Karen’s Corner

November is National Adoption Month, an opportune time to raise awareness about the many children in need of forever families. In the United States, there are more than 100,000 children under 18 years old waiting for adoption. In West Virginia, of around 4,600 children in foster care, more than 1,000 are legally eligible for adoption. Many children awaiting adoptive families were placed into DHHR’s custody because their parents or guardians were unable to provide appropriate environments, and are in need of a family to provide as much normalcy as possible.

This year’s National Adoption Month theme focuses on older youth adoption from foster care. Children over eight are considered “special needs” as their age presents a barrier to adoption, yet these children are in equal need of support from a permanent loving home.

DHHR’s adoption specialists, child protective services workers and foster care workers can help you start the process to becoming an adoptive parent if you can answer “yes” to the following questions:

- Are you 21 years of age or older?
- Do you have a stable and secure income?
- Are you in good physical/mental health?
- Can your home pass a safety/fire inspection?
- Are you free of any child abuse reports and free of a criminal background?
- Do you have a stable family relationship?
- Can you provide a child with opportunities for personal development, and commit to a child for the duration of the placement?

Since 2001, DHHR has been working with Mission WV to spread the word about the need for foster and adoptive children in West Virginia. We work together to recruit foster and adoptive parents, and Mission WV often works directly with DHHR workers to recruit families for specific children, usually those who are older and have been waiting longer in foster care. Partnerships like this are so important to making positive change in the lives of our children.

Our job is to protect our children and keep them safe. Let’s spread the word about how we can provide them the support they need to be safe and successful with forever families.

If you or someone you know is interested in adoption, visit [http://www.wvdhhr.org/bcf/](http://www.wvdhhr.org/bcf/) or [http://missionwv.org/](http://missionwv.org/).

Casey Family Programs Notes DHHR’s Achievements in Child Welfare

On October 7-8, 2015, Casey Family Programs hosted a meeting in Charleston to recognize DHHR’s achievements in child welfare.

First Lady Joanne Jaeger Tomblin kicked off the conference, followed by Cabinet Secretary Karen L. Bowling, who discussed the work of the Three Branch Institute on Child Social and Emotional Well-being.

The two-day event brought together DHHR employees, providers, lawmakers and other partners to celebrate the advancements of DHHR’s Three Branch Institute and phase one launch of Safe at Home West Virginia. The meeting also addressed trauma, psychotropic medication, community-based systems of care and other issues surrounding child welfare in West Virginia. A number of notable speakers were featured, including Dr. Christopher Bellonci with Tufts Medical Center; JooYeun Chang, Managing Director with Casey Family Programs and Former Associate Commissioner of the Children’s Bureau within the US Department of Health and Human Services; Honorable Jay Dugger, Chief Judge with Hampton Juvenile and Domestic Relations District Court in Virginia; Charese Jamison with the National Crittenton Foundation; and Dr. Allison Sampson-Jackson, CEO of Integration Solutions, Inc.

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Casey Family Programs, continued

“All of our staff and partners have worked tirelessly to bring us where we are today, and I am so pleased for opportunities like this, which help us make meaningful connections that will further advance our goals of a revolutionized child welfare system,” said Secretary Bowling. “A special thanks is due to everyone involved in Three Branch and Safe at Home, and to the folks at Casey who have provided support to us throughout the entire process.”

Casey Family Programs is the nation’s largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America.

WV Ranks among Best for Providing Healthcare Insurance for Children

In a report released October 27, 2015, by the Georgetown University Health Policy Institute’s Center for Children and Families, West Virginia is recognized as a leader in providing healthcare coverage for children. Ninety-seven percent of the state’s 386,718 children are covered by private insurance, West Virginia Children’s Health Insurance Program (WVCHIP) or Medicaid.

“Our state’s future lies in the hands of our most precious and vulnerable resource, our children,” said DHHR Cabinet Secretary Karen L. Bowling. “I am incredibly proud that one of the legacies of this administration is assuring nearly every child in West Virginia has the medical care he or she needs to grow up to be happy, healthy and successful with DHHR’s WVCHIP and Medicaid programs.”

The top five states with the lowest rate of uninsured children are Massachusetts (1.5%), the District of Columbia (2.1%), Vermont (2.2%), West Virginia (3.0%) and Hawaii (3.1%). West Virginia is also ranked amongst the top five states with the sharpest declines in the rate of uninsured children, reducing the number of uninsured children by 43.7% from 2013 to 2014.

“While West Virginia faces many health challenges, we can feel very good that we have this foundation on which to build a healthy future for our children,” said WVCHIP Director Sharon Carte. “This is a great day for West Virginia.”

WV Child Placement Network (WVCPN) Celebrates 10th Anniversary

When a child requires out-of-home placement and living with a relative is not an option, the child must be matched with a licensed home or facility that can meet his or her specific needs. For the past decade, the West Virginia Child Placement Network (WVCPN) has played a key role in child welfare by facilitating these matches.

DHHR’s Michael Pack created the WVCPN electronic web tool 10 years ago to help Multi-Disciplinary Treatment Teams determine available in-state resources using keyword search and child match components. WVCPN provides online access to DHHR licensed facilities. The child matching components including age, gender, emotional or physical conditions, and distance from a specified zip code are used to return facility matches.

Through WVCPN, providers can securely update their bed availability and indicate specific conditions regarding available beds, pending placements and other factors.

During summer 2006, after only one year in production, the WVCPN development team was recognized with an Information Technology Award from the WV State Office of Technology. By November 2006, there were 878 registered users and 71 identified providers. The participation rate for contracted providers was 100%.

Presently, there are more than 3,400 registered users and 77 providers. Daily provider participation remains above 95%.

DHHR’s Bureau for Behavioral Health and Health Facilities is expanding upon the success of the WVCPN, working with DHHR’s Office of Management Information Services’ Web Team to develop a web-based bed availability internet application. Like the WVCPN, the West Virginia Behavioral Health Placement Network will be an interactive repository providing real-time behavioral health bed availability for originating patient placement. The web application will track inpatient bed availability as well as select outpatient services to help refer individuals in crisis to the most appropriate, least restrictive, and geographically preferred service center.

The West Virginia Child Placement Network can be found online at http://www.wvcpn.org.