

**West Virginia Citizen Review Panel**

**Annual Summary Report**

**December 2015 – September 2016**



August 20, 2017

Linda Watts, Acting Commissioner  
WV Department of Health and Human Resources  
Bureau for Children and Families  
350 Capitol Street, Room 713  
Charleston, WV 25301-3711

Dear Acting Commissioner Watts:

On behalf of the members of the West Virginia Citizen Review Panel (CRP), I present to you the 2016 Annual Summary of the CRP. The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that we prepare and make available to the state and to the public, a report summarizing the activities of the panel and making both observations and recommendations to improve the child protective services system. In accordance with that requirement, this summary is provided for your review.

The CRP is a multidisciplinary group that meets quarterly, and is committed to the effective functioning and continuous improvement of the comprehensive child welfare system in West Virginia. However, after several years of organizational stability and increasingly productive annual reports, the most recent year was exceptionally challenging. The organization experienced turnover at the chair level, then operated for much of the year without a coordinator. It was necessary for the CRP coordinator, having obtained full time employment with the DHHR, to submit requests to the West Virginia Office of Human Resource Management then the West Virginia Ethics Commission, to ensure no conflicts of interest were present. Although the decision(s) revealed no concerns regarding conflicts of interest, the process took several months, during which the coordinator took no role in CRP meeting business. The interruptions took a toll during the report year and the present calendar year, but the membership remains committed to its purpose and obligations on behalf of West Virginia's children and families. This year's report is thus in summary fashion representing meetings occurring between December 2015 and December 2016. It meets the requirements set forth by CAPTA.

I am grateful for a diverse group of CRP members who bring perspective, dedication, and professionalism. Our members hold the Bureau for Children and Families (BCF) in high regard and desire to assist continuous improvement toward the best outcomes for children and families in West Virginia. If you have questions or comments regarding this report, please do not hesitate to contact me.

Very truly yours,

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## Citizen Review Panel Focus Areas

### Centralized Intake

Assessing the centralized intake function and processes has been a standing agenda item at all CRP meetings. The CRP received detailed, in-person updates at each meeting by the director of this unit. The CRP members were informed about and provided input to several key topics.

- The CRP advocated the implementation of customer/caller satisfaction survey efforts. The surveying process initiated with mandated reporters using a short, online form. The goal would be to expand the survey to additional identified groups, improving the survey and corresponding process with each subsequent rollout. The CRP maintains that feedback regarding Centralized Intake is most meaningful when it is of sufficient quantity to be statistically valid, is standardized, and is obtained from a range of stakeholders: They include units receiving Centralized Intake referrals at the district level, mandated reporters and community callers to the Child Abuse & Neglect Hotline, and representatives from law enforcement, the judicial system, and the medical community.
- The Centralized Intake director shared a Monthly Progress Report, providing answers to questions regarding the data and statistics contained therein. The CRP members have been impressed by the reporting and analytics functions of the call management technology, particularly the capacity for Centralized Intake to research negative variances or outliers. The CRP questioned conclusions regarding wait times, hang ups, and internal call transfers when those conclusions were based on certain mean averages or ratios. Centralized Intake has been particularly responsive to questions, concerns, and input from the CRP members and considered input from them regarding the queue system, the narrative presentation of automated options to callers, and the satisfaction survey process.
- The CRP receives updates regarding other Centralized Intake issues, including staffing levels and quality assurance (i.e., screen in/out decision consistency and accuracy). This is a busy, 24/7 call center with near-constant personnel and scheduling challenges.

Initially, the CRP added Centralized Intake to its standing agenda because the unit was a new, important consolidating initiative. The intent was to monitor the rollout of the program, making both observations and recommendations so that community input was assured. However, effective, ongoing performance of Centralized Intake is mission-critical to improving child welfare in West Virginia. For this reason, the CRP will continue Centralized Intake as a standing agenda topic for at least the next year.

### Safe at Home

Safe at Home West Virginia (SAH) is a Title IV-E waiver demonstration project for child welfare reform. According to the website <http://www.dhhr.wv.gov/bcf/Services/Pages/Safe-At-Home-West-Virginia.aspx>, Safe at Home is designed to ensure that youth remain in their own homes and communities, avoiding foster care, congregate care, and high cost out of state placements whenever possible. The program is a wraparound model that incorporates system of care principles. The CRP received updates from the project director during the year.

The CRP takes great interest in the Safe at Home program and although initial rollout process, statistics, and challenges had been the focus of standing agenda updates this past year, the CRP will closely examine SAH Semi-Annual Progress Reports, the Program Evaluation Plan, and any forthcoming Evaluation Reports and audits (internal and external) going forward. The CRP is encouraged by the potential of the SAH program, realizing that it has many parts and differing community and clinical resources from county to county across the state. The CRP members were informed about the strategy and direction of the program and the timing/effectiveness of its implementation during this report year.

- A thrust of SAH is the capacity for creative, “out of the box” solutions, informal supports, and use of community resources. However, the CRP members observe that awareness and utilization of non-traditional providers seems limited. As the local coordinating agencies gain community relationships, experience, and confidence in this innovative process, it is anticipated that this aspect will improve.

### Case Reviews

The CRP continued to perform case reviews throughout the year. Of particular interest to the CRP are the cases that are not associated with the circuit court system in West Virginia. A layperson is unlikely to realize that child protective services (CPS) open cases may or may not involve the circuit court. Those involving the court, many of which include children who are in the temporary legal and physical custody of West Virginia, are subject to progress reviews, timeliness standards, and other multi-disciplinary measures of accountability. Those not involving the court may lack visibility, continuity, or both. General CRP observations of non-court case reviews include issues as follows:

- Case reviews reveal a pattern whereby all people in the home, and absent parents outside of the home, are not addressed during the investigatory or subsequent case work processes. The root cause of this issue is not clear to CRP members, so this is relayed as an observation only.
- Case reviews reveal that safety planning and case planning for substance abuse-related issues does not follow consistent protocols, perhaps due to the varied availability of substance abuse resources and services throughout the state. However, this may also be a casework/education issue, an issue of “local custom,” or a deficiency of policy. Given the escalating and pervasive nature of substance abuse in West Virginia, the CRP recommends continuing focus on strengthening worker knowledge and best-practice interventions for substance-affected families.
- Case reviews reveal that safety planning and case planning for chronic mental illness, similarly, does not follow consistent protocols. Documentation reveals regular references to “low functioning” parents and caregivers yet worker knowledge and best-practice interventions for this challenging population appears scant. Accordingly, the CRP recommends strengthening worker knowledge and best-practice policy guidance regarding CPS response to situations of chronic mental illness or apparent “low functioning” of parents and caregivers.
- Case reviews reveal the vital yet variable involvement and performance of supervisors. The CRP will request additional information from BCF regarding its

efforts to standardize and strengthen supervisor performance, given the critical impact of supervisory behavior on the quality of decisions and the satisfaction/retention of social services staff. The CRP recommends that the agency be diligent to develop and monitor, longitudinally, quantitative and qualitative measures by which to assess the effectiveness of supervisor training.

### Home Studies/Foster Care Recruiting

The CRP shares the agency's concern for the effectiveness and timeliness of home studies. Over the last two years, the process and accountability has changed. The processes of recruiting, approving, training, and monitoring resource homes now involves several entities and agencies.

- The CRP has asked, "how does the old process compare to the new, from a results/expectations standpoint?" The members recommend that the BCF and its partners in these processes develop a means to measure and monitor the effectiveness of systemic changes so that we know and can duplicate what works, and change what does not.
- The CRP observes that the marketing, media, and public relations effort to recruit foster families appears fragmented, and recommends greater coordination among stakeholders to strengthen the message, increase interest, and reduce barriers. Recognizing that this is not a BCF function, the CRP encourages all entities involved to join forces, using marketing intelligence, toward compelling, targeted messaging around this topic.
- The CRP observes that the background checking process itself creates inordinate delays to the home study process, and recommends continuing all organizational efforts to make this key set of steps as efficient and user-friendly as possible.