
West Virginia
Department of Health and Human Resources
Bureau for Children and Families
Youth Services
Annual Report

Fiscal Year July 1, 2015 through June 30, 2016

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Introduction State Fiscal Year 2016 Youth Services Annual Report

Youth Services is a specialized program which is part of a broader public system of services to children and families. Requirements for the provision of services to families served by this specialized program originate from various sources including but not limited to: social work standards of practice; accepted theories and principles of practice relating to services for troubled children; Chapter 49 of the West Virginia Code; case decisions made by the West Virginia Supreme Court; and the Adoption and Safe Families Act.

“The Department of Health and Human Resources and the Division of Juvenile Services shall annually review its programs and services and submit a report by December 31, of each year to the Governor, the Legislature and the Supreme Court of Appeals.” (West Virginia Code 49-2-1006 (a))

In accordance with West Virginia State Code, the West Virginia Department of Health and Human Resources (DHHR) submits the Youth Services Annual Report for Fiscal Year July 1, 2015 through June 30, 2016. Through this mechanism, the DHHR continues its commitment to: “...establish, maintain, and continuously refine and develop, a balanced and comprehensive state program for juveniles who are potentially delinquent or are status offenders or juvenile delinquents in the care or custody of the department.” (West Virginia Code §49-2-1001)

This year’s annual report includes:

- A listing of the rehabilitative facilities in West Virginia and a link to a catalogue of programs and services available at each facility.ⁱ
- The Entry Point/Referral Source for the 2016 SFY to the Youth Services Program.
- Removals from the Home for 2016 SFY and Foster Care Entry by Source for the SFY.
- A new section on Safe at Home WV program.
- The array of in-home socially necessary services available to families in the Youth Services Program and those that have been discontinued.
- An on-line catalogue of programs and servicesⁱⁱ available in the local communities throughout the state.
- An analysis of caseloads for Youth Services Social Workers over the past three state fiscal years.

Additionally, the Bureau has adopted the Child and Adolescent Needs and Strengths Assessment as the universal tool to track total clinical outcomes on the individual, programmatic, and system level. The Division of Research and Analysis within the Bureau is developing a work plan to leverage the automation system of Chapin Hall at the University of Chicago, the West Virginia Families and Children Tracking System, and the data analysis software COGNOS to implement Total Clinical Outcomes Management (TCOM). The TCOM approach was developed by John Lyons, PhD, Senior Policy Fellow at Chapin Hall. The implementation of TCOM in the Bureau will enable:

- An analysis and evaluation of programs and services continued, established and discontinued within the Youth Services Program.
- Recommendations for specific evidence-based programs and services which should be implemented for the prevention of delinquency and for the care and rehabilitation of juvenile delinquents and status offenders.

The Bureau for Children and Families' plan for implementation of Total Clinical Outcomes Management to determine the effectiveness of current programs and the development of evidence-based programs is outlined in Appendix D.

Statutory References for Establishment of Youth Services

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

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 DHHR 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 court system. However, when court involvement occurs, the DHHR 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 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 with the court. In general, the process is as follows: Intake; Youth Services Assessment; the Comprehensive Assessment and Planning System process for court-involved youth or (Youth) Level of Service/Case Management Inventory ((Y)LS/CMI); a Family Service Plan; Service Provision; and Case Plan Evaluation/Case Closure. Each step is described in the next section.

Rehabilitation, not punishment, remains the overarching aim of the Juvenile Justice System. The most notable difference between the original model and current Juvenile law is that Juveniles now have more procedural rights in court. These rights include the right to an attorney and the right to be free from self-incrimination.

Within the State of West Virginia, significant changes in roles and responsibilities regarding the Juvenile Justice System occurred in 1997 with the passage of two pieces of legislation. House Bill 2680 created the Division of Juvenile Services (DJS) within the Department of Military Affairs and Public Safety. The new division was to assume responsibility for operating and maintaining the pre-dispositional detention centers as well as the Juvenile correctional facilities. It was also to work cooperatively with the DHHR in the planning and development of programs and services to prevent and/or reduce Juvenile offenses.

The second piece of legislation, House Bill 2873, provided for the transfer of custody to the DHHR of an alleged status offender who is to be detained. Adjudicated status offenders are to be referred to the DHHR for services. The bill redefined status offenses, clearly distinguished the treatment of status offenses from the treatment of delinquency, and changed the adjudication and disposition for status offenses. There were also some revisions of definitions pertaining to the Juvenile proceedings section of the state statute.

The 1998 legislative session in West Virginia resulted in the addition of a new section of Chapter 49, W. Va. Code § 49-4-110. This new statute requires quarterly judicial reviews of certain status offense and delinquency cases. Reviews may be conducted by the court more frequently but are required at least every three months until a case is resolved and dismissed from the court docket. Other legislation which passed during the 1998 session amended various sections of the Juvenile proceedings section of the statute. The most significant amendments clarified how Juveniles are to be brought before the court. These provisions continued to distinguish the handling of Status Offenses and Delinquent Offenses.

In March 2003, Senate Bill 364 was passed to amend Chapter 49. In general terms, the amendment addresses notice of certain proceedings to the DHHR and the DJS for the purpose of multidisciplinary hearings and providing for greater involvement of multidisciplinary teams in Juvenile and Abuse and Neglect proceedings.

On October 7, 2008, the President signed into law the Fostering Connections to Success and Increasing Adoptions Act. While West Virginia had already instituted the provision in our State Code to extend services to youth exiting foster care until 21 years of age, this legislation allowed the State to pull down federal funds for these services and for the oversight of the health and education needs of children in foster care.

The Child and Family Services Improvement and Innovation Act (Public Law 112-34) was signed into law on September 30, 2011. Throughout the Bureau for Children and Families Youth Services Policy,ⁱⁱⁱ based upon this law and the work of the Bureau's Department of Quality Improvement, specific directives are provided for family engagement in the process of solving family problems.

The West Virginia Legislature passed and the Governor signed into law Senate Bill 484 which became effective June 7, 2012, which protects the right of the youth to speak freely during multidisciplinary team meetings without risk of self-incrimination, and the right of all parties to be heard at the disposition. These two areas of the legislation are addressed several times in the Youth Services policy.

The West Virginia Legislative Auditor, Performance Evaluation & Research Division (PERD) completed and submitted their evaluation to the Legislature in November 2013.^{iv} The evaluation of the Bureau for Children and Families (BCF) is part of the agency review of the Department of Health and Human Resources, as authorized by WV Chapter 4-10-8(b)(5). The Legislative Auditor was asked to determine how the BCF measures the effectiveness of the Youth Services Program. In anticipation of the PERD Review Results, a task team was formed by BCF to overhaul the current data collection and performance measurements of the Youth Services Program.

The BCF continues in its efforts to implement the recommendations of the PERD review and has been able to provide some of the recommended information in this report. Additionally, a collaborative effort between various stakeholders will result in the sharing of information with the WV Office of Research and Strategic Planning through the Division of Justice and Community Services to evaluate programs and services in a longitudinal study across various points of contacts for youth involved with the juvenile justice system. These efforts in data collection and information sharing should provide a detailed picture of how juveniles move through the justice system and when and to what degree youths are recidivating. The need and the importance of data collection and information sharing, along with other important advances in the juvenile justice system, were codified with the passage of Senate Bill 393.

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. The Task Force conducted an extensive review of data and produced a set of policy recommendations that meets its charge: 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^v (State of West Virginia, 2014). The findings of this task force resulted in the creation, passage, and signing of Senate Bill 393. This comprehensive juvenile reform bill focuses 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 and the Division of Juvenile Services to the use of evidence-based community services, and requires the use of diversion programs and plans to reduce the number of youth coming into contact with the juvenile justice system.

The BCF continues in their efforts to implement all of the codified requirements of Senate Bill 393 and receives technical assistance from the Crime and Justice Institute (CJI). CJI works collaboratively across various agencies to make policy and procedure recommendations for the juvenile justice population which is consistent with best practice initiatives.

General Casework Flow

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 Behavioral Evaluation or make a referral to appropriate Community Resources which are better suited to meet the families' identified needs.

Referrals come to Youth Services from a variety of sources. To better understand the entry point of families into BCF, a tracking report is being developed from the existing data in the Family And Children Tracking System (Appendix B).

Youth Services Assessment: The Youth Services Assessment is used to assess the presence or the 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 young person or the young person's family or the community.

The Youth Services Assessment tool changed in late June 2016, replacing the use of the Youth Behavioral Evaluation with the implementation of two new Youth Service assessments: the Child and Adolescent Needs and Strengths (CANS) and the (Y)LS/CMI for court-involved youth. The CANS is an evidenced-based tool utilized in all cases as the primary assessment for Youth Services cases. The use of this tool sets the stage for identifying the child's needs as they relate to him/herself and his/her family and which strengths they possess that may be leveraged to the youth's benefit. The use of the assessment will help the worker to appropriately plan and focus resources where they are needed most.

The (Y)LS/CMI is an evidenced-based risk assessment chosen by the Supreme Court to be operated across systems for juvenile justice involved youth. The (Y)LS/CMI is to be utilized for all youth who have been adjudicated as a status offender or delinquent and may be utilized for juvenile delinquents who have received an improvement period through the court. The (Y)LS/CMI provides a "risk rating" based on static and dynamic risk factors determined by "yes" or "no" responses to the 42-item questionnaire.

Behavioral Control Plan (BCP): A BCP 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 living arrangements with friends or relatives. The Plan can also involve other services such as Behavioral Health intervention. 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 and Planning System (CAPS): W. Va. Code § 49-4-406(a) requires that a standard uniform comprehensive assessment be completed for every adjudicated status offender. The CAPS was created and adopted by the DHHR to meet the requirements of the statute. The CAPS assessment planning system begins with a Child and Adolescent Needs and Strengths Assessment. This tool serves as both a guide to service delivery and as a screener which triggers the other important assessments of the child and family. When the Child and Adolescent Needs and Strengths Assessment and all of the triggered assessments are completed, the results are compiled into a summary titled the Comprehensive Assessment Report (CAR). As the implementation of the CANS and (Y)LS/CMI continue within the BCF, the use of the CAPS may be phased out and the use of the two new assessments will continue to meet the statutory requirements.

Multidisciplinary Treatment Teams (MDT): Both state statute and federal regulations require that for youth involved with the court, 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 Services Family Service Plan/Case Closure: The Youth Services assessment process involves interviews of all the family members and helps to evaluate either the presence or absence of risk and behavioral control influences. Working with the family to develop the Family Service Plan assures that the parent/caregiver understands the DHHR'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, their needs and to prioritize goals related to the conditions which are the basis for Youth Services involvement. Services are provided to assist the family and youth achieve the goals which will lead to disengagement of Youth Services from family involvement and case closure.

Youth Services Family Eligibility

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.

Each of the following circumstances describes how young people may come into contact with Youth Services:

- The youth/juvenile is experiencing problems in the home, school, and/or the community to such an extent that the resulting behavior has the potential to become the basis for status offense or delinquency proceedings and intervention has been requested by the parent(s), guardian(s), custodian(s) or by the court to resolve the problem(s) without formal involvement in the juvenile justice system.
- The youth/juvenile is under the auspices of the juvenile justice system (i.e., awaiting disposition or adjudication as a delinquent, adjudicated as a truant status offender, on probation, etc.) and has been referred to the Department for services.
- The youth/juvenile is an alleged delinquent who has been referred for services or placed in the temporary legal and/or physical custody of the Department as an alternative to detention.
- The youth/juvenile has been adjudicated as a status offender for a truancy offense prior to turning 18 and the court case has not been resolved and dismissed from the court's docket.

Status Offenses and Youth Services

Status offenses are acts that cannot be charged to adults, according to Section 223(12) (A) of the Juvenile Justice and Delinquency Prevention Act.^{vi} However, at the state level the definition is not as broad. The West Virginia Code § 49-1-202 states a status offense is any of the offenses listed below:

Incorrigibility: Habitual and continual refusal to respond to the lawful supervision by a parent, guardian, or legal custodian such that the behavior substantially endangers the health, safety, or welfare of the Juvenile or any other person.

Runaway: Leaving the care of a parent, guardian, or custodian without consent or without good cause.

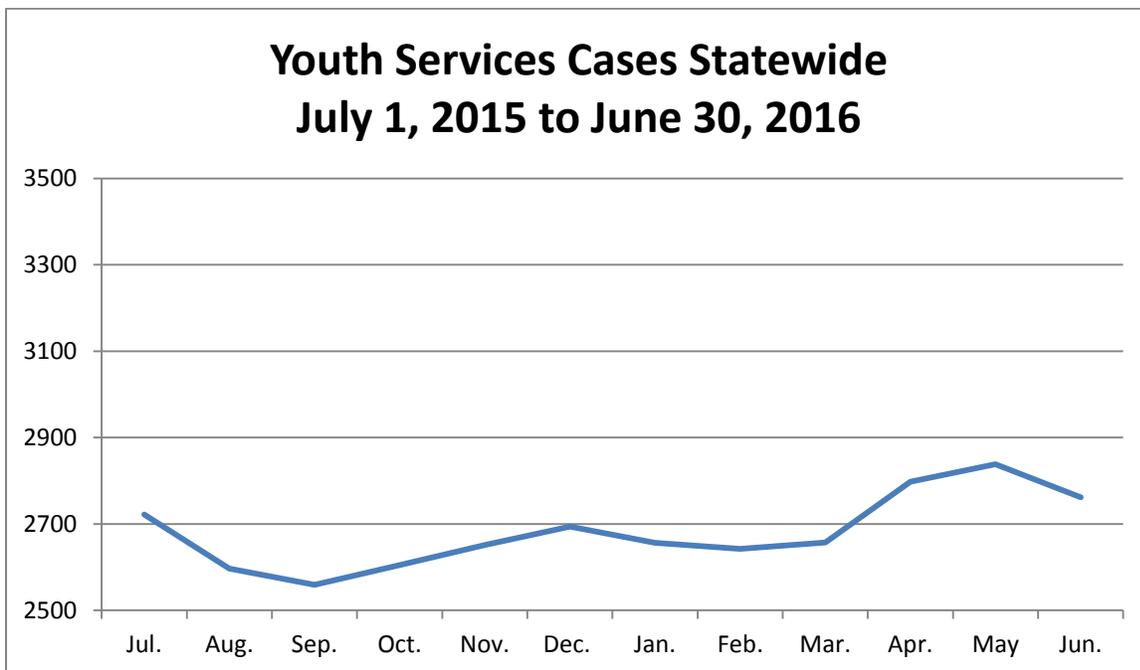
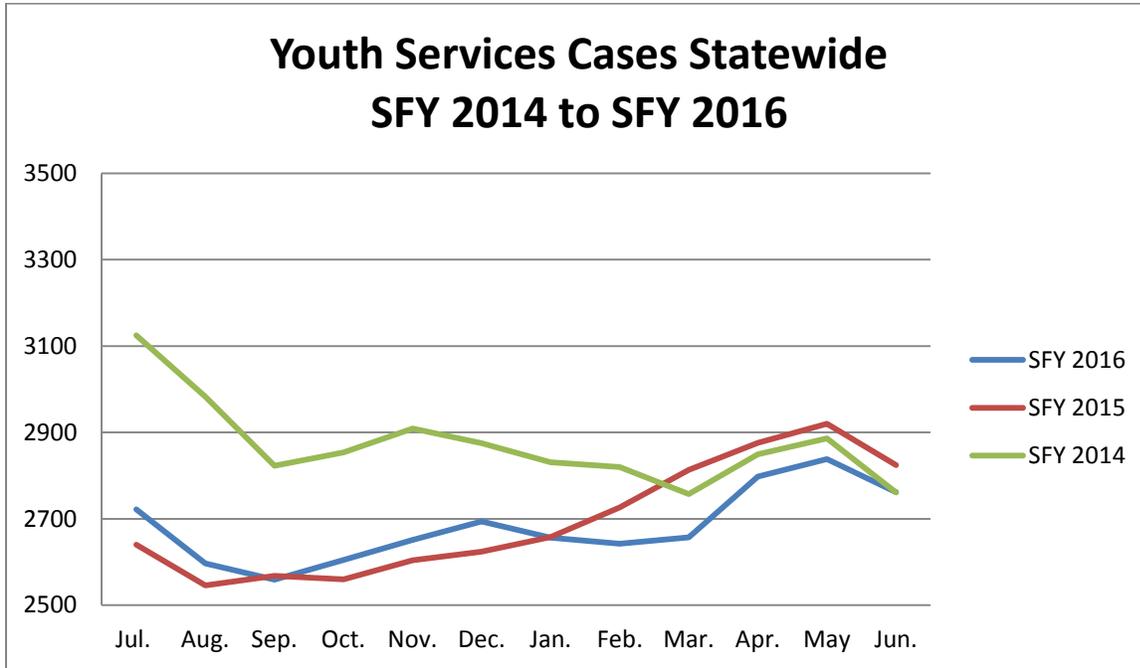
Truant: Habitual absence from school without good cause.

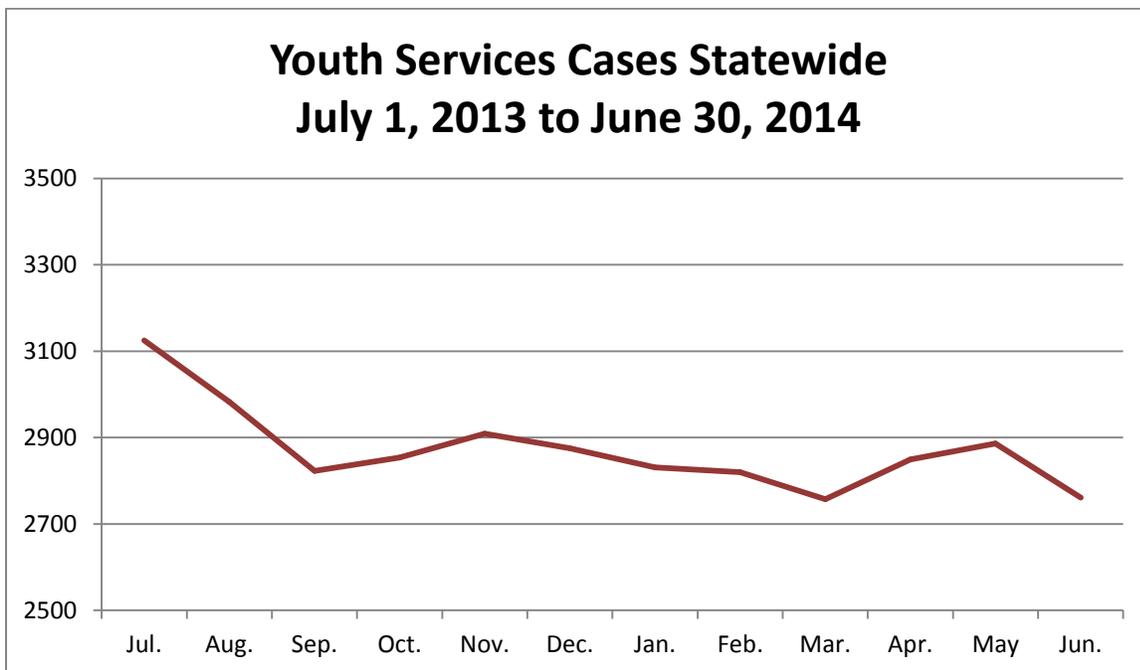
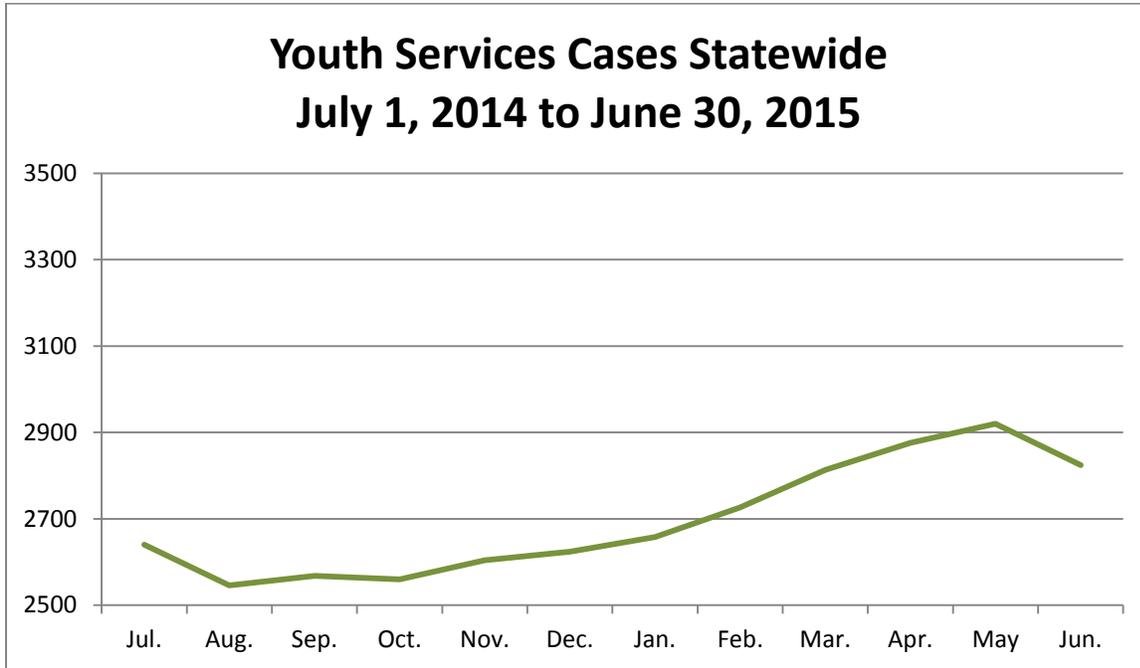
Families often need assistance dealing with teens that do not follow the rules at home, break curfew or run away. Truancy is often a symptom of deeper problems in the lives of children and families. Parent education and parent support groups in our communities are great resources. Use of the Family Resource Centers^{vii} and the 211 internet and phone resource continues to expand in the state.

Youth and Families Served

The Bureau for Children and Families (BCF) delivers child welfare services to families and children directly by employees of BCF. Those employees are located in 55 counties of the state, which are divided into four regions. BCF is a state administered agency. Families and children enter the child welfare system either through Child Protective Services (CPS) or Youth Services. CPS serves those families whose children are unsafe due to abuse or neglect from their parent(s), guardian(s) or custodian(s). Youth Services serves youth who are referred by the courts for placement and services for status offenses or juvenile delinquency or are referred by families or schools for services to prevent delinquency.

BCF caseload data over the past three state fiscal years indicated a downward trend from 2014 levels. The caseloads for the 2015 SFY began with significantly lower caseloads than the previous year. However, the fiscal year finished with slightly higher levels than SFY 2014's end. SFY 2016 began with higher levels than 2015, yet finished with much lower caseloads than the previous year. Graphs depicting caseloads for each SFY are provided on the following pages.





West Virginia Rules of Juvenile Procedure

In February 2005, members of the Court Improvement Program (CIP),^{viii} DJS and the DHHR began writing new Rules for Juvenile Court^{ix}. The Rules were completed in late 2009 and approved in early 2010 by the West Virginia State Supreme Court. An extended comment period was given to all judges in the state to have ample opportunity to review and make comments and suggestions. Participants included the DHHR, Probation, DJS, defense attorneys, prosecutors, and the Attorney General's Office. The DHHR's involvement brought knowledge of service needs, advocacy, ethics and best practice to the process. When a question arises regarding how a case should be disposed, the court refers to these rules. The Rules for Juvenile Court are a standardized, fair, and consistent way of disposing of juvenile delinquency and status offense cases statewide.

The subcommittee which worked on the Rules of Juvenile Procedure has been reconstituted as the Youth Services Subcommittee with a focus on training lawyers, guardians ad litem, judges, child welfare professionals and other community partners on the Rules, as well as topics of interest to these stakeholders.

The Youth Service subcommittee was asked to revisit the rules of juvenile procedure during SFY 2014 and make appropriate and necessary changes after the passage of Senate Bill 393. The changes were made available for comment until September 2015 (SFY 2016) and were approved and made effective January 1, 2016.

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.*"^x In the 2015 legislative session, WV legislators took notice of the growing need to curb increasing truancy referrals to the court. The legislators responded in the 2015 session by providing the WV Board of Education with a line-item budget increase to hire truancy diversion probation officers or truancy diversion social workers. These additional truancy diversion specialists will not only help keep youth in school, but also prevent many youth from ever having to become formally involved with the juvenile justice system. The Department continues to fund its own truancy diversion program in the northern panhandle with the Juvenile Mediation Program.

Hancock County's Juvenile Mediation Program (JMP) is a court diversion non-profit agency for juveniles in the northern panhandle of West Virginia and is primarily funded by a grant from the DHHR. During SFY 2012, JMP served 710 children in six counties, and during SFY 2013 the number decreased to 468. This most recent reporting period saw the least number of referrals to date with 370 for SFY15. While many counties increased their use of the JMP program, Marshall County dramatically reduced the number of children being referred for services for reasons which have not yet been determined.

The Juvenile Mediation Program reported 293 children with improved school attendance while enrolled in their program and 49 hours of community service completed.

In further efforts to address school attendance problems with youth, the DHHR and the WV Department of Education have developed a collaborative relationship to share educational reporting information for children living in foster care. This collaborative effort allows BCF to better ensure children's academic progress and provide a more accurate record of the children's educational history. Continued collaboration in reporting data should expand collective abilities to provide a quality education to West Virginia children.

Runaway

Two programs have been awarded grants from the United States Department of Health and Human Services to provide shelters for runaway and homeless youth. The programs provide crisis shelter for runaway and homeless youth ages 11-18 years in Parkersburg and Wheeling. Any youth in the community may call or come to Children's Home Society (CHS) or Youth Services System (YSS)-Wheeling anytime day or night. Two counselors are always on shift to provide crisis counseling, food, clothing, shelter, security, and individual, group and family counseling.

Youth and parents are welcome to call or stop by the programs anytime for advice or referrals to other services in the community. The DHHR-BCF does not provide any funding or oversight of these runaway and homeless youth programs.

Children's Home Society has a Basic Center Program at their Parkersburg site, which is a federally funded runaway and homeless youth program. This program serves youth ages 12-17 years, who have run away from home, are at risk of running away, or are otherwise in a homeless situation. This is a voluntary program, and parent or guardian permission is required for CHS to house youth when necessary. CHS utilizes a host home model (similar to foster homes), versus a shelter model. The aim is to stabilize the crisis within the home, and return that youth to a safe home with their guardian(s). In total, CHS served 57 youth through the Basic Center Program from July 1, 2015 – June 30, 2016. Some of these youth were served only briefly (23), some were only served by receiving the BCP "Let's Talk" curriculum at the Youth Day Report Center (12), and a few received services only by coming to our Teen Drop-In Center (14). Eight additional youth received services for a longer period of time, though none were served residentially. None of these youth served during the SFY 2016 resulted in a referral to DHHR for out of home placement.

Youth Services Systems provided data for two of their shelter programs which also counsel runaway and homeless youth. Of the 18 served, only two resulted in a referral to the Department for custody and placement. The majority of these youth (11) returned home.

24 Hour Centralized Intake Unit Referral Line

In July 2014, the DHHR launched its Centralized Intake Unit (CIU). CIU receives referrals 24 hours a day and seven days a week. CIU has enabled the streamlining of

Child Abuse and Neglect and Adult Protective Services referrals, creating consistency in how the referrals are documented and received. Though county offices continue to input Youth Service petition referrals directly, the CIU handles all after-hour emergency calls for Youth Services and contacts the appropriate district supervisor when necessary. CIU can be reached at 1-800-352-6513.

In July 2016, CIU will begin accepting referrals from prosecutors for Pre-Petition Diversion. The use of CIU simplifies the process for prosecutors in making referrals to the Department as they will be able to fax a standard referral form with all the necessary information for a Department worker to initiate contact with the referred youth and family. This process will help ensure prosecutors also receive feedback as to the acceptance of the referral and assignment to the local office.

Incorrigible

A young person who habitually and continually refuses to respond to the lawful supervision of parents, guardians, or legal custodians, especially when the young person's behavior substantially endangers the health, safety, or welfare of the young person or any other persons, meets the definition of incorrigible. Youth Services attempts to provide families with resources and educational programs to increase family communication, set expectations of behaviors and establish enforceable consequences. All of these interventions are aimed at diversion of the family from filing formal incorrigibility petitions in the courts.

Referrals to community programs are often the best resource for families. Some of these resources include:

- The Boys & Girls Clubs
- Build It Up WV
- AmeriCorps
- YMCA
- Family Resource Centers

The Boys & Girls Club mission is to inspire all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, caring citizens. The Build It Up WV program's vision is to inspire and educate young West Virginians about the possibilities for community development in their own state, while strengthening growing community initiatives. Through a number of community programs, more than 730 AmeriCorps members work to meet some of the most critical needs in West Virginia, including poverty and illiteracy. YMCA centers in West Virginia provide support and opportunities to empower children, youth and adults to learn, grow and thrive.

BCF's Family Resource Centers bring together existing services in a single location such as a school or other neighborhood building. This comprehensive approach increases the accessibility of services, brings resources together in one place, provides family support and education, and allows the centers to meet the community's needs. Family Resource Centers serve children prenatal through age 18. Each center offers a variety of services to reflect the diversity of the community needs.

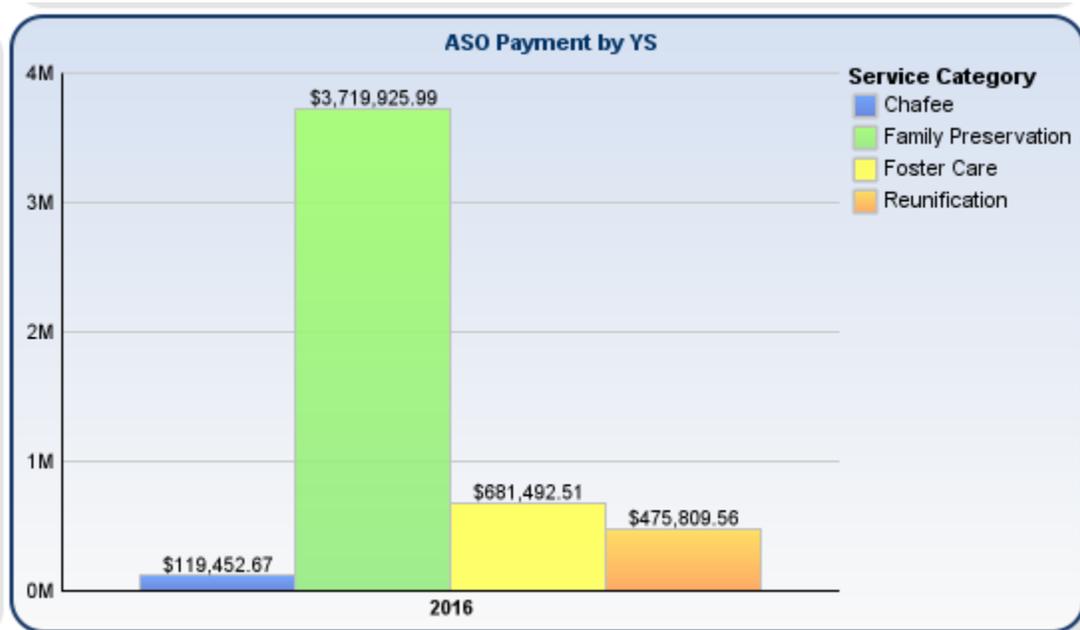
Community Resource Linkage

Youth Services strives to connect families and youth to services in their communities with the aim to maintain permanent family connections. Community Services are the link families need in their neighborhoods to cope, especially with the unique situations that come with raising teens and young adults. These local services work to ensure children's optimal development by assisting parents with support groups, enhancing the quality of relationships among family members, and helping them cope with the challenges and stresses of child rearing.

A descriptive catalogue of juvenile and family-strengthening programs and services is available in local communities as an internet resource which is maintained by the Service Array.^{xi} The catalogue can be accessed through the West Virginia 211 website, www.wv211.org or by dialing 2-1-1 on a landline/home phone or cell phone; no area code is needed.

While Family Resource Networks^{xii} and other collaborative efforts have created or expanded programs to serve residents, gaps still exist. Private agencies can fill gaps in services, according to the Uniform Guidelines Manual established to define and regulate service delivery.

Socially Necessary Services are services necessary to achieve child welfare goals of safety, permanency and well-being. The designation socially necessary is used to distinguish these services from other services that have been determined to be medically necessary and can be obtained through Medicaid. These agencies provide four areas of expertise: Family Reunification, Family Preservation, Chafee Programs, and Foster Care in Youth Services cases. Youth Service cases utilized Family Preservation services most often, as illustrated in the table below.



* Administrative Services Organization (ASO); Youth Services (YS)

A list of the services available and services discontinued through the Youth Services Matrix of Socially Necessary Services, as well as an illustration of which ASO services were utilized most often, is provided in Appendix A.

In an ongoing effort to improve outcomes for our children and families, BCF began the process of redesigning the Socially Necessary Services structure, including how the delivery and outcomes of those services are evaluated. BCF has moved towards a culture of greater accountability, and in Fall 2014 began training all BCF staff and educating providers in the Results Based Accountability Methodology (RBA). RBA asks, "How much did we do?"; "How well did we do it?"; and "Is anyone better off?" These three questions provide the basic framework for how BCF will evaluate the effectiveness of programs and services and identify those which should be continued, discontinued, and added to our service delivery matrices.

Out-of-Home Placement

All children need a safe environment and caring adults to thrive. Youth Services is statutorily charged with the responsibility to make a reasonable effort to prevent placement of youth outside the home. A thorough Youth Services assessment with detailed documentation is integral to that responsibility. An in-depth interview and completed assessment will help the family and social worker assess the presence and level of risk and Behavioral Control Influences which could affect the safety of the youth, the youth's family, or the community. The process assures that the parent(s) and or caregiver(s) understands Youth Services' role in providing services to address issues relating to troubled youth.

If any Behavioral Control Influences are present, the worker must develop an In-Home Behavioral Control Plan to bring stability back to the family.

In some cases, the worker will identify Behavioral Control Influences, which when taken together with the conditions in the home preclude development of an In-Home Behavioral Control Plan. The reasons that an In-Home Plan will not be feasible will vary from case to case. In some instances, either the parent(s) or the youth may not agree to cooperate with the plan. In other instances, the home may be chaotic and the level of strife between the family members prevents the use of an In-Home Plan.

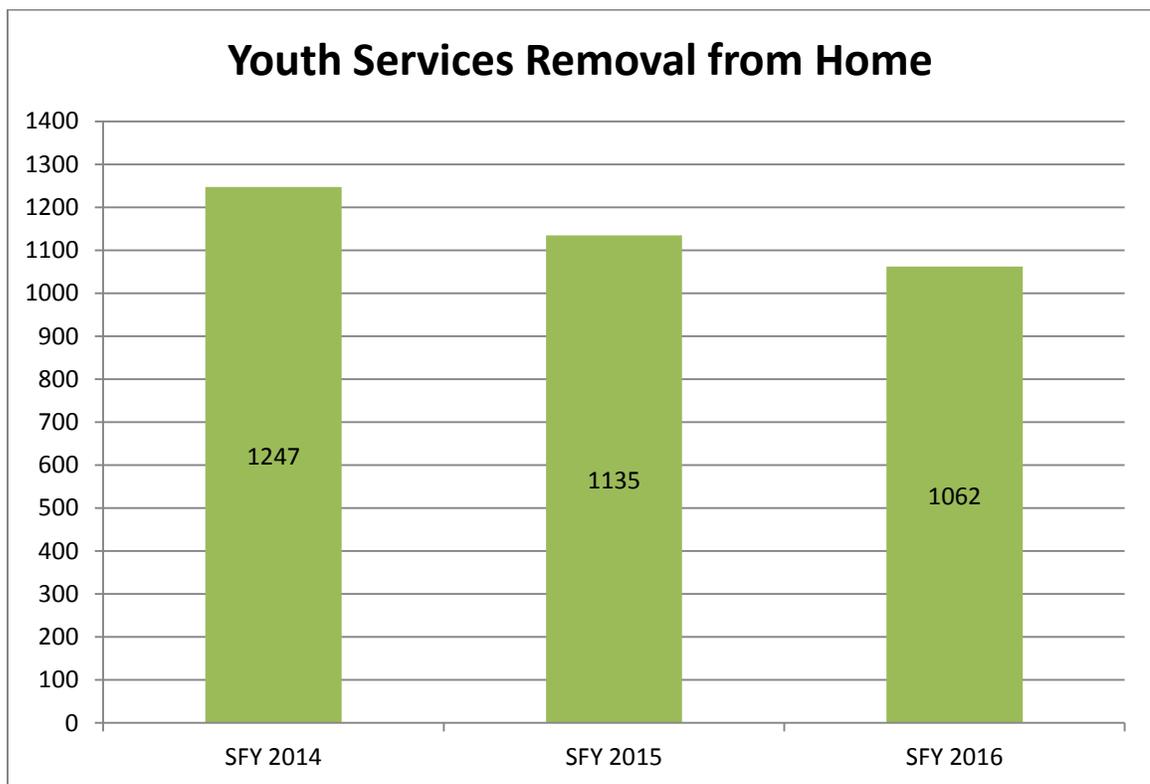
In some instances, it may be advisable for Youth Services to insist the family make arrangements for the youth to stay with friends, family or even an Emergency Shelter for a period of time until the home situation is calm enough for the implementation of an In-Home Behavioral Control Plan. Removal from one's home is a traumatic event, but out-of-home care placements and social services can help ease the transition for children and families. The Youth Services worker will discuss the arrangements with the family, the child and the alternate caretakers so that everyone is clear about their responsibilities, the conditions surrounding these arrangements including time frames, and the conditions under which the arrangement will end and the youth returned home.

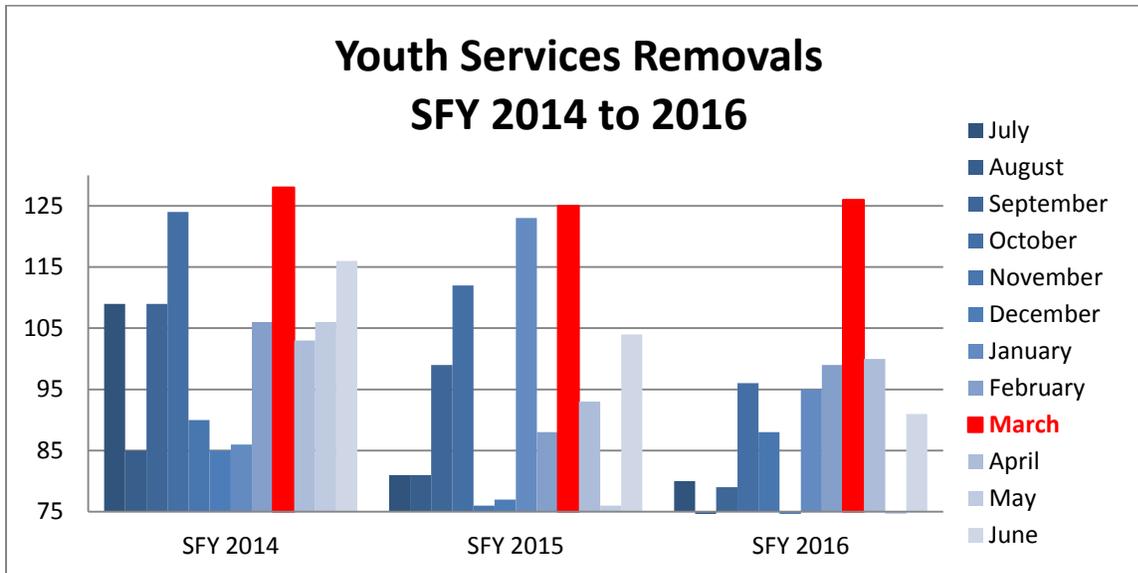
Depending on the needs and behaviors of the youth, the worker may choose to discuss with the parents the filing of a petition. Pursuant to the petition, the court may place the youth in a temporary out-of-home situation either through DHHR or DJS.

A listing of all rehabilitative facilities in the state by type of facility and population served has been made available at the West Virginia Child Care Association^{xiii} on-line directory. Additionally, current bed availability can be found at the West Virginia Child Placing Network.^{xiv}

Removals from the Home

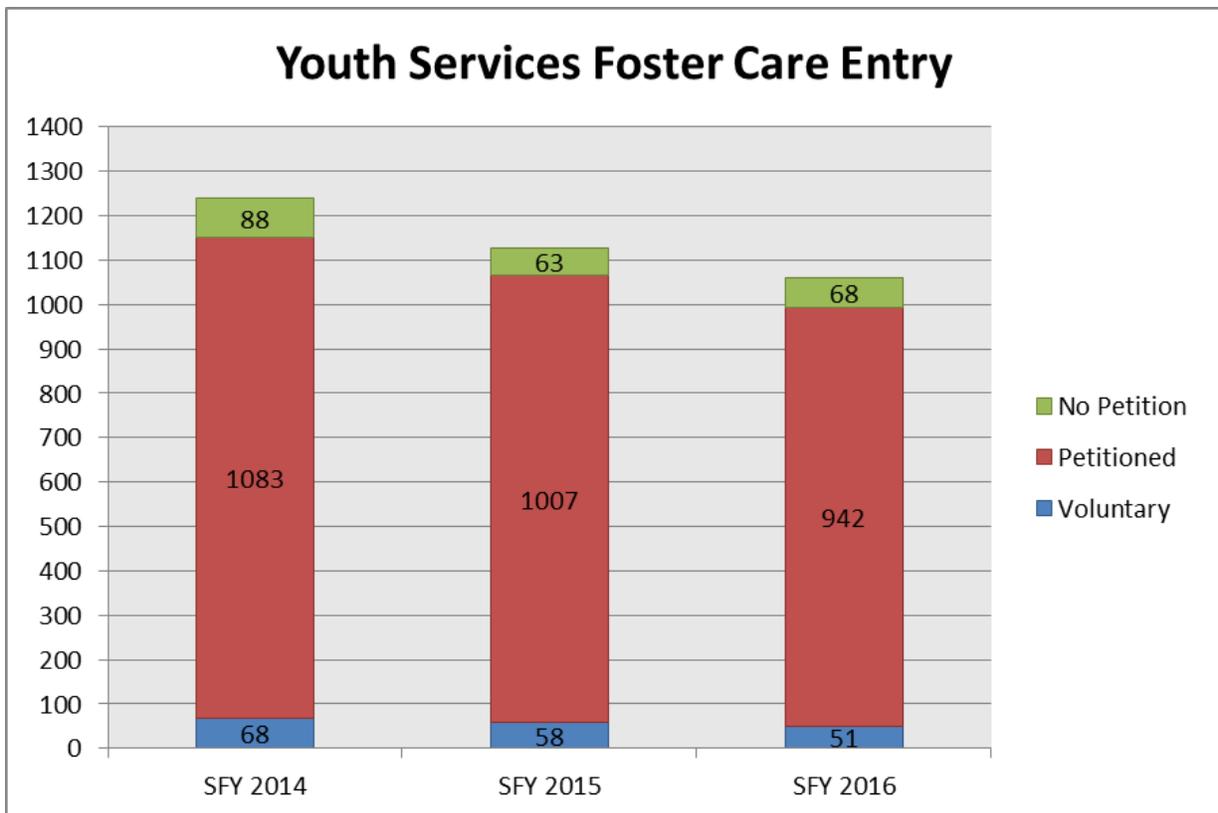
The Bureau for Children and Families (BCF) tracked removals from the home of Youth Services clients in the past three fiscal year periods. The following graphs represent the number of Youth Services clients removed from their homes annually and monthly for State Fiscal Years 2014 through 2016, and a side-by-side monthly comparison of removals for SFY 14 through SFY16. Removal from the home did not always result in Foster Care Entry.





Foster Care Entry

The following graph shows Foster Care Entry by source. The removal figures will not exactly match the entry figures, because not every child removed from their home is placed in foster care. The first placement attempt is with family or friends of the family, which would not constitute a Foster Care Entry.



Reunification

When a youth is placed outside of their home, planning begins immediately with the family and a Youth Services worker to provide a permanent living situation, preferably back with the family. Reunification is the first plan of action.

Reunification is more than the return of a child to their family. Reconnecting a child to their community, to their school, and to positive friends and adults is equally as important. Raising the protective factors and removing the negative behavioral influences for a child is the ongoing work of the caring adults in that child's life. Through Youth Services, youth are encouraged to develop interests and talents in sports, music, art and extracurricular activities. These connections can be fundamental to the success of every young person and can provide the refusal supports to deter youth from alcohol, tobacco and drug use. Coaches, teachers, spiritual leaders and neighbors are crucial members of the support network outlined in family meetings who will aid the family as they overcome obstacles, achieve maximum potential and improve their quality of life.

The BCF has worked during this reporting period on several provisions to improve reunification efforts and family stability. One such provision is the start of *Safe at Home West Virginia*. As of October 1, 2015, BCF will provide an intensive service care coordinator, known as a Wraparound Facilitator, who will be charged with the task of bringing the family and community together to help reunify high-needs children residing in group residential facilities with their families. BCF will initially provide this service to a select population in eleven counties: Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam, and Wayne, with the intention of statewide implementation. Additionally, BCF intends to expand the population served to encompass all children involved in BCF who are in jeopardy of being removed from the home, experiencing a placement disruption, or are in need of extra support to be reunified with their families. Safe at Home is a high-intensity family engagement model of service delivery that will not only empower families to find solutions to their disruptive problems but also foster an environment of community connectedness so vital to individual and family success.

Safe at Home West Virginia

West Virginia was awarded approval by the Administration for Children and Families (AFC) to proceed with the Demonstration Project, *Safe at Home West Virginia*, on October 14, 2014. Safe at Home West Virginia is high fidelity wraparound aimed at 12-17 year olds currently in congregate care settings in West Virginia or out-of-state, and those at risk of entering a congregate care setting. West Virginia also plans to universalize the use of the West Virginia Child and Adolescent Needs and Strengths (WVCANS) across child serving systems.

Recognizing traditional practices may not always result in the best possible outcomes for children and families, West Virginia is now engaging in a process that creates a new perspective.

In partnership with youth and families, BCF will collaborate with both public and private stakeholders, including service providers, school personnel, behavioral health services, probation, and the judicial system to demonstrate that children currently in residential group care can be safely and successfully served within their communities. By providing a full continuum of supports to strengthen families and fortifying community-based services, West Virginia can demonstrate that youth currently in residential group care can achieve the same or higher indicators for safety and well-being while remaining in their home communities.

Safe at Home West Virginia will help improve identification of a youth's and family's strengths and needs; reduce the reliance on residential group care and length of stay in group care; reduce the reliance on out-of-state residential care; improve the functioning of youth and families, including educational attainment goals for older youth; improve timelines for family reunification; and reduce re-entry into out-of-home care.

As of July 25, 2016, 220 youth have been enrolled in *Safe at Home West Virginia*. West Virginia has returned 19 youth from out-of-state residential placement back to West Virginia and 39 youth have stepped down from in-state residential placement to their communities. We have been able to work with 65 at-risk youth to prevent residential placement.

The next phase of implementation will begin on August 1, 2016, with the expansion of wraparound to 24 more West Virginia counties.

Transitioning Adults

Any child who ages out of foster care is considered a Transitioning Adult. Generally, those children who age-out of foster care due to being under the auspices of the Juvenile Justice Court are the population of focus for Youth Services. For each transitioning adult who remains in foster care, the Circuit Court shall conduct status review hearings once every three months until permanency is achieved. For each child or transitioning adult who remains in foster care, the Circuit Court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the Circuit Court shall make factual findings and conclusions of law as to whether the DHHR made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship, pursuant to the West Virginia Guardianship and Conservatorship Act.^{xv}

Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies

In March 2012, under the direction of former DHHR Cabinet Secretary, Michael J. Lewis, an initiative to develop caseload standards for certain areas of the DHHR began. The purpose of this initiative was to comply with W. Va. Code § 9-2-6a and attempt to allocate positions based on these standards, to reduce the stress social workers face and improve the standard of work.

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The resulting report helped to provide the Bureau of Children and Families (BCF) with recommended caseload standards. The standards established for Social Service workers with on-going cases was marked at around 12 cases per worker. The BCF continues to utilize this standard in reviewing actual cases against allocated positions. The following chart shows the number of total Youth Service Workers allocated against the number of cases per region for SFY 2016.

| Region | Total Allocated Positions | Number of Active Cases SFY (years end) | Average Number of Cases per Allocated Position |
|--------|---------------------------|--|--|
| I | 37 | 717 | 19 |
| II | 45 | 956 | 21 |
| III | 43 | 500 | 12 |
| IV | 35 | 589 | 17 |

In conjunction with the authority provided under W.Va. Code § 49-2-6a, the BCF made request for additional Youth Service positions during SFY 2016 to the WV Legislature. Despite state budgetary difficulties, the BCF was able to obtain these much needed positions and expects to allocate another 30 positions to the SFY 2017 workforce.

Filling vacancies has proven difficult for the contracted agencies and the BCF. The BCF continues to work to break down barriers with filling caseworker vacancies. One such measure was the crafting and passage of Senate Bill 559. This bill allows for persons with non-human service related degrees to obtain a restricted provisional social work license if employed by the BCF. The BCF has implemented a rigorous training plan that requires competency testing after the completion of pre-service training for those individuals hired under this license type to ensure their comprehension of the tenants of social work, as well as their readiness and ability to perform in this critical position. The BCF has been able to hire approximately 107 workers under this license type, with 37 of those workers hired as Youth Services social workers.

The BCF has also developed a task force to begin looking more in-depth at caseworker retention in an attempt to develop a strategic plan to reduce costly turnover. Not only will a reduction in turnover reduce hiring and training costs for the BCF, but it will also create a social service workforce that has high competency and well developed skills in the field of social work. Below are graphs depicting the allocated positions of Contracted and DHHR direct staff, respectively, which includes vacancies as of June 30, 2016.

Contracted Caseworkers

| Region | Allocated Positions | SFY Year End Vacancies | Vacant Percentage of Workforce |
|--------|---------------------|------------------------|--------------------------------|
| I | 10 | 1 | 10% |
| II | 15 | 2 | 13% |
| III | 13 | 3 | 23% |
| IV | 12 | 0 | 0% |

DHHR Caseworkers

| Region | Allocated Positions | SFY Year End Vacancies | Vacant Percentage of Workforce |
|--------|---------------------|------------------------|--------------------------------|
| I | 27 | 7 | 26% |
| II | 30 | 2 | 7% |
| III | 30 | 5 | 17% |
| IV | 23 | 7 | 30% |

The Occupational Outlook Quarterly for the Fall of 2011 by the U.S. Bureau for Labor and Statistics noted, *“As the U.S. population grows, so will the demand for the kinds of help human service agencies provide ... Human service workers are often asked to provide additional services without having access to additional resources. Some workers find the resulting stress difficult to manage.”*

Appendix A: Youth Services Matrix of Socially Necessary Services

| |
|--|
| YS FAMILY PRESERVATION SERVICES |
| ADULT LIFE SKILLS |
| CAPS FAMILY ASSESSMENT |
| CAPS CASE MANAGEMENT SERVICES |
| SAFETY SERVICES |
| SUPERVISION |
| INDIVIDUALIZED PARENTING |
| ADULT LIFE SKILLS |
| FAMILY CRISIS RESPONSE |
| EMERGENCY RESPITE |
| INDIVIDUAL REVIEW |
| IN STATE HOME STUDY |
| OUT OF STATE HOME STUDY |
| MDT ATTENDANCE |
| SUPERVISED VISITATION ONE |
| PRIVATE TRANSPORTATION |
| PUBLIC TRANSPORTATION |
| AGENCY TRANSPORTATION |
| INTERVENTION TRAVEL TIME |
| TRANSPORTATION TIME |
| LODGING |
| MEALS |
| YS FOSTER CARE SERVICES |
| ADULT LIFE SKILLS |
| CAPS FAMILY ASSESSMENT |
| CAPS CASE MANAGEMENT SERVICES |
| ADULT LIFE SKILLS |
| INDIVIDUALIZED PARENTING |
| FAMILY CRISIS RESPONSE |
| SITUATIONAL OR BEHAVIORAL RESPITE |
| DAILY RESPITE |
| MDT ATTENDANCE |
| INDIVIDUAL REVIEW |
| IN STATE HOME STUDY |
| OUT OF STATE HOME STUDY |
| TUTORING |
| LODGING |
| MEALS |
| SUPERVISED VISITATION ONE |
| SUPERVISED VISITATION TWO |
| CONNECTION VISIT |
| INTENSIVE THERAPEUTIC RECREATION EXPERIENCE |
| PRE-REUNIFICATION SUPPORT |
| AGENCY TRANSPORTATION ONE |
| AGENCY TRANSPORTATION TWO |
| INTERVENTION TRAVEL TIME |
| TRANSPORTATION TIME |
| PRIVATE TRANSPORTATION ONE |
| PRIVATE TRANSPORTATION TWO |
| PUBLIC TRANSPORTATION ONE |
| PUBLIC TRANSPORTATION TWO |
| AWAY FROM SUPERVISION SUPPORT |
| YS CHAFEE FOSTER CARE INDEPENDENCE PROGRAM |
| CHAFEE FOSTER CARE INDEPENDENCE PROGRAM: TRANSITIONAL LIVING PLACEMENT- PRE-PLACEMENT ACTIVITIES |
| CHAFEE FOSTER CARE INDEPENDENCE PROGRAM: TRANSITIONAL LIVING PLACEMENT PHASE TWO – PART 1 |
| CHAFEE FOSTER CARE INDEPENDENCE PROGRAM: TRANSITIONAL LIVING PLACEMENT PHASE TWO – PART 2 |
| AGENCY TRANSPORTATION CHAFEE |
| YS REUNIFICATION SERVICES |
| SAFETY SERVICES |
| SUPERVISION |
| ADULT LIFE SKILLS |
| INDIVIDUALIZED PARENTING |
| FAMILY CRISIS RESPONSE |

| |
|---|
| YS REUNIFICATION SERVICES, CONT. |
| EMERGENCY RESPITE |
| RESPITE |
| LODGING |
| MEALS |
| MDT ATTENDANCE |
| PRIVATE TRANSPORTATION |
| PUBLIC TRANSPORTATION |
| AGENCY TRANSPORTATION |
| INTERVENTION TRAVEL TIME |
| TRANSPORTATION TIME |
| SUPERVISED VISITATION ONE |

In addition to the available Socially Necessary Services, the BCF has developed two new evidence-based services, Functional Family Therapy (FFT) and Victim-Offender Mediation (VOM). FFT is a high-intensity short-term program which requires providers to work with the entire family to alleviate the issues of the youth. VOM is a restorative justice program which allows victims to voluntarily come face-to-face with their juvenile offenders and discuss, through the guidance of a trained mediator, their feelings about the perpetration and resolution through creative restitution agreements.

The BCF was able to fund 10 sites to receive funding for Phase 1 of the 3 Phase process to become a certified and self-sustaining FFT site. The BCF has worked collaboratively with FFT, LLC, the only certified training company of the FFT model, to review provider progress and adherence to the model. Teams will be recommended by FFT, LLC to continue on to receive Phase 2 training based on their competency to the model's requirements. Phase 2 training will not begin until SFY 2017-2018.

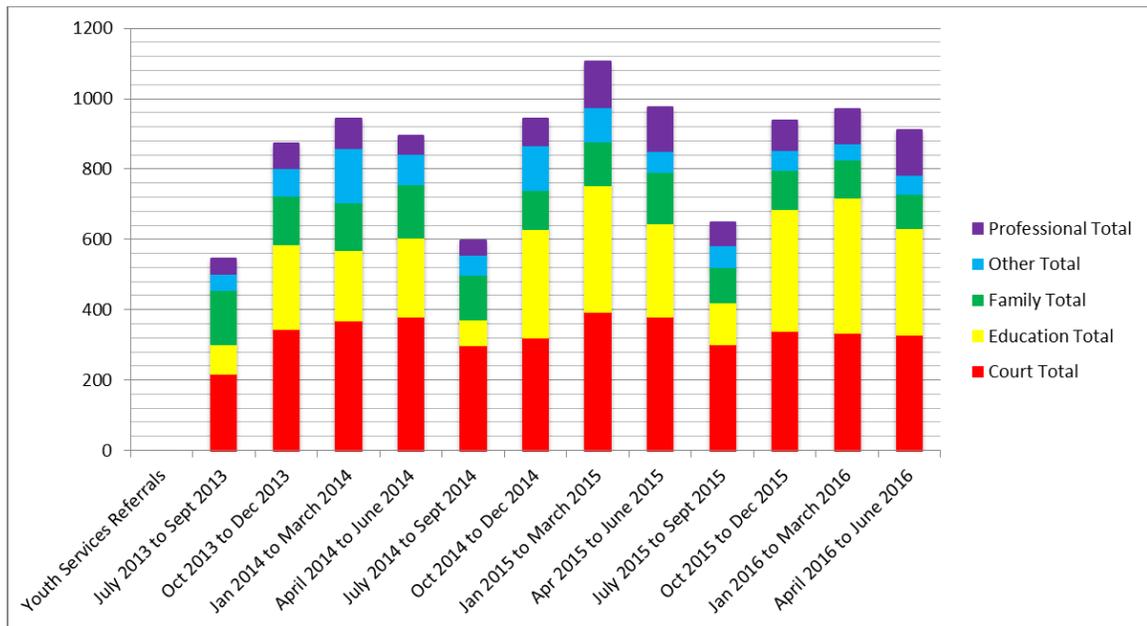
The BCF funded three Victim-Offender Mediation programs during SFY 2016. One program was an established program in the northern panhandle and two programs were newly established. These two programs will not only provide restorative justice mediation services, but also provide basic case management and limited transportation services to those who may not be appropriate for mediation services.

In the structuring of these two services, the BCF required providers to accept referrals from community members and not strictly from a DHHR source. This structure was established in an attempt to keep juveniles from contact with the Juvenile Justice system and reach the juveniles at the earliest stage possible.

Appendix B: Entry Point of Families into BCF Youth Services

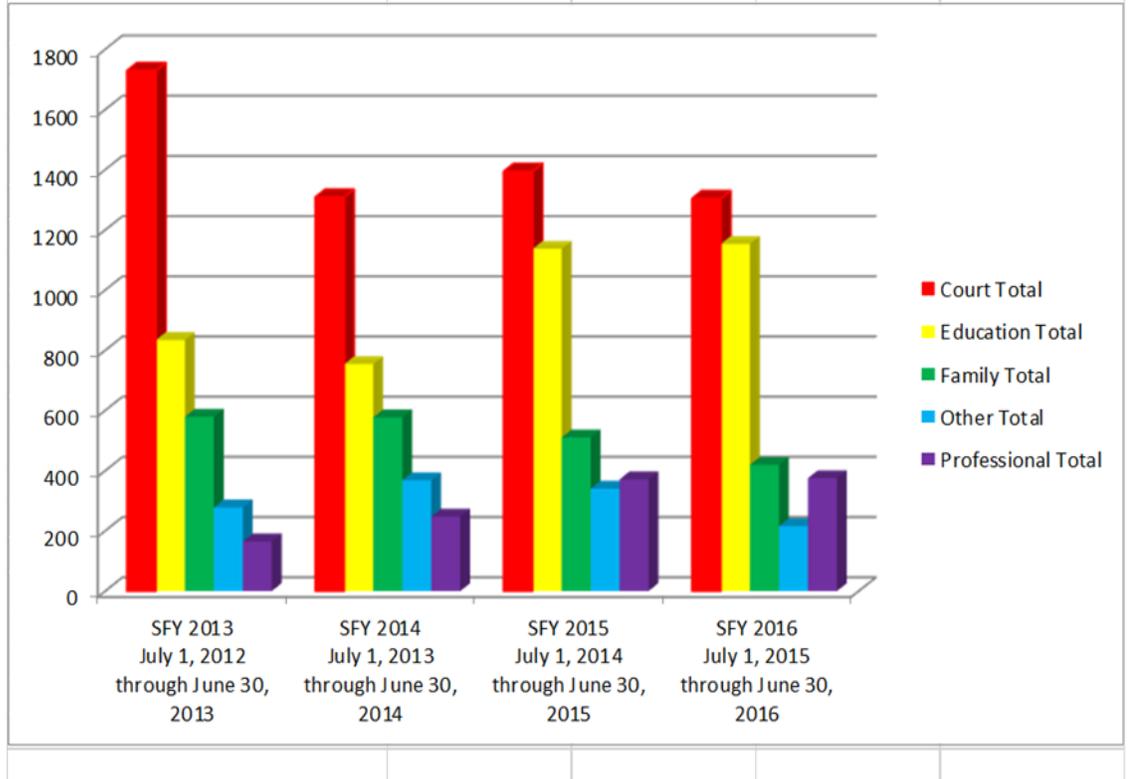
A referral to Youth Services may be made by parent(s) or by someone other than the parent(s). The chart below displays referrals to Youth Services categorized by the person who made the report. The data indicates that the majority of referrals come from prosecuting attorneys, juvenile probation officers and truancy officers. Detailed data for the past three state fiscal years has been grouped by referent types: Court, Education, Family, Professional and Other.

Quarterly Youth Service Referrals by Referent



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| <i>Entry Point of Families into Youth Services</i> | SFY 2013 July 1, 2012 through June 30, 2013 | SFY 2014 July 1, 2013 through June 30, 2014 | SFY 2015 July 1, 2014 through June 30, 2015 | SFY 2016 July 1, 2015 through June 30, 2016 |
|--|---|---|---|---|
| Court Total | 1729 | 1309 | 1394 | 1304 |
| Education Total | 834 | 754 | 1137 | 1153 |
| Family Total | 579 | 577 | 510 | 419 |
| Other Total | 278 | 368 | 340 | 216 |
| Professional Total | 165 | 247 | 371 | 375 |
| Grand Total | 3,585 | 3,255 | 3,264 | 3467 |



Appendix C: List of Juvenile Residential Facilities and Residential Emergency Crisis Support Facilities Licensed by the Department of Health and Human Resources

Region 1 - Hancock, Braxton, Brooke, Calhoun Clay, Doddridge, Gilmer, Harrison, Jackson, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Roane, Tyler, Wetzel, Wirt, and Wood.

| | |
|---|--|
| <p><i>Children's Home of Wheeling</i> Level II 14 Bed Capacity, Males Ohio County www.childrensofwheeling.com</p> | <p><i>Family Connections</i> Brooke Place, Level II 12 Bed Capacity, Females Brooke County www.familyconnectionsinc.org</p> |
| <p><i>Florence Crittenton Home</i> Pregnant and Adolescent Mothers, Level II 32 Bed Capacity, 10 Infants, Females Ohio County www.florencecrittenton.net</p> | <p><i>Florence Crittenton Home</i> Level I 6 Bed Capacity, Coed Ohio County www.florencecrittenton.net</p> |
| <p><i>Pressley Ridge</i> Laurel Park, Level II 40 Bed Capacity, Coed Harrison County www.pressleyridge.org</p> | <p><i>Pressley Ridge</i> Odyssey House, Level II 10 Bed Capacity, Females Monongalia County www.pressleyridge.org</p> |
| <p><i>Pressley Ridge</i> Richwood, Level II 3 Bed Capacity, Males Monongalia County www.pressleyridge.org</p> | <p><i>Pressley Ridge</i> White Oak, Level III 61 Bed Capacity, Coed Wood County www.pressleyridge.org</p> |
| <p><i>Stepping Stone</i> Youth Transitioning Program, Level I 10 Bed Capacity, Males Marion County www.stepsingstoneinc.net</p> | <p><i>Yale Academy</i> Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County www.yaleacademywv.com</p> |
| <p><i>Youth Academy, LLC</i> Level II 22 Bed Capacity, Coed Marion County www.yaleacademywv.com</p> | <p><i>Yore Academy, INC</i> Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County www.yaleacademywv.com</p> |

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| | |
|---|--|
| <p><i>Children's Home Society Arthur N. Gustke Shelter, Crisis Support 10 Bed Capacity, Coed Wood County http://www.childhswv.org/</i></p> | <p><i>Genesis Youth Crisis Center, INC Alta Vista Shelter, Crisis Support 10 Bed Capacity, Coed Harrison County www.genesisyouthcenter.com</i></p> |
| <p><i>Genesis Youth Crisis Center, INC Emergency Crisis Center 15 Bed Capacity, Coed Monongalia County www.genesisyouthcenter.com</i></p> | <p><i>Monongalia County Youth Service Center Crisis Support 8 Bed Capacity, Coed Monongalia County</i></p> |
| <p><i>Youth Service System Helsinki Shelter, Crisis Support 18 Bed Capacity, Coed Ohio County www.youthservicessystem.org</i></p> | <p><i>Youth Service System Samaritan House, Crisis Support 12 Bed Capacity, Coed Ohio County www.youthservicessystem.org</i></p> |
| <p><i>Youth Service System Tuel Center, Level I 9 Bed Capacity, Coed Ohio County www.youthservicessystem.org</i></p> | |

Region 2 - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne.

| | |
|--|--|
| <p><i>Braley & Thompson ACTT House Co-existing Disorders, Level II 6 Bed Capacity, Males Kanawha County www.btkids.com</i></p> | <p><i>Cammack Children's Center Level II 32 Bed Capacity, Coed Cabell County http://cammackchildrenscenter.org/</i></p> |
| <p><i>Daymark Turning Point I, Level I 5 Bed Capacity, Coed Kanawha County www.daymark.org</i></p> | <p><i>Daymark Turning Point II, Level I 6 Bed Capacity, Coed Kanawha County www.daymark.org</i></p> |

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| | |
|---|--|
| <p>Golden Girls Level II 20 Bed Capacity, Females Cabell County www.gggh.org</p> | <p>Golden Girls Level I 4 Bed Capacity, Females Cabell County www.gggh.org</p> |
| <p>ResCare of WV Woodward I, ICF/IDD 4 Bed Capacity, Coed Kanawha County www.rescare.com</p> | <p>River Park Barboursville School, PRTF 22 Bed Capacity, Coed Cabell County www.riverparkhospital.net</p> |
| <p>River Park B.R.I.D.G.E Program, PRTF 15 Bed Capacity, Coed Cabell County www.riverparkhospital.net</p> | <p>River Park R.O.A.D Program, PRTF 13 Bed Capacity, Coed Cabell County www.riverparkhospital.net</p> |
| <p>River Park Roundtable Program, PRTF 21 Bed Capacity, Males Cabell County www.riverparkhospital.net</p> | <p>Stepping Stones Level II 13 Bed Capacity, Males Wayne County www.steppingstonesinc.org</p> |
| <p>Stepping Stones Transitioning Program, Level I 5 Bed Capacity, Males Wayne County www.steppingstonesinc.org</p> | <p>Children's Home Society Hovah Hall Underwood, Crisis Support 15 Bed Capacity, Coed Cabell County www.childhswv.org</p> |
| <p>Children's Home Society Davis Child Shelter, Crisis Support 10 Bed Capacity, Coed Kanawha County www.childhswv.org</p> | <p>Children's Home Society June Montgomery Harless Shelter, Crisis Support 10 Bed Capacity, Coed Logan County www.childhswv.org</p> |
| <p>Daymark Patchwork, Crisis Support 5 Bed Capacity, Coed Kanawha County www.daymark.org</p> | |

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Region 3 - Berkeley, Barbour, Jefferson, Grant, Hampshire, Hardy, Harrison, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, and Upshur.

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|---|--|
| <p><i>Board of Child Care Falling Waters, Level III 5 Bed Capacity, Coed Berkeley County www.boardofchildcare.org</i></p> | <p><i>Board of Child Care Campolina Way Co-existing Disorders, Level II 10 Bed Capacity, Coed Berkeley County www.boardofchildcare.org</i></p> |
| <p><i>Burlington United Methodist Family Services (BUMFS) Pathways Program, Community Re-Entry Transitional Living 5 Bed Capacity, Coed program Mineral County www.bumfs.org</i></p> | <p><i>BUMFS Old Fields Program, Level III 10 Bed Capacity, Coed program Mineral County www.bumfs.org</i></p> |
| <p><i>BUMFS Craig House, Level II 7 Bed Capacity, Males Mineral County www.bumfs.org</i></p> | <p><i>BUMFS Keyser Group Home 7 Bed Capacity, Females Mineral County www.bumfs.org</i></p> |
| <p><i>Elkins Mountain School Level III 48 Bed Capacity, Males Randolph County www.emtns.org</i></p> | <p><i>Elkins Mountain School Oak Ridge Program, Level II 15 Bed Capacity, Males Randolph County www.emtns.org</i></p> |
| <p><i>Home Base Level II 5 Bed Capacity, Males Upshur County www.homebaseinc.org</i></p> | <p><i>Home Base Level II 5 Bed Capacity, Males Lewis County www.homebaseinc.org</i></p> |
| <p><i>Potomac Center Main Campus, IDD/ICF 24 Bed Capacity, Coed Hampshire County www.potomaccenter.com</i></p> | <p><i>ResCare of WV Terra Alta Children's Home, IDD/ICF 5 Bed Capacity, Coed Preston County www.rescare.com</i></p> |

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|--|---|
| <p><i>WV Children's Home Level II 25 Bed Capacity, Coed Randolph County</i></p> | <p><i>Children's Home Society Martinsburg Shelter, Crisis Support 8 Bed Capacity, Coed Berkeley County www.childhswv.org</i></p> |
| <p><i>Children's Home Society Romney Shelter, Crisis Support 10 Bed Capacity, Coed Hampshire County www.childhswv.org</i></p> | |

Region 4 - Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming.

| | |
|---|--|
| <p><i>BUMFS Beckley Center, Level III 20 Bed Facility, Females Raleigh County www.bumfs.org</i></p> | <p><i>BUMFS Beckley Center, Level II 10 Bed Facility, Males Raleigh County www.bumfs.org</i></p> |
| <p><i>BUMFS Daniels Co-existing Disorders Home, Level II 8 Bed Capacity, Coed Raleigh County www.bumfs.org</i></p> | <p><i>Davis-Stuart Lewisburg Group Home ,Level II 44 Bed Capacity, Coed Greenbrier County www.davis-stuart.org</i></p> |
| <p><i>Davis-Stuart Alicia McCormick House, Level I 6 Bed Capacity, Females Greenbrier County www.davis-stuart.org</i></p> | <p><i>Davis-Stuart Beckley Group Home, Level I 6 Bed Capacity, Males Raleigh County www.davis-stuart.org</i></p> |
| <p><i>Davis-Stuart Bluefield Group Home, Level I 6 Bed Capacity, Females Mercer County www.davis-stuart.org</i></p> | <p><i>Davis-Stuart Princeton Group Home, Level I 6 Bed Capacity, Males Mercer County www.davis-stuart.org</i></p> |

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|--|--|
| <p><i>New River Ranch Level I 26 Bed Capacity, Coed Fayette County www.newriverranch.org</i></p> | <p><i>Children's Home Society Southern WV Exceptional Youth Emergency Shelter, Crisis Support 5 Bed Capacity, Coed Raleigh County www.childhswv.org</i></p> |
| <p><i>Children's Home Society Faltis Shelter, Crisis Support 14 Bed Capacity, Coed Nicholas County www.childhswv.org</i></p> | <p><i>Children's Home Society Lewisburg Child Shelter, Crisis Support 8 Bed Capacity, Coed Greenbrier County www.childhswv.org</i></p> |
| <p><i>Children's Home Society Paul Miller Shelter, Crisis Support 10 Bed Capacity, Coed McDowell County www.childhswv.org</i></p> | |

Appendix D: Total Clinical Outcomes Management Implementation

The Universal Assessment, WV Child and Adolescent Needs and Strength (CANS) was cross walked with the National Child Traumatic Stress Network Trauma CANS version and CANS sub-modules and was approved by the Praed Foundation in May 2015.

- West Virginia continues to move toward utilizing the CANS, Total Clinical Outcome Management (TCOM) framework to measure, report, and build system capacity, especially in community-based service delivery and supports.
- Hornby Zeller Associates, *Safe At Home West Virginia* evaluators, has developed the Automation of the WVCANS 2.0. The site is complete and they have written a user guide that is being reviewed by some of our WVCANS experts. All users are being set up in their system with a plan to go live by the middle of February.

Endnotes

ⁱ West Virginia Child Care Association, Online Provider Directory: <http://wvcca.org/directory.html> or contact the Association at 304-340-3611 to request a Directory.

ⁱⁱ West Virginia 211 Online Resource Directory: <http://www.wv211.org/> or you may access the directory by phone by dialing 2-1-1, from any phone (mobile or landline). The 211 number is available 24 hours a day 7 days a week.

ⁱⁱⁱ Bureau for Children and Families current Youth Services Policy: http://www.wvdhhr.org/bcf/children_adult/foster/documents/YouthServicesPolicy.pdf or contact the Bureau at 304-558-7980 to request a copy of this online document.

^{iv} The West Virginia Legislative Auditor Performance Evaluation and Resource Division, WVDHHR, Bureau for Children and Families Youth Services Program Report: http://www.legis.state.wv.us/Joint/PERD/perdrep/DHHR_11_2013.pdf for a hard copy of any report, e-mail: perd@mail.wvnet.edu or contact the PERD Office at 304-347-4890.

^v The Report on the Intergovernmental Task Force on Juvenile Justice may be viewed here: <http://www.governor.wv.gov/Documents/Final%20Report%20of%20the%20WV%20Intergovernmental%20Task%20Force%20on%20Juvenile%20Justice.pdf>

^{vi} The 2002 Juvenile Justice and Delinquency Prevention Act can be obtained by contacting Office of Juvenile Justice and Delinquency Prevention 202-307-5911, or online at: <http://www.ojjdp.gov/compliance/jjact.pdf>

^{vii} The listing of all Family Resource Centers in West Virginia can be obtained by calling the Bureau at 304-558-7980. Additional information is also available at the System of Care website: <http://wvsystemofcare.org/>

^{viii} The West Virginia Court Improvement Program website contains information about the committees, programs, trainings and research being done in the areas of Child Abuse and Neglect and Juvenile Justice: <http://www.courtswv.gov/court-administration/CIP/court-improvement-program.html> or you may contact the staff at 304-340-2304.

^{ix} The West Virginia Rules of Juvenile Procedure became effective on July 1, 2010, and govern the procedures in the courts of West Virginia having jurisdiction over delinquency and status offense matters pursuant to West Virginia Code, Chapter 49, Articles 5 through 5E and apply to both delinquency and status offense proceedings except where otherwise specified or limited. The rules are available online: <http://www.courtswv.gov/legal-community/court-rules/juvenile-procedure/juvenile-contents.html> or by contacting the Administrative Office of the Courts, Division of Children's Services 304-340-2304.

^x Supreme Court Justice Robin Jean Davis is leading an unprecedented new effort to coordinate judicial truancy programs in West Virginia. In the fall of 2011, Justice Davis appeared at fourteen regional meetings of school superintendents and principals to discuss ways the court system can work with educators, the Department of Health and Human Resources, and other community officials to keep children in school. Justice Davis' video can be viewed online, along with text from several speeches she has made on Truancy: <http://www.courtswv.gov/court-administration/truancy/truancy.html>.

^{xi} The West Virginia Service Array is a comprehensive process that is examining services for families all across the state. This comprehensive process allows communities to examine what is being offered, how it is being offered, and determine what services are needed in the community. The Service Array Coordinator, housed at the State Office of the WVDHHR, can be contacted at 304-558-7980 for the current directory, or it can be downloaded at: http://www.wvdhhr.org/bcf/documents/FRN_Directory_10-01-13.pdf.

^{xii} Family Resource Networks coordinate in four regions the work in local communities. The Regional Network Reports can be accessed at these links: [Region One](#) , [Region Two](#), [Region Three](#), [Region Four](#), or by contacting The Service Array Coordinator, housed at the State Office of the WVDHHR, can be contacted at 304-558-7980

^{xiii} West Virginia Child Care Association, Online Provider Directory: <http://wvcca.org/directory.html> or contact the Association at 304-340-3611 to request a Directory.

^{xiv} The West Virginia Child Placing Network is a cooperative website with the DHHR and the WV Alliance for Children (<http://www.alliance4children.org>) and can be accessed at: www.wvdhhr.org/wvcpn/, or assistance using the Network for those without internet access can be found by contacting The West Virginia Alliance for Children 304-342-8477.

^{xv} Three online resources are available regarding the West Virginia Guardianship and Conservatorship Act which impacts some adults who are or who become unable to conduct their personal affairs or manage their finances because of mental or physical impairment. In cases such as these, the state traditionally steps in to appoint a guardian to protect those individuals who, for various reasons, are unable to make decisions for themselves. The three resources are the Guardian and Conservator Handbook which requested by calling 304-558-7980, or can be downloaded from: http://www.wvdhhr.org/bcf/policy/social_services/guardianship/guardian%20and%20conservator%20handbook.pdf; The West Virginia Supreme Court of Appeals proudly presents the new guardian / conservator online training program can be accessed at: <http://www.courts.wv.gov/public-resources/guardians-conservators.html>; and finally the Guardianship/Conservatorship What Do I Need to Know Guide can be downloaded at: <http://www.wvlegalservices.org/guardcon.pdf> or requested by calling Appalachian Legal Services 304-343-4481.