



West Virginia Statewide Child Welfare Listening Tour

Final Report

outwit complexity™

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Overview of What You Will Find in this Report

Over the course of six weeks in May and June 2025, West Virginia’s Department of Human Services partnered with Guidehouse to facilitate a statewide listening tour – not of places, but of perspectives. The effort brought together caregivers, frontline staff, service providers, legal professionals, and youth with lived experience across eight in-person community sessions and over ten virtual focus groups.



1 Executive Summary

Highlights key insights and takeaways from the analysis of what was heard across all sessions



2 Stakeholder Voice Profiles

Composite summaries based on real voices, thematically constructed to illustrate patterns across stakeholder experiences

- Youth in the System
- Biological Parents
- Kinship Caregivers
- Foster Parents
- CPS Case Workers
- Guardians Ad Litem
- Prosecutors
- Circuit Court Judges



3 Experiences with the System

Experiences with the system, including regional nuances, bright spots, pain points, and cross-cutting themes

- One Word to Describe the System
- Bright Spots and Local Innovations
- Regional Differences
- Cross-Cutting Themes and Systematic Insights



4 Community Generated Ideas

Potential solutions brainstormed by participants across the state to help address system challenges

- Workforce
- Accountability
- Prevention and Family Strengthening
- Youth Support
- Communication
- Caregiver Support

Scope and Limitations

It is important to clarify what this report is and isn't. This report is a qualitative synthesis of stakeholder input, bolstered by evidence-based framing. It is not an audit or statistical study of the system, nor does it encompass every facet of child welfare operations.

Intended Audiences for the Report

The report itself is intended to inform and guide a wide range of stakeholders involved in the stewardship and reform of West Virginia's child welfare system, including:

- **DoHS Leadership** – for identifying priority areas for investment, accountability, and operational improvements.
- **State Legislators and Policymakers** – to shape legislation, funding decisions, and oversight aligned with lived experience / community needs.
- **Advocates and Community-Based Providers** – to support coalition building, regional action planning, and local continuous improvement efforts.
- **Families, Youth, and Caregivers** – to affirm their insights as central to change, and to provide transparency into how their feedback is being used.

Limitations

The following limitations should be taken into consideration when reading this report:

- The ideas and perspectives shared throughout this report were voiced by participants during public listening sessions, focus groups, and outreach activities. The narratives presented are drawn directly from participants' own words, perspectives, and lived experiences. While every effort has been made to present these views accurately and respectfully, this report does not independently verify the factual accuracy of individual claims. Rather, it reflects the input of individuals who chose to participate in engagement activities seeks to reflect the patterns in how the system is perceived and experienced by those closest to it.
- Furthermore, it conducted as part of the West Virginia child welfare system listening tour. While broad outreach efforts were made, the findings should not be interpreted as representative of all experiences or all communities across the state. These perspectives offer valuable insight into lived experience, but they are not exhaustive.
- Ultimately this report is intended to inform learning, decision-making, and dialogue about the child welfare system in West Virginia. It should not be used as a formal evaluation or audit. Ideas and themes captured here reflect a large sample of subjective experiences and should be considered alongside quantitative data, statutory context, and policy expertise.

Executive Summary

This section synthesizes what we heard across all sessions: elevating shared pain points, community-driven solutions, and the system-level shifts needed to strengthen outcomes for children, families, and those that serve them.

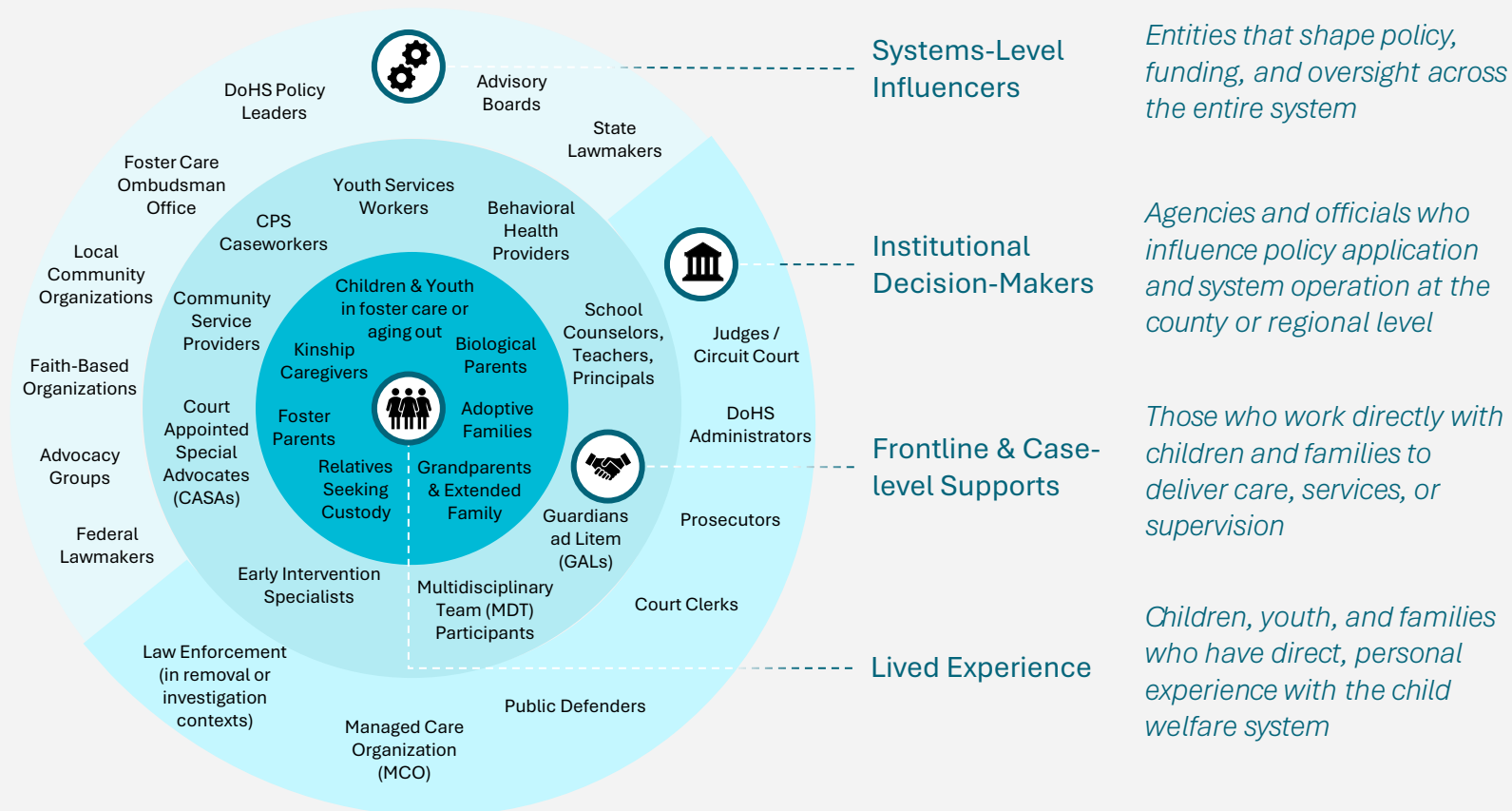
Perspectives from Across West Virginia

The child welfare system is an ecosystem that spans local, regional, and state systems, relying on the coordinated efforts of public agencies, courts, nonprofits, healthcare providers, schools, and community organizations to protect and support vulnerable children and families. Success depends on constant collaboration across jurisdictions, sectors, and disciplines to navigate legal, clinical, and social complexities.

West Virginia's child welfare system isn't a single institution – it's a web of organizations, people, and decisions.

This complexity is exactly why a broad statewide Listening Tour was necessary. **No single perspective can capture the full reality of how the system functions.**

The engagement was intentionally designed to hear from people across every layer of the system. Those living it, working in it, and leading it.




Dual Emphasis on Listening & Problem-Solving Defined the Spirit of the Tour

The tour was grounded in two core aims: 1) Better understand how people experience the system today – its pain points, bright spots, and patterns, and 2) Surface actionable ideas and solutions that can guide more efficient, effective, and fair outcomes for children, families, and those that serve them.

TIMELINE

May 2025 – June 2025

DELIVERABLE

 Findings Report
(this document)

KEY INPUTS

11

Virtual
Focus Groups

8

In-Person
Public Meetings

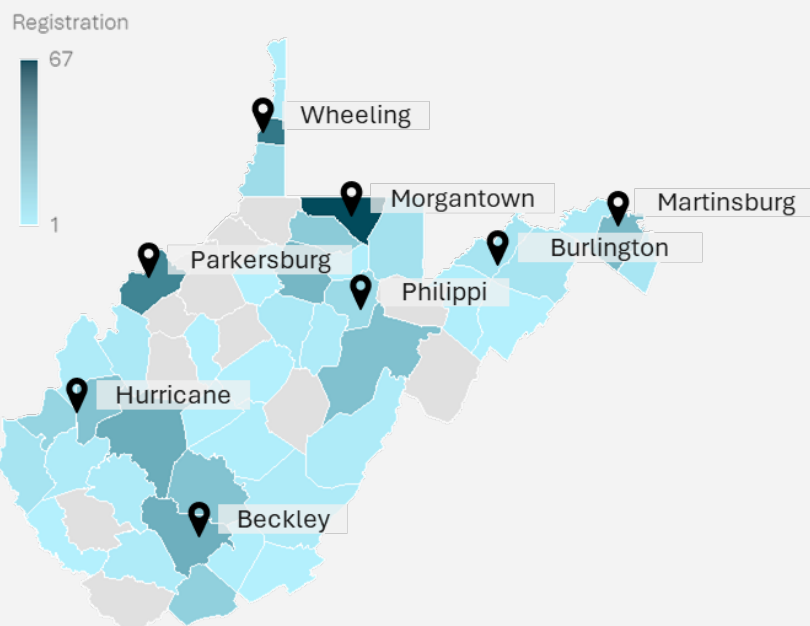
350+

Participants
from 44 Counties

1700+

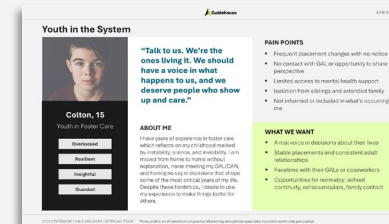
Ideas for
How to Improve

LOCATIONS AND COUNTIES COVERED

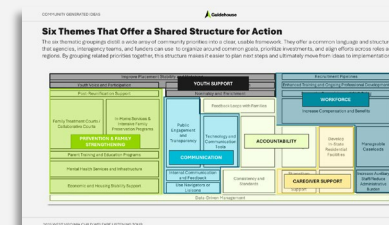


- Facilitated 8 in-person public meetings across different regions of the state that were designed to center the voices of lived experience and frontline workers.
- Location selection balanced broad geographic representation with practical accessibility. Sessions were held in regional hubs that reflect the diversity of West Virginia's communities – urban and rural - while also maximizing participation by drawing from nearby counties and high-impacted areas.
- Conducted 10+ virtual focus groups with stakeholder groups from across the system to gather role-specific insights and additional perspective on constraints.

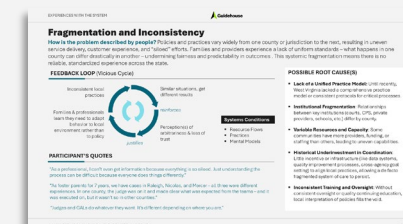
KEY OUTPUTS



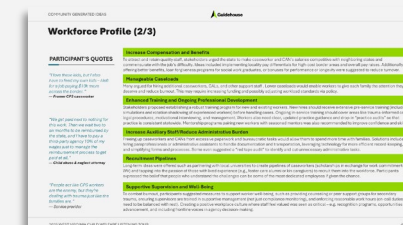
Stakeholder Voice Profiles



Improvement Idea Themes



Cross-Cutting Pain Points



Solution Idea Deeper Dives

What We Heard and How We Analyzed It All

Capturing the perspectives of more than 350 participants (across regions, professions, and personal experiences) is both an extraordinary opportunity and profound challenge. Some shared their stories with precision and clarity. Others offered raw emotion, fragments of experience, or insights shaped by frustration and fatigue. The depth varied. The perspectives didn't always align. But together, that's what made them valuable.



Structured Listening

Sessions allowed participants the freedom to reflect and share individually, as well as build on one another's insights.

All discussions followed a common structure rooted in the ORID framework, which enables participants to:

- Share personal experiences and observations (objective and reflective insight)
- Analyze systemic patterns and root causes (interpretive insight)
- Generate ideas for action and reform (decisional input)

Multiple notetakers were present at every session, and participant worksheets were collected to ensure findings were captured in their own words.

Dual-track Analysis

We didn't summarize. We used a structured, multi-phase approach to code, cluster, map, and interpret all that was shared.

- All data was analyzed thematically, using both inductive (ground-up) and deductive (framework-based) methods.
- Ideas for change were clustered into pain point themes and solution categories following multiple rounds of axial coding.
- Entries were also tagged by region, role, and system domain, allowing more specific insights to surface with clarity.

The goal was to analyze responsibly and distill meaning without erasing nuance.

The Result

It should be noted that report does not reflect a single voice or participant; it reflects a chorus.

- Every story shared did not make it into these pages. But every story helped shape what's here.
- What emerged is not just a set of findings, but a reflection of a system as experienced: layered, complex, and in need of more effort by the many involved to improve it.
- This report is not a summary of who spoke the loudest, but a careful and independent breakout of the patterns, priorities, and possibilities voiced by West Virginians across the state.

Pain Points That Came Up Again and Again

Before jumping further into those solutions, it's important to sit with the experiences and perspectives that shaped them. From the mountains of the southern coalfields to the panhandles of the north and east, participants shared deeply personal stories. What's listed below were the most common frustrations people shared about how the child welfare system works – or doesn't.



Families and youth experience a revolving door of caseworkers and GALs – some reporting four or more in a single case. **Turnover, burnout, and vacancies create chaos**, forcing parents, youth, judges, and caregivers to re-explain, re-engage, and rebuild trust with each other from scratch.



A striking theme was the uneven experience between different counties and workers. Many participants perceived that the **“same case” could play out differently depending on the judge, the worker, or the region** – with uneven application of timelines, visitation, reunification standards, and basic case procedures.



Silence from courts, CPS, and providers breeds confusion and mistrust. Some caregivers described receiving children without critical medical or trauma history; parents said they rarely understood what was expected of them. Even teachers and doctors felt shut out, limiting their ability to support children in their care.



Foster parents and kinship caregivers said they **feared losing placements for raising concerns**. Biological parents echoed this – sharing experiences of **how questioning decisions have triggered delays or stricter oversight**. This fear silences feedback, hinders transparency, and deepens power imbalances.



From therapy to transportation, **services families need to strengthen are often unavailable and access is significantly influenced by where someone lives and what insurers will cover**. Families trying to reunify face waitlists and some youth aging out report feeling abandoned.



Grandparents, relatives, and foster families are holding the system together but with minimal support. **Kin often go unpaid for months and access some of the enabling supports foster parents receive. Foster parents feel excluded from case planning.** All want to be part of the team, not treated like a liability.



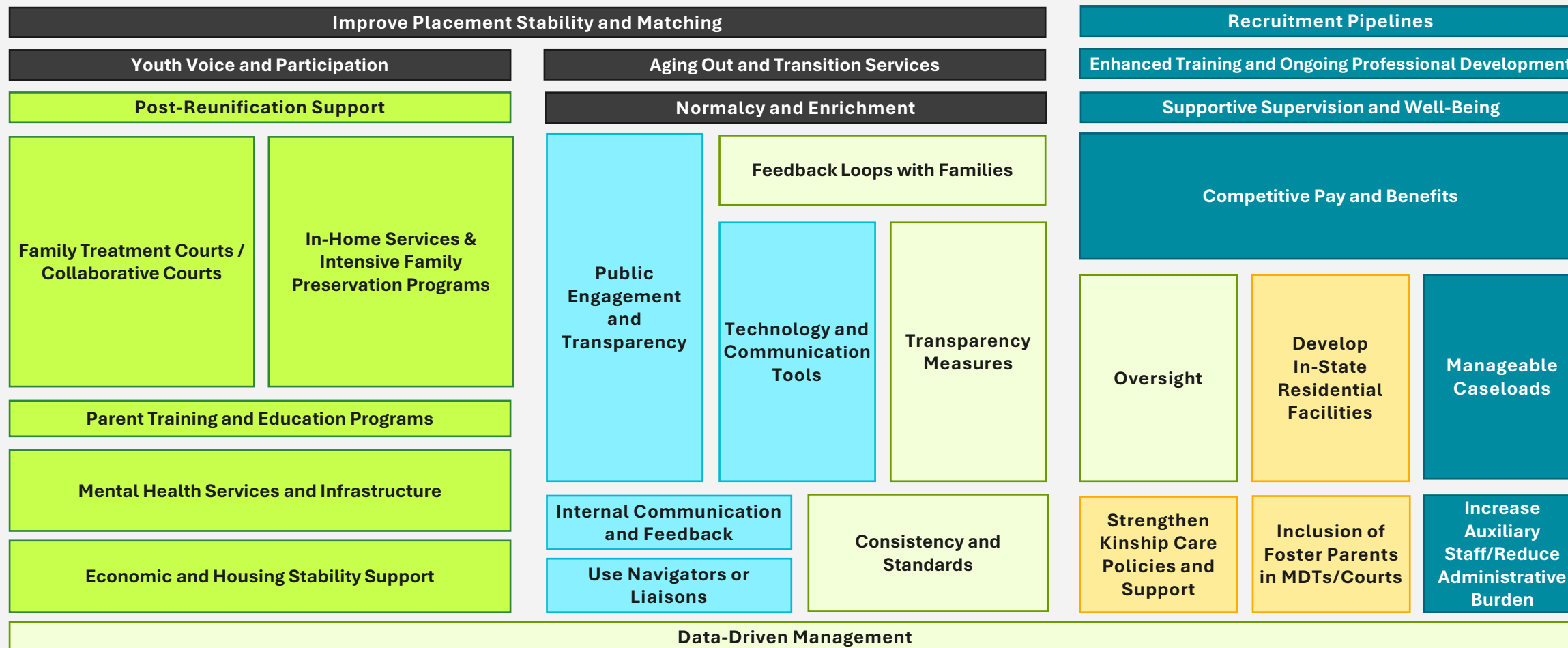
Justice moves too slowly. Parents and caregivers shared stories of hearings delayed for months or even years. Legal professionals acknowledged both overcrowded dockets and not receiving timely information from various stakeholder groups as driving the delays.



Nearly everyone described a **culture more focused on blame than solving problems**. Where fear of being held responsible drives decisions and delays action. Blame flows in every direction too – *up, down, and across the state* – with each stakeholder group pointing to another for failures and delays. Leaving the courts, CPS, caregivers, providers, and families operating in silos of mistrust, each feeling let down and under attack by each other.

28 Priorities for Change, Direct from the West Virginians

Participants were asked, “What would make the child welfare system work better for children, families, and those who serve them?”. Nearly all responses fall into one or more of the 28 priorities listed below. Covering six themes – *Workforce, Accountability, Prevention & Family Strengthening, Youth Supports, Communication, and Caregiver Supports* – it distills a wide array of community priorities into a clear, usable framework.



Beyond the Surface: Making Sense of What We Heard

What families and workers experience is shaped not just by individual policies or actions, but by the interplay between structures, relationships, and mindsets across many agencies and individuals. This “invisible architecture” is why traditional linear analysis is often insufficient in making sense of the complexity (and substantial number of diverse perspectives). To move from ideas to impact, we also analyzed all the data through a complexity lens. This approach helped reveal deeper patterns like why similar problems show up in different forms and how community-generated ideas can target root causes instead of symptoms.

What Shapes People's Experiences

The practices, resourcing, and processes that influence how the system operates, often varying by region, role, or agency

Policies

Formal rules, regulations, and laws that govern how the system operates

Practices

Activities, procedures, and routines carried out by institutions and individuals

Resource Flows

How money, people, information, and infrastructure are allocated and distributed

What Drives the System

The deeper structures, incentives, and beliefs – like relationships, power dynamics, and mindsets – that reinforce patterns over time

Relationships & Connections

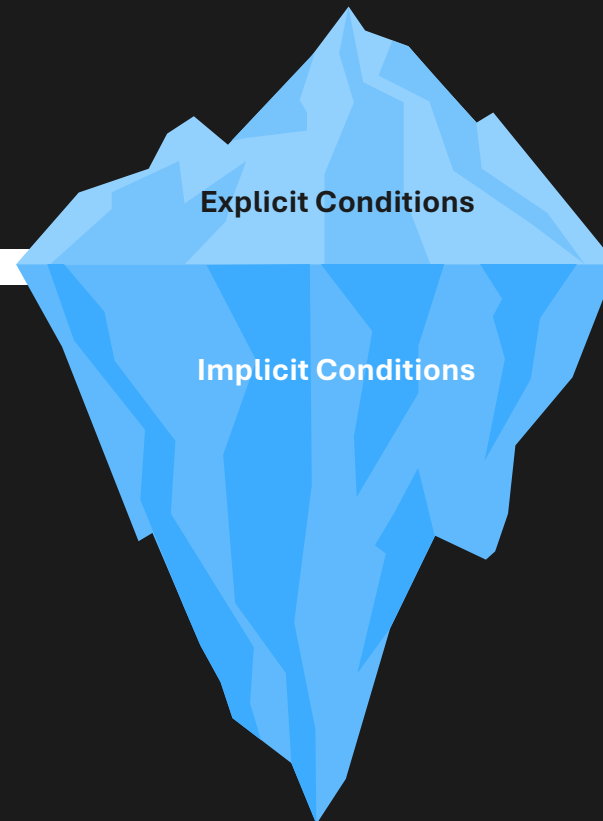
The quality of interactions and communication across individuals and organizations in the system

Power Dynamics

How authority and decision-making are distributed, formally and informally

Mental Models

Deeply held beliefs, assumptions, and narratives that influence behavior and choices



Policies, Practices, and Resources

Participants called for reforms to how the system operates, suggesting clear changes to policy rules, everyday practices, and how time, money, and staff are used. These actions address breakdowns that lead to delay, confusion, and harm.



POLICIES

- **Permanency must mean permanence.** Unwind barriers that limit achievement of the 15/22-month rule - not as a blunt instrument, but as a standard of urgency that keeps children from languishing in limbo.
- **Consistency should not depend on your ZIP code.** Standardize oversight of court practices, case review timelines, and treatment court availability statewide, etc.
- **Kin should come first and be supported.** Expand guardianship assistance, waive non-safety barriers, and fund kin as equals to traditional foster placements.
- **The workforce needs policy protection.** Cap caseloads, offer student loan relief for in demand position, and ensure salaries that reflect the burden and responsibility of the role.



PRACTICES

- **Training is an intervention.** From foster parents to CPS workers to judges. Train for trauma, train for quality, train together.
- **Engagement must be genuine.** Hold family team meetings early and often. Involve youth in their own cases. Treat communication as core to the work, not a side task.
- **Clarity matters.** Case plans should be written, reviewed, and revisited, with the family in the room, not after the fact.
- **Shift the posture.** Cultivate a customer service mindset across agencies, providers, and courts.
- **Prevent the crisis before it escalates.** Expand differential response and in-home services before removal.
- **Every meeting should mean something.** MDTs should be inclusive, intentional, and centered on planning; not box-checking.



RESOURCES FLOWS

- **Gaps in services create gaps in safety.** Invest in mental health, food assistance, parenting programming, addiction treatment, and therapeutic foster care in every region.
- **Support the supporters.** Provide stipends, legal aid, and respite to kin and foster caregivers. Eliminate red tape and unequal pay.
- **Modernize the basics.** Upgrade IT systems. Upgrade existing placement options and create local child-friendly visitation spaces.
- **The frontlines are collapsing.** Make caseloads manageable through innovative workforce practices and competitive pay.
- **Keep kids close.** End reliance on out-of-state placements by expanding in-state therapeutic options and recruiting more specialized homes.
- **Use funds flexibly.** Create local discretionary pools for basic needs that can stabilize families: a car repair, a crib, a hotel room after eviction.

Relationships, Power, and Mindsets

While structural fixes matter, participants also overwhelmingly spoke of less visible dynamics, like how people and organizations interact (or don't), who holds influence, and the assumptions that guide decisions. Addressing these areas is essential for meaningful, long-term transformation.



RELATIONSHIPS & CONNECTIONS

- **Make space to meet.** Incentivize regular local collaboratives across counties. A table where families, CPS, schools, and providers problem-solve together.
- **Support peer connection.** Expand formal mentorship programs for youth, foster parents, and reunifying families.
- **Partner outside the system.** Schools, churches, nonprofits, and first responders can be allies but only if invited to coordinate, not just observe.
- **Bridge the agency divide.** Facilitate cross-training and shared planning between DoHS, courts, providers, and the public.
- **Bring the public in.** Run public education campaigns about the system, foster care, and how neighbors can help.
- **Fix basic communication.** Provide hotlines, clear escalation pathways, and written contact info and follow up every time.



POWER DYNAMICS

- **Youth and parents need a seat at the table.** Build advisory boards. Involve them in training, planning, and reform. Don't make decisions about them without them.
- **Strengthen ombudsman.** One with authority to investigate and act, not just listen.
- **Prohibit local retaliation.** Investigate local complaints. Create a culture where speaking up is safe.
- **Give caregivers a voice.** Include caregivers in court or MDTs. Require courts to ask if they wish to speak.
- **Level the courtroom.** Fund robust parent defense and allow informal advocates to contribute meaningfully.
- **Transparency is accountability.** Public dashboards, reports, and open records foster shared responsibility.



MENTAL MODELS

- **Shift the story.** Tell more narratives of success, hope, recovery, and shared humanity, not shame and failure.
- **Train for compassion.** Invest in trauma and economic bias training that helps people see families as whole humans, not problems.
- **Reinforce strength, not deficits.** Use language and documentation that focuses on potential, not pathology – especially with youth.
- **Build a learning culture.** Debrief when things go wrong. Celebrate when they go right. Remove the fear of blame.
- **Reclaim child welfare as community work.** This isn't just government's job; it's everyone's.
- **Lead with hope at every level and agency.** Help workers, youth, and families believe that transformation is possible, because it is.

Closing the Gap Between Experience and Aspiration

The words at the bottom show the starting point. The words at the top show the goal. Everything in between is the work. The climb from where things are to where the community hopes to go is steep, but not directionless. This report offers practical tools for the climb ahead: direction from stakeholders across the system, ideas for how to improve from those closest to the problem(s), and a framework to guide decision-making.

“Integrated.” “Clear.” “Reliable.” “Safe.” “Hopeful.” “Restorative.”

*“Disconnected.” “Confusing.”
“Inconsistent.” “Scary.”
“Hopeless.” “Traumatizing.”*



People are eager to be part of the solution, and their ideas align on major points.

The heartening finding is the remarkable consistency and constructiveness of solutions proposed by different groups across the state. There is broad agreement on what needs to change – workforce investments, increased accountability communication fixes, more support for families, etc. – which provides a clear roadmap for action. Many seem willing to work with institutional decision-makers and others on these shifts, as long as the momentum from this Listening Tour continues and translates into concrete steps.

Moving Forward

Progress is likely to require tradeoffs, sequencing, and time. What matters most now is choosing a few things to do well and doing them with consistency, transparency, and follow-through.

1. What's Already Being Done in Response

- **Transparency & Accountability** – Governor Morrissey and the administration has already taken several actions, announcing mandatory monthly supervisory case reviews, a Critical Incident Review Team, planned improvements to public-facing dashboard(s), and commitment to comply with federal fatality and near fatality-reporting.
- **Consistency & Standards** – Investment in a Comprehensive Practice Model, which will provide a framework that standardizes practices across the state

2. How This Report Should Be Used

- Inform DoHS and judicial branch planning, helping identify a small number of actionable, near-term priorities.
- Guide local and regional stakeholders (e.g., local community leaders, service providers, nonprofits, and frontline staff) to inform their own planning or cross-system collaborations – whether that's strengthening partnerships, seeking funding, or improving day-to-day practice.

3. What to Expect Next

- This report will be shared back with all listening tour participants that provided contact information via registration or in-person at a session.
- DoHS will sponsor an advisory committee in the coming months to help shape a roadmap for future improvements, with an initial meeting anticipated later this year.



To everyone that participated in the Listening Tour

Thank you for your time, your candor, and your continued commitment to West Virginia's children and families.





Stakeholder Voice Profiles

THE PEOPLE

This section includes fictionalized composites based on real voices but are not direct depictions of any one person. They are thematically constructed to illustrate patterns across stakeholder experiences and support human-centered decision-making.

Stakeholder Voice Profiles Overview

A core focus of the Listening Tour was to elevate stakeholder voice – the lived experiences of those who interact directly with the child welfare system. In these sessions, different groups shared strikingly personal stories, many marked by trauma and frustration, but also hope and determination for change. The intent of these stakeholder voice profiles is not to speak for everyone, but to reflect the patterns heard again and again – the struggle, the resilience, and the ideas for change.



Stakeholder Voice Profiles Are Composite Narratives

Each reflects the voice of someone with firsthand experience, crafted from the stories shared across listening sessions held throughout West Virginia.

They draw from hundreds of first-hand accounts: biological parents, kinship caregivers, foster families, youth with experience in care, and caseworkers, etc.



Tools for Empathy and Action

These reflections can be used to help decision-makers, reform teams, and cross-agency leaders:

- Build empathy across roles and functions
- Recognize patterns that may be obscured in data
- Surface role-specific needs for system redesign
- Center lived experience in policy, practice, and program development

Youth in the System



Colton, 15

Youth in Foster Care

Overlooked

Resilient

Insightful

Guarded

“Talk to us. We’re the ones living it. We should have a voice in what happens to us, and we deserve people who show up and care.”

ABOUT ME

I’ve been in nine placements in five years. Every time I start to settle, someone moves me. New school, new rules, new people asking the same questions. Half the time, no one tells me what’s going on, they just show up and pack my stuff. I’m not a file. I’m not a case. I’m a person. I want to know what the plan is. I want someone to ask what I think before they decide what’s “best” for me. I want stability and a say in my own life.

PAIN POINTS

- Frequent placement changes with no notice
- No contact with GAL or opportunity to share perspective
- Limited access to mental health support
- Isolation from siblings and extended family
- Not informed or included in what's occurring with their case

WHAT WE WANT

- A real voice in decisions about their lives
- Stable placements and fewer strangers
- Consistent adult relationships
- A say in where they live and who they talk to
- Facetime with their GALs or caseworkers
- Opportunities for normalcy: school continuity, extracurriculars, family contact

Biological Parent (Birth Parent)



Amber, 28

Biological Parent

Protective

Scrutinized

Distrustful

Resilient

“Just because I’ve struggled doesn’t mean I don’t love my kids. I need help, not judgment. There’s more to my story than what’s in the case file.”

ABOUT ME

I lost my kids during the worst period of my life – an abusive partner, unstable housing... everything falling apart. But I got clean. I got a better job. I showed up. Even then, it felt like I had to prove I was worthy of being their mom over and over again. Too often, it felt like I was being punished even after I changed. Services were delayed. Plans kept shifting. No one would give me a straight answer about what came next. I’ve done everything they asked... What else do they want?

PAIN POINTS

- Inconsistent communication
- Limited-to-no access to services
- Prejudice due to past or current struggles with poverty, substance use, or mental health
- Being perceived as adversarial or combative
- Overwhelmed by confusing processes and requirements

WHAT WE WANT

- Clear, consistent pathways to reunification
- Visitation that’s reliable and frequent
- To be seen as capable of change
- Access to services and supports before or at the start of the case, not after removal
- A system that rewards progress

Kinship Caregiver



Tracy, 61

Grandparent

Committed

Overburdened

Undervalued

Invisible

“I didn’t plan to start parenting again in my sixties, but family is family. But I shouldn’t have to fight for the basics while trying to keep these kids afloat.”

ABOUT ME

When CPS called, there was no question, I said yes. They’re my grandbabies. But the minute I stepped in, it felt like the system stepped out. No financial support for weeks, no one explained the process, and half the time I’m the last to know what decisions are being made. I didn’t ask for this, but I won’t walk away. Still, I need help; just like any foster parent would.

PAIN POINTS

- No legal counsel
- No early financial support
- Inconsistent communication
- Long waits for court action
- Lack of recognition in case planning

WHAT WE WANT

- More financial, emotional, and logistical support
- Support navigating the legal system
- Recognition and respect
- Streamlined licensing and kinship payment systems
- Clear communication about case plans, services, and next steps

Foster Parent



Peter, 45

Foster Parent

Supportive

Frustrated

Excluded

Adaptive

“Treat us like partners. We’re not trying to run the case; we just want to help raise these kids with stability and love. If you want placements to last, listen to those living it.”

ABOUT ME

I open my home because I believe kids deserve safety and love but sometimes it feels like I’m the last to know what’s happening in their lives. Court dates change with no notice. Therapy gets approved, then canceled. I ask for help and get voicemail. We do the hard part – middle-of-the-night calls, trauma responses, school meetings – and still get treated like temporary babysitters.

PAIN POINTS

- Excluded from case planning and court
- Abrupt placement changes without consultation
- Lack of access to basic child information (health records, history)
- Inconsistent communication from CPS
- Feeling punished for asking questions

WHAT WE WANT

- Inclusion in MDTs, hearings, and case planning
- Timely notification before placement changes
- Access to medical, educational, and legal information
- Recognition and trust for their role as consistent caregivers

CPS Case Worker



Sarah, 31

Case Worker

Overwhelmed

Mission-driven

Undervalued

Fearful

“We’re trying, but we’re drowning. We need realistic caseloads, better tools, and the trust to make good decisions.”

ABOUT ME

I carry 33 open cases. Some days I drive 150 miles just to make two home visits and sit in on a court hearing where I’m expected to have all the answers. I’m juggling court reports, safety plans, placement crises, and a phone that never stops ringing. I got into this work to help children. But the paperwork is endless, the expectations are impossible, and when something falls through; everyone blames me. I don’t need another training. I need time. I need backup. I need a system that supports me.

PAIN POINTS

- Unmanageable case load
- High turnover and lack of experienced supervision
- Minimal access to mental health support
- Inconsistent expectations
- Blame when outcomes go wrong, but little recognition when they go right

WHAT WE WANT

- Manageable caseloads and adequate staffing
- Clinical supervision and trauma support
- Streamlined administrative practices
- Pay competitive with neighboring states
- Systems that support quality, not just compliance

Guardian Ad Litem (GAL)



Michelle, 39

Guardian ad litem

Underpaid

Invested

Overextended

Compassionate

“Our work takes months to get reimbursed, and we’re expected to cover caseloads across counties and it’s the kids who suffer for it.”

ABOUT ME

I meet my clients at their worst moments; terrified, ashamed, and already written off. My job is to protect their rights, but I spend most of my time chasing down case files, untangling service histories, and trying to figure out who’s responsible for what. The system expects kids and parents to be perfect in impossible conditions, while everyone else gets to operate with delays and excuses. I don’t need miracles. But every year, the work gets harder.

PAIN POINTS

- Excessive caseloads
- Unrealistic travel expectations
- Severe delays in payment
- Lack of access to basic child information (i.e., health records, history)

WHAT WE WANT

- Reasonable caseload standards
- Reliable, timely payment structures
- Real-time access to case documents and provider records
- A system that prioritizes thoughtful placement

Prosecutor



Ross, 51

Prosecutor

Determined

Frustrated

Influential

Cautious

“I can’t protect kids if the system doesn’t back me up. You can’t keep me in the dark and expect better outcomes.”

ABOUT ME

Most days, I’m walking into court with gaps like missing documents and no service updates. Some days I can’t even get someone on the phone to check on a child I’ve been alerted might be in trouble. I’m not here to point fingers. But I need reliable information to do my job, and that requires real partnership. I feel responsible not just for legal outcomes, but for ensuring children and families receive justice.

PAIN POINTS

- Incomplete or delayed information from CPS
- High caseloads and courtroom backlogs
- Lack of coordination and consistency between policy, case law, and the practice of it
- CPS turnover and mid-hearing reassignment
- Important cases are being screened out despite meeting probable cause standards

WHAT WE WANT

- Stronger coordination and information-sharing with CPS
- Timely, accurate case files and service documentation
- Dedicated transportation and shelter resources to prevent hotel stays
- Greater professionalism and preparedness from frontline staff

Circuit Court Judge



Tracy, 60

Judge

Powerful

Guarded

Principled

Skeptical

“We’re asked to make life-changing decisions with incomplete information. CPS is behind, providers don’t follow through, and families pay the price.”

ABOUT ME

From the bench, I see everything and not enough. I see the same families circle back, the same plans recycled, and caseworkers scrambling to keep up. But what I often don’t see, until it’s too late, are the missing pieces: the service that wasn’t delivered, the referral that didn’t go through, the child who gave up on trusting the process. I’m not here to manage chaos, I’m here to deliver justice. But justice needs infrastructure.

PAIN POINTS

- Lack of in-state residential facilities forces judges to place children out-of-state
- Case progress is delayed by lack of visitation supervisors, and other providers
- CPS workers lack adequate court process-related training and are unprepared
- Lack of continuity due to CPS turnover

WHAT WE WANT

- Complete, timely documentation from all parties before hearings
- Additional in-state facilities for placement
- Standardized discovery and information sharing across counties
- Stronger in-state placement options
- Greater professionalism and preparedness from frontline staff



Experiences with the System

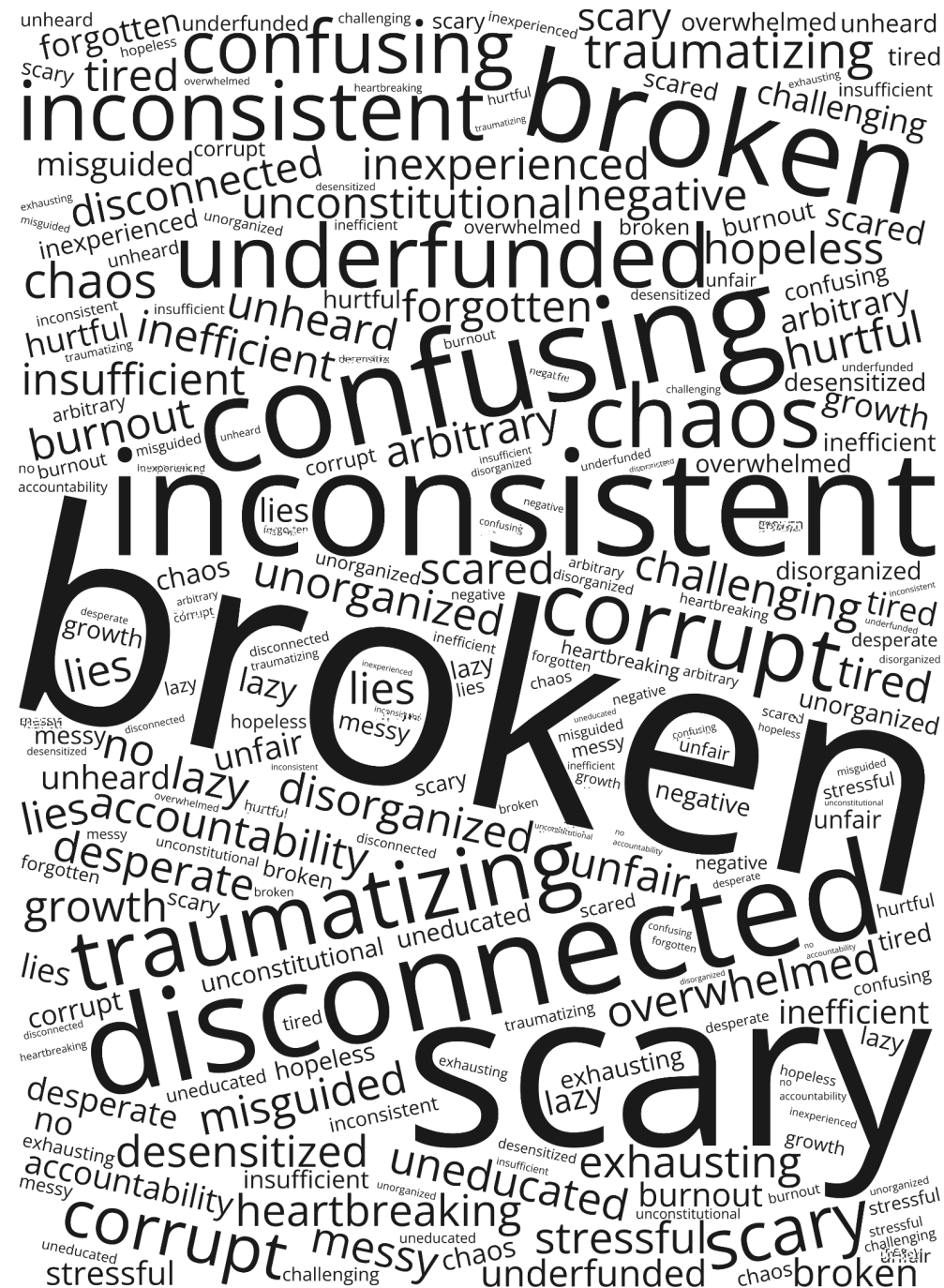
THE PERSPECTIVES

This section summarizes what was heard about people's experiences with the system, including regional nuances, bright spots, pain points, and cross-cutting themes.

Choosing One Word

In each session, participants were asked to describe their experience with West Virginia's child welfare system. The responses were strikingly honest and often emotional. When one facilitator opened with the prompt, **"If you could only use one word to describe West Virginia child welfare system, what would you choose?"**.

A roomful of voices in Parkersburg offered a somber litany: *"Challenging. Frustrating. Overwhelming. Broken. Traumatizing. Exhausting. Inconsistent. Heartbreaking. Arbitrary."* These words, echoed across multiple sessions, paint a picture of a system that is not meeting the needs of children, families, or those who serve them.



Regional Differences Shape Local Realities

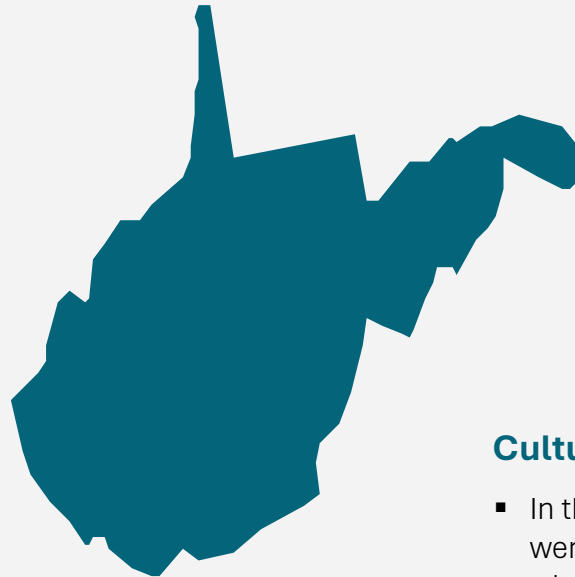
While the major themes were remarkably consistent statewide, the listening sessions did surface some regional differences and unique local challenges. West Virginia's communities are diverse – what a rural county faces can differ from an urban county. While not comprehensive or statistically representative, these insights highlight how geography shape experiences with the child welfare system.

Services Access is Inconsistent

- Urban centers offer more services, but they're often overwhelmed and hard to navigate.
- In southern and rural regions, providers and local supports are limited to nonexistent, which result in placements that end up being a significant distance away.
- Border communities who are more likely to have kin geographically close but out-of-state experience more frustration with the ICPC process.

Perception that Judicial Discretion Varies

- In urban centers, some courts were described as structured but slow, with long delays due to high caseloads.
- In southern coalfield counties participants shared experiences of bias, inconsistency, and punitive attitudes. Judges and prosecutors were described as resistant to reunification and unaccountable to state standards.
- In the northern panhandle, some described double the removal rates compared to other regions, attributing it to a deeply embedded removal-first mindset.



Workforce Gaps Deepest in Rural and Border Counties

- Several rural counties reported having only one CPS worker, contributing to burnout and long delays in home visits or case actions.
- In the eastern panhandle, low wages and proximity to Maryland and Virginia led to high staff turnover, as workers leave for better pay and lower caseloads.
- Across regions, undertrained and unsupported staff were a major concern, but the problem was amplified in remote areas.

Culture and Power Dynamics Influence Perceptions

- In the southern counties, significant distrust and fear of retaliation were more dominant themes. Participants described a culture where “who you know” shaped your case more than facts.
- In the northern panhandle, the child welfare system was seen as overwhelmed and legalistic, with GALs and judges rarely meeting children but still driving decisions.
- In rural regions, CPS workers were sometimes perceived as disempowered or reliant on Charleston leadership, unable to respond flexibly to local needs.

Bright Spots and Local Innovations

While much of the discussion focused on challenges, the Listening Tour also unearthed inspiring bright spots – instances of people or programs making a positive difference. These stories of hope, though fewer, are important because they demonstrate what works and can be built upon. Participants lit up when sharing these examples, reinforcing that even within a strained system, commitment and creativity at the community level are yielding results.



Exceptional Caseworkers, Judges, and School-based Therapists

Numerous families took a moment to acknowledge individual workers who go “above and beyond.” For instance, a foster parent from the Eastern Region praised her CPS caseworker who “always answers the phone, even at 9 PM, and genuinely cares about our kids.” In another session, a reunified mother credited a Judge in her county for actively facilitating her recovery and reunification. These personal accounts illustrate how dedicated professionals can create islands of excellence.



Community-based Programs and Support Networks

Some regions have grassroots support networks that were highlighted as lifesavers. In one county, foster parents formed a volunteer coalition that runs a “clothes closet” and equipment swap for foster / kinship families, so that when a child is placed suddenly, caregivers can get necessities. Others highlighted the effectiveness of Stagers Recovery House, a residential program for women in recovery. These local innovations – often run by nonprofits, faith communities, or coalitions of foster parents – fill gaps that the formal system does not.



Prevention and Early Intervention Efforts Show Promise

Attendees in a several sessions mentioned Family Treatment Court (FTC) as a positive innovation – these courts focus on rehabilitating parents with substance use disorders and have had success in reunifying families. One prosecutor noted that participants in their county’s FTC had much lower relapse and re-removal rates. Likewise, a recent pilot program that provides services to teens at risk of entering state custody was said to have managed to keep several teens with their families. These preventive and treatment-oriented initiatives are bright spots that many felt should be expanded.



Cross-Cutting Themes and Systemic Insights

Each theme reveals how structures, incentives, policy, and cultural norms interact to produce breakdowns that are not random, but rather, they are predictable and likely self-reinforcing. Together, they offer a sharper lens on the core issues that must be addressed to enable lasting change.

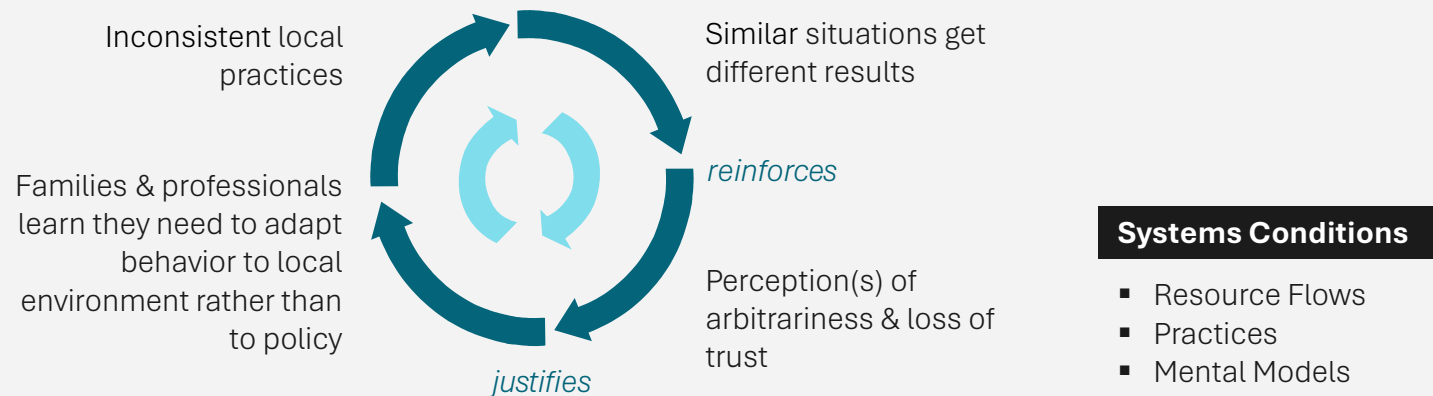
outwit complexity™



Fragmentation and Inconsistency

How is the problem described by people? Application of practices vary widely from one county or jurisdiction to the next, resulting in uneven service delivery, customer experience, and “siloe” efforts. Families and workers experience a lack of uniform standards – what happens in one county can differ drastically in another – undermining fairness and predictability in outcomes. This systemic fragmentation means there is no reliable, standardized experience across the state.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT’S QUOTES

“As a professional, I can’t even get information because everything is so siloe. Just understanding the process can be difficult because everyone does things differently.”

“As foster parents for 7 years, we have cases in [three different counties]. All three were different experiences. In one county, the judge was on it and made clear what was expected from the teams and it was executed on, but that wasn’t even close to how things played out in the other counties.”

“Judges and GALs do whatever they want. It’s different depending on where you are.”

POSSIBLE ROOT CAUSE(S)

- **Lack of a Unified Practice Model:** West Virginia lacks a comprehensive practice model or consistent protocols for critical processes.
- **Institutional Fragmentation:** Relationships between key institutions (courts, CPS, private providers, schools, etc.) differ by county.
- **Variable Resources and Capacity:** Some communities have more providers, funding, or staffing than others, leading to uneven capabilities.
- **Historical Underinvestment in Coordination:** Little incentive or infrastructure (like data systems, quality improvement processes, cross-agency goal setting) to align local practices, allowing a de facto fragmented system of care to persist.
- **Inconsistent Training and Oversight:** Without consistent oversight or quality continuing education, local interpretation of policies fills the void.

Unstable and Overburdened Workforce

How is the problem described by people? The child welfare workforce is unstable, under-resourced, and stretched to its limits. Chronic staff shortages, high turnover, and excessive caseloads have created a revolving door of caseworkers, supervisors, attorneys - undermining the continuity and quality of care for children and families. This instability leads to delays, oversight lapses, and a loss of institutional knowledge.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT'S QUOTES

"My granddaughter has had three CPS workers in one month. Nana, they're falling like flies, she told me."

"The GAL told me they had nearly 300 cases and no time to meet the kids."

"There isn't more of us [*licensed therapists*] around here... When we do hire someone, we probably got'em from them [*pointing to another service provider group at the session*]."

"I stopped believing I could help... I just got so overwhelmed and numb. That's when I knew I had to leave."

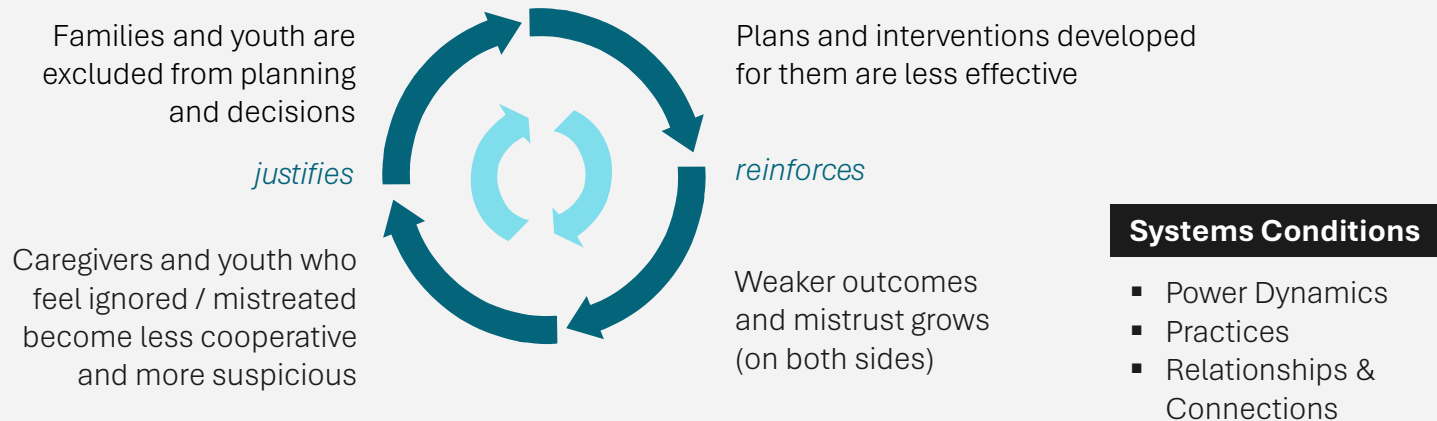
POSSIBLE ROOT CAUSE(S)

- **Overwhelming Caseloads:** With too few workers, each caseworker and attorney carries far more cases than recommended. Each "case" often involves multiple children and parents, so the workload becomes humanly impossible.
- **Misaligned Pay and Benefits:** Child welfare jobs are traditionally low-paying relative to the responsibility and stress involved. Uncompetitive pay can weaken retention.
- **Burnout and Secondary Trauma:** The nature of child welfare is emotionally draining – workers regularly confront trauma, abuse, and high-stakes decisions. Without robust supports (like counseling, manageable hours, or supportive supervision), employees experience high burnout.
- **Inconsistent Training and Support:** New workers face a steep learning curve with lives on the line. If training programs and ongoing coaching are lacking, mistakes and stress multiply.

Disempowerment of Families, Youth, and Caregivers

How is the problem described by people? Families (e.g., birth parents, foster parents, kin caregivers) and youth in care often expressed feeling disempowered or excluded. Systemic structures and attitudes tend to sideline the very people most affected by decisions. Families and youth frequently lack a meaningful voice in case planning or court proceedings, and foster caregivers report that their insights or complaints are dismissed.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT'S QUOTES

"I called CPS on another foster family, and after that, I was blacklisted. I just wanted to help. If you speak up, you get punished. They shut you out."

"Everybody gets an attorney in this system – except for kinship caregivers."

"I've never had a write-up, but I lost my fostering license because I disagreed with a CPS worker."

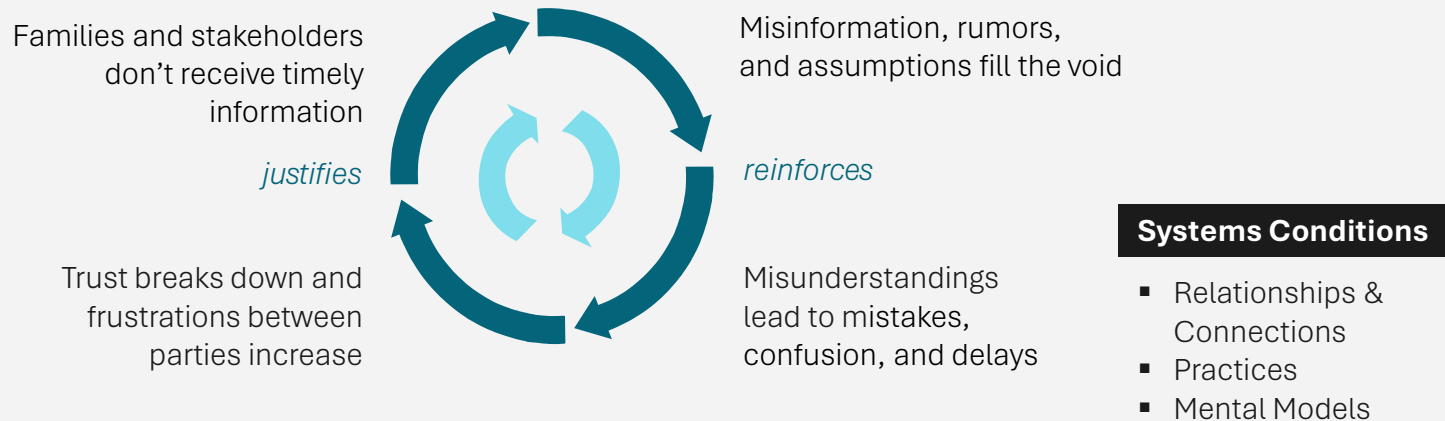
POSSIBLE ROOT CAUSE(S)

- **Paternalistic Culture and Biases:** Deep-seated mental models cast birth parents, youth and caregivers as untrustworthy or less knowledgeable.
- **Lack of Formal Family Engagement:** Consistent structures to include families' voices have not been built or consistently reenforced.
- **Insufficient Advocacy and Support:** Vulnerable parents may not have advocates to amplify their voice. Many parents can't afford attorneys or don't know how to navigate the system.
- **Institutional Power Imbalances:** The power differential between families and the agencies means decisions are made about families rather than with families.
- **Fear of Retribution and Adversarial Relationships:** Families and foster parents sometimes fear that speaking out will lead to punishment.

Communication and Transparency Breakdowns

How is the problem described by people? Information that should flow between agencies, workers, families, and the public at times does not. Critical case information isn't always shared promptly or consistently among CPS workers, service providers, and courts, leading to delays and miscoordination. Families and caregivers struggle to get answers about their own cases. These breakdowns in communication mean people are left in the dark; leading to frustration, rumors, and mistrust.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT'S QUOTES

"What is giving the parent the willpower to keep trying if they can't see their kid or can't get in contact with their case worker?"

"Emails go unanswered for days, sometimes weeks. It delays everything. We get one-word replies to complex questions, if we get a reply at all."

"Resources exist, but every resource does not know about the existence of another. There is a lack of awareness about what supports might be out there."

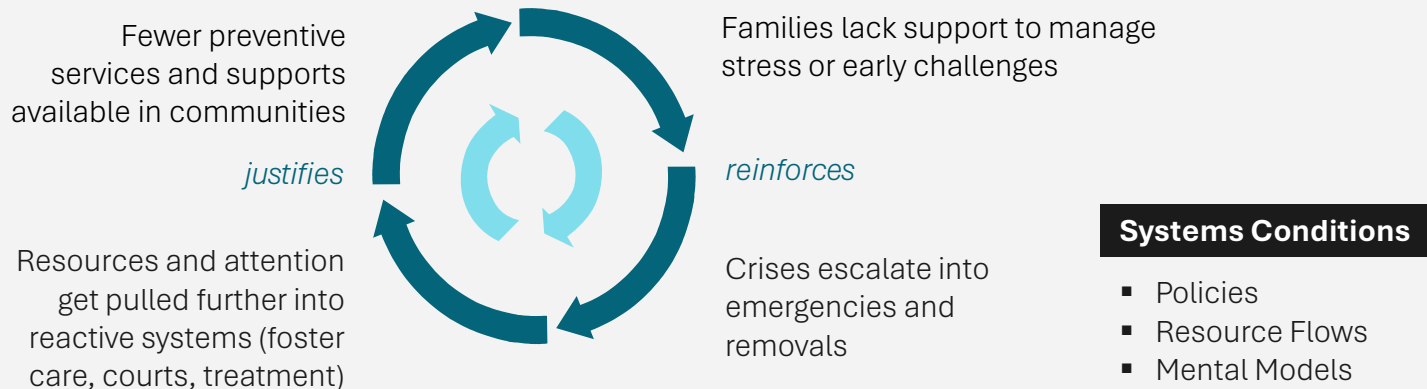
POSSIBLE ROOT CAUSE(S)

- Excessive Workloads and Time Pressures:** Overburdened workers have little time for proactive communication. When one person is managing dozens of crises, things like phone updates, timely documentation, or cross-agency meetings fall by the wayside, details slip through cracks simply because staff are scrambling, leading to parents and providers being left uninformed.
- Legal/Privacy Confusion:** Some workers are genuinely unsure what they can or cannot share, and so they default to saying nothing.
- Culture of Secrecy/Risk Aversion:** In the past, the agencies may have erred on the side of withholding information. Fear of blame typically results in what is perceived as "stonewalling" behaviors.
- Fragmented Information Systems:** Technological and bureaucratic silos contribute to communication delays and omissions. Different agencies use different databases or paperwork, making it hard to share updates in real-time.

Erosion of Prevention Infrastructure

How is the problem described by people? West Virginia has seen an erosion of its prevention infrastructure, which is the network of services and community-based supports that mitigate the stressors that increase the likelihood of abuse and neglect, or help families before situations deteriorate to the point of child removal. Local programs that do exist are often under-resourced and can't cover everyone who needs them.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT'S QUOTES

"We keep saying 'child safety,' but ignore the fact that hunger, homelessness, or a mental health crisis are safety issues."

"There is a massive difference between poverty and neglect."

"We will spend money on keeping children in hotels but won't spend it to fix the things leading up to that situation."

"It would cost the state a lot less to help pay a power bill than to pay for a foster care placement. But somehow, we always pick the expensive, traumatic option"

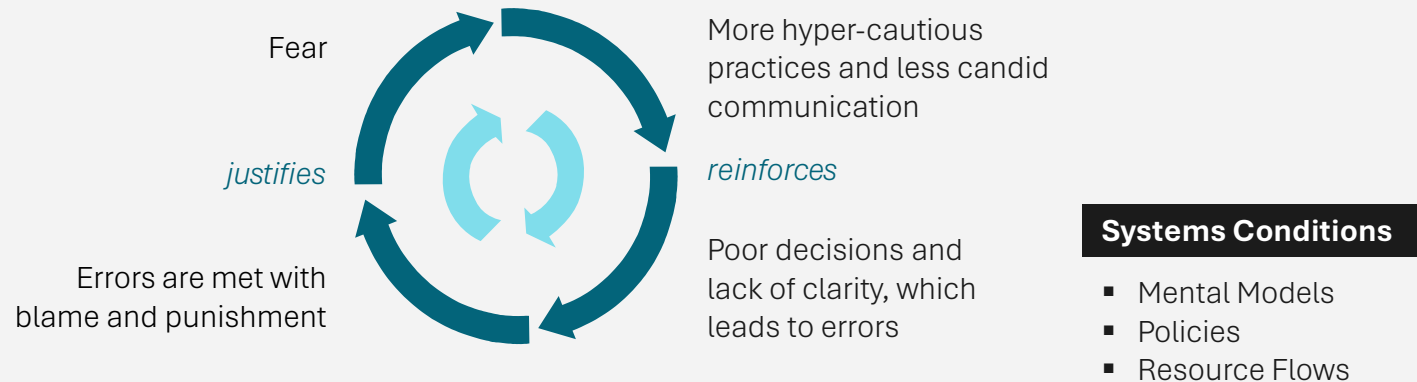
POSSIBLE ROOT CAUSE(S)

- **Workforce and Provider Shortages in Services:** The broader workforce issues extend to therapists, addiction counselors, and community program staff. Even if funding is available, there may be no local professionals to hire, leading to service gaps.
- **Underfunding of Upstream Supports:** Funding for things that build family well-being (e.g., stable housing, living wages, childcare, etc.) have not kept pace with need.
- **Geographical Barriers & Centralization:** Services end up centralized in bigger towns or cities, leaving rural parts without access. Lack of transportation or long travel distances effectively put certain services out of reach for many families.
- **Erosion of Community Organizations:** Economic hardship and population loss (in parts of WV) reduced the capacity of civil society to fill gaps.
- **Opioid Epidemic:** West Virginia's substance use crisis increased the number of families in need of help, overwhelming local treatment services.

Blame-Oriented and Risk-Averse Culture

How is the problem described by people? A blame-oriented and risk-averse culture that pervades interactions and decision-making. Mistakes or bad outcomes tend to be met with finger-pointing rather than problem-solving or learning, and decision-making often prioritizes avoiding any risk above all else. Overall, this issue perpetuates mistrust, stifles open communication, and likely results in some degree of trauma to children from unnecessary or overly aggressive interventions.

FEEDBACK LOOP (Vicious Cycle)



PARTICIPANT'S QUOTES

"Everyone spends more time throwing and dodging blame than solving any problems"

"The truth is, some prosecutors want the optics of "action" more than the complexity of support. To them, removing the child is clean. Keeping the child home is messy and mess makes them nervous."

"I've issued orders, I've made referrals, and still nothing happens. If the MCO says they can't authorize treatment or a provider won't take a referral in a timely manner, they're complicit in this child's suffering."

"They call it 'termination of parental rights.' But let's be honest; it's the civil version of the death penalty."

POSSIBLE ROOT CAUSE(S)

- **Media and Public Pressure:** Public narratives around child welfare are typically very blame-heavy. This external blame reinforces internal risk-aversion – an agency "closes ranks", and workers become hyper cautious or even adversarial toward outsiders, seeing them as looking to pounce on any error.
- **Leadership / Management Culture:** If leadership has in the past responded to bad news by chastising or firing people rather than fixing systems, staff internalize that they must cover up or shift blame.
- **Legal Liability and Policy Overcorrection:** Fear of lawsuits or violating regulations can make public sector organizations very conservative. After crises, policies or practices might be overcorrected, which make workers feel they have no flexibility to use discretion or treat cases individually.
- **Lack of Trauma Perspective for Workers:** Without support or an environment of trust, workers themselves operate in fight-or-flight mode, which manifests as aggression (fight) or avoidance (flight) in their interactions.



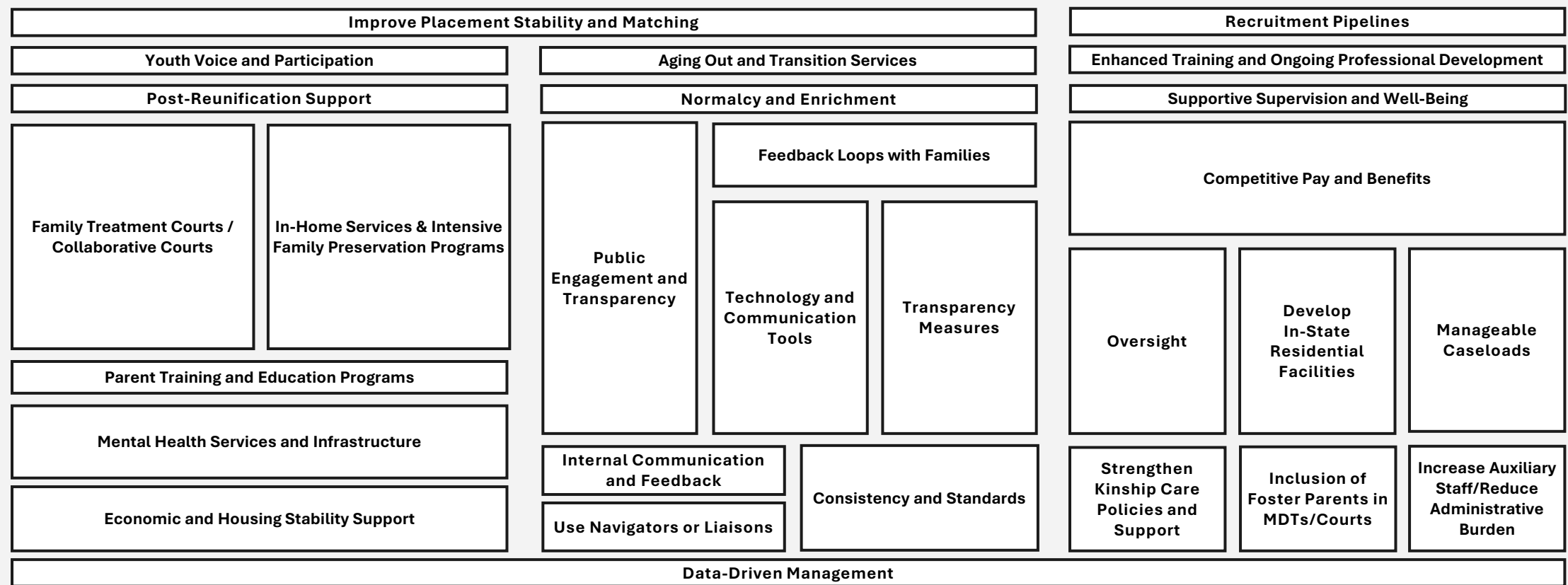
Community Generated Ideas

THE SOLUTIONS

This section summarizes all responses to the following questions, “What would make West Virginia's child welfare system work better for children, families, and those who serve them?”

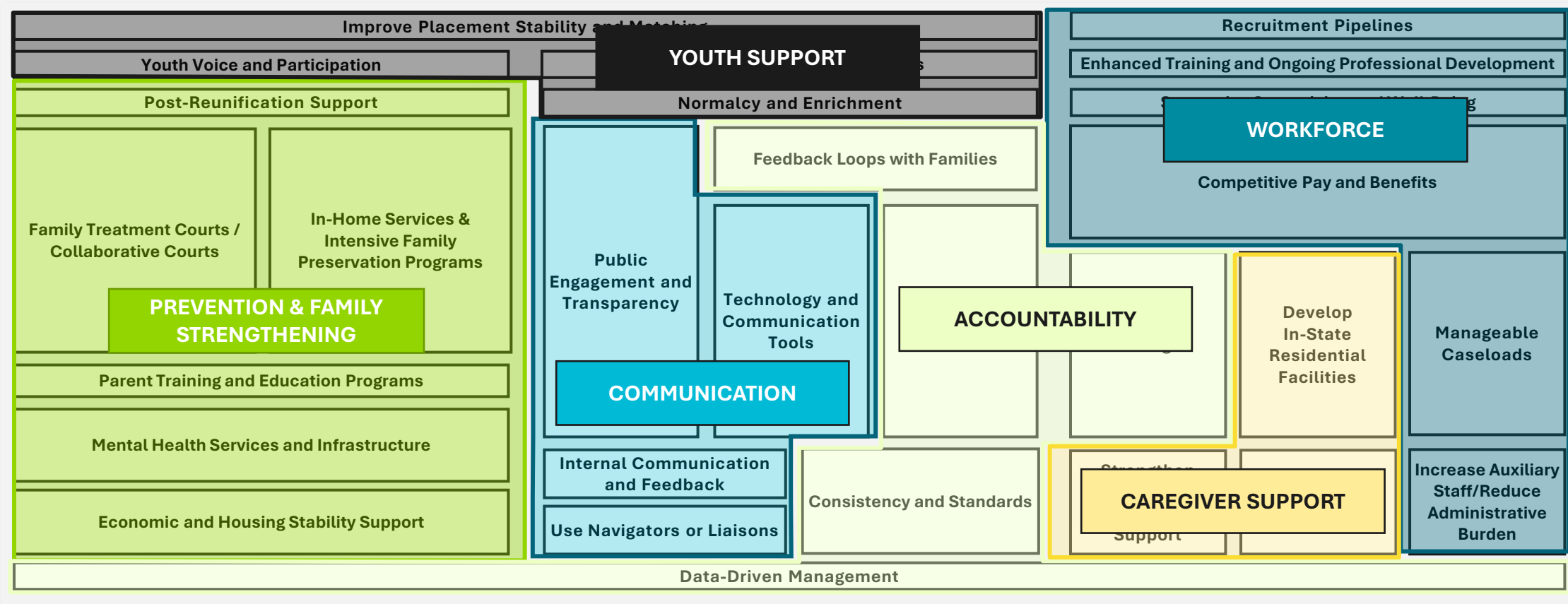
We Identified 28 Priorities Synthesized From Over 1,700 Community Ideas

In towns and cities across West Virginia, people were asked to answer this question: **“What would make the child welfare system work better for children, families, and those who serve them?”**. Through multiple rounds of rigorous open and axial coding participant-generated content was clustered into 28 distinct priority solutions. These clusters reflected the most frequently cited and strongly expressed areas for change.



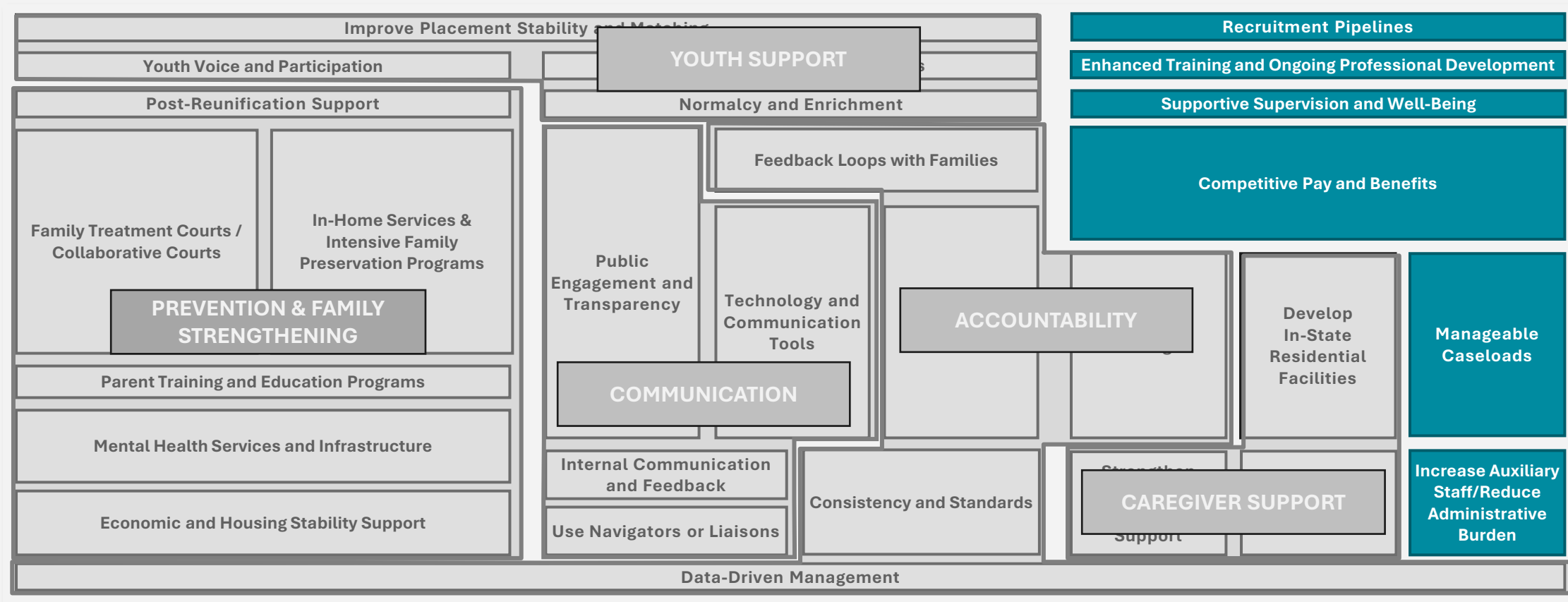
Six Themes That Offer a Shared Framework for Action

These six thematic groupings distill the wide array of community priorities into a clear, usable framework. They offer a common language and structure that organizations, interagency teams, and funders can use to organize around common goals, prioritize investments, and align efforts across roles and regions. By grouping related priorities together, this structure aims to make it easier to plan next steps and ultimately move from ideas to implementation.



Workforce Profile (1/3)

By implementing these workforce-focused solutions (e.g., reducing the administrative burden on frontline workers, rigorous training, more support) one could stabilize the foundation of the system. Participants, almost universally, voiced that a well-supported workforce will lead to more engagement with families, better decision-making, and ultimately improved safety and permanency outcomes for children.



Workforce Profile (2/3)

PARTICIPANT'S QUOTES

"There is just so much paperwork. You spend all day driving to and from families' homes and court, just to return to the office and spend days coordinating all the admin that resulted from that one day."

— **Former CPS caseworker**

"We get paid next to nothing for this work. Then we wait two to six months to be reimbursed by the state, and I have to pay a third-party agency 10% of my wages just to manage the reimbursement process to get paid at all."

— **Guardian ad litem**

"People act like CPS workers are the enemy, but they're dealing with trauma just like the families are."

— **Service provider**

Competitive Pay and Benefits

To attract and retain quality staff, participants urged the state to make caseworker and GAL's pay competitive. Ideas included implementing locality pay differentials for high-cost areas. Additionally, offering better benefits, loan forgiveness programs for social work graduates, bonuses for performance or longevity, and clearer career pathways were suggested to reduce turnover.

Manageable Caseloads

Many suggested reducing the workload of caseworkers, GALs, and other support staff. Lower caseloads would enable workers to give each family the attention they deserve and reduce burnout. Suggestions on how to do so varied and included things like diverting cases through primary prevention, altering intake processes with risk screening, reducing administrative burdens, hiring more staff, expanding community partner roles, standardizing decision-making protocols, and modernizing workflow management tools.

Enhanced Training and Ongoing Professional Development

Participants expressed that new hires should receive extensive pre-service training (including simulations and rotation shadowing of experienced workers) before handling cases. Ongoing in-service training should cover areas like trauma-informed care, legal procedures, motivational interviewing, and management. Workers also need clear, updated practice guidance and drop-in "practice audits" so that practice is consistent statewide. Mentorship programs pairing new workers with seasoned mentors was also recommended to improve confidence and skills.

Increase Auxiliary Staff/Reduce Administrative Burden

Freeing up workers from excessive paperwork and bureaucratic tasks would allow them to spend more time with families. Solutions included consolidating forms and assessments, integrate automation, eliminating duplicative reports, leveraging technology (e.g., tablets, voice-to-text) for more efficient record-keeping, and simplifying forms and processes. Some even suggested a "red tape audit" to identify and cut unnecessary administrative tasks.

Recruitment Pipelines

Long-term ideas were offered such as partnering with local universities to create pipelines of caseworkers (scholarships in exchange for work commitments in WV) and tapping into the passion of those with lived experience (e.g., foster care alumni or kin caregivers) to recruit them into the workforce. Participants expressed the belief that people who understand the challenges can be some of the most dedicated employees if given the chance.

Supportive Supervision and Well-Being

To combat burnout, participants suggested measures to support worker well-being, such as providing counseling or peer support groups for secondary trauma, ensuring supervisors are trained in supportive management (not just compliance monitoring), and enforcing reasonable work hours (on-call duties need to be balanced with rest). Creating a positive workplace culture where staff feel valued was seen as critical – e.g., recognition programs, opportunities for advancement, and including frontline voices in agency decision-making.

Workforce Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What workers experience

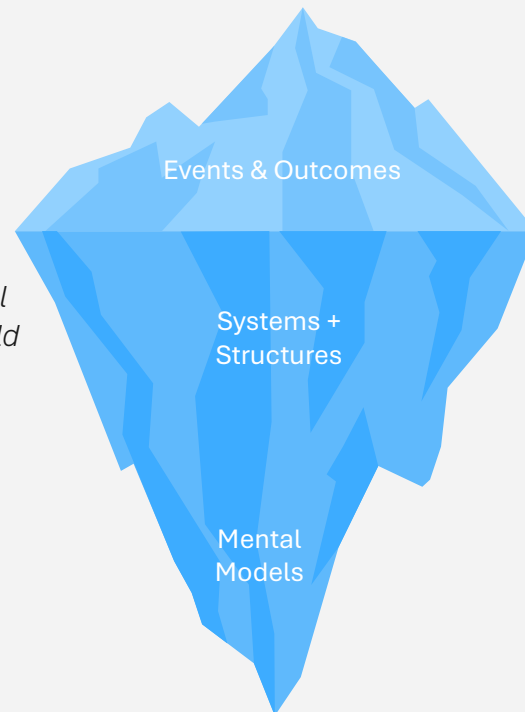
Unmanageable caseloads, uncompetitive pay and benefits, high stress, limited training, burnout and turnover

What shapes those experiences

Inconsistent supervision, weak professional development systems, underfunding of child welfare roles (retentions + wellness), administrative burden displacing direct work

What drives the issues

Culture of crisis-response over long-term workforce planning, limited recognition, power centralized away from frontline insight, stigma around the child welfare profession



Where to Intervene – Levers of Change

Policies: Establish clear caseload limits, standardized training requirements, and programs like loan forgiveness for social work graduates who commit to CPS service.

Resource Flows: Prioritize budget adjustments for competitive pay, workforce development, wellness initiatives, and administrative support to reduce burnout and turnover.

Practices: Embed effective models such as reflective supervision, data-informed recruitment strategies, trauma-informed standardized practice model frameworks like Signs of Safety, and process improvements to reduce administrative burden on frontline care workers.

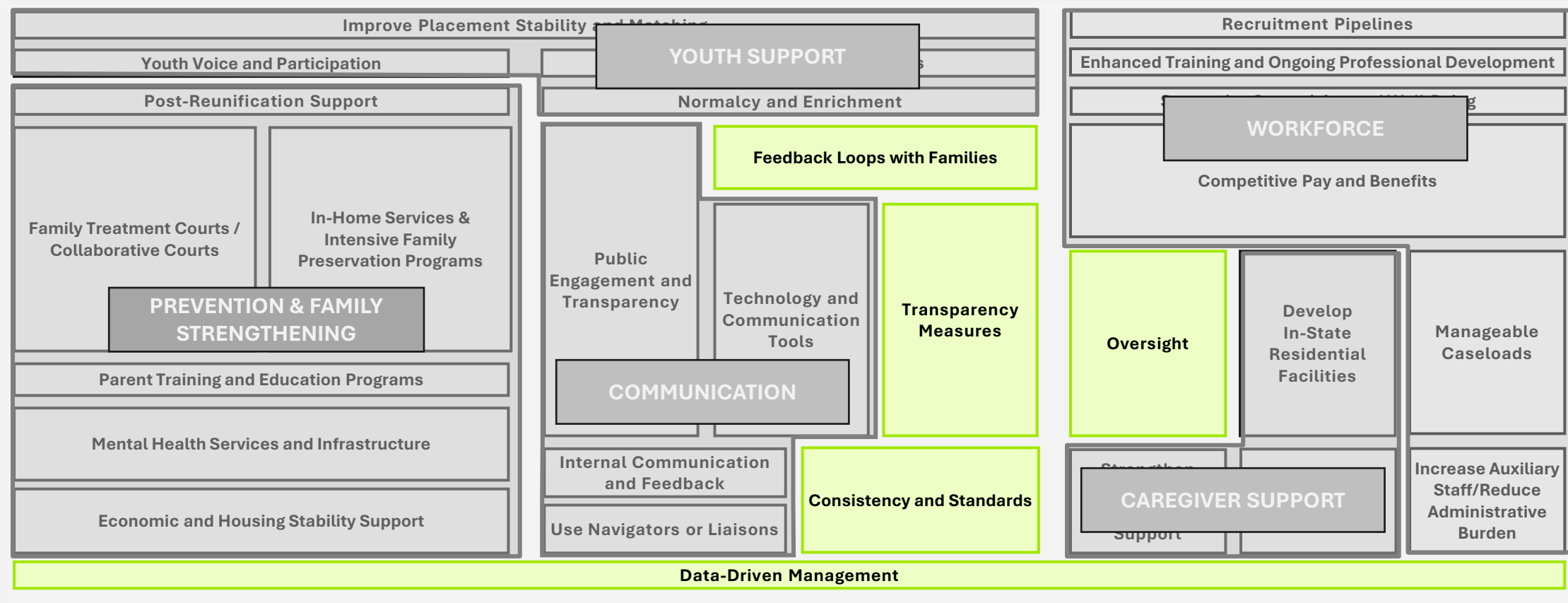
Relationships & Connections: Build a healthier organizational climate by fostering leadership trust with frontline staff, forming new post secondary partnerships to create talent pipelines, and trust-building in select counties where CPS and judiciary relationships are strained.

Power Dynamics: Empower frontline staff by including them in agency decision-making, policy design, and problem-solving forums to ensure lived experience shapes reform.

Mental Models: Shift public narratives to recognize CPS and legal staff as essential and skilled professionals, and internal narratives promoting a learning culture that values well-being and continuous improvement.

Accountability Profile (1/3)

By implementing these accountability-focused solutions (e.g., clear expectations, consistent oversight, and transparent data use) the system can improve the quality and timeliness of decisions across all levels. Participants noted that greater accountability could restore trust, likely reduce delays, and ensure that policies are followed and responsibilities are shared.



Accountability Profile (2/3)

PARTICIPANT'S QUOTES

"We don't know why decisions are made. It feels like a black box sometimes – kid gets removed, case gets closed, and no one explains why."

— **Community advocate**

"All of the appeals from our cases go to the West Virginia Supreme Court, and the volume of appeals is so high that it routinely takes 500-550 days for a case to go from petition to the end of the case. We need to have better timelines."

— **Child abuse & neglect attorney**

"This [the Listening Tour] is the first time in over 10 years that someone from the state asked what we went through and actually listened. Doing things like this more is a must"

— **Foster parent**

Transparency Measures

Participants expressed wanting the child welfare system to be more transparent about its performance and decision-making. A top suggestion was to improve public reporting through an expanded Child Welfare Dashboard that is easy to understand. The dashboard should include key metrics (e.g., number of children in care, average time to reunification or adoption, caseloads per worker, etc.) and show trends over time. This keeps the agency accountable to results and allows the public and policymakers to track progress. Additionally, complying fully with disclosure requirements around critical incidents (e.g., fatalities/near-fatalities) and body cameras for workers was shared. In short, participants desire honesty about when things go wrong as a basis for trust-building.

Consistency and Standards

A major accountability issue expressed was the inconsistency of practice and decision-making across counties and workers. To remedy this, participants suggested the state enforce standardized practices. For example, developing clear, consistent criteria for major decisions (like removal thresholds or reunification requirements) so that outcomes don't vary wildly by county. Participants advised "promoting consistency from county to county" as a key goal. Implementing the anticipated statewide practice model will be one step; another might be regular audits or case reviews to ensure policies are applied uniformly. Some suggested that performance evaluations for offices or workers could be tied to adherence to these standards, holding individuals accountable to best practice (while still allowing professional judgment).

Data-Driven Management

Hand in hand with transparency, the idea of using data for internal accountability was raised. For instance, tracking and publicly sharing outcomes for each region or office can spur healthy accountability. If one region consistently achieves better family reunification rates or shorter foster care stays, others should learn from it – and if an office lags, leadership should intervene with support and corrective action. Regularly publishing comparisons and using them internally to drive improvement was seen as a way to avoid complacency.

Oversight

Some participants proposed providing more independence and enforcement power to the new ombudsman's office or establish independent child advocate's office that families and youth can turn to with concerns or complaints. This office could investigate systemic issues or specific cases of concern and make recommendations without fear of agency reprisal. Strengthening external oversight bodies (like youth advisory council) was also mentioned to ensure the Department follows through on reforms and addresses grievances.

Feedback Loops with Families

Several participants also suggested establishing more formal ways to gather feedback from parents, youth, and caregivers after their cases or interactions, possibly through surveys or exit interviews. This feedback should be reviewed by institutional decision-makers to identify patterns of poor service or opportunities to commend staff for excellence. Knowing that the "customer experience" is being measured can motivate better practice on the frontlines.

Accountability Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What people experience

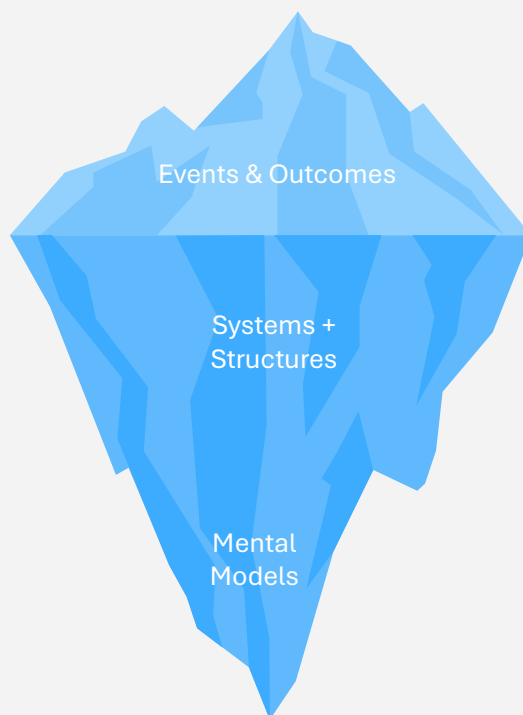
No one is held responsible, decisions seem arbitrary, families feel unheard, outcomes vary by county, it's hard to get answers

What shapes those experiences

Limited oversight, weak data use, inconsistent standards, no formal feedback loops, siloed processes, and little follow-through

What drives the issues

Culture of secrecy, fear of blame, concentration of power, low expectations for transparency, and ambiguous performance standards



Where to Intervene – Levers of Change

Policies: Mandate statewide CQI practices and reporting, provide ombudsman with more power, and formalize public disclosure of critical incidents and improvement plans.

Resource Flows: Fund continuous improvement and transformation office, upgrade data systems to streamline reporting, and support external oversight (e.g., ombudsman, stakeholder advisory panels).

Practices: Embed safety audits, after-action reviews, learning loops into routines – not just when crises arise, and hold MCO accountable for outcomes via VCP.

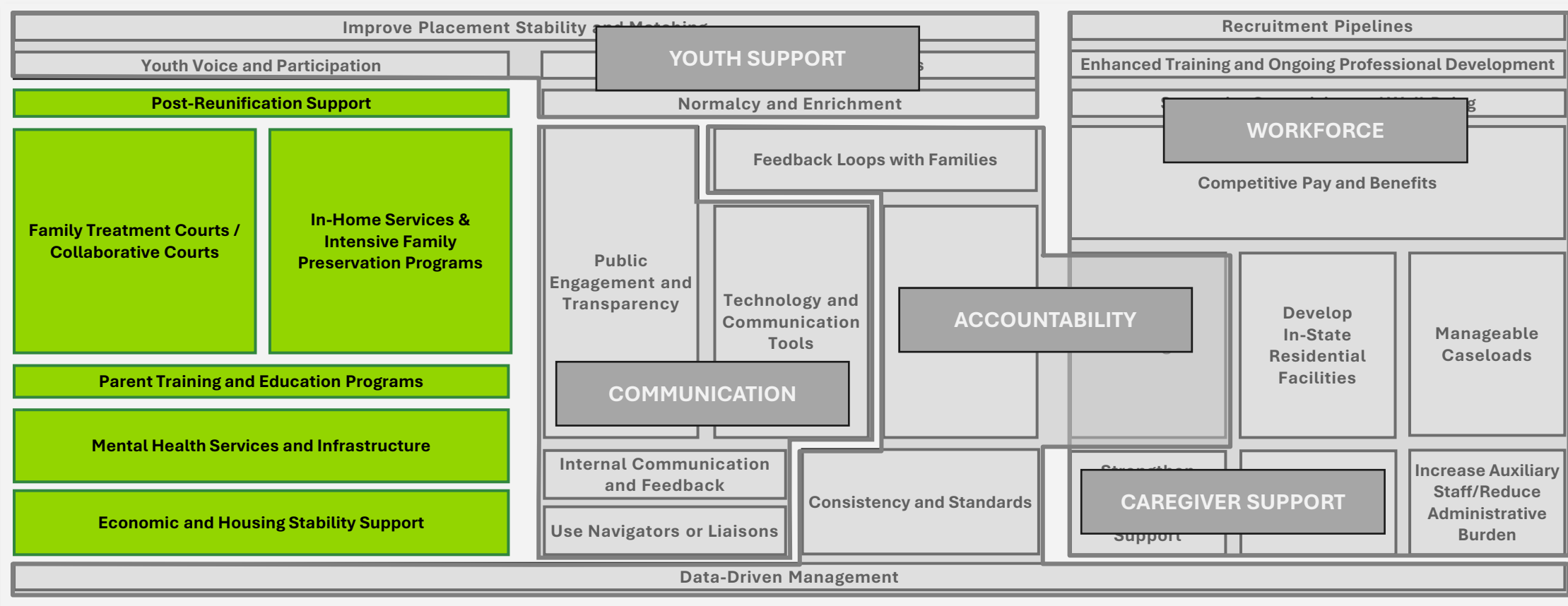
Relationships & Connections: Foster trust through multi-stakeholder advisory groups, including legislators, courts, community organizations, and families.

Power Dynamics: Shift power outward by giving families, frontline staff, and impacted youth a role in monitoring and designing system improvements.

Mental Models: Redefine accountability as a tool for learning, not blame. Leaders must model transparency and embrace data as fuel for smarter action, not exposure.

Prevention & Family Strengthening Profile (1/3)

By implementing these prevention-focused solutions (e.g., early access to services, court models that support recovery, and safety net supports) the system can reduce costs, removals, and strengthen family stability before crises escalate. Participants noted that when families get help earlier, with fewer barriers, children are more likely to remain safe and would reduce strain on the state's child welfare system.



Prevention & Family Strengthening Profile (2/3)

PARTICIPANT'S QUOTES

"They took away my child, and then when I was extremely depressed and crying, instead of providing me support they say you cannot be depressed. How can I not be depressed when what I have to live for, my child, was taken away from me?"

— **Biological Parent**

"I am a veteran and they used my PTSD to take my child away, for the first 6 months of the CPS case, there was no support. I didn't find any programs to support me as a veteran and as a father."

— **Biological Parent**

"Offending parents wait 4-9 months to get their psychological evaluations done, and they can't move forward until that gets done."

— **Prosecutor**

Family Treatment Courts / Collaborative Courts

Many participants voiced support for expanding dedicated family treatment courts as a solution for parents with substance use disorders or other complex issues. These courts offer a non-adversarial, team-based approach that coordinates treatment and frequent check-ins with judicial oversight. Several counties in West Virginia have been able to implement Family Treatment Courts with promising results.

In-Home Services & Intensive Family Preservation Programs

Participants highlighted successful models like intensive in-home services (e.g., the Homebuilders model or similar) that provide therapists or caseworkers who work with the family in their home multiple times a week during a crisis to prevent removal. Expanding such programs statewide was a popular idea. Also, using family resource centers or community hubs where families can access multiple supports (counseling, parenting classes, peer mentors, etc.) was suggested as a way to strengthen families in their own communities.

Economic and Housing Stability Supports

Recognizing the growing consensus that points to poverty alleviation as child abuse prevention. Some advocated for providing families with "concrete supports" like emergency rent/utilities assistance, childcare for those in treatment, transportation, or even employment services as part of child welfare case plans. This could be done via state funding or incentivizing stronger local partnerships with community organizations (for food, housing, employment help).

Parent Training and Education Programs

Evidence-based parenting programs (i.e., PCIT, SafeCare, Triple P, and others), especially those tailored to specific challenges were suggested by some participants. Ensuring these programs are implemented with fidelity and have sufficient referral flow to these programs is essential to realizing the optimal cost-benefit.

Post-Reunification Support

Preservation doesn't end at reunification – families, judges, and caregivers noted they need ongoing support to stay stable after a child returns home. Suggestions included step-down monitoring, peer support groups for reunified parents, and linking families to community organizations (like churches or local nonprofits) for long-term support network building. Participants felt that doing so would ensure the families can sustain success and reduce repeat cases.

Mental Health Services and Infrastructure

Mental health services for both parents and children, such as counseling, support groups, and in-home mental health aides. Tele-mental health options were suggested to reach rural areas or reduce wait times. Participants also shared that youth with complex needs are often sent out of state or placed in inappropriate settings like hotels due to the lack of therapeutic residential facilities. Strategic investment in new in-state treatment options – including residential programs, wraparound services, and workforce development – to better serve children and reduce unnecessary removals was often suggested.

Prevention & Family Strengthening Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What people experience

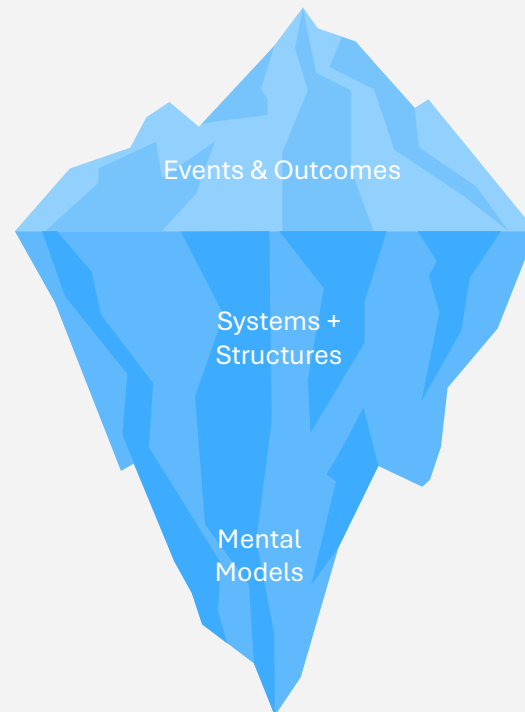
Help arrives too late, families fall through the cracks, services are hard to access, system involvement feels unavoidable

What shapes those experiences

Eligibility rules exclude families until harm occurs, prevention services are underfunded, systems don't coordinate, and frontline staff lack tools to intervene early.

What drives the issues

Reactive orientation, historic focus on removal over support, risk aversion, and public narratives that blame families rather than addressing root causes



Where to Intervene – Levers of Change

Policies: Adopt upstream policies shown to prevent abuse and neglect, including differential response for low-risk neglect, alignment with Medicaid behavioral health, funding for family/community resource centers in high-risk areas, streamlining access to economic support programs, and mandated cross-agency collaboration.

Resource Flows: Track and reinvest savings from congregate care into prevention. Match FFPSA dollars with state funds and prioritize flexible grants to high-need counties and trusted community-based organizations.

Practices: Train workers in solution-focused approaches (e.g., Signs of Safety, motivational interviewing); use predictive tools ethically to target early help without increasing surveillance.

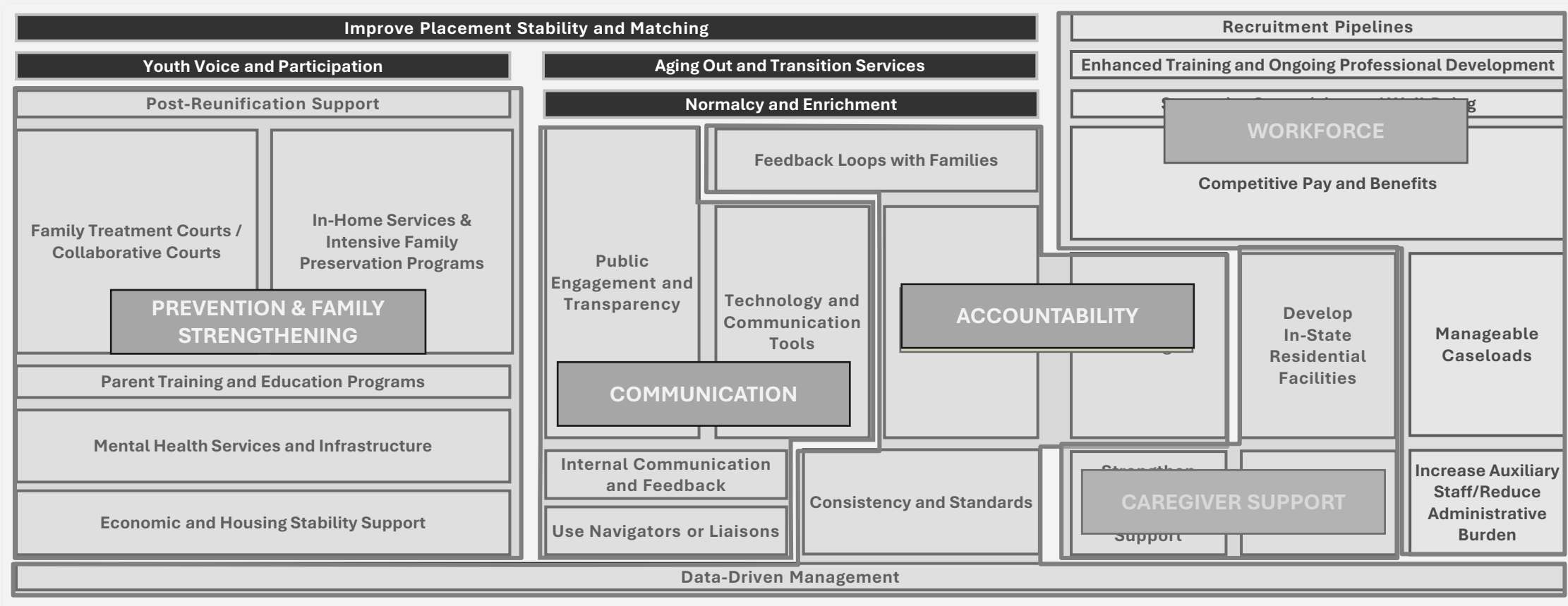
Relationships & Connections: Build cross-sector coalitions with schools, health care, housing, faith and grassroots groups to strengthen local safety nets.

Power Dynamics: Elevate and promising community-led solutions; engage parent and youth alumni in program design and governance of services.

Mental Models: Shift public and internal perceptions from punishment to partnership; reinforce across training, media, and leadership messaging to reframe CPS as a partner in helping families grow stronger, not just respond to crisis.

Youth Support Profile (1/3)

By implementing these youth-centered solutions (e.g., youth voice, enrichment support, and sustained support through transitions) the system can promote stability, belonging, and better near and long-term outcomes for youth in care. Participants noted that young people too often feel unheard, isolated, or unprepared, and emphasized the need for consistent relationships, life skills, and opportunities to thrive, not just survive.



Youth Support Profile (2/3)

PARTICIPANT'S QUOTES

"I work with kids that are aged out of foster care. We have so many barriers setting the kids up for failure. They can't even get a simple ID. Everything is time-consuming. They can't get a job or an apartment sometimes because they don't have an ID or bank account to get that stuff."

— Provider

"In the courtroom, children are sometimes spoken to like they are offenders. One kid was told by a judge 'you are broken based on what your mom has done to you.' Need to reframe the mindset. These kids need love. They aren't a number in the dashboard, they are human beings, and their voices deserve to be heard."

— Provider

Improve Placement Stability and Matching

Frequent moves between homes are detrimental to youth. Solutions offered include better matching processes to place children in homes that meet their needs the first time, providing more supports to foster families to prevent disruptions, and increasing the pool of quality foster homes (through recruitment campaigns, incentives, and support) so that youth – particularly teens or those with special needs – have appropriate options in-state. Reducing the reliance on sending kids far away (in hotels or out-of-state) was a major priority; participants suggested using funding to develop more local specialized foster homes or small therapeutic facilities for high-needs youth as an alternative to shipping kids off at great expense.

Youth Voice and Participation

Many participant's proposals centered on empowering youth in their own cases. For example, ensure every child aged 12 and up (or even younger if appropriate) is invited to and prepared for their case meetings and court hearings, and have legal representation. Some recommended training judicial staff and foster parents on listening to youth and incorporating their input. The creation of a Youth Advisory Board at the state level was a popular idea – a group of current/former foster youth who meet regularly with agency leadership and state legislators to provide input on policies and practices. This not only shapes better policy but also signals to youth that their perspective is valued.

Aging Out and Transition Services

There was unanimous agreement that youth aging out at 18 (or 21) need far more robust help. Ideas ranged from the very practical – guaranteed housing assistance for aged-out youth (regardless of geography), job training/apprenticeships, and financial literacy classes – to more relational supports like assigning each youth a "transition navigator" or coach who can help them for a year or two post-care. Some suggested expanding transitional living programs (supervised independent living apartments) in-state, so youth aren't just on their own immediately. The goal is to prevent outcomes like homelessness, which oftentimes too many former youth that were in care end up facing.

Normalcy and Enrichment

Participants emphasized the importance of ensuring that children in foster care have access to the same everyday experiences as their peers (e.g., joining a sports team, attending mission trip, or taking a part-time job). Some caregivers and youth described feeling isolated and stigmatized, with decisions about their participation frequently delayed, denied, or routed through bureaucracy. Participants suggested scrapping overly restrictive rules (for instance, simplifying permission for routine activities via the prudent parent standard) and encouraged greater investment in extracurricular access, enrichment stipends, and other enrichment programs that foster independence, resilience, reducing system dependency. Some regions have "normalcy activities" funds; making that statewide and better known could help. Alumni mentorship programs were also proposed – pairing foster youth with mentors (perhaps adults who were in care themselves or community volunteers) to provide guidance and stable adult friendship outside the formal system.

Youth Support Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What youth experience

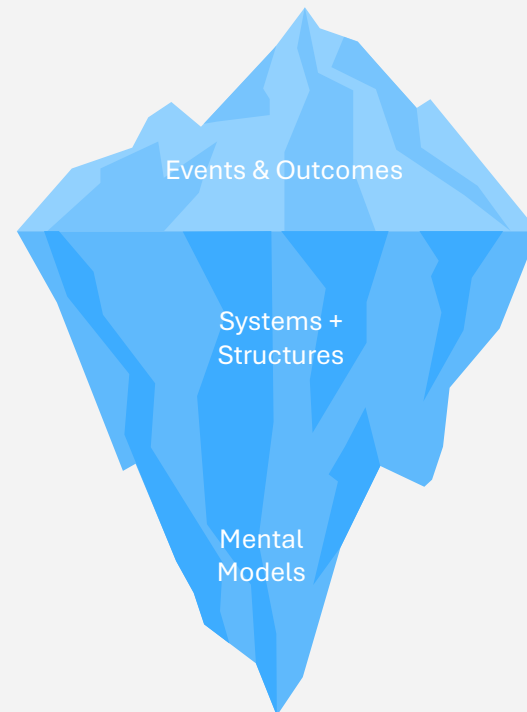
Frustration and anger, feeling unheard or helpless, isolated, homelessness, criminal justice system involvement

What shapes those experiences

Missing policies for youth voice, inconsistent placements and transitions, lack of investment in youth, lack of developmentally appropriate guidance

What drives the issues

Low expectations for youth capability, compliance-focused practices, underfunded transition supports, weak relationships with adults and outdated views of foster youth as passive recipients rather than partners.



Where to Intervene – Levers of Change

Policies: Codify youth-centered requirements such as mandatory youth involvement in case planning, and access to developmentally appropriate services by age 14.

Resource Flows: Prioritize funding for education, housing, and community-based supports that serve transition-age youth. Reduce reliance on high-cost congregate care and reinvest in programs that promote stability, self-sufficiency, and connection.

Practices: Ensure normalcy standards are promoted and that youth in care can participate in adolescent experiences. Begin robust, individualized independent living planning no later than age 14, with clear benchmarks and life skill development.

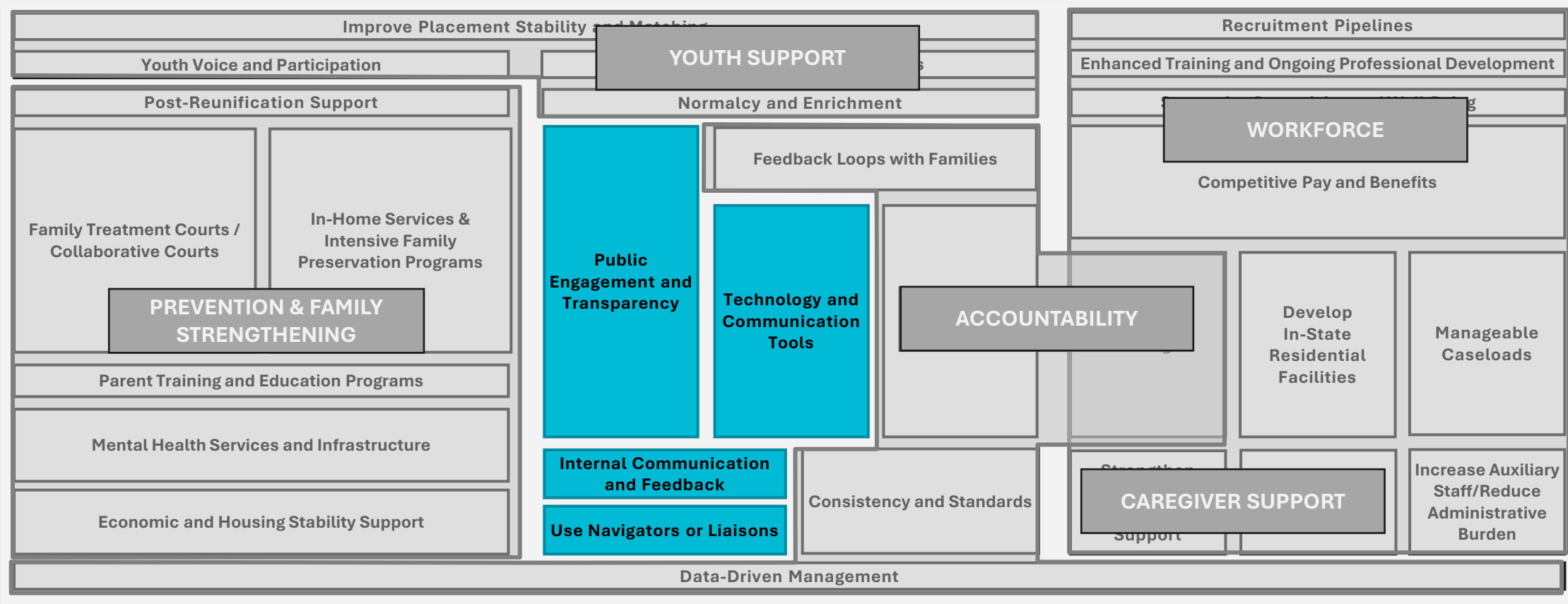
Relationships & Connections: Build cross-sector partnerships with schools, employers, colleges, and youth-serving organizations. Enable support networks (e.g., mentors, peers) to help youth navigate adulthood with sound guidance.

Power Dynamics: Elevate youth voice in policy design and decision-making. Create formal roles for young people as advisors, trainers, and contributors to state and local boards, affirming their right to shape services that affect them.

Mental Models: Shift cultural assumptions by viewing foster youth as capable, resilient young adults, not cases to manage. Promote narratives and leadership messaging that center youth potential and the expectation of success.

Communication Profile (1/3)

By implementing these communication-focused solutions (e.g., timely updates, clearer case coordination, and consistent messaging) one can reduce confusion, improve collaboration, and facilitate stronger relationships between both individuals and organizations. Participants noted that poor communication leads to anger, repeated mistakes, and breakdowns in care; improving it is essential for shared understanding and better outcomes.



Communication Profile (2/3)

PARTICIPANT'S QUOTES

“When foster kids come into my house, I would just like more information – where have they been and how many places? But we don’t know and they don’t know and if I had more information, I can be better.”

— **Foster parent**

“We need a website portal with FAQs, a single resource for all actors to get the information they need.”

— **Provider**

“One of my biggest challenges while trying to defend clients is the lack of access to records. Providers are required to share all case records with CPS, why can’t there be a portal that centralizes all case information and gives access to relevant stakeholders?”

— **Attorney**

Use Navigators or Liaisons

Many proposed introducing “navigators” which would be dedicated staff or volunteers who serve as points-of-contact to help families and caregivers navigate the system. For instance, a parent navigator could explain the court process to a new CPS-involved parent, ensure they understand their case plan, and help connect them to resources. Similarly, foster parent liaisons or ombudsmen could be assigned to handle foster parent questions and advocate for them if communication with the caseworker falters. Also, translating key documents into plain language to better connect with families. A small but meaningful practice suggested by a few was for courts and local offices to distribute contact lists to all caregivers (who to call after hours, who is the chain of command, etc.).

Internal Communication and Feedback

Frontline staff asked for better communication from institutional decision makers related to changes and the “why” behind policies. They also desire inclusion in decision-making or at least soliciting input before major changes was suggested. Conversely, leadership needs candid feedback from the field – creating safe channels for workers to speak up (perhaps anonymously or through surveys) about barriers they encounter could inform better policies. Put simply, communication within the agency should flow up, down, and sideways more freely. Some judges and workers expressed that tensions or lack of communication between the judicial system and DoHS hamper progress (e.g., court orders not being followed up on due to communication breakdown, or judges not understanding the agency’s resource constraints). A small but meaningful practice suggested was to have joint training or retreats with judges, attorneys, and CPS leadership periodically to build understanding and align goals.

Technology and Communication Tools

Ideas included using a secure mobile app or online portal for foster parents and biological parents to receive updates on their case (court dates, visitation schedules, etc.), and even to communicate with caseworkers in a logged, trackable way. Participants (especially agency staff) noted the current systems are outdated, making work slower and communication harder. Investing resources in modernizing these tools could free up worker time to spend with families. For youth, perhaps a tailored app, chat bot, or AI agent that informs them of their rights and lets them ask questions in an age-appropriate manner.

Public Engagement and Transparency (External Communication)

One prominent idea was to establish ongoing forums for communication among all state and local participants beyond crisis moments. For example, several regions proposed a county-level child welfare collaborative that meets perhaps monthly or quarterly, bringing together CPS staff, foster parents, birth family representatives, service providers, educators, and others to discuss issues and work together. This could be an outgrowth of the Listening Tour – institutionalizing listening and problem-solving at the local level. One participant mentioned some counties already informally do this. Formalizing such networks statewide could improve mutual understanding and expedite local solutions. However, in a largely rural state like WV, engagement and transparency also means leveraging technology to connect distant regions and ensuring consistent messaging statewide.

Communication Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What people experience

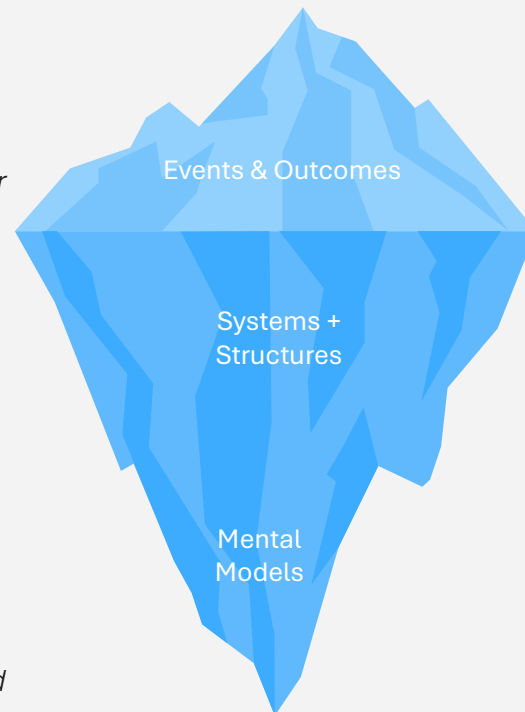
Unclear updates, inconsistent messaging, frustration or anger, missed information, breakdowns between agencies / families or between organizations

What shapes those experiences

Lack of communication protocols, fragmented data and case management systems, overburdened staff, limited training on family engagement

What drives the issues

Weak cross-role relationships, centralized power in role(s), assumptions that families “don’t need to know everything”, underinvestment in coordination roles, and lack of clear understanding of disclosure laws and policies



Where to Intervene – Levers of Change

Policies: Institutionalize inclusive communication, such as a “First 72 Hours” protocol to orient caregivers, parents, and youth on roles, rights, and next steps

Resource Flows: Invest in communication tools and infrastructure; pilot “communication coach” roles to support caseworkers navigating high-conflict or emotionally charged family dynamics.

Practices: Normalize comfort calls, pre-meeting summaries, and use of shared digital logs or secure portals. Adopt “Case Communication Compacts” to clarify expectations around frequency, methods, and escalation protocols.

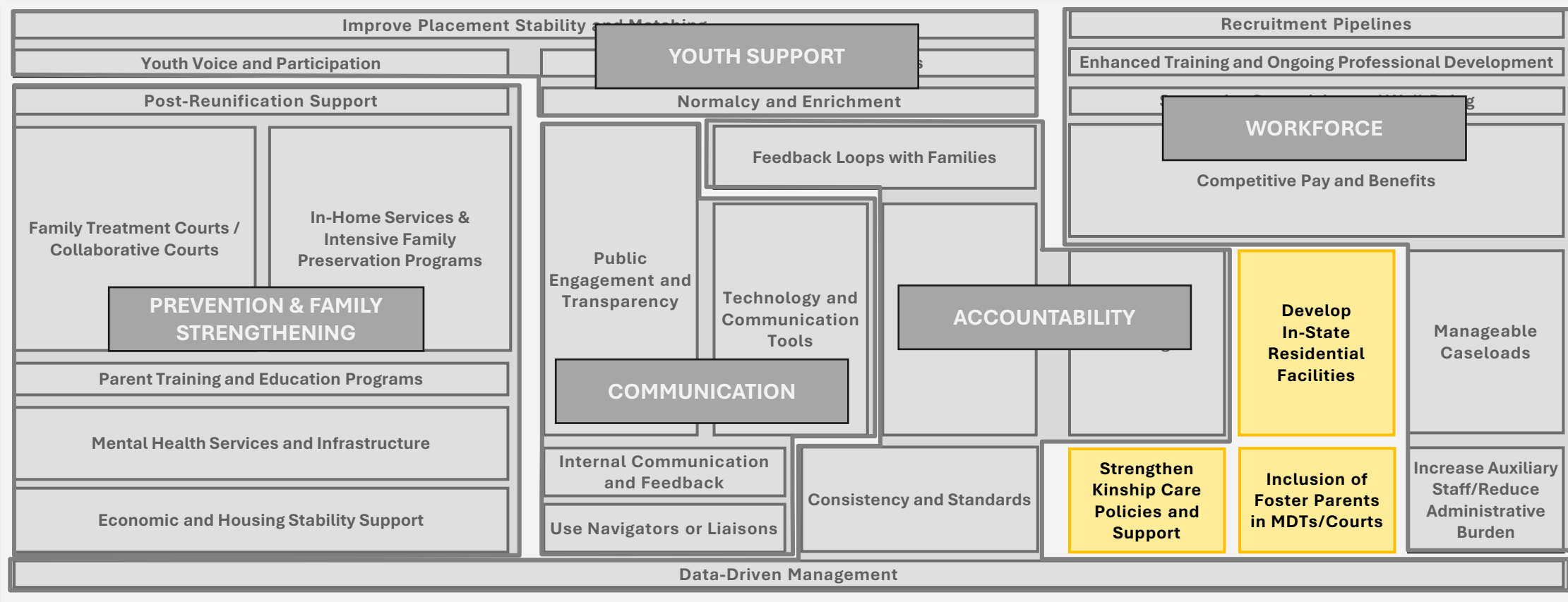
Relationships & Connections: Build trust through consistent two-way communication. Host local “Feedback Forums” and listening sessions to co-design improvements and sustain dialogue.

Power Dynamics: Share case plans and key documents with families. Invite parents and caregivers to co-lead meetings and integrate their feedback through “Family Voice Reviews” in CQI.

Mental Models: Reframe communication as a core intervention, not a courtesy. Use communications to shift public perception from a culture from secrecy to transparency as a strength.

Caregiver Support Profile (1/3)

By implementing these caregiver-focused solutions (e.g., timely support, meaningful inclusion, and reduced administrative burden) the system can improve placement stability and better support children's day-to-day needs. Participants noted that when caregivers (whether kin, foster, or residential) are treated as partners, not just placements, they are more able to meet challenges, stay engaged, and more consistent care.



Caregiver Support Profile (2/3)

PARTICIPANT'S QUOTES

“Foster parents are treated as adversaries. We don’t get invited to MDT meetings. Why should a motion to intervene be seen as adversarial or confrontational?”

— Foster parent

“I have kinship with my nephew. One late night, he was dropped off at my home without any information. It was hard to get a hold of any supportive resources to understand his needs. Placement needs to be accompanied with supports for caregivers.”

— Kinship caregiver

Resource Support for Caregivers

Many ideas revolved around giving foster, kin, and adoptive families the resources they need to succeed. For example, “Fundraising resources for foster families that need legal representation” was one group’s idea – this recognized that foster parents sometimes must hire lawyers (say, to intervene in a case or pursue adoption) which can be costly, so they suggested funding or setting up a revolving fund to assist with that. Another idea was providing childcare subsidies for foster/kin families (since lack of affordable daycare can be a barrier for working foster parents or grandparents). Also mentioned was increasing the basic foster care stipend or providing supplemental stipends for high-needs kids, to reduce financial strain on caregivers. While some of these are state budget items, others could involve creative resource flows like partnerships with local charities or businesses (e.g., a state-level foundation that raises private funds to help foster youth with extracurricular costs). Lastly, specific to kinship caregivers several proposed financial stipends at a level closer to foster board payments, simplifying the approval process for kin placements (with emergency licensing or provisional approval to expedite placements with relatives), and providing kin with training and respite services.

Inclusion of Foster Parents in MDTs/Courts

Community members strongly emphasized the need to formally include foster parents in MDT (Multidisciplinary Team) meetings and court proceedings as consistent, valued contributors. Across counties, foster parents report being excluded from critical discussions, despite their deep knowledge of the child’s day-to-day needs and progress. Participants called for statewide policies that mandate foster parent participation, rather than leaving it to local discretion. This includes timely notification of all MDT meetings and hearings, opportunities to speak directly to judges and team members, and recognition of foster parents as integral members of the child’s support system. Suggestions also included neutral facilitation of MDTs, clear criteria for participation, and training for MDT participants to reduce stigma and promote respectful engagement. Ultimately, the community envisions a system where foster parents are not sidelined but are active, informed, and empowered partners in the decision-making process for the children in their care.

In-State Placement Infrastructure

A major resource gap voiced was the lack of in-state placement options for certain populations (like high-needs youth). Many were troubled by kids being sent to out-of-state facilities due to lack of local therapeutic group homes or treatment foster homes. The idea here is to invest resources to develop more in-state programs – whether by recruiting providers to open facilities in WV, repurposing existing ones, or training more therapeutic foster parents. This keeps children closer to home and is cost-effective long-term (travel and out-of-state costs are high). Similarly, ensuring there are more foster homes in every community is a resource issue: suggestions included funding a robust foster parent recruitment campaign, offering higher payments or bonuses for taking sibling groups or teens to attract more homes for harder-to-place kids.

Caregiver Support Profile (3/3)

Participants proposed reforms at every level of this system. When these system conditions go unaddressed, even the strongest solutions will hit a wall. This framing is intended to help surface not just what needs to change, but how deep that change must go to be lasting.

What Could Be Happening? – Conditions

What caregivers experience

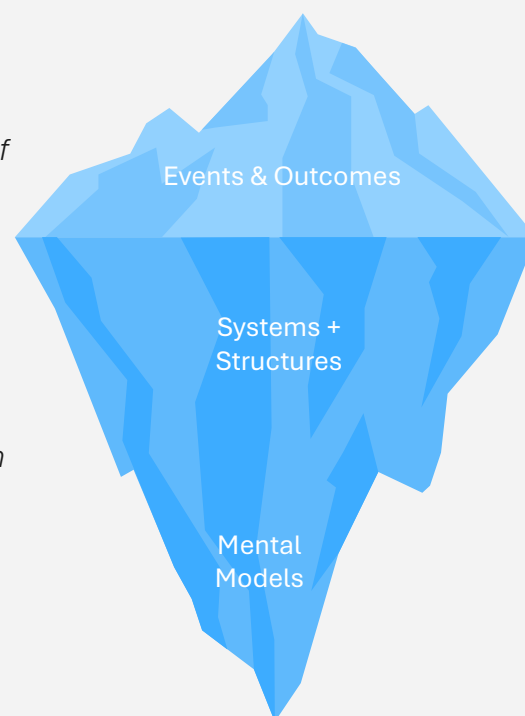
Feeling excluded, underappreciated, overburdened, unpaid or underpaid, lack of access to records, and unsupported when challenges arise

What shapes those experiences

Weak infrastructure for training and support, confusing policies and administrative processes, limited respite and peer resources, and lack of recognition

What drives the issues

Caregivers viewed as secondary to professionals, agency-centric practices, resource constraints for caregiver support, and beliefs that caregivers are temporary and interchangeable



Where to Intervene – Levers of Change

Policies: Require inclusive communication practices e.g., notifying foster parents of court hearings and offering birth parents a family team meeting within two weeks of case opening. These policies embed communication into the system’s foundation.

Resource Flows: Allocate funding for family engagement roles and tools like video conferencing to involve remote family members in key meetings.

Practices: Establish consistent routines such as monthly case consultations and shared digital logs to ensure timely, transparent communication between caregivers and professionals.

Relationships & Connections: Foster trust through ongoing, two-way communication. Regular local listening sessions, similar to the one that led to this report, with families and youth can sustain feedback and strengthen relationships.

Power Dynamics: Empower families and caregivers with access to case plans and a voice in decision-making. Include them as co-leads in meetings and validate their contributions as part of the child’s team.

Mental Models: Promote a mindset of shared responsibility for the child’s well-being. That means dismantling the “us vs. them” mentality (us = agency, them = family or foster parent). Train staff in empathy and active listening and highlight state efforts toward transparency.



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