



Child Welfare Transformation Summit Summary of Proceedings

The Child Welfare Transformation Summit, held on December 10, 2023, was a joint working summit of the West Virginia Legislature and the West Virginia Department of Human Services (DoHS) to create an ongoing shared vision for child welfare in the state with a commitment to improving the lives of children and families. The Summit was intended to bring together state leaders to begin to strategically analyze policy and fiscal levers that can support large scale system transformation in child welfare. Participants heard from national experts in child welfare policy and systems as well as local leaders who work within the current system. The day concluded with a working lunch “think tank” where participants in small groups suggested, discussed, or analyzed potential solutions to child welfare issues.

Every member of the West Virginia legislature was invited to attend the Summit. The proceedings of the Summit along with participant evaluations are contained here. This Summit will re-occur annually in the summer in future years.

Summit Participants

West Virginia Legislature

| | | |
|--------------------------|-----------------------------|--|
| Senator Patricia Rucker | Delegate Rick Hillenbrand | Delegate Lori Ditman |
| Delegate Adam Burkhammer | Delegate Margitta Mazzocchi | Jim McKay on behalf of Delegate Kayla Young |
| Delegate Gino Chiarelli | Delegate Amy Summers | Delegate Debbie Warner |
| Delegate Vernon Criss | Delegate Diana Winzenreid | |
| Delegate Anitra Hamilton | Delegate Bob Fehrenbacher | |

West Virginia Legislature Staff

| | |
|-----------------|---------------------|
| Anita Valentino | Charles Roskovensky |
|-----------------|---------------------|

WV Department of Human Services

| | | |
|-----------------|------------------------|----------------|
| Cynthia Persily | Melanie Urquhart | Susan Richards |
| Cammie Chapman | Michelle Dean | Justin Ash |
| Jeffery Pack | Pamela Woodman Kaehler | Kayla Prince |
| Kent Nowviskie | Rebecah Carson | |

WV Department of Human Services Staff

| | | |
|----------------|--------------|--------------|
| Whitney Wetzel | Rae Bates | Riley Keaton |
| | Beth Jarrett | |

Child Welfare Transformation Summit Summary of Proceedings

**Child Welfare Transformation Summit
Agenda and Speakers/Facilitators
December 10, 2023
10:00 a.m. to 3:30 p.m. (with working lunch)**

10:00-10:15 Welcome and plan for the day

Amy Summers MSN, RN, Delegate, State of West Virginia, House of Delegates and Co-Chair, Legislative Oversight Committee on Health and Human Resources Accountability

Cynthia Persily PhD Cabinet Secretary, WV Department of Human Services

10:15-11:00 National trends and national problems: WV and the Nation

David Sanders, Ph.D., Executive Vice President of Systems Improvement, Casey Family Programs

David Sanders joined Casey Family Programs in July 2006. He oversees the foundation's work with child welfare systems to improve practice, with an emphasis on ensuring safe and permanent families for children. He also oversees the foundation's public policy and research work. In addition, President Obama appointed him chair of the federal Commission to Eliminate Child Abuse and Neglect Fatalities. Prior to joining Casey Family Programs, he directed all operations for the Los Angeles County Department of Children and Family Services.

11:00-12:00 Perspectives on the child welfare process in WV: Decision making, investigation, ongoing care, and permanency

Jeff Pack, Commissioner, DoHS Bureau for Social Services Commissioner

12:00-12:30 Confidentiality Statutes

Steve Compton, Deputy Attorney General, State of West Virginia

12:30 Grab and go lunch and adjourn to Policy Think Tanks

12:45-1:30 Policy Think Tanks (choose one to attend)

Primary Prevention



Child Welfare Transformation Summit Summary of Proceedings

Facilitator: Kent Novwiskie, Deputy Commissioner, DoHS Bureau for Family Assistance

Decision making and differential response

Facilitator: Toni Rozanski, Strategic Consultant, Casey Family Programs

Ongoing care and Permanency

Facilitator: Rachel Kinder, Mission WV Frameworks Program

1:45-2:30 **Policy Think Tanks (repeated, choose one to attend)**

2:30-3pm **Report out from Policy Think Tanks**

3pm-3:30 **Wrap up and next steps**

Child Welfare Transformation Summit Summary of Proceedings

General Sessions

Session 1: National trends and national problems: West Virginia and the Nation

David Sanders PhD, Executive Vice President of Systems Improvement, Casey Family Programs

Dr. David Sanders, a recognized expert in child welfare policy and practice, joined the Summit virtually to discuss national child welfare trends, West Virginia trends and strengths, and future policy opportunities. By way of introducing the topic, Dr. Sanders made the below points in his presentation:

- A child in West Virginia has a five to six time higher chance of entering the state’s care than a child in Virginia. That said, is there more abuse and neglect in West Virginia? Difficult answer that we all have a part in addressing.
- The main goal of the Child Welfare System should be keeping children safe from family violence.
- Dr. Sanders suggested that we change our thinking from a “child welfare system” to a “child wellbeing system” and made the statement that it is not illegal for a family to be poor, however we sometimes conflate the two.
- Why is this important? Simply being involved in the system puts children at higher risk.

Dr. Sanders then discussed the focus of the child welfare system.

- Is the focus on safety after a child has been abused? This is generally how the system has been created.
- But what if we could agree to work with the family earlier? What would success look like? Systems of differentiated response (to be discussed later in think tank sessions) may help.

Casey Family Programs has identified clear outcomes that they think are important in evaluating the child welfare system. There are five outcomes that have been identified – data on some of these indicators for West Virginia and the nation are found at [WV - CFSR 4 Data Profile - February 2023.pdf](#).

- Child fatalities in care – While there is a VERY low incidence, it is a critical indicator of success.
- Recurrence of maltreatment – Once the child has come to the attention of the agency, is there recurrence of child maltreatment?
- Frequency of moving in and out of care.
- Time to permanence with less than two years leading to the best outcomes (adoption or kinship care).
- Rate of children coming into care vs. leaving care.

Dr. Sanders then discussed the strengths and opportunities within West Virginia’s child welfare system.

- Strengths:
 - West Virginia leads the country in kinship care. Children have better outcomes when placed with kin.
 - West Virginia has improved significantly in the time to permanency for children and is a leader in the country.

Child Welfare Transformation Summit Summary of Proceedings

- West Virginia is better than most states in permanency in less than two year outcomes.
- West Virginia has the lowest recurrence of maltreatment in the country.
- West Virginia outcomes show we are caring for children well.
- Opportunities
 - Define abuse and neglect more narrowly. With a broad definition, we can't have an eye on the most vulnerable children unless funding allows us to pay attention broadly to all complaints. Those who are most vulnerable get less attention and are at greater risk for harm with a broad definition. With a narrow definition of abuse and neglect, some children may be missed, but if we can identify those most at risk (children under the age of five and children in families where parents were involved in the CPS system as children are two examples) we can improve outcomes.
 - The substantiation of abuse or neglect rate in West Virginia is among the highest in the nation. This can be attributed to the fact that after a complaint, children are more likely to be seen by a CPS worker (broad definition of abuse and neglect and high screen-in rate). This rate is completely within our control.
 - West Virginia struggles with finding placements for children in care who are ages 14 to 17. There is no easy answer to this problem, but innovative strategies may work.
 - Persistent mental health needs in communities continue and most agencies and families still struggle. Improvements to the mental health system will address this challenge.

Dr. Sanders finished his remarks with a challenge to change our system to a child wellbeing system, to differentiate our response to abuse and neglect, and to focus on how we work to support families earlier.

Session 2: Perspectives on the child welfare process in West Virginia

Jeff Pack, Commissioner, DoHS Bureau for Social Services

Justin Ash, Director, BSS Centralized Intake for Abuse and Neglect

Kayla Prince, CPS Worker, Kanawha County

Jeff Pack joined the Summit to discuss perspectives on the child welfare process in West Virginia. After introducing his leadership team and thanking them for their hard work, Jeff discussed the goals of this session, including understanding processes for centralized intake and the “day in the life” of a CPS worker.

Justin Ash, Director of BSS’s Centralized Intake for Abuse and Neglect discussed how the intake process works. An overview of the centralized intake process is found in Appendix 1.

After answering questions from the participants, Justin turned over the podium to Kayla Prince, a CPS worker in Kanawha County. Kayla is currently completing her masters degree in social work with an anticipated graduation date of December 2024. Kayla began with describing a typical day in her job including:

Child Welfare Transformation Summit Summary of Proceedings

- 78 children on her caseload with chance of receiving more referrals who must be seen within four to 72 hours
- “Worker of the Day” designation
- On call worker (along with one other worker) for the next 24 hours
- Attending court hearings
- Visits to 78 children, some placed out of state, over the course of the month
- Signing up for four-hour hotel shifts as two children are currently in a hotel
- Documentation of care in case files

Ms. Prince discussed the stress and strain of these responsibilities. She praised the allotment of new workers and increases in salary to attract new workers. However, she provided suggestions that will be helpful in transforming the system.

- The child welfare system should not be the only system held accountable for outcomes, or the last line of defense. All partners, including CPS, child placing agencies, socially necessary service providers, the court, and others should have specific roles and be held accountable. Kinship providers and foster parents cannot be treated as employees but should rather be supported by the entire team.
- The lack of treatment resources in the state, especially for child mental health and particularly therapy resources, must be addressed. Children have mental health issues that have not been addressed because of a workforce shortage of treatment providers.
- Placements in hotels are a symptom of housing insecurity in our state. We need to do better.
- The court system holding the department in contempt does not help the workforce crisis and does not help to create solutions.

Session 3: Confidentiality

Steve Compton, Deputy Attorney General, State of West Virginia

Steve Compton presented the below state and federal confidentiality statutes and briefly discussed their application to child welfare information release. Mr. Compton stressed the “need to know” standard for information sharing as related to child welfare information. West Virginia and federal statutes related to confidentiality of information in cases involving children are found in Appendix 2.

Think Tanks

In the afternoon, three think tank sessions were offered, with participants having the opportunity to participate in two of the three sessions. The topics for the Think Tanks included **Primary Prevention, Decision making and differential response, Ongoing care and Permanency**. Notes from each session are included in Appendix 3 (Primary Prevention), Appendix 4 (Decision making and differential response) and Appendix 5 (Ongoing care and permanency).

Summit Next Steps

Next steps as a result of the Summit include:

Child Welfare Transformation Summit Summary of Proceedings

- DoHS will distribute the proceedings from the Summit widely.
- DoHS will provide data requested by legislators during the Summit.
- DoHS will provide all legislators with contact information for the Family Support Centers in their district.
- DoHS will work to continue discussions with all stakeholders.
- DoHS will continue to work on differential response strategies.
- DoHS will plan the next Summit in conjunction with legislative leadership for August 2024.

Summit Evaluation

A brief survey was sent to all participants after the Summit. One hundred percent of respondents found the Summit to be a valuable use of their time, and all respondents were willing to participate in future Summits. Participants were asked what the most important thing that should happen post Summit. Responses included:

1. Exchange business contact information
2. Continue implementation of differential response and keep open communication between House members and DoHS's Bureau for Social Services.
3. Address the legal definitions of abuse/neglect that encompass risk and threat of harm.
4. Continued dialogue with all stakeholders with follow up information on action from the think tank discussions.
5. A list of Post-Summit Action items.
6. Provide draft legislation on important topics for which there was agreement and alignment on proceeding.

Participants were asked how to improve the Child Welfare Transformation Summit. Responses are found below:

1. Invite more individuals.
2. Try to increase participation with House and Senate members.
3. Allow more time prior to the legislative session.
4. Set some legislative priorities. If that were to include legislation to propose, suggest holding this while the legislature is in interim in Charleston, but earlier than December.
5. Perhaps some prep work to help set the state on various agenda items could allow more time to be spent on discussion of solutions and agreement on what future actions to take.

Participants were asked to share additional participants who should attend the next Summit. Responses included:

1. Partners such as service providers
2. National subject matter experts, Family Support Centers, and others working in the Prevention space
3. Foster care providers in West Virginia
4. Judicial stakeholders or Prosecuting attorneys
5. Courts

Child Welfare Transformation Summit Summary of Proceedings

6. Child Placing Agencies

7. Educators who could represent the “hard” public school cases and those who are working with them in public and private education settings
8. Unsure, I am less aware of the possible participants or organizations, however I suggest that the group not get too big as that would impair the ability to reach consensus and move ahead

Participants were asked to share topics they would like to be presented and discussed at the next Summit.

1. Evaluation of any improvements based on the topics presented at the previous summit
2. Continue sounding the call regarding Prevention
3. The rights of clients/families
4. Improving communications between all involved parties
5. Specific actions we can take, with input from key legislators whose support would be needed to make things happen (e.g. committee chairs)
6. Metrics and trends on performance with benchmark comparisons; that could help us understand where there are gaps and what actions to consider

Appendix 1

Centralized Intake Overview

- Established in 2014
- First implemented for all 55 counties in West Virginia on January 1, 2015
- Consists of 11 supervisors, 38 licensed social service worker positions, along with four support staff
- Centralized Intake (CI) also has an in-staff trainer, who on-boards new employees to CI and provides training to West Virginia Children’s Home
- Led by Deputy Commission of Field Support
- CI has staffed 24 hours a day, 7 days a week, including all holidays
- Completes all Receive Services, Child Protective Service (CPS) and Adult Protective Services referrals for West Virginia
- From January 1, 2023 to November 30th, 2023:
 - 36,821 total CPS intakes
 - 22,698 accepted intakes
 - 61.64% acceptance rate
 - 72,632 total calls
- Mandated Reporters have two options for making a CPS referral
 - Calling Centralized Intake, 1-800-352-6513 - Option 2
 - Complete a CPS Reporting Email Reporting form, attach it via secure email, and send it to WVCI@wv.gov
- Mandated reporters will receive a letter advising them whether the referral was accepted for CPS assessment or screened out
 - Letters are mailed out within 24 hours of a referral being screened except for weekends/holidays
- Screened Out Referrals
 - Allegation(s) did not meet criteria/legal definition of abuse or neglect
 - There is already an open investigation or case for the family
- All reporter information is kept confidential. Reporters are protected by the WV State Code, CH 49. Reporter Screens can ONLY be viewed by the Centralized Intake worker who enters the referral, the Centralized Intake Supervisor who screens it, the field worker assigned to assess the situation, and the field worker’s supervisor.

Making a Referral for Child Protective Services

Reporters should be expected to provide information regarding the family they are concerned about. It is important for the caller to be as detailed as possible about what is going on, but it’s okay if they do not have certain pieces of information. Workers may still ask questions and it’s okay for the reporter to say they don’t know.

The first thing the Intake Worker at CI will do is gather basic demographics, which includes things like:

Child Welfare Transformation Summit Summary of Proceedings

- County family resides in
- Their address, telephone, directions
- Any dangers that a worker may encounter during initial visit, such as guns, dangerous dogs (not tied up)
- The reporter's information
- Names and dates of birth of the parents/caregivers who live in the home
- Names and dates of birth for all the children living in the home
- Relationship between all household members
- Any other parents who do not live in the home
- What are the reporter's concerns? When did it happen? Any specific details regarding those concerns.
- Do the children have any cognitive, physical, or developmental disabilities?
- What school does the child attend? Grades? Behaviors? Attendance issues?
- Is there any domestic violence in the home? Do the parents/caregivers have any mental health issues? Do the parents/caregivers have any substance use issues?
- Any prior history with CPS?
- Information is entered into the Bureau for Social Services central database, which is called People's Access to Help (PATH); all information that is entered into the database remains there indefinitely

After the call

- Intake Worker will finish up the referral and send it on to a supervisor at CI to be screened.
- Information provided by the reporter is what the supervisor utilizes to determine if the referral meets WV Code for abuse and neglect and is screened in or screened out. This is why intake workers ask for specific information during the interview.
- If the referral is screened in, or accepted because it meets criteria, it is assigned to the local county office for investigation.
- If the referral is screened out because it does not meet criteria, then no additional action is taken, but it remains in the PATH database.

Supervisors Reviewing Referrals

- In addition to determining if the information provided in the referral meets code, supervisors also look at child vulnerability, or characteristics that would make a child more vulnerable to harm compared to other children their same age. These include: under the age of five, physical limitations/mobility issues, cognitive disability, defenseless, powerless, illness, and provocative behaviors.
- They also look at whether or not there is a protective caregiver in the home and if there are any previous referrals or cases in the PATH database.

Critical Incidents

- Imminent Danger: an emergency situation in which the welfare or the life of the child is threatened. Such emergency exists when there is reasonable cause to believe that any child in

Child Welfare Transformation Summit Summary of Proceedings

the home is or has been sexually abused or sexually exploited or reasonable cause to believe that conditions threaten the health or life of any child in the home.

- Critical Incident: a reasonable suspicion that a fatality or near fatality was caused by abuse or neglect or when abuse or neglect has been determined to have led to a child's death or near death.
- If intake workers become aware of any critical incidents or imminent dangers during the interview process, they immediately notify the supervisor assigned to these duties for the day so that action can be immediately taken.

Quality Assurance/Oversight

- All referrals entered into PATH are first reviewed by one of the 11 supervisors at CI. All referrals are reviewed by a child welfare supervisor in each county to verify the decision to accept or screen out the referral.
- Additionally, each day different CI supervisors are assigned to review screened out referrals to ensure that appropriate decisions were made regarding the screening decision. This is called the Peer Review Process.
- Reconsideration Process - If a child welfare supervisor does not feel that an appropriate decision was made regarding accepting/screening out a referral, they can request an additional review.

Appendix 2 West Virginia and United States Confidentiality Statutes

West Virginia Statute

§49-5-101. Confidentiality of records; non-release of records; exceptions; penalties.

(a) Except as otherwise provided in this chapter or by order of the court, all records and information concerning a child or juvenile which are maintained by the Division of Corrections and Rehabilitation, the Department of Health and Human Resources, a child agency or facility, or court or law-enforcement agency, are confidential and may not be released or disclosed to anyone, including any federal or state agency.

(b) Notwithstanding the provisions of subsection (a) of this section or any other provision of this code to the contrary, records concerning a child or juvenile, except adoption records and records disclosing the identity of a person making a complaint of child abuse or neglect, may be made available:

(1) Where otherwise authorized by this chapter;

(2) To:

(A) The child;

(B) A parent whose parental rights have not been terminated;

Child Welfare Transformation Summit Summary of Proceedings

(C) The attorney of the child or parent; and

(D) The Juvenile Justice Commission and its' designees acting in the course of their official duties;

(3) With the written consent of the child or of someone authorized to act on the child's behalf; and

(4) Pursuant to an order of a court of record: Provided, That the court shall review the record or records for relevancy and materiality to the issues in the proceeding and safety and may issue an order to limit the examination and use of the records or any part thereof.

(c) In addition to those persons or entities to whom information may be disclosed under subsection (b) of this section, information related to child abuse or neglect proceedings, except information relating to the identity of the person reporting or making a complaint of child abuse or neglect, shall be made available upon request to:

(1) Federal, state, or local government entities, or any agent of those entities, including law-enforcement agencies and prosecuting attorneys, having a need for that information in order to carry out its responsibilities under law to protect children from abuse and neglect;

(2) The child fatality review team;

(3) Child abuse citizen review panels;

(4) Multidisciplinary investigative and treatment teams; or

(5) A grand jury, circuit court, or family court, upon a finding that information in the records is necessary for the determination of an issue before the grand jury, circuit court, or family court; and

(6) The West Virginia Crime Victims Compensation Fund and its designees acting in the course of their official duties.

(d) If there is a child fatality or near fatality due to child abuse and neglect, information relating to a fatality or near fatality shall be made public by the Department of Health and Human Resources and provided to the entities described in subsection (c) of this section, all under the circumstances described in that subsection: Provided, That information released by the Department of Health and Human Resources pursuant to this subsection may not include the identity of a person reporting or making a complaint of child abuse or neglect. For purposes of this subsection, "near fatality" means any medical condition of the child which is certified by the attending physician to be life threatening.

(e) Except in juvenile proceedings which are transferred to criminal proceedings, law-enforcement records and files concerning a child or juvenile shall be kept separate from the records and files of adults and not included within the court files. Law-enforcement records and files concerning a child or juvenile shall only be open to inspection pursuant to §49-5-103 of this code.

(f) Any person who willfully violates the provisions of this section is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000, or confined in jail for not more than six months,

Child Welfare Transformation Summit Summary of Proceedings

or both fined and confined. A person convicted of violating this section is also liable for damages in the amount of \$300, or actual damages, whichever is greater.

(g) Notwithstanding the provisions of this section, or any other provision of this code to the contrary, the name and identity of any juvenile adjudicated or convicted of a violent or felonious crime shall be made available to the public;

(h)(1) Notwithstanding the provisions of this section or any other provision of this code to the contrary, the Division of Corrections and Rehabilitation may provide access to, and the confidential use of, a treatment plan, court records, or other records of a juvenile to an agency in another state which:

(A) Performs the same functions in that state that are performed by the Division of Corrections and Rehabilitation in this state;

(B) Has a reciprocal agreement with this state; and

(C) Has legal custody of the juvenile.

(2) A record which is shared under this subsection may only provide information which is relevant to the supervision, care, custody, and treatment of the juvenile;

(3) The Division of Corrections and Rehabilitation may enter into reciprocal agreements with other states and propose rules for legislative approval in accordance with §29A-3-1 et seq. of this code to implement this subsection; and

(4) Other than the authorization explicitly given in this subsection, this subsection may not be construed to enlarge or restrict access to juvenile records as provided elsewhere in this code.

(i) The records subject to disclosure pursuant to subsection (b) of this section may not include a recorded/videotaped interview, as defined in §62-6B-2(6) of this code, the disclosure of which is exclusively subject to §62-6B-6 of this code.

(j) Notwithstanding the provisions of subsection (a) of this section, records in the possession of the Division of Corrections and Rehabilitation declared to be confidential by the provisions of subsection (a) of this section may be published and disclosed for use in an employee grievance if the disclosure is done in compliance with subsections (k), (l), and (m) of this section.

(k) Records or information declared confidential by the provisions of this section may not be released for use in a grievance proceeding except:

(1) Upon written motion of a party; and

(2) Upon an order of the Public Employee's Grievance Board entered after an in-camera hearing as to the relevance of the record or information.

Child Welfare Transformation Summit Summary of Proceedings

(l) If production of confidential records or information is disclosed to a grievant, his or her counsel or representative, pursuant to subsection (k) of this section:

(1) The division shall ensure that written records or information is redacted of all identifying information of any juvenile which is not relevant to the resolution of the grievance;

(2) Relevant video and audio records may be disclosed without redaction; and

(3) Records or other information released to a grievant or his or her counsel or representative pursuant to subsection (k) of this section may only be used for purposes of his or her grievance proceeding and may not be disclosed, published, copied, or distributed for any other purpose, and upon the conclusion of the grievance procedure, returned to the Division of Corrections and Rehabilitation.

(m) If a grievant or the Division of Corrections and Rehabilitation seek judicial review of a decision of the Public Employee's Grievance Board, the relevant confidential records disclosed and used in the grievance proceeding may be used in the appeal proceeding upon entry of an order by the circuit court, and the order shall contain a provision limiting disclosure or publication of the records or information to purposes necessary to the proceeding and prohibiting unauthorized use and reproduction.

(n) Nothing in this section may be construed to abrogate the provisions of §29B-1-1 et seq. of this code.

(o) A child placing agency or a residential child care and treatment facility may disclose otherwise confidential information to other child placing agencies or residential child care and treatment facilities when making referrals or providing services on behalf of the child. This information shall be maintained in the same manner as provided in this code.

(p) The department shall provide electronic access to information required to perform an adoption to child placing agencies as necessary to complete the adoption.

(q) A child placing agency completing adoption as a contractor on behalf of the department shall have access to secure records from vital statistics and other pertinent record holders.

United States Statute

Child Abuse Federal Laws Child Abuse Prevention and Treatment Act (CAPTA)

42 U.S.C. 5101, et seq.

In general, the Child Abuse Prevention and Treatment Act (CAPTA) requires a State to preserve the confidentiality of all child abuse and neglect reports and records in order to protect the rights of the child and the child's parents or guardians. However, CAPTA allows the State to release information to certain individuals and entities.

The State may share confidential child abuse and neglect reports and records that are made and maintained with any of the following:

Child Welfare Transformation Summit Summary of Proceedings

1. Individuals who are the subject of a report;
2. Grand jury or court, when necessary to determine an issue before the court or grand jury ; and
3. Other entities or classes of individuals who are authorized by statute to receive information pursuant to a legitimate state purpose.

Additionally, States have the option to allow public access to court proceedings that determine child abuse and neglect cases, so long as the State, at a minimum, can ensure the safety and well-being of the child, parents and families.

The State must provide certain otherwise confidential child abuse and neglect information to the following:

1. Any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under the law to protect children from abuse and neglect;
2. Child abuse citizen review panels, if such panels are established to comply with this law;
3. Public disclosure of the findings or information about the case of child abuse or neglect that results in a child fatality or near fatality; and
4. Child fatality review panels.

Appendix 3 Primary Prevention

Kent Nowviskie, Deputy Commissioner for Programs and Policy, DoHS Bureau for Family Assistance, facilitated the session. The sessions were opened with a knowledge check regarding three tiers of prevention.

- Participants suggested that primary prevention is the first referral for services when there is an actual concern of harm and the third tier was for court involvement.
- There is a need to get further upstream with the first tier focused on stability to prevent problems from arising, compared to “locks and dams” with child-care as an example of primary prevention; the second tier is initiated when there are risk factors; the third tier is initiated when the family becomes system-involved, with a higher intensity of intervention.

The TANF block grant was discussed as a method of primary prevention. The TANF block grant’s overall purpose is to “increase the flexibility of states” to meet four statutory goals: (1) provide assistance to needy families so that children may remain in their homes; (2) end the dependence of needy parents on government benefits through work, job preparation, and marriage; (3) reduce out-of-wedlock pregnancies; and (4) promote the formation and maintenance of two-parent families. The focus of TANF is on supporting families.

The current number of TANF cases in West Virginia that receive a cash benefit check is around 25% and the majority of cash benefit goes to kinship/relative families in child welfare. The 60-month lifetime limit

Child Welfare Transformation Summit Summary of Proceedings

on TANF for adults was discussed. Delegate Criss mentioned workforce participation in West Virginia being approximately 10% lower in WV than the national average. The personal responsibility contract in TANF was discussed. Delegate Criss asked what the percentage of accountability is? What is the number of individuals who are going back to work from TANF? Data will be provided in follow up.

Family Support Centers (FSCs) as a method of primary prevention and their expansion was discussed. The benefits of the support centers and general services were described, including the reinvestment of TANF dollars to support the expansion with a vision of being community focused. Multiple legislators requested contact information for each FSC. A brief history of FSCs and Family Resource Networks was provided.

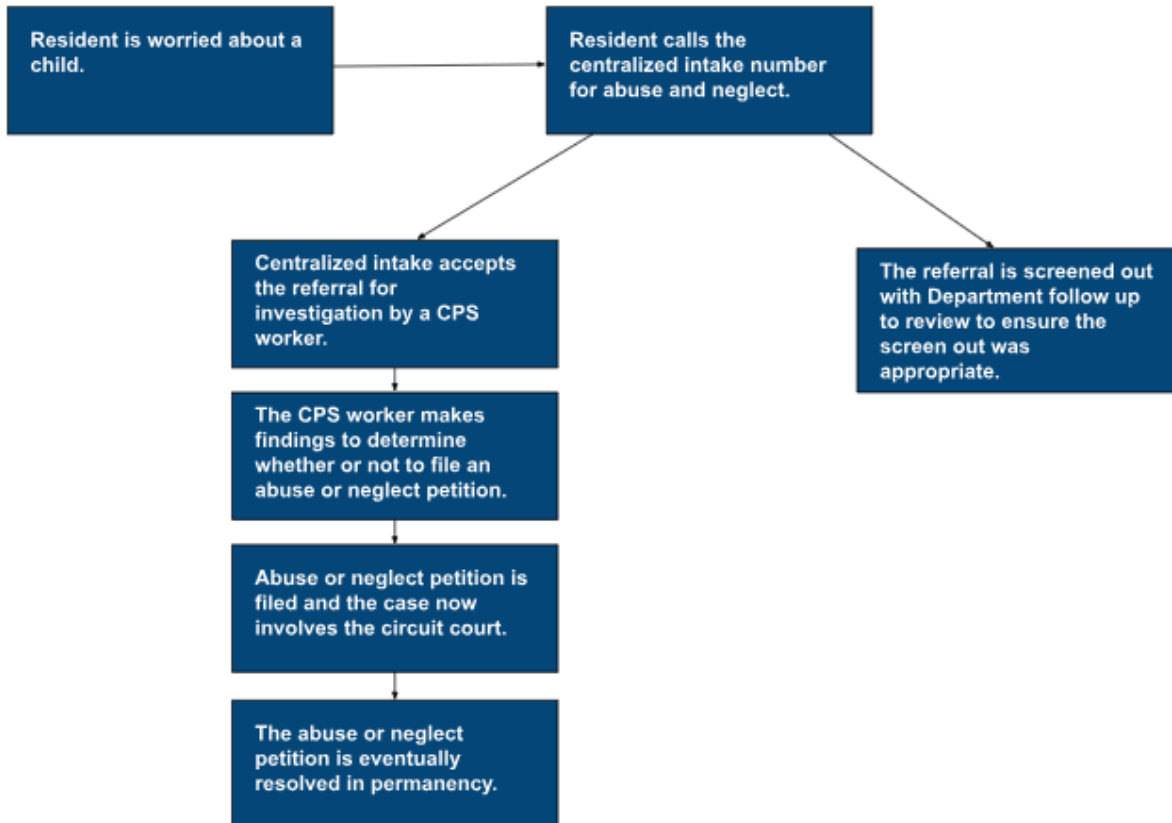
The Families Are Stronger Together Learning Community (FAST-LC) program was reviewed along with an overview of goals and purposes, differential response was discussed as a prevention measure and closer alignment between BSS and BFA will result from the state's participation in the FAST-LC program. DoHS's Bureau for Family Assistance and Bureau for Social Services staff have created a charter for this project, which aims to create a strong and integrated support system that addresses the economic and concrete needs of families in West Virginia, thereby preventing child welfare involvement. The Charter for this program along with specific project goals, outcomes, timeline, and budget are included. Cabinet Secretary Cynthia Persily PhD serves as the Organizational Project Sponsor and the Project Managers include Kent Nowviskie, Deputy Commissioner for Programs and Policy, Bureau for Family Assistance and Michelle Dean, Deputy Commissioner for Programs and Policy, Bureau for Social Services, with participation from the Cabinet Secretary's office, the Bureau for Behavioral Health, Bureau for Family Assistance, Bureau for Social Services, Bureau for Public Health and advisors from leading community agencies focused on prevention.

Appendix 4 Differential Response and Decision Making

During the two think tanks on differential response in the child welfare system, participants learned about and explored opportunities to match concerns of centralized intake callers with more appropriate resources. Toni Rozanski, Senior Director of Strategic Consulting with Casey Family Programs, with the assistance of DoHS staff facilitated the session. The current process for a West Virginia resident who has concerns about a child were reviewed:

See graph on next page.

Child Welfare Transformation Summit Summary of Proceedings



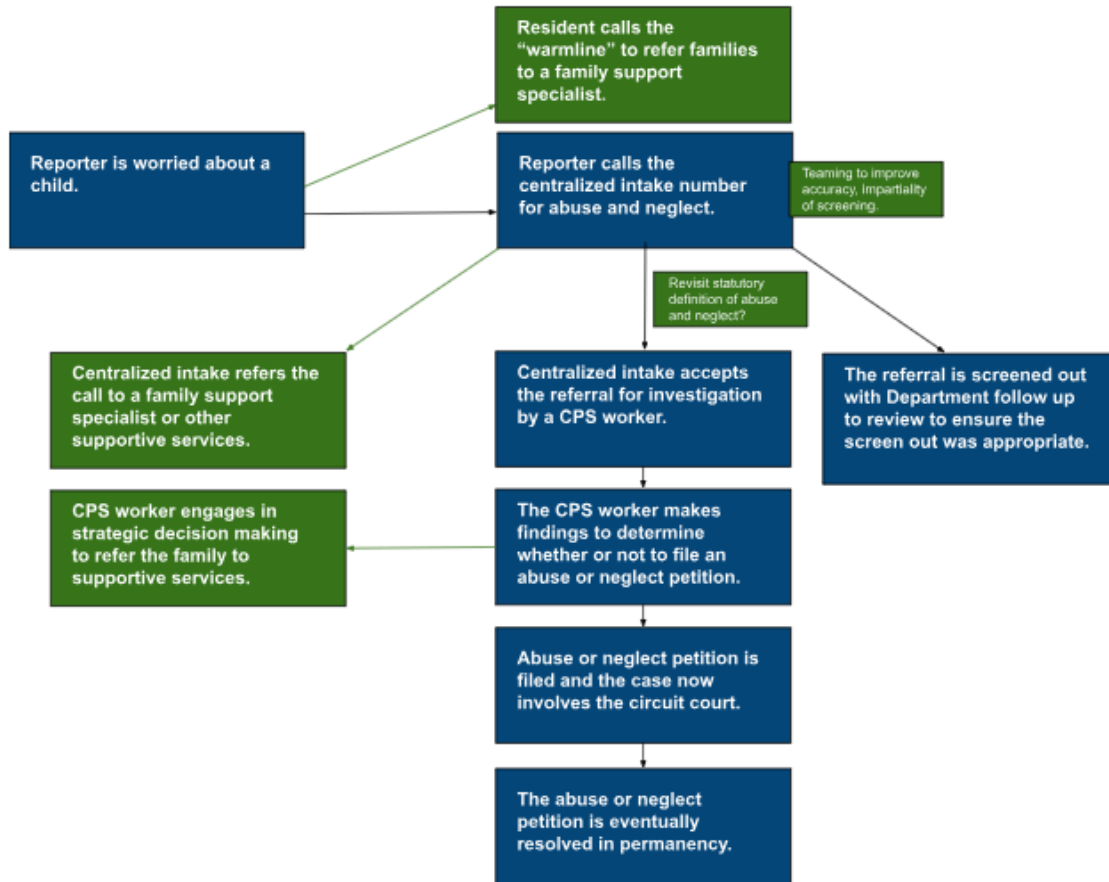
The groups discussed the opportunities to integrate differential response to address families' needs without the state assuming custody of the kids while balancing these opportunities with existing demands on Department resources.

Participants learned about the tremendous volume of calls into centralized intake and the impact it has on investigation timelines, decision-making, and workforce burnout.

The group discussed measures to further ensure impartiality in decision-making by CPS workers and other interested parties.

See graph on next page.

Child Welfare Transformation Summit Summary of Proceedings



Information was exchanged on existing resources available to families, lawmakers, and community members through both the public and nonprofit sectors.

Lawmakers posed questions to CPS administrators about current standards and how those standards are implemented in various hypothetical situations, particularly regarding the triage of intake calls, Department follow up, and decision-making.

Appendix 5 Ongoing Care and Permanency

An overview of the topic of ongoing care and permanency was provided by Rachel Kinder, Mission WV Frameworks Program:

- The culture of foster care affects recruitment.
- Private foster care agencies are struggling with a workforce like DoHS.
- Many foster care inquiries don't end up certifying as foster parents.

Child Welfare Transformation Summit Summary of Proceedings

- With regards to permanency, reunification must be the goal with foster and birth parents working together. Lots of foster homes want to help reunify families.
- More post-adoption services for families are needed.
- The Adoption Resource Network will be revamped next year.

Discussion among participants is summarized below:

- The message that some foster parents are receiving is that if you just want to foster so you can adopt, you are not welcome. Private agencies are operating as a business – so messaging is a concern. There needs to be a balance between the desire to adopt and the need to reunify. The message that most foster families do end up adopting eventually – maybe not the first or second placement, but eventually could be highlighted.
- There is a gap now between the biological families and foster families with communication. Communication between all parties in the system is a concern. There is a lingering belief at all levels (DoHS, private agencies, foster families, court system, etc.) that open communication between biological families and foster families is bad or even dangerous for the foster families so there can be resistance or reluctance to set it up or make it happen. There can be dangerous situations, but they are rare.
- Foster families need resources to be successful, because separation from a foster child is traumatic for the foster parents and other children in the home. No follow-up services are currently offered. Foster families are often treated as “service providers” – but they are expected to develop a bond/relationship with the child. Separation from a foster child can be painful and traumatic.
 - Question: Other than support groups (which are marginally helpful), what would help foster families?
 - Answer: Have resources (counseling, therapy, etc.) ready for the foster family when a child is removed from care, at no cost, for foster parents and for foster siblings. Recognizing a potential issue and having resources available, short notice, free is preferred. Suggest language in contracts that post-foster care placement services will be made available. Private agencies could view this as a foster home retention strategy.
- Discussion about notification of foster parents when a child will be removed; idea was posed to require child placing agencies to offer legal services.
- There is no current provision for a transition plan when a child will be reunified, or placement changed. CPS/DoHS would need to be responsible for the plan.