



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Karen L. Bowling
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To the Members of the Citizen's Review Panel:

Thank you for your commitment to ensuring that West Virginia families receive the best services Child Welfare has to offer. We realize you volunteer your time to complete this service. We have reviewed your recommendations and offer the following responses.

The CRP recommends that the effectiveness of the centralized system be carefully monitored, that the back line for law enforcement, medical personnel and judges is working as intended, and that user/field level surveying for satisfaction be initiated and routinely conducted to round out the call and wait time data that is monitored internally by Centralized Intake management.

There are two options designated for law enforcement; the first is a selection in the queue specifically for LE and medical emergencies. Second is our direct line (304)368-4260 which was sent by letter to all 911 dispatch centers, Sheriff's Departments and State Police detachments. There is a caveat to the queue option that was requested by members of the CRP which was to expand this to medical professionals and Judges. This contributes to longer wait times when these are not true emergencies. We are educating callers when they incorrectly select this option and ask them to make a different choice on their next call. In some cases, we are placing them back into the correct queue.

Once we get moved into our new locations, we will be add additional agents to business day shifts which will offset some wait times.

We have only been fully implemented since January 15. We are continuing to make quality improvement daily. We are revising policies and protocols to assist in increasing effective communication and efficiency as well as the continuation of positive relationships with our community partners as well as our BCF staff. There are multiple methods of oversight and evaluation that is ongoing. There are weekly reviews of intake assessments by our Division of Program Quality Improvement. Results of these reviews are provided to the Leadership, CI Director and the Trainer assigned to Centralized Intake who then works with staff on issues identified in the report. Reports are generated daily to the Deputy Commissioner from the VCC telephone system and FACTS as well as monthly compilation reports to the Leadership team. There is a

Centralized Intake Oversight Committee that met monthly through implementation and now meets bimonthly. Centralized Intake Updates are standing agenda items on the monthly Leadership Agenda as well as Child Welfare Oversight.

We believe the one year mark (July 1, 2015) would be an appropriate time to conduct surveys for feedback.

The CRP recommends that the WV DHHR and the WV Court Improvement Program Board evaluate participation with the fosteringcourtimprovement.org (FCI) program for data exchange, for the purpose of accessing hundreds of longitudinal, regional, local, and district level reports that are not available or accessible through current data systems.

The services offered by the FCI program really hold no benefit for the DHHR as most if not all of the measures they are offering area already provided by the federal government, our existing contracts with the Casey Foundation and the state's own internal data measures. All of these measures use the same source data as the FCI program but do not cost the state and have the added benefit of being internal expandable to include identifying information that allows better administrative and fiscal oversight of the CPS, foster care and adoption programs. WV DHHR is already exploring ways to anonymize data to make it fit for public publication and will be developing additional measures in the very near future to support and evaluate the WV Safe at Home placement diversion program. The federal government, social service agencies such as Children First, Casey Family Foundation, and Chapin Hall already use the WV AFCARS and NCANDS data to develop and publish measures

The CRP recommends that as all database improvements are considered, funded, and developed, they are consistently evaluated for compatibility to other databases.

The DHHR and WVSCA have discussed data exchanges in the past and still have an open dialogue in regards to the transmission of case plan data to the courts and from the courts to DHHR information regarding hearings, orders and judicial findings. An attempt was made to bring up an exchange in 2011 but had to be delayed to allow both sides to develop their internal systems and data quality to the extent that a data exchange would be feasible. That effort is ongoing but the lack of funds to invest in data transfer technologies and publication software remains a significant barrier.

The state has made significant inroads to align their technologies toward a shared data model at the enterprise level with the implementation of the DHHR master data management (MDM) system. This is vital piece that will facilitate the crosswalk of data across systems in the future developments.

The CRP recommends (updated) education to DHHR and to the courts regarding the strengths, limits, and interpretation of drug testing results, for the purpose of administering drug tests in a more consistent, cost-effective manner statewide.

The DHHR agrees there appears to be a misunderstanding among Child Welfare stakeholders as to benefits of drug testing.

- *The DHHR can offer training during CIP cross-trainings as to the effectiveness drug testing.*

- *The DHHR will offer training to Child Welfare staff regarding the strengths and limitations of drug testing, the appropriateness of such testing as well as training on how to present recommendations of limiting drug testing in Child Welfare cases.*

The CRP recommends continued judicial education regarding visitation as a child's right, even when a parent tests "positive".

The DHHR agrees with this recommendation and will develop training to educate workers on various ways to advocate for visits for children in foster care with their parents during court proceedings. There has been some discussion at CIP groups about education for the judicial system on this very issue.

The CRP recommends requiring providers of parenting training to use a targeted curriculum incorporating the risks and implications of substance abuse to effective parenting, when substance abuse is a factor in a child abuse/neglect case.

Substance abuse is widespread throughout the state and is the single largest issue facing workers today. This recommendation will be at the forefront of developing services statewide while the DHHR prepares to implement Safe At Home over the next five years.

The CRP recommends the DHHR closely examine a relevant sample of "legally free" cases meeting criteria for referral to the Adoption Resource Network (ARN) to identify barriers occurring at the field level and implement corrective actions to address them.

The placement of legally free children on the Adoption Resource Network continues to be an issue for the DHHR. Policy regarding which children should be included on this database is very clear. However, due to high caseloads and staff shortages, activities required to include children on the ARN continue to be pushed to the back. Keeping these activities and requirements in the forefront is a priority for this administration. Reminders will be sent to all staff that this is an important part of their responsibility and will be tracked. This activity will be monitored by the ARN coordinator and reports of failing registrations will be sent to this Commissioner for accountability.

The CRP maintains that a worker-searchable database of eligible adoptive families would be advantageous as compared to the largely informal networking (to locate adoptive families) that is prevalent today, and thus recommends that this capacity be incorporated into the scope of work associated with the ARN redesign.

The DHHR is currently working on re-designing their Internet Homepage. State Office Policy Specialists have been working with Office of Technology staff to determine if an interactive, web-based program can be developed to match foster children with potential foster/adoptive providers. There are similar programs currently available for other provider types; however, the foster/adoptive provider base is much larger than any other currently available to the DHHR. Maintaining the provider base would most likely be dependent upon additional staff.

The CRP recommends that the current, year-to-year contract for the CRP coordinator be re-evaluated and replaced by a less vulnerable staffing arrangement with DHHR.

The DHHR is committed to retaining a coordinator for the Citizen's Review Panel. However, the DHHR cannot split an allocated position into two or more part time positions and currently the Citizen's Review Panel coordinator operates at less than part time productivity.

The CRP further recommends that the DHHR enable the CRP to have and operate its own budget.

The DHHR is mandated to reimburse expenses for members of the Citizen's Review Panel. However, due to the fact that this is federal funding required by CAPTA, the DHHR is required to account for all expenditures.

Again, thank you for your support. If you have any additional questions or recommendations, please feel free to contact me.

Nancy N. Exline
Commissioner
Bureau for Children and Families