West Virginia 2025-2029
Child and Family Services Plan

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES

Bureau for Social Services
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Charleston, WV 25301

Table of Contents

Collaboration and Vision

State Agency Administering Programs

The West Virginia Department of Health and Human Resources split into three separate Departments on January 1, 2024[1], creating the Department of Human Services, the Department of Public Health and the Department of Health Facilities and a Shared Office of Administration (OSA) which encompasses human resources and finance. An organizational chart depicting the agency split is shown in Figure 1 and can be found on the web here. The Department of Human Services (DoHS) continues as a cabinet level agency and acts as the state of West Virginia's Title IV-E, IV-B, and XX agency. The agency is divided into five different bureaus, each operating under the direction of a commissioner. The five bureaus are:

- The Bureau for Social Services (BSS)
- The Bureau for Behavioral Health (BBH)
- The Bureau for Family Assistance (BFA)
- The Bureau for Child Support Enforcement (BCSE)
- The Bureau for Medicaid Services (BMS)

Each bureau within DoHS works collaboratively to serve the children and families of West Virginia.

Figure 1 Department of Health and Human Resources Reorganization Effective January 1, 2024.

[1] H.B. 2006, 86th Legislature, 2023 Reg. Sess. (W. Va. 2023) https://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=hb2006%20sub%20enr.htm&yr=2023&sesstype=RS&i=2006.

The Bureau for Social Services

The Bureau for Social Services is the bureau tasked with administering the child protective services, youth services and foster care programs, among others. The Bureau for Social Services commissioner is Jeffrey Pack. The BSS consists of five distinct offices:

- The Office of Policy and Programs
- The Office of Quality Initiatives
- The Office of Field Support
- The Office of Field Operations
- The Office of Finance

Each office is overseen by a Deputy Commissioner who reports directly to the Commissioner. Figure 2 depicts the organization structure of the Office of the Commissioner.

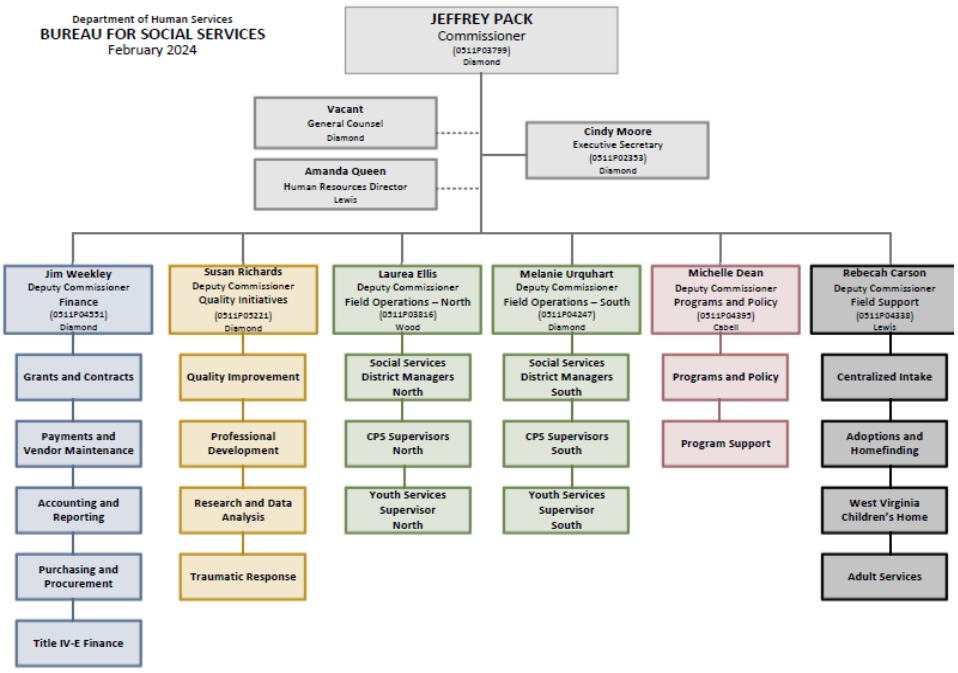


Figure 2 Bureau for Social Services, Commissioner's Office

The Office of Policy and Programs

The Office of Policy and Programs (OPP) is overseen by Interim Deputy Commissioner, Lorie Bragg. The office consists of three divisions: The Division of Children and Adult Services (CAS), the Division of Regulatory Management (DRM), and the Division of Program Support (DPS). The Office of Policy and Programs oversees state and federal policy implementation, service and program development, regulation and institutional investigations of foster care agencies and childcare institutions and provides technical assistance and consultation related activities to direct service field staff in all related child welfare programs. The Office of Policy and Programs also acts as the lead office in the Child and Family Services Plan and Annual Progress and Services Review development.

The Office of Quality Initiatives

The Office of Quality Initiatives is overseen by Deputy Commissioner, Susan Richards. The Office consists of the Division of Planning and Quality Improvement, the Division of Professional Development, the Division of Research and Data Analysis, and Trauma Support Programs. The Office oversees bureau staff training and Continuous Quality Improvement (CQI) activities, including regular Child and Family Services Reviews (CFSR) style reviews of district offices and the state's Centralized Intake Unit, which receives reports of abuse and neglect. The office also leads federal CFSR reviews for the state.

The Office of Field Support

The Office of Field Support (OFS) is overseen by Deputy Commissioner, Rebecah Carson. The office consists of four statewide programs: Adult Services (AS), Adoption and Home Finding, Centralized Intake (CI), and the West Virginia Children's Home. The programs of Adoption and Home Finding collaborate with foster care services to locate and certify permanent families, with an emphasis on kinship placements, for children whose parental rights have been terminated. It also serves to promote quality standards for pre- and post-adoption services to protect the rights of these children. Centralized Intake is the state's 24/7/365 call center utilized for receiving reports of suspected abuse to both children and vulnerable adults. The West Virginia Children's Home is a state owned and operated residential treatment facility for foster children with mild behavioral treatment needs.

The Office of Field Operations

The Office of Field Operations consists of Child Protective Services (CPS) and Youth Services (YS) staff, supervisors, and support staff across the state divided into two regions and 23 district offices. Each district is overseen by a Social Services Manager, responsible for the daily operations and report to a Deputy Commissioner. The Deputy Commissioner of the Northern region is Laurea Ellis, and the Deputy Commissioner of the South is Melanie Urquhart.

The Office of Finance

The Office of Finance is overseen by Deputy Commissioner, Jim Weekley. The office consists of five divisions: The Division of Accounting and Reporting, the Division of Payments, and Vendor Maintenance, the Division of Purchasing and Procurement, the Division of Grants, and the Division of Title IV-E Finance. The Office of Finance oversees the bureau budgets and related state and federal reporting and conducts Title IV-E eligibility determinations. It also oversees the accounts payment functions, purchasing and procurement of bureau services and supplies and collaborates with the Office of Policy and Programs to administer subrecipient grants to various agencies.

Vision Statement

The West Virginia Department of Human Services, Bureau for Social Services envisions a child welfare system that:

- Prioritizes prevention as the most effective tool in supporting child and family wellbeing; and,
- Utilizes child removal as a tool of last resort.

The Department of Human Services envisions a community services array that empowers families to identify their own needs and obtain culturally and linguistically appropriate services at the necessary intensity to prevent escalation into child welfare and juvenile justice systems.

Subsequently, the removal of a child from their home is the most critical decision made during a child welfare case; the placement intervention used is the second most critical decision. When children must be removed from their home, the Bureau for Social Services will prioritize kinship placements and, when not available, utilize the most family-like integrated setting available to support the child's needs and promote family engagement to support timely reunification.

Collaboration

The Department of Human Services values collaboration with its providers, judicial partners, and the broader community, especially those with lived experience. To meaningfully collaborate the state and its partners and families must work together to enact its shared vision in keeping children and families together and using family-like settings when removal is the only option. The state engages the community in several ways to support broader planning and focus on areas needing improvement. It has partnered with universities and with its managed care organization to engage professionals, families, and individuals with lived experience in completing surveys, participating in listening sessions, and evaluating the state's child welfare system. The state also participates in many ongoing collaborative workgroups focused on identifying system strengths, and opportunities to improve in areas of need.

Court Improvement Program

The West Virginia Court Improvement Program mission is to "advance practices, policies, and laws that improve the safety, timely permanency, and well-being of children and due process for families in child abuse/neglect and juvenile cases". To aid in that mission, the Bureau for Social Services worked with the Court Improvement Board to enhance representation to parents and children.

Under the West Virginia Code, the child welfare agency, parents, and children are represented by an attorney in child welfare proceedings. The Department of Human Services is represented by the county prosecuting attorney and the Attorney General's Office. Children and parents are represented by public defenders or private attorneys that are court-appointed and paid through Public Defender Services. The quality of the representation for all parties varies vastly. There is very little standardization of expectations of the attorney. West Virginia Code § 49-4-601(g) requires any attorney representing a party to receive a minimum of eight hours of continuing legal education training every two years on child abuse and neglect procedure and practice. Attorneys representing children must first complete training on representation of children that is approved by the administrative office of the Supreme Court of Appeals.

West Virginia, in collaboration with the Prosecuting Attorneys' Institute, Public Defender Services, West Virginia State Bar, judges, Court Improvement Programs, and the administrative office of the Supreme Court of Appeals, will determine the level of training and qualifications that are required for attorneys representing the child welfare agency, parents, and children in child welfare proceedings. West Virginia will implement Standards of Practice for attorneys representing parties in child welfare proceedings to ensure that attorneys are competent in the relevant laws and litigation skills. Attorneys should be well versed in in-court advocacy, as well as out-of-court client counseling and advocacy to help clients navigate the child welfare system. Additionally, attorneys should receive training in relevant topics such as

understanding substance use and recovery, trauma, available services to assist families, and disproportionality, disparity, and bias.

West Virginia will seek to draw down title IV-E funds to support and enhance legal representation for the child welfare agency, parents, and children. West Virginia will enter into memoranda of understanding with the appropriate legal agencies. These agreements will ensure that the child welfare agency is not involved in evaluating individual attorney performance or making decisions on individual attorney contracts for attorneys representing children or parents.

JCAMP Project

This project is being implemented by the West Virginia Court Improvement Program (CIP). The objective is to implement a new series of performance measures called JCAMP (Judicial, Court, and Attorney Measures of Performance). CIP currently uses a variety of performance measures that look at timeliness in abuse and neglect hearings. The JCAMP measures will augment these measures to collect a broad spectrum of data that will guide CIP and stakeholder efforts in systemic improvements to the child welfare system. A group of relevant stakeholders will be identified, assembled, and will guide this work.

One goal is to gather a group of people together to discuss issues faced by children, families, kinship and foster placements, and professionals involved in abuse and neglect cases in West Virginia. CIP will do this through guided discussions and a structured needs assessment where we will ask questions and discuss.

Next goal would be to look at performance measures. In 2021, the Children's Bureau funded the Capacity Building Center for Courts (CBCC) to develop a set of child welfare court, judicial, and attorney performance measures to help the field understand and improve child welfare court practice. The plan is to review, discuss, prioritize, and then select a group of these measures to implement in our state.

CIP and court staff will then develop a tool to be used to collect data and will check in and share project progress with the group. The anticipated outcome of this project is to help organizations in collecting data, track outcomes and improve practice overtime. This should increase family engagement and ensure high-quality legal representation so children can be safe and achieve permanency.

BSS/CIP Socially Necessary Services Workgroup

The mission of the workgroup is to collect data and report findings related to socially necessary services that have been ordered by the court from July 1,2024, through April 30, 2025. The CIP believes the findings will help facilitate future referral, assignment, and completion of socially necessary services by observing service development, progression, and outcome from the targeted demographics. The data gained through this project will be instrumental in calibrating and unifying future services. Ultimately, the project will ensure stable, consistent services that are vital to reunification efforts within juvenile abuse and neglect cases. The data will help support areas where trainings are needed, engage in stakeholder meetings to discuss services directly related to that county, which will lead to more time reunifications and permanency.

Out-of-Home Education Committee

Mission of the 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. The Advisory Committee works to accomplish this mission by:

1. Identifying barriers impeding access to a free appropriate public education for children in out of home care.
2. Gathering information and collecting data on the educational status of children in out of home care.
3. Developing recommendations and undertaking projects for improving services for children in out of home care
4. Advising the State Superintendent of Schools and State Board of Education on the educational status of children in out of home care and making recommendations for administrative, policy or legislative changes.
5. Working to increase the public awareness of the educational needs of children in out of home care.
6. Fostering an interagency collaborative approach to problem solving and
7. Identifying promising and best practices to improve services to children in out of home care.

Activities of the Committee

The Education of Children in Out of Home Care Advisory Committee focused on the following major objectives during 2023: (1) developing a system of procedures to report on the educational status, achievement and needs of children in out-of-home care; (2) expansion of the services provided by the Education Recovery Specialists; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; and (4) partnering with the Foster Care Ombudsman to increase awareness of educational services and information for parents of children in foster care.

Educational Status, Achievement, and Needs of Children in Out of Home Care

The Education of Children in Out of Home Care Advisory Committee meets quarterly to discuss the needs of youth in out of home care which includes academic achievement and educational status. The Education Recovery Specialist provides reports at every meeting that illustrate youth in out of home care academic needs. The ERS track data relative to where a student is located, what type of service they provide that student and if they are continuing to monitor that student throughout the school year. The Education Recovery Specialist also works with the WVSDT Transition Specialist to ensure that youth in out-of-state care have their academic needs met. The Transition Specialist Rachel Stewart oversees the out of state youth and will notify the appropriate Transition Specialist when those youth come back to in state care.

Expansion of the Education Recovery Specialist

The Education Recovery Specialists have been working with foster and kinship care youth throughout the state for two years. They have continued to grow their program by offering more services to foster youth that are referred to them such as:

- training for foster parents, foster agencies, and other service providers.
- created a resource database to easily access community resources in each county.
- assisting with the Education of Children in Out of Home Care Advisory Committee
- serving on the Statewide Family Engagement Center Leadership Team.
- transcript analysis and record locating for the KVC First Star program.

- further developing relationships with DHS and stakeholders to ensure smooth transition for foster youth.

A recent expansion of the Education Recovery Specialist program is the sharing of data from the DHS. They now have access to PATH reports and have been working to create some meaningful data to share with counties and other agencies on foster youth in out of home care. A task was provided by a local education agency to see how many foster youths were in the 16- to 17-year-old demographic, the results are broken down below.

The data from the DoHS found that there are 921 16- to 17-year-old foster youth in public schools. 342 of those youth have IEP's, 171 are currently in or were in WVSDT at time of data collection, 52 are in Out of State Placement, and 21 are being homeschooled. It was also determined that the average GPA for those youth is 2.24 and the average number of credits earned is 10.8. There are also only 53/921 with a 3.0 or higher GPA. The ERS continue to look at the data shared from the DHS to assist schools and programs with information that could provide support to the foster in their counties.

The Education Recovery Specialists have submitted two annual reports that outline their program data. So far, they have received referrals in 50 of the 55 counties. Their total amount of youth referred to the program since August of 2022 has been 272. They continue to provide support to foster agencies and foster parents as needed while growing their program through conference presentations and training to stakeholders. This continues to close the achievement gap for foster youth in out of home care across the state.

<u>Expansion of the Bridge Project</u>

In the past, the Bridge Project was identified as a best practice as an evidence-based mentoring program for children who show warning signs of disengagement with school and are at risk of dropping out. This program is operated by Mission West Virginia, Inc. and uses the Check & Connect program by the University of Minnesota to collect data and results. This program continues to show improvements in school behavior, academic performance, and graduation rates.

In the 2022-2023 school year, 217 students were served in the Mission West Virginia Bridge Program. The following is a more comprehensive list of outstanding results:

- 189 of the students completed the school year with their mentors.
- 15% of the students were in Foster Care
- 64% were in Kinship Care
- 21% were McKinney Vento (Legally Homeless)
- 20% of the students in the Bridge Program in 2022-2023 had an IEP or 504 plan.
- 70% decrease in absences
- 67% of students increased their GPA.
- 89% decrease in suspensions
- 100% of 9th, 10th, and 11th grade students advance to next grade.
- 100% of Seniors graduated with their diploma for the 8th year in a row.
- 54 Seniors in the 2022-2023 school year

The Bridge Program is currently in four counties including Boone, Clay, Kanawha, and Putnam. The schools are listed below:

- Boone Co: Sherman High School, Scott High School (69)
- Clay County High School (50)
- Kanawha Co: Herbert Hoover High School, Sissonville High School (73)
- Putnam Co: Hurricane High School, Putnam Career & Technical Center (25)

During the 2022-2023 school year the Bridge Project provided the participating students with many items that were needed. The Bridge Project recognizes that school does not just include educational items. Students may need items such as clothing, hygiene items, homecoming and prom tickets and attire and many more were provided for the program participants. The program's students did not have to miss any of the high school experiences their families could not afford.

Another expansion of the Bridge Project this year was the addition of three new mentors being hired in August of 2023. It is anticipated that the Bridge Program serve 300+ students by the end of the 2023-2024 school year. The complete Bridge Project 2023 Outcome Report is available upon request.

In West Virginia, 62% of foster youth graduate high school. This is significantly lower than the 91% of youth that graduate and are not in foster care. The collaboration between the Bridge Project, Education of Children in Out of Home Care Advisory Committee and the Department will ensure that children in out of home care do not face undue hardships while attending school. The Department aims to increase the percentage of foster youth that graduate high school by 10% in the next five years with this continued collaboration.

Partnership with Foster Care Ombudsman

The Foster Care Ombudsman continued to report to the Education of Children in Out of Home Care Advisory Committee. This year, they created an online referral form for foster families who feel they need to report incidents to the FCO office. They also have a newsletter that contains news, program updates, community resources, data, and other valuable information.

The Foster Care Ombudsman reported that the inbound complaint volume increased 35.3%, likely due to increased awareness to their services. To date they have received 2,617 complaints since their office was created in 2019. 48% of complaints are from foster and kinship/relative caregivers, 13% are from non-caregiving relatives, 12% are from birth parents, and the remainder are from community and contractor agencies, state employees, medical and behavioral health professionals, attorneys, elected officials, and adoptive parents. Approximately half of all complaints have merit and were resolved to the satisfaction of the complainant.

The FCO office completed a study in 2023 regarding child welfare worker perspectives on working with schools and their suggestions to improve collaboration to best serve foster children and families. They will be sharing those results later. They have also been referring educational cases to the Education Recovery Specialists when it comes to educational complaints such as barriers to students accessing education. The FCO is continuing to work to improve their infrastructure and external relations. They are hoping to design customized case management and reporting systems which will improve their ability to report data regarding complaints and observations derived from them.

The Education of Children in Out of Home Care Advisory Committee will continue to support the Foster Care Ombudsman office's work and provide feedback when needed.

Goals for 2024

During 2024, the Education of Children in Out of Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) increasing cooperation and coordination between stakeholders that service out of home youth; (2) expansion of the services provided by the Education Recovery Specialist; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; (4) monitoring effectiveness and increasing educational involvement of multi-disciplinary team meetings.

Commission to Study Residential Placement

The Commission to Study Residential Placement of Children tracks the goals and progress of the Commission's goals, the goals of the oversight groups and others. Progress is provided in the Annual Progress Report Advancing New Outcomes, Findings, Recommendations, and Actions. This report is provided to the Legislative Oversight Commission on Health and Human Resources Accountability, the Oversight Group members, and is available on the WV DHHR website at: http://www.wvdhhr.org/oos_comm/ The Commission's goal for the next five years is to be proactive rather than reactive when it comes to West Virginia's families. Rather than picking up the pieces when a family has been separated, the Commission would like the family to remain whole while fixing the issues with potential to pull them apart.

Bringing together a diverse group of individuals representing the many facets of the system is a necessary step for meaningful improvement. The Commission carries out its work with strong collaborative participation from all of West Virginia's child and family serving systems. Open discussion, research and materials presented at quarterly meetings reflect the day-to-day experiences and voices of field staff members, families, and youth from all areas. The Commission works in collaboration with other projects/initiatives including Safe at Home West Virginia, Education of Children in Out-of-Home Care Advisory Committee, West Virginia Court Improvement Program, and others to support its goals in the study of the residential placement of children.

Kids Thrive Collaborative

The West Virginia Kids Thrive Collaborative meets quarterly for WV stakeholders and DoHS leaders to share big picture overview updates and provide feedback regarding the ongoing development of the state's system of care and support for children's mental health. This meeting is open to the public to encourage feedback and to foster a better relationship between WV stakeholders, DoHS and individuals across the state.

The WV Kids Thrive Collaborative website went live in mid-June 2022, replacing the Child Welfare Collaborative website, and serves as a hub for providers and families to receive information on resources, services, and initiatives related to meeting children's mental health needs. The Kids Thrive Collaborative continues to be enhanced based on feedback from families and the identification of additional needs.

In August 2022, DoHS initiated a recurring outreach approach to provide information, raise awareness of the availability of services, and address family and youth questions called the "Resource Rundown" found on https://kidsthrive.wv.gov/ . Initially, these 30-minute sessions were offered weekly, but shifted to be biweekly during January to June 2023. In summer 2023, DoHS transitioned away from the live sessions and instead uploaded videos to YouTube to be available on demand. The videos are displayed on the Kids Thrive website and are accompanied by contact information to facilitate feedback and questions with timely responses. As of November 2023, there are three Resource Rundown videos available on the Kids Thrive Collaborative website. Additionally, the DoHS Office of Communications publicizes the Resource Rundown on its social media platforms. The Commission to Study Residential Placement and the WV Kids Thrive meetings are combined. This allows full transparency to stakeholders on the current goals and initiatives of the Department. Resources on the website will be reviewed and updated annually to ensure the most accurate information is being provided.

The Department hopes to increase public participation in the collaborative by advertising the website on social media platforms. Increased public participation will result in opportunities to receive feedback from families and individuals of West Virginia.

Foster Care Ombudsman's Office

Meetings with the West Virginia Foster Care Ombudsman's (FCO) office and the Bureau for Social Services began being held in 2023 and 3 meetings have been held. The purpose of sharing information and initiatives and providing an opportunity to build familiarity and relationships, and brainstorm solutions. During these meetings the Foster Care Ombudsman's Office offers to mitigate organizational risk and loss, provide prevention early warning and low-level intervention, provide independent input toward improvement, validate adherent performance, offload/consolidate time/cost/unappealing aspects of internal complaint handling, provide/protect citizen redress, enhance citizen education toward reduced frustration, and enhance and benefit from pattern/trend identification.

The FCO office has frequent informal communication with key stakeholders to the child welfare system, including representatives throughout the legal/judicial system, child placing agencies, socially necessary services agencies, community service agencies, Court Appointed Special Advocates, professional providers of behavioral and medical care, residential providers, elected officials, concerned citizens, advocacy organizations, and more.

The Foster Care Ombudsman also reports to the Education of Children in Out of Home Care Advisory Committee. They created an online referral form for foster families who feel they need to report incidents to the FCO office. They also have a newsletter that contains news, program updates, community resources, data, and other valuable information.

The FCO office completed a study in 2023 regarding child welfare worker perspectives on working with schools and their suggestions to improve collaboration to best serve foster children and families. They have also been referring educational cases to the Education Recovery Specialists when it comes to educational complaints such as barriers to students accessing education. The FCO is continuing to work to improve their infrastructure and external relations. They are hoping to design customized case management and reporting systems which will improve their ability to report data regarding complaints and observations derived from them.

In July 2024 the Foster Care Ombudsman's office is projected to go live with a new custom case management system. This will improve their efficiency, accountability, and ability to capture, trend, and analyze the rich data gathered from the citizens who contact the FCO for assistance.

The Department utilizes information from the Foster Care Ombudsman's reports and studies to inform practice changes and areas of improvement in child welfare. This collaboration will continue over the next five years.

Aetna Member Advisory Board

The Member Advisory Council (MAC) will exist to provide advisement on lived experience with the goal of improving outcomes for foster youth and their families. This group will discuss issues they have with the model/are encountering and recommend solutions; including feedback on where services are being most impactful, so programmatic changes may be made to improve the overall health of the program.

The MAC will convene focus groups in reviewing six focus areas:

1. Access
2. Service Delivery
3. Gaps in Support Systems
4. Engagement with System Staff
5. Cultural Competency
6. Consumer Knowledge of Services and Supports

Collaboration with Child Placing Agencies

The Bureau for Social Services works very closely with the child placing agencies (CPA) to improve practice and the system communication between the agencies. In recent years, BSS has worked with the CPAs to explore new models of care, brainstorming recruitment and retention efforts, and refining performance-based contracting. The BSS and CPAs have worked together to place youth and children with behavioral and mental health issues. The BSS is currently working with the CPAs and Find Help to develop an electronic referral system to develop a more technologically advanced system to streamline efforts and improve referral and placement communication between BSS field staff and CPAs.

The BSS meets with the CPAs quarterly as a group, and on an individual basis to discuss their performance-based contracts and data tracking. The collaboration has resulted in more productive relationships and improved practice that benefits West Virginia children, youth, and families. The BSS and CPAs recognize the challenges that are not only affecting West Virginia, but nationwide, in the area of recruiting and retaining foster parents, as more and more children are entering foster care with higher behavioral and mental health needs. The CPAs are willing to assist children and families in every capacity to decrease the number of children in foster care. The BSS plans to explore additional support from the CPAs in the area of prevention.

Assessment of Current Performance

The West Virginia Department of Human Services (DoHS) Bureau for Social Services (BSS) has a comprehensive continuous quality assurance (CQI) process. (See BSS CQI Plan) BSS utilizes data from a

variety of sources to assess performance on safety, permanency, and well-being outcomes, as well as inform and monitor continuous quality improvement efforts. This includes the development and monitoring of the Child and Family Services Plan (CFSP) goals and other statewide child welfare initiatives. Data available to evaluate performance is gathered through Child and Family Services Reviews (CFSR) style case reviews, data profiles (contextual data report) supplied by the Children's Bureau and calculated using data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), additional Comprehensive Child Welfare Information System (CCWIS) reports, and Juvenile Abuse and Neglect Information System (JANIS) data provided by the Court Improvement Program of the Supreme Court of Appeals of West Virginia. Data may be reported by federal fiscal year (FFY) or calendar year (CY) depending on availability.

The Division of Planning and Quality Improvement (DPQI) utilizes the Federal Child and Family Services Reviews (CFSR) model to evaluate case practice. Utilizing the CFSR process allows DPQI to measure the State's performance in the areas of safety, permanency, and well-being consistent with Federal outcomes in order to improve services to children and families. The CFSR Onsite Review Instrument and Instructions (OSRI) are the unit's primary tool for evaluating the quality-of-service delivery to children and families. DPQI review teams conduct interviews with key case stakeholders including case workers, caregivers/parents, foster parents, service providers, placement providers, youth if age appropriate, judicial partners, and other parties who may have information relative to the case. Case rating documentation is entered into the Online Monitoring System (OMS). (See Quality Assurance Systemic Factor Section)

During FFY 2023 DPQI completed 125 CFSR style case reviews. The data is based upon the review of randomly selected social services cases between October 1, 2022, and September 30, 2023. The review was comprised of 125 cases, 65 foster care and 60 in-home social service cases. DPQI staff conducted 865 interviews in relation to the case reviews. Interview participants included: 138 children, 191 parents/caregivers (biological/adoptive/step/legal guardians/parental paramours), 97 foster parents, and 114 judicial staff such as attorneys, guardian-ad-litems, juvenile probation officers, and Court Appointed Special Advocates. The remaining interviews were with other parties who provide information relative to the case review such as BSS caseworkers and supervisors, service providers, and child placing agency case managers. The period under review (PUR) for case reviews is approximately 12 months prior to the date of the review. CFSR style case reviews were completed in each of the two regions of the state and included the following districts: Kanawha, Calhoun/Gilmer/Wirt, Ohio/Brooke/Hancock, Lewis/Upshur/Braxton, Barbour/Preston/Taylor, Berkeley/Morgan/Jefferson, Fayette, Wyoming, Greenbrier/Monroe/Pocahontas/Summers, Putnam/Lincoln/Boone, Mason/Jackson/Roan/Calhoun, and Wayne.

Child and Family Outcomes

Factors Contributing to Cases Ratings

There are many deeply rooted, complicated, and interrelated societal factors that contribute to child abuse and neglect in West Virginia. Child abuse and neglect are often a symptom of larger social problems, such as substance abuse, which have no simple answers or quick fixes. West Virginia struggles with an ever-increasing number of child welfare cases in which substance abuse is an identified risk factor. The nature of addiction results in abuse and neglect petitions and negatively impacts outcomes in the West Virginia

child welfare system. Addiction places ever increasing demands on the limited child welfare resources of the state. Another factor of equal importance is the ability to attract and retain qualified staff. Performance of the Child and Family Services case reviews is directly linked to staffing levels in the districts during the period under review. Staffing levels during the period under review have a dramatic impact on how well districts perform. Districts with a high staff turnover rate score significantly lower on all measures.

Child and Family Services Review Round 4

Child and Family Services Reviews Round 4 began in FY 2023. West Virginia is scheduled to participate in the review during the fourth year of the review cycle. The CFSR review type (State-Led or CB-Led) and the date range for the review has not yet been determined.

February 2024 Child and Family Services Review Data Profile is included in the Update on Performance section. The CFSR Data Profile contained updated information on the two Safety Outcomes. Due to data quality issues, Permanency Outcomes data was not provided in the profile and no information will be provided in this document.

Safety Outcomes 1 and 2

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Timeliness of Initiating Investigations of Reports of Child Maltreatment (Item 1)

Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

Strength Rating Defined

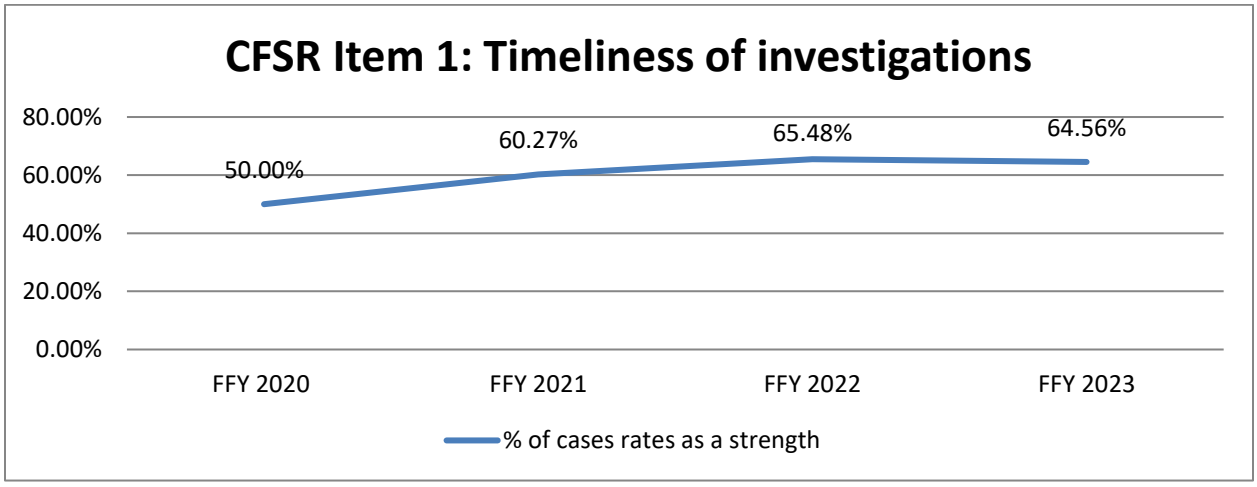
- Timely face-to-face contact with children occurred on all investigations and/or assessments during the period under review (within state policy guidelines) AND
- All investigations and/or assessments during the period under review were initiated in a timely manner (within state policy guidelines).
- OR, if policy guidelines could not be met, it was due to circumstances beyond the control of the agency.

Concerted Efforts Required and/or Special Considerations in Rating

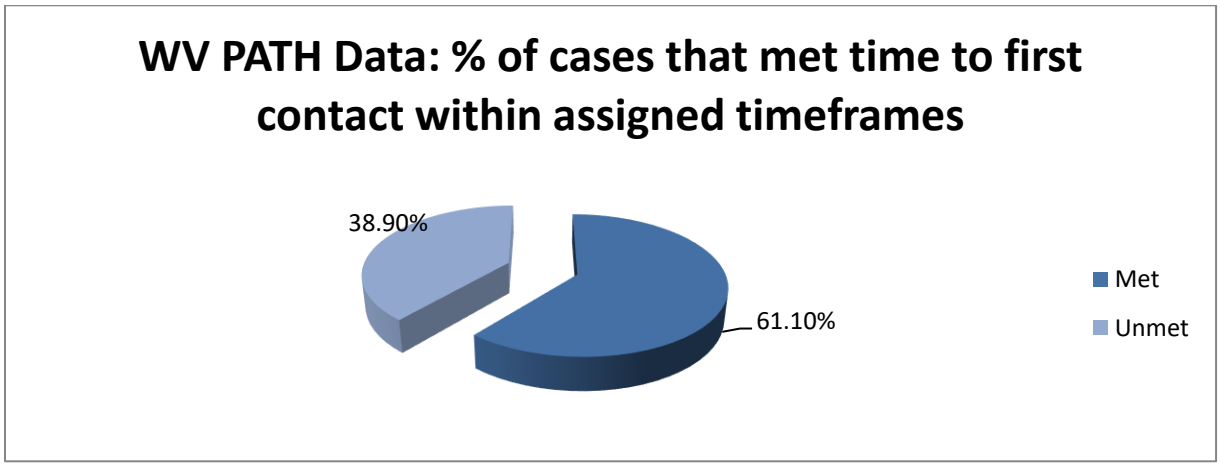
Circumstances beyond the control of the agency may include:

- Other agencies (such as law enforcement) causing delays.
- Child/family not located despite documented efforts to locate them.
- Lack of Community Resources

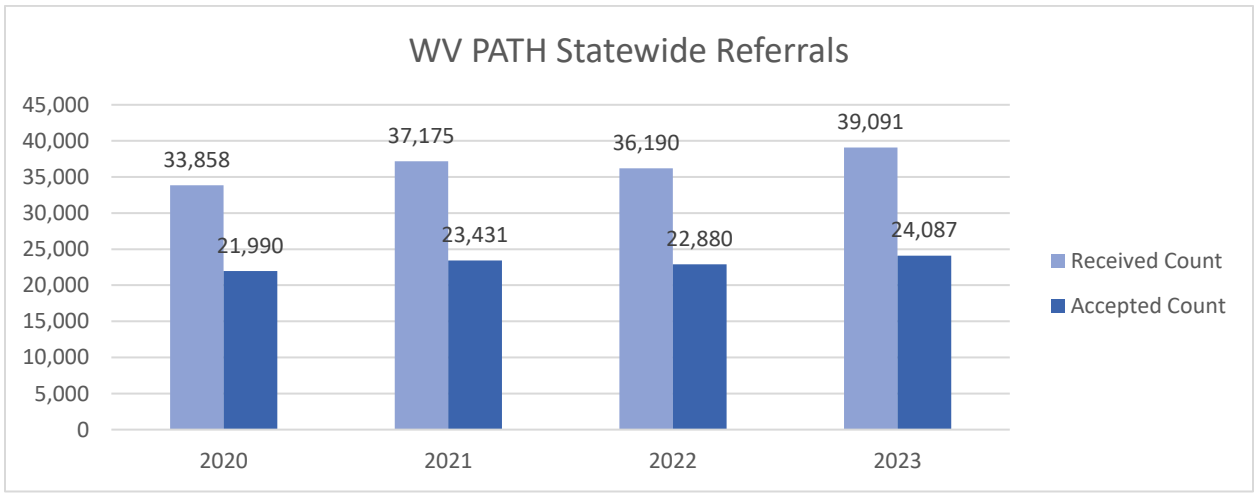
If the state has a policy that allows for exceptions to the face-to-face contact time frames when the child is in the hospital (or other specific circumstances), reviewers should rate the item based on the state's policy requirements.



Source: DPQI Case Review Data



Source: WV PATH Time to First Contact Report CY 2023



Source: COGNOS Statewide Referrals Report CY 2020-2022 and WV PATH Referral Activity CY 2023 Report

CFSR Round 4 Data Profile February 2024

CFSR Measure: Recurrence of Maltreatment

Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who experienced subsequent maltreatment within 12 months of the initial victimization will be 9.7% or less.

Observed Performance:
FY 21-22 4.2%
FY20-21 is 4.5%

Risk Standardized Performance:
FY21-22 is 5.6%
FY20-21 is 6.1%

CFSR Measure: Maltreatment in Foster Care

Of all children in out-of-home care in a 12-month period, the victimization rate per 100,000 days of care will be 9.07 or less.

Observed Performance:
FY21 is 1.92
FY20 is 2.51

Risk Standardized Performance:
FY 21 is 2.69
FY 20 is 3.43

CFSR Outcome Safety 1, consists of one CFSR Item (Item 1). The outcome rating for Safety 1 based on DPQI case reviews for FFY 2023 indicates safety outcome one was substantially achieved in 64.56% of the cases reviewed, and not achieved in 35.44% of the cases reviewed. This data is based on case reviews completed October 1, 2022, through September 30, 2023. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

The WV PATH Time to First Contact report provides calendar year data regarding the time to first contact with alleged victims of child maltreatment. The report indicates the assigned time to first contact with alleged child victims during CY 2023 was met in 61.1% of the intakes accepted for further assessment. The Child Protective Services Intake (detail) Report is monitored by District Social Services Managers, Deputy Commissioners over the Regions, and the Deputy Director of Field Operations on a regular basis.

During calendar year 2023, the WV PATH Referral Activity report indicates the number of child maltreatment reports received was 39,091. Of this number, 24,087 were assigned for further assessment of the family. This reflects a 61.62% acceptance rate. The calendar year 2022 acceptance rate was 63%. When the two data sets are compared, calendar year 2023 reflects 2,901 additional child maltreatment reports received and 1,207 more accepted for further assessment of the family.

The Department met the two CFSR safety data indicators. The Department met the national standard of 9.7% or less of children with a substantiated child maltreatment report and had a second substantiated child maltreatment report within twelve months. The Department also met the national standard of 9.07 or less incidence of maltreatment in out-of-home care per 100,000 days in care.

West Virginia did not meet the CFSR Rd. 3 PIP data goal established for this item and continues to perform substantially below the 95% compliance threshold. The primary reason for missed face to face contact timeframes given by caseworkers is caseload size. The primary rationale given for missed timeframes by district level management staff is insufficient staffing levels. The lack of staff results in the failure to initiate investigations into child maltreatment in a timely manner. It also creates a backlog of initial assessments that are not cleared within required timeframes.

Historical efforts to positively impact Outcome Safety 1 include the formation of a Differential Response Workgroup. As a result of recommendations made by the workgroup, West Virginia is working with Evident Change in order to implement the Structured Decision Making (SDM) model intake assessment for CPS. Additionally, time to initial contact with child victims on accepted child maltreatment reports is an area examined during Child Stat meetings. (See Quality Assurance Systemic Factor section for additional information on Child Stat)

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

Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care (Item 2)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.

Strength Rating Defined

- In cases where safety and/or risk concerns were present, appropriate services were provided to or arranged for families (including any services for alternative caregivers) with the explicit goal of (1) addressing the case-specific safety concerns of the child(ren) and/or risk of child abuse/neglect, and (2) doing so within a timeframe needed to prevent a child's entry into foster care and/or re-entry after a reunification.
- OR, if safety and/or risk-related services were not provided or arranged for, this was because the safety concerns and/or reasons associated with the risk of child abuse/neglect warranted immediate removal of the child.

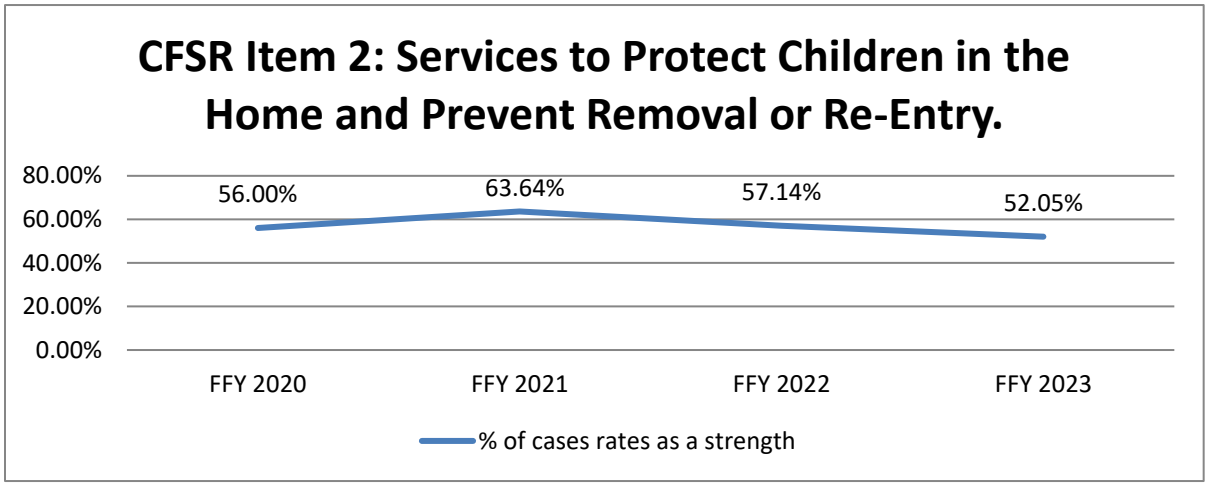
Concerted Efforts Required and/or Special Considerations in Rating

This item is solely focused on rating the provision of appropriate services to the family to address safety and/or risk concerns in the home.

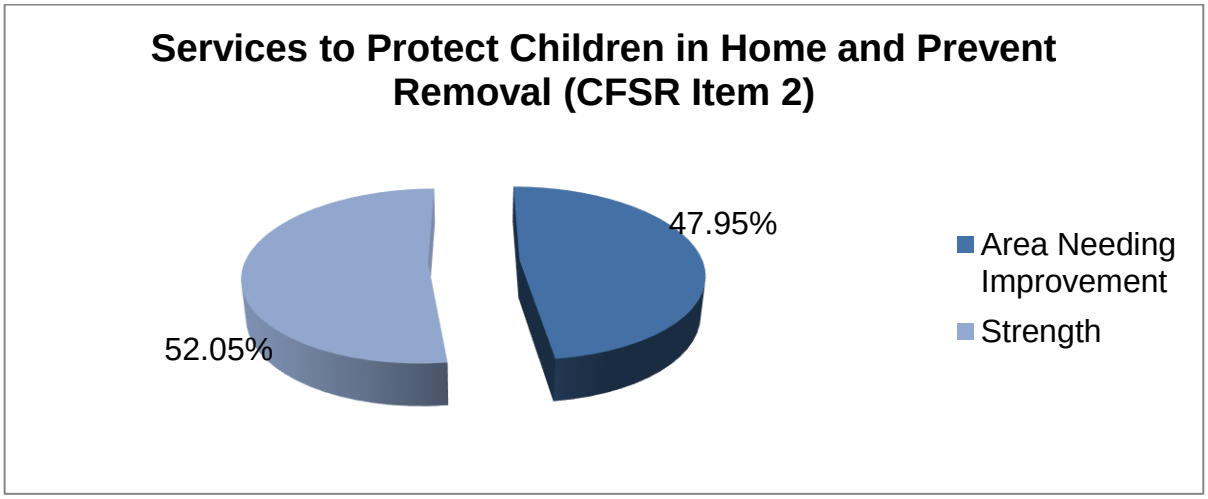
For in-home services and foster care cases, consider an alternative caregiver arrangement as a safety plan (not a safety service), and determine whether appropriate services were provided to the alternative caregiver in an effort to support, implement, maintain, or supplement a safety plan in order to ensure the

safety of a child and prevent the removal or re-entry into foster care. Any safety plan in place during the PUR will be assessed in Item 3.

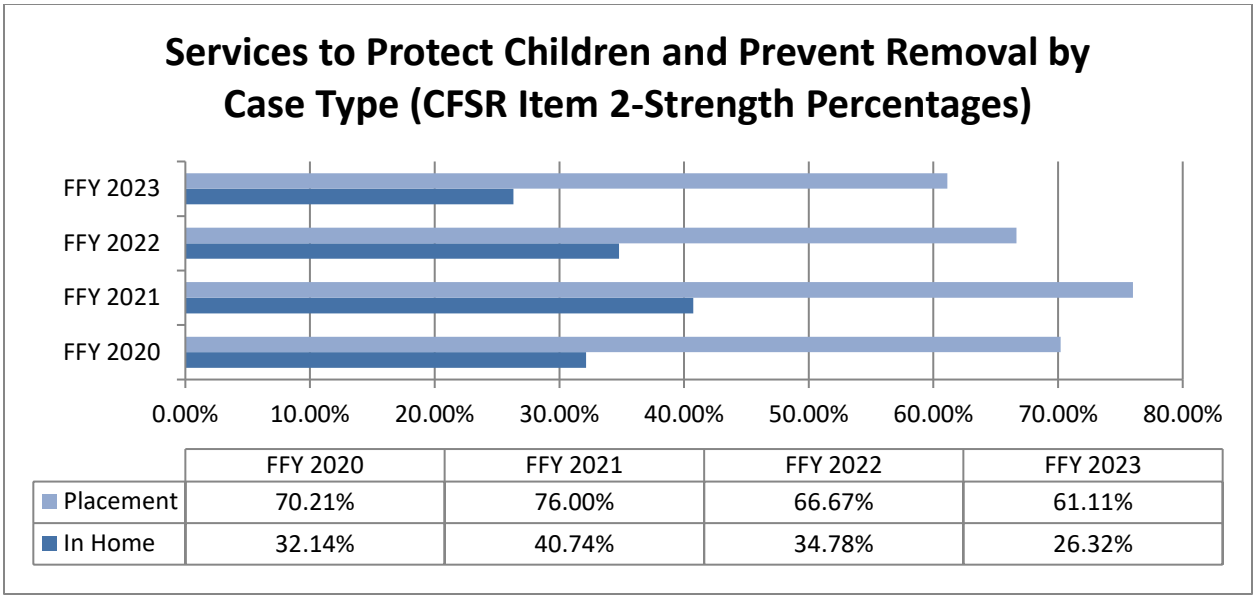
Concerted efforts, for the purposes of Item 2, refers to facilitating a family's access to appropriate services within a timeframe aimed at preventing a child's entry into foster care and/or re-entry after reunification.



Source: DPQI Case Review Data



Source: DPQI Case Review Data FFY 2023



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	70.21%	76.00%	66.67%	61.11%
In Home	32.14%	40.74%	34.78%	26.32%

Source: DPQI Case Review Data

Risk and Safety Assessment and Management (Item 3)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

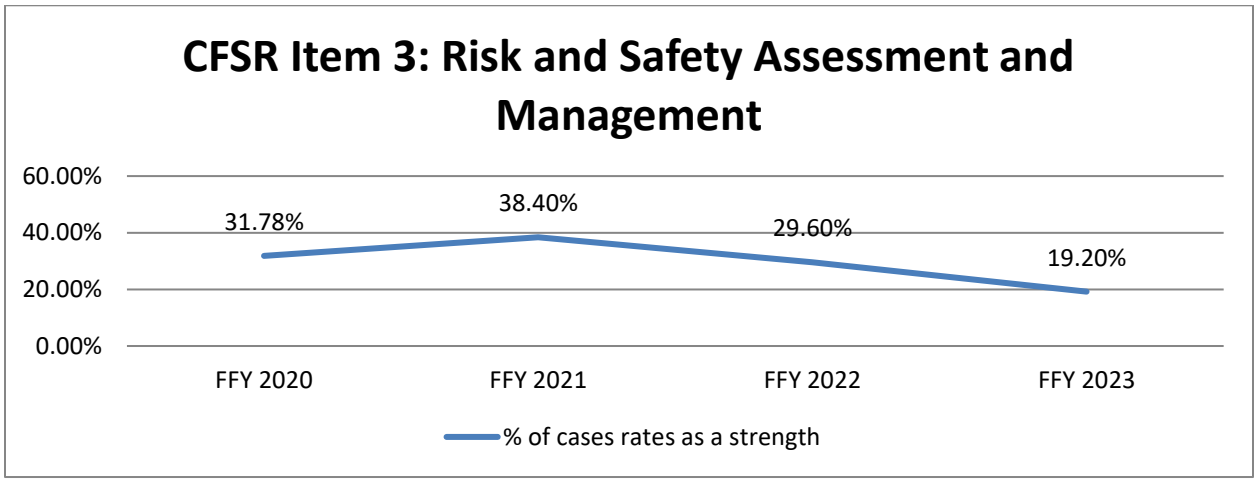
Strength Rating Defined

- During the period under review, the agency conducted initial and/or ongoing assessments of all children in the family, unless the timeframe and circumstances did not warrant ongoing assessments.
- The assessments were of good quality, accurately identifying risk and safety concerns, and they occurred at key junctures of the case.
- If safety concerns were identified during the period under review, the agency adequately addressed concerns and/or responded by developing and monitoring appropriate safety plans that ensured the children's safety.
- There were no repeat maltreatment and/or recurring safety concerns within 6 months of a report substantiated and/or accepted during the period under review.
- Additionally, for foster care cases, there were no safety concerns related to visitation with parents, family members, or related to the child's foster care placement during the period under review and that were not adequately or appropriately addressed by the agency.

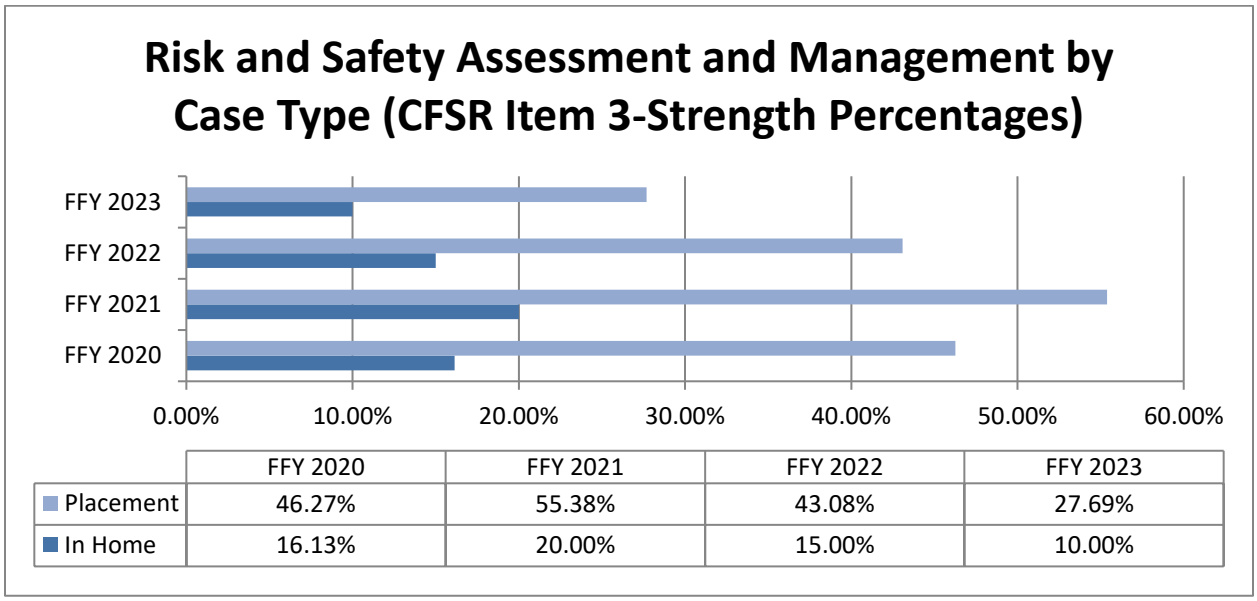
Concerted Efforts Required and/or Special Considerations in Rating

Consider worker visitation practices (Caseworker Visits with Child [Item 14] and Caseworker Visits with Parents [Item 15]) when assessing this item. Although a rating on this item does not need to be consistent with the ratings on caseworker visits, consider whether the frequency and quality of worker visits with children and/or parents supported quality assessments of risk and safety.

Documentation of completed assessments in a case record alone is not enough to decide that this item could be rated as a Strength. Reviewers must also determine the quality of assessments, assess whether there were any concerns present during the period under review, and evaluate whether the agency responded appropriately to any concerns.



Source: DPQI Case Review Data



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	46.27%	55.38%	43.08%	27.69%
In Home	16.13%	20.00%	15.00%	10.00%

Source: DPQI Case Review Data

CFSR Outcome Safety 2 is measured by performance on CFSR Item 2-services to protect children in the home and prevent foster care entry or re-entry following reunification, and CFSR Item 3-risk and safety assessment and management on the CFSR Onsite Review Instrument. FFY 2023 data shows Safety Outcome 2 was substantially achieved in 16% of the cases reviewed, partially achieved in 24%, and not

achieved in 60% of the cases reviewed. This is below the substantial conformity threshold of 95%. This FFY data set is based on case reviews completed October 1, 2022, to September 30, 2023.

Social service reviewers found factors contributing to the areas needing improvement for this measure to include lack of family contact and engagement, inadequate safety planning, and lack of services provided to address identified safety concerns. The inadequacy of safety planning results in services not being provided at a level sufficient to ensure child safety in the home and prevent foster care entry. Lack of regular contact with families does not allow for ongoing assessment of child safety throughout the life of the case, evaluation of service efficacy, or engagement of family members in the safety and case planning process.

Survey and listening session participants (66.7%) felt their children would not have been removed if additional services had been provided to them. Participants indicated a need for more resources to be offered for prevention at the start of the case. 60% of survey respondents felt that increased frequency of services would have prevented the removal of their children. Parents also indicated a need for more engagement with caseworkers. (See Collaboration section)

Historical efforts to positively impact Outcome Safety 2 include strategies designed to recruit and retain staff through pay increases and the addition of senior worker positions in order to create a career ladder. New worker training related to quality caseworker contacts and case management was also strengthened. BSS has worked to increase community level supports for families through the Safe at Home West Virgina and Children Serious Emotional Disorder Waiver (CSEDW). Also, ongoing assessments of child safety is an area examined during the Child Stat process.

Permanency Outcomes 1 and 2

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

Stability of Foster Care Placement (Item 4)

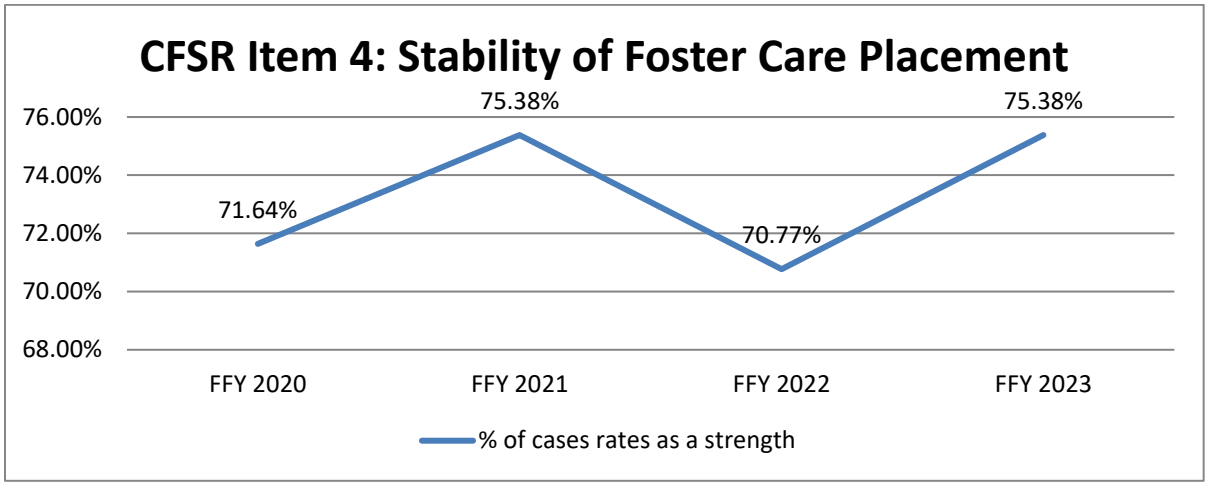
Purpose of Assessment: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

Strength Rating Defined

- A child only experienced one placement setting during the period under review, and that placement is stable.
- OR the child's current placement is stable, and every placement made for the child during the period under review was based on the needs of the child and/or to promote the accomplishment of case goals.

Concerted Efforts Required and/or Special Considerations in Rating

None.



Source: DPQI Case Review Data

Permanency Goal for Child (Item 5)

Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner.

Strength Rating Defined

- The child's permanency goal(s) was/were documented in the case file (unless the child has been in foster care for less than 60 days).
- Permanency goal(s) during the period under review were established timely (assess timeliness by considering the length of time in foster care and the circumstances of the case).
- Permanency goal(s) during the period under review were appropriate for the child's needs and considering the circumstances of the case.
- Requirements were met (as applicable) under the Adoption and Safe Families Act (whether a termination of parental rights petition was filed at any point prior to the PUR, or was filed in a timely manner during the PUR if the child reached his or her 15th month in foster care during the PUR)

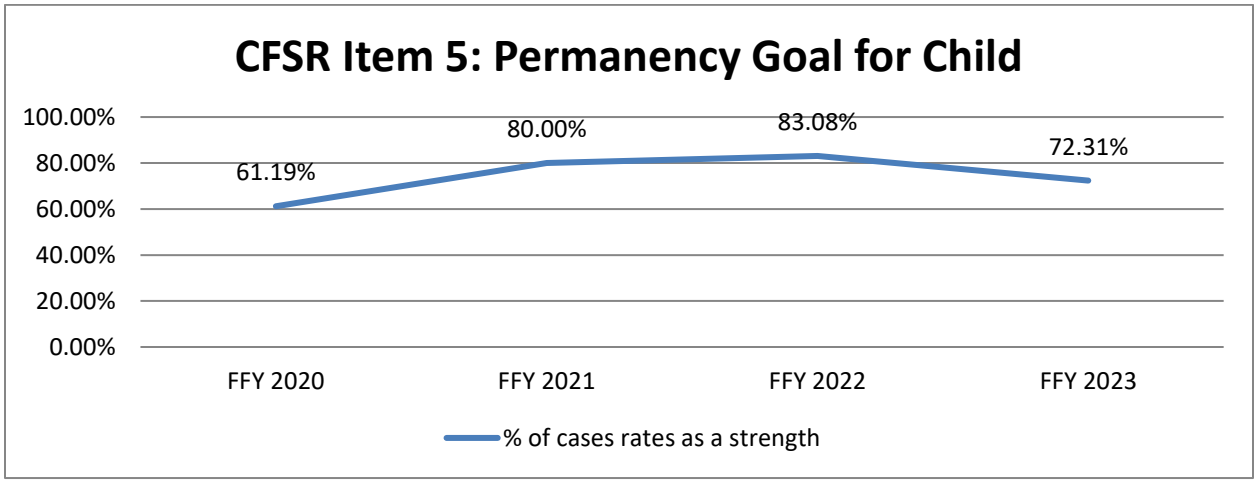
Concerted Efforts Required and/or Special Considerations in Rating

Although this item is not focused on *achievement* of permanency goals, it does require the reviewer to consider whether the agency was appropriately planning for permanency for the child *since removal from the home* and to assess the impact of those efforts during the period under review. The item is rated based on goals in place during the period under review, but reviewers must also document and consider how long the child was in foster care before a goal was established in determining the timely establishment and appropriateness of the goals.

For example, in the case of a child who had been in foster care with a goal of reunification for several years before the period under review and the goal is changed to adoption at some point during the

period under review, the agency's continuation of the reunification goal during the period under review would be considered inappropriate and the establishment of the adoption goal would not be considered timely.

The foster care entry date is defined as either the date of a judicial finding that the child has been subject to abuse or neglect, or 60 days after the child was removed from the home, whichever is earlier. This date is used to calculate whether a child has been in foster care for 15 of the most recent 22 months; however, timely establishment of initial permanency goal(s) uses the date on which the child was removed from the home.



Source: DPQI Case Review Data

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (Item 6)

Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.

Strength Rating Defined

- During the period under review, the agency and court made concerted efforts to achieve timely permanency for the child.
- OR, for children with the goal of "another planned permanent living arrangement," during the period under review, the agency made concerted efforts to place the child in a living arrangement that could be considered permanent until discharge from foster care.

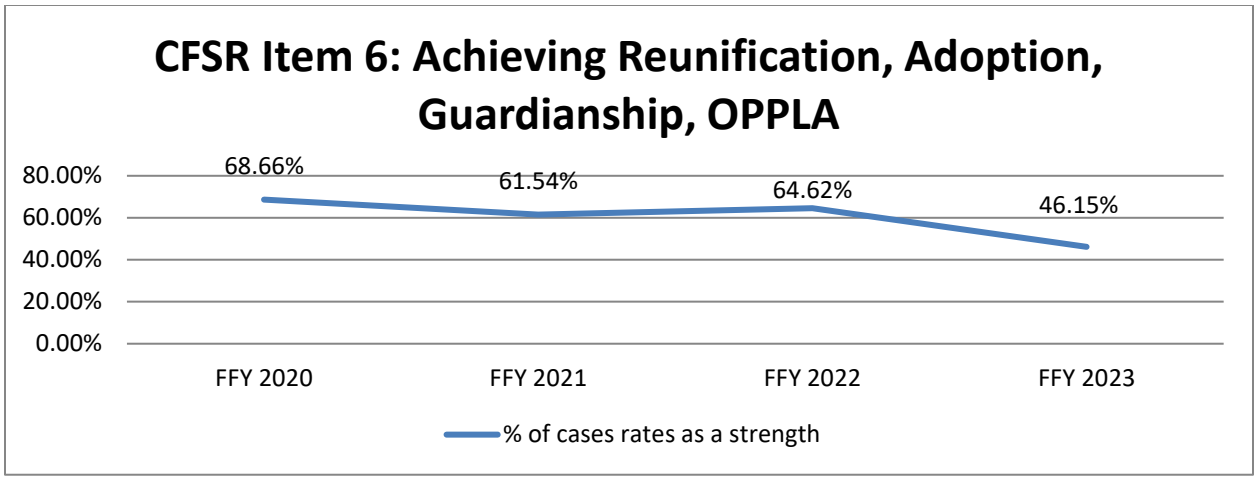
Concerted Efforts Required and/or Special Considerations in Rating

Generally, "timely achievement" is considered to have occurred within 12 months for the goal of reunification, within 18 months for the goal of guardianship, or within 24 months for the goal of adoption. While the focus of this item is on assessing the efforts that were made to achieve permanency rather than on meeting the specific time frames noted for each goal, determine whether barriers noted

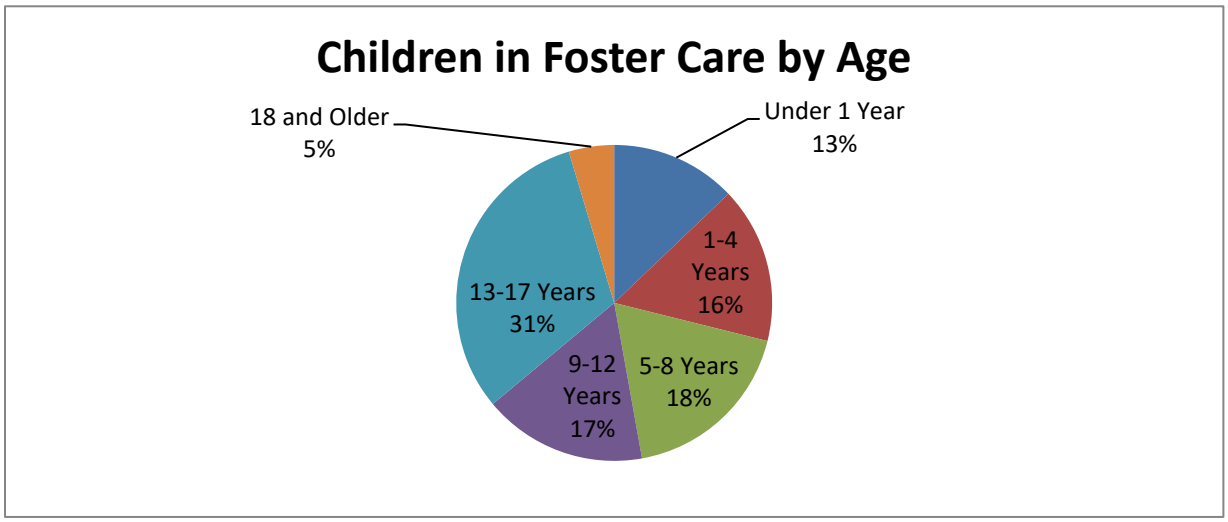
in the case are significant enough to consider the item an area needing improvement despite the suggested timeframes. For example, if a child was reunified at the 12th month, but could have been reunified sooner had concerted efforts been made, the item could be rated as an Area Needing Improvement if the additional efforts by the agency and court were reasonable to expect. Similarly, if a child did not achieve adoption within 24 months, but the agency and court had been making concerted efforts to achieve the goal of adoption despite circumstances beyond their control that caused a delay, the item could be rated as a Strength.

Concerted efforts toward achieving permanency may include:

- Actively and effectively implementing concurrent planning. Specifically, this means actively working on a second permanency goal simultaneously such that there is progress made to have that second goal for permanency achieved quickly.
- If the goal is reunification, regularly assessing the safety of the home and family to which the child is to return. This includes utilizing appropriate safety plans and safety-related services to allow reunification to occur timely and safely rather than waiting until all risk and safety concerns are fully resolved before reunification occurs.
- Ensuring appropriate services are provided in a timely manner for parents seeking to achieve reunification.
- In cases of adoption, conducting mediation with the child's parents, as appropriate, to work toward obtaining voluntary terminations and avoiding lengthy court trials.
- Considering open adoptions when in the child's best interest
- Addressing any concerns a child, youth, or prospective adoptive family may have about adoption through specific discussions or counseling.
- Conducting searches for absent parents and relatives early on and periodically throughout the case
- Establishing paternity early on in cases, as applicable
- Initiating child-specific recruitment efforts to identify permanent placements.
- Ensuring that permanency hearings are held timely, thoroughly address the issues in the case, and the child's need for permanency.
- Ensuring home studies or other legal processes required to finalize permanency happen timely.
- Finalizing the permanency of a placement for youth with a goal of Other Planned Permanent Living Arrangement through written agreements



Source: DPQI Case Review Data



BSS Child Welfare Dashboard Point in Time Report 3/6/2024.

CFSR Outcome Permanency 1 is measured by performance on three CFSR Items. These include Item 4-stability of foster care placement, Item 5-permanency goal for the child, and Item 6-achieving reunification, guardianship, adoption, or other planned permanent living arrangement as found in the CFSR Onsite Review Instrument. DPQI social services case reviews conducted during FFY 2023 show Outcome Permanency 1 was substantially achieved in 30.77% of the cases reviewed, partially achieved in 63.08% of the cases reviewed, and not achieved in 6.15% of the cases reviewed. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review. The February 2024 Child and Family Services Review Data Profile indicates that performance on the Permanency Outcomes could not be calculated due to West Virginia exceeding the data quality limit.

A multitude of factors impact the ability of children to achieve permanency in a timely manner. These include systemic factors as well as family and community characteristics. DPQI case reviews found that barriers to higher levels of achievement on the measure include failure to implement concurrent permanency goal planning actively and effectively, not providing assessments and services to both parents

in a timely manner, wait times for assessment/treatment services, and delays in the court process such as hearing continuances, paternity not being established early in the case, and parents being adjudicated separately. In addition, parents suffering with addictive disorders are less likely to actively participate in the casework process.

District level managers report an insufficient number of foster, adoptive, and relative resource homes. Staff report utilizing relative resource homes when they are available. Relative providers, in general, are stated to be more stable with less likelihood of disruption while permitting children to remain in their home communities. However, due to generational addiction, family members are not always able to act as resource options due to prior criminal or CPS history. District managers report some traditional foster homes appear unprepared to manage the variety of emotional and behavioral responses children who experience trauma can display. When resource homes are not available, district staff report being forced to place children in shelter care, or scheduling staff to stay with children in hotels.

Historical efforts to positively impact Outcome Permanency 1 include the implementation strategies designed to attract and retain staff, increase the number of traditional resource homes, and ensure resource families are engaged in the casework process (including participation in court/MDTs).

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

Placement with Siblings (Item 7)

Purpose of Assessment: To determine whether, during the period under review, 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.

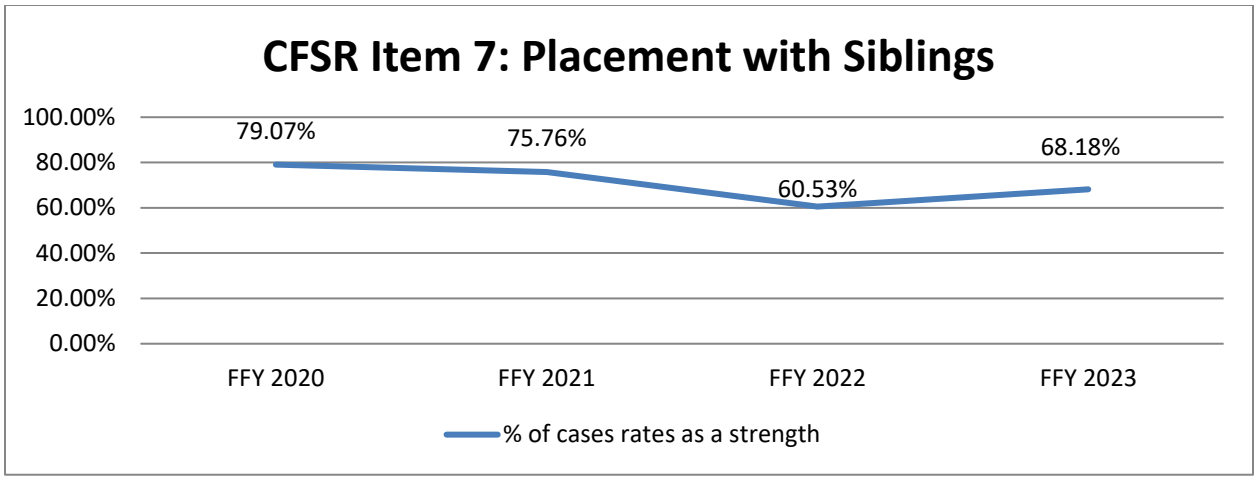
Strength Rating Defined

During the period under review, siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings. If separation was necessary, the circumstances are reconsidered over time to determine whether separation needs to continue.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to place siblings together may include:

- Asking the children/family about potential placement resources who may accept a sibling group (e.g., relatives and/or fictive kin) and following up with searches and assessments.
- Searching for resource homes that can accommodate the sibling group.
- For cases where valid reasons for separation exist, reconsidering those reasons periodically and/or providing any services or making arrangements to support the eventual placement of the siblings together.



Source: DPQI Case Review Data

Visiting with Parents and Siblings in Foster Care (Item 8)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

Strength Rating Defined

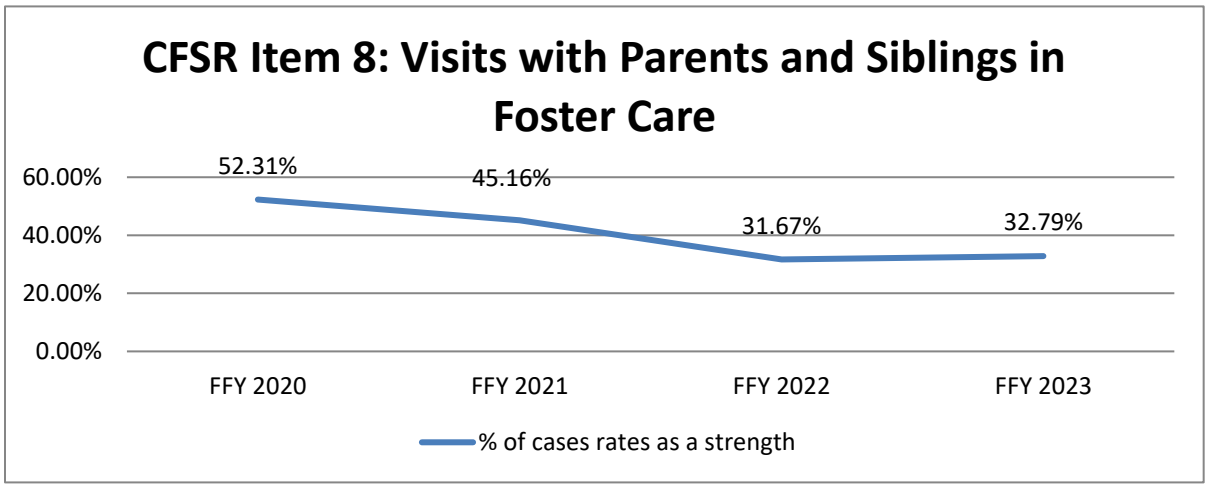
- During the period under review, the child had visitation with parents/caregivers and siblings (as applicable) that was of good quality and at a frequency that promoted continuity in their relationships.
- Frequency of visits is determined based on the child's needs and the circumstances of the case and not solely on state policy or resource availability.
- Decisions about supervision during visits, location, length, etc., are made in such a way that supports a positive visitation experience for the child and ensures quality interactions with parents/siblings.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to ensure frequent, quality visitation may include:

- Creating a visitation plan with the family that outlines details for frequency, location, duration, etc.
- Facilitating the most frequent visitation possible while ensuring the child's safety.
- Engaging relatives or kin in supporting visitation by providing transportation or assisting with supervision.
- Providing transportation services for parents and children to attend visits.
- Assessing the feasibility and appropriateness of visitation in prison facilities for incarcerated parents

- Discussing visitation with parents/child to assess whether frequency and quality are meeting their needs.



Source: DPQI Case Review Data

Preserving Connections (Item 9)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, kin, Tribe, school, and friends.

Strength Rating Defined

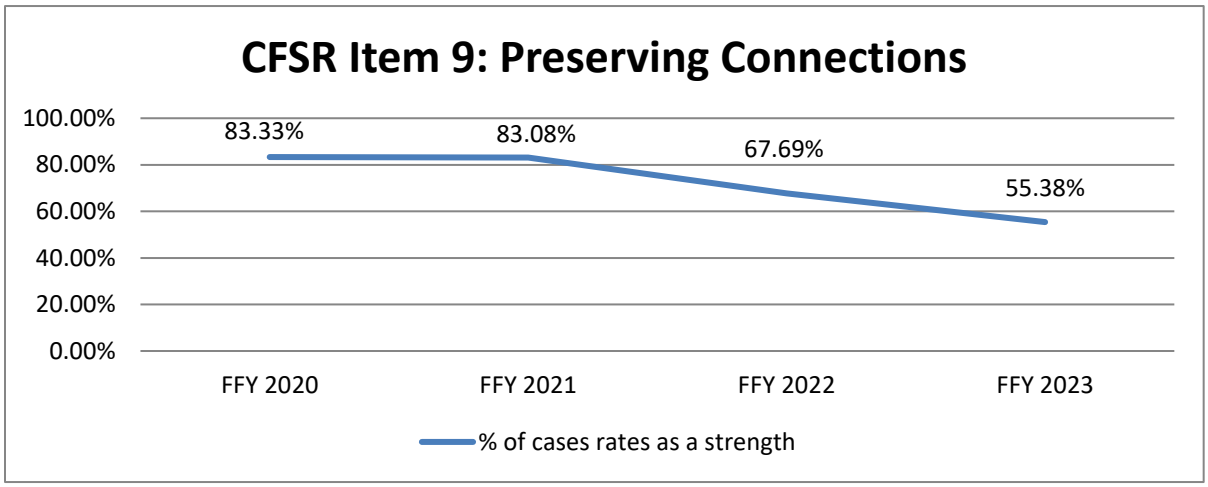
- During the period under review, the child's important connections (neighborhood, community, faith, language, extended family-including siblings who are not in foster care-kin, Tribe, school, and friends) that they had before entering care were identified and maintained.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to preserve connections may include:

- Having discussions with the child and family, or others who are familiar with the child, in order to identify the child's most important connections.
- Considering any Tribal connections, including Tribes that may not be federally recognized, and ensuring participation in Tribal activities in which the child had been involved before entering foster care.
- Making efforts to keep the child in the same school, if it is in the child's best interests to do so.
- Ensuring the child has visits or contact with extended family members and siblings who are not in foster care and with whom the child has a previous relationship (unless the target child is a newborn/infant).
- Placing the child in a foster home that is in the same community they lived in previously.

- Taking the child to any religious activities he or she used to attend or connecting the child to a faith community with which he or she identifies.
- Providing information to foster parents about the child's cultural heritage and any cultural needs or preferences that should be maintained.



Source: DPQI Case Review Data

Relative Placement (Item 10)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

Strength Rating Defined

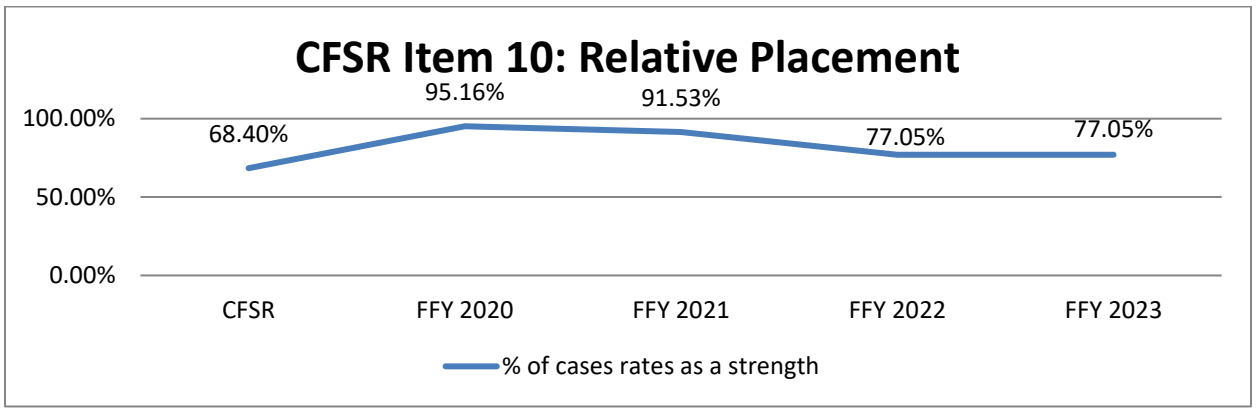
- Unless the child required a specialized placement that precluded placement with relatives, or the identity of relatives is unknown despite concerted efforts to locate them:
    - During the period under review, the child was placed with relatives and the placement was appropriate to the child's needs.
    - Or concerted efforts were made to identify, locate, inform, and evaluate paternal and maternal relatives as potential placement resources for the child, as appropriate, during the period under review.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to identify, locate, inform, and evaluate relatives as placement resources may include:

- Asking the child and parents/caretakers about relatives
- Sending letters to relatives to inform them of the child's status in foster care and need for placement.
- Conducting home studies of relatives

- For cases where the identity or whereabouts of the parents/caretakers are unknown and therefore relatives are unknown, documented evidence that the agency made a sufficient inquiry into the parents or caregivers' identity, location, and status. Agencies are expected to use viable sources of information such as parent locator services, case files, and central registries. In some situations, posting a legal advertisement in a newspaper might be a reasonable approach if other methods have failed to yield results, as would contacting the parents at the last known addresses or phone numbers.
- For cases that have been opened for some time, if concerted efforts were made before the period under review, evidence that any relatives who were previously ruled out were reconsidered (if appropriate) during the period under review.



Source: DPQI Case Review Data

Relationship of Child in Care with Parents (Item 11)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

Strength Rating Defined

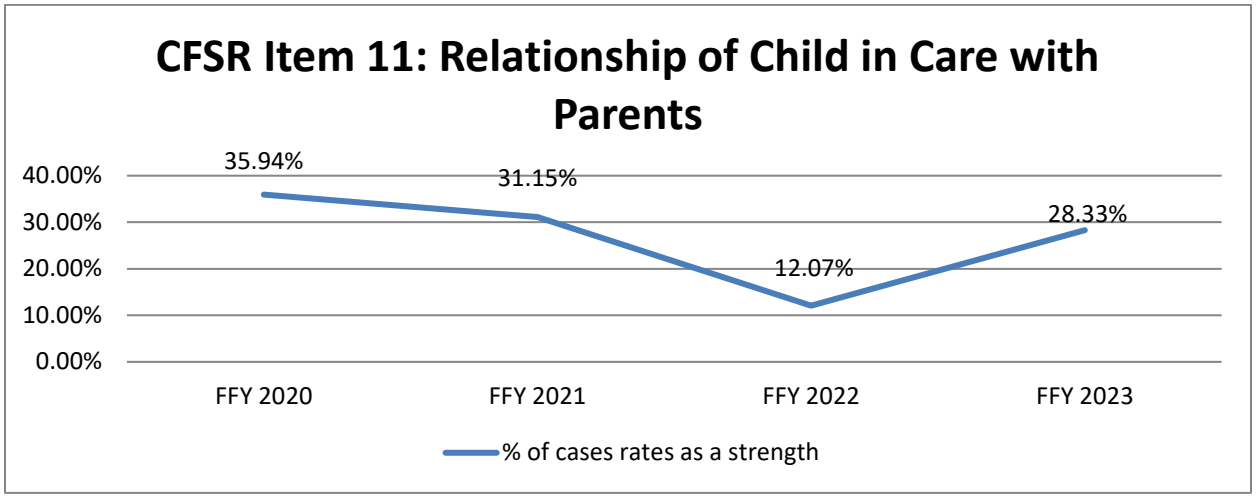
Concerted efforts were made during the period under review to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and the parents/caretakers from whom he or she was removed by encouraging and facilitating activities and interactions that go beyond just arranging for visitation.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts may include:

- Encouraging a parent's participation in school-related activities, doctor's appointments for the child, or engagement in after-school activities
- Providing or arranging transportation so that parents can participate in activities with the child.
- Providing opportunities for therapeutic situations to strengthen the relationship.
- Encouraging foster parents to serve as mentors/role models for parents.

- Encouraging/facilitating communication with parents who do not live near the child and/or are unable to have frequent face-to-face visitation.



Source: DPQI Case Review Data

Outcome Permanency 2 is measured by performance on CFSR Items 7-placement with siblings, 8-visits with parents and siblings in foster care, 9-preserving connections, 10-relative placement, and 11-relationship of child in care with parents on the CFSR Onsite Review Instrument. Case reviews conducted during FFY 2023 show Outcome Permanency 2 to be substantially achieved in 35.38% of the cases reviewed, partially achieved in 49.23% of the cases reviewed, and not achieved in 15.38% of the cases reviewed. Case reviews are reflective of practice that occurred 12 months prior to the date of the review.

DPQI social services case reviews found that factors impacting the ability of children in foster care to maintain family relationships and connections include the lack of resource homes within the local communities, traditional resource homes being unwilling to accept sibling groups, providers reluctance to transport families and supervise visitation, parent-child visitation not being scheduled in some areas until after preliminary hearings are held, and parent-child visitation being tied to parental clean drug screen requirements.

Youth who participated in listening sessions stated that maintaining connections is important to them. They wanted more effort placed into ensuring regular contact with their family, friends, pets, and their schools. Participants expressed a great deal of emotion around the importance of their existing connections. (See Collaboration section)

Historical efforts to positively impact Permanency Outcome 2 include those described under the other Outcomes such as strategies to stabilize staff levels and increasing the number of local resource homes. (See Case Review Section for more charts on permanency outcomes)

Well-Being Outcomes 1, 2 and 3

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

Needs and Services of Child, Parents, and Foster Parents (Item 12)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to (1) assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

Strength Rating Defined

- Concerted efforts were made during the period under review to accurately and comprehensively assess the needs of the children, parents, and foster parents initially (for cases that opened during the period under review) and periodically on an ongoing basis (as needed) to update assessment information relevant to ongoing case planning.
    - Assessment of needs for the children includes needs related to social/emotional development but does not include education, physical health, and mental/behavioral health (including substance abuse)
    - Assessment of needs for parents refers to a determination of what the parents need to provide appropriate care and supervision and to ensure the safety and well-being of their children.
    - Assessment of needs for foster parents refers to a determination of what the foster parents need to provide appropriate care and supervision to the child in their home.
- Concerted efforts were made during the period under review to provide appropriate services to the children, parents, and foster parents that were matched to needs identified in assessments.

Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to locate parents may include:

- Contacting the parents at the last known addresses or phone numbers
- Using the federal parent locator service; reviewing case files/central registries
- Asking relatives about, and making efforts to contact, any identified relatives.
- Asking the children's current/previous schools for parent information
- Posting a legal advertisement in a newspaper (after all other search methods have been exhausted)

Concerted efforts to assess needs may include:

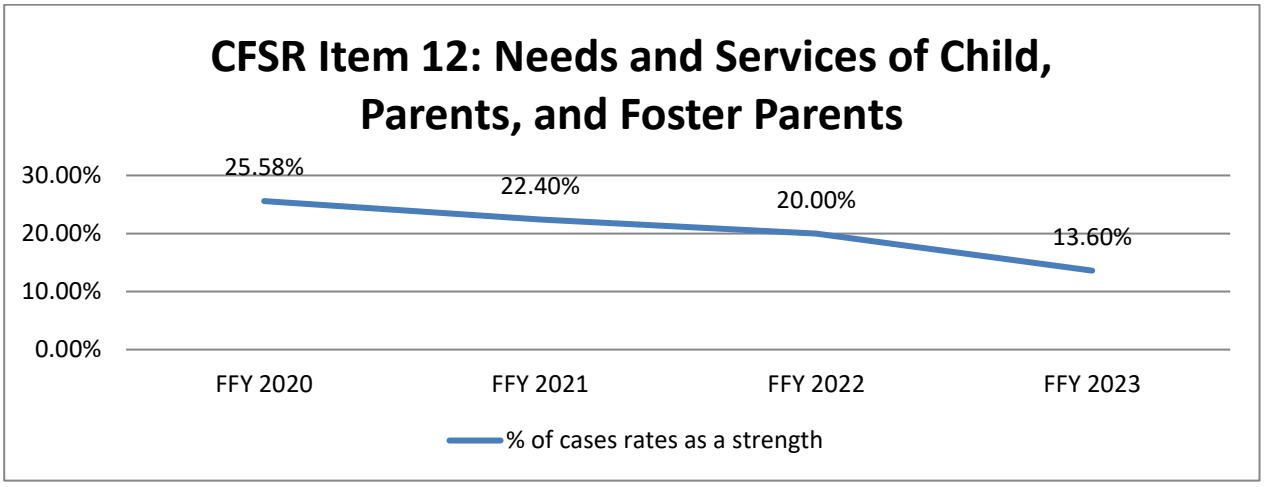
- Conducting formal assessments through a contracted provider or another agency

- Conducting informal but thorough assessments using interviews with the child, family, and service providers
- Spending adequate time engaging with the child, parents, and foster parents to gain an in-depth understanding of their needs.
- Using screening and assessment tools to assess specific issues such as domestic violence, substance abuse, cognitive abilities, or parenting skills.

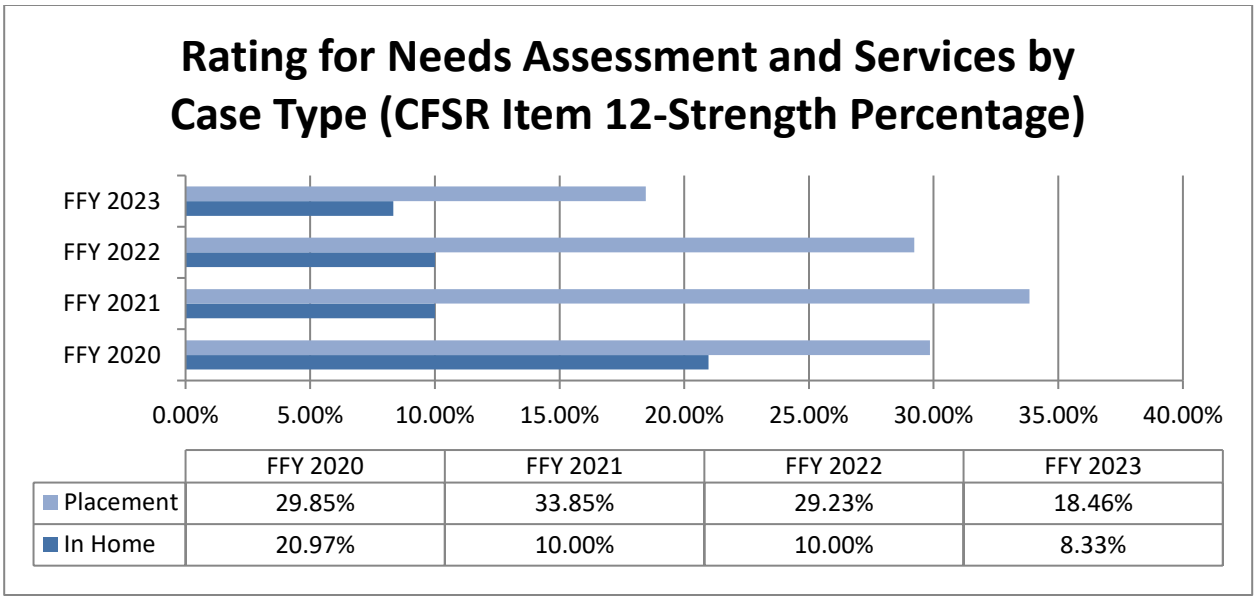
Concerted efforts to provide appropriate services may include:

- Ensuring that services are matched to the parents' and child(ren)'s specific needs and are culturally appropriate.
- Ensuring availability of services by removing or addressing any barriers to participation, such as waitlists or scheduling conflicts
- Ensuring accessibility of needed services by providing transportation.
- Monitoring service participation to ensure that treatment goals are being achieved and progress is made.

Reviewers should not rate a parent/caregiver for this item if, during the entire period under review, the case file documented that it was not in the child's best interests to involve the parent in case planning. In such a situation, the item questions are not applicable. This would include cases in which there are ongoing safety threats that could emotionally or physically re-traumatize the child and that cannot be mitigated by the agency or other interventions. Typically, both the agency and court are involved in making this determination.

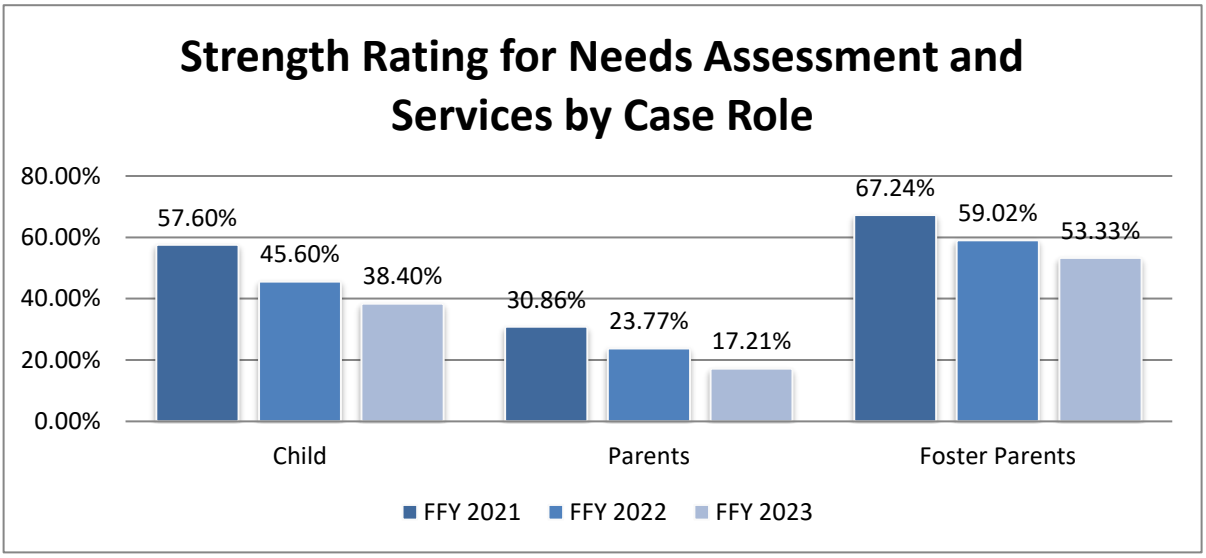


Source: DPQI Case Review Data



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	29.85%	33.85%	29.23%	18.46%
In Home	20.97%	10.00%	10.00%	8.33%

Source: DPQI Case Review Data



Source: DPQI Case Review Data

Child and Family Involvement in Case Planning (Item 13)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

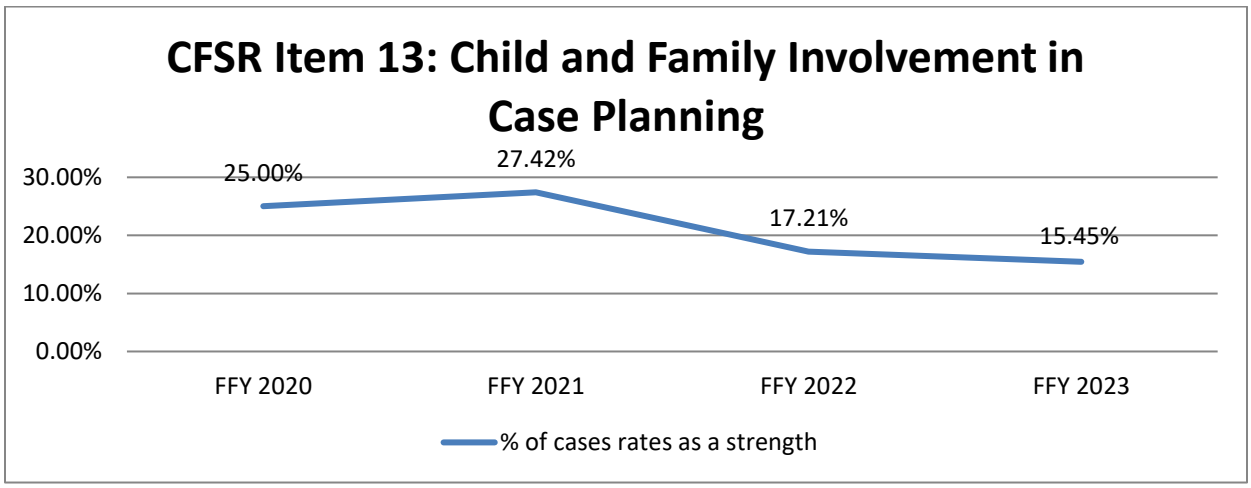
Strength Rating Defined

During the period under review, concerted efforts were made to actively involve the children (if developmentally appropriate) and parents/caretakers in case planning activities.

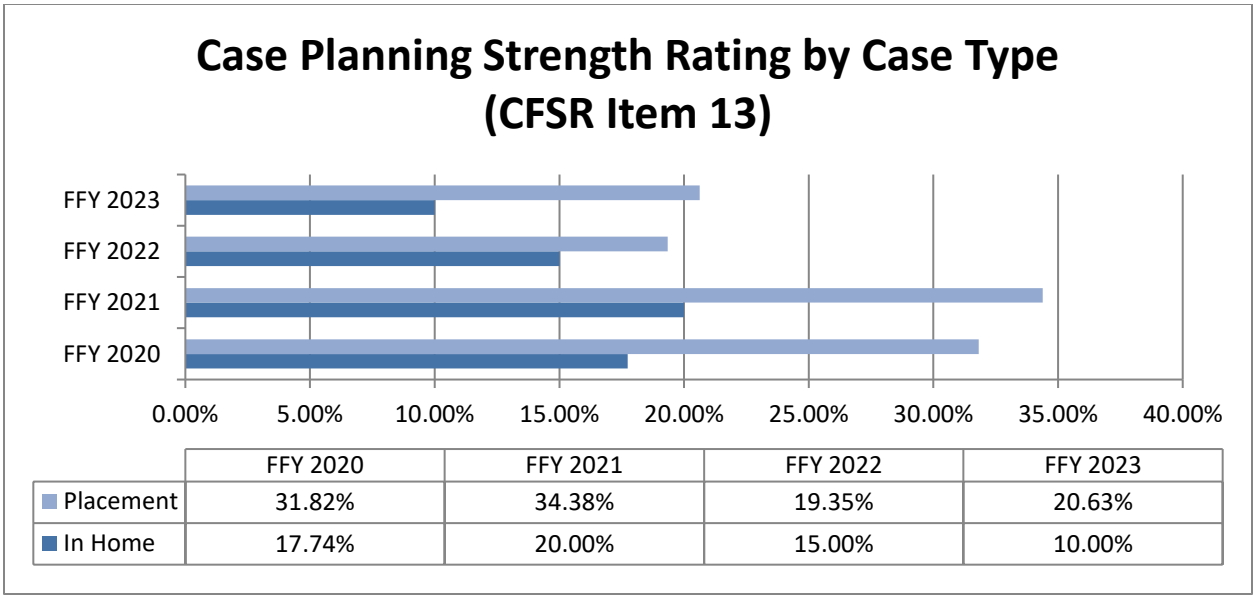
Concerted Efforts Required and/or Special Considerations in Rating

Concerted efforts to engage families in case planning may include:

- Having age and developmentally appropriate discussions with children and explaining case plans in language they understand.
- Ensuring children understand permanency goals and changes made to goals.
- Discussing family strengths and needs with children and parents.
- Evaluating other case plan goals and progress in services with both children and parents
- Ensuring that case planning meetings are arranged based on the family's availability and are utilized to engage the family in case planning discussions.



Source: DPQI Case Review Data



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	31.82%	34.38%	19.35%	20.63%
In Home	17.74%	20.00%	15.00%	10.00%

Source: DPQI Case Review Data

Caseworker Visits with Child (Item 14)

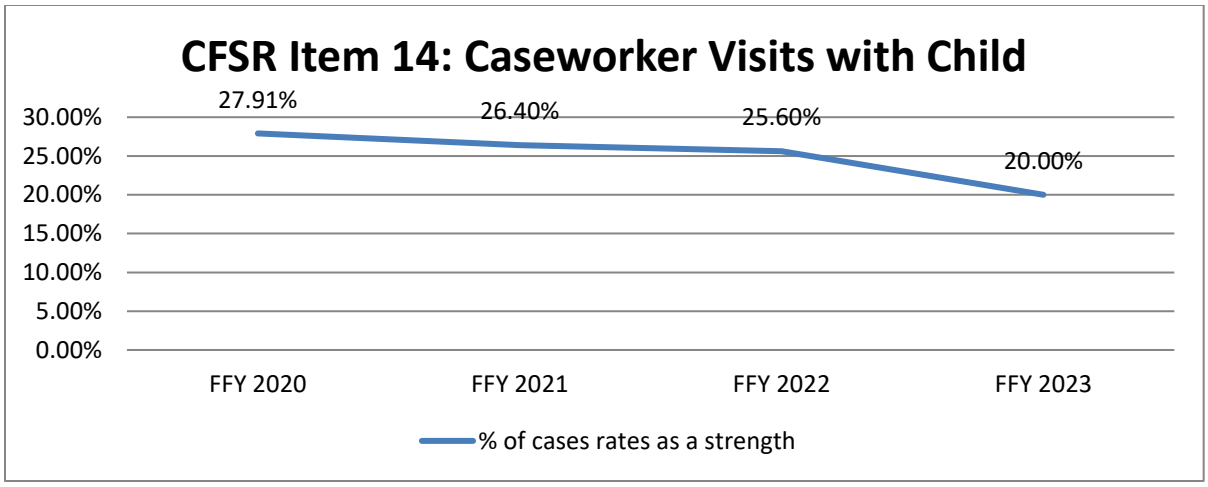
Purpose of Assessment: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

Strength Rating Defined

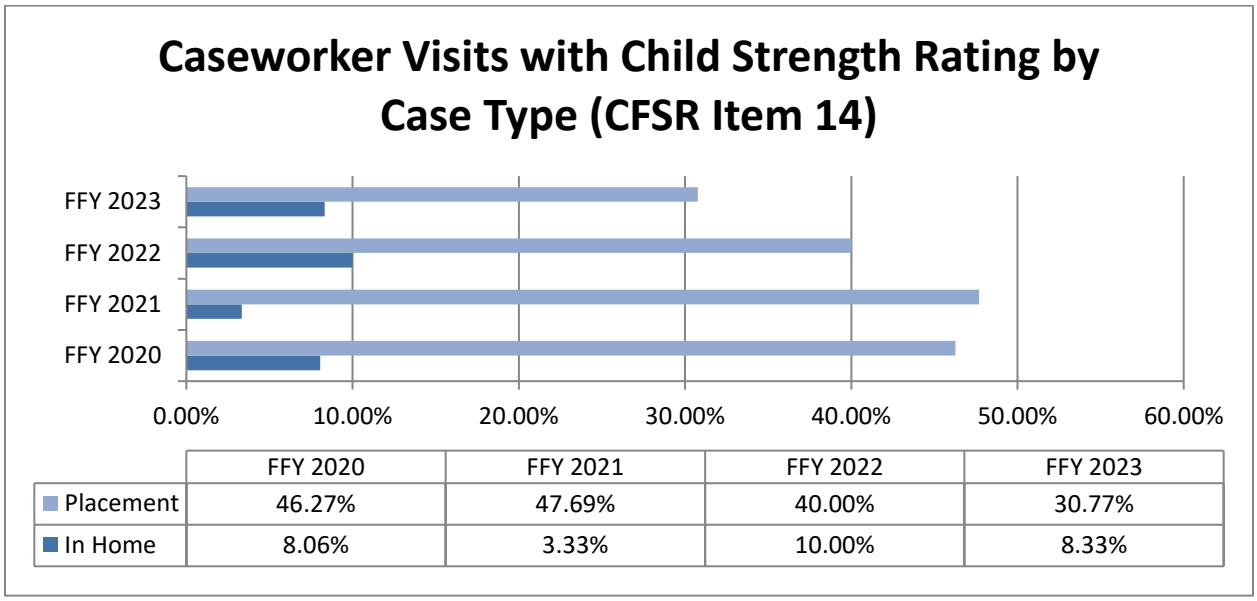
During the period under review, the caseworker visited the children (for in-home cases, all children must be visited) frequently enough to adequately assess their safety, promote timely achievement of case goals, and support their well-being. The visits were of good quality, with discussions focusing on the child(ren)'s needs, services, and case plan goals. The children were visited alone, and the length and location of visits was conducive to open, honest, and thorough conversations.

Concerted Efforts Required and/or Special Considerations in Rating

Typically, visit frequency must be at least monthly for a Strength rating, unless there is substantial justification for less frequent visits. The frequency of visits necessary to ensure the child's safety, permanency, and well-being is not set based on compliance with state policy requirements regarding caseworker contacts or visits with the child but rather on the child's needs and the circumstances of the case.



Source: DPQI Case Review Data



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	46.27%	47.69%	40.00%	30.77%
In Home	8.06%	3.33%	10.00%	8.33%

Source: DPQI Case Review Data

Caseworker Visits with Parents (Item 15)

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

Strength Rating Defined

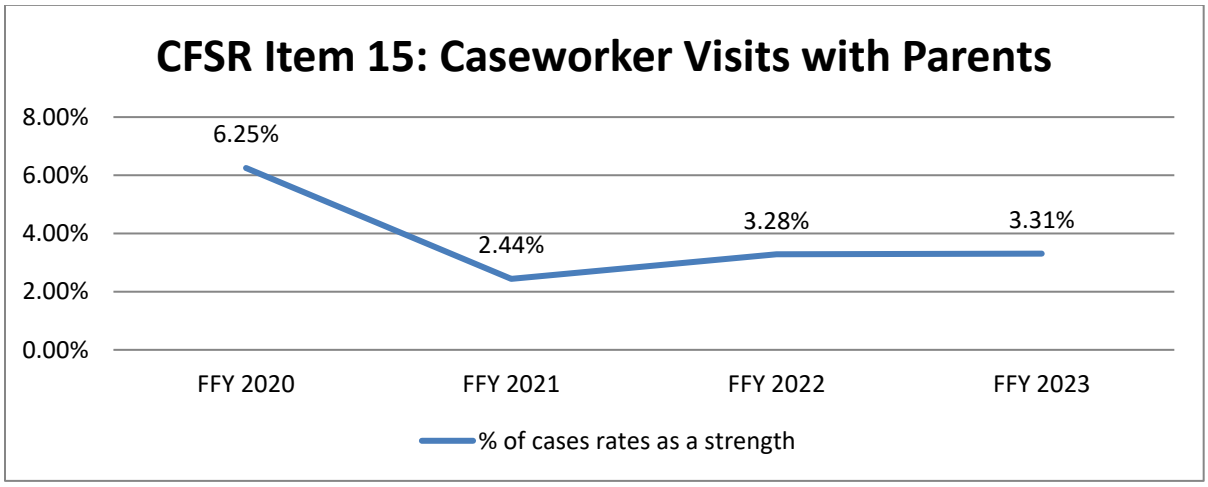
During the period under review, the caseworker visited the parents frequently enough to monitor their progress in services, promote timely achievement of case goals, and effectively address their children's safety, permanency, and well-being needs. The visits were of good quality, with discussions focusing on

the parent's and child(ren)'s needs, services, and case plan goals. The length and location of visits were conducive to open, honest, and thorough conversations.

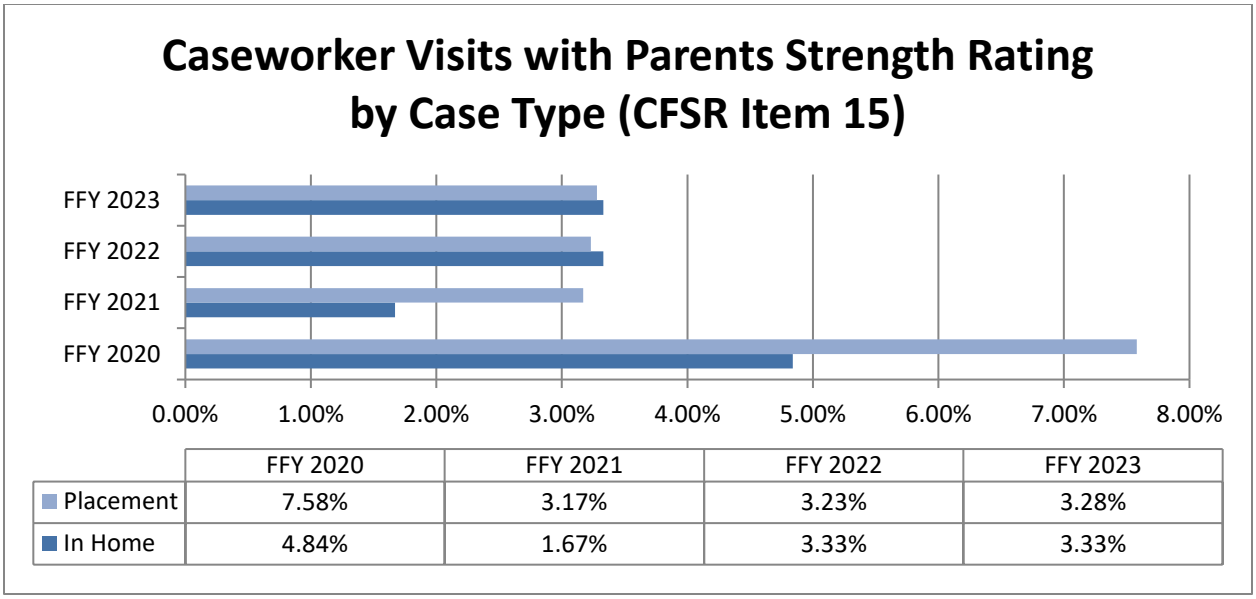
Concerted Efforts Required and/or Special Considerations in Rating

Typically, visit frequency must be at least monthly for a Strength rating, unless there is substantial justification for less frequent visits, which could vary depending on the circumstances of the case. For example, for parents who are incarcerated, efforts should be made to arrange face-to-face contact; however, this may not be permitted or viable in a facility that is out of state. A similar situation would be parents who live out of state. In lieu of face-to-face visits, the agency's efforts to maintain monthly communication with the parents via phone calls, video calls, and/or letters should be considered when determining substantial justification for less than monthly face-to-face visits.

If the case goal is not to place the child with that parent permanently, monthly face-to-face contact is not always required for a Strength rating, and frequency should be determined based on the circumstances of the case and needs of the children.



Source: DPQI Case Review Data



	FFY 2020	FFY 2021	FFY 2022	FFY 2023
Placement	7.58%	3.17%	3.23%	3.28%
In Home	4.84%	1.67%	3.33%	3.33%

Source: DPQI Case Review Data

Well-Being Outcome 1 is measured by performance on CFSR Items: 12-needs assessment and services to child(ren); parents, and foster parents; 13-child and family involvement in case planning; 14-caseworker visits with child; and 15-caseworker visits with parents on the CFSR Onsite Review Instrument. FFY 2023 case review data indicates Well-Being Outcome 1 was substantially achieved in 7.2% of the cases reviewed, and partially achieved in 22.4% of the cases reviewed, and not achieved in 70.4% of cases reviewed. Case reviews are reflective of practice that occurred 12 months prior to the date of the review.

DPQI social services case review data and case observations indicate insufficient quality and quantity of caseworker visits with parents and children is a primary barrier to higher levels of achievement for Well-Being Outcome 1. Although this is found across case types, data viewed over time shows disparity in performance when placement and non-placement case types are compared. The frequency of visits between caseworkers and parents in the family home is not sufficient to engage the parents in the development and evaluation of case goals. The quality of caseworker contacts is insufficient to evaluate the efficacy of service provision and evaluate parental behavioral changes necessary to resolve the child safety issues warranting agency intervention. The frequency and quality of contacts is insufficient to evaluate child safety, engage families in the case planning process, ensure appropriate assessment of service needs, and determine the efficacy of services provided.

Parental surveys found that 80% reported not being asked to have input in their case plan. They report signing paperwork that was drafted in legal jargon that they did not understand and was not explained to them. Parents also reported wanting more engagement with agency staff. They wanted staff to take time to get to know them and explain the case/court processes to them. (See Collaboration section)

Barriers to higher levels of performance disclosed by district management staff during social services review exit meetings include high caseloads, unstable staffing levels, lack of public transportation, and the limited quantity and quality of service provider availability within the communities. Management staff often report a lack of sufficient staffing within the provider network as a reason for appropriate services

to families not being provided in a timely manner. Provider staffing issues impact the quality of services provided to families. The lack of public transportation in most areas results in an additional obstacle to customer ability to access assessments and services. District managers report reluctance on the part of some service providers to assist customers with transportation unless the transport can be tied to another service that can then be billed at a higher rate of pay.

Historical efforts to positively impact Well-Being Outcome 1 have included strategies designed to attract and retain staff, and worked to increase community level supports for families through partnership with the Capacity Building Center for States to develop a map of available addiction services around the state, Safe at Home Children West Virgina, and Serious Emotional Disorder Waiver (CSEDW). Strengthened supervisory trainings and the revision of casework tools were implemented in order to increase the knowledge and skill of supervisors in order to better support staff throughout the casework process, reduce turnover, and ensure meaningful quality contacts between caseworkers and children and parents. Caseworker training was also revised in multiple areas including how to conduct quality contacts. BSS also provided pay increases for staff and developed additional promotional opportunities. Family engagement in the case planning process and the quantity and quality of caseworker contacts with children and families is an area examined during Child Stat meetings.

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

Educational Needs of the Child (Item 16)

Purpose of Assessment: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

Strength Rating Defined

Concerted efforts were made during the period under review to assess the children's educational needs initially (if the case was opened during the period under review) or on an ongoing basis and to provide appropriate services to address needs.

Concerted Efforts Required and/or Special Considerations in Rating

In-home cases are only applicable for this item if (1) educational issues are relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address educational issues given the circumstances of the case.

If the case is a foster care case, the questions should be answered only for the target child in foster care, even if the child was reunified during the PUR and there are other children in the home.

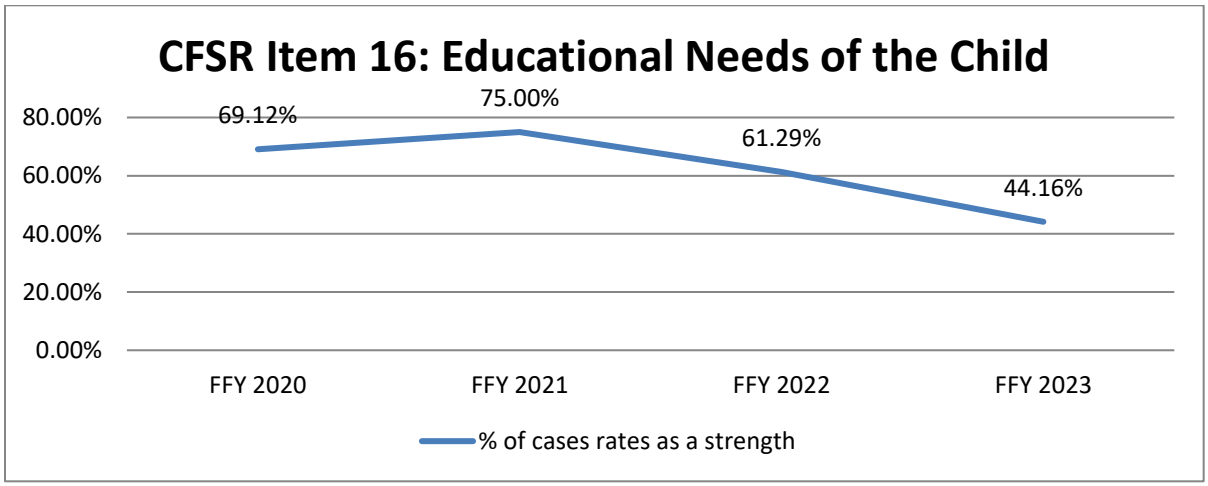
The focus of this item is on the agency's efforts, even if those efforts were not fully successful due to factors beyond the agency's control.

Concerted efforts to assess needs may include:

- An educational assessment included in the comprehensive needs assessment.
- Having an educational assessment conducted by the school.
- Conducting an informal assessment based on interviews with the child, parents/caretakers, and/or foster parents.

Special considerations to provide services may include:

- Advocating for services on behalf of the child (by the caseworker and/or foster parents)
- Ensuring services are:
    - Tailored to the specific needs of the child(ren)
    - Accessible to the child (considering waitlists, transportation, and hours available) and
    - Monitored and adjusted, as needed, to ensure that educational goals are being achieved and progress made.



Source: DPQI Case Review Data

Well-Being Outcome 2 is measured by performance on Item 16-educational needs of the child on the CFSR Onsite Review Instrument. DPQI social services case reviews conducted between October 2022 and September 2023 (FFY 2023) indicate Well-Being Outcome 2 was substantially achieved in 44.16% of the cases reviewed, partially achieved in 3.9%, and not achieved in 51.95% of the applicable cases. Case reviews are reflective of practice that occurred 12 months prior to the date of the review.

DPQI social services case review data indicates this measure is strongly linked to the quality and quantity of caseworker contacts with families. Children in non-placement cases are less likely to have their educational needs assessed and addressed through service provision. Previous efforts to improve Well-Being Outcome 2 ratings include those mentioned in previous outcomes, including increasing worker knowledge on how to conduct quality contacts, and the expansion of community-based services.

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

Physical Health of the Child (Item 17)

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.

Strength Rating Defined

- During the period under review, the children's physical health and dental needs were accurately assessed initially (if the case was opened during the period under review) and on an ongoing basis, and any needed services were provided.
- In addition, for foster care cases, if the child was prescribed medication for physical health issues, the agency provided appropriate oversight for appropriate use and monitoring of medications.

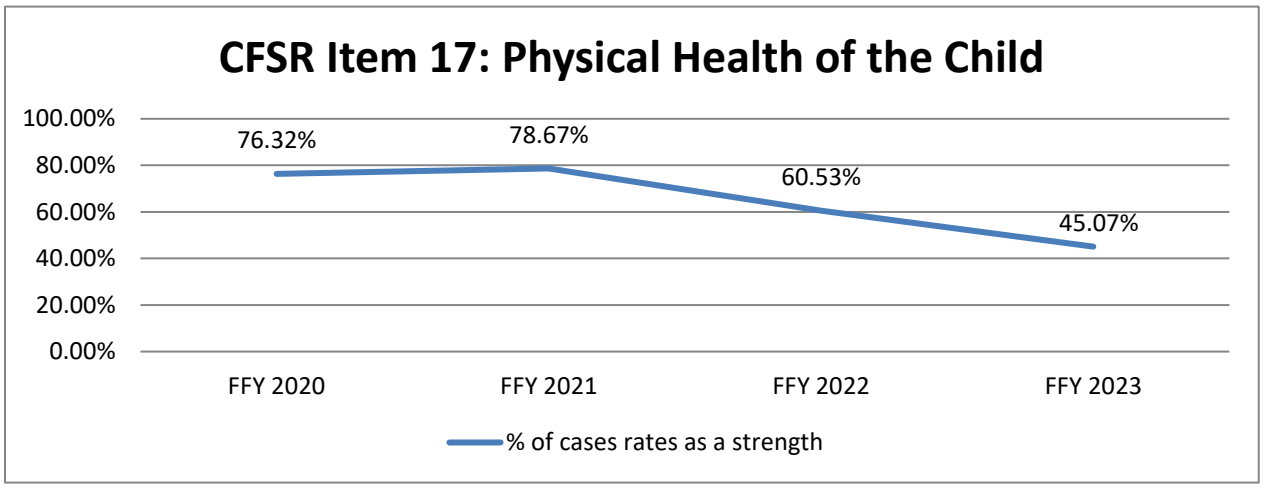
Concerted Efforts Required and/or Special Considerations in Rating

In-home cases are only applicable for this item if 1) physical health issues were relevant to the reason for the agency's involvement with the family, and/or 2) it is reasonable to expect that the agency would address physical health issues given the circumstances of the case.

For foster care cases, the questions should be answered only for the target child in foster care, even if the child was reunified during the PUR and there are other children in the home.

Special considerations to provide services include:

- Ensuring services are:
    - Tailored to the specific needs of the child(ren)
    - Culturally appropriate, with providers who can speak the language of the child.
    - Accessible to the child (considering waitlists, transportation, and hours available)
    - Provided in a setting that is the most effective and responsive to needs.
    - Monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress is made.



Source: DPQI Case Review Data

Mental/Behavioral Health of the Child (Item 18)

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.

Strength Rating Defined

- During the period under review, the children's mental and/or behavioral health needs were accurately assessed initially (if the case was opened during the period under review) and on an ongoing basis, and any needed services were provided.
- In addition, for foster care cases, if the child was prescribed medication for mental health issues, the agency provided appropriate oversight for appropriate use and monitoring of medications.

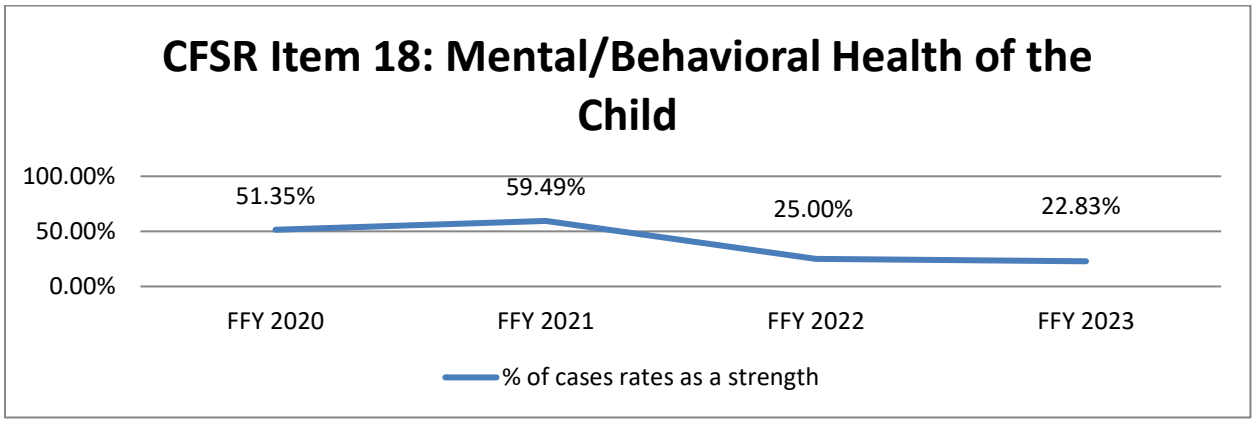
Concerted Efforts Required and/or Special Considerations in Rating

- For a child in foster care, if the child had mental/behavioral issues before the period under review that were adequately addressed and there were no remaining needs during the period under review, the case should be rated as Not Applicable.
- For foster care cases, Question A should be answered only for the target child in foster care, even if the child was reunified during the period under review and there are other children in the home.
- In-home cases are only applicable for this item if (1) mental/behavioral health issues were relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address mental/behavioral health issues given the circumstances of the case.

Special considerations to provide services include:

- Ensuring services are:
    - Tailored to the specific needs of the child(ren)
    - Culturally appropriate, with providers who can speak the language of the child(ren)
    - Accessible to the child(ren) (considering waitlists, transportation, and hours available)
    - Provided in a setting that is the most effective and responsive to needs.

- Monitored and adjusted, as needed, to ensure that treatment goals are being achieved and progress made.



Well-Being Outcome 3 is measured by performance on CFSR Items 17-physical health of the child and 18-mental/behavioral health of the child on the Onsite Review Instrument. FFY 2023, October 2022-September 2023, case review data shows Well-Being Outcome 3 was substantially achieved in 25.22% of the cases reviewed, partially achieved in 14.78% of the cases reviewed, and not achieved in 60% of the cases reviewed. Case reviews are reflective of practice that occurred 12 months prior to the date of the review.

Children in foster care receive medical care through a statewide comprehensive managed care program known as West Virginia Health Check. Health Check is the name of West Virginia's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. This program employs Program Specialists who assist families with scheduling EPSDT examinations, which include vision and oral health screenings, within three days of placement. The specialist can also link families with other needed medical services. DPQI case reviewers find this information in the electronic case record.

DPQI social services case review data indicates most children in placement have physical and behavioral health assessments and receive services to address their identified needs. A barrier to higher levels of conformity for placement cases include relative foster parents failing to ensure children in care receive timely routine and follow up physical and behavioral health examinations. A barrier to higher levels of conformity on this item includes a lack of worker quality contacts that include discussions about children's physical and behavioral health needs. Children involved in non-placement cases are less likely to have physical and behavioral health assessments completed even when displaying overt behaviors that indicate such assessments are warranted.

District managers indicate a barrier to higher levels of achievement includes a lack of physical and behavioral health providers in some rural areas. Some communities do not have a pediatric dentist and those that do often have waitlists for appointments. Another issue reported by district staff is a lack of quality behavioral health services in some rural areas and wait lists for the services that are available. Some of these areas do have access to virtual behavioral health services; however, some youth report being uncomfortable participating in services in this manner. Lack of transportation was also indicated as a reason why some youth fail to have their behavioral health needs met.

Historical efforts to positively impact Well-Being Outcome 3 include those previously indicated such as those designed to attract and retain staff, and to increase community level supports for families through Safe at Home Children West Virgina, and Serious Emotional Disorder Waiver (CSEDW). Strengthened supervisory and caseworker training in order to increase the quantity of meaningful contact between caseworkers and children and parents. Family engagement in the case planning process and the quantity and quality of caseworker contacts with children and families is an area discussed during Child Stat meetings.

Systemic Factors

Information Systems

The CCWIS went live on January 1, 2023. There was no rolling implementation. The financial closeout occurred in January 2023 and all financial aspects related to the CCWIS started being utilized in February 2023. BSS continues to work with the design team to work through defects, deferred requirements, and enhancements that are needed in the new system.

The system provides reporting information for any placement that is created 7 days of placement start date (Timeliness of Foster Care Placement Data Entry PSS-PLA0730). This report is updated weekly. Efforts are being made currently to ensure timely entering of data. The procedure of the home finding unit entering placements made with kinship or relatives is being revisited to see if modifications need to be made. The Temporary Exit Report in PATH shows the episodes of removal that do not have a placement reported. Deputy Commissioners are monitoring this report to address districts as needed.

The mandated interface with education and the courts was accounted for in the requirements, however, they have not been implemented in the new system yet. A new Memorandum of Understanding (MOU) and Data Use Agreement (DUA) was signed with the West Virginia Department of Education in January 2024. Due to not having the MOU and DUA in place, the implantation of the interface with WVDE was deferred. The new MOU contains new data elements. The initial requirements did not include a bidirectional exchange. Some elements that are part of the agreements are housed in the WORKS/ TANF, SNAP, and Medicaid eligibility system. That system is part of the new PATH Integrated Eligibility System and is doing rolling pilots with the full system being converted from their legacy system by the end of 2024. The interface with the courts was deferred until post go-live. This interface is not expected to be available until after all program releases have completely converted to PATH.

The full legacy system retirement is planned to occur after all programs supported by the legacy system are integrated and implemented statewide in PATH. Currently, the state's Childcare program is still utilizing the legacy FACTS system. Their conversion to PATH is expected to happen by the end of 2024. All data that is currently retained in the legacy system will then be moved to another storage program. This will allow the state to continue to have access to historical data that may not have been converted to the new PATH system with the implementation.

Testing is currently occurring for NEICE 2.0 changes and the completion of the Public Health Emergency (PHE) wind-down. Those enhancements are both scheduled to be in production by the end of summer 2024. Other data fixes and code corrections continue to occur as the issues are identified through the Maintenance and Operations process.

Case Review System

Case Review

The case review system reveals West Virginia continues to struggle with written case plans developed jointly with the child's parent(s). Efforts are continuing to improve case planning outcomes for children, youth, and families. One site, in-depth technical assistance is being provided to staff to improve practice and family outcomes. Districts are afforded the opportunity to request technical assistance in areas they feel need improvement, or areas they've identified are a challenge and barriers to best practice and improved outcomes.

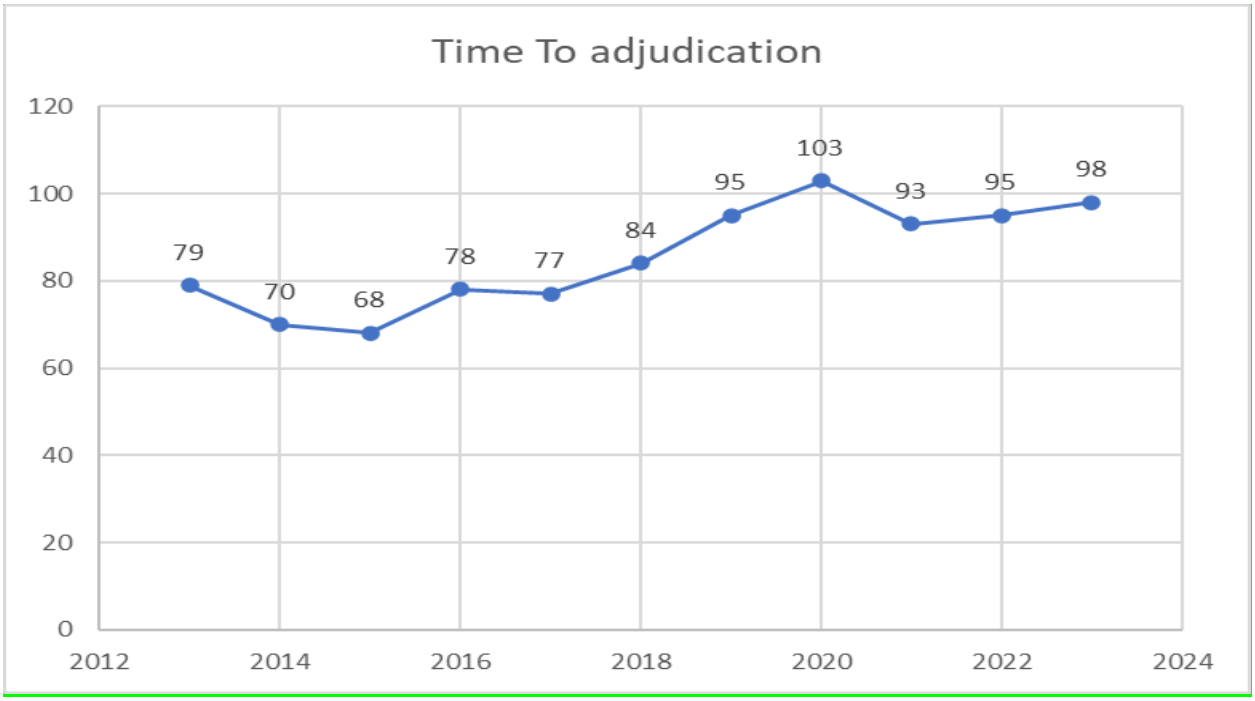
Court Improvement Program Collaboration and Data

West Virginia does well with ensuring periodic reviews occur for each child no less than every six months, either by court or administrative review. Review hearings are scheduled in all jurisdictions quarterly until permanency is achieved and the case is dismissed from the docket. An AFCARS report specific to this reporting element is generated from FACTS monthly that reflects every case with no review documented. This report is utilized by regional program managers and social service managers to work with districts on getting these reviews documented in the CCWIS. In rare instances, the reviews have not been held and the report serves as a prompt for districts to request scheduling. West Virginia continues to use the Juvenile Abuse and Neglect Information System (JANIS) for data collection on review hearings in abuse and neglect cases.

Supreme Court of Appeals of West Virginia data in conjunction with DPQI case review data provides a more extensive data set when measuring the achievement of permanency goals. Data utilized in the charts below was pulled from the Juvenile Abuse and Neglect Information System (JANIS) on March 2, 2024. Cases are manually entered into JANIS by Court Staff. It should be noted that not all cases are entered into JANIS. This data should be considered snap-shot data and does not account for 100% of cases. Further the calculations below are only made using cases entered that have all the information needed to make the calculation. Because of this, only a fraction of cases is available for the measurement calculation. The Court Improvement Program of the Supreme Court of Appeals of West Virginia, (CIP), is working towards increasing congruency in the number of cases entered in JANIS with the number of new petitions filed as well as enhancing the quality of data and increasing the number of records available for measurement calculations. During the 2023 calendar year, CIP staff assisted with entering nearly 400 cases in the database or about 10% of all new cases added that year.

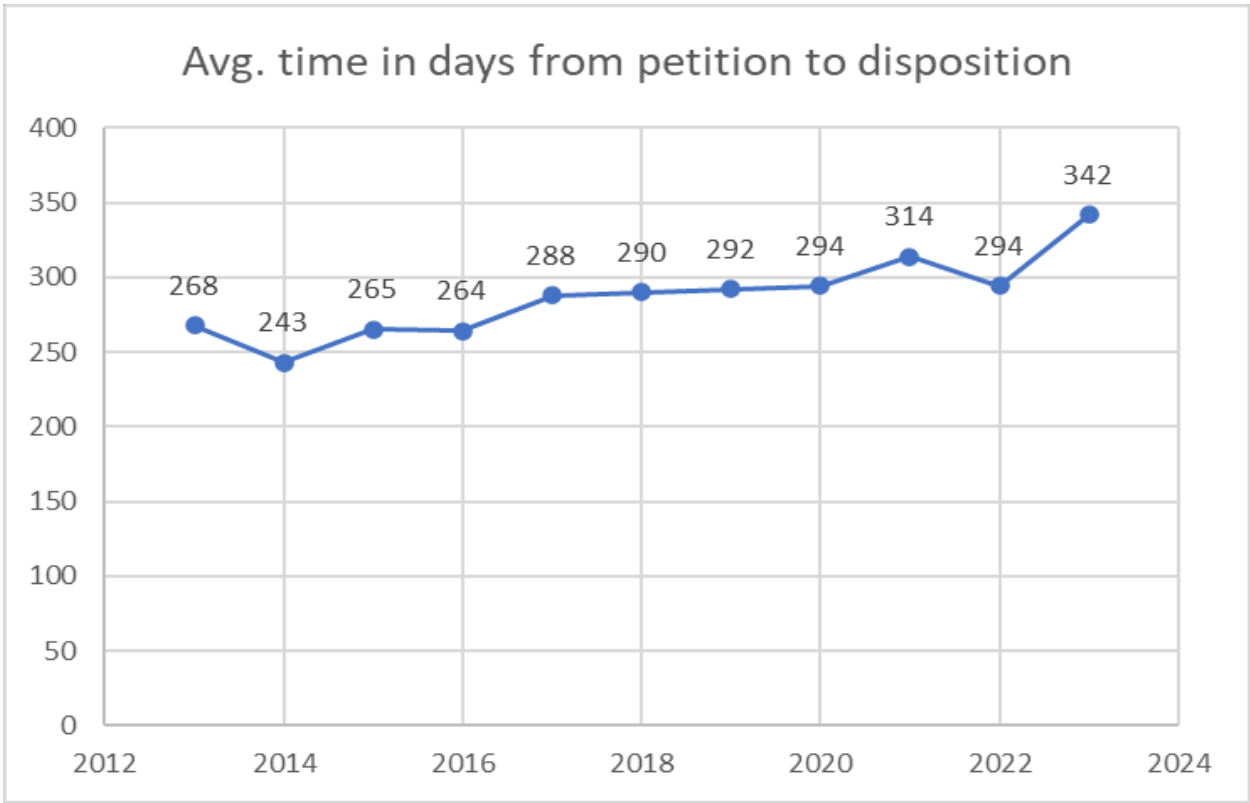
Time to Adjudication

This measure includes calculating the average (mean) and median time from filing of the original petition to adjudication. The average is calculated using all respondent records including original petition filing date and the beginning date of the adjudicatory hearing date for each respondent. If a respondent was added after the preliminary hearing as a result of an amended petition, time to the adjudicatory hearing would be calculated from the date the respondent was added or served rather than the original petition date.



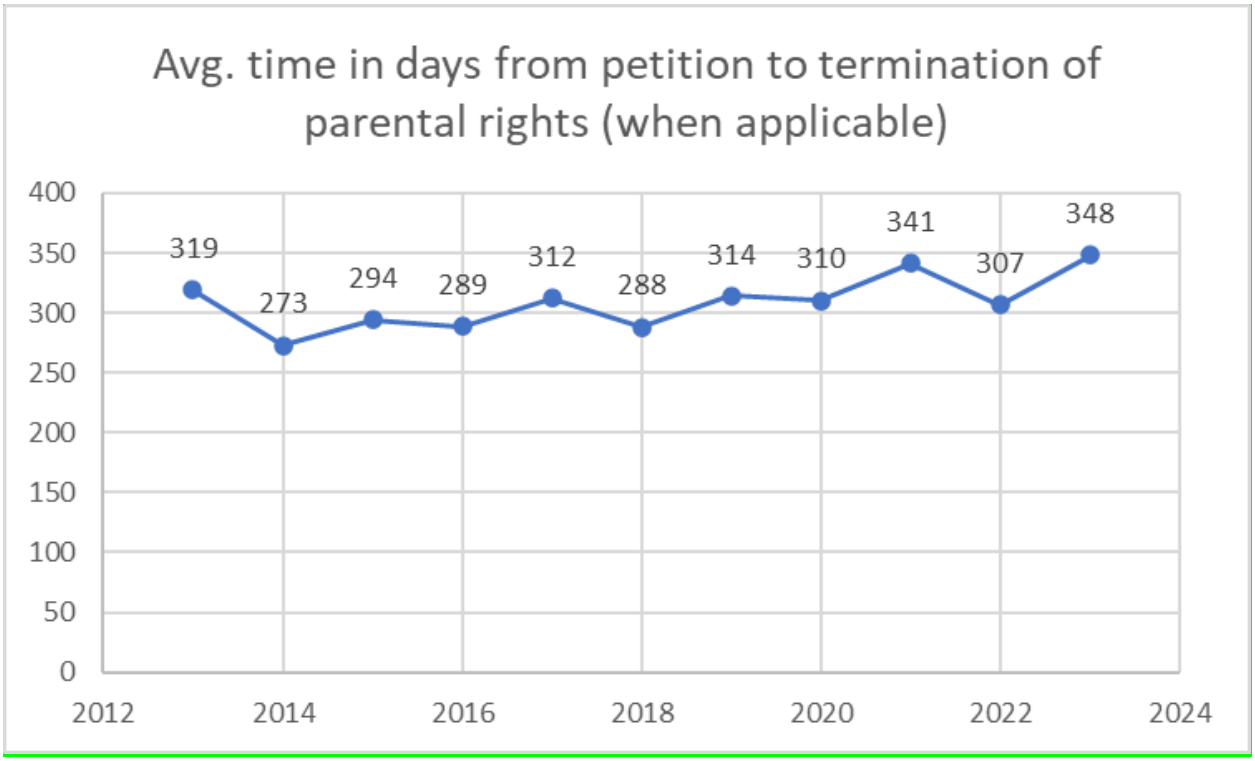
Time to Disposition

This measure calculates the average (mean) and median time from filing of the original petition to disposition. The average is calculated using all respondent records including original petition filing date and the date of the earliest provided disposition date for each respondent. If a respondent was added after the preliminary hearing as a result of an amended petition, or service was delayed to a respondent who was included in the original petition, time to the disposition hearing is calculated from the date the respondent was added or served rather than the original petition date.



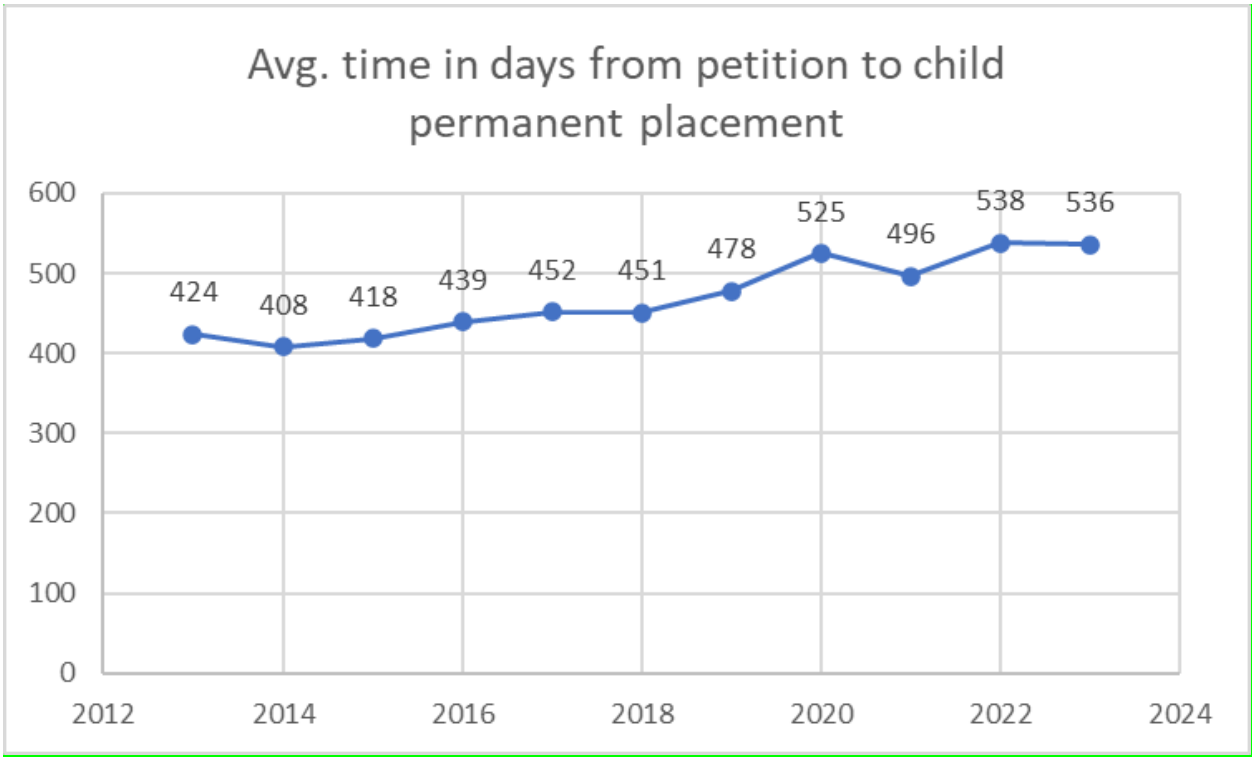
Time to Termination of Parental Rights (TPR)

This measure consists of the average (mean) time from filing of the original petition to termination of parental rights for each respondent. All respondent items including applicable dates for both items are included in the calculation. If a respondent was added as a result of an amended petition, or service was delayed to a respondent who was included in the original petition, time to the termination of parental rights is calculated from the date the respondent was added or served rather than the original petition date.



Time to Permanent Placement

With rare exception, permanency is addressed at every review hearing held quarterly. Court Improvement data indicates that the time from removal to permanent placement is increasing steadily but remains within the eighteen-month timeframe.



Training, Technical Assistance and Practical Application Teams (TTAPA)

The Bureau for Social Services has deployed the Training, Technical Assistance and Practical Application (TTAPA) teams. The teams can consist of the following, but are not limited to:

- Division of Planning and Quality Improvement (DPQI)
    - DPQI Program Managers
    - DPQI Program Specials
- Division of Professional Development
    - Professional Development Program Mangers
    - Professional Development Program Specialists
- Division of Program Support
    - Regional Program Managers
    - Child Welfare Consults
- Division of Children and Adult Services
    - Social Services Policy Specialists
    - Policy Program Manager(s)

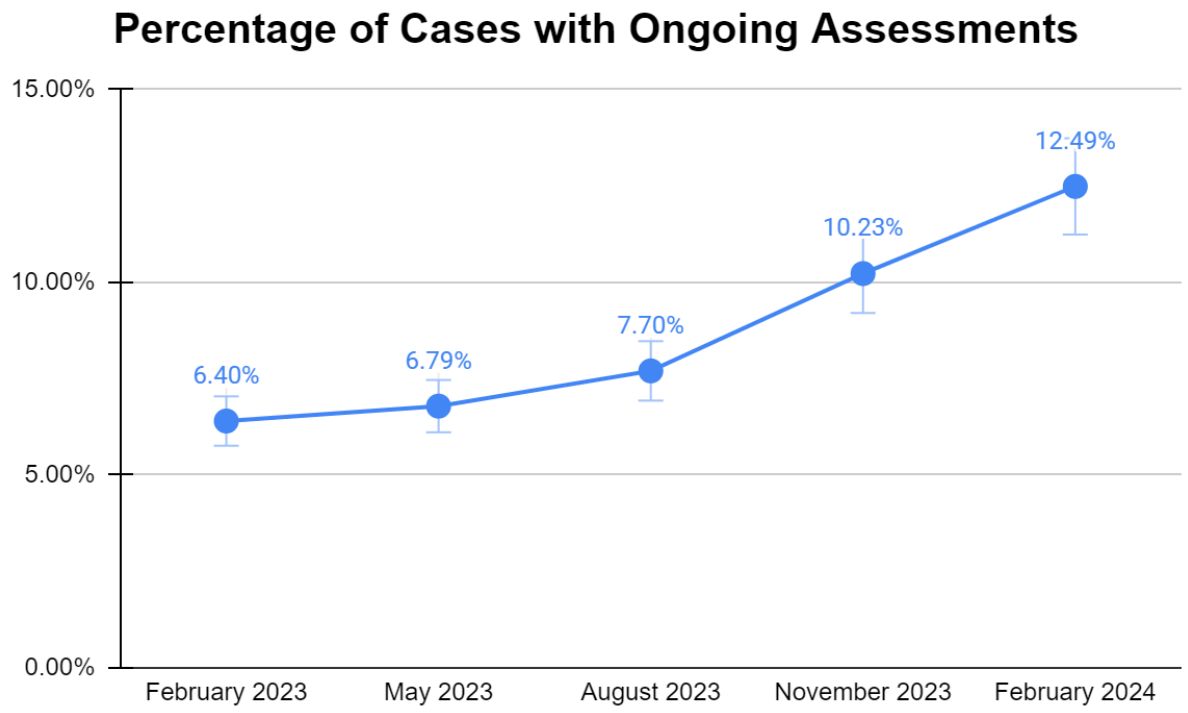
The TTAPA teams can also include other outside agencies or stakeholders, such as Marshall University who provides training and technical assistance around the Transformational Collaborative Outcomes Management (TCOM) that included the Family Advocacy Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) assessments. Additional outside agencies and stakeholders may include service providers expanding prevention services or other critical services to preserve or reunify families.

The TAPA teams are deployed to individual districts at the conclusion of each DPQI district review. Once the review is completed an initial finding is provided that reflects areas needing improvement based on the scoring of specific items within a sample of cases for the period under review. The district will assist with the development of their own corrective action plan (CAP) and the T & TA teams will work with each district to schedule training sessions and one-on-one technical assistance to improve case practice and outcomes for children, youth, and families.

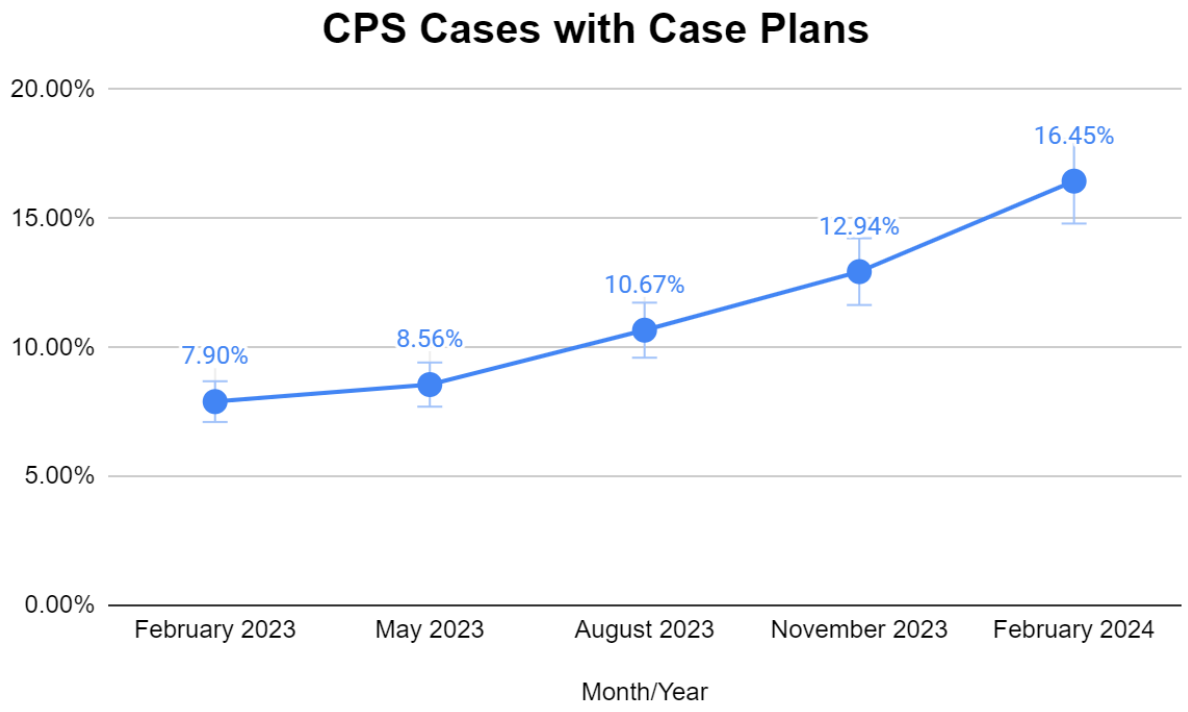
Each district is provided with an implementation plan to increase the number of completed on-going assessments for CPS, FAST for youth service cases, safety plans, and case plans. The plan is monitored, and data is collected throughout the year to gauge the district's progress.

Below is a chart demonstrating the progress and established baseline data for the completion of on-going assessments, including the FAST, youth and/or family case plans. The Bureau for Social Services has a goal of a minimum of 5% increase each year, over the next five years for each of the four elements below for on-going assessments and case planning.

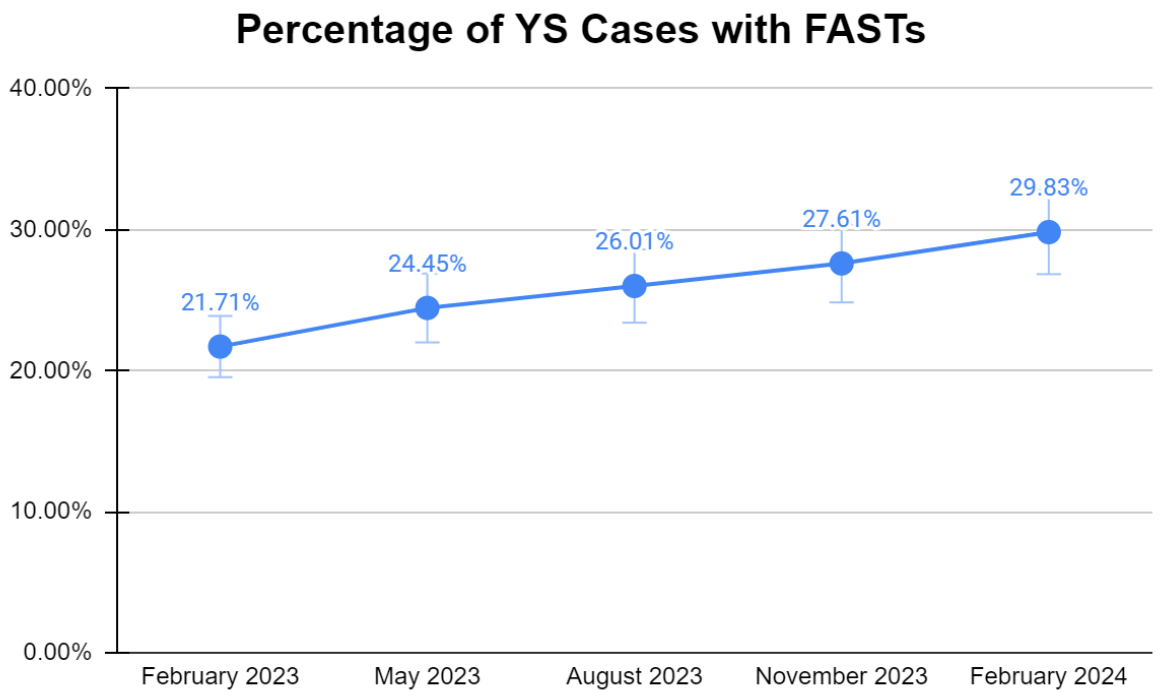
On-going CPS Assessments



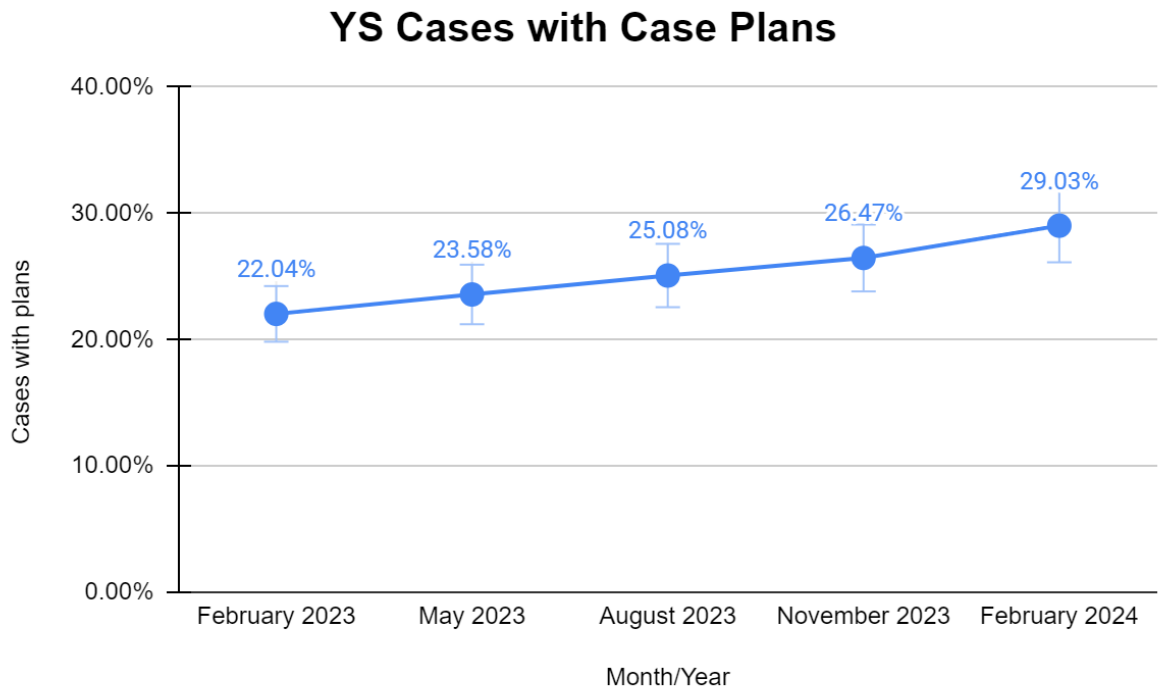
CPS Cases with Case Plans



FAST for YS



Youth Services Cases with Case Plans



Quality Assurance System

Quality Assurance Systemic Factor

Operating in jurisdictions where the services included in the CFSP are provided.

The Bureau for Social Services has a comprehensive Quality Assurance (QA) System. The QA system is centrally administered and operates in all jurisdictions of the state and is part of an overall Continuous Quality Improvement (CQI) process. (See BSS CQI Plan) Most QA functions are administered by the Division of Planning and Quality Improvement (DPQI). The Division is under the direction of the Office of Quality Initiatives. West Virginia has 13 designated DPQI staff for the purpose of providing quality assurance including: three Program Managers, nine Social Services Review Specialists, and one Director. These staff members are stationed in various Bureau offices located across the Department's two regions.

West Virginia's BSS quality assurance system evaluates social services case management activities and decisions in the areas of 1) Child Protective Services, from initial abuse/neglect report to case closure, 2) Youth Services cases, with and without judicial oversight, 3) Critical Incidents, and 4) Intake Assessments as received by West Virginia Centralized Intake.

DPQI completes CFSR style social service case reviews for each of the Bureau's districts. One district level review is completed each month by DPQI staff. The review includes the examination of randomly selected cases consisting of in-home and placement cases. The largest metropolitan area is reviewed once each calendar year. The review cycle is continued until each district has been reviewed. Additional data and information collected through the CFSR style case review process is provided in the exit summary reports and used for state planning purposes.

The Division of Planning and Quality Improvement utilizes the CFSR Onsite Review Instrument and Instructions (OSRI) as the unit's primary internal tool for evaluating the quality of services delivered to children and families. Case related information is entered into the Online Monitoring System (OMS) and reports generated from that system are used for evaluating continuous quality improvement efforts within BSS. DPQI completed 125 CFSR style case reviews during FFY 2023. The data is based upon the review of randomly selected social services cases between October 1, 2022, and September 30, 2023. The review was comprised of 125 cases, 65 foster care and 60 in-home social service cases. DPQI staff conducted 865 interviews during FFY 2023. Of the interviews completed 138 were with children, 191 were with parents/caregivers (biological/adoptive/step/legal guardians/parental paramours), 97 were with foster parents, and 114 were judicial staff such as attorneys, guardian-ad-litems, juvenile probation officers, and Court Appointed Special Advocates. The remaining interviews were with other parties who provide information relative to the case review such as BSS workers and supervisors, service providers, and provider placement case managers. Case reviews conducted were reflective of practice that occurred approximately 12 months prior to the date of the review. CFSR style case reviews were completed in each of the two regions of the state and included the following districts: Kanawha, Calhoun/Gilmer/Wirt, Ohio/Brooke/Hancock, Lewis/Upshur/Braxton, Barbour/Preston/Taylor, Berkeley/Morgan/Jefferson, Fayette, Wyoming, Greenbrier/Monroe/Pocahontas/Summers, Putnam/Lincoln/Boone, Mason/Jackson/Roan/Calhoun, and Wayne.

In July 2014, WV established a centralized intake system. Statewide implementation was phased in starting in July 2014 with full statewide implementation by February 2015. Centralized Intake call centers are in the northern and southern parts of the state. DPQI is responsible for the sampling and review of

accepted intake assessments. DPQI provides ongoing feedback to the Director of Centralized Intake as well as the Deputy Commissioner over Centralized Intake. Through December of 2023 DPQI conducted 1,822 reviews of maltreatment intake reports. The reviews were conducted from a random sample pull and primarily assessed the sufficiency of the information gathered during the intake process. The areas assessed included demographic information that would help identify and locate the family, such as names and addresses. DPQI also assessed the inclusion of absent parents, collateral sources of information, and current locations of household members for immediate and timely responses. The reviews conducted by DPQI assessed the sufficiency of information related to the extent of the reported maltreatment, the surrounding circumstances of the reported maltreatment and whether additional, pertinent information was gathered related to child and adult functioning. Information sufficiency regarding the presence of domestic violence, substance abuse and other safety and risk factors were also assessed. DPQI staff also assessed whether the Centralized Intake worker had searched the FACTS and PATH systems to ascertain a history or any open assessments and/or cases on the family. The purpose of the reviews is to determine whether Centralized Intake staff gathered, or attempted to gather, sufficient information to identify and locate the family, make an informed screening decision, and determine the most appropriate response time.

The West Virginia Bureau for Social Services utilizes a critical incident review process as part of the quality assurance process. The process examines casework practice, policies, and training to identify areas for program improvement. The internal review process involves the review of child fatalities or near fatalities alleged to be the result of child abuse or neglect. Cases meet the criteria for a critical incident review if the family was involved with the Bureau within a twelve-month period preceding the incident. The Field Review Team includes a member of DPQI, a policy representative, and a field staff representative examining the case file and completing interviews with key stakeholders in the case. The results of the critical incident reviews are presented during Critical Incident Review Committee meetings. Members of the Critical Incident Review Committee generate recommendations for a plan of action based upon the information presented during the meetings. The objective of the review is to gather insight surrounding casework practice to improve service delivery and prevent future critical incidents. Specific review criteria are outlined in the Critical Incident Review SOP document, updated May 2024. (See CI SOP)

The BSS CQI process also includes Midpoint desk reviews. During this process, DPQI examines randomly selected cases by examining the documentation in the electronic case records. DPQI utilizes the On-Site Review Instrument (OSRI) as the review tool. Case review information is entered into the OMS practice site. DPQI provides the review data reports and observations to district management staff. Midpoint reviews are conducted in each district during alternate years of the CFSR-style review. By conducting these reviews, each district receives a yearly report of its progress towards achieving the Federal outcome requirements. The reports are also used to evaluate progress on the district level corrective action plans. This process began in July 2023.

Child Stat is an additional quality improvement case review initiative within BSS. Child Stat uses a combination of aggregate data analysis and casework practice to drive positive outcomes for children and families. Child Stat draws on qualitative and quantitative information related to identified target casework areas for a review attended by executive leaders and field practice managers and supervisors. During these reviews the district's performance is compared to agency-wide measures, and the information is used to determine steps to improve practice at the local and state levels. For the qualitative review associated with this CQI process, DPQI completes a review of randomly selected cases by examining

several areas of focus. Examples of the focus areas include the quantity of caseworker visits with children and adult caregivers, engagement of children and families in the development and evaluation of case plans, and evaluations of child safety and safety planning. Additional data elements such as information related to staffing levels, time to first contact on child maltreatment reports, and completion times on initial assessments, is provided by district managers during each meeting. Each district participates in a Child Stat review biannually.

Standards to evaluate the quality of services.

Standards to ensure that children and families are provided quality services that protect their safety and health, from referral intake to the achievement of permanency, are defined by federal and state laws and Department policy, at https://dhhr.wv.gov/bss/policy/Pages/default.aspx. Outcome measures are based on federal requirements and state policy. BSS staff have access to internal data reports that capture outcome data. This includes the timeliness of initiating investigations of child maltreatment compared to the assigned time frame.

During DPQI qualitative reviews, in order to evaluate the state's efforts to improve performance in the areas of safety, permanency, and wellbeing, DPQI utilizes the federal CFSR process as a model to measure and evaluate the state's performance. DPQI utilizes the OSRI as the unit's primary internal tool for evaluating the quality of services to children and families. Each review follows the guidelines established by the Federal Bureau for Children and Families. Pairs of DPQI reviewers complete a review of both the paper and electronic records and conduct key case participant interviews to evaluate adherence to policy and practice standards. The goal of the reviews is to improve practice in order to achieve positive outcomes for the children and families being served. The period under review covers a 12-month section of time going backwards from the start of the case related interviews. Preliminary case reviews to collect information are done related to FACTS and PATH records only. From this, reviewers develop a list of 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.

After the cases are rated, each case is debriefed. At a minimum, case debriefings are composed of two review teams and a DPQI program manager. During these debriefings case ratings are discussed in relation to CFSR instrument instructions and clarification guides to ensure fidelity to the tool. DPQI program managers then complete initial and secondary QA activities.

Identifies strengths and needs of the service delivery system.

The various types of DPQI social services case reviews produce data for continuous quality improvement through the identification of practice strengths and areas for improvement. The review data is used at the district level to evaluate case practice and assist districts in making improvements in the provision of services to children and families. In example, following the completion of the CFSR style reviews, 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 chart from the prior review. At that time, an exit meeting is conducted by DPQI staff with the district's management staff. During the exit

conference, district management staff can comment on factors that contributed to the strengths and areas needing improvement. Additionally, districts are asked to identify which needed services are not available or inaccessible in the area. DPQI creates a list of base questions to be asked at all the exits. The questions are based on the previous FFY data and the overall issues impacting practice within the State. During the exit, DPQI staff discuss the district's previously developed corrective action plan activities and if the activities appear to have been impactful in relation to improving outcomes for children and families. Members of the Training, Technical Assistance and Practical Application (TTAPA) Team are invited to participate in the exit meetings. These teams provide support to districts during the drafting and implementation of the corrective action plans.

In a similar manner, the Midpoint and Child Stat review processes help district staff identify areas of practice for improvement as well as strengths that can be used to support improvement efforts. The data obtained through these review processes assist Bureau leaders in identifying practice, training, and policy areas needing improvement. Likewise, areas of strength are also detected during the reviews. Each part of the BSS CQI process includes the development and evaluation of quality improvement plans.

The Critical Incident Review process involves a thorough review of child fatalities and near fatalities, when a family has a child welfare history within the twelve months preceding the incident. Since FFY 2020 the review process has included the review of Internal Investigative Unit (IIU) cases, which involve children in foster care placement at the time of incident. When a critical incident meets criteria for review, a Field Review Team is assigned to examine current and historical case documentation. The Field Review Team conducts interviews with agency staff, service providers, and investigating officers who have been involved with the family during the preceding 12-month period. The internal review process is a quality assurance process used to determine whether there are areas that, if improved upon, could have prevented the death or severe injury to the child. During FFY 2023 BSS implemented the use of the Safe Systems Improvement Tool (SSIT) as part of the critical incident review process. The SSIT is an information tool used to gather details about the needs of the family at the time of the incident and assess staff experiences and systemic contributors to casework practice. Items are rated based on closeness or connection to the critical incident, with the intent to create solutions for barriers identified in the system. Rating outcomes are captured in aggregate and presented during Critical Incident Review Committee meetings. This allows for the identification of improvement opportunities at a systemic level. The analysis of the data aides BSS in identifying trends, which result in Plan for Action initiatives.

Provides relevant reports.

DPQI staff utilizes the CFSR OMS developed by JBS International to complete case reviews and develop relevant reports. The OMS is available for states to use not only during the Federal CFSR, but also for continuous quality improvement (CQI) purposes. The OMS is a web-based application that provides DPQI staff with the ability to complete case reviews and provide relevant district, regional, and state level reports. OMS is automated and logical, because of this it reduces the risk of reviewer error in completing the OSRI.

Following the CFSR style social service review exit meeting with the district management team, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the district for review and comments. DPQI provides this information to the Program Manager for Community Partnerships for the identification of service needs and development of services. 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 plan for each district and distributes the findings to the district's management staff, the Regional Deputy Commissioner, Regional Program Manager, Director of Professional Development, Policy Program Specialists, and Department Leadership.

An OMS data report is provided to district management staff following each Midpoint review. DPQI staff meet with district managers at the conclusion of each review and go over the data and review observations. The district level corrective action plan is discussed during these meetings to evaluate efficacy of the plans.

Prior to each Child Stat meeting DPQI produces district level data reports. The reports include data elements related to the frequency and quality of caseworker contacts with children and adult caregivers. The Director of DPQI meets with each district's social services manager prior to the Child Stat meeting and discusses the data and review observations. The data reports are disseminated to Child Stat meeting participants.

DPQI provides ongoing feedback and data reports to the Director of the Centralized Intake Unit. The reports are also shared with the training staff assigned to that unit. The results of the reviews are used to evaluate and improve the quality of the intakes and ensure fidelity of the screening process.

The Critical Incident Review Committee identifies issues and makes recommendations for needed modification of internal procedures, policies, and programs of BSS. This plan is monitored during each CI Review Committee meeting. The Critical Incident Review Team submits an annual report which includes a Plan for Action containing activities designed to increase awareness, support practice, and improve outcomes in child welfare cases. This report is submitted to the Commissioner of BSS for presentation to the state legislature. The report can be found at: https://dhhr.wv.gov/bss/reports/Pages/Critical-Incidents.aspx

Evaluates implemented program improvement measures.

West Virginia's quality assurance system utilizes data from various sources to monitor the efficacy of program improvement measures. The State utilizes DPQI social service review data in conjunction with the State's data profile (contextual data report), data from CCWIS, and data from other sources in the development, planning, and monitoring of CFSP goals and other statewide child welfare initiatives.

Results of the various types of social services reviews are used by districts to develop and monitor corrective action plans. Implementation of the Midpoint review process allows district corrective action plans to be evaluated annually. This allows management staff an opportunity to evaluate the efficacy of the strategies for improvements that were implemented.

The Centralized Intake Unit utilizes the results of the DPQI intake assessment reviews, along with feedback from external stakeholders, to improve the quality of the intake process. The information is also used to ensure uniformity in screening decisions.

West Virginia used state generated data and information from its CQI process for CFSR Rd. 3 PIP development, implementation, and monitoring. Data related to PIP goal achievement was reported biannually during the implementation and non-overlapping measurement periods.

Staff Training

West Virginia achieved substantial conformity with the systemic factor of Staff Training in the state's last Child and Family Services Review. The following information demonstrates the current functioning of the systemic factor regarding staff training and the state's efforts to maintain substantial conformity.

Structure of Training System

The Bureau for Social Services (BSS) Division of Professional Development (DoPD) operates a state-administered training system that consists of an administrative office in Charleston, West Virginia and staff trainers who are housed in district offices across the state. Staff trainers provide initial and ongoing training for BSS and contracted child welfare staff through a combination of virtual and in-person classroom training and asynchronous online learning. Staff trainers work for the State and are hired for their expertise in the program area(s) they train, then are trained to be trainers. They are required to have at least four years of program experience and a social work license. The West Virginia Social Work Education Consortium (SWEC), West Virginia's Title IVE group with representatives from the public accredited social work programs including West Virginia University, Marshall University, Concord University, Sheppard University, West Virginia State University, and West Liberty State University, provides a portion of the ongoing training for BSS staff and contracted providers, and provides foster parent training with a focus on kinship homes. Child placing agencies provide training for their foster homes. Live training is provided both virtually and in-person in district offices across the state, and asynchronous online training is available through the Department's Blackboard learning management system (LMS). All training is provided through established curricula that are approved by BSS Policy so that the training is consistent in all parts of the state. Training completion is tracked through central databases, the Blackboard LMS, and Genius registration software.

Current Functioning of Initial Staff Training

The Division of Professional Development operates a 12-week new worker Pre-service training program for child welfare staff including Child Protective Services (CPS), Youth Services (YS), Home Finding (HF), Adoption (AD), and Centralized Intake (CI). Training is delivered through a hybrid model of in-person and virtual environments. Pre-service training is required for all new employees as well as employees that are changing positions within child welfare. New workers must complete 240 hours of training as outlined in WV Code §30-30-30. The Training Plan includes 205 classroom hours and 35 hours for Transfer of Learning (TOL) activities that are completed in the worker's home office with the assistance of their supervisor. At the end of pre-service training each employee must pass a competency test prior to being assigned a caseload. After passing the test workers are assigned a "graduated" caseload, meaning one to two cases per week until a full caseload is reached.

In general, new worker training rounds are started every four weeks and are coordinated with the State's pay calendar so that new workers have one to three weeks in their home offices prior to the start of training. During this time new workers are oriented to their offices, assigned a computer, learn how to log into programs and participate in an orientation meeting with their trainer. Training officially begins in

Week 1 and continues for the next 12 consecutive weeks. Training content follows the casework process, beginning with Interviewing and Preparing for First Contact with the Family and continuing through Documentation and Case Closure. The Training Plan concludes with training in verbal de-escalation and disengagement, dealing with secondary and vicarious trauma, and the competency test.

To ensure that the initial training requirements are met, trainers monitor the progress of the trainees utilizing a variety of tracking resources. Trainers submit attendance reports weekly and manage any make-up assignments that may need to be completed because of missed class time. Assignments are submitted to and stored in the Blackboard LMS. Evaluations of the trainees are sent approximately every three weeks to the trainee and their supervisor indicating how well the trainee is progressing with the material, any pending missing assignments, and licensure status. Workers complete evaluations of the training they receive each week, and the information is used for continuous quality improvement to improve the training provided. Trainees must be certified as having completed all the requirements of new worker training, including the required number of training hours, transfer of learning assignments, and documentation of make-up work, prior to being allowed to take the new worker competency test. The competency test includes three parts: a live interviewing test, a knowledge test, and a critical thinking test. Workers must pass all three components of the competency test before they can be assigned a caseload. They are then assigned a graduated caseload, defined as one to three cases per week until a full caseload is reached.

The following information demonstrates the functioning of Initial Staff Training in 2023.

New Child Welfare Worker Training Staff Classifications (2023):

Classification of Employee	Number/Full Round	Number/Partial Round
Child Protective Services	245	25
Youth Services	48	20
Contracted Youth Services	12	1
Adoption	6	2
Home-Finding	2	4
Centralized Intake	9	2
TOTAL NUMBER TRAINED:	322	54

New Child Welfare Worker Training – Summary (2023):

Total number of Pre-service Training Rounds Started	14
Total Number of Students Trained (unduplicated)	376
Total Hours of Training Provided	3353

Average Time from Start Date to Training Start	12.36 days
Average Time from Start Date to Training End	86.55 days
Average Time from Training Start to Training End	57.33 days

Competency Testing (2023):

Total Tested	Passed 1st Attempt	Passed 2nd Attempt	Passed 3rd Attempt	Did Not Pass
254	217	33	3	1

To make improvements to this systemic factor, the Division of Professional Development plans to expand transfer of learning periods in new worker pre-service training so new workers can obtain more "real world" experience, including structured activities and rules for workers, supervisors, and trainers to ensure compliance with Title IVE regulations.

Current Functioning of Ongoing Staff Training

Ongoing training (also referred to as in-service training) for social services staff includes any training provided to staff after they have completed pre-service training. There are specific requirements outlined by the types of social work license the staff member holds. There are three license types that a child welfare worker can have: Regular, Provisional and Registry. The regular license is for those that have a social work education, either BSW or MSW and successfully completed a licensing exam. The provisional license is an alternative pathway for individuals desiring to practice social work but do not have a degree in social work, they must have a baccalaureate degree in a field related to social work. The service worker registry is an option for persons with degrees unrelated to social work in which they are restricted to working with BSS only. The training plan for each license type is broken down into four phases over five years. After completion of the training plan, workers must complete 12 hours of continuing education per year. The progression of a worker's training plan is currently tracked by the supervisor and worker through the Genius Course Registration Portal.

Name of Training	**Hours**	**Regular License**	**Provisional License**	**Service Worker**
Legal and Ethical Issues in Social Work Practice	6	X	X	X
Working with Foster Parents and Caregivers – PRIDE	8	X	X	X
Dynamics and Impact of Domestic Violence	4	X	X	X
Substance Use	2	X	X	X
Trauma-Informed Practice Online	4	X	X	X
Trauma Informed Practice Live Training	4	X	X	X
Diversity and Cultural Factors	8	X	X	X
Human Behavior in the Social Environment 1 Online	4	X	X	X
Human Behavior in the Social Environment 1 Live	4	X	X	X
Drug-Affected Infants	4	X	X	X

Working with People with Disabilities	4	X	X	X
Critical Incidents in CPS Practice	4			X
Common Mental Health Disorders	4			X
Human Trafficking	4			X
Total Hours:		*52 hours*	*52 hours*	*64 hours*

Phase 1 In-Service Training: Must be completed within 18 months of hire date.

Phase 2 In-Service Training: Must be completed within 30 months of hire date.

Name of Training	**Hours**	**Regular License**	**Provisional License**	**Service Worker**
Social Work Ethics in Practice	6	X	X	X
Family-Centered Practice for Permanency	4	X	X	X
Working with Families Experiencing Domestic	4	X	X	X
Secondary Trauma	4	X	X	X
Importance of Self-Care	4	X	X	X
Human Behavior in the Social Environment 2	4		X	X
Appalachian Culture	4		X	X
Engaging Absent Parents	4			X
Rural Social Work Practice	4			X
LGBTQ+ Issues in Casework Practice	4			X
Total Hours:		*22 hours*	*30 hours*	*42 hours*

Phase 3 In-Service Training: Must be completed within 42 months of hire date.

Name of Training	**Hours**	**Regular License**	**Provisional License**	**Service Worker**
Family Resilience and Inclusion	6	X	X	X
Working with the Domestic Violence Offender in the	4	X	X	X
Child Welfare System	4	X	X	X
Substance Use and Adolescents	4	X	X	X
Diversity-Informed, Trauma-Informed Practice	4	X	X	X
Contemporary Issues in Diversity	4		X	X
Kinship Care	4			X
Family Dynamics	4			X
Systems Theory	4			X
Total Hours:		*22 hours*	*26 hours*	*38 hours*

Phase 4 In-Service Training: Must be completed within 60 months of hire date.

Name of Training	**Hours**	**Regular License**	**Provisional License**	**Service Worker**
Using Technology in Social Work Practice	6	X	X	X
Contemporary Issues in Social Work Practice	4	X	X	X
Making the Connection: Domestic Violence and	4	X	X	X
Co-Occurring Tactics of Control	4	X	X	X
Opioid Use	4		X	X
Trauma-Informed Practice and Out-of-Home	4			X
Social Class in the United States	4			X
Total Hours:		*18 hours*	*22 hours*	*30 hours*

Ongoing training is provided by BSS staff trainers as well as through contracts with the Social Work Education Consortium (SWEC), the West Virginia Coalition Against Domestic Violence, and the Marshall University Center for Excellence in Recovery. Contracted Child Placing Agency (CPA) staff are invited to attend the live ongoing training with BSS staff.

In addition to the training outlined in the Training Plan, staff receive ongoing refresher training and training related to policy updates and current initiatives. This includes any training identified by BSS's Training, Technical Assistance and Practical Application (TTAPA) teams such as Case Planning and Safety Planning, and training provided for specific programs such as Centralized Intake. Training may be conducted in centralized sessions, by district, or in staff and unit meetings. In the past year staff have also received training to be certified in the Crisis Prevention Institute's verbal intervention and disengagement training.

Supervisor training is provided by the BSS Division of Professional Development along with management training required by the West Virginia Office of Shared Administration and the West Virginia Division of Personnel. DoPD focuses on program-specific training for child welfare supervisors, offering supervisors nine days of new supervisor training within their first year as a supervisor. The curriculum used for this training is "Putting the Pieces Together," based on curriculum developed by the National Resource Center for Organizational Improvement that has been adapted to West Virginia. This training covers Administrative Supervision (management and organizational theories; power; transitioning from worker to supervisor; supervisor as advocate, change agent, data analyst, recruiter, and performance monitor); Educational Supervision (adult learning; staff ability vs. performance; stages of worker development; balancing compliance with best practice; constructive feedback; coaching); and Supportive Supervision (supervisor as motivator, counselor, team leader, conflict manager). Managers and the Division of Training track attendance at this training but although the training is mandatory, attendance has been inconsistent because of other time commitments. Ongoing supervisor training occurs in regularly scheduled regional supervisor meetings.

Along with program specific training, the DoHS Office of Share Administration (OSA) requires supervisors to attend a week-long "management bootcamp" that covers a variety of management and supervision topics. Their office tracks employees for compliance with the policy. The DOP requires supervisors to take 36 hours of training in their first 12 months on topics such as performance appraisal and supervising for success, then an additional 24 hours of training in the next 24 months including topics such as discipline and documentation and conflict management. After the first three years supervisors are required to take 12 hours of additional training per year. The OSA tracks compliance and attendance with this policy; however, statewide compliance information is not available to BSS.

The following information demonstrates the current functioning of BSS ongoing staff training in 2023.

Live Training Sessions Title	**#Sessions**	**# Hours**	**#BSS Participants**	**#CPA Participants**
BSS-101: Legal and Ethical Issues in Social Work Practice	8	4 hours	43	21

BSS-102: Working with Foster Parents and Caregivers - PRIDE	9	4 hours	69	2
BSS-103: Dynamics and Impact of Domestic Violence	4	6 hours	40	N/A
BSS-104: Substance Use	7	8 hours	56	6
BSS-105: Trauma Informed Practice Live Training	8	4 hours	44	5
BSS-106: Diversity and Cultural Factors	5	8 hours	55	3
BSS-112: Human Behavior in the Social Environment 1 Live Training	6	4 hours	35	6
BSS-117: Critical Incidents in CPS Practice	3	4 hours	33	N/A
BSS-201: Social Work Ethics in Practice	7	4 hours	54	10
BSS-202: Family Centered Practice	3	4 hours	26	4
BSS-203: Working with Families Experiencing Domestic Violence	4	6 hours	33	N/A
BSS-205: Secondary Trauma	6	4 hours	48	7
BSS-211: Importance of Self Care	6	4 hours	38	13
BSS-212: Human Behavior in the Social Environment 2	4	4 hours	20	3
BSS-216: Appalachian Culture	4	4 hours	39	4
BSS-303: Working with the Domestic Violence Offender in the Child Welfare System	2	4 hours	14	N/A
BSS-403: Making the Connection: Domestic Violence and Co-Occurring Tactics of Control	1	6 Hours	5	N/A
BSS-426: Understanding Poverty	5	4 Hours	21	7

Online Self-Paced Training - Session Title	**# Hours**	**# BSS Participants**	**# of CPA Participants**
BSS-105-OL: Trauma Informed Practice Online	2 hours	79	N/A
BSS-112-OL: Human Behavior in the Environment 1 Online	4 hours	63	N/A

BSS-114: Drug Affected Infants	4 hours	98	N/A
BSS-116: Working with People with Disabilities	4 hours	67	N/A
BSS-122: Common Mental Health Disorders	4 hours	93	N/A
BSS-127: Human Trafficking	4 hours	147	N/A
BSS-222: Engaging Absent Parents	4 hours	31	N/A
BSS-226: Rural Social Work Practice	4 hours	31	N/A
BSS-236: LGBTQ Issues in Casework Process	4 hours	31	N/A
BSS-302: Family Resilience and Inclusion	4 hours	27	N/A
BSS-304: Substance Use and Adolescents	4 hours	27	N/A
BSS-305: Diversity-Informed, Trauma-Informed Practice	4 hours	21	N/A
BSS-306: Contemporary Issues in Diversity	4 hours	21	N/A
BSS-322: Kinship Care	4 hours	28	N/A
BSS-332: Family Dynamics	4 hours	16	N/A
BSS-342: Systems Theory	4 hours	11	N/A
BSS-352: Social Work Perspectives	4 hours	18	N/A
BSS-401: Using Technology in Social Work Practice	4 hours	14	N/A
BSS-402: Contemporary Issues in Social Work Practice	4 hours	16	N/A
BSS-404: Opioid Use	4 hours	26	N/A
BSS-405: Trauma Informed Practice and Out-of-Home Placement	4 hours	15	N/A
BSS-416: Social Class in the United States	4 hours	10	N/A

Total Child Welfare New Supervisor Training:	31 Students	2 Rounds / 9 days	45 Total Hours

To make improvements to this systemic factor, the Division of Professional Development plans to revise and expand current tracking systems so that training attendance can be reported regularly, and the Five-Year Training Plan and Supervisor Training Plan completion can be enforced more consistently.

Current Functioning of Foster Parent Training

In West Virginia foster and adoptive parent pre-service training for kinship homes is provided by the West Virginia Social Work Education Consortium member schools through their Title IVE training contracts, who work with agency home-finders to identify locations for training and enroll participants. Member schools include West Virginia University, Marshall University, Concord University, West Virginia State University, Shepard University, and West Liberty State University. Each school is required to provide an established number of pre-service training rounds through their contractual requirements; typically, each school provides eight to twelve pre-service rounds per year depending on their available funding through their grants. Requirements for the number of training rounds, scheduling, and reporting are included in the grant agreements with each university and are monitored through quarterly reports from the universities. The schools are in various locations across the state, and each school provides foster parent training in-person in their geographic area or virtually so that the training is available and accessible statewide for foster and adoptive parents. Concord University maintains a statewide PRIDE training calendar that lists the training round dates and locations for each of the schools for easy reference. Pre-service training may also be provided by private child placing agencies, who must use the same or equivalent curriculum that is specified in order to license their foster homes. Individual agencies may submit their own curriculum to be approved for use. Training information for private providers is monitored through the BSS licensing division. The child placing agencies are responsible for pre-service and in-service training for the foster homes that they manage.

West Virginia currently uses the PRIDE curriculum developed by the Child Welfare League of America. All prospective and new foster parents must attend pre-service training and trauma training. Kinship families may be granted a waiver from pre-service training. The schools and private agencies track training attendance and report the number of individuals who attended and completed training for each round. Participants who complete the training are awarded certificates to document completion that is kept in their home study records. West Virginia will be moving to the National Training and Development Curriculum (NTDC) for Kinship homes in July 2024.

After a foster home is certified all foster parents must attend 12 hours of in-service training each year to maintain certification as a foster home. This requirement is the same for agencies and private provider foster homes. Training records for BSS homes must be submitted to home-finders who are responsible for recertifying the homes, and documentation is entered into the PATH system. Training records for private provider homes must be maintained in their files and are periodically reviewed by the agency.

In-service training for foster parents is provided through several venues. BSS contracts with Concord University to provide in-service foster parent training statewide; to ensure statewide availability Concord subcontracts with the SWEC member schools to provide the training in their areas. Provider agencies and foster parent associations sponsor and provide foster parent training across the state. In addition, in-service training can be found online from various sources. Tracking of in-service training is done by home-finders who are responsible for recertification of the homes or by the child placing agencies.

The following information demonstrates the functioning of foster parent training provided by the Social Work Education Consortium in 2023.

2023 Pre-Service PRIDE Trainings	Number of Rounds	Number of Starters	Number of Finishers

West Virginia University	132	245	221
Marshall University	48	147	120
West Virginia State University	37	118	104
Shepherd University	80	184	137
Concord University	189	367	254
Total PRIDE Pre-Service Training	Rounds	Participants	Finishers

To make improvements to this systemic factor, the Division of Professional Development plans to develop systems to coordinate, track, and monitor foster parent training being conducted by the child placing agencies and SWEC to ensure it is consistent and the requirements are enforced.

Activities Targeted to Improve Performance

Based on feedback received from training evaluations and stakeholder focus groups, the following goals have been identified to improve the training system.

1. Expand transfer of learning periods in new worker pre-service training so new workers can obtain more "real world" experience, including structured activities and rules for workers, supervisors, and trainers to ensure compliance with Title IVE regulations.
2. Revise and expand current tracking systems so that training attendance can be reported regularly, and the Five-Year Training Plan and Supervisor Training Plan completion can be more easily enforced.
3. Develop systems to coordinate, track, and monitor foster parent training being conducted by the child placing agencies and SWEC.
4. Develop, implement, and track all training related to the CFSP Goals and Objectives.

Service Array

The Child and Family Services Review (CFSR) in 2017 found that the West Virginia service array lacked services to address substance abuse. The lack of adequate substance abuse services negatively impacts child and family outcomes in the state. It was also found that providers of addiction services often have wait lists and limited-service availability in more rural portions of the state.

Other necessary services for children and families that were also noted as lacking included mental health services for children, sex offender treatment, batterer offender treatment, autism support services, post-adoption services, kinship family support services, and housing.

West Virginia will focus on bringing in lived experience members, community partners, and service providers in the decision making of implementing services. This has been identified as an area of focus for West Virginia when developing the 2024-2029 CFSP. BSS partnered with our Managed Care Organization, Aetna Mountain Health Promise, in developing focus groups as feedback to inform our goals in this plan.

West Virginia's Service Array includes:

- Family Support Services.
- Community-Based/Prevention Services.
- Services that assess the strengths and needs of children and families and determine other service needs.
- Services that address the needs of families in addition to individual children in order to create a safe home environment.
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Service Array Workgroup

In 2019 a CFSR Program Improvement Plan (PIP) was developed and concluded that the Service Array Workgroup identified that BSS staff and stakeholders do not know what services or resources that are available statewide. The Service Array Workgroup was tasked with identifying and collaborating with agency partners in the development of service availability and substance abuse services to improve outcomes for children and families.

The Service Array Workgroup partnered with the Capacity Building Center for States in 2020 to help with this PIP goal. Through 2020 and 2021 there were several meetings held to help identify service needs throughout the state and barriers or gaps in services that might exist. The workgroup consisted of members from the Bureau for Social Services, Bureau of Behavioral Health, Bureau for Public Health, community partners, WV Court, Family Drug Treatment Court, Wraparound Services, Foster Care Policy, and the Office of Drug Control Policy. and stakeholders.

The Service Array Workgroup focused on its established goals and objectives from the PIP, meeting virtually due to COVID-19. Participation significantly increased, growing from fewer than eight to around twenty members as new entities were invited to join. The group analyzed case survey data and planned to shift to monthly meetings to determine next steps. They also collaborated with the Office of Drug Control Policy to revise service gap maps and developed an online course about available resources across the state. The course reached its final stages, pending approval, and adjustments were needed due to an ongoing reorganization within the Bureau for Children and Families. A draft charter outlining the workgroup's purpose and member responsibilities was developed. In the following years, the workgroup aimed to complete the online course, track the use of service mapping by social services staff, and address service gaps.

Currently the Service Array workgroup meets virtually every month. This group is made up of representatives from each of Bureaus in the Department of Human Services (DoHS), the Court Improvement Program (CIP), the Court Appointed Special Advocate program (CASA), Aetna Better Health of West Virginia (Managed Care Organization), Acentra (Administrative Service Organization), Family Resource Networks, and the provider community.

The Service Array workgroup is currently developing a comprehensive training that will explain services and programs available through each of the Bureaus within the DoHS. This training will include information on what each program entails, requirements for accessing services, and how to apply/enroll in each program. This training will be available to all DoHS staff and the provider community and will eventually be accessible in some format to the general public. The goal of this training is to enhance the knowledge of our staff and stakeholders on what services are available across the state and keep it as a reference for people in the future. This training would be maintained by the Service Array Workgroup and updated appropriately.

Families Are Stronger Together Learning Community (FAST-LC)

The vision of the Families Are Stronger Together Learning Community (FAST-LC) is to create a strong and integrated support system that addresses the economic and concrete needs of families in West Virginia, thereby preventing child welfare involvement.

Project goals include the following:

- Develop and execute a comprehensive education campaign to inform internal and external stakeholders about the project's goals and benefits.
- Integrate Family Support services into the CPS Differential Response framework to provide early intervention and support for at-risk families.
- Expand the delivery of services through Family Support Centers (FSCs) to ensure eligibility for Title IV-E reimbursement.
- Establish efficient case coordination and data sharing mechanisms between Family Support and CPS to ensure a holistic approach to family needs.

Some potential outcomes listed in the FAST-LC charter include the following:

- Increased coordination between the Bureau for Family Assistance and Bureau for Social Services.
- Increased availability and use of community-based family support services.
- Reduced child removals.
- Reduced CPS caseloads.
- Increased capacity to attend to existing CPS cases.

Family Support Centers (FSCs)

West Virginia's Family Support Centers (formerly Family Resource Centers or FRCs) are warm and welcoming places in the community where any family member with children up to age 18 or pregnant families can go, not only in times of need, but as a regular part of day-to-day life. Family Support Centers (FSC) offer parent education classes, child development activities, parent-to-parent support groups, after school and academic enrichment, General Educational Development (GED) and literacy instruction, health information, and referrals to programs, activities, and services in the community. Each FSC's specific services are designed in accordance with the needs of the community. FSC services are voluntary and available to all interested families.

FSC services are not restricted to at-risk families, but offered to any family in a community who would benefit from the services and programs available. Currently, 53 counties are covered by 56 FSCs.

Family Resource Networks

Family Resource Networks (FRNs) are local coalitions of people working to better meet the needs and improve services for children and families in their communities. West Virginia's Family Resource Networks are defined in West Virginia State Code §49-1-206.

Oversight of the FRNs was under BSS but has now been moved to BFA. BFA plans to roll out a new initiative next year that will have the FRNs work with Community Services Managers at the district offices in efforts to develop service mapping for prevention services.

Safe at Home West Virginia

Safe at Home West Virginia (SAH WV) is a state funded program which aims to provide wraparound behavioral health and social services to system involved youth, age 9 to 18 years of age either in foster care placement or at imminent risk of foster care entry; or, for a child aged 5 and older who is an adopted child or is in a legal guardianship arrangement which is at risk of disruption. It empowers families by utilizing an innovative wraparound planning process that includes trauma informed assessment and planning focused on needs and strengths. Wraparound services through Safe at Home West Virginia are individualized, evidence-based, and improve long-term outcomes.

Safe at Home West Virginia reduces the reliance on out-of-home placement and prevents re-entries into them. It ensures the youth remain in (or return to) their community settings whenever safely possible. Safet at Home WV also reduced the number of children in placements out-of-state.

Quarterly meetings are held with Safe at Home WV leadership within BSS and the twelve Local Coordinating Agencies (LCAs), who provide Safe at Home WV Services. These meetings include leadership from each LCA and allow an opportunity to share information between the agencies and BSS. This also allows for the discussion of concerns related to the program, possible solutions, and any updates and changes.

SAH WV is a BSS funded program but is part of the larger program of West Virginia Wraparound. West Virginia is a wraparound is designed as a strength-based service delivery system that is child and family driven and founded on an ongoing, outcome focused planning process. It is a multi-agency collaboration intended to offer flexible assistance through a coordinating agency that ensures accountability. It includes the Bureau for Behavioral Health, Bureau for Social Services and Bureau for Medical Services. The following core components are utilized to allow a family's needs to truly be met, by building skills and capacity within the family and the family's community to empower the family with the tools they need to sustain change. The development of WV Wraparound was needed to reform mental and behavioral health services for children with serious emotional disorders and their families across West Virginia.

WV Wraparound services has increased rapidly since July 2023, with 245 additional children being served as of March 2024, a total of 1,649 children enrolled. The Child and Family Services Continuum and John H. Chafee section is further down in this document and details more information on West Virginia Service Array.

Agency Responsiveness to the Community

The Division of Planning and Quality Improvement (DPQI) utilizes Child and Family Service (CFSR) style reviews to evaluate case practice with children and families. Specifically, to the WV Service Array, the DPQI identifies service gaps through the reviews and focus groups with parents, youth, and stakeholders. This information is provided to the Community Partnership unit under BSS Division of Children and Adult Services (CAS). The Community Partnership facilitates the Service Array Workgroup mentioned in the Collaboration section of this document. Data on case reviews can be found under the Assessment of Current Performance section of this document.

WV DoHS also partners with Aetna on many different focus groups involving individuals and agencies in the community. These focus groups or listening sessions are mentioned throughout this document. The information received in these listening sessions is shared with BSS while keeping the anonymity of the participants. WV DoHS is working on developing new questions for Aetna to ask in focus groups. This information is shared with the leadership of different bureaus under WV DoHS. Information obtained through the case reviews and the listening sessions are provided to BSS to address service gaps and barriers. This information will be reported over the next 5 years.

See Collaboration Section of this document for more information on Agency Responsiveness to the Community.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

The Bureau for Social Services contracts with Mission West Virginia for the purpose of implementing the state's foster and adoptive recruitment and retention plan. The Bureau for Social Services through collaboration with Mission WV, contracted child placing agencies, other stakeholders and service providers has been working to improve foster/resource parent recruitment and retention. West Virginia has a high rate of termination of parental rights, and as a result has a significantly high number of adoptions. This continued to decrease the foster/resource and adoptive parent pool across the state.

Since the start of West Virginia's current state fiscal year July 1, 2024, the state has maintained roughly between 1,100 and 1,400 foster/resource homes. While the number of foster children during that same time has ranged between 6,400 and 6,100 children in foster care. During most reporting months, the child placing agencies have closed more homes than they are opening. With many agencies experiencing staff shortages, the challenge to recruit and maintain homes has become significant.

West Virginia has, however, launched a statewide campaign for foster/resource parent recruitment. This initiative has been funded by Aetna, and Mission WV is the hub, receiving all new inquiries and filtering them to the child placing agencies. This initiative was a collaboration between Aetna, Mission WV, the child placing agencies, BSS, and the office of the foster care ombudsman. The campaign is not yet fully underway, but has begun with a soft launch, through Mission WV has already received hundreds of new inquiries.

The campaign included contracting with a marketing agency for the development of a new website, TV and radio advertisement, billboards, and other materials. All materials and media were approved by the collaborative group. The campaign will be fully released by mid-year, 2024.

West Virginia also continues to target recruitment for teens, and it is harder to place youth due to behavioral and mental health needs. The BSS has worked extensively with child placing agencies in regard

to the need for targeted recruitment for those youth. The BSS monitors the child placing agencies through performance-based contracts and has implemented a specific performance measure around the percentage of homes that will accept placement of 13-year-old youth and up.

The child placing agencies continue to recruit new resource/foster homes, however, a trend of more homes closing versus opening has unfortunately been on-going for the last two years. The child placing agencies are working closely with Mission West Virginia and the department on the foster parent recruitment campaign. The chart demonstrates the stall out and slow decline of the number of foster homes licensed by child placing agencies compared to the previous year.

Month	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
Total	1439	1412	1413	1414	1398	1396	1384	1387	1390	1394	1395	1341

Plan for Enacting the States Vision

West Virginia's Vision for its child welfare system is to build and maintain a system that prioritizes prevention as the most effective tool in supporting child and family well-being and utilizes child removal as a tool of last resort. West Virginia will focus on preventing children from entering care by ensuring appropriate services are available for families statewide, and ensuring that when children do enter care the length of stay is reduced and children are returned to their homes as soon as possible. To this end West Virginia has developed two goals:

1. Prioritize prevention; and
2. Increase the availability and use of home and community-based services.

Goal 1: Prioritize Prevention

Goal 1 Objectives:

- Expand home and community-based prevention services that are available for families by 10% per year.
- Increase the use of home and community-based prevention services by 5% per year.
- Decrease the number of families in need of CPS services by 10% in five years.
- Decrease involvement with Child Protective Services by deferring 10% of families into prevention services in five years, aligned with FFPSA.
- Maintain worker vacancy rates below 20% to ensure sufficient staff.

Goal 1 Strategies:

Strategy 1: Develop additional evidence-based prevention strategies to be available for families through Title IVE and other sources.

Strategy 2: Work with the Bureau for Family Assistance through the FAST-LC initiative to implement prevention services at the county Family Support Centers.

Strategy 3: Ensure that BSS staff and community stakeholders have a common understanding of what prevention services are, what they will accomplish, and what prevention services are available.

Strategy 4: Develop and implement a differential response system in West Virginia that defers appropriate families to prevention service.

Strategy 5: Develop and implement the Evident Change structured decision-making model intake assessment to ensure that Child Protective Services referrals are thorough and accurate, and to determine the appropriate track of the differential response system.

Background Information

The removal of a child from their home is the most critical decision made during a child welfare case. Subsequently, the placement intervention used is the second most critical decision made. The state's most recent Child and Family Service's Review (CFSR) indicates the need for the Bureau to continue to focus on the safety outcomes of children. Increasing the effectiveness of services to prevent removal and, whenever removal is the only option to keep the children safe, that the decision of where to place the child considers, the least restrictive option that can maintain family connectedness, prioritizing kinship options. A workgroup analysis of the root causes which negatively impacted West Virginia[2], indicated the need to:

- Focus on the ability to attract and retain qualified staff.
- Attract and retain foster care resource homes at a sufficient rate.
- Improve the engagement with families to ensure child safety, identify service needs, ensure appropriate service provision, and identify the lack of services sufficient to address identified needs.

Since December 2019, the Bureau has improved its ability to attract and retain qualified staff. Below is a chart indicating the point-in-time annual vacancy rate from December 2022. This will be the baseline that will be used to compare vacancy rates in the next 5 years.

[2] West Virginia Program Improvement Plan, submitted March 2018 and December 2019, respectively https://dhhr.wv.gov/bcf/Reports/Documents/WVCFSR.ProgramImprovementPlan.pdf

CPS and YS Vacancy by Judicial District
Jan 2023
(data as of 12/31/22)

	Youth Services				CPSW (Field & FTDC)				CPS Senior			
Overall Summary	Allocated SSW-3 YS Positions	Vacant SSW-3 YS Positions	Percent Vacant SSW-3 YS Positions	Hiring Packets	Allocated CPSW/ FTDC Positions	Vacant CPSW/ FTDC Positions	Percent Vacant CPSW/ FTDC Positions	Hiring Packets	Allocated CPSW Sr Positions	Vacant CPSW Sr Positions	Percent Vacant CPSW Sr Positions	Hiring Packets
Northern Districts	50	19	38%	0	205	69	34%	0	25	6	24%	1
Southern Districts	76	26	34%	0	258	84	33%	1	30	1	3%	0
Statewide Totals	126	45	36%	0	463	153	33%	1	55	7	13%	1

	All Allocated CPS Positions	All CPS Vacant Positions	Percent Vacant	Hiring Packets
All CPS Positions	518	160	31%	2

Note: SSW-3 (#3977) was reallocated from Monongalia Co to Berkeley Co

In January 2023 a new initiative to strengthen protective services was started with several different enhancements to Child Protective Services, Adult Protective Services and Youth Services positions. The starting salary for these classifications has been increased by 20%. Already existing staff that fell into that position classification were brought up to the new salary.

Additional improvements include:

- Modifying the current retention bonus to a 10% increase to the base salary for those employees who experience their second- and fourth-year work anniversaries and a 5% increase to the base salary for those employees who experience their sixth- and eighth-year work anniversaries. This retention plan will apply retroactively to current employees to their benefit.
- Establishing a special hiring rate of $50,000 for CPS workers in Berkeley, Jefferson, and Morgan counties to be more competitive with the surrounding states.
- Increasing Youth Services classification to the same pay grade as CPS workers.
- Creating 27 new full-time positions as paraprofessional staff to support field staff with administrative functions (coordinating travel and paperwork) that can take away time for actual casework.
- Creating 10 new full-time positions for policy and licensing to support the increase in licensing/policy reviews and investigations at residential treatment providers, both in-state and out-of-state.
- Purchasing tablets for field staff to access West Virginia People's Access to Help (WV PATH), DHHR's online eligibility system, in the field to help families enroll in and apply for services.
- Installing Wifi in all county offices.

The remaining workgroup recommendations align with the state's vision and ultimately influence our 2025-2029 goals for an improved child welfare system. This is an ongoing project and will be re-evaluated by the Office of Human Resources Management.

According to the Annie E. Casey Foundation's Kids Count Data Center, in 2021 West Virginia's foster care entry rate nearly doubled that of Montana or Alaska marking it as the state with the highest removal rate in the country[3]. There are many factors contributing to West Virginia's removal rate, among them being services available in communities to prevent and/or ameliorate abuse and neglect and to support families living safely together. West Virginia recognizes the importance of developing and maintaining a robust service array; one that, most importantly, is not reliant on a family's involvement in the child welfare system to access. Beginning in spring 2021, the West Virginia Department of Human Services partnered with West Virginia University's Office of Health Affairs (WVUOHA) to initiate a four-year assessment and evaluation of West Virginia's in-home and community-based services implementation project[4]. The purpose of the implementation project is to expand and improve access to children's mental and behavioral health services. The first year, baseline survey provided the state with "information about the perspectives and experiences of people and partners serving or receiving care across children's mental health system continuum, such as organization and facility administrators; health providers; cross-sector partners; caregivers; and youth" (WVUOHA, 2021). The report concluded that while community members, child welfare staff and partners shared our philosophy of community-based care, they felt as though the services were either too intense or not intense enough to meet youth needs, highlighting gaps in the state's services array.

There are many theories of organizational change and how to promote a paradigm shift in thinking. One that is critically important in child welfare is the adaptation of resource-dependence theory. This theory emphasizes the criticality of identifying needed resources and developing those resources to support the change sought. This allows the change the organization seeks to occur fast or slow, dictated by its availability and management of resources. Simply put, if the services (resources) are available at sufficient level, the paradigm shift we seek with our stakeholders has a greater likelihood of success.

However, the WVU evaluation also revealed that many of the intensive services that do exist were not utilized because they were not well known in communities. For example, only around 50% of survey participants were not aware of Children's Mobile Crisis Response teams and Children's Serious Emotional Disorders (CSED) waiver services, which are intended to be as intense as residential mental health treatment; however over 80% of survey participants were aware of residential mental health treatment facilities as a treatment option. In response, West Virginia developed a webpage[5] and YouTube series called Resource Rundown which provides education and awareness opportunities to the public. Solutions such as these must continue and expand to ensure the resources that are developed continue to be prioritized over placement.

West Virginia has maintained its focus on increasing the availability of community mental health services statewide, including the expanded use of Family First Prevention Services. In fall of 2023, West Virginia was selected to be a FAST-LC (Families are Stronger Together Learning Community) project site; the purpose being to improve collaboration between TANF agencies and Child Welfare agencies to meet family needs. This project will tie together existing BSS and BFA initiatives, such as implementation of

[3] *Kids Count Data Center*, Annie E. Casey Foundation, 2023, datacenter.aecf.org/data/tables/6268-children-ages-birth-to-17-entering-foster-care?loc=1&loct=2#ranking/2/any/true/2048/any/15620.

[4] West Virginia University, Office of Health Affairs. *Findings and Visualization Report Children's In-Home and Community-Based Services Improvement Evaluation*. 2022, kidsthrive.wv.gov/Documents/WVDHHR_System_Community_Evaluation_2022.pdf.

[5] West Virginia Department of Human Services. *Kids Thrive Collaborative*, State of West Virginia, kidsthrive.wv.gov/Pages/default.aspx.

differential response model in CPS, to bolster the state's primary prevention opportunities. The project is led by the BSS and Bureau for Family Assistance (BFA) policy and programs Deputy Commissioners and is focusing on developing a strategic implementation plan in four main areas:

1. Education and Awareness Campaign highlighting the importance of primary prevention and economic and concrete supports to empower families and solve the "child welfare crisis".
2. Integration of Family Support Centers into the CPS differential response model to provide a less intrusive means of support.
3. Enhancement of Title IV-E Prevention Services reimbursement to expand availability and use among Family Support Centers.
4. Case coordination and Data sharing between BSS and BFA, which includes a CQI component.

The state has also been working collaboratively with the Capacity Building Center for States in the redesign of BSS Social Necessary Services array. The purpose and scope of the project is to modernize services and utilization management requirements to meet current needs, increase provider accountability, and establish procedures for continual review and modification to the array, including payment rates. Through these faucets, the state anticipates not only increasing services capacity throughout the state but increasing provider outcomes to serve children and their family's needs more intentionally. Not to be overlooked though is the importance of placement intervention when community services are not sufficient in meeting family needs.

As mentioned previously, West Virginia has one of the highest removal rates in the country and although this is a point of needed change, the BSS has long prioritized kinship placement as the primary option. As such, West Virginia has on average between 50% - 55% of its out of home population living in a kinship placement. However, even with the successes in promoting kinship care the state has struggled with continued over-use of congregate care settings for youth aged 13 and older. A 2022 review of data showed an average of 837 youth in congregate care, representing 11.7% of the total foster care population. There are currently approximately 523 residential treatment beds in West Virginia, meaning at any given time there are over 300 foster youth placed in out of state treatment programs. West Virginia envisions a child welfare system that places children in the most integrated family-like setting available to meet the child's needs.

In 2021, a latent class analysis was conducted of West Virginia children in residential care, both in- and out-of-state. The latent class analysis categorized child populations that share similar treatment needs. Of the children who had been in residential treatment for at least 90 days, 372 cases were selected for the analysis. The analysis showed that children with low needs are placed in residential treatment in high numbers. Forty-four percent of children reviewed had low needs that should not have necessitated placement in a residential treatment facility. Additionally, 62% of children had stays longer than six months, despite growing evidence indicating improvements are made within the first six months.[6] An updated latent class analysis was completed in 2023 demonstrating similar results.

[6] Magellan Health Services (2008). These findings are supported by latent class analyses of youth placed in group care in other states like Arkansas, Montana and Texas. See for example:

- Chadwick Center and Chapin Hall. (2016). *Using evidence to accelerate the safe and effective reduction of congregate care for youth involved with child welfare*. San Diego, CA & Chicago, IL: Authors.

West Virginia has made a commitment to reducing our use of congregate care facilities. One part of fulfilling this commitment is redesigning, expanding, and promoting the state's in-home and community-based services array and emphasizing primary prevention to meet child and family needs; a second part is redesigning our residential treatment services to shorten lengths of stay and focus on high acuity children who require short-term stabilization to enable a successful kinship placement or another integrated, family-like setting. As such the state has been working collaboratively with its stakeholders to implement several processes and change the structure of residential placement to further enact our vision. Among these changes, include:

- A Qualified Independent Assessment providing level of care recommendations, predicated on the Child and Adolescent Needs and Strengths (CANS) tool.
- A CAFAS score of 90 or above is required to authorize residential treatment.
- Discharge planning to begin on the first day of treatment; and,
- Time-limited stays monitored by 30-day authorization periods.

Through these changes the state anticipates fewer low need children placed into care, shorter lengths of stay, and more children in out-of-state placements being served closer to home.

West Virginia will focus on bringing in lived experience members, community partners, and service providers in the decision making of implementing services. This has been identified as an area of focus for West Virginia when developing the 2024-2029 CFSP. BSS partnered with our Managed Care Organization, Aetna Mountain Health Promise, in developing focus groups as feedback to inform our goals in this plan.

Surveys and Listening Sessions

The Bureau for Social Services in collaboration with Marshall University and Aetna Better Health, has conducted surveys specific to biological parents/caregivers, youth in foster care, and resource parents to better understand the practice needs of the child welfare system. The surveys targeted individuals with lived experience to understand barriers and challenges, as well as things that have worked well and simply need enhanced. The surveys will continue to be delivered to the intended target populations on an annual, or bi-annual basis. Gathering information from those with lived experience is critical to improving practice and ensuring the needs of children, youth, and families are met in the most appropriate and least intrusive manner possible. The survey results lead to individualized group listening sessions specific to the three groups: youth, biological parents/caregivers, and resource parents. The survey results informed the topics of the listening sessions to gather more information around common themes of identified barriers to improve practice and child and family outcomes.

Data demonstrates that children, youth, and families experiencing substance use disorder related issues continue to experience adverse effects, including unequal treatment due to the stigma attached to substance use disorder. More than 75% of West Virginia's child welfare cases are substance use related and the greater majority of children in foster care come from homes where substance use is a barrier to child safety. West Virginia is committed to continuing practice improvement related to substance use and

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- English, D.J., & Pecora, P.J. (2017). *Effective Strategies for Serving Montana Youth with Different Levels of Need.* Seattle: Casey Family Programs. Retrieved from https://www.casey.org/residential-care/

Romani, E., Pecora, P.J., Harris, B., Charlotte, J., & Stanley, *A.* (2018). A systems analysis of youth in acute and subacute therapeutic residential care. *Journal of Public Child Welfare. Retrieved from:* https://www.tandfonline.com/doi/full/10.1080/15548732.2018.1498429

eliminated barriers that place children and families at a disadvantage due to stigma and stereotyping caregivers experiencing substance use related issues.

The foster/resource, kinship/relative, and adoptive survey was completed by approximately 526 individuals or families. They were surveyed on a range of topics including foster teens, support from the caseworkers, available resource and services, and their experience with the legal system, including guardians ad litem (GAL), multidisciplinary team meeting, and court hearings. The survey results yielded the following information.

- Approximately 68% indicated they have, or would consider, fostering a teenager. Foster care providers indicated there is a need for additional resources to help support teens while in their care.
- Approximately 60% of those surveyed indicated that the GAL had never visited the children in their case, while 70% indicated that they, as caregivers, had never been visited by the child's GAL.
- Approximately 60% of those surveyed do not agree that they are permitted to have input regarding the child(ren) in their care.
- Foster/resource families identified the need for more support for biological/birth families, and many court expectations are unrealistic.

The youth surveys conducted by Aetna Better Health were completed by over 200 youth in foster care. They were surveyed on a range of topics including in-put in their case plan, support from their caseworkers, the reason they entered care, and support needed to return home or to return to their community.

- Common themes identified as reasons for being removed from their home and placed in congregate care setting were:
    - Truancy/school issues
    - Behavior issues
    - Substance/drug use
    - Runaway
- An identified barrier youth also indicated was 48% of youth surveyed stated they only had contact with their attorney at their court hearings, while 29% indicated they never had contact with their attorney. Overall, 39% did not feel their attorney represents their wishes at MDT meetings and court hearings, with an additional 28% indicating that they feel their wishes are represented "sometimes".
- Youth also indicated that consistent contact with family and friends would also help them while in foster care placement.

The biological/birth parent survey dissemination encountered barriers but was able to reach 13 parents currently involved in the child welfare system. Each year the population should expand to include more biological/birth families. They were surveyed on a range of topics including in-put in their case plan, support from their caseworkers, needed support, and legal representation.

- Of those surveyed, 84.6% indicated they did not have in-put in their case plan.
- Approximately 23% indicated they did not know why their case was opened.
- Approximately 61% indicated they felt if more services had been provided their children would not have been removed from their home.

    - Approximately 55% indicated that increased frequency and intensity of services would have prevented their children from being removed.
- Nearly 54% indicated they were not permitted to provide input at their MDT meetings.
- Nearly 54% indicated they only have contact with their attorney at court hearings and approximately the same percentage feel they do not have appropriate legal representation, and the legal system is biased, judgmental, and their voice is not heard.

Measures of Progress for Goal 1

Due to the system change from SACWIS to CCWIS, the data elements mentioned above cannot be reported at this time to provide a baseline percentage. BSS continues to work with vendors of the new CCWIS to ensure the above-mentioned data elements are captured in reports so updates can be provided in the following Annual Progress and Services Report. Case plan data on youth service cases and child protective services cases are reported in the Case Review section. Baseline information will be included in the first APSR report.

Goal 2: Increase the Availability and Use of Home and Community-based Services

Goal 2 Objectives:

Objective 1: Reduce the percent of children placed in congregate care by 5% per year.

Objective 2: Increase the number of certified resource homes by 10% in five years and retention of resource homes by 5%.

Objective 3: Increase the availability and use of home and community-based mental health services for children, youth, and families by 5% per year.

Objective 4: Increase the percent of youth who agree that they have been able to maintain connections with their social support network, such as biological families, community resources, and mentors, by 10% per year.

Goal 2 Strategies:

Strategy 1: Expand the availability and use of home and community-based mental health services through the Assessment Pathway.

Strategy 2: Prioritize recruitment and retention of certified resource homes by improving services and supports for resource parents.

Strategy 3: Expand knowledge, understanding, and use of community-based mental health services through community education.

Strategy 4: Work with the MCO along with Judicial staff, BSS staff, CPAs, service providers and residential providers on ensuring their foster parents and staff understand family-based care and the importance of biological family connections.

Background Information

The DOHS is actively working to reform mental and behavioral health services for Children with Serious Emotional Disorders (CSED) and their families across West Virginia. Beginning in 2019, DOHS has facilitated in-depth discussions and planning meetings with multiple bureaus, community partners and stakeholders to design and develop new pathways, processes, and services to help ensure home and community-based services (HCBS) are available and accessible statewide to reduce the risk of out-of-home placement in institutional or other settings.

Data collection, reporting, and quality improvement processes are at the forefront of managing and stabilizing these efforts to help facilitate access to HCBS, keep youth closer to their home and communities when they do have to be treated in a residential setting, and overall improving outcomes for youth and families.

Residential Mental Health Treatment Facility (RMHTF) weekly counts began in January 2021 for internal, timely considerations and review. Figure 1 shows the monthly trends from July 2022 to December 2023. The gray line indicates the point-in-time census for both children in DOHS custody and parental placements. Parental placements make up only a very small number of children. The blue bars reflect the number of children in instate placements while the orange bar represents the out of state placements. An increase in the census was observed between January 1 and May 1, 2023. Census remained relatively stable from May through September 2023, followed by a slight decline October 1 to December 1, 2023. The point-in-time RMHTF census on December 1, 2023, was 872. The point-in-time RMHTF preliminary census on January 1, 2024, was 846.The census from October 2023 to January 2024 is considered preliminary and may be subject to change due to data entry lag considerations. Increased demand for out-of-state placements and resultant census increases were observed.

Given the increased demand for out-of-state placement coupled with DOHS's goal of reducing the number of children placed out-of-state, significant effort has been directed toward developing an out-of-state electronic referral system over the last six months of 2023. This system is designed to further formalize and document the staffing process to ensure each child's circumstances are reviewed and assessed for opportunities to be placed in a less restrictive placement or with less restrictive service options when possible and appropriate based on clinical needs. In-state median RMHTF length of stay has remained relatively stable with a 157-day median length of stay as of Q3 2023; while out-of-state length of stay shows a consistent decrease from a 183-day median length of stay as of Q3 2023 compared to 225 days in the same period of the previous year [Q3 2022]). The DOHS contracted with Marshall University in April 2023 to focus on discharge planning for children in out-of-state placement. An increase in the number of discharges per quarter is observed following this focused effort to return children to their local communities in West Virginia. Please see the below graph provided by the WV PATH system and FACTS system (historical data prior to January 4, 2023.)

Providers, advocates, youth, and their loved ones can access the Children's Crisis and Referral Line, which is a central point for families to access not only crisis services and mobile response, but also information and screening for referral to additional home and community-based services such as wraparound services including the CSED Waiver, by calling 1-844-HELP4WV, texting 844-435-7498, or using the online chat feature at https://www.help4wv.com/. There were 771 total calls in January to June 2023, a 25% increase over the previous reporting period (617 calls from July to December 2022). Despite seasonal fluctuation in call volumes, implementation of the Assessment Pathway has drastically changed the volume and

makeup of calls coming into the CCRL. At least one individual from 48 of WV's 55 counties called the CCRL January to June 2023, up from 46 during the prior reporting period. The percentage of calls made by the children themselves increased from 11% during July to December 2022 to 18% (n = 142) in this reporting period. From the first half of 2022 to the first half of 2023, calls from community partners/professionals on behalf of families increased from 21% to 36% of all calls. This finding is likely associated with efforts to increase provider and partner awareness of the CCRL and related services. Mental health/social service professionals, representing 23% of the source of all referrals, were the second most common referral source, a significant change since the implementation of the Assessment Pathway, when only 11% of calls were the result of referral from mental health/social service professionals. This finding is also likely associated with efforts to increase provider and partner awareness. By helping families become more aware of services and simplifying navigation to these services, the need for out of home placement could be prevented for many youths.

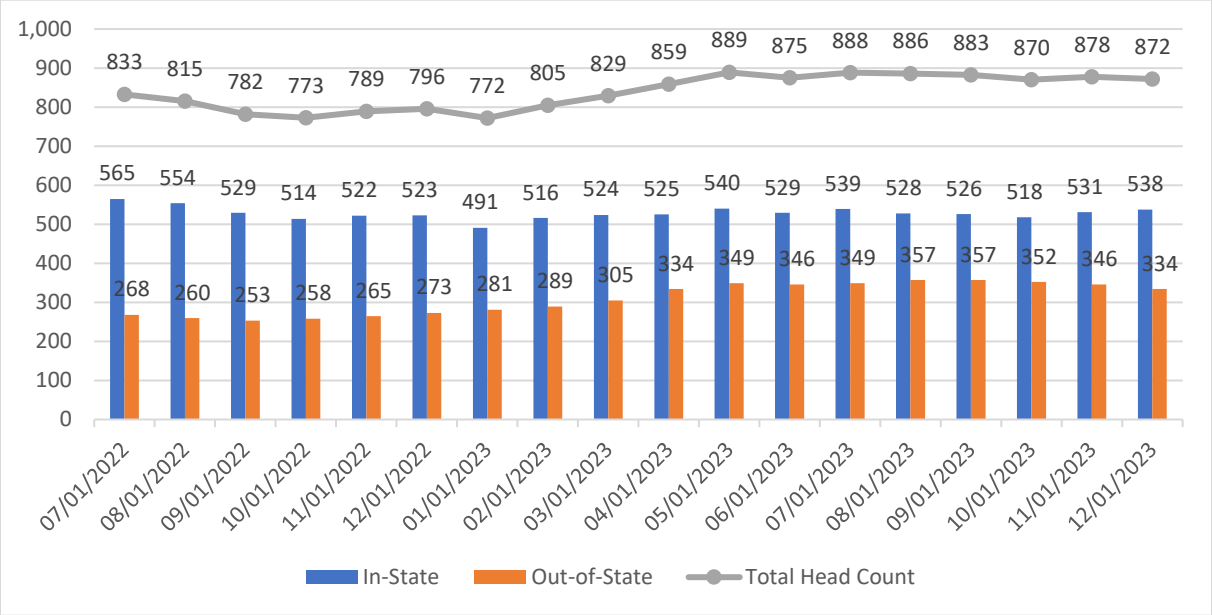


Figure 01 – RMHTF Placements July 2022-December 2023

Source: WV PATH System and FACTS System (historical data prior to January 4, 2023.)

Following the soft launch of DOHS's Assessment Pathway (the Pathway to Children's Mental Health Services) in October 2021, screening and referral processes were put in place to offer a "no wrong door" approach, streamlining and facilitating access to assessment and connection to home and community-based services for children and families. Referrals to the Assessment Pathway can originate from multiple sources. Screening and appropriate referrals originate from primary care providers, Juvenile Services, Probation Services, Child Protective Services, Youth Services, residential providers, as well as from families calling directly into the 24/7 HELP4WV Children's Crisis and Referral Line. All sources lead to appropriate connection to home and community-based services. The Assessment Pathway offers multiple entry points for families, providers, and advocates to refer children and families to key HCBS, including WV Wraparound. From January to June 2023, 1,417 unique children were referred to be assessed and connected to HCBS. This is a 35% increase from the previous six-month period (July-December 2022), during which 1,046 children were referred. In the first six months of 2023, a referral was received for at

least one child in all 55 counties. The 35% average increase highlights the extensive work being completed to expand awareness across the state.

CSED waiver has served 1,849 children, youth, and young adults' year to date (from inception to February 6, 2024). Since the program's inception, at least one application has been submitted from every county across the state, which is a positive sign of the messaging and awareness of CSED services statewide. A waitlist currently exists for CSED Waiver Wraparound Facilitation, but families are connected with interim services and support to meet needs during the wait. As of February 6, 2024, 23 children were on the waitlist for wraparound facilitation through the CSED Waiver program. The number of providers actively providing CSED Waiver services has increased to 28 as of January 2024, with additional providers in the process of becoming certified to offer CSED Waiver services. There is at least one CSED Waiver service provider offering services in each county across the state. Forecasting capacity needs and expanding the provider network remains a key focus with collaboration from the state's managed care organization (MCO), AETNA.

The number of children using CSED Waiver services increased 36% in the first half of 2023 with 810 children receiving services during the period compared to 597 children in the second half of 2022. More children are being supported in the community with these critical services.

The issue of out-of-state placements – as well as mental health services in general – is impacted by West Virginia's lack of in-state expertise available needed to take care of these children. Estimates from the Health Professionals Shortage Area Quarterly Report (December 2023) have indicated that West Virginia has only 13% of the total mental health care professionals needed in the state. This information is produced quarterly by HRSA - Health Resources and Services Administration, a government organization, and has been cited in the past by Deputy Secretary Mullins. https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

As part of capacity development strategies, the Reducing the Reliance on Residential Placement (R3) workgroup has been engaged with residential providers, a consultant from Casey Family Programs to develop a residential model of care that better fits the needs of West Virginia's children. The plan put in place will include an evaluation of the needs of children placed out-of-state to determine the types of residential services and the capacity which may be required to serve them in-state. The new model of care will emphasize use of the least-restrictive setting based on the intensity of the child's needs. The new structure will replace the current residential levels of care with the following: residential homes, specialized residential intensive treatment facilities (SRIT), and residential intensive treatment facilities (RIT), with emergency shelters and PRTFs remaining in place as with the previous structure. West Virginia is working in collaboration with Casey Family Programs, Myers and Staufer, residential providers, and other key partners in detailing the plan to help ensure children have options to stay closer to home, family, friends, schools, and communities for behavioral and mental health treatment intervention when residential placement is the most appropriate option. Part of these plans include continued development of new models of care to support trauma-informed care of children with specialized needs, such as significant physical aggression, moderate to severe self-harm, autism spectrum disorder, and intellectual and developmental disability/borderline intellectual and developmental disabilities. The DOHS has set a goal of beginning to operationalize these new models of care by July 2024, pending federal approval. Following the approval, there will be a period in which facilities will continue to transition to the new

model, including implementing new model requirements. Key components to help ensure quality of care for children and improved child-level outcomes include small group cottages where each child has their own bedroom with specific requirements around family engagement, discharge planning, trauma-informed treatment models, and use of evidenced based programming. Changes in methodology and culture are expected to impact length of stay and therefore the census, with a goal of reducing the average stay of an individual in a group residential setting to 90 to 120 days. The WV Youth in Group Residential and Psychiatric Residential Treatment Facilities - 2023 Report, which includes a cluster analysis of youth in these types of placements (produced by MU), is expected to be finalized in January 2024 and will also help DOHS and providers gain additional insight into WV's specific needs for residential facility types. The DOHS continues to collaborate with providers, meeting frequently, to gather feedback and discuss considerations as this model is developed and implemented.

For youth who are at high risk of residential placement, the Qualified Independent Assessment (QIA) process is designed to identify a child's needs and provide a recommendation on the appropriate level of intervention and least-restrictive service setting to meet those needs based on the Child And Adolescent Functional Assessment Scale (CAFAS) and the Preschool And Early Childhood Functional Assessment Scale (PECFAS) as well as the Child and Adolescent Needs and Strengths (CANS) assessments. DOHS rolled out this process to all counties in the first half of 2023 for individuals who are involved with DOHS's Bureau for Social Services and are not currently placed in an RMHTF. In late 2023, this process was incrementally expanded to youth in a RMHTF setting that did not yet have a QIA, as well as using continuous quality improvement strategies to further incorporate this process and timely feedback into the current workflow for youth at high risk. Sharing and reviewing comparison maps of QIA referrals to RMHTF admissions have helped increase opportunities for diversion, with QIA referrals for October exceeding November RMHTF admissions (126 referrals compared to 80 admissions). The QIA process is expected to reduce the RMHTF census by diverting youth from inappropriate placements and connecting youth and families with HCBS when appropriate.

Measures of Progress for Goal 2

Due to the system change from SACWIS to CCWIS, the data elements mentioned above cannot be reported at this time to provide a baseline percentage. BSS continues to work with vendors of the new CCWIS to ensure the above-mentioned data elements are captured in reports so updates can be provided in the following Annual Progress and Services Report. Baseline data will be reported in the first APSR.

Staff Training, Technical Assistance, and Evaluation

Please reference the Training Plan and the Staff Training section of this document for information on staff development and training in support of the goals and objectives of the Child and Family Services Plan. Also see the Case Review section to find out about the Technical Assistance and Practical Application team.

BSS will continue to utilize in depth technical assistance from Casey Family Programs to assist with the implementation of several on-going initiatives as mentioned in this document. See Plan for Enacting the States Vision section for more information on the work with Casey Family Programs.

Implementation Supports

WV DoHS has requested the support of Casey Family Programs to help with the residential redesign that is mentioned under Goal 2. Casey Family Programs is also involved with the FAST- LC work that WV DoHS has partnered with Mathematica on to bridge the gap between work that is done in BFA and BSS on prevention services.

Casey Family Programs has also provided a consultant for the Transitional Living community-based model redesign, Transitional Living website design and restructuring of the Transitional Living policy under BSS.

The Capacity Building Center for States is also working on the SNS Redesign with WV DoHS BSS. More details around that work can be found under Service Description section of this document.

Services

Child and Family Services Continuum

Prevention

The West Virginia Department of Human Services (WVDoHS) is the designated lead agency for Community-Based Child Abuse Prevention (CBCAP) activities. The Division of Early Care and Education (ECE) within the Bureau for Social Services (BSS) in the WV DoHS manages the activities funded by the CBCAP grant. ECE is also responsible for coordination and administration of the Childcare and Development Fund and the Head Start State Collaboration Office. ECE staff work closely with the Bureau for Public Health, which includes Birth to Three and the state's Maternal Infant Early Childhood Home Visiting program (MIECHV). Activities and initiatives that touch all aspects of children's lives and wellbeing are coordinated through the state Early Childhood Advisory Council (ECAC).

Through CBCAP activities, WV DoHS works closely with Prevent Child Abuse West Virginia to coordinate prevention efforts across the state to give children good beginnings by strengthening families and communities. They work collaboratively to build awareness, provide education, and strive to keep children free from abuse and neglect. The WV DoHS funds and supports several child abuse prevention initiatives that use a combination of CBCAP, Temporary Assistance for Needy Families (TANF), and MIECHV funds, state appropriations, and private funds. These initiatives include In Home Family Education Programs (IHFEP), Family Support Centers (FSC), and Partners in Prevention grants to communities. These programs are considered an integral part of the child welfare continuum by building and increasing protective factors that enable parents and families to nurture and parent appropriately and connect them to concrete supports that help keep families out of the child welfare system. Programs are community based and driven, with advisory boards made up of program participants, service providers, and local leaders. Services are available to any member of the community, regardless of income, and are voluntary.

Fifty-six Family Support Centers (FSC) across fifty-three counties aid families and communities based upon their community's needs and gaps in service. FSC's are warm and welcoming places in the community where any family member with children up to age 18 or pregnant families can go, not only in times of need, but as a regular part of day-to-day life. Family Support Centers offer parent education classes, child development activities, parent-to-parent support groups, after school and academic enrichment, General Educational Development (GED) and literacy instruction, health information, and referrals to programs, activities, and services in the community. Each FSC's specific services are designed in accordance with the needs of the community. FSC services are voluntary and available to all interested families. In the State

Fiscal Year 2020, the funding allocation to the FSCs (Called Family Resource Centers (FRS) at that time) was increased to allow them to expand into unserved communities in their catchment areas and serve more families. At that time FRC's existed in only twenty-three counties. This was made possible through TANF funds, and the programs now have oversight from both ECE and the Bureau for Family Assistance staff.

While MIECHV funds the majority of In-Home Family Education Programs in the state, thirteen IHFEs are jointly funded through CBCAP and MIECHV funds. Programs may choose from two evidence-based models, Parents as Teachers, or Healthy Families America. These programs systematically assess family strengths and needs, and enhance family functioning through trusting relationships, teaching problem solving skills, and promoting positive parent-child interactions. They also educate parents and caregivers on child development and connect them to referrals and resources.

Partners in Prevention (PIP) is a community grant and networking program that focuses on preventing child abuse and neglect. Forty-four PIP teams work to build protective factors within communities and families by promoting local needs-based activities with the cooperation of community members, local organizations, policy makers, and parents.

WV DoHS's various Bureaus have a commitment to collaboration. All Bureaus and Divisions maintain linkages to one another and communicate frequently on joint programs and projects to reduce child maltreatment and strengthen families and communities.

Also, the Bureau for Social Services families to the Bureau of Medical Services for many preventative services such as Birth to Three and Right from the Start. Workers make referrals to these programs at the time of assessment.

Parents as Teachers

Parents as Teachers services are delivered via in-home visits. Services are provided by Parent Educators, who are employed by highly trained individuals utilizing the PAT curriculum. These individuals are employed through affiliate organizations (listed below) in the community. Home visits may be conducted in-person or virtually.

Parents as Teachers has seven goals/outcomes unique to its home visiting model:

1. Increase parent knowledge of early childhood development and improve positive parenting practices.
2. Provide early detection of developmental delays and connection to services. Improve parent, child, and family health and well-being.
3. Prevent child abuse and neglect.
4. Increase children's school readiness and success.
5. Improve family economic well-being.
6. Strengthen community capacity and connectedness.

There are currently 7 providers of Parents as Teachers in West Virginia: Brooke Hancock Family Resource Network, Inc., Burlington United Methodist Family Services, Children's Home Society, Cornerstone Family

Interventions, Lewis County Family Resource Network, Northern Panhandle Head Start, Inc., and Tucker County Family Resource Network, Inc. Allegheny Highlands PAT. These agencies provide Parents as Teachers services in 27 counties.

Healthy Families America

Healthy Families America (HFA) is an evidence-based program built on extensive and continuing research. Its approach is based on relationships, culturally respectful, family-centered, and grounded in the parallel process: the relationships built with parents and families serves as a model for the supporting and positive relationships HFA helps them cultivate with their children.

There is currently one provider of Healthy Families America in West Virginia, Team for West Virginia Children, Inc. which covers 7 counties.

Functional Family Therapy

Functional Family Therapy (FFT) is an evidence-based intervention for youth and families. This high-quality, strength-focused family counseling model is designed primarily for at-risk youth who have been referred by the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home settings, and can also be provided in schools, child welfare facilities, probation and parole systems, and mental health facilities.

Functional Family Therapy is provided by National Youth Advocate Program and is available to youth and families in all areas of West Virginia.

Birth to Three

WV Birth to Three is a statewide system of services and support for children under age three who have a delay in their development, or may be at risk of having a delay, and their family. The Department of Human Services, through the Bureau for Public Health and the Office of Maternal, Child and Family Health, WV Birth to Three, is the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), assures that family centered, community-based services are available to all eligible children and families. WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, support, and resources to enhance children's learning and development.

To be eligible for WV Birth to Three services, an infant or toddler under the age of three can either have a delay in one or more areas of their development or be at risk of possibly having delays in the future. A child may have delays in one or more of the following areas:

Cognitive - thinking and learning.

Physical - moving, seeing, and hearing.

Social/emotional - feeling, coping, getting along with others.

Adaptive - doing things for him/herself.

Communication - understanding and communicating with others.

A child may also have risk factors such as a condition which is typically associated with a developmental delay such as Down Syndrome or a combination of biological and other risk factors. Some of these factors may include family stressors.

As a result of individualized support and services, families will know their rights, effectively communicate their child's needs, and help their child develop and learn. The child will demonstrate improved social emotional skills and relationships, acquisition of knowledge of skills including language and communication and use of appropriate behaviors to meet their needs.

Right from The Start

The Right from The Start (RFTS) Program is a home visitation program which provides targeted case management and/or the provision of enhanced prenatal care services for Medicaid pregnant women up to 60 days postpartum and infants through one year of age. Targeted case management in the RFTS Program includes an Initial Assessment for prenatal or infant clients, development of an individualized Service Care Plan reassessed on an ongoing basis, depression screening, domestic violence screening, tobacco/substance use screening, assistance with locating needed resources, education and counseling programs for the mother, transportation assistance to medical appointments and referrals as needed. Enhanced prenatal care services include childbirth education, parenting education, health education and nutritional evaluation/counseling. All services are provided by a registered nurse, licensed social worker, or registered dietician. These services have the combined purpose to improve birth outcomes and reduce infant mortality and morbidity in a high-risk population with a medically focused approach.

The Right from the Start (RFTS) Program has been delivering services, providing health care for low-income mothers and infants at-risk of adverse health outcomes for over two decades. The services are FREE and support mothers, their new babies, and their families by helping create a safe, nurturing home. The Designated Care Coordinator provides professional, individualized, and comprehensive care that empowers families to achieve the healthiest possible outcomes during pregnancy and infancy. The program empowers participants to choose lifestyles resulting in healthy families. The RFTS is a carefully crafted and highly interdependent partnership with tertiary care centers, primary are centers, local health departments, private practitioners and community agencies working with the West Virginia. Its focus is the continuum of care model. The RFTS coordinates services provided to high risk, low-income pregnant women through the second postpartum month and to Medicaid eligible high-risk infants through age one. The RFTS also helps provide access to other enhanced services, such as parenting classes, transportation to medical appointments, smoking cessation programs and health and nutrition programs.

Maternity Services

Maternity Services is limited funding of prenatal, delivery, postpartum and routine newborn hospital care for low-income, medically indigent pregnant women who are determined to be ineligible for Medicaid, have not insurance to cover obstetrical care, and have monthly income below 185% FPL. This includes minors and income eligible non-citizens. Maternity Services require prenatal care is provided in the standards outlined in the American College of Obstetricians and Gynecologist guidelines.

Maternity Services also acts as a guarantor of payment for initial prenatal exams and associated laboratory/diagnostic tests. Maternity Services is the payer of last resort. If the client is approved for Medicaid or another third-party source, the practitioner is paid by that source.

The Drug Free Moms and Babies (DFMB) Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services.

This project is supported through funding from the West Virginia Department of Human Services, Division of Behavioral Health, and Health Facilities, the WV Office of Maternal, Child, and Family Health, and the Claude Worthington Benedum Foundation.

Key Project Aspects

• **Screening, Brief Intervention, Referral and Treatment (SBIRT)** services integrated in maternity care clinics

• **Collaboration with community partners** for the provision of comprehensive medical, behavioral health, and social services

• **Long term follow-up** for two years after the birth of the baby provided by a recovery coach. In addition, home visits and other services to help women maintain sobriety and access needed resources are provided.

• **Program evaluation** of effective strategies for identifying women in need, preventing addiction and abuse, treating women with substance abuse problems, and delivering recovery coaching services.

• **Provider outreach education** to other maternity care clinics in West Virginia to facilitate the duplication of successful model programs

Child Protective Services

Child Protective Services (CPS) is a specialized component of a broader public system of services to children and families. In the late 19th century, abuse and neglect of children moved from being largely a private matter to one of public concern. During the first half of the 20th century, the protection of children was initiated through the efforts of local, private, non-profit societies for the prevention of cruelty to children. There were more than 250 such societies in the 1920's acting as a catalyst to bring resources to families and protection through the courts to the children involved in abuse and neglect. In West Virginia, Societies for the Prevention of Cruelty to Children were organized in Wheeling and Charleston in the late 1800's and eventually a chapter was established in each county. Gradually, public social services agencies began to take on more of this responsibility. During the 1960's and 1970's, major developments in child protection began to take place. Reporting laws were passed in every state, including West Virginia, which requires certain professionals to report child abuse or neglect to local child protection departments. Child protection is dedicated to providing social services to families so that ultimately, they become able to protect and effectively parent their children. Yet, there are situations when family preservation is not possible, and the safety needs of the child require another alternative. On November 19, 1997, the President signed into law the Adoption and Safe Families Act of 1997 (ASFA). This legislation passed by Congress with overwhelming bipartisan support, represented an important landmark in child welfare law. It established unequivocally that the national goals for children in the child welfare system are safety, permanency, and well-being. The law reaffirmed the need to forge linkages between the child welfare system and other systems of support for families, as well as between the child welfare system and the

courts, to ensure the safety and well-being of children and their families. The Child Abuse Prevention and Treatment Act (CAPTA)n provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities, as well as provides grants to public agencies and nonprofit community-based organizations for the prevention of child abuse and neglect. The Fostering Connections to Success and Increasing Adoptions Act, addresses some of the most important needs affecting foster children, including extending federal foster care payments up to 21 years of age, providing federal support for relatives caring for foster children, increasing access to foster care and adoption services to Native American tribes, and improving the oversight of the health and education needs of children in foster care. In 2018, the Family First Prevention Services Act (FFPSA) aimed to reform child welfare by creating new opportunities to better serve children and families. The focus of the law is to reduce the need for foster care as well as supporting better outcomes for children in foster care. It has enabled states to use federal funds to assist in preventing foster care placements through the provision of mental health and substance use prevention and treatment services, in-home parent skill-based programs, and Kinship Navigator services. The child protection system of the 21st century is one in which there is a greater emphasis on collaboration between CPS, courts, law enforcement, health and mental health and community services agencies as well as a greater emphasis on timely outcomes for children and their families.

Philosophical Principles

Philosophical beliefs about child maltreatment and their effects on families are the single most important variable in the provision of quality CPS. Thoughts about families, interactions with them, the decisions made independently and with families, and how the community is involved to assist them are determined in advance by what is believed. The most basic and powerful influence of helping in CPS is expressed by consistently applying professional beliefs and values. The following philosophical principles represent the social work orientation to CPS. These principles are fundamental to the social work discipline and may not apply to other disciplines or agencies.

Child Safety is Paramount

The mission of CPS is to assure that children are protected. Our model is directed toward determining who CPS should serve based on the existence of threats to a child's safety, and insufficient caregiver protective capacities to protect against the threats.

Permanency is an Integral Part of Safety

Permanency refers to the restoration or establishment of stable living environments for children. It exists in tandem with child safety and well-being as the primary outcomes that it is designed to achieve.

When CPS identifies children who are not safe, the issue of the child's permanency is automatically considered. The issue of permanency continues until the caregiver demonstrates all necessary protective factors to ensure child safety, or a permanent out-of-home living arrangement is established for the child.

Rights of Children and Caregivers

Children and caregivers possess human and civil rights, and these interventions are respectful of those rights. Children have the right to be safe and secure, to be with their families, to be associated with their culture, and to experience the least trauma or interference in their lives as possible. Caregivers have rights

related to privacy and due process. These rights include being informed and involved, receiving prompt responses, having their confidentiality respected, and experiencing the least amount of interference with their families.

Respect for Families

Respect for families is essential for effective intervention. It is a value that is demonstrated by staff communication, behavior, and interaction with children and caregivers throughout the process. Child Centered and Family Focused Practice Child centered, and family focused practice promotes interventions and skills that emphasize the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource. Least Intrusive Intervention Child protective services is a non-voluntary government intervention that represents interference in a family's life under the best circumstances. CPS intervention should only be at the level required to 1) determine if children reported to the Department of Human Services, which henceforth will be referred to as the department, are safe, and 2) protect children from impending safety threats while attempting to restore the protective factors of their caregivers.

Legal Basis

Child protective services stem from both a social concern for the care of children and from a legal concern for the rights of children. Child abuse and neglect are legally recognized and legally defined terms. The department is statutorily required to provide CPS. The legal basis of CPS is contained in Chapter 49 of the Code of West Virginia. The Rules of Procedure for Child Abuse and Neglect Proceedings issued by the Supreme Court of Appeals of West Virginia and opinions entered by the court in various cases also provide further interpretation and clarification of the statutes. Excerpts from Chapter 49 regarding the specific role and duties of CPS are included here; however, reference should be made to the entire Chapter and to the Rules and opinions of the court. Other parts of the West Virginia Code relevant to CPS are Chapter 27, Chapter 48, and Chapter 61, which contain the statutes for mentally ill persons, domestic relations, and crimes and punishment. The statutes may be found on the internet at www.wvlegislature.gov. The Rules of Procedure for Child Abuse and Neglect Proceedings and court opinions may be found on the internet at http://www.courtswv.gov/.

The W. Va. Code §49-1-105 provides the framework for the child protection system in West Virginia. Its purpose is to provide a system of coordinated child welfare and juvenile justice services for children, youth, and families in West Virginia, while ensuring safety and recognizing their fundamental rights. The state has a duty to assure that proper and appropriate care is given and maintained, as well as providing specific and determined services and resources to strengthen children, youth, and families and meet their basic, and mental and physical health needs.

The W. Va. Code §49-2-101 authorizes the Department of Human Services to accept custody of children as well as provide care, support, and protective services to children and their families.

The W. Va. Code §49-2-802 mandates the establishment of child protective services and the investigation of all reports of child abuse or neglect. It further requires the provision of emergency services to children at all times, the immediate response to allegations of imminent danger to the physical well-being of a child, serious physical injury, the provision of services to children suspected or known to be abused or

neglected, and the use of an administrative subpoena to locate children alleged to be abused and neglected.

Target Population

The target population for CPS agency intervention is a family in which a child (birth to age 18) has been suspected to be abused or neglected or subject to conditions that are likely to result in abuse or neglect (as defined in W. Va. Code §49-1-201 legal definitions and department operational definitions) by their parent, guardian, or custodian. The terms "abused child" and "neglected child" are defined in statute (See CPS Policy Section 2 Definitions).

A child does not have to be injured in order to be in the target population for CPS. In the interest of brevity, the term "caregiver" is used throughout this policy to refer to the child's caregiver(s) but may also be construed to refer to a parent, guardian, or custodian. The term caregiver is extended to include parent substitutes, non-custodial parents, extended family members, stepparents, unrelated persons living in the same household, paramours or any other intra-familial or quasi-familial situation, resource parents, adoptive parents, day care providers, day care centers, residential facilities, and school personnel.

CPS shall be extended to children who have been or are suspected to be abused or neglected, or subjected to conditions that are likely to result in abuse or neglect by a(n):

- parent or guardian.
- non-custodial parent.
- parent substitute.
- stepparent.
- extended family member who provides care to the child.
- unrelated person living in the same household.
- paramour of parent.
- employees of child-placing agencies and residential facilities.
- employees of day care centers.
- family day care facilities or homes.
- in-home daycare provider.
- any unlicensed group care situation, for one to six children, in a non-home setting in-home childcare.
- resource family care parents, specialized foster family care parents, or emergency shelter care parents; or
- school personnel.

Casework Process

Throughout the life of a case, child welfare workers must assess the safety of all children in the home, choose appropriate treatment strategies and continuously evaluate the effectiveness of those strategies. The casework process in CPS consists of seven basic steps:

- intake assessment;
- initial assessment;
- safety planning;
- ongoing assessment
- family case planning;
- service provision;

● case evaluation; and
● case closure.

Reporting

The protection of abused and neglected children depends on the prompt identification of children whose health or welfare is threatened. The W. Va. Code §49-2-803 contains detailed reporting requirements. Mandated reporters with knowledge of the alleged abuse and/or neglect are required to report that information directly to the department, regardless of what their employer's policies may be. The duty of reporting suspected child abuse and/or neglect cannot be delegated to another individual, such as a supervisor. Certain persons whose occupation brings them into contact with children on a regular basis are mandated to report suspected child abuse or neglect. Those who are required to report are listed in W. Va. Code §49-2-803.

In addition to mandated reporters, any person over the age of eighteen who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child, shall immediately and not more than 24 hours after receiving such a disclosure or observing the sexual abuse or sexual assault, report the circumstances or cause a report to be made to the department or the State Police or other law-enforcement agency having jurisdiction to investigate the report. If the reporter feels that reporting the alleged sexual abuse will expose themselves, the child, the reporter's children, or other children in the subject's household to an increased threat of serious bodily injury, the individual may delay making the report while they undertake measures to remove themselves or the affected children from the perceived threat of additional harm. The individual must make the report as soon as practical after the threat of harm has been reduced. The law enforcement agency that receives a report regarding sexual abuse must report the allegations to the department. Reports of child abuse or neglect should be made immediately by telephone to the the department's Centralized Intake reporting line. A report made to the statewide Centralized Intake Unit for child abuse and neglect is acceptable. At their discretion, CPS staff may request that a mandated reporter also submit a written report within 24 hours Any other person, including a person who wishes to remain anonymous, may make a report if such person has reasonable cause to suspect that a child has been abused or neglected in a home or institution or observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect. In any case where the reporter believes that the child suffered serious physical abuse, sexual abuse, or sexual assault, the reporter must also immediately report. The report must be made to the West Virginia State Police and to any law-enforcement agency having jurisdiction to investigate the report, which would either be municipal police or the county sheriff's department. This report is in addition to the report made to CPS.

A mandated reporter who is a member of the staff of a public or private institution, school, facility, or agency must immediately notify the person in charge of such institution, school, facility or agency or a designated agent thereof, who shall report or cause a report to be made. Nothing in the law precludes individuals from reporting on their own behalf. Any person or official who is included in the list of mandated reporters, including employees of the department, and who has reasonable cause to suspect that a child has died because of child abuse or neglect, shall report to the coroner or medical examiner. Additionally, the W. Va. Code §49-2-806, requires workers to report reasonable suspicions that an animal is the victim of cruel or inhumane treatment to humane societies within their counties.

When CPS receives a referral from a mandated reporter, they are required to mail a notification letter within two business days of the disposition of the intake assessment informing the mandated reporter whether the referral has been screened out or accepted for assessment. Within two business days of the conclusion of the assessment, CPS shall mail a letter to the mandated reporter informing them that the assessment has been completed. Any person, whether mandated or permitted to report, has certain legal protections. These protections are extended so that persons will not hesitate to report for fear of future legal difficulties. The W. Va. Code §49-2-810 states that any person who reports in good faith shall be immune from any civil or criminal liability. As an aid in the determination of child abuse or neglect, as well as to gather physical evidence which can be used to protect an abused or neglected child, W. Va. Code §49-2-808 permits mandated reporters to take photographs or order x-rays. Radiological examinations (x-rays) are used to determine the scope of present and past injuries. A series of old fractures may indicate a repeated pattern of battering. The department is responsible for payment of expenses incurred in taking the photographs or x-rays, when requested to do so. Photographs and reports of the findings from x-rays should be made available to the local district office. A mandated reporter who fails to report, or knowingly prevents another person from doing so, is guilty of a misdemeanor, and if convicted, may be confined in the county jail, fined, or both.

Youth Services

The primary purpose of Youth Services interventions is to provide services which alter the conditions contributing to unacceptable behavior by youth involved with the BSS Department system; and to protect the community by controlling the behavior of youth involved with the Department. Through this purpose the BSS believes it will effectuate its mission to develop a proactive system which preserves safe and healthy families. This policy sets forth the philosophical, legal, practice, and procedural issues which currently apply to Youth Services in West Virginia. This material is based upon a combination of requirements from various sources including but not limited to social work standards of practice; accepted theories and principles of practice relating to services for troubled children; Chapter 49 of the Code of West Virginia; case decisions made by the Supreme Court of Appeals of West Virginia; and the Adoption and Safe Families Act. Youth Services is a specialized program which is part of a broader public system of services to children and families.

Philosophical beliefs about children and families involved with the Juvenile Justice System are the single most important variable in the provision of quality Youth Services. Thoughts about families, our interactions with them, the decisions made independently and with families and children, and how the community is involved to assist them are determined in advance by what is believed. The most basic and powerful influence of helping in Youth Services is expressed by consistently applying professional beliefs and values. The following philosophical principles represent the social work orientation to Youth Services.

- Youth Services is child centered, and family focused. The aim is to strengthen the functioning of the family unit, while assuring adequate protection for the child, family, and community.
- All Youth Services interventions should be directed by helpfulness.
- Juvenile offenses are multifaceted problems which affect the entire community. A coordinated, multi-disciplinary effort which involves a broad range of community agencies and resources is essential for an effective Youth Services program.
- It is best to keep children with their parents when safety can be controlled.
- The public has a right to a safe and secure community.
- Whenever an offense occurs then an obligation by the juvenile offender occurs.

● Families have a right to be involved in the casework process.

Effective intervention requires that Youth Services respond in a non-punitive, noncritical manner and offer help in the least intrusive way possible. Children and families shall be treated with dignity and respect by the child welfare staff and all providers of service working with them. It is the Child Welfare System's responsibility to ensure the rights of children and families being served are protected. In doing so, child welfare workers shall not assume all children in care are heterosexual, cis-gender or gender-conforming and will treat Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth with respect and competence. They will also adhere to state and federal laws related to LGBTQI Youth. All professionals in state and local child welfare systems have an obligation to understand and adhere to the federal laws that protect the families and children in the communities they serve. Decisions made by child welfare workers should be made without intentional or unintentional discrimination. This includes discriminating on the basis of age, race, color, sex, mental or physical disability, religious creed, national origin, sexual orientation, political beliefs, and limited proficiency in speaking, reading, writing, or understanding the English language.

Foster Care

Foster care is a complex array of services for thousands of children provided through dozens of service providers in multiple placement settings coordinated by hundreds of social service staff. Because of this complexity, there are many laws and regulations that determine how foster care services are provided to children and their families.

State Statute

Under §49-1-106 of the West Virginia State Code, the Department of Human Services is empowered to administer a foster care program for dependent and neglected children. This allows the Department to accept custody of children and place them outside of their families of origin in order to protect and care for them. When children are in foster care, the Department assumes part or all of the responsibility for children that ordinarily rests with the parents. If parental rights have not been terminated, it is the responsibility of the Department to help parents stay involved in their children's lives by exercising their remaining rights and responsibilities concerning their children.

Federal Regulations/Legislation

The Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 in 1974 (P. L. 93-247) and amended most recently and re-authorized on October 3, 1996, by the Child Abuse Prevention and Treatment Act 20 Foster Care Policy May 2024 Amendments of 1996 (P. L. 104-235). CAPTA provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects.

The Indian Child Welfare Act of 1978 (P. L. 95-608) mandates that the placement of American Indian children be governed by their tribe, whose authority was legislated by the United States government. By this Act, tribes are given the authority to care for Indian children, to intercede in court cases regarding adoptive placement of Indian children, and to place Indian children with tribal members or with members of other tribes.

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980 was enacted to require states to develop foster care policies and practices that conform to specific standards of casework practice. This federal law discourages excessive reliance on foster care placement and promotes the greater use of services to assist and rehabilitate families, preventing out of home placements.

Omnibus Budget and Reconciliation Act of 1993 (P. L. 103-66) The Family Preservation and Family Support Services Program was enacted as part of the Omnibus Budget and Reconciliation Act of 1993, to authorize funding for Title IV-B, Subpart 2, Family Preservation and Support Services programs.

The Multiethnic Placement Act of 1994 as part of the Improving America's Schools Act (P. L. 103-382) removed barriers to permanency for children in foster care waiting for permanent homes, and to ensure that adoption and foster placements are not delayed or denied based on race, color, or national origin.

The Removal of Barriers to Interethnic Adoption (IEP) provisions included in the Small Business Job Protection Act which amended MEPA (P. L. 104- 188) to not allow placement decisions to be based on race, color, or national origin.

The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (P. L. 101-193) requires states to give preference to an adult relative over a non-relative adult caregiver when determining a placement for a child in foster care provided that the relative meets all foster home standards.

The Adoption and Safe Families Act of 1997 (PL 105-89) ensures that children's safety is the paramount concern of all child welfare decisions and amends federal regulations and law so that children are moved through the child welfare system into permanent placements.

The Foster Care Independence Act of 1999 (P. L. 106-169) was enacted to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency.

Titles IV-B and IV-E of the Social Security Act contain regulations on how states must provide foster care services. These regulations are incorporated into the policies and procedures of the Department.

Fostering Connections to Success and Increasing Adoptions Act of 2008(P.L. 110-351) promotes permanent families through additional funding for relative guardianship and adoption programs. The legislation also emphasizes the importance of placing children with relatives by allowing waivers of non-safety standards for relative/kinship providers and by awarding Family Connection Grants.

State Consent Decrees

Gibson vs. Ginsberg is a consent decree which addresses case work practices in child abuse and neglect cases and specifies the circumstances in which children may be removed from their homes. Most of the provisions of this decree can be met by following the requirements in Child protective services policy including the Legal Requirements and Processes Child Protective Services policies which are online in CCWIS and by meeting the requirements in the Court Rules issued by the Supreme Court.

Medley vs. Ginsberg required the development of a system of community-based services which "allow mentally delayed or developmentally delayed people to live in the communities rather than institutions."

Hartley vs. Ginsberg decree is similar to the Medley decree in that it requires the state to develop community services for mentally ill adults and children.

Sanders vs. Panepinto decree mandates that foster children participate in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program for health care services. (EPSDT is now known as Healthcheck.)

Legal Guardianship

The federal government acknowledges only four primary permanency options for children in foster care:

- Reunification,
- Adoption,
- Legal Guardianship,
- Placement with a fit and willing relative (kinship care), or
- Other Planned Permanent Living Arrangement (OPPLA)

A legal guardianship is a judicially created and a legally binding relationship between a child and caregiver which is intended to be permanent and self-sustaining as evidenced by the transfer to the caregiver of the following parental rights with respect to the child: protection, education, care and control, custody and decision making. Parental rights are not required to be terminated in order to sanction a legal guardianship under W. Va. Code §49-4-112. The Fostering Connection to Success and Increasing Adoptions Act 2008 (Fostering Connections) allows for the state to enter into guardianship Legal Guardianship Policy 1 May 2024 agreements to provide subsidized payments to grandparents and other kinship/relative caregivers who have assumed the legal guardianship on a permanent basis of children for whom they have cared for as a certified kinship/relative caregiver. The Fostering Connections Act allows for Title IV-E reimbursement for these payments to kinship/relative legal guardians.

In West Virginia, the department has defined kinship/relatives for the purposes of the placement of children as “any person related to the child by blood or marriage including cousins and in-laws. This includes persons who the child considers a relative, such as a godparent or significant others whom the child claims as kin may also be considered as a placement resource”. Legal guardianship is still permitted with non-kinship/relatives but will not be IV-E reimbursable. The West Virginia Code provides for the department to utilize legal guardianship as a viable permanency option once reunification and adoption have been ruled out. Legal guardianship was added to the West Virginia Code in 1998 as a result of the 1997 Adoption and Safe Families Act (ASFA; PL 105-89). For a more thorough discussion on permanency options, refer to Foster Care Policy Section, Permanency Planning. This policy is to be taken into consideration with Child Protective Services, Youth Services, and Foster Care policies. Specifically, sections on assessments and case plans are of particular relevance.

Adoption

The West Virginia Code Chapter 49 and Chapter 48 legislates a coordinated system of child welfare for the children of the state of West Virginia. This statute allows the department to accept custody of children and place them outside of their families of origin in order to protect and care for them. If parental rights have not been terminated, it is the responsibility of the department to help parents stay involved in their children’s lives by exercising their remaining rights and responsibilities concerning their children. If

parental rights have been terminated, it is the responsibility of the department to accept guardianship of children and consent to their adoption.

Federal Supreme Court Decisions

The Yokum decision determined states may not discriminate against kinship/relative caregivers in placement decisions in cases in which the state has custody of a child in foster care.

For the department to have the right to place a child for adoption and later to give formal consent to their adoption, the department must obtain legal guardianship of the child. Children can be committed to the guardianship of the state either through the voluntary relinquishment of the parental rights executed by the parents or by court order. Court rules will apply in the case of voluntary relinquishment by the court. Termination of parental rights (voluntary or court-ordered) represents the single most important decision in a child's life and must be subject to review by more than one representative of the department.

Adoption is a way of providing security for, and meeting the developmental needs of, a child by legally transferring ongoing parental responsibility for the child from the birth parents to adoptive parents. W. Va. Code §49-2-101 gives the department the responsibility to provide child welfare services and to accept guardianship of children and consent to their adoption. For the department to have the right to place a child for adoption and later give formal consent to their adoption, the department must obtain legal guardianship of the child. This may occur through the termination of parental rights to the child either through voluntary relinquishment or through a court order. The parental rights shall not be terminated if a child 14 years of age or older or otherwise of an age of discretion as determined by the court objects to such termination. The decision to pursue adoption as a permanency option should be made by the multidisciplinary treatment team which should include the child's child welfare worker, the supervisor, the private agency staff if any, the child, the child's resource caregivers, the adoption specialist and/or adoption supervisor, and the Guardian Ad Litem.

Within the child, youth, and family case plan, filed with the court prior to disposition, the child welfare worker must recommend adoption as the permanency plan for the child and detail the steps necessary to achieve permanency. The multidisciplinary treatment team should also act as the permanent placement review committee to monitor the implementation of the permanency plan for the child and report on the progress and developments in the case every three months until the child's adoption is finalized. If an order of sibling separation has not been previously entered and the child, youth, family case plan includes placement of a child separate from their siblings, the child welfare worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as their sibling. The order must be documented on the legal actions screen in CCWIS. If not already completed, the child's child welfare worker must complete the Birth Parents' Background Information form (SS-FC-12) and the Birth and Medical History of the Child form (SS-FC-12A) in CCWIS. The child welfare worker must also obtain a certified copy of the birth parent's birth certificates and death certificates, if applicable.

Transitional Living

The Department has the responsibility to help youth, in their care, develop into self-sufficient adults. In addition, all agencies and individuals who provide substitute parental care for 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 the state's 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.

For all youth in foster care, at age 14 or older, the youth's caseworker is responsible for the following actions:

a) Thoroughly discussing the contents of A Guide for Older Youth in Foster Care booklet and having the youth sign the signature card attached in the booklet and placing it in the youth's file;

b) Assessing each youth(s) potential for eventual independence;

c) Developing an appropriate learning/transition plan for securing and providing necessary services to assist each youth to achieve independence;

d) Continuous reviewing and modifying of the learning/transition plan until the youth achieves their permanency goal; and

e) Developing an age-appropriate plan, within the learning/transition plan, for each youth that educates them about family planning, which includes information on pregnancy prevention, sexually transmitted infections, and other topics related to healthy sexual development; and

f) If the youth self-identifies as being sexually active, the worker will develop a plan, within the learning/transition plan, of supportive counseling to educate the child on topics related to abstinence and healthy sexual development. This will be done in conjunction with the youth's MDT in all cases and including the biological parents if parental rights are intact.

Service Coordination

The ultimate responsibility for service coordination is the case worker for all cases opened for services, with the assistance of the Multi-Disciplinary Team (MDT) in cases where children have been removed from the home.

Efforts are underway to improve case planning. Training, Technical Assistance and Practical Application (TTAPA) Teams have been developed and are currently meeting with districts to help in improving completion of case plans with families.

West Virginia is one of nine states and tribes that were selected to participate in The Families are Stronger Together Learning Community (FAST-LC). The purpose of the FAST-LC is to assist child welfare and family assistance agencies in identifying strategies to work collaboratively in the provision of services to prevent child welfare involvement. West Virginia has identified a need to implement a differentiated response model that incorporates the use of Family Support Centers to meet family needs through the provision of financial assistance and services, including title IV-E prevention services. West Virginia anticipates a final developed work plan by October 2024.

For youth enrolled in Mountain Health Promise with West Virginia's Managed Care Organization, Aetna Better Health of West Virginia, special reviews can be requested for youth with high service needs to assist with developing a treatment path. Critical Access to Pediatric Psychiatry, CAPP WV, is an innovative collaboration between Community Care of West Virginia and Aetna. CAPP WV provides for urgent consultation between the child and a board certified/board eligible child and adolescent psychiatrist. The

appointment provides an opportunity for a child and adolescent psychiatrist to review records, obtain history and interview the care giver and child to assist in the special review process. The consultant may be asked to provide an opinion on placement, medications, diagnosis and/or safety. The psychiatrist may also be able to provide ongoing services if needed.

West Virginia has contracted with Acentra, and Administrative Services Organization (ASO) to complete a Qualified Independent Assessment (QIA) for any youth at high risk of residential care. The recommendation from this assessment is presented to the MDT for consideration and guidance in their decision-making process.

The Placement of Youth in Out of State Facility Standard Operating Procedure is being modified to include the use of the QIA as well as an electronic form to allow for data collection such as demographics of youth placed out of state. Case workers are required to request at-risk staffing with their Child Welfare Consultant (CWC) or Program Manager (PM). The CWC or PM includes the Aetna care manager in this staffing. The QIA and any previous services are reviewed. Approval to refer a child to and out of state (OOS) facility must be obtained by the CWC or PM. If a child is to be placed in an OOS facility, approval must be given by the Director of Program Support and then the Commissioner of the Bureau of Social Services.

A new placement division is being developed. This division will consist of a Program Manager and 2 specialists to assist the field with ensuring youth are placed in the appropriate facility. Initially, this division will focus on children that have received a 10-day disruption notice from a foster care home with no other placement options.

West Virginia operates several perinatal, infant, and toddler prevention services including:

- Maternal Infant Early Childhood Home Visiting Program (MIECHV)
- Partners in Prevention
- Birth to Three
- Right from the Start
- Maternity Services-Drug Free Moms and Babies Project

(See Service Array section for more information on the services listed above.)

West Virginia also works very closely with the Coalition Against Domestic Violence by partnering to provide for new child welfare worker training rounds. However, they are also available to any staff seeking CEUs or education on dv otherwise:

- Introduction to Domestic Violence,
- Working with Families Experiencing Domestic Violence, and
- Working with Domestic Violence Offenders and Domestic Violence and Co-occurring Tactics of Control.

The Coalition is also focusing on providing specific training for those who supervise child welfare assessments and cases involving domestic violence.

There is an existing MOU that the DoHS has entered with the WVCADV for DV specialists. This is to have co-located DV specialists employed by a licensed DV program, and they are housed full time or part time in DoHS offices and provide specialized assessment, services, and referrals to survivors of domestic violence. The DV Specialists are not employed by the DoHS, but rather by local domestic violence

programs in their service areas. The DV specialists also provide services to victims of domestic violence referred from other programs within the DoHS if needed. The DV specialists work in partnership to build and maintain a supportive network while focusing on the safety, permanency, and well-being of the child(ren) and adult victim. Managers and supervisors of the BSS districts that have DV specialists are invited and encouraged to participate in the Survivors with Children Workgroup quarterly meetings hosted by the WVCADV alongside DV specialists.

Another important tool that West Virginia uses as a collaborative effort with many different systems is the Dangerousness Lethality Assessment Guide (D-LAG), which brings together a coordinated response for each entity listed in the guide and a specified response for their role when working with domestic violence. This guide assists in recognizing highly dangerous and potentially lethal behaviors of domestic violence offenders. Currently, the guide includes information for:

- law enforcement,
- advocates,
- magistrates,
- family court,
- circuit court,
- prosecutors,
- child welfare staff,
- victim's attorney/GALs,
- batterer intervention programs,
- day report, and
- probation.

There are other entities that are being considered for inclusion in an updated version of the guide. D-LAG training is included throughout the trainings listed above for all CPS staff.

Children's Justice Act (CJA)

The Bureau for Social Services continues to work with the Children's Justice Act grantee, the West Virginia State Police's Center for Children's Justice (CCJ). The WV CCJ provides an annual statewide multidisciplinary conference which is attended by law enforcement, judicial officers, attorneys, child welfare staff, mental health professionals, medical personnel, treatment providers, victim assistance, corrections, probation/parole, child advocacy center staff, court appointed special advocates (CASAs), education professionals and others. Tracks for the conference include medical, law enforcement, prosecution, social work, substance use, drug endangered children, child trafficking, child fatality, and Handle with Care is also included.

The WV CCJ will continue to provide virtual training courses accessible to the public for mandatory reporting, the maltreatment of disabled children by persons in a position of trust, trauma training, human trafficking, Handle with Care, children of the opioid crisis, and signs of physical abuse. The WV CCJ will continue to collaborate with JBS International regarding Handle with Care in West Virginia. The WV CCJ will continue to organize a trauma-focused cognitive behavior therapy training with continuing education units. At every training event, the WV CCJ will also promote WV 211, to help connect WV's citizens with community services.

Also see Court Improvement Program under the Collaboration section of this document.

Services Description

Socially Necessary Services

Socially Necessary Services (SNS) are services provided to children and families which are necessary to provide for the child's safety, permanency, and well-being, but are not covered through Medicaid. Socially Necessary Services are provided in Child Protective Services, Youth Services, and Adoption cases for the following service categories: Family Support, Family Preservation, Foster Care, Independent Living, Reunification, and Adoption Preservation.

Throughout 2023 the Bureau for Social Services worked with the Capacity Building Center for States to redesign the Socially Necessary Services program. This program has not been revised since its inception in 2005. As part of this process surveys were conducted with families, providers, and BSS staff. Workgroups were developed to address areas to be addressed. These groups incorporated representatives from BSS leadership, field staff, policy, and program staff, as well as staff from Acentra, Aetna for Better Health, and the Capacity Building Center for States. Additional input was also sought as needed regarding finance, documentation, and information on specific services. Implementation of the revised Socially Necessary Services program is expected to occur by the end of 2024.

The redesign of the Socially Necessary Services program began with an informal planning meeting involving the Bureau of Social Services leadership in July of 2022. It was decided at that point to Incorporate the Capacity Building Center for States and other workgroup members were assigned. The first official meeting was held in February 2023 where an action plan was developed, and additional team members were discussed and assigned.

A survey was sent to all providers of Socially Necessary Services on May 1, 2023. This survey asked for their input on services they thought should be removed, changed, and added to SNS. A second survey was sent to providers on June 15, 2023, asking for their input on the effectiveness of each service, their reasons for their rating of effectiveness/ineffectiveness, and their thoughts on needed improvements.

Aetna for Better Health staff and Capacity Building Center for States staff held a Family Engagement meeting on May 26, 2023, to obtain input on the redesign from families with lived experience. Additional focus groups with families with lived experience were held on these dates: 1/31/23; 5/3/23; 6/16/23; 6/30/23; and 7/17/23.

A Family Feedback Summary was created on August 7, 2023, based on information from focus groups completed by Aetna for Better Health in 2021-2022. These focus groups were specifically with families receiving Socially Necessary Services.

Focus groups, facilitated by Aetna for Better Health and the Capacity Building Center for States, were also held with SNS providers on these dates: 8/22/23; 8/23/23; 8/28/23; and 8/31/23.

The workgroups developed for the Redesign, and their purposes and progress are listed below.

Service Provision Workgroup

The Service Provision Workgroup was comprised of BSS field staff, policy and program staff, training staff, Acentra staff (Administrative Service Organization), Aetna for Better Health staff (Managed Care Organization), the Capacity Building Center for States, and BSS leadership. Feedback on services was sought from families with lived experience, services providers, and direct field staff and leadership. This

input was obtained through in-person meetings, surveys, focus groups, emails, and one-on-one discussions. This workgroup reviewed the service authorization and utilization history from 2019 and 2022 (2020-2021 data was inaccurate due to COVID-19). Based on these results some services were deemed to be unnecessary and removed. Utilizing the feedback obtained during this process, new services were created and defined. Existing services were updated to reflect changes in language and usage. The Service Provision Workgroup concluded its work in May 2024.

The Utilization Management Guidelines, which define each service, are being updated by Acentra to remove services that will not continue, reflect updates made to existing services, and add the newly created services. New rates for all Socially Necessary Services will be assigned.

Provider Enrollment and Eligibility Workgroup

This workgroup, made up of BSS leadership, policy, and program staff, Acentra (ASO), Aetna for Better Health (MCO), and the Capacity Building Center for States was tasked with determining the requirements for agencies to be providers of Socially Necessary Services, as well as requirements for the individuals who will provide the services. Existing forms were reviewed, and changes made to them to update the language and to reflect changes made by the group. A list of policies each provider agency will be required to have in place was developed, as well as policies that are recommended but not required. A code of conduct and list of required training courses each individual who provides services will be required to attend was also developed. The Provider Enrollment and Eligibility workgroup concluded its work in April 2023.

Training and Education Workgroup

The Training and Education workgroup began meeting weekly in August 2023. This group is comprised of policy and program staff, training staff, Acentra staff (Administrative Service Organization), Aetna for Better Health staff (Managed Care Organization), the Capacity Building Center for States, and BSS leadership. It was decided that three distinct training courses needed to be developed. One for BSS field staff, SNS provider staff, and judicial staff which includes Judges, Prosecuting Attorneys, Guardian ad Litems, Court Appointed Special Advocated, and Probation staff. These training courses will each cover the information deemed most important for each population to know regarding the redesign, services no longer available, changes in existing services, and the newly created services. Training for BSS staff and provider staff will be conducted in virtual live sessions. Judicial staff training will be conducted by the Court Improvement Program staff.

Feedback Workgroup

The Feedback Workgroup was tasked with developing a grievance process and exit survey. A new grievance process will be initiated allowing participants to make anonymous complaints related to the services and/or providers of the services. This process will be managed by Aetna for Better Health. A new exit survey was developed that will allow participants in SNS services to anonymously voice their opinions on the services they received. Provider agencies were given the opportunity to review this survey and give suggestions. As part of this survey families will be able to opt in to sharing their contact information in order to participate in future surveys or focus groups in order to improve the program.

Retrospective Reviews Workgroup

The Retrospective Review Workgroup began meeting in April 2024 when the Service Provision Workgroup was concluding its work. Currently retrospective reviews are completed on provider agencies six months after they begin providing services and then every 18 months thereafter. They must score 80% or higher on the review of each service reviewed. If they score below this, they have 6 months to make improvements and then another review is completed. Training and support are offered during this period. If they again fall below 80% on a service, they are not allowed to provide that service for the following year.

This workgroup has decided to change the cadence of the reviews from 18 months 12 months. The required score of 80% will remain in place, however if a provider falls below this, they will now have 1-2-3 Performance Improvement Plan (PIP) put in place that will last 6 months. They will have 1 month to develop their performance improvement plan (PIP), with the assistance of BSS staff, and complete any training they feel would be beneficial. They will then have 2 months to put new practices in place and work on their PIP requirements. After this they will conduct services for 3 months which will be reviewed at the end of this 6-month period.

The review tools are being revised at this time to ensure services are reviewed for effectiveness and benefit to the families served.

Services to Minor Victims of Human Trafficking

West Virginia continues to operate the Human Trafficking Task Force to address service needs, training professionals, communities, and individuals, and provide necessary tools to combat trafficking. The Bureau for Social Services continues to have a strong presence in the state task force and collects data and other information relevant to minor victims and survivors, to ensure services are provided to all minor human trafficking survivors.

More information on Services Description can be found in the Child and Family Service Continuum section of this document.

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Prevention Services, Child Protective Services, Youth Services, Foster Care Services, Adoption and Legal Guardianship Services are available to all children 0-18 in West Virginia if they meet eligibility criteria. For a complete list, please reference the Services section of this plan.

Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

West Virigina will continue to collect this data and provide information annual around services provided to this specific population of children.

Services for Children Under the Age of Five (section 422(b)(18) of the Act)

West Virginia began focusing efforts to place children with kinship/relative caregivers in 2015 and steadily increased the number of children placed with relatives or kin. As of 2024, West Virginia places more than 50% of children coming into foster care with relatives/kin. Placing children with relative and kinship families is often more of a seamless transition for services as many relatives have already been caring for their relative child in some capacity before they entered foster care.

The Office of Maternal, Child, and Family Health (OMCFH) offers several programs for children under age five. Birth to Three and Right from the Start services are available to all children in the state. Both services

focus on the developmental needs of newborns to three. The BSS's Child Protective Services policy mandates that all children with substantiated maltreatment must be referred to the Birth to Three Program. The OMCFH will also be initiating the Plans of Safe Care for non-abuse and neglect DAI referrals in the coming state fiscal year to accompany their already existing programs to support infants, mothers, and families.

The Bureau for Behavioral Health also offers children's mental health services to children and youth ages newborn to 21. For more detailed information about mental health services and programs for children visit the following website. https://dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/ChildandAdolescent/Pages/ChildAdolescentBehavioralHealth.aspx

Lily's Place, a *Neonatal Abstinence Syndrome Center,* provides medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and offers support, education, and counseling services to families and caregivers to create healthier families and help end the cycle of addiction. West Virginia has utilized services at Lily's Place since 2014.

Efforts to Track and Prevent Child Maltreatment Deaths

The BSS has its own child fatality review team that reviews critical incidents where abuse and neglect are alleged to have occurred and a history of child welfare involvement has been identified within the past 12 months preceding the child's death. The BSS has recently adopted a new review process through the Praed Foundations called Safe Systems Improvement Tool (SSIT). The SSIT is an information tool used to gather details about the needs of the family and child at the time of the critical incident and assess staff experiences and systemic contributors to casework practice. The tool includes four domains (Family, Professional, Team, and Environment). Items within the domains are rated based on closeness or connection to the critical incident, with the intent to create solutions for barriers identified in the system.

In the state of West Virginia there is currently a WV Child Fatality Review Panel (WVCFRP) which is operated under the Bureau for Public Health and Office of the Medical Examiner. Both teams function differently and for different purposes but also intersect. The 2024 West Virginia legislative session combined the WVCFRP with other mortality review panels, to encompass several areas of concern, including adult DV deaths, maternal and infant mortality, and child mortality. The WVCFRP is sanctioned through the Code of Rules and the section of code is listed below.

Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Since July 2004, West Virginia has utilized a managed care system of sorts for Socially Necessary Services. These are services provided to children and families for Family Support, Family Preservation, Time-Limited Reunification and Adoption Support 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.

Acentra 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. The ASO continues to

encourage providers to administer services in more rural areas by compensating them for traveling longer distances.

Socially Necessary Services are currently provided under Family Preservation, Time-Limited Reunification, and Adoption Preservation categories for children receiving services through both Child Protective Services and Youth Services. They are currently being provided in all geographical areas of the state and are funded equally with Subpart II money. The SNS Redesign is still in progress and these items will be updated in next year's report.

CFS 101 details how much money was spent under Subpart II but to get an accurate count of the cost associated with each service type, WV DoHS will need to work with the CCWIS vendor to establish new reports to show data on cost.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

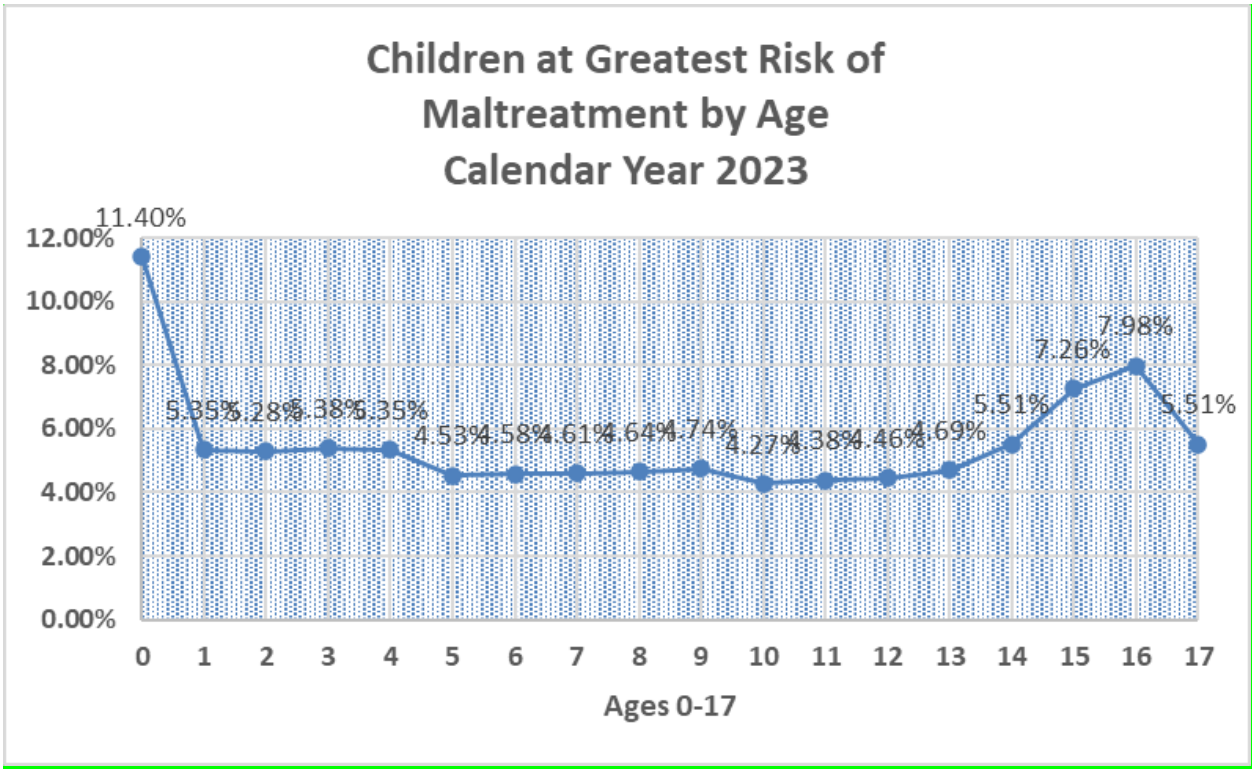
See Promoting Safe and Stable Families and Service Description section of this document. With the SNS Redesign and the FAST-LC work, changes could occur to how funding under PSSF is spent but we do not know at this time. An update on the progress with be provided in next year's report.

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

West Virginia has consistently identified that children from zero to three years old are at greatest risk of maltreatment, with zero-to-one-year olds double every other age group other than 15- and 16-year-olds. This information was derived from annually collected data showing this age group has the highest rate of removal due to substance use. The state has seen a significant increase in parental deaths due to overdose associated with the lacing of heroin, methamphetamine, and even marijuana with fentanyl, and an increase in drug affected infants (DAI).

The Bureau for Social Services is working with the Office for Maternal, Child, and Family Health (OMCFH) to implement the Plan of Safe Care (POSC) program to serve mothers, infants, and families with drug affected infants, with no allegations of abuse and/or neglect alleged. The OMCFH has multiple programs that serve infants and mothers, even during pregnancy. This will allow earlier intervention with mothers, infants, and families that can carry over to a POSC in cases involving DAI.

The Family Treatment Court program continues to serve hundreds of children and parents since the program was introduced in September 2019. Over 200 children have been reunified with their parents through the program. The below chart shows data for calendar year 2023 related to children removed from their homes due to substance use.



Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Caseworker grant monies will continue to be used to support Training, Technical Assistance and Practical Application (TTAPA) Teams in providing specific, targeted training to individual districts on safety planning, treatment planning, and meaningful contacts with children, youth, and families receiving child welfare services. This in-depth assistance aims at improving West Virginia's outcomes in safety, permanency, and well-being by focusing on the importance of family preservation.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

The West Virginia Department of Human Services is responsible for assisting youth transitioning to adulthood into safe, healthy, self-sufficient adults. In meeting this responsibility West Virginia contracts with other agencies to provide transitioning services.

Currently, West Virginia provides some direct services to youth fourteen and up through our casework. process and relies heavily on contracts with a few community agencies to provide monitoring, oversight, and some direct services for youth transitioning.

Agency Administering Chafee (section 477(b)(2) of the Act)

The Department has established and sustained a relationship over the past 30 years with West Virginia. University (WVU) and the Center for Excellence in Disabilities (WVU CED). The Mentoring and Oversight for Developing Independence for Foster Youth (MODIFY) Program within the WVU CED has collaborated

closely with the Department to provide services under the Education and Training Voucher offered under Chafee. This relationship will continue over the next five years with the MODIFY program taking on more of a consultant role with youth transitioning and transitional living agencies. Due to their lengthy involvement with older youth in foster care, their expertise will be invaluable in developing our continuum of care for youth transitioning.

The Department piloted a new program in 2021 called the Transition to Adulthood program under its community-based providers. Three agencies provide services under the Transition to Adulthood program. This program allows those youth that are not going to college to get services under Chafee. The youth that aged out of foster care have to be employed, actively seeking a job, or disabled to be eligible for the program.

WVU CED and the Transition to Adulthood providers each developed data tracking tools for the measurement of established goals with BSS. BSS monitors and refines as needed the performance indicators to determine the performance measures to be monitored.

Description of Program Design and Delivery

The purpose of the John H. Chafee Foster Care Program for Successful Transition to Adulthood 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:

1. Help youth transition to self-sufficiency.
2. Help youth receive the education, training, and services necessary to obtain employment.
3. Help youth prepare for and enter post-secondary training and educational institutions.
4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.
5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 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.
6. Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care.
7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Prudent Parenting Standard has been defined by the Bureau of Social Services and informs workers and children and youth in foster care on parental decisions that should encourage emotional and developmental growth in the youth. In Foster Care Policy, the completion of a Life Skills Assessment has been mandated which begins for youth aged 14 and up to assesses and educates youth on a variety of necessary life skills. Youth Services (YS) requires youth participation within the Multidisciplinary Treatment Team (MDT) process both as an invitee and a participant. Through this, the youth involved with YS and the MDT has an opportunity to lead and discuss what they would like to see happen with their case plan.

The Transitional Living Unit under Children and Adult Services in BSS are working with field staff, community-based providers, and consultants through Casey Family Programs to enhance the policy around transitional living. This will also include development of a website dedicated to Transitional Living services throughout West Virginia. The Transition to Adulthood program is expected to go from a grant-based program to a per diem model with tiers for the youth to step down and graduate from the program.

The Transition to Adulthood Program provides independent living need assessments, academic and post-secondary education supports, career preparation through employment programs or vocational training, budget and financial management, housing education and home management training, room and board financial assistance, health education and risk prevention, education of financial assistance, family support and healthy marriage education, mentoring, and supervision of independent living.

In the next five years the Department will explore transitioning TAP from grant based to per diem based, opening the program up statewide, moving to a tiered model and serving youth who are not developmentally ready to be independent at age 18, but who with intensive targeted services may be able to live independently in the future. The youth will receive the same services as their peers at each tier but at a more intensive level. The majority of these youth will be placed in Adult Guardianship of the Department upon turning 18. The youth can receive SS benefits and the ILS simultaneously.

BSS caseworkers and providers working with youth that are expected or have aged out of the system will do the following:

● **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 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 caseworker. 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 Life Skills Assessment and Curriculum. When the 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 Life Skills 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.).The Department recently updated the transition plan 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.

● **Transitional Living Placement with Subsidy:**

Currently, 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, or is employed or seeking employment. West Virginia plans to expand this opportunity to all youth transitioning to adulthood to include different living situations and support from a transitional living provider regardless of placement setting.

● **Employment Programs:**

The employability project will continue 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 and are provided statewide. 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, agency site, within the community, or at Sponsored Employment sites.

Youth participating in this project are provided the opportunity 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; and
- Gain/Maintain employment.

Some unique and promising programs offered to youth transitioning in West Virginia by various. agencies, coordinated with MODIFY, include the following:

● **Helping our Undergraduates Succeed in Education (H.O.U.S.E.) Project:**

Some transitioning youth who are first-time freshman at West Virginia State University (WVSU)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 and support services.

● **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 makes funds 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.

● **Post-Secondary Education Student Support Services:**

Youth in a post-secondary educational program will be 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, and receiving other support 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:**

Youth can receive additional community support, as indicated on their transition plan. Transitional Living providers will assist youth under their responsibility with receiving any community support that the youth may need. Additionally, the MODIFY program staff will refer youth to community services for extra support. Some of the community resources that are utilized are: Workforce; HRDF; WV Housing; Community Mental Health Centers; Legal Aid of WV; Social Security Offices; Division of Rehabilitation Services; Housing Urban Development; Community Pregnancy Support groups or prevention groups; DoHS Economic Services; Transportation Agencies; WV Higher Education Commission and Bureau for Medical Services or Community Medical Assistance Programs.

● **Transition from High School to Post-Secondary Education Support Programs**:

Youth in high school or obtaining their GED will be 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 which includes eight programs targeted to serve and assist low-income individuals, first generation college students, and individuals with disabilities to progress through the academic pipeline from middle school to post-baccalaureate programs. TRiO was originally given its name after the first three programs (Upward Bound, Talent Search, Student Support Services) were implemented. Currently it encompasses these programs: Upward Bound, Talent Search, Student Support Services, Educational Opportunities Centers, Veterans Upward Bound, Training Program for Federal TRiO Programs, Ronald E. McNair Post-Baccalaureate Achievement Program, and the Upward Bound Math-Science Program.

Serving Youth Across the State

West Virginia provides Chafee funded services through its general casework practice as well as targeted transitioning services to its older youth in all areas of the state. Although the state does provide services through its general casework practice and its MODIFY program, there is a very limited number of transitional providers that provide the more intensive transitional services.

West Virginia has developed a plan to increase the number of transitional living providers across the state to promote a more flexible diverse continuum of care to youth in all communities. We would like every youth transitioning from foster care to have the opportunity to receive quality services to help them become safe, healthy, self-sufficient adults.

MODIFY covers the entire state with services. The Transition to Adulthood providers is not statewide but with the new per diem tiered model in development, it is slated to go statewide when the new model rolls out.

Youth Voice in Chafee Services

Youth Action Board: The Youth Action Board (YAB) is the official Youth subcommittee of the WV Balance of State (BoS) Continuum of Care (CoC) Steering Committee. The lead agency for the WV BoS CoC is the WV Coalition to End Homelessness (WVCEH). The YAB, established in 2020, is comprised of youth with lived experience of homelessness and works primarily to advocate for youth housing and supportive services resources, bringing awareness to the issues found in cases involving homelessness, juvenile justice, and foster care intersection to improve system coordination. The YAB conducts training regarding best practices when serving youth alongside the WVCEH, and also assisted in the application process of the Youth Homelessness Demonstration Program (YHDP) and Youth Homelessness System Improvement (YHSI) grants. The YAB meets monthly at minimum and annually in-person meetings for our summer picnic.

Youth Homelessness Demonstration Program: The WV BoS CoC was selected as a Youth Homelessness Demonstration Program (YHDP) community in September 2021 and awarded $2,612,432 to address youth homelessness that is specifically tailored to meet the needs of youth and young adults under the age of 25 years old, including funding for housing units, wrap-around services, and housing support staff and resources. Through this funding, 8 new youth-specific housing and support programs were created: 2 Rapid Re-Housing (RRH) projects, 3 Transitional Housing/RRH Joint projects, 1 Outreach/Employment Navigation project, 1 HMIS project to analyze youth client-level data and system trends, and 1 Coordinated Entry System project to manage youth intake and referrals from other systems. The goal of the YHDP is to support selected communities, including rural, suburban, and urban areas across the United States, in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. Participation in YHDP has allowed the WV BoS CoC to take lessons learned and expand youth service navigation and housing resources across the CoC. Our YHDP team has strong youth leadership, a commitment to creating equitable services for marginalized populations, a desire for innovation and flexibility in our approaches to resolving housing crises, and an unwillingness to support failing systems and strategies—all of which will be necessary to achieve our vision. This year, 202 youth were served and 111 of those youth were connected with permanent housing. Through the YHDP process, the CoC, its funded YHDP agencies, and statewide partners are collaboratively designing a system that will: Identify and engage youth and young adults at-risk of and experiencing homelessness; Minimize the inflow into the homeless system by intervening to prevent the loss of housing and diverting youth from the homeless system back to family and natural supports whenever possible; Provide immediate access to low-barrier shelter and crisis services; Deliver effective housing assistance and services without preconditions that create sustainable solutions and avert cycles of recurring homelessness; and Utilize data to measure and improve the homeless response system and catalyze impactful change. FYI: The Foster Youth to Independence (FYI) Initiative allows for Public Housing Authorities (PHAs) to request housing choice vouchers (HCVs) to serve youth under the age of 25 with a history of child welfare involvement and who are at-risk and experiencing homelessness for up to 36 months. Coordination with the local CoC and DoHS is imperative to ensure that youth are identified in a timely manner and connected with appropriate housing stabilization services to maintain housing stability. Since 2020, the WV BoS CoC has coordinated with DoHS to launch the FYI Initiative at three PHAs and plans to launch two more programs in March 2024. Youth Homelessness System Improvement Grant: The WVCEH, Bureau of Juvenile Services, and PSIMED, Inc. (behavioral health provider for the WV justice system) have recently entered into a data sharing MOU. At this time, HUD released a new funding opportunity for cross-system improvement to address youth homelessness. The WVCEH, in partnership with the YAB, has applied for this funding opportunity to improve data collection and analysis of youth needs and resources in order to target future youth housing funding to the most structurally disadvantaged communities in the CoC. If funded, it will be crucial the DoHS is part of this process to assist with identifying the needs of youth who are both in foster care and have justice-system involvement in order to enhance cross-system coordination of existing resources and improve discharge planning protocols.

Positive Youth Development

MODIFY utilizes the principles of Positive Youth Development in their intake and ongoing case management to encourage youth to successfully transition to adulthood.

Positive Youth Development is not consistently utilized by Transition to Adulthood and Transitional Living providers. Over the next five years West Virginia will explore the benefits of utilizing Positive Youth

Development program wide to determine if it would be beneficial for our youth to incorporate PYD into our policy and programs.

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

WV DoHS BSS Foster Care Policy does address how the staff should work with older youth regarding Social Security benefits but does not have a mechanism to see if this is followed through by staff. There is no data currently being collected on this area. This will be worked on by the Transitional Living Unit under Children and Adult Services in BSS so it can be reported in next year's report.

WV DoHS extended Chafee services up to age 23 in 2019. Policies were changed but there was not any specific training on the topic provided to the field staff. In the transition of the SACWIS to CCWIS, this change was noted and was incorporated into the new CCWIS design. More work will be needed to inform and train staff about the age change.

WV DoHS BSS has not tracked the status of what state a youth aged out of foster care in and does not have any information to address this at this time. BSS will work on establishing a way to track this data in the future.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

Aetna Mountain Health Promise continues their public awareness campaign to increase awareness of Medicaid coverage through the extended foster care benefit through age 25. West Virginia continues to inform Transition to Adulthood providers and county staff of the program. Additionally, West Virginia monitors youth in foster care via an FC-18 who are losing medical coverage at age 21. The provider or county staff are then advised that the youth need to apply for medical coverage at their local Department of Human Services. Since July 2023, 102 claims for former foster youth have been processed.

WV has partnered with the U.S. Department of Housing and Urban Development, the Bureau for Juvenile Services, West Virginia Coalition to End Homelessness, and local public housing authorities to provide a federally funded housing voucher program to transitional and former foster youth who are homeless, or at risk of homelessness.

WV currently has six housing authorities providing Foster Youth to Independence (FYI) housing vouchers for eligible youth in 24 counties.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

The Bureau for Family Assistance has added a section where an individual applying for benefits can mark if they were a former foster youth. The Bureau for Social Services can provide custody verification letters to individuals that need to prove they were once a foster youth.

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

The state will cooperate in any federal evaluations of the effects of the programs in achieving the purposes of Chafee. Over the next five years the Department will explore ways to assist field staff in better understanding how the timely and accurate completion of data in the system affects federal reporting and our youth.

We will explore having the NYTD survey accessible online. We will explore the feasibility and effectiveness of having NYTD Specialists completing the surveys with the goal of having the youth followed from 17 to 21 by the same staff person.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

The Department has established and maintained a relationship over the past 30+ years with West Virginia University (WVU) and the Center for Excellence in Disabilities (WVU CED). The Mentoring and Oversight for Developing Independence for Foster Youth (MODIFY) Program within the WVUCED has collaborated closely with the Department. The WVU CED MODIFY program is the only program in WV that is authorized to distribute ETV. MODIFY implements internal controls such as documenting and every ETV payment requested to ensure that payments are not duplicated and do not exceed the allotted $5000 per school year.

Once a youth has applied the MODIFY program and supplied all of the necessary documentation of verify eligibility the MODIFY program specialists do an ETV and Cost of Attendance (COA) calculation to determine the amount of ETV that be offered for the school year without going over the COA to meet the needs of the youth.

MODIFY has built and maintains relationships with educational institutions in WV to coordinate ETV payments and to continuously assess the youths' educational needs, progress, and continued eligibility. When a youth from another state applies for ETV in WV MODIFY program specialists contact the appropriate state agency to verify eligibility for ETV funding. The state of origin will then verify if the cost of school attendance is covered by them or if WV needs to assist with funding. If the state of origin is providing funding MODIFY will provide support for the youth by linking the youth with the appropriate WV resources, contacts and/or educational institutions.

Chafee Training

Please see attached Training Plan and Transitional Living section of this document. When the new policy is developed on Transitional Living, training will be developed to engage tenured staff and field management on the changes. New workers will be trained on the policy through new worker training.

Consultation with Tribes (Chafee)

There are currently no federally recognized tribes in the state of West Virginia.

Consultation with Tribes (section 477(b)(3)(G))

There are currently no federally recognized tribes in the state of West Virginia. A bill titled "West Virginia Native American Tribes Unique Recognition, Authentication and Listing Act" was introduced during the West Virginia 2022 Legislative session but was not enacted.

Presentations to supervisors regarding the Indian Child Welfare Act (ICWA) were completed in July and September 2021. The presentations generated questions from child welfare staff on specific cases and technical assistance was provided by policy specialists. Draft policy specific to the ICWA is currently under review and is being prepared for release.

The Indian Child Welfare Act Policy was released to the field on January 3, 2023. The policy outlines when child welfare staff can engage families earlier in the child welfare process to find out if the family has tribal affiliation. It further guides child welfare staff in the processes needed to ensure tribes are involved in

the process with the family and that active efforts are made to prevent removal and to help reunify families.

Targeted Plans within the 2020- 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The Foster and Adoptive Parent Diligent Recruitment Plan was developed with the states Regional Recruitment and Retention teams, Mission WV, the Foster and Adoptive Diligent Recruitment Program Improvement Plan team, and West Virginia's Specialized foster care agencies. Please see attached.

Health Care Oversight and Coordination Plan

The Health Care Oversight and Coordination Plan was developed with the Office of Maternal Child and Family Health, Bureau for Medical Services, and the Bureau for Social Services. Please see attached.

Disaster Plan

It has not been necessary for the Bureau for Social Services to activate its COOP during the 5-year review period. Although various BSS offices closed and alternative locations were used in some instances, none of those facilities activated their COOP. When offices closed, essential staff remained available. Emergency events were handled by the local emergency management officials.

The Bureau for Social Services was on stand-by, as needed, at the Center for Threat Preparedness during events for which Health Command was activated.
See attached.

Training Plan

See attached.