



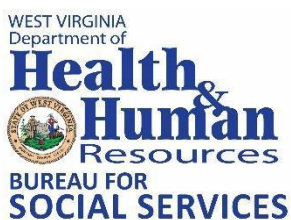
Youth Services Annual Report

State Fiscal Year July 1, 2021, through June 30, 2022

Jeannette Welch

HHR Specialist, Senior
Youth Services Policy
November 15, 2022

Contents



Introduction

Establishment of Youth Services	3
General Casework Flow	4
Youth Services Family Eligibility	5
Status Offenses and Youth Services	6
Youth and Families Served	6
West Virginia Rules of Juvenile Procedure	9
Truancy Diversion	10
Runaway	10
24-Hour Centralized Intake Unit Referral Line	11
Incorrigible	11
Community Services Linkage	12
Out-of-Home Placement	13
Removals from the Home	14
Foster Care Entry	16
Reunification	16
Safe at Home West Virginia	17
Transitioning Adults	18
Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies	19
Appendix A: Youth Services Matrix of Socially Necessary Services	21
Appendix B: Entry Point of Families into BSS Youth Services	24
Appendix C: List of Juvenile Residential Facilities and Residential Emergency Crisis Support Facilities Licensed by the West Virginia Department of Health and Human Resources	25
Appendix D: Total Clinical Outcomes Management Implementation	32

Disclaimer Regarding Gender-Specific Terms: Throughout the Youth Services Annual Report, whenever a gender-specific term is used, it should be understood as referring to both

genders, unless explicitly stated. This is done solely for the purpose of making the text easier to read, and no gender bias is intended.

Introduction

Youth Services is a specialized program that is part of a broader public system of services to children and families. Requirements originate from various sources including, but not limited to, social work standards of practice; Chapter 49 of the W. Va. Code; opinions entered by the Supreme Court of Appeals of West Virginia; the Adoption and Safe Families Act; and the Family First Prevention Services Act.

Pursuant to [W. Va. Code §49-2-1006\(a\)](#), the West Virginia Department of Health and Human Resources (DHHR) and the Bureau of Juvenile Services (BJS) shall annually review its programs and services and submit a report by December 31, of each year to the Governor, the Legislature, and the Supreme Court of Appeals.

In order to have complete and accurate data for this report, DHHR's Bureau for Social Services (BSS) is using data analytics and information that was valid during the time frame of July 1, 2021, through June 30, 2022.

DHHR submits the Youth Services Annual Report for State Fiscal Year July 1, 2021, through June 30, 2022. Through this mechanism, DHHR continues its commitment to "establish, maintain, and continuously refine and develop, a balanced and comprehensive state program for juveniles who are potentially delinquent or are status offenders or juvenile delinquents in the care or custody of the department." (W. Va. Code §49-2-1001)

This year's annual report includes:

- A listing of the rehabilitation facilities in West Virginia.
- The entry point/referral source for state fiscal year (SFY) 2022 to the youth services program.
- Removals from the home and foster care entry by source for SFY 2022.
- A section on the Safe at Home West Virginia program.
- The array of in-home socially necessary services available to families in the youth services program and those that have been discontinued.
- An online catalog of programs and services available in local communities throughout the state.
- An analysis of caseloads for youth services social workers over recent state fiscal years.

BSS adopted the Transformational Collaborative Outcomes Management (TCOM) framework that includes the Child and Adolescent Needs and Strengths (CANS) assessment and the Family Advocacy Support Tool (FAST). CANS has been the primary assessment tool for the Youth Services program since 2016. In early 2019, BSS piloted the FAST tool as an option to replace CANS as a less cumbersome and more family-oriented assessment tool focusing on the safety of the entire family unit. The pilot was successful, and FAST is now the primary assessment tool for Youth Services statewide.

To be certified in CANS and FAST, caseworkers must demonstrate proficiency testing on a case vignette of 0.70 or greater. Recertification is on an annual basis to ensure reliability. Certification in CANS and FAST requires both face-to-face and online training. Experts who provide technical support and certification training are required to participate in annual refresher training and pass the case vignette test at .80 or higher.

The BSS plan for implementation of TCOM to determine the effectiveness of current programs and the development of evidence-based programs is outlined in Appendix D.

Establishment of Youth Services

Youth Services is dedicated to helping families thrive by honoring its mission to provide programs and services that promote the healthy development of youth and families and help them gain the skills necessary to lead constructive lives within the community. Youth Services may help with the challenges associated with adolescent behaviors, homelessness, substance use, or trouble with the law. DHHR coordinates with community partners to implement prevention programs, truancy diversion efforts, and in-home services to families in efforts to prevent youth from becoming involved with the court system. However, when court involvement occurs, DHHR may provide services or out-of-home placement to assist families working through problems. Reunification and permanency planning services are available to everyone in the family.

Youth Services operations consist of several basic steps. These steps can vary depending on whether there is involvement with the court. In general, the process is as follows: Intake; Youth Services Assessment (i.e., FAST) and Immediate Safety Threat Assessment; Youth Service Safety Plan, if necessary; Multidisciplinary Treatment Team recommendation for court-involved youth; a Youth Services Case Plan and Service Provision; and Case Plan Evaluation/Case Closure.

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

In February 2018, federal legislation known as the Family First Prevention Services Act passed and was enacted, increasing federal funding for foster care prevention services. States can be reimbursed for prevention services that the IV-E Prevention Services Clearinghouse has listed as approved intervention strategies.

Senate Bill 562 was passed during the 2021 West Virginia legislative session and became effective July 9, 2021. This bill created a procedure for determining juvenile competency. The purpose of these statutes is to establish procedures for determining juvenile competency to stand trial and to designate a disposition alternative for incompetent juveniles. Statutes would prohibit placement in BJS custody for children under the age of 14 until determined competent or in compliance with W. Va. Code §49-4-727 through §49-4-735 and any child over 14 determined incompetent.

General Casework Flow

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

Referrals come to Youth Services from a variety of sources. To better understand the entry point of families into BSS, a tracking report has been developed from the existing data in the Comprehensive Child Welfare Information System (CCWIS) (Appendix B).

Youth Services Assessment: The Youth Services Assessment is performed on all open Youth Service Cases with the intent of identifying and mitigating safety threats, helping the youth and family overcome barriers, and working to ensure the youth and their family no longer need intervention from BSS. In September 2019, BSS began updating the case work process. This process includes the utilization of the FAST assessment, evaluation for safety threats, and creating the Youth Services Case Plan. To assist youth service staff with process changes, DHHR partnered with Marshall University to facilitate training. The new case work process was implemented statewide on December 1, 2019.

Immediate Safety Threat Assessment: An Immediate Safety Threat Assessment is performed on all open Youth Service cases to determine if the safety of a youth, their family, or their community is at immediate risk of severe harm. Immediate safety threats are defined as observable and presently occurring.

Youth Services Safety Plan: The safety plan is a temporary strategy to control or mitigate immediate and impending safety threats. Families should be engaged in the safety planning process so they can understand how the identified threats cause unsafe conditions, and to gain acceptance and ownership of the developed plan. If an in-home safety plan is not feasible, then an out-of-home placement may be necessary. Additionally, if a safety threat is perpetrated by the caregivers or caused by the living environment, child protective services involvement may be necessary.

Comprehensive Assessment and Planning System (CAPS): W. Va. Code §49-4-406(a) requires that a standard uniform comprehensive assessment be completed for every adjudicated status offender. CAPS was created and adopted by DHHR to meet the requirements of the statute. The CAPS assessment planning system begins with a Child and Adolescent Needs and Strengths (CANS) assessment. This tool serves as both a guide to service delivery and as a screener that triggers the other important assessments of the child and family. Youth Services added the FAST tool to compliment the requirements of CAPS.

Multidisciplinary Treatment Team (MDT): Both state statutes and federal regulations require that an MDT report must be made to the court before the hearing for all youth involved with the court. The court must also review the case plan referred to in W. Va. Code as the Individualized Service Plan (ISP) for the child and family developed by the MDT to determine if implementation of the ISP is in the child's best interests. MDT meetings must be held at least

once every 90 days to review and revise, if needed, service and treatment plans until permanency has been achieved for the child.

Youth Services Case Plan/Case Closure: The Youth Services assessment process involves interviews of all the family members and helps to evaluate either the presence or absence of safety threats and family members' needs. Working with the family to develop the Youth Services Case Plan assures that the caregiver understands DHHR's role in providing services to address issues relating to troubled youth. In facilitating the discussion of the plan, the worker assists the family to address their strengths and needs, and to prioritize goals related to the conditions which are the basis for Youth Services involvement. Services are provided to assist the family and youth achieve the goals which will lead to disengagement of Youth Services from family involvement and case closure.

Youth Services Family Eligibility

The target population for Youth Services includes juveniles under the age of 18 years, or between the ages of 18 and 21 if under the jurisdiction of the court beyond the age of 18.

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

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

Status Offenses and Youth Services

Status offenses are acts that cannot be charged to adults, according to the Juvenile Justice and Delinquency Prevention Act (34 U.S.C. § 11103(42) (2018)).¹ However, at the state level, the definition is not as broad. W. Va. Code §49-1-202 states that a status offense is any of the offenses listed below:

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

¹ The 2002 Juvenile Justice and Delinquency Prevention Act Juvenile Justice and Delinquency Prevention: https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/jjdpa-as-amended_0.pdf

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

Truant: Habitual absence from school without good cause.

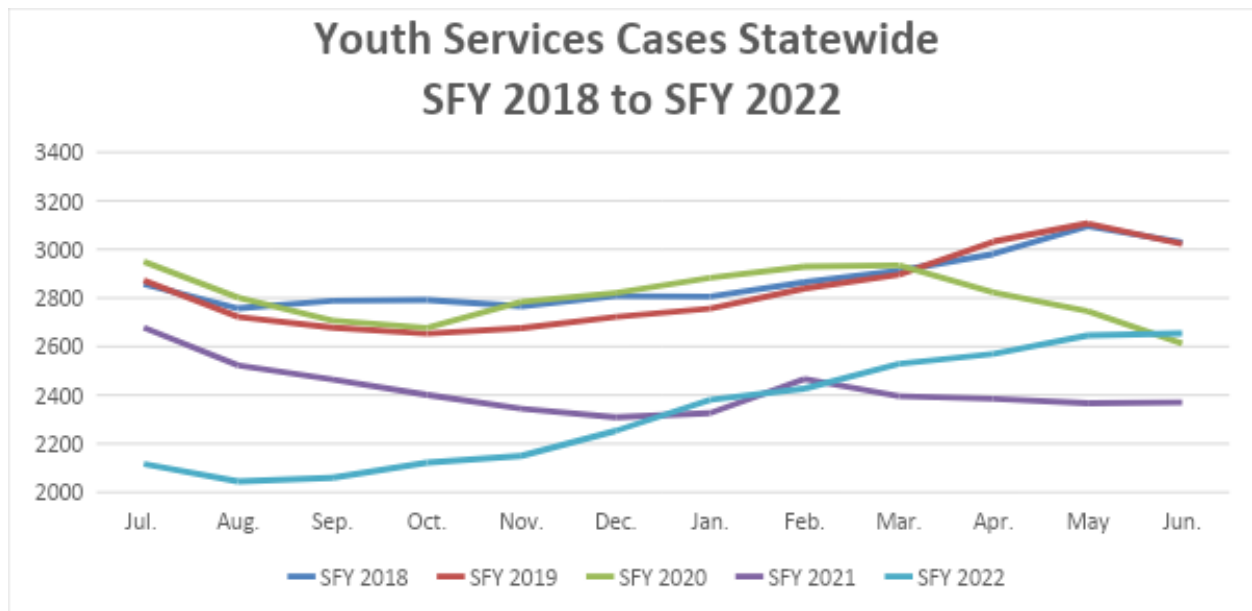
Families often need assistance dealing with teens who do not follow the rules at home, break curfew or run away. Truancy is often a symptom of deeper problems in the lives of children and families. Parent education and parent support groups in communities are great resources. Families may use local Family Resource Networks and the West Virginia 211 website and hotline (www.wv211.org and 2-1-1 or 1-833-848-9905) to obtain services and advocate for themselves. These resources and the services offered continue to expand statewide.

Youth and Families Served

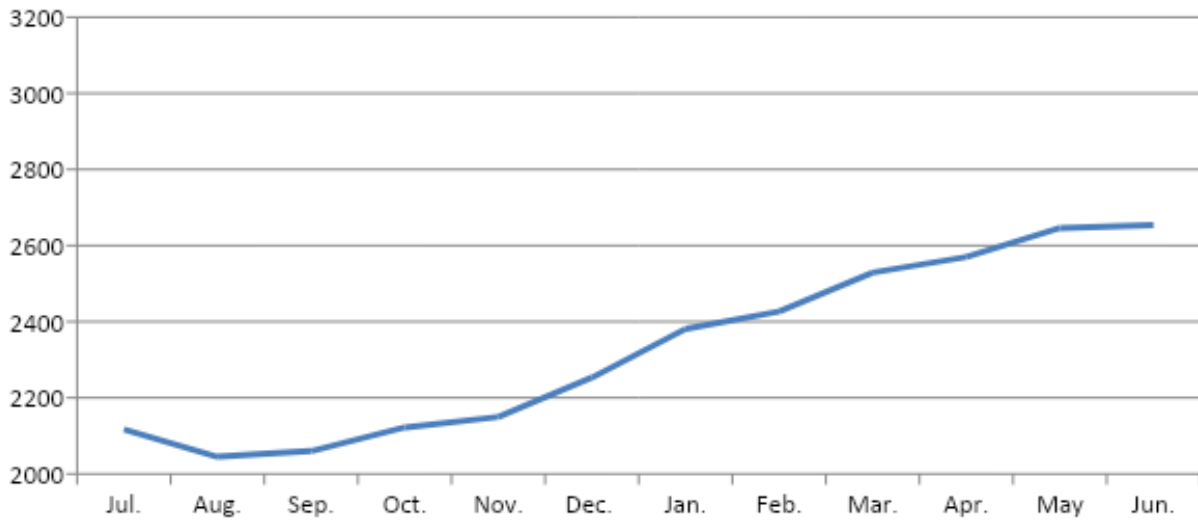
BSS employees directly deliver child welfare services to families and children in all 55 West Virginia counties. Families and children enter the child welfare system either through child protective services (CPS) or youth services (YS). CPS serves families whose children are determined to be unsafe due to abuse or neglect or the identification of impending or immediate safety threats by their parent(s), guardian(s), or custodian(s). YS serves adolescents who are referred by the courts for placement and services for status offenses or juvenile delinquency, or who are referred by families or schools for services to prevent delinquency.

YS caseloads for SFY 2022 trended as in years past with a gradual increase of new cases being assigned during the school year. The number of active cases workers maintain tends to be the lowest in the late summer months. The caseloads resume their lower numbers and/or plateau (as is the case in this most recent SFY) as the school year concludes. Referrals from school personnel and truancy issues are the most likely reason for this pattern.

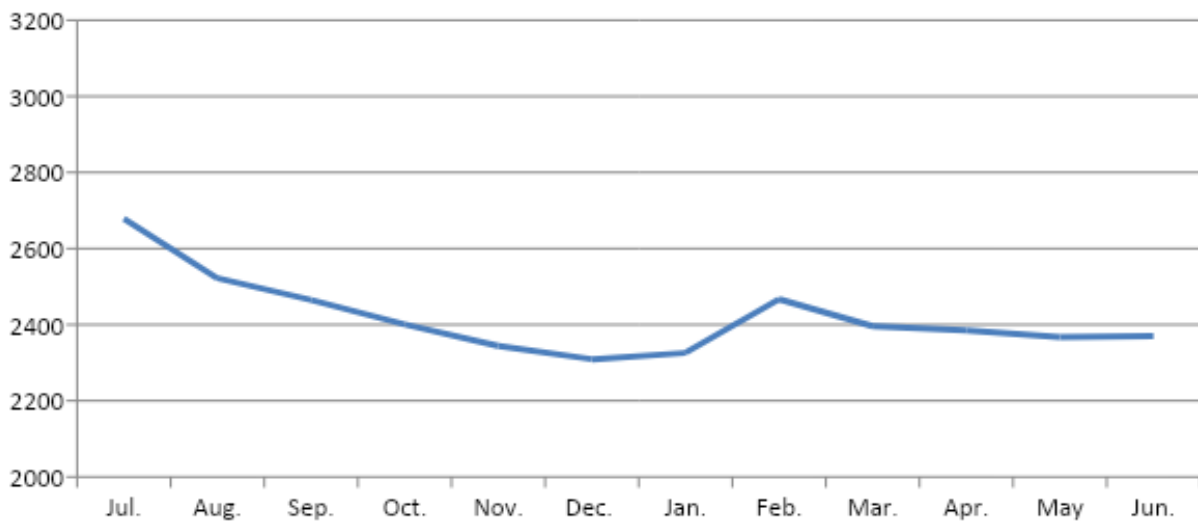
Youth Services case data for the following charts was provided by FACTS reports.



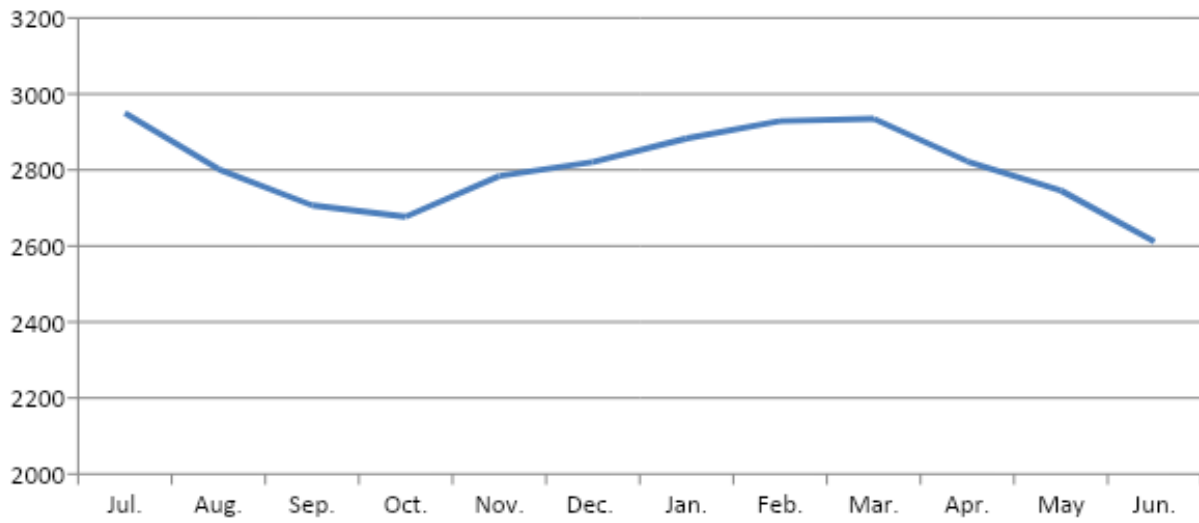
Youth Services Cases Statewide July 1, 2021 to June 30, 2022



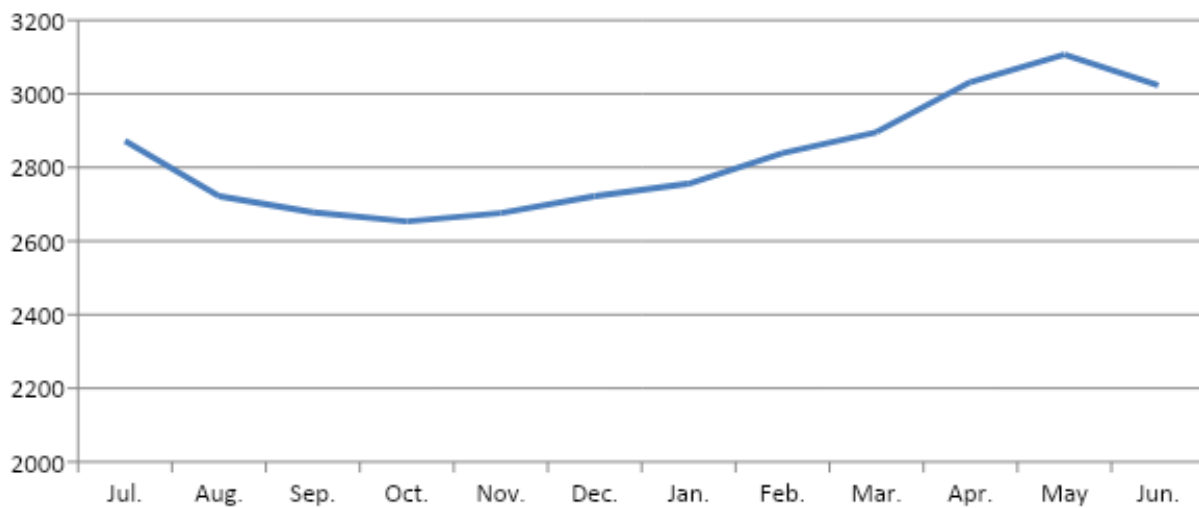
Youth Services Cases Statewide July 1, 2020 to June 30, 2021



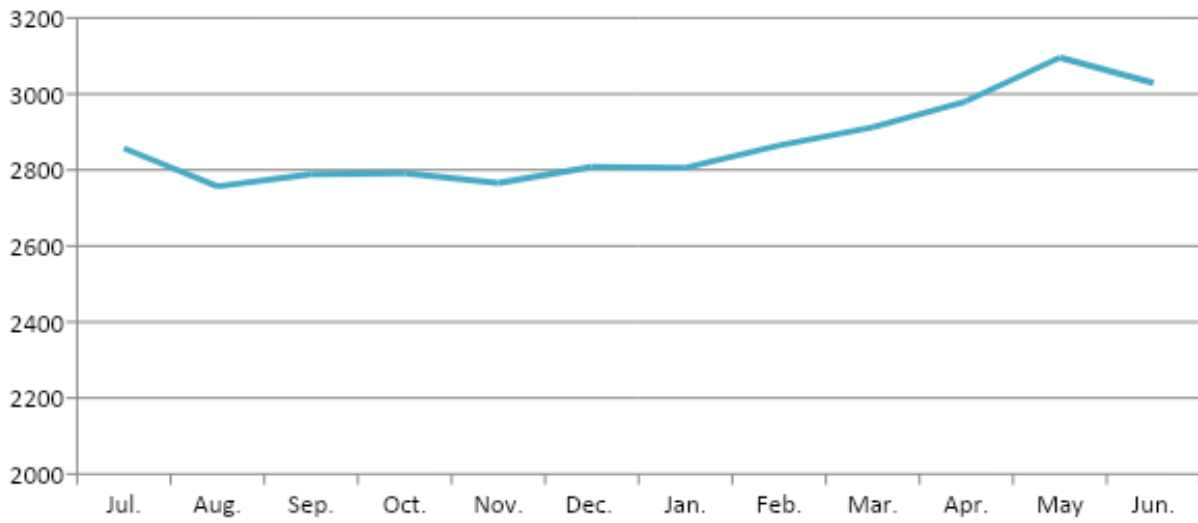
Youth Services Cases Statewide July 1, 2019 to June 30, 2020



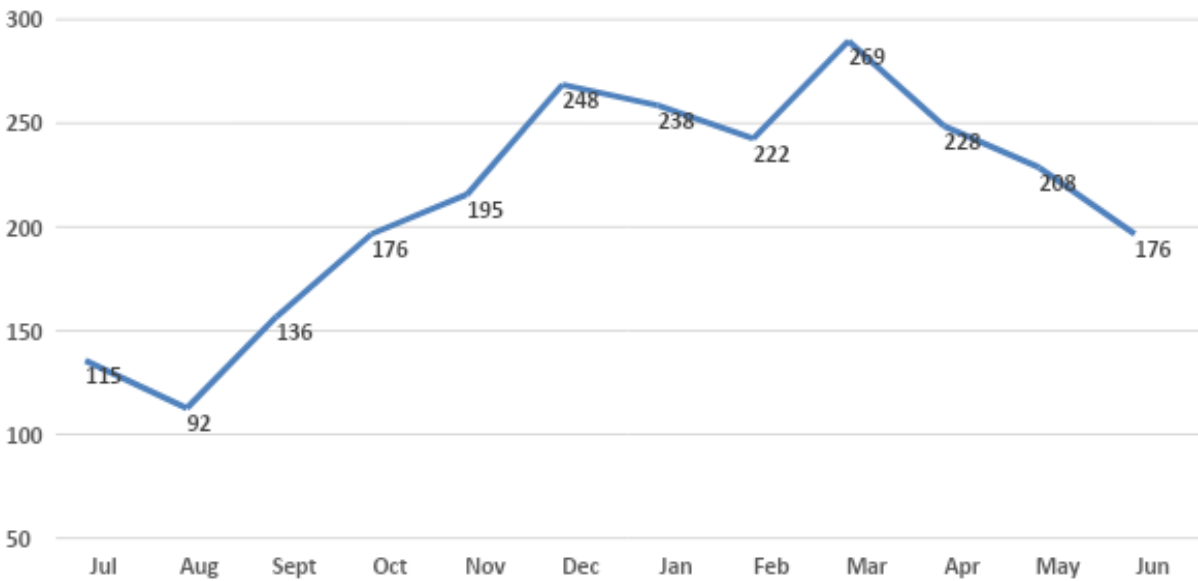
Youth Services Cases Statewide July 1, 2018 to June 30, 2019

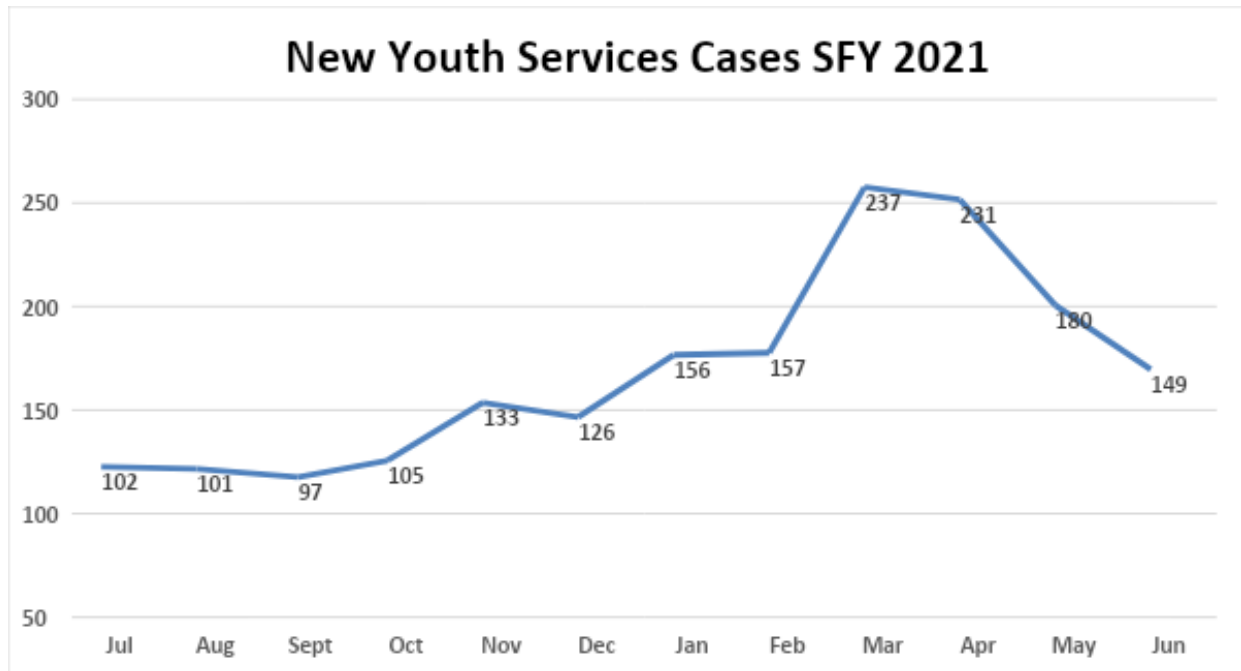


Youth Services Cases Statewide July 1, 2017 to June 30, 2018



New Youth Services Cases SFY 2022





West Virginia Rules of Juvenile Procedure

DHHR’s involvement in the development of the West Virginia Rules of Juvenile Procedure brought knowledge of service needs, advocacy, ethics, and best practices to the process. When a question now arises regarding how a case should be dispositioned, the court refers to these rules. The Rules of Juvenile Procedure are a standardized, fair, and consistent way of disposing of juvenile delinquency and status offense cases statewide.

Truancy Diversion

Delinquency prevention begins with truancy diversion. Truancy diversion specialists not only help keep youth in school but also prevent many adolescents from becoming formally involved with the juvenile justice system. The National Youth Advocate Program (NYAP) through Juvenile Victim Offender Mediation (JVOM) and the Juvenile Mediation Program (JMP), among other services, provide a resource to truant children within their Victim Offender Mediation Program. More information on JVOM and JMP can be found in Appendix A.

In further efforts to address adolescents’ school attendance problems, DHHR and the West Virginia Department of Education have developed a collaborative relationship to share educational reporting information for children living in foster care. This collaborative effort will allow BSS to better ensure children’s academic progress and provide a more accurate record of children’s educational history.

Runaway

Youth Service Systems of West Virginia (YSS) and Children's Home Society (CHS) continue to provide shelters for runaway and homeless youth. Through a BSS grant agreement, CHS provides runaway and homeless services in Parkersburg and YSS provides services in Wheeling. Youth in the community may call or come to these shelters day or night. Two counselors are on duty 24/7 to provide crisis counseling, food, clothing, shelter, security, and individual, group and family counseling. Furthermore, youth and parents are welcome to call or stop by the program offices at any time for advice or referrals to other services in the community. DHHR does not provide any funding or oversight to these runaway and homeless youth programs.

CHS provides services through the federal Transitional Living grant to homeless youth ages 16-22 in the Parkersburg area. During SFY 2022, the CHS Transitional Living outreach program served a total of 76 clients with 64 non-duplicated cases. Full services (which includes housing and case management rather than strictly resource and referral services) were received by 33 individuals with 18 non-duplicated cases. YSS served a total of 37 unduplicated clients.

A Child Locator Unit was established within BSS during the 2020 legislative session through House Bill 4415. This unit consists of three positions responsible for receiving reports of and locating missing foster youth. Child locators collect data related to the youth's history, their experiences on the run, and complete a child trafficking screen. These positions are filled, and the unit is fully operational.

A summary of the Child Locator Unit's missing from care reports filed for annual review since the child locator unit has been operational is as follows:

- In 2020, there were 93 documented reported run events. There were only 53 actual runners reported as the majority of the youth ran more than once. At midnight on December 31, 2020, there were 24 youth still missing from care. That is 25.8% of the run events or 45.3% of runners that were reported for 2020.
- During the period of January 1, 2021, to December 31, 2021, a total of 474 run events were documented, involving 268 youth. Of those involved in runs, 206 (or 43%) of youth ran more than once during 2021, averaging 1.77 runs per youth. At midnight on December 31, 2021, 14 youth were still missing from care, equaling 3.0% of the run events and 5.2% of youth involved in run events for 2021.

This appears to indicate a trend of youth returning to or being located and returned to care at a higher rate. The noted increase is not believed to be an indication of more runs but due to an upsurge in reporting and documentation of said events. This rise is due to improved efforts to ensure run events are reported and documented accurately. This is a direct result of changes in policies and procedures put into effect at the end of 2020 and beginning of 2021 as well as the creation of a dedicated Runaway Social Worker to assist the DHHR Centralized Intake Unit and the Child Locator Unit to accurately track and record this data. It is also a result of a heightened awareness of the need for proper documentation to help ensure runaway youth are found and brought back into proper supervision to ensure their safety.

24-Hour Centralized Intake Unit Referral Line

The DHHR Centralized Intake Unit (CIU) receives referrals via the CIU 24-hour hotline, seven days a week (1-800-352-6513). The CIU has enabled the streamlining of child abuse and neglect and Adult Protective Services referrals, creating consistency in how the referrals are documented and received. Though DHHR county offices continue to enter YS petition referrals directly, CIU handles all after-hours emergency calls for YS and contacts the appropriate DHHR district supervisor when necessary.

CIU also accepts referrals from prosecutors for pre-petition diversion. Utilizing CIU simplifies the referral process; prosecutors can fax the standard referral form containing all necessary information that a DHHR worker needs to initiate contact with the referred youth and family. This process ensures prosecutors receive feedback regarding the acceptance of the referral and the assignment to the local office. Since its inception in August 2015, CIU has received 1,732 total referrals, 137 occurring during SFY 2022.

Incorrigible

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

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

- The Boys & Girls Clubs
- AmeriCorps
- YMCA
- Family Resource Networks

The Boys & Girls Clubs' mission is "to enable all young people, especially those who need them most, to reach their full potential as productive, caring, responsible citizens." Through several community programs, AmeriCorps members work to meet some of the most critical needs in West Virginia, including poverty and illiteracy. YMCA centers in West Virginia provide support and opportunities to empower children, youth, and adults to learn, grow and thrive.

DHHR's Bureau for Family Assistance (BFA) Family Resource Networks bring together existing services in a single location such as a school or other neighborhood building. This comprehensive approach increases the accessibility of services, provides family support and education, and allows the centers to meet the community's needs. Family Resource Networks serve children from prenatal care through age 18. Each center offers a variety of services to reflect the diversity of the community needs.

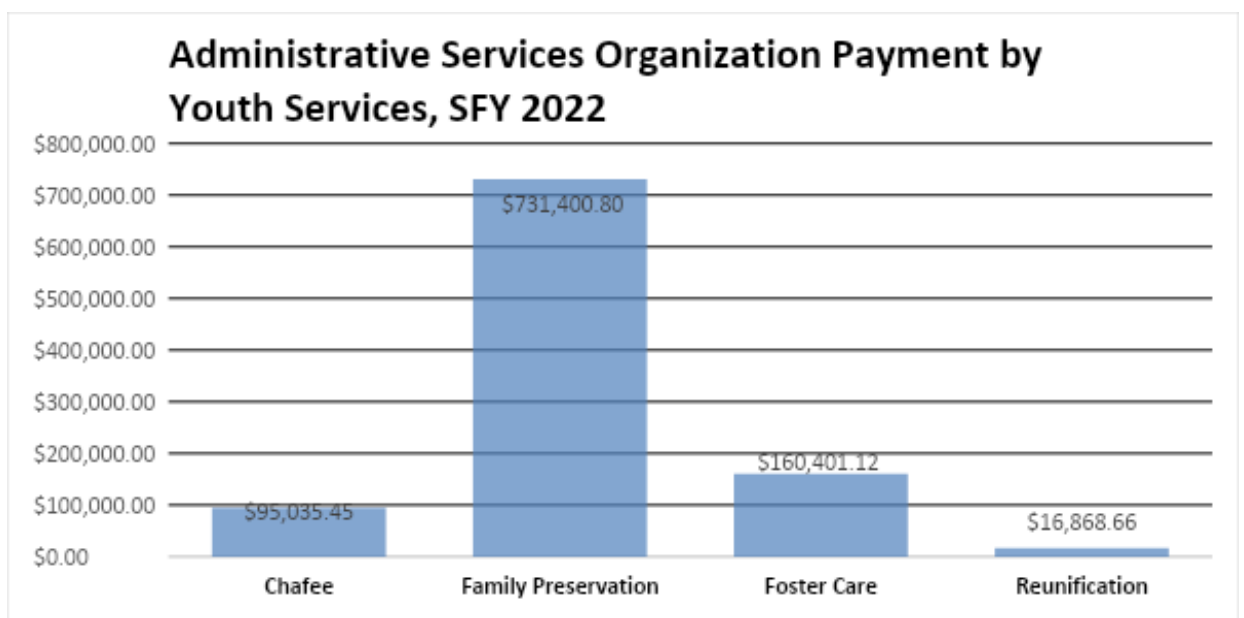
Community Services Linkage

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

West Virginia 211 provides a descriptive catalog of juvenile and family-strengthening programs and services that are available in local communities and funded by The United Way, a member of the Service Array Workgroup. The catalog can be accessed through the West Virginia 211 website, www.wv211.org, or by dialing 2-1-1 on a phone. Additionally, HELP4WV, www.help4wv.com or 1-844-HELP-4WV, provides immediate assistance and referrals for West Virginians struggling with an addiction or mental health issue.

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

Socially Necessary Services are services necessary to achieve child welfare goals of safety, permanency, and well-being. The designation “socially necessary” is used to distinguish these services from others that have been determined to be medically necessary that can be obtained through Medicaid. These agencies provide four areas of expertise: family reunification, family preservation, Chafee (which is a federal program), and foster care in youth services cases. As with previous years, youth services cases in SFY 2022 utilized family preservation services most often, as illustrated in the following table.



Source – ASO Payment Report; Cognos

A list of services available and discontinued resources through the Youth Services Matrix of Socially Necessary Services are provided in Appendix A.

In an ongoing effort to improve outcomes for West Virginia's children and families, BSS began the process of redesigning the socially necessary services structure, including how the delivery and outcomes of those services are evaluated. BSS has moved towards a culture of greater accountability to provide the basic framework for evaluating the effectiveness of programs and services, and identifying those that should be continued, discontinued, or added to the service delivery matrices.

Out-of-Home Placement

All children need a safe environment and caring adults to thrive. YS is statutorily charged with the responsibility to make a reasonable effort to prevent the placement of youth outside the home. A thorough youth services assessment with detailed documentation is integral to that responsibility. An in-depth interview and completed assessment will help the family and social worker assess the needs and strengths of youth and the presence and level of safety threats that could affect the safety and stability of the youth, his or her family, or the community. The process assures that the caregivers understand youth services' role in providing services to address issues relating to at-risk youth. If any safety threats are present, the worker must develop a safety plan.

In some cases, the worker will identify safety threats that preclude the development of an in-home safety plan. The reasons that an in-home plan will not be feasible will vary from case to case. In some instances, either the parent(s) or the youth may not agree to cooperate with the plan. In other instances, the home may be chaotic and the level of conflict between the family members prevents the use of an in-home plan.

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

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

A listing of juvenile rehabilitation facilities is provided in Appendix C. Additionally, current bed availability can be found through the West Virginia Child Placing Network at www.wvdhhr.org/wvcpn/.²

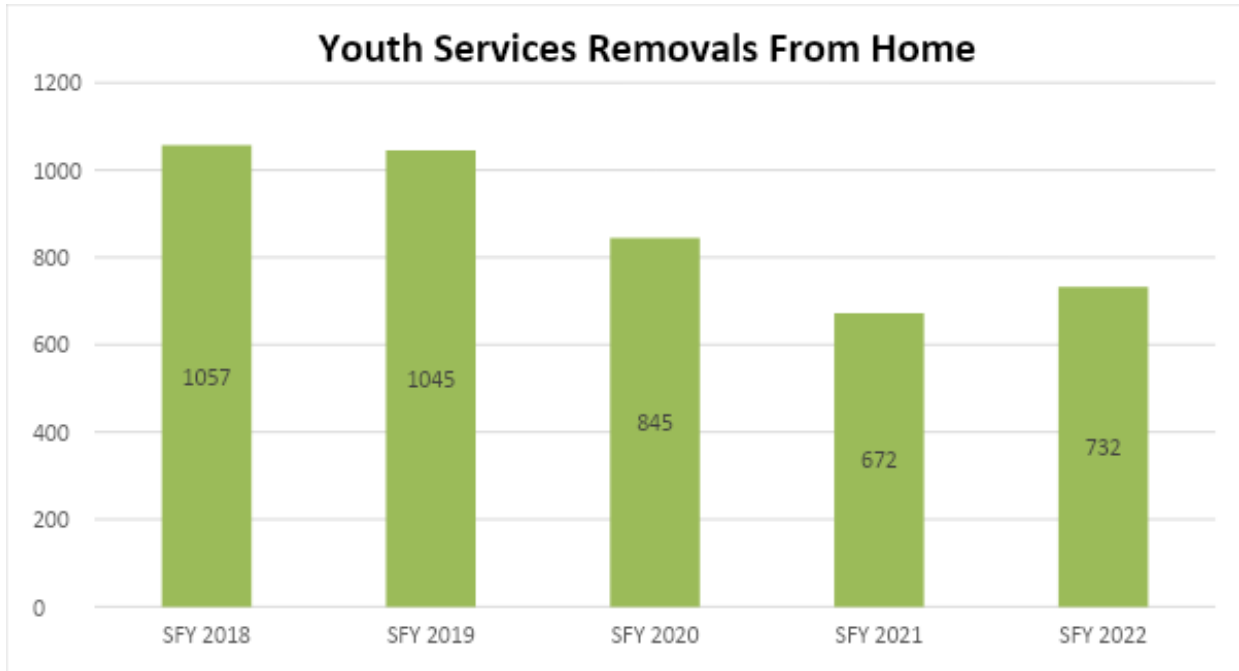
²

Removals from the Home

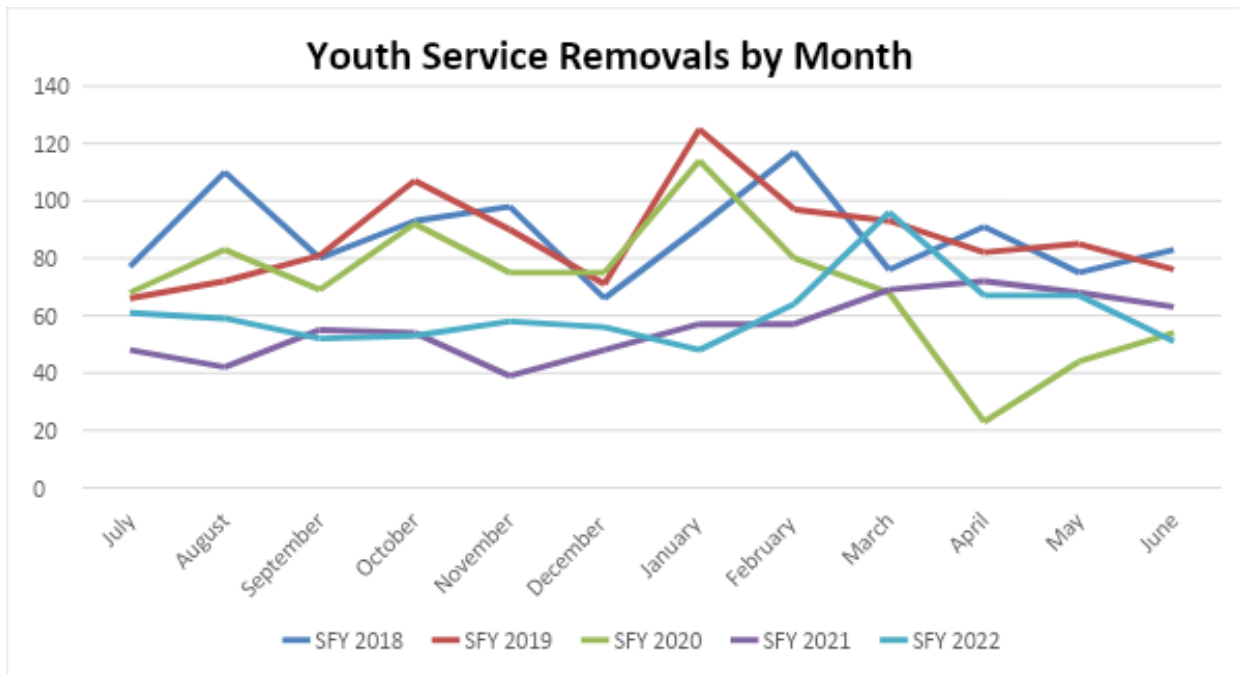
BSS captured the number of removals from the home that affected YS clients during the previous five state fiscal years and discovered there has been a small but steady decrease in the number of removals between 2018 and 2021. However, the current SFY has seen a slight increase since 2021. Despite this uptick, the total numbers remain lower than they were from 2018 through 2020 maintaining a pattern of decreased removals. BSS attributes the overall reduction of removals to be due to the mandatory diversion of status offenders, the prohibition of first-time offenders being removed from the home, and the increased use of evidence-based community programs such as Victim-Offender Mediation and Functional Family Therapy. In addition to the diversion and community programs, the reduction of removals from the home can also be linked to the implementation of the Safe at Home West Virginia program. More information on the community programs can be found in Appendix A, and Safe at Home West Virginia information can be found on page 19.

The following graphs represent the number of youth services' clients removed from their homes annually and monthly for the current and previous four state fiscal years. Removal from the home does not always result in foster care entry. This most recent state fiscal year did see a slight increase from SFY 2021, but the trend of fewer removals since SFY 2017 continued with 732 total removals in SFY 2022.

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



Source – Removal Petition Trends Report; Cognos

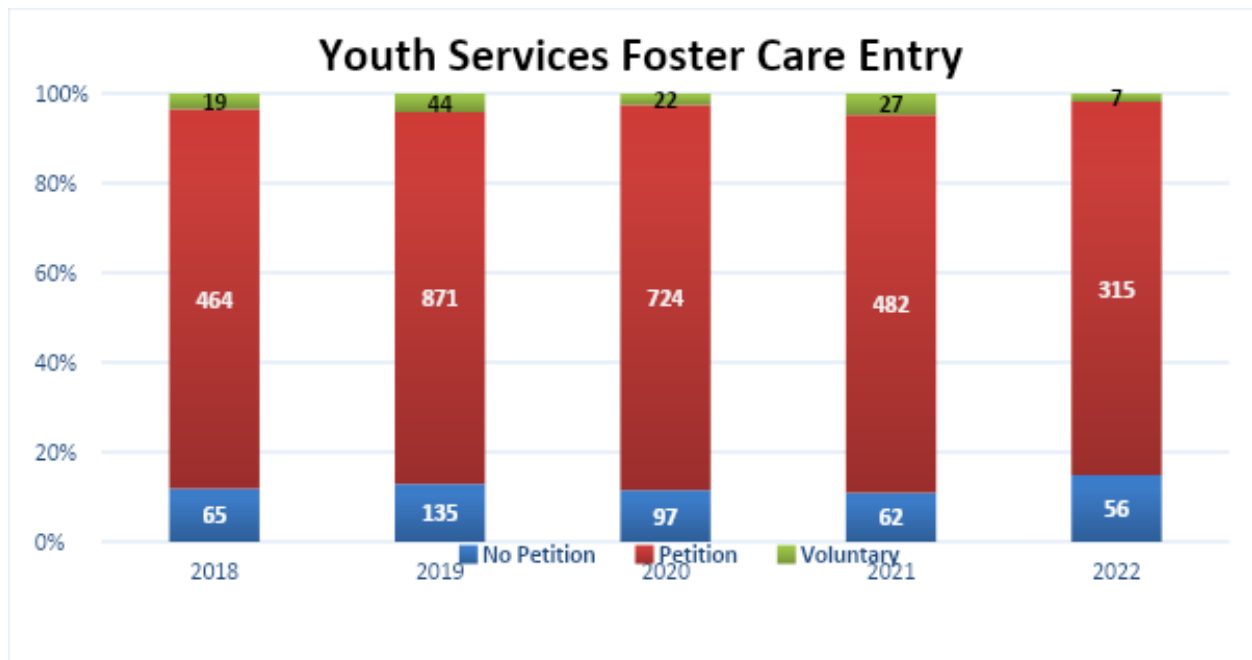


Source – Removal Petition Trends Report; Cognos

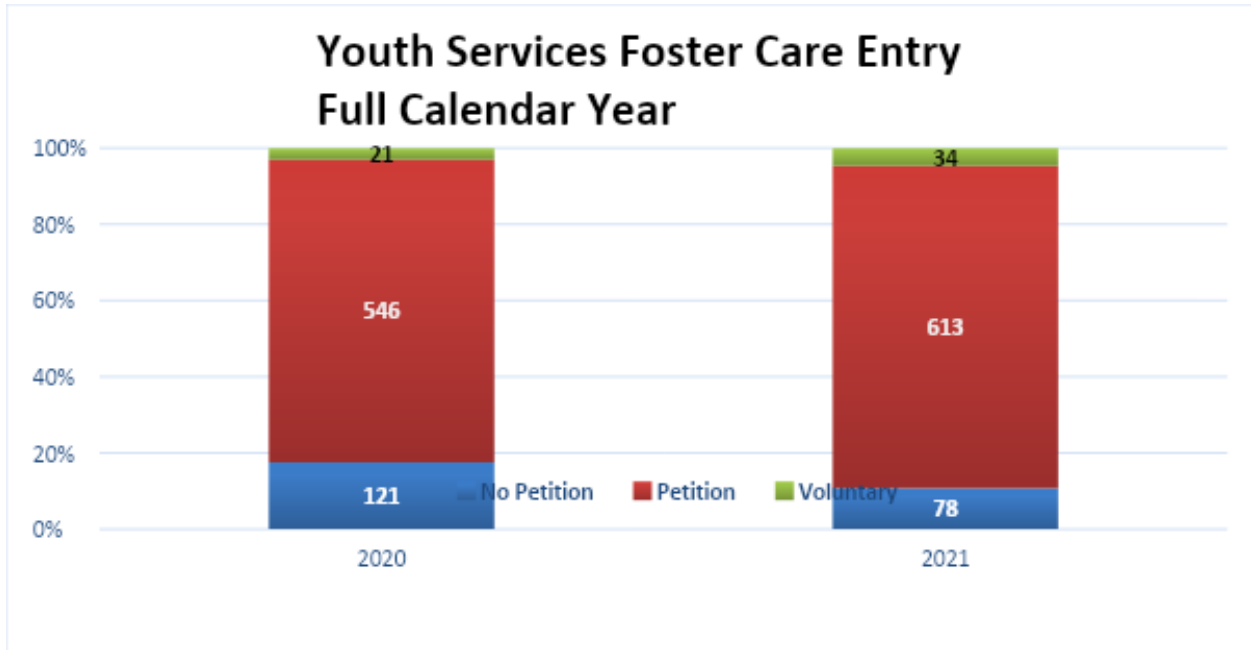
Foster Care Entry

The following graph shows foster care entry by source. The removal figures will not exactly match the entry figures because not every child removed from their home is placed in foster care. The first placement attempt is with family or friends of the family, which would not necessarily constitute a foster care entry. As with previous years, the primary source of entry for YS is through a petition to the court.

It is noteworthy to elaborate that the data in the following chart is not all inclusive for each SFY. The reports pulled to capture this information run per calendar year and do not distinguish monthly totals. The data is pulled at the end of the SFY for the purpose of this report and therefore only includes approximately six to seven months depending on the date the information is obtained. The second chart shows the historical data for the entire calendar year. The source of the reports only has the years 2020 and 2021 accessible for review at the time this report is prepared.



Source – Removal Petition Report; Cognos



Source – Removal Petition Report; Cognos

Reunification

When an adolescent is placed in foster care, planning immediately begins with the family and a youth services worker to provide a permanent living situation, preferably back with the family. Reunification is the first plan of action.

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

BSS has continued to work on several provisions to improve reunification efforts and family stability. One such provision is the continuation of Safe at Home West Virginia, which is detailed in the following section. A wraparound facilitator is responsible for engaging the member and family in a partnership of shared decision-making regarding the Plan of Care development and implementation throughout the youth's case. They help ensure and coordinate a comprehensive set of supports, resources, and strategies for each member and family to help the youth stay in the home or return home safely.

BSS intends to expand the served population to encompass all children served by the DHHR who are in jeopardy of being removed from the home, experiencing a placement disruption, or require extra support to be reunified with their families. Safe at Home West Virginia is a high-intensity family engagement model of service delivery that not only empowers families to find solutions to their disruptive problems but also fosters an environment of community connectedness vital to individual and family success.

Safe at Home West Virginia

Safe at Home (SAH) West Virginia uses a high-fidelity wraparound model designed to serve youth ages 9 to 18 years of age either in foster care placement or at imminent risk of foster care entry; or, for a child age 5 and older who is an adopted child or is in a legal guardianship arrangement which is at risk of disruption. West Virginia also plans to universalize the use of the CANS assessment across child-serving systems.

Recognizing that traditional practices may not always result in the best possible outcomes for children and families, West Virginia is engaging in a process that creates a new perspective. In partnership with youth and families, BSS is collaborating with both public and private stakeholders, including service providers, school personnel, behavioral health services, probation, and the judicial system to demonstrate that children currently in residential group care can be safely and successfully served within their communities. By providing a full continuum of support to strengthen families and fortifying community-based services, West Virginia can demonstrate that youth currently in residential group care can achieve the same or higher outcomes for safety and well-being while remaining in their home communities.

Safe at Home West Virginia is designed to accomplish the following:

- Help improve identification of a youth's and family's strengths and needs.
- Reduce the reliance on residential group care and length of stay in group care.
- Reduce the reliance on out-of-state residential care.
- Improve the functioning of youth and families, including educational attainment goals for older youth.
- Improve timelines for family reunification
- Reduce re-entry into out-of-home care.

September 30, 2019, ended West Virginia's IV-E Waiver Demonstration Project that began in 2014, and Safe at Home transitioned from a federally funded waiver demonstration project to a state-funded program. BSS continues to work on sustainability and redesign of Safe at Home with partner providers from ten Lead Coordinating Agencies (LCAs) and through the WV Court Improvement Program (CIP) to streamline efforts, enhance practice, and improve oversight and accountability.

Ongoing BSS objectives for Safe at Home :

- Long-term sustainability of the SAH program.
- Supporting BSS staff and improve coordination.
- Strengthen alignment with the courts.
- Support healthy LCA provider network.

- Adhere to the budget authorized for SAH.
- Align SAH policies and procedures with statewide child welfare initiatives.

On July 1, 2019, SAH began using the CANS database to document the number of referrals. Between July 1, 2021, and June 30, 2022, 1,017 youth were referred to the Safe at Home Program. The regional data regarding these referrals are as follows:

- Region I: 322 referrals
- Region II: 242 referrals
- Region III: 310 referrals
- Region IV: 143 referrals

Transitioning Adults

A child who “aged out” of foster care is considered a “transitioning adult.” These terms are used to describe former children in foster care who remain in the care and custody of the state upon reaching their 18th birthday and may request additional support until age 21. Generally, children who age out of foster care due to being under the auspices of the court are the population of focus for youth services. W. Va. Code §49-4-110(b) states:

For each transitioning adult who remains in foster care, the Circuit Court shall conduct a status review hearing once every three months until permanency is achieved. For each child or transitioning adult who remains in foster care, the Circuit Court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the Circuit Court shall make factual findings and conclusions of law as to whether DHHR made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship, pursuant to the West Virginia Guardianship and Conservatorship Act.³

To help Transitioning Adults, their families, and agencies who provide services to them, BSS created the Youth Transitioning Unit in the fall of 2020 to address their needs and help navigate them through the process of transitioning into adulthood. The Youth Transitioning Unit

³ The Supreme Court of Appeals of West Virginia provides a guardian/conservator online training program that can be accessed at <http://www.courtsww.gov/public-resources/guardians-conservators.html>. The Guardianship/Conservatorship What Do I Need to Know Guide can be downloaded at <http://www.wvlegalservices.org/guardcon.pdf> or requested by calling Appalachian Legal Services at 304-343-4481.

assists transitioning youth to adulthood by obtaining stable housing, post-secondary education, and/or job placement.

Additionally, BSS began a partnership with the U.S. Department of Housing and Urban Development (HUD), their local affiliated Public Housing Authorities (PHAs), Continuums of Care (CoCs), and BJS to launch the Foster Youth Initiative (FYI) program. The FYI is a federally funded housing voucher program for individuals aged 18 to 24 who have or will leave foster care within 90 days and are at risk of homelessness. Applicants verify their eligibility status with local DHHR offices for referral to a local PHA for rent vouchers, which are provided to participating landlords. Accepted applicants are also eligible for aftercare services such as life skill building, but do not need to accept these services to receive FYI vouchers. FYI is presently available through three PHAs serving eight counties with plans for expansion to additional counties.

Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies

The caseload standard established for Social Service workers with on-going cases is approximately 12 cases per worker. BSS continues to utilize this standard in reviewing actual cases against allocated positions. The following chart shows the number of total youth service workers allocated against the number of cases per region for SFY 2022.

Youth Services Workers and Case Allocation by Region

Region	Total Allocated Positions	Number of Active Cases (end of SFY 2022)	Average Number of Cases per Allocated Position
I	43	799	19
II	64	1066	17
III	39	396	10
IV	34	393	12

BSS continues to break down barriers that prevent filling caseworker vacancies. BSS has implemented a rigorous training plan that requires competency testing after the completion of pre-service training for those individuals hired through the service worker registry to ensure their comprehension of the tenants of social work, as well as their readiness and ability to perform in this critical position.

BSS also created a task force that took a more in-depth look at caseworker retention to develop a strategic plan to reduce costly turnover. Not only will a reduction in turnover decrease hiring and training costs for BSS, but it will also create a social service workforce with high competency and well-developed skills in the field of professional social work.

The following graphs depict the allocated positions of contracted and DHHR direct staff, respectively, which include vacancies as of June 30, 2022. All regions increased their total

numbers of workers over the previous SFY which in turn has lowered the vacancy percentage of the workforce.

Contracted Caseworkers

Region	Allocated Positions	SFY Year-End Vacancies	Vacant Percentage of Workforce
I	13	5	38%
II	15	2	13%
III	10	6	60%
IV	11	6	55%

DHHR Caseworkers

Region	Allocated Positions	SFY Year-End Vacancies	Vacant Percentage of Workforce
I	30	12	40%
II	49	12	24%
III	29	12	41%
IV	23	10	43%

Appendix A: Youth Services Matrix of Socially Necessary Services

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

AGENCY TRANSPORTATION CHAFEE
YS REUNIFICATION SERVICES
SAFETY SERVICES
SUPERVISION
ADULT LIFE SKILLS
YS REUNIFICATION SERVICES, CONT.
INDIVIDUALIZED PARENTING
FAMILY CRISIS RESPONSE
EMERGENCY RESPITE
RESPIRE
LODGING
MEALS
MDT ATTENDANCE
PRIVATE TRANSPORTATION
PUBLIC TRANSPORTATION
AGENCY TRANSPORTATION
INTERVENTION TRAVEL TIME
TRANSPORTATION TIME
SUPERVISED VISITATION ONE-ON-ONE

In June 2020, homemaker services were added to the family preservation section of Social Necessary Services (SNS). This service was added to assist with the reunification of family by providing guidance on the Centers for Disease Control and Prevention’s safety recommendations for COVID-19 prevention. In addition to the available Socially Necessary Services, BSS funded two evidence-based/evidence-informed services. These programs include Functional Family Therapy (FFT) and Victim-Offender Mediation (VOM).

Family Functional Therapy

The Family First Prevention Services Act was signed into federal law on February 9, 2018. This provided new funding to the state child welfare agency to provide certain identified preventative services to children who are at risk of entering the foster care system. One of the identified services authorized for reimbursement is Functional Family Therapy (FFT). The FFT service is a high-intensity, short-term program that requires providers to work with the entire family to alleviate the issues of the youth. As such, the youth services program expects to see an increase in Functional Family Therapy availability throughout the state and the expansion of positive outcomes for youth services’ clients and families.

During SFY 2022, FFT opened 35 new cases. The number of referrals received increased throughout the year: from July 2021 - September 2021 nine new cases were opened; from October 2021 - December 2021, four new cases were opened; from January 2022 - March 2022, eight new cases were opened; and from April 2022 - June 2022, 14 new cases were opened. Referrals were made by DHHR staff, Safe at Home case managers, Juvenile Victim Offender Mediation providers, wraparound facilitators, probation officers, the courts, and the school system. Of these 35 cases, only eight were closed based on the client “dropping out.” Of the 34 cases, 18 have been “successfully completed” thus far. Only six of the youth receiving FFT entered an out-of-home placement, while three other clients successfully utilized the service as a diversion mechanism and avoided court involvement.

Victim-Offender Mediation (VOM)

VOM is a restorative justice program that allows victims to voluntarily come face-to-face with their juvenile offenders and discuss, through the guidance of a trained mediator, their feelings about the perpetuation and resolution through creative restitution agreements. BSS funded two VOM programs during SFY 2019, and the National Youth Advocate Program (NYAP) offers the Juvenile-Victim Offender Mediation (JVOM).

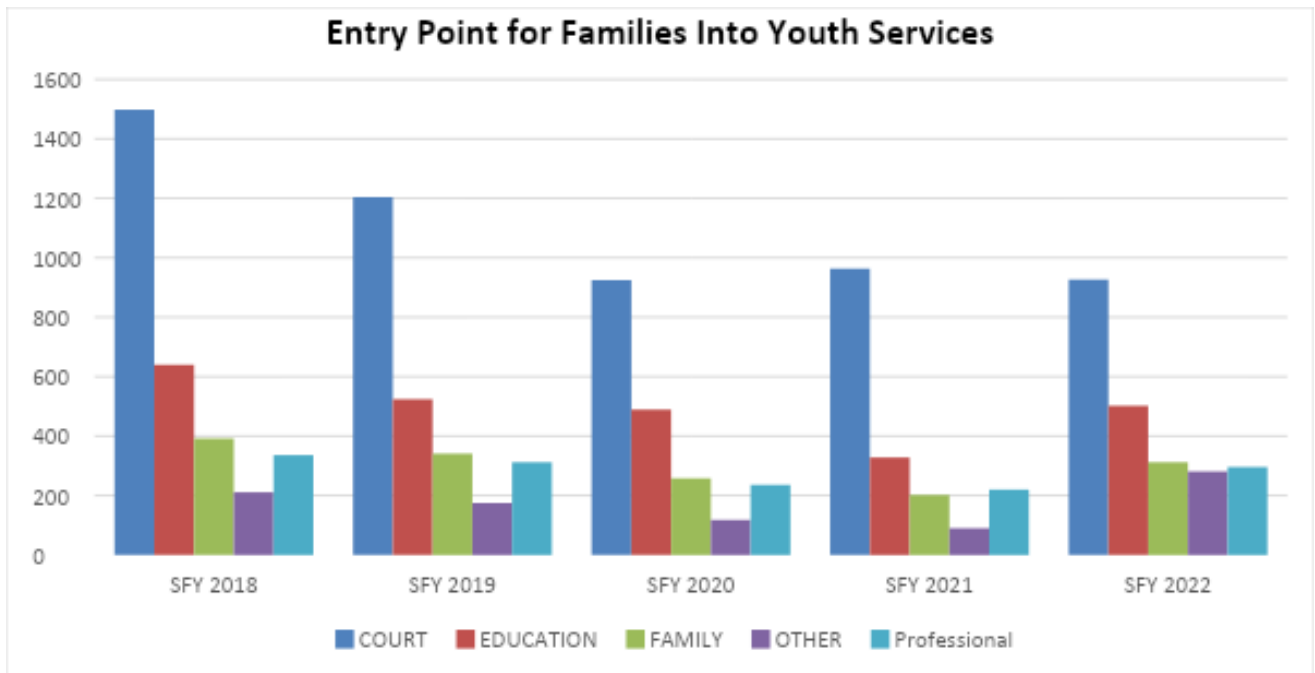
During the 2022 SFY, the NYAP program (JVOM) received 101 referrals. For the most recent quarter, April 2022 through June 2022, they received 25 referrals. Referrals for this program have been made by the Harrison, Marion, Monongalia, Morgan, Putnam, and Raleigh county DHHR offices. Throughout the 2022 SFY, JVOM discharged 92 youth with only three of the 92 being considered “unsuccessful or placed outside of the home.”

The second VOM program to be funded is the Juvenile Mediation Program (JMP) which services truant children within their homes. During the 2022 SFY, JMP received 314 referrals: 200 referrals from Ohio County, 110 referrals from Hancock County and four referrals from Brooke County. Of these referrals, 188 juveniles participated in JMP's program and 126 refused services. Of the 188 juveniles that participated in the program, 158 juveniles improved their school attendance. In the structuring of these services, BSS required providers to accept referrals from community members and not strictly from a DHHR source. This structure was established in an effort to keep juveniles from engaging with the juvenile justice system and to reach them at the earliest stage possible. Throughout SFY 2022, the following sources made referrals to JVOM in addition to the DHHR workers: probation officers, prosecutors, courts, and various school personnel. The JMP received referrals from truancy officers, guidance counselors, and principals.

Appendix B: Entry Point of Families into BSS Youth Services

A referral to youth services may be made by the parent(s) or by someone other than the parent(s). The chart below displays referrals to youth services categorized by the person who made the report. The data indicates that most referrals come from prosecuting attorneys, juvenile probation officers, and truancy officers. Detailed data for the most recent five state fiscal years have been grouped by referent types: “court,” “education,” “family,” “professional,” and “other.” For SFY 2022, most referrals were from members of the court.

Entry Point of Families into Youth Services	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Court	1,498	1,204	924	964	927
Education	639	525	490	328	502
Family	391	341	258	202	312
Other	211	175	118	90	281
Professional	336	312	236	220	296
Grand Total	3,075	2,557	2,026	1,804	2,318



Source – Reporter Report; Fredi YSS5030

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

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

<p>Children's Home of Wheeling Level II 14 Bed Capacity, Males Ohio County http://www.chowinc.org/ (304) 233-2585</p>	<p>Family Connections Brooke Place, Level II 12 Bed Capacity, Females Brooke County www.familyconnectionsinc.org (304) 527-3303</p>
<p>Florence Crittenton Home Pregnant and Adolescent Mothers Level II 32 Bed Capacity, 10 Infants, Females Ohio County https://www.crittentonwv.org/ (304) 242-7060</p>	<p>Florence Crittenton Home Level I 6 Bed Capacity, Coed Ohio County https://www.crittentonwv.org/ (304) 242-7060</p>
<p>Monongalia County Youth Service Center Crisis Support 10 Bed Capacity, Coed Monongalia County www.MonCountyYouthServicesCenter.org (304) 599-2293</p>	<p>Yale Academy Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>
<p>Stepping Stone, Inc. Youth Transitioning Program, Level I 10 Bed Capacity, Males Marion County http://www.steppingstoneinc.org/ (304) 366-8571</p>	<p>Yore Academy, Inc. Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>
<p>Youth Academy, LLC Level II 22 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>	<p>St. John's Home for Children Level II 10 Bed Capacity, Males Ohio County www.stjohnshomeforchildren.org/ (304) 242-5633</p>
<p>Children's Home Society Arthur N. Gustke Shelter, Crisis Support 10 Bed Capacity, Coed Wood County http://www.childhswv.org/ (304) 424-5244</p>	<p>Youth Service System Youth Achievement Center 8 Bed Capacity, Males Ohio County www.youthservicessystem.org (304) 233-9627</p>

<p>Youth Service System Helinski Shelter, Crisis Support 18 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>	<p>Youth Service System Samaritan House, Crisis Support 12 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>
<p>Youth Service System Tuel Center, Level I 9 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>	

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

<p>Brale & Thompson ACTT House Co-existing Disorders, Level II 6 Bed Capacity, Males Kanawha County www.btkids.com (304) 744-2155</p>	<p>Cammack Children's Center Level II 32 Bed Capacity, Coed Cabell County www.cammackchildrenscenter.org/ (304) 523-3497</p>
<p>Daymark Turning Point I, Level I 5 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>	<p>Daymark Turning Point II, Level I 6 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>
<p>Pressley Ridge Ascend I at Grant Gardens Level III 6 Bed Capacity, Coed Cabell County www.pressleyridge.org (304) 743-4439</p>	<p>Pressley Ridge Grant Gardens Level III 20 Bed Capacity, Coed Cabell County www.pressleyridge.org (304) 743-4439</p>
<p>Pressley Ridge Ascend II at Grant Gardens Level III 6 Bed Capacity, Coed Cabell County www.pressleyridge.org</p>	<p>Golden Girls Level II 20 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401</p>

(304) 743-4439	
Golden Girls Level I 4 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401	ResCare of WV Woodward I, ICF/IDD 4 Bed Capacity, Coed Kanawha County www.rescare.com (304) 720-6902
River Park Barboursville School, PRTF 22 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 736-0915	River Park B.R.I.D.G.E Program, PRTF 15 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 526-9114
River Park Roundtable Program, PRTF 21 Bed Capacity, Males Cabell County www.riverparkhospital.net (304) 526-9114	Stepping Stones Level II 13 Bed Capacity, Males Wayne County www.steppingstonesinc.org/ (304) 429-1354
Stepping Stones Transitioning Program, Level I 5 Bed Capacity, Males Wayne County www.steppingstonesinc.org (304) 429-2297	Children's Home Society Hovah Hall Underwood, Crisis Support 15 Bed Capacity, Coed Cabell County www.childhswv.org (304) 743-2345
Children's Home Society Davis Child Shelter, Crisis Support 10 Bed Capacity, Coed Kanawha County www.childhswv.org (304) 255-0408	Children's Home Society June Montgomery Harless Shelter Crisis Support 10 Bed Capacity, Coed Logan County www.childhswv.org (304) 239-2470
Daymark Patchwork, Crisis Support 10 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3673	Highland Hospital PRTF 24 Bed Capacity, Coed Kanawha County www.highlandhosp.com (304) 926-1696

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

<p>Burlington United Methodist Family Services (BUMFS) Pathways Program, Community Re-Entry Transitional Living 9 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>	<p>Board of Child Care Campolina Way Co-existing Disorders, Level II 15 Bed Capacity, Coed Berkeley County www.boardofchildcare.org (304) 274-1234 or (304) 274-3301</p>
<p>BUMFS Mill Meadows, Level II 7 Bed Capacity, Males Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Brenda’s House, Level III 10 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>
<p>BUMFS Rees Headlee and Kitzmiller Cottages Level III 20 Bed Capacity, Coed Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Keyser Group Home 7 Bed Capacity, Females Mineral County www.bumfs.org (304) 289-6010</p>
<p>Elkins Mountain School Level III 48 Bed Capacity, Males Randolph County www.emtns.org (304) 637-8000</p>	<p>Potomac Center Main Campus, IDD/ICF 24 Bed Capacity, Coed Hampshire County www.potomaccenter.com (304) 822-3861</p>
<p>Home Base Level II 5 Bed Capacity, Males Upshur County www.homebaseinc.org (304) 746-2918</p>	<p>Elkins Mountain School Oak Ridge Program, Level II 15 Bed Capacity, Males Randolph County www.emtns.org (304) 637-7400</p>

<p>Home Base Level II 5 Bed Capacity, Males Lewis County www.homebaseinc.org (304) 746-2918</p>	<p>WV Children's Home Level II 25 Bed Capacity, Coed Randolph County www.dhhr.wv.gov (304) 637-0278</p>
<p>Children's Home Society Romney Shelter, Crisis Support 10 Bed Capacity, Coed Hampshire County www.childhswv.org (304) 822-4652</p>	<p>ResCare of WV Terra Alta Children's Home, IDD/ICF 5 Bed Capacity, Coed Preston County www.rescare.com (304) 789-5873</p>
<p>Genesis Youth Crisis Center, INC Alta Vista Shelter, Crisis Support 10 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 622-1907</p>	<p>Genesis Ridgeline Children's Shelter Crisis Support 25 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 709-7020</p>
<p>Genesis Emergency Crisis Center Crisis Support 15 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 622-1907</p>	<p>Genesis Diagnostic Diagnostic 10 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 709.7020</p>

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

<p>BUMFS Beckley Center, Level III 20 Bed Facility, Females Raleigh County www.bumfs.org (304) 252-8508</p>	<p>BUMFS Beckley Center, Level II 10 Bed Facility, Males Raleigh County www.bumfs.org (304) 252-8508</p>
<p>BUMFS Daniels Co-existing Disorders Home, Level II 8 Bed Capacity, Coed Raleigh County www.bumfs.org (304) 720-1904</p>	<p>Davis-Stuart Lewisburg Group Home, Level II 44 Bed Capacity, Coed Greenbrier County www.davis-stuart.org (304) 647-5577</p>

<p>Davis-Stuart Alicia McCormick House, Level I 8 Bed Capacity, Females Greenbrier County www.davis-stuart.org (304) 497-3544</p>	<p>Davis-Stuart Princeton Group Home, Level I 8 Bed Capacity, Males Mercer County www.davis-stuart.org (304) 425-6835</p>
<p>Davis Stuart Bluefield Group Home, Level I 8 Bed Capacity, Females Mercer County www.davis-stuart.org (304) 325-7645</p>	<p>New River Ranch Level I 26 Bed Capacity, Coed Fayette County www.newriverranch.org (304) 574-1058</p>
<p>Children’s Home Society Faltis Shelter, Crisis Support 14 Bed Capacity, Coed Nicholas County www.childhswv.org (304) 872-8190</p>	<p>Children’s Home Society Southern WV Exceptional Youth Emergency Shelter, Crisis Support 5 Bed Capacity, Coed Raleigh County www.childhswv.org (304) 255-0408</p>
<p>Greenbrier Valley Children’s Home 14 Bed Capacity, Coed Greenbrier County www.childhswv.org (304) 645-1302</p>	

Appendix D: Total Clinical Outcomes Management Implementation

Transformational Collaborative Outcomes Management (TCOM) is a framework for managing complex systems. Within this framework, there is a philosophy, a strategy, and tools designed to facilitate an effective and integrated approach to addressing the needs of people. These tools include the West Virginia Family Advocacy and Support Tool (FAST) and the West Virginia Child and Adolescent Needs and Strengths (CANS) assessments.

West Virginia has a foundation for the use of the CANS and FAST assessments. In SFY 2020, the FAST assessment became the standard assessment tool for youth services

BSS is moving towards a streamlined approach for families who come to the attention of social services through child protective services or youth services, as well as using the TCOM framework to manage positive outcomes for families and create sustained change. The use of the FAST allows focus on the entire family's needs, instead of the focus being primarily on one individual's needs, which, in youth services, is often the juvenile. This approach is intended to address the family dynamics that lead to system involvement and reduce the extent to which juveniles become further involved, to ensure the safety of all family members is being assessed, and to prevent removal from the home whenever possible.

The partnership with Marshall University to provide training and technical assistance has been ongoing during the 2022 SFY. To date, 204 BSS staff have been trained in the FAST by Marshall University Transformational Collaborative Outcomes Management (MU TCOM) trainers. MU TCOM also provides technical assistance (TA) following the training. While the training provides the knowledge and skill practice to use the FAST and develop case plans, the one-on-one TA that follows provides guidance to improve the individual's proficiency in using the FAST and develop case plans. To date, 116 staff have been provided two TA sessions each. Beginning in 2022, MU TCOM will be providing a minimum of three individual TA sessions to each person that will include coaching and TA for three of their assigned cases. MU TCOM and the BSS Policy Unit and Division of Training are working collaboratively to ensure all staff receive the training and TA. Case plans were reviewed for five West Virginia counties and one BSS supervisor trained on using FAST and case plans during staff evaluations.

During SFY 2023, MU TCOM will begin completing fidelity reviews and supervisory trainings.