

West Virginia



Annual Progress Report 2015



*Bureau for Children and Families
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Earl Ray Tomblin, Governor
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*WV Department of Health and Human Resources
Annual Progress Services Report 2015*

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General Information

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

THE BUREAU FOR CHILDREN AND FAMILIES

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

Office of Programs

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

The West Virginia Department of Health and Human Resources, through the Bureau of Children and Families (BCF), is responsible for administering child welfare services by WV Code §49-1-105. The administration of federal grants, such as Child Abuse Prevention Treatment Act funds, Chafee Independent Living funds, Title IV-E funds, and Title IV-B funds, is also a responsibility of this Bureau.

The staff within the Bureau for Children and Families is primarily responsible for initiating or participating in collaborative efforts with other Bureaus in the Department on

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initiatives that affect child welfare. The staff in the Bureau also joins with other interested groups and associations committed to improving the wellbeing of children and families.

For the most part, the staff within the Children and Adult Services (CAS) policy division is not involved in the direct provision of services. In some cases, however, staff does assist with the provision of services or is directly involved in service delivery. For example, staff in CAS operates the Adoption Resource Network and maintains financial responsibility for a case once an adoption subsidy has been approved. The Director, Jane McCallister is both the IV-B and IV-E Coordinator. Copies of the Annual Progress Services Report as well as the CAPTA state plan will be placed on the WV Department of Health and Human Resources website once approved. <http://www.wvdhhr.org/bcf/>

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

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

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The Office of Operations

The Deputy Commissioner of Operations, Linda Adkins, is responsible for oversight of the Division of Grants and Contracts; the Division of Finance; the Division of Personnel and Procurement; the Division of Planning and Quality Improvement (DPQI); and the Division of Research and Analysis. Major responsibilities of the Office of Operations are: approving and monitoring sub-recipient grants and contracts; oversight of the bureau budget; oversight of personnel and procurement activities; and developing and producing research and analysis on the results of operations for the major programs operated by the Bureau. Major activities of DPQI include conducting program and peer reviews; coordinating statewide quality councils; coordinating corrective action and program improvement plan; and accreditation activities.

The Office of Field Operations

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

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

Vision Statement

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

- Our children and families will be safe
- Our children will have a strong, permanent connection with family and community. While reunification, adoption, and legal guardianship are ultimate goals, we need to make sure that all children have caring adults in their lives
- Our children and families will be successful in their lives and have enhanced well-being
- Our children and families will be mentally and physically healthy
- Our children and families will be supported, first and foremost, in their homes and home communities, and by receiving the correct services to meet their needs
- Our child-serving systems will be transformed to meet the needs of children and families

Collaboration

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

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

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

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

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

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

Commission to Study Residential Placement of Children

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

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

Title IV-E Assessment and Waiver Application “Safe at Home West Virginia”

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

The goals of Safe at Home West Virginia are to:

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

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The IV-E Waiver, Safe at Home WV will provide wrap-around behavioral and human services to:

- Support and strengthen families to keep children in their homes;
- Return children currently in congregate care to their communities; and
- Reunite children in care with their families.

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

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

Three Branch Institute

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

Governor Earl Ray Tomblin selected the following individuals to represent West Virginia's Core Team: Honorable Gary Johnson, Nicholas County Judge; Cindy Largent-Hill, Juvenile Justice Monitor; Karen L. Bowling, DHHR Cabinet Secretary; Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services; Susan C. Hage, DHHR Deputy Commissioner for Policy, Bureau for Children and Families; Senator John Unger, Berkeley County, District 16; and Delegate Don Perdue, Wayne County, District 19.

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

West Virginia Court Improvement Program

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with DHHR and the provider communities involved through funding from

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three federal grants with matching state funds. These are referred to as the “basic”, “training” and “data collection” grants.

Education of Children in Out of Home Care Advisory Committee

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

KEY ACCOMPLISHMENTS OF 2014

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

1. Appropriate Diagnosis and Placement

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

- DHHR Region I was able to begin making referrals using the new process to service providers on October 10, 2014.
- DHHR Region III was able to begin making referrals using the new process to service providers on October 15, 2014.
- At the end of 2014 there were 425 certified users in the CANS in WV; 35 super users in West Virginia representing 29 different agencies; and 6 advanced CANS specialists.
(Service Delivery & Development and Three Branch Institute)

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

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

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

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

e.) Participation in Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, known as HealthCheck in West Virginia, is a requirement for every child in foster care. All children who enter foster care are required to have an evaluation of their physical health within 72 hours. This is facilitated by the HealthCheck Program administered by our Bureau for Public Health Office of Maternal, Child, and Family Health. Overall the foster children are being scheduled for their exams more quickly. For example, 17% of foster children placed in September 2013 were scheduled for an exam within 1 day of placement. In June 2014, that increased to 63.5%. (Three Branch Institute)

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

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

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

2. Expanded Community Capacity

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

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- Support and strengthen families to keep children in their homes;
- Return children currently in congregate care to their communities; and
- Reunite children in care with their families.

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

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

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

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

f.) During the regular 2014-2015 legislative session, Senate Bill No. 393 was passed creating a new section (designated WV Code §49-5-106) related to Juvenile Justice Reform. WV Code §49-5-106 will include:

- The circumstances when juveniles may be transferred to juvenile diagnostic centers;
- Requiring dedication of a percentage of funding for community services to evidence-based practices;
- Establishing criteria for transition to juvenile's home setting following out-of-home placement;
- Providing for cooperative agreements solely between the Department Of Health And Human Resources and private agencies to house status offenders;

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- Establishing community-based youth reporting centers;
- Establishing Juvenile Justice Reform Oversight Committee;
- Providing for multidisciplinary team meetings, establishing members of multidisciplinary team, providing that multidisciplinary team shall advise court on treatment and rehabilitation plans for juvenile, and providing that multidisciplinary team shall monitor juvenile's progress;
- Requiring aftercare plan for all juvenile out-of-home placements;
- Providing pre-petition diversion process for juveniles who commit truancy offenses, status offenses and nonviolent misdemeanor offenses (effective July 1, 2016), providing requirements for pre-petition diversion programs, authorizing probation officers to participate in pre-petition diversion programs, allowing truancy or treatment programs existing in a judicial circuit (as of January 1, 2015), and to continue to operate notwithstanding new requirements and establishing pre-petition review team;
- Requiring court to consider results of risk and needs assessment of the juvenile prior to dispositional proceedings;
- Requiring inclusion of accepted treatment and rehabilitation plan for juveniles in certain findings of fact;
- Providing that a juvenile adjudicated as a status offender may not be placed in out-of-home placement in certain circumstances;
- Prohibiting placement of a juvenile adjudicated as a status offender within a division of juvenile services facility (on or after January 1, 2016), providing that a juvenile adjudicated delinquent for a nonviolent misdemeanor offense may not be placed in out-of-home placement in certain circumstances;
- Providing that time served by a juvenile in a detention center pending adjudication, disposition or transfer is taken into account during sentencing;
- Requiring court to issue certain findings of fact if a juvenile is to be placed in a residential facility, providing for standardized screener to conduct an evaluation of the juvenile in certain circumstance, permitting court to include reasonable and relevant orders to parents in its disposition order for a juvenile;
- Establishing review and modification procedures for probation dispositional orders;
- Authorizing Supreme Court of appeals to develop community-based juvenile probation sanctions and incentives;
- Establishing individualized case planning;
- Providing that a juvenile may be referred to a truancy diversion specialist prior to filing of petition, providing for pre-petition counsel and advice;
- Providing for adoption of risk and needs assessment and validation;

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- Authorizing creation of restorative justice programs;
- Providing for disclosure of juvenile records to Department of Health and Human Resources and Division of Juvenile Services for case planning;
- Providing for data collection related to juvenile justice outcomes and disproportional minority contact, making technical revisions.

g.) Lily's Place, a treatment facility licensed for 12 neonatal beds in Cabell County, opened in partnership with DHHR/Child Protective Services, Pretera Center and Cabell Huntington Hospital, to serve the entire state of West Virginia. The treatment facility provides monitoring and treatment for newborns suffering from Neonatal Abstinence Syndrome (NAS) or drug exposure. The staff also provides one-on-one care to mothers and connects them with the resources they need including substance abuse programs, food, clothing, parenting, housing and other needed services.

h.) YALE Academy

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

3. Best Practices Deployment

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

b.) The New View was implemented in 2013. When the project started, West Virginia children ranked with the coldest temperatures (i.e., those predicted to be most likely to linger in care). The New View, modeled after Georgia's Cold Case project, assigns attorney "viewers" to conduct file reviews and interviews in order to make permanency and transitional recommendations to local courts, multidisciplinary treatment teams, and the Bureau for Children and Families (BCF) leadership, on the children identified as being at risk of lingering in care and/or aging out of the system. The New View Project

involves some court observation, as local courts sometimes invite the attorney viewers to attend hearings regarding the children they are viewing, and the viewers' often participate in the children's multidisciplinary treatment team (MDT) meetings. This year, the use of AFCARS data for the New View Project is in the implementation phase. The project used Fall 2013 AFCARS data for a predictive model to identify children likely to linger in out-of-home care.

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

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

4. Workforce Development

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

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

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

- A total of 202 people have attended the Comprehensive Assessment and Planning System (CAPS) Implementation Training; 24 CAPS providers trained and certified; online CAPS training was viewed by 424 DHHR employees and 258 people from other agencies/organizations; CAPS and CANS face-to-face training was provided to over 200 service provider staff in each DHHR region.

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- Treatment providers utilized by the Juvenile Drug Court have also been trained in the use of the CANS.
- DHHR staff will be trained on using the CANS beginning with the Youth Services staff and their supervisors.
- A subgroup of the West Virginia super users began building the same sustainable Child and Adolescent Needs and Strengths (CANS) assessment training program for the Adult Needs and Strengths Assessment (ANSA).

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

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

5. Education Standards

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

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

6. Provider Requirements

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

7. Multidisciplinary Team (MDT) Support

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

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

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

8. Ongoing Communication and Effective Partnerships

a.) Members of the Commission, the Court Improvement Program and the West Virginia Department of Education/Education of Children in Out-of-Home Care Advisory Committee initiated an agreement to share data to compare educational outcomes for children in out-of-home care with all children in state public schools.

b.) Youth representative Jessica Richie-Gibson joined the Commission to Study Residential Placement of Children as a full member.

c.) Timeliness of the Health Screening (EPSDT) process overall has improved, a success that is a product of the Bureau for Children and Families and the Bureau for Public Health working together. (Three Branch Institute)

9. Performance Accountability

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a.) The IV-E Waiver, Safe at Home West Virginia began its development and planning phase, including statewide training of Bureau for Children & Families staff and community providers on the Results Based Accountability (RBA) process. RBA uses a data-driven decision-making process to help communities and organizations take action to solve identified problems. It is a simple, common sense framework that everyone can understand. RBA starts with ends and works backward, towards means. Using RBA to guide the program means three core questions will inform the process: How much did we do? How well did we do it? Is anyone better off? Success is measured not simply by compliance to rules and regulations, but by the real life impacts, or results, of the work completed. (Safe at Home WV)

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

Other Collaborative Efforts

Regional Summits and Community Collaboratives

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

Update on Assessment of Performance

Child and Family Outcomes

The most reliable data West Virginia has is our CFSR style reviews, AFCARS and NCANDS. The following information is from the reviews completed by the Division of Program and Quality Improvement. West Virginia also has many forms of data for the Systemic Factors but no clear concise way to calculate or analyze the data.

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

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

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

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

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

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

Factors Contributing to Cases Ratings

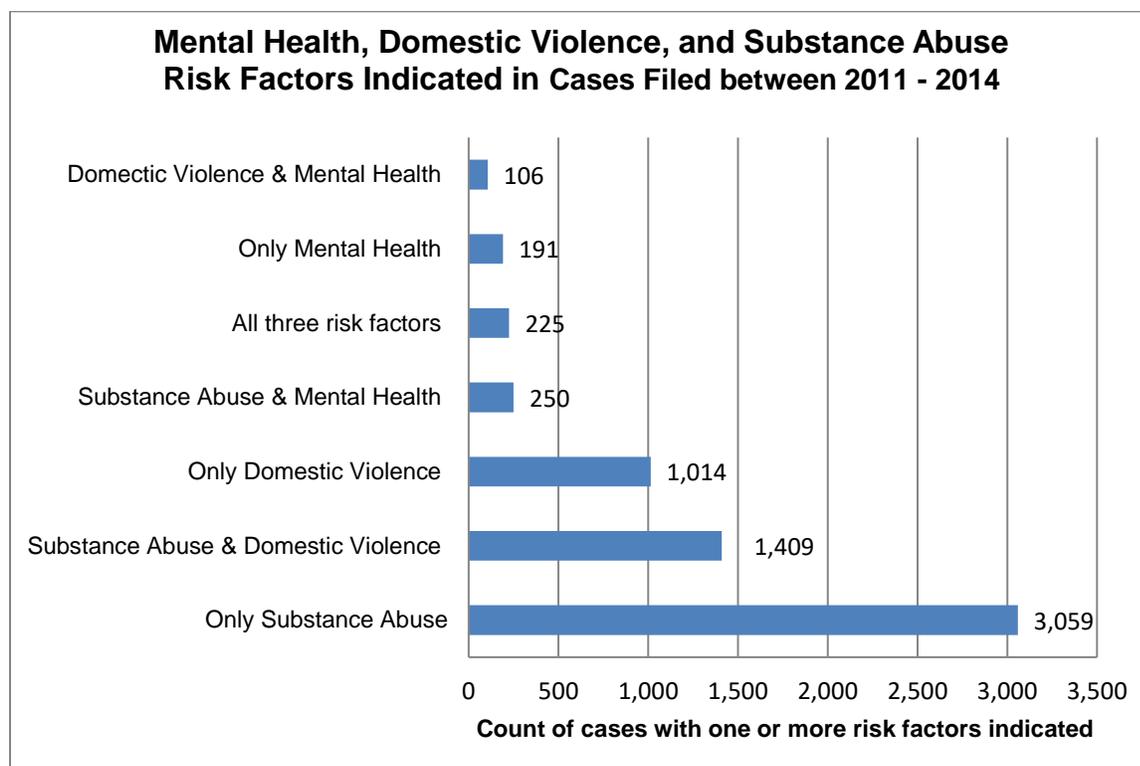
One of the key indicators of how well Districts perform on the Child and Family Services case review process is the staffing pattern of the district. Districts that experience a staffing shortage due to staff turnover, rate significantly lower on all measures. All of the districts reviewed in Federal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

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

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

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

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



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

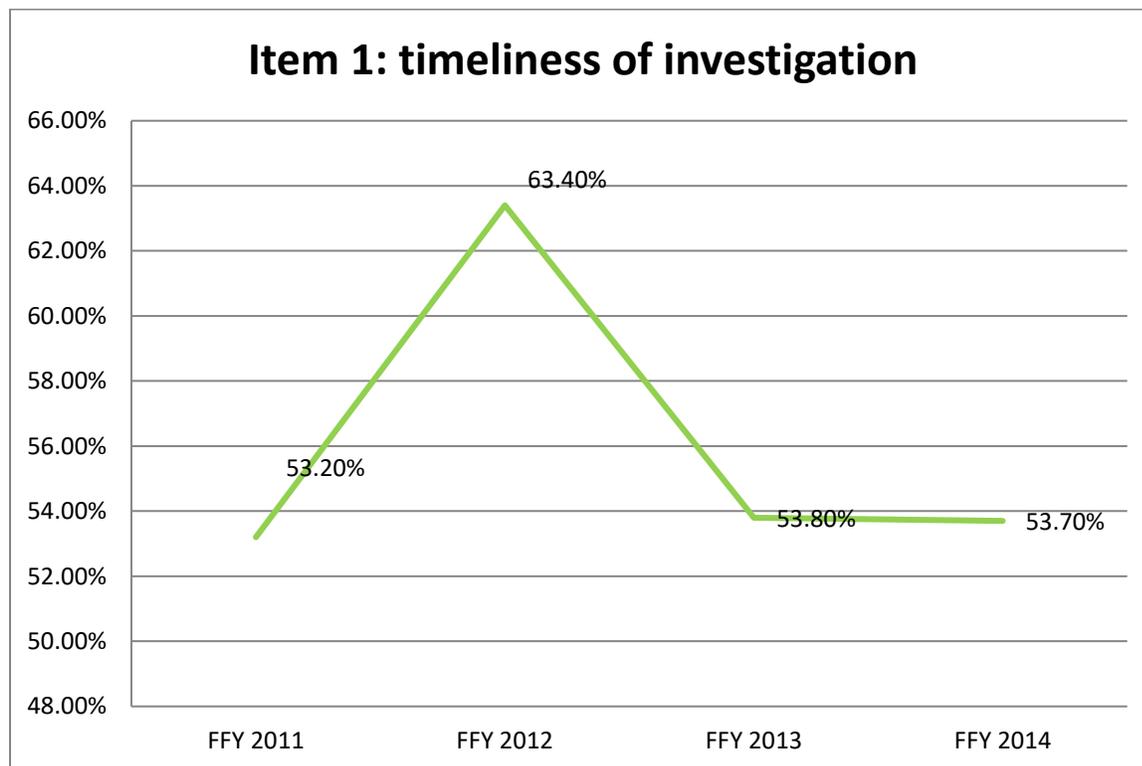
Safety Outcomes 1 and 2

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

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

Safety 1: Timeliness of initiating investigation of reports of maltreatment

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



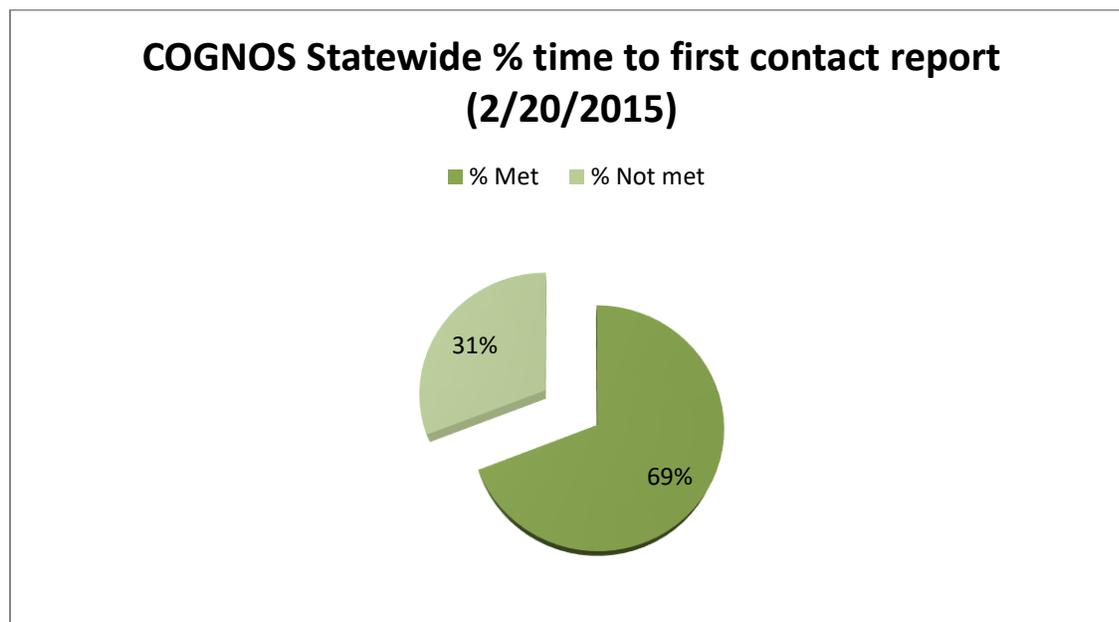
Federal Fiscal Year Data is based on the case reviews completed from Oct 1, 2013 to September 30, 2014. Case reviews conducted in federal fiscal year 2014 are reflective of practice that occurred 14 months prior to the date of the review; therefore the data is indicative of practice that occurred in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

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

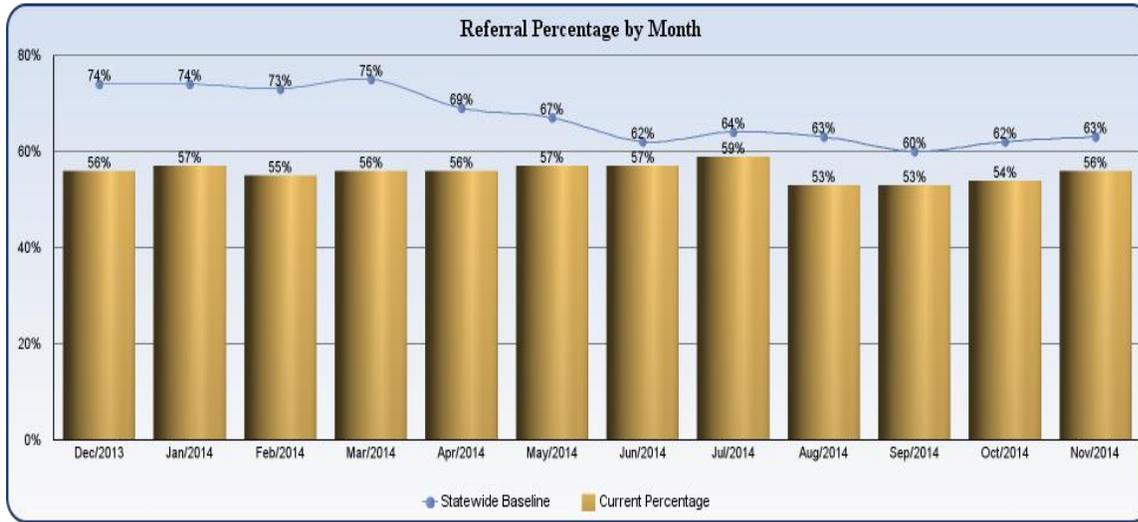
Although Districts are more cognizant of their need to meet time frames, they are still struggling to resolve staffing issues that continue to impact this measure. All districts included in the Federal Fiscal Year 2014 reviews, indicated a shortage of staff. Lack of staffing creates a backlog of Family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

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



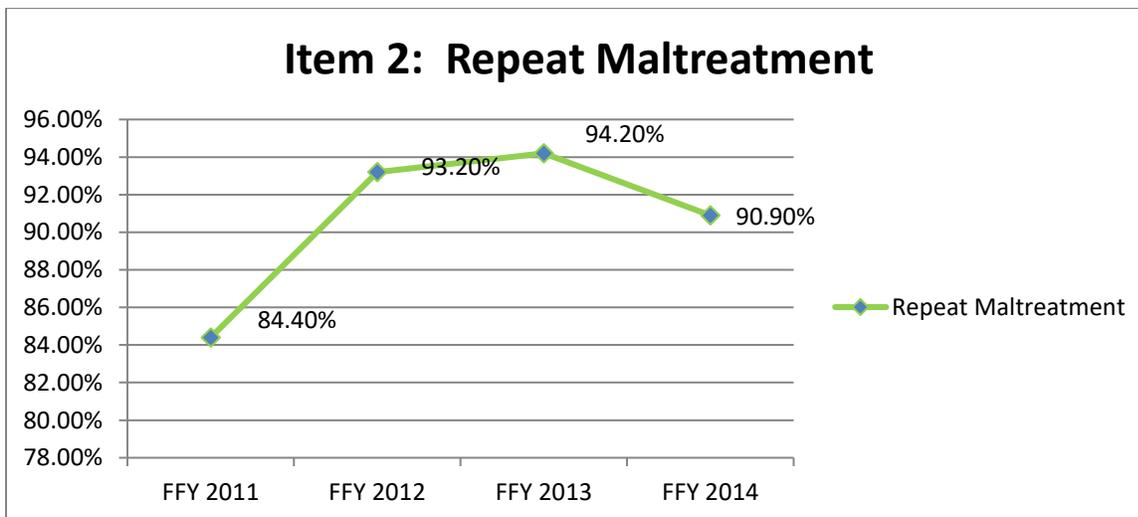
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It should also be noted that the number of referrals received and the number accepted for Family Functioning Assessments remain on the average at 55.7%.



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

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



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

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

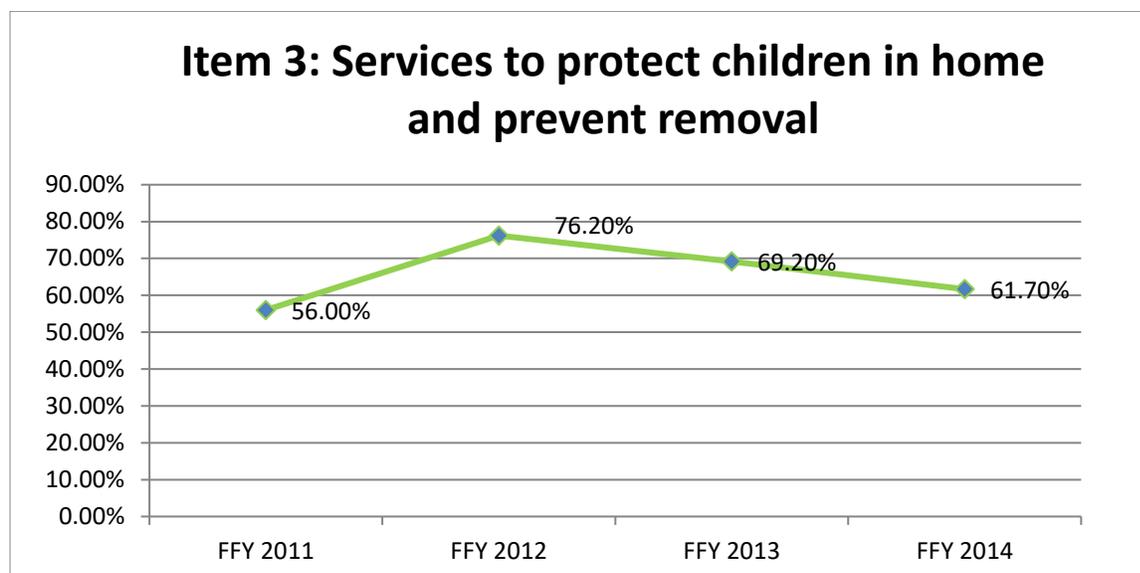
1.1 Recurrence of Maltreatment Within 6 Months (%)				
	2010	2011	2012	2013
Children without a recurrence	95.6	97.6	97.6	97.7
Children with one or more recurrences	4.4	2.4	2.4	2.3
Number	2,068	1,971	2,305	2,264

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

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

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

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

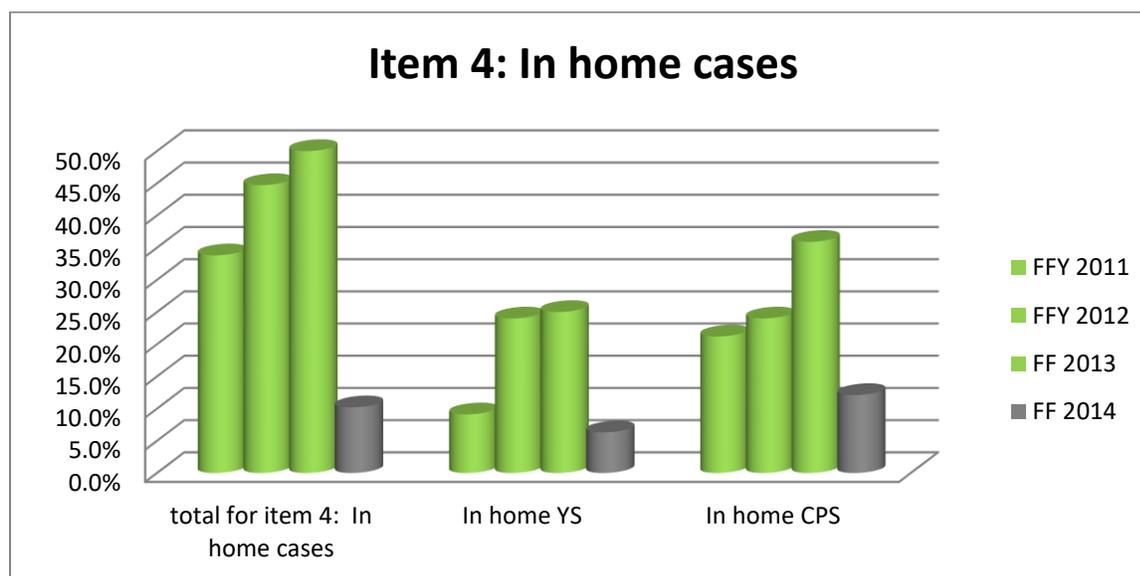
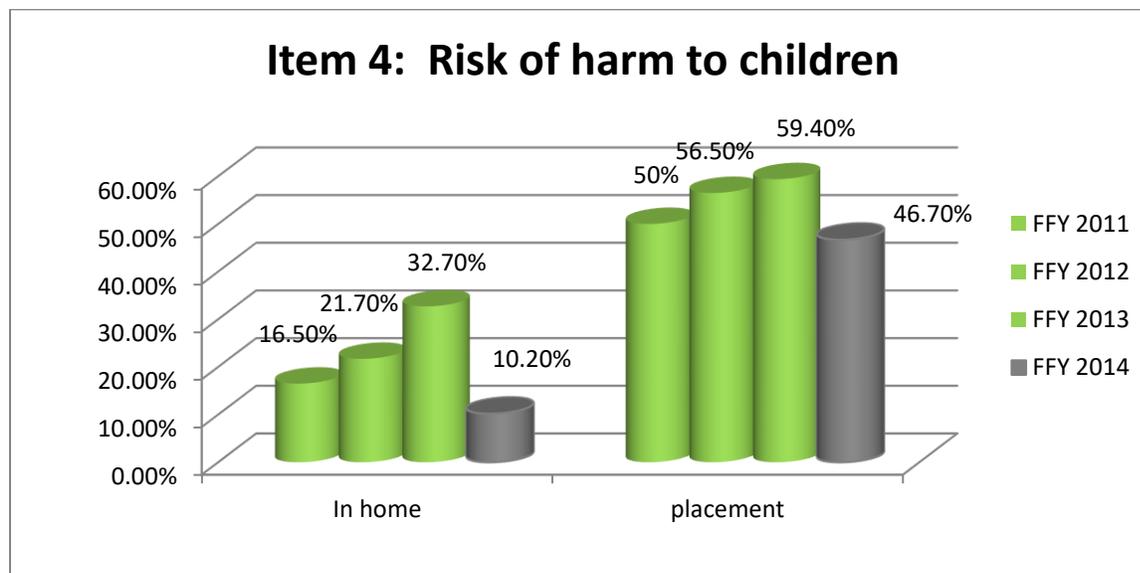


The social service reviewers found several factors contributing to the Areas Needing Improvement for this measure. Though there continues to be an increase in safety planning, the adequacies of the provision outlined in the plan fail to control for safety. Additionally, there was also a lack of contact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

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

Safety 2: Risk of harm to children

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



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

in placement are being seen on a regular basis and DPQI reviews indicate a continued improvement in workers' ability to assess the child's needs and safety.

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

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

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

Permanency Outcomes 1 and 2

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

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

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

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

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

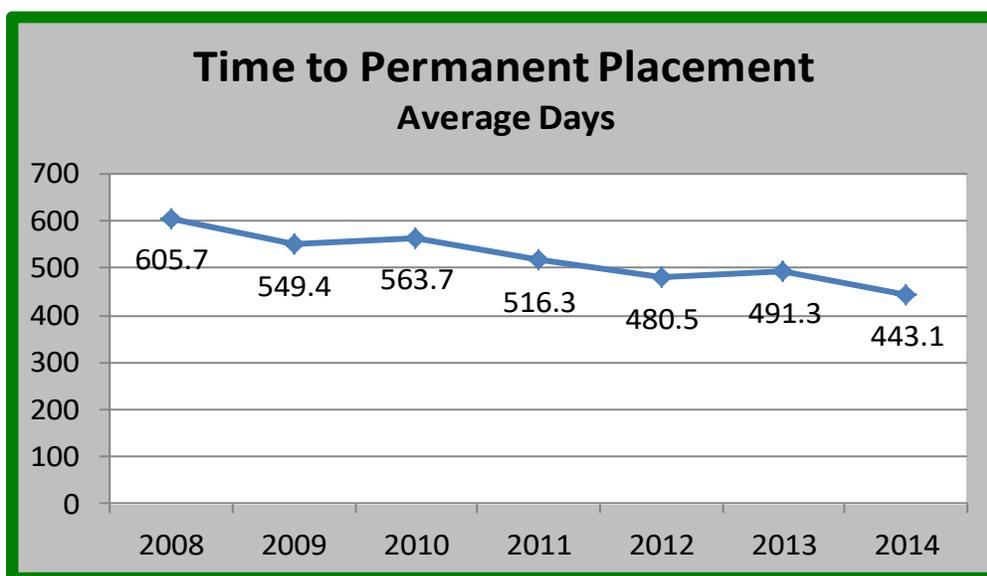
Additionally, if one or more parents are adjudicated at separate times due to case circumstances, such as paternity being established 6 months into the case, or an absent parent being located several months into the case, the parents will be on different timelines, and the case will last much longer.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

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

Judicial Performance Measure Trends

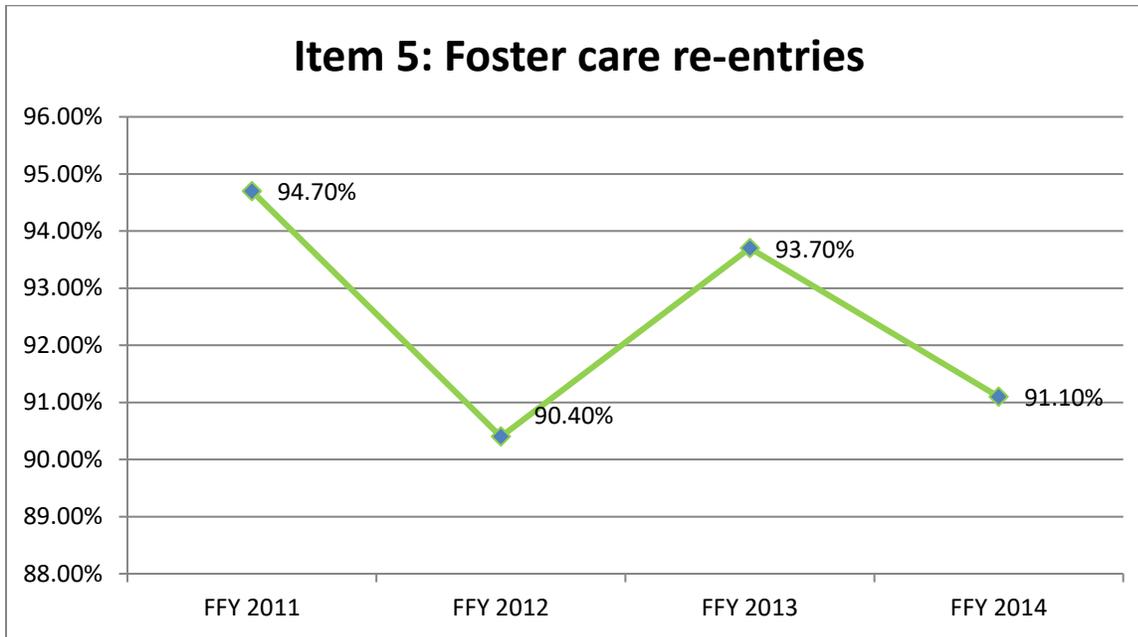
According to data collected by the Supreme Court of Appeals of West Virginia, the time it takes for children involved in abuse and neglect proceedings to reach a permanent

living placement has been reduced significantly over the last seven years. For children who reached permanency through court proceedings during 2008, it took just over twenty months on average to complete judicial proceedings and find a sufficient permanent placement for the child. As demonstrated in the chart below, during 2014, the average was reduced by thirty three percent (approximately five months). With many children involved in such proceedings being placed away from home, a swifter process expedites access to a stable, permanent living arrangement. Permanency is considered to have been accomplished when a child has reached any one of the federally accepted permanency goals including: reunification with parents/guardians, adoption, legal guardianship, placement with a fit and willing relative, or emancipation.



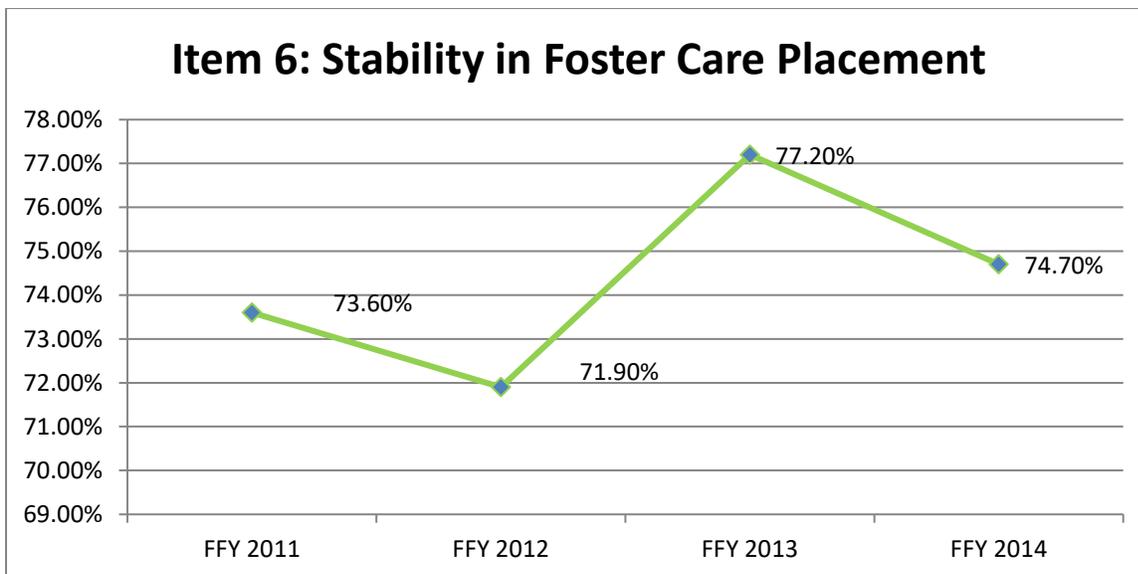
Permanency 1: Foster Care Reentries

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



Permanency 1: Stability in Foster Care Placement

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



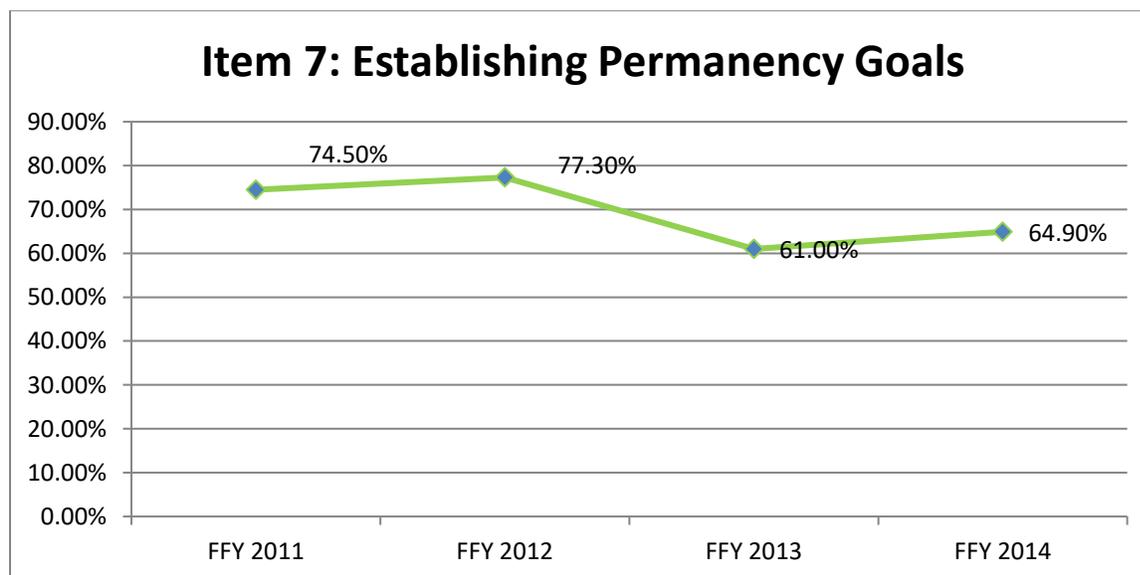
The decline in foster care placement stability is related to the use of shelter care and the unavailability of foster care beds at the time of placement. All regions reported a lack of foster homes. They noted a lack of homes that are willing to accept older children, children with severe behavioral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

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

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

Permanency 1: Establishing Permanency Goals

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



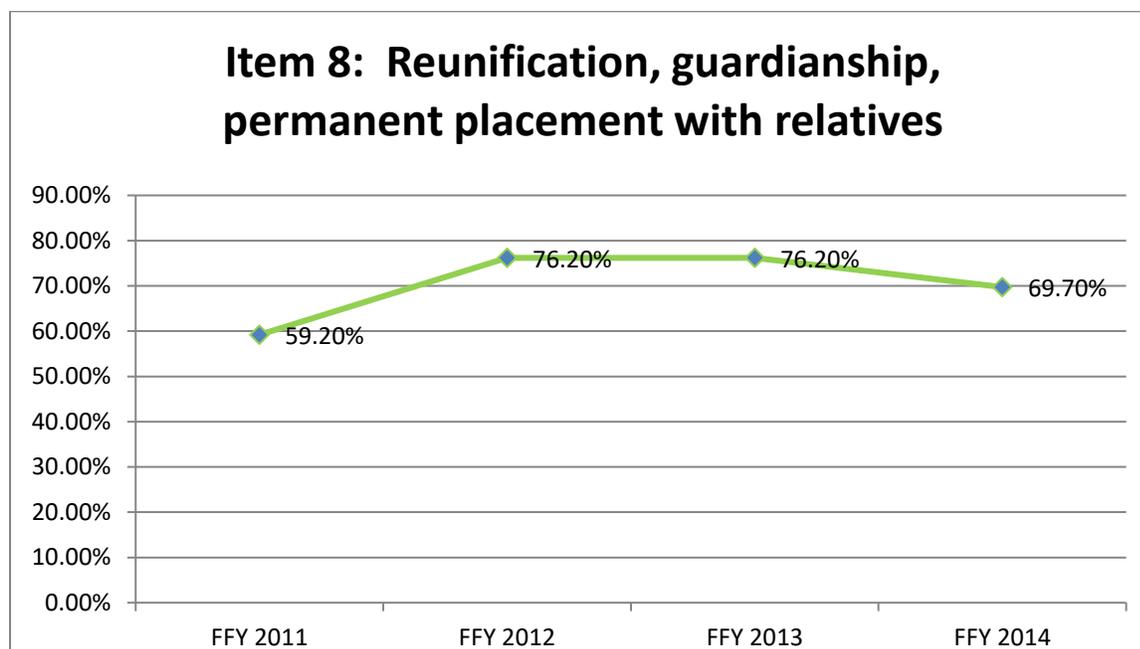
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Field staff has made concerted efforts to review permanency goals and develop more appropriate goals. Districts with active Multidisciplinary Teams (MDTs) are more likely to address the continued need for permanency planning throughout the life of the case. Permanency planning is reflected in the uniform case plans.

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

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

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

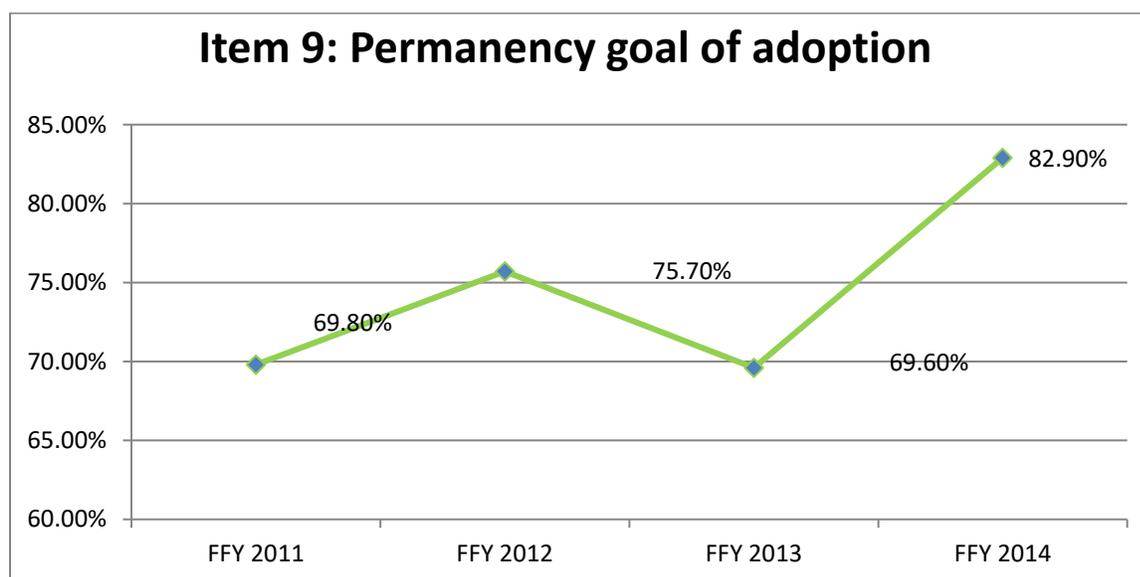


Case reviews indicate the decline in this measurement is related to the length of time in care without achieving permanency. Additionally this measure is impacted by the lack of implementation of concurrent goals. Often concurrent goals are not being worked until after the primary permanency plan has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

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

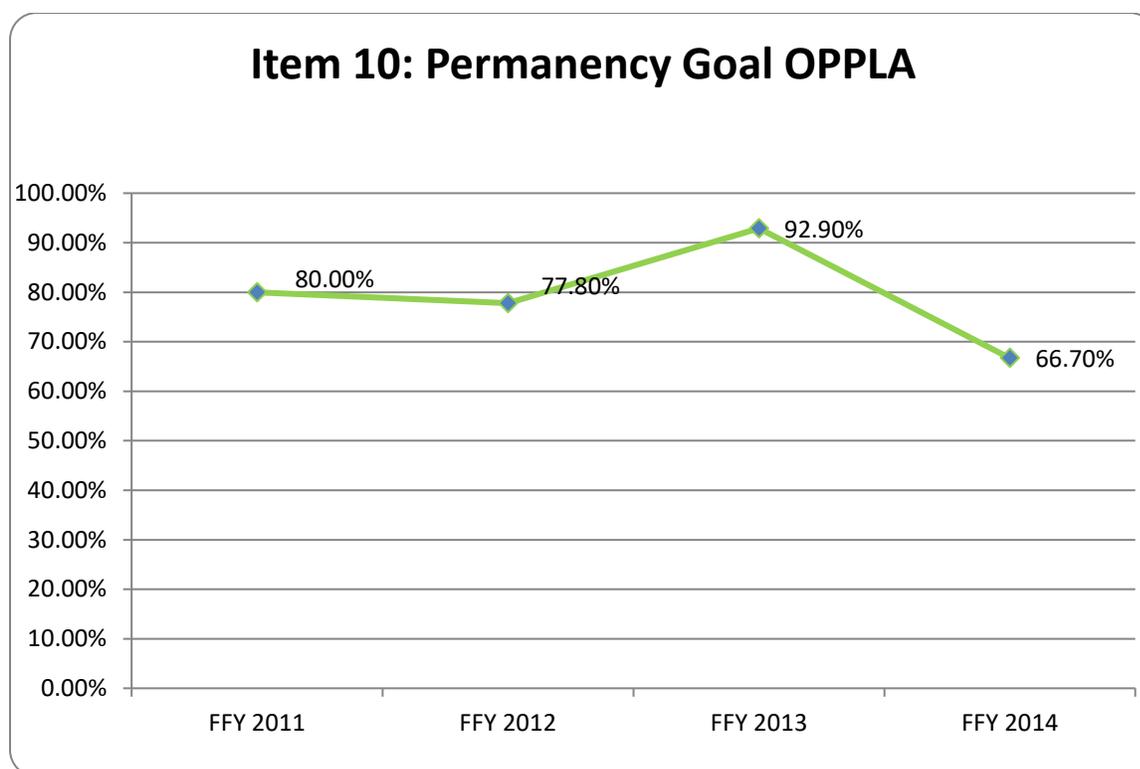
Permanency 1: Permanency goal of Adoption

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



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

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



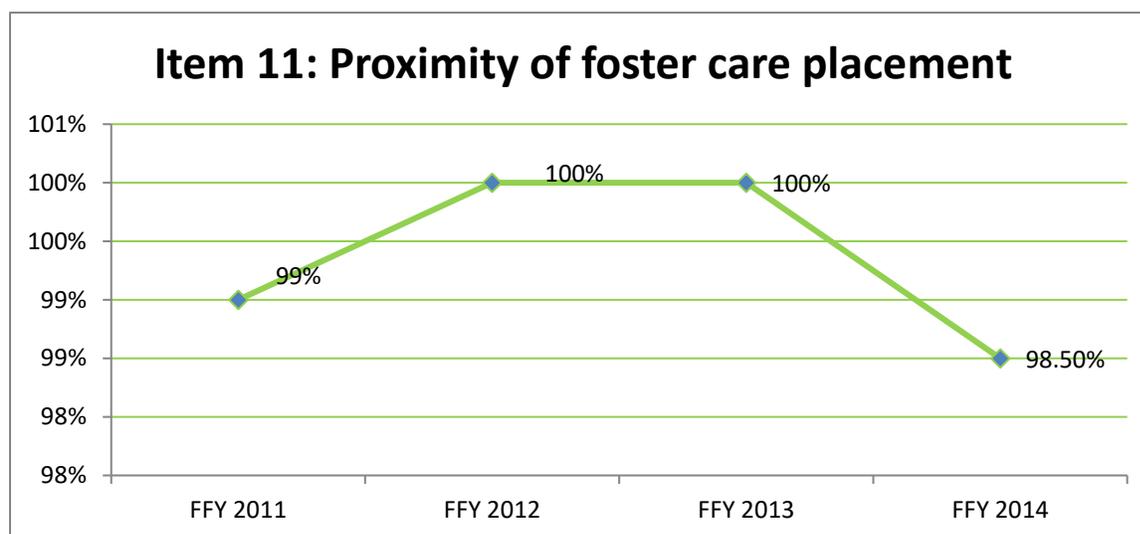
Permanency 2: The continuity of family relationships and connections is preserved for children

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance in placing children in foster care in close proximity to their parents and close relatives (item 11); placing siblings together (item 12); ensuring frequent visitation among children and their parents and siblings in foster care (item 13);

preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); seeking relatives as potential placement resource (item15); and promoting the relationship between children and their parents while the children are in foster care (item 16). West Virginia's case review data indicates 94.7% of the cases reviewed substantially achieved, and 5.3% partially achieved. This is a significant improvement from 2008 Child and Family Services Review. The outcome was rated as substantially achieved in 77.5%.

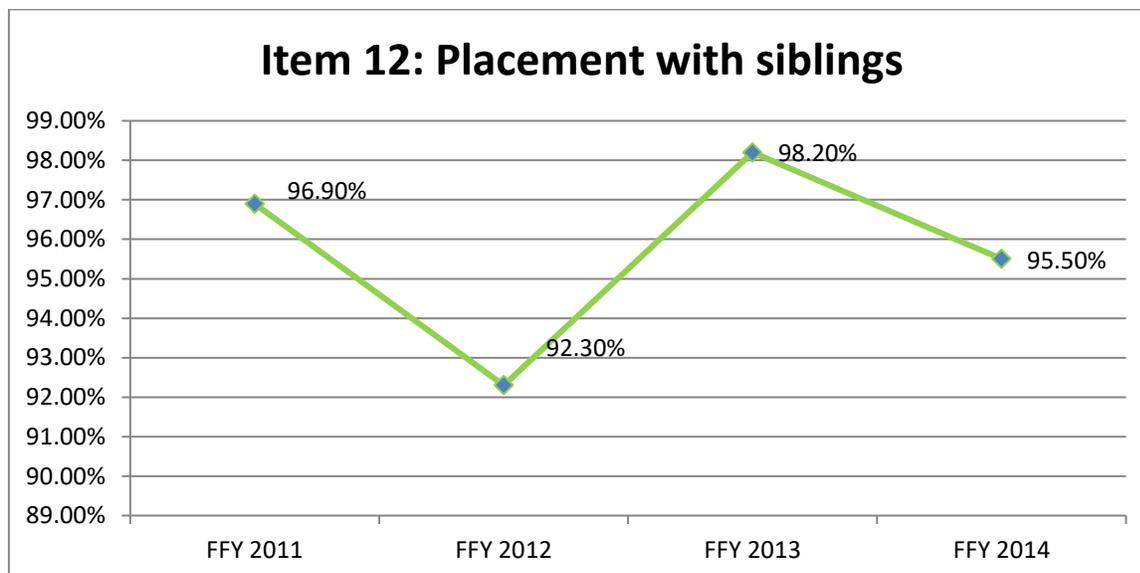
Permanency 2: Proximity of foster care placement

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



Permanency 2: Placement with siblings

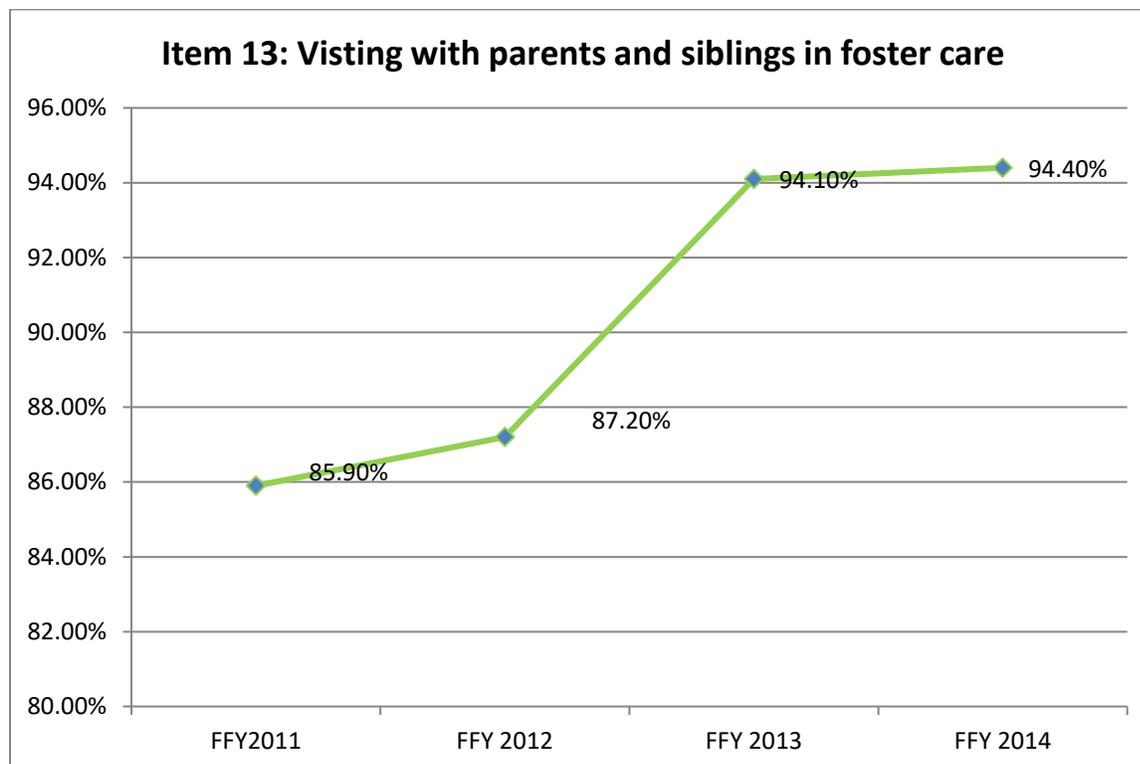
This measurement (Item 12) determines if concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. West Virginia saw a slight decline in this measure in FFY 2014.



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

Permanency 2: Visiting with parents and siblings in foster care

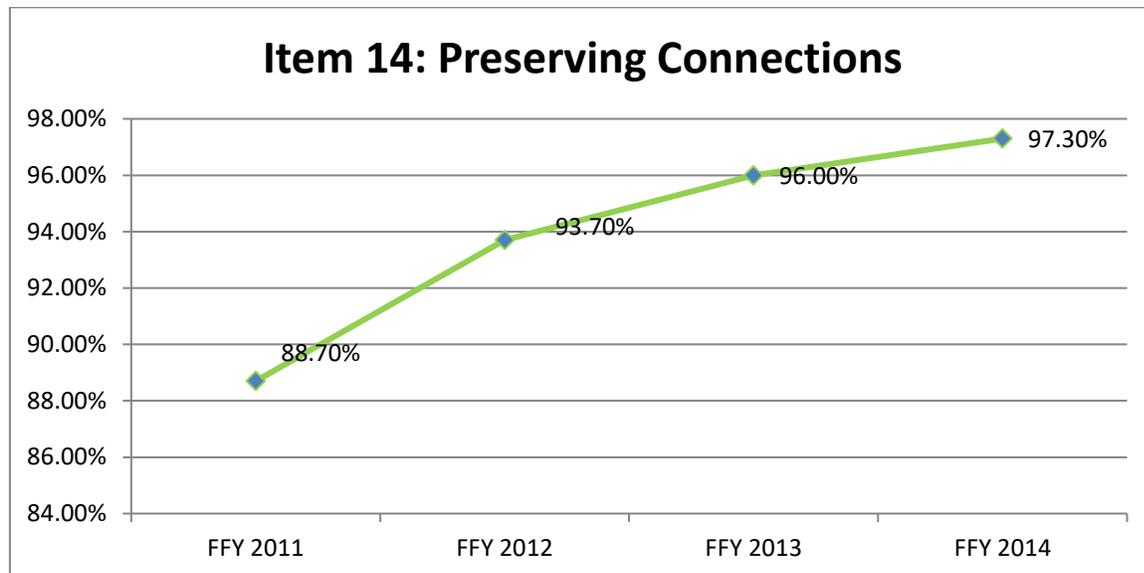
Item 13 addresses the frequency and quality of visits between the parents and/or caregivers with the child and with the child and siblings who are in separate foster care placements. Frequency relates to whether the Department arranged sufficient contact to maintain or improve the existing relationship.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



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

Permanency 2: Preserving Connections

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

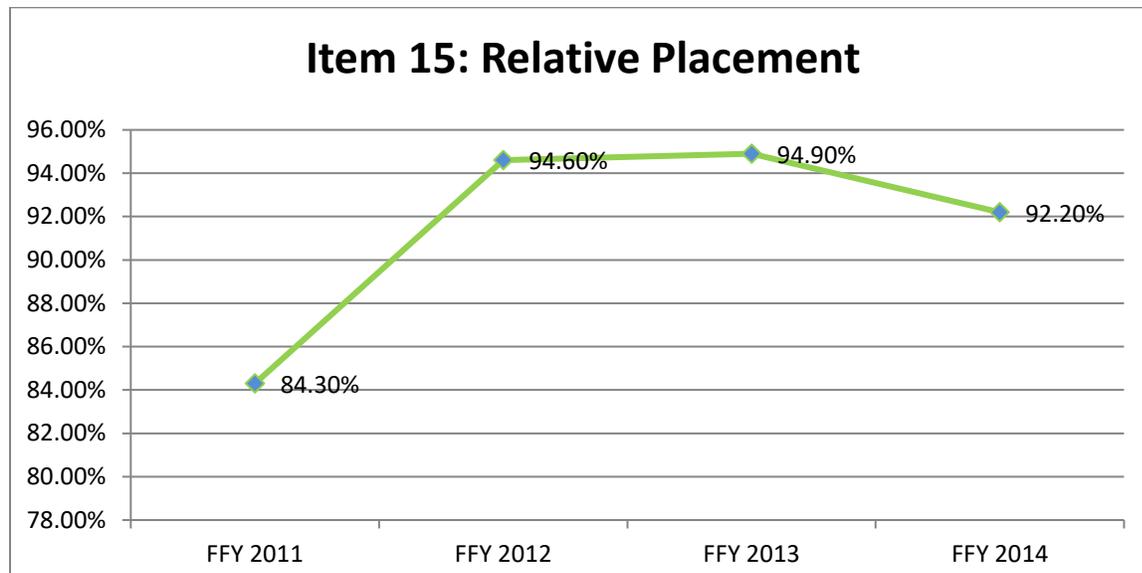


The use of relative placements is reflected in this measure. The cases reviewed indicated an increased involvement with extended family members as a result of placement with relatives.

Permanency 2: Relative Placement

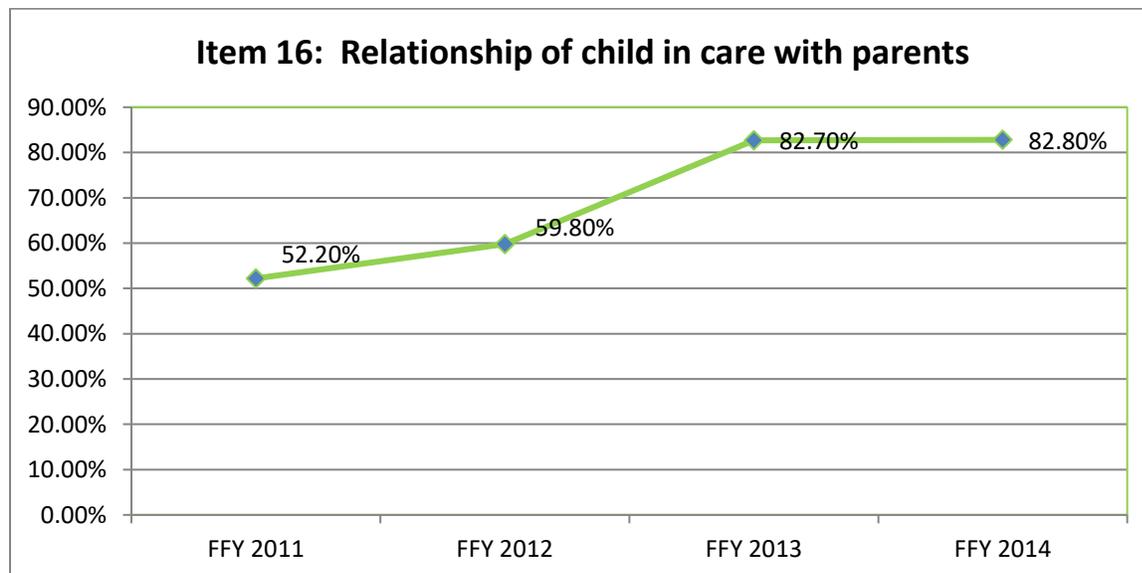
Workers continue to make efforts to explore relative/kinship care placements; this is often necessitated by the lack of other foster care homes. In cases where this measure has not been met, it is often paternal relatives that have not been considered. Although these measures declined by 2.7 %, case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

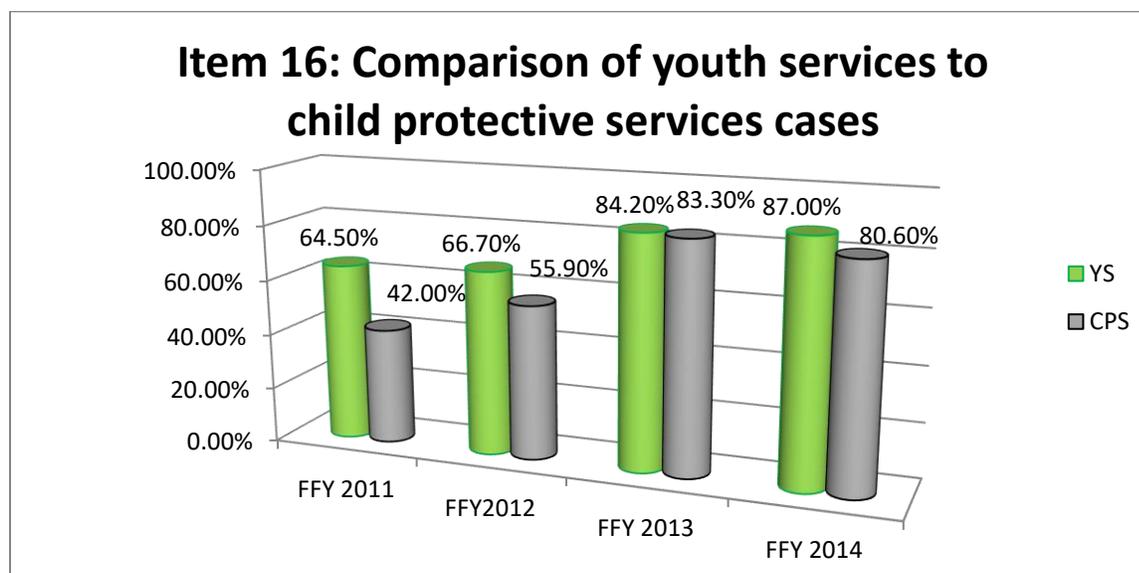
West Virginia continues to distribute the diligent search tips guide developed during the last program improvement plan to staff on a regular basis to ensure continued use.



Permanency 2: Relationship of child in care with parents

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





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

Well-being Outcomes 1, 2 and 3

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

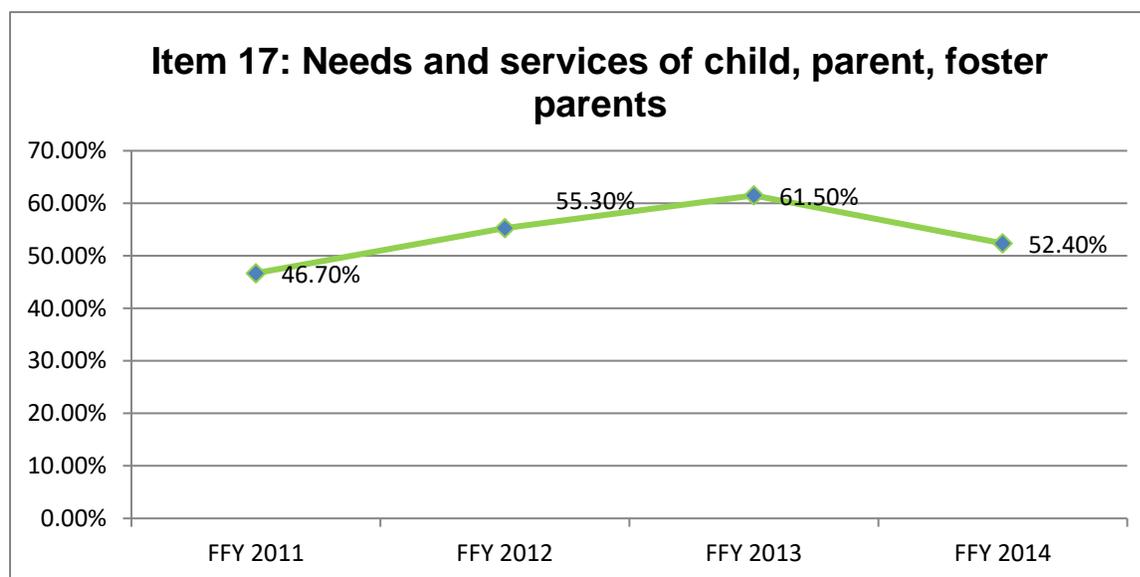
Well-being Outcome 1 incorporated four indicators. One pertains to the agency’s efforts to ensure that the service needs of children, parent, and foster parents are assessed

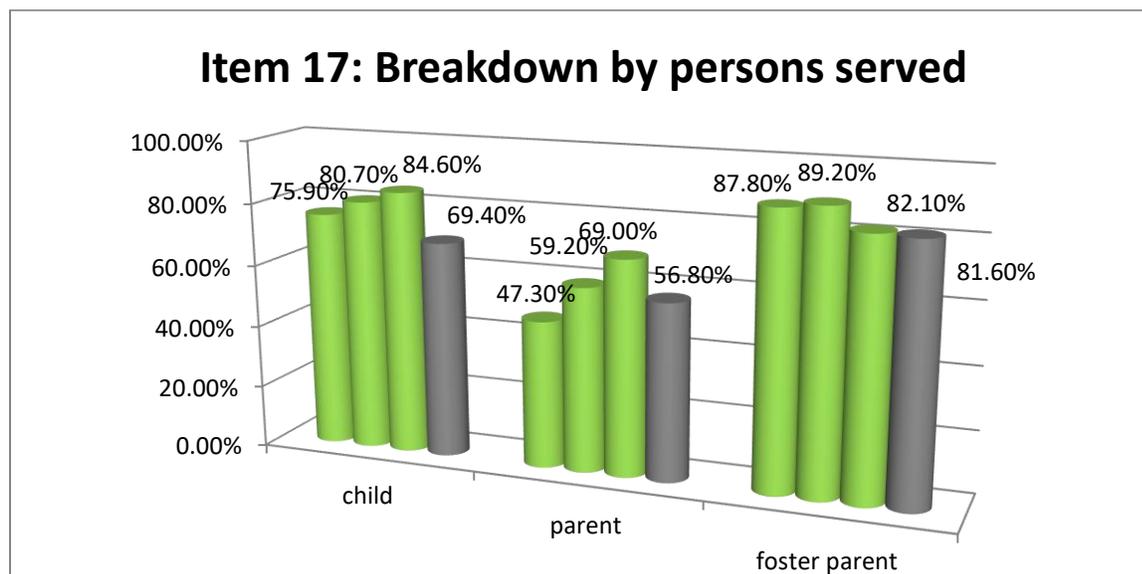
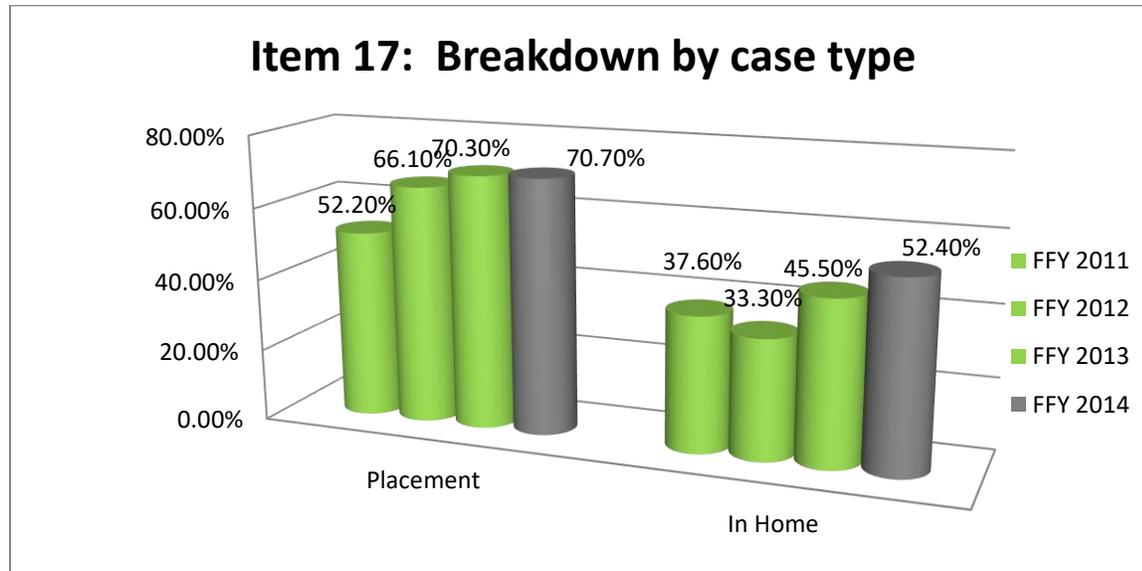
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and that necessary services are provided to meet identified needs (item 17). A second indicator examines the agency's efforts to actively involve parents and children in the case planning process (item 18). The two remaining indicators examine the frequency and quality of the caseworkers' contacts with the children in their caseloads (item 19) and with the children's parent (item 20). Case reviews conducted in FFY 2014 indicate substantial conformity was met in 42.7% of the cases reviewed and partially achieved in 26.6%.

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

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





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

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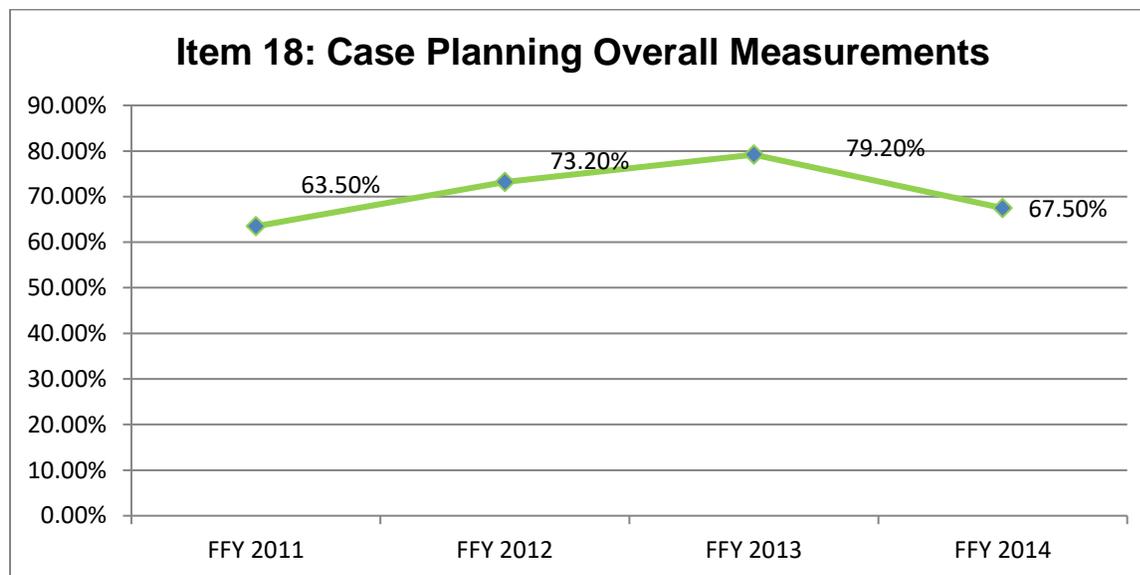
The measure continues to fall short as identified needs are not always addressed in the on-going case work process. For example, domestic violence may be identified as a reason that the DHHR is involved with the family; however, no services are put into place to address the issue. Additionally, the data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

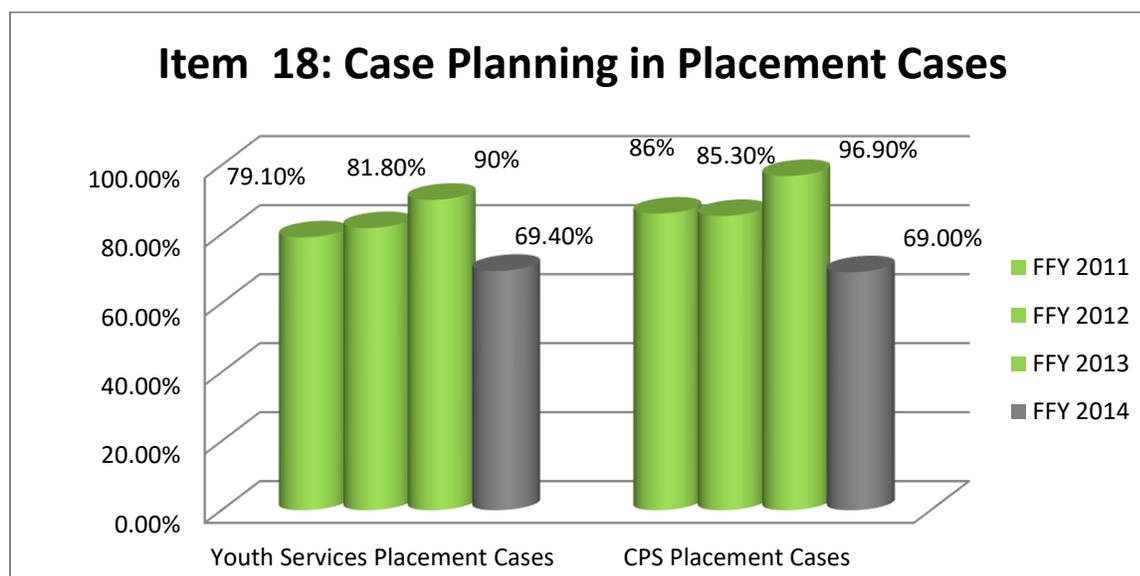
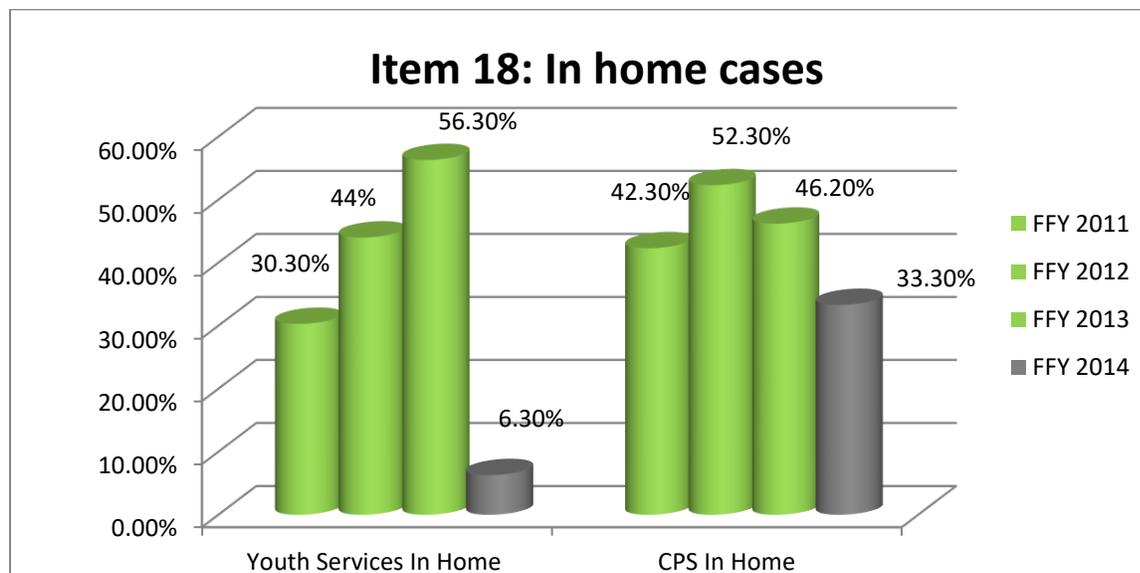
The provision of services is currently being redesigned to better meet the needs of those involved with the Agency.

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

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

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





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

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

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

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

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

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

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

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

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

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

twelve percent (12%) of participants “Did not know.” Of this response, five (5%) percent of participants agreed with the response, “I don’t know what my treatment plan is. I can’t remember, it all runs together and they give you so much to sign when you get here. I just know what our daily goals are.” In addition, one percent (1%) added, “I didn’t even get to read it. They just rush you to sign everything because there is so much paper work to get through.” One percent (1%) stated, “I can’t remember. They said I had a bad attitude and anti-social behaviors. It has improved as much as I want it to.” One percent (1%) stated, “I’m not sure, I might have.”

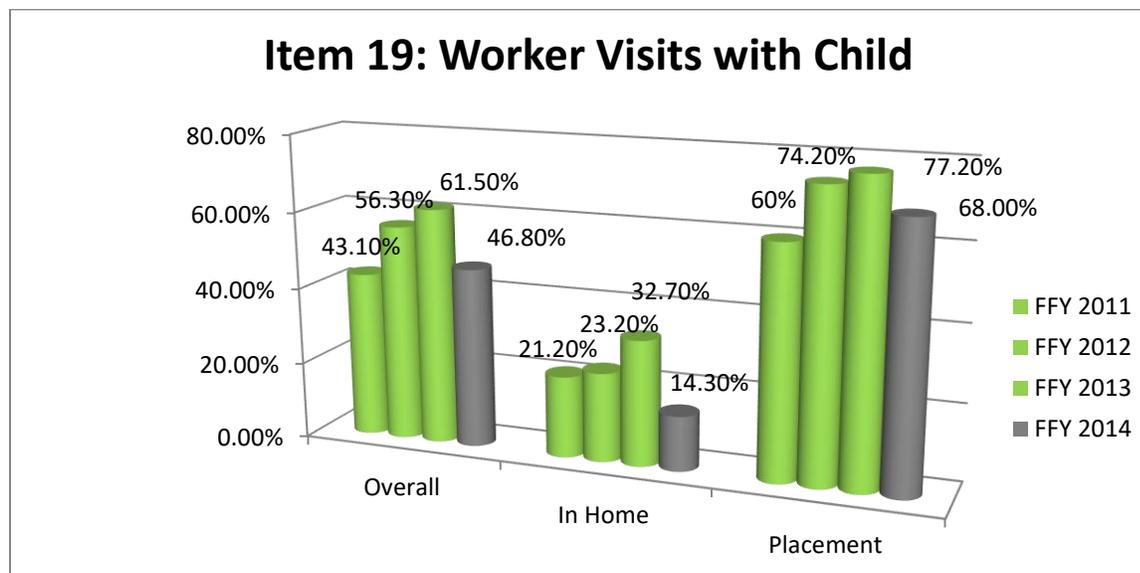
Focus groups were also asked “Has your outlook about yourself or situation changed since you came into the program”? 75% of the youth indicated yes.

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

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

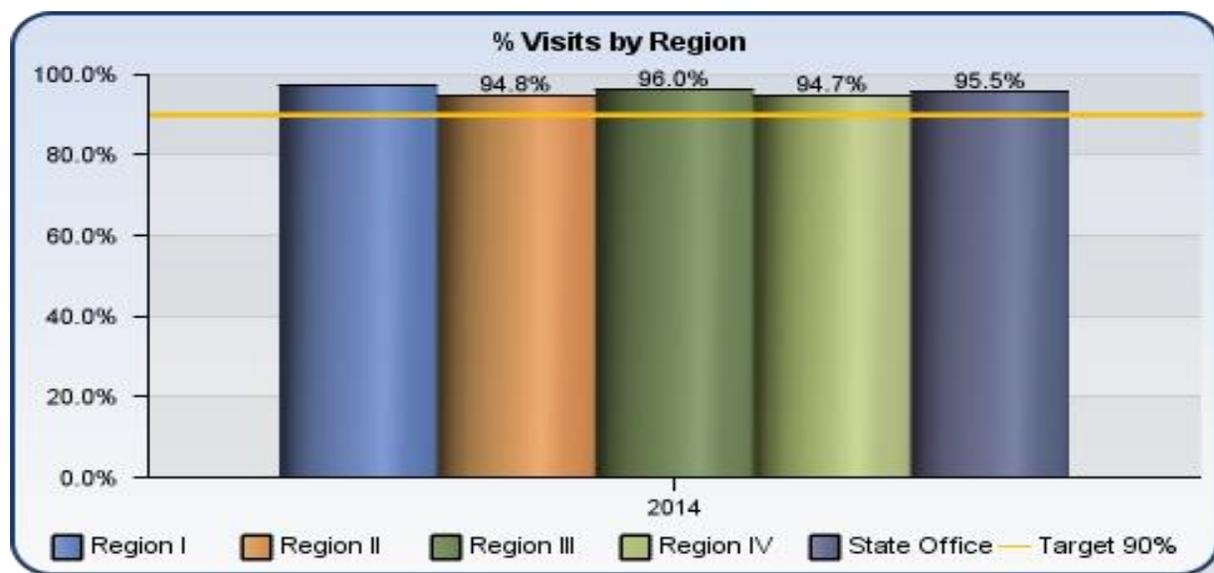
Well-being 1: Workers visits with child

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



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

COGNOS Data Federal Fiscal Year 2014



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

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

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

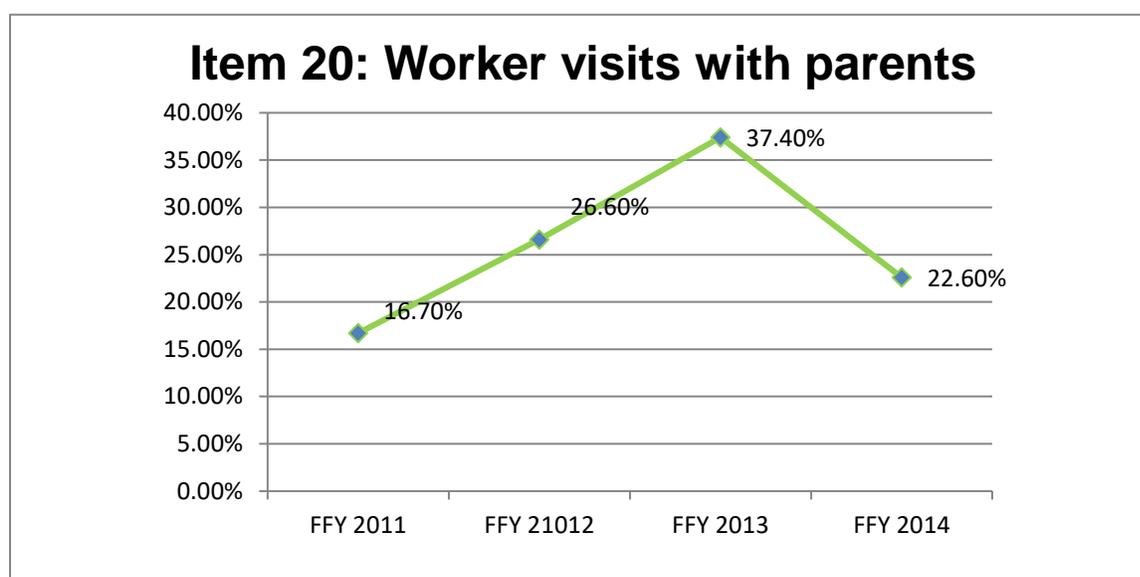
This year seventy-three (73) youth receiving residential treatment participated. It should be noted youth were not limited to choosing a single response; therefore, a single participant may be represented in more than one response category. Percentages were rounded to the nearest whole number.

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

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

Well-being 1: Worker Visits with parents

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

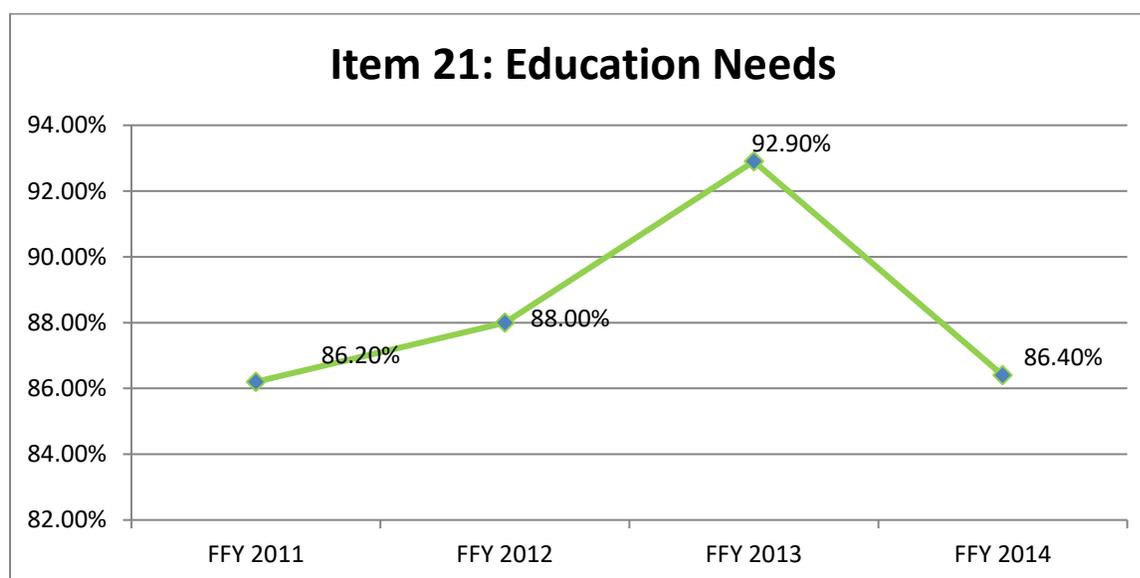


Reviews indicated a low level of contact with parents. Cases reviewed in FFY 2014 showed a decline in worker visits with parent. Data suggests that WV needs significant improvement in this area.

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

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

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



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

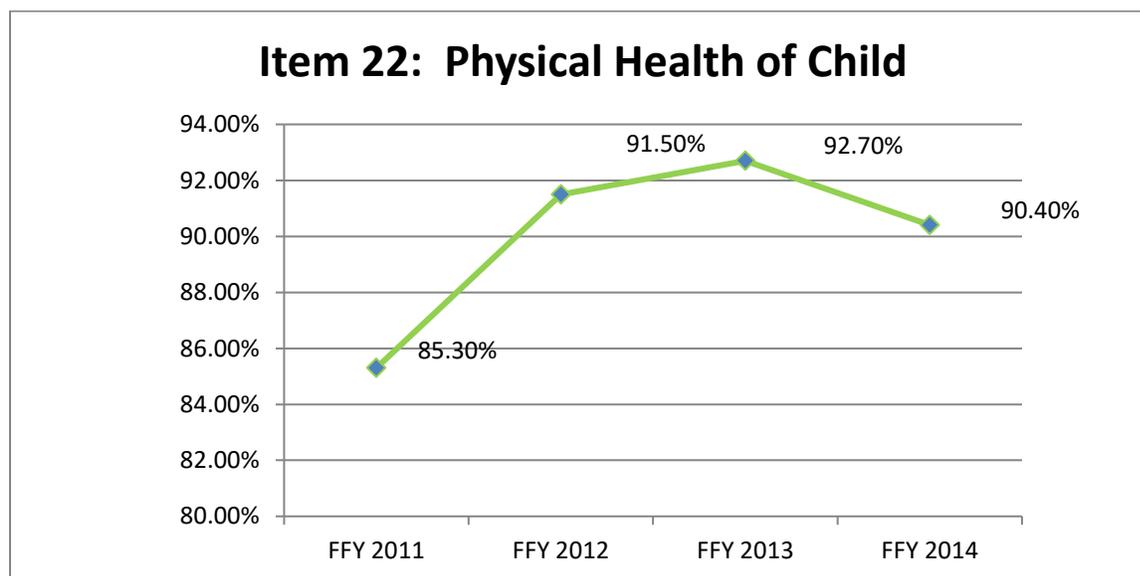
The decline is due to the lack of services to address the needs of children in non-placement cases. Educational issues that are identified are not being addressed. Case worker interviews indicate a lack of understanding of the Individual Education Plans (I.E.P.) process. Furthermore, case reviews indicate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

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

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

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

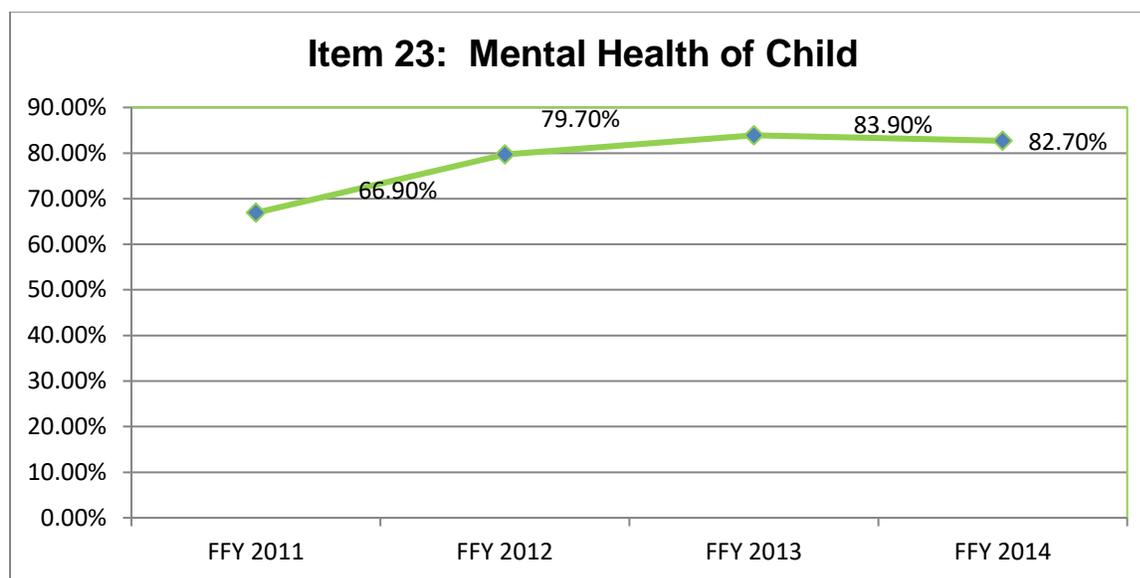
Cases are reviewed to determine if the Agency addressed the physical health needs of the child, including dental health. In-home cases are applicable to this measure if the health issues were relevant to the reason for the agency's involvement. All placement cases are reviewed for this measure.



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

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

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



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

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

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

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

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

October 1 2013 - September 30 2014			All
Cases Outcome or Performance Indicator			
	Outcome Ratings		
	Substantially Achieved	Partially Achieved	Not Achieved
Outcome S1: Children are, first and foremost, protected from abuse and neglect	52.2%	35.8%	11.9%
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	31.5%	21.8%	46.8%
Outcome P1: Children have permanency and stability in their living situation	46.7%	52.0%	1.3%
Outcome P2: The continuity of family relationships and connections is preserved for children.	94.7%	5.3%	0.0%
Outcome WB1: Families have enhanced capacity to provide for their children's needs	42.7%	26.6%	30.6%
Outcome WB2: Children receive appropriate services to meet their educational needs.	86.4%	0.0%	13.6%
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.	81.6%	3.9%	14.6%

Information Systems

WV DHHR utilizes data sourced from its SACWIS for a variety of reporting and analysis needs. Through an internal intranet site FACTS Report Distribution, or FREDI, a number of compliance reports are posted according to an individually designated data refresh cycle. These reports are used to track timeframes, count the number of cases, referrals and investigations or some programmatic indicator across various time periods

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and usually have regional/county breakouts to identify programmatic usage across the state. Many of these reports are financial in nature, tracking both the amount of and timeframe around the expenditures. WV DHHR has also developed a business intelligence solution, known as FACTS RAILS (Reporting, Analysis, Information, and Lookup System), using IBM's COGNOS software and an Oracle data warehouse. Within the RAILS application there are a number of executive and managerial level dashboards, performance indicators, analytics, and comprehensive reports that give insight into how well the programs are performing. Utilizing the data from the SACWIS system's transactional database many reports offer a real time measure of the following programs: CPS, Family Preservation, Foster Care and Youth Services. Within FACTS RAILS we have our state's CFSR composite measures that can be refreshed every three months, (except for the NCANDS based safety measures) for more timely information and programmatic analysis. We track all children in care, what type of care, how long they are in care and how many placements they have had in a given timeframe. FACTS records are considered the official case record. These records include Family Treatment Plans including goals for each family member, Individual Child Case Plans, all of the demographic information of each family member, Placement Plans, Permanency Plans, Visitation Plans, Transition Plans, NYTD surveys and other case work processes. There are reports, analytics and dash boards aimed at Child Protective Services, Foster Care, Youth Services, foster care placements, payments and IV-E determinations.

The FACTS application is a mature SACWIS with nearly 18 years of casework and financial data. Much of the data that is used to drive the agency's Key Performance Indicators (KPIs) has been moved to an Oracle data warehouse for use in our COGNOS reporting, which includes executive dashboards; large scale aggregate reports, such as our title IV-E eligibility data; trending analysis; regional and county breakout/drill down reports and real time compliance. Some data is directly sourced in the transactional database so the most current data is always available. FACTS was found to be in compliance in with SACWIS requirements in 2004 and has remained under an OAPD ever since.

Concerns regarding the system have focused around data quality and timeliness, network performance issues, the procurement of the software licenses, contractors and hardware to support the application and databases. The COGNOS Business Intelligence solution is costly and licensing unavailability has resulted in our inability to push the data down to the supervisor/worker level. The State of WV has adopted purchasing rules that have created severe procurement issues that have led to work stoppages, project reprioritization and temporary unavailability of reporting services

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while software licenses, software programs, and technical contracting services are purchased or renewed. In a joint effort by both the system and the Bureau for Children and Families, training has been launched to create an awareness campaign to address data quality, efficiency and timeliness. DHHR is in the process of implementing an agency-wide Master Client Management System (MDM) that can be leveraged to provide quality assurance for both individual and provider data.

To address the poor performance of the data and the application across the state, the Office of Management Systems and the Office of Technology upgraded the network circuits, local area network routers and switches which has not eliminated but greatly mitigated the performance issues experienced with the application.

Procurement continues to be a major concern of the agency and has impacted nearly every facet of operations, including the purchase of software, security certificates, software licenses, servers, personal computers, and the contracted technical specialists that maintain current functions and develop new functionality. Budget concerns have also impacted the ability to obtain state technical and functional staff.

Stakeholders and courts inform FACTS staff members of practice and procedural issues through ongoing collaborative efforts. FACTS staff meet monthly with the Bureau for Children and Families (BCF) and actively participates in several BCF committees designed to review and improve service delivery. Several of these committees include participants from the provider community, education and the courts. FACTS staff participates in quarterly Court Improvement Board meetings where SACWIS is discussed as a matter of the data that is present and how practice is integrated into SACWIS. FACTS staff participates in the Education of Children in Out-of-Home Care Advisory Committee that is comprised of Education, Court, and BCF membership. FACTS staff will be working with this committee to develop information sharing between WV Department of Education and BCF to improve communication and child well-being outcomes. SACWIS is also discussed at the quarterly convening of the Citizen Review Panel. This panel is comprised of individuals representing a diverse mix of concerns, interests and professions such as court, CASA, Education, etc. FACTS have regular monthly and weekly meetings with Rapids (IV-A family support) and Oscar (IV-D child support). Likewise, FACTS has regular quarterly meetings with the Office of Maternal Child and Family Health (OMCFH) regarding both Health Check EPSDT and the Fostering Healthy Kids initiative. DHHR has an employee feedback bulletin board. FACTS reviews and responds to all feedback received on the SACWIS. In addition, FACTS works with auditors, financial services and legislative inquiries to provide reports and answer questions. DHHR has implemented an enterprise Master Data

Management initiative designed to facilitate communication and information sharing between other DHHR systems - RAPIDS, MMIS and OSCAR. FACTS and RAPIDS are operational with the MDM. As new reporting needs arise, FACTS will work with stakeholders to obtain input and provide information. This can take on many forms such as meetings, Joint Application Design Sessions, Usability Studies, Acceptance Testing and Implementation planning.

Case Review

West Virginia measures the functionality of the case review system both within DHHR through AFCARS and externally, in conjunction with stakeholders and the courts, through the Court Improvement Program's Child Abuse and Neglect Database maintained by the West Virginia Supreme Court of Appeals. DHHR, stakeholders, and the courts work collaboratively to ensure the effectiveness of the case review system and to make sure that time frames are met.

Internally, a Missing Critical Elements report is sent to the Regional Directors, Community Service Managers and Program Managers by FACTS, which is then forwarded to the individual supervisors and workers. This report identifies the AFCARS elements that are failing or close to failing, which typically include Administrative/Judicial Review, Child Ever Legally Adopted, Permanency Plan, Race of First Foster Caretaker, Race of Second Foster Caretaker, and Transactions Dates for all removal end dates to be submitted during period. Supervisors then work with their staff to insure this information is documented.

The Court Improvement Program's database tracks each court's progress toward adjudication, disposition, time to termination of parental rights and time to permanency. These reports are generated to aid in identifying areas in need of improvement to expedite permanency for children.

West Virginia law requires that the Circuit Court hold a final dispositional hearing for child abuse and neglect cases within 45 days after adjudication if no improvement period is granted or within 30 days of the end of an improvement period. The West Virginia Court Improvement Program's database tracks the time to final disposition. Prior to disposition, the multidisciplinary treatment team (MDT) meets to discuss the facts of the case and the progress of the parents in rectifying any conditions of abuse and neglect. The dispositional hearing provides all parties with the opportunity to present evidence on whether the conditions of abuse and neglect have been abated or can be abated in the near future.

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If the Department is recommending termination of parental rights, the case worker is required to have a dispositional staffing with supervisors and the regional child welfare consultant prior to making such recommendation. The Department has implemented a standard operating procedure (SOP) outlining the procedure for a dispositional staffing. The purpose of the dispositional staffing is to ensure that reasonable efforts have been made to address the conditions of abuse and neglect and to reunify the family, if at all possible. During the dispositional staffing, the Department reviews the facts of the case, the services that have been provided to the family, the current involvement of the parents, the current circumstances and placement of the children, whether termination would be in the children's best interests, and the MDT's recommendations regarding disposition. Dispositional staffings are tracked by the child welfare consultants.

The Bureau for Children and Families collaborated with the WV Supreme Court of Appeals' Court Improvement Program to develop and implement a Child and Family Case Plan and Case Progress Review. The Case Plan and Progress Report are applicable to children in foster care placement. BCF staff received training on the new plan and multidisciplinary training was also offered by the CIP. The Case Plan and Progress Report are embedded in FACTS and can be printed in hard copy for the Court. The plan is developed within the first sixty days of placement. It is developed in collaboration with the family and the MDT. Case Reviews are required every ninety days. The Case Plan is presented to the Court prior to the dispositional hearing and/or after the granting of an Improvement Period. Progress reports are required for presentation to the Court at each judicial review and permanency hearing. The Case Plan and Progress Report contain all of the necessary case plan and case review elements required in 42 U.S.C. 675.

Under West Virginia law, foster parents are entitled to notice of and the opportunity to be heard at hearings during the course of the abuse and neglect case. Foster parents are given a booklet that includes information about their right to notice of and the opportunity to be heard during court hearings. The booklet also explains the court process and the foster parents' role in providing information regarding the child to the MDT and the Court. During foster parent orientation, foster parents are informed of their right to notice of and the opportunity to be heard. The Department has created a form letter to be sent to foster parents prior to any court hearing, informing them of the hearing date. Case workers save sent letters to the FACTS file cabinet. Likewise, foster parents are considered members of the MDT and are entitled to participate in MDT meetings. Form MDT notices are available in FACTS. The notices include the ability to place the foster parents on the notification list and are saved to the FACTS file cabinet.

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Ensuring statewide compliance with the foster parents' notice of hearings and their right to be heard is a work in progress. The legal community and case workers would benefit from additional education on the foster parents' role in reporting information regarding the child. DHHR will begin tracking notification to foster parents and the foster parents' involvement in MDTs and Court Hearings through the DPQI review of foster care cases. Additionally, DHHR is exploring generating a report from FACTS data to track whether foster parents are routinely participating in MDTs. Reviews of individual records revealed the following:

Diligent Search	Yes	103
	No	3
	N/A	116
Hearing Notification	Every Instance	82
	Most Instances	8
	At Least Once	3
	Never	9
	Not Placement case	44
	Not Applicable	76
MDT Notification	Every Instance	81
	Most Instances	9
	At Least Once	1
	Never	10
	Not Placement case	45
	Not Applicable	76

Both the Youth Services and Child Protective Services case populations are required to have periodic case reviews and permanency hearings. Judicial Reviews, also referred to as permanent placement review hearings, occur every three months and permanency reviews occur within twelve months after placement and every twelve months until permanency is achieved. The purpose of the permanency hearing and permanent placement review hearings is to ensure that the Department is actively seeking permanency and stability for any child in its custody and to determine if the Department is making reasonable efforts to finalize the permanency plan. During permanency hearings, the Circuit Court addresses the permanency plan for the child, any barriers to achieving permanency, the efforts the Department has made to achieve permanency, the child's educational stability, any special needs of the child, and the services provided to address those needs. Generally, the next permanent placement review hearing is set at the end of the previous hearing. The case worker is required to complete court screens with a description of the items discussed during the permanency placement hearings. AFCARS monitors compliance with holding permanency hearings every three months. For abuse and neglect cases, the Court

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Improvement Program's database tracks the dates of permanency hearings. The process for holding case reviews and permanency hearings in Child Abuse and Neglect proceedings has been established since 1997 and has become routine procedure in courts across the state. The concept has been more difficult to implement in the juvenile status offense and delinquency proceedings.

Rules of Juvenile Procedure were established in 2010 which require periodic reviews and permanency hearings, but the concept of establishing permanency in juvenile cases is not as well ingrained as it is in child abuse and neglect cases. Youth Services caseworkers tend to have higher caseloads than CPS workers; consequently, they tend to have more difficulty managing the requirements for case planning and case review. The Bureau for Children and Families continues to work diligently with the Court Improvement Program to make improvements in this area by providing cross-disciplinary training, updating rules of procedure, making statutory changes, and improving MDT's. The Court Improvement Program's Juvenile Rules Subcommittee as well as WV FAM (West Virginia Foster Advocacy Movement) has been a driving force for the expansion of diligent search in youth services cases to find supportive adults who can provide a net of permanent assistance for youth.

Additionally, Governor Tomblin established the West Virginia Intergovernmental Task Force on Juvenile Justice and Child Welfare and enlisted technical assistance from Pew Charitable Trusts. Stakeholders on this task force include all three branches of government, community and faith-based program representatives, and public and private agencies. This public forum report made recommendations regarding policy development, process and legislative changes to positively impact outcomes for the juvenile status offenders and delinquents. The state has begun addressing the recommendations of this report.

The Missing Critical Elements report assists management staff in preventing AFCARS failures on Permanency Plan and Review elements. It does not provide the type of management support that is needed to actively ensure that case planning and case reviews are occurring timely or that appropriate plans are being made. Transition Plans for older youth are also a concern, and through changes in SACWIS management reports, supervisors have a mechanism to track cases with and without learning plans for life skill attainment. Expansion of the Learning Plan report to include other critical elements in transition and permanency plans will be developed and supervisors have been trained to be proactive so that youth have quality plans that lead to achieving positive outcomes.

The Bureau submitted an improvement package which requested 72 additional Youth Services/Transitional workers. This request was denied but will be re-evaluated for possible submission next Legislative session. These workers will help the Bureau move toward caseload standards. Retention is also an area of concern which was brought to the Bureau's attention by the report commissioned by Governor Earl Ray Tomblin and developed by the Public-Works.org. The Public-Works.org report specifically found that high turnover and resulting inexperience of CPS and Youth Services caseworkers. To address these issues over the next five years, BCF will provide resiliency supports for staff to reduce the impact of secondary trauma and increase retention of staff. The West Virginia legislature passed a bill which will allow the WV Board of Social Work to license people with related degrees which increases the pool of applicants for positions with the DHHR. With sufficient numbers of well-trained, experienced staff, BCF will improve the transitioning of children in foster care into adulthood.

The Bureau works diligently with stakeholder and the courts on the Task Force on Juvenile Justice and Child Welfare, the Court Improvement Program, and the CFSP Stakeholder Group to identify strengths and weaknesses in the Case Review System and to develop strategic plans for improvements.

Quality Assurance System

The Division of Planning and Quality Improvement (DPQI) continues its efforts to further enhance the State's performance in the areas of safety, permanency, and well-being by utilizing the Federal Child and Family Services Review (CFSR) process as a model to measure and evaluate the State's performance for the above mentioned areas.

The Division of Planning and Quality Improvement, Social Services Review Unit, completes biennial Child and Family Services Reviews (CFSR) style reviews for each of the West Virginia Department of Health and Human Resource's districts.

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

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

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record and FACTS, client and stakeholder interviews are conducted for each case reviewed.

During the last fiscal year, WV requested the Administration for Children and Families (ACF) to provide technical assistance to assure that DPQI was applying the new instrument correctly. ACF along with JBS International Incorporated visited in April, 2015 and provided technical assistance. This assistance was very helpful and clarified many questions DPQI had concerning the instrument. WV will continue to rely on ACF for further clarification during the CFSR process. To date, there is no specific need for technical assistance.

DPQI conducts a review sampling of 130+ cases annually as part of the continuous quality improvement process. This sample will remain the same during the next year. The sample is a representative sample of statewide practice. Districts are reviewed on a two year cycle. The re-division of the districts has been taken into consideration and the schedule has been adjusted to reflect the changes in the districts.

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

The Local Level Quality Improvement Council (QIC) is used to improve processes and systems within the districts and to make recommendations for improvements to the Regional and Statewide Quality Improvement Councils. The Local (District) Level councils are comprised of representatives from Economic Services, WV Works, Adult Services, Children Services, Operations staff, and Administration. The program groups will be facilitated by the Regional Program Managers or a designated Community Service Manager. The Local Level QIC's utilize relevant data to make informed decisions regarding case practice. The Local Level QIC also reviews their District's Program Improvement Plans (PIP) that was developed based on the finding of the District's Social Services review. Progress is reported to the council as well as barriers to achieving the goals of the plan. Improvements are measured based on relevant data such as COGNOS, Fredi, dashboards, and case review data. The results are

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documented on the program improvement plan quarterly summary and forwarded to DPQI and the Regional QIC.

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

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

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

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

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

Staff Training

See attached Training Plan.

Service Array

West Virginia continues to have an array of services available on a community level for Prevention and services available for cases opened due to abuse and neglect and youth services through its managed care system. For a complete list please reference Child and Family Services Plan at <http://www.wvdhhr.org/bcf/CFSP914.pdf>

As mentioned in our Family Preservation and Time-Limited Reunification reports, West Virginia plans to reorganize its array of services for Safe at Home into service bundles to meet individual family needs and to insure that the least restrictive alternative is utilized.

Through a Service Array process five years ago, Community Collaboratives determined which core services were available to meet the needs of their communities. They've also been challenged with determining their gaps in services. In the last year Collaboratives have been asked to share resources and identify service gaps in order to develop needed services with providers, service agencies and the community to ensure a timely, consistent and seamless response to the needs of children and families. The have developed the following goals:

1. Keep children out of congregate care and provide services to the family so that the child can be maintained safely in their home and community.
 - a. Increasing the sense of “community ownership” for children at risk of out-of-home placement.
 - b. Strengthening natural supports for families in order for children to safely remain in their home communities.

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2. Return children from out of state placements by identifying services or resources in West Virginia and their communities that can meet their needs.
 - a. Increasingly serve the children placed in out-of-home care closer to their families and home communities while shortening their length of stay.
 - b. Develop and improve safety responses such that the rate of children coming into out-of-home care is reduced and the length of stay in “emergency” care is reduced.
3. Develop, link and implement services to assist youth transitioning into adulthood and prepare them for independent living.
 - a. Ensure resources are available to assist in teaching the necessary skills needed by every young person to mature and become an independent adult.
 - b. Strengthen services to assist all students in identifying and addressing their academic, career and personal/social needs and become better prepared to enter the work force or training/college program with needed transitioning services.

In order to create more interagency collaboration and ownership of Safe at Home WV, The Department’s Deputy Secretary of Human Services developed the Implementation Coordination Team. This team is comprised of members from the executive leadership level of the three Bureaus within DHHR: The Bureau for Behavioral Health and Health Facilities, the Bureau for Medical Services and the Bureau for Children and Families. The purpose of this team is to combine staffing, resources and explore new funding opportunities to ensure sustainability of the new services and supports developed through Safe at Home WV. Cabinet Secretary Karen Bowling envisions Safe at Home WV being implemented statewide within a couple of years, changing the paradigm of how families are served in WV. The end goal for Safe at Home WV is for its influence to reach beyond a wraparound service model but to also influence how our three Bureaus engage families and communities to meet their needs.

West Virginia will demonstrate the effectiveness of its service array through

- Reduced numbers of children in out of home placements
- Reduced cases of repeat maltreatment
- Timelier reunification of families
- Improved well-being of children as noted in DPQI reviews

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- Decrease number of child fatalities
- Increase in graduation rates

West Virginia will also develop a survey similar to the West Virginia Family Survey which will be distributed to all families that receive services through the WV DHHR, to indicate whether the services provided met their needs.

Agency Responsiveness to the Community

The Bureau for Children and Families responds and shares information with the community in many different ways. The Bureau's work with the Office of Client Services is one example of community responsiveness. Client Services is responsible for taking complaint calls from customers, the general public, the Governor's office, the Cabinet Secretary's office and congressional representatives regarding Child Welfare Services.

According to Client Services, the unit averages about 15 CPS complaints a month. The process for handling CPS complaints to gather case information from the computer system, create a summary of the complaint and submit it to the appropriate county office supervisory staff. The county office is responsible for addressing the complaint and returning a written response to Client Services. Client Services then prepares a response to submit to the Governor or Cabinet Secretary's office, if necessary.

By providing more information to customers, meeting the family's service needs and successful implementation of wrap-around services and the IV-E waiver, the plan for the next five years is to reduce the CPS complaint calls to the Office of Client Services.

West Virginia's youth in foster care previously had no formal, organized venue with which to voice their concerns, tell their stories or advocate for themselves. Congressional representatives wanted to hear from the youth's perspective when making policy decisions, Department workers wanted to hear from the youth regarding their practice in the field, but most importantly the youth wanted to be heard. From this, West Virginia Foster Advocacy Movement, WVFAM, was created. This is a statewide youth group made up of youth in or previously in West Virginia's foster care system ages 16 and up.

An Improvement package was granted by the Legislature for Centralized Intake. With these new positions and funding, the Bureau for Children and Families will now be able to use existing staff to help with challenges in other areas – such as worker visits in home with parents. There has also been a lot of work around staff recruitment and

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retention and a strategic plan was developed and is in the process of implementation. In addition, the Bureau Children and Families will be reorganizing in response to recommendations to effect more efficient operation and better provision of service to the public.

The application of the IV-E waiver and the implementation of a wrap-around service model are the Department's response to the concern too many children are being placed on congregate care and out of state placements. The goal is also to safely reduce the reliance of congregate care if services can be provided and the child can be kept safely in the home. In the next five years, these initiatives will be planned, developed and implemented in response to the community, stakeholders and family's needs.

In response to feedback from customers, the general public, policy makers and stakeholders, the Department often takes action by forming work groups to respond and address their concerns. Another way the Department plans to increase responsiveness to the community within the next five years is with Results Based Accountability. By applying Results Based Accountability to our work groups, the agency will effectively respond to the community by producing measurable improvements for families and communities.

This is done by approaching an issue and identifying a solution first, then working backwards to how the solution will be achieved. RBA also requires keeping accountability separate for agencies and populations, the use of indicators and performance measures to determine success and putting words into action as fast as possible. Using this model to guide and shape work groups, responding to the community will be more concise and effective.

The Bureau for Children and Families with the assistance of Casey Family Programs will begin to implement the use of the principles of Results Based Accountability (RBA). In October of 2013, a presentation was provided to members of our Three Branch Home Team, and further discussion of the project continued during our IV-E Waiver Demonstration Project Application Process. In an effort to provide both internal and external accountability, the Bureau started an initial kickoff event on September 4, 2014 session for leadership. During the month of September, 48 trainers were trained to present the materials to all staff, providers, and community leaders at all levels during October and November of 2014.

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As part of the training, individuals were encouraged to assist in the development of our results and performance measures that were to become the basis for our scorecard. The scorecard was to be developed from input at each training session during the months of November and early December. Due to issues with SACWIS not being able to pull the appropriate data, our first phase of transparent online scorecards was not presented to the WV Legislature in January of 2015. A comprehensive plan for the development of additional refinement of our scorecard will be developed by late fall 2015 with roll-outs scheduled quarterly. In addition, the use of the scorecard in Bureau leadership decision making as well as local office management was the topic of a workshop at our November 2014 BCF Leadership Meeting. The result of that workshop was used as the basis for the Bureau's change in data reporting and decision making.

The Department recognizes data collection and using that data to identify trends that have been a deficit in the past. We have data and information from many resources such as New View Reports, Client Services complaints, Court Improvement Board, Citizen Review Panel, focus groups reports and other sources. Part of the problem has been not having one data group that reviews and analyzes that data to identify issues and trends. A Data Collection committee began gathering and evaluating all data to identify trends that will be forwarded to the Leadership Team each month and will be reviewed at the monthly leadership meeting. They will discuss and then share trends with Child Welfare Oversight Team to develop plans to address issues and perform an assessment of strengths and concerns.

In each District, local Community Services Managers will continue to be responsive to needs within their communities by working with various resources within the community to address local concerns. The Customer Service Centers and County Offices will continue to offer customers prompt, efficient, and accurate service. The Centralized Intake Centers are now functioning at full capacity and will be able to address all CPS issues and provide assistance to clients as needed. The county offices will begin to show videos that explain the CPS process on a more regular basis. These efforts will help the bureau address deficiencies and identify strengths that will enable us to better serve our customers in a more efficient and timely manner.

Foster and Adoptive Parent Licensing, Recruitment and Retention

See attached Plan

Revision to Goals, Objectives and Interventions

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

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

Based on West Virginia's Context Data Report

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

Rationale

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

Measurement Plan:

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

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

Benchmarks:

Baseline	Data	Data	Targeted Goal				
2012	2013	2014	2015	2016	2017	2018	2019
395.9 hrs.	415.86 hrs.	203.73 hrs.	335.9 hrs.	273.9 hrs.	215.9 hrs.	155.9 hrs.	95.6 hrs.

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Tasks

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

The Field Operations Management Team will monitor COGNOS monthly for real time reports of response times on accepted referrals by October 2014.

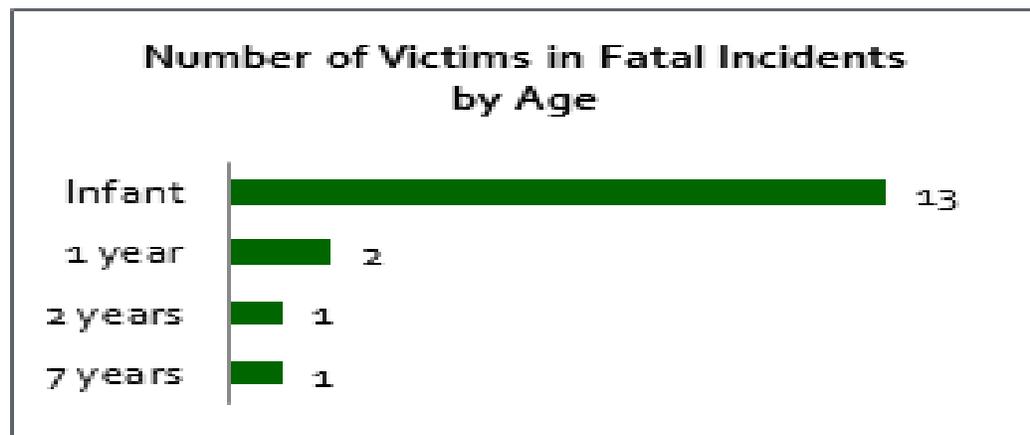
Develop and immediately implement district-specific plans for improvement when deficiencies are identified to assure that abuse and neglect assessments are initiated on time beginning December 2014.

Develop a methodology to distinguish between actual missed face-to-face contacts and attempted contacts by tracking through case reviews by October 2014. Current case review data will now include attempted contacts evidenced by diligent efforts as defined in policy.

Analysis of FACTS data to determine the causation factors for median time to first contact by Sept., 2015. Develop plan to address causational factors based on the data analysis by *October 1, 2015*.

Complete research to determine if WV's interpretation of incomplete assessments and blatantly false reports is consistent with NCANDS definitions.

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



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Rationale

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

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

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

Measurement Plan:

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

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

Benchmarks:

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

Baseline	Data	Targeted Goal				
FFY 2013	2014	2015	2016	2017	2018	2019
14	17	0	0	0	0	0

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Benchmarks:

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

Baseline	Data	Targeted Goal				
Point in time 2014	As of 3/31/15	2015	2016	2017	2018	2019
30%	37%	60%	70%	805	90%	100%

Tasks

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

Review all child fatalities and critical incidents at least quarterly through the BCF Child Fatality Review panel beginning October 2014. Division of Planning and Quality Improvement will complete quarterly reports on the review of all critical incident received within the quarter. Reports will be provided to the BCF Internal Review Team at quarterly review meeting. Quarterly data on child fatalities will be tracked by the Office of Planning, Research and Evaluation.

Completed: New trends indicate stronger factor is more quality of assessments. Trainings have been developed around the trends that we are seeing.

Compile and analyze identified trends of fatalities known to the Department each year beginning October 2014.

Develop and implement plans to address current trends related to children known to the Department by March of each year.

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Child Fatality Plan

ISSUES	ACTION STEPS	PERSON(S) RESPONSIBLE	DUE DATE
Definitions of Aggravated Circumstances	* Clarify Policy	Carla Harper is leading a workgroup off of the CWO to make changes.	August 1, 2015
	* Will and Regional Attorneys to develop a plan to educate staff on law/policy.		
	* CIP Presentation		
	* Go over policy at Statewide Social Service Supervisor meeting in August and Regional Social Services Supervisor meetings.	Draft	
	* Ethan Project		
	*FACTS/Molina Interface		
	* Get data from last year and add data from this year as we go through. Laura Scarberry tracked risk factors, substance abuse and domestic violence.		
Ensure dispositional staffing occurs	* Best Practice		Emails and RDs and PMs for dispositional staffing.
Safety Planning	* Already listed on APSR.		

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	* Random samples of district safety plans.		
	* Round table discussion to review.		
	* Identified issues and corrective action plans.		
	* Back to the Basics Education for Workers - SP 101 and SP 201- Safety Analysis.		
	* Training unit has increased. Safety planning training from 1-2 days.		
	* Advanced SP training for supervisors. 101 - August 2015.		
	* R.D. and PMs will develop a plan to track.		
	* (1.24 CFSP)		
Information Gathering and Sharing/ Collaterals	* Onboarding for additional staff.		
	* Mentor Program		
	* Development of SR CPS workers.		
	* Adding Critical Thinking Course.		
	* Review the FFA Program.		
	* Initial consultation training.		

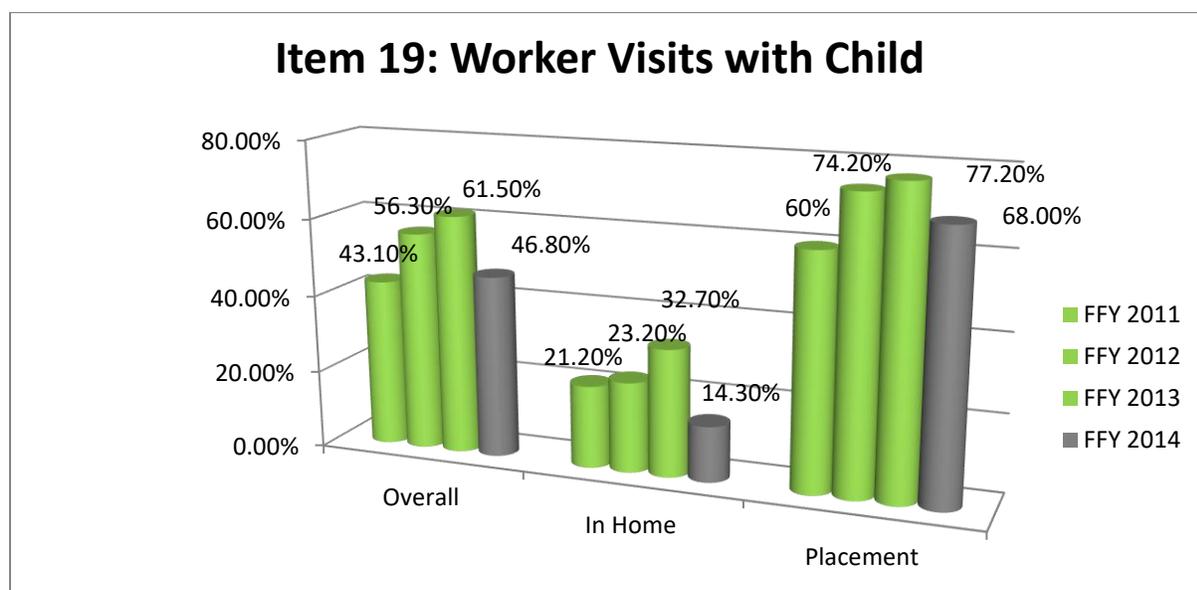
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	* Cover at Statewide and Regional Social Services Supervisor meetings and Blackboard course on collateral contacts. In August go to supervisors and coordinators.		
	* During random reviews of Safety Planning, also need to complete random approved FFA's. Reviewer shall determine if appropriate collaterals were contacted.		
Overall Issues	* Training - "New" Supervisors.		
	* Critical Thinking.		
	* Supervisor Consults & Training.		
	* Trainers need help and understanding,		
Drug Affected Parents and Vulnerable Infants	* Training on drugs and their effects.		
	* List/picture of all drugs.		
	* Behaviors exhibited by certain drugs.		
Domestic Violence and Meaningful Contacts	* Every Child, Every Month.		
Face to Face Consultations			
Youth Services			

Develop and implement training for all Child Welfare staff that will focus on the current trends in child fatalities and will be updated quarterly with the analysis of the reviews by October 2015.

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

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



Rationale:

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

Measurement Plan:

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

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

Benchmarks:

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

Data will be measured through CFSR style reviews

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

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

Tasks

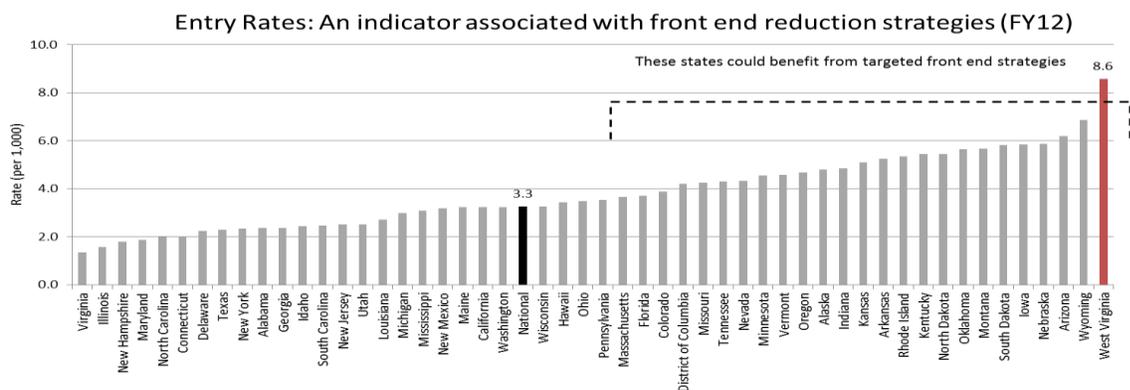
Improve the quality and quantity of caseworker visits as evidenced by results of case review process and FREDI reports by July 2015.

Develop and implement a tool for caseworkers to identify what a quality visit looks like by July 2015.

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

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

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Entry rate is the number of children (ages 0-17) entering care during the year for every 1,000 in the general population. Data source is FY12 AFCARS and Claritas population estimates for 2012

Rationale

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

Measurement Plan:

West Virginia will measure the reduction in the number in children in placement through COGNOS data reports. Baseline measurement indicated by COGNOS reports 4,217 child(ren) was in placement as of July 31, 2014.

Benchmarks:

West Virginia cannot establish benchmarks until the review of relevant data as outlined in the below listed tasks.

Tasks

Form Removal Review teams to identify data that can be used to determine additional causal factors that lead to placing children in out-of-home care by October 2014. Complete initial identification of data by October 2015.

Completed: Develop a plan based on the point in time data by July 2016.

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Develop a method in FACTS to better distinguish the reason for entry, including children entering care for Truancy, by October 2017.

Develop a plan based on the point in time data by July 2018.

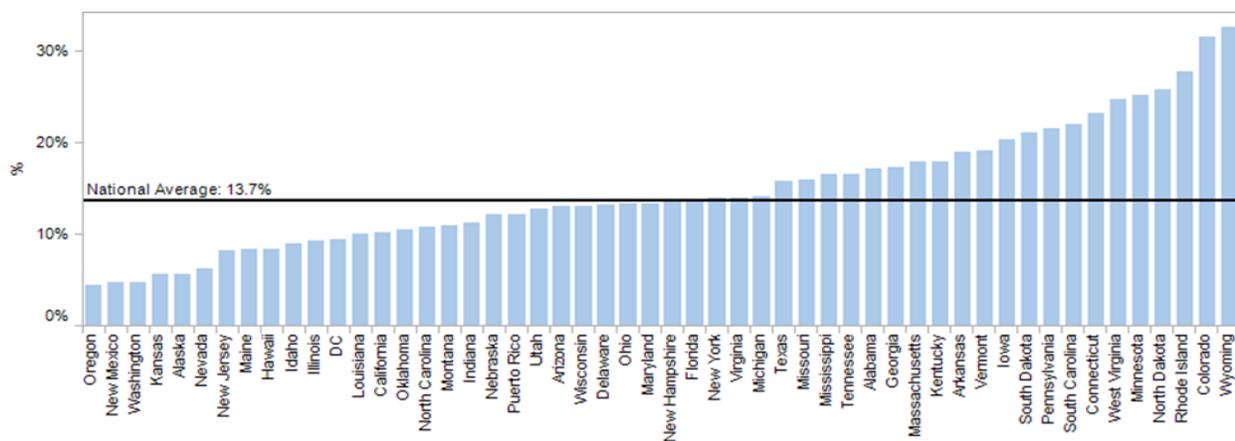
In preparation for Safe At Home, training will be rolled out in the pilot counties in regards to more proficient safety planning in conjunction with the implementation. The training will then go state-wide as the program extends to other counties.

Develop a plan for re-educating Supervisors in Safety Planning Coaching with emphasis on appropriate use of both formal and informal providers to control safety in cases with domestic violence and substance abuse by January 2017.

Training will be completed for all CPS staff and supervisors by January 2016.

Monitor the improvement in the quantity of safety planning through the *Child Welfare Oversight Committee* beginning January 2016.

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



Rationale

West Virginia’s data indicate that a large portion of youths in out-of-home placements are in congregate care, ranking in the top six in the country. West Virginia data indicates that 61% of youth ages 12-17 who were in care on September 30, 2013, were

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in congregate care. This is an increase from the proportion in group care in FY12, and is considerably higher than the national indicator.

Tasks

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

1.6 Measurement and benchmarks to be establish through IV-E demonstration project.

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

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

Rationale

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

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

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and engagement of families after the development of the case goals, as indicated in the frequency of caseworker visits with non-placement youth and parents.

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

Measurement Plan:

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

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

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

Benchmarks:

Permanency Outcome 1

Data will be measured through CFSR style reviews

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

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

Benchmarks:

Permanency Outcome 2

Data will be measured through CFSR style reviews

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

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

Benchmarks:

Wellbeing Outcome 1

Data will be measured through CFSR style reviews

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

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

Tasks

Completed: Identify districts that are successfully utilizing the PCFA and analyze why they are successful and identify the barriers. Develop a plan to improve performance and address barriers in other districts based on the information by December 2014.

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Provide refresher training and to staff on the PCFA and case planning process, as well as activities to re-engage staff to the PCFA process by December 2015.

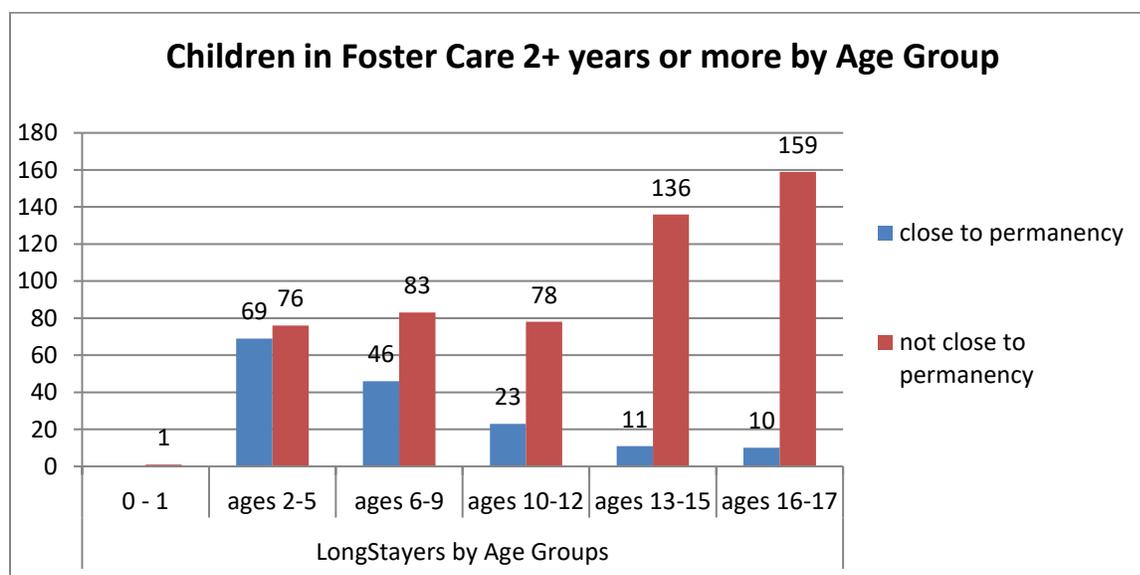
Revision to this task: Need to table this task until have this 5-year period for sufficient training and implementation of PCFA is completed

With the passage in the 2015 legislative session of Senate Bill 393, by January 2017, family engagement and family inclusion in the MDT process is emphasized. Court case plans for youth in out-of-home placement under this bill shall have a plan for transitioning the child to the home setting with community services to continue the child and family treatment. Revision of this task: DPQI is already tracking the timely completion and implementation of correction action plans for each district, thus this is a duplicative task (see Quality Assurance Section

Re-implement the PCFA supervisor proficiency assessment process and track completion of staff consultation on all stages of the PCFA by March 2019.

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

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



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Rationale

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

Measurement Plan:

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

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

Benchmarks:

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

Tasks

Develop a review tool for children in foster care 24 months or longer to identify and better understand the issues related to delays in achieving permanency and a plan developed to address the issues by December 31, 2015.

Work with the Court Improvement Program to review children in foster care 24 months or longer through the New View project, including analyzing results and developing a plan to address identified trends a minimum of two times per year by December 2016.

Work with the Court Improvement Committee Data, Statute and Rules committee to identify and address issues identified related to the court system by December 2017.

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Expand the use of Regional Clinical Reviews to identify barriers in the permanency process with all cases of children in care for two or more years by October 2019.

Establish a process to monitor the regularity of judicial reviews and permanency hearing and the establishment and reevaluation of placement plans.

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

Measurement Plan:

Decrease the number of children in residential treatment

Increase the number in foster care homes.

The State will make concerted efforts to increase the number of certified foster care homes by 25 %.

Rationale for changing this goal: Based on outcomes of the adoption/home finding work group permanency goal 2.3 was modified to align with the group's analysis of the current home finding process and to address the identified barriers.

Tasks

Work with CIP to establish plans to address delays in finalizing adoptions.

Consult with the National Resource Center for Diligent Recruitment to develop strategies to improve agency's response to Foster care and adoption inquiries.

Reduce the delays in providing training for foster care families by developing an on line training.

Expand the use of Morpho Trust CIB machine to allow potential foster parents to receive CIB printing in a timelier manner.

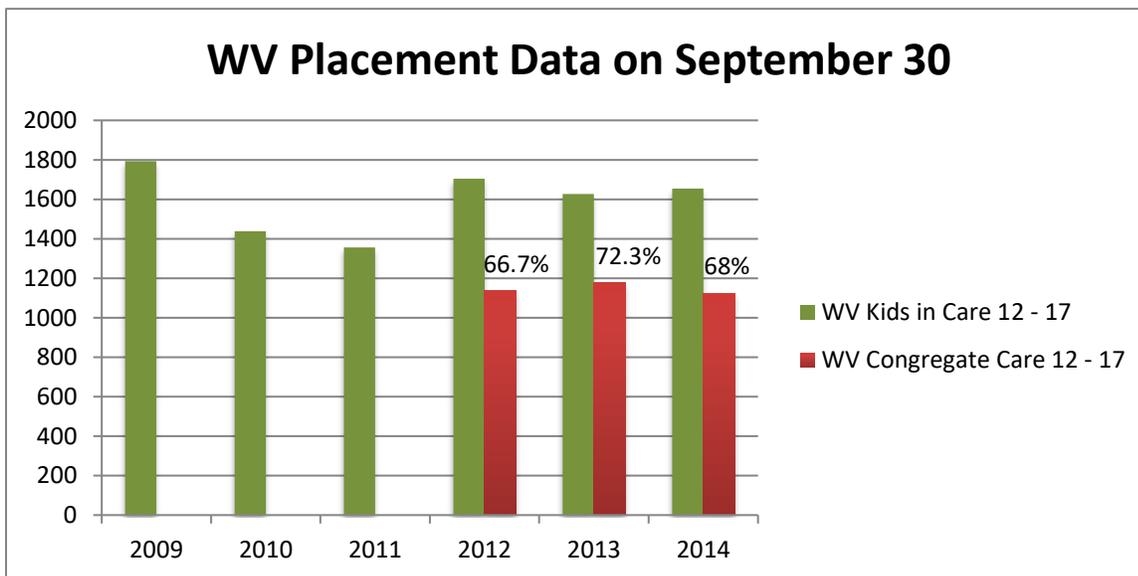
Develop protocol for the collection of data related to the timeliness of the completion of home studies.

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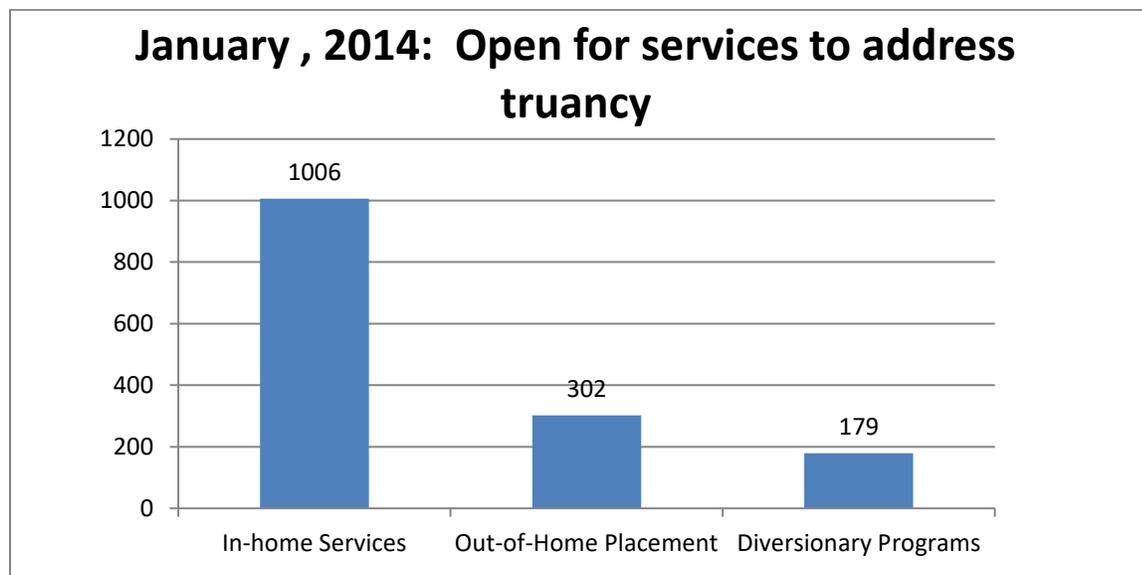
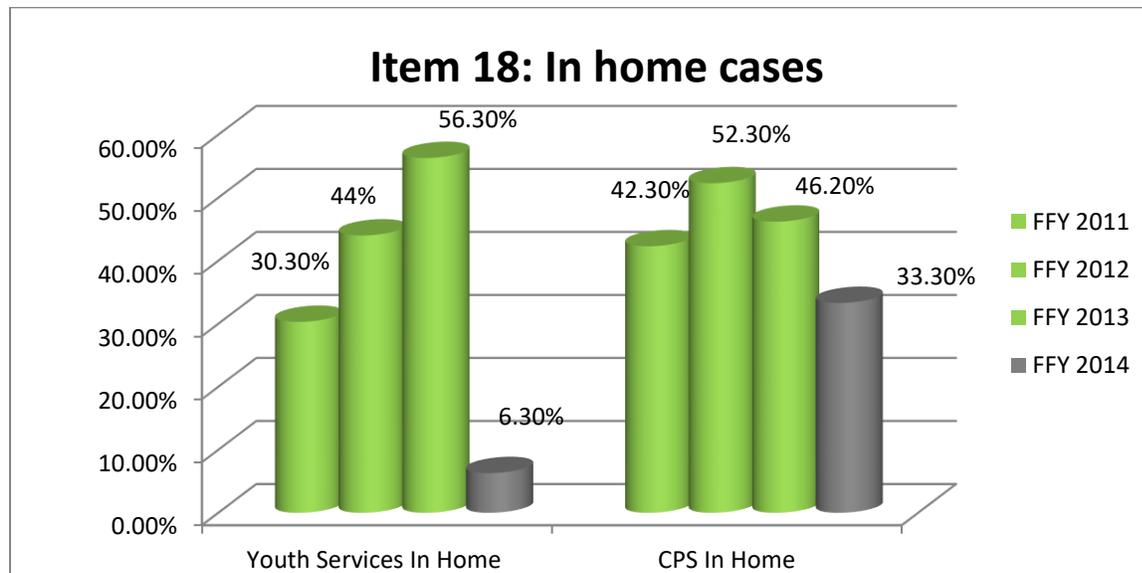
Goal 3: West Virginia's older youth will have more coordinated, integrated services that will maintain them safely in their communities by 2019.

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

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



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Rationale

Data suggests a need to improve the practices related to the treatment and provision of services in non-placement youth services cases. Furthermore, the number of youth in

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congregate care ages 12-17 is well over the national average. This suggests that youth are being placed in congregate care as their needs cannot be met within the community setting. Data collected by WV case review process indicates the need for improved services.

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

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

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

Measurement Plan:

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

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

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

Benchmarks:

Reduction in the number of youth in congregate care.

Point in time data- AFCARS

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

Benchmarks:

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

Point in time data- “hand count”

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

Tasks

Develop a framework of programs and services that address the needs of youth entering as a result of status offences through grant funded community-based evidence based programs for youth by July 2016.

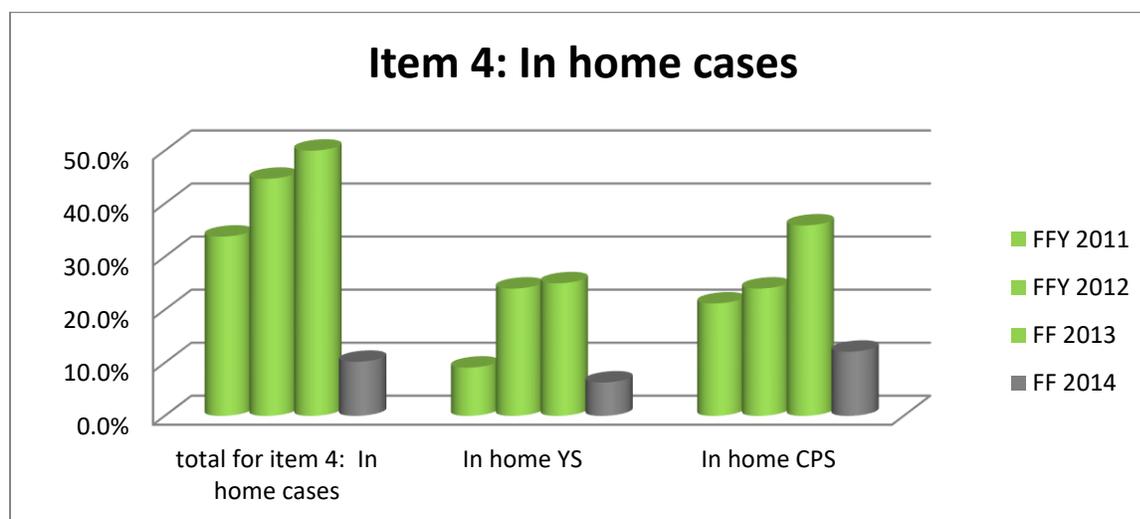
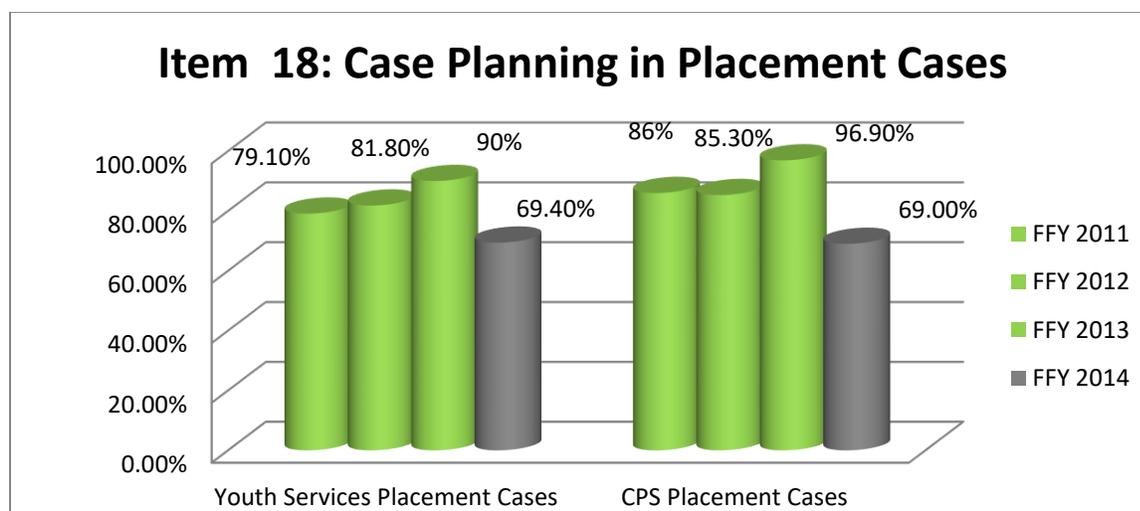
Through technical assistance from National Center for Mental Health and Juvenile Justice (Policy Research Associates Inc.) and collaboration with West Virginia Department of Education, Division of Juvenile Justice, and the Department implement a

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School-based Diversion model with a community-based behavioral health responder for screening and subsequent assessment and treatment by October 2017.

Work with community partnerships to increase substance use disorder treatment and peer-support evidence based programs specific to youth by December 2016.

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



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Rationale:

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

Measurement Plan:

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

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

Baseline measurements indicate the following for Federal Fiscal Year 2013.

25% of the youth services cases reviewed rated as a strength for item 4, risk assessment and safety management. 56.3 % of the youth services cases reviewed rated as strength for item 18, child and family involvement in case planning. 25% of the youth services cases reviewed rated as strength for work visits with the child. 37.5 % of the youth services cases reviewed rated as strength for worker visits with parents.
**2008 CFSR instrument utilized for case review data.*

Benchmarks:

Risk assessment and safety management in Youth Services Cases

Data will be measured through CFSR style reviews

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

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

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Benchmarks:

Child and family involvement in case planning in Youth Services Cases

Data will be measured through CFSR style reviews

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

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

Benchmarks:

Work visits with the child in Youth Services Cases

Data will be measured through CFSR style reviews

Baseline	Data	Targeted Goal				
FFY 2013	2014	2015	2016	2017	2018	2019
25%	46.8%					

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

Benchmarks:

Worker visits with parents in Youth Services Cases

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Data will be measured through CFSR style reviews

Baseline	Data	Targeted Goal				
FFY 2013	2014	2015	2016	2017	2018	2019
37.5 %	12.5%					

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

Tasks:

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

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

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

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

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

Rationale

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

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Measurement Plan:

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

Tasks

Integrate and analyze data collected through the multiple case review processes and stakeholder surveys to identify service gaps, beginning in the Safe at Home counties, by October 2015.

Completion of an Initial Needs Assessment, coordinated with stakeholders through Regional Summits and Community Collaboratives, of the level of community and workforce readiness and “ownership” for a wrap-around service model, using the Self-Assessment of Strengths and Needs from the National Wrap-around Initiative’s (NWI) Wrap-around Implementation Guide, Community Groundwork for Wrap-around Implementation (Appendix A), which includes an assessment of the services, supports and workforce development needs by October 2015.

Develop detailed plans, coordinated with stakeholders through the Regional Summits and Community Collaboratives, regarding methodology in developing needed workforce, services, and supports identified in the NWI needs assessment by October 2016.

Develop an interdepartmental team consisting of the Bureau for Medical Services, the Bureau for Behavioral Health and Health Facilities and the Bureau for Children and Families to garner resources for new services and the expansion and sustainability of existing services.

Redesign the current service, payment rate and referral structure for Socially Necessary Services by January 2017.

Implementation Supports

Implementation Supports Goal 1:

A team will need to be established to develop a methodology to distinguish between actual missed face-to-face contacts and attempted contacts by tracking through case reviews by October 2014.

Completed - Research was completed regarding diligent efforts to make initial face to face contact with the identified victim on a Family Functioning Assessment. Policy indicates what is considered a diligent effort and DPQI considers these efforts in their assessments.

New - Policy staff is now researching appropriate use of blatantly false reports as well as incomplete assessments.

Completed - A quarterly report was developed to track child fatalities.

Completed - DPQI is reviewing all critical incidents within the quarter.

Completed - Division of Training developed and implement an online training for all Child Welfare staff that will focuses on the current trends in child fatalities.

Completed - Provided training to 520 law enforcement officers in 2013.

A tool will need to be developed for caseworkers to identify what a quality visit looks like by December 2015.

Completed - Removal teams were developed to review all out of home placements to determine causal factors that led to placement of children.

Training will be developed and delivered in pilot counties to address more proficient safety planning in conjunction with Safe at Home Implementation.

Training will be developed and delivered to other counties as the Safe at Home extends statewide.

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Division of Training will develop and deliver a more detailed training on safety planning for supervisors with a focus on using both informal and formal supports.

Implementation Supports Goal 2:

West Virginia is currently receiving technical assistance from the NRC for Diligent Recruitment. This T/TA will continue through 2015 focusing on developing a comprehensive system assessment and work plan development to address multiple issues affecting recruitment and retention of foster/adoptive family's efforts. This will include developing a multi-faceted recruitment and retention plan, evaluation and improvement of customer service provided to new and existing families and assess whether the preparation of families is sufficient for high needs children entering care.

Apply for a Legislative improvement package to hire additional home finding staff by April 2015.

Develop and Implement a plan to integrate Court Case Plans and PCFA case plans.

Continued development of an Interface between the Departments SACWIS system and the Board of Education's WEVISS will need to be completed in order to share educational records of foster children.

Implementation Supports Goal 3:

FACTS will develop screens to better distinguish the reason for entry, including children entering care for Truancy, by October 2017.

Develop a mechanism on a dashboard to track face to face contacts with non-placement cases by September 30, 2016.

Complete redesign of ASO services

Implementation Supports Goal 4:

Training and technical assistance to redesign the current service, payment rate and referral structure for Socially Necessary Services may be needed.

Service Description

Child and Family Service Continuum

(Stephanie Tubbs Jones Child Welfare Services Program)

Prevention

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

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

- Early childhood education such as play groups and before/after school or summer programs.
- Self-sufficiency and life management skills training.
- Education services, such as tutoring, literacy, and general education.
- Job and career readiness training.
- Family support counseling/clinical mental health services.
- Health services/nutrition education.
- Peer counseling.

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- Emergency assistance.

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

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

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

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

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

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

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

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

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

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

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

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

Trainings for Ages and Stages, Depression Screening, Birth Spacing, Life Skills Progression, Home Visitor Safety, Healthy Families America core training, and Home

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Inventory training have been either paid for by WV Home Visitation or jointly by the Bureau for Children and Families and WV Home Visitation.

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

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

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

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

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

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

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

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

Child Protective Services

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

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

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

During the family functioning assessment, the CPS Social Worker collects information through interviews, observations, and written materials provided by knowledgeable individuals using a family-centered approach. This approach seeks to support and

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

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

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

Family Case Plan Evaluation/Case Closure: The family's case plan will receive ongoing evaluation by the CPS Social Worker. This process is called the SAMS Family Case Plan Evaluation. The Family Case Plan Evaluation is a formal decision making point in the safety intervention process that occurs minimally every 90 days, which requires involvement from caregivers and children; Family Case Plan service providers; and safety service providers. The purpose of the Family Case Plan Evaluation is to measure progress toward achieving the goals in the Family Case Plan associated with enhancing diminished caregiver protective capacities. The Family Case Plan Evaluation is also the decision point when the case may be closed for CPS Services. In addition, the family's case is closed when the parents can provide a safe home for their

child, without CPS intervention, or their child is in another permanent living situation such as adoption or legal guardianship.

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

Youth Services

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

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

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

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

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

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

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

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

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

Multidisciplinary Treatment Teams (MDT): There are requirements in state statute and federal regulations requiring the regular review of juveniles who are the subject of an MDT and may or may not be in an out-of-home placement. For youth involved with

the court, state statute requires that an MDT report is made to the court prior to the hearing. The court must also review the individualized service plan for the child and family, developed by the MDT, to determine if implementation of the plan is in the child's best interest. MDT meetings must be held at least once every 90 days to review and revise, if needed, service and treatment plans until permanency has been achieved for the child.

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

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

Family Engagement in Youth Services

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

West Virginia Rules of Juvenile Procedure

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

Truancy Diversion

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

Comprehensive Assessments

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

Foster Care

Health and Wellness

The physical and mental health of children in foster care continues to be an important contributing factor in the stability and wellbeing of our foster children. In order to ensure foster children receive this basic right and necessity, the Department's foster care policy

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requires all foster children receive health evaluations through our [HealthCheck](#) Program. HealthCheck is a collaborative effort between the Bureau for Children and Families and the Bureau of Public Health's Office of Maternal, Child and Family Health. HealthCheck requires children entering care receive an initial examination within 72 hours of placement. During the initial appointment, it may be determined that a child is in need of additional follow-up appointments, specialized appointments, or dental and eye care. If these medical services are needed, the child's worker is responsible for assuring that the child receives these medical services. The HealthCheck program also requires children receive health care throughout their placement in foster care according to the child's individual needs and age based on a schedule provided in foster care policy. The Department utilizes a DHHR position known as the Sanders Field Liaison to assist the child's worker, foster parents, and health facilities to coordinate and ensure proper evaluations and examinations are completed on each child as they enter care. Assigned primary workers follow up with periodicity.

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

Journey Placement Notebook

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

Foster/Adopt Concept

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

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

Kinship/Relative Care

In addition to utilizing the CAPS process to identify relatives as soon as children enter foster care, the Department continues to process kinship/relative home studies in an expedited manner as required by policy when at all possible. Foster Care Policy requires all kinship/relative home studies be completed within 45 days. However, issues with CIB and/or NCIC background checks can sometimes cause delays in this process. The Department, in collaboration with the West Virginia State Police, is continuing their efforts on obtaining equipment to submit electronic fingerprints for both the state and federal level background checks.

Also, the Department developed a Diligent Search Desk Guide for staff to utilize in practice that requires caseworkers to conduct a "diligent search" for the purpose of placing children with potential kin/relatives. The purpose of this guide is to assist the staff in their efforts. The search will be conducted for all child welfare cases, including

Youth Services cases. Diligent Search is the efforts by the caseworker to use all “due diligence” in locating kin/relatives of a child placed into foster care. The diligent search does not end at identifying and notifying kin/relatives of the child’s situation, but requires the caseworker to discuss their interest in being a placement option or an on-going connection for the child. Foster Care Policy section 13.21 Absent/Unknown Parent and Relative Search requires that the “search for an absent or unknown parent must occur within the first thirty (30) days of the child entering placement, so the parent can be involved in the court process, MDT, case planning process, visitation plan, and any other aspect of the case.” This is applicable not just for absent/unknown parents but for all kin/relatives. This search is not limited to the first 30 days and can be on-going throughout the life of the case.

MDT Process

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

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

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

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

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

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

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

Annual Credit Report

Each child in foster care under the responsibility of the state who has attained 16 years of age receives without cost a copy of any consumer report (as defined in section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care, and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report. The consumer credit report must be provided to the youth without cost. Since credit reporting agencies do not knowingly maintain credit files on minor children, if a file is found, it must be interpreted and all issues resolved prior to the youth leaving care.

NYTD and Transition Planning Template

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

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

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

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

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

The plan must contain the following specific information:

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

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

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

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

Educational Stability

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

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

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

Uniform Child or Family Case Plan

The Uniform Child or Family Case Plan was developed and implemented across the state during the latter part of 2009. When a child is placed in the care, custody, and control of the state as a result of child abuse and neglect proceedings, various federal and state statutory requirements go into effect. The purpose of the requirements is to assure the child is safe, has a permanent placement, and has his or her emotional, physical, and educational needs met.

The Uniform Child or Family Case Plan is an automated report (Case Plan Report or CPR) in FACTS. The report contains all of the information necessary to fulfill the federal requirements for foster care programs and case plans [SEC. 475 \(42U.S.C. 675\) of the Social Security Act](#) and WV Code §49-4-408 state requirements for a unified child and family case plan <http://www.legis.state.wv.us/WVCODE/ChapterEntire.cfm?chap=49&art=6§ion=5A> - 06, [Rules, 23,28 and 29 of the Rules of Procedure for Child Abuse and Neglect](#). **It is one document that fulfills the requirements for one federal statute and state statutes.** The Case Plan Report can be printed whenever needed. The Case Plan Report may be found in FACTS under "CPR" in the New Court location. FACTS will automatically

populate some of the information to the report while some information must be added manually.

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

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

Update on Service Description

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

- Provide youth with certain documents when they age out of foster care
- Include youth age 14 and over more fully in case planning
- Limit OPPLA as a permanency plan for youth age 16 and older
- Defined sibling

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

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

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PEDDL list is those documents that must be given to youth upon discharge from foster care and includes the following;

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

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

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

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

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

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

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

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

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

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

Family Support

After bringing together a cross section group to look at the Family Support category of ASO in late 2010, the Department made a decision to close this category of services in ASO and develop a Request for Proposal (RFP) for Family Resource Centers. Family support services are now available to anyone in the state who is in need of the services without having to have an open Child Welfare Case. All of West Virginia's IV-B Family Support money was diverted into community-based services and were outlined previously in the Prevention section of this report.

Although redirecting the Family Support money to Starting Points has insured this money was spent on preventing families from coming to the attention of the DHHR, it is difficult to determine how many families have been diverted. With the implementation of Safe at Home, West Virginia's IV-E waiver demonstration project, we will be examining alternative uses for this funding stream to provide more direct services to prevent children from entering congregate care and be treated more appropriately in their communities.

Family Preservation

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

During planning for the Child Welfare Demonstration Project, several groups were formed to look at different pieces of implementation. The Service Model Development Workgroup believes that services could be bundled for Family Preservation under the current Infrastructure of Socially Necessary Services to include the current services available in this array of services. There would need to be additional services included similar to peer support and mentoring like those offered in the National Wrap-Around Model. This may require changes to our current CIB Policy. The bundle would be capped at either a length of provision or dollar amount.

Time-Limited Family Reunification

Services offered under Time-Limited Family Reunification are sometimes the same as in Family Preservation. However, there is also a service bundle in this category known

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

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

Adoption Promotion and Support Service

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

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

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

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

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

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

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

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

General Recruitment

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

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

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

Targeted Recruitment

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

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

MWV's FrameWorks initiative has for years primarily focused on working with children who are older; in sibling groups; are minorities in a state where roughly 95 percent of residents are Caucasian; or have other physical/mental/emotional challenges that have made adoption and/or foster care difficult. Through the direct mail campaign, they are able to segment the targeted population to best fit the children who are waiting and their needs. Specifically, MWV focuses their recruitment efforts to serve the entire special

needs adoption population in the state. Additionally, the agency makes a special effort to show diversity in their promotional materials and respond to non-English speaking families who inquire. This concentrated effort has allowed the organization to best utilize limited resources to promote a population that needs the most support.

Child-Specific Recruitment

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

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

Child-Focused Recruitment

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

The WV Adoption Resource Network (ARN) is the state’s online photo-listing. Although operated by the DHHR, MWV works closely with the ARN. All children served by

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MWV's recruitment efforts must be featured on the ARN, and often a referral to MWV leads to the ARN referral, which staff can assist with. Additionally, Heart Gallery portraits are used on the ARN, either when the child is first listed or to replace an out-of-date or poor quality photo. Certified families may register on the website and express interest in individual children. Encouraging families to use the ARN is a standard part of MWV's response to inquiring families.

Additional Awareness/Recruitment Techniques

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

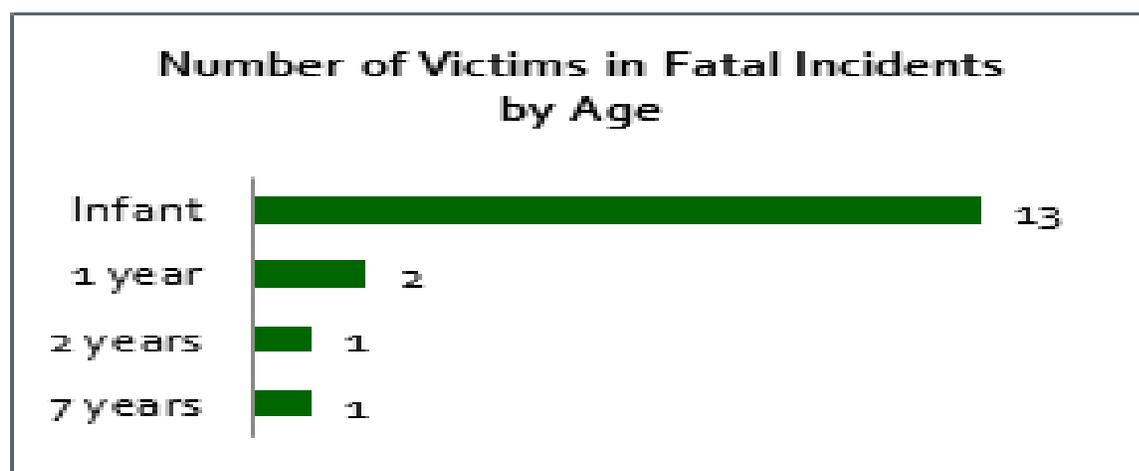
Through the Relatives as Parents Program (RAPP), an experienced foster/adoptive father and experienced PRIDE class trainer are available to answer questions and provide resources for relative providers. MWV updated their resource guide entitled "Kinship Care Support, Relatives as Parents Program Resource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

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

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

Populations at Greatest Risk of Maltreatment

Children three years of age and under have the highest rate of maltreatment in West Virginia. That age group accounts for approximately 33% of the victims in West Virginia according to data derived from our Statewide Automated Child Welfare Information System (SACWIS); up from 31% last year. More specifically, children under the age of one are most likely to be abused or neglected in West Virginia and be the victims of child fatality due to abuse and neglect in the state.



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

Early intervention services are provided to any child under the age of three who has been abused or neglected. Safety Services are provided to ensure the most vulnerable population is safe, and repeat maltreatment has been steadily declining in West

Virginia. There are 40 Partners in Prevention community teams in West Virginia who provide services to vulnerable children and their families.

Services for Children Under the Age of Five

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

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

Services for Children Adopted from Other Countries

The DHHR will add International adoptees to the list of those eligible for Socially Necessary Services Post-Adoptive Services by December 31, 2015.

Our SACWIS system is able to collect data on previous international adoptions; however it is underutilized and often not completed at all. As a result, the data is not reliable from the SACWIS system on children who have been previously adopted and are entering the child welfare system as well as whether that child is an international adoptee. There is a need to discuss, with FACTS, making this a mandatory 'pop-up' so we can begin collecting reliable data on both domestic and international adoption disruptions/dissolutions. In the interim, a memo should go to the field reminding them of the importance of completing this 'pop-up' box.

A request has been made to the Adoption/Homefinding CWC's *for a hand* count of any international adoption disruption/dissolutions.

Program Support

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

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

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

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

Consultation and Coordination between States and Tribes

There are currently no recognized tribes in the state of West Virginia. Current Foster Care Policy states that if a child is recognized as a member of a tribe, the child's social worker is to contact the U. S. Department of Interiors Bureau for Indian Affairs to determine if the tribe has child welfare jurisdiction.

West Virginia is currently working to strengthen its child welfare policies in regards to ICWA. Child welfare staff will be expected to determine tribal affiliation much earlier in the case to provide a more seamless process for the family. If the particular tribe does not have jurisdiction over the child or family, our staff will ensure that they are contacting the tribe continuously throughout the life of the case to ensure that all of the child and family's rights are being respected in regards to their tribal affiliation.

Disaster Plan

During the 2013-2014 federal fiscal year, West Virginia had two winter weather events, one federal disaster declaration and a chemical spill.

January 6, 2014 the West Virginia Department of Health and Human Resources issued a warning to West Virginia residents about the dangers posed by freezing temperatures over the next several days as a result of a severe winter storm. Residents who did not have a heating source in their home were advised to contact the county emergency operations centers or the local health department to locate the nearest shelter or warming station. There was no disruption of services.

On January 9, 2014 approximately 10,000 gallons of Crude MCHM/PPH blend leaked from a storage tank at the Freedom Industries Elk River facility in Charleston. The spill shut down the drinking water supply for citizens across nine West Virginia counties until January 17. State emergency management officials coordinated the distribution of bottled water to those areas affected. The bureau continued to provide services without interruption.

March 2, 2014 The West Virginia Bureau for Public Health alerted residents to be aware of an approaching winter storm that impacted many counties across the state. A couple of local offices were closed for a day due to road conditions and power outages. Staff reported to alternate work locations and the impact on the delivery of services was minimal.

The Bureau for Children and Families did not activate its COOP for any of these events. All offices remained open to provide services to the states citizens. The emergency response for these events was handled by the county and local emergency management officials.

Monthly Caseworker Visit Formula Grants

During FFY 14, West Virginia used 99% of caseworker visitation funding for transportation costs associated with visiting children in foster care and 1% for computer supplies. The same is planned for FFY15.

Adoption and Legal Guardianship Incentive Payments

West Virginia is considering the following activities to be paid for with Adoption Incentive Funds:

- Statewide Adoption/Homefinding Conference re-instated
- Regional Foster/Adoptive family conference/training
- Expand contract with those agencies providing Homefinding staff to DHHR, increasing staff will increase positive customer service to our families
- Expanding or developing contracts to:
 - provide response to all inquiries about becoming a foster/adoptive family
 - expand targeted recruitment campaign efforts
 - be responsible for all recruitment for foster/adoptive families in the state freeing up DHHR Homefinding staff to focus on Homestudies
- Purchase "Foster Parent College" to be utilized by all foster/adoptive parents so there is no cost to them

Child Welfare Waiver Demonstration Activities

In October 2014, BCF was granted a federal Title IV-E Waiver by the U.S. Department of Health and Human Services Administration for Children and Families to conduct a child welfare demonstration project.

West Virginia's Title IV-E Waiver demonstration project, Safe at Home West Virginia, aims to provide wrap-around behavioral health and social services to 12-17 year olds with specific identified behavioral health needs who are currently in congregate care or at risk of entering congregate care.

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The State is authorized to implement a demonstration project under which the West Virginia Bureau for Children and Families (BCF) will implement a Wraparound service model and enhanced service array to reduce the frequency and duration of congregate care placements.

The granting of the IV-E Waiver allows WV to use federal dollars in a more flexible manner to pay for services that will assist in attaining the APSR and IV-E waiver demonstration goals. You will note that the Waiver goals are aligned with the APSR goals as well as extending further. Although the demonstration project focuses on 12-17 year olds, WV plans to incorporate the wraparound principles into all child welfare practice. An integral part of wraparound, but not listed in the goals below, is the guiding principle of Family Engagement thus fulfilling the goals of increasing worker involvement as well as increased involvement of youth and families in the provision of treatment and services.

The State's demonstration will seek to accomplish the following goal(s):

- Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

More detailed goals within the waiver's main goals include:

- Reduce the reliance on congregate care
- Decrease the length of stay in congregate care for children 12-17 years of age
- Improve family functioning to support reunification
- Reduce the number of children re-entering any form of foster care
- Reduce initial foster care entry rates
- Increase the number of children staying in their home community
- Improve well-being of children 12-17 as demonstrated through educational achievement and increased numbers graduating high school
- Improve academic progress of children 12-17 by keeping them in the same school

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The demonstration, titled Safe at Home West Virginia, will initially be implemented in BCF child welfare Regions II and III, with plans to expand statewide over the duration of the demonstration. The demonstration will target youth ages 12–17 that are in or at risk of entering congregate care placement. Approximately 400 children could be served in the first year; more may be served when including those at-risk of entering congregate care. The specific timeframes for expanding the demonstration interventions to this target population statewide is still being determined.

The State's demonstration will implement a Wraparound service model as the core component of Safe at Home West Virginia. Based on the National Wraparound Initiative Model, the demonstration will incorporate evidence-based, evidence-informed, and promising practices to coordinating services for eligible youth and their families. Under this model, eligible youth and families will receive a combination of services and supports that are uniquely tailored to their strengths, needs, and placement risk level, as determined by trauma-informed assessments. Family Team Conferencing will be utilized to develop or revise youth and family treatment plans. Wraparound services will be provided by contracted service providers, including Care Coordinators, who will implement and manage treatment plans and provide community-based services and supports.

Under the demonstration, the State will implement the West Virginia Child and Adolescent Needs and Strengths Assessment (WVCANS) universally across child-serving systems at early points of youths' involvement in the child welfare system, develop thresholds to guide decision making about levels of care, and educate system partners to base decision making on the assessed needs and strengths of youth using a common assessment language. The assessed treatment needs indicated by the WVCANS will guide the State's development of a full array of interventions to meet the individual needs of youth and families in their communities.

The State believes that conducting a comprehensive assessment of youth and families' strengths and needs, and providing intensive community services using a Wraparound service model, will reduce congregate care placements, and improve youth and family functioning and well-being.

The State is working closely with our partners in the development of the service model, community assessment of needs, development of community based services, and in restructuring our payment process. All of BCF's grants and contracts are being re-written to become outcome based. BCF's provider agreements with our residential providers are being changed to become more time limited with focused discharge

planning beginning the day of admittance. We are meeting and having conversations with our stakeholders as we move through this process. We are also involving technical assistance, not only for the Bureau but also for our partners.

The State believes that all of the focused activity for the IV-E Waiver Demonstration as well as other initiatives support the goals of our APSR and will assist in the forward transformation of the State's Child Welfare System.

Quality Assurance System

West Virginia's quality assurance system utilizes data from various sources to make improvements in case practice and services for West Virginia's children and families. The Division of Planning and Quality Improvement, Social Services Review Unit, completes Child and Family Services Reviews (CFSR) style reviews for each of the West Virginia Department of Health and Human Resources districts. The Division of Planning and Quality Improvement (DPQI) continues its efforts to further enhance the state's performance in the areas of safety, permanency, and wellbeing by utilizing the federal Child and Family Services Review (CFSR) process as a model to measure and evaluate the state's performance for the above-mentioned areas.

West Virginia utilizes the July, 2014 version of the Federal Child and Family Services Review On-Site Review Instrument as the unit's primary internal tool for evaluating the quality of delivery of services to children and families. Each reviewed case is reviewed following the guideline established by the Federal Bureau for Children and Families.

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

DPQI review team members review cases related to the 18 items of the Federal CFSR style review instrument. The period under review covers a 12 month section of time going backwards from the start of the review date to 12 months prior. Preliminary case reviews to collect information are done related to the FACTS records only. Reviewers develop a list questions and information needed to complete the CFSR review. DPQI review teams then conduct interviews with designated stakeholders including the case worker, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings.

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After the completion of the review, all cases are debriefed based on the Federal Child and Family Services Review model. Case debriefing are comprised of two teams and a DPQI program manager at minimum. All applicable items are discussed and consensus is reached in the rating of the items. This provides for better inter-rater reliability. The teams upload their completed instruments into a SharePoint site. Quality Assurance reviews are conducted on all cases reviewed by the Division of Planning and Quality Assurance program management staff. Data is compiled as a result of the CF SR style reviews and utilized in the development of district specific of corrective action plans.

Exit conferences are held at the district offices where DPQI Staff assist the district in interpreting the results of the review. At the exit conference, the data indicators based on the 18 items reviewed are discussed with the District. The District is also provided with a comparison from their prior review to review improvements and areas needing improvements. At this time, an exit interview is conducted by DPQI staff with the District's Management staff. District Management staff are able to comment on the factors that contributed to the areas needing improvement, and strengths. Additionally, DPQI creates a list of base questions to be asked at all the exits. The questions are based on the previous Federal Fiscal Year data and the overall issues impacting practice within the State.

Following the exit with the district management team and DPQI staff, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the District for review and comments. Districts complete a corrective action plan based on the identified areas needing improvement outlined in the exit summary.

DPQI compiles the exit summary, data and corrective action plans for each district and distributes the findings to the District's Management staff, the Regional Program Manager, Regional Director, Director of Training, Director of Policy and the Executive Team.

CF SR Round Three:

West Virginia is currently in the process of developing a plan for the implementation of Round Three of the Child and Family Services Reviews. West Virginia's sampling plan is currently being developed with assistance from the Regional Children's Bureau and the Measurement and Sampling Committee. No plan has been finalized at this point in time.

West Virginia has proposed the sampling of 65 social services cases representative of statewide practice. Case reviews will be conducted over a period of six months. West Virginia will utilize a 12 month period under review when reviewing cases.

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The sample will include 40 foster care cases and 25 in-home cases for a total of 65 cases. West Virginia has a high rate of children in placement. West Virginia believes this should be reflected in the number of placement cases included in the sample. The types of cases reviewed during the District monitoring reviews include open Child Protective Services (CPS) cases, with and without placement, open Youth Services cases, with and without placement, Foster Care cases and Adoption cases where the adoptions have not been finalized. The sampling for the state foster care population will be a consistent of the listing of children served by jurisdiction strata in accordance with WV's AFCARS defined reportable cases.

WV will utilize the US Department of Health and Human Services Administration on Children and Families, Children Bureau's Child and Family Services Review Onsite Review Instrument and Instructions (OSRI) when reviewing cases. Case information will be entered into the OSRI on line system provided by JBS international per requirement of the Children's Bureau.

West Virginia's current CFSR style case review process will be applied to Round Three of the CFSR. Once the sample is screened to meet the identified case types, case lists will be distributed to the lead reviewer for identification of interview participants. All case reviews are conducted in pairs. Preliminary case reviews to collect information are done related to the FACTS records only. Reviewers then develop a list questions and information needed to complete the CFSR review. This phase enhances the reviewer's ability to collect relevant and/or clarifying information during the interviews related to rating the CFSR items. DPQI review teams then conduct interviews with designated case participants to include the case worker, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. Interviews are conducted jointly by the team of reviewers. Interviews will be conducted either in person or by telephone as the discretion of the interviewee. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings. Reviewers will jointly complete the US Department of Health and Human Services Administration on Children and Families, Children Bureau's Child and Family Services Review Onsite Review Instrument and Instructions (OSRI) when reviewing cases.

Upon the completion of the review process, all cases will be "debriefed". At a minimum, two teams of reviewers and a program manager must attend the debriefing. The debriefing allows an opportunity for the case review to be discussed and a consensus on case rating to be reached. The debriefing exercise allows for inter-rater reliability between the teams of reviewers. After the debriefing, the teams will enter the rated instrument into the on line rating system. Program Managers will provide quality assurance after the instrument is uploaded to the on-line site to ensure items were rated

correctly, justifications are complete and the information is consistent with the debriefings.

CAPTA

The CAPTA State Grant, under the direction of state coordinator Brandon Lewis has been used to support and improve the child protective services system in the following program areas, as required in the Child Abuse Prevention and Treatment Act:

Conducting and improving intake, assessment, screening, and investigation of reports of abuse and neglect.

The Department has provided a statewide system for receiving, investigating, and assessing referrals of child abuse and neglect since the last reporting period. Within the reporting period, CAPTA funds were used to train CPS Social Workers and stakeholders on the SAMS Intake, Investigation, and Ongoing CPS Services Process.

The Department has initiated a statewide Centralized Intake Unit responsible for receiving reports of child abuse and/or neglect during the reporting period. The Centralized Intake Unit provides consistency among West Virginia counties regarding reports of child abuse and/or neglect.

A part-time Citizens Review Panel Coordinator was hired using CAPTA funds during the reporting period. The part-time Citizens Review Panel Coordinator completed many of the tasks volunteers have been required to do, and this has allowed the Citizens Review Panel to continue to thrive. The Citizens Review Coordinator makes all arrangements for meetings; making copies, taking notes, providing minutes, and creating agendas. The results of the Citizens Review Panel will be used to improve the CPS System in West Virginia.

Creating and improving the use of multidisciplinary and interagency, intra-agency, interstate and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

In order to assist parents and other caretakers to better understand the Child Protective Services and their rights in the Child Protective Services Process, the Department

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developed the publication “A Parent’s Guide to Working with Child Protective Services” several years ago, and CAPTA funds were used to purchase this publication. This publication provides the parents/caretakers with information on:

The Child Protective Services process beginning with the receipt of a referral and proceeding through investigation and the filing of a petition if necessary;

- The court process including the parents’ rights;
- The process for resolving disagreements/appeals with the Department;
- A section on services that the family can explore;
- A section (glossary) of terms;
- A section concerning the appellant process.

Child Protective Services has state statute and policy on the use of multidisciplinary investigation. Child Protective Services staff receives multidisciplinary training, and the MDIT (Multidisciplinary Investigative Team) process is included in Child Welfare Policy. Other disciplines are also trained on multidisciplinary investigations. Children’s Justice Act (CJA) funds have been utilized to fund training for the investigation and resolution of child abuse and neglect cases. CJA funds were again used during the reporting period to conduct regional multidisciplinary trainings with attendees from law enforcement, child protective services, children’s advocacy centers, and judicial staff attending. The Children’s Justice Task Force conference has been held each year with the focus of multidisciplinary investigations.

CJA funds were used to establish the new West Virginia Center for Children’s Justice to coordinate and oversee the Children’s Justice Task Force, The Alliance for Drug Endangered Children, West Virginia Defending Childhood Initiative Task Force (Handle with Care), as well as, Human Trafficking Task Force. The Center is charged with improving the investigation, prosecution and judicial handling of child abuse and neglect cases, strengthening prevention and intervention efforts, and promoting school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite whatever traumatic circumstances they may have endured.

A protocol for reporting suspected crimes against children to the West Virginia State Police Child Abuse and Neglect Investigation Unit has been developed and implemented. The protocol allows more effective collaboration between Child

Protection Services, State Police, and Local Law Enforcement in order to reduce child fatalities and aid in the prosecution of perpetrators of child abuse and neglect.

Providing case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

The Department continues to provide case management and services to families whose children are threatened with child abuse and neglect. Case Management Services are provided by Department staff and are enhanced through Socially Necessary Services funding, which is a managed care program operated by the Department for services to clients and families.

The Department provides medically necessary services to families and children through the Medicaid system. If the family does not qualify for Medicaid due to their children being in care, the Department pays for medically necessary services in order to attempt to reunify the family if appropriate.

Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

Within the reporting period, the Intake Assessment and Family Functioning Assessment portion of a new decision-making model titled the Safety Assessment and Management System (SAMS) was implemented statewide, and portions of the SAMS Ongoing Child Protective Services Process were implemented.

CAPTA funds were used to purchase training materials as well as purchase classroom training and consultation from Action for Child Protection. Training materials purchased using CAPTA funds will be utilized for years in order to enhance child protective services for years.

Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

The WV SACWIS System (FACTS) continues to track all reports of child abuse and neglect from intake through final disposition and has done so since prior to the reporting period. The FACTS system is available to all Child Welfare staff throughout the state and can be accessed at any District office.

Developing, strengthening, and facilitating training including training regarding research-based strategies, including the use of differential response, to promote collaboration with families; training regarding the legal duties of such individuals, personal safety training for case workers, and training in early childhood, child and adolescent development.

Within the reporting period, CAPTA funds were used to provide continued training to CPS staff concerning the new CPS decision-making model, the Safety Assessment and Management System.

The SAMS Ongoing Case Management Process was implemented throughout the entire state during the reporting period. The training focuses on family collaboration and engagement during the Ongoing Case Management Process.

Extensive training is provided for CPS staff by the Department of Health and Human Resources Training Division. This training includes worker safety. Staff receives training from other avenues. A Multidisciplinary Conference on Child Abuse and Neglect is held annually for professionals who work with child abuse and neglect cases and is supported with CJA funds.

The Court Improvement Board continues their training on legal issues and case law in child welfare. The training is available to attorneys, CASA volunteers, and Departmental staff, among others. The content of the training sessions includes the Keeping Families and Children Safe Act of 2003; The Adoption and Safe Families Act of 1997 (ASFA); state statutes; information on Title IV-E regulations; and key state court decisions. CPS staff attends Sexual Abuse Finding Words Trainings which are conducted by the Prosecuting Attorney's Institute and Children's Advocacy Centers.

Protective Services staff attended a variety of child welfare trainings including but not limited to: Identifying Abuse and Neglect/Worker Safety; Fundamentals of Child Welfare; Human Growth and Development in the Social Environment; Culturally Sensitive Practice/Special Populations; Basic Interviewing Techniques and the Child Welfare Process; CPSS Initial Assessment and Safety; Domestic Violence; Substance Abuse; Permanency and Concurrent Planning; CPSS Family Assessment and Treatment; Foster Care/Policy and Systems; Preserving Connections; Sexual Abuse Initial Assessments; Advanced Interviewing; Sexual Abuse Interventions; Family Centered Practice; PRIDE Training for Child Welfare Workers; Social Work Ethics I and II; Advanced MDTs: An Experiential Approach; and Meaningful Contacts.

Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Within the reporting period, CAPTA funds were utilized during the reporting period to provide classroom training on Safety Assessment and Management System supervisory guides. This training was provided by the Division of Training to assist supervisors in engaging staff, mentoring, and ensuring that the SAMS decision-making model is appropriately applied.

Protective Services staff attended a variety of child welfare trainings including but not limited to: Identifying Abuse and Neglect/Worker Safety; Fundamentals of Child Welfare; Human Growth and Development in the Social Environment; Culturally Sensitive Practice/Special Populations; Basic Interviewing Techniques and the Child Welfare Process; the Safety Assessment and Management System; Domestic Violence; Substance Abuse; Permanency and Concurrent Planning; Foster Care/Policy and Systems; Preserving Connections; Sexual Abuse Initial Assessments; Advanced Interviewing; Sexual Abuse Interventions; Family Centered Practice; PRIDE Training for Child Welfare Workers; Social Work Ethics I and II; Advanced MDTs: An Experiential Approach; and Meaningful Contacts.

Developing and facilitating the use of, and implementing research-based strategies, and developing training protocols for individuals mandated to report child abuse or neglect.

Within the reporting period, the Department and West Virginia Partners for Prevention provided mandated reporter training throughout West Virginia. The training is a comprehensive training session for mandated reporters of suspected child abuse and neglect including child care workers, educators, law enforcement, clergy, medical professionals, and others who are legally mandated to report suspected abuse or neglect. Train-the-trainer sessions were conducted, and more than 100 individuals are now able to train the curriculum.

Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.

The Department of Health and Human Resources Children with Special Healthcare Needs program provides specialized medical care for children who have or might have chronic, disabling, medical conditions. Registered nurses and licensed social workers are available to coordinate and facilitate children's participation in healthcare services. A Care Coordinator is assigned to each enrolled child at the time the Patient/Family Assessment and Patient Care Plan is completed. The program supports the family and community in the care of children with special health problems by providing:

- Arrangements for early care
- Medical exams and tests to identify problems
- Medical treatment
- Planning to make sure all needed care is arranged
- Medical services are provided through clinics located in different areas throughout the state, or are arranged with medical specialists who work with the program. Treatment Services include, but are not limited to:
 - Doctor visits
 - Laboratory tests
 - X-Rays
 - Medicine
 - Physical, occupational and/or speech therapy
 - Equipment
 - Hospital stays
 - Surgery
 - Laboratory tests and X-rays
 - Medications
 - Physical therapy
 - Hearing aids
 - Medical equipment and supplies
 - Surgery/anesthesia
 - Hospitalization
 - Physician visits

Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response.

The Department provided training during the reporting period on reporting suspected incidents of child abuse and neglect. This training was provided to mandated reporters as well as others who may have regular contact with children. Train-the-trainer sessions were held during the reporting period. There are more than 100 trainers certified to train the community on child abuse and neglect as well as the role of Child Protective Services. The training is also being developed into a Web Course that can be taken by mandatory reporters and other interested parties.

The Department collaborated with the Children's Justice Task Force on known issues with individuals failing to report suspected child abuse or neglect. The West Virginia Children's Justice Task Force distributed information concerning the Child Protection System throughout the state. Each year, the National Association of Social Workers (NASW) hosts a conference in the capitol city of Charleston during April gathering thousands of social work professionals together. The task force had a booth presenting a myriad of packets of information and answering questions. The task force sponsored a booth at Children's Day at the Legislature to inform the public and legislators about issues regarding children and child abuse and neglect. The task force has participated in other conferences and fairs distributing child welfare information.

Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Since 2004, the number of Partners in Prevention community teams has grown from 22 to 40 and currently operates with the assistance of CAPTA funds. The team leaders meet three times a year to learn about effective prevention strategies from state as well as national experts and from each other. The program ultimately seeks to tap the expertise of the people who are doing this work in communities and to provide ways to share that knowledge with others.

Local projects are designed and implemented by the community teams using research on successful programs in West Virginia and across the country. Participating Community Teams are encouraged to review *Emerging Trends in the Prevention of Child Abuse*, published by the U.S. Department of Health and Human Services, for guidance on various prevention programs and their effectiveness. Examples include:

- Community baby showers
- Offering useful items and information to new and expecting parents
- Parenting education and information on strengthening families

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- Enhancing and supporting home visiting programs
- Family literacy programs
- Family fun nights to promote healthy relationships
- Sponsoring community forums on issues impacting families
- Presentations for professionals and the public on promoting child well-being and preventing maltreatment before it occurs
- Awareness sessions for children on protection from abusive situations
- Public awareness and educational programs on child abuse prevention
- Respite care services to provide relief from child-caring responsibilities for a period of time for families who require a significant amount of support to maintain family stability

Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.

The Child Protection System and the Juvenile Justice System are members of the Commission to Study the Residential Placement of Children and the West Virginia System of Care Implementation Team. Those collaborations focus on seamless service delivery to children transitioning between the two systems and continued their work during the reporting period.

Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protection system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services and to address the health needs of children identified as abused or neglected, including supporting prompt evaluations for children who are the subject of substantiated child maltreatment reports.

West Virginia Child Protective Services Policy requires that all children who have been identified as abused or neglected under the age of three receive a referral for Early Intervention Services. Child Protective Services Policy also requires children to be referred to Early Intervention Services when other risk factors are identified. Due to collaborative efforts within the Department and public health agencies, each child who enters foster care receives an Early and Periodic Screening and Diagnosis Treatment (EPSDT) within 72 hours of placement.

Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in investigation, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence, and that also support the care-giving role of their non-abusing parents.

West Virginia Department of Health and Human Resources has a longstanding, productive relationship with the West Virginia Coalition against Domestic Violence (WVCADV). During the reporting period the WVCADV provided training to Child Protective Services Workers and Supervisors in order to assure child protection. The WVCADV and Department Trainers train CPS staff on power and control and how it can impact the non-abusing parent and children. The WVCADV trains CPS Staff on Co-Petitioning. Co-Petitioning allows the non-abusing parent and Child Protective Services to partner together and file a child abuse petition against the perpetrator. This supports the non-offending parent and allows them to continue to care for their child yet receive protective services from the court and permanency for their child. CPS staff is able to work with local Domestic Violence Advocates in order to assure child protection.

State Law

There have been no changes in state law which would affect eligibility for CAPTA.

CAPTA State Plan

There have been no significant changes to the CAPTA State Plan or how funds will be used to support the 14 program areas found in Section 106(b) of CAPTA.

Requirements for Criminal Background Checks for Prospective Foster Parents, Adoptive Parents, and other Adult Relatives. WV Code §49-2-114 requires a check of personal criminal records for foster/adoptive parents. The Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248) requires states to complete a fingerprint-based criminal background check on all prospective foster/adoptive parents through the National Crime Information Database (NCID) prior to placement, whether a maintenance payment will be made to the family or not. All applicants and other adults in the home will authorize the release of criminal records through the State Policy and FBI National Database to the Department by completing the FD-258 record check request form. All applicants and other adults in the home must complete a signed

Statement of Criminal Record, which provides for a disclosure and authorization statement. If the prospective foster/adoptive parent or any adult member of the household refuses to authorize the check, the home will not be approved. If the applicant or other adult in the home indicate a conviction for which there is no waiver permitted, the home will not be approved.

Citizens Review Report

The Citizens Review Report was received by the Bureau for Children and Families in December 2014. The report is attached to the APSR. The response from the Commissioner is also attached to this report.

Chafee Foster Care to Independence Program

The West Virginia Department of Health and Human Resources has the responsibility to help older youth, in their care, develop into self-sufficient adults. In addition, all agencies and individuals who provide substitute parental care for older youth, in their care, are charged with helping to ensure that their social, emotional, and intellectual development is achieved to each youth(s) highest potential.

The Department should ensure that all adults entrusted with the care of older youth demonstrate appropriate social behavior; respond properly to stressful situations; and promote good physical, emotional, and intellectual well-being. It is through the observation of positive adult behavior and through interaction with positive adult role models that youth develop and demonstrate positive attributes.

All youth in out of home care, at age 14 or older, are provided with transitioning services to assist them with their transition from foster care as well as their transition to adulthood. Youth are provided with a life skills assessment on an annual basis, and a transition plan, which is reviewed and revised every 90 days. Transitioning services are provided when indicated through the life skills assessment and transition plan.

Purpose

The purpose of the Chafee Foster Care Independence Act was to provide states with flexible funding to develop and design services and activities to meet the needs of youth transitioning from foster care. The Act provides guidance for seven specific purposes listed below:

Help youth transition to self-sufficiency;

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Help youth receive the education, training, and services necessary to obtain employment;

Help youth prepare for and enter post-secondary training and educational institutions;

Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;

Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition to adulthood;

Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care; and

Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

For FFY 2016 the Department plans to hire transition specialists in each Region. These positions:

- Will be assigned as a secondary worker for every youth involved with child welfare in the Region ages 14 and older.
- Will assure that transitioning plans for all youth involved with Child Welfare are appropriate and updated as needed.
- Interacts with a variety of professional practitioners in the areas of social work, mental health, developmental disabilities, education, juvenile delinquency, and counseling and guidance to assess client's needs and provide appropriate services.
- Helps primary worker develop client transition plan designed to accomplish and to provide Child Welfare youth in attaining social, educational and vocational goals.
- Cooperates with the court system for child protective services, foster care, adoption, juvenile delinquency and Medley program services by helping primary worker to prepare or complete Life Skills assessments, Learning plans and transition plans.
- Provides technical assistance to primary workers and providers in effectively developing required plans and services; conducts periodic evaluations of facilities and services.
- Counsels clients/families in achieving goals of client transition plan.
- Counsel's youth to help primary worker develop appropriate transition plans.

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- Speaks before educational and community organizations and groups regarding services available and to develop community resources.

By creating these positions the Department will be able to insure that all youth in foster care of transitioning age will have staff whose sole purpose is to see that youth transitioning have their needs met.

Writes reports on case findings and summaries of client transition plans

There have been several new initiatives developed to carry out the purposes of the Chafee Act as well as the carryover of initiatives previously developed. The following are available initiatives and activities conducted in FFY 2014 as they relate to the seven purposes of the Act.

Programs/policies to help youth transition to self-sufficiency

Life Skills Assessment Process: At age 14 or older (if a youth enters care at an older age), each child in foster care completes their Casey life skills assessment. The assessment is completed within 30 days following the youth's 14th birthday or entrance into care if the youth is already age 14. The assessment helps determine the child's level of functioning in several areas including but not limited to personal hygiene, food management, housekeeping, employability, education planning, and so forth. The results of the assessment provide critical information regarding strengths and weaknesses in various life skills areas. In order to ensure that foster care youth are gaining necessary skills to prepare them for independence, the life skills curriculum provides foster care youth in all out of home placements in West Virginia the opportunity to learn these valuable skills. The learning objectives of the life skills curriculum are taught to the foster child by the foster parents, by staff in group residential settings/specialized foster care, or by the child's Department case worker. The life skills assessment is completed on youth in care annually.

The Department has continued to implement the new life skills assessment and curriculum process. West Virginia continues utilizing the Casey Life Skills Assessment and Curriculum. When the Casey Assessment process and website changed, provider agencies, and staff were provided with information on the new process and how to access the site and assessment. The utilization of the Casey Assessment and Curriculum process is being used statewide.

Transition Plan and Services: At the age of 14 or older (if a youth enters care at an older age), each child in foster care develops their individualized transition plan, which will help the youth move towards independence and self-sufficiency. The transition plan is to be developed within 60 days following the youth's 14th birthday or entrance into

care if the youth is already age 14. The transition plan is reviewed every 90 days and revised as necessary. Some areas that are addressed in the transition plan are, housing options, insurance options, community supports, educational plans and supports, employment plans and supports, workforce supports, mentoring services, healthy relationships, family planning, supportive counseling, life skill curriculum, and benefits available (SSI, SS, ETV, Food Stamps...etc.). In March 2014, the Department released an updated transition plan and transition plan desk guide that was developed with the input of the older youth transitioning task team. The new format has been shared with partners at the Court Improvement Program and at various supervisor meetings across the state. Webinars were held in October and November of 2014 to further provide clarification and training on the required youth transition planning process.

Transitional Living Placement with Subsidy: When a youth reaches the age of 17 or older, he or she has an option to move into a community setting in his or her own apartment, if they meet the eligibility criteria. The purpose of this placement type is to allow the youth an opportunity to use the life skills acquired while in foster care and continue to receive support from the State. In this setting the youth is pursuing an educational/vocational goal, learning job skills, is employed or seeking employment.

If a placement is unavailable or the youth shows signs of advanced progress towards independence, youth can choose to rent an apartment in the community. If the youth are placed in a transitional living program under a specialized foster care agency, and they are living in their own apartment, the youth will have contact with staff from a transitional living agency at least five hours per week. They may choose to live in one of the staff supervised transitional living programs currently available. In these programs, youth live in an apartment within an apartment building or complex and a staff person is on the premises frequently or available 24/7.

In some situations, for youth who are over the age of 18, the youth may choose to live in an apartment, with community services. The youth's placement is supported by the Department's caseworker or MODIFIES Community Support Specialist. Life skills are provided to the youth through community services or through the caseworker.

Transitioning Youth Grant Program: The Bureau of Behavioral Health and Health Facilities (BHHF) has continued to provide two grants to agencies to provide independent living services to foster care and former foster care youth with mental health and/or behavioral health issues. The Department has partnered with BHHF to assist with these programs and to assure their sustainability. These transitional living programs are designed to have three phases, with different level of staff supervision in each phase. Phase I consists of basic residential care, with complete supervision. Phase II, graduates youth to living in an apartment building, with staff supervision

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available 24/7. Phase III, transitions youth to living in scattered apartments, with limited supervision. The MODIFY program assists with the provision of the services for Phase II and III.

Outcomes

Outcome 1: There were approximately 19 youth that participated in Transitional Living (TL) placements during FFY 2014. These youth may have been in a TL placement under a private agency or in a TL placement supervised by the Department.

Outcome 2: During the FFY 2014, Burlington United Methodist has provided transitional living services to 13 youth, under their grant program. Number of youth who participated in the following Phases:

Phase I - 5 youth

Phase II - 4 youth

Phase III - 4 youth

Outcome 3: During the FFY 2014, Stepping Stones has provided transitional living services to 6 youth, under their grant program.

Achievements of FFY 2014

West Virginia continues to work through issues related to the Casey Assessment process changing. The State has had an increased focus on completing the Casey Life Skills Assessment on all youth in care and in developing appropriate transition plans for youth in care.

The Department continues to maintain two transitional living programs for youth who are in need of extra supports as they transition out of foster care. These transitional living programs can be duplicated and established in any part of the State.

The State continues to work in partnership with private agencies, which develop or continue to provide programs for youth transitioning from foster care. The State continues work with an Older Youth Transitioning Work Group, consisting of all TL Providers and Department management, to look at transitioning services for older youth. This group is in the process of developing a two-year strategic plan to address the needs of youth who are transitioning out of foster care. The work group had developed a transition plan document for older youth. The transition plan document was piloted by a few provider agencies and DHHR staff. After considerable consultation with groups the Department works with, the document was finalized and rolled out in March 2014. The group is focusing on life skills curriculum choices and looking at strategies to

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prevent the exploitation of foster children, including human trafficking. This group also worked collaboratively together, with Stepping Stones taking the lead, to expand and improve the “It’s My Move” website and checklist for youth. New modules look at pregnancy and parenting youth.

Help youth receive the education, training, and services necessary to obtain employment.

Employment Programs: The employability project was developed to help youth obtain employment. The employability services are available to youth currently in foster care and to the 18-20 year old population who have aged out of foster care. The project began as a pilot but quickly went state wide. Youth Services System Inc., (YSS) in Wheeling provides this service in Hancock, Brooke, Ohio, Marshall, Wetzel, counties in region I. The services and activities provided are designed to not just place youth into employment, but also provide them with the skills, guidance, and ongoing support necessary to sustain employment and succeed in the workplace. Services are provided at the youth’s place of residence, YSS site, within the community, or at Sponsored Employment sites. The second grantee, Human Resource Development Foundation Inc. (HRDF), covers regions II, III, and IV, and all counties in Region I not covered by YSS.

Youth participating in this project are expected to:

- Develop Job Seeking Skills
- Develop an employment history
- Receive Cash for attendance
- Receive assistance with job placement, on the job training, and job shadowing
- Gain/Maintain employment

Outcomes of Employment Programs

Outcome 1: During the FFY 2014, HRDF provided 238 foster care/former foster care youth with employment services, to obtain employment, retain employment and gain employment skills. Youth gained employment; youth completed job mentoring, and completed an orientation/assessment.

Outcome 2: During the FFY 2014, YSS provided 74 foster care/former foster care youth with employment services, to obtain employment, retain employment and gain employment skills.

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Through continued collaboration with the HRDF and YSS, the State has been able to assist more youth into obtaining employment and into receiving employment services within their own communities. The State plans to continue to work with these employment programs as well as other community employment programs, such as WorkForce West Virginia.

Human Resource Development Foundation, Inc. (HRDF) provides Youth Job Development and Placement services in selected counties of WV Department of Health and Human Resources (WVDHHR) Bureau for Children and Families (BCF) Operating Regions I, II, III, and IV. The services provided assist youth aging out of foster care to gain independence by promoting job preparation and work.

The purpose of the program is to offer youth aging out of foster care an opportunity to develop job-seeking skills, acquire employment, develop an employment history, learn regular work habits, develop basic skills needed to succeed in the workplace, and retain employment.

The services and activities provided through the Employment for Independent Living Program are designed to not just place customers into employment, but also provide them with the skills, guidance, and ongoing support necessary to sustain employment and succeed in the workplace.

In addition to the services provided through the program components, the Employment For Independent Living Program (EFILP) provides customers bonuses for superior attendance during Job Search, bonuses for retaining employment, stipends to assist the customer with the cost associated with attending training, and travel payments to assist the customer with the expense of getting to work for the first 30 days of employment.

The curriculum to be used for Job Search Instruction is suitable for individuals with low reading levels; however, individuals who cannot read at all would not be able to handle the program. Materials are geared to an adult interest level and are suitable for average and above-average readers, so the program serves customers functioning at nearly every academic level.

Employment for Independent Living Program Performance Objectives

To provide opportunities for older foster care youth to increase and improve job seeking and job keeping skills.

To provide opportunities for older foster care youth to gain work experience.

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EFILP services are available to other eligible youth in the priority counties, as well as, the remaining counties depending on the number of referrals received from the priority counties and the availability of staff time.

There are key elements, which are embodied throughout the program. These elements include: Personal Empowerment (through the discovery of skills, motivation, and goals); Hands-On Skill Development (through practical application of skills being taught and in field activity); and, Ongoing Support (initiated during Job Search Instruction and sustained throughout program participation and for 12 months after the attainment of customers' employment is obtained).

Job Search Instruction is designed to be dynamic with lively exchanges between the Service Placement Specialist/Job Developer and customer along with small group activities (when possible) and multi-media/instructional techniques. Job Shadowing experiences, if utilized, will be relevant to the customer's interest and/or occupational goals and skillfully selected and shaped to fit the customer through cooperation with the employer/site supervisor and the Service Placement Specialist/Job Developer. Recordkeeping materials will be clear and easy to complete while allowing for efficient tracking of activity.

While Employment for Independent Living Program staff will be actively involved in case management issues, HRDF recognizes the role of DHHR as the primary Case Manager. HRDF will notify childcare agencies, foster care agencies, and Social Service Supervisors of the date, time, and locations of all program intakes/Job Search Workshops. In the event that sufficient numbers of referrals are unavailable, program services will be provided on an individual basis and coordinated with the aforementioned agencies.

Help youth prepare for and enter post-secondary training and educational institutions.

Helping our Undergraduates Succeed in Education (HOUSE) Project: Some TL youth who are first-time freshman at West Virginia State University live in the H.O.U.S.E. project. This initiative provides a small staff supervised house on the WVSU campus for students who may need a gradual introduction to college life. H.O.U.S.E. stands for Helping Our Undergraduates Succeed in Education.

Foster Care Tuition Waiver: House Bill 4787 was passed in 2000 and provides for youth in foster care and former foster care youth to receive tuition waivers for the purpose of attending one of the public colleges/universities in West Virginia.

Computers for Graduates Program: Access to technology is a necessity and no longer a luxury in today's post-secondary education environment. Each year the

Department determines a dollar amount that will be available for the purchase of a computer to youth who graduate from high school or complete the High School Equivalency exam while in foster care. Vouchers are issued to the youth by the Department worker to purchase the equipment.

Outcomes of Post-Secondary Preparation

Outcome 1: West Virginia had approximately 185 foster care and former foster care youth attending post-secondary educational or some type of educational training during the FFY 2014.

The Department, in collaboration with the MODIFY Program and higher educational institutions, has steadily increased the enrollment of youth exiting foster care, into post-secondary educational programs over the past several years. The WV tuition waiver provides youth with additional financial aid, so their educational costs are reduced.

The Department plans to continue to work with the higher educational institutions to increase the number of youth attending post-secondary educational programs. The tuition waiver opportunity will continue to assist youth with educational expenses. The Department and other partners continue to work with the community and technical colleges of WV to improve the services that youth are receiving through the education system.

The Department will continue to work with the H.O.U.S.E project at West Virginia State University and increase the number of youth, exiting foster care, that are served by this program.

The computers for graduates program has been a successful program for youth in foster care who obtain their high school diploma or GED while in foster care, for several years. The computer program is an excellent incentive for youth to complete their high school education. These computers are often utilized by the youth as they pursue their higher educational goals. The computer for graduates program will continue.

Provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults.

Mentoring: The Department has developed close working relationships with transitional living providers to address the issues that youth transitioning out of foster care face. The Department has also encouraged the use of the Foster Club Permanency Pact in several regions in the state. Youth involved in the West Virginia Foster Advocacy Movement (WVFAM) initiative supported by the MODIFY with CED Program participate in group mentoring and individual mentoring activities at local meetings and activities. The Stepping Stones Program and the MODIFY with CED Program provide local

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training activities for current and former foster youth that included a local “Game Called Life” event in Huntington WV. Other transitional living providers, MODIFY staff, and Chafee funded grantees encourage the interaction with caring adults through informal mentoring and group meetings.

The MODIFY with CED Program has developed training called “This Yard Called Life,” that will seek to involve the community and professionals that are not traditionally involved with foster youth to participate in local life skills trainings, host events at local workplaces, and invite WVFAM members to share the issues important to them in the community. The MODIFY with CED Program hopes that this non-traditional approach to life skills training will result in the development of informal mentoring and personal relationships to benefit the youth.

Through the hiring and development of the WV NYTD Survey team, the MODIFY with CED Program has begun and will continue to undertake a project called “We Still Care.” Adopted during research to engage and improve support of former foster youth who age out, the MODIFY with CED Program adopted the idea from the state of Maine. Utilizing a public-private partnership with the Taylor County Collaborative FRN, donations are accepted for care packages to youth identified in the 17-21 year old population. Donors are encouraged to create care packages specific to kids in their community or to make donations of products and items to be put together for youth anywhere in the state. Donors are encouraged to put together cards and letters that will demonstrate caring and compassion for these youth that may have little to no support.

West Virginia Foster Advocacy Movement and the Taylor County Collaborative Family Resource Network Breaking the Cycle Youth Group have teamed up to provide mentoring and peer sharing between the two youth groups. Breaking the Cycle is a group of middle through college age students who work on the issues of teen stigma and stereotyping of destructive decisions. The Breaking the Cycle youth work on prevention related issues such as drug, alcohol, and tobacco in their own community. Initial Christmas meetings was held in December of 2014 where the groups had the opportunity to share the issues each was working on and brainstorm how they can work together. Activities are on-going. Youth are supporting one another in the issues each group has identified and sharing strategies and resources such as influential connections.

Youth Councils: Through the re-invigorated West Virginia Foster Advocacy Movement, youth are provided opportunities to participate in meetings with peers, interaction with other youth from other areas, and interaction with the community through participation in speaking engagements and panels. Youth will continue to be provided leadership and mentoring opportunities in the coming year.

Post-Secondary Education Student Support Services: Youth in post-secondary educational program are linked to supportive services within the educational system they are attending. These supportive services often assist the youth in maintaining their grades, advocating for their own rights, staying connected to other youth, receiving other supports as needed. Some of the services that are utilized are student tutoring services, college career centers, college help centers, and student groups.

Community Support Services: Through the use of the recently formatted youth transition plans, youth can receive additional community supports. Additionally, youth enrolled in the MODIFY program are often referred to community services for extra support. Some of the community resources that are utilized are: Workforce or HRDF, WV Housing, Community Mental Health Centers, Legal Aid of WV, SSI Offices, DRS Offices, HUD, Community Pregnancy Support groups or prevention groups, DHHR economic Services and Community medical assistance programs.

Transition from High School to Post-Secondary Education Support Programs: Youth in high school or obtaining their GED are referred to supportive programs to assist them in making the transition from high school to a post-secondary educational program, when needed. Some of the programs utilized are the Heart of Appalachia (HAT) Program, and the Federal TRIO Programs.

Outcomes of Supporting Youth Aging Out of Foster Care

Outcome 1: Approximately 70 youth are engaged throughout the state in the West Virginia Foster Advocacy Movement. Youth participate in local meetings and a statewide meeting in June of 2014. Youth identified the top four issues they want to focus on. Sibling separation, the overuse of prescription medication, adequate information for and about foster parents, and proper involvement in their own cases was identified.

Outcome 2: Approximately \$150 in cash donations and \$300 in in-kind donations for the We Still Care Packages has been collected through March of 2015.

Outcome 3: During the FFY 2014 youth were referred to educational supportive services within their educational program on a consistent basis. Approximately 90 youth were referred to educational supportive services, such as tutoring, network groups, student support groups, college career centers, etc...

Outcome 4: Youth are referred to HAT, and the TRIO program on a continuous basis as needed during the intake process for the MODIFY with CED Program. Three youth were referred to these programs.

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West Virginia Foster Advocacy Movement, with the support of the MODIFY with CED Program, has gained a strong presence this past year. In addition to the identification of the issues, youth are excited about local meetings, the partnership with the Taylor County Collaborative Family Resource Network Breaking the Cycle Youth Group and the We Still Care packages.

Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Transitional Living Program Grantee: Youth Services System provides support to young adults ages 17 – 21 through their Transitional Living Program and services. A 2010 study of former foster care youth found that at the age of 23-24 years old, compared to their peers of the same age:

The foster care alumni had only half the annual income of their peers (52% were unemployed, average income \$8000/year);

They were much more likely to be parents (2/3 of the women reported being pregnant since leaving foster care at age 18);

They used public benefits, like food stamps, at a much higher rate than their peers;

Nearly 25% had not completed high school or received a GED;

Source: http://www.chapinhall.org/sites/default/files/Midwest_Study_ES_Age_23_24.pdf

At Youth Services System, each youth is provided safe, stable living accommodations during their time in the program. Supportive services are made available to youth. Youth Services System assures access to health, mental health, social services, law enforcement, education, welfare and legal aid. Additional referrals for specialized help are made when needed.

Each youth is assessed using the Casey Life Skills, a nationally recognized instrument that indicates the individual's readiness for independent living. For insight into trauma, they use the Adverse Childhood Experience Screening (ACEs) tool. Staff works in partnership with each youth to create a unique plan of practical life skills training to build on youth strengths, to complete their basic education and to continue their education through vocational or higher education. Youth learn job readiness skills and seek employment. Participants work toward living in community apartments to demonstrate their independent living skills in the real world with regular ongoing staff support and supervision with increasing levels of independence from this support.

Youth are involved in developing and revising their Individual Service Plan, in group and house meetings, in developing program materials, in program evaluation, and in

supporting new youth entering TL. Staff address trauma, and work with each youth in a way that is respectful of their individuality, their own culture and their identity. Where possible mentors help youth improve interpersonal skills and relationships. Youth engage in community service and participate in activities and events that give them permanent connections to helpful adults.

The goal is for each young person to be safe, healthy, to achieve a sense of well-being, confidence, and develop the skills they will need as adults, to have connections to caring adults and relationships that will lead to independence and self-sufficiency.

Mentoring and Oversight for Developing Independence for Foster Youth (MODIFY) with CED Program: MODIFY provides transitional services to youth 18 through 21 years of age to enhance their own efforts toward self-sufficiency. To be eligible for MODIFY, youth must have aged out of foster care or group care on or after their 18th birthday. If a youth was in State's care at the time they were incarcerated and subsequently aged out while incarcerated, the youth is eligible for services once released from incarceration and until their 21st Birthday. These services include, but are not limited to, short term financial assistance, employment assistance/support, educational assistance/support, transportation, housing assistance/support, supportive counseling, independent living skills training, assistance with application for benefits, and linkages to necessary community supports and resources.

MODIFY Community Support Specialists offers assistance to Chafee eligible youth six months prior to discharge, or earlier when necessary, from custody. MODIFY Specialists also provide technical assistance on a daily basis to staff within the DHHR on youth transitioning issues, as well as the provider community and the public. They attend Multidisciplinary Treatment Team (MDT) meeting for youth needing transitioning services. MODIFY has also begun notifying youth who are age 17 ½ and in foster care, of MODIFY services, the eligibility criteria and how to make contact with the program. Additionally, MODIFY sends letters to all of the residential agencies and local Departments reminding them to refer high school seniors in January.

West Virginia NYTD Team: The Department provided resources to WVU Research Corporation beginning December 2014 to hire four specialists to administer the NYTD Survey and to follow youth from ages 17 – 21. The WV NYTD Survey Team is a part of the MODIFY with CED Program. The specialists make contact with the youth before the 17 year old survey is due and maintain quarterly contact with youth until they are 21, administering the 19 and 21 year old surveys during the relationship. The Specialists will provide information and resources on Chafee funded programs as well as resources in the local community that the youth can access. The program is gathering information on health topics, programs, and other resources that will be of use to the youth

throughout the life of the supportive relationship. The WVNYTD Team also encourages the youth to access supportive resources such as WVFAM. While the project is relatively new, there has been a positive response to resource information and the assistance being given by the WV NYTD team.

Collaboration with Other Programs/Agencies: The Department continues to work with many collaborative groups and other agencies that provide services to youth transitioning. Agencies/committees who are involved in these meetings are Division of Juvenile Services, Bureau Behavioral Health and Health Facilities, Community and Technical Colleges, Mission WV, Administrative Services Organization, Court Improvement Board, multiple Community Collaborative groups.

Outcomes of Transitioning Supports:

Outcome 1: During FFY 2014, HRDF and the MODIFY Program re-established an existing relationship and agreed to promote one another's programs with eligible youth and community partners. HRDF developed a fact sheet similar to the MODIFY Program fact sheet to aid Department workers and others in understanding services available to Chafee eligible youth.

Outcome 2: During FFY 2014, the Older Youth Transitioning Workgroup developed goals and plans to establish a choice of life skills curriculums for providers and foster parents.

Outcome 3: During FFY 2014, the Stepping Stones program and the residential facilities of River Park and Golden Girls worked together to improve services to transitioning youth and to make a smoother transition.

Outcome 4: During FFY 2014, 249 referrals were received for the MODIFY program.

Outcome 5: During FFY 2014, MODIFY with CED provided services to an average of 183 foster care youth and former foster care youth.

Not all the services provided by the MODIFY Program involve financial services. Many of these youth were provided information and referral services, linkage with community resources, and advocacy on their behalf in obtaining SSI, medical cards and other benefits.

Outcome 6: During FFY 2014, MODIFY Community Support Specialists attended approximately 40 MDT's for youth in foster care. Staff provided information of the youth and other members of the MDT on transitioning services that are available for youth as well as information on programs that can assist the youth when they transition from foster care.

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Chafee funded grantees of the Department have either established or re-established close working relationships with one another and multiple partners in the community. Each grantee works hard to promote their program as well as the programs of others to provide youth with the best transition services possible. Each provides technical assistance to the Department and the community about issues facing transitioning youth and ways we can all improve the system.

Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

The State provides Chafee Services to youth who have been adopted or who had been placed in legal guardianship. Some of the services that youth are provided include Educational and training Voucher funds, case management oversight, community referral services, mentoring services and other transitioning services as needed as indicated above.

*See ETV Section for eligibility criteria and outcomes for ETV services.

Chafee Outreach Activities/Specific Training FFY 2014

Several of the Chafee services and activities have been previously reported by individual type of service or activity. By arranging some of those services and activities under the category of outreach, focuses the attention to the various ways potential Chafee clients are identified and encouraged to seek services.

The Department released the revised Youth Transition Plan in March 2014 and provided a series of webinars for Department staff during October and November.

The MODIFY with CED Community Support Specialists provided training and technical assistance and special topic workshops on the MODIFY Program and other youth transitioning topics. MODIFY developed the Youth Transition checklist as a technical assistance product for the Department.

The MODIFY Program continued to assist the Department with the dissemination of program posters, fact sheets, and brochures. Program brochures are provided to community groups such as homeless shelters and child welfare agencies. In addition, MODIFY program staff developed good working relationships with college admissions staff. Informational brochures, posters, fact sheets and referral forms were provided to these staff as needed.

The MODIFY with CED Program will be working with the Department of Juvenile Services in FFY 15 to clarify the limited eligibility and provide information on Chafee services to incarcerated youth.

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The MODIFY with CED Program has a webpage located on the WVU-CED Website, where individuals can find information about services for the program. Staff contact information is located on the website and a referral for MODIFY services may also be made through the website. It is located at <http://modify.cedwvu.org/>.

Outcomes of Outreach and Training

Outcome 1: During FFY 2014 MODIFY with CED staff conducted approximately 15 informational trainings to professional and paraprofessional staff.

Presentations about Chafee funded services were made to many professional and community agencies, throughout the State, including but not limited to, State/County WV Department of Health and Human Resources, Department of Juvenile Justice Services, Family Resource Networks, Child Care Agencies, Independent Living Agencies, Court Appointed Special Advocates (CASA), Colleges/Universities, WV Tribal Group, Faith based organizations, Human Resource Development Foundation, Job Corp., Psychiatric Hospitals, and Emergency Youth/Adult Homeless Shelters.

Outcome 2: During this reporting period, the MODIFY with CED webpage has been available for individuals to quickly locate the services that are available through the MODIFY program. The website was updated with fact sheets to assist individuals with clear eligibility criteria. Referrals for the MODIFY program can also be made through the website. The program also maintains a universal e-mail address for inquiries, modifyced@hsc.wvu.edu.

Outcome 3: During the reporting period, the It's My Move website was updated.

Outcome 4: During the reporting period, individuals were trained on the BHHF model of transitioning, the TIPS model.

The Department plans to develop a list of activities that are age appropriate for older youth and revise policy in a manner that demands workers use prudent parenting standards as well as allow children under their supervision to have normal child and youth experiences.

Service Collaboration Activities Achieved in FFY 2014

The Department, MODIFY Community Support Specialists, Transitional Living Providers, and other Chafee funded programs collaborated with many agencies to provide foster care and former foster care youth services necessary for effective transitioning to adulthood. Some of these collaborative efforts included the following:

The Employment for Independent Living Program and WorkForce West Virginia collaborate on summer employment programs for youth in foster care.

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The West Virginia Department of Education, in conjunction with the Education of Children in Out-of-Home Care Advisory Committee, hired Transition Specialists to support children placed out-of-state as they prepare and transition back to their school setting in West Virginia.

The MODIFY with CED Program and WV Bureau for Health and Health Facilities continue to work together to develop and support two Independent Living Programs to provide services to foster care and former foster care youth with mental and behavioral health issues.

MODIFY and Human Resource Development Foundation (HRDF) and Youth Service System (YSS) continue to work together to ensure foster care and former foster care youth received employment skills training. MODIFY Community Support Specialists, YSS and HRDF work together to improve efforts to get former foster care youth employed and to ensure job maintenance skills were developed and utilized.

The MODIFY Program and WV universities/colleges established a collaborative partnership on various levels to provide educational and financial support/assistance to eligible youth. MODIFY program staff continue to build relationships with various university/college financial aid offices, bursar offices, student affair offices, Trio Program Offices, and Tutoring Centers to assist eligible youth make a successful transition into a Post-Secondary Educational program.

The MODIFY Program continued collaborative efforts with WV State University's H.O.U.S.E. Project to provide a supportive living environment on WV State's campus to assist eligible youth transition into college life successfully.

The MODIFY Program utilized the resources available through the WV University Centers for Excellence in Disabilities (WVU CED) to provide services to eligible youth with a variety of disabilities to assist in their transition from youth disability services to adult disability services. Because MODIFY is housed within the CED, education of these young people on their rights, self-advocacy skills, and the provision of service linkages and applications for benefits to this population were available.

Transitional Living Providers and the MODIFY Program continued to work with various housing projects to provide temporary and long term housing to former foster care youth. Some of these agencies include: WV Housing Authority, HUD, WV Centers for Independent Living, WV Adult Homeless Shelters, Adult Independent Living Programs, Community Action Councils, United Way, and other faith based organizations that assist in prevention of homelessness.

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MODIFY Program staff and other Chafee funded service providers attend local Family Resource Network and community collaborative meetings in order to provide input youth with the most recent resources available to them.

The Department and the MODIFY Program collaborated with DJS which provides after care services to individuals discharged from Juvenile Justice Facilities. The MODIFY Program continues to provide services/supports to eligible youth exiting DJS care to assist in an effective transition from incarceration to independence.

The Department, MODIFY, transitional living providers, and others continues to work with the Commission to Study out of Home Placements to improve services to youth transitioning from care. A noteworthy accomplishment of this team was the development of a comprehensive youth transition and learning plan that was implemented in March 2014.

The Taylor County Collaborative Family Resource Network and the MODIFY with CED Program developed a public private partnership to support the WVFAM initiative and the We Still Care Project.

The MODIFY with CED Program and two Guardian Ad Litem's teamed up to provide training to lawyers, foster parents, and providers.

Youth Engagement FFY 2014

In March and April of 2014, with the support of the MODIFY with CED Program, kick-off cafes were held across the state to re-establish and re-invigorate the West Virginia Foster Advocacy movement. Youth were provided information on the idea and asked to participate in local and state meetings. A statewide meeting was held in June of 2014 where youth representing original local youth and all geographic areas of the state came together to plan and discuss issues that they want to work on as a state and locally.

Youth identified four issues - Sibling Separation, the over prescription of psychotropic medications and lack of alternative therapies, the need for information for and about foster families, and involvement in their own cases.

Youth continued to meet locally throughout the year. In November youth gave input on a Foster Youth Bill of Rights. Youth also participated in panels at several court improvement program conferences and other events. Youth review and give feedback thru social media, phone conversations, and at local meetings on policies, NYTD activities, and the CFSP. MODIFY with CED has also provided support to youth to develop videos and offers to attend committee meetings such as the Older Youth Transitioning Workgroup.

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Jessica Gibson, a former foster youth, was elected in 2014 to serve of the Commission to Study the Residential Placement of Children. Samantha Sixma, a former foster youth, serves on the WV Court Improvement Program's training committee. Other youth have attended various meetings as their schedules allow, including the Older Youth Transitioning Workgroup.

In December 2014, WVFAM established a peer relationship with the Taylor County Collaborative Family resource Network Breaking the Cycle Group which will result in opportunities to have input with legislative bodies and contacts that group has already established.

State Trust Fund Program:

West Virginia has not established a trust fund program for Chafee eligible youth.

Indian Tribe Consultation:

For information on Indian Tribe Consultation, please refer to Section B, number four of the Annual Progress and Services Report.

National Youth Transition Database

See the NYTD section under Chafee. West Virginia will be sharing NYTD data with the Court Improvement Program, Citizen's Review Panel, WV FAM and Commission to Study Residential Placement of Children on a quarterly basis

Educational Training Vouchers

The education and training vouchers are supported using money provided to the state as a part of the reauthorization of the independent living program. ETV funds are State administered funds provided to foster care and former foster care youth by the MODIFY Community Support Specialists as well as DHHR caseworkers, through the WV DHHR State Office of Finance and Administration.

- Youth eligible for Chafee ETV funds include the following;
- Youth adopted from foster care after the age of 16 years old.
- Foster/ former foster care youth age 18 through 20 years old, who aged out of care at 18 or older.
- Youth placed in legal guardianship. Policy changed to reflect a IV-E Plan amendment and youth after 2014 must have a finalized legal guardianship after the age of 16.

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**If an eligible youth is enrolled, attending, and making satisfactory progress in a post-secondary educational program on their 21st Birthday, then they may be eligible to continue to receive ETV funds until their 23rd Birthday.

ETV funds may not exceed \$5000 per FFY (10/01 – 09/30). ETV funds may be used to cover educational expenses as outlined by the Higher Education Act which may include tuition/fees, books/supplies, room/board, transportation, tutoring, etc.

A student must reapply each year to receive ETV funds and must maintain satisfactory standing within the guidelines of the ETV program. These guidelines include the following:

- Student must maintain a 2.0 GPA.
- Student must maintain an 80% completion rate.
- Student must attend school on a regular basis and provide monthly progress reports to the MODIFY Community Support Specialist.
- If a student experiences some problems maintaining satisfactory progress, the student must contact their MODIFY Specialist to develop an improvement plan as soon as problems arise.
- If placed on probation with the MODIFY Specialist for failing to meet minimum expectations, students must comply with and complete the probation improvement plan to continue to receive ETV services and funds.

ETV Accomplishments for 2014

The state has made some progress in expanding the use of ETV funding over the past few years as well as the enrollment of youth in post-secondary educational programs. Although enrollment has increased, retention in educational programs has been an issue for the State agency.

The MODIFY Program developed a user friendly database that records the demographics of youth, their ETV utilization, and grades. The development of this system will allow the new ETV oversight group to identify the needs and gaps of youth accessing the ETV funds. The database was developed over the course of 2014 and will be an asset to the ETV workgroup in 2015.

Over the past few years, higher education institutions have continued to raise the cost of their programs. With the rise in educational costs, the State has made efforts to maximize the use of all funding available to youth for the purposes of obtaining a post-

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secondary education. WV has a foster care tuition waiver that is available to youth who complete high school or obtain their High School Equivalency while in foster care. The Department and the MODIFY Program have made great strides in assuring that youth are provided with this waiver. There continues to be a push to ensure youth complete their Free Application for Federal Student Aid (FAFSA) before March 1, so they will obtain the maximum amount of funding available to them.

Outcomes of Education and Training Vouchers

Outcome1: For the FFY 2014 (October 1, 2013 to September 30, 2014) the State provided ETV funding to approximately 152 youth; 45 of these were new to the program.

Outcome 2: For the recent partial year (October 1, 2014 to March 30, 2015) the State provided ETV funding to approximately 137 youth; 33 of these are new to the program since October 2014.

Statistical and Supporting Information

Information on Child Protective Service Workforce:

Child Protective Services FFY2014	Region I	Region II	Region III	Region IV	Statewide Total
Total CPS Case ¹	12,557	18,487	8,179	18,048	57,271
Monthly Average CPS Cases ²	1,046	1,541	682	1,504	4,772
Staff Needed @ Action Standard ³	105	154	68	150	477
Total CPS Staff Allocated Positions ⁴	109	127	57	133	426

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% of Allocated Positions Meeting Caseload Standard ⁵	104%	82%	84%	89%	89%
Average CPS Caseload for Allocated Positions ⁶	10	12	12	11	81
Caseload Difference (Allocated to Action Standard) ⁷	4	-27	-11	-17	-51

¹Obtained by adding the monthly case totals of On-going CPS staff (FREDI CPS 8802) to the Intake CPS staff (FREDI CPS 8801) each month during FFY2014 (October 2013-September 2014)

²Total CPS cases divided by 12 (months)

³Monthly average of CPS cases divided by 10 (action standard for CPS cases)

⁴Obtained from monthly regional reports in FFY2014

⁵Total staff needed according to action standard divided by the Total CPS allocated positions

⁶Monthly average CPS cases divided by total allocated CPS positions

⁷Staff needed at action standard subtract CPS allocated positions (positive numbers mean above standard, negative numbers mean below standard)

Information on Youth Service Workforce:

Youth Services FFY2014	Region I	Region II	Region III	Region IV	Statewide Total
Total YS Case ¹	9,329	11,163	6,543	6,261	47,245
Monthly Average YS Cases ²	777	930	545	521	3,937
Staff Needed @ Action Standard ³	65	78	45	43	328
Total YS Staff Allocated Positions ⁴	40	56	44	34	174
% of Allocated Positions Meeting Caseload Standard ⁵	62%	72%	98%	79%	53%
Average CPS Caseload for	19	17	12	15	23

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Allocated Positions ⁶					
Caseload Difference (Allocated to Action Standard) ⁷	-25	-22	-1	-9	-154

¹Obtained by adding the monthly case total of Youth Service staff (FREDI YSS-0010) each month during FFY2014 (October 2013-September 2014)

²Total YS cases divided by 12 (months)

³Monthly average of YS cases divided by 12 (action standard for YS cases)

⁴Obtained from monthly peer allocation reports in FFY2014

⁵Total staff needed according to action standard divided by the total YS allocated positions

⁶Monthly average of YS cases divided by total allocated YS positions

⁷Staff needed at action standard subtract YS allocated positions (positive numbers mean above standard, negative numbers mean below standard)

Recruitment:

The Division of Personnel provides for the announcement of vacancies to current and former employees of the classified service via its website at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

The Division of Personnel provides for the continuous announcement of positions for the State of West Virginia at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

The Division of Personnel provides for general recruitment through the announcement of job and career fairs via its website at:

<http://www.state.wv.us/admin/personnel/jobs/default.htm>.

Local DHHR Community Services Managers and Supervisory staff is invited to participate at Division of Personnel sponsored job and career fairs in order to showcase BCF openings and to respond to potential applicant's questions.

Local DHHR Community Services Managers are also responsible for recruitment of staff using a variety of methods that include: hosting local job fairs at our offices and at colleges and universities; identifying potential candidates through college and university placement offices; and posting advertisements in local newspapers. Many DHHR Community Services Managers participate in the State's Schools of Social Work IV-E supported undergraduate programs that provide for tuition and stipend payments,

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educational placements at local DHHR offices, and the offer of employment upon graduation.

The Office of Human Resources Management's Recruitment and Retention unit will work in partnership with BCF to establish a candidate pool for its vacancies, which will be done through several different efforts. DHHR's Recruitment Manager will be working to establish working relationships with several colleges and other higher education institutions in an effort to inform their students of the opportunities BCF has available and will work to create internships for the different Bureaus' positions. We will also continue to offer to partner with BCF's staff on planning job fairs specifically designed for BCF's titles/positions.

Selection:

BCF is responsible for requesting the posting of each vacancy. The Division of Personnel in turn posts vacancies allowing potential qualified applicants, who are current or former covered employees, to apply. At the same time, BCF local offices request civil service registers from the Division of Personnel, which in turn certifies the names of the top ten available candidates who have tested and meet the minimum qualifications for the vacancy. It is from these two sources (present/former employees and names of candidates who have tested for vacancies) that the candidate pool is made.

Interview Panels consisting of three individuals conduct interviews and make selections based upon the policy found in DHHR Policy Memorandum 2106 and 2106-A. These policies can be located at:

<http://intranet.wvdhhr.org/ops/Policies/WordPolicies/POLICY.2106.pdf> and at:

<http://intranet.wvdhhr.org/ops/Policies/WordPolicies/POLICY.2106-A.pdf>

Degrees and Certifications required:

Information related to degrees and certifications required can be found online for each classified position:

Child Protective Service Worker Trainee

<http://www.state.wv.us/admin/personnel/clascomp/spec/9684.pdf>

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Salary range: \$27,732.00 - \$51,312.00

Child Protective Service Worker

<http://www.state.wv.us/admin/personnel/clascomp/spec/9685.pdf>

Salary Range: \$31,164.00 - \$57,660.00

Social Service Worker III

<http://www.state.wv.us/admin/personnel/clascomp/spec/9588.pdf>

Salary Range: \$26,160.00 - \$48,396.00

Social Service Worker II

<http://www.state.wv.us/admin/personnel/clascomp/spec/9587.pdf>

Salary Range: \$24,912.00 - \$46,092.00

Social Service Supervisor

<http://www.state.wv.us/admin/personnel/clascomp/spec/9584.pdf>

Salary Range: \$29,400.00 - \$54,396.00

Social Service Coordinator

<http://www.state.wv.us/admin/personnel/clascomp/spec/9585.pdf>

Salary Range: \$37,140.00 - \$68,712.00

Child Protective Service Supervisor

<http://www.state.wv.us/admin/personnel/clascomp/spec/9579.pdf>

Salary Range: \$35,028.00 - \$64,812.00

West Virginia currently relies on various reports that are maintained in the Regional Offices and at the State Office for workforce demographic information. This information is useful in providing a snapshot of the workforce demographics. This includes information about the current type of social work license and level of education. DHHR maintains some information in the HRIS system but this system is dependent on the accurate reporting of changes to a workers education and licensure status.

The state of West Virginia is currently deploying a statewide Enterprise Resource Planning (ERP) system to integrate administrative business functions and thus transform how the State manages its financial, human resources, procurement and

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other administrative business processes. The system will capture information and make it readily accessible, as appropriate, to State decision-makers and managers by:

Creating a business intelligence data warehouse with effective reporting tools and predefined reports;

Providing agencies, and specifically system users and business managers, with the necessary technology, tools, and training to enable them to extract the data they require to meet their daily business needs;

Improving the State’s ability to conduct business, human resources, and technology planning based on reliable, timely financial and human resources data;

This system known as WV OASIS is scheduled to have the human resource functionality available in January of 2015. Additional information about the system is available at <http://www.wvoasis.gov/>

The following is a snapshot of West Virginia’s Child Welfare Workforce.

Education Level	
Bachelor’s Degree	88%
Master’s Degree	11%
Ph. D. Degree	0.1%
No Degree	0.2%
Type of License	
Licensed Clinical Social Worker (LCSW)	0.5%
Licensed Graduate Social Worker (LGSW)	1.5%
Licensed Social Worker (LSW)	59.4%
Social Worker (SW)	23.8%
Provisional Social Worker	14.5%
Pending Social Worker	0.01%

Juvenile Justice Transfers

West Virginia had 52 children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FFY 2011. We began with a report from the SACWIS system of youth in the custody of DHHR who were court ordered to another placement and sorted this report by provider numbers associated with DJS facilities.

Child Maltreatment Deaths

West Virginia utilizes various information sources in order to accurately report child maltreatment deaths to National Child Abuse and Neglect Data System (NCANDS). Information is collected from the child fatality review team, the medical examiner's office, as well as information from West Virginia's SACWIS system in order to assure that all child deaths as a result of abuse or neglect is captured in the NCANDS. Jane McCallister, Director of Children's and Adult Services, is an active member of the Child Fatality Review Team and has been instrumental in assuring that children who died as a result of abuse or neglect are accurately identified and reported. In FFY 2014, West Virginia had 14 deaths due to abuse and neglect.

Education and Training Vouchers

In the federal school year 2014, (July 1, 2013 – June 30, 2014) there were 152 youth who received education and training vouchers, with 45 being new recipients. In the time period July 1, 2014 – June 30, 2015, 137 youth have received ETV vouchers, with 33 being new recipients.

Inter-Country Adoptions

West Virginia had no children adopted from other countries that entered into state custody in FY 2014 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Monthly Caseworker Visit Data

In FFY 2013, West Virginia's percentage of visits with children in foster care on a monthly basis was 95.1%. Of those visits, 75.3% occurred in the child's place of residence. For FFY 2014 West Virginia's percentage of visits with children in foster care on a monthly basis was 95.6%, of those visits, 72% occurred in the child's place of

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residence.

99% of caseworker visit funds were spent on transportation costs to visit children in out of home care and 1% was spent on computer supplies. West Virginia will use the majority of the funding over the next year for travel.