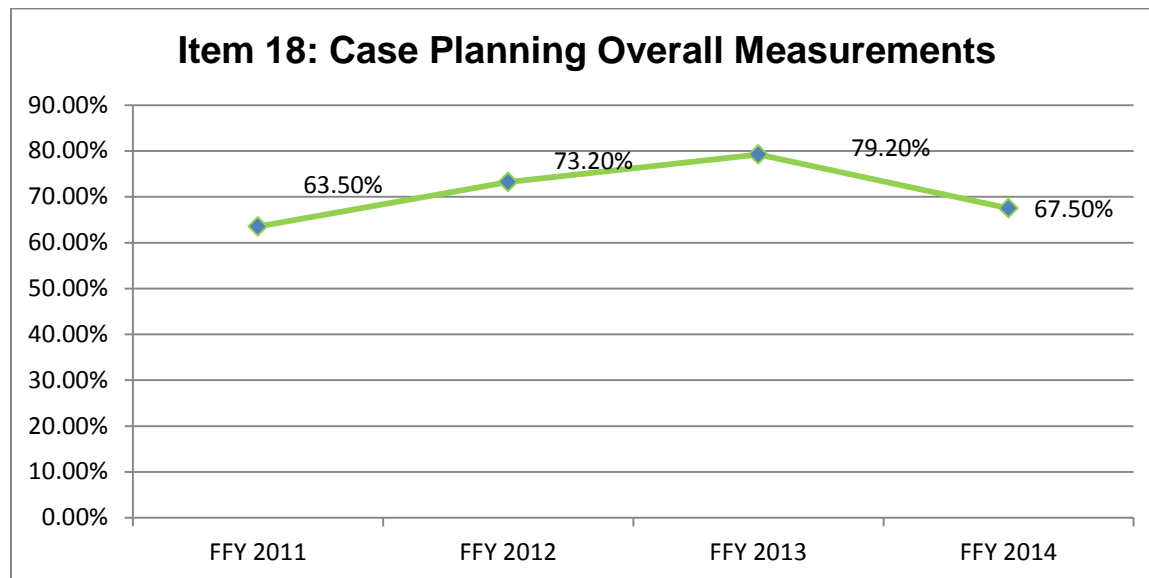
The measure continues to fall short as identified needs are not always addressed in the on-going case work process. For example, domestic violence may be identified as a reason that the DHHR is involved with the family; however, no services are put into place to address the issue. Additionally, the data indicates a lack of ongoing assessment of children and parents to determine the efficacy of the services.

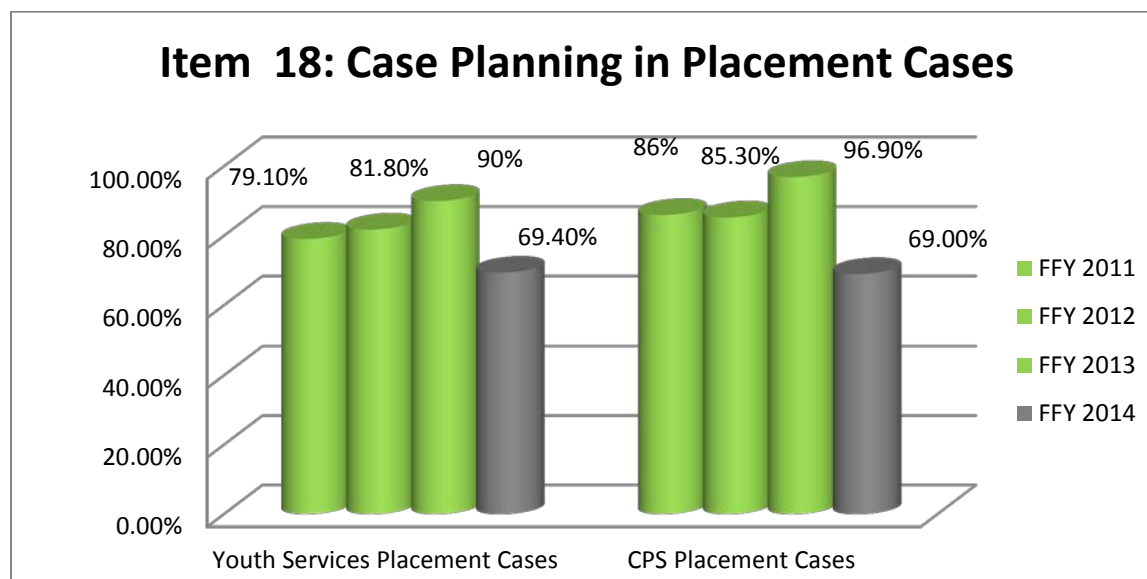
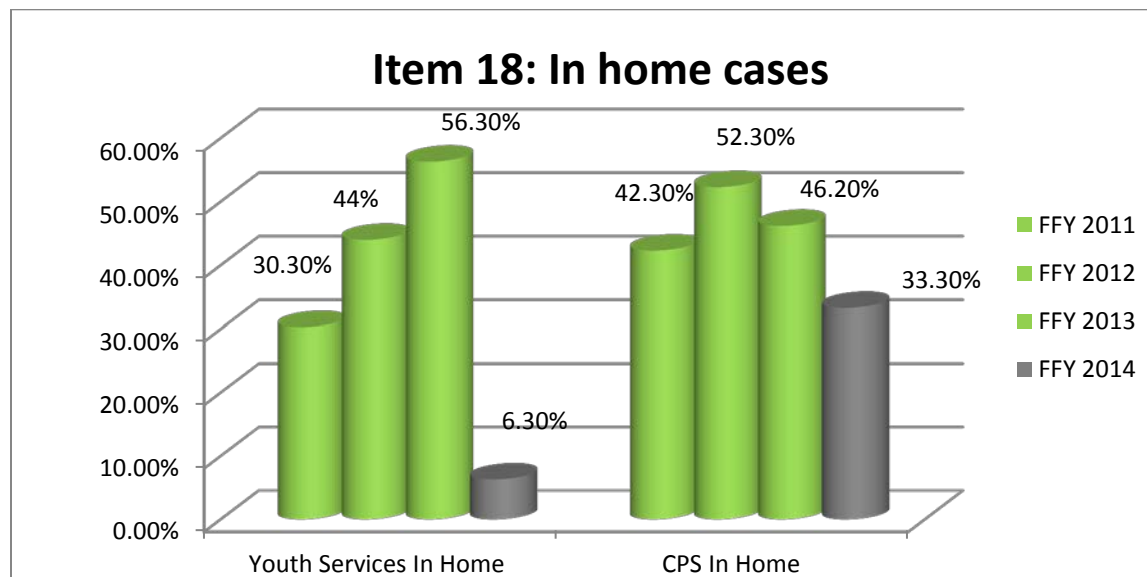
The provision of services is currently being redesigned to better meet the needs of those involved with the Agency.

Most Districts lack adequate substance abuse treatment services, both inpatient and outpatient for parents and youth; domestic violence services; and parent programs to address the issue of parenting older youth.

#### *Well-being 1: Child and family involvement in case planning*

Wellbeing Outcome 1 also measures child and family involvement in case planning on an ongoing basis. Reviews indicate an improvement in involving children and families in the case planning process.





Reviews indicated that family and child involvement in case planning when the child is in placement is significantly higher than for those involved in cases without placement. This can be attributed to court and MDT oversight.

Although case planning is occurring in youth services placement cases, Districts continue to struggle with the process. Staff feels case plans are often set forth by the court and juvenile probation system and they have little input into the process.

Case planning in CPS in-home cases is lacking. Many in-home cases are not receiving on-going casework, and many Districts have not been able to successfully implement the Protective Capacities Family Assessment (PCFA) and case planning process.

During Contract Year 2013-2014, the Family Support Educator for APS Healthcare Inc. conducted eleven (11) Focus Groups with youth receiving Medically Necessary Services (MNS) for Behavioral Health Services.

The purpose of these focus groups is to provide youth who are receiving medically necessary behavioral health services in West Virginia the opportunity to candidly share their experiences and opinions. These groups are conducted on a regular basis in various regions across the state of West Virginia to gain insight regarding the utilization and impact of these services in the state. Each group may consist of youth receiving individualized and/ or group treatment in a residential facility and/or within the community.

This year seventy-three (73) youth receiving residential treatment participated. It should be noted youth were not limited to choosing a single response; therefore, a single participant may be represented in more than one response category. Percentages were rounded to the nearest whole number.

Youth that participated in the focus groups were asked several questions related to meeting their treatment needs and their participation in the treatment planning process. Many of these factors relate to the factors in well-being 1 measurement.

Youth were asked if their worker knows what they are working on in therapy. Forty-seven percent (47%) of participants agreed.

When youth were asked: "Do you understand your treatment plan?" 22% of the participants felt their input was considered. 69% of participants conveyed that they did not understand or agree on the plan. 7% could not remember their treatment plan and 3% of the participants stated they did not have a treatment plan.

Focus groups were also asked: "Was your input considered in the development of the plan". The following responses were received, 36% responded in a positive affirmation,

twelve percent (12%) of participants "Did not know." Of this response, five (5%) percent of participants agreed with the response, "I don't know what my treatment plan is. I can't remember, it all runs together and they give you so much to sign when you get here. I just know what our daily goals are." In addition, one percent (1%) added, "I didn't even get to read it. They just rush you to sign everything because there is so much paper

work to get through.” One percent (1%) stated, “I can’t remember. They said I had a bad attitude and anti-social behaviors. It has improved as much as I want it to.” One percent (1%) stated, “I’m not sure, I might have.”

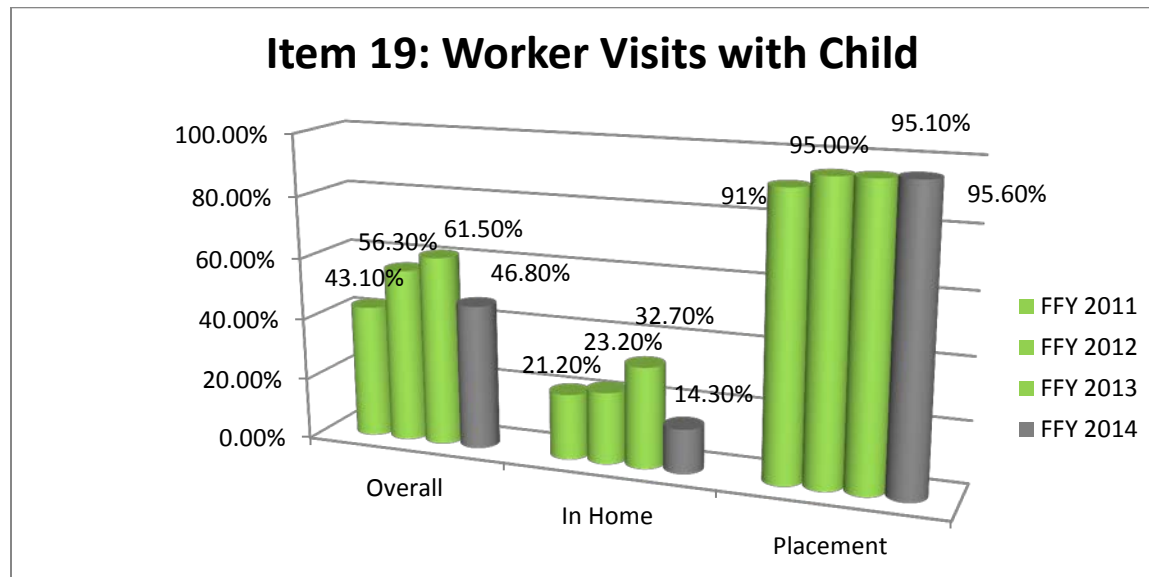
Focus groups were also asked “Has your outlook about yourself or situation changed since you came into the program”? 75% of the youth indicated yes.

Youth were asked follow-up questions to gain an understanding of what has helped change their outlook. Youth were asked what has helped change their outlook. Seventy-five percent (75%) of participants that stated, “Yes,” expressed by achieving their goals, receiving therapy and attending school helped improve their outlook in the major areas tabled below. Twenty-nine percent (29%) of participants agreed being away from their family, home and communities made them appreciate their family and being in the community. Twenty-two percent (22%) felt a lack of freedom gave them respect for their home life and the things they had that they took for granted.

Data may not be reflective of the larger sample; however, the data does indicate further exploration is needed to understand the youth’s treatment needs and means to improve on engaging the youth in the treatment planning process.

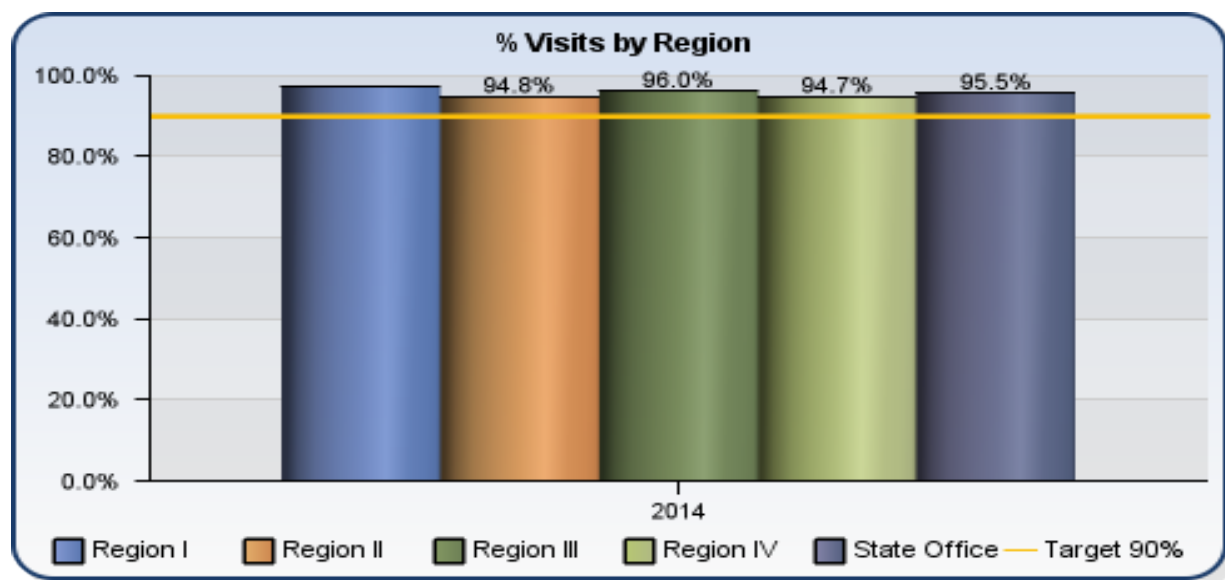
#### *Well-being 1: Workers visits with child*

Social service reviews also assess the caseworker visits with the child. Cases are reviewed to determine whether the frequency and quality of visits between caseworkers and the children in cases are sufficient to ensure the safety, permanency and wellbeing of the child and promote achievement of case goals. Case type is indicated by the placement of the child at the time of the review. In rating this measure, reviewers consider both the length of the visit and the location of the visit. Reviewers also consider whether the caseworker saw the child alone or whether the parent or foster parent was present. Reviewers must also consider the topics that were discussed during the visits to determine if the visit promoted the achievement of case goals. With the above mention contact characteristics in consideration, this measure is not congruent with COGNOS data that tracks only the frequency of visits.



As indicated there is a distinct gap in caseworker visits in non-placement cases. Data collected from the FFY 2014 review indicated that in only 14.30% of the non-placement cases the children were seen on a regular basis to monitor for their safety.

#### COGNOS Data Federal Fiscal Year 2014



Districts continue to monitor and track the intake portion of casework as the ongoing casework practice receives little attention. The monitoring of caseworker visits to

children in placement has greatly improved the practice of visits with children in placement settings; however, in-home cases have significant gaps in contacts. Services are referred into the homes without follow up to ensure efficiency and cooperation with services. Reviews continue to indicate that in some districts there has been no contact by Agency workers in open in-home cases after the completion of family functioning assessments or youth behavior evaluations.

During Contract Year 2013-2014, the Family Support Educator for APS Healthcare Inc. conducted eleven (11) Focus Groups with youth receiving Medically Necessary Services (MNS) for Behavioral Health Services.

The purpose of these focus groups is to provide youth who are receiving medically necessary behavioral health services in West Virginia the opportunity to candidly share their experiences and opinions. These groups are conducted on a regular basis in various regions across the state of West Virginia to gain insight regarding the utilization and impact of these services in the state. Each group may consist of youth receiving individualized and/ or group treatment in a residential facility and/or within the community.

This year seventy-three (73) youth receiving residential treatment participated. It should be noted youth were not limited to choosing a single response; therefore, a single participant may be represented in more than one response category. Percentages were rounded to the nearest whole number. In addition, DPQI conducted focus groups with parents, youth, and stakeholders during case reviews.

Youth that participated in the focus groups were asked “how often do you see your DHHR case worker?” Their response fell into four main categories: 43% of those reporting satisfaction with the frequency of worker visits; 18% felt they were not seen enough; 30% reported not seeing their workers; 4% had recently entered custody and did not have enough experience to answer the question.

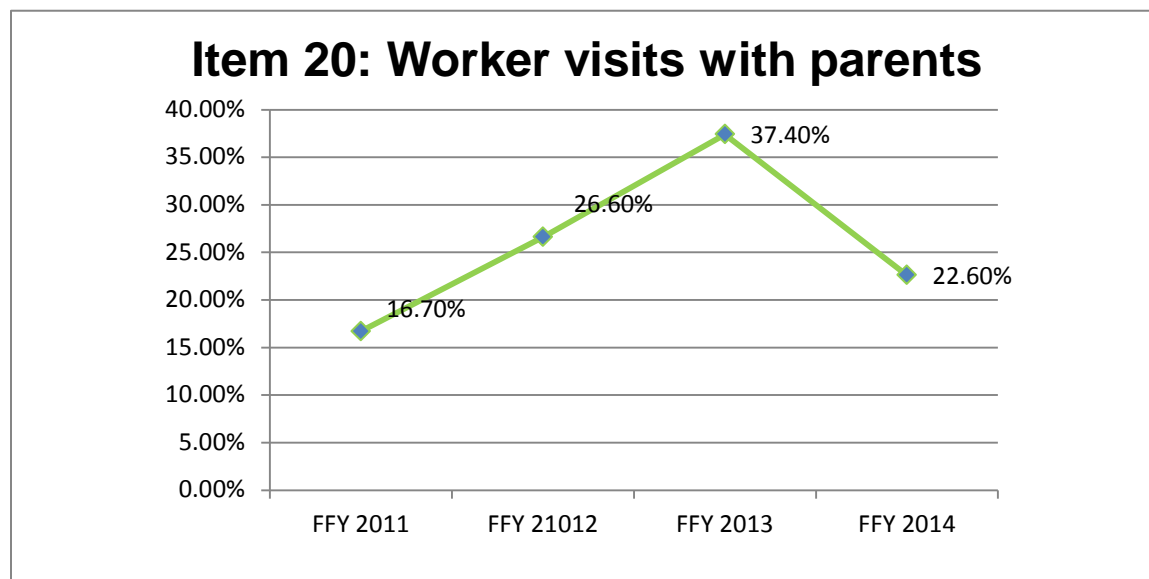
APS Healthcare also conducted focus groups with participants of service (youth and their families) and WV FAM members were asked to list their biggest concerns, of which most respondents replied “sibling separation.”

Data may not be reflective of the larger sample; however, the data does indicate further exploration is needed to understand the youth’s treatment needs.



### *Well-being 1: Worker Visits with parents*

Wellbeing Outcome 1 also assesses the case worker's visits with parents. Reviewers examine the visits that occurred during the 14 month period under review to determine whether or not the frequency and quality of visits between caseworkers and the mother and father(s) of the child(ren) are sufficient to ensure the safety, permanency, and wellbeing of the children and promote achievement of case goals. Reviews indicate a disturbingly low frequency of contact between caseworkers and parents.

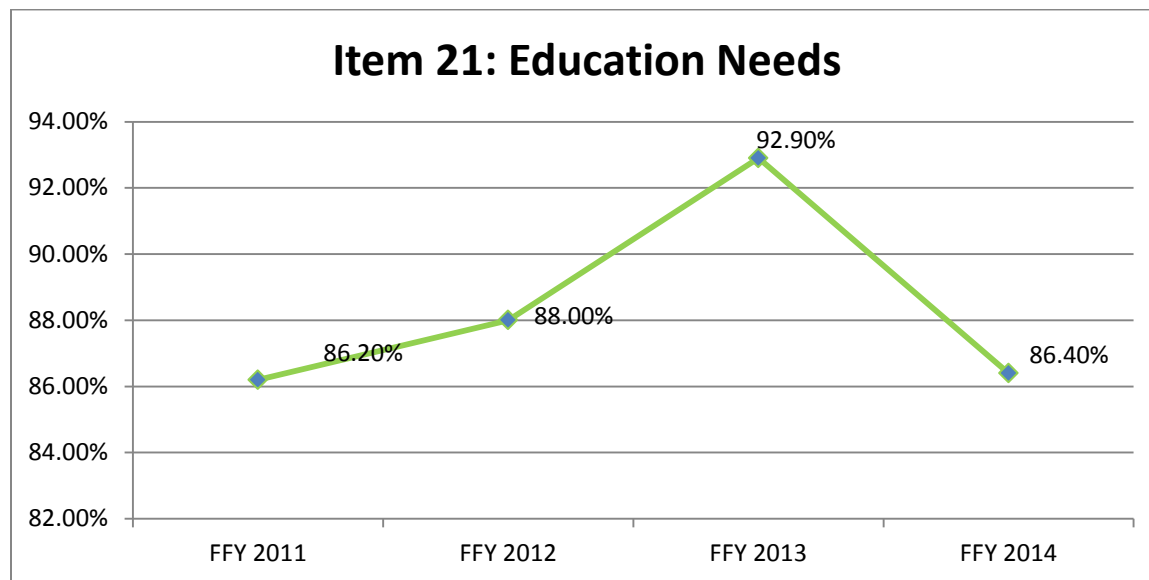


Reviews indicated a low level of contact with parents. Cases reviewed in FFY 2014 showed a decline in worker visits with parent. Data suggests that WV needs significant improvement in this area.

Reviews indicate a lack of contact with biological fathers. Other barriers to achieving this measurement are related to the lack of contacts in the home; and involvement with the parent only at MDT meetings and court hearings. The frequency of visits between workers and parents in the family home is not sufficient to engage the parent(s) in the provision of services and ensure behavioral changes are occurring in the home environment.

*Well-being Outcome 2: Children receive appropriate services to meet their educational needs*

Well-being Outcome 2 has only one indicator; it pertains to the agency's efforts to address and meet the educational needs of children in both placement and in-home cases. In FFY 2014, this measure was substantially achieved in 86.4% of the cases reviewed.



Case reviews indicate that workers are making efforts to assess children's educational needs. In Federal Fiscal Year 2014, 86.4% of the cases reviewed rated strength.

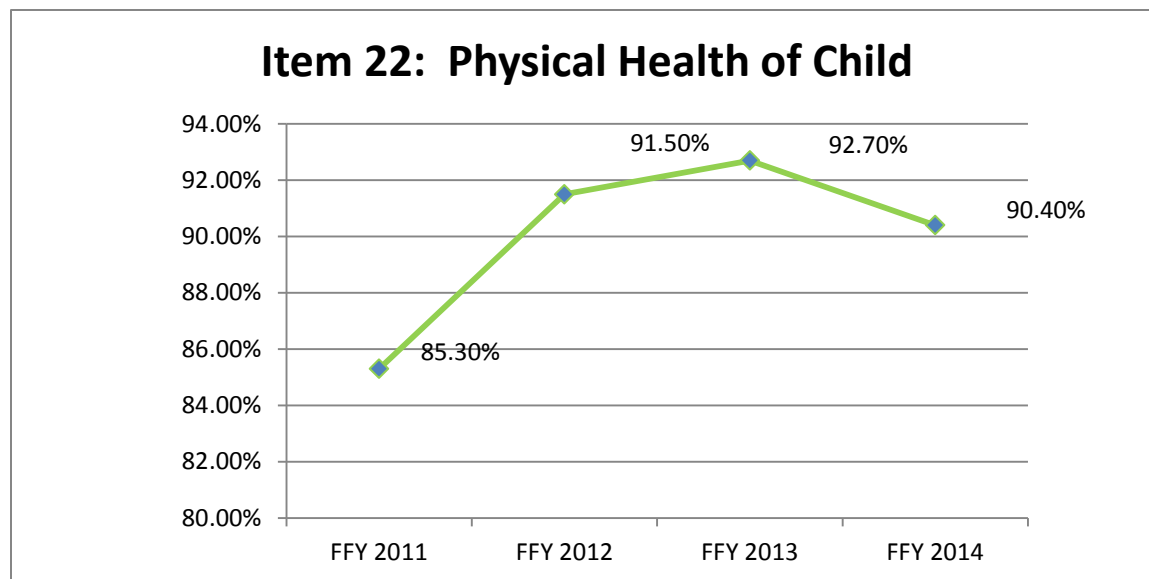
The decline is due to the lack of services to address the needs of children in non-placement cases. Educational issues that are identified are not being addressed. Case worker interviews indicate a lack of understanding of the Individual Education Plans (I.E.P.) process. Furthermore, case reviews indicate a lack of assessment in cases referred to the Agency for truancy. Truancy cases in some districts are seen as "monitoring only". The caseworker monitors whether or not the youth attends school; however, fails to assess the causational factors that lead to the youth's lack of attendance. Collaboration with schools varies across the Districts, as does the process for handling truancy related cases.

*Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.*

Well-being Outcome 3 incorporates two indicators that assess the child welfare agency's efforts to meet children's physical health needs and children's mental health needs. In FFY 2014, this measure was substantially achieved in 81.6% of the cases reviewed and partially achieved in 3.9% of the cases reviewed.

*Well-being Outcome 3: Children receive adequate services to meet their physical health needs.*

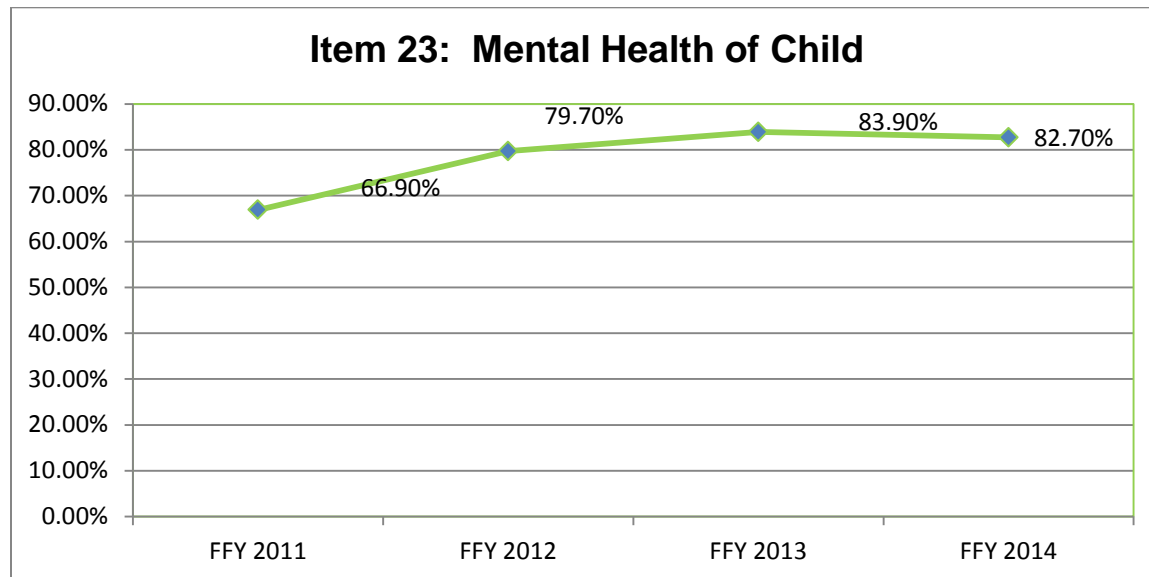
Cases are reviewed to determine if the Agency addressed the physical health needs of the child, including dental health. In-home cases are applicable to this measure if the health issues were relevant to the reason for the agency's involvement. All placement cases are reviewed for this measure.



During Federal Fiscal Year 2014, 86.3% of the cases applicable to this measure rated as a strength. 96.3% of the placement cases rated strength for this measure. The decline in this measure is related to the failure to address the child(ren) needs in in-home cases.

*Well-being Outcome 3: Children receive adequate services to meet their mental health needs.*

Cases are reviewed to determine if the Agency addressed the mental health needs of the child(ren).



Data indicates that the Agency maintained with a slight decline in the area of providing for the mental health needs of the child(ren). Data continues to indicate children in placement are more likely to have mental health assessments and services to address the identified need(s) of the child.

Children in residential placements have access to more mental health care services by the nature of the setting. Non-placement cases rated as strength less often due to several factors. Lack of transportation to mental health services is often a barrier in rural areas. Parents tend to fail to recognize the need for the treatment of mental health issues in child(ren). Districts continue to note that a lack of qualified providers and long waitlists as contributing factors to meeting the mental health needs of children.

Additionally, counseling services for children who have been sexually abused are not available in many areas. Districts also note a lack of programs and community support groups that can address issues related to addictions for both youth and parent(s).

In conclusion, the case review data from Federal Fiscal Year 2014 indicates West Virginia has made improvements in 4 of the 23 indicators based on the Child and Families Services reviews.

Based on Federal guidelines for achieving substantial conformity, West Virginia would not have met the 95% threshold for the seven performance outcomes.

**October 1 2013 - September 30 2014**  
**Cases Outcome or Performance Indicator**

**All**

	Outcome Ratings		
	Substantially Achieved	Partially Achieved	Not Achieved
<b>Outcome S1:</b> Children are, first and foremost, protected from abuse and neglect	52.2%	35.8%	11.9%
<b>Outcome S2:</b> Children are safely maintained in their homes whenever possible and appropriate.	31.5%	21.8%	46.8%
<b>Outcome P1:</b> Children have permanency and stability in their living situation	46.7%	52.0%	1.3%
<b>Outcome P2:</b> The continuity of family relationships and connections is preserved for children.	94.7%	5.3%	0.0%
<b>Outcome WB1:</b> Families have enhanced capacity to provide for their children's needs	42.7%	26.6%	30.6%
<b>Outcome WB2:</b> Children receive appropriate services to meet their educational needs.	86.4%	0.0%	13.6%
<b>Outcome WB3:</b> Children receive adequate services to meet their physical and mental health needs.	81.6%	3.9%	14.6%

## Information Systems

The system has employed several strategies as part of a larger data quality plan to address data quality within the SACWIS. Additionally Management Information Services has begun an awareness campaign by presenting specific data issues and common validation, verification approaches at the BCF statewide leadership conference.

### Specific Data Quality Management Actions

- Monitoring – FACTS uses data quality utilities to check the status of the AFCARS, NCANDS and NYTD data elements throughout the submission period. Email blasts are used to keep management informed when any particular measure is approaching the tolerance threshold. Monthly exception reports are produced showing Medicaid eligibilities that are approaching the age 21 cutoff, clients with invalid addresses and former foster care youths out of care with some period of extended eligibility remaining. Another example is a monthly

report that shows all children with an open removal episode and no documented placement.

- Profiling – WV DHHR has implemented a Master Client Index (MCI) in an attempt to better manage client identity attributes with an eye towards using the verified data to improve the data quality in FACTS and give a standard that could be used to improve the client duplication issue. FACTS has created numerous reports and dashboards that not only serve as compliance and outcome reporting but also can be used to identify data outliers such as the CPS response times, investigation timeframes, provider certifications, and payment reports. Detailed reporting is done on a monthly or quarterly basis to identify problem cases in the IV-E determination process, coupled with specific case information these reports are used by the eligibility and finance units to address exceptional cases that are many times data anomalies. An example would be a report that shows IV-E determinations that have changed unexpectedly during the monthly review. More time than not a worker has changed case data. The daily, monthly and quarterly client merge reports are another example.
- System Design - The system contains a multitude of edit masks, validation checks and logical cross edits that aim to prevent bad data from being entered. Examples include a phone number data field only accepts numbers, a DOB field must have a full date, a client indicated as a child cannot be over the age of 21, etc. These edits do prevent data from being in a wrong format and add a level of scrutiny against logical errors. When the new CPS assessment/investigation was implemented, validation routines were built into the closure process that required a supervisor to review missing data or failed cross edits before closure could occur. FACTS uses a third party address look up and validation tool called QAS that when invoked will only allow complete, valid and accurate addresses to be entered.
- Transformation – FACTS maintenance operations perform a number of data corrections through an established request process. Many of the requests are as a result of duplicated, merged or corrupted client identity attributes that the casework staff do not have the ability to fix themselves due to auditing or security level restrictions. The system has a formalized process of CPS/APS investigation corrections, where once a data issue has been discovered or upon supervisory or legal review the determination has been made by BCF management that the documentation must be changed, the system automatically keeps a backup of the original data and allows an override to make a change or enter new information.

- Data Governance – With the Master Data Management system now implemented DHHR leadership is building the capacity for data governance. A governance committee is being established at the cabinet secretary level to set rules, establish standards and address variances within the bureaus and for the benefit of the agency's data assets. As more systems are being brought into the enterprise data hub the more resources that are becoming available to survey data quality though the various data attributes of timeliness, accuracy, validity, completeness, conformity and integrity. FACTS is in the process of establishing a formalized change management process with BCF to help guide the decision making process and prioritization of any SACWIS development and maintenance activity. Within that construct a team of business and system personnel are charged with ensuring adherence to standards of practice including data management within the client records.

### **Case Review**

Currently, the West Virginia Department of Health and Human Resources relies on individual workers and their supervisors to track future hearing and reviews. The Court generally sets the next hearing at the conclusion of the current hearing. Workers then make note of the next hearing on their calendars. Most circuit courts also have a plan to track upcoming hearings and send a docket list to Department workers in advance of the week's hearings.

In anticipation of the implementation of Safe at Home WV, a committee was formed to develop a tool to assist workers with tracking various stages of case management when children were placed in out of home care. A draft Standard Operating Procedural guide was developed to aid supervisors in tracking court hearing and reviews. Tracking right to be heard for foster care providers will be added.

The SOP will establish a protocol for districts to ensure workers are prepared for court and that court orders and court related issues are responded to in a timely manner. The overall goal is to establish a protocol that will assure workers are prepared for court, the orders of the court are followed and completed and that supervisors are closely monitoring all court cases by reviewing the information, tracking the cases and attending hearings with staff as needed. The following information will be tracked:

- Assure proper review of recommendations made to the MDT and Court
- Assure supervisors are aware of the MDT recommendations prior to the worker going to Court and prior to any report going to the Court
- Assure all Court orders are reviewed by management in a timely manner

- Assure that DHHR's practice is in compliance with the Court's directives
- Allow proactive planning to correct deficiencies in practice and/or non-compliance with Court Orders
- Prevent Contempt and Show Cause Orders from being issued.
- Assure all contempt or Show Cause orders are immediately reported through the appropriate chain of command.
- To assure proper response or compliance to Show Cause or Contempt orders issued by the Court.

## **Training**

### **Training**

The BCF Division of Training (DOT) is responsible for the oversight, coordination, and delivery of training for BCF employees, including child welfare staff and foster parents statewide. This training consists of new worker training; professional development; supervisory and management training; and coordination of training for new, potential foster and adoptive parents. Goals for training are tied into the overall goals of the organization and include making continuous quality and process improvements to the training that is being provided. In addition, training activities are continuously being evaluated to ensure the transfer of learning and long-term retention and utilization of information, knowledge, and skills learned in training. A list of courses, course length, target audience and projected numbers of staff to be trained, and course syllabi (including all university trainings) are provided within the body of this section.

### **New Planned Activities**

#### **Child Fatality Review**

The Division of Training is developing a course on Child Fatality in an effort to help reduce the number of child fatalities in West Virginia. This course provides participants with statistical data on child fatalities in WV and identifies trends in child welfare practices; factors related to child deaths; best practice standards; working with vulnerable children; supervisory consultation; safety planning; information gathering; co-sleeping; and substance abuse related child fatalities.



### **Safe at Home Project**

The Division of Training will develop and implement training for Safe at Home initiative that will include training on wraparound values and principles, family and youth engagement and the WV CANS.

### **Updates on Training Objectives**

The BCF Division of Training continues to make steady progress towards meeting its training objectives outlined in the Child and Family Services Plan. Outstanding achievements include:

#### **I. Implement and maintain training related to the Child and Family Services Review/Program Improvement Plan**

The BCF Division of Training (DOT) provides program support for the West Virginia CFSR/Program Improvement Plan (PIP) through the completion of identified tasks and training-related activities included in the PIP.

For Goal 1, The Division of Training completed the statewide training of all CPS staff and supervisors in the documentation of the Protective Capacity Family Assessment in the SACWIS System and refresher training in Protective Capacity Family Assessment.

*The following two training goals are included in one narrative, since both initiatives represent new child welfare staff development.*

#### **II. Restructure Mandatory Pre-Service Training Package**

#### **III. Restructure In-Service Training to be Completed Within the New Worker's First Year**

The Pre-Service Child Welfare Training, Achieving Safety, Permanency and Wellbeing for West Virginia's Children has been restructured utilizing a blended learning approach that includes on-line training, classroom training and structured transfer of learning activities. The pre-service curriculum was restructured to emphasize the acquisition of the skills and knowledge necessary to practice effective child welfare casework. The revised curriculum continues to strive to ensure workers have the required knowledge and skills necessary to provide quality service and promote safety, permanency, and

wellbeing for children and families. In 2014, pre-service training was provided to 152 new child welfare workers across the state.

The pre-service training consists of two component sections: Foundations and Job Specific Training. Foundation training is the underpinning of the knowledge and skills needed by the child welfare worker. These are built upon in successive components. Portions of the content of the Foundations' component were adapted from the curricula "Charting the Course Towards Permanency for Children in Pennsylvania," developed by the Pennsylvania Child Welfare Training Program, University of Pennsylvania School of Social Work. Free use of this material is permitted for training and other educational purposes by public child welfare agencies and other not-for-profit child welfare agencies that properly attribute the material.

The second component of the New Worker Per-Service Training, Job Specific Training, provides four paths for new workers. The path the new worker follows is based on the worker's primary work assignment. This includes Child Protective Services, Youth Services, Homefinding, and Adoption. In the job specific training, the new worker is building on basic skills and knowledge introduced in the Foundations section of the training. Job specific training includes job specific procedures and policies required for the worker's position in child welfare. Systems and documentation training have been restructured to provide more individualized learning opportunities with the use of separate computer labs and desk guides to assist the worker with documentation.

Significant revisions have been made to the CPS and YS training tracks. Both are now set up to more closely follow the case work process and to be more experiential with additional classroom activities and participant involvement. This provides increased opportunity for skill building, practice, and feedback.

As part of the ongoing goal to provide effective knowledge based skill building training for all staff which promotes engagement with families and transfer of learning, the Homefinding Job specific training is being restructured to meet the current model of the pre-service training. The classroom training is being revised to provide more active learning opportunities for participants which are more skill based and experiential. Participants will be given greater opportunity to practice skills and receive feedback. Systems and documentation training will be held in computer labs and involve hands on practice.

This pre-service training for BCF child welfare staff is designed to provide participants with support and learning skills in the classroom while transferring those skills from the classroom to the job. The on-the-job training activities and skill building assignments are identified for both the new worker and the new worker's supervisor in the Transfer of Learning Notebook and the Supervisor Resource Guide, respectively. There are transfer of learning activities designed with adult learning styles in mind which are structured to assist participants in applying the knowledge and skills presented in the classroom to the field. Participants are encouraged to use the Self-Assessment tool provided to identify those skills and abilities in which they feel confident and those for which they require more training, assistance, or experience to fully develop.

New workers are encouraged to share this information with their supervisors. The Supervisor Resource Guide provided to all child welfare supervisors provides in-depth tools for the supervisor to use in coaching and effective utilization of skill-building assignments to promote transfer of learning.

#### **IV. Implement Child Welfare Supervisory Training**

The child welfare supervisory training developed by Colorado and available from the National Resource Center for Organizational Improvement is incorporated into BCF supervisory and management training. In total, 46 Child Welfare supervisors have completed supervisory training in FY 2014.

A multiple-level evaluation process will be incorporated to assess the efficacy of the training, including a Transfer of Learning component reflecting the restructured skills-based, pre-service child welfare training. Further, a Needs Assessment to identify topics for the professional development of tenured child welfare supervisory staff will be incorporated.

Family Functioning Supervisory Guide training will be incorporated into Child Protective Supervisory training. This training will provide CPS supervisors with the knowledge and skills to effectively consult with casework staff related to practice and decision making during the Family Functioning Assessment process. CPS supervisors will learn to help casework staff gather information; assess threats to child safety; promote proactive case consultation; delineate the fundamental supervisor responsibilities for facilitating effective casework practice and establish criteria-based supervisor consultation related to the FFA; and assure that FFA standards are achieved.

*The following three training goals are included in one narrative since they represent training initiatives with the partnership with the Social Work Education Consortium.*

**V. Partner with the Social Work Education Consortium**

**VI. Restructure Professional Development Training for Child Welfare Staff**

**VII. Provide Comprehensive Training to Foster Parents**

The partnership with the Social Work Education Consortium (SWEC) has continued to strengthen in: 1) the provision of training opportunities for new workers and tenured staff; 2) foster parent training; and 3) educationally preparing the workforce for working in public child welfare.

- The BCF continues to utilize its partnership with the Consortium in planning and implementing a number of continuing education opportunities for tenured workers. The development of these courses has been based upon a regional needs assessment process facilitated by the DOT regional trainers with regional management staff and supervisors. Regional training staff and the Title IV-E Training Coordinator continue to meet quarterly with the participating university in the region to discuss identified training needs, make recommendations for new class development, and to schedule the classes.

The Consortium continues to offer a variety of professional development trainings developed in response to needs identified in the regions or anticipating noted trends in practice. The SWEC continues to provide three training modules for new workers as part of the in-service component of their first year of training, which includes, Substance Abuse, Legal and Advanced Ethical Issues for Child Welfare, and PRIDE for New Workers.

- The West Virginia Social Work Education Consortium (SWEC) provides 27 hours of pre-service training (referred to as a round of training) to all departmental prospective adoptive and foster parents. Utilizing the PRIDE curriculum developed by the Child Welfare League of America, SWEC works with the regional homefinders to schedule pre-service training for foster/adoptive and kinship/relative parents in each region. Locations of training are prioritized based on need, but every effort is made to ensure the rural areas of the state have access to training as well. Each region utilizes quarterly meetings with the university in that region to identify training

needs, challenges and opportunities to ensure quality services are being provided to the foster/adoptive and kinship/relative parents.

Foster parents are also required to complete 12 hours of additional in-service training annually. This training is available statewide, as all schools offer in-service training to foster parents. These modules build upon the competencies of the pre-service modules. Department homefinding staff in the regions are active partners in topic selection, frequency, and location of course offerings.

The SWEC also continues to offer foster parent training on trauma as part of the in-service training component. Additionally, foster parents are given the opportunity to attend advanced in-service sessions, which vary from year-to-year, depending upon the needs identified by regional homefinding staff. Topics may include Advanced Discipline, Psychotropic Medications, Sexually Reactive Children, etc. Both in-service and advanced in-service training are offered in a group setting.

An online training calendar for both pre-service and in-service training is maintained on a website for foster parents maintained by Concord University ([www.wvfact.com](http://www.wvfact.com)). The training schedules are also on the Department's website as well.

- In order to enhance the social work workforce, SWEC recruits and provides educational stipends to qualified students who plan to work in public sector child welfare. These stipends are available for both undergraduate and graduate level course work. Two of the universities have developed a special Field Instruction manual for Departmental supervisors. Modeled along the lines of the Supervisor Resource Guide, it provides structured work activities for all field placement students placed in child welfare placements.

## **VIII. Expand Technology-Based Training**

Web-based training is a beneficial way to introduce staff to new concepts that can be reinforced in the classroom with skill-based training. The technology assistant is establishing a plan for regular, required maintenance and management of Blackboard and other online courses for the Division of Training. The courses will be maintained and managed when course alterations are received from appropriate persons that determine the requirement for updates and course renewals to optimize learning

through technology-based courses. The technology assistant is scheduled to complete required training to create and maintain a website and online calendar for the Division of Training and will post approved information to that site.

## **IX. Develop a Multiple Level Evaluation Process for Child Welfare Training**

Evaluation activities have been modestly expanded as part of ***Achieving Safety, Permanency and Wellbeing for WV's Children*** to assess the transfer of learning, to address long-term retention needs, and to reinforce practice skills acquired in training. Formative evaluation of the course content is ongoing.

Evaluation of transfer of learning has been delayed from what was originally anticipated, but is planned for the coming year as the Division prepares to assess trainee satisfaction and skill post-caseload acquisition (greater than six months after completion of training). The Division also plans to assess supervisor satisfaction with trainee transfer of learning and their satisfaction with the Supervisor Resource Guide.

### **Quality Assurance System**

West Virginia Department of Health and Human Resources Bureau for Children and Families (BCF) have a developed Quality Assurance System. The review system evaluates social services case activities and decisions in the following program areas:

- Intake Assessments
- Social Services case reviews (includes child protective services and youth services)
- Child Fatality reviews

The data from the review process is used to guide State planning and development efforts to improve the quality of services to children and families. The State utilizes the data from the social service reviews to develop and monitor items within the State's Child and Family Service Plan. The annual plan utilizes CFSR style case review data in conjunction with the State's data profile (contextual data report), and data from the State's COGNOS and "FREDI" systems in the development, planning and monitoring of CFSP goals and other Statewide Initiatives. Goals are modified based on the available data. Additionally, the social services case reviews track prevalence of substance abuse and domestic violence in the case review sampling for use in the development of services.

West Virginia has designated staff for the purpose of providing quality assurance. The Division of Planning and Quality Improvement is under the umbrella of the Office for Planning and Research and Evaluation. The Division of Planning and Quality Improvement includes a Director of Planning and Quality Improvement, three Program Managers, and nine reviewers (Health and Human Resource Specialists Senior).

**Social Services CFSR style reviews:**

The Division of Planning and Quality Improvement (DPQI) utilizes Child and Family Service (CFSR) style reviews to evaluate case practice with children and families. Utilizing the Federal Children and Family Services Review process allows for the continuous measurement of the State's performance in the areas of safety, permanency, and well-being.

The Division of Planning and Quality Improvement, Social Services Review Unit, completes biennial Child and Family Services Reviews (CFSR) style reviews for each of the West Virginia Department of Health and Human Resource's districts. The Division of Planning and Quality Improvement (DPQI) continues its efforts to further enhance the State's performance in the areas of safety, permanency, and well-being by utilizing the Federal Child and Family Services Review (CFSR) process as a model to measure and evaluate the State's performance for the above mentioned areas.

The CFSR review instrument (OSRI) is and will continue to be the unit's primary internal tool for evaluating the quality of service delivery to children and families. Each reviewed case must follow the guidelines established by the Federal Bureau for Children and Families.

The CFSR style review provides meaningful data to the districts to assist them in improving services to children and families. All cases reviewed are completed by pairs of reviewers, per federal guidelines. In addition to completing a review of the paper record and FACTS, client and stakeholder interviews are conducted for each case reviewed.

After completion of the CFSR style reviews, exit conferences are held at the district offices where DPQI Staff assist the district in interpreting the results of the review. At the exit conference, the data indicators, based on the 18 items reviewed, are discussed with the District. The District is also provided with a comparison chart from their prior review. At this time, an exit interview is conducted by DPQI staff with the District's Management staff. Following the exit with the District Management Team and DPQI staff, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the District for review and comments. Districts complete

a corrective action plan based on the identified areas needing improvement outlined in the exit summary. DPQI compiles the exit summary, data and corrective action plan for each district and distributes the findings to the District's Management staff, the Regional Program Manager, Regional Director, Director of Training, Policy Program Specialists and the Executive Team.

West Virginia's Division of Planning and Quality Improvement includes in their District exit summaries a means for the District's staff to outline the services commonly needed to address the needs of the person(s) being served. Additionally, Districts are asked to identify which services are not available or accessible. DPQI provides this information to the Director of Children and Adult Services and the Program Manager for Community Partnerships for the identification of service needs and development of services.

During the last fiscal year, WV requested the Administration for Children and Families (ACF) to provide technical assistance to assure that DPQI was applying the new instrument correctly. ACF along with JBS International Incorporated visited in April, 2015 and provided technical assistance. This assistance was very helpful and clarified many questions DPQI had concerning the instrument. WV will continue to rely on ACF for further clarification during the CFSR process. Additional technical assistance/consultation will be needed for the implementation of the revised statewide assessment process for CFSR round three. Technical assistance/consultation may be needed regarding the development of West Virginia's continuous quality improvement site on the JBS web based site.

Results of CFSR style case reviews are indicated below.

<b>Performance Indicator FFY 2013 - FFY 2014Comparison</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
<b>Item 1:</b> Timeliness of initiating investigations of reports of maltreatment	53.8%	53.7%
<b>Item 2:</b> Repeat maltreatment	94.2%	90.9%
<b>Item 3:</b> Services to family to protect child(ren) in home and prevent removal	69.2%	61.7%
<b>Item 4:</b> Risk of harm to child(ren)	50.0%	32.3%
<b>Item 5:</b> Foster care re-entries	93.7%	91.1%
<b>Item 6:</b> Stability of foster care placement	77.2%	74.7%
<b>Item 7:</b> Permanency goal for child	61.0%	64.9%
<b>Item 8:</b> Reunification, guardianship, or permanent placement with relatives	76.2%	69.7%



<b>Item 9:</b> Adoption	69.6%	82.9%
<b>Item 10:</b> Permanency goal of other planned permanent living arrangement	92.9%	66.7%
<b>Item 11:</b> Proximity of foster care placement	100.0%	98.5%
<b>Item 12:</b> Placement with siblings	98.2%	95.5%
<b>Item 13:</b> Visiting with parents and siblings in foster care	94.1%	94.4%
<b>Item 14:</b> Preserving connections	96.0%	97.3%
<b>Item 15:</b> Relative placement	94.9%	92.2%
<b>Item 16:</b> Relationship of child in care with parents	82.7%	82.8%
<b>Item 17A:</b> Needs and services of child	84.6%	69.4%
<b>Item 17B:</b> Needs and services of parents	69.0%	56.8%
<b>Item 17C:</b> Needs and services of foster parents	82.1%	81.6%
<b>Item 17:</b> Needs and services of child, parents, foster parents	61.5%	52.4%
<b>Item 18:</b> Child and family involvement in case planning	79.2%	67.5%
<b>Item 19:</b> Worker visits with child	61.5%	46.8%
<b>Item 20:</b> Worker visits with parents	37.4%	22.6%
<b>Item 21:</b> Educational needs of the child	92.9%	86.4%
<b>Item 22:</b> Physical health of the child	92.7%	90.4%
<b>Item 23:</b> Mental health of the child	83.9%	82.7%

BCF has established a separate internal child fatality review committee to review all child deaths due to child abuse and neglect and near child fatalities. Cases are reviewed by a member of DPQI in conjunction with representatives from Field and Policy. The results are reviewed by an internal review team for recommendations.

The objective is for the team to learn from these deaths in order to prevent similar deaths in the future. The team develops recommendations for modification of internal procedures, policies or programs of the Bureau for Children and Families; identifies programmatic or operational issues that point to the need for additional internal training or technical assistance; develops recommendations for external stakeholders to assist in the effort to reduce or eliminate future child fatalities through improved services to children and families; and identify community resources for children and families that are needed but are currently unavailable or inaccessible.

A comprehensive report is developed at the end of the Fiscal Year by BCF's Division of Research and Analysis and Division of Policy. The report is made available to the WV

Legislature and other stakeholders. The results of the reviews were utilized in the development of the CFSP, and monitoring through the APSR.

WV has established a centralized intake system. DPQI is responsible for the sampling and review of intake assessments. DPQI provides ongoing feedback to the Director of Centralized Intake and the Training staff assigned to the unit. The results of the intake assessment reviews are used to improve fidelity to the Safety Assessment and Management System and the uniformity in screening decisions. Currently, the Centralized Intake unit has established uniformity in its screening decisions and thus the acceptance rate is consistent Statewide.

West Virginia will be using COGNOS data. This is a developed, current report, real-time, already available. It measures number of hours to face-to-face contact with the identified victim.

The Statewide data, from case review and child fatality reviews indicated a need for improvement in the development of safety plans, as indicated in the CFSP. Data suggests a 7% improvement in the completion of safety plans from FFY 2013 to FFY 2014.

WV continues to utilize the COGNOS data to ensure continuous quality improvement related to the timely completion of Family Functioning Assessments, time to first contact, open referrals over 30 days, caseworker visits with children in placement, and NYTD.

WV has continued to utilize the Quality Councils as part of its CQI process. CQI is a management concept built upon employee empowerment which promotes increased efficiency, higher levels of professionalism, and enhanced job satisfaction. CQI is different from traditional quality assurance in that the focus is self-directed, self-determined change rather than change imposed by an external entity. To implement this process and provide a continuous information flow, the Bureau for Children and Families has established a statewide Quality Improvement Council system. This system consists of three council levels: Local, Regional and State.

The Local Level Quality Improvement Council (QIC) is used to improve processes and systems within the districts and to make recommendations for improvements to the Regional and Statewide Quality Improvement Councils. The Local (District) Level councils are comprised of representatives from Economic Services, WV Works, Adult Services, Children Services, Operations staff, and Administration. The program groups will be facilitated by the Regional Program Managers or a designated Community Service Manager. The Local Level QIC's utilize relevant data to make informed decisions regarding case practice. The Local Level QIC also reviews their District's

Program Improvement Plans (PIP) that was developed based on the findings of the District's Social Services review. Progress is reported to the council as well as barriers to achieving the goals of the plan. Improvements are measured based on relevant data such as COGNOS, FREDI, dashboards, and case review data. The results are documented on the program improvement plan quarterly summary and forwarded to DPQI and the Regional QIC.

The local councils also provide a means for the district to self-monitor the Quality Council Activity Summary and report on progress or adjust the plans to improve services to families and children. This allows the districts to focus on issues relevant to them while remaining focused on key national standards and measurements that impact the State as a whole.

During the last year, the Local and Regional Quality Councils have dealt with many issues. Many involved the flow of work, which were resolved at the lowest level. Each Council reviewed and monitored targeted data, identified by the DPQI reviews and COGNOS reports as areas needing improvement. At the local and regional level plans were put into place to improve the indicators of face to face contact with parents and time to first contact. As a result, there has been an improvement in the time to first contact and a slight increase in face to face contact with parents.

Issues which rose to the level of the State Quality Council in the past year tended to be more systemic. Examples of these issues are:

- Formatting of forms is too difficult and entering data is time consuming for workers. As a result, the State Team assigned a group to redesign forms so that entering data would be simplified.
- The length of time to get new staff hired is too long. As a result, the Commissioner worked with the Director of Personnel and staff to rectify the situation. The length of time was shortened.
- New worker training needs to be shortened. As a result, the new worker training was redeveloped to include more online training and on-the-job training with shadowing and mentoring.
- It is difficult to hire staff qualifying for Child Protective Services or Youth Services jobs due to the current law requiring a Social Work license. As a result, DHHR worked with the legislature to pass a bill this past session which would reinstate those who had previously had a temporary Social Work license and expand the field of candidates with qualifying degrees to obtain a temporary Social Work license. The intent of this legislation is to assist the Bureau in recruiting more staff and negate the problem of recurrent vacancies.

All of the Quality Councils at each level provide a feedback loop. Each Council is comprised of peer representation who then takes the information back to staff in each local site. At the Regional level, representatives from the local councils meet to discuss issues that have arisen from the local level which cannot be resolved there. Feedback is given to each staff member via minutes of the Council. The State level provides feedback to each Regional Director, who is a member of the State Council. Each is provided with a spreadsheet with the issues and results. This is shared with all staff. In addition, minutes of the meeting are provided to all staff.

West Virginia will continue to improve its already existing Continuous Quality Improvement Councils to include the use of a broader set of data including data from external sources.

West Virginia is in the process of developing a Web site to allow for data sharing with stakeholders.

West Virginia continues to improve its already existing CFSR style case reviews in preparation for round three of the CFSR. DPQI has developed a policy and procedures manual to ensure the case review process is accurate and consistent. DPQI has made revisions to the existing training manual to adhere to the requirements outlined for CFSR round three. DPQI with assistance from the Division of Training has established a training plan for new reviewers.

West Virginia has created a Data Subcommittee to review data and develop strategies related to the resolution of the data quality issues. The committee also identified other data needs for the improvement in case practice. Additionally, the committee has reviewed existing data sources to determine relevance and usefulness.

## **Goals for Improvement:**

### **Goal 1**

West Virginia will begin to incorporate a variety of sources of data, including input from partners/stakeholders to provide a complete picture and fuller understanding of trends and practices in the child welfare system.

## **Tasks:**

1. Data subcommittee will identify available external data sources and determines its application in the overall CQI process.

Measurement of completion for the utilization of stakeholder data will be documented in the Continuous Quality Improvement Council's minutes. This item will be completed by September 30, 2016.

2. Data subcommittee will develop a statewide communication plan for sharing and distribution of data for CQI processes. This item will be completed by September 30, 2016.
3. The Director of Planning and Quality Improvement will communicate with external stakeholders to begin to process of data sharing. This item will be completed September 30, 2017.
4. West Virginia will expand it focus groups to gain input from various stakeholders. Data from the Focus Groups will be incorporated into State's initiatives for improvements in child welfare. This item will be initiated by September 30, 2016.

## **Goal 2**

West Virginia will continue to improve its already existing Continuous Quality Improvement Councils to include a more comprehensive use of internal and external data to make improvement in child welfare practices.

### **Tasks:**

1. Local/District councils will report out the progress or changes to the DPQI CAPS. The Regional Continuous Quality Improvement Council will review Districts monitoring of CAPS, and provide the Districts with feedback to assistance them in improving child welfare practices. Quarterly updates will be provided to the Deputy Commissioner of Field Operations, Regional Director, Director of Social Services for Field Operation and the Director of Planning and Quality Improvement. This item will be initiated by September 30, 2016.
2. Improve utilization of ASO data in the make improvements in the interactions between Districts and service providers to enhance the quality of services to children and families, through the dissemination and analysis of ASO data to the District councils. The measure of completion will be the documentation of the utilization of the ASO data in the Quality Improvement Council minutes. This item will be initiated by September 30, 2017.

## **Service Array**

The Safe at Home Service Development Workgroup, the workgroup that is in the process of developing new services to support the Title IV-E demonstration project.

This workgroup has created two new services: **Peer Support** and **Youth Coaching**. These services are considered to be promising practices and are used across the country to support wraparound programs. Both utilize paraprofessional staff members who are employed and supervised by a behavioral health organization.

**Peer Support** is a service designed to help adults with addiction and/or mental/behavioral health disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice, with the least amount of ongoing professional intervention. Peer Support focuses on skill and resource development related to life in the community and to increasing the participant's ability to live as independently as possible, and to participate in community opportunities related to functional, social, educational and vocational goals.

The service is based on the principles of recovery, including equipping the client with skills, emphasizing self-determination, using natural and community supports, providing individualized intervention, emphasizing employment, emphasizing the "here and now", providing early intervention, providing a care environment, practicing dignity and respect, providing consumer choice and involvement in the process, emphasizing functioning and support in the real world and allowing time for interventions to work over the long-term.

**Youth Coaching** is a structured relationship or partnership that focuses on the needs of the identified youth. The purpose of youth coaching is to acquire new behaviors or skills, alter existing nonproductive skills and connect children with safe places and structured activities through encouragement, reinforcement, counseling and role modeling. Youth Coaching is a strength-based model that requires an outlined, well-defined plan with established goals and objectives. The Youth Coaching intervention is guided by many of the "evidence based essentials" identified and described Dr. Larry K. Brendtro, Martin L. Mitchell, EdD and Herman J. McCall, EdD, in their book titled Deep Brain Learning ®: evidence-based essentials in education, treatment, and youth development. Youth Coaching must focus on interpersonal skills, educational goals and self-management. A person who is not related to the family and is at least a paraprofessional provides mentoring. Youth Coaching may occur individually or in a dyad/triad when the identified children have similar needs. Youth Coaching will be guided by the youth's Asset Development Plan. This plan is approved by the Family Team, is individualized and will focus on building targeted assets specific to the youth's identified needs. These needs will be identified by WV CANS which will identify centerpiece strengths to build upon, as well as opportunities for strength development.

The Safe at Home Service Development Workgroup has also been charged with the redesign of the Bureau's current structure for providing Community-based Supportive

Services, currently known as Socially Necessary Services. The work of this team over the past year has involved the evaluation of current payment structures, service availability and provider accountability. Several recommendations have been approved by the Bureau's Executive Team, which include:

1. Structural changes to service categories: The service categories are now broken down into the four federally requires categories of Family Support, Family Preservation, Time-limited Reunification and Post-adoptive Services.
2. Development of Performance Measures for Each Service Category: The current compliance-based methodology of measuring provider performance will be changed to results-based accountability. This will enable the Bureau for Children and Families to begin gathering qualitative and quantitative data about the effect these services have on our families.

The performance measures for Family Support funds, which are allocated to grant-funded prevention programs, will be included in the statements of work for those organizations and are not part of the current structure for Socially Necessary Services. The performance measures for Family Preservation, Time-limited Reunification and Post-adoptive Services are as follows:

**a. Family Preservation**

**How much did we do?**

# of referrals received  
# of referrals accepted for service provision  
# of services delivered  
# of customers served

**How well did we do it?**

% of staff with required training and certification  
% of staff with tenure of two years or more  
% of families contacted within 24 hours of referral acceptance  
Staff/case ratio

**Is anyone better off?**

# and % of families who remained intact during service provision and at six-months follow-up;  
# and % of families served with no repeat maltreatment;  
# and % of youth served with no new incidences of status or criminal activity during services provision and six-months after returning home;

# and % of youth who enjoyed improved academic achievement;  
# and % of parents who express improved ability to provide care to their children;  
# and % of families and youth with improved ties to the community.

**b. Time-limited Reunification**

**How much did we do?**

# of referrals received  
# of referrals accepted for service provision  
# of services delivered  
# of customers served

**How well did we do it?**

% of staff with required training and certification  
% of staff with tenure of two years or more  
% of families contacted within 72 hours of referral acceptance  
Staff/case ratio

**Is anyone better off?**

# and % of families who were reunified within 12 months from service start date;  
# and % of children experiencing re-removal within six-months of returning home;  
# and % of youth served with no new incidences of status or criminal activity during service provision and six-months after returning home;  
# and % of youth who enjoyed improved academic achievement;  
# and % of parents who express improved ability to provide care to their children;  
# and % of families and youth with improved ties to the community.

**c. Post-adoptive Services**

**How much did we do?**

# of referrals received  
  
# of referrals accepted for service provision  
  
# of services delivered  
  
# of customers served



**How well did we do it?**

% of staff with required training and certification

% of staff with tenure of two years or more

% of families contacted within five days of referral acceptance

Staff/case ratio

**Is anyone better off?**

# and % of children participating in supportive services will maintain their adoptive placement in a safe, family environment ;

# and % of adoptive families that have connected with and maintained community resources and support;

# and % of adoptive families participating in recommended supportive services ;

# and % of adoptive parents who express improved ability to provide care to their adopted children.

3. Restructuring of payment methodology: Currently, Socially Necessary Services utilizes a fee for service-based reimbursement process. The workgroup recommends that that instead of payment for each individual service on a unit-by-unit basis, case rates be established for each service category. The family would be referred for services under one of the service categories and the provider agency would assign an array of services to meet the specific needs of each member. The case rate would be based on the intensity of each case type. For example, Family Preservation would be paid a higher case rate (due to intensity of need when families are experiencing crises and efforts are being made to keep children in the home) than time-limited reunification, where children may be out-of-the home and the service provision would entail supervised visitations to reintegrate the family. Several of the current services that are paid individually, such as transportation, will be factored into the case rates and will no longer be considered a separate service.

### **Agency Responsiveness to the Community**

#### **Family Resource Networks, Community Collaborative Groups and Summits**

The Family Resource Networks (FRNs) are organizations that understand and are responsive to the needs and opportunities in West Virginia (WV) communities. Partnering with citizens and local organizations, the FRNs develop, coordinate, and administer innovative projects and provide needed resources. FRNs provide indirect services, including managing, supervising, and coordinating a variety of programs and initiatives in their respective community. They also provide services to those dealing directly with children and families, specifically organizations and groups.

The FRNs Service Agreement include attending and participating in the (multi-county) Community Collaborative and Regional Summits to identify existing services and service gaps in the community.

The FRNs, who have a larger focus of what is needed in their communities, will assist the Community Collaborative Groups in tracking service needs and when those services are not available.

Community Collaborative Groups play a key role in the Safe at Home West Virginia (Title IV-E demonstration project). The Safe at Home WV will include “wrapping” services in the community around the child and family. This wrap around model is intended to prevent removal or reduce the length of time a child spends in out-of-home care (residential care).

Community Collaborative Groups (along with representation of the FRNs) will identify community based services and, if needed, developing services based on the needs of the children and families in their community. When a need is identified, the Community Collaborative will first seek to meet that need within their community and in partnership with community providers and service agencies. If a service or group of services is not available to meet the identified need, the Collaborative group is expected to forward the request to the Regional Summit to identify any resources in the area that lie outside the Community Collaborative Group’s scope. If, after collaborating with the Regional Summit, a true gap in services is identified, the Regional Summit will communicate that need to the BCF Statewide Coordinator who will present the need to the Safe at Home West Virginia Advisory Team.

Communication is essential for service identification and development. When a Community Collaborative communicates a service gap to the Regional Summit, the needed service should be accompanied by a brief summary of the situation and need

the service is trying to fill. Likewise, if the gap cannot be filled at the Regional level, the Regional Summit will also be expected to provide this information when sending the request to the Safe at Home Advisory Team. This will communicate a clear understanding of the service gap and allow for consideration of different solutions. Family Resource Network members will attend, participate and provide support both the Community Collaborative Groups and Regional Summits.

From October 2013 through September 2014

A Service Delivery Coordinator with DHHR was hired to provide technical assistance for Community Collaborative Groups. Technical assistance can include data sharing with the Community Collaborative Groups on the identified needs and characteristics of the children from their community placed in care. The Coordinator will also assist with the statewide Community Collaborative meetings and foster relationships between providers and the Bureau for Children and Families staff.

Resource Development and Capacity Plans are being completed by the Community Collaborative Groups and submitted semi-annually (July and January) to the BCF Statewide Coordinator. This report will track the strategies, actions and challenges the Community Collaborative Groups are following.

The Safe at Home West Virginia (Title IV-E Waiver) will support the provision of a full continuum of supports to strengthen West Virginia children and families. Identifying and building community based services, focused on reducing youth currently in congregate care and those children at risk of going into out of home care so that they can safely remain in their home community.

In June 2014, the WV Department of Health and Human Resources, Bureau for Children and Families provided a quality improvement survey to those involved with the FRNs. The purpose of the survey was to examine the FRN within the community, analyze their ability to work cooperatively with other organizations and assess their knowledge of available community resources and their ability to access those resources.

A statewide Community Collaborative meeting was held on December 17, 2014 to discuss Safe at Home West Virginia, the goals of the Child Family Services Plan, using the Child Adolescent Needs & Strengths (CANS) to identify gaps and needed services that will build on the child's strengths and needs. This meeting was attended by Community Collaborative members, Family Resource Network Directors, DHHR Managers (local and statewide), Bureau for Health and Health Facilities staff, and service providers.

New View report – The draft of the New View Report is being reviewed and is expected to be finalized by the Court Improvement Program (CIP) Board on November 6, 2015.

### **Foster and Adoptive Parent Licensing/Recruitment**

With Safe At Home West Virginia starting in October, the West Virginia Department of Health and Human Resources has been looking at caseloads across the state, as well as the number of inquiries that each region is receiving in regards to individuals interested in becoming foster care providers. Due to the volume of both, as well as the increased focus on kinship/relative care providers, the Department has determined that it does not have the number of staff required to adequately handle foster care inquiries without additional positions being granted. The Commissioner has asked for an increase in Homefinding Specialist positions, but was denied that request. Therefore, the Department has decided that potential foster care providers will be referred to private foster care agencies for certification.

At this time, the Department is referring all new inquiries to become foster parents to Mission WV to be sent to the private sector. The Department will, however, continue to work with new and existing kinship/relative provider homes. When an individual contacts the Department to show interest in possibly becoming a certified provider, the Department employee who receives the inquiry will provide the caller with the contact information for Mission West Virginia, informing them that they need to call Mission West Virginia for further assistance. Mission West Virginia will then send out an inquiry packet to the caller with information on all of the private foster care agencies, and will also continue to follow up with the caller to help them through the process of deciding which agency will best meet their needs.

The Department currently has 1,338 inquiries to provide foster care that have not been addressed.

## **3. Update to the Plan for Improvement and Progress Made to Improve Outcomes**

### **Revision to Goals, Objectives and Interventions**

#### ***Goal 1: West Virginia's children will be safe.***

1.1 Improve the time to initial face-to-face contact with families when a Child Protective Services referral is accepted by July 2015.

### Based on West Virginia's Context Data Report

	2011	2012
<b>Mean</b>	356.9	395.9
<b>Median</b>	>48 but <72	>72 but <96

West Virginia will be using COGNOS to monitor the rate of face-to-face contact with children in care. COGNOS data includes the entire foster care universe as opposed to a sample and is real-time data.

#### Rationale

Based on the Child Data Profile, West Virginia recognizes the need for improvement in response time to initiate the Family Functioning Assessment for abuse and neglect cases. Faster response times will improve West Virginia's ability to ensure safety.

#### Measurement Plan:

West Virginia will reduce the mean rate for response time as indicated on West Virginia's Data Context report to monitor progress for the goal 1.1.

West Virginia's current baseline measurement indicates the mean rate for response time as 395.9 hours based on the NCANDS data for 2012.

#### Benchmarks:

##### Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>2012</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
395.9 hrs.	335.9 hrs.	273.9 hrs.	215.9 hrs.	155.9 hrs.	95.6 hrs.

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Updated:

Baseline	Data	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
2012	2013	2014	2015	2016	2017	2018	2019
235.2	283.9	97.2	52.4	45	35	25	24

Again, West Virginia will be using COGNOS data. This is a developed, current report, real-time, already available. It measures percentage of cases, with face-to-face contact with the identified victim within the specified response time. West Virginia will increase its percentages by 5% each of the next four years.

### Tasks

- Improve the time to initial face-to-face contact with families when a Child Protective Services referral is accepted by July 2015.
- The Field Operations Management Team will monitor COGNOS monthly for real time reports of response times on accepted referrals by October 2014.
- Develop and immediately implement district-specific plans for improvement when deficiencies are identified to assure that abuse and neglect assessments are initiated on time beginning December 2014.
- Develop a methodology to distinguish between actual missed face-to-face contacts and attempted contacts by tracking through case reviews by October 2014. Current case review data will now include attempted contacts evidenced by diligent efforts as defined in policy.
- Analysis of FACTS data to determine the causation factors for median time to first contact by Sept., 2015. Develop plan to address causational factors based on the data analysis by *October 1, 2015*.
- Complete research to determine if WV's interpretation of incomplete assessments and blatantly false reports is consistent with NCANDS definitions.

### Updates

CSMs will review COGNOS reports concerning response times for referrals. Supervisors will track contacts on each referral to ensure timely response times.

1.2 Decrease the number of children who die as a result of abuse and neglect that are known to the Department by October 2017.



### Rationale

West Virginia has established an Internal Child Fatality Review committee to review all critical incidents. The committee notes a sharp incline in the number of deaths as the result of child abuse and neglect. The above data is based on the NCANDS submissions for FFYs 2008 to 2012. Data for FFY 2013 is based on the internal team review of critical incident reports from Oct 1, 2012 to June, 2013.

Between October 1, 2013 and July 30, 2014, 14 children in West Virginia died as a result of abuse and neglect. Of these 14 children, eight children were known to the child welfare system. In addition we have identified that safety planning and review is only being done on a statewide level approximately 30% of the time.

West Virginia determined through the review process that safety planning did not always prevent child fatalities. Analysis of identified trends in child fatality cases known to the Department determined a need for further training, such as the effects of drugs on the safety of children and more effective Family Functioning Assessments.

### Measurement Plan:

West Virginia will utilize the review of critical incidents to determine the rate of child fatalities when the child(ren) was known to the child welfare system.

West Virginia's current baseline measure indicates between October 1, 2013 and July 30, 2014, 14 children in West Virginia died as a result of abuse and neglect. Of these 14 children, eight children were known to the child welfare system. Before the end of the FFY 2014 there were three additional child fatalities in the state.

### Benchmarks:

**Reduction in Child Fatalities** (Data will be measured from Intake Critical Incident COGNOS report)

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>Partial FFY 2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
14	0	0	0	0	0

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
14	17	0	0	0	0	0

**Tasks**

- Review all child fatalities and critical incidents at least quarterly through the BCF Child Fatality Review panel beginning October 2014. Division of Planning and Quality Improvement will complete quarterly reports on the review of all critical incident received within the quarter. Reports will be provided to the BCF Internal Review Team at quarterly review meeting. Quarterly data on child fatalities will be tracked by the Office of Planning, Research and Evaluation.
- Compile and analyze identified trends of fatalities known to the Department each year beginning October 2014.
- Develop and implement plans to address current trends related to children known to the Department by March of each year.
- Develop and implement training for all Child Welfare staff that will focus on the current trends in child fatalities and will be updated quarterly with the analysis of the reviews by the fall of 2015.
- Increase the percentage of CPS cases with current safety plans by April 2016.

**Updates**



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West Virginia continues to review all child fatalities and critical incidents on a quarterly basis. Reviews of all fatalities are presented to the Internal Child Fatality Review Team. The CPS Policy Specialist track the finding of all the cases reviewed. The Internal Team makes continuous quality improvements based on the reviews. The Team also compiles all the data for determination of case trends and the development of annual plans to address issues. The annual plan for 2014 is listed below.

West Virginia has developed training to educate workers in the investigative process for cases in which there is a child fatality. Implementation of the training is projected to begin in the fall of 2015. Additionally, West Virginia has issued a memorandum to all staff addressing the importance of education of safe sleep issues. All offices received flyers outlining infant sleeping practices that cause concerns and appropriate safe sleep alternatives. Per directive of BCF Commissioner, all programs under the umbrella of BCF are expected to identify and address families that may have safe sleep issues with infants.

Under the direction of the HHR Office Director of Social Service Programs, Child Welfare Consultants have begun attending unit meetings to provide case consultation on Safety plans. Regions 2 and 4 have begun this process across their respective Regions. Regions 1 and 3 are anticipated to phase this process into their consultation model by December 2015.

Benchmarks:

**Increase in completion of Safety Plans** (Data will be measured through FREDI report CPS5170)

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
Point in time 2014	2015	2016	2017	2018	2019
30%	60%	70%	80%	90%	100%

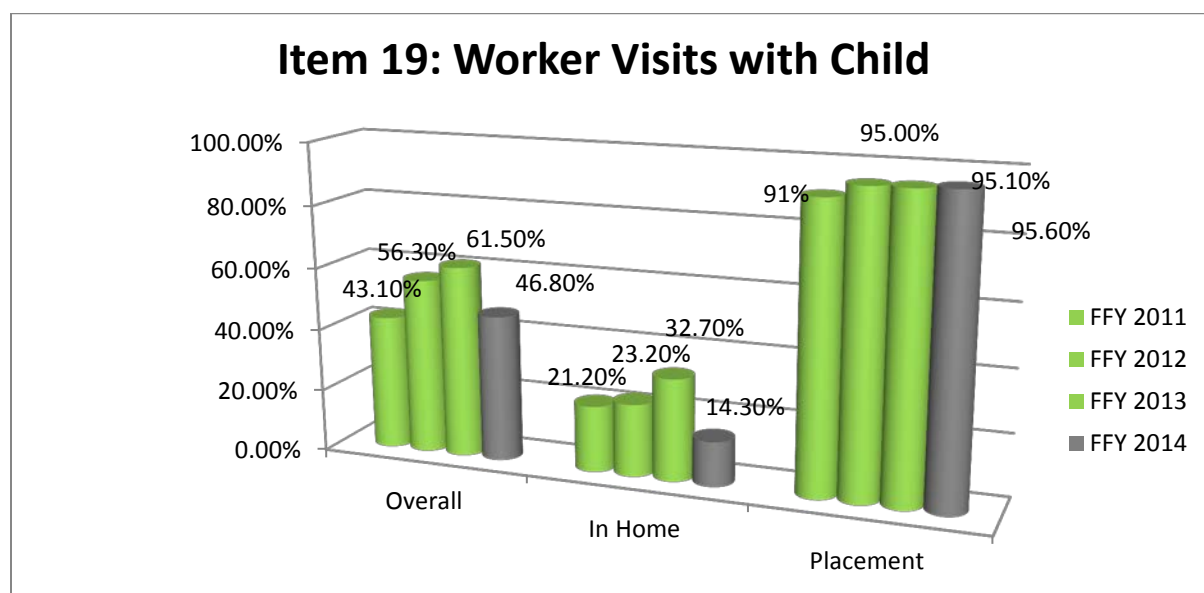
Update:

Baseline	Data	Targeted	Targeted	Targeted	Targeted	Targeted
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		Goal	Goal	Goal	Goal	Goal
Point in time 2014	As of 3/31/15	2015	2016	2017	2018	2019
30%	37%	60%	70%	80%	90%	100%

Increase the percentage of CPS cases with current safety plans by April 2016.

1.3 Improve safety of in-home cases by increasing caseworker involvement with the family by October 2019.



**Rationale:**

West Virginia case review data indicate a low rate of contact with children and families with open child welfare non-placement cases. By increasing caseworker involvement with these families, outcomes will be improved.

**Measurement Plan:**

West Virginia will utilize the Child and Family Service style case reviews to monitor the increase in the caseworker involvement with the family. 2014 Child and Family Review instrument will be utilized for ongoing measurement. Applicable item numbers 14 and 15.

Baseline measurement indicates 32.7% of in home case were rated as a strength for case worker visits with child(dren) in non-placement cases reviewed in Federal Fiscal Year 2013. Baseline measurement indicates 37.4 % of all case (placement and non-placement) rated as strength for worker visits with parents in Federal Fiscal Year 2013. \*2008 CFSR instrument utilized for case review data.

Benchmarks:

**Increase in worker visits with child (non-placement case)**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
32.7%	-	-	-	50%	60%

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
32.7%	14.3%	-	-	-	50%	60%

\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.

Tasks

- Improve the quality and quantity of caseworker visits as evidenced by results of case review process and FREDI reports by July 2015.
- Develop and implement a tool for caseworkers to identify what a quality visit looks like by July 2015.

- Develop a mechanism on the Dashboard for tracking face-to-face contact with non-placement cases by September 30, 2016.

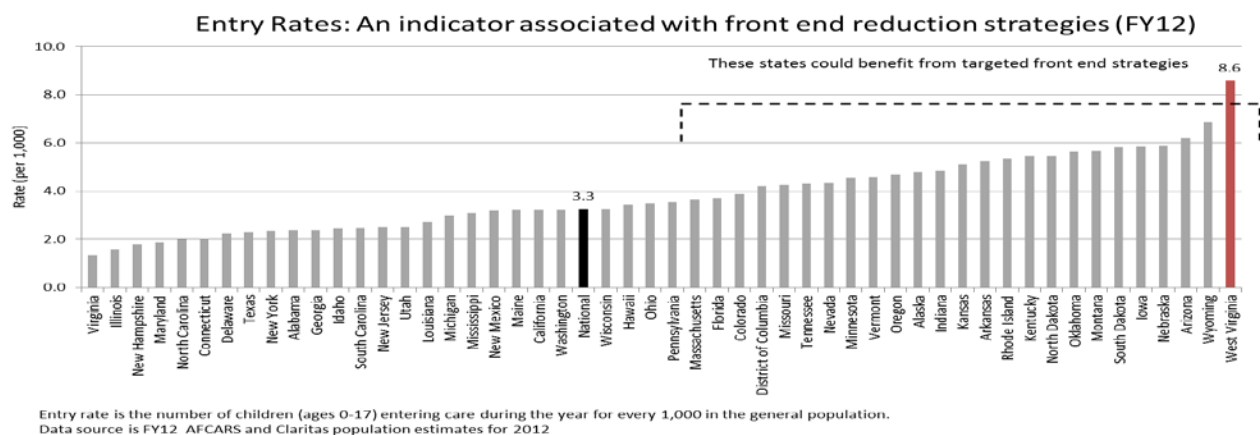
## Updates

Regional staff will work with the Field to ensure families are seen on a regular basis and continued safety evaluations occur every ninety days per policy.

In anticipation of the CFSR, a group has been developed to revise a Meaningful Contact Guide for workers to improve the quality of caseworker visits. This group has been established, however, the anticipated completion date will be revised by January 2016.

The BCF Data Committee has requested FACTS to develop a dashboard for tracking face-to-face contact with non-placement cases by September 30, 2016.

1.4 Increase the percent of children who can be safely maintained at home by October 2019.



## Rationale

West Virginia has the highest entry rate per capita of children entering care in the United States. West Virginia recognizes the need to safely reduce the number of children entering care. Upon analysis of the case review data, West Virginia has determined the need for improvement in the development and implementation of safety plans with families.

## Measurement Plan:

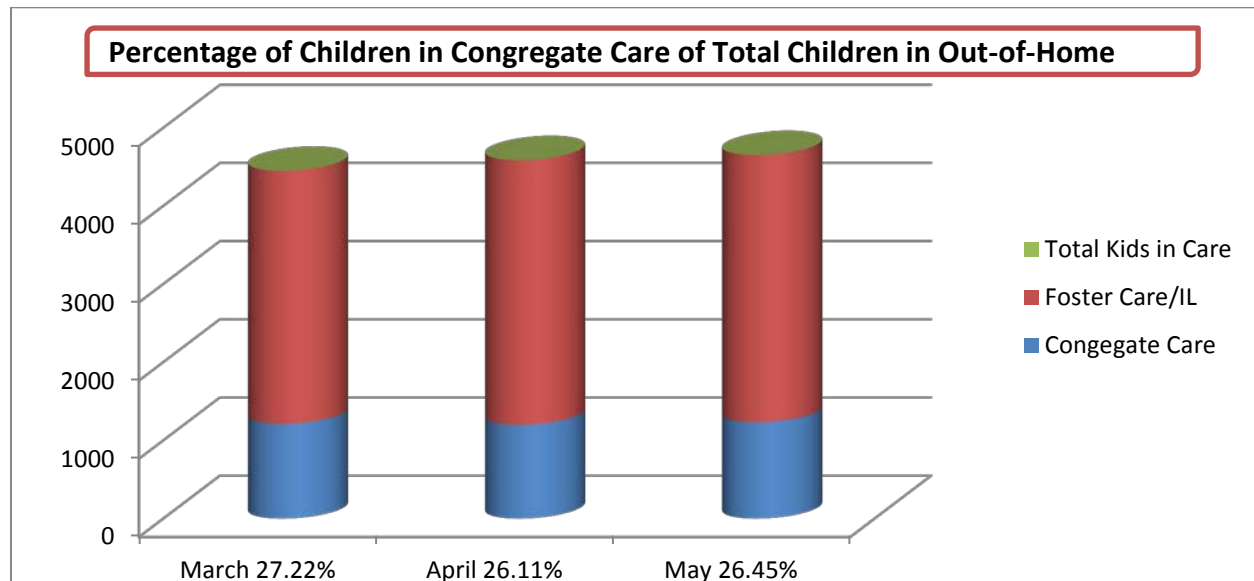
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West Virginia will measure the reduction in the percentage of children in congregant care through FREDI report. Baseline measurement indicated by FREDI reports 4,818 total children in care as of March 31, 2014. Of those, 29.16% were in congregant care.

	<b><i>Baseline</i></b>	<b><i>Data</i></b>	<b><i>Data</i></b>	<b><i>Targeted Goal</i></b>	<b><i>Targeted Goal</i></b>	<b><i>Targeted Goal</i></b>	<b><i>Targeted Goal</i></b>	<b><i>Targeted Goal</i></b>
<b>Year</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Total	4856	4971	4818	4449				
Congregant	1438	1422	1405	1212				
Percentage	29.61%	28.61%	29.16%	27.24%	25%	20%	15%	10%

Updated Benchmarks:

Data is pulled from Children in Placement Report as of 3/31 each year.



Data is pulled from FREDI as of the last day of each calendar month

### Tasks

- Develop a method in FACTS to better distinguish the reason for entry, including children entering care for Truancy, by October 2017.
- Develop a plan based on the point in time data by July 2018.
- In preparation for Safe At Home West Virginia, training will be rolled out in the pilot counties in regards to more proficient safety planning in conjunction with the implementation. The training will then go state-wide as the program extends to other counties.
- Develop a plan for re-educating Supervisors in Safety Planning Coaching with emphasis on appropriate use of both formal and informal providers to control safety in cases with domestic violence and substance abuse by January 2017.
- Training will be completed for all CPS staff and supervisors by January 2016.
- Monitor the improvement in the quantity of safety planning through the *Child Welfare Oversight Committee* beginning January 2016.

### Updates

- August 27, 2014: Sample of cases was finalized. Sample included 200 cases, 160 CPS, 40 YS.
- September 4, 2014: Final version of case review form was completed.
- October 2014: Final version of the desk guide for case review was completed.
- November 12, 2014: Training for case reviews.

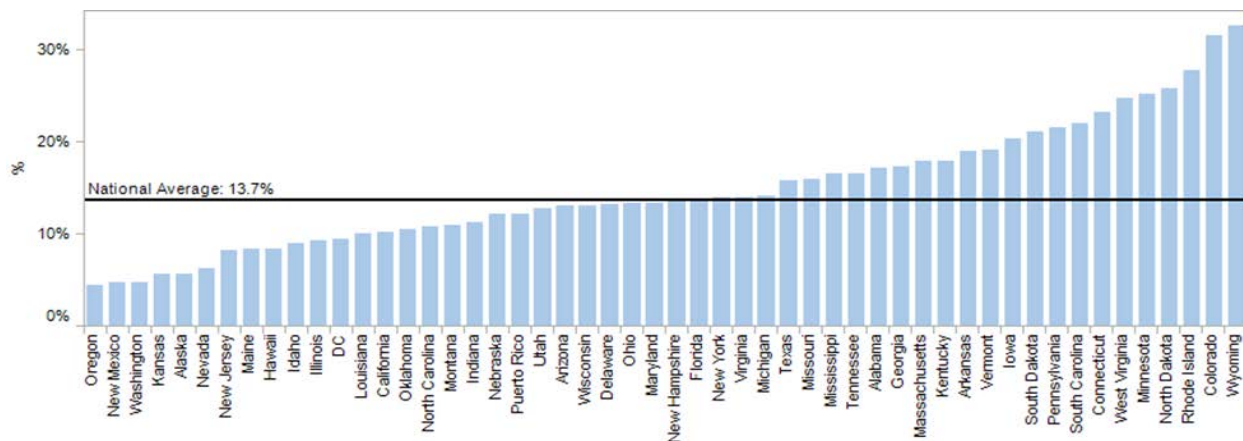
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- November 15, 2014 through February 20, 2015: Case reviews were conducted
- May 4, 2015: Data results from the reviews were compiled.

The Removal Review Teams were established in July 2014 to determine the reason that West Virginia had the highest out of-home rate. The Removal Review team sampled 200 cases for review. A case review form and desk guide was developed for the reviews, and staff conducting the reviews were trained in November 2014. Between November 2014 and February 2015 the case reviews were completed and the data is being compiled. The next step is to complete the initial identification of data by October 2015.

The reviewers submitted information collected from January 2015 through April 2015. Of the 200 cases randomly picked 134 actually had reviews completed by the time of the data summary. This resulted in 67% of the total cases being reviewed. We are currently in the process of analyzing the data and determining next steps.

1.5 Reduce the percentage of children in congregate care through the Safe at Home WV Project by October 2019.



## Rationale

West Virginia's data indicate that a large portion of youths in out-of-home placements are in congregate care, ranking in the top six in the country. West Virginia data indicates that 61% of youth ages 12-17 who were in care on September 30, 2013, were in congregate care. This is an increase from the proportion in group care in FY12, and is considerably higher than the national indicator.

## Tasks

1.5.1. The West Virginia Department of Health and Human Resources has submitted a IV-E Demonstration Waiver application due to our high percentage of children in congregate care. Our goal is to develop a trauma-informed and evidence-informed Wrap-around model based on the national Wrap-around initiative. As a result we will increase the available services to our families and youth within their communities, both formal and informal. Through this we will increase the number of families and youth served within their communities (reference service array section for plan). If the waiver is received, implement the plan according to the timeframes in the waiver.

#### Update

IV-E waiver has been approved. Measurement and benchmarks are to be established through IV-E demonstration project. Implementation begins October 1, 2015. See IDIR for more details.

### *Goal 2: West Virginia's children will achieve permanency timely.*

2.1. Improve timeliness to permanency by more timely and effective use of family assessment and case planning by December 2017.

#### Rationale

One of the key indicators of how well districts perform on the Child and Family Services case review process is the staffing pattern of the district. Districts that experience a staffing shortage due to staff turnover, rate significantly lower on all measures. All of the districts reviewed in Federal Fiscal Year 2014, indicated significant staffing issues at the time of the exit as a factor contributing to the area needing improving.

Overall measurements indicate case planning in occurring in 79.20% of the cases. The cases reviews indicate that this measure is being achieved in placement cases with court oversight and the case planning process is governed by court involvement. When interviewed parents and youth indicate they feel they have had involvement in their case plan; however, data suggests that non placement cases without court oversight do not. Data also indicates although the planning and development of the case plan may involve the youth and family there appears to be a breakdown in the implementation and engagement of families after the development of the case goals, as indicated in the frequency of caseworker visits with non-placement youth and parents.



WV recognizes the importance of family engagement to achieve the permanency goal of reunification, or to identify the necessity of moving on to a different permanency goal. 2008 CFSR indicated parent contact as an area needing improvement, and WV developed a PIP to address the areas needing improvement. PIP strategies included the implementation of PCFA as a model for improving family engagement in CPS cases. WV met its negotiated PIP improvement goal at 16.60% of cases reviewed showed parent contact as strength. WV implemented the PCFA process statewide; however, current case reviews indicate a lack of consistent use and family engagement in case planning, demonstrating the need for WV to refocus on the implementation of the PCFA process.

#### Measurement Plan:

West Virginia will utilize the Child and Family Service style case reviews to monitor the improvement in time to permanency. 2014 Child and Family Review instrument will be utilized for ongoing measurement. Permanency Outcome 1, 2, and Wellbeing Outcome1 will be used to monitor improvements.

Baseline measurement indicates Permanency Outcome 1 was achieved in 50.5 % of the cases reviewed. Permanency Outcome 2 was achieved in 94.1% of the cases reviewed. Wellbeing Outcome 1 was achieved in 51.9 % of the cases reviewed.

*\*\*\*Baseline measurement indicates all case (placement and non-placement) rated as strength in Federal Fiscal Year 2013. \*2008 CFSR instrument utilized for case review data.*

#### Benchmarks:

#### **Permanency Outcome 1**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
50.5 %			-	60%	65%

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Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
50.5 %	52.0%			-	60%	65%

\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.

Benchmarks:

**Permanency Outcome 2**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
94.1%	-	-	-	95%	97%

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
94.1%	91.1%	-	-	-	95%	97%

\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.

Benchmarks:

## **Wellbeing Outcome 1**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
51.9%	-	-	-	50%	60%

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
51.9%	42.6%	-	-	-	50%	60%

**\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.**

### **Tasks**

- Identify districts that are successfully utilizing the Protective Capacities Family Assessment (PCFA), analyze why they are successful, and identify the barriers. Develop a plan to improve performance and address barriers in other districts based on the information by December 2014.
- Provide refresher training to staff on the PCFA and case planning process, as well as activities to re-engage staff to the PCFA process, by December 2015.
- Re-implement the PCFA supervisor proficiency assessment process and track completion of staff consultation on all stages of the PCFA by March 2019.

- Monitor quality of casework through the DPQI case review process and implement corrective action plans when there are identified deficiencies by December 2017.

## Updates

West Virginia completed an analysis of all districts to determine why some were successfully implementing the PCFA process and others were not. The following counties have successfully implemented the use of the PCFA: Wood, Monongalia, Cabell, Putnam, Logan, Randolph/Tucker, Lewis/Upshur, Fayette, Greenbrier/Monroe/Pocahontas/Summers, McDowell, Mercer, Nicholas/Webster, Raleigh, and Wyoming. These counties have had refresher training and now have the ability to complete these assessment in our Families and Children Tracking System (FACTS). Full implementation of the PCFA will be completed by March 31, 2016.

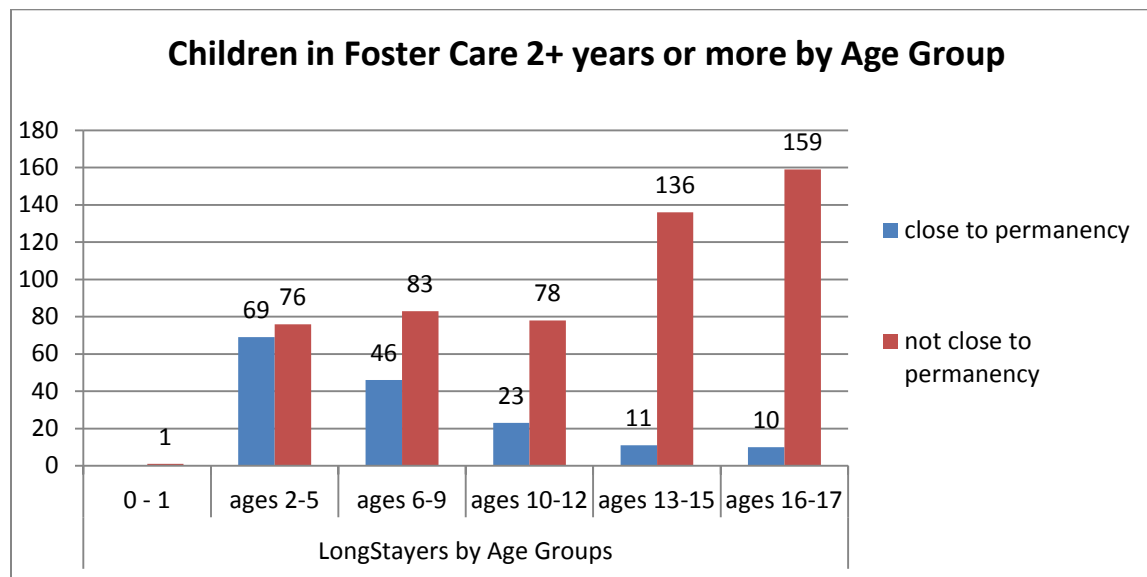
It was determined that districts that completed quality PCFA's within the time frames did so due to lower staff turnover and smaller caseloads. Commissioner Exline requested additional staff during the last Legislative Session.

The Division of Planning and Quality Improvement continued to identify Districts that need additional supports to make improvements in the area of family engagement. DPQI, in conjunction with the District's management staff, developed a plan to address the barriers to successful family engagement. The Division of Training has provided refresher training to the identified Districts.

West Virginia continues to develop strategies for improving family engagement. West Virginia's 2015 Legislative session passed of Senate Bill 393 which will utilize court oversight to monitor plans to transition youth placed out-of-home back into their home setting with community services within 90 days of placement. West Virginia is in the process of implementing the Safe at Home IVE waiver grant, which utilizes a family-centered approach to working with children and families.

In the last 6 months, BCF/Division of Training has completed PCFA refresher training for tenured staff in 17 counties around the state and will continue to provide the training as requested. Protective Capacity Family Functioning Assessment training is incorporated into Child Protective Service Worker new worker training.

2.2 Reduce the number of children in foster care 24 months or longer by 25% by October 2019.



### Rationale

Recent emphasis has been placed on reviewing cases of children and youth who have been in foster care for a long period of time. Recent data reveals there are 692 children and youth who have been in foster care for two or more years, or 15% of the children in care. The percentage increases as the age of the child increases, with 20% of children 13 to 15 and 23% of children 15-17 in placement for two or more years. West Virginia must analyze this data to determine the causes of children being in lengthy placements and take appropriate steps to reduce the amount of time children are in care.

### Measurement Plan:

West Virginia will utilize AFCARS data to measure the length in time of care.

Baseline data indicates there are 692 children and youth who have been in foster care for two or more years, or 15% of the children in care. The percentage increases as the age of the child increases, with 20% of children 13 to 15 and 23% of children 15-17 in placement for two or more years.

### Benchmarks:

Original:

Baseline	Targeted	Targeted	Targeted	Targeted	Targeted
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	Goal	Goal	Goal	Goal	Goal
<b>March 2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
692	658	624	590	556	522

Update:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>March 2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
692	658	624	590	556	522

### Tasks

- Develop a review tool for children in foster care 24 months or longer to identify and better understand the issues related to delays in achieving permanency and a plan developed to address the issues by December 31, 2015.
- Work with the Court Improvement Program to review children in foster care 24 months or longer through the New View project, including analyzing results and developing a plan to address identified trends a minimum of two times per year by December 2016.
- Work with the Court Improvement Committee Data, Statute and Rules committee to identify and address issues identified related to the court system by December 2017.
- Expand the use of Regional Clinical Reviews to identify barriers in the permanency process with all cases of children in care for two or more years by October 2019.
- Establish a process to monitor the regularity of judicial reviews and permanency hearing and the establishment and reevaluation of placement plans.

### Update

West Virginia continues to work with the Court Improvement Program to review children in foster care 24 months or longer. The New View project has identified barriers to permanency on a case by case basis. The report should be available in the fall of 2015.

The benchmark date for the first task, developing a review tool, is being changed due to Safe at Home implementation. The new target date will be June 2016.

The purpose of the out-of-state reviews is to identify treatment and services needs and assist the DHHR case worker with discharge planning. The process is standardized and was conducted in each DHHR region. There has been two out-of-state reviews completed to date.

The first review was from April – July 2014. A total of 205 children/youth were reviewed. Thirty-one percent were child protective services cases and sixty-nine percent were youth services cases

The second review was from March – April 2015. A total of 117 children/youth were reviewed (unduplicated from previous year). Twenty-one percent were child protective service cases and seventy-nine percent were youth service cases.

Since the second review, the oversight team has reviewed and revised the forms and will be implementing this process statewide on a regular basis to provide assistance and support to DHHR staff and track system changes and improved outcomes.

Goal 2.3 Increase foster care and kinship care homes to reduce the number of children placed in residential treatment centers and address the needs of children entering placement.

#### Rationale

West Virginia leads the nation in the number of children placed in congregate care per capita. Research has shown that children in congregate care do not have as good outcomes as children placed in family based care.

#### Measurement Plan

Please refer to West Virginia's Initial Design and Implementation Report located on our website; <http://www.wvdhhr.org/bcf/safe/> .

#### Tasks

- Work with CIP to establish plans to address delays in finalizing adoptions. – check original CFSP
- Consult with the National Resource Center for Diligent Recruitment to develop strategies to improve agency's response to Foster care and adoption inquiries.

- Reduce the delays in providing training for foster care families by developing an online training.
- Expand the use of Morpho Trust CIB machine to allow potential foster parents to receive CIB printing in a timelier manner by January 2018.
- Develop protocol for the collection of data related to the timeliness of the completion of home studies by January 2016.

## Updates

The West Virginia Department of Health and Human Resources has been looking at caseloads across the state, as well as the number of inquiries that each region is receiving in regards to individuals interested in becoming foster care providers. Due to the volume of both, as well as the increased focus on kinship/relative care providers, the Department has determined that it does not have the number of staff required to adequately handle foster care inquiries without additional positions being granted. At this time, the Department is no longer accepting new inquiries for foster care providers. All new foster care providers must go through the private foster care providing agencies for certification. The Department will, however, continue to work with new and existing kinship/relative provider homes.

When an individual contacts the Department to show interest in possibly becoming a certified provider, the Department employee who receives the inquiry will provide the caller with the contact information for Mission West Virginia, informing them that they need to call Mission West Virginia for further assistance. Mission West Virginia will then send out an inquiry packet to the caller with information on all of the private foster care agencies, and will also continue to follow up with the caller to help them through the process of deciding which agency will best meet their needs.

When the applicant chooses an individual agency, the application packet will be sent to the selected agency to begin the certification process.

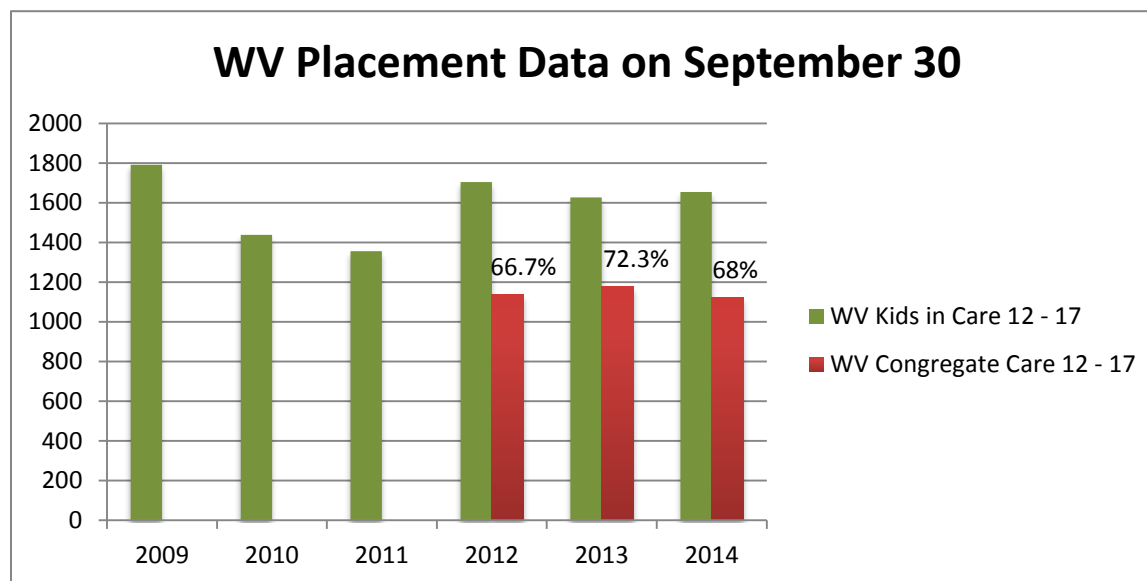
West Virginia has met with the National Resource Center for Diligent Recruitment to develop strategies to improve agency's response to Foster care and adoption inquiries. The Department currently has 1,338 inquiries to provide foster care that have not been addressed. The state will modify its request to the NRC-DR to address studies being forwarded to the private agencies.

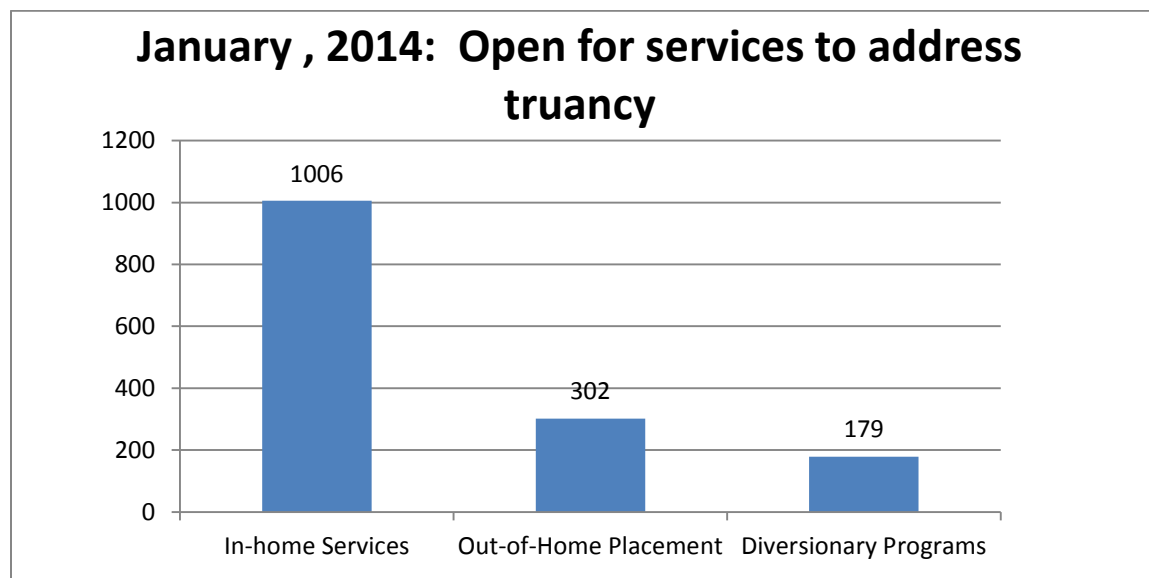
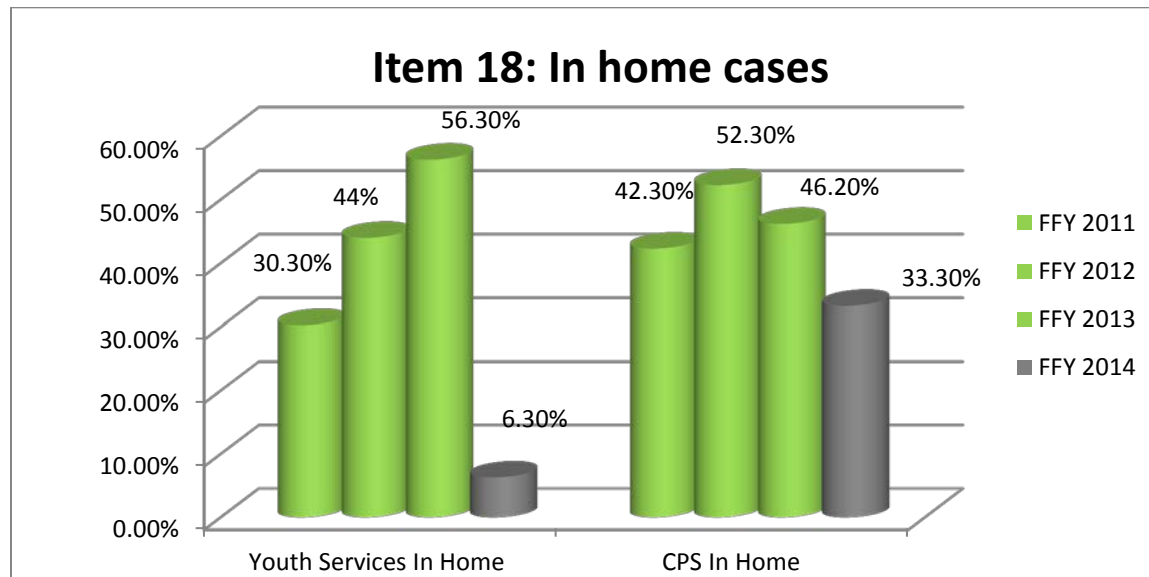
*Goal 3: West Virginia's older youth will have more coordinated, integrated services that will maintain them safely in their communities by 2019.*



3.1 WV will provide alternative services to youth and families that will allow youth to be maintained in their communities by 2019.

Based on the FREDI Placement Reports of Children in care at point in time (9/30) the following charts of data were created. In 2014 the number of youth in Foster Care on the 30<sup>th</sup> of September was 1,654, and of that number 1,125 were in congregate care, representing a decrease of 4.3% over 2013.





#### Rationale

Data suggests a need to improve the practices related to the treatment and provision of services in non-placement youth services cases. Furthermore, the number of youth in congregate care ages 12-17 is well over the national average. This suggests that youth are being placed in congregate care as their needs cannot be met within the

community setting. Data collected by WV case review process indicates the need for improved services.

West Virginia recognizes the need to improve services and create services based on the needs of those served. Case reviews indicate a need for services related to substance abuse and treatment as a key area needing improvement.

West Virginia does not have an accurate data collection system to identify the reason the youth entered care through the youth services system. West Virginia has seen an increase in the number of youth involved in youth services as a result of truancy. West Virginia has no formalized method to track the number of children entering care as a result of truancy; however, informal “hand counts” and case reviews suggest a significant percentage of the youth involved with youth services come to the attention of the Department as a result of habitual truancy.

Point in time hand count data suggest only 179 youth involved in truancy diversion programs (13.69%). In January of 2014, hand count data indicates 1,006 Youth Services cases were opened on families to provide in-home services to address identified truancy issues. Placements into the custody and care of the Department due to truancy issues numbered 302. Through the work and technical assistance of PEW, SAMHSA, the MacArthur Foundation and Casey Family Programs, West Virginia has identified Substance Use Disorder among youth 12-17 years of age as a primary need where truancy issues are also indicated. An appropriation of new funding was made in the Governor’s budget bill for Expansion of Community-based Evidenced-based services and pilot programs for services relating to substance abuse, mental health, family functional therapies, and programs such as restorative justice. West Virginia plans to release grants to implement Evidence Based Curricula (Prime for Life, SMART for Teens or Creating Lasting Family Connections). Additionally, West Virginia’s Bureau for Behavioral Health and Health Facilities has identified and funded grantees to expand school-based mental health, and Regional Behavioral Health Youth Services Network to serve families in their communities.

#### Measurement Plan:

West Virginia will utilize AFCARS point in time data pull to measure the reduction of youth in congregate care. Baseline data indicates 61.1% all youth ages 12-17 in out of home care on the last day of the fiscal year are in congregate care.

West Virginia will utilize “hand count data” to indicate a reduction of youth placed in care due to truancy issues. Baseline point in time data indicates as of January of 2014, 302 youth were placed in the custody and care of the Department due to truancy issues.

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West Virginia will develop methodologies for data exchange with courts and probation information systems to track the number of youth services cases where truancy petitions have been filed.

Benchmarks:

**Reduction in the number of youth in congregate care.**

Point in time data- AFCARS

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>2012</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
46.1%	52%	58%	64%	70%	76%

Update:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>9/30/13</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
61.1%	56.1%	51.1%	46.1%	41.1%	36.1%

Benchmarks:

**Reduction of youth in custody due to truancy issues (5% reduction)**

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>1/2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
302	287	272	257	242	227

Update:

Point in time data- "hand count"

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
1/2014	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
302	287	272	257	242	227

## Tasks

- Develop a framework of programs and services that address the needs of youth entering as a result of status offences through grant funded community-based evidence based programs for youth by July 2016.
- Through technical assistance from National Center for Mental Health and Juvenile Justice (Policy Research Associates Inc.) and collaboration with West Virginia Department of Education, Division of Juvenile Justice, and the Department implement a School-based Diversion model with a community-based behavioral health responder for screening and subsequent assessment and treatment by October 2017.
- Work with community partnerships to increase substance use disorder treatment and peer-support evidence based programs specific to youth by December 2016.

## Updates

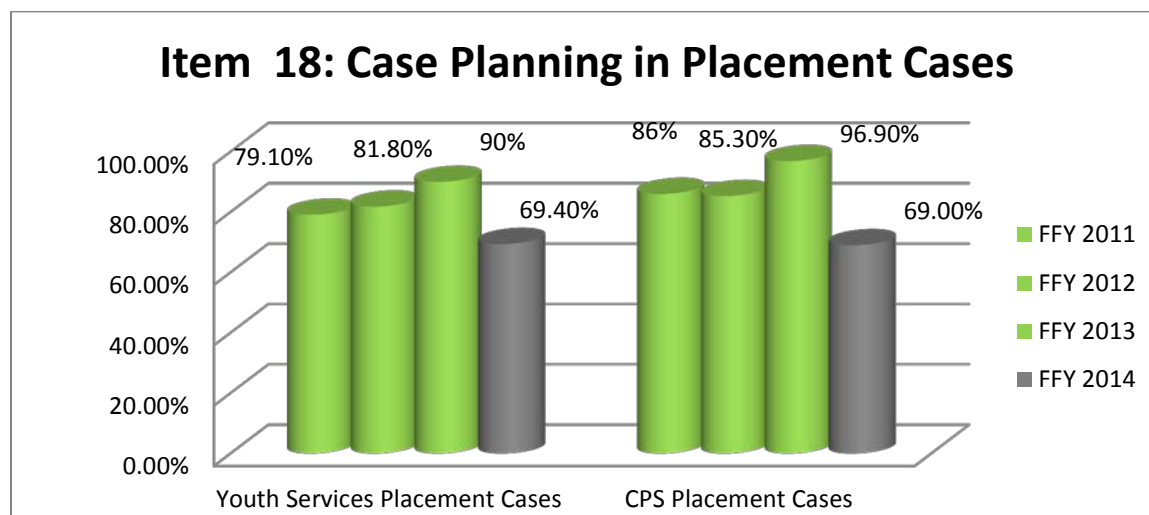
In June 2014, the West Virginia Intergovernmental Task Force on Juvenile Justice was established under the leadership of Governor Earl Ray Tomblin, Chief Justice of the Supreme Court of Appeals Robin Jean Davis, Senate President Jeffrey Kessler, House of Delegates Speaker Tim Miley, Senate Minority Leader Mike Hall, and Supreme Court of Appeals Administrative Director Steve Canterbury. The charge of the Task Force was to conduct a comprehensive analysis of the state's juvenile justice system and make recommendations that focus on protecting public safety by improving outcomes for youth, families and communities; enhancing accountability for juvenile offenders and the system; and containing taxpayer costs by focusing resources on the most serious offenders (State of West Virginia). The Task Force extensively reviewed juvenile justice data and produced a set of policy recommendations, which resulted in the writing, passage, and signing of Senate Bill 393. This comprehensive juvenile reform bill focused on reducing the number of youth and the amount of time youth spend in congregate care, requires the redistribution of funds used by the Department of Health and Human Resources (WV DHHR) and the Division of Juvenile Services to the use of evidence-based community services, and requires the use of diversion and restorative

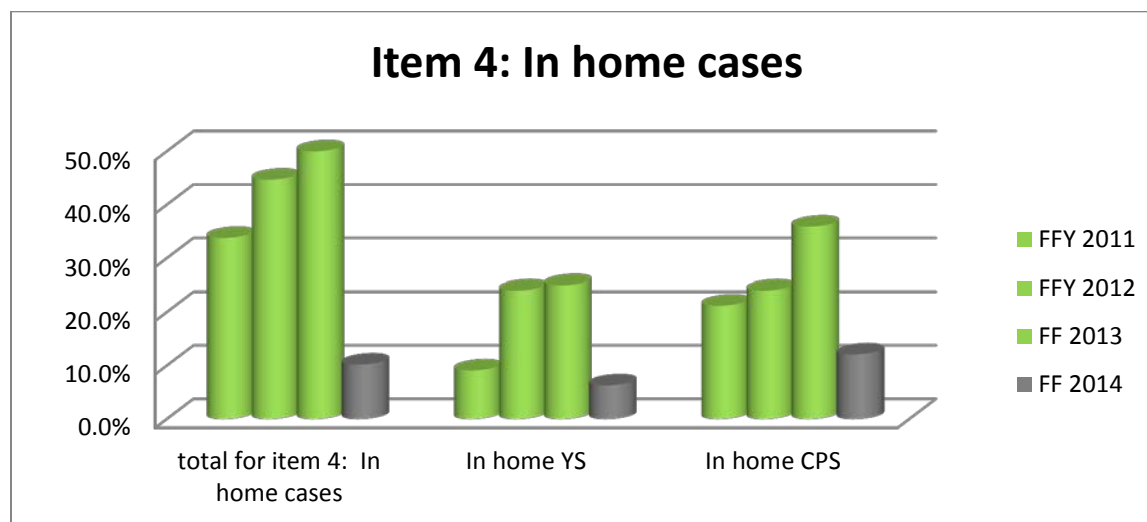
justice programs and to reduce the number of youth coming into contact with the juvenile justice system.

The understanding that many youth who come into contact with the juvenile justice system are first-time, low-level offenders, exemplifies the necessity for more diversion and restorative justice programming in the state. As a result, the WV DHHR, Bureau for Children and Families (BCF) was provided with a line-item one million dollar budget to provide for the establishment of two new evidence-based programs. These programs are to be provided to pilot counties experiencing high numbers of juvenile petitions, in an effort to further the mission of Senate Bill 393; to reduce the numbers of juveniles coming into contact with the justice system.

The WV DHHR will be announcing a grant to provide evidence-based programming that has been researched as a sustainable method to address our specified problems. The WV DHHR is currently reviewing two such evidence-based programs for possible implementation, Functional Family Therapy and Victim-Offender Mediation. These two programs offer substantial outcomes for juveniles, focusing on engagement of not only the youth, but their families and their communities. The DHHR will continue its efforts to identify the best programming to fund to ensure juvenile justice reform is not only successful, but sustainable.

3.2 WV will increase the involvement of youth and families in the provision of treatment and services through the restructuring of West Virginia's youth services program by 2019.





**Rationale:**

Case review data indicates a significant need to improve youth and family involvement in the case planning process. Data also indicates a need for improvement related to the continued assessment for safety in non-placement youth services home cases.

**Measurement Plan:**

West Virginia will utilize the Child and Family Service style case reviews to monitor the improvement in the involvement of youth and families in the provision of treatment and services. Applicable items based on 2008 CFSR instrument are 4, 18, 19 and 20.

2014 Child and Family Review instrument will be utilized for ongoing measurement applicable items 3, 13, 14, 15.

Baseline measurements indicate the following for Federal Fiscal Year 2013.

25% of the youth services cases reviewed rated as a strength for item 4, risk assessment and safety management. 56.3 % of the youth services cases reviewed rated as strength for item 18, child and family involvement in case planning. 25% of the youth services cases reviewed rated as strength for work visits with the child. 37.5 % of the youth services cases reviewed rated as strength for worker visits with parents.

*\*2008 CFSR instrument utilized for case review data.*

**Benchmarks:**

### **Risk assessment and safety management in Youth Services Cases**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
25%	30%	35%	40%	45%	50%

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
25%	46.8%	30%	35%	40%	45%	50%

**\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.**

Benchmarks:

### **Child and family involvement in case planning in Youth Services Cases**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal



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<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
56.3%	61.3%	66.3%	71.3%	76.3%	81.3%

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
56.3%	67.5%	61.3%	66.3%	71.3%	76.3%	81.3%

**\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.**

Benchmarks:

**Work visits with the child in Youth Services Cases**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
25%					

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
25%	46.8%					

**\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.**

Benchmarks:

### **Worker visits with parents in Youth Services Cases**

Data will be measured through CFSR style reviews

Original:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
37.5 %					

Update:

Baseline	Data	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
<b>FFY 2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
37.5 %	12.5%					

**\*\*West Virginia utilizes a 14 month period under review for case reviews. Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.**

Tasks:

Restructure the Youth Services casework practice model to more closely parallel the casework model for abuse and neglect cases by October 2019.

The Department began a data-sharing project with the West Virginia Department of Education in September of 2014. The project includes data on children in out-of-home care such as attendance and the number of schools attended (school stability measure). The Department will develop a method to expand these data-sharing initiatives among cross-system partners by July 2016.

Develop and implement a methodology to improve the continued assessment for safety for all the children in the home when a case is opened for Youth Services by October 2016.

*Goal 4: West Virginia will have a standardized process to address gaps in services and the availability of services for children and families in their communities by 2019.*

4.1 Identify current needs and gaps in services to develop the availability, quality, accessibility and provision of services to children and families serviced by the Child Welfare System by 2017.

#### Rationale

West Virginia has no current data to indicate the need and availability of services for children and families in their communities.

#### Measurement Plan:

Through the Title IV-E Demonstration Project implementation activities, West Virginia will establish a baseline of existing service availability and needs. The initial focus will be the 11 demonstration counties, with a planned statewide implementation target of 2019. Benchmarks cannot be determined until a baseline has been established.

#### Tasks

- Explore the ability of the FACTS system to develop a report to collect and analyze Safe at Home West Virginia data.
- Integrate and analyze data collected through the multiple case review processes and stakeholder surveys to identify service gaps, beginning in the Safe at Home counties, by October 2015.
- Completion of an Initial Needs Assessment, coordinated with stakeholders through Regional Summits and Community Collaboratives, of the level of community and work-force readiness and “ownership” for a wrap-around service model, using the Self-Assessment of Strengths and Needs from the National Wrap-around Initiative’s (NWI) Wrap-around Implementation Guide, Community Groundwork for Wrap-around Implementation (Appendix A), which includes an assessment of the services, supports and workforce development needs by October 2015.

- Develop detailed plans, coordinated with stakeholders through the Regional Summits and Community Collaboratives, regarding methodology in developing needed workforce, services, and supports identified in the NWI needs assessment by October 2016.
- Develop an interdepartmental team consisting of the Bureau for Medical Services, the Bureau for Behavioral Health and Health Facilities and the Bureau for Children and Families to garner resources for new services and the expansion and sustainability of existing services.
- Explore the use of an existing screen in our SACWIS system to collect data on unmet needs and develop a report.
- Analyze the data from these reports and share the data with collaboratives.

## Updates

West Virginia continues to work on the development and expansion of services and supports in preparation for the implementation of Safe at Home, Title IV-E Demonstration Project. Tasks for this objective will be reported out in 2015 APSR.

West Virginia is utilizing the community collaboratives to assist in the development and identification of needed services.

The Bureau for Children and Families continues to collaborate with the Bureau for Health and Health Facilities, Bureau for Medical Services, and Bureau for Public Health to support this initiative.

## Implementation Supports

### *Implementation Supports Goal 1:*

- In preparation for application for Title IV-E waiver, West Virginia worked with Casey Family Programs to pull relevant data and analyze said data to determine the focus of our demonstration project.
- Casey Family Programs, along with the Federal Children's Bureau, provided guidance and technical assistance in the development of West Virginia's IV-E waiver application.
- James Bell Associates, in partnership with The Federal Children's Bureau, has provided technical assistance in West Virginia's development of our theory of change pertaining to Safe at Home West Virginia.
- West Virginia has received assistance from Casey Family Programs in the collaborative work with our Out of Home Placement providers and West Virginia's transformation of our child placing system.

- James Bell Associates is currently assisting West Virginia and our independent evaluator in the development of our evaluation plan for Safe at Home West Virginia.
- Research was completed regarding diligent efforts to make initial face to face contact with the identified victim on a Family Functioning Assessment. Policy indicates what is considered a diligent effort and DPQI considers these efforts in their assessments.
- Policy staff is now researching appropriate use of blatantly false reports as well as incomplete assessments.
- Division of Training developed training for all Child Welfare staff that will focus on the current trends in child fatalities that will be implemented by the fall of 2015.
- Provided training to 520 law enforcement officers in 2013.
- Training will be developed and delivered in pilot counties to address more proficient safety planning in conjunction with Safe at Home Implementation.
- Training will be developed and delivered to other counties as the Safe at Home extends statewide.
- Division of Training will develop and deliver a more detailed training on safety planning for supervisors with a focus on using both informal and formal supports.

#### ***Implementation Supports Goal 2:***

- West Virginia is currently receiving technical assistance from the NRC for Diligent Recruitment. This T/TA will continue through 2015 focusing on developing a comprehensive system assessment and work plan development to address multiple issues affecting recruitment and retention of foster/adoptive family's efforts. This will include developing a multi-faceted recruitment and retention plan, evaluation and improvement of customer service provided to new and existing families and assess whether the preparation of families is sufficient for high needs children entering care.
- Apply for a Legislative improvement package to hire additional home finding staff by April 2015.
- Continued development of an Interface between the Departments SACWIS system and the Board of Education's WEVISS will need to be completed in order to share educational records of foster children.

#### ***Implementation Supports Goal 3:***

- FACTS will develop screens to better distinguish the reason for entry, including children entering care for Truancy, by October 2017.
- Develop training to educate workers on using new screens

- Develop training on a tool for supervisors to use to track workers compliance with entering information.
- Develop a mechanism on a dashboard to track face to face contacts with non-placement cases by September 30, 2016.

#### ***Implementation Supports Goal 4:***

- Training and technical assistance from The National Capacity Building Center for Public Child Welfare Agencies to redesign the current service, payment rate and referral structure for Socially Necessary Services may be needed.

### **Service Description**

Child and Family Service Continuum

***(Stephanie Tubbs Jones Child Welfare Services Program)***

#### ***Prevention***

The goal of allocating Title IV-B funds to Starting Point groups was to enable the community to have easier access to family support services. In the past, services required could only be provided to those who opened a DHHR case file for family support services. A desire for programs to be community-focused led DHHR to utilize the already existing Starting Points model, making available Title-IV-B PSSF federal dollars to 15 grantees to fund these resource centers. Not all Starting Points programs applied for the federal funding; however, six existing Starting Points were awarded this grant. This created a partnership between Starting Points and Family Resource Centers, which are known today as “Starting Point Family Resource Centers.” The other nine grants were awarded to newly created Family Resource Centers. Subsequent Family Resource Centers have been created, without Title IV-B funding, for a total of 26 Family Resource Centers currently in operation, performing family support services around the state.

The expansion with Title IV-B funds also moved services from primary prevention to early intervention services and extended them beyond the scope that programs were limited to providing. Additional early intervention services included linkages to respite care, child care, and transportation as well as coordination of optional/flexible services depending on community needs such as:

- Early childhood education such as play groups and before/after school or summer programs.

- Self-sufficiency and life management skills training.
- Education services, such as tutoring, literacy, and general education.
- Job and career readiness training.
- Family support counseling/clinical mental health services.
- Health services/nutrition education.
- Peer counseling.
- Emergency assistance.

The expanded funds provided Starting Points FRCs the resources and the staff to expand services for many families in their community. With this funding, some Starting Points have been able to offer, for example, respite care during the school year, twice a week, to over 40 families. The funding has allowed one county to utilize FRC staff and AmeriCorps members to operate this program.

Newly developed programs for dads are also a result of the additional Title IV-B funding. One program has enlisted the assistance of two fathers who meet weekly with dads during the school year. Another program was a co-sponsored father's event at one of the target schools and had over 30 dads with their children attend.

Some of the resources and staff time are used to work with middle school children after school and during the summer, as well as a yearly transition dinner for fifth graders and their families heading to local middle schools. In addition, work with high school students on their Free Application for Federal Student Aid (FAFSA) and some specialized tutoring is also available.

Also important about this funding is that it increases a programs ability to develop subsequent programs, to partner with other groups, and to be responsive to community and family needs because the programs have a core staff that can spend time developing relationships and listening to what families need.

With the additional funding became the ability to expand the Starting Points population served from ages 0-8 to ages 0-18. With this age population expanded, Starting Point Family Resource Centers have been able to expand our services into the high school and include older siblings in their current programs. For an example, one county has a community health and information fair that serves families with children from the prenatal stage of life to 18 years of age. They have developed peer-to-peer parent mentoring groups, such as Circle of Parents, which is inclusive of parents with children of all ages. They also have the Energy Express Program which is a summer reading program.

While Energy Express is primarily for elementary aged children, with the additional Title IV-B funding, Starting Points FRCs use older kids and teaches them how to volunteer and to do community service which empowers them to become more involved in the community and eventually become leaders in their communities and their schools.

Ongoing work around infusion of the Protective Factors framework continues to take place. West Virginia now has a new website, a guide to the Protective Factors for in-home family educators, and a guide on how to explain the Protective Factors. More information can be found at <http://www.strengtheningfamilieswv.org/>.

Concerns include worker retention in programs as turnover and worker caseloads continue to increase. Other concerns are the budget available to these programs to maintain staff to administer the survey; continued trainings on the strengths approach to service delivery utilizing the results for the West Virginia Survey; and support administrative costs.

Collaboration continues to occur with BCF and the WV Home Visitation Program jointly managing the Parents as Teachers State office. They also provide trainings and technical assistance to In-Home Family Education programs.

The involvement of Maternal Infant Early Childhood Home Visitation (MIECHV) has allowed CBCAP funded In-Home Family Education (IHFE) grantees to receive numerous trainings and programmatic support.

In 2012, MIECHV funded \$20,000 dollars for nine IHFE programs: (1) Upper Kanawha Valley; (2) Brooke-Hancock PAT; (3) Marshall County PAT; (4) Rainelle Medical Center; (5) Doddridge County Starting Points; (6) Northern Panhandle Head Start (Ohio County MIHOW); (7) Tucker County Family Resource Center, (8) Preston County Caring Council; and (9) Wetzel. This award was not for personnel areas but for development of programs, trainings, equipment, and other related service delivery.

MIECHV has also allowed for the development of trainings on data collected regarding child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits. Parent educator resources, parent handouts focusing on safety, childproofing, and prevention of injuries are in the PAT curriculum and have been provided by the WV Home Visitation Program. Parents as Teachers screens for domestic violence through the WV Home Visitation Program produced HITS tool (which stands for “**H**its you, **I**nsults you, **T**hreatens you, or **S**creams at you.”) Comprehensive developmental screening is a required component of PAT. One of the preferred developmental screening tools is the ASQ-3.



Trainings for Ages and Stages, Depression Screening, Birth Spacing, Life Skills Progression, Home Visitor Safety, Healthy Families America core training, and Home Inventory training have been either paid for by WV Home Visitation or jointly by the Bureau for Children and Families and WV Home Visitation.

In 2006, the state organized efforts to standardize the 13 Community Collaboratives and the four Children Regional Summits. Activities to strengthen the existing community and regional Collaboratives included: formalized vision and mission statements; defining membership; and clarifying roles and functions of each collaborative group. Since then, two additional Collaboratives were created to an already existing Collaborative.

A team was created at the state level as a result of Service Array. The Service Array Steering Committee, also known as a SIT (System of Care Implementation Team), was developed to help pursue changes required at the state level so that the community and regional Resource and Capacity Development Plans (RCDPs) were able to be implemented.

The Collaboratives prioritized the 66 needed services by which services were needed in most areas of the state. The most needed services became the Year One Strategies. Those services included:

- School based Family Resource Workers
- Substance Abuse Services
- Adoption and Post Adoption Services
- Enhanced MDT Process
- Peer Support Groups
- Independent Living Services

The final strategy was to develop a plan to assess the quality of services being provided to families and children.

This strategy has not been achieved due to the lack of implementation of the plan to address the gaps in service availability. There are Administrative Services Organization (ASO) services being utilized throughout the state. These ASO services are subject to retrospective reviews through the contracted agency, APS Healthcare, Inc. This retrospective review is done through a review of case records based upon what the Department has determined to be outcome measures.

APS Healthcare also conducts Socially Necessary Focus Group Summaries. This process is conducted with recipients of each Socially Necessary Service. It is a ten-question process intended to provide the consumers of the service the opportunity to

candidly share their experiences and opinions. They are conducted on a regular basis to gain insight regarding the utilization and impact of these services in the state.

## ***Child Protective Services***

Child Protective Services (CPS) operates under the authority of West Virginia State Statute. There are two primary purposes for CPS intervention in West Virginia: (1) to protect children who are unsafe, and (2) to provide services to alter the conditions which created the threat to child safety. CPS consists of CPS Intake Assessment; CPS Family Functioning Assessment (FFA); CPS Protective Capacities Family Assessment and Family Case Plan (PCFA); and Family Case Plan Evaluation/Case Closure. Due to West Virginia implementing a new Child Protective Services Decision-making model, some counties are still using the previous Ongoing CPS Process. Each step is described below.

**Intake Assessment:** The Department receives reports of child abuse or neglect through phone calls to the local office, emails, letters, and when referents visit the local office. These reports are routed through our Centralized Intake Unit via a 24 hour hotline. The report is accepted if the allegations meet the statutory definitions of abuse or neglect, which include if the children are in a situation where abuse or neglect is likely to occur. All mandated reporters are required to be notified in writing whether or not the report was accepted for assessment. When reports are not accepted, the family may be referred to other more appropriate state agencies or community resources to assist the family. If accepted for Family Functioning Assessment, the report is assigned a time frame for response. The time frames are immediate response, 72-hour response, or 14-day response. The response times are assigned based on requirements in state statute and policy.

**Family Functioning Assessment:** The assessment of a report of child abuse or neglect sets the stage for the problem validation, service provision, and the establishment of a helping relationship in CPS. The primary purposes of the family functioning assessment is to gather information for decision making; to explain a community concern to the family; to explain the agency's purpose; to assess the family for possible safety threats; to reduce trauma to the child; to secure safety as indicated; to promote family preservation and expend reasonable efforts; and to offer help.

During the family functioning assessment, the CPS Social Worker collects information through interviews, observations, and written materials provided by knowledgeable individuals using a family-centered approach. This approach seeks to support and involve children, caregivers/parents, and other individuals in CPS intervention. The CPS Social Worker uses the information to determine if the children are abused,

neglected, or unsafe and in need of protection. If the children are unsafe, the family must be open for Ongoing Child Protective Services. A safety plan is then developed with the family, in the least intrusive manner possible, in order to provide a safe environment while CPS attempts to alter the safety threats discovered. The safety plan can include paid and non-paid safety services. If possible, the assessment should be completed within 30 days of the receipt of the referral.

**Protective Capacities Family Assessment:** The Protective Capacities Family Assessment is a structured interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety as well as to develop family case plans that will effectively address caregiver protective capacities and meet the child's needs.

The Safety Assessment and Management System (SAMS) Protective Capacities Family Assessment and Family Case Plan Evaluation focuses on diminished caregiver protective capacities and the safety threats identified during family functioning assessment which may or may not involve court intervention. The Protective Capacities Family Assessment and Family Case Plan Evaluation is a structured, interactive intervention intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop family case plans that will effectively address caregiver protective capacities and meet the child's needs. The CPS Social Worker translates diminished caregiver protective capacities into client goals, and those goals are used to develop the family case plan. Services are then put in place to assist the caregiver in meeting the goals. The Protective Capacities Family Assessment and Family Case Plan must be completed within 45 days of the case being opened for ongoing CPS services.

**Family Case Plan Evaluation/Case Closure:** The family's case plan will receive ongoing evaluation by the CPS Social Worker. This process is called the SAMS Family Case Plan Evaluation. The Family Case Plan Evaluation is a formal decision making point in the safety intervention process that occurs minimally every 90 days, which requires involvement from caregivers and children; Family Case Plan service providers; and safety service providers. The purpose of the Family Case Plan Evaluation is to measure progress toward achieving the goals in the Family Case Plan associated with enhancing diminished caregiver protective capacities. The Family Case Plan Evaluation is also the decision point when the case may be closed for CPS Services. In addition, the family's case is closed when the parents can provide a safe home for their child, without CPS intervention, or their child is in another permanent living situation such as adoption or legal guardianship.

**Service Population:** Child Protective Services are provided statewide to families in which a child (ages 0-17) has been suspected to be abused or neglected or subject to conditions that are likely to result in abuse or neglect (as defined in WV Code §49-1-201 Definitions section and DHHR operational definitions) by their parent, guardian, or custodian. There are approximately 20,000 families who receive Child Protective Service each year.

## *Youth Services*

West Virginia's Bureau for Children and Families Youth Services has been dedicated to helping families thrive. Our mission is to provide programs and services statewide that promote the healthy development of youth and families and help them gain the skills necessary to lead constructive lives within the community.

Assisting individuals living in West Virginia, Youth Services may help with problems ranging from the challenges associated with adolescent behaviors to homelessness to substance abuse or trouble with the law. The Department works with Community Partners to implement prevention programs, truancy diversion efforts, and in-home services to families so that youth do not become involved with the courts. However, when court involvement occurs, the Department may provide services or out-of-home placement. When the youth and family have worked through problems, reunification and permanency planning services are available to support everyone in the family.

Youth with court involvement receive case management from dedicated social workers who utilize family centered practice methodology, including Engaging Families through Motivational Interviewing. Current Youth Services policies and procedures emphasize the need for meeting with the family and youth and working collaboratively with other agencies and professionals in the community to provide supports and linkages to overcome the behavioral control influences which led to court involvement.

Youth Services operates under the authority of West Virginia State Statute and consists of a number of basic steps. The steps can vary depending on whether or not there is involvement of the court. In general, the process is as follows: Intake; a Youth Behavior Evaluation; the Comprehensive Assessment and Planning System process for court involved youth; a Family Service Plan; Service Provisioning; and Case Plan Evaluation/Case Closure. Each step is described below.

**Intake:** Intake is a distinct step in the Youth Services decision-making process. Intake involves all of the activities and functions which lead to a decision to either complete the Youth Behavior Evaluation or make a referral to appropriate Community Resources which are better suited to meet the families' identified needs.

**Youth Behavioral Evaluation (YBE):** A Youth Behavioral Evaluation is used to assess the presence of or absence of risk and behavioral control influences. Behavioral control influences are those conditions which are currently present in the home and pose a threat to the safety of the juvenile, the juvenile's family, or the community.

**Behavioral Control Plan (BCP):** A Behavioral Control Plan is a Protection Plan developed whenever Behavioral Control Influences are identified, and immediate action is needed to ensure the safety of the child and/or the family. The Plan can involve informal, non-paid services such as temporary placement with friends or relatives. The Plan can also involve other services such as Behavioral Health intervention.

Completion of the Behavioral Control Plan and the In-Home Behavioral Control Plan is a short-term plan that is developed to control those Behavioral Control Influences which pose a threat to the safety of the juvenile, the juvenile's family, or the community. The Plan should take into account each identified Influence and specifically address how these Influences will be controlled. The family should be engaged in the casework process to understand how the influences pose a threat so that they can gain acceptance and ownership of the Plan. In some cases, the worker will identify Behavioral Control influences and the conditions in the home are such that an In-Home Behavioral Control Plan is not feasible, and out-of-home placement must be provided.

**Comprehensive Assessment Planning System (CAPS):** WV Code requires that individualized assessments be completed for every adjudicated status offender and juvenile delinquent served by the Department. The Comprehensive Assessment and Planning System (CAPS) was created and adopted by the Department to meet the requirements of the statute. The assessments are compiled into a summary titled the Comprehensive Assessment Report (CAR). The CAR is used as a guide for multidisciplinary treatment teams (MDTs) in making better, more objective decisions about the treatment needs of youthful offenders.

**Multidisciplinary Treatment Teams (MDT):** There are requirements in state statute and federal regulations requiring the regular review of juveniles who are the subject of an MDT and may or may not be in an out-of-home placement. For youth involved with the court, state statute requires that an MDT report is made to the court prior to the hearing. The court must also review the individualized service plan for the child and family, developed by the MDT, to determine if implementation of the plan is in the child's best interest. MDT meetings must be held at least once every 90 days to review and revise, if needed, service and treatment plans until permanency has been achieved for the child.

**Youth Service Family Service Plan/Case Closure:** The Youth Behavioral Evaluation process involves interviews of all the family members and assesses either the presence or absence of risk and behavioral control influences. Working with the family assures that the parent/caregiver understands the Department's role in providing services to address issues relating to troubled youth. In facilitating the discussion of the plan, the worker assists the family to address their strengths, needs, and prioritized goals related to the conditions which are the basis for Youth Services involvement. Services are provisioned to assist the family and youth achieve the goals which will lead to disengagement of Youth Services from family involvement.

**Service Population:** Each year, with the help of DHHR Direct Services Staff, hundreds of volunteers and community-based treatment partners, Youth Services works with an average of 3,000 families. The target population for Youth Services includes juveniles under the age of 18 years of age or between the ages of 18 and 21 if under the jurisdiction of the court beyond age of 18.

### ***Family Engagement in Youth Services***

West Virginia's families are served statewide by district offices. The Bureau's Division of Planning and Quality Improvement (DPQI) provides case analysis to help focus Youth Service social workers on areas that need attention in the casework process. Youth Services has used this data and tools available through the training department to significantly impact family engagement. Collaboration with community partners, private agencies, and public entities across systems continues to drive improved services for families, especially those with youth at risk of involvement in the Juvenile Justice System or with youth who are actively involved with the courts. Diversion efforts continue through expansion of Juvenile Drug Courts, Teen Courts, and partnerships with Juvenile Probation where the Department can provide in-home services to prevent out-of-home placements.

### ***West Virginia Rules of Juvenile Procedure***

In February 2005, members of the Court Improvement Project (CIP), Division of Juvenile Services (DJS), and the DHHR began writing new rules for Juvenile Court. Those rules were completed in late 2009 and approved in early 2010 after scrutiny by the West Virginia State Supreme Court. The rules for Juvenile Court are a standardized, fair, and consistent way of processing juvenile delinquency and status offense cases statewide. Judges have a better understanding of the services available to youthful offenders and the role of the Department in the treatment process because of the Rules of Juvenile Procedure. It is believed that increased cooperation between the Court and the Department will benefit youth and their families statewide. These

rules continue to be monitored quarterly by the CIP juvenile court rules group. The Bureau for Children and Families has representation on this group. With the passage of Senate Bill 393, work has already begun to update these rules.

### ***Truancy Diversion***

Delinquency Prevention, as noted by Supreme Court Justice Robin Jean Davis, should begin with Truancy Diversion. "The truancy habit can lead students to drop out of school before graduation. That is usually the beginning of a lifetime of trouble that can include unemployment, drug dependency, crime, and incarceration," Justice Davis said. In 2010, a new state law reduced the number of absences needed to be considered truant from ten to five. This past year, the law reverted back to ten absences.

### ***Comprehensive Assessments***

In 2002, the Bureau for Children and Families (BCF) began formulating a program improvement plan (PIP) to address issues identified in the Child and Family Services Review (CFSR). This included developing a comprehensive assessment of needs and strengths for children and families. To address comprehensive assessment and planning for youth and families, BCF, in partnership with private providers, developed and implemented the Comprehensive Assessment Planning System (CAPS). The CAPS process is the assessment protocol which is used to meet the treatment planning requirements established in WV Code §49-4-406(a).

### ***Foster Care***

#### ***Health and Wellness***

The physical and mental health of children in foster care continues to be an important contributing factor in the stability and wellbeing of our foster children. In order to ensure foster children receive this basic right and necessity, the Department's foster care policy requires all foster children receive health evaluations through our [HealthCheck](#) Program. HealthCheck is a collaborative effort between the Bureau for Children and Families and the Bureau of Public Health's Office of Maternal, Child and Family Health. HealthCheck requires children entering care receive an initial examination within 72 hours of placement. During the initial appointment, it may be determined that a child is in need of additional follow-up appointments, specialized appointments, or dental and eye care. If these medical services are needed, the child's worker is responsible for assuring that the child receives these medical services. The HealthCheck program also

requires children receive health care throughout their placement in foster care according to the child's individual needs and age based on a schedule provided in foster care policy. The Department utilizes a DHHR position known as the Sanders Field Liaison to assist the child's worker, foster parents, and health facilities to coordinate and ensure proper evaluations and examinations are completed on each child as they enter care. Assigned primary workers follow up with periodicity.

In addition, to ensure a child's health after discharge from foster care and an attempt to alleviate re-entry into foster care, the Department provides continued Medicaid eligibility to all children exiting foster care. Children are eligible for continued Medicaid coverage from the date of placement for a continuous period of 12 months, whether or not they remain in placement. Eligibility is re-determined during the child's one-year anniversary month, which is the child's initial placement month. For a child to be eligible for another 12-month episode, they must be in a foster care placement and in the custody of the Department. With the passage of the Affordable Care Act, all children who have aged out of foster care at age 18 are eligible for continued Medicaid coverage until the age of 26.

### ***Journey Placement Notebook***

In an effort to ensure children receive adequate services to meet their physical and mental health needs, as well as their educational needs, the Department continues to utilize the Journey Placement Notebook. The Journey Placement Notebook is intended to provide foster/adoptive parents with a mechanism to receive and maintain information about a child they care for and to provide a central entity that contains all information from each and every placement. The notebooks are supplied to foster/adoptive parents when a child/youth enters foster care and is placed in a foster/adoptive home. There may be times when the child/youth's worker may not have all the information about a child at the time of placement. Therefore, the Journey Placement Notebook serves as a continuous record in that information is entered throughout the child's placement in foster care.

### ***Foster/Adopt Concept***

The stability of a child's foster care placement is paramount and directly affects a child's wellbeing. In an effort to demonstrate continual improvement in the outcome stability of children's foster care living arrangements, the Department continues to practice a foster/adopt concept. In practice, all resource homes for children in foster care are initially approved as a foster home and an adoptive home. This practice concept was initiated to eliminate a change of placement from a licensed foster home to a new



licensed adoptive home after Termination of Parental Rights and to alleviate lengthened time frames to adoption.

In addition to the foster/adopt practice concept, the Department continues to provide the Parent Resources for Information, Development, and Education (PRIDE) training curriculum statewide for foster/adoptive parents. PRIDE training is designed to equip foster/adopt families with the skills and information necessary to provide care to foster children and to encourage mentoring and active engagement between the foster parents and the child's biological family. Active engagement with the child's biological family improves the continuity of family relationships and ensures those connections are preserved for children. In addition, PRIDE training was initiated to aid child welfare staff to properly evaluate foster parents' strengths and needs on a regular basis. Policy requires all resource families to participate in 27 hours of PRIDE training curriculum. Implementing PRIDE training statewide has eliminated the variation in foster/adopt training curriculum throughout the state that may have existed prior to this initiative. West Virginia is currently evaluating other foster/adoptive training models as well as making some of this training available on-line.

BCF plans to change its foster parent training requirements beginning July 1, 2015. The preservice training requirement will be reduced to 21 hours, with an additional nine hours of trauma training required within the first year for all resource homes. We are also investigating the use of the new PRIDE online training utilizing the Foster Parent College website.

### ***Kinship/Relative Care***

In addition to utilizing the CAPS process to identify relatives as soon as children enter foster care, the Department continues to process kinship/relative home studies in an expedited manner as required by policy when at all possible. Foster Care Policy requires all kinship/relative home studies be completed within 45 days. To assist with this process the Department now has seven live scan machines which allow providers to use their sites for electronic fingerprinting for both state and federal background checks.

Also, the Department developed a Diligent Search Desk Guide for staff to utilize in practice that requires caseworkers to conduct a "diligent search" for the purpose of placing children with potential kin/relatives. The purpose of this guide is to assist the staff in their efforts. The search will be conducted for all child welfare cases, including Youth Services cases. Diligent Search is the efforts by the caseworker to use all "due diligence" in locating kin/relatives of a child placed into foster care. The diligent search does not end at identifying and notifying kin/relatives of the child's situation, but requires

the caseworker to discuss their interest in being a placement option or an on-going connection for the child. Foster Care Policy section 13.21 Absent/Unknown Parent and Relative Search requires that the “search for an absent or unknown parent must occur within the first thirty (30) days of the child entering placement, so the parent can be involved in the court process, MDT, case planning process, visitation plan, and any other aspect of the case.” This is applicable not just for absent/unknown parents but for all kin/relatives. This search is not limited to the first 30 days and can be on-going throughout the life of the case.

### **MDT Process**

WV Code §49-4-405 and 49-4-406 requires Multidisciplinary Treatment Team (MDT) meetings to be held on all children in child welfare custody cases in which children have been removed from their parents or caretakers. The department continues to utilize the MDT process as the central point for decision making in the life of a child welfare custody case. All parties involved in a case, including children in care and the family should participate in the MDT process. MDT activities include coordinating services; developing a case plan; evaluation and review of all aspects of the case including the child’s permanency plan; and efforts to achieve the identified appropriate permanency goal in a timely manner. MDTs can be held in non-custody cases as well.

Active MDT participation is vital to making case decisions and achieving safety, permanency, and wellbeing. In an effort to improve the involvement of children, families, and individuals from all disciplines involved in case planning, the Department developed several handbooks for families to utilize.

The WV DHHR, with the help of Channing Bête Company, Inc., has prepared booklets for families involved with Child Welfare in several different areas including MDT’s, Foster care, Youth Transitioning and Right To Be Heard.

The “Multidisciplinary Treatment Team” brochure was developed as a tool to be given to families, foster care providers, and individuals from many disciplines to educate on the policy and practice of MDT meetings as well as to encourage participation in such.

The “Foster/Adoptive Parents or Kinship Care Providers” booklet is given to all foster care providers to inform them of the child welfare process and their expected involvement in case planning.

The “What’s Next” booklet is intended for youth to encourage them to participate in case planning, inform them of the MDT process, and educate them on how to navigate the child welfare system.

The “Right to Be Heard Letter” has been distributed to all foster parents, pre-adoptive parents, and relative caretakers to inform them of their right to be involved in the case planning for the child(ren) in their care. A memorandum was also sent to child welfare staff regarding the same to explain that they are required to give notice to any of these providers in a timely manner of any MDT meetings or court proceedings that take place via a letter, and they must document the notice within the FACTS contact screen for that case.

### **Court Improvement Program (CIP) Multidisciplinary Treatment (MDT) Team Study Committee**

#### **Multidisciplinary Treatment Team (MDT) Desk Guide**

The original MDT Desk Guide was developed in 2006 by a MDT Task Team, which is made up of Department of Health and Human Resources (DHHR) field and central office staff, private agency staff, and other State agency staff. The desk guide was developed to be utilized as a tool to assist staff in the MDT process.

In 2014, the MDT Desk Guide was updated by members of the Court Improvement Program (CIP) MDT Study Committee. The purpose of the updated Desk Guide was to assist both staff and other stakeholders in the MDT process.

The MDT CIP Study Committee has begun distribution of the MDT Desk Guide.

#### **Standard MDT Curriculum/Package**

A standard (statutorily required) MDT training curriculum package that will meet the needs of numerous stakeholders (e.g., objectives of the MDT, roles and responsibilities of team members, best practices, and educational stability and slide templates) was developed in 2014.

The Standard MDT Curriculum/Package included information to be shared with potential trainers/presenters wishing to provide training workshops on the West Virginia statutorily required Multidisciplinary Treatment Teams. Information includes sample slides and handouts.

The training curriculum package was piloted on May 29, 2015 in Braxton County (a central location in West Virginia). Sixteen DHHR caseworkers and supervisors and 15 caseworkers and supervisors from the Division of Juvenile Services attended the training.

The training evaluations confirmed that the training will be effective. However, the information regarding participation by school personnel will be revised to clarify their role in the MDT team process.

The Court Improvement Program (CIP) Multidisciplinary Treatment (MDT) Team Study Committee will determine in September 2015 who will retain the Standard MDT Curriculum/Package and the process for the annual review and/or revisions.

### Effectiveness of Multidisciplinary Treatment (MDT) Teams Study, Summary of MDT Survey Results

In 2014, Judge Gary Johnson, Chairperson of the Court Improvement Program, requested that a survey be conducted to gauge the effectiveness of multidisciplinary treatment teams (MDTs) in West Virginia. The survey was designed to obtain a "snapshot" of how MDTs are conducted. The survey addressed MDTs in abuse and neglect cases conducted by the DHHR. In addition, the survey elicited information about MDTs in juvenile cases. The survey results concerning juvenile cases appeared to reflect DHHR MDTs as opposed to those conducted by the Division of Juvenile services.

The initial survey was distributed in the latter part of 2014. The BCF also sent the survey to their staff in January of 2015. The results of these two different survey distributions have not been combined. For that reason, we refer to the CIP and BCF surveys in this summary. When relevant, we also refer to abuse and neglect (A&N) and youth services (Y.S.) surveys. The majority of persons responding to the survey included, CPS workers, youth service workers, guardians ad litem and respondents' counsel.

Overall, 73.41% of the CIP survey respondents indicated that MDTs were actually conducted. MDTs are most often conducted every three months in abuse and neglect cases (42.21% CIP survey; 55% BCF survey), but a sizeable majority indicated that their counties conducted them on a monthly basis (29.22% CIP survey; 26% BCF survey). In youth services cases, the survey respondents indicated that they met every three months (45.45% CIP survey; 41% BCF survey), but a sizeable minority (37% BCF) indicated that they met at varying times every one to three months. Only 15.15% of the CIP survey respondents indicated that youth services MDTs met on a monthly basis. They did not have the response option of meeting at varying times every one to three months.

The majority of survey respondents indicated that MDTs met often enough to be effective (52.73% CIP A&N; 51.55% CIP Y.S.; 72% BCF A&N; 73% BCF Y.S.). It

should be noted that the BCF survey respondents indicated that they met often enough to be effective at a much higher rate than CIP survey respondents.

A fairly high percentage of the participants, although less than a majority, thought that neutral facilitation in abuse and neglect cases would make MDTs more effective (46.95% CIP A&N; 40% BCF A&N). However, 42% of the BCF A&N respondents indicated that neutral facilitation would not make MDTs more effective. Only 33.54% of the CIP respondents thought that neutral facilitation would not make MDTs more effective. In youth services cases, the CIP respondents were almost evenly split on this issue (37.50% indicating yes and 38.82% responding no). The BCF respondents had a slightly more varied response (41% responding no and 36% responding yes).

Other issues addressed by the survey included typical attendees at MDTs (primarily BCF workers, guardians ad litem, respondents' attorneys, and probation officers in youth services cases), methods of participation (predominantly in-person and by phone), person that provides notice of the MDT (BCF personnel), length of MDTs (typically between 30 minutes to an hour), methods for the MDT to report to the court (most often a written report) and information that MDTs should provide to the court.

In addition to the specific questions, survey respondents were able to include open-ended comments on specific questions. These comments provide insight into ways that MDTs could be improved: better attitudes on the part of participants, accurately reflecting MDT decisions and recommendations and noting minority opinions in a written report to the court, better scheduling practices, set scheduling (i.e., set MDTs on specific days of the month), more visitation of child clients by guardians ad litem and more participation by prosecutors in MDTs.

In May 2015, S.B. 393 (§49 4-403) passed, "In each circuit, the department shall coordinate with the prosecutor's office, the public defender's office or other counsel representing juveniles to designate, with the approval of the court, at least one day per month on which multidisciplinary team meetings for that circuit shall be held: Provided, That multidisciplinary team meetings may be held on days other than the designated day or days when necessary. The Division of Juvenile Services shall establish a similar treatment planning process for delinquency cases in which the juvenile has been committed to its custody, including those cases in which the juvenile has been committed for examination and diagnosis."

### ***Annual Credit Report***

Each child in foster care under the responsibility of the state who has attained 16 years of age receives without cost a copy of any consumer report (as defined in section

603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care, and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report. The consumer credit report must be provided to the youth without cost. Since credit reporting agencies do not knowingly maintain credit files on minor children, if a file is found, it must be interpreted and all issues resolved prior to the youth leaving care.

### ***NYTD and Transition Planning Template***

During the process of developing the SACWIS System's policy and program changes required by National Youth in Transition Database (NYTD), the state took the opportunity to revisit the way services were being provided to older youth. The policy was revised to reflect services being provided to "Youth Transitioning" from foster care, rather than the independent living services that were being provided to older youth.

The state has implemented a new requirement for the youth's Transition Plan, which is as follows:

A youth's Transition Plan must be personalized for the youth, developed by the youth, and contain specific information to assist the youth in their transition to adulthood.

90 days prior to the youth turning 18 years old, the Transition Plan must be revised or updated by the youth's worker and youth.

The plan must be personalized by the youth and must contain as much detailed information as the youth decides to incorporate into the plan.

The plan must contain the following specific information:

- Housing options and services;
- Employment services;
- Health insurance options;
- Mentor options;
- Workforce options;
- Continuing support services;
- Health care directives and how to complete an "advance directive," when requested; and
- Any other information that the youth deems important.

The state has implemented the Casey life skills assessment and curriculum process, and SACWIS changes have been made to incorporate this process. Through collaboration with the Service Delivery and Development Workgroup, a Transition Plan template has been adopted by the Department. A desk guide was developed to walk workers through using the template and entering critical data into the SACWIS system. The Transition Plan template is also posted on the Department's web page so that foster care agencies, guardian ad litem attorneys, and others can also use the tool with youth.

The state has made SACWIS changes to meet the reporting requirements for NYTD, including the outcome survey portion of NYTD. The changes to the SACWIS, as well as the data to be reported, have been tested, and NYTD data will be reported this period.

Youth assisted in the development of how the survey would be presented and explained to youth, prior to the survey section being developed in the SACWIS system.

### ***Educational Stability***

Child welfare agencies are required to assure educational stability for children in care. At the initial time of removal of the child from their home, the Department makes diligent efforts to maintain the child in the school that they are currently enrolled in unless it is not in the child's best interest. WV makes a concerted effort to place the child with relatives and fictive kin as often as possible who generally reside in the same communities as the child, which helps in providing educational stability.

Federal funding to cover education related transportation costs for children in foster care is utilized whenever possible. However, due to the fact that WV is such a rural state, if placement is not with relative/kin or local foster parents, the distance to maintain the child in the same school is great and usually not in their best interest.

The Out of Home Education Committee has embraced the Blueprint for Change. Subcommittees have been formed to address each of the Blueprints goals such as a seamless transition between schools and young children entering school ready to learn. There have occasionally been some minor issues in getting foster children into school if they must change schools; however, these are being addressed. Overall, this process has gone well.

### ***Uniform Child or Family Case Plan***

The Uniform Child or Family Case Plan was developed and implemented across the state during the latter part of 2009. When a child is placed in the care, custody, and



control of the state as a result of child abuse and neglect proceedings, various federal and state statutory requirements go into effect. The purpose of the requirements is to assure the child is safe, has a permanent placement, and has his or her emotional, physical, and educational needs met.

The Uniform Child or Family Case Plan is an automated report (Case Plan Report or CPR) in FACTS. The report contains all of the information necessary to fulfill the federal requirements for foster care programs and case plans [SEC. 475 \(42U.S.C. 675\) of the Social Security Act](#) and WV Code §49-4-408 state requirements for a unified child and family case plan, [Rules, 23,28 and 29 of the Rules of Procedure for Child Abuse and Neglect](#). **It is one document that fulfills the requirements for one federal statute and state statutes.** The Case Plan Report can be printed whenever needed. The Case Plan Report may be found in FACTS under “CPR” in the New Court location. FACTS will automatically populate some of the information to the report while some information must be added manually.

Recently, the Uniform Child or Family Case Plan was modified to include all the major provisions identified in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The purpose of this law is to amend parts B and E of Title IV of the Social Security Act to connect and support relative caregivers; improve outcomes for children in foster care; provide for tribal foster care and adoption access; improve incentives for adoption; and for other purposes. West Virginia’s Uniform Child or Family Case Plan currently meets those needs.

The Department is currently revising all of their Child Welfare Policies into one Policy. This policy will include a casework process for Child Protective Services, Youth Services, Foster Care and Youth Transitioning. It is hoped that by combining the philosophy of Family Engagement at all steps of the process to all who enter through the door there will be a more consistent practice of individualized case planning in all phases of child welfare.

## **4. Update on Service Description**

The Preventing Sex Trafficking and Strengthening Families Act amended title IV-B and IV-E requirements to address domestic sex trafficking, limit use of another planned permanency living arrangement (APPLA) as a permanency plan for youth age 16 and older and requires agencies to modify their case review system to;

- Provide youth with certain documents when they age out of foster care



- Include youth age 14 and over more fully in case planning
- Limit OPPLA as a permanency plan for youth age 16 and older
- Defined sibling

Progress on other requirements of this legislation will be reported in their appropriate sections.

WV Foster Care Policy was amended in 2012 to provide an additional policy for Youth Transitioning from foster care. Our Youth Transitioning Policy separated those activities specific to older youth in foster care who were planning to remain in care at age 18 or discharge to either home, on their own or post-secondary settings. These activities included transition planning with the youth, discussing advanced directives, credit checks and a Personal Exchange Document Discharge List (PEDDL). The PEDDL list is those documents that must be given to youth upon discharge from foster care and includes the following;

- the youth's social security card;
- certified original birth certificate;
- health records including immunization history;
- education records;
- life book;
- completed journey placement notebook;
- state photo ID;
- SSI application (copy), and;
- other information the youth may find helpful or important

WV Child Protective Services, Youth Services and Foster Care Policies have historically been based on intensive family engagement practice and youth involvement in their case planning was already an intrinsic value in all policies.

The limitation of Another Planned Permanent Living Arrangement (APPLA) to those youth ages sixteen and older required statutory changes that were codified this past legislative session. Policy as well as our IV-E state plan was revised in December to accommodate these changes.

Finally, WV revised its policies to incorporate the Federal definition of sibling. Our IV-E plan was also amended to reflect this change specifically. However, it should be noted that WV policies are much broader when considering sibling and kinship. In this state, kinship is defined as anyone a child views as a relative and sibling is anyone a child considers being a brother or sister. So although policy was strengthened to include

specific relationships, our practice of recognizing these groups has been much more accommodating.

In July 2004, the Department implemented the concept of a managed care system of sorts for Socially Necessary Services. These are services provided to children and families which are necessary to provide for the child's safety, permanency, and wellbeing and are not covered through Medicaid. Workers are expected to use existing, community services when available. Twenty percent (20%) of Subpart II dollars are used in each category. However, West Virginia typically has to augment both the Family Preservation and Time-Limited Reunification cases with several hundred thousand dollars of state funding.

An Internet website section was developed and linked to the DHHR home page to assist interested parties in communities in determining whether or not they wanted to enroll as a provider of Socially Necessary Services. The website contains the following information:

- Overview of the ASO process and Socially Necessary Services;
- Overview of the ASO Process and CAPS;
- Enrollment materials;
- Utilization Management Guidelines;
- A Service Matrix;
- Information on payment rates; and
- Samples of the letters sent to providers.

Interested parties may review the material before deciding to enroll as a provider. They can also choose which services they can provide and the geographic area they can cover. The material also describes the qualifications for providers for each service. The enrollment process provides an opportunity for all interested parties to consider what they wish to provide and where they want to provide it.

With the development of the Socially Necessary Services system, the Department developed uniform definitions for services, standards and consistent credentialing for staff providing services, service criteria to help provide consistent client outcomes, a standardized authorization process for the initial approval of services, reauthorization of service continuation when warranted, and a process to review the services that were provided and uniform rates of reimbursement for services. All services are provided in every geographic region of the state. Due to West Virginia being such a rural state, incentives were built into the funding of the services to encourage providers to cover the more mountainous and sparsely populated areas. Services are outlined for each case type at the following website is <http://www.wvdhhr.org/bcf/aso/>.

As of May 28, 2015, the following recommendations have been made for the redesign of what was once referred to as Socially Necessary Services, which will be known as Community Support Services with the roll-out of Safe at Home:

1. Structural Changes to Service categories- Instead of the case designations being broken down into CPS and Youth Services, with the multiple sub-categories (See utilization report dated July 2014-April 2015), the services will be categorized into the federally required categories of Family Support, Family Preservation, Time-limited Reunification and Adoption Preservation.
2. Development of Performance Measures for Each Service Category- The current compliance-based methodology of measuring provider performance will be changed to results-based accountability. This will allow us to determine how much providers do, how well they do it and if our families are better off. Three to five performance measures will be developed for each of the four service categories;
3. Removal of the fee-for-service payment structure- Instead of payment for each individual service on a unit-by-unit basis, the recommendation is to develop case rates for each service category mentioned above. The family would be referred for, as an example, Family Preservation and the provider agency would assign an array of services within Family Preservation that addresses the family's specific needs. The case rate would be based upon the intensity of the specific case type: Family Preservation would be paid a higher case rate (due to intensity of need when families are experiencing crises and efforts are being made to keep children in the home) than time-limited reunification, where the children may be out of the home, and the main service may be supervised visits to reunify the children.
4. Removal of the following services from the utilization matrix:
  - a. Child-oriented Activity will be completely removed (was previously removed from CPS cases but remained available for Youth Services cases);
  - b. Child-oriented Group Activity;
  - c. General Parenting;
  - d. Family Crisis Response for Jacob's Law;

e. CBT (This will become the Wraparound Facilitator through the local coordinating agencies)

f. Pre-reunification Support- This service is available to specialized foster care agencies at this time. However, those agencies receive case management payments which should include the provision of reunification activities with families;

g. Tutoring- Has not been accessed for authorization in one year;

h. Homemaker Services- Only three authorizations within the past year

**5. Changes to the eligibility, service definition and provider criteria of existing services-**

a. Under Family Support, require the CANS tool be used for Needs Assessment/Service Plan;

b. Case Management would not be available as a service option for families enrolled in Safe at Home, as the local coordinating agency would be receiving a case rate for the care coordination;

c. Family Crisis Response-Remove the requirement for a social work license;

d. Respite- Evaluate the four types of respite to determine if all are needed. Only one, emergency respite, has been utilized in the past year.

**6. New Service Development-**

a. Peer Support- For adults with substance abuse and/or mental health issue for which they are either undergoing treatment or recently completed treatment. The service provides a paraprofessional peer for recovery support;

b. Youth Coaching- Based on the Circle of Courage model, provides education and youth development skills that have evidence-basis for success.

c. Recreational Activities - Is a treatment service designed for all youth to be engaged in meeting their basic personal and social needs to be safe,

feel cared for, valued, useful, and to build skills and competencies that allow them to function and contribute in their daily lives.

APS Healthcare continues to monitor the operation of the authorization process, the provision of training to service providers and Department staff, and the operation of the retrospective review process. The Bureau for Children and Families convened an oversight workgroup. The workgroup is composed of Bureau staff, staff from the ASO, and representatives of the provider agencies.

### *Family Support*

After bringing together a cross section group to look at the Family Support category of ASO in late 2010, the Department made a decision to close this category of services in ASO and develop a Request for Applications (RFA) for Family Resource Centers. Family support services are now available to anyone in the state who is in need of the services without having to have an open Child Welfare Case. All of West Virginia's IV-B Family Support money was diverted into community-based services and were outlined previously in the Prevention section of this report. As with all other grants, these will be evaluated yearly to determine if they continue to meet RBA outcomes established this year.

West Virginia redirected Family Support money to Starting Points to ensure this money was spent on preventing families from coming to the attention of the DHHR. It is difficult to determine how many families have been diverted.

### *Family Preservation*

Currently, the Department offers Family Preservation Services to recipients of Child Protective Services, Youth Services and Adoption under the categories of Family Preservation, Time Limited Family Reunification and Adoption Promotion and Support. These services range from Individualized Parenting, Adult Life Skills, Supervised Visitation, Transportation and many other Services. Providers receive a referral from the family's worker to provide a distinct service. This referral allows the identified service to be provided for up to one year before a review of the service is completed.

During planning for the Title IV-E Waiver Demonstration Project, several groups were formed to look at different pieces of implementation. The Safe at Home Service Model Development Workgroup believes that services could be bundled for Family Preservation under the current Infrastructure of Socially Necessary Services to include the current services available in this array of services. There would need to be additional services included similar to peer support and mentoring like those offered in

the National Wrap-Around Model. This may require changes to our current CIB Policy. The bundle would be capped at either a length of provision or dollar amount.

### *Time-Limited Family Reunification*

Services offered under Time-Limited Family Reunification are sometimes the same as in Family Preservation. However, there is also a service bundle in this category known as Pre-Reunification Support. This service is for children who are still placed in foster care settings, but are beginning transitional overnight visits to the home from which they were removed. The purpose is to observe the interactions of the family as they adjust to being re-united in their own home and report to the DHHR worker and/or court regarding the family dynamics and give recommendations regarding the children being reunified. These observations are to be scheduled as well as random as determined by the MDT. The provider must be available to the family if assistance/modeling is needed including Saturday and Sunday. If a crisis arises that would require the possible removal of the child(ren) the DHHR worker must be notified immediately. Behavioral health services, preferably family therapy, should also be arranged for the family to support their adjustment to the re-unification. If possible, the same agency/individual that is providing services to the parents should be used to support the transition.

The Safe at Home Service Development Workgroup is considering both grants and fee for service type payment methods to deliver a similar, all inclusive array of services under this service category. Like Family Preservation, these services would be either capped at length of service or dollar amount.

### *Adoption Promotion and Support Service*

Foster/Adoptive family recruitment is an ongoing process because the foster care population is in constant flux as foster/adoptive families leave the system for various reasons, such as adopting children or ceasing to be foster/adoptive parents. Another factor for the need of constant recruitment is the existence of a special needs group of children for whom it is difficult to find permanent placements.

To aid in maintaining this effort, West Virginia previously enlisted technical assistance from AdoptUSKids, during which a strategic recruitment plan was developed. The recruitment plan provides for the Department to collaborate with stakeholders including Mission WV, private child-placing agencies, the family resource networks, and our foster/adoptive parent networks. Representatives from all of these stakeholders participated in developing the recruitment plan. The recruitment plan is the blueprint for the recruitment efforts in West Virginia and continues being utilized as a resource.

Drawing on the motivated and growing community of stakeholders brought together by the Department through the recruitment plan, a collaborative committee was formed to work on and coordinate recruitment and retention activities statewide and to explore both public and private funding sources for recruitment efforts. This group, the Recruitment and Retention Collaborative, meets on a monthly basis.

The Recruitment and Retention Collaborative is comprised of DHHR state office and field staff from all four regions, Mission WV, CASA, the Prosecuting Attorney's Institute, private Specialized Foster Care Agencies, foster/adoptive parents, and others who are interested in recruitment and retention of foster/adoptive parents. The goals of this group are to not only recruit and retain foster/adoptive parents but to share information about emerging topics and best practices in the state. This group has had great success in raising awareness of foster care and adoption which is done through activities such as an annual foster care walk held during Foster Care Month, continuing education events for foster/adoptive parents and staff, and a retention activity for families each year during National Adoption Month.

Because of the extensive and statewide scope of the plan, priorities were developed to maximize the groups' efforts. Priorities included tailoring the recruitment message to coordinate information being disseminated, working together to compare recruitment activities, and finding innovative ways to leverage activities and resources already in place. Goals arising from these early meetings specifically targeted the need for additional outside (non-governmental) resources and the need to increase the number of recruitment events statewide.

The regional recruitment activities by DHHR staff include social activities and recruitment events for foster/adoptive families. Many of the DHHR staff has been interviewed by local newspapers and TV news stations. These staff host open houses and have become quite innovative in partnering with businesses in their communities to disseminate information about becoming a foster/adoptive family. Staff often speaks at local churches and community groups about becoming foster/adoptive parents as well as setting up booths at community fairs. DHHR staff participate in the Recruitment and Retention Collaborative and the events organized by that group.

The West Virginia Department of Health and Human Resources continues its formal partnership with Mission West Virginia, Inc. (MWV). The organization, a private nonprofit created in 1997, is contracted to provide recruitment services for both adoption and foster care. MWV has worked to promote adoption and foster care since 2001 and provides a comprehensive recruitment approach, employing all levels of recruitment statewide. They serve as a neutral information and referral source – referring prospective families to both the WV DHHR and all appropriate specialized child-placing

agencies in the state. They also employ an in-depth, follow-up process providing prospective families assistance from initial inquiry to placement or adoption.

On staff, MWV has one Recruitment Specialist who is an adoptive parent designated to follow-up on inquiries. They employ three foster/adoptive parents total who use word-of-mouth to recruit new families. Data tracking progress and successes are recorded both through an internal database created by MWV and through the AdoptUSKids online database. Data collected includes the inquiry date, city, county, referral source, and basic family information. By tracking the referral source and following up with families in their internal database, MWV is better able to track the success of their recruitment efforts and determine which efforts have been most effective during a specified period. Additionally, MWV is able to track and report on benchmarks throughout the process (family certification, adoption, etc.) by looking at inquiry dates and follow-ups. Reports are provided quarterly to the WV DHHR. Outlined below are some of the recruitment services provided directly by MWV.

#### General Recruitment

During FFY 13, MWV provided general recruitment activities throughout the state, but the bulk of recruitment methods they employed fell into more targeted or micro levels of recruitment. Through research of similar demographic locations, MWV made contact with Northeast Ohio Adoption Services, an organization that received a federal demonstration grant (Lessons from Rural Targeted Community Outreach, Federal Adoption Opportunities), that employed general recruitment in the State of Ohio. This resulted in MWV engaging in a direct mail campaign to a targeted demographic audience in communities throughout the state. The Direct Mail campaigns have two goals – the first is to recruit more families to provide foster care and/or adopt, and the second is to provide information about the myths and facts of foster care with the goal of changing the public's perception of foster care and the children who are in foster care. MWV also solicits free and donated media for promotion. They also keep web materials up-to-date and track the penetration of web outreach efforts. Finally, they are very active on social media pages, even purchasing ads on Facebook as well as the more traditional methods including billboards, brochures, materials with marketing message, etc.

MWV utilizes successful adoptive and foster parent stories to recruit families throughout the state. Their quarterly newsletter titled "Open Your Life" provides a platform for sharing personal stories and advice from foster and adoptive families in WV. Each year, MWV works with the Recruitment and Retention Collaborative of WV to organize an Adoption Celebration in recognition of National Adoption Month. At this event, there is a program that features the personal stories of adoptive families told by the families



themselves. Through well-organized and strategic follow-up with families in their database, they maintain and nurture relationships with successful families who often volunteer to help with ongoing campaigns, special projects and speaking engagements. They encourage their successful foster and adoptive families to promote foster care via word-of-mouth and keep brochures and handouts available for distribution. Sharing personal and positive stories about youth in foster care helps mitigate the public's poor perceptions of foster care.

### **Targeted Recruitment**

In West Virginia, there is a strong faith community throughout the state. Churches are often interested in helping recruit families for waiting children, and MWV utilizes child-specific strategies to work within these communities. "Sunday's Child" is a bi-weekly column that features the profile and photo of children waiting for permanent placement. This column is sent to several churches throughout the state; these churches display the column in their bulletins or on an overhead projector during the Sunday service. MWV also presents information about waiting children and their programming to churches interested in learning more about foster care and adoption in WV. Whenever an adoption/foster care event is planned, MWV sends an information bulletin insert to churches that surround the area of the event. "The Heart Gallery of West Virginia" is also often on display at different churches in various areas of the state.

"The Heart Gallery of West Virginia" is a traveling photography exhibit that features portraits of WV's children in foster care who are legally eligible for adoption. MWV hosts "Heart Gallery Dinners" at restaurants in towns in each region of the state and invites certified and interested families to attend an informative evening that features the Heart Gallery. At each dinner, an adoption recruiter speaks about the children on the gallery, shares details about the adoption process, and answers questions from attending families.

MWV's FrameWorks initiative has for years primarily focused on working with children who are older; in sibling groups; are minorities in a state where roughly 95 percent of residents are Caucasian; or have other physical/mental/emotional challenges that have made adoption and/or foster care difficult. Through the direct mail campaign, they are able to segment the targeted population to best fit the children who are waiting and their needs. Specifically, MWV focuses their recruitment efforts to serve the entire special needs adoption population in the state. Additionally, the agency makes a special effort to show diversity in their promotional materials and respond to non-English speaking families who inquire. This concentrated effort has allowed the organization to best utilize limited resources to promote a population that needs the most support.

### Child-Specific Recruitment

As previously mentioned, the Heart Gallery of West Virginia is a display that features photos and profiles of waiting children. This display is a great tool for creating awareness about the need for more families, specifically for older children who are waiting to be matched with a family. All children featured on the Heart Gallery fit the category of “special needs adoption” per WV law. This display is set up in locations with high foot traffic such as large churches, shopping centers, and bank lobbies.

MWV has partnered with many different news stations over the years to feature children through child-specific news segments. Since 2011, MWV has partnered with WBOY, a news station in central WV, to feature children on their “Finding a Family” segment. Through this segment, waiting children are given the opportunity to reach out to a large general audience. A special activity is arranged to give the child a special day and allow the audience to learn about the individual child. These segments often help audiences connect an actual child to the abstract need for adoptive families. MWV’s toll-free number is included in all broadcasts, and the organization handles all inquiry calls and follow-ups.

### Child-Focused Recruitment

WWK Mission West Virginia employs two full-time Wendy’s Wonderful Kids recruiters through the Dave Thomas Foundation for Adoption who provide direct recruitment for approximately 40 children in the state who have been identified as special needs. Recruiters follow a child-focused recruitment model which involves establishing a relationship with the child; a complete case record review; adoption readiness assessment and adoption preparation; network building; recruitment planning; and diligent search. Independent research released in 2011 showed that children served through the Wendy’s Wonderful Kids program were three times more likely to be adopted. Each recruiter covers one-half of the state and serves 15-20 children annually.

The WV Adoption Resource Network (ARN) is the state’s online photo-listing. Although operated by the DHHR, MWV works closely with the ARN. All children served by MWV’s recruitment efforts must be featured on the ARN, and often a referral to MWV leads to the ARN referral, which staff can assist with. Additionally, Heart Gallery portraits are used on the ARN, either when the child is first listed or to replace an out-of-date or poor quality photo. Certified families may register on the website and express interest in individual children. Encouraging families to use the ARN is a standard part of MWV’s response to inquiring families.

### **Additional Awareness/Recruitment Techniques**

Not all families are open to the idea of providing foster care or adopting but want to reach out to youth in foster care. MWV provides volunteer opportunities for communities to volunteer their time and services to brightening the lives of kids. The Carry-On Campaign is an ongoing effort with the goal of eliminating garbage bags as luggage for youth in foster care. This campaign is in partnership with the U.S. Attorney's Office (USAO) for the Southern District of WV and was able to easily become a statewide campaign with the support of the USAO and county DHHR offices. Over 2,000 pieces of new or gently used luggage and hundreds of toiletry items have been donated since 2010. Community members can also donate to the Celebrations! project, which is designed to create positive memories for children in the foster care system. For example, Celebrations! has funded adoption parties; a choir trip for a youth in foster care; a trip for a foster youth to attend a science camp; and many other enriching and meaningful events. Both projects have also generated several media and partnership opportunities and have led to adoption/foster parenting inquiries.

Through the Relatives as Parents Program (RAPP), an experienced foster/adoptive father and experienced PRIDE class trainer are available to answer questions and provide resources for relative providers. MWV updated their resource guide entitled "Kinship Care Support, Relatives as Parents Program Resource Guide" which has been widely distributed throughout the state and is available for download on their website. There are an increasing number of children in the U.S. who are living with relative caregivers who may or may not have formal custody or legal guardianship. This guide acts as a central source of basic information regarding the assistance and resources available to families raising their relative's children. The RAPP program also provides workshops in different regions of the state that focus on relative caregiving issues.

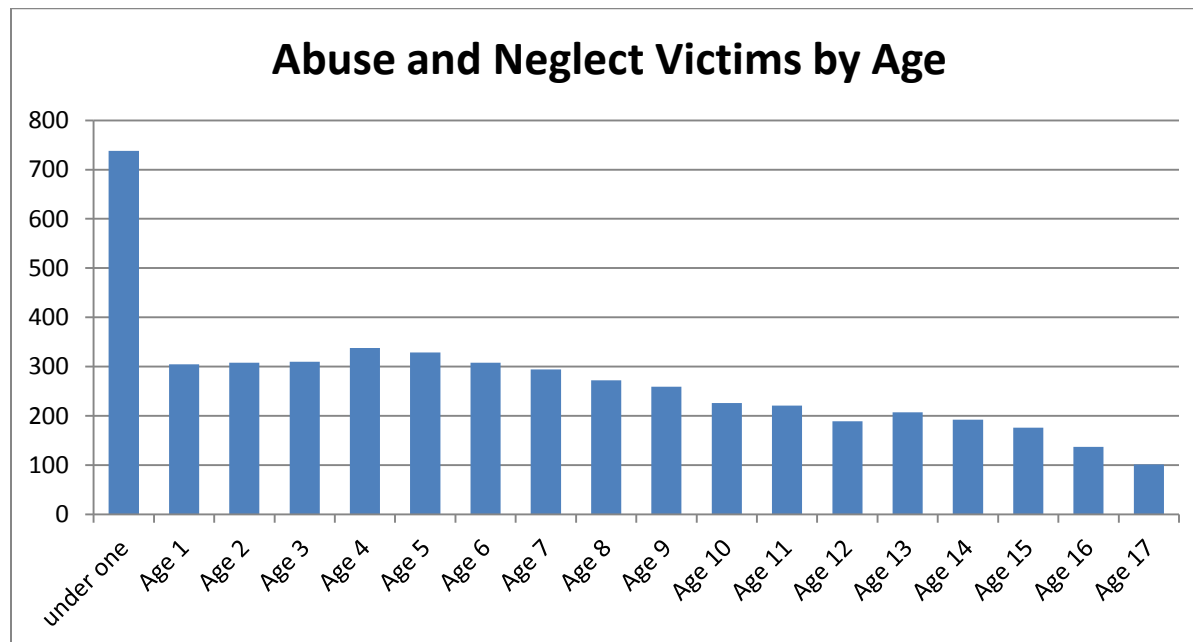
The above-mentioned recruitment activities are funded by IV-B Part 2 monies, the Dave Thomas Foundation, and the WV Bureau of Senior Services.

During the FFY 2013, West Virginia finalized 875 adoptions, 137 of these were completed by Specialized Foster Care Agencies.

### **Populations at Greatest Risk of Maltreatment**

Children three years of age and under have the highest rate of maltreatment in West Virginia. That age group accounts for approximately 33% of the victims in West Virginia according to data derived from our Statewide Automated Child Welfare Information System (SACWIS); up from 31% last year. More specifically, children under the age of

one are most likely to be abused or neglected in West Virginia and be the victims of child fatality due to abuse and neglect in the state.



Child vulnerability is a key component in the Safety Assessment and Management System (SAMS). Child Vulnerability in the Safety Assessment and Management System refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size; dependence; and susceptibility. By focusing on vulnerability in the CPS Casework Process, the most vulnerable children will be better protected.

Early intervention services are provided to any child under the age of three who has been abused or neglected. West Virginia offers Right from the Start, Birth to Three, and Lilly's Place, which is a Neonatal Abstinence Syndrome Program for infants that are drug exposed. Safety Services are provided to ensure the most vulnerable population is safe, and repeat maltreatment has been steadily declining in West Virginia. There are 40 Partners in Prevention community teams in West Virginia who provide services to vulnerable children and their families.

Updates

The state has focused most of its resources in the last year on services to children under the age of one. As stated earlier, this demographic represents West Virginia's largest population of child fatalities, almost always due to co-sleeping and substance abuse.

The West Virginia Department of Health and Human Resources has convened of team leadership from both the Bureau for Children and Families as well as The Bureau of Health and Health Facilities to begin the process of modeling the Sobriety Treatment and Recovery Team (START) program implemented in Kentucky. We plan to implement two sites in Regions I and IV. The START program is an intensive intervention model for substance abusing parents and families involved with the child welfare system. The program integrates addiction and recovery services, family preservation, community partnerships and best practices in child welfare and substance use disorder treatment. It will provide substance abusing parents and families involved with the child welfare system a Family Team including a Mentor who has at least three years of sobriety and previous involvement with CPS.

West Virginia has also developed a Safe Sleep flier for workers to hand out to any families with newborns. This flier describes the hazards of co-sleeping and gives parents information on healthy, accepted safe sleep arrangements. The Department of Health and Human Services has also placed an emphasis on training for both new and tenured workers on assuring safe sleep in any referrals that involve newborns.

Safe Sleep is a topic of discussion at every Supervisor and Leadership meeting as well as a training topic for law enforcement as well as other Bureaus within the West Virginia Department of Health and Human Resources.

Training has been developed and will be rolled out in the fall of 2015 based on trends that have been seen in our critical incident reviews. Training will focus on adequately assessing substance abuse in the homes, assessing children under the age of three and adequate safety planning.

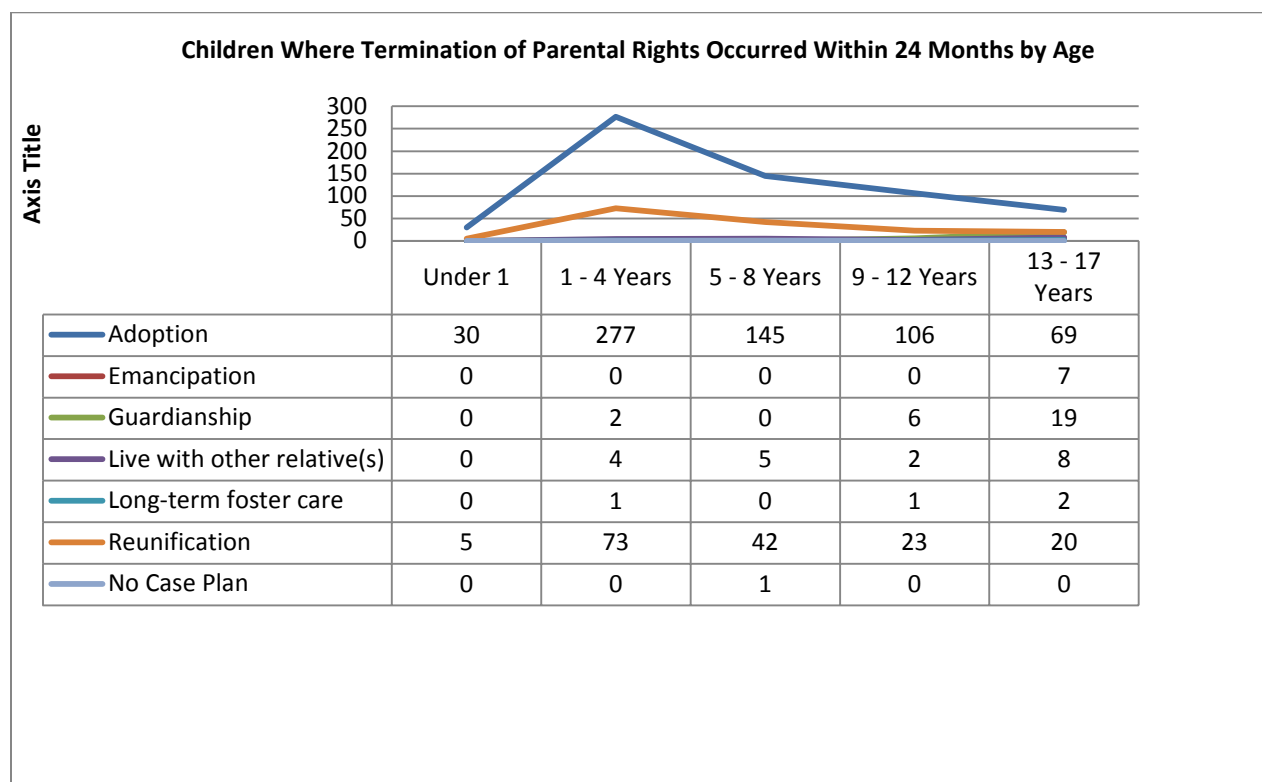
### **Services for Children under the Age of Five**

WV has requested and is receiving technical assistance from the NRC for Diligent Recruitment in order to aid in our issue of addressing completing timely Homestudies on kinship/relative homes as well as processing and certifying inquiries for foster and adoptive parents. This will enable us to have a wider selection of available homes for children who come into foster care and will improve our matching abilities.

Also, during the last legislative session, a bill was passed relating to neonatal abstinence centers; authorizing neonatal abstinence centers; requiring the Secretary of the West Virginia Department of Health and Human Resources to establish rules to set minimum standards of operation for neonatal abstinence centers. It also required the state agency to consider neonatal abstinence care as a unique service.

Update:

West Virginia has placed a focus on moving children out of foster care for a number of years. This focus has worked extremely well for younger children. Most are either returned home within 12 months of removal or find permanent homes within 12 months of termination of parental rights, usually adoption by foster parents or relatives.



West Virginia has recently made the decision to handle all inquiries from prospective foster parents through our existing grant with Mission WV. Mission WV will receive all calls from citizens interested in becoming foster parents and will help guide those inquirers to private Specialized Foster Care agencies. This will enable Department workers to focus their attention on completing kinship/relative studies more timely as

well as allowing the private sector to focus more attention on recruitment of resource homes.

West Virginia will be refocusing their training and technical assistance from the NRC for Diligent Recruitment towards the private providers.

### **Services for Children Adopted from Other Countries**

Children and Adult Services has recommended to the Executive Leadership team within the Bureau for Children and Families to contract all post-adoptive services in the state. The Department of Health and Human Resources has approved a recommendation to contract all post-adoptive services in the state of West Virginia and to remove them from Socially Necessary Services. As part of the contract, the contractor will provide post-adoptive services to all post adoptees, including international and private adoptions and their families statewide.

The Department of Health and Human Resources completed a survey of all foster and adoptive parents of both Department of Health and Human Resources and private adoption agencies to determine the services that are needed. The following services were identified and will be required as part of the contract:

- Provide all adoption competent services needed for a family within the contract funding.
- Provide case management for all services, including appropriate Medicaid funded services, ensuring they are adoption competent providers.
- Ensure that all providers of services are adoption-competent trained and certified.
- Increase the number of post-adoption providers of service that are adoption competent.
- Maintain a toll-free 24-7 warm-line.
- Develop resources for information dissemination, including regular newsletters providing topic-specific information.
- Training specific to child needs for both the providers and adoptive parents.
- Remove all post-adoption services from socially necessary services and make them a requirement of the contract.
- Provide assistance to adoptive families navigating the special education system.

As part of the recommendation we have identified the following outcomes:

- Reduce the number of adoption disruptions, including international adoptions.

- Reduce the number of children entering or re-entering foster care.
- Reduce the number of exploited children by preventing the inappropriate re-homing or abandonment of youth.
- Increase the number of adoption-competent providers statewide.
- Reduce the number of children entering PRTF level facilities both in-state and out of state.

We will continue to work with our SACWIS system to collect data on disrupted adoptions, including international adoptions. We do have a mechanism in our SACWIS system to collect the data, but need to continue to educate staff on the importance of this data. There are discussions with FACTS to make this information mandatory so we can begin collecting reliable data on both domestic and international adoption disruptions/dissolutions. In the interim, a memo will be distributed by November 1, 2015 reminding field staff of the importance of completing this 'pop-up' box. A request has been made to the Adoption/Homefinding Child Welfare Consultants (CWCs) for a hand count of any international adoption disruption/dissolutions. Once our Contract for post-adoptive services is operational, we will also be able to gather data on disrupted adoptions from the monthly reports.

## **5. Program Support**

West Virginia is receiving Training and Technical assistance from the National Center for Diligent Recruitment to develop a plan for recruitment and retention of foster families. There have been two on-site visits with the NRC-DR, both for two days each. There have been multiple phone calls with the NRC and at least one more on-site visit is planned. The goals of the plan include:

- A comprehensive system assessment of issues effecting WV recruitment and retention efforts of foster/adoptive families.
- Assess the training and preparation of foster/adoptive families and determine if it meets the high needs of our youth in care particularly the older youth and sibling groups and children with very high needs.
- Assess the customer service provided to new and existing foster/adoptive families.
- As a result of the comprehensive statewide assessments, develop a recruitment and retention plan to ensure the state has a sufficient pool of qualified foster/adoptive families that are able to meet the needs of the children coming into care as well as to sufficiently support the IV-E Waiver



- “Safe at Home WV” and its goal of reducing the use of congregate care both in and out of state.
- West Virginia Bureau for Children and Families has been working with the Capacity Building Center for States. We have completed our assessment, met to prioritize our needs and activities, and a plan is being developed to addresses the identified needs. The Primary focus on technical assistance will be activities that support Safe at Home West Virginia.

West Virginia will also have an independent evaluator with our Safe at Home Title IV-E waiver Demonstration Project that will focus analysis of data on:

- Number of youth placed in congregate care
- Length of stay in congregate care
- Number of youth remaining in their home communities
- Rates of initial foster care entry
- Number of youth re-entering any form of foster care
- Youth safety (e.g., rates of maltreatment and recidivism)
- Well-being of youth
- Educational achievement (e.g., number/proportion of youth graduating high school)
- Educational stability (e.g., number/proportion of youth remaining in the same school throughout BCF involvement)
- Family Functioning

As part of implementation of Safe at Home West Virginia began has begun to work with our independent evaluator, system upgrades to West Virginia’s SAWCIS are being developed. Changes and modifications to West Virginia’s CQI process will be made in order to better facilitate evaluation and fidelity of Safe at Home West Virginia’s Wraparound model. As part of the design of the Safe at Home West Virginia’s is the creation of a Wraparound oversight team whose responsibility will be to provide technical assistance, guidance, and assure fidelity.

## **Training**

BCF Division of Training is responsible for the oversight, coordination, and delivery of training for BCF employees, including child welfare staff and foster parents statewide. This training consists of new worker training; professional development; supervisory and management training; and coordination of training for new, potential foster and adoptive parents. Goals for training are tied into the overall goals of the organization and include making continuous quality and process improvements to the training that is being

provided. In addition, training activities are continuously being evaluated to ensure the transfer of learning and long-term retention and utilization of information, knowledge, and skills learned in training. A list of courses, course length, target audience and projected numbers of staff to be trained, and course syllabi (including all university trainings) are provided in the BCF Training Plan (separate document).

### **Systemic Functioning**

West Virginia operates a statewide coordinated Training System to provide pre-service training and in-service training for new staff, and professional development training for tenured staff. This training is coordinated through the Central Office at the Diamond Building in Charleston, West Virginia, with staff trainers out-stationed across the state for provision of training activities. Training requirements are the same for both agency staff and contracted staff.

New worker pre-service training begins on the first day of employment. New workers are immediately placed into the first training class that is available after their first day of employment, usually occurring within one to three weeks of hire. New classes are started twice per month, for a total of 24 classes per year. The scheduled start dates for each training round are determined annually for the next calendar year each October. From the first day of employment to the first day of classroom training, new workers are required to complete an orientation and 18 hours of online training in the Blackboard learning management system (LMS). Once classroom training begins the new worker receives 144 hours of classroom training, 48 hours of structured transfer of learning, and 15 hours of online training over a six week period. Pre-service training must be completed within the first three months of employment, and attendance/completion is tracked through daily sign-in sheets and Blackboard LMS reports as well as being documented in the SACWIS system. To be reported as complete new workers must attend a minimum of 95% of the required training. New workers are required not to carry a caseload during their pre-service training period; however, to date this information has not been formally tracked. A mechanism will be developed to track this information so it can be reported in the next APSR.

Once pre-service training is completed, the in-service training period begins and continues during the remainder of the first year of employment. New workers are assigned a limited caseload that they carry over a period of four to 12 weeks (depending on the program area). The Division of Training is currently developing and implementing a coaching program for new workers that will be conducted during this

time. New workers then return for an additional 48 hours of classroom training held over a three week period, and an additional 42 hours of classroom training and 20 hours of online training during the remainder of their in-service training period. After that point tenured workers are required to receive 40 hours of continuing education training every two years.

In 2014-2015, the BCF Division of Training trained 156 new child welfare workers. Of these, nine (six percent) left the agency prior to completing pre-service training. A small percentage of new workers completed their in-service training requirements, although the exact percentage could not be reported due to incomplete tracking information. A plan will be put in place to ensure that accurate data can be reported in the next APSR. Tenured worker training completion rates are much greater due to the continuing education requirements to maintain social work licensure. This training must be completed to remain licensed, which is a job requirement.

While the Division of Training does a very good job at tracking pre-service training, tracking methods for in-service training and professional development training must be improved to ensure accuracy of those numbers. This will become even more important in the next year as West Virginia implements a new social work licensure law that allows persons with a bachelor's degree in an unrelated field to be licensed as a social worker, and so be eligible for child welfare positions. The legislation requires an additional training plan for staff who are employed with this new restricted provisional license that will have to be tracked and reported, which will be implemented in the next year. A new competency test for will also be implemented in the next year, based on the HOT (hands-on testing) competency tests developed in Oklahoma, as well as competency testing for supervisors. This data can be tracked and reported to demonstrate the effectiveness of the training program to the Legislature and in the APSR.

In addition, while the Division of Training currently gathers qualitative data around its training programs, more efficient methods for standardized reporting of this information must be developed. The Division of Training holds a statewide Child Welfare Training Advisory Council meeting every other month to obtain feedback on training programs and to plan and implement training program improvements. Participant evaluations are done on each training session that is held, with the results summarized and entered into a database and reported to the trainer and his/her supervisor. New curricula are reviewed and approved by stakeholders including regional field staff, policy staff, and SACWIS system staff prior to the training being conducted and when any changes or

updates are made. A formal tracking and reporting system for this information must be developed.

For provider training, West Virginia currently uses the PRIDE curriculum developed by the Child Welfare League of America. All prospective and new providers must attend 24 hours of pre-service training in order to be certified, although kinship families may be granted a waiver from the training. After certification foster parents must attend 12 hours of training each year in order to maintain certification. Tracking of pre-service training is done by the Social Work Education Consortium, who provide the training, and tracking of in-service training is done by the regional home-finders who are responsible for recertification of the homes.

In the next year the Division of Training will implement a system for tracking and reporting the following information: in-service and professional development completion; qualitative evaluation data; competency test results for workers and supervisors; provider training; and training required by the new social work licensing requirements.

### **New Planned Activities**

#### **Child Fatality Review**

The Division of Training is developing a course on Child Fatality in an effort to help reduce the number of child fatalities in West Virginia. This course provides participants with statistical data on child fatalities in WV and identifies trends in child welfare practices; factors related to child deaths; best practice standards; working with vulnerable children; supervisory consultation; safety planning; information gathering; co-sleeping; and substance abuse related child fatalities.

#### **Safe at Home Project**

The Division of Training will develop and implement training for Safe at Home initiative that will include training on wraparound values and principles, family and youth engagement, and the WV CANS.

### **Updates on Training Objectives**

The BCF Division of Training continues to make steady progress towards meeting its training objectives outlined in the Child and Family Services Plan. Outstanding achievements include:

**X. Implement and maintain training related to the Child and Family Services  
Review/Program Improvement Plan**

The BCF Division of Training (DOT) provides program support for the West Virginia CFSR/Program Improvement Plan (PIP) through the completion of identified tasks and training-related activities included in the PIP.

For Goal 1, The Division of Training completed the statewide training of all CPS staff and supervisors in the documentation of the Protective Capacity Family Assessment in the SACWIS System and refresher training in Protective Capacity Family Assessment.

*The following two training goals are included in one narrative, since both initiatives represent new child welfare staff development.*

**XI. Restructure Mandatory Pre-Service Training Package**

**XII. Restructure In-Service Training to be Completed Within the New Worker's First Year**

The Pre-Service Child Welfare Training, Achieving Safety, Permanency and Wellbeing for West Virginia's Children has been restructured utilizing a blended learning approach that includes on-line training, classroom training, and structured transfer of learning activities. The pre-service curriculum was restructured to emphasize the acquisition of the skills and knowledge necessary to practice effective child welfare casework. The revised curriculum continues to strive to ensure workers have the required knowledge and skills necessary to provide quality service and promote safety, permanency, and wellbeing for children and families. In 2014, pre-service training was provided to 152 new child welfare workers across the state.

The pre-service training consists of two component sections: Foundations and Job Specific Training. Foundation training is the underpinning of the knowledge and skills needed by the child welfare worker. These are built upon in successive components. Portions of the content of the Foundations' component were adapted from the curricula "Charting the Course towards Permanency for Children in Pennsylvania," developed by the Pennsylvania Child Welfare Training Program, University of Pennsylvania School of Social Work. Free use of this material is permitted for training and other educational

purposes by public child welfare agencies and other not-for-profit child welfare agencies that properly attribute the material.

The second component of the New Worker Per-Service Training, Job Specific Training, provides four paths for new workers. The path the new worker follows is based on the worker's primary work assignment. This includes Child Protective Services, Youth Services, Homefinding, and Adoption. In the job specific training, the new worker is building on basic skills and knowledge introduced in the Foundations section of the training. Job specific training includes job specific procedures and policies required for the worker's position in child welfare. Systems and documentation training have been restructured to provide more individualized learning opportunities with the use of separate computer labs and desk guides to assist the worker with documentation.

Significant revisions have been made to the CPS and YS training tracks. Both are now set up to more closely follow the case work process and to be more experiential with additional classroom activities and participant involvement. This provides increased opportunity for skill building, practice, and feedback.

As part of the ongoing goal to provide effective knowledge based skill building training for all staff which promotes engagement with families and transfer of learning, the Homefinding Job specific training is being restructured to meet the current model of the pre-service training. The classroom training is being revised to provide more active learning opportunities for participants which are more skill based and experiential. Participants will be given greater opportunity to practice skills and receive feedback. Systems and documentation training will be held in computer labs and involve hands on practice.

This pre-service training for BCF child welfare staff is designed to provide participants with support and learning skills in the classroom while transferring those skills from the classroom to the job. The on-the-job training activities and skill building assignments are identified for both the new worker and the new worker's supervisor in the Transfer of Learning Notebook and the Supervisor Resource Guide, respectively. There are transfer of learning activities designed with adult learning styles in mind which are structured to assist participants in applying the knowledge and skills presented in the classroom to the field. Participants are encouraged to use the Self-Assessment tool provided to identify those skills and abilities in which they feel confident and those for which they require more training, assistance, or experience to fully develop.

New workers are encouraged to share this information with their supervisors. The Supervisor Resource Guide provided to all child welfare supervisors provides in-depth tools for the supervisor to use in coaching and effective utilization of skill-building assignments to promote transfer of learning.

### **XIII. Implement Child Welfare Supervisory Training**

The child welfare supervisory training developed by Colorado and available from the National Resource Center for Organizational Improvement is incorporated into BCF supervisory and management training. In total, 46 Child Welfare supervisors have completed supervisory training in FY 2014.

A multiple-level evaluation process will be incorporated to assess the efficacy of the training, including a Transfer of Learning component reflecting the restructured skills-based, pre-service child welfare training. Further, a Needs Assessment to identify topics for the professional development of tenured child welfare supervisory staff will be incorporated.

Family Functioning Supervisory Guide training will be incorporated into Child Protective Supervisory training. This training will provide CPS supervisors with the knowledge and skills to effectively consult with casework staff related to practice and decision making during the Family Functioning Assessment process. CPS supervisors will learn to help casework staff gather information; assess threats to child safety; promote proactive case consultation; delineate the fundamental supervisor responsibilities for facilitating effective casework practice and establish criteria-based supervisor consultation related to the FFA; and assure that FFA standards are achieved.

*The following three training goals are included in one narrative since they represent training initiatives with the partnership with the Social Work Education Consortium.*

### **XIV. Partner with the Social Work Education Consortium**

#### **XV. Restructure Professional Development Training for Child Welfare Staff**

#### **XVI. Provide Comprehensive Training to Foster Parents**

The partnership with the Social Work Education Consortium (SWEC) has continued to strengthen in: 1) the provision of training opportunities for new workers and tenured

staff; 2) foster parent training; and 3) educationally preparing the workforce for working in public child welfare.

- The BCF continues to utilize its partnership with the Consortium in planning and implementing a number of continuing education opportunities for tenured workers. The development of these courses has been based upon a regional needs assessment process facilitated by the DOT regional trainers with regional management staff and supervisors. Regional training staff and the Title IV-E Training Coordinator continue to meet quarterly with the participating university in the region to discuss identified training needs, make recommendations for new class development, and to schedule the classes.

The Consortium continues to offer a variety of professional development trainings developed in response to needs identified in the regions or anticipating noted trends in practice. The SWEC continues to provide three training modules for new workers as part of the in-service component of their first year of training, which includes, Substance Abuse, Legal and Advanced Ethical Issues for Child Welfare, and PRIDE for New Workers.

- The West Virginia Social Work Education Consortium (SWEC) provides 27 hours of pre-service training (referred to as a round of training) to all departmental prospective adoptive and foster parents. Utilizing the PRIDE curriculum developed by the Child Welfare League of America, SWEC works with the regional homefinders to schedule pre-service training for foster/adoptive and kinship/relative parents in each region. Locations of training are prioritized based on need, but every effort is made to ensure the rural areas of the state have access to training as well. Each region utilizes quarterly meetings with the university in that region to identify training needs, challenges and opportunities to ensure quality services are being provided to the foster/adoptive and kinship/relative parents.

Foster parents are also required to complete 12 hours of additional in-service training annually. This training is available statewide, as all schools offer in -service training to foster parents. These modules build upon the competencies of the pre-service modules. Department Homefinding staff in the regions is active partners in topic selection, frequency, and location of course offerings.



The SWEC also continues to offer foster parent training on trauma as part of the in-service training component. Additionally, foster parents are given the opportunity to attend advanced in-service sessions, which vary from year-to-year, depending upon the needs identified by regional Homefinding staff. Topics may include Advanced Discipline, Psychotropic Medications, Sexually Reactive Children, etc. Both in-service and advanced in-service training are offered in a group setting.

An online training calendar for both pre-service and in-service training is maintained on a website for foster parents maintained by Concord University ([www.wvfact.com](http://www.wvfact.com)). The training schedules are also on the Department's website as well.

- In order to enhance the social work workforce, SWEC recruits and provides educational stipends to qualified students who plan to work in public sector child welfare. These stipends are available for both undergraduate and graduate level course work. Two of the universities have developed a special Field Instruction manual for Departmental supervisors. Modeled along the lines of the Supervisor Resource Guide, it provides structured work activities for all field placement students placed in child welfare placements.

## **VII. Expand Technology-Based Training**

Web-based training is a beneficial way to introduce staff to new concepts that can be reinforced in the classroom with skill-based training. The technology assistant is establishing a plan for regular, required maintenance and management of Blackboard and other online courses for the Division of Training. The courses will be maintained and managed when course alterations are received from appropriate persons that determine the requirement for updates and course renewals to optimize learning through technology-based courses. The technology assistant is scheduled to complete required training to create and maintain a website and online calendar for the Division of Training and will post approved information to that site.

## **XVII. Develop a Multiple Level Evaluation Process for Child Welfare Training**

Evaluation activities have been modestly expanded as part of ***Achieving Safety, Permanency and Wellbeing for WV's Children*** to assess the transfer of learning, to

address long-term retention needs, and to reinforce practice skills acquired in training. Formative evaluation of the course content is ongoing.

Evaluation of transfer of learning has been delayed from what was originally anticipated, but is planned for the coming year as the Division prepares to assess trainee satisfaction and skill post-caseload acquisition (greater than six months after completion of training). The Division also plans to assess supervisor satisfaction with trainee transfer of learning and their satisfaction with the Supervisor Resource Guide.

## **6. Consultation and Coordination between States and Tribes**

There are currently no federally recognized tribes in the state of West Virginia. Current Foster Care Policy states that if a child is recognized as a member of a tribe, the child's social worker is to contact the U. S. Department of Interiors Bureau for Indian Affairs to determine if the tribe has child welfare jurisdiction.

West Virginia is currently working to strengthen its child welfare policies in regards to ICWA. Child welfare staff will be expected to determine tribal affiliation much earlier in the case to provide a more seamless process for the family. If the particular tribe does not have jurisdiction over the child or family, our staff will ensure that they are contacting the tribe continuously throughout the life of the case to ensure that all of the child and family's rights are being respected in regards to their tribal affiliation.

Foster Care Policy states that children of families that have American Indian ancestry are to be referred to the tribe in which ancestry is claimed for child welfare services. If a child is placed in the custody of the Department and the child or his family is claiming American Indian heritage the worker must do the following:

- Review the record and discuss the child's background with the parents to try to discover the child's heritage.
- Determine if the child is a member of that tribe or eligible for membership in the tribe.
- If a Tribe is identified, the worker must refer the child to the tribe for membership determination or membership eligibility.
- If several tribes are suspected, contact must be made with each tribe. The child's worker must document that a tribe has been contacted to determine tribal membership.
- If a tribe determines the child is not a member nor eligible for membership, the worker will document the response.

- If a tribe responds the child is eligible for membership, the child's worker must request application forms. The child's parents must be contacted and the membership in the tribe explained to them.
- If the parent enrolls the child in the tribe's membership, the child's worker must refer the case to the tribe's tribal court if the tribe has exclusive jurisdiction over child welfare matters.
- The child's worker must contact the U. S. Department of Interiors Bureau for Indian Affairs to determine if the tribe has child welfare jurisdiction.

The West Virginia Department of Health and Human Resources plans to revise an existing tool to use with the entire foster care population designed by the Service Delivery and Development Workgroup for Youth Transitioning to monitor all youth in foster care. This form was designed to insure workers covered all aspects of case management, including tribal affiliation. This is completed every ninety days prior to case reviews

The State will run reports to determine which three counties have the highest completion rates of the use of this form in the next six months and, subsequently, pilot the use of this instrument within one year. By the APSR due in 2017, the state will have analyzed the data to determine if this process should be implemented statewide. If the process captures the information required, the state will develop a plan to integrate this process into SACWIS by June 2018.

## **7. Monthly Caseworker Visit Formula Grants**

During FFY 14, West Virginia used 99% of caseworker visitation funding for transportation costs associated with visiting children in foster care and 1% for computer supplies. The same is planned for FFY15.

West Virginia continues to focus on every child in placement having a face-to-face contact with their worker each month to review treatment needs and to ensure safety. Some of the steps taken to ensure that a face to face contact occurs each month are as follows:

- Supervisors maintain a list of all children in placement that is utilized with the development of scheduled visits
- Workers schedule visits during the first 3 weeks of each month – this allows an extra week in the event of unforeseen circumstances that would require rescheduling.

- Supervisors and workers will track their visits for each month
- Supervisors and workers review the Dashboard in FACTS each month to review the face to face contacts with child in placement
- If the Dashboard does not indicate a visit completed – supervisor will review to determine if this was a data error.

## **8. Adoption and Legal Guardianship Incentive Payments**

FY 2014 funds were spent as follows:

- Adoption Promotion and Support Services - \$268,805.98
- Adoption Promotion and Support Grants - \$773,041.00
- The contracting of all post adoptive services will use the additional incentive funds as part of the contract to cover the services.

West Virginia is considering the following activities to be paid for with Adoption Incentive Funds:

- Statewide Adoption/Homefinding Conference re-instated
- Regional Foster/Adoptive family conference/training
- Expand contract with those agencies providing Homefinding staff to DHHR, increasing staff will increase positive customer service to our families
- Expanding or developing contracts to:
  - provide response to all inquiries about becoming a foster/adoptive family
  - expand targeted recruitment campaign efforts
  - be responsible for all recruitment for foster/adoptive families in the state freeing up DHHR Homefinding staff to focus on Homestudies
- Purchase “Foster Parent College” to be utilized by all foster/adoptive parents so there is no cost to them

## **9. Child Welfare Waiver Demonstration Activities**

In October 2014, BCF was granted a federal Title IV-E Waiver by the U.S. Department of Health and Human Services Administration for Children and Families to conduct a child welfare demonstration project.

West Virginia's Title IV-E Waiver demonstration project, Safe at Home West Virginia, aims to provide wrap-around behavioral health and social services to 12-17 year olds with specific identified behavioral health needs who are currently in congregate care or at risk of entering congregate care.

The State is authorized to implement a demonstration project under which the West Virginia Bureau for Children and Families (BCF) will implement a Wraparound service model and enhanced service array to reduce the frequency and duration of congregate care placements.

The granting of the IV-E Waiver allows WV to use federal dollars in a more flexible manner to pay for services that will assist in attaining the APSR and IV-E waiver demonstration goals. You will note that the Waiver goals are aligned with the APSR goals as well as extending further. Although the demonstration project focuses on 12-17 year olds, WV plans to incorporate the wraparound principles into all child welfare practice. An integral part of wraparound, but not listed in the goals below, is the guiding principle of Family Engagement thus fulfilling the goals of increasing worker involvement as well as increased involvement of youth and families in the provision of treatment and services.

The State's demonstration will seek to accomplish the following goal(s):

- Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

More detailed goals within the waiver's main goals include:

- Reduce the reliance on congregate care
- Decrease the length of stay in congregate care for children 12-17 years of age
- Improve family functioning to support reunification
- Reduce the number of children re-entering any form of foster care
- Reduce initial foster care entry rates
- Increase the number of children staying in their home community
- Improve well-being of children 12-17 as demonstrated through educational achievement and increased numbers graduating high school

- Improve academic progress of children 12-17 by keeping them in the same school

The demonstration, titled Safe at Home West Virginia, will initially be implemented in BCF child welfare Regions II and III, with plans to expand statewide over the duration of the demonstration. The demonstration will target youth ages 12–17 that are in or at risk of entering congregate care placement. Approximately 400 children could be served in the first year; more may be served when including those at-risk of entering congregate care. The specific timeframes for expanding the demonstration interventions to this target population statewide is still being determined.

The State's demonstration will implement a Wraparound service model as the core component of Safe at Home West Virginia. Based on the National Wraparound Initiative Model, the demonstration will incorporate evidence-based, evidence-informed, and promising practices to coordinating services for eligible youth and their families. Under this model, eligible youth and families will receive a combination of services and supports that are uniquely tailored to their strengths, needs, and placement risk level, as determined by trauma-informed assessments. Family Team Conferencing will be utilized to develop or revise youth and family treatment plans. Wraparound services will be provided by contracted service providers, including Care Coordinators, who will implement and manage treatment plans and provide community-based services and supports.

Under the demonstration, the State will implement the West Virginia Child and Adolescent Needs and Strengths Assessment (WVCANS) universally across child-serving systems at early points of youths' involvement in the child welfare system, develop thresholds to guide decision making about levels of care, and educate system partners to base decision making on the assessed needs and strengths of youth using a common assessment language. The assessed treatment needs indicated by the WVCANS will guide the State's development of a full array of interventions to meet the individual needs of youth and families in their communities.

The State believes that conducting a comprehensive assessment of youth and families' strengths and needs, and providing intensive community services using a Wraparound service model, will reduce congregate care placements, and improve youth and family functioning and well-being.

The State is working closely with our partners in the development of the service model, community assessment of needs, development of community based services, and in restructuring our payment process. All of BCF's grants and contracts are being rewritten to become outcome based. BCF's provider agreements with our residential

providers are being changed to become more time limited with focused discharge planning beginning the day of admittance. We are meeting and having conversations with our stakeholders as we move through this process. We are also involving technical assistance, not only for the Bureau but also for our partners.

The State believes that all of the focused activity for the IV-E Waiver Demonstration as well as other initiatives support the goals of our APSR and will assist in the forward transformation of the State's Child Welfare System.

## **10. Quality Assurance System**

West Virginia's quality assurance system utilizes data from various sources to make improvements in case practice and services for West Virginia's children and families. The Division of Planning and Quality Improvement, Social Services Review Unit, completes Child and Family Services Reviews (CFSR) style reviews for each of the West Virginia Department of Health and Human Resources districts. The Division of Planning and Quality Improvement (DPQI) continues its efforts to further enhance the state's performance in the areas of safety, permanency, and wellbeing by utilizing the federal Child and Family Services Review (CFSR) process as a model to measure and evaluate the state's performance for the above-mentioned areas.

West Virginia utilizes the July, 2014 version of the Federal Child and Family Services Review On-Site Review Instrument as the unit's primary internal tool for evaluating the quality of delivery of services to children and families. Each reviewed case is reviewed following the guideline established by the Federal Bureau for Children and Families.

The CFSR style review provides meaningful data to the districts to assist them in improving services to children and families. All cases reviewed are completed by pairs of reviewers, by federal guidelines. In addition to completing a review of the record and FACTS, client and stakeholder interviews are conducted for each case reviewed.

DPQI review team members review cases related to the 18 items of the Federal CFSR style review instrument. The period under review covers a 12 month section of time going backwards from the start of the review date to 12 months prior. Preliminary case reviews to collect information are done related to the FACTS records only. Reviewers develop a list questions and information needed to complete the CFSR review. DPQI review teams then conduct interviews with designated stakeholders including the case worker, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings.

After the completion of the review, all cases are debriefed based on the Federal Child and Family Services Review model. Case debriefing are comprised of two teams and a DPQI program manager at minimum. All applicable items are discussed and consensus is reached in the rating of the items. This provides for better inter-rater reliability. The teams upload their completed instruments into a SharePoint site. Quality Assurance reviews are conducted on all cases reviewed by the Division of Planning and Quality Assurance program management staff. Data is compiled as a result of the CFSR style reviews and utilized in the development of district specific of corrective action plans.

Exit conferences are held at the district offices where DPQI Staff assist the district in interpreting the results of the review. At the exit conference, the data indicators based on the 18 items reviewed are discussed with the District. The District is also provided with a comparison from their prior review to review improvements and areas needing improvements. At this time, an exit interview is conducted by DPQI staff with the District's Management staff. District Management staff are able to comment on the factors that contributed to the areas needing improvement, and strengths. Additionally, DPQI creates a list of base questions to be asked at all the exits. The questions are based on the previous Federal Fiscal Year data and the overall issues impacting practice within the State.

Following the exit with the district management team and DPQI staff, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the District for review and comments. Districts complete a corrective action plan based on the identified areas needing improvement outlined in the exit summary.

DPQI compiles the exit summary, data and corrective action plans for each district and distributes the findings to the District's Management staff, the Regional Program Manager, Regional Director, Director of Training, Director of Policy and the Executive Team.

### ***CFSR Round Three:***

West Virginia is currently in the process of developing a plan for the implementation of Round Three of the Child and Family Services Reviews. West Virginia's sampling plan is currently being developed with assistance from the Regional Children's Bureau and the Measurement and Sampling Committee. No plan has been finalized at this point in time.

West Virginia has proposed the sampling of 65 social services cases representative of statewide practice. Case reviews will be conducted over a period of six months. West Virginia will utilize a 12 month period under review when reviewing cases.

The sample will include 40 foster care cases and 25 in-home cases for a total of 65 cases. West Virginia has a high rate of children in placement. West Virginia believes



this should be reflected in the number of placement cases included in the sample. The types of cases reviewed during the District monitoring reviews include open Child Protective Services (CPS) cases, with and without placement, open Youth Services cases, with and without placement, Foster Care cases and Adoption cases where the adoptions have not been finalized. The sampling for the state foster care population will be a consistent of the listing of children served by jurisdiction strata in accordance with WV's AFCARS defined reportable cases.

WV will utilize the US Department of Health and Human Services Administration on Children and Families, Children Bureau's Child and Family Services Review Onsite Review Instrument and Instructions (OSRI) when reviewing cases. Case information will be entered into the OSRI on line system provided by JBS international per requirement of the Children's Bureau.

West Virginia's current CFSR style case review process will be applied to Round Three of the CFSR. Once the sample is screened to meet the identified case types, case lists will be distributed to the lead reviewer for identification of interview participants. All case reviews are conducted in pairs. Preliminary case reviews to collect information are done related to the FACTS records only. Reviewers then develop a list questions and information needed to complete the CFSR review. This phase enhances the reviewer's ability to collect relevant and/or clarifying information during the interviews related to rating the CFSR items. DPQI review teams then conduct interviews with designated case participants to include the case worker, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. Interviews are conducted jointly by the team of reviewers. Interviews will be conducted either in person or by telephone as the discretion of the interviewee. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings. Reviewers will jointly complete the US Department of Health and Human Services Administration on Children and Families, Children Bureau's Child and Family Services Review Onsite Review Instrument and Instructions (OSRI) when reviewing cases.

Upon the completion of the review process, all cases will be "debriefed". At a minimum, two teams of reviewers and a program manager must attend the debriefing. The debriefing allows an opportunity for the case review to be discussed and a consensus on case rating to be reached. The debriefing exercise allows for inter-rater reliability between the teams of reviewers. After the debriefing, the teams will enter the rated instrument into the on line rating system. Program Mangers will provide quality assurance after the instrument is uploaded to the on-line site to ensure items were rated correctly, justifications are complete and the information is consistent with the debriefings.

## **CAPTA**

The CAPTA State Grant, under the direction of state coordinator Brandon Lewis has been used to support and improve the child protective services system in the following program areas, as required in the Child Abuse Prevention and Treatment Act:

### **Conducting and improving intake, assessment, screening, and investigation of reports of abuse and neglect.**

The Department has provided a statewide system for receiving, investigating, and assessing referrals of child abuse and neglect since the last reporting period. Within the reporting period, CAPTA funds were used to train CPS Social Workers and stakeholders on the SAMS Intake, Investigation, and Ongoing CPS Services Process.

The Department has initiated a statewide Centralized Intake Unit responsible for receiving reports of child abuse and/or neglect during the reporting period. The Centralized Intake Unit provides consistency among West Virginia counties regarding reports of child abuse and/or neglect.

A part-time Citizens Review Panel Coordinator was hired using CAPTA funds during the reporting period. The part-time Citizens Review Panel Coordinator completed many of the tasks volunteers have been required to do, and this has allowed the Citizens Review Panel to continue to thrive. The Citizens Review Coordinator makes all arrangements for meetings; making copies, taking notes, providing minutes, and creating agendas. The results of the Citizens Review Panel will be used to improve the CPS System in West Virginia.

### **Creating and improving the use of multidisciplinary and interagency, intra-agency, interstate and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings.**

In order to assist parents and other caretakers to better understand the Child Protective Services and their rights in the Child Protective Services Process, the Department developed the publication "A Parent's Guide to Working with Child Protective Services" several years ago, and CAPTA funds were used to purchase this publication. This publication provides the parents/caretakers with information on:

The Child Protective Services process beginning with the receipt of a referral and proceeding through investigation and the filing of a petition if necessary;

- The court process including the parents' rights;
- The process for resolving disagreements/appeals with the Department;
- A section on services that the family can explore;
- A section (glossary) of terms;
- A section concerning the appellant process.

Child Protective Services has state statute and policy on the use of multidisciplinary investigation. Child Protective Services staff receives multidisciplinary training, and the MDIT (Multidisciplinary Investigative Team) process is included in Child Welfare Policy. Other disciplines are also trained on multidisciplinary investigations. Children's Justice Act (CJA) funds have been utilized to fund training for the investigation and resolution of child abuse and neglect cases. CJA funds were again used during the reporting period to conduct regional multidisciplinary trainings with attendees from law enforcement, child protective services, children's advocacy centers, and judicial staff attending. The Children's Justice Task Force conference has been held each year with the focus of multidisciplinary investigations.

CJA funds were used to establish the new West Virginia Center for Children's Justice to coordinate and oversee the Children's Justice Task Force, The Alliance for Drug Endangered Children, West Virginia Defending Childhood Initiative Task Force (Handle with Care), as well as, Human Trafficking Task Force. The Center is charged with improving the investigation, prosecution and judicial handling of child abuse and neglect cases, strengthening prevention and intervention efforts, and promoting school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured.

A protocol for reporting suspected crimes against children to the West Virginia State Police Child Abuse and Neglect Investigation Unit has been developed and implemented. The protocol allows more effective collaboration between Child Protection Services, State Police, and Local Law Enforcement in order to reduce child fatalities and aid in the prosecution of perpetrators of child abuse and neglect.

**Providing case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.**

The Department continues to provide case management and services to families whose children are threatened with child abuse and neglect. Case Management Services are provided by Department staff and are enhanced through Socially Necessary Services funding, which is a managed care program operated by the Department for services to clients and families.

The Department provides medically necessary services to families and children through the Medicaid system. If the family does not qualify for Medicaid due to their children being in care, the Department pays for medically necessary services in order to attempt to reunify the family if appropriate.

**Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.**

Within the reporting period, the Intake Assessment and Family Functioning Assessment portion of a new decision-making model titled the Safety Assessment and Management System (SAMS) was implemented statewide, and portions of the SAMS Ongoing Child Protective Services Process were implemented.

CAPTA funds were used to purchase training materials as well as purchase classroom training and consultation from Action for Child Protection. Training materials purchased using CAPTA funds will be utilized for years in order to enhance child protective services for years.

**Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.**

The WV SACWIS System (FACTS) continues to track all reports of child abuse and neglect from intake through final disposition and has done so since prior to the reporting period. The FACTS system is available to all Child Welfare staff throughout the state and can be accessed at any District office.

**Developing, strengthening, and facilitating training including training regarding research-based strategies, including the use of differential response, to promote collaboration with families; training regarding the legal duties of such individuals, personal safety training for case workers, and training in early childhood, child and adolescent development.**

Within the reporting period, CAPTA funds were used to provide continued training to CPS staff concerning the new CPS decision-making model, the Safety Assessment and Management System.

The SAMS Ongoing Case Management Process was implemented throughout the entire state during the reporting period. The training focuses on family collaboration and engagement during the Ongoing Case Management Process.

Extensive training is provided for CPS staff by the Department of Health and Human Resources Training Division. This training includes worker safety. Staff receives training from other avenues. A Multidisciplinary Conference on Child Abuse and Neglect is held annually for professionals who work with child abuse and neglect cases and is supported with CJA funds.

The Court Improvement Board continues their training on legal issues and case law in child welfare. The training is available to attorneys, CASA volunteers, and Departmental staff, among others. The content of the training sessions includes the Keeping Families and Children Safe Act of 2003; The Adoption and Safe Families Act of 1997 (ASFA); state statutes; information on Title IV-E regulations; and key state court decisions. CPS staff attends Sexual Abuse Finding Words Trainings which are conducted by the Prosecuting Attorney's Institute and Children's Advocacy Centers.

Protective Services staff attended a variety of child welfare trainings including but not limited to: Identifying Abuse and Neglect/Worker Safety; Fundamentals of Child Welfare; Human Growth and Development in the Social Environment; Culturally Sensitive Practice/Special Populations; Basic Interviewing Techniques and the Child Welfare Process; CPSS Initial Assessment and Safety; Domestic Violence; Substance Abuse; Permanency and Concurrent Planning; CPSS Family Assessment and Treatment; Foster Care/Policy and Systems; Preserving Connections; Sexual Abuse Initial Assessments; Advanced Interviewing; Sexual Abuse Interventions; Family Centered Practice; PRIDE Training for Child Welfare Workers; Social Work Ethics I and II; Advanced MDTs: An Experiential Approach; and Meaningful Contacts.

**Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.**

Within the reporting period, CAPTA funds were utilized during the reporting period to provide classroom training on Safety Assessment and Management System supervisory guides. This training was provided by the Division of Training to assist supervisors in

engaging staff, mentoring, and ensuring that the SAMS decision-making model is appropriately applied.

Protective Services staff attended a variety of child welfare trainings including but not limited to: Identifying Abuse and Neglect/Worker Safety; Fundamentals of Child Welfare; Human Growth and Development in the Social Environment; Culturally Sensitive Practice/Special Populations; Basic Interviewing Techniques and the Child Welfare Process; the Safety Assessment and Management System; Domestic Violence; Substance Abuse; Permanency and Concurrent Planning; Foster Care/Policy and Systems; Preserving Connections; Sexual Abuse Initial Assessments; Advanced Interviewing; Sexual Abuse Interventions; Family Centered Practice; PRIDE Training for Child Welfare Workers; Social Work Ethics I and II; Advanced MDTs: An Experiential Approach; and Meaningful Contacts.

**Developing and facilitating the use of, and implementing research-based strategies, and developing training protocols for individuals mandated to report child abuse or neglect.**

Within the reporting period, the Department and West Virginia Partners for Prevention provided mandated reporter training throughout West Virginia. The training is a comprehensive training session for mandated reporters of suspected child abuse and neglect including child care workers, educators, law enforcement, clergy, medical professionals, and others who are legally mandated to report suspected abuse or neglect. Train-the-trainer sessions were conducted, and more than 100 individuals are now able to train the curriculum.

**Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.**

The Department of Health and Human Resources Children with Special Healthcare Needs program provides specialized medical care for children who have or might have chronic, disabling, medical conditions. Registered nurses and licensed social workers are available to coordinate and facilitate children's participation in healthcare services. A Care Coordinator is assigned to each enrolled child at the time the Patient/Family Assessment and Patient Care Plan is completed. The program supports the family and community in the care of children with special health problems by providing:

- Arrangements for early care
- Medical exams and tests to identify problems
- Medical treatment

- Planning to make sure all needed care is arranged
- Medical services are provided through clinics located in different areas throughout the state, or are arranged with medical specialists who work with the program. Treatment Services include, but are not limited to:
  - Doctor visits
  - Laboratory tests
  - X-Rays
  - Medicine
  - Physical, occupational and/or speech therapy
  - Equipment
  - Hospital stays
  - Surgery
  - Laboratory tests and X-rays
  - Medications
  - Physical therapy
  - Hearing aids
  - Medical equipment and supplies
  - Surgery/anesthesia
  - Hospitalization
  - Physician visits

**Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.**

The Department provided training during the reporting period on reporting suspected incidents of child abuse and neglect. This training was provided to mandated reporters as well as others who may have regular contact with children. Train-the-trainer sessions were held during the reporting period. There are more than 100 trainers certified to train the community on child abuse and neglect as well as the role of Child Protective Services. The training is also being developed into a Web Course that can be taken by mandatory reporters and other interested parties.

The Department collaborated with the Children's Justice Task Force on known issues with individuals failing to report suspected child abuse or neglect. The West Virginia Children's Justice Task Force distributed information concerning the Child Protection System throughout the state. Each year, the National Association of Social Workers (NASW) hosts a conference in the capitol city of Charleston during April gathering thousands of social work professionals together. The task force had a booth presenting

a myriad of packets of information and answering questions. The task force sponsored a booth at Children's Day at the Legislature to inform the public and legislators about issues regarding children and child abuse and neglect. The task force has participated in other conferences and fairs distributing child welfare information.

**Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.**

Since 2004, the number of Partners in Prevention community teams has grown from 22 to 40 and currently operates with the assistance of CAPTA funds. The team leaders meet three times a year to learn about effective prevention strategies from state as well as national experts and from each other. The program ultimately seeks to tap the expertise of the people who are doing this work in communities and to provide ways to share that knowledge with others.

Local projects are designed and implemented by the community teams using research on successful programs in West Virginia and across the country. Participating Community Teams are encouraged to review Emerging Trends in the Prevention of Child Abuse, published by the U.S. Department of Health and Human Services, for guidance on various prevention programs and their effectiveness. Examples include:

- Community baby showers
- Offering useful items and information to new and expecting parents
- Parenting education and information on strengthening families
- Enhancing and supporting home visiting programs
- Family literacy programs
- Family fun nights to promote healthy relationships
- Sponsoring community forums on issues impacting families
- Presentations for professionals and the public on promoting child well-being and preventing maltreatment before it occurs
- Awareness sessions for children on protection from abusive situations
- Public awareness and educational programs on child abuse prevention
- Respite care services to provide relief from child-caring responsibilities for a period of time for families who require a significant amount of support to maintain family stability

**Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.**



The Child Protection System and the Juvenile Justice System are members of the Commission to Study the Residential Placement of Children and the West Virginia System of Care Implementation Team. Those collaborations focus on seamless service delivery to children transitioning between the two systems and continued their work during the reporting period.

**Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protection system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services and to address the health needs of children identified as abused or neglected, including supporting prompt evaluations for children who are the subject of substantiated child maltreatment reports.**

West Virginia Child Protective Services Policy requires that all children who have been identified as abused or neglected under the age of three receive a referral for Early Intervention Services. Child Protective Services Policy also requires children to be referred to Early Intervention Services when other risk factors are identified. Due to collaborative efforts within the Department and public health agencies, each child who enters foster care receives an Early and Periodic Screening and Diagnosis Treatment (EPSDT) within 72 hours of placement.

**Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in investigation, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence, and that also support the care-giving role of their non-abusing parents.**

West Virginia Department of Health and Human Resources has a longstanding, productive relationship with the West Virginia Coalition against Domestic Violence (WVCADV). During the reporting period the WVCADV provided training to Child Protective Services Workers and Supervisors in order to assure child protection. The WVCADV and Department Trainers train CPS staff on power and control and how it can impact the non-abusing parent and children. The WVCADV trains CPS Staff on Co-Petitioning. Co-Petitioning allows the non-abusing parent and Child Protective Services to partner together and file a child abuse petition against the perpetrator. This supports the non-offending parent and allows them to continue to care for their child yet receive protective services from the court and permanency for their child. CPS staff is able to work with local Domestic Violence Advocates in order to assure child protection.

## State Law

There have been no changes in state law which would affect eligibility for CAPTA.

## CAPTA State Plan

There have been no significant changes to the CAPTA State Plan or how funds will be used to support the 14 program areas found in Section 106(b) of CAPTA.

Requirements for Criminal Background Checks for Prospective Foster Parents, Adoptive Parents, and other Adult Relatives. WV Code §49-2-114 requires a check of personal criminal records for foster/adoptive parents. The Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248) requires states to complete a fingerprint-based criminal background check on all prospective foster/adoptive parents through the National Crime Information Database (NCID) prior to placement, whether a maintenance payment will be made to the family or not. All applicants and other adults in the home will authorize the release of criminal records through the State Policy and FBI National Database to the Department by completing the FD-258 record check request form. All applicants and other adults in the home must complete a signed Statement of Criminal Record, which provides for a disclosure and authorization statement. If the prospective foster/adoptive parent or any adult member of the household refuses to authorize the check, the home will not be approved. If the applicant or other adult in the home indicate a conviction for which there is no waiver permitted, the home will not be approved.

## Citizens Review Report

The Citizens Review Report was received by the Bureau for Children and Families in December 2014. The report is attached to the APSR. The response from the Commissioner is also attached to this report.

## Chafee Foster Care to Independence Program

The West Virginia Department of Health and Human Resources has the responsibility to help older youth, in their care, develop into self-sufficient adults. In addition, all agencies and individuals who provide substitute parental care for older youth, in their care, are charged with helping to ensure that their social, emotional, and intellectual development is achieved to each youth(s) highest potential.

The Department should ensure that all adults entrusted with the care of older youth demonstrate appropriate social behavior; respond properly to stressful situations; and promote good physical, emotional, and intellectual well-being. It is through the observation of positive adult behavior and through interaction with positive adult role models that youth develop and demonstrate positive attributes.

All youth in out of home care, at age 14 or older, are provided with transitioning services to assist them with their transition from foster care as well as their transition to adulthood. Youth are provided with a life skills assessment on an annual basis, and a transition plan, which is reviewed and revised every 90 days. Transitioning services are provided when indicated through the life skills assessment and transition plan.

Since November 2014, West Virginia has been making changes to its child welfare policies to comply with the Preventing Sex Trafficking and Strengthening Families Act. We are strengthening our policies and practices to hopefully reduce the amount of West Virginia children in foster care who run away from placement, which ultimately leaves them with a higher probability of becoming victims of human and/or sex trafficking.

Our goal is to provide the children in foster care with a more stable and flexible environment, which will ultimately decrease the likelihood that they will run away. We have expanded our definition of a sibling to include any individual that the child considers to be a sibling with the hopes of broadening the chances for a kinship or relative placement wherein the child will already feel welcome and familiar. We have also added an entire section on prudent parenting, which requires our placement providers and case workers to allow the children to lead a more “normal” lifestyle and will provide them with more typical childhood experiences with family and friends. We are encouraging our providers to allow the children to spend the night with their friends, get involved with extra-curricular activities, play sports, attend birthday parties, go on vacations, and anything else that the child is interested in doing. By allowing the children to have more freedom, our hope is that they will not feel the pressure to leave their placement as strongly as before.

Beginning in January 2015, the Bureau for Children and Families has had briefings with their Child Welfare Supervisors. These briefings have included information about appropriate use of Chafee funding, transition plans, learning plans, and discharge plans. Supervisors have been instructed to assure their workers are revisiting learning plans and transition plans on a monthly basis to determine any services their youth may need to transition.

West Virginia has also expanded the process for case workers and placement providers to follow in the instance that a child does run away or goes missing. They have always

been required to report a missing child to law enforcement and to work diligently and cooperatively with them to locate the child. We are in the process of adding a survey to be completed by the caretaker (once a child is located) to assess the child to determine if they ran away willingly, why they ran away, what experiences they had while they were gone, and determine the likelihood of them running again. If it is found that they could have possibly been a victim of human and/or sex trafficking, the case worker is to report such information to the officials immediately, and then determine if there are any available services or other resources that could help the child process and recover from their experiences. West Virginia currently has a committee made up of private providers and DHHR staff to evaluate and revise forms and training to determine services needed by runaway youth. This group has met twice and should be able to finalize these documents in the next three months.

The Bureau for Children and Families has a representative participating in statewide committees in regards to human and sex trafficking, as well. The Human Trafficking Subcommittee is a part of the West Virginia Children's Justice Taskforce. This subcommittee consists of members of the West Virginia State Police, West Virginia Supreme Court of Appeals, West Virginia Court Appointed Special Advocates, and various other entities that play a large role in child welfare. The subcommittee was created to establish a protocol on working with children in West Virginia who have gone missing or run away and to determine if they have been a victim of human or sex trafficking. The various players within the subcommittee already have certain policies in place and are now working together to create a network of resources and contacts to assist in these cases. The Court Improvement Program Human Trafficking Subcommittee is slated to begin in September 2015. This subcommittee will comprise of many of the same players as the West Virginia Children's Justice Taskforce Human Trafficking Subcommittee, but will be working together to create a bill to present to the legislature in January 2016 to update West Virginia State Code in accordance with the Preventing Sex Trafficking and Strengthening Families Act.

For FFY 2016 the Department plans to hire transition specialists in each Region. These positions:

- Will be assigned as a secondary worker for every youth involved with child welfare in the Region ages 14 and older.
- Will assure that transitioning plans for all youth involved with Child Welfare are appropriate and updated as needed.
- Interacts with a variety of professional practitioners in the areas of social work, mental health, developmental disabilities, education, juvenile delinquency, and counseling and guidance to assess client's needs and provide appropriate services.

- Helps the primary worker develop a client transition plan designed to accomplish and to provide Child Welfare youth in attaining social, educational and vocational goals.
- Cooperates with the court system for child protective services, foster care, adoption, juvenile delinquency and Medley program services by helping primary worker to prepare or complete Life Skills assessments, Learning plans and transition plans.
- Provides technical assistance to primary workers and providers in effectively developing required plans and services; conducts periodic evaluations of facilities and services.
- Counsels clients/families in achieving goals of client transition plan.
- Counsel's youth to help primary worker develop appropriate transition plans.
- Speaks before educational and community organizations and groups regarding services available and to develop community resources.

By creating these positions the Department will be able to insure that all youth in foster care of transitioning age will have staff whose sole purpose is to see that youth transitioning have their needs met.

### Training

Training on "Understanding Youth Transitioning" was provided to BCF staff in the fall of 2014 via webinar. There were 10 webinars scheduled to make the training available to staff statewide. In July 2015, cross training on "Youth Transitioning" was provided at the Court Improvement Program Conference held in Bridgeport and Charleston. Over 250 participants from a variety of disciplines attended, including judicial, private providers, education, social workers, probation officers, BCF staff and juvenile services.

The Bureau for Children and Families/ Division of Training is currently working on developing training on the topic of youth transitioning from foster care to independent living. This course is design to help BCF case managers, foster parents, relative guardians, and adoption parents develop the skills and knowledge they need to help youth transition from foster care to successfully live independently and self-sufficiently. This course will be included in the IV-E/IV-B training plan.

### Purpose

The purpose of the Chafee Foster Care Independence Act was to provide states with flexible funding to develop and design services and activities to meet the needs of youth transitioning from foster care. The Act provides guidance for seven specific purposes listed below:

Help youth transition to self-sufficiency;

Help youth receive the education, training, and services necessary to obtain employment;

Help youth prepare for and enter post-secondary training and educational institutions;

Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;

Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition to adulthood;

Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care; and

Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

There have been several new initiatives developed to carry out the purposes of the Chafee Act as well as the carryover of initiatives previously developed. The following are available initiatives and activities conducted in FFY 2014 as they relate to the seven purposes of the Act.

Programs/policies to help youth transition to self-sufficiency

**Life Skills Assessment Process:** At age 14 or older (if a youth enters care at an older age), each child in foster care completes their Casey life skills assessment. The assessment is completed within 30 days following the youth's 14th birthday or entrance into care if the youth is already age 14. The assessment helps determine the child's level of functioning in several areas including but not limited to personal hygiene, food management, housekeeping, employability, education planning, and so forth. The results of the assessment provide critical information regarding strengths and weaknesses in various life skills areas. In order to ensure that foster care youth are gaining necessary skills to prepare them for independence, the life skills curriculum provides foster care youth in all out of home placements in West Virginia the opportunity to learn these valuable skills. The learning objectives of the life skills curriculum are taught to the foster child by the foster parents, by staff in group residential settings/specialized foster care, or by the child's Department case worker. The life skills assessment is completed on youth in care annually.

The Department has continued to implement the new life skills assessment and curriculum process. West Virginia continues utilizing the Casey Life Skills Assessment

and Curriculum. When the Casey Assessment process and website changed, provider agencies, and staff were provided with information on the new process and how to access the site and assessment. The utilization of the Casey Assessment and Curriculum process is being used statewide.

**Transition Plan and Services:** At the age of 14 or older (if a youth enters care at an older age), each child in foster care develops their individualized transition plan, which will help the youth move towards independence and self-sufficiency. The transition plan is to be developed within 60 days following the youth's 14th birthday or entrance into care if the youth is already age 14. The transition plan is reviewed every 90 days and revised as necessary. Some areas that are addressed in the transition plan are, housing options, insurance options, community supports, educational plans and supports, employment plans and supports, workforce supports, mentoring services, healthy relationships, family planning, supportive counseling, life skill curriculum, and benefits available (SSI, SS, ETV, Food Stamps...etc.). In March 2014, the Department released an updated transition plan and transition plan desk guide that was developed with the input of the older youth transitioning task team. The new format has been shared with partners at the Court Improvement Program and at various supervisor meetings across the state. Webinars were held in October and November of 2014 to further provide clarification and training on the required youth transition planning process.

**Transitional Living Placement with Subsidy:** When a youth reaches the age of 17 or older, he or she has an option to move into a community setting in his or her own apartment, if they meet the eligibility criteria. The purpose of this placement type is to allow the youth an opportunity to use the life skills acquired while in foster care and continue to receive support from the State. In this setting the youth is pursuing an educational/vocational goal, learning job skills, is employed or seeking employment.

If a placement is unavailable or the youth shows signs of advanced progress towards independence, youth can choose to rent an apartment in the community. If the youth are placed in a transitional living program under a specialized foster care agency, and they are living in their own apartment, the youth will have contact with staff from a transitional living agency at least five hours per week. They may choose to live in one of the staff supervised transitional living programs currently available. In these programs, youth live in an apartment within an apartment building or complex and a staff person is on the premises frequently or available 24/7.

In some situations, for youth who are over the age of 18, the youth may choose to live in an apartment, with community services. The youth's placement is supported by the Department's caseworker or MODIFIES Community Support Specialist. Life skills are provided to the youth through community services or through the caseworker.

**Transitioning Youth Grant Program:** The Bureau of Behavioral Health and Health Facilities (BHFF) has continued to provide two grants to agencies to provide

independent living services to foster care and former foster care youth with mental health and/or behavioral health issues. The Department has partnered with BHCF to assist with these programs and to assure their sustainability. These transitional living programs are designed to have three phases, with different level of staff supervision in each phase. Phase I consists of basic residential care, with complete supervision. Phase II, graduates youth to living in an apartment building, with staff supervision available 24/7. Phase III, transitions youth to living in scattered apartments, with limited supervision. The MODIFY program assists with the provision of the services for Phase II and III.

#### Outcomes

**Outcome 1:** There were approximately 19 youth that participated in Transitional Living (TL) placements during FFY 2014. These youth may have been in a TL placement under a private agency or in a TL placement supervised by the Department.

**Outcome 2:** During the FFY 2014, Burlington United Methodist has provided transitional living services to 13 youth, under their grant program. Number of youth who participated in the following Phases:

Phase I - 5 youth

Phase II - 4 youth

Phase III - 4 youth

**Outcome 3:** During the FFY 2014, Stepping Stones has provided transitional living services to 6 youth, under their grant program.

#### Achievements of FFY 2014

West Virginia continues to work through issues related to the Casey Assessment process changing. The State has had an increased focus on completing the Casey Life Skills Assessment on all youth in care and in developing appropriate transition plans for youth in care.

The Department continues to maintain two transitional living programs for youth who are in need of extra supports as they transition out of foster care. These transitional living programs can be duplicated and established in any part of the State.

The State continues to work in partnership with private agencies, which develop or continue to provide programs for youth transitioning from foster care. The State continues work with an Older Youth Transitioning Work Group, consisting of all TL Providers and Department management, to look at transitioning services for older youth. This group is in the process of developing a two-year strategic plan to address the needs of youth who are transitioning out of foster care. The work group had developed



a transition plan document for older youth. The transition plan document was piloted by a few provider agencies and DHHR staff. After considerable consultation with groups the Department works with, the document was finalized and rolled out in March 2014. The group is focusing on life skills curriculum choices and looking at strategies to prevent the exploitation of foster children, including human trafficking. This group also worked collaboratively together, with Stepping Stones taking the lead, to expand and improve the “It’s My Move” website and checklist for youth. New modules look at pregnancy and parenting youth.

Help youth receive the education, training, and services necessary to obtain employment.

**Employment Programs:** The employability project was developed to help youth obtain employment. The employability services are available to youth currently in foster care and to the 18-20 year old population who have aged out of foster care. The project began as a pilot but quickly went state wide. Youth Services System Inc., (YSS) in Wheeling provides this service in Hancock, Brooke, Ohio, Marshall, Wetzel, counties in region I. The services and activities provided are designed to not just place youth into employment, but also provide them with the skills, guidance, and ongoing support necessary to sustain employment and succeed in the workplace. Services are provided at the youth’s place of residence, YSS site, within the community, or at Sponsored Employment sites. The second grantee, Human Resource Development Foundation Inc. (HRDF), covers regions II, III, and IV, and all counties in Region I not covered by YSS.

Youth participating in this project are expected to:

- Develop Job Seeking Skills
- Develop an employment history
- Receive Cash for attendance
- Receive assistance with job placement, on the job training, and job shadowing
- Gain/Maintain employment

Outcomes of Employment Programs

**Outcome 1:** During the FFY 2014, HRDF provided 238 foster care/former foster care youth with employment services, to obtain employment, retain employment and gain employment skills. Youth gained employment; youth completed job mentoring, and completed an orientation/assessment.

**Outcome 2:** During the FFY 2014, YSS provided 74 foster care/former foster care youth with employment services, to obtain employment, retain employment and gain employment skills.

Through continued collaboration with the HRDF and YSS, the State has been able to assist more youth into obtaining employment and into receiving employment services within their own communities. The State plans to continue to work with these employment programs as well as other community employment programs, such as WorkForce West Virginia.

Human Resource Development Foundation, Inc. (HRDF) provides Youth Job Development and Placement services in selected counties of WV Department of Health and Human Resources (WVDHHR) Bureau for Children and Families (BCF) Operating Regions I, II, III, and IV. The services provided assist youth aging out of foster care to gain independence by promoting job preparation and work.

The purpose of the program is to offer youth aging out of foster care an opportunity to develop job-seeking skills, acquire employment, develop an employment history, learn regular work habits, develop basic skills needed to succeed in the workplace, and retain employment.

The services and activities provided through the Employment for Independent Living Program are designed to not just place customers into employment, but also provide them with the skills, guidance, and ongoing support necessary to sustain employment and succeed in the workplace.

In addition to the services provided through the program components, the Employment For Independent Living Program (EFILP) provides customers bonuses for superior attendance during Job Search, bonuses for retaining employment, stipends to assist the customer with the cost associated with attending training, and travel payments to assist the customer with the expense of getting to work for the first 30 days of employment.

The curriculum to be used for Job Search Instruction is suitable for individuals with low reading levels; however, individuals who cannot read at all would not be able to handle the program. Materials are geared to an adult interest level and are suitable for average and above-average readers, so the program serves customers functioning at nearly every academic level.

***Employment for Independent Living Program Performance Objectives look at entire section***

To provide opportunities for all older foster care youth to increase and improve job seeking and job keeping skills. The Employment for Independent Living Program serves youth 16-21 who are currently in foster care or who have aged out of foster care.

To provide opportunities for older foster care youth to gain work experience.

EFILP services are available to other eligible youth in the priority counties, as well as, the remaining counties depending on the number of referrals received from the priority counties and the availability of staff time.

There are key elements, which are embodied throughout the program. These elements include: Personal Empowerment (through the discovery of skills, motivation, and goals); Hands-On Skill Development (through practical application of skills being taught and in field activity); and, Ongoing Support (initiated during Job Search Instruction and sustained throughout program participation and for 12 months after the attainment of customers' employment is obtained).

Job Search Instruction is designed to be dynamic with lively exchanges between the Service Placement Specialist/Job Developer and customer along with small group activities (when possible) and multi-media/instructional techniques. Job Shadowing experiences, if utilized, will be relevant to the customer's interest and/or occupational goals and skillfully selected and shaped to fit the customer through cooperation with the employer/site supervisor and the Service Placement Specialist/Job Developer. Recordkeeping materials will be clear and easy to complete while allowing for efficient tracking of activity.

While Employment for Independent Living Program staff will be actively involved in case management issues, HRDF recognizes the role of DHHR as the primary Case Manager. HRDF will notify childcare agencies, foster care agencies, and Social Service Supervisors of the date, time, and locations of all program intakes/Job Search Workshops. In the event that sufficient numbers of referrals are unavailable, program services will be provided on an individual basis and coordinated with the aforementioned agencies.

Help youth prepare for and enter post-secondary training and educational institutions.

**Helping our Undergraduates Succeed in Education (HOUSE) Project:** Some TL youth who are first-time freshman at West Virginia State University live in the H.O.U.S.E. project. This initiative provides a small staff supervised house on the WVSU campus for students who may need a gradual introduction to college life. H.O.U.S.E. stands for Helping Our Undergraduates Succeed in Education.

**Foster Care Tuition Waiver:** House Bill 4787 was passed in 2000 and provides for youth in foster care and former foster care youth to receive tuition waivers for the purpose of attending one of the public colleges/universities in West Virginia.

**Computers for Graduates Program:** Since the early 2000s, the Department has recognized that education plays a vital role in youth growth and development and the transition to adulthood. The Computer for Graduates Program was established to

encourage and reward youth to stay in school and get a high school diploma or GED and to assist them in post-secondary education or employment. A memorandum to staff is released each spring which outlines the process and dollar amounts for purchasing these electronic devices. Each year, the Department determines a dollar amount that will be available for the purchase of a computer to youth who graduate from high school or complete the High School Equivalency exam while in foster care. Vouchers are issued to the youth by the Department worker to purchase the equipment. We also look at supplying printers and other electronic devices and accessories because we realize only a computer is not sufficient.

#### Outcomes of Post-Secondary Preparation

**Outcome 1:** West Virginia had approximately 185 foster care and former foster care youth attending post-secondary educational or some type of educational training during the FFY 2014.

The Department, in collaboration with the MODIFY Program and higher educational institutions, has steadily increased the enrollment of youth exiting foster care, into post-secondary educational programs over the past several years. The WV tuition waiver provides youth with additional financial aid, so their educational costs are reduced.

The Department plans to continue to work with the higher educational institutions to increase the number of youth attending post-secondary educational programs. The tuition waiver opportunity will continue to assist youth with educational expenses. The Department and other partners continue to work with the community and technical colleges of WV to improve the services that youth are receiving through the education system.

The Department will continue to work with the H.O.U.S.E project at West Virginia State University and increase the number of youth, exiting foster care, that are served by this program.

The computers for graduates program has been a successful program for youth in foster care who obtain their high school diploma or GED while in foster care, for several years. The computer program is an excellent incentive for youth to complete their high school education. These computers are often utilized by the youth as they pursue their higher educational goals. The computer for graduates program will continue.

Provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults.

**Mentoring:** The Department has developed close working relationships with transitional living providers to address the issues that youth transitioning out of foster care face. The Department has also encouraged the use of the Foster Club Permanency Pact in several regions in the state. Youth involved in the West Virginia Foster Advocacy

Movement (WVFAM) initiative supported by the MODIFY with CED Program participate in group mentoring and individual mentoring activities at local meetings and activities. The Stepping Stones Program and the MODIFY with CED Program provide local training activities for current and former foster youth that included a local “Game Called Life” event in Huntington WV. Other transitional living providers, MODIFY staff, and Chafee funded grantees encourage the interaction with caring adults through informal mentoring and group meetings.

The MODIFY with CED Program has developed training called “This Yard Called Life,” that will seek to involve the community and professionals that are not traditionally involved with foster youth to participate in local life skills trainings, host events at local workplaces, and invite WVFAM members to share the issues important to them in the community. The MODIFY with CED Program hopes that this non-traditional approach to life skills training will result in the development of informal mentoring and personal relationships to benefit the youth.

Through the hiring and development of the WV NYTD Survey team, the MODIFY with CED Program has begun and will continue to undertake a project called “We Still Care.” Adopted during research to engage and improve support of former foster youth who age out, the MODIFY with CED Program adopted the idea from the state of Maine. Utilizing a public-private partnership with the Taylor County Collaborative FRN, donations are accepted for care packages to youth identified in the 17-21 year old population. Donors are encouraged to create care packages specific to kids in their community or to make donations of products and items to be put together for youth anywhere in the state. Donors are encouraged to put together cards and letters that will demonstrate caring and compassion for these youth that may have little to no support.

West Virginia Foster Advocacy Movement and the Taylor County Collaborative Family Resource Network Breaking the Cycle Youth Group have teamed up to provide mentoring and peer sharing between the two youth groups. Breaking the Cycle is a group of middle through college age students who work on the issues of teen stigma and stereotyping of destructive decisions. The Breaking the Cycle youth work on prevention related issues such as drug, alcohol, and tobacco in their own community. Initial Christmas meetings was held in December of 2014 where the groups had the opportunity to share the issues each was working on and brainstorm how they can work together. Activities are on-going. Youth are supporting one another in the issues each group has identified and sharing strategies and resources such as influential connections.

**Youth Councils:** Through the re-invigorated West Virginia Foster Advocacy Movement, youth are provided opportunities to participate in meetings with peers, interaction with other youth from other areas, and interaction with the community through participation in

speaking engagements and panels. Youth will continue to be provided leadership and mentoring opportunities in the coming year.

**Post-Secondary Education Student Support Services:** Youth in post-secondary educational program are linked to supportive services within the educational system they are attending. These supportive services often assist the youth in maintaining their grades, advocating for their own rights, staying connected to other youth, receiving other supports as needed. Some of the services that are utilized are student tutoring services, college career centers, college help centers, and student groups.

**Community Support Services:** Through the use of the recently formatted youth transition plans, youth can receive additional community supports. Additionally, youth enrolled in the MODIFY program are often referred to community services for extra support. Some of the community resources that are utilized are: Workforce or HRDF, WV Housing, Community Mental Health Centers, Legal Aid of WV, SSI Offices, DRS Offices, HUD, Community Pregnancy Support groups or prevention groups, DHHR economic Services and Community medical assistance programs.

**Transition from High School to Post-Secondary Education Support Programs:** Youth in high school or obtaining their GED are referred to supportive programs to assist them in making the transition from high school to a post-secondary educational program, when needed. Some of the programs utilized are the Heart of Appalachia (HAT) Program, and the Federal TRIO Programs.

#### Outcomes of Supporting Youth Aging Out of Foster Care

**Outcome 1:** Approximately 70 youth are engaged throughout the state in the West Virginia Foster Advocacy Movement. Youth participate in local meetings and a statewide meeting in June of 2014. Youth identified the top four issues they want to focus on. Sibling separation, the overuse of prescription medication, adequate information for and about foster parents, and proper involvement in their own cases was identified.

**Outcome 2:** Approximately \$150 in cash donations and \$300 in in-kind donations for the We Still Care Packages has been collected through March of 2015.

**Outcome 3:** During the FFY 2014 youth were referred to educational supportive services within their educational program on a consistent basis. Approximately 90 youth were referred to educational supportive services, such as tutoring, network groups, student support groups, college career centers, etc...

**Outcome 4:** Youth are referred to HAT, and the TRIO program on a continuous basis as needed during the intake process for the MODIFY with CED Program. Three youth were referred to these programs.

West Virginia Foster Advocacy Movement, with the support of the MODIFY with CED Program, has gained a strong presence this past year. In addition to the identification of the issues, youth are excited about local meetings, the partnership with the Taylor County Collaborative Family Resource Network Breaking the Cycle Youth Group and the We Still Care packages.

Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Transitional Living Program Grantee: Youth Services System provides support to young adults ages 17 – 21 through their Transitional Living Program and services. A 2010 study of former foster care youth found that at the age of 23-24 years old, compared to their peers of the same age:

The foster care alumni had only half the annual income of their peers (52% were unemployed, average income \$8000/year);

They were much more likely to be parents (2/3 of the women reported being pregnant since leaving foster care at age 18);

They used public benefits, like food stamps, at a much higher rate than their peers;

Nearly 25% had not completed high school or received a GED;

Source: [http://www.chapinhall.org/sites/default/files/Midwest\\_Study\\_ES\\_Age\\_23\\_24.pdf](http://www.chapinhall.org/sites/default/files/Midwest_Study_ES_Age_23_24.pdf)

At Youth Services System, each youth is provided safe, stable living accommodations during their time in the program. Supportive services are made available to youth. Youth Services System assures access to health, mental health, social services, law enforcement, education, welfare and legal aid. Additional referrals for specialized help are made when needed.

Each youth is assessed using the Casey Life Skills, a nationally recognized instrument that indicates the individual's readiness for independent living. For insight into trauma, they use the Adverse Childhood Experience Screening (ACEs) tool. Staff works in partnership with each youth to create a unique plan of practical life skills training to build on youth strengths, to complete their basic education and to continue their education through vocational or higher education. Youth learn job readiness skills and seek employment. Participants work toward living in community apartments to demonstrate their independent living skills in the real world with regular ongoing staff support and supervision with increasing levels of independence from this support.

Youth are involved in developing and revising their Individual Service Plan, in group and house meetings, in developing program materials, in program evaluation, and in supporting new youth entering TL. Staff address trauma, and work with each youth in a way that is respectful of their individuality, their own culture and their identity. Where

possible mentors help youth improve interpersonal skills and relationships. Youth engage in community service and participate in activities and events that give them permanent connections to helpful adults.

The goal is for each young person to be safe, healthy, to achieve a sense of well-being, confidence, and develop the skills they will need as adults, to have connections to caring adults and relationships that will lead to independence and self-sufficiency.

**Mentoring and Oversight for Developing Independence for Foster Youth (MODIFY) with CED Program:** MODIFY provides transitional services to youth 18 through 21 years of age to enhance their own efforts toward self-sufficiency. To be eligible for MODIFY, youth must have aged out of foster care or group care on or after their 18<sup>th</sup> birthday. If a youth was in State's care at the time they were incarcerated and subsequently aged out while incarcerated, the youth is eligible for services once released from incarceration and until their 21<sup>st</sup> Birthday. These services include, but are not limited to, short term financial assistance, employment assistance/support, educational assistance/support, transportation, housing assistance/support, supportive counseling, independent living skills training, assistance with application for benefits, and linkages to necessary community supports and resources.

MODIFY Community Support Specialists offers assistance to Chafee eligible youth six months prior to discharge, or earlier when necessary, from custody. MODIFY Specialists also provide technical assistance on a daily basis to staff within the DHHR on youth transitioning issues, as well as the provider community and the public. They attend Multidisciplinary Treatment Team (MDT) meeting for youth needing transitioning services. MODIFY has also begun notifying youth who are age 17 ½ and in foster care, of MODIFY services, the eligibility criteria and how to make contact with the program. Additionally, MODIFY sends letters to all of the residential agencies and local Departments reminding them to refer high school seniors in January.

**West Virginia NYTD Team:** The Department provided resources to WVU Research Corporation beginning December 2014 to hire four specialists to administer the NYTD Survey and to follow youth from ages 17 – 21. The WV NYTD Survey Team is a part of the MODIFY with CED Program. The specialists make contact with the youth before the 17 year old survey is due and maintain quarterly contact with youth until they are 21, administering the 19 and 21 year old surveys during the relationship. The Specialists will provide information and resources on Chafee funded programs as well as resources in the local community that the youth can access. The program is gathering information on health topics, programs, and other resources that will be of use to the youth throughout the life of the supportive relationship. The WVNYTD Team also encourages the youth to access supportive resources such as WVFAM. While the project is relatively new, there has been a positive response to resource information and the assistance being given by the WV NYTD team.



**Collaboration with Other Programs/Agencies:** The Department continues to work with many collaborative groups and other agencies that provide services to youth transitioning. Agencies/committees who are involved in these meetings are Division of Juvenile Services, Bureau Behavioral Health and Health Facilities, Community and Technical Colleges, Mission WV, Administrative Services Organization, Court Improvement Board, multiple Community Collaborative groups.

Outcomes of Transitioning Supports:

**Outcome 1:** During FFY 2014, Human Resource Development Foundation (HRDF) and the MODIFY Program improved its relationship and agreed to promote on another's programs. As a result, HRDF developed a fact sheet similar to the MODIFY Program fact sheet to aid Department workers and others in understanding services available to Chafee eligible youth.

**Outcome 2:** During FFY 2014, the Older Youth Transitioning Workgroup developed goals and plans to establish a choice of life skills curriculums for providers and foster parents.

**Outcome 3:** During FFY 2014, the Stepping Stones program and the residential facilities of River Park and Golden Girls worked together to improve services to transitioning youth and to make a smoother transition.

**Outcome 4:** During FFY 2014, 249 referrals were received for the MODIFY program.

**Outcome 5:** During FFY 2014, MODIFY with CED provided services to an average of 183 foster care youth and former foster care youth.

Not all the services provided by the MODIFY Program involve financial services. Many of these youth were provided information and referral services, linkage with community resources, and advocacy on their behalf in obtaining SSI, medical cards and other benefits.

**Outcome 6:** During FFY 2014, MODIFY Community Support Specialists attended approximately 40 MDT's for youth in foster care. Staff provided information of the youth and other members of the MDT on transitioning services that are available for youth as well as information on programs that can assist the youth when they transition from foster care.

Chafee funded grantees of the Department have either established or re-established close working relationships with one another and multiple partners in the community. Each grantee works hard to promote their program as well as the programs of others to provide youth with the best transition services possible. Each provides technical assistance to the Department and the community about issues facing transitioning youth and ways we can all improve the system.

Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

The State provides Chafee Services to youth who have been adopted or who had been placed in legal guardianship. Some of the services that youth are provided include Educational and training Voucher funds, case management oversight, community referral services, mentoring services and other transitioning services as needed as indicated above.

\*See ETV Section for eligibility criteria and outcomes for ETV services.

#### Chafee Outreach Activities/Specific Training FFY 2014

Several of the Chafee services and activities have been previously reported by individual type of service or activity. By arranging some of those services and activities under the category of outreach, focuses the attention to the various ways potential Chafee clients are identified and encouraged to seek services.

The Department released the revised Youth Transition Plan in March 2014 and provided a series of webinars for Department staff during October and November.

The MODIFY with CED Community Support Specialists provided training and technical assistance and special topic workshops on the MODIFY Program and other youth transitioning topics. MODIFY developed the Youth Transition checklist as a technical assistance product for the Department.

The MODIFY Program continued to assist the Department with the dissemination of program posters, fact sheets, and brochures. Program brochures are provided to community groups such as homeless shelters and child welfare agencies. In addition, MODIFY program staff developed good working relationships with college admissions staff. Informational brochures, posters, fact sheets and referral forms were provided to these staff as needed.

The MODIFY with CED Program has a webpage located on the WVU-CED Website, where individuals can find information about services for the program. Staff contact information is located on the website and a referral for MODIFY services may also be made through the website. It is located at <http://modify.cedwvu.org/>.

#### Outcomes of Outreach and Training

**Outcome 1:** During FFY 2014 MODIFY with CED staff conducted approximately 15 informational trainings to professional and paraprofessional staff.

Presentations about Chafee funded services were made to many professional and community agencies, throughout the State, including but not limited to, State/County WV Department of Health and Human Resources, Department of Juvenile Justice

Services, Family Resource Networks, Child Care Agencies, Independent Living Agencies, Court Appointed Special Advocates (CASA), Colleges/Universities, WV Tribal Group, Faith based organizations, Human Resource Development Foundation, Job Corp., Psychiatric Hospitals, and Emergency Youth/Adult Homeless Shelters.

**Outcome 2:** During this reporting period, the MODIFY with CED webpage has been available for individuals to quickly locate the services that are available through the MODIFY program. The website was updated with fact sheets to assist individuals with clear eligibility criteria. Referrals for the MODIFY program can also be made through the website. The program also maintains a universal e-mail address for inquiries, [modifyced@hsc.wvu.edu](mailto:modifyced@hsc.wvu.edu).

**Outcome 3:** During the reporting period, the It's My Move website was updated.

**Outcome 4:** During the reporting period, individuals were trained on the BHHF model of transitioning, the TIPS model.

The Department plans to develop a list of activities that are age appropriate for older youth and revise policy in a manner that demands workers use prudent parenting standards as well as allow children under their supervision to have normal child and youth experiences.

#### Service Collaboration Activities Achieved in FFY 2014

The Department, MODIFY Community Support Specialists, Transitional Living Providers, and other Chafee funded programs collaborated with many agencies to provide foster care and former foster care youth services necessary for effective transitioning to adulthood. Some of these collaborative efforts included the following:

The Employment for Independent Living Program and WorkForce West Virginia collaborate on summer employment programs for youth in foster care.

The West Virginia Department of Education, in conjunction with the Education of Children in Out-of-Home Care Advisory Committee, hired Transition Specialists to support children placed out-of-state as they prepare and transition back to their school setting in West Virginia.

The MODIFY with CED Program and WV Bureau for Health and Health Facilities continue to work together to develop and support two Independent Living Programs to provide services to foster care and former foster care youth with mental and behavioral health issues.

MODIFY and Human Resource Development Foundation (HRDF) and Youth Service System (YSS) continue to work together to ensure foster care and former foster care youth received employment skills training. MODIFY Community Support Specialists,

YSS and HRDF work together to improve efforts to get former foster care youth employed and to ensure job maintenance skills were developed and utilized.

The MODIFY Program and WV universities/colleges established a collaborative partnership on various levels to provide educational and financial support/assistance to eligible youth. MODIFY program staff continue to build relationships with various university/college financial aid offices, bursar offices, student affair offices, Trio Program Offices, and Tutoring Centers to assist eligible youth make a successful transition into a Post-Secondary Educational program.

The MODIFY Program continued collaborative efforts with WV State University's H.O.U.S.E. Project to provide a supportive living environment on WV State's campus to assist eligible youth transition into college life successfully.

The MODIFY Program utilized the resources available through the WV University Centers for Excellence in Disabilities (WVU CED) to provide services to eligible youth with a variety of disabilities to assist in their transition from youth disability services to adult disability services. Because MODIFY is housed within the CED, education of these young people on their rights, self-advocacy skills, and the provision of service linkages and applications for benefits to this population were available.

Transitional Living Providers and the MODIFY Program continued to work with various housing projects to provide temporary and long term housing to former foster care youth. Some of these agencies include: WV Housing Authority, HUD, WV Centers for Independent Living, WV Adult Homeless Shelters, Adult Independent Living Programs, Community Action Councils, United Way, and other faith based organizations that assist in prevention of homelessness.

MODIFY Program staff and other Chafee funded service providers attend local Family Resource Network and community collaborative meetings in order to provide input youth with the most recent resources available to them.

The Department and the MODIFY Program collaborated with DJS which provides after care services to individuals discharged from Juvenile Justice Facilities. The MODIFY Program continues to provide services/supports to eligible youth exiting DJS care to assist in an effective transition from incarceration to independence.

The Department, MODIFY, transitional living providers, and others continues to work with the Commission to Study out of Home Placements to improve services to youth transitioning from care. A noteworthy accomplishment of this team was the development of a comprehensive youth transition and learning plan that was implemented in March 2014.

The Taylor County Collaborative Family Resource Network and the MODIFY with CED Program developed a public private partnership to support the WVFAM initiative and the We Still Care Project.

The MODIFY with CED Program and two Guardian Ad Litem's teamed up to provide training to lawyers, foster parents, and providers.

#### Youth Engagement FFY 2014

In March and April of 2014, with the support of the MODIFY with CED Program, kick-off cafes were held across the state to re-establish and re-invigorate the West Virginia Foster Advocacy movement. Youth were provided information on the idea and asked to participate in local and state meetings. A statewide meeting was held in June of 2014 where youth representing original local youth and all geographic areas of the state came together to plan and discuss issues that they want to work on as a state and locally.

Youth identified four issues - Sibling Separation, the over prescription of psychotropic medications and lack of alternative therapies, the need for information for and about foster families, and involvement in their own cases.

Youth continued to meet locally throughout the year. In November, youth gave input on a Foster Youth Bill of Rights. Youth also participated in panels at several court improvement program conferences and other events. Youth reviewed and gave feedback thru social media, phone conversations, and at local meetings on policies, NYTD activities, and the CFSP. MODIFY with CED has also provided support to Youth to develop videos and offers to attend committee meetings such as the Older Youth Transitioning Workgroup.

Jessica Gibson, a former foster youth, was elected in 2014 to serve on the Commission to Study the Residential Placement of Children. Samantha Sixma, a former foster youth, serves on the WV Court Improvement Program's training committee. Other youth have attended various meetings as their schedules allow, including the Older Youth Transitioning Workgroup.

WVFAM youth provided input and agreement on the We Still Care Packages. Youth provided the items that they would like to have placed in the packages and suggested that donors include individual notes to let youth know they are cared about. We Still Care packages are sent to youth being tracked in the NYTD co-horts as an engagement tool.

Other states have offered incentives for youth who complete their NYTD survey. These incentives have greatly improved their percentage of completion rates. By January 1,

2016, West Virginia will explore those incentives and develop a plan to implement a similar process in West Virginia.

The State continues to work in partnership with private agencies, which develop or continue to provide programs for youth transitioning from foster care. The State continues work with an Older Youth Transitioning Workgroup, consisting of all TL Providers and Department management, to look at transitioning services for older youth. This group is in the process of developing a two-year strategic plan to address the needs of youth who are transitioning out of foster care. The work group had developed a transition plan document for older youth. The transition plan document was piloted by a few provider agencies and DHHR staff. After considerable consultation with groups the Department works with, the document was finalized and rolled out in March 2014. The group is focusing on life skills curriculum choices and looking at strategies to prevent the exploitation of foster children, including human trafficking. This group also worked collaboratively together, with Stepping Stones (under the direction of Susan Frye) taking the lead, to expand and improve the "It's My Move" website and checklist for youth. New modules look at pregnancy and parenting youth. Although this group has been very active in the past improving services to older adolescents in foster care and transitioning out of foster care, recent activity has been minimal due to their assistance in implementing Safe at Home West Virginia.

In December 2014, WVFAM established a peer relationship with the Taylor County Collaborative Family resource Network Breaking the Cycle Group which will result in opportunities to have input with legislative bodies and contacts that group has already established.

**State Trust Fund Program:**

West Virginia has not established a trust fund program for Chafee eligible youth.

**Indian Tribe Consultation:**

For information on Indian Tribe Consultation, please refer to Section B, number four of the Annual Progress and Services Report.

**National Youth Transition Database**

See the NYTD section under Chafee. West Virginia will be sharing NYTD data with the Court Improvement Program, Citizen's Review Panel, WV FAM and Commission to Study Residential Placement of Children on a quarterly basis

## **Educational Training Vouchers**

The education and training vouchers are supported using money provided to the state as a part of the reauthorization of the independent living program. ETV funds are State administered funds provided to foster care and former foster care youth by the MODIFY Community Support Specialists as well as DHHR caseworkers, through the WV DHHR State Office of Finance and Administration.

- Youth eligible for Chafee ETV funds include the following;
- Youth adopted from foster care after the age of 16 years old.
- Foster/ former foster care youth age 18 through 20 years old, who aged out of care at 18 or older.
- Youth placed in legal guardianship. Policy changed to reflect a IV-E Plan amendment and youth after 2014 must have a finalized legal guardianship after the age of 16.

**\*\*If an eligible youth is enrolled, attending, and making satisfactory progress in a post-secondary educational program on their 21<sup>st</sup> Birthday, then they may be eligible to continue to receive ETV funds until their 23<sup>rd</sup> Birthday.**

ETV funds may not exceed \$5000 per FFY (10/01 – 09/30). ETV funds may be used to cover educational expenses as outlined by the Higher Education Act which may include tuition/fees, books/supplies, room/board, transportation, tutoring, etc.

A student must reapply each year to receive ETV funds and must maintain satisfactory standing within the guidelines of the ETV program. These guidelines include the following:

- Student must maintain a 2.0 GPA.
- Student must maintain an 80% completion rate.
- Student must attend school on a regular basis and provide monthly progress reports to the MODIFY Community Support Specialist.
- If a student experiences some problems maintaining satisfactory progress, the student must contact their MODIFY Specialist to develop an improvement plan as soon as problems arise.
- If placed on probation with the MODIFY Specialist for failing to meet minimum expectations, students must comply with and complete the probation improvement plan to continue to receive ETV services and funds.

ETV Accomplishments for 2014

The state has made some progress in expanding the use of ETV funding over the past few years as well as the enrollment of youth in post-secondary educational programs. Although enrollment has increased, retention in educational programs has been an issue for the State agency.

The MODIFY Program developed a user-friendly database that records the demographics of youth, their ETV utilization, and grades.

Over the past few years, higher education institutions have continued to raise the cost of their programs. With the rise in educational costs, the State has made efforts to maximize the use of all funding available to youth for the purposes of obtaining a post-secondary education. WV has a foster care tuition waiver that is available to youth who complete high school or obtain their High School Equivalency while in foster care. The Department and the MODIFY Program have made great strides in assuring that youth are provided with this waiver. There continues to be a push to ensure youth complete their Free Application for Federal Student Aid (FAFSA) before March 1, so they will obtain the maximum amount of funding available to them.

#### Outcomes of Education and Training Vouchers

**Outcome1:** For the FFY 2014 (October 1, 2013 to September 30, 2014) the State provided ETV funding to approximately 152 youth; 45 of these were new to the program.

**Outcome 2:** For the recent partial year (October 1, 2014 to March 30, 2015) the State provided ETV funding to approximately 137 youth; 33 of these are new to the program since October 2014.

## Updates to Targeted Plans within the 2015-2019 CFSP

### Foster and Adoptive Parent Diligent Recruitment Plan

See attached Foster and Adoptive Parent Diligent Recruitment Plan.

### Health Care Oversight and Coordination Plan

See attached Health Care Oversight and Coordination Plan.



## **Disaster Plan**

During the 2013-2014 federal fiscal year, West Virginia had two winter weather events, one federal disaster declaration and a chemical spill.

January 6, 2014 the West Virginia Department of Health and Human Resources issued a warning to West Virginia residents about the dangers posed by freezing temperatures over the next several days as a result of a severe winter storm. Residents who did not have a heating source in their home were advised to contact the county emergency operations centers or the local health department to locate the nearest shelter or warming station. There was no disruption of services.

On January 9, 2014 approximately 10,000 gallons of Crude MCHM/PPH blend leaked from a storage tank at the Freedom Industries Elk River facility in Charleston. The spill shut down the drinking water supply for citizens across nine West Virginia counties until January 17. State emergency management officials coordinated the distribution of bottled water to those areas affected. The bureau continued to provide services without interruption.

March 2, 2014 The West Virginia Bureau for Public Health alerted residents to be aware of an approaching winter storm that impacted many counties across the state. A couple of local offices were closed for a day due to road conditions and power outages. Staff reported to alternate work locations and the impact on the delivery of services was minimal.

The Bureau for Children and Families did not activate its COOP for any of these events. All offices remained open to provide services to the states citizens. The emergency response for these events was handled by the county and local emergency management officials.

See attached Disaster Plan.

## **Training Plan**

See attached Training Plan.

## Statistical and Supporting Information

### Statistical and Supporting Information

Information on Child Protective Service Workforce:

<b>Child Protective Services FFY2014</b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Statewide Total</b>
Total CPS Case <sup>1</sup>	12,557	18,487	8,179	18,048	57,271
Monthly Average CPS Cases <sup>2</sup>	1,046	1,541	682	1,504	4,772
Staff Needed @ Action Standard <sup>3</sup>	105	154	68	150	477
Total CPS Staff Allocated Positions <sup>4</sup>	109	127	57	133	426
% of Allocated Positions Meeting Caseload Standard <sup>5</sup>	104%	82%	84%	89%	89%
Average CPS Caseload for Allocated Positions <sup>6</sup>	10 9.59	12 12.13	12 11.96	11 11.30	84 11.20
Caseload Difference (Allocated to Action Standard) <sup>7</sup>	4	-27	-11	-17	-51

<sup>1</sup>Obtained by adding the monthly case totals of On-going CPS staff (FREDI CPS 8802) to the Intake CPS staff (FREDI CPS 8801) each month during FFY2014 (October 2013-September 2014)

<sup>2</sup>Total CPS cases divided by 12 (months)

<sup>3</sup>Monthly average of CPS cases divided by 10 (action standard for CPS cases)

<sup>4</sup>Obtained from monthly regional reports in FFY2014

<sup>5</sup>Total CPS allocated positions divided by the Total staff needed according to action standard

<sup>6</sup>Monthly average CPS cases divided by total allocated CPS positions

<sup>7</sup>Staff needed at action standard subtract CPS allocated positions (positive numbers mean above standard, negative numbers mean below standard)

**Information on Youth Service Workforce:**

<b>Youth Services FFY2014</b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Statewide Total</b>
Total YS Case <sup>1</sup>	9,329	11,163	6,543	6,261	47,245
Monthly Average YS Cases <sup>2</sup>	777	930	545	521	<del>3,937</del> 2,773
Staff Needed @ Action Standard <sup>3</sup>	65	78	45	43	<del>328</del> 231.08
Total YS Staff Allocated Positions <sup>4</sup>	40	56	44	34	174
% of Allocated Positions Meeting Caseload Standard <sup>5</sup>	62%	72%	98%	79%	53%
Average CPS YS Caseload for Allocated Positions <sup>6</sup>	19 19.42	17	12	15	23 15.93
Caseload Difference (Allocated to Action Standard) <sup>7</sup>	-25	-22	-1	-9	<del>-154</del> -57.08

<sup>1</sup>Obtained by adding the monthly case total of Youth Service staff (FREDI YSS-0010) each month during FFY2014 (October 2013-September 2014)

<sup>2</sup>Total YS cases divided by 12 (months)

<sup>3</sup>Monthly average of YS cases divided by 12 (action standard for YS cases)

<sup>4</sup>Obtained from monthly peer allocation reports in FFY2014

<sup>5</sup>Total YS allocated positions staff needed according to action standard divided by the total staff needed according to action standard

<sup>6</sup>Monthly average of YS cases divided by total allocated YS positions

<sup>7</sup>Staff needed at action standard subtract YS allocated positions (positive numbers mean above standard, negative numbers mean below standard)

#### Recruitment:

The Division of Personnel provides for the announcement of vacancies to current and former employees of the classified service via its website at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

The Division of Personnel provides for the continuous announcement of positions for the State of West Virginia at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

The Division of Personnel provides for general recruitment through the announcement of job and career fairs via its website at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

Local DHHR Community Services Managers and Supervisory staff is invited to participate at Division of Personnel sponsored job and career fairs in order to showcase BCF openings and to respond to potential applicant's questions.

Local DHHR Community Services Managers are also responsible for recruitment of staff using a variety of methods that include: hosting local job fairs at our offices and at colleges and universities; identifying potential candidates through college and university placement offices; and posting advertisements in local newspapers. Many DHHR Community Services Managers participate in the State's Schools of Social Work IV-E supported undergraduate programs that provide for tuition and stipend payments, educational placements at local DHHR offices, and the offer of employment upon graduation.

The Office of Human Resources Management's Recruitment and Retention unit will work in partnership with BCF to establish a candidate pool for its vacancies, which will be done through several different efforts. DHHR's Recruitment Manager will be working to establish working relationships with several colleges and other higher education institutions in an effort to inform their students of the opportunities BCF has available and will work to create internships for the different Bureaus' positions. We will also continue to offer to partner with BCF's staff on planning job fairs specifically designed for BCF's titles/positions.

#### Selection:

BCF is responsible for requesting the posting of each vacancy. The Division of Personnel in turns posts vacancies allowing potential qualified applicants, who are current or former covered employees, to apply. At the same time, BCF local offices

request civil service registers from the Division of Personnel, which in turn certifies the names of the top ten available candidates who have tested and meet the minimum qualifications for the vacancy. It is from these two sources (present/former employees and names of candidates who have tested for vacancies) that the candidate pool is made.

Interview Panels consisting of three individuals conduct interviews and make selections based upon the policy found in DHHR Policy Memorandum 2106 and 2106-A. These policies can be located at:

<http://intranet.wvdhhr.org/ops/Policies/WordPolicies/POLICY.2106.pdf> and at:

<http://intranet.wvdhhr.org/ops/Policies/WordPolicies/POLICY.2106-A.pdf>

Degrees and Certifications required:

Information related to degrees and certifications required can be found online for each classified position:

Child Protective Service Worker Trainee

<http://www.state.wv.us/admin/personnel/clascomp/spec/9684.pdf>

Salary range: \$27,732.00 - \$51,312.00

Child Protective Service Worker

<http://www.state.wv.us/admin/personnel/clascomp/spec/9685.pdf>

Salary Range: \$31,164.00 - \$57,660.00

Social Service Worker III

<http://www.state.wv.us/admin/personnel/clascomp/spec/9588.pdf>

Salary Range: \$26,160.00 - \$48,396.00

Social Service Worker II

<http://www.state.wv.us/admin/personnel/clascomp/spec/9587.pdf>

Salary Range: \$24,912.00 - \$46,092.00

Social Service Supervisor

<http://www.state.wv.us/admin/personnel/clascomp/spec/9584.pdf>

Salary Range: \$29,400.00 - \$54,396.00

Social Service Coordinator

<http://www.state.wv.us/admin/personnel/clascomp/spec/9585.pdf>

Salary Range: \$37,140.00 - \$68,712.00

Child Protective Service Supervisor

<http://www.state.wv.us/admin/personnel/clascomp/spec/9579.pdf>

Salary Range: \$35,028.00 - \$64,812.00

West Virginia currently relies on various reports that are maintained in the Regional Offices and at the State Office for workforce demographic information. This information is useful in providing a snapshot of the workforce demographics. This includes information about the current type of social work license and level of education. DHHR maintains some information in the HRIS system but this system is dependent on the accurate reporting of changes to a workers education and licensure status.

The state of West Virginia is currently deploying a statewide Enterprise Resource Planning (ERP) system to integrate administrative business functions and thus transform how the State manages its financial, human resources, procurement and other administrative business processes. The system will capture information and make it readily accessible, as appropriate, to State decision-makers and managers by:

Creating a business intelligence data warehouse with effective reporting tools and predefined reports;

Providing agencies, and specifically system users and business managers, with the necessary technology, tools, and training to enable them to extract the data they require to meet their daily business needs;

Improving the State's ability to conduct business, human resources, and technology planning based on reliable, timely financial and human resources data;

This system known as WV OASIS is scheduled to have the human resource functionality available in January of 2015. Additional information about the system is available at <http://www.wvoasis.gov/>

The following are the demographics of the child welfare workforce.

<b>Education Level</b>	<b># of Staff</b>
Bachelor's Degree	311
Master's Degree	25
Ph.D Degree	1
Education not listed	11

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Type of License	# of Staff
Licensed Clinical Social Worker (LCSW)	3
Licensed Graduate Social Worker (LGSW)	5
Licensed Social Worker (LSW)	190
Social Worker (SW)	78
Provisional Social Worker	58
License not listed	5

Type of License by Educational Degree of Child Protective Service Workers		
Education Degree	Type of License	# of Staff
Bachelor's Degree	Certified Social Worker (LCSW)	3
	Not Listed	3
	Provisional Social Worker	159
	Social Worker (LSW)	173
	Temporary Permit (SW)	76
Master's Degree	Graduate Social Worker (LGSW)	5
	Provisional Social Worker	4
	Social Worker (LSW)	14
	Temporary Permit (SW)	2
Ph. D Degree	Provisional Social Worker	1
Not Listed	Not Listed	2
	Provisional Social Worker	2
	Social Worker (LSW)	3

Educational Degree and Discipline Type of Child Protective Services Workers		
Education Degree	Discipline	# of Staff
Bachelor's Degree	Behavioral Science	26
	Board of Regents	15
	Business Management	2
	Counseling	2
	Criminal Justice	71
	Criminology	34
	Education	11

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	Health Services and Social Welfare	2
	Human Services Management	4
	Not Listed	1
	Other	8
	Psychology	56
	Psychology/Criminal Justice	4
	Psychology/Sociology	12
	Social Science	10
	Social Work	68
	Sociology	11
	Specialized Studies	1
Master's Degree	Counseling	5
	Criminal Justice	3
	Education	1
	Human Services Management	1
	Other	1
	Psychology	4
	Social Science	1
	Social Work	11
	Special Education	1
Ph. D Degree	Sociology	1
Not Listed	Not Listed	4
	Other	3

### Juvenile Justice Transfers

West Virginia had 52 children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FFY 2014. We began with a report from the SACWIS system of youth in the custody of DHHR who were court ordered to another placement and sorted this report by provider numbers associated with DJS facilities.

### Child Maltreatment Deaths

West Virginia utilizes various information sources in order to accurately report child maltreatment deaths to National Child Abuse and Neglect Data System



(NCANDS). Information is collected from the internal Bureau for Children and Families Critical Incident Review Team, The Child Fatality Review Team operated under the State Medical Examiner's Office, as well as information from West Virginia's SACWIS system in order to assure that all child deaths as a result of abuse or neglect is captured in the NCANDS. Once the information is obtained, a review of that data is completed to ensure there is no duplication of cases. The Child Fatality Review Team operates under the Medical Examiner's Office is a team that is required under West Virginia State Code to review all child fatalities in the state of West Virginia. The code requires certain members to be on the team; of those, law enforcement and a person from vital statistics are required members. The State Coordinator of the Child Fatality Review Team works with vital statistics to get all records of deaths for children under the age of eighteen. In the state of West Virginia, the Medical Examiner's Office has investigators that are assigned to each child death; they coordinate with law enforcement to conduct the investigation of the death. When other children are in the home, this team coordinates with the local DHHR office to ensure the safety of the other children in the home. Jane McCallister, Director of Children's and Adult Services, is an active member of the Child Fatality Review Team and the chair of the Critical Incident Review Team and has been instrumental in assuring that children who died as a result of abuse or neglect are accurately identified and reported. In FFY 2014, West Virginia had 14 deaths due to abuse and neglect.

### **Education and Training Vouchers**

In the federal school year 2014, (July 1, 2013 – June 30, 2014) there were 152 youth who received education and training vouchers, with 45 being new recipients. In the time period July 1, 2014 – June 30, 2015, 137 youth have received ETV vouchers, with 33 being new recipients.

### **Inter-Country Adoptions**

West Virginia had no children adopted from other countries that entered into state custody in FY 2014 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

### **Monthly Caseworker Visit Data**

In FFY 2013, West Virginia's percentage of visits with children in foster care on a monthly basis was 95.1%. Of those visits, 75.3% occurred in the child's place of residence. For FFY 2014 West Virginia's percentage of visits with children in foster care on a monthly basis was 95.6%, of those visits, 72% occurred in the child's place of residence. This continues to be monitored on a daily basis by management through COGNOS. West Virginia continues to exceed the national average.

West Virginia continues to focus on every child in placement having a face-to-face contact with their worker each month to review treatment needs and to ensure safety. Some of the steps taken to ensure that a face to face contact occurs each month are as follows:

- Supervisors maintain a list of all children in placement that is utilized with the development of scheduled visits
- Workers schedule visits during the first 3 weeks of each month – this allows an extra week in the event of unforeseen circumstances that would require rescheduling.
- Supervisors and workers will track their visits for each month
- Supervisors and workers review the Dashboard in FACTS each month to review the face to face contacts with child in placement
- If the Dashboard does not indicate a visit completed – supervisor will review to determine if this was a data error.

99% of caseworker visit funds were spent on transportation costs to visit children in out of home care and 1% was spent on computer supplies. West Virginia will use the majority of the funding over the next year for travel.

## **Financial Information**

See attached CFS-101.