

West Virginia Child and Family Services Plan



2015 – 2019



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1. General Information

State agency administering the programs

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

THE BUREAU FOR CHILDREN AND FAMILIES

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

Office of Project and Data Management

The director of the Office of Project and Data management, Kevin Henson, is responsible for oversight of the Division of Planning and Quality Improvement (DPQI); and the Division of Research and Analysis. The major activities of DPQI include planning and coordinating the Children and Families Service Review (CFSR); conducting program and peer reviews of family assistance and social service programs; planning and implementing corrective action plans (CAP); program improvement plans (PIP); and providing oversight of the statewide continuous quality improvement process. The major responsibilities of the Division of Research and Analysis are: project management; providing research and data analysis in support of the Bureau's programs; preparing periodic federal, state and legislative reports; maintaining the Bureau's Continuity of Operations Plan (COOP); coordinating emergency operations planning and incident response; implementing federal and state privacy and security policies; developing CAPs to mitigate privacy and security risks; managing and coordinating privacy incident response.

Office of Human Resources

The Office Human Resources is under the direction of the Human Resources Director Jason Workman. The office works directly with DHHR's Office of Human Resources Management (OHRM) to ensure that all applicable policies, procedure and laws are followed with regard to human resource matters. It functions to process personnel transactions, job postings, reviews any proposed employee discipline that could result in a loss of property interest, and provides general guidance on applicable polices and procedure.

Office of Programs and Resource Development

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

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

The IV-B Coordinator is the Director of Children and Adult Services, Jane McCallister. The Child and Family Services Plan will be made available at www.wvdhhr.org when it has been approved.

The staff within the Bureau for Children and Families is primarily responsible for initiating or participating in collaborative efforts with other Bureaus in the Department on initiatives that affect child welfare. The staff in the Bureau also joins with other interested groups and associations committed to improving the wellbeing of children and families.

For the most part, the staff within the Children and Adult Services (CAS) policy division is not involved in the direct provision of services. In some cases, however, staff does assist with the provision of services or is directly involved in service delivery. For example, staff in CAS operates the Adoption Resource Network and maintains financial responsibility for a case once an adoption subsidy has been approved.

In addition, this office is responsible for the Division of Family Assistance, the Division of Early Care and Education and the Division of Training. The Division is charged with the oversight, coordination, and delivery of training to BCF employees and foster parents statewide. This training includes New Worker Training, Supervisory Training, and Tenured Worker Training on new initiatives and professional development activities.

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The Office of Operations

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

The Office of Field Operations

The Office of Field Operations is under the direction of Deputy Commissioner Tina Mitchell. Field Operations' charge is the direct service delivery of all services within the Bureau, as well as Customer Services. West Virginia is divided into four regions. Each region is supervised by a Regional Director (RD) who reports directly to the Deputy Commissioner. Various counties are grouped within each Region. If a county is large enough, it is considered a District. The District is supervised by a Community Services Manager. All supervisory staff report directly to the Community Services Manager. Field staff is responsible for the service delivery of Child Protective Services (CPS), Youth Services (YS), Foster Care and Adoption. Adoption and Home-finding staff report directly to their respective Regional Program Managers.

Vision Statement

West Virginia is recognized for a collaborative, highly responsive quality child welfare system built on the safety, wellbeing, and permanency of every child. Its' vision is guided by principles that are consistent with child and family services principles

specified in Federal regulations [45 CFR 1355.25(a) through 1355.25(h)]. These practice model principles are:

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

Beginning with the Program Improvement Plan that was developed as a result of the Children and Families Service Review (CFSR) of 2008, the state began strengthening the services to assist in engaging families and youth across the state. The Bureau for Children and Families (BCF) recognizes to improve the lives of the children and families we serve, we must embrace our culture and help families build on their strengths and help them overcome their challenges.

By creating a practice model that builds on the principle of family engagement and equitable treatment at a community level, we want to help the families we serve to use their untapped strengths and resources to create a successful plan for their futures.

Collaboration

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

The DHHR is able to obtain input from stakeholders across the state and all child welfare systems by participating on several high-level groups that together provide oversight and direction for child welfare in West Virginia.

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

The member's cross-represent these oversight groups and the subcommittees and work(ing) groups to promote information sharing that prevents duplication and a greater understanding. These groups encompass members from both public and private organizations that represent youth and family advocates; education; courts; public health; social services; behavioral health; juvenile services; and probation.

West Virginia DHHR engaged members from the oversight groups and their subcommittees and work(ing) groups to develop the 2014-2019 Child and Family Services Plan and The Title IV-E Program Improvement Plan. As we move forward, the WV DHHR will continue to engage these members and others in the Child and Family Services Review/Program Improvement Plan.

As stated, these members are involved, in some capacity, with West Virginia's current child welfare system and ongoing strategic planning.

The goals of the high-level oversight groups and subcommittees/work groups are provided below that will continue over the next five years.

NATIONAL GOVERNOR'S ASSOCIATION (NGA) THREE BRANCH INSTITUTE

In 2010, West Virginia submitted a proposal and was invited to be involved in The NGA Three Branch Institute on Adolescents in Foster Care. The Institute involved the three branches of government (child welfare executive administration, legislative and judicial) formulating a strategic plan to increase permanency for adolescents in foster care by identifying points of intersection and opportunities for further collaboration to reduce entries, shortening length of stay and improving permanency outcomes for older youth. The goals and initiatives implemented as a result of the NGA Three Branch Institute are ongoing.

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

The Goals and Measurable Outcomes/Performance:

Goal 1: Improve the Social and Emotional Wellbeing of Children in Foster Care

Measurable Outcome/Performance

- Children entering care are seen by an appropriate primary care provider within 72 hours.
- Children entering care are screened for medical and behavioral health needs and trauma through our HealthCheck screening process.
- Building capacity for mental and behavioral health care services for children and families.

- Improve access to medical and behavioral health care services for children and their families by removing the barriers related to requirement for custody relinquishment to receive state paid behavioral health services.
- Monitor the appropriate use of psychotropic medications for children in congregate care and foster care.
- Increase the collaboration related to child wellbeing between the three branches of government in West Virginia.

Goal 2: Safely Reduce The Reliance On Out-Of-Home Placement Of Children:

- Reduce the number of children in care.
- Reduce the incidence of drug addicted infants placed in out-of-home care.

The Three Branch Core Team members are: Honorable Gary Johnson, Nicholas County Judge; Cindy Largent-Hill, Juvenile Justice Monitor; Karen Bowling, DHHR Cabinet Secretary; Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services; Sue Hage, Deputy Commissioner Programs and Resource Development, Bureau for Children and Families.

The Commission to Study Residential Placement of Children as well as other key stakeholders at the state and local level will serve as the Home Team.

The Three Branch Workgroups are:

Health Screening – Engage stakeholders to examine, review and validate screening forms for appropriate use in West Virginia.

- Children who receive Health check will be screened by nursing staff through Maternal and Child Health to determine if they need only periodicity monitored or if they may need additional support through Systems Point of Entry or Children with Special Health Care Needs program.

Psychotropic Medication – A collaborative work group that involves the Bureau for Children and Families, the Bureau for Medical Services and the Bureau for Behavioral Health and Health Facilities reviews children who are prescribed psychotropic medications that are under the age of 6 years old to ensure that the medications are medically necessary and that they are not being given as a form of chemical restraint.

- The committee intends to expand the scope of the target population to all children.

Out of Home Placement – Review the statutory Multidisciplinary Treatment (MDT) process, institutionalize the process and assure consistent statewide compliance.

- Support of the MDTs include comprehensive wrap-around services to families to improve permanency, decrease use of congregate care, and improve

reunification; develop and implement a pilot for neutral facilitation; develop a mechanism to share data.

Capacity and Access – Engage the public and private stakeholders to redesign the behavioral health system to include how services are funded and incorporate Results Based Accountability.

Drug Addicted Infants – Establish processes to provide drug addicted infants and their families with appropriate resources by engaging public and private stakeholders to coordinate efforts and maximize the impact of programs or initiatives targeted at addressing substance use in pregnancy.

COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN

Established originally through legislation (HB 2334), and most recently reestablished through SB636, the Commission to Study Residential Placement of Children has leveraged its mandate to continue the study of both residential placements and their expanded focus on all children in out-of-home care. This Commission is chaired by the DHHR Secretary. Members include all child serving systems.

The Commission provides oversight for working groups that target opportunities for improving child welfare for children in out of home care.

In 2012, the Commission reviewed and consolidated its original recommendations from its 2006 report, “Advancing New Outcomes” that were still active with new ones that support the expanded vision and charge of the Commission.

The Commission’s updated expected performance outcomes are:

1. Appropriate Diagnosis and Placement

Implement and maintain ways to effectively sustain accurate profile/defined needs (clinical) of children in out-of-home care, regardless of placement location, at the individual, agency, and system levels to include clinical review processes, standardized assessments, total clinical outcomes, management models, etc., that result in the most appropriate placements.

2. Expanded Community Capacity

Expand in-state residential and community-based program and service capacity for out-of-home children through systematic and collaborative strategic planning to include statewide programs such as Building Bridges, System of Care, and systems such as the Automatic Placement and Referral System (APR), and greater emphasis on upfront prevention approaches.

3. Best Practices Deployment

Support statewide awareness, sharing, and adoption of proven best practices in all aspects (e.g., treatment, education, wellbeing, safety, training, placement, support) regarding the Commission's targeted populations.

4. Workforce Development

Address staffing and development needs, including cross-systems training, that ensure a quality workforce with the knowledge, skills, and capacity required to provide the programs and services to meet the requirements (e.g., assessments, case management, adapt best practices, quality treatment, accountability) of those children in the Commission's targeted populations.

5. Education Standards

Ensure education standards are in place and all out-of-home children are receiving appropriate quality education in all settings and that education-related programs and services are meeting the requirements of all out-of-home children, regardless of placement location.

6. Provider Requirements

Require placements in all locations be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation to include demonstrated quality in all programs and services that meet West Virginia Standards of Care.

7. Multidisciplinary Treatment (MDT) Team Support

Support the Multidisciplinary Treatment (MDT) Team concept and assist enhancing present MDT processes statewide.

8. Ongoing Communication

Develop appropriate and timely cross-system and public communications regarding the work of the Commission that fosters awareness and the continued commitment of stakeholders to reduce the placement of children outside of their community of residence and to enhance in-state capacity to reduce the number of children in West Virginia requiring out-of-home care.

9. Effective Partnerships

Continue to seek strong partnerships with individuals, agencies, organizations, other Commissions and special initiatives that advance the overarching goals and strategies of the Commission.

10. Performance Accountability

Ensure accountability through monitoring performance outcomes, improving processes and sharing information with all stakeholders.

The Commission to Study Residential Placement of Children provides information quarterly at their meetings and annually in the Advancing New Outcomes report that is shared with the high level oversight groups listed in this section, West Virginia Legislators, and many others across the state.

The Commission to Study Residential Placement of Children work(ing) groups is:

Service Delivery and Development - The Service Delivery & Development Workgroup has task teams to explore creative, best practice recommendations, and to develop and implement strategies focused on service delivery gaps identified in various surveys, including the Service Array process.

West Virginia System of Care Implementation Team - The West Virginia System of Care is a public/private/consumer partnership dedicated to building the foundation for an effective community-based continuum of care that empowers children at risk of out-of-home care and their families. The WV System of Care Implementation Team (SIT) was created to represent all stakeholders, to direct, oversee and monitor all related activities in building a West Virginia System of Care. The SIT is looking at ways to reduce the timeframes for the Regional Clinical Review process.

Out-of-State Residential Provider Monitoring and Certification - Out-of-state providers are being monitored to determine if West Virginia's established standards for education, treatment, safety and wellbeing are being met. This ensures West Virginia children are protected, have their needs met when in out-of-state placements and are better prepared when they return home.

The Commission to Study Residential Placement of Children's website is: http://www.wvdhhr.org/oos_comm/.

COURT IMPROVEMENT (PROGRAM) OVERSIGHT BOARD

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with DHHR and the provider communities involved through funding from three federal grants with matching state funds. These are referred to as the "basic," "training" and "data collection" grants.

Chaired by Judge Gary Johnson, this group meets quarterly to review the work of the subcommittees, review reports, and make major decisions regarding the work and direction of the West Virginia Court Improvement Program.

Subcommittees assist the Oversight Board. They are:

Youth Services Committee

Chaired by attorney Jane Moran, this committee drafted the Rules of Juvenile Procedure and produced a training module for the rules and juvenile issues. It has been working on updating the Juvenile Law Guide and discussed other topics, including

truancy and out-of-home placement for juveniles. It recently recommended requiring continuing education for attorneys who represent juveniles, similar to the provision for child abuse/neglect attorneys. It is also discussing a proposal for a study on truancy initiatives in the state.

Data, Statutes, and Rules Committee

Chaired by Judge Derek Swope, this committee has evolved since its creation in 2006. It originally monitored progress with the Court's child abuse and neglect (CAN) database, negotiated data exchange between the Court and BCF, and updated the uniform child/family case plan, and created the child/family progress report. The group still monitors these projects, but it is now also charged with drafting/reviewing statutory and rule change proposals by its members and other CIP committees. With the help of its data-sharing subcommittee, the group provides input for all court child abuse data projects, including JANIS and JUDI software and the CaseBook project.

Training Committee

Co-chaired by Judges Gary Johnson and Robert Stone, this committee plans the annual CIP cross-training conferences and assists with other trainings, including local CIP-sponsored trainings and Court-sponsored guardian ad litem training. It monitors the CIP-sponsored WVU College of Law "Child Protection and the Law" course and gives input for the New View Project. This committee was responsible for The Time is Now video and usually is the last stop for any training that CIP conducts.

- The New View is designed to put fresh eyes on the toughest cases. Attorneys or "viewers" are trained to review a child's case. At the end of the year, team members will produce reports on each child and a statistical report on all those cases selected. This report is provided to the courts and the DHHR. New View is designed to identify patterns and systemic barriers.

Behavioral Health Committee

Formerly the Drug-Screening committee, this committee is now chaired by Judge Duke Bloom and has taken a broader charge of assessing the needs and availability of services for children and families in the state, beginning with surveying instate providers of out-of-home treatment for children.

Multidisciplinary Treatment Team (MDT) Committee

Chaired by BCF Deputy Commissioner Sue Hage, this group oversaw the 2008 MDT Study by Dr. Corey Colyer of WVU School of Sociology. It contributed language for amending MDT provisions of Chapter 49 in Senate Bill 484. It has been working on a MDT training curriculum and the pilot for neutral facilitation project.

Child Protection across Court Systems or C-PACS (formerly Overlap) Committee

Chaired by Judge Mary Ellen Griffith, this group drafted the 2006 “Overlap” rule and statutory changes that provided a clearer process for family court referrals to CPS and availability of co-petitioning and battered parent adjudication. It has continued to monitor implementation of the Overlap process, including quarterly review of CAN database statistics on the number of family court referrals and types of outcomes, as well as number co-petitions, battered parent adjudications, and Ruckman-related cases. It proposed changes to the guardianship statute, W.Va. Code §44-10-3, in an effort to modernize the process.

Federal Review (formerly CFSSR/PIP) Committee

Chaired by Judge Derek Swope, this committee started as a group to help organize CIP involvement with the 2008 Child and Family Services Review (CFSSR) and resulting Program Improvement Plan (PIP), but it has expanded to explore improvement in all child welfare federal reviews, including CFSSR and Title IV-E. It was charged by the oversight board with reviewing and assisting implementation in national IV-E expert Don Schmid’s fiscal analysis report of 2012.

EDUCATION OF CHILDREN IN OUT-OF-HOME CARE ADVISORY COMMITTEE

Following a 2004 report ...Reaching every Child by a major child care organization in West Virginia identifying educational barriers and unmet needs of children in out-of-home care, the West Virginia Department of Education established the Education of Children in Out-of-Home Care Advisory Committee. The mission of the Advisory Committee is to ensure that children placed in out-of-home care receive a free appropriate public education in accordance with federal and state laws, regulations and policies. The Advisory Committee provides recommendations to the Department of Education and State Board of Education and fosters interagency collaboration. Working from the recommendations in its 2005 report titled Reaching Every Child and the mandates of federal law and state policy, the committee has been instrumental in improving educational programs and services for children in out-of-home care.

The goals of the committee for the plan years include:

1. Reconnect children returning from out-of-state placement by developing an interagency process to provide these children with transition services through the Office of Institutional Education Program’s statewide transition specialists.
2. In collaboration with WVDHHR, conduct a study to determine if children in out-of-home care are making educational progress. Study the education growth of children in out-of-home care and the impact of school stability, attendance and other factors on academic achievement through the use of the West Virginia Growth Model.

3. In collaboration with WVDHHR, develop an ongoing data reporting system to monitor the educational achievement of children in out-of-home care.
4. In collaboration with the Court Improvement Program and WVDHHR, increase the involvement of educational personnel in the MDT process.
5. Remove barriers to educational access for children in out-of-home care by improving awareness of rights and responsibilities, communication with county school districts and service providers and compliance with federal regulations and state policies.
6. Improve the monitoring of education programs for children in out-of-state placements and in collaboration with WVDHHR continue to monitor the treatment and education for children placed out-of-state.
7. Using the American Bar Association's Blueprint for Change, foster interagency collaboration by developing a common agenda to ensure educational success and wellbeing for children in out-of-home care.
8. In collaboration with the Court Improvement Program and WVDHHR, maintain school stability for children in out-of-home care through implementation of the provisions of the McKinney-Vento Act and the Fostering Connections to Success and Increasing Adoptions Act of 2008.

OTHER SUPPORTIVE INITIATIVES

Title IV-E Assessment and Waiver Application

“Beginning with the Program Improvement Plan that was developed as a result of the Children and Families Service Review (CFSR) of 2008, the state began bolstering our services to assist our staff in engaging and supporting families and youth across the state.”

In 2012, the West Virginia Department of Health and Human Resources (DHHR), Bureau of Children and Family (BCF) Services, requested Casey Family Programs to assist in scheduling Donald Schmid to conduct an initial assessment for increasing federal IV-E of the Social Security Act. The intent of the assessment was to increase the IV-E of the Social Security Action federal funding.

In 2014, the WV DHHR, BCF submitted a Title IV-E application that would freeze the penetration rate at the current level and allow a full continuum of supports, that begin with community-based solutions, to improve the lives of West Virginia children and families. The WV IV-E Waiver Application is being reviewed by the United States Department of Health and Human Services (HHS).

Trauma Informed Assessments, Safe at Home and Wraparound

The initial phase includes trauma-informed assessments for youth and their families to identify their strengths and needs that will better align with appropriate interventions. These interventions are aimed at reducing the use and reliance of congregate care and improving youth and family functioning in all life domains that will increase the likelihood of reunification and other reduce re-entry into out-of-home care.

The second phase includes enhancements of strategies to address the needs of younger children and provide preventive services to reduce entry into out-of-home care, improve timeliness and likelihood of reunification for children of all ages that do enter care, and reduce re-entry into out-of-home care.

The WV DHHR is committed to the interventions outlined in the WV IV-E Waiver Application

Adjudicated Juvenile Rehabilitation Review Commission (AJRRC)

The Supreme Court in June 2011 appointed a commission, chaired by Justice Margaret Workman, to examine the Division of Juvenile Services' operations plan and programs at the Industrial Home for Youth in Salem and at the Honey Rubenstein Center in Davis. The review could be expanded to other facilities and programs operated by the Division of Juvenile Services and the Department of Health and Human Resources if deemed necessary.

In 2013, the AJRRC broadened its focus to look at all out-of-home placements, to study and improve treatment, education and rehabilitation services for juveniles to prepare for successful re-entry to society.

Juvenile Drug Courts

The West Virginia Juvenile Drug Courts is a "cooperative effort of the juvenile justice, social service, law enforcement, and education systems in West Virginia. The program seeks to divert non-violent juvenile offenders exhibiting alcohol or substance abuse behavior from the traditional juvenile court process to an intensive, individualized treatment process which includes parental involvement and cooperation and to reduce future court involvement for these youth."

West Virginia Citizen Review Panel

The West Virginia Citizen Review Panel is comprised of individuals representing a diverse mix of concerns, interests and professions. The Panel meets on a quarterly basis in a centralized location that is easily accessible for everyone.

2. Assessment of Performance

Child and Family Outcomes

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

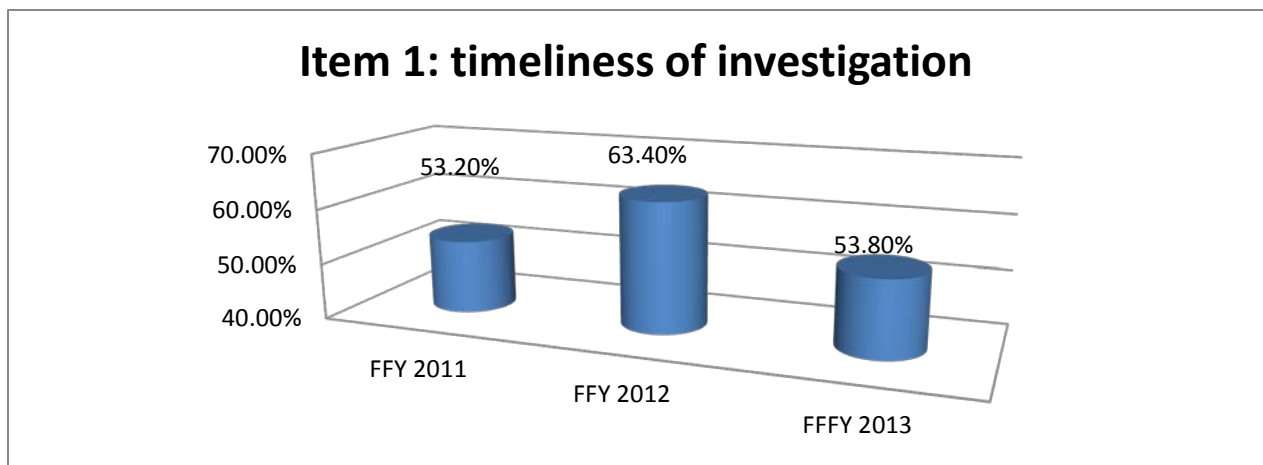
Systemic Factor data is available from Stakeholder Interviews, the Administrative Service Organization focus groups and youth group focus groups. West Virginia will need to develop a tool to pull that data into a format that can be analyzed to determine our area needing improvement.

Safety Outcomes 1 and 2

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

Timeliness of initiating investigation of reports of maltreatment

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



There has been significant improvement in Districts' abilities to track and monitor the status of referrals through the COGNOS site. COGNOS data provides the Districts with point in time data regarding the time to first contact. This report is monitored by the District Community Services Managers and the Deputy Director of Field Operations. Currently, COGNOS data as of April, 2013, indicates 72.3% of intake assessments

have been seen within the designated timeframes established by the Child Protective Services Supervisors.

Although Districts are more cognizant of their needs to meet time frames, they are still struggling to resolve staffing issues that continue to impact this measure. Often lack of staffing creates a backlog of Family Functioning Assessments which in turns creates a reduction in the timeliness of investigations. West Virginia is utilizing crisis teams to assist Districts experiencing a backlog of Family Functioning Assessments. Additionally, the Commissioner will pull staff from other districts to assist in the backlog reduction. Currently West Virginia is not experiencing a significant backlog of Family Functioning Assessments. It is anticipated this measure will continue to improve.

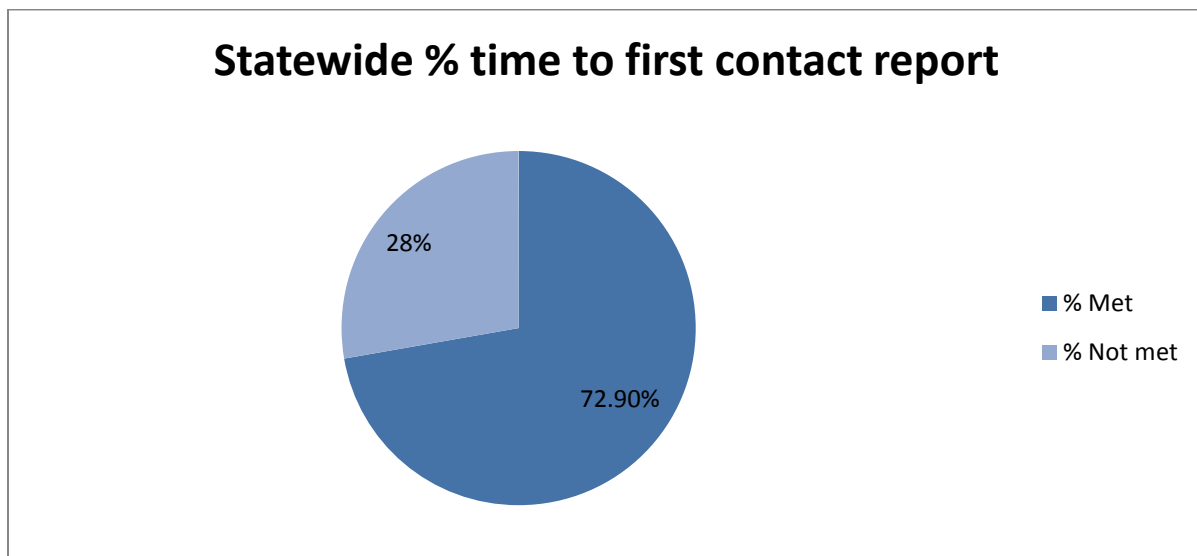
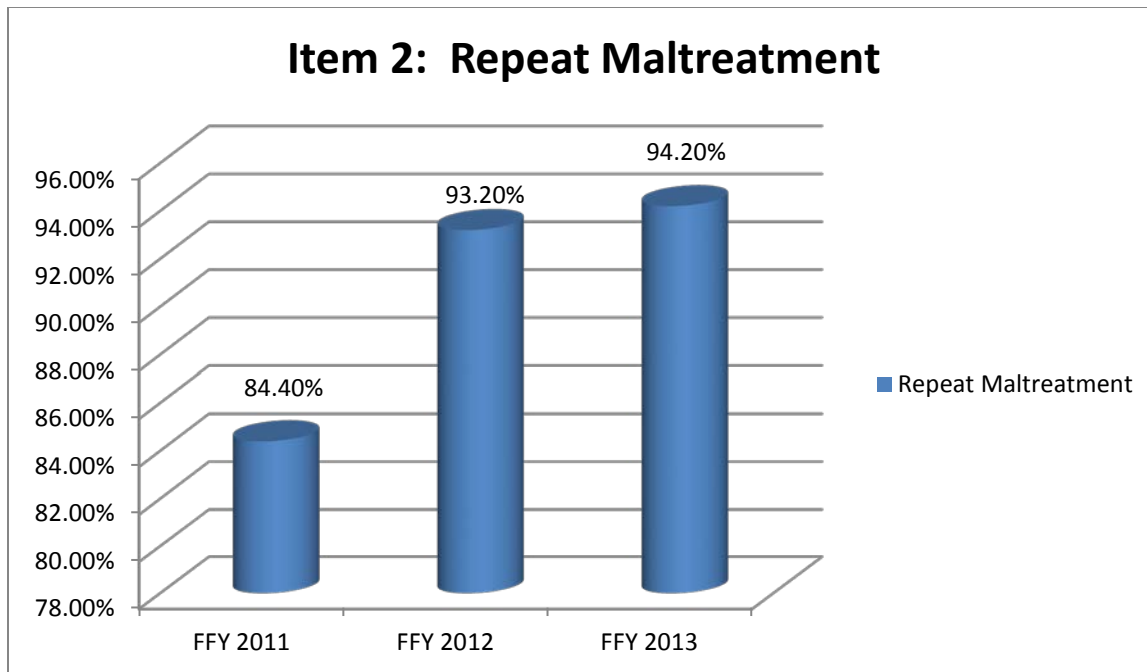


Figure 1 Cognos 4-2013

It should also be noted that the number of referrals received and the number accepted for Family Functioning Assessments has declined; however, the assessment process has been considerably lengthened. The Family Functioning Assessment provides a more focused collection of information that views maltreatment as symptomatic of other issues.

Based on the DPQI Child and Families Services Reviews data, the State appears to have made significant progress in the reduction of the number of incidents of repeat maltreatment.

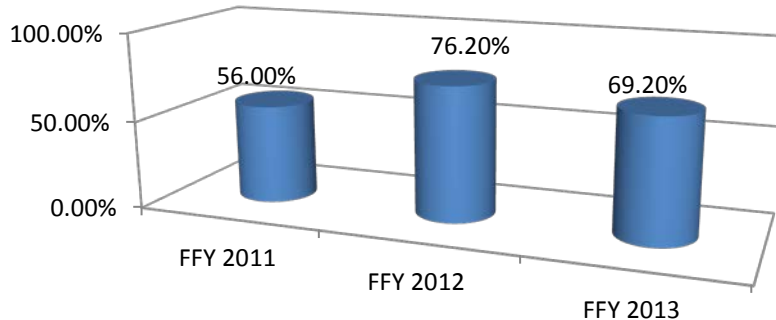


Safety 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety 2 is measured by two measurement indicators: Items 3 and 4 of the CFSR measurement instrument. Item 3 is a measurement of services to protect children in the home and prevent removal or reentry into foster care. It should be noted that if services would not have been able to ensure the child’s safety and the only alternative was to place the child in care then the measure would be rated strength. Item 4 is a measurement of risk assessment and safety management. This item addresses the Agency’s concerted efforts to assess and address the risk and safety concerns to the child(ren) in their homes or while in foster care.

In Federal Fiscal Year 2011, 195 cases were reviewed, with 60 cases in the sample being applicable to Item 3. Thirty-eight of the applicable cases were placement cases. In Federal Fiscal Year 2012, 197 cases were reviewed, with 73 cases being applicable to this measure. Sixty-three of the 73 cases were rated strength. In FFY 2013, 91 cases were applicable to this measure. Sixty-three of these cases rated as a strength. This increase appears to be impacted by several factors, including improvements in initial family assessments and safety planning. It can also be attributed to the increase in placement cases reviewed. If there are insufficient services to insure a child can be safely maintained in their home and removal is necessary, the case will rate a strength.

Item 3: Services to protect children in home and prevent removal



The social services reviewers found several factors contributing to the Areas Needing Improvement in Outcome S2. Though there were more cases that had safety plans developed, there was also a lack of contact with the family afterwards to insure that the safety plan was effective. Safety services were often initiated but not continued in the ongoing work of the case. Furthermore, cases that did not meet this measure often had services placed in the home that did not match the issues identified in the safety plans, and/or services were not referred into the homes in a timely manner. It should be noted domestic violence was often identified in safety plans but not addressed through services. This is also the case with the identification of parental substance abuse.

Districts noted a lack of services to address domestic violence, drug abuse, truancy and other issues related to treatment of the youth services population.

DPQI tracked additional information regarding the prevalence of substance use/abuse and/or domestic violence in the cases reviewed.

Based on a sample size of 156 Child Protective Services cases, 71.2% of the cases reviewed indicated drug and/or alcohol use in the home. Based on a sample size of 54 youth services cases, 27.8% of the cases reviewed indicated drug or alcohol use in the home.

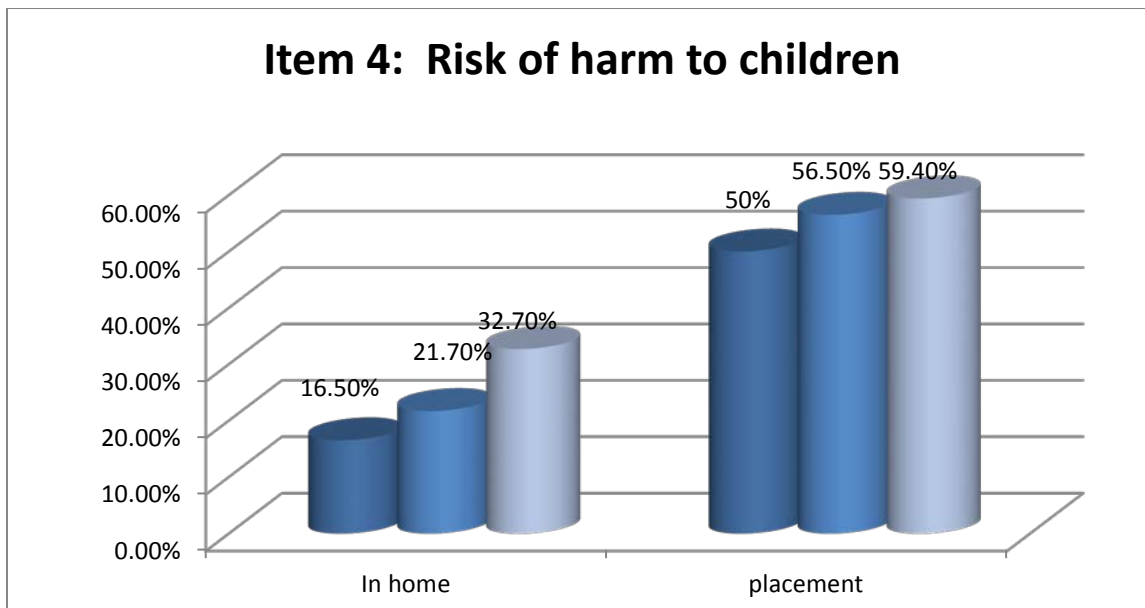
Based on a sample size of 156 Child Protective Services cases; 30.1% indicated domestic violence in the home. Out of a sample of 54 youth services cases 22.2% of the cases review indicated domestic violence in the home. It should be noted that reviewers believe the rate is higher for domestic violence; however, as indicated by the National Coalition Against Domestic Violence, it continues to be one of the most chronically underreported crimes. West Virginia's Court System 2010 Annual Report indicates 14,880 domestic violence cases were filed in West Virginia Family Court in 2010. West Virginia Uniform Crime Report of 2010 indicates 12,661 Domestic offenses

were reported to law enforcement in West Virginia in 2010. Benson & Greer Litton Fox, Department of Justice, NCJ 193434, Economic Distress, Community Context and Intimate Violence: An Application and Extension of Social Disorganization Theory, Final Report, 2002 indicates that Domestic Violence is more than three times as likely to occur when couples are experiencing high levels of financial strain. The National Center for Children in Poverty indicated by income level in 2011 that 203,556 families are living in poverty in WV. Indicating the need to continue to develop and strengthen services to address the needs of those in situations where domestic violence is or has occurred.

DPQI further recommends that all ASO providers be credentialed to perform the services they are providing. They need to show they are utilizing “best practice models.” Furthermore, services need to be redesigned to meet the needs of the local offices. All ASO in-home service providers need to have an understanding of Domestic Violence and Substance abuse issues. Services also need to be developed to address the ever increasing youth services population.

Item 4: Risk of harm to children

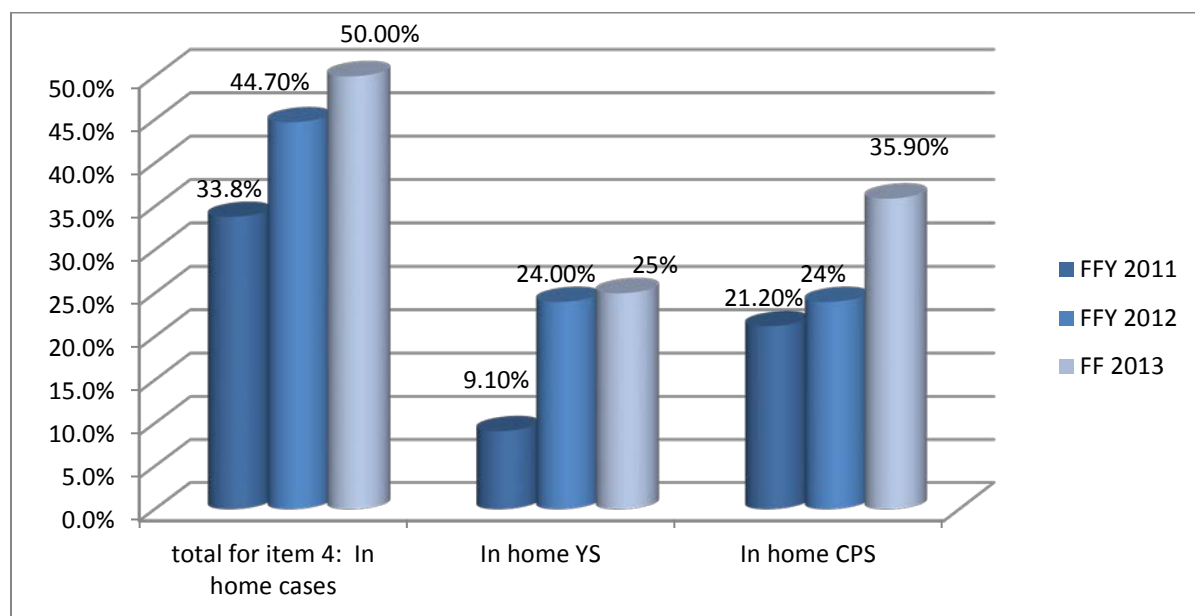
Review of this measurement addresses what services were put into place to reduce or eliminate risk. Review of this measurement addresses ongoing risk assessment.



Data suggests that children in non-placement cases, both youth services and child protective services cases, are being continuously assessed for risk and safety at a

disturbingly low rate. This measure is impacted by the lack of visits to the homes to assess all children in the home.

Risk to children in the home is not being formally or informally assessed in non-placement cases. Children in placement are being seen on a regular basis and DPQI reviews indicate a continued improvement in workers' ability to assess the child's needs and safety. It should be noted that the case review period is fourteen months in length. Cases are considered placement cases in the sample if the child was in care at any time during the period under review; therefore, the discrepancies between the COGNOS number of children in placements seen and DPQI reviews is likely due to the periods of time the child was not seen prior to entering care or after exiting care.



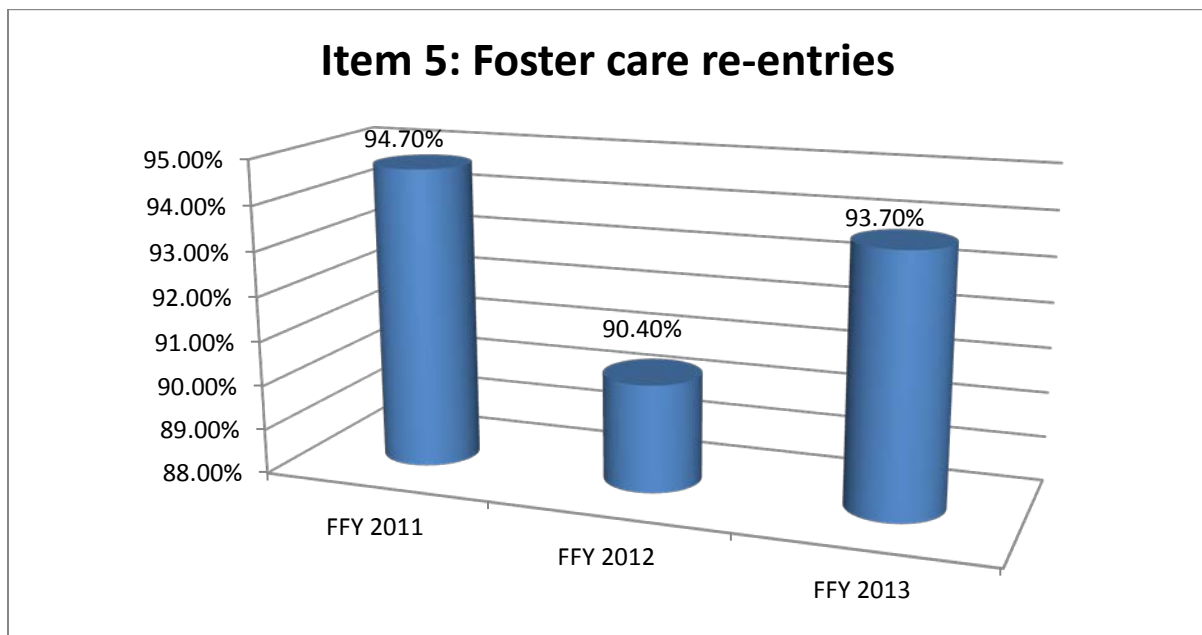
Social service reviewers identified several factors that contributed to the areas needing improvement in safety outcome measurement S2. There were more cases in which initial safety was assessed in a thorough manner; however, the practice was not carried into the ongoing casework. Although there are more cases where safety plans are developed, there continues to be a lack of contact made with the family afterwards to insure that safety was continuing to be maintained. Social service reviewers also found that when visits do occur, the worker frequently fails to assess all of the children in the home. Furthermore, workers experience difficulties in visiting with all the children on their case loads as they are frequently traveling to visit with the children in placement. This limits the amount of time they have to make all of their required contacts on in home cases. During FFY 2013 3,263 children (0-17) entered care. Children are entering care in WV at a rate of 8.5% per 1,000 children in the population. This is 5.3% above the National average (3.2%).

Risk and safety for child protective services placement cases are being assessed on a regular basis. This has greatly improved through the use of the “dashboard” tracking system. Based on AFCARS data, 95.7% of children in care were seen on a regular basis during the federal fiscal year 2012. However, case reviews indicate that workers do not always comprehend the intent of monthly visits or that they have failed to speak with children separate from the caregiver.

Permanency Outcomes 1 and 2

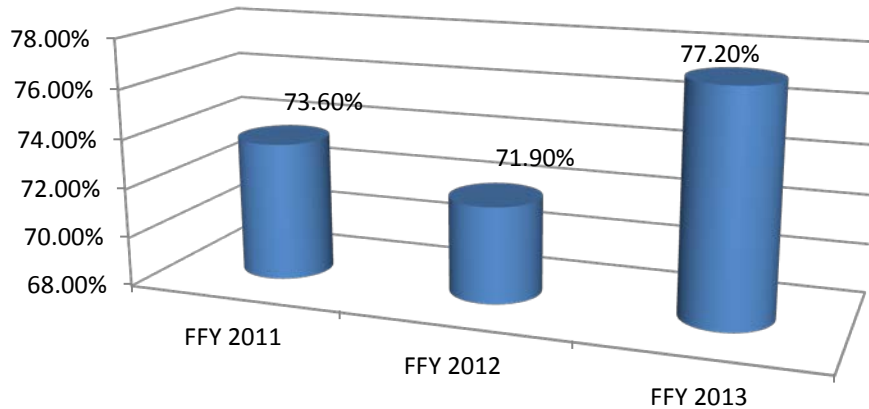
Permanency 1: Children have permanency and stability in their living situations

Social services reviews indicate that WV is maintaining the foster care re-entry rate. In Federal Fiscal Year 2011, 94.7% of cases rated a strength, in the Federal Fiscal Year 2012, 90.4% of the cases rated a strength, indicating that the Agency made concerted efforts to provide services to families to prevent the children's re-entry into foster care or re-entry after reunification within a 12 month period from the prior discharge.



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

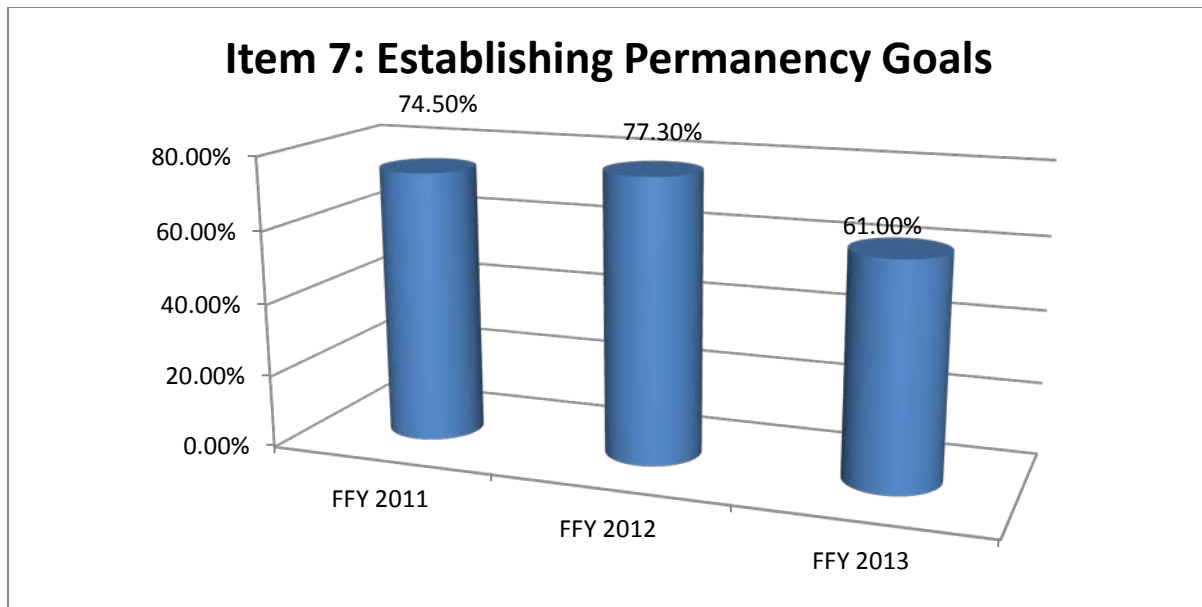
Item 6: Stability in Foster Care Placement



All regions reported a lack of foster homes. They noted a lack of homes that are willing to accept older children, children with severe behavioral issues, and large sibling groups. There is no mechanism in place to accurately and appropriately match children that are coming into the foster care system with already existing foster care providers.

Social Service reviews indicate that workers are making concerted efforts to place children in the homes of relatives when possible. This practice is believed to contribute to the stability of the placements. Additionally, reviews indicate that when placement changes are needed, the moves are reflective of a planned move necessary to address the child's needs that may not have been evident at the time of initial placement.

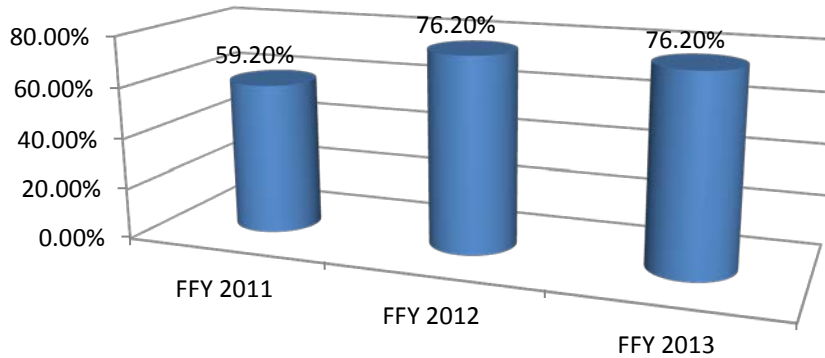
West Virginia has made a gradual increase in establishing appropriate permanency goals in a timely manner. This item was found to be in nonconformity based on the 2008 Federal CFRS review. Case sampling at that time indicated that 62.50% of the case met the measure. FFY 2011 data indicated that 74.5% of the cases reviewed rated strength. FFY 2012 data indicated that 77.3% of the cases reviewed rated a strength. FFY 2013 data indicates 61.0% of the cases reviewed rated a strength.



As part of West Virginia’s Program Improvement Plan, this issue was addressed through the development of a brochure to clarify the permanency options for children in care. Additionally, the Social Services Policy Unit issued a clarification memo that provided additional guidelines for choosing permanency options (Program Instruction CAS-09-12). Field staff has made concerted efforts to review permanency goals and develop more appropriate goals. Districts with active Multidisciplinary Teams (MDTs) are more likely to address the continued need for permanency planning throughout the life of the case. Although this measure improved, the data indicates a decline in the sample from FFY 2013. Case reviews indicate the decline is related to the goals not being documented in the case file in a timely manner or the goals have not been changed to reflect the current status of the case at the time of the review.

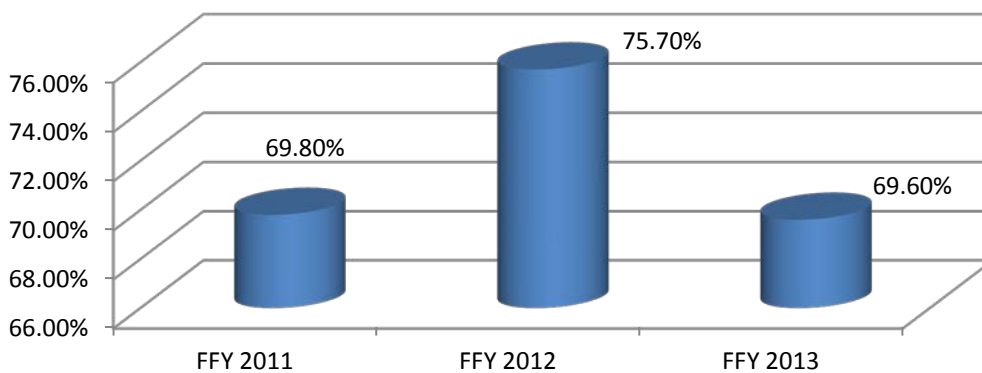
Of the cases reviewed in federal fiscal year 2012 and 2013, 76.2% indicated that acceptable progress was being made toward the achievement of permanency goals of reunification, permanent placement with a relative, or guardianship (Item 8). This measure looks at whether this permanency goal for the child has been achieved and/or effort by the agency/court within 12 months. It also addresses if efforts are being made to work the concurrent plan. This is a 17% improvement from Federal Fiscal year 2011.

Item 8: Reunification, guardianship, permanent placement with relatives



In the Federal Fiscal Year 2012, 75.7% of the cases reviewed with the permanency goal of adoption or a concurrent goal of adoption indicated that concerted efforts were made to achieve finalized adoptions. This measure determines if the child’s adoption will be finalized within 24 months of the most recent foster care entry. There is a slight improvement from Federal Fiscal Year 2011 where 69.8% of the cases achieved this measure. FFY 2013 indicates a decline in cases that rated as a strength.

Item 9: Permanency goal of adoption



The Adoption and Safe Families Act established that the termination of parental rights should occur within a 22 month timeframe following placement. Barriers to achieving this measure are primarily the delays in the court process, such as extended improvement periods and parents being adjudicated at separate times. WV State code allows for the Court to extend a parent’s post-adjudicatory or post-dispositional

improvement period for 90 days or longer after they have had two 90 day improvement periods in either or both the post-adjudicatory and post-dispositional time periods. These extensions may occur due to case circumstances such as: waiting for paternity testing, parents remaining in rehab, parents who are incarcerated but are expected to be released during the court case, or even personal or weather related events that delay a hearing or hearings.

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

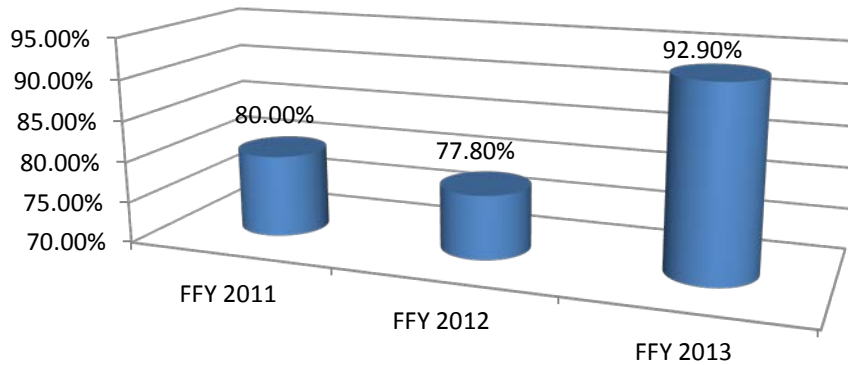
Many districts also report delays in obtaining court orders, which can create further delays in reaching permanency. Furthermore, Districts have had cases dropped from the court dockets. It is imperative the District management insure this does not occur.

It should also be noted that the timely completion of homestudies is crucial to improving this measure. During the 2008 Federal Review, WV had a deficit in the timely completion of obtaining finger print background checks. This was addressed in the State's Program Improvement Plan through the use of "Live Scan" equipment. Unfortunately, reviews indicate that some finger print checks are taking extended amounts of time and in many places people have to be printed multiple times.

Delays may also be linked to the lack of concurrent planning. WV foster care policy section 4.5 addresses the use of concurrent planning. As outlined in policy, "all children whose permanency plan is reunification must have a concurrent permanency plan. For other children, concurrent planning should be utilized in an effort to expedite the achievement of permanency for these children." (WV BCF FC policy page 107). Unfortunately, concurrent plans are viewed too often as consecutive plans and are not pursued concurrently. The federal expectation is that they will be worked at the same time. This would also serve to reduce the amount of time children remain in care.

Past social service reviews indicated many inappropriate permanency plans regarding the use of other planned living arrangements. The goal of Independent Living became the "catch all" for all older youth, whether or not the goal was appropriate. Often these cases did not reflect activity to show that the permanency goal was being worked. As a result, the policy unit issued a clarification memorandum to guide field staff. Field staff has made a concerted effort to utilize this goal only when appropriate for the youth.

Item 10: Permanency Goal OPPLA

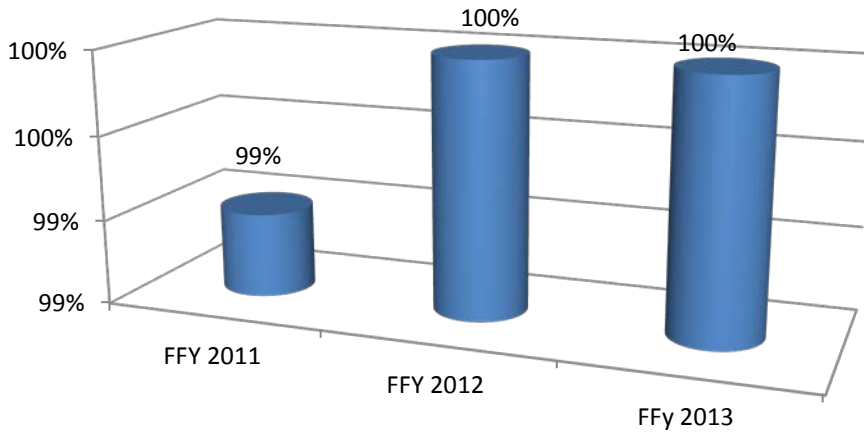


The percentage of cases with the permanency goal of Other Planned Permanent Living Arrangement that demonstrated progress toward permanency declined slightly in FFY 2012. The impact of the Program Instruction CAS-09-12 is seen in the 2013 federal fiscal year data.

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

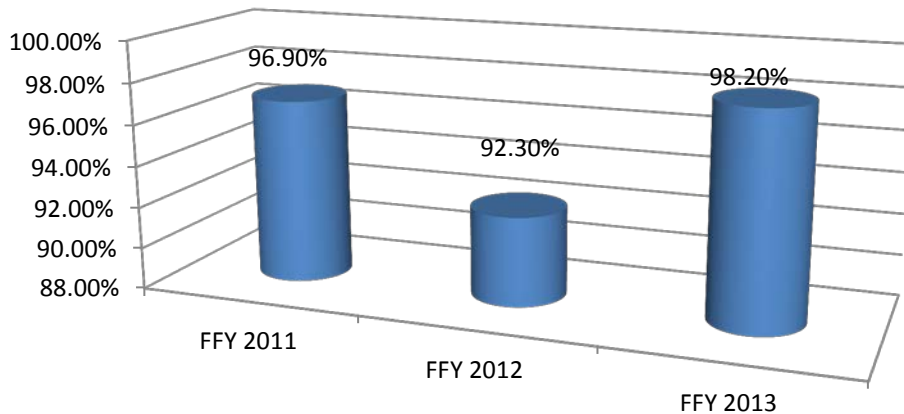
Permanency measures for the State appear to be improving. Based on the sampling of cases reviewed by the Division of Planning and Quality Improvement during Federal Fiscal Year 2011, 99% of the placement cases demonstrated that the Department made concerted efforts to ensure that the child's placement was close enough to the parents to facilitate visitation; during Federal Fiscal years 2012 and 2013, 100% of the cases met this measure.

Item 11: Proximity of foster care placement

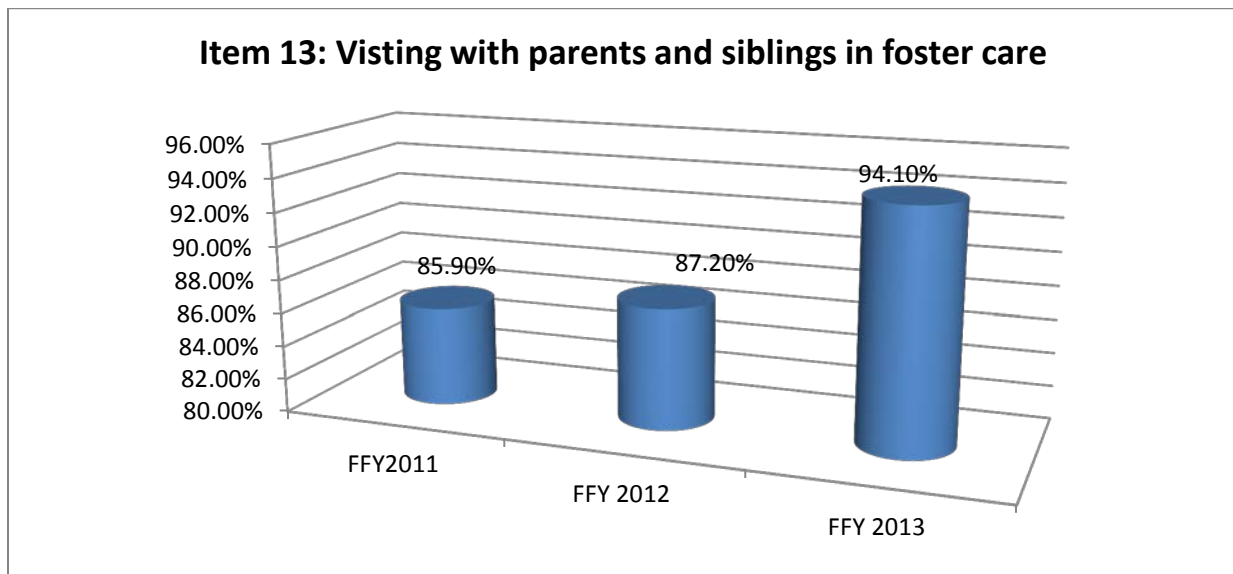


Districts are making a concerted effort to place siblings together whenever possible and appropriate. Item 13 determines if concerted efforts were made to ensure that sibling in foster care are placed together unless separation is necessary to meet the needs of one of the siblings. Large sibling groups present a difficult challenge and often require the children to be separated. Districts noted that the placement of large sibling groups together is very difficult based on the lack of foster homes. The children are often separated, placed in close proximity, and provided with ample visitation. With the continued increase in the number of children in placement, it is highly likely that this measure will decline. All Districts interviewed over the course of the two year period state that they struggle with the lack of foster care placement options.

Item 12: Placement with siblings



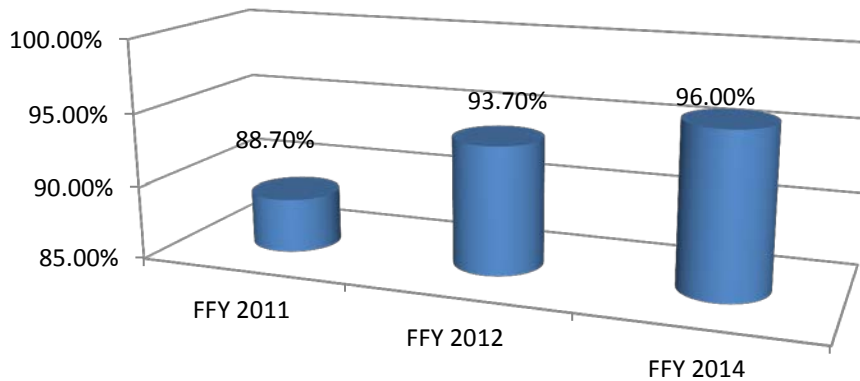
This measurement (Item 12) determines if concerted efforts were made to ensure that sibling in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. West Virginia saw a slight decline in this measure in FFY 2012. Often homes for large sibling groups were unavailable. WV has seen continued improvement of this measure in FFY 2013.



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

This measure was rated a strength in 94.10% of the cases sampled in FFY 2013. This is an 8.2% increase from FFY 2011. Cases that did not meet the measure typically have failed to include the absent father(s). Several Districts are also mandated by the Court to demonstrate that the parent(s) have had a specific number of clean drug screens before permitting visitation to occur.

Item 14: Preserving Connections

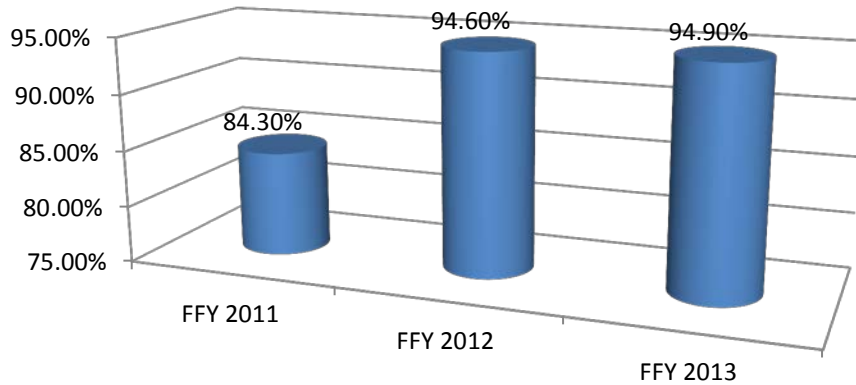


Child and Family Services reviews determine if workers explore and maintain the primary connections for the child in care and document those efforts. This may include connections in the community, school, church, extended family members and siblings not in foster care. If a child is a member or eligible to be a member of an Indian Tribe the Tribe must be notified in a timely manner to advise them of their right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights. The child must be placed in accordance with the Indian Child Welfare Act (ICWA). 96% of the cases sampled in FFY 2013 indicated that the workers have made concerted efforts to maintain the child's important connections to their community, faith, extended family and siblings. This increase reflects the increase in the use of relatives as foster parents.

Efforts to locate and documentation to demonstrate that both paternal and maternal relatives were explored for placement has improved. This item (15) rated as a strength in 94.9% of the sample for FFY 2013, which is a 10.6% improvement from FFY 2011. Workers have made a strong effort to explore relative/kinship care placements; this is often necessitated by the lack of other foster care homes. In cases where this measure has not been met, it is often paternal relatives that have not been considered.

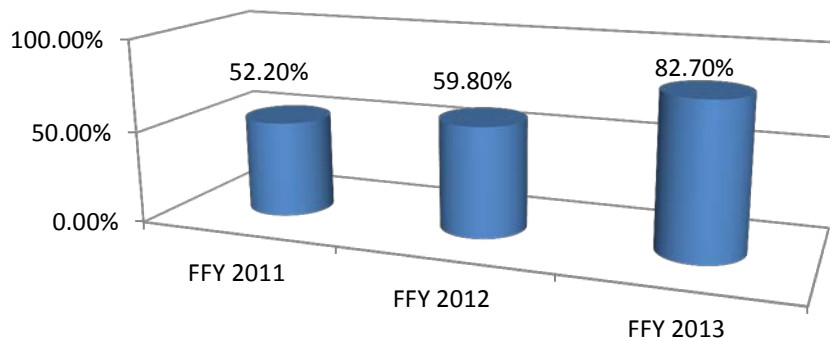
This measure was addressed in the State's program improvement plan. A diligent search tips guide was developed and distributed to staff to facilitate improvement in this measure.

Item 15: Relative Placement

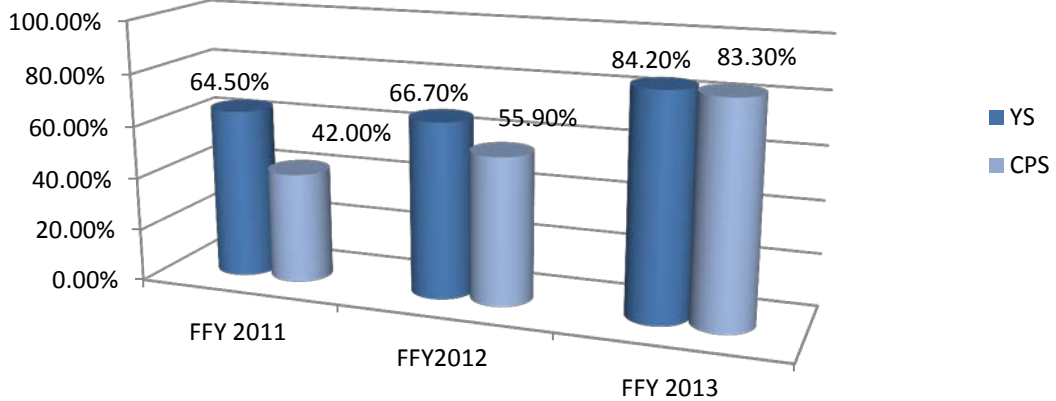


Social service reviews also determine whether concerted efforts were made to promote, support and maintain positive relationships between the child in foster care and his or her parents or primary caregiver from whom the child had been removed through activities other than visitation. Significant improvement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

Item 16: Relationship of child in care with parents



Item 16: Comparison of youth services to child protective services cases



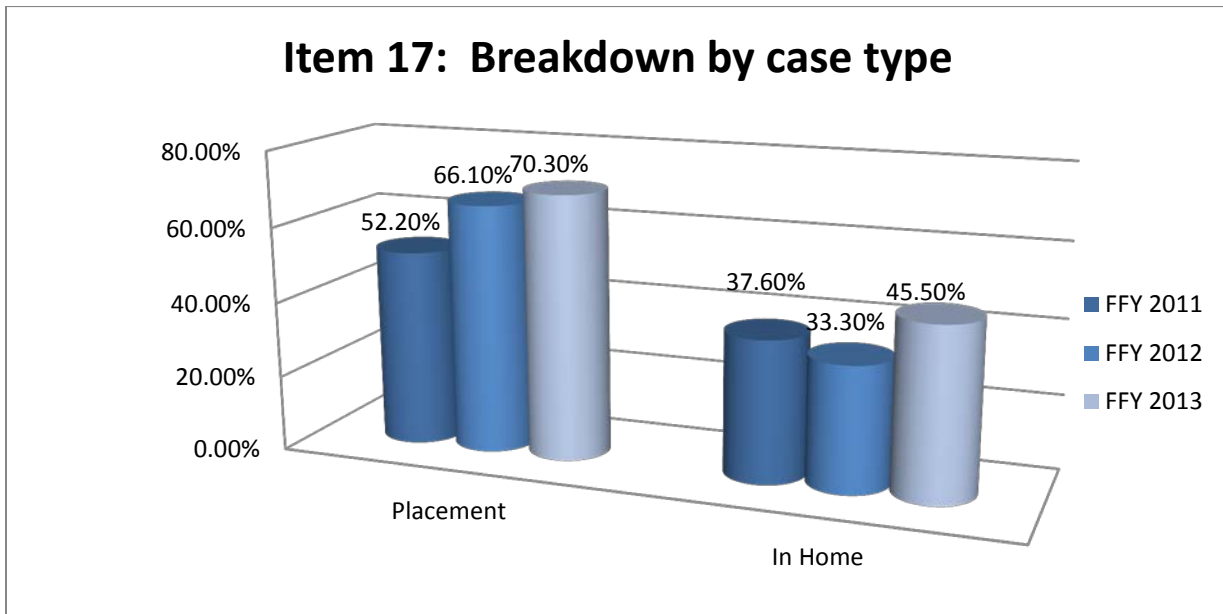
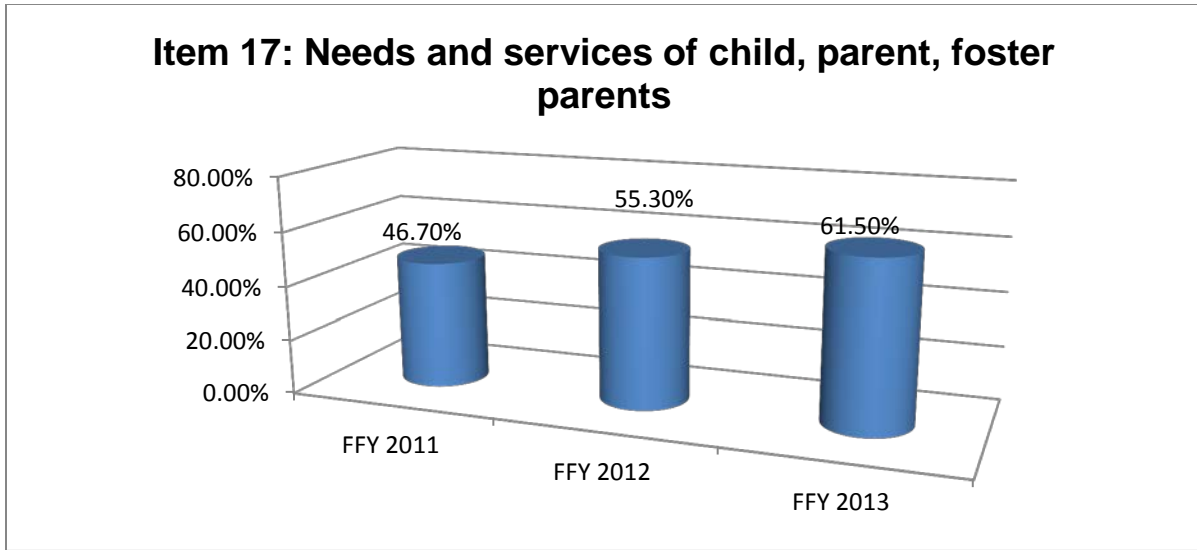
Reviews indicated that children placed in care through the youth services system are more likely to receive services to promote, support and maintain positive relationships between the child and his or her mother and father or primary caregiver from whom the child had been removed through activities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

Wellbeing Outcomes 1, 2 and 3

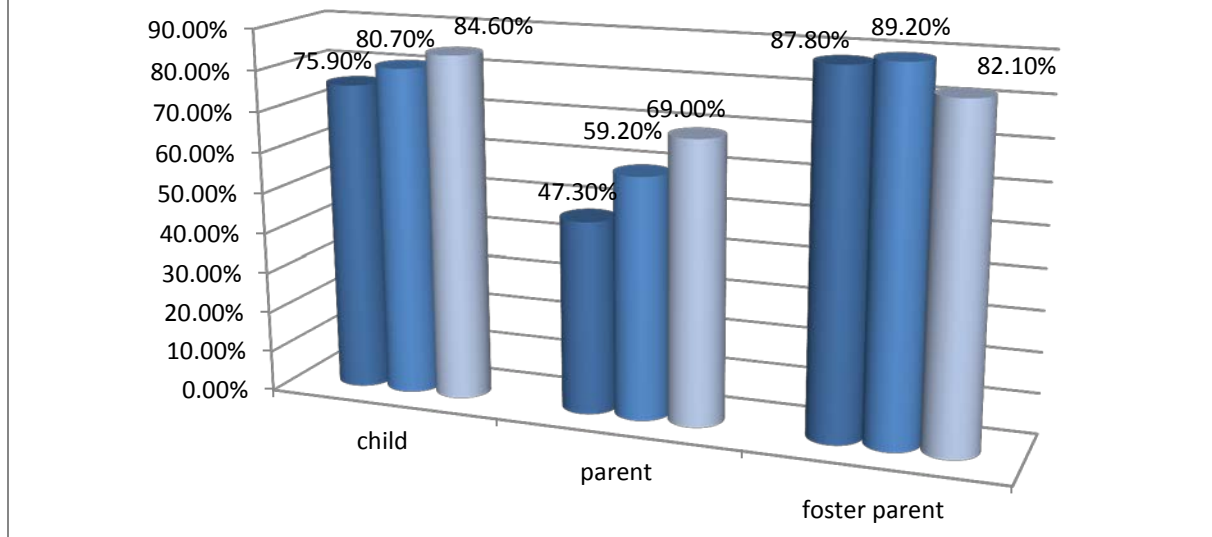
Wellbeing 1: Families have enhanced capacity to provide for their children's needs.

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

Overall data for this measurement indicates an improvement from FFY 2011.



Item 17: Breakdown by persons served



The Agency appears to be improving in their ability to assess the needs of children, parents and foster parents and to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family. Although the data tends to be trending in a positive direction, it indicates that this measure is only being met in 55.00% of the cases reviewed. The lack of on-going case work in in-home cases and the lack of involvement with fathers tend to hinder improvements.

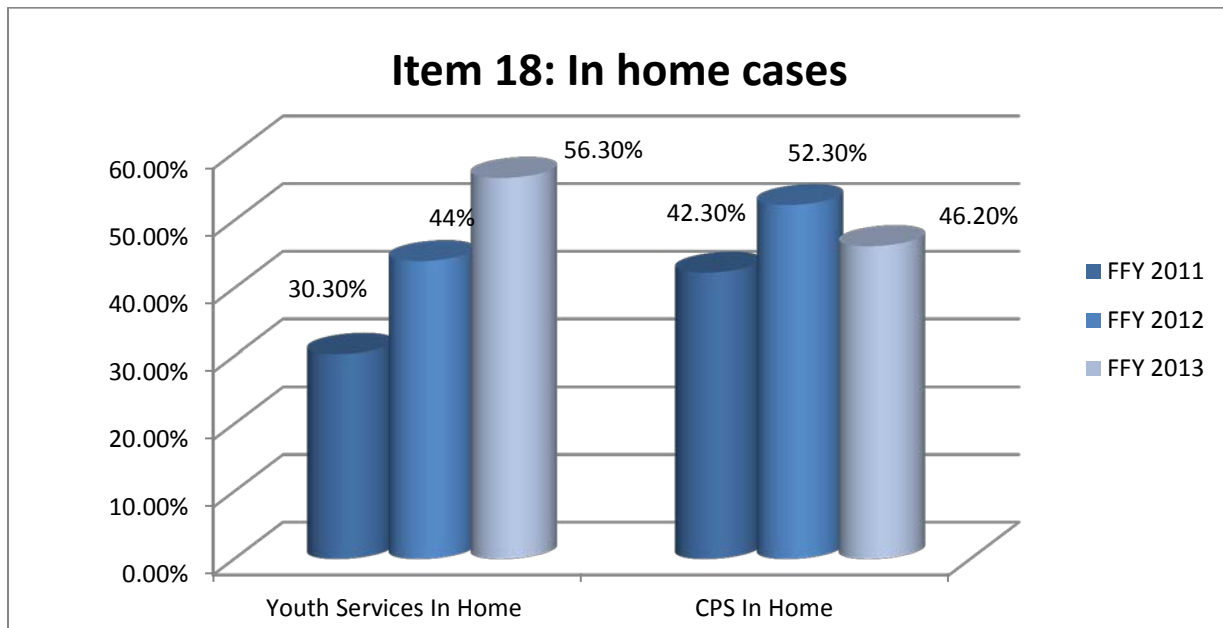
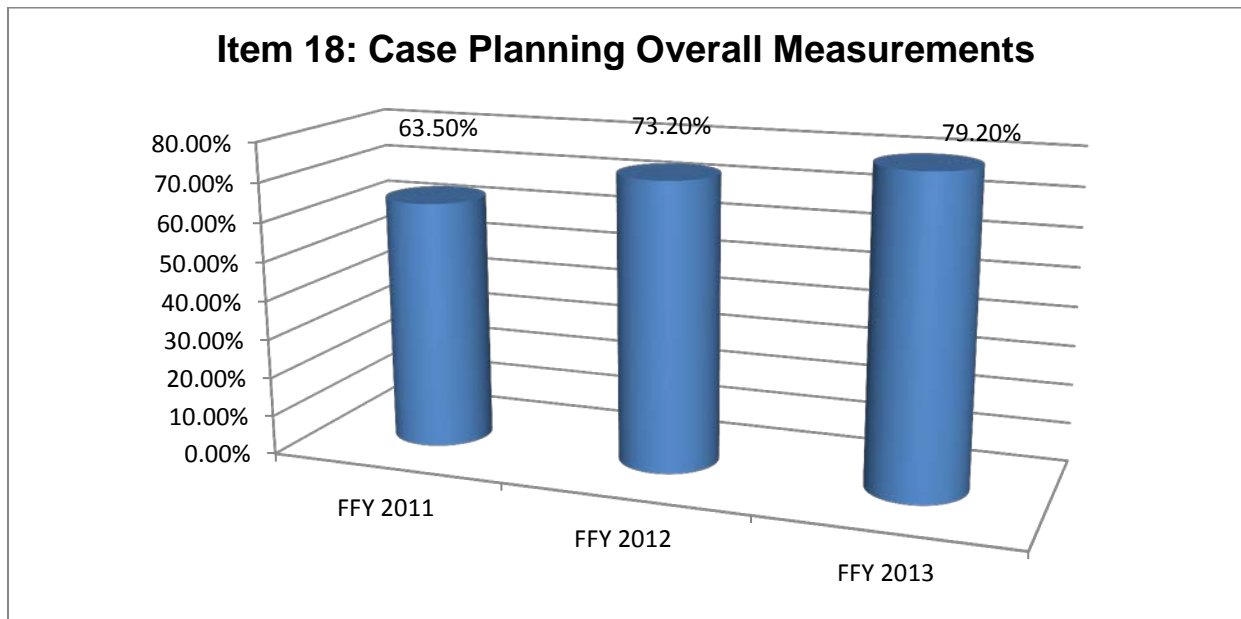
The improvement in this measure appears to be related to the completion of family functioning assessments, which have provided a more comprehensive assessment of families. Reviews also indicate an increase in the use of CAPS (Comprehensive Assessment and Planning System) assessments, where available. Some districts don't have CAPS providers, and other districts feel that the CAPS assessments are inadequate.

The measure falls short when needs are identified and services offered do not match these needs. For example, domestic violence may be identified as a reason that the DHHR is involved with the family; however, no services are put into place to address the issue.

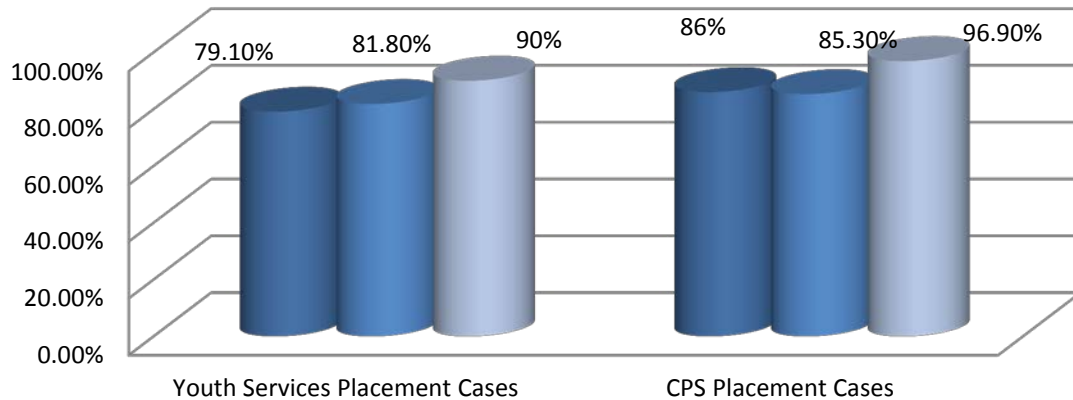
The provision of services plays a key factor in this measure. Districts noted the lack the services they need to address the needs of the families they serve.

Most Districts lack adequate substance abuse treatment services, both inpatient and outpatient; domestic violence services; and parent programs to address the issue of parenting older youth. When appropriate services are not available workers tend to default to “parenting” to solve all issues.

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



Item 18: Case Planning in Placement Cases



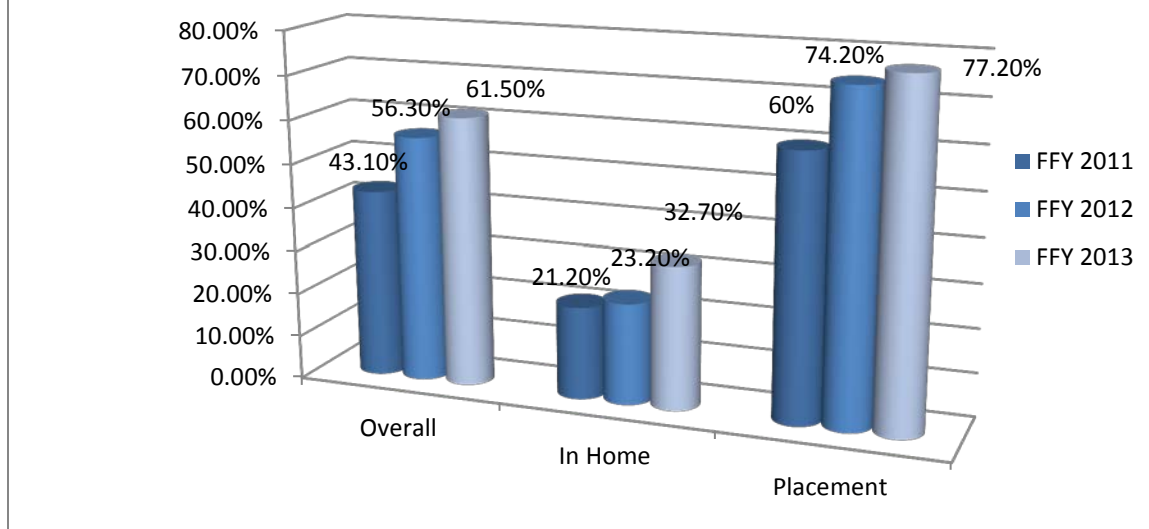
Reviews indicated that family and child involvement in case planning when the child is in placement is significantly higher than for those involved in cases without placement. Case planning improvements can be attributed to the increased number of children in placement and the court and MDT oversight.

MDTs for youth services cases are not as functional. Although case planning is occurring in youth services placement cases, Districts struggle with the process. Most youth services cases are influenced by the courts and the juvenile probation officers, and because of this, youth services workers feel limited in their ability to engage families and youth.

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

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

Item 19: Worker Visits with Child



As indicated there is a distinct gap in caseworker visits in non-placement cases. Data collected from the FFY 2013 sampling indicated that in only 32.70% of the Child Protective Services in-home cases the children were seen on a regular basis to monitor for their safety, and only 25% of children in Youth Services in-home cases were seen on a regular basis.

The 2006 DPQI annual report states the following: “On more than one occasion, reviewers heard the “putting out fires” analogy given as the definition of their family casework strategy.” “A disproportionate amount of attention is given to the intake process while little emphasis is placed on the backend of casework.” Unfortunately, these statements continue to apply to the current casework process. Districts continue to monitor and track the intake portion of casework as the ongoing casework practice receives little attention. The monitoring of casework visits to children in placement has greatly improved the practice of visits with children in placement settings; however, in-home cases have significant gaps in contacts. Reviews have indicated that in some districts there have been no contacts in open in-home cases after the completion of family functioning assessments or youth behavior evaluations.

WV continues to have an increase in the number of children entering care. Based on the National Profile, children in WV are more likely to enter out of home care during the year than children in other states. During FFY 2013, 3,263 children (0-17) entered care. Children are entering care in WV at a rate of 8.5% per 1,000 children in the population. This is 5.3% above the National average (3.2%). Often older youth are placed in congregate care settings a significant distance from their area of residence due to treatment needs or court ordered placements. West Virginia FFY 13 data

indicates that 61% of the children entering care in WV are placed in congregate care settings, with 18% of those children placed out of state. This continues to impact the frequency in which workers can visit with the children on their caseloads.

The frequency of one to one visits of workers with children and with their parents is critical for insuring the safety of children in their homes or in placement, and for monitoring the effectiveness of treatment services.

Reviews indicated a low level of contact with parents. Cases reviewed in FFY 2011 indicated 16.7% of the cases rated a strength for worker visits with parents. Cases sampled in FFY 2013 indicated 37.4% of the cases reviewed rated a strength. Although the FFY 2013, data does not indicate a stellar performance; it does indicate a significant improvement.

West Virginia's 2008 Federal review indicated a need to improve family and youth engagement. The WV program improvement plan addressed this area through the implementation of SAMS PCFA process and the Youth Services Pilot project. Frequency of contact between worker, child and families is an indirect indicator of whether or not family engagement is occurring. Data suggests that WV needs significant improvement in this area.

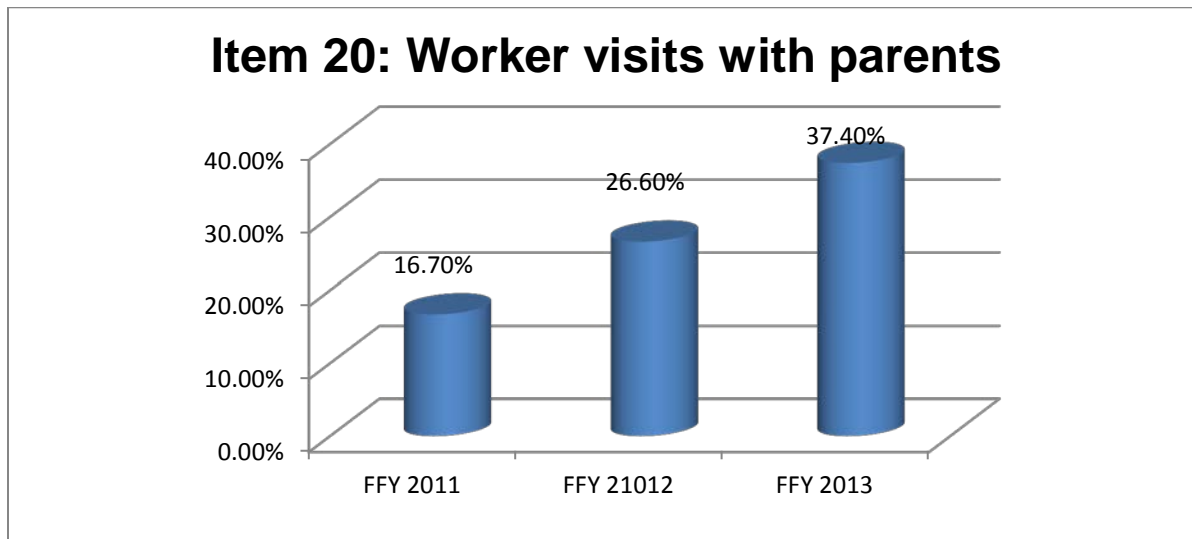
District reviews indicate that the implementation of SAMS PCFA process needs further supports to be successful in improving family engagement. Although the Youth Services pilot project showed signs of initial success, the project was not implemented beyond the pilot district.

Data also suggests the need to monitor the frequency of visits for children in non-placement cases to assist supervisors in monitoring for family engagement.

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

West Virginia has made an improvement in workers' visits with parents; however, the rate does not indicate sufficient improvement in this area to indicate an improvement in family engagement. Placement cases tend to have more contact between workers and parents; however, most of the visits occur at MDTs and court hearings. The frequency of visits between workers and parents and families in the family home is not sufficient to enable workers to determine the parents' functioning levels and to monitor whether or

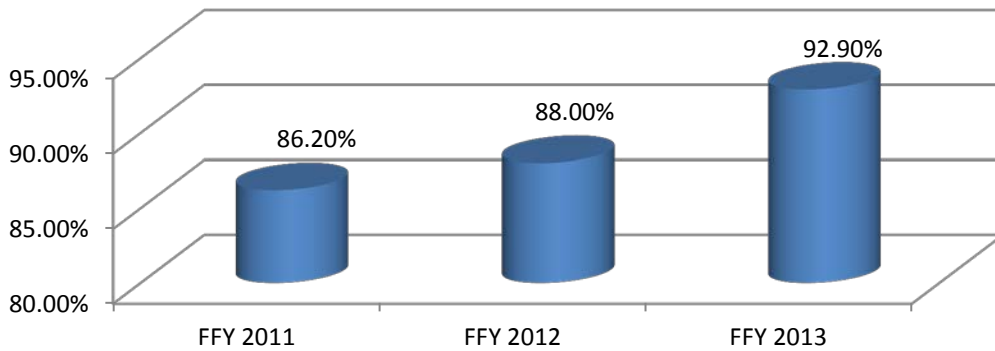
not behavioral changes are occurring in the home environment to ensure the safety of the child(ren).



Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs

Case reviews indicate that workers are making concerted efforts to assess children's educational needs. In Federal Fiscal Year 2011, 86.2% of the cases reviewed rated a strength; in Federal Fiscal Year 2013, 92.9% of the cases rated as a strength. The decline is reflective of the lack of services to address the needs of children in non-placement cases. Provider casework staff and foster parents remain the primary advocates for educational services for children in placement. BCF staff has become increasingly aware of resources to meet the educational needs of children, such as utilizing the McKinney Vento Act to advocate for children to be transported to their school of origin. During the case review interviews, workers often indicate that they would like to receive additional training on Individual Education Programs (IEPs). Collaboration with schools varies across the Districts, as does the process for handling truancy related cases.

Item 21: Education Needs

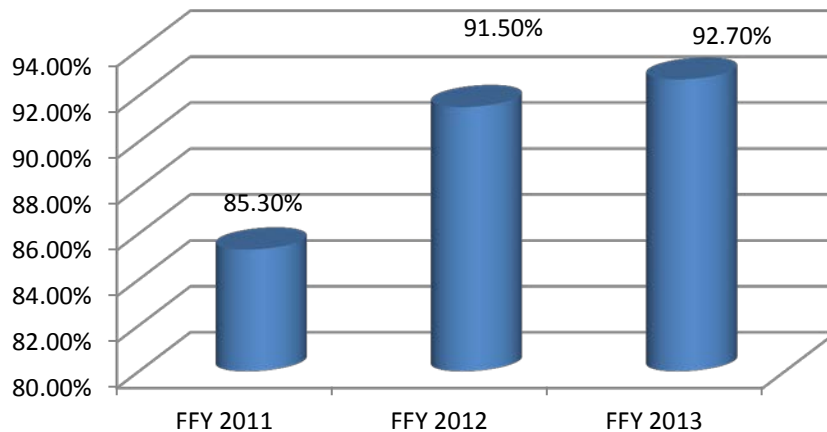


Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.

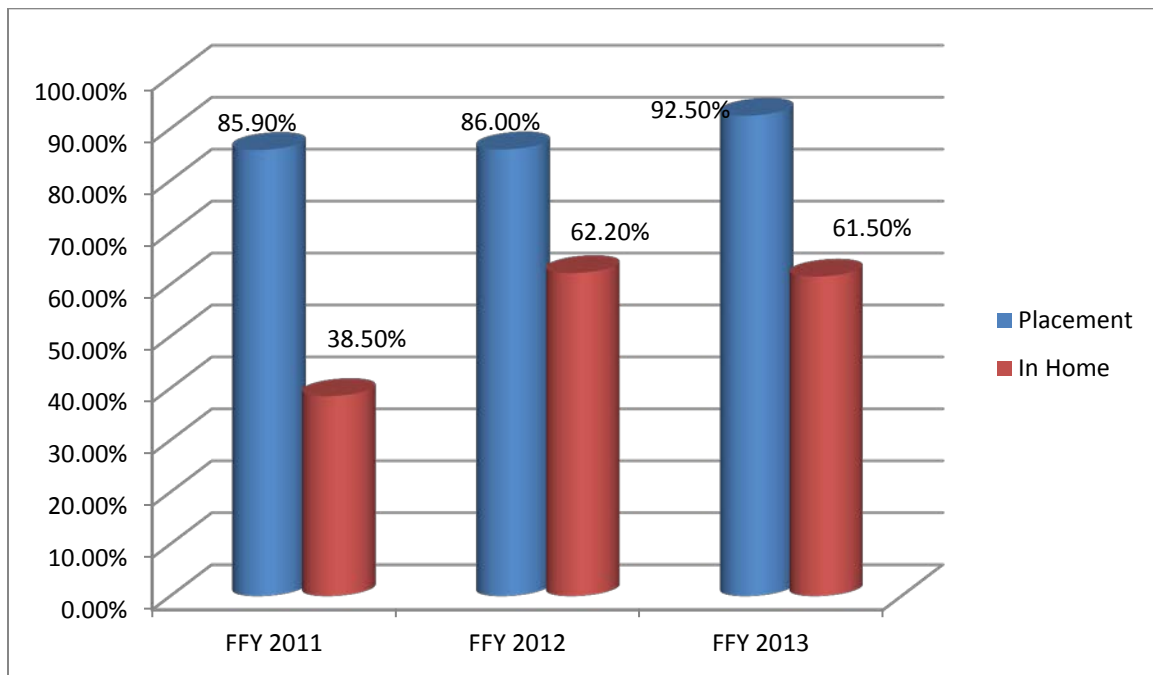
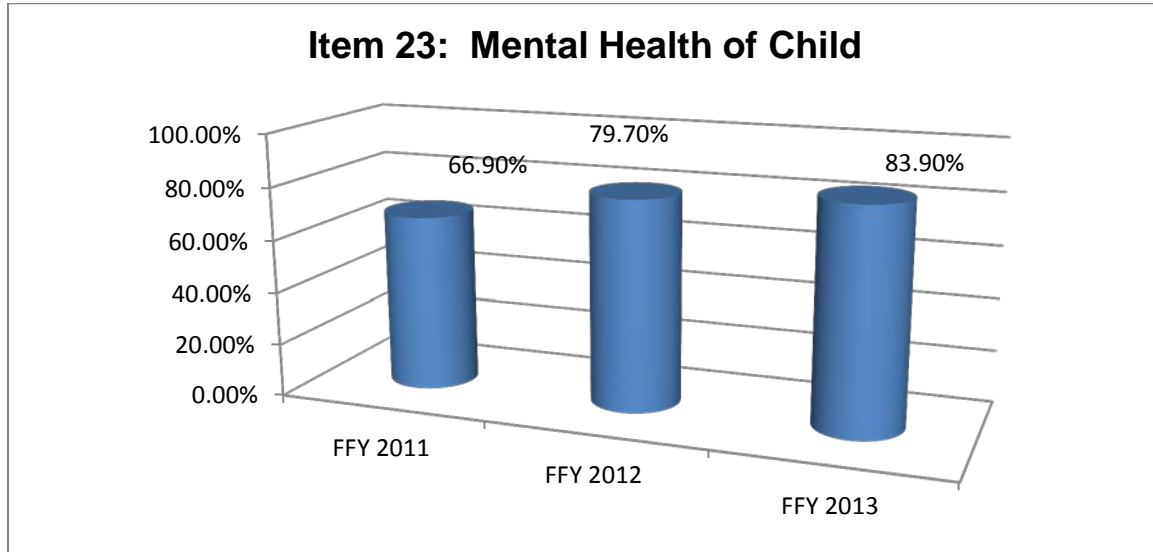
Cases are reviewed to determine if the Agency addressed the physical health needs of the child, including dental health. In-home cases are applicable to this measure if the health issues were relevant to the reason for the agency’s involvement. All placement cases are reviewed for this measure.

During Federal Fiscal Year 2011, 86.3% of the cases applicable to this measure rated as a strength. This measure increased in Federal Fiscal year 2013 to 92.90%.

Item 22: Physical Health of Child



Data indicates that the Agency made improvement in addressing the mental/behavioral health needs of the children.



Data indicates that placement cases are more likely to have mental health assessments and services to address the identified need(s) of the child. Children in residential

placements have access to more mental health care services by the nature of the setting. Non-placement cases rated as a strength less often due to several factors. Districts note that a lack of qualified providers and long waitlists contribute to the scarcity of mental health services for children. Lack of transportation to appointments is also a barrier for children to receive mental health services in many areas. Additionally, counseling services for children who have been sexually abused are not available in many areas. Districts also note that there is a lack of mental health providers that are willing to accept the WV medical card. Data is reflective of West Virginia's need to build community based resources to allow children to remain in their homes.

In conclusion the case review data from Federal Fiscal Year 2011 to 2013 indicates West Virginia has made improvements in 19 of the 23 indicators based of the Child and Families Services reviews. Although West Virginia would not have met substantial conformity in many of the measures, data is trending in a positive direction.

Systemic Factors

Information System

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

The FACTS application is a mature SACWIS with nearly 16 years of casework and financial data. Much of the data that is used to drive the agency's Key Performance Indicators (KPIs) has been moved to an Oracle data warehouse for use in our Cognos reporting, which includes executive dashboards; large scale aggregate reports, such as our title IV-E eligibility data; trending analysis; regional and county breakout/drill down reports and real time compliance. Some data is directly sourced in the transactional database so the most current data is always available. FACTS was found to be in compliance in with SACWIS requirements in 2004 and has remained under an OAPD ever since.

Concerns regarding the system have focused around data quality and timeliness, network performance issues, the procurement of the software licenses, contractors and hardware to support the application and databases. The Cognos Business Intelligence solution is costly and licensing unavailability has resulted in our inability to push the data down to the supervisor/worker level. The state of WV has adopted purchasing rules that have created severe procurement issues that have led to work stoppages, project reprioritization and temporary unavailability of reporting services while software licenses, software programs, and technical contracting services are purchased or renewed. In a joint effort by both the system and the Bureau for Children and Families, training has been launched to create an awareness campaign to address data quality, efficiency and timeliness. DHHR is in the process of implementing an agency wide master Client management system that can be leveraged to provide quality assurance for both individual and provider data.

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

Procurement has become a major concern of the agency that has impacted nearly every facet of operations, including the purchase of software, security certificates, software licenses, servers, personal computers, and the contracted technical specialists that maintain current functions and develop new functionality.

As part of service delivery, FACTS engages in ongoing collaboration efforts with an array of community partners and stakeholders. FACTS staff meet monthly with the Bureau for Children and Families (BCF) and actively participates in several BCF committees designed to review and improve service delivery. Several of these committees include participation from the provider community, education and the courts. FACTS staff participates in quarterly Court Improvement Board meetings. FACTS has regular monthly and weekly meetings with Rapids (IV-A family support) and Oscar(IV-D

child support). Likewise, FACTS has regular quarterly meetings with the Office of Maternal Child and Family Health (OMCFH) regarding both Health check EPSDT and the Fostering Healthy Kids initiative. DHHR has an employee feedback bulletin board. FACTS reviews and responds to all feedback received on the SACWIS. In addition, FACTS works with auditors, financial services and legislative inquiries to provide reports and answer questions. FACTS is working on an enterprise Master Data Management initiative designed to facilitate communication and information sharing between other DHHR systems - RAPIDS, MMIS and OSCAR. As new reporting needs arise, FACTS will work with stakeholders to obtain input and provide information. This can take on many forms such as meetings, Joint Application Design Sessions, Usability Studies, Acceptance Testing, Implementation planning, etc.

Case Review System

A Missing Critical Elements report is sent once a month in the early part of the AFCARS period and more often the closer to submission time. It is sent to the Regional Director's, Community Service Manager's and Program Managers by FACTS and then is sent to the individual supervisors and workers from there. This report covers those AFCARS elements that are failing or close to failing which is typically Administrative/Judicial Review, Child Ever Legally Adopted, Permanency Plan, Race of 1st Foster Caretaker, Race of 2nd Foster Caretaker and Transactions Dates for all removal end dates to be submitted during period. Supervisors then work with their staff to insure this information is documented.

The Court Improvement Program in West Virginia has also created their own database to track each courts progress toward adjudication, disposition, time to termination of parental rights and time to permanency. These reports are generated to aid in identifying areas in need of improvement to expedite permanency for children.

The Bureau for Children and Families collaborated with the WV Supreme Court of Appeals Court Improvement Program to develop and implement a Child and Family Case Plan and Case Progress Review. The Case Plan and Progress Report are applicable to children in foster care placement. BCF staff received training on the new plan and multidisciplinary training was also offered by the CIP. The Case Plan and Progress Report are embedded in FACTS and can be printed in hard copy for the Court. The plan is developed within the first sixty days of placement. It is developed in collaboration with the family and the multi-disciplinary team. Case Reviews are required every ninety days. The Case Plan is presented to the Court prior to the dispositional hearing and/or after the granting of an Improvement Period. Progress reports are required for presentation to the Court at each judicial review and permanency hearing. The Case Plan and Progress Report contain all of the necessary case plan and case review elements required in 42 U.S.C. 675. Judicial Reviews occur every 90 days and

permanency reviews occur within twelve months after placement and every twelve months until permanency is achieved.

Both the Youth Services and Child Protective Services case populations are required to have periodic case reviews and permanency hearings. The process for holding case reviews and permanency hearings in Child Abuse and Neglect proceedings has been established since 1997 and has become routine procedure in courts across the state. The concept has been more difficult to implement in the juvenile status offense and delinquency proceedings. Rules of Juvenile Procedure were established in 2010 which require periodic reviews and permanency hearings, but the concept of establishing permanency in juvenile cases is not as well ingrained as it is in child abuse and neglect cases. Also, Youth Services caseworkers tend to have higher caseloads than CPS workers. Because of this, they tend to have more difficulty managing the requirements for case planning and case review. The Bureau for Children and Families continues to work diligently with the Court Improvement Program to make improvements in this area by providing cross-disciplinary training, developing rules of procedure, making statutory changes and improving MDT's.

The concept has been more difficult to implement in the juvenile status offense and delinquency proceedings. Rules of Juvenile Procedure were established in 2010 which require periodic reviews and permanency hearings, but the concept of establishing permanency in juvenile cases is not as well ingrained as it is in child abuse and neglect cases. The Court Improvement Program Juvenile Rules Subcommittee and the youth members of that committee have been a driving force for the expansion of diligent search in youth services cases to find supportive adults who can provide a net of permanent assistance for youth.

Also, Youth Services caseworkers tend to have higher caseloads than CPS workers. Because of this, they tend to have more difficulty managing the requirements for case planning and case review. The Bureau for Children and Families continues to work diligently with the Court Improvement Program to make improvements in this area by providing cross-disciplinary training, developing rules of procedure, making statutory changes and improving MDT's.

Additionally, Governor Tomblin established the West Virginia Intergovernmental Task Force on Juvenile Justice and Child Welfare and enlisted technical assistance from Pew Charitable Trusts. Stakeholders on this Task Force include all three branches of government, community and faith-based program representatives, and public and private agencies. This public forum will report the results of research and develop policy, process and legislative changes to positively impact outcomes for the juvenile status offenders and delinquents.

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

The Bureau has prepared an improvement package request for 72 Youth Services/Transitional workers. These workers will help the Bureau move toward caseload standards. Retention is also an area of concern which was brought to the Bureau's attention by the report commissioned by Governor Earl Ray Tomblin and developed by the Public-Works.org. The Public-Works.org report specifically found that high turnover and resulting inexperience of CPS and Youth Services caseworkers. To address these issues BCF has begun and will continue over the next five years to provide resiliency supports for staff to reduce the impact of secondary trauma and increase retention of staff. With sufficient numbers of well-trained, experienced staff, BCF will improve the transitioning of children in foster care into adulthood.

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

Quality Assurance System

CFSR style case reviews:

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

The Division of Planning and Quality Improvement (DPQI) continues its efforts to further enhance the State's performance in the areas of safety, permanency, and wellbeing by utilizing the federal Child and Family Services Review (CFSR) process as a model to measure and evaluate the State's performance for the above mentioned areas. The CFSR review instrument is the unit's primary internal tool for evaluating the quality of delivery of services to children and families. The CFSR is a complex 82 page assessment that is completed on each case selected for the review. Each reviewed

case must follow the guidelines established by the Federal Bureau for Children and Families. All cases reviewed are completed by pairs of reviewers, by federal guidelines. In addition to completing a review of the record and FACTS, client and stakeholder interviews are conducted for each case reviewed.

After the completion of the review, all cases are debriefed based on the Federal CFSR model. Case debriefing are comprised of two teams and a DPQI program manager at minimum. All applicable items are discussed and consensus is reached in the rating of the items. This provides for better inter rater reliability. The teams upload their completed instruments into a Sharepoint site. After all case write ups are up-loaded, the write ups are reviewed by DPQI program managers to ensure the results of the debriefing were captured correctly and accurately. Once completed the data is then pulled into excel spreadsheets and exit data reports are developed.

DPQI conducts a review sampling of 140-150± cases annually based on the CFSR stratification and baseline data from the 2008 Federal CFSR review and the State PIP. The types of cases reviewed during the District monitoring reviews include open Child Protective Services (CPS) cases, with and without placement, open Youth Services cases, with and without placement, Foster Care cases and Adoption cases where the adoptions have not been finalized. The MIS data analyst uses the FACTS (Family and Children Tracking System) database to generate the reports on a quarterly basis from which the review cases are chosen. The sampling reports are received from FACTS on a quarterly basis to include all in-home and placement case types for that quarter for the entire state. The sampling reports are then sorted out by district to match the CFSR standards and stratification by district. In-home cases are screened for removals during the period under review (PUR) via another report provided from FACTS. Placement cases are divided out into 5 categories, including 16/17 yr. old, under 16 with adoption goal; under 16 with period under review placement entries, under 16 with prior to period under review placement entries and 18 in care. An average of 36 cases were reviewed per quarter with the sample being increased or decreased to match the baseline data and case type needed per reporting cycle when reporting was being completed for Federal CFSR in 2008 and the State Program Improvement Plan (PIP) baseline or data reporting. DPQI has continued to follow those baseline numbers and the stratification from the 2008 Federal CFSR review.

Once the District reports are sorted by category, the DPQI program manager produces a stratified random sample with a built in worker biased for both in-home cases and placement cases for each district to be reviewed from the reports provided. In-home samples are drawn by case number whereas placement cases are drawn by the new child id number to identify the target child for the family. The new child id numbers are then matched to the case and case type for the sample. Both in-home and placement

cases are prescreened for removal and custody episodes during the period under review (PUR). In-home cases cannot have a removal episode during the period under review. Cases are also prescreened to be sure they have been open at least 60 days at the time of review or have not been closed for more than 60 days at the time of review. Cases that have not been open for 60 days do not contain enough information to be reviewed whereas cases that have been closed for more than 60 days of lack participation during interviews, case parties cannot be located or parties tend to forget information related to the case. District reviews consist of 12-16 cases per district depending on the size of the district and the number of cases available in the sample. The program manager provides an over-sample of the randomly chosen cases for use if replacement cases are needed in any of the stratification categories.

Once the sample is screened to meet the identified categories and case types needed for the review based on the available case sample for the district, case lists are distributed to the lead reviewer for additional screening and identification of interview participants. Case lists are provided to the lead reviewer on average at least 3-4 weeks prior to the review occurrence. Cases are reviewed in the order the sampling was pulled. Cases will be eliminated from the sample if the sample over-represents the case work of one worker within the District. DPQI believe the sampling of several worker case practices provides a more comprehensive view of the Districts performance. Cases with pending grievances, appeals, or conflict of interest cases are also eliminated from the sample. Cases will also be eliminated if a case was opened for a court order payment services. These payment only cases are not considered representative of case practice.

Once the lead reviewer has the number of cases selected, a schedule is drafted and sent to the District Community Service Manager (CSM) with the request to review the cases for particular issues of grievances, appeals, etc. The District then confirms the cases with the lead reviewer, replacements are made if needed. The case list/schedule is distributed to the review team to begin the preliminary review and collection of necessary information related to the Child and Family Services Review (CFSR) style case review process. With case lists confirmed, the District is then charged with the responsibility to contact review stakeholders to schedule interview times and return the completed schedule to the lead reviewer the week prior to the review.

The CFSR style review provides meaningful data to the districts to assist them in improving services to children and families. DPQI review team members review cases related to the 23 items of the Federal CFSR style review instrument. The period under review covers a 14 month section of time going backwards from the start of the review date to 14 months prior. Preliminary case reviews to collect information are done related to the FACTS records only. Reviewers then develop a list questions and

information needed to complete the CFSR review. DPQI review teams then conduct interviews with designated stakeholders including the case worker, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings.

DPQI case reviews also track the prevalence of substance abuse and domestic violence in cases; the notification of multidisciplinary teams and the practice of diligent search.

After completion of the CFSR style reviews, exit conferences are held at the district offices where DPQI Staff assist the district in interpreting the results of the review. At the exit conference, the data indicators based on the 23 items reviewed are discussed with the District. The District is also provided with a comparison from their prior review to review improvements and areas needing improvements. At this time, an exit interview is conducted by DPQI staff with the District's Management staff. District Management staff are able to comment on the factors that contributed to the areas needing improvement, and strengths. Additionally, DPQI creates a list of base questions to be asked at all the exits. The questions are based on the previous FFY data and the overall issues impacting practice within the State. In the current FFY Districts are asked to report on the following:

- The number of IAs that come into the district vs. ability to complete FFAs?
- Backlog and why? How is the backlog being addressed?
- Services that are typically identified by your workers as needed to address the identified needs of the persons being served but not available.
- The relationship between the agency and the court systems.
- Any initiatives that are in place to build the relationships with the courts, providers and community programs.
- Their MDT process for YS and CPS, and investigative team.
- The current staffing patterns in the district over the last 14 months.

Following the exit with the district management team and DPQI staff, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the District for review and comment. Districts complete a corrective action plan based on the identified areas needing improvement outlined in the exit summary. If training needs are indicated by the District, the DPQI Program Manager contacts the

Division of Training Program Mangers to assist the District to arrange for their specific needs.

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

BCF has identified the need to improve its structure ensure the dissemination and use of its case review data, corrective action plan monitoring and other key data indicators. BCF has started to implementation of a Continuous Quality Improvement System

Child fatality case reviews:

WV has also implemented a separate internal review system for all the State's Child Fatalities and Critical Incidents. BCF has established an internal child fatality review committee to review all child deaths due to child abuse and neglect and near child fatalities. The objective is for the team to learn from these deaths in order to prevent similar deaths in the future; develop recommendations for modification of internal procedures, policies or programs of the Bureau for Children and Families; identify programmatic or operational issues that point to the need for additional internal training or technical assistance; develop recommendations for external stakeholders to assist in the effort to reduce or eliminate future child fatalities through improved services to children and families; and identify community resources for children and families that are needed but are currently unavailable or inaccessible. The reviews of children deaths can be very simple or very complex, depending on the circumstances of individual cases. All child deaths or near deaths reported to the Department are subjected to a form of review. Each reported case will be debriefed by the internal team, comprised of a Regional Program Manager, a Division of Planning and Quality Improvement Program Manager, a staff specialist with the Division of Research Analysis, the Deputy Commissioner of Field Operations, the Director of Division of Planning and Quality Improvement, and the BCF Commissioner, to determine the level of review to be completed. Cases that are deemed by the internal review team to need an intensive level of review are reviewed by a member of DPQI in conjunction with a representative from Field staff. The results are documented in a written report and reviewed by the Internal Team for disposition. Data regarding the child fatality is entered into a Sharepoint site. A comprehensive report will be developed at the end of the Fiscal Year by BCF's Division of Research and Analysis. It is the intent of BCF to make the report available to WV legislatures and other stakeholders. It is also the Bureau's intent that the report will be made available on the BCF web site.

Additionally, quality assurance occurs for the NCANDS Child Fatality Federal Report. The determination that a death is due to child maltreatment involves the submission of an initial report of a child fatality to law enforcement or Child Protective Services (CPS). BCF is dependent upon the public, medical professionals, and hospital staff for such reports. Some deaths may not come to the attention of CPS. Reasons for this include if there were no surviving siblings in the family or if the child had not been the recipient of child welfare services. To expand the knowledge base of the actual number of child fatalities, West Virginia consults with the Medical Examiner's Office for data on deaths attributed to child maltreatment. West Virginia is able to provide the additional data as aggregate data via the Agency File. The Agency File and the Child File are then merged together. Cases in both the agency files and child files are reviewed to ensure the cases meet the requirements outlined in the federal submission guidelines for child fatalities, and that all reporting data is accurate. Upon completion of the quality assurance review, the Director of Research and Data Analysis will report the results to the Commissioner and ensure the proper notification of FACTS personnel regarding changes to the data submission.

Screen Out Reviews:

DPQI conducted a sampling of Screened out Intake Assessments to determine compliance to policy regarding screening outs. Based on preliminary data and the results of the review of child fatality data, Commissioner Exline established a team to make improvements in the consistency of screening decisions and improve the overall quality of the information in the Intake Assessment.

The team consisted of regional representation from program managers, training and policy specialists. Regional Screening committees were developed to review all screened out Intake Assessments to ensure consistency with Policy. The committee reviews the screened out referral to determine if they agree with the supervisors' decisions. The results are documented in a spreadsheet by the Regional Program Managers and provided to the Commissioner on a quarterly basis. DPQI reviews a percentage of the screening committee's results to ensure agreement with the findings. DPQI returns any intakes to the districts for disposition in which a present or impending danger has been identified by the DPQI review team. Should DPQI identify a pattern with the screening decisions the information is discussed at the Child Welfare Oversight Committee (CWO) for ways to correct the issue(s). WV is currently in the process of establishing a centralized intake system. This process will be revised as centralized intake is established and implemented.

Training for DPQI staff

There is no specific training program for DPQI staff at this time, a draft training manual has been developed to guide new reviewers and a draft training plan is being developed. New reviewers are assessed to determine their training needs based on their experience. Program Managers determine areas of practice in which the new reviewer may need additional training. The new reviewer will then be enrolled in the new worker training for the identified areas. West Virginia's CFSR case reviews are based on the current Federal CFSR instrument. New reviewers are required to learn the instrument. The current instrument is instructional in nature and provides direction on how items are to be rated. Additional new reviewers are provided with the supplemental guides provided to WV by the Children's Bureau during the last Federal CFSR review.

New reviewers are paired with mentors to teach them the federal instrument and all of the supplementary policies and procedures from the State. New reviewers are paired with tenured reviewers during reviews until the new reviewers achieve inter-rater reliability. Program Managers provide feedback to the new reviewers to monitor progress in mastering the completion of the instrument.

New reviewers are not permitted to review their district of origin until they have been working out the district for a period of no less than 18 months. New reviewers can never review cases in which they had any involvement. Reviewers cannot be lead for the district of origin or the district they are currently housed.

Data based on case reviews:

The Division of Planning and Quality Improvement (DPQI) conducts social services case reviews to monitor and assess the Agency's performance during a specified time period with respect to seven child welfare outcomes in the areas of safety, permanency and wellbeing.

Three hundred and ninety-two cases were reviewed from 2010- 2012. The stratification of the statewide sample was based on the sampling plan outlined by the Federal Children's Bureau as required under the State's Program Improvement Plan. This report presents the results of those reviews, compares them to the results of previous reviews, and discusses the factors which account for and contribute to achievement and improvements in performance, and the barriers and challenges which are impeding and holding down achievement and improvements.

Data is reflective of the percentage of cases that rated as a strength when reviewed utilizing the Federal Child and Family Services Review Instrument (July 2008).

Quality Assurance System

Under the instruction and directive of the Commissioner, WV developed a State Level Child Welfare Oversight Committee to review and improve upon its' current quality improvement process and a forum for implementing systemic change. West Virginia has established a Child Welfare Oversight Committee (CWOC). Core membership is required to attend all meetings or send a representative. Membership is comprised of the Commissioner, Deputy Commissioner of Programs and Resource Development, Deputy Commissioner of Field Operations, Deputy Commissioner of Operations, Director of Children & Families Services, Director of Training ,Regional Directors, Regional Program Managers, CPS Policy Specialist, Foster Care Policy Specialist, Policy Program Managers, Training Program Managers, Licensing Program Managers, Director of DPQI, DPQI Program Managers, FACTS representatives, IVE Program Managers, Community Services Managers, CPS Supervisors, Youth Services Supervisors, Adoption Supervisors, Director of Research and Data Analysis, Child Welfare Consultants, Research and Data Analysts, and Regional Attorney General representatives. This committee establishes reasonable timeframes for the completion and approval of ad hoc work products to foster a culture of timeliness and accountability, and offers assistance to the Executive Team to expedite the decision-making process. The committee is comprised of members from all child welfare programs. The committee continues to focus on key initiatives with standing committees in place to regularly update and focus on: supervisor supports, evaluation and research, child fatalities, IVE, and worker feedback (the Voice).

The State Level Child Welfare Oversight Committee is charged with the development, implementation and delivery of all social service programs to ensure that all BCF staff has a complete understanding of how their roles and responsibilities contribute to the Bureau's success in becoming one team, one voice and one mission. The Oversight Committee is charged with the following tasks:

1. The implementation of communication and feedback protocols to ensure consistent, uniform message delivery to internal and external stakeholders;
2. Bridging the gap between program fidelity and community culture;
3. Aligning roles and responsibilities with the unpredictable expectations that come with public service; proactive management and delivery of child welfare initiatives to ensure tangible progress is experienced by all levels of the Bureau for Children and Families.
4. Empowerment of managers, supervisors and all child welfare staff to support one another through open communication and inclusion in the decision-making process.

Quality Data Collection

West Virginia has a Statewide Automated Child Welfare Information System (SACWIS) system in place since 1997. Family and Child Tracking System (F.A.C.T.S) is a large, comprehensive, customized Statewide Automated Child Welfare Information System established by West Virginia Department of Health and Human Resources for the administration of the title IVE Child Welfare Programs. FACTS was designated and developed based on the requirements established by the US Department of Health and Human Services Administration for Children and Families to support the State's federal reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS).

FACTS RAILS utilizes the AFCARS and NCANDS extracts to provide the CFSR performance measures at the state and county level. Using the statistical syntax code from the federal calculations the measures are shown in quarterly increments for quicker more timely performance feedback. Trend reports are utilized in the CPS and Foster Care populations to predict utilization and budget. Real time data has been used to guide field, managerial and executive oversight within the monthly caseworker visit and NYTD survey initiatives.

Data is disseminated via COGNOS business intelligence solution (FACTS RAILS), an internal website FREDI.net, targeted email and through secure FTP processes with partner agencies, e.g. OMCFH, WVDE, and WVSCA.

NYTD data is reviewed internally by SACWIS staff and Alicia McIntire, Health and Human Resources Youth Services Specialist, periodically throughout the submission period. NYTD tracking has been developed within both the FACTS application (for workers and supervisors) and COGNOS FACTS RAILS (executives and management). The FACTS application has imbedded validation controls on the Transitional Living screens that require cross edit documentation to uphold data validity. Procedurally the NYTD service and cohort reports are processed through the NDRU to identify any issues prior to formal submission

As a general rule West Virginia does not release data that differs in any way from federal or state publishing standards (both frequency and content). However, there are some exceptions where an extra data field is added or a federal report ID is decrypted or some other relatively small modification is performed. Examples would include the New View (formally Cold Case) data going to the CIP, the county focus child abuse data that is sent to Children First. Other notable data feeds are related to a specific agency endeavor like the modified AFCARS data sent to Hornsby Zeller for the Jacob's Law surveillance. West Virginia is also involved with the Three Branch Institute. The Three Branch Institute has been supported by Casey Family Programs, with whom

WV DHHR has an agreement to send its AFCARS data at the same time we do the federal submission. We have also developed various foster care reports for use by Casey. This data is also being used to assist in the development of the IVE waiver application, and in the work of the Commission to Study Residential Placement of Children.

The Bureau does not provide data to the court improvement board; however, it should be noted the court improvement board collects data to assist in improving the safety, permanency and wellbeing of children involved in the court system.

West Virginia has developed additional data sources to assist Agency management in improving the safety, permanency and wellbeing of children. This System, COGNOS, provides reports to District Community Service Managers (CSM). District Community Service Managers are responsible for ensuring measurements meet the required expectation of the Commissioner. The Commissioner conducts “cadence calls” where the CSMs and Regional Directors are expected to provide explanation and insight into issues present and means to correct them.

Reports include but are not limited to:

- Referral information: time to first contact, acceptance rates, disposition, family functioning assessment completion times.
- Foster Care placement reports: placement trends, children placed in state, children in out of state placements, children in placement by region.
- Critical incidents reporting.
- NYTD report.
- CFSR Dashboard.
- IVE Dashboard.

Caseworker visits to a child in placement are monitored through FACTS “dashboard” reports that allow point-in-time tracking of visits. This also allows supervisors to monitor worker contact with the child.

Case review data is presented to the District reviewed within thirty days of review. District specific issues are address through the development of district level improvement plans. District level reviews are entered into a Sharepoint system to allow for the collection and comparison of all cases reviewed within the Federal Fiscal year.

DPQI provide an analysis of the data through an Annual Report to the Child Welfare Oversight Committee. Additionally, DPQI program managers base additional sampling needs on the trends in practices, COGNOS data, and ACFAR and NCANDS reports. Results are reported out via an Annual Report. DPQI managers serve as core members to the Child Welfare Oversight Committee. Program Mangers report concerning trends/findings in practice to the Oversight Committee for disposition.

West Virginia has expanded its current Continuous Quality Improvement (CQI) process through the development of Quality Improvement Councils. This process evolved from the work of the Child Welfare Oversight (CWO) team. The CWO sought out a means to ensure the use of data to improve case practices.

Continuous Quality Improvement (CQI) is a philosophy and set of techniques that allow Agency staff to look at their activities and task performance and create plans for improvement. CQI is a management concept built upon employee empowerment which promotes increased efficiency, higher levels of professionalism, and enhanced job satisfaction. CQI is different from traditional quality assurance in that the focus is self-directed, self-determined change rather than change imposed by an external entity. To implement this process and provide a continuous information flow, the Bureau for Children and Families has established a statewide Quality Improvement Council system. This system consists of three council levels: Local, Regional and State.

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

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

Some issues may require the council to form committees and/or subcommittees. Once a needed resolution has been determined the council will determine the appropriate individual(s) responsible for seeking its implementation. Additionally, the council will set a time frame for completion.

The issues discussed and the agreed upon resolutions should be documented on the Quality Council Activity Summary. This allows for statewide tracking of the CQI local councils. The information will be used to develop trends and share innovative solutions with other districts. This also allows for unresolved issues to be tracked and sent to the regional CQI or to Leadership for resolution. Documentation of what has been tried or discussed at the local/district level is important to reduce the likelihood of duplication of effort. Should the local council be unable to determine a resolution, the issue is to be referred to the Regional Quality Improvement Council.

A lot of the issues raised at the local CQI meetings are local issues that can be directed to the Community Services Managers; however, issues that cannot be resolved at the Local (District level) will be forwarded to the Regional Quality Improvement Council for resolution. Regional Directors should review the progress the districts are making on all relevant Program Improvement Plans. The data will be collected and forward to the Director of Quality Improvement. The data will be analyzed to determine practice issues and trends. If an issue is unable to be resolved at the regional level, it will be referred to the Leadership Team. All due consideration will be given to the issues brought to the Council.

West Virginia's continues to utilize a continuous cycle of stakeholder feedback. The primary agents to ensure stakeholder feedback is utilized to improve practices at the District levels are the Community Service Managers. Community Service Managers serve as liaisons to the communities; building and strengthening relationships to provide for improved care for West Virginia's children.

West Virginia continues to utilize APS Health Care to conduct focus groups. The Agency establishes within their contract target focus groups. APS Health Care has conducted this year's focus groups with youth in residential treatment facilities. Concerns raised during the focus groups are forwarded to the Bureau's' licensing and Internal Investigation Unit as warranted.

West Virginia continues to refine the process of Continuous Quality Improvement as the need arises to ensure the safety, permanency and wellbeing for all the children served by Bureau.

Staff Training

The Bureau for Children and Families' Division of Training is responsible for the oversight, coordination, and delivery of training for BCF employees and foster parents statewide. The primary purpose of the BCF Division of Training is to provide services and support for BCF staff to ensure they meet the Mission, Vision, and Goals of the organization. To that purpose, the Division of Training Mission Statement is:

The BCF Division of Training provides timely, comprehensive, competency-based training to new and tenured staff in a professional and consistent manner to assure quality delivery of services that promote the health and wellbeing of West Virginia's families.

The Division of Training is responsible for training and professional development of Child Welfare staff and new and prospective foster parents, as well as Adult Services, Family Assistance, and WV WORKS staff across the State. For all program areas this training consists of:

- New worker and foster parent pre-service and in-service training.
- Tenured worker training including training on new initiatives, corrective action, and other professional development activities.
- Supervisory and management training.
- Clerical and support staff training.

The BCF Division of Training employs 48 regular and five contractual staff for a total of 53 staff. Of these staff, 16 trainers, three contractual staff, 3.5 program managers, and one clerical staff perform functions related to Child Welfare. The organizational structure consists of a State Office unit located at the Diamond Building in Charleston and Regional Trainers who are out-stationed in District and Regional offices across the state so that they are easily accessible to field office staff for training, technical assistance, and field support.

In addition to the training described above the Division of Training is responsible for developing curriculum; developing presentations for meetings and events; ensuring that training conforms with BCF policy and procedures; coordinating joint and cooperative training initiatives for BCF employees, providers, and community stakeholders; acting as a liaison between BCF and the State's SACWIS system; administering the Title IV-E training grants through the West Virginia Social Work Education Consortium; and serving as an approved provider of Social Work Continuing Education Units (CEUs) through the West Virginia Board of Social Work Examiners, providing Social Work

CEUs for licensed staff when the topic meets the criteria specified by the Board. Training may be developed as a direct result of stakeholder feedback from the CIP Board, workers, supervisors, management, etc.

Child Welfare Staff Training

Child Welfare staff training consists of three separate but interrelated parts: pre-service training (before acquiring a caseload); in-service training (after acquiring a caseload and within the first year of employment) and professional development training (after the first year of employment). The training takes a blended learning approach consisting of online and preparation activities; classroom training; and transfer of learning/on-the-job training activities. The Division of Training is in the process of converting all its training to this approach with plans to complete this conversion within the next year.

Child Welfare pre-service training begins on the first day of employment with the new employee engaging in structured and unstructured activities to become familiar with their office and the functions and responsibilities of the Department of Health & Human Resources and BCF. During the time between the first day of employment and the first day of classroom training, new employees are required to take a series of online training courses and to complete structured and unstructured on-the-job training and transfer of learning activities. In 2013, the Division of Training provided 11 pre-service training rounds across the state for 151 new workers, with an average number of participants per round of 14. Of those, 74% started their classroom training within three weeks, and .6% waited more than three weeks because there was no other training available. The 26% who waited more than three weeks chose to wait for a training round closer to the home office due to individual circumstances of the new staff.

Pre-service training for BCF child welfare staff is designed to provide participants with learning skills and support while transferring those skills from the classroom to the job. The on-the-job training activities and skill building assignments are identified for both the new worker and the new worker's supervisor in the On-the-Job Training Notebook and the Supervisor Resource Guide respectively. There are transfer of learning activities designed with adult learning styles in mind which are structured to assist participants in applying the knowledge and skills presented in the classroom to the field. Participants are encouraged to use the Self-Assessment tool provided to identify those skills and abilities in which they feel confident and those for which they require more training, assistance or experience to fully develop. New workers are encouraged to share this information with their supervisors. The Supervisor Resource Guide provided to all child welfare supervisors provides in depth tools for the supervisor to use in coaching and effective utilization of skill building assignments to promote transfer of learning.

The first section of Child Welfare pre-service classroom training is the Foundations course, which is primarily geared towards employees who do not hold a degree in social work, or about 85% of new workers hired. Those with a social work degree can be exempted from this requirement. After Foundations is completed employees have a structured transfer of learning period consisting of activities related to the Foundations coursework.

The next classroom training period is job-specific training, where employees learn how to perform assessment and service planning for jobs in Child Protective Services and Youth Services. Employees may take on a graduated caseload after completing their job-specific training. Significant revisions have been made to the CPS and YS training tracks. Both are now set up to more closely follow the case work process and to be more experiential with additional classroom activities and participant involvement. This provides increased opportunity for skill building, practice and feedback. Implementation of the revised Achieving Safety, Permanency and Wellbeing for West Virginia's Children began in January, 2013.

Job specific training for Adoption Specialists was trained for the first time in May 2012. This training consists of four modules: Federal Laws and Policies Impacting Adoption Placement; Child and Youth Assessment and Preparation; Decision Making and Placement Selection in Adoption; and Negotiating Title IV-E Adoption Assistance. This training was adapted to meet the needs of the Bureau for Children and Families from the National Resource Center for Adoption's Adoption Competency Curriculum.

Home finding Job specific training was restructured to meet the current model of the pre-service training. The classroom training was revised to provide more active learning opportunities for participants which are more skill based and experiential. Participants will be given greater opportunity to practice skills and receive feedback. Systems and documentation training will be held in computer labs and involve hands on practice.

After assuming a caseload and within the first year of employment new workers are required to complete additional classroom and online training requirements, referred to as in-service training. These requirements include, for example, instruction on completing the family assessment and case evaluation, working with substance abuse, and working with foster parents.

Professional development and continuing education for Child welfare workers continues throughout their careers with BCF. These activities include training to build skills, train staff on new initiatives, conduct corrective action training, and meet continuing education requirements for social work licensure. In total, 51 child welfare professional development modules were delivered in FY 13 to 493 participants by members of SWEC.

For more information on the specific courses and requirements, please see the Child Welfare Training Plan.

Supervisory Training

New supervisors receive training on general management and supervision skills through the Department of Health & Human Resources' Office of Human Resources Management (OHRM). New supervisors and managers are required to complete a Management Boot Camp consisting of three weeks of online training and 16 hours of classroom training. In addition, training for managers and supervisors is required by the West Virginia Division of Personnel consisting of 36 hours of training in the first year and 12 hours of training each year after the first year.

Along with this general management and supervision training, the Division of Training also conducts new supervisor training specific to positions in Child Welfare. This training is based on Colorado's "Putting the Pieces Together" training curriculum and is required within the first one to two years of employment. The training consists of three three-day modules including administrative supervision, supportive supervision, and educational supervision. The Division of Training is currently in the process of blending these sessions to include an online learning component. In 2013, the year the curriculum was implemented, 17 new supervisors completed the training. All supervisors will be required to complete this training in 2014.

Foster Parent Training

The Division of Training is responsible for training foster parents across the State. Training for new and prospective foster parents is currently provided through the members of the West Virginia Social Work Education Consortium, including West Virginia University (Region I); West Virginia State University and Marshall University (Region II); Shepherd University (Region III); and Concord University (Region IV). The West Virginia Social Work Education Consortium (SWEC) provides 27 hours of pre-service training (referred to as a round of training) to all departmental prospective adoptive and foster parents. Utilizing the PRIDE curriculum developed by the Child Welfare League of America, SWEC works with the regional home finders to schedule pre-service training for foster/adoptive and kinship/relative parents in each region. Locations of training are prioritized based on need, but there is every effort to ensure the rural areas of the state have access to training as well. Each region utilizes quarterly meetings with the university in that region to identify training needs, challenges and opportunities to ensure quality services are being provided to the foster/adoptive and kinship/relative parents. In FY 2013, 59 rounds of training were provided, and 983 foster parents completed the training. Based on the increased utilization of placing

children with kinship care homes, it is estimated that 85-90% of those foster parents are kinship care providers.

In addition, the schools provide in-service PRIDE training for existing foster parents in their regions to help the foster parents meet their annual twelve hours continuing education requirements. In-service training is funded through a grant with SWEC that is administered by Concord University. These modules build upon the competencies of the pre-service modules. Department home finding staff are active partners in topic selection and frequency and location of course offerings. In FY13, 112 in-service training sessions were delivered to 1124 participants (duplicated sessions count as foster parents may have attended more than one sessions) addressing 45 different topics. Additionally, a Foster Parent Conference was again offered in the eastern panhandle of the state.

Social Work Education Consortium

In addition to utilizing the Social Work Education Consortium for foster parent training, BCF continues to utilize its partnership with SWEC for planning and implementing continuing education and professional development opportunities for tenured workers. The development of these courses is based upon a regional needs assessment process facilitated by the Division of Training regional trainers with regional management staff and supervisors. Regional training staff meets quarterly with the participating university in the region to discuss identified training needs, make recommendations for new class development, and to schedule the classes.

Additionally, the SWEC has implemented a plan to address recently passed legislation for social work licensure, which shifts state licensure laws for non-social work educated workers to an academic credentialing requirement that includes 12 hours of academic credits in approved social work classes from accredited institutions. These changes require that the classes be flexible and online, and while the initiative is broader than the child welfare work force, it nonetheless offers potential for improving the retention efforts for the child welfare workforce.

SWEC continues to provide three training modules for new workers as part of the in service component of their first year of training, which includes Substance Abuse, Legal and Advanced Ethical Issues for Child Welfare, and PRIDE for New Workers. In total 44 child welfare training modules were delivered in FY 11 to 694 participants by the members of SWEC.

In order to enhance the social work workforce, SWEC recruits and provides educational stipends to qualified students who plan to work in public sector child welfare. These stipends are available for both undergraduate and graduate level course work. In FY 12, there were 38 students benefitting from the educational scholar program. In FY13,

33 students benefitted from the educational scholar program, and 19 graduated to join the public child welfare work force in West Virginia.

Provider and Stakeholder Training

More attention has been focused recently on the importance of training for agencies that work with the Bureau for Children and Families to provide services to children and families, including provider agencies, foster parents, the court system, and others. This has become particularly important as the Bureau has implemented complex provider programs such as, but not limited to, CAPS, ASO Services and FACTS PLUS. The Division of Training is working with local agency representatives to develop and implement collaborative and joint training for both agency and non-agency staff, with the goal of improving services for children and families. In addition, the Division of Training is working with providers including the Court Improvement Program to facilitate Title IVE reimbursement for their training costs and has developed and implemented a process for review and approval of their training curriculum.

Data about strengths and concerns were gathered from a variety of sources including staff via class evaluations, the Court Improvement Board Training Committee, the Child Welfare Training Advisory Council, and input from stakeholders at stakeholder meetings that were held to develop the plan.

Strengths and Weaknesses

Strengths:

- The training system is fully functional across the state and employs experienced, qualified staff to conduct training and provide technical assistance with Child Welfare job functions.
- The placement of trainers across the State in regional and district field offices provides flexibility for training and field support.
- The partnership with the Social Work Education Consortium is strong and expands our ability to provide foster parent training and skills training for staff.
- There is a functional statewide training evaluation system in place to solicit ongoing feedback on all training activities and utilize that information for quality improvement.
- There is a functional system to obtain field input through the Child Welfare Training Advisory Council consisting of Division of Training and field staff at all

levels, which is used to improve the quality and responsiveness of training activities.

- In general, evaluation results indicate a high degree of satisfaction from students regarding the training they receive.

Weaknesses:

- The majority of training resources are used on new worker pre-service training due to staff turnover and critical need for those positions to be functional.
- There are insufficient resources used on joint training of field staff and providers to improve communication and service provision for children and families.
- Completion rates for in-service training are low because it is difficult for staff to come back to training after assuming a caseload.
- The ratio of trainers to staff is very low, primarily because all training staff are employed by the State instead of by the Consortium (as other states are structured), which impacts curriculum development, curriculum conversion to the blended learning format, and the ability to provide additional needed training.
- Supervisor understanding, participation, and buy-in in the structured transfer of learning and on-the-job training activities are low, which impacts the quality of training the staff person receives.
- Management indicates that additional Child Welfare supervisor training is needed.
- There is no structured system to assess skills and proficiency of staff following their training.
- There is an identified need for additional targeted field support at the district office and worker level, and insufficient training resources to meet the need.

Service Array

The continuum of care begins with no custody, prevention programs and applying the least restrictive services. Parent education, adult life skills and other socially necessary services would be considered least restrictive services. Following on the continuum would be the State taking custody of a child, utilizing a Kinship/Relative placement or

temporary foster care. Child Protective Services or Youth Services would be involved with the family until reunification, legal guardianship or adoption was reached or the child ages out of foster care. When Kinship/Relative placement or foster care placement is not appropriate, more restrictive services are implemented. These medically necessary services can include placement in a group care facility or hospitalization. The most restrictive end of the service continuum would be placement in a psychiatric residential treatment facility, detoxification facility or a correctional facility.

Service providers, community agencies, education and law enforcement professionals were surveyed at the Community Collaborative level with representatives from 55 counties to assess the services available and identify the services needed in each community. Sixty-six services were identified as incomplete or non-existent. Those sixty-six identified needs were then prioritized and divided into a five year plan. This process was called Service Array.

Due to low participation in the Collaborative groups, failing attendance, inability to provide the services identified and no additional funding allotted to support Service Array, a plan was created but not successfully executed. Reportedly, the Community Collaborative members attending meeting only include DHHR Community Service Managers and Family Resource Network employees as obligated by their Statement of Work.

Through the System of Care some work has been done on the state level service array. That work is reported on at Regional Summits. Some collaboratives did enhance their community's services by seeking grants and other "low-hanging fruit" type work that has persisted overtime. These include such things as substance abuse and teen smoking prevention ad campaigns in addition to similar for abuse/neglect prevention. Different regions had different experiences with Service Array.

Recipients of services currently offered have been surveyed to gather information about what services were needed, but not provided in their case. The results of those surveys indicated a significant lack of services for substance abuse treatment (both in-patient and out-patient) as well as Domestic Violence. These services gaps we also identified by the Citizen's Review Panel.

In addition to surveying recipients of services, the quality and gaps in services are also identified through review panels. Currently, three review panels provide oversight and assistance with service quality and delivery. Those panels are the Citizen's Review Panel, the Child Fatality Review Team and the Domestic Violence Review Panel. The West Virginia Service Array had strengths built into the delivery of the project.

These strengths include:

1. WV already has several local groups working collaboratively on child welfare issues. They included Regional Summits, Community Collaborative Teams and Family Resource Networks. Although many of these served on the various groups, each group was focused on their role. Community Collaborative Teams were designed of child-serving systems and local child welfare. These Collaborative Teams had 3-9 counties depending on geographic location. The Regional Summits were gatekeepers and focused on service capacity and service delivery. They would support the work of the Community Collaborative Team and work on issues that affected the Region. The Family Resource Networks focus was broader; they worked with food banks, prevention and environmental issues.

2. Regions were already doing some work around assessment of services

3. Service Array was standardized and would provide consistency across WV

4. Consensus and local ownership of the process and plan

5. Policy and contract revisions to enhance the core values and expectations

6. There are several successes that include: policy change to include family centered language, contract changes to include trauma informed care, training revisions to assist workers to understand the seven capacities and how to address them and other regulatory changes

7. Services, Assessment Tools and Training:

Services: Transition Into Adulthood, Small Group Home for children with intellectual and developmental disabilities, service array information was included in the Governor's Task Force on Substance Abuse and expansion of Community Services, Expanded School Mental Health Services, Circle of Parents Support Groups, Family, Advocacy, Support and Training (FAST) Statewide Network (Statewide Family Voice) and Youth Move WV and WV-FAM (statewide youth voice)

Assessment Tools: Comprehensive Assessment and Planning System (CAPS), and the WV-Child and Adolescent Needs and Strength Assessment (WV-CANS) and Regional Clinical Review Process

Training: Trauma Informed Care, Family Centered Practice and Family & Youth Engagement (skills training), Substance Abuse training

There were also concerns with the West Virginia Service Array project in the following areas:

1. There was no budget allocated to support the needed services identified
2. The scope of the review was too broad (too many services to review in a short time)
3. Assessment of the services did not always include the right individuals (experts in prevention trying to assess out-of-home care)
4. The needs of the community were greater than anticipated
5. Staff turnover within the Department and private agencies
6. New needs arose: Truancy issues took priority, SAMS was implemented, drug abuse increased
7. Prevention resources were cut due to economic restraints
8. Sustainability of the process after the first initial round

Although West Virginia's Service Array had strengths and limitations it has not prevented the Collaboratives, Summits or System of Care, along with other community partners from developing an array of services in the state of West Virginia. We are gathering data and assessing the quality of these services from our customers, including the youth within our child welfare system, the community and provider agencies. The WV FAM, foster youth survey is an example of an assessment that gathers this data from the youth. The WV Family Survey collects data from the community for prevention programs. Provider agencies are evaluated using the ASO provider retrospective reviews and our customers that receive ASO services provide data on the quality of services through the APS Healthcare's focus groups.

West Virginia has a newly formed foster youth group named West Virginia Foster Advocacy Movement or WV FAM. Surveys evaluating services from the foster youth's perspective have been done in conjunction with WVFAM meeting. These surveys asked questions that evaluate the quality of services received, the appropriateness of services and the missing or under delivered service from the youth's perspective while they were in foster care.

Youth stated they did not have the opportunity to attend their own court hearings, few felt they had any say in their foster home, they requested more time spent with their Guardian Ad litem and better, more thorough home studies. The youth surveyed also cited concerns with the lack of communication between the caseworkers and agencies involved in their case. The youth felt that judges imposed their own judgment on them and DHHR needed to be better informed about the special needs of youth and resources to meet these needs.

With the idea of bettering their environment, the youth suggested more education for foster parents and residential facilities to better understand the importance of not smothering the youth in placement, equality between foster and biological children, keeping siblings in the same family, providing opportunities for independence such as receiving allowance and more independent living opportunities as well as allowing/more tolerance for same-sex foster families.

With regards to placement suggestions, the youth surveyed felt providers and caseworkers needed to take the time to understand the youth's view of Foster Care. They suggested spending more time with the youth, having the youth meet or interview the families before placement, trying to avoid being "thrown into a foster home", more visits between the youth and the foster family before placement and placement consideration based on common interests.

Prevention programs previously used the Parent Satisfaction Survey to evaluate their programs, but in an effort to condense paperwork for families, it has been incorporated into the West Virginia Family Survey Follow-up. The results of the WV Family Survey are received by a contracted company, Hornby-Zeller, and available in the West Virginia Family Survey Final Report.

The West Virginia Family Survey measures the family's Protective Factors, from the caregiver's perspective; on a Likert-style scale where a rating of 1 represents the lowest competence and 7 represents the highest possible rating. The first number represents the parent's competency at the beginning of the intervention program, be it Circle of Parents, Head Start, Parents as Teachers, Birth to Three, Healthy Families America, etc. The second number represents the parent's competency after the intervention program. From the enrollment surveys to the follow up surveys taken in 2013, participant's Protective Factor's scores increased in all five domains measured.

- Family Functioning and Resilience increased from 5.4 to 5.6
- Social Emotional Supports increased from 5.8 to 6.1
- Concrete Supports increased from 5.8 to 6.2
- Child Development and Knowledge of Parenting increased from 5.6 to 6.3
- Nurturing and Attachment increased from 6.3 to 6.5

There are Administrative Services Organization (ASO) services, Socially Necessary Services being utilized throughout the state. These ASO services are subject to retrospective reviews through the contacted agency, APS Healthcare, Inc. The retrospective review is done through a review of case records based upon what the Department has determined to be outcome measures. The outcome measures

however, are more compliance based than quality based in that they don't measure the improvements or progress of the client as much as they measure if the case documents are completed correctly. There is currently no plan that assesses the quality of ASO services with regards to the actual effectiveness in changing client behavior. There are multiple changes being considered to our ASO system as a result of prior audits and our IV-E waiver application.

During September 1, 2011 and April 30, 2013, 1193 unduplicated charts were reviewed and the data was collected through retrospective reviews of ASO service providers to evaluate the individual services provided by ASO provider agencies. Data results from fifteen ASO services are provided below to demonstrate the functioning of this process. Based upon provider average scoring, Home Study (86%), Individual Review (90%), and MDT Attendance (87%) services received the highest overall scores. Child-Oriented Activity, Group Child-Oriented Activity and Home Maker Services received the lowest overall scores. Each service is reviewed in the body of the report and includes the number of providers per service, observations and recommendations.

Adult Life Skills

The scores of 46 providers were analyzed and the mean score was found to be 41%. The standard deviation was found to be 29%, thus scores between 12%-70% are within one standard deviation of the mean.

CAPS

The scores of 13 providers were analyzed and the mean score was found to be 54%. The standard deviation was found to be 22%, thus scores between 32%-76% are within one standard deviation of the mean.

Transitional Living

The scores of 2 providers were analyzed and the mean score was found to be 73%. The standard deviation was found to be 18%, thus scores between 55%-91% are within one standard deviation of the mean.

Agency Transportation

The scores of 1 provider were analyzed and the mean score was found to be 80%. The standard deviation was found to be 0%, thus scores between 0%-80% are within one standard deviation of the mean.

Child Oriented Activity

The scores of 33 providers were analyzed and the mean score was found to be 11%. The standard deviation was found to be 14%, thus scores between 0%-25% are within one standard deviation of the mean. This service was discontinued as of 12/1/13.

Group Oriented Activity

The scores of 1 provider were analyzed and the mean score was found to be 0%. The standard deviation was found to be 0%, thus scores between 0%-0% are within one standard deviation of the mean. This service was also discontinued.

Charts did not consistently include the DHHR service plan as required; therefore, provider scores were adversely impacted by the missing documentation.

The service was consistently utilized for purposes that did not fall within the service definition criteria such as tutoring, therapy, and emotional support.

For most charts, there was no correlation between the activity provided and the skills identified that needed to be developed.

Home Study

The scores of 19 providers were analyzed and the mean score was found to be 85%. The standard deviation was found to be 8%, thus scores between 77%-93% are within one standard deviation of the mean.

Community Based Treatment

The scores of 2 providers were analyzed and the mean score was found to be 26%. The standard deviation was found to be 26%, thus scores between 0%-52% are within one standard deviation of the mean.

Individual Review

The scores of 10 providers were analyzed and the mean score was found to be 90%. The standard deviation was found to be 19%, thus scores between 71%-100% are within one standard deviation of the mean.

Family Supports Needs Assessment

The scores of 11 providers were analyzed and the mean score was found to be 55%. The standard deviation was found to be 47%, thus scores between 8%-100% are within one standard deviation of the mean.

General Parenting

The scores of 9 providers were analyzed and the mean score was found to be 36%. The standard deviation was found to be 37%, thus scores between 0%-73% are within one standard deviation of the mean.

Home Maker Services

The scores of 1 provider were analyzed and the mean score was found to be 0%. The standard deviation was found to be 0%, thus scores between 0%-0% are within one standard deviation of the mean.

Service authorized and conducted in tandem with Adult Life Skills education service. As there was only one provider issues were directly addressed at their review and report of duplicate billing was made at the ASO Meeting.

Charts did not consistently include the DHHR service plan as required; therefore, provider scores were adversely impacted by the missing documentation.

MDT Attendance

The scores of 40 providers were analyzed and the mean score was found to be 87%. The standard deviation was found to be 20%, thus scores between 67%-100% are within one standard deviation of the mean.

Individualized Parenting

The scores of 54 providers were analyzed and the mean score was found to be 50%. The standard deviation was found to be 27%, thus scores between 23%-77% are within one standard deviation of the mean.

Safety Services

The scores of 30 providers were analyzed and the mean score was found to be 37%. The standard deviation was found to be 29%, thus scores between 8%-66% are within one standard deviation of the mean.

APS Healthcare also conducts Socially Necessary Focus Group Summaries. This process is conducted with recipients of each Socially Necessary Service. It is a ten question process intended to provide the consumers of the service the opportunity to candidly share their experiences and opinions. They are conducted on a regular basis to gain insight regarding the utilization and impact of these services in the state. Data results from a random sample of 9 focus groups between March and June 2014 showed the following results:

Twenty one out of thirty five customers agreed they have had regular contact with their DHHR worker and the worker is available when needed.

Twenty six out of thirty five customers agree their DHHR worker met jointly with them, their family and provider when the service plan was being developed.

Fifteen out of thirty five customers agree their DHHR worker met jointly with them, their family and provider as the services were being carried out.

Thirteen out of twenty-two customers agree they feel actively involved in their service plan.

Fifteen out of twenty four customers agree they see their service plan as being helpful and focused on the issues.

Nineteen out of twenty four customers agree they felt like they had to cope with their situation alone.

Eighteen out of nineteen customers agree they know what is expected of them and their family to finish services and have the case closed.

Twelve out of thirty five customers know of a service they would like to receive, but are not currently receiving.

As with the West Virginia Service Array, the array of services in West Virginia also has strengths and weakness. Areas the array of services excels include:

Strengths:

1. Collaboration from community partners on various different workgroups
2. Grass roots community-based services exist in rural areas
3. Flexibility to reimburse providers for services rendered
4. Assessment tools and evaluation methods are in place for most services to measure quality and identify areas for improvement

The array of services in West Virginia also has limitations, such as:

Weaknesses:

1. Substances abuse treatment programs needed
2. Lack of quality foster parents

3. High rate of youth in congregate care
4. Systemic issues within the court, prosecuting attorney's office and juvenile justice system

The plan for improving the array of services in West Virginia can be broken down into five phases. Each phase will be developed and implemented in sections, spanning the next five years. The phases include:

- Develop a tracking system to collect and evaluate the data that is currently gathered
- Redesign West Virginia Service Array
- Implement the redesigned Service Array and provide formal direction to the Community Collaboratives
- Implement the formal direction to all Community Collaboratives
- Collect and Evaluate data from the above mentioned phases using the data tracking system developed in the first plan

Phase 1: Develop a tracking system to collect and evaluate the data that is currently gathered

The State of West Virginia is very skilled at collecting quality data; however, it lacks a standardized process for tracking quantitative and qualitative data from stakeholders and analyzing available raw data. The Department is represented on numerous committees and workgroups that meet regularly and collect information regarding the quality, availability and need for services in their community. These groups include, but are not limited to Citizens Review Panel, Child Fatality Review Team, the Domestic Violence Review Panel, WV FAM, Service Delivery and Development, Commission to Study Residential Placement, Recruitment and Retention Collaborative, Court Improvement Board, Children's Justice Taskforce, Child Welfare Oversight Committee and the ASO workgroup. Through these groups, data will continue to be gathered as in accordance with the group's objectives. Plans and implementation strategies will continue to be developed by the respected committee to address any identified needs and services.

The Department currently collects data by ways such as surveying recipients of services, reviewing cases for quality services and talking to the families and the youth involved in our child welfare system. In addition to the collection of this data, in the first year, the Bureau will develop a system for tracking and evaluating the data collected by our stakeholders and the Department regarding quality of services and identified needs. A standardized tracking system will allow for better information sharing and data

evaluation as we continue to gather data on the quality of services offered, availability of services, the services needed, but not provided and why they were not provided.

By January 2015, the Bureau will develop a method of collecting data from The Removal Oversight Committee and the Youth Out of State Review Committee to identify gaps in services. This information will be gathered through the reporting forms completed by each committee. Once the reporting forms have been completed and the committees have reviewed them, the information from the review will be used to compile a matrix by region and collaborative area that will identify the missing services in the community.

First, the Department will improve the quality of our services by reestablishing the Socially Necessary Services workgroup and develop outcome measures that APS Healthcare can use to evaluate the improvement and progress of the clients behavior as it relates to the services provided.

Phase 2: Redesign West Virginia Service Array

The old implementation step to Service Array was the idea of building or creating needed services in a community or for a family. However, there were two shortcomings with that theory. First, the scope of the assessment was too broad, which resulted in the needs of the community being beyond the Department's capability to change. The second issue with this response to Service Array was the lack of resources, providers or money to create the identified services. A redesign of West Virginia Service Array will be developed in the second year to ensure the continued improvement of service development and delivery.

This new approach will be developed in two ways. First, it would be necessary to put into practice the IV-E Waiver model, Safe at Home West Virginia. There is already a Safe at Home West Virginia workgroup created to develop a strategy to put this model into practice. This model is tasked with bringing West Virginia youth back from out of state placements, keeping youth out of congregate care and maintained in their home whenever possible through coordination of wrap around services. This goal may be accomplished by improving services already in the community where our families live. As a part of the Safe at Home West Virginia Title IV-E Waiver application submitted for 2014, WV is focusing on providing a full continuum of supports to strengthen our children and families. By fortifying and enhancing our community based services, youth currently in congregate care, and those at risk of going into care, can safely remain in their home community experiencing improved well-being outcomes. WV DHHR is

working to refine its wraparound model that includes a broader geographic and service population that is a trauma informed model available in the community.

WV previously piloted the wrap around service titled Next Step Community Based Treatment (CBT) in Region II that originated out of Region II system of care grant that was very successful in outcomes and reintegration of children into their home communities. The Next Step CBT model was then implemented statewide and faced many challenges in that the other 3 regions did not have the built-in support from the community that Region II had built over years and it was unsuccessful in implementation and adherence to the model.

The second approach to redesigning West Virginia Service Array would be identifying the services already existing in each community. While this is done to some extent through the Family Resource Networks, many services still exist, but are unidentified. In the second year, the Collaboratives will play a role in identifying and maintaining services in their community. Along with this we will educate the families, providers and DHHR social workers on how to access these services. The Department will work through the Community Collaboratives, creating a coordination plan that links agencies to resources already existing in the communities and informs the community and workers how to access the services.

Phase 3: Implement the redesigned West Virginia Service Array and provide formal direction to the Community Collaboratives

The Department will focus on implementing the new approach to West Virginia Service Array, possibly re-naming the project. The Department will also develop a plan to give formal direction to the Community Collaboratives.

This Community Collaborative direction will include the need to identify resources and services that already exist in the community. The Family Resource Networks are already required to participate in the community Collaboratives, so their resources and knowledge of services and programs will be invaluable to the success of this goal. Together, they will be required to identify and warehouse the services, along with keeping abreast with the changing services and need for other services. The Collaboratives will create a website to be used as a resource link, in conjunction with the Family Resource Networks in the community. The Collaboratives, with the help of the FRNs, will track the needs and what services are not available.

To stay current on the services, there would need to be a representative from these programs attending the Collaborative meeting to report on their service and their

contribution to the community. This is intended to help build the membership of the Collaboratives. To also help build participation and allow for DHHR staff to become informed about what services are in their community, a CPS or YS Supervisor from each district would be expected to attend the Collaborative meetings. This will enable them to learn about community resources, meet the providers who offer these services and bring this information back to their staff.

The Community Collaboratives would also be tasked with developing a Supervisor Survey that will be used by all CPS and YS Supervisors to assess the perceived services offered in their community and identify the needed services. With Supervisors at the Collaborative table, they will be able to have input in what to include in the survey. The goal for the formal direction of the Collaboratives is to make them more functional, to increase participation, provide advice and referrals for community based services and be the “think tank” for the community, providers and DHHR staff. This can be done through the above mentioned steps, as well as offering CEU trainings at meetings or scheduling guest speakers to present at the beginning or end of a Collaborative meeting.

Phase 4: Implement the formal direction to all Community Collaboratives

The Community Collaborative redesign will be introduced and implemented throughout the state to all 13 Community Collaboratives.

Phase 5: Collect and evaluate data from the above mentioned phases using the data tracking system developed in the first phase

Finally, the Department will focus on evaluating the data collected from the above mentioned approaches to improve the array of services in West Virginia. This will include the collection and evaluation of data from the development of a data tracking system, the redesign of West Virginia Service Array using the IV-E waiver/wraparound model in addition to the identification and education of existing community based services, as well as the implementation of a formal direction for the Collaboratives.

There is a plan to move forward with changes to the ASO process by developing a monitoring process for all services that will look at the quality of provider services. At this time, there is no resource capacity to complete this monitoring.

Agency Responsiveness to the Community

The Bureau for Children and Families responds and shares information with the community in many different ways. The Bureau’s work with the Office of Client Services

is one example of community responsiveness. Client Services is responsible for taking complaint calls from customers, the general public, the Governor's office, the Cabinet Secretary's office and congressional representatives regarding Child Protective Services.

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

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

Other examples of the Department's response to the community include The Time is Now video, the Carry-On campaign and the creation of WVFAM. Stakeholders wanted a clear, consistent way to explain the process of Child Protective Services to parents, foster care providers, other professionals and community members. A documentary-style video was created explaining the CPS process from beginning to end. It identifies the key players in the process such as the judge, the prosecutor and a CASA worker. It also explains the different possible outcomes and the importance of obtaining permanency in a timely manner.

The Carry-On campaign was developed with a partnership between the Department and Mission WV, a non-profit agency. It addressed the concern of foster youth being removed from their homes and placed in foster care with all their belongings put in a garbage bag and used as luggage. The backpacks and tote bags are donated to Mission WV, who fills them with personal items and distributes them to Department workers throughout the state to bring with them when removing a child from their home.

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

An Improvement package was granted by the Legislature for Centralized Intake. These new positions and funding the Bureau for Children and Families will now be able to use existing staff to help with challenges in other areas – such as worker visits in home with parents. There has also been a lot of work around staff recruitment and retention and a strategic plan was developed and is in the process of implementation. In addition, the Bureau Children and Families will be reorganizing in response to recommendations to effect more efficient operation and better provision of service to the public.

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

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

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

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

As part of the training, individuals will be encouraged to assist in the development of our results and performance measures that will become the basis for our scorecard. The scorecard will be developed from input at each training session during the months of November and early December. Our first phase of transparent online scorecards will be presented to the WV Legislature in January of 2015. A comprehensive plan for the development of additional refinement of our scorecard will be developed in early 2015 with roll- outs scheduled quarterly. In addition, the use of the scorecard in Bureau leadership decision making as well as local office management will be the topic of a workshop at our November 2014 BCF Leadership Meeting. The result of that workshop will be used as the basis for the Bureau's change in data reporting and decision making.

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

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

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards for Foster Homes and Institutions - WV has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards. A workgroup recently worked on the "Licensing Requirements for Child Placing Agencies" Legislative rules in order to be fully compliant with Fostering Connections Act. These changes will be presented and approved by the Legislative Rule Committee during the 2015-2019 CFSP period.

Standards for foster homes and institutions are equally applied to all licensed or approved foster family homes or child care institutions, receiving title IV-B or IV-E funds. West Virginia has the ability to waive certain non-safety standards provided that placement is in the child's best interest. A new Home-finding policy has been released in regards to certifying kinship/relative placements; it applies the same standards as resource homes but allows for waiving of non-safety items.

West Virginia State Code §49-2B-8 requires a check of personal criminal records for foster/adoptive parents. The Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248) requires States to complete a finger-print based criminal background check on all prospective foster/adoptive parents through the National Crime Information Database (NCID), prior to placement, whether a maintenance payment will be made to the family or not. All applicants and other adults in the home will authorize the release of criminal records through the State Policy and FBI National Database, the Department by completing the FD-258 record check request form. All applicants and other adults in the home must complete a signed Statement of Criminal Record, which provides for a disclosure and authorization statement. If the prospective foster/adoptive parent or any adult member of the household refuses to authorize the check, the home will not be approved. Should the applicant or other adult in the home indicate a conviction for which there is no waiver permitted, the home will not be approved. 100% of families in West Virginia meet the requirements for an approved background check prior to certification.

West Virginia has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. West Virginia is a state administered child welfare system. Internally we are able to place children anywhere within the state, provided it is in the child's best interest to not be in his home community. We have a well-staffed ICPC Unit that facilitates any out of state placements for the children in our care. We utilize AdoptUSKids to photo list our waiting children to help facilitate permanency, as well as our own Adoption Resource Network (ARN) at www.adoptawvchild.org. Over the next five years, we will increase the number of children placed on both our ARN and the AdoptUSKids sites.

Number of WV Children featured on ARN 51

Number of WV Children featured on AdoptUSKids 30

*Data as of 7/29/14 (AdoptUSKids data is approximate due to system updates)

The need for continued recruitment and retention of foster and adoptive families remains a high concern in WV. With a growing number of children in foster care, it is often difficult to keep up with the demands for certified homes. Couple this with the high

number of adoptions taking place in our state we are clearly in greater need for effective recruitment and retention.

*Number of Temporary Foster Care Homes with Active Placement 690

**Home Studies in Process 135

*Data from COGNOS as of 7/29/14

**Data provided by Regional Supervisors 7/16/14

WV previously enlisted the assistance of AdoptUSKids to help develop a plan for the state to improve and increase our recruitment and retention efforts. Born from this was the statewide Recruitment and Retention Collaborative. This Collaborative has remained an active and engaged group of DHHR staff from around the state, Mission West Virginia, specialized foster and adoptive care agencies, foster and adoptive parents, and other interested stakeholders. Even though this group is active and works diligently to improve and increase the number of available and interested families, we recognize it is time to update our Diligent Recruitment plan in WV. During the next five years, WV will collaborate with our state partners through the Recruitment and Retention Collaborative to create a new plan for our state that will take into account the partnership with the private foster and adoptive agencies and the need for an ever increasing supply of foster and adoptive families.

West Virginia has very few foster homes willing and able to foster older youth. Current data bears out that of the 2,117 youth 12 and above in Foster Care on 9/30/13 1,007 were in congregate care. West Virginia's recruitment plan over the next five years will include targeted recruitment efforts for this population. Building upon the success of Kinship/Relative Placements (180 identified in this population on 9/30/13), West Virginia's recruitment efforts for this population will use diligent search methods to find supportive adults in the child's life. Efforts will focus on teaching workers to invite youth pastors, coaches and other community people to the MDT to expand placement options to include these fictive kin. These recruitment strategies will be implemented in an attempt to reduce the number of older youth entering congregate care. Increases in Adoptions, Kinship/Relative Placement, Legal Guardianship rates for this population will indicate success for targeted recruitment efforts. Additionally, this strategy in conjunction with the other efforts to reduce out-of-home placements will be shown in decreased rates of placement in congregate care settings.

West Virginia will also have to build in on-going support for foster families and adoptive families especially for youth with aggressive and other acting out behaviors. Current rates of placement disruption in foster families provide the baseline data to indicate a need for supportive services to foster families. The foster / adoptive parents may need

parenting skills specific to adolescents, or the family may need counseling to address issues that surface because the child's response to traumatic events is surfacing in adolescence. By building the capacity of parents both before and after we place children and youth with them, we will build and sustain a pool of parents who can provide placement stability and permanency for children and youth in care. Success in this strategy will be indicated by placement stability in foster / adoptive families and increased rates of adoption by foster parents.

Aside from recruitment and retention, WV is struggling to keep up with the demands of the certification process. The number of initial inquiries received in WV is very high making it difficult for staff to provide the individualized attention a family requires to fully complete the process. Plans are currently underway to follow through with a large number of pending inquiries.

Each Region will have developed a plan by December 2014 to follow up on the pending inquiries each Region has reported to determine if these individuals are still interested in completing the certification requirements necessary to become foster parents. This plan will include contacting the individuals either by phone or letter and completing a tracking system to identify the status of these inquires; still interested, referred to DHHR, or referred to other agency. Any family who states they are committed to completing the certification process and the Regional Home finding staff is unable to complete the study and training in a timely manner will be referred to Specialized agencies for the certification. The will ensure the family is certified as soon as possible.

Additionally, the Department is submitting an improvement package to the West Virginia Legislature requesting more Home finding positions to be more consistent with caseload standards for this job function. If caseload standards can be achieved, this will prevent future backlog problems.

The state is also in the process of exploring various options to increase available resources to assist with certification, including but not limited to, the expansion of ASO services or Purchase of Service Contracts.

Through the ASO process, certain home studies can be referred to private agencies or individuals for completion. Only child specific studies for kinship families can be referred through ASO. This is due to the payment method that requires an ASO service to be linked directly to a specific child. The number of agencies and individuals approved for this service, as well as the success of this option, varies by region.

Number of Pending Inquiries 1042

* Data provided by Regional Supervisors 7/16/14

An area that has become a concern throughout the state is the certification of kinship/relative families and the length of time it was taking. As a result of this, the Home-finding Policy was updated to clarify those requirements that are able to be waived. As a result of these changes it is expected to see more kinship/relative homes certified to provide foster care services, thus keeping children in the homes of those individuals important and consistent in their lives. In spite of these improvements in policy, there is still lag time in obtaining fingerprint results from CIB and NCIC. During the next five years, the DHHR will continue to work with this process to improve the timeframes in which the DHHR and our providers receive results.

Number of Kinship Providers with Placement Pending Certification 384

* Data from COGNOS as of 7/29/14

The DHHR continues its formal partnership with Mission West Virginia, Inc. (MWV). The organization, a private nonprofit created in 1997, is contracted to provide recruitment services for both adoption and foster care. MWV has worked to promote adoption and foster care since 2001 and provides a comprehensive recruitment approach, employing all levels of recruitment statewide. They serve as a neutral information and referral source – referring prospective families to both the WV DHHR and all appropriate specialized child placing agencies in the state. They also employ an in-depth follow up process, providing prospective families assistance from initial inquiry to placement or adoption. This partnership has proven to be highly successful. During the next five years, the DHHR will continue to utilize the services of MWV. Since MWV is a neutral participant in recruitment and retention activities, they were chosen to facilitate the Recruitment and Retention Collaborative (R&R). As a member of the R&R and the recipient of grant funds to provide extensive recruitment and retention activities for WV, they will also play a large role in West Virginia's efforts to improve outcomes to benefit the children in our state child welfare system.

Data about strengths and concerns was gathered from a variety of sources including the Court Improvement Board Training Committee, the Citizen's Review Panel, Mission WV, foster and adoptive parents and stakeholders at stakeholder meetings that were used to develop needed resources and services.

3. Plan for Improvement

The West Virginia Department of Health and Human Resources Bureau for Children and Families has submitted a IV-E Demonstration Waiver application. The goal is to use this waiver demonstration to re-allocate funds to community services that will enable the Department caseworker to develop wrap around plans for families that would have historically had their children placed in foster care or treatment facilities. The

Department is committed to developing these services and wrap around plans regardless of the outcome of the demonstration project application.

Goals/Objectives/Measures of Progress

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

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

Based on West Virginia’s Context Data Report

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

Rationale

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

Measurement Plan:

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

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

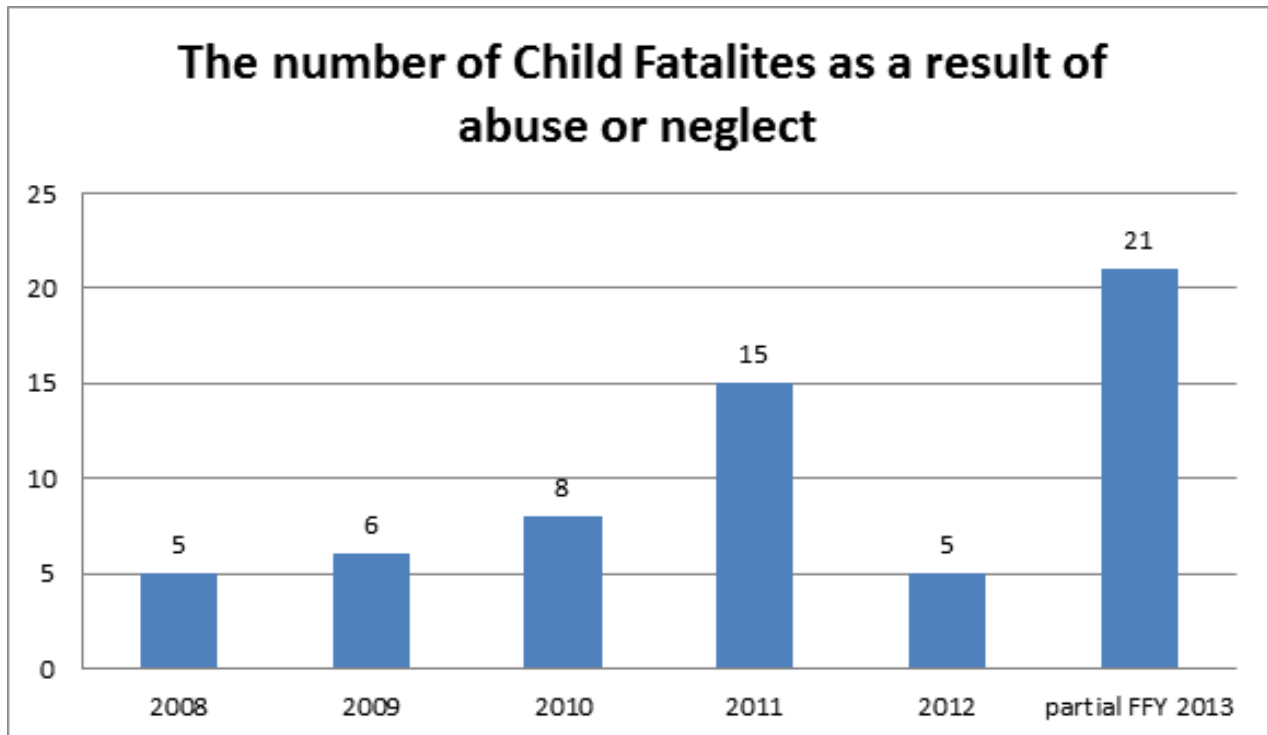
Benchmarks:

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
2012	2015	2016	2017	2018	2019
395.9 hrs.	335.9 hrs.	273.9 hrs.	215.9 hrs.	155.9 hrs.	95.6 hrs.

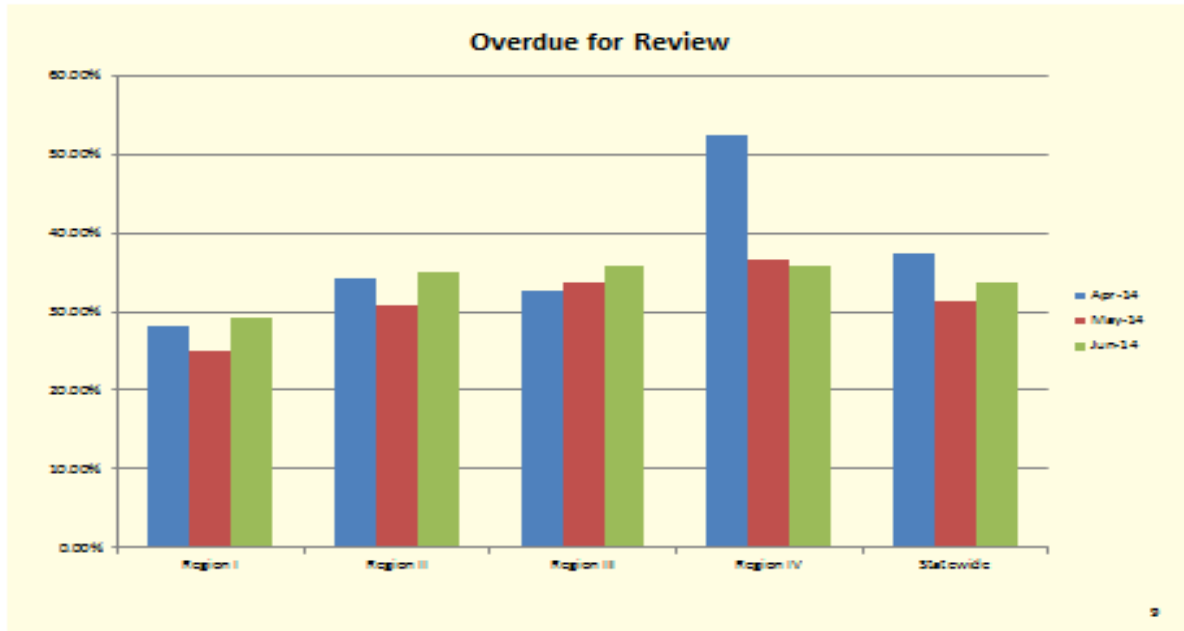
Tasks

- 1.1.1. The Field Operations Management Team will monitor COGNOS monthly for real time reports of response times on accepted referrals by October 2014.
- 1.1.2. Develop and immediately implement district-specific plans for improvement when deficiencies are identified to assure that abuse and neglect assessments are initiated on time beginning December 2014.
- 1.1.3. Develop a methodology to distinguish between actual missed face-to-face contacts and attempted contacts by tracking through case reviews by October 2014. Current case review data does not indicate attempted contacts in safety one measurement.
- 1.1.4. Analysis FACTS data to determine the causation factors for median time to first contact by Sept., 2015. Develop plan to address causal factors based on the data analysis by March, 2015.

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



Safety Plans



Rationale

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

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

Measurement Plan:

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

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

Benchmarks: Reduction in Child Fatalities

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
Partial FFY 2014	2015	2016	2017	2018	2019
14	0	0	0	0	0

Benchmarks: Increase in completion of Safety Plans

Data will be measured through FREDI report CPS5170

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
Point in time 2014	2015	2016	2017	2018	2019
30%	60%	70%	805	90%	100%

Tasks

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

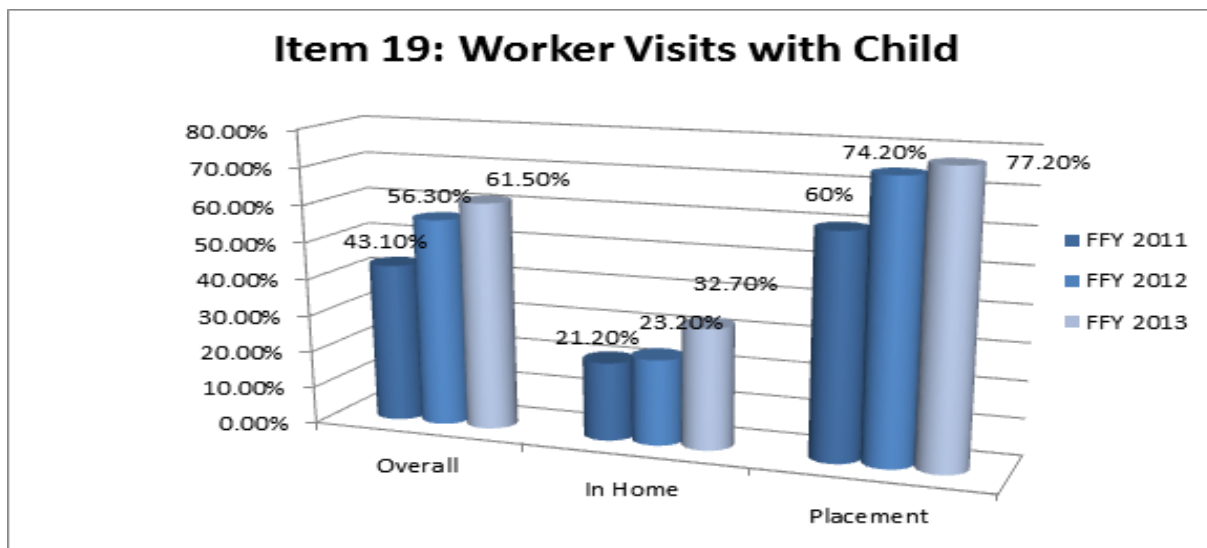
1.2.2. Compile and analyze identified trends of fatalities known to the Department each year beginning October 2014.

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

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

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

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



Rationale:

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

Measurement Plan:

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

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

Benchmarks: Increase in worker visits with child (nonplacement case)

Data will be measured through CFSR style reviews

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

****West Virginia utilizes a 14 month period under review for case reviews.**

Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.

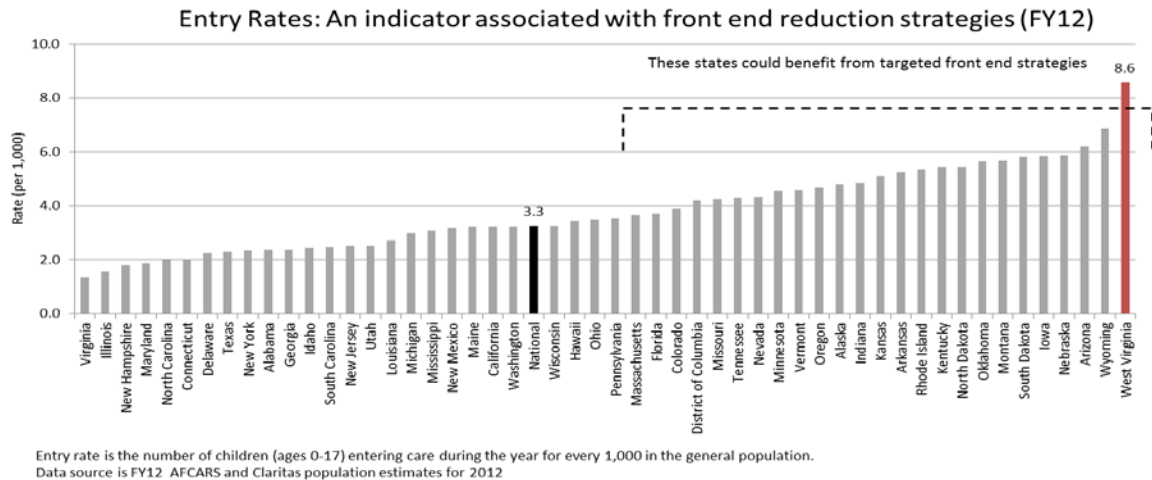
Tasks

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

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

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

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



Rationale

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

Measurement Plan:

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

Benchmarks:

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

Tasks

- 1.4.1. Form Removal Review teams to identify data that can be used to determine additional causal factors that lead to placing children in out-of-home care by October 2014. Complete initial identification of data by October 2015.
- 1.4.2. Develop a plan based on the data by July 2016.
- 1.4.3. Develop a method in FACTS to better distinguish the reason for entry, including children entering care for Truancy, by October 2017.

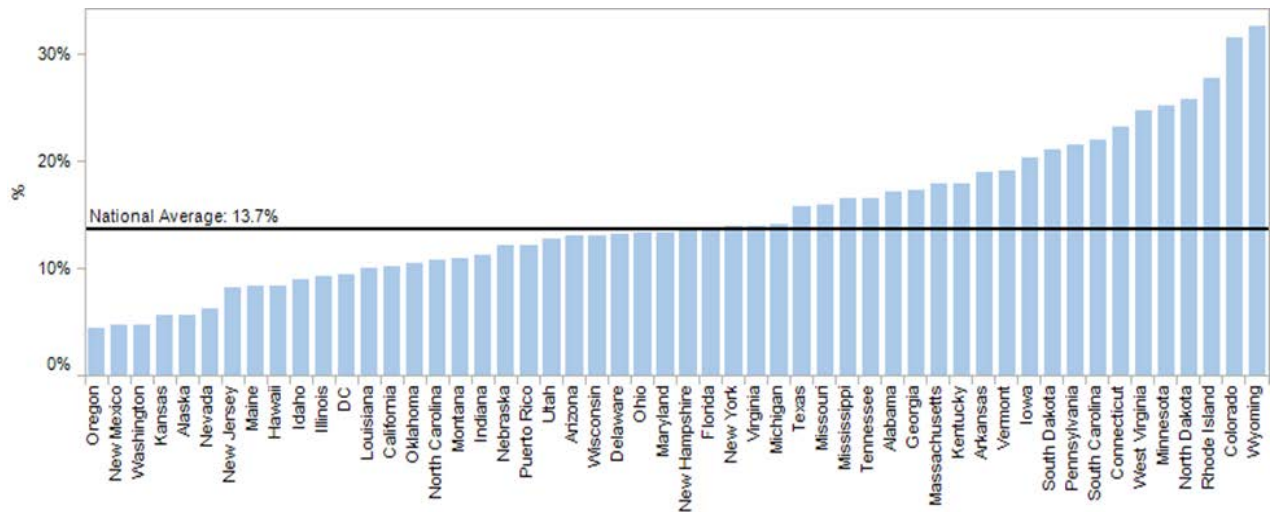
1.4.4. Develop a plan based on the data by July 2018.

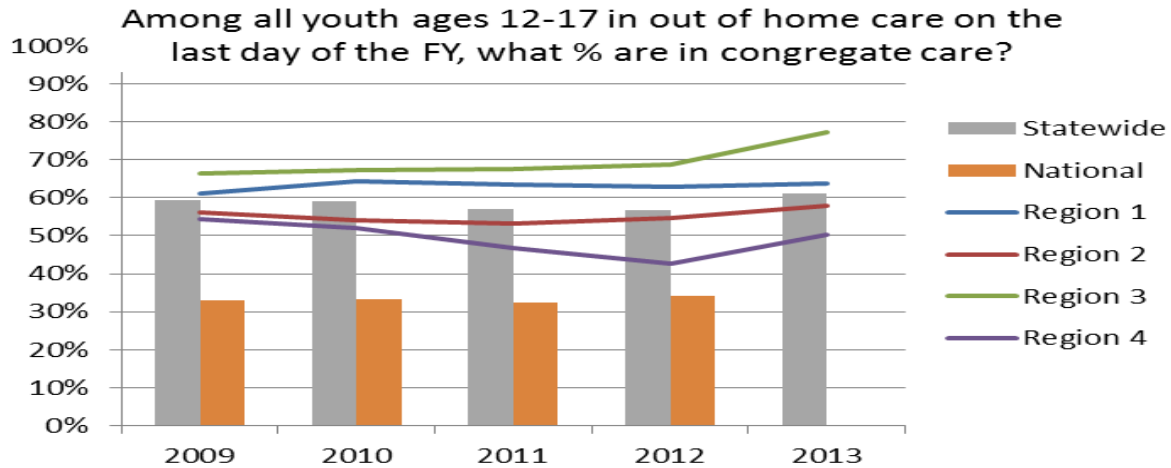
1.4.5. Develop a plan for re-educating Supervisors in Safety Planning Coaching with emphasis on the use of both formal and informal providers to control for safety in cases with domestic violence and substance abuse by January 2015.

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

1.4.7. Monitor the improvement in the quantity and quality of safety planning through the Quality Councils beginning January 2015.

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





Rationale

West Virginia's data indicate that a large portion of youths in out-of-home placements are in congregate care, ranking in the top six in the country. West Virginia data indicates that 61% of youth ages 12-17 who were in care on September 30, 2013, were in congregate care. This is an increase from the proportion in group care in FY12, and is considerably higher than the national indicator.

Tasks

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

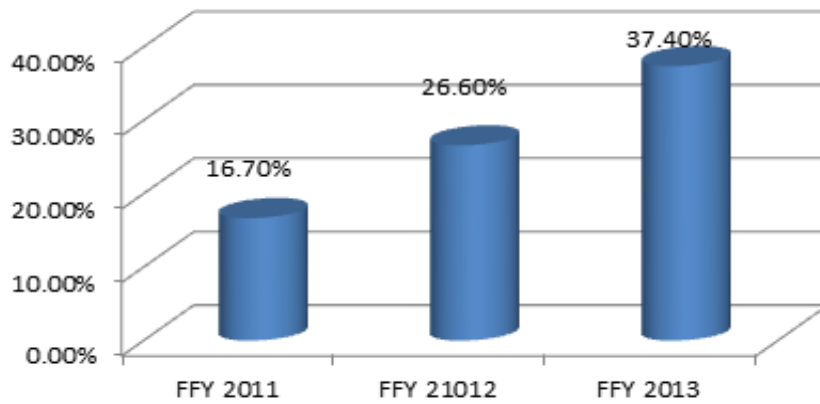
1.3.2. If waiver is not received, develop a plan for implementation by October 2016 and implement plan by October 2017 with phased-in implementation.

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

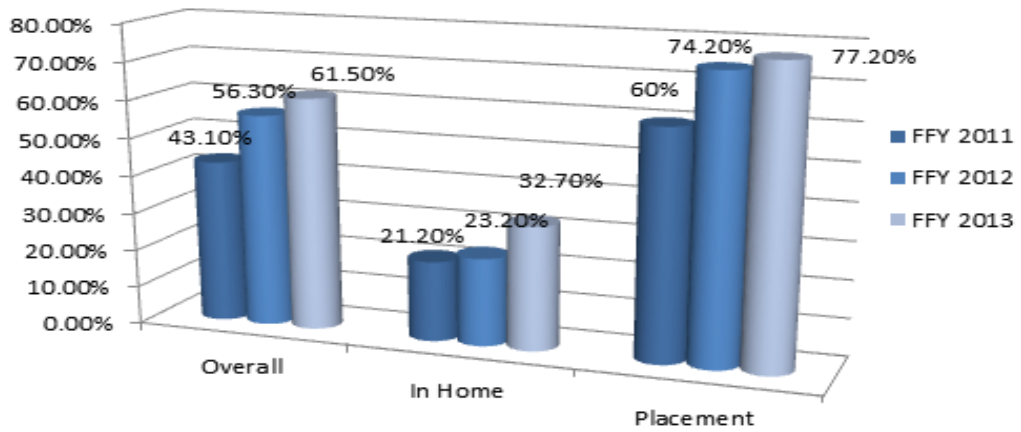
Goal 2: West Virginia's children will achieve permanency timely.

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

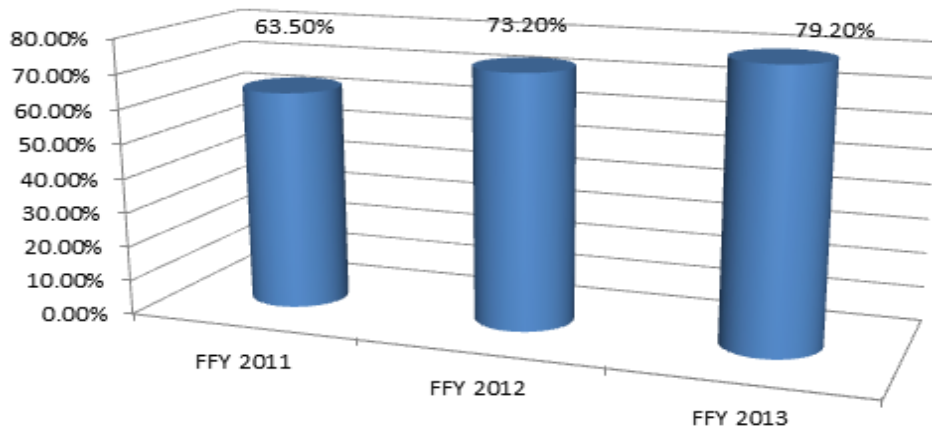
Item 20: Worker visits with parents

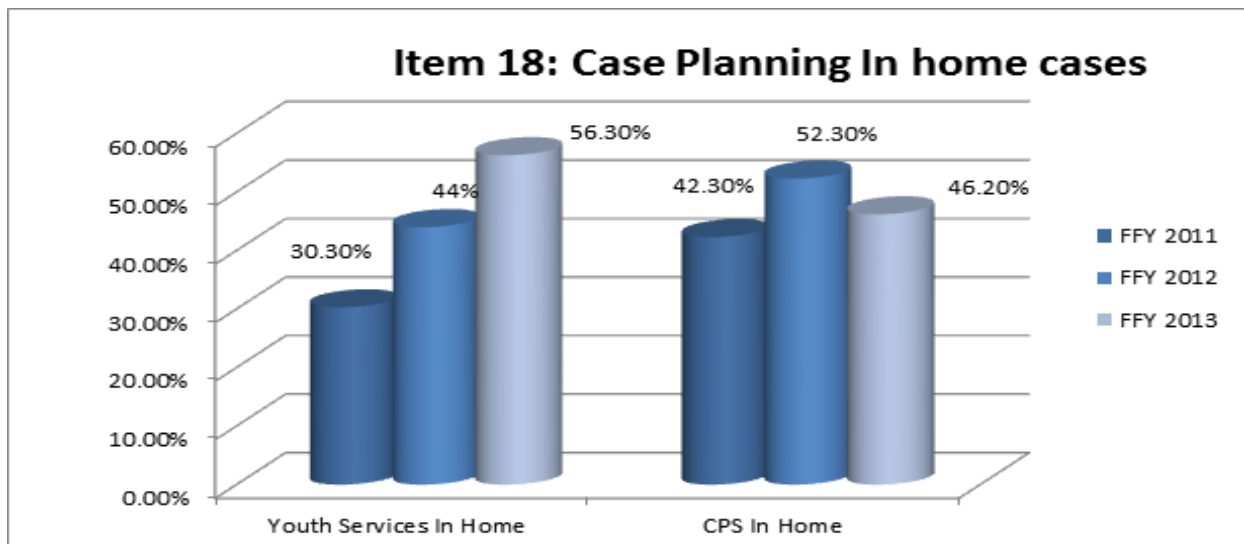


Item 19: Worker Visits with Child



Item 18: Case Planning Overall Measurements





Rationale

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

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

Measurement Plan:

West Virginia will utilize the Child and Family Service style case reviews to monitor the improvement in time to permanency. 2014 Child and Family Review instrument will be

utilized for ongoing measurement. Permanency Outcome 1, 2, and Wellbeing Outcome1 will be used to monitor improvements.

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

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

Benchmarks: Permanency Outcome 1

Data will be measured through CFSR style reviews

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

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

Benchmarks: Permanency Outcome 2

Data will be measured through CFSR style reviews

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

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

Benchmarks: Wellbeing Outcome 1

Data will be measured through CFSR style reviews

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

**West Virginia utilizes a 14 month period under review for case reviews.

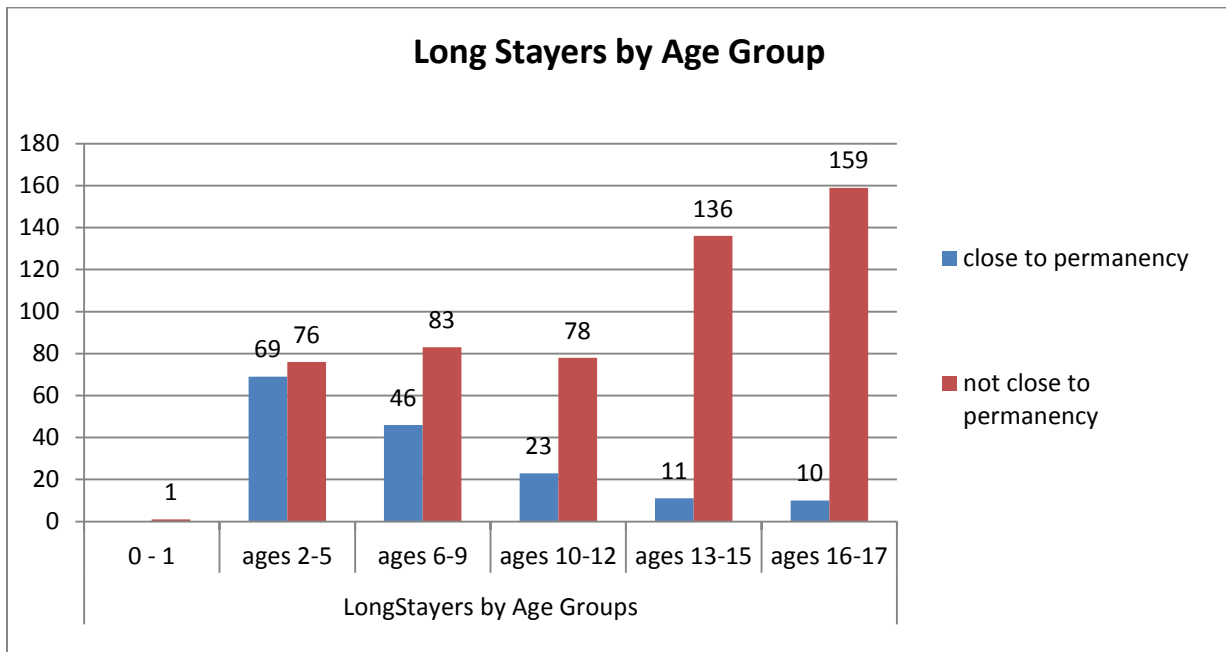
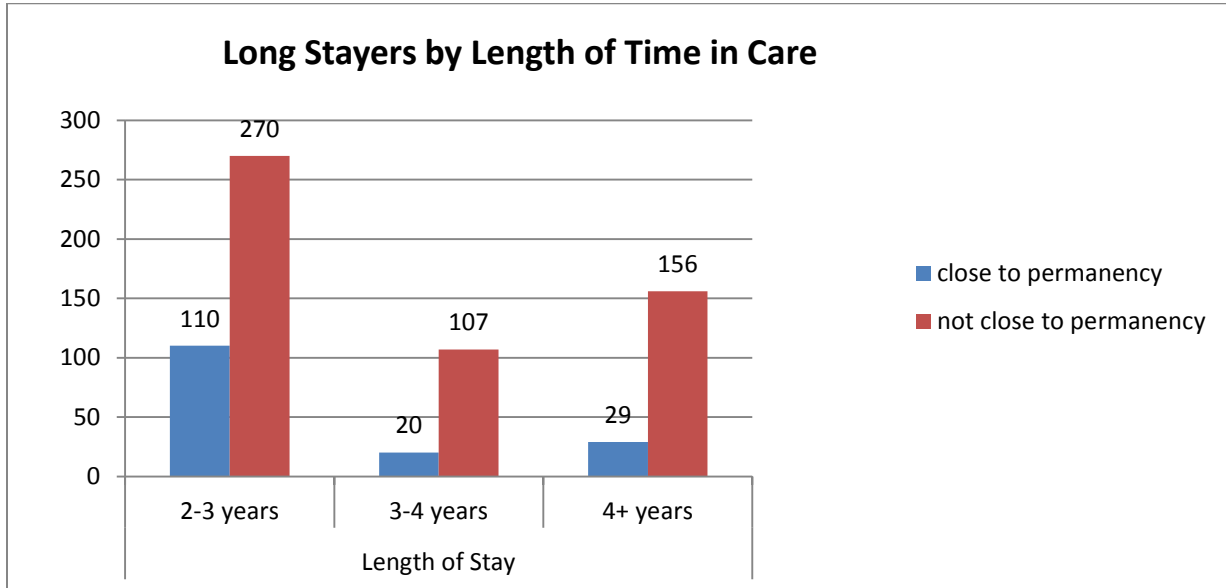
Implementation of objective will occur during FFY 2015-2017. Case review should begin to demonstrate improvement by 2018.

Tasks

- 2.1.1. Identify districts that are successfully utilizing the PCFA and analyze why they are successful and identify the barriers. Develop a plan to improve performance and address barriers in other districts based on the information by December 2014.
- 2.1.2. Provide refresher training and to staff on the PCFA and case planning process, as well as activities to re-engage staff to the PCFA process by December 2015.
- 2.1.3. Improve stakeholder buy-in and involvement in the PCFA process by training them and working with them on the process and role of community providers by December, 2015.
- 2.1.4. Work with the Court Improvement Program to develop and implement a plan to integrate of court case plans and PCFA family case plans by December 2015.
- 2.1.5. Implement a methodology to track timely completion, and implement corrective action plans for districts that do not by December 2014.
- 2.1.6. Re-implement the PCFA supervisor proficiency assessment process and track completion of staff consultation on all stages of the PCFA by March 2015.
- 2.1.7. Monitor quality of casework through the DPQI case review process and implement corrective action plans when there are identified deficiencies by December 2017.
- 2.2. Reduce the number of “long-term” stayers in foster care placement by 25% by October 2019.**

West Virginia | Profile of Long Stayers In Care (2+ Years)

For children in care on March 31, 2014 | Prepared by Data Advocacy | Data source: state submitted AFCARS files



Rationale

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

Measurement Plan:

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

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

Benchmarks:

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

Tasks

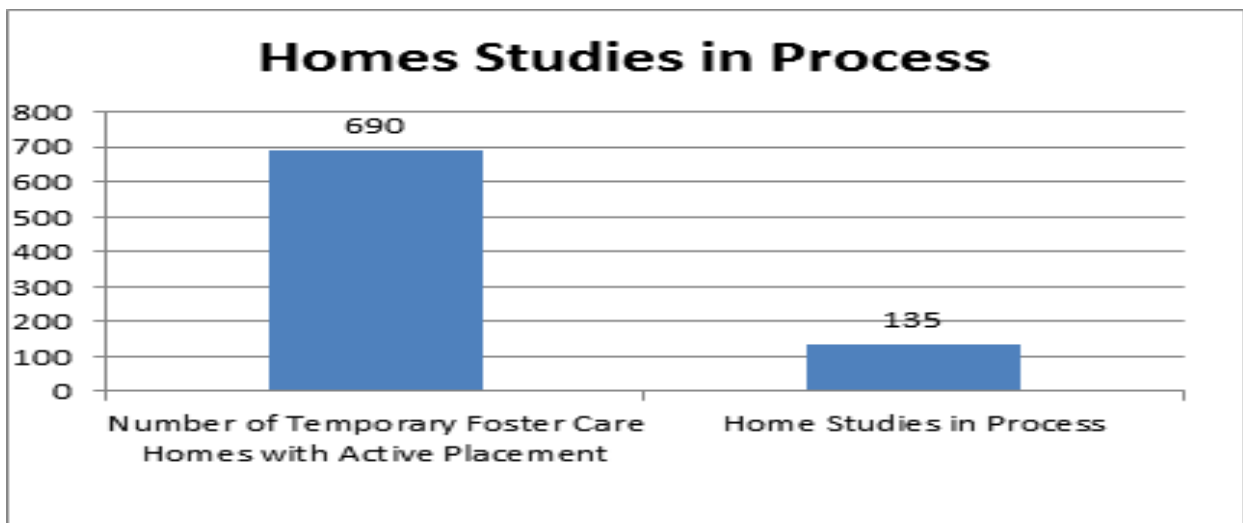
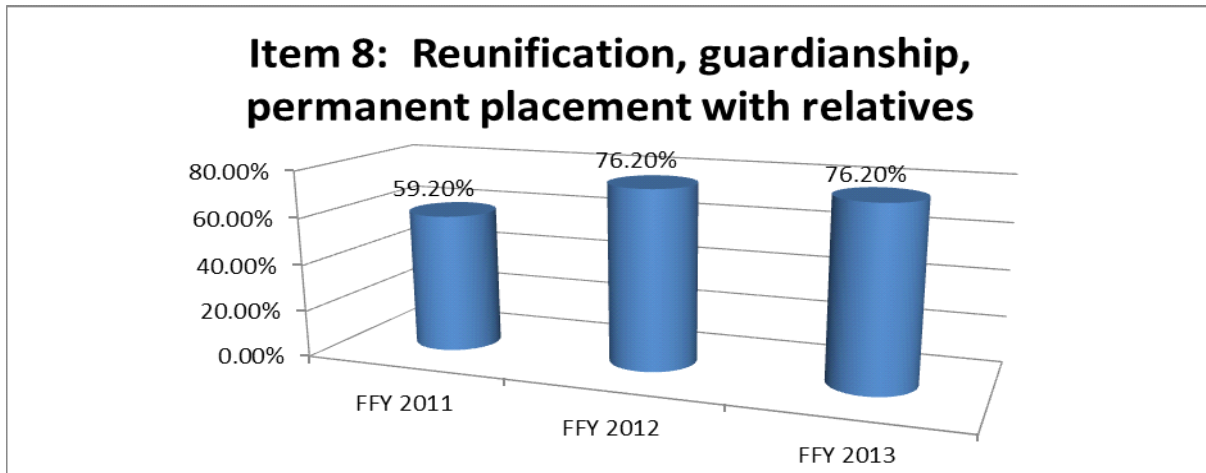
2.2.1. Review long-stayer cases identify and better understand the issues related to delays in achieving permanency and a plan developed to address the issues by December 31, 2015.

2.2.2. Work with the Court Improvement Program to review long-term stayers through the New View project, including analyzing results and developing a plan to address identified trends a minimum of two times per year by December 2016.

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

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

2.3. Reduce the amount of time it takes to complete home studies and finalize adoptions by July 2016.



Rationale

In the Federal Fiscal Year 2012, 75.7% of the cases reviewed with the permanency goal of adoption or a concurrent goal of adoption indicated that concerted efforts were made to achieve finalized adoptions. This measure determines if the child's adoption will be finalized within 24 months of the most recent foster care entry. There is a slight

improvement from Federal Fiscal Year 2011 where 69.8% of the cases achieved this measure. FFY 2013 indicates a decline in cases that rated as a strength.

In addition, data indicate that there are 1042 pending inquiries for home studies on families who are interested in becoming foster/adoptive parents as of July 2014. Data also indicates that there are 690 temporary foster care homes certified and 135 home studies in process of being certified as a tradition foster care home. West Virginia recognizes the backlog in adoption inquires and in the completion of home studies is a factor in delaying the time to adoption.

West Virginia’s Data context report indicates C2.1 : (“Of all children discharged from foster care to a finalized adoption during the year, what percentage were discharges in less than 24 months from the date of the latest removal from home?”) as 46.1 %

Measurement Plan:

West Virginia will utilize point in time hand count measurement to indicate the amount of time to complete a home study from inquiry to completion. Baseline will need to be developed to track the amount of time to complete a home study from inquiry to completion.

West Virginia will utilize AFCARS composite measure C2.1 to measure timeliness of adoptions. West Virginia’s Data context report indicates C2.1 : (“Of all children discharged from foster care to a finalized adoption during the year, what percentage were discharges in less than 24 months from the date of the latest removal from home?”) as 46.1 %. West Virginia will utilize 46.1% for the baseline for this measurement.

Benchmarks: AFCARS composite C2.1

Baseline	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal	Targeted Goal
2012	2015	2016	2017	2018	2019
46.1%	52%	58%	64%	70%	76%

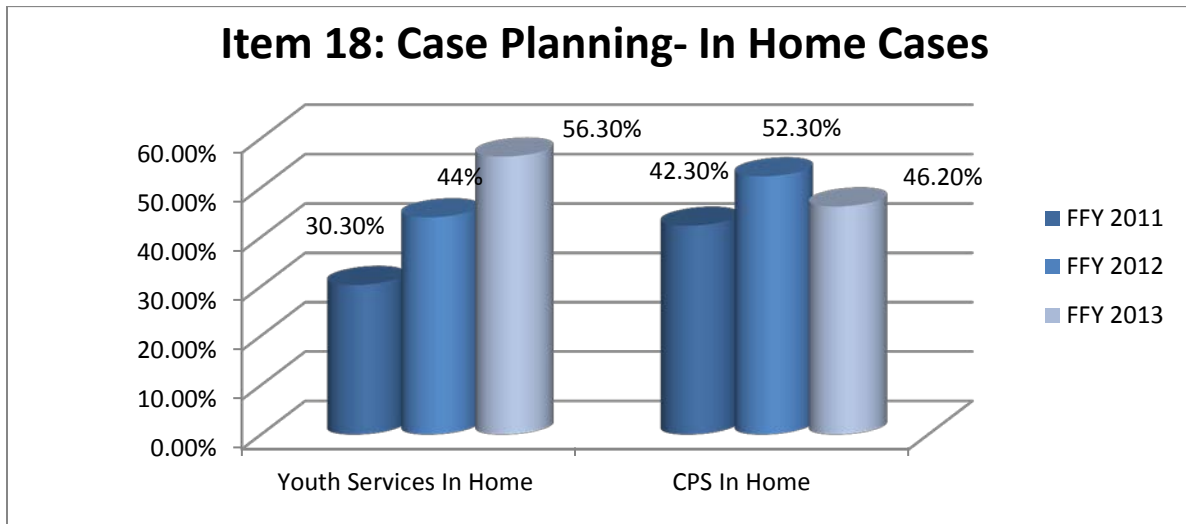
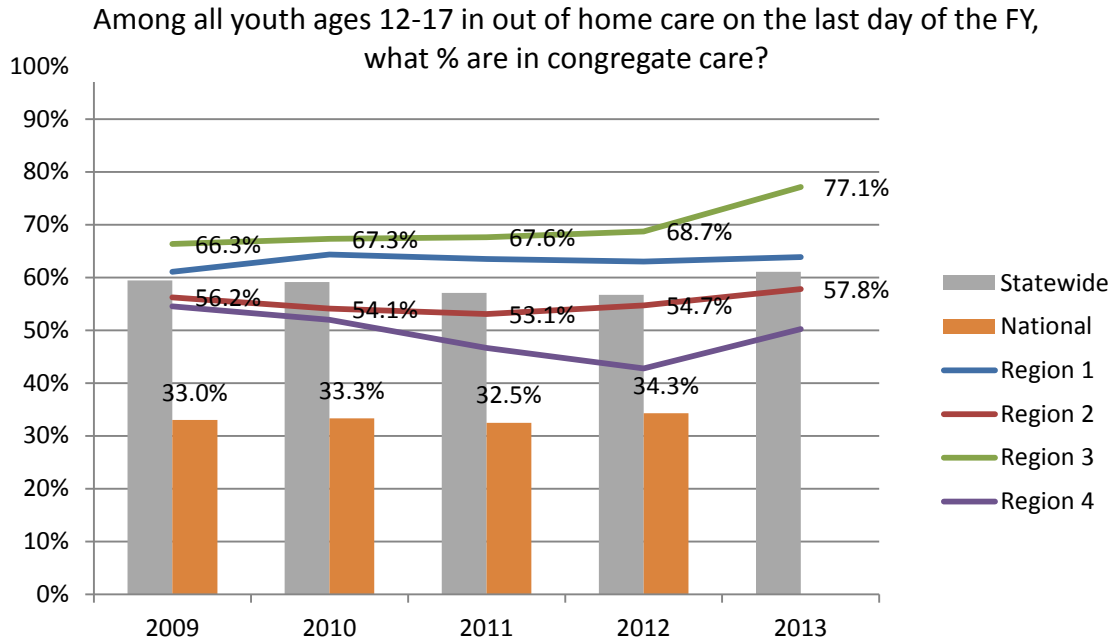
Tasks

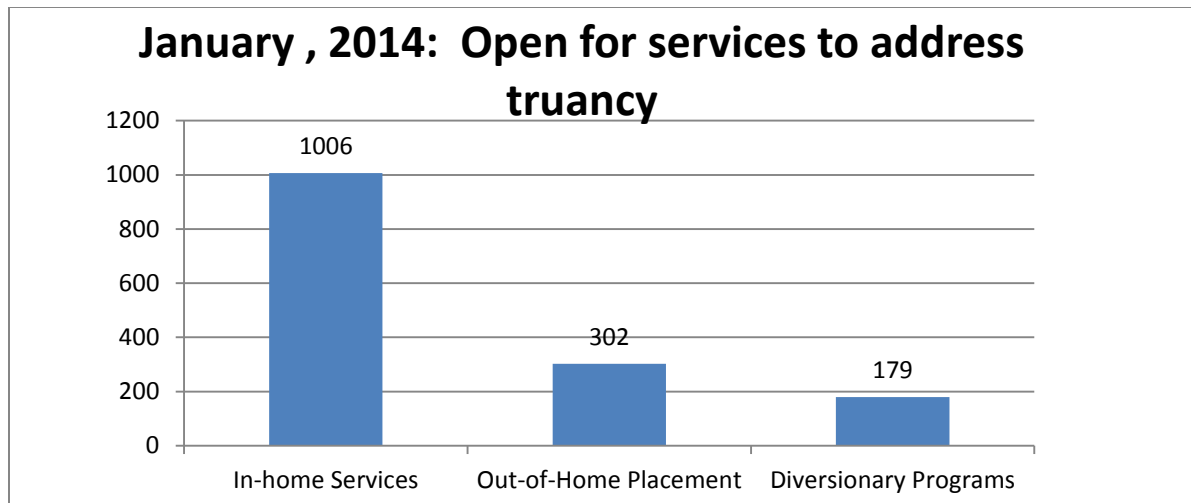
- 2.3.1. By December 31, 2015, establish a process to monitor the regularity of judicial reviews and permanency hearings and the establishment of permanent placement plans.
- 2.2.2. Work with the Court Improvement Program to establish plans to address delays in finalizing adoptions by July 2016.
- 2.2.3. Identify problems with timely home study completion for new foster/adopt homes, and develop and implement a plan to address issues by December 2016.
- 2.2.4. Begin utilizing ASO services to complete home studies on potential foster/adoptive families by July 2016.
- 2.2.5. Monitor completion of home studies through the regional Quality Councils by December 2016.
- 2.2.6. Apply for a Legislative improvement package to hire additional home finding staff by April 2015.

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

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

Based on the AFCARS Children in care at a point in time (9/30/13)





Rationale

Data suggests a need to improve the practices related to the treatment and provision of services in non-placement youth services cases. Furthermore, the number of youth in congregate care ages 12-17 is well over the national average. This suggests that youth are being placed in congregate care as their needs cannot be met within the community setting. Data collected by WV case review process indicates the need for improved services.

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

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

Point in time hand count data suggest a low percentage of youth involved in diversion programs. In January of 2014, hand count data indicates 1006 Youth Services cases were opened on families to provide in-home services to address identified truancy issues. 302 youth were placed in the custody and care of the Department due to truancy issues. 179 youth were identified with truancy issues to which the Department provides services designed to address and divert truancy. Youth receiving diversion services are not identified as part of an in-home services case or out of home placement case. Based on the FREDI reports, 2831 youth were open for youth services

at the end of January, 2014, indicating approximately 46% of cases open for youth services have truancy identified as an issue. The data clearly indicates the need for the development of services to address the issues that lead to truancy.

Measurement Plan:

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

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

Benchmarks: Reduction of youth in congregate care.

Point in time data- AFCARS

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

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

Point in time data- “hand count”

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

Tasks

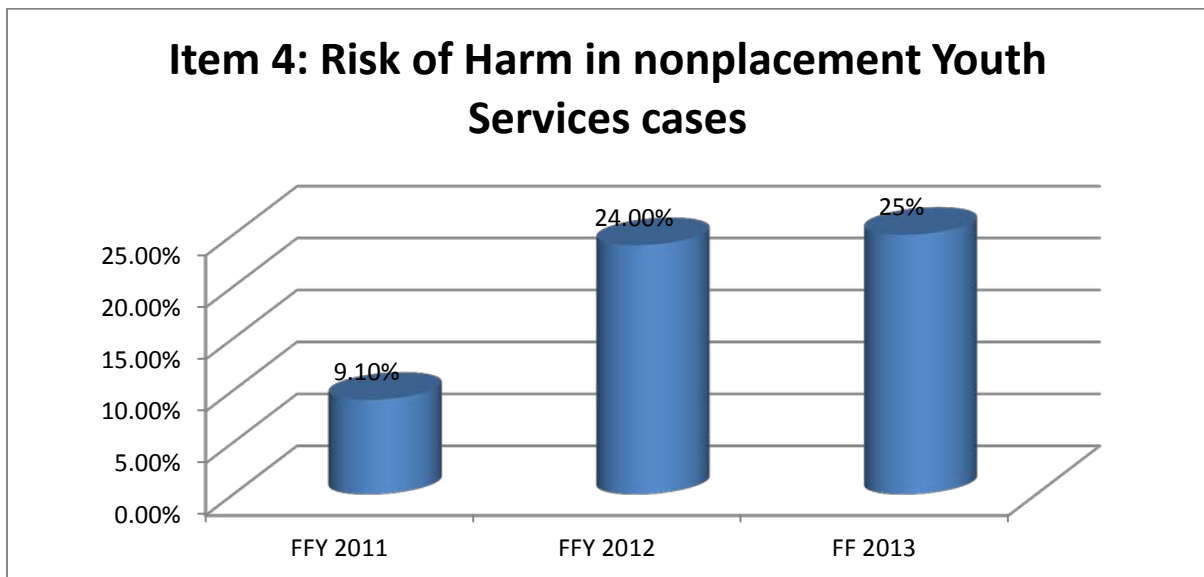
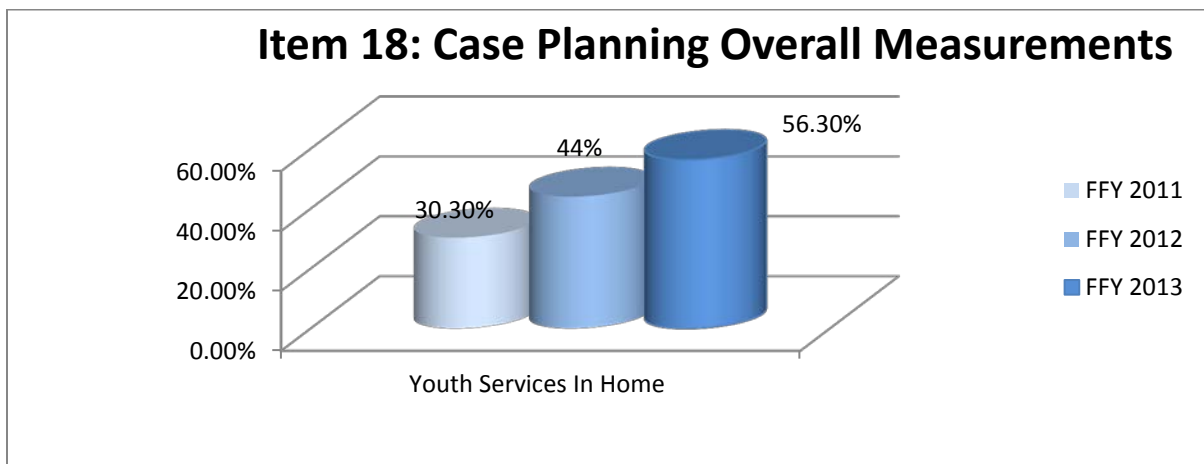
3.1.1 Develop a framework of programs and services that address the needs of youth entering as a result of status offenses through the redesign of ASO services by Oct., 2015.

3.1.2 Develop a framework of programs and services for juvenile justice diversion by December, 2016

3.1.3 Work with community partnerships to increase substance abuse treatment and on-going supports specific to youth October, 2017.

3.1.4 Work collaboratively with Education and the Courts for early interventions to prevent habitual truancy by October, 2017.

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



Rationale:

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

Measurement Plan:

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

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

Baseline measurements indicate the following for Federal Fiscal Year 2013.

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

Benchmarks: Risk assessment and safety management in Youth Services Cases

Data will be measured through CFSR style reviews

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

******West Virginia utilizes a 14 month period under review for case reviews.

Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.

Benchmarks: Child and family involvement in case planning in Youth Services Cases

Data will be measured through CFSR style reviews

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

**West Virginia utilizes a 14 month period under review for case reviews.

Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.

Benchmarks: Work visits with the child in Youth Services Cases

Data will be measured through CFSR style reviews

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

**West Virginia utilizes a 14 month period under review for case reviews.

Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.

Benchmarks: Worker visits with parents in Youth Services Cases

Data will be measured through CFSR style reviews

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

**West Virginia utilizes a 14 month period under review for case reviews.

Implementation of objective will occur during FFY 2015-2019. Case reviews may not show marked improvement until 2021.

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

3.2.2 Develop a method to coordinate data from cross-system partners for youth at risk of juvenile justice involvement by July 2015.

3.2.3 Develop and implement a methodology to improve the continued assessment for safety for all in the children in the homes involving older youth involved with youth services by October 2016.

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

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

Rationale

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

Measurement Plan:

West Virginia will establish a baseline to determine exiting service needs by October, 2016. Benchmarks cannot be determined until baseline has been established.

Tasks

4.1.1 Develop methodology to collect data from Service Array, Array of Services; And integrate the results of the work completed by the Youth Out of State Review Committee and the Removal Oversight Committee to identify service gaps beginning October, 2016.

4.1.2 Establish team to review existing data and determine if existing services meet the identified needs of children and families by July, 2015.

4.1.3 Develop outcome measures to evaluate the effectiveness of the current interventions at reducing the behaviors that brought the client to the Department attention by October 2015.

4.1.4 Work with the Community Collaboratives to provide continued ongoing assessment of needs for the development of community-based services starting Oct., 2016.

Staff Training, Technical Assistance and Evaluation

Technical Assistance from the National Center on Secondary Education and Transition to implement strategies to obtain services guaranteed under the Individuals with

Disabilities Education Act (IDEA) and additional supports for unaccompanied youth through McKinney Vento.

Technical Assistance through the Juvenile Detention Alternatives Initiative will assist in the development of community programs to correct and prevent truancy.

Continued development of our Three Branch Team will assist in focusing the Departments attention to its use of data to drive reform of policy and practice.

Technical Assistance from the NRCYD will be needed to develop our WV FAM. It will also be needed in our efforts to “normalize” foster care.

Additional training on Results Based Accountability for both our own staff and our provider community will be needed to ensure that all of our initiatives in the next five years are outcome driven.

The Division of Training may need to provide refresher training on safety identification to both tenured staff and providers on a regular basis in order to keep this issue on the forefront.

Training from our TEAM grantees on Our Babies Safe and Sound will need to be developed and delivered to both Department staff and Law Enforcement.

Training activities in the staff development and training plan are built around developing the knowledge, skills, and ability of staff and providers to meet the child welfare outcomes of safety, permanency, and wellbeing. Training is constantly being updated and revised based on current initiatives, data from quality reviews, and input from stakeholders such as the Court Improvement Program.

How Research and Evaluation informed Service Delivery

In 2010, WV began by creating a culture that utilized data to drive the management practices. WV utilizes the Results Oriented Management (ROM) training to educate management staff on the use of data to drive management decisions. By 2011, the Bureau began to refine the data collection system through the evolution of a data collection system independent from its SACWIS. This system, COGNOS, was established and reports were developed based on the needs of the management team. COGNOS reports continue to be utilized as a means to improve the safety and permanency of WV children. Well-being measures continue to be evaluated through case reviews. Management uses the reports to improve service delivery and manage local district office. Leadership utilizes the system to monitor local progress and create a culture of accountability.

By 2011, WV developed a cross-functional team (Mountain Force) to facilitate the process for monitoring performance, analyzing data and increasing employee engagement. In this process employees from all levels gathered together and examined statistical and other data to identify strengths and weaknesses in the system. Mountain Force evolved into what is now known as the Child Welfare Oversight Committee. The Child Welfare Oversight Committee meets monthly to discuss the trends in the data and initiatives being implemented or those being developed to address the issue brought forth through the review of the data.

WV continues to utilize the COGNOS system and dashboards to improve service delivery for children and families. Management is now able to monitor the caseworkers' visits and timely completion on the Family Functioning Assessments. WV continues to monitor the frequency of caseworker visit for children in placement. This has allowed for improvement in youth engagement.

WV utilizes the data from the DPQI screening reviews to increase consistency on the intake assessment acceptance. Based on the data, screening committees were established as an interim means to provide consistency in the intake assessment process until the recent establishment of the Centralized Intake Unit. WV DPQI unit continues to monitor the consistency of the intake assessment acceptance through fidelity reviews and review of screening decisions made by the Centralized Intake Unit.

WV utilizes a continuous quality improvement process to evaluate District level performance on the measurements included in the Child and Family Services Review (CFSR). WV utilizes case reviews to monitor compliance with the 23 items identified in the Child and Family Services Review process, which includes but is not limited to education, mental health and services needed. Data from the review is provided to the Districts in a comprehensive report that outlined strengths and areas needing improvement. Districts are required to develop corrective action plans to address the identified areas needing improvement. Compilation of the State's Child and Family Services Case review data is disseminated to the leadership team and the Child Welfare Oversight team for review and discussion. Case review data is utilized to the development and planning of initiatives.

WV developed an internal Child Fatality Review Team to improve the collections of information surrounding the death of children that have come to attention of the Department. This data will allow for the evaluation of the State's Safety Assessment and Management System (SAMS) model to ensure the model accuracy in identifying safety concerns.

Implementation Supports

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

Training will need to develop and implement an online training for all Child Welfare staff that will focus on the current trends in child fatalities.

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

The Division of Training may need additional staff to provide training on a routine basis for not only Department staff but providers as well.

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

A Memorandum of Understanding between the Department of Health and Human Resources and Division of Juvenile Services (DJS) may need to be developed and implemented to use the DJS day report systems in the state's development of truancy alternatives.

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

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

Complete redesign of ASO services

4. Services

Child and Family Services Continuum

Prevention

Family Resource Networks

Family Resource Networks (FRN) are local coalitions working to improve services for children and families in their communities. FRNs assess community needs, develop local plans, promote changes, evaluate results and assist agencies in improving the service delivery system. They increase community awareness of local and state issues

that affect children and families, support local partnerships to maximize community investments, promote coordination of services and opportunities for families to impact decisions that affect them. The FRN provides a forum for civic engagement and problem-solving while including citizens that are closer to local needs and solutions. There are 46 FRNs throughout the state of West Virginia. Each FRN focuses their efforts specific to the needs in that community. Some of the areas of focus include disseminating information on substance abuse prevention, providing facts on affordable healthcare options and Medicaid expansion, organizing with other agencies to increase housing availability, tool kits on emergency preparedness and domestic violence awareness and prevention.

Family Resource Centers

Family Resource Centers (FRC) bring together existing services in a single location such as a school or other neighborhood building. This comprehensive approach increases the accessibility of services, brings resources together in one place, provides family support and education and allows Centers to meet the community's needs. Our FRCs serve families pre-natal through age eighteen. Each FRC offers a variety of services to reflect the diversity of the community needs. There are 25 Family Resource Centers in West Virginia. FRCs organize and host activities such as Circle of Parents, parent/child playgroups, after school programs, father/male caregivers bonding groups, respite programs, monthly food pantries and public computer lab hours where staff is on hand for self-paced coursework in job skills, software tutorials and internet resources.

In home Family Education Programs

In Home Family Education (IHFE) programs are voluntary home visiting programs that include Parents as Teachers (PAT), Healthy Families America (HFA) and Maternal Infant Health Outreach Workers (MIHOW). Each delivers a range of supportive services to families with young children. Each program relies on home visiting staff to establish a supportive relationship with the families, provide a range of educational services and link families to needed supportive services in the community. Providing parents help to raise healthy and happy children, IHFE programs provide this help to families at no cost and the staff comes to the family's home or wherever they feel most comfortable.

Evaluation and Philosophy of Programs

All of the community based supportive services follow the Strengthening Families approach. Strengthening Families West Virginia is an ongoing initiative that involves multiple agencies, state level departments and individuals. Strengthening Families is not a program or a model, but rather a philosophy of "doing business." It incorporates the Protective Factors that have been researched and shown to prevent child abuse and neglect. West Virginia recognizes the national five Protective Factors for evaluation

purposes and an additional protective factor for a total of six. The Protective Factors include:

- Knowledge of Parenting and Child Development;
- Concrete Supports in Times of Need;
- Parental Resilience;
- Nurturing and Attachment;
- Social and Emotional Competence of Children; and
- Social Connections.

Because all of the programs are built on the philosophy of Strengthening Families and the Protective Factors, each program is required to administer the West Virginia Family Survey. This Survey is an adapted version of the Protective Factors Survey created to specifically meet the needs of West Virginia. The WV Family Survey retains the reliability and validity of the Protective Factors Survey while also meeting the individual program needs.

For each of the following programs in the continuum, WV offers a wide variety of “socially necessary services” through an administrative service organization, APS Healthcare. Workers determine the needed service(s) and generate a referral to the appropriate agency. APS Healthcare then grants an authorization for the service. For a matrix of available services under each category, Family Preservation, Family Support, Time Limited Reunification and Adoption Preservation, please visit the following website;

http://www.wvdhhr.org/bcf/aso/documents/SERVICE_MATRIX.pdf.

Child Protective Services

Child Protective Services (CPS) operates under the authority of West Virginia State Statute. There are two primary purposes for CPS intervention in West Virginia: to protect children who are unsafe and to provide services to alter the conditions which created the threat to child safety. CPS consists of CPS Intake Assessment; CPS Family Functioning Assessment (FFA); CPS Protective Capacities Family Assessment and Family Case Plan (PCFA); and Family Case Plan Evaluation/Case Closure. The target population for CPS agency intervention is a family in which a child (age 0-17) has been suspected to be abused or neglected or subject to conditions that are likely to result in abuse or neglect as defined in Chapter 49 of the Code of West Virginia.

CPS in West Virginia utilizes concepts and tools developed through consultation with the National Resource Center for Child Protective Services. CPS is also based upon research of case decisions made by the West Virginia Supreme Court, the Child Abuse Prevention and Treatment Act and the Adoption and Safe Families Acts, both enacted by the U. S. Congress, social work standards for practice, the statutes contained in Chapters 48 and 49 of the Code of West Virginia; the amended consent decree entered in the case of Gibson v. Ginsberg; the Rules of Procedure for Child Abuse and Neglect Proceedings; Rules of Practice and Procedure for Domestic Violence Proceedings and Rules of Practice and Procedure for Family Court, all issued by the Supreme Court.

Youth Services

Youth Services is a child-centered and family focused child welfare system serving youth who are involved in or at risk of involvement in Juvenile Justice through the courts or probation. The aim is to strengthen the functioning of the family unit, while assuring adequate protection for the child, family and community. Juvenile offenses are multi-faceted problems which affect the entire community. A coordinated, multi-disciplinary effort which involves a broad range of community agencies and resources is essential for an effective Youth Services program.

The continuum of services for this population is designed to assure the safety, permanence and wellbeing of children; serve the mental and physical welfare of the child; and preserve and strengthen the child's family ties. In serving this population Youth Services recognizes the fundamental rights of children and parents and has adopted procedures and established programs that are family-focused rather than focused on only the youthful offender. Youth Services strives to involve the child and the family or caregiver in the planning and delivery of programs and services. Efforts are made to utilize services that are community-based, in the least restrictive settings that are consistent with the needs and potentials of the child and the family. Youth Services assess for early identification of the problems of children and their families and then responds appropriately with measures and services to prevent abuse and neglect or delinquency. Effective intervention requires that Youth Services respond in a non-punitive noncritical manner while rehabilitating status offenders and juvenile delinquents.

Foster Care

When making decisions about a child, including those decisions regarding service provision, placement, and permanency planning, the safety of the child must be the foremost issue in determining what is in the best interest of the child.

Foster care is temporary. Foster care placement provides a substitute living arrangement for a child for a planned period of time. The child's placement must be the

most appropriate living situation that can meet the individual child's needs. The time the child is in out-of-home care must be productive in terms of services provided to address the identified needs of the child in order for him to grow, develop, and achieve his permanency plan.

Permanency planning efforts should begin as soon as a child enters foster care. A child should only be placed in foster care when the child or community is unsafe and a plan cannot be implemented which controls the threats to child safety. Concurrent planning should be utilized to allow staff to work to reunify the family, while at the same time planning for the possibility that reunification will not succeed.

All children are entitled to have safe, permanent living situations that promote their safety and wellbeing. Permanent placements, whether it is reunification, adoption, legal guardianship, placement with relatives or other permanent planned living arrangement must be achieved in a timely manner, with the goal of limiting the number of children who remain in foster care for more than twenty-four months.

Interventions and decisions should be defined through child-centered, family-focused principles. Children, their parents, and extended family must be full partners in the process that develops, implements, and reviews their cases. Being part of the case work process makes families more likely to be invested in making the changes necessary to positively address the reasons their children were removed from their homes. Child-centered, family-focused practice also demands that services are individualized to meet the specific needs of the children and families that are being served.

Foster care is a process and not a series of discreet, unrelated steps. It is a continuum of care that is offered in conjunction with other services such as family preservation, child protective services, youth services, or adoption.

Several years ago, WV began certifying all foster homes as both foster and adoptive homes to expedite the adoption of children by their foster parents if that became their permanency plan. This has helped improve our timeliness to permanency. With the implementation of the last Child and Family Services Plan, WV began an initiative to complete diligent searches on children entering care as well as placing these children with relatives. This initiative has both increased our permanency timeliness as well as decreased our foster care disruption rates. WV also created a "state paid kinship payment" for those "kin" who do not qualify for TANF payments under TANF criteria. This payment is used to help reimburse those "kin" providers for expenses incurred in the care of our children until they can be approved. The payment scale is based on the TANF payment scale.

In the last year, WV began a streamlined process to waive non-safety standards for otherwise appropriate relatives as well as provide financial help to relatives/kin seeking to provide care for family members who have to be removed from their parents. This has improved many outcomes for children removed due to abuse and neglect. It is hoped that in the next five years, this movement will be extended to youth who are removed due to youth services.

There are three primary purposes for foster care:

- a) To reunite the child in foster care with his family by providing interventions aimed at reunification whenever possible and when the safety of the child can be assured.
- b) To provide a permanent substitute living arrangement for the child in foster care when reunification is not possible. Such an arrangement may include adoption, placement with relatives, legal guardianship, or another court-sanctioned permanent living arrangement.
- c) To aid a child over the age of fourteen (14) to attain independent living skills necessary to become a successful adult.

Adoption

All adoptive services provided by the Department are available statewide. These services include the recruitment of foster/adoptive families, Home-finding process, Adoption services and case management, Mutual Consent Registry, the Adoption Resource Network (ARN), as well as the contract with specialized foster and adoption agencies.

West Virginia's children legally available for adoption continue to be placed on our Adoption Resource Network at www.adoptawvchild.org. WV also utilizes AdoptUSKids to list some of our children available for adoption.

A large portion of our recruitment efforts are carried out by Mission WV through a grant from the Department. Data tracking progress and successes is recorded both through an internal database created by MWV and through the AdoptUSKids online database. The data collected includes the inquiry date; city; county; referral source and basic family information. The recruitment services provided by MWV include: general recruitment, targeted recruitment, child specific recruitment, and child focused recruitment. Additionally, Mission WV acts as a neutral information and referral source for prospective foster and adoptive parents and when sending out informational packets information about all foster/adoptive agencies licensed in our state is included.

West Virginia has a 'Relatives as Parents Program' through the Brookdale Foundation. The coordinator for this program is employed by Mission WV and is available to answer questions and provide resources for both formal and informal relative providers.

In July 2010, the Department entered into new contracts with the Specialized Foster Care Agencies in the state. This contract allowed those agencies with an adoption license to begin working and finalizing state adoptions in addition to already providing specialized foster care services already under contract. This initiative has now grown statewide and includes 11 agencies. This project has allowed community members greater access to a variety of agencies that certify foster and adoptive families.

The Adoption Task Force Group was a short-term group created by the State Service Array to look at the issues in West Virginia regarding the obvious lack of post-adoption support services within the state discovered through the Service Array process. Approximately 2,000 adoptive families were surveyed, with a response rate around 40%. Results indicated a need for the following services: training and education for providers regarding the special needs of adopted children (specifically attachment issues and treatment/potential over-diagnosis of ADHD) generally needed within the first six months of adoption; better access to providers who will accept Medicaid; continuing education regarding adoption issues; better educational support, in particular, navigating the Special Education System; better access to counseling services, both individual and family.

West Virginia Mutual Consent Registry is a service the Department provides to adult adoptees and birth parents. Adult adoptees can request their non-identifying information from their adoption file as well as give permission for their current identifying information to be released. Birth parents can also register and give permission for their current identifying information to be released in the event that their birth child may want to find them.

Adoption subsidy, medical assistance, and non-recurring adoption expenses are provided to all eligible children adopted through foster care.

Each of the four regions in our state has taken responsibility for contracting on an as-needed basis any translators that may become necessary. Mission West Virginia has an individual with whom they contract on an as-needed basis for Spanish translation for inquiring families.

The Department has Socially Necessary Services available for Post Adoptive Services. These services are managed through an ASO (Administrative Service Organization). The Adoption specialists at the State office accept these calls and refer the individuals for a CAPS Assessment to determine the appropriate services. Services include CAPS Family Assessment, CAPS Case Management, Case Management, Family Crisis

Respite, Crisis Respite, Individualized Parenting, Public Transportation, Lodging, Meals and Agency Transportation.

Independent Living Services

For more than twenty-five years, WV has provided continued foster care services for those youth aging out of foster care with no permanent family. Youth can sign a voluntary placement agreement to continue foster care services in their current foster care settings and they can leave foster care at age 18 and return at any time prior to age 21 through any county office. They can also leave foster care and may be eligible to receive Independent Living subsidies as well as Education and Training Vouchers to pursue their post-secondary education or training programs. Most WV colleges and universities also offer a tuition waiver to those youth who have graduated while in care and want to continue their education.

For the past two years, our Bureau has provided training to our own staff as well as our stakeholders (courts, providers) on what youth transitioning is and how to accomplish this successfully. We have been using the Casey Life Skills assessment and learning plans, have developed a universal transitioning plan for those who are aging out of foster care, have completed multiple training sessions on the appropriate use of Chafee funding among many other activities with this population. Our MODIFY program has developed an unbelievable amount of knowledge of available educational and vocational training programs within our state as well as developed good working relationships with our colleges, universities and many community colleges and training/apprenticeship programs. WV has a core team of youth available for consultation. We are very close to having a statewide youth council (WV FAM) that is both available and willing to help with policy development.

Service Coordination

The majority of families that are involved with the Department through Youth Services, Child Protective Services or Adoption are involved with the Court system also. These cases are assigned to a lead worker in their respective program area and may sometimes have secondary workers from other programs assigned if appropriate. Cases that enter through CPS may have one child that is also involved with YS and the YS worker would be assigned as the secondary worker. All cases involved with the Court system are required by statute to have a Multi-Disciplinary Team (MDT).

MDT's are required by statute to meet no less than every ninety (90) days to cover case and treatment planning for the child and family. Anyone who has an interest in the case or can provide information and/or support to the family is invited. These meetings are designed to encompass all areas of family functioning. Recommendations as to services and the direction of the case are decided at these meetings with the families

input. Workers in program areas outside of the continuum such as Fostering Healthy Kids, MODIFY, HRDF, etc. assign workers by area. The cases are housed within our SACWIS system which includes all demographic information, treatment planning, court hearing information, visit plans, placement plans, etc. Services can be monitored to avoid duplications from other systems.

Occasionally there may be cases opened for CPS which do not include court involvement. In those instances, the primary CPS worker is responsible for case coordination. These cases are also housed within our SACWIS system and the same information is available.

Currently, our SACWIS system has the ability to monitor the presence of cases on the family already included in other systems such as TANF and child support. However, there is no ability to see case specific information in these systems. WV is currently moving toward a Master Data Manager program which will allow some additional information from other systems to be visible.

The Department also works between several different bureaus and other departments to coordinate services for the community. The process by which this happens is usually in a work group or collaborative setting. There is an array of services available for families through the Bureau for Children and Families ASO services, Bureau for Public Health's Fostering Healthy Kids, Bureau for Health and Health Facilities Regional Service Centers for youth ages 17 to 24 as well as many community based service providers.

Fostering Healthy Kids is a service coordination effort between Bureau for Children and Families, Bureau for Medical Services and Bureau for Public Health. The collaboration came as a result of the need to ensure all children in foster care were being seen by a physician upon entering foster care and routinely while they were in care. Children and Adult Services (CAS) gave the Office of Maternal Child and Family Health (OMCFH) access to the child's foster care record through the FACTS computer system. An interface was created that notified OMCFH when a child came into state's custody. This allows OMCFH to call the foster care provider, assist in making appointments for the child's health check, enter the medical information in FACTS and follow up as necessary. At the same time, OMCFH is able to identify children in foster care having special healthcare needs and can provide them additional services through another grant. Currently, this coordination is only in three counties. BCF would like to implement this service statewide within the next five years.

The Bureau for Health and Health Facilities recently provided grants to various agencies throughout the state for Regional Youth Service Centers. Regional Youth Service Center is a single facility or coordinated, partnering of multiple facilities to provide a variety of treatment and non-treatment options for youth with substance use and co-occurring substance use and mental health disorders. Programming offered, as defined by SAMHSA service definitions, will include: Primary Prevention, Promotion & Wellness, Engagement Service, Outpatient Services, Medication Services, Community Support Services, Recovery Support Services, and Intensive Support Services. In order to provide for such a wide array of programming the R-YSC is required to offer distinct service settings.

The Referral & Outreach Center (ROC) is a 24-hour call center for individuals seeking behavioral health assistance for WV youth. The Regional Youth Service Center (R-YSC) will maintain a —livell data base containing statewide service options and will be updated daily to reflect up-to-date residential bed capacity. Anyone that contacts the R-YSC ROC will be offered education on behavioral health issues and information on service options in their region, as well as a facilitated referral to an appropriate level of care based on the individuals need in coordination with regional centers. ROC staff will track and follow-up on all calls made to their R-SYC to ensure quality assurance and successful outcomes. Each of the 6 Regional Youth Service Center will operate in conjunction with a State Youth Service Center in order to create the statewide Behavioral Health Youth Services Network. This network will create a single access point for all behavioral health needs in West Virginia; a resource that addresses the top two identified barriers for families seeking services: access and navigation.

The Engagement (Diagnostic) & Outpatient Clinic will be a separate unit within the R-SYC that will act as a centralized screening, diagnostic, outpatient, intensive outpatient and recovery service center for children, adolescents, transitional aged youth and their families/primary caregivers. Youth served at the clinic are eligible to receive a variety of services as determined by the needs of the individual regardless of payer source. All youth served at the clinic will be screened for the presence of co-occurring substance use and mental health issues; information gained from this screening will be used to develop an appropriate referral to treatment. After initial screening and referral, youth will have access to services that include clinical and specialized assessments, service planning, individual and group therapy, medication services, case management, and recovery support services, all of which will be offered during both traditional and non-traditional business hours. In addition, family/primary caregivers of these youth will have access to consumer/family education, family therapy, multi-family counseling, and parent/caregiver support. Tele-health service options will also be available for youth, in

addition to the development and implementation of an Electronic Health Record (EHR) system.

Regional Youth Service Centers will provide for:

- Single point of access
- 24/7 referral line
- Engagement, diagnostic and out-patient services
- Non-traditional service locations
- Tele-medicine expansion
- Collaborative services

Expected Outcomes:

- A Single Point of Entry will improve access and referral to appropriate levels of care
- Consistent Assessment / Diagnostic Tools utilizing electronic records will enhance service delivery and sharing of information between multiple systems
- Training and Technical Assistance for Youth Serving Organizations will improve clinical capacity and ensure quality services
- State and regional collaborative partnerships will increase engagement, improve referral mechanisms and access needed and appropriate community supports
- An increase in the capacity to serve transitioning youth (adolescents and young adults 17-24) will offer a —last best chance to decrease unemployment, homelessness, and improve behavioral health and health outcomes
- Youth Service Centers will be developed in an inviting location that will decrease stigma and meet the needs of youth and their families through increased hours of operation
- An increase in the number of peer/recovery support groups for youth will assist in maintaining sobriety and community and social connectedness

When services arise that require Bureaus to work together or with stakeholders, groups are formed, leads are identified, a plan is developed and a person is given the responsibility to see that the plan is implemented. Examples of these groups include the Children's Justice Taskforce, Fostering Healthy Kids, Court Improvement Program, Service Delivery & Development, Recruitment and Retention Collaborative, the Commission meetings, Citizen's Review Panel and many others.

These groups are formed by members from Bureau for Children and Families (BCF), Division of Juvenile Services, Department of Education, WV Supreme Court of Appeals, Bureau for Public Health (BPH), Behavioral Health and Health Facilities, Bureau for Medical Services, Legal Aid of West Virginia, Domestic Violence Coalition, Community

Based Child Abuse Prevention, Economic Services, Department of Child Care, Mission WV, Children Trust Fund and APS Healthcare, Inc. to name a few.

In the next five years, ongoing coordination will continue with Behavioral Health and Health Facilities to financially support facilities such as Stepping Stones and Burlington's Pathways program by expanding services available to prepare youth for independent living and youth transitioning programs. The Department is beginning to discuss ways they can be involved with the Department of Education to successfully launch the Feed to Achieve program in public schools. This program is expected to be fully implemented within the next year.

In 2013, Senate Bill 663, the Feed to Achieve Act, was passed. The Feed to Achieve Act aims to provide free, nutritious breakfast and lunches for all public school students by the fall of 2015. The responsibility for implementation of this program rests with the WV Department of Education.

The bill was designed to act as an extension of meal-access programs many schools across the state already use, with nearly 60 percent of West Virginia students qualifying for free- and reduced-priced meals.

A new delivery strategy for breakfast is the Act's first required provision. It urges schools to provide meals in a different way, whether that means providing grab-and-go meals for tardy students or serving breakfast in the classroom. The program is in its infancy stages right now and, at this time, the involvement of the Bureau for Children and Families is not essential. No money was allocated to the DHHR for the purpose of this project. However, the bill does identify the Department of Health and Human Resources as a potential community partner. Section 18-5D-4 states:

“Expenditures from the state or county funds or by the foundations shall be used for provision of food to students through any of the programs or initiatives approved by the Office of Child Nutrition, including the following programs: School Breakfast Program, National School Lunch Program, the Summer Food Service Program, the Fresh Fruit and Vegetable Program, the Child and Adult Care Food Program, the farm-to-school initiative and community gardens. Expenditures may also be made for initiatives developed with the Department of Health and Human Resources and public-private partnerships to provide outreach and nutritional meals when students are not in school.”

Rick Goff, Director, Office of Child Nutrition Services is working now to secure outside contributors to supplement the funds necessary to make this program a success. The community partnership outlined in Senate Bill 663 could include, for example, Family

Resource Centers providing "out of school" feeding programs such as backpack programs and agricultural gardening programs that would require a partnership with the extension and community based programs. This could be an opportunity to strengthen prevention programs in the state.

The Bureau for Children and Families will also continue service coordination with Bureau for Public Health through the In-Home Family Education (IHFE) program. BCF's Community Based Child Abuse Prevention (CBCAP) grant paired with BPH's Maternal Infant Early Childhood Home Visitation (MIECHV) grant has allowed for additional trainings and programmatic support the IHFE programs would not otherwise receive. The Department plans to continue this partnership for the next five years with additional IHFE programs being created in counties not served by an IHFE program as funding permits.

The new design and statewide implementation of the Comprehensive Assessment Planning System (CAPS) is scheduled to begin rollout by region in May 2014 and be completed, statewide, by 2015. CAPS is a comprehensive assessment process used to assist Department staff in the development of a thorough and appropriate treatment plan. While requesting a CAPS has been routine practice in some areas, not all counties have been using CAPS.

The redesign of CAPS is a service coordination project of the Service Delivery and Development Work Group. In coordination with representatives from Stepping Stones, Crittenton Services and West Virginia Systems of Care, a task group was formed to create a uniform, easy to use process that would be consistent throughout the state of West Virginia. Changes that will accompany the implementation of CAPS will be a State Office CAPS Coordinator available to provide counties with technical assistance. CAPS forms, policy and the CAPS website have also been updated. The target population of youth for whom a CAPS is recommended has been expanded. Enrollment to become a certified CAPS provider will be easier to follow and training to become a provider will now be both web-based and face to face trainings. The CANS, an assessment tool within the CAPS process, will be completed earlier. This shorter time frame will allow key players in the case to make better decisions sooner.

In one year, the Department will have CAPS implemented and running effectively in all 55 counties. In five years, the time youth spend in foster care will be shorter and reunification or permanency will be reached sooner.

Service Description

In July, 2004, the Department implemented the concept of Socially Necessary Services. Socially Necessary Services are those services provided to children and families which are necessary to provide for the child's safety, permanency and wellbeing and cannot be covered through Medicaid. Workers are expected to use existing services when available.

Socially Necessary Services are provided under Family Support, Family Preservation, Time-Limited Reunification and Adoption Preservation categories for children receiving services through both Child Protective Services and Youth Services and are currently being provided in all geographical areas of the state.

The Department plans to spend a minimum of 20% or \$1,854,485.90 in each program area; family support, family preservation, time-limited reunification and adoption preservation over the two-year grant period. The Department spends all IV-B money designated for each of the four categories easily. Both family preservation and time-limited reunification services have been augmented with state dollars to fulfill the need for service provision in these areas.

West Virginia's portion of Family Support dollars have been used in grants to provide community based services. These funds were moved from the Administrative Services Organization to community grants in an effort to provide family support services to West Virginians without bringing them into the Child Welfare process. A service matrix that includes available services under each category is available at the following website: http://www.wvdhhr.org/bcf/aso/documents/SERVICE_MATRIX.pdf.

Financial Information (Payment Limitations)

Amount of IV-B subpart I expended in FFY 2005:

WV spent \$1,969,062 of federal dollars in FFY 2005. This was spent for district level staff that provides direct service to our clients. We do not use IV-B part I money for foster care maintenance or adoption assistance; only for staff that provide services in these areas.

Amount of Non-Federal funds expended for match for IV-B part I: \$656,354

Payment Limitation; Title IV-B subpart II:

WV expends at least 20% in each category of IV-B part II (family preservation, family support, time limited reunification and adoption) in some categories we may go slightly over but it does approximate 20%. In FFY 2012 our percentages by category were

family preservation 28.84%, family support 20.25%, time limited reunification 27.02% and adoption 23.78%.

Payment Limitation; Title IV-B subpart 2:

State expenditures for activities related to the FFY 2012 IV-B part II grant were \$4,872,440 compared to \$1,845,777 of state money spent in FFY 1992 for these same types of expenses.

The creation of the ASO Socially Necessary Services process has brought about many changes in Child Welfare practice in West Virginia over the last ten years. Service availability and delivery has increased. The Bureau for Children and Families has identified service gaps, unmet needs and some practice issues with this process.

Prior to this process, workers had a difficult time locating these specific services for their families and an even more difficult time finding a funding process to pay for them. With the implementation of the ASO process, services were easily located and funded. With an identified billing mechanism, providers stepped forward and developed resources to provide these identified services in remote sections of this rural state.

However, this process also brought with it concerns. Because these services were readily available and easy to access, workers, attorneys and judges alike began using every service in every case with little attention paid to the actual needs of each family. Case plans began to look identical and completion of treatment plans continued to be based on compliance rather than actual change in behavior. Workers began to see themselves more as a case manager than a case worker. The art of developing individualized, appropriate treatment plans has been compromised.

Also, although there are retrospective reviews of the service delivery, not much attention was focused on outcomes and actions. In other words, although it may appear that these individual services are readily available, the quality of the service may be poor and no process was developed to deal with this issue.

As part of the Bureau's Title IV-E Waiver initiative, Safe at Home WV, a study is currently being conducted regarding the array of socially necessary services that are offered to the families and children of West Virginia. A team of providers, stakeholders and Bureau staff have been charged with the task of redesigning the structure of service delivery for our socially necessary services program.

The current model for delivering socially necessary services is based on a fee-for-service approach, with services to meet both concrete needs, such as lack of transportation, and functional needs, such as parenting education. Services are identified for families after a need assessment is administered by the service provider.

Based upon the findings of the assessment, services are chosen by the caseworker that meets the individual needs of the family. The socially necessary services available were designed more than a decade ago, and some have not been successful at meeting the needs of today's families.

Some of the major tasks the Socially Necessary Services Redesign Team will tackle are the development of meaningful outcomes to measure success, developing services to meet the needs of our hardest to serve populations as identified in Safe at Home WV waiver proposal and ensuring that these services are accessible in the communities of every family in need. Based on feedback from stakeholders and families, the Bureau recognizes its need to better serve youth transitioning to adulthood after foster care, families struggling with multiple social issues and will work to establish a framework and an array of services that meets the needs of today's families.

Needs and Services based on Service Array Assessments

Service providers were surveyed at the Community Collaborative level with representatives from 55 counties to assess the services available and identify the services needed in each community. Sixty-six services were identified as incomplete or non-existent. Those sixty-six identified needs were then prioritized and divided into a five year plan. The idea was that, after the fifth year, all the incomplete or non-existent services would have been addressed and action would be taken to develop programs, recommendations or initiatives what would make resources available to meet the needs of the community. This project was named Service Array.

Fifteen Collaborative groups were already established throughout the state as a resource to provide assistance to the local Family Resource Networks. These Community Collaborative groups were given the task of not only surveying and identifying the needs in the community, but also responsible to developing the five year plan and executing Service Array. However, a new team was created at the state level as a result of Service Array. The Service Array Steering Committee, also known as a SIT (System of Care Implementation Team), was developed to help pursue changes required at the state level so that the community and regional Resource and Capacity Development Plans (RCDPs) were able to be implemented.

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

School-based Family Resource Workers

Substance Abuse Services

Adoption and Post Adoption Services

Enhanced MDT Process

Peer Support Groups

Independent Living Services

The Year Two Strategies included the next five most needed services. Year Three and Year Four included the next sixteen most requested services, eight per year. The strategies for Year Five however, were divided into seven sub-sections and encompassed the remaining thirty-nine needed services.

Of the six services in Year One, four services were addressed and plans were sent to the SIT team for implementation. The remaining two services already had existing recommendations from previous groups. Those recommendations were also forwarded to the SIT team.

No recommendations were made in Year Two. Recommendations or existing recommendations were forwarded to the SIT team for three services in Year Three. No recommendations were made in Year Four. One recommendation was made in Year Five.

The Community Collaboratives never received feedback on their recommendations or follow up on their plans. As a result, the Community Collaborative group members stopped attending meetings. Due to low participation in the Collaborative groups, failing attendance, inability to provide the services identified and no additional funding allotted to execute Service Array, a plan was created but not successfully executed. Reportedly, the Community Collaborative members attending meeting only include DHHR Community Service Managers and Family Resource Network employees as obligated by their Statement of Work.

Service Decision-Making process for Family Support Services

When BCF determined IVB funds would be used for the expansion and or development of family resource centers, a grant announcement was prepared and released to solicit applications. Upon receipt of applications a review team of knowledgeable individuals reviewed the applications in accordance with the evaluation criteria and recommended funding to those applicants who best the evaluation criteria.

Grants were available for either the expansion of an existing Family Resource Center or the development of a new Family Resource Center. As a result of the grant announcement, the Department received 39 applications. The applications were evaluated by a team from the Bureau for Children and Families. Unfortunately funding

was only available for 15 programs. Applications were evaluated in accordance with the criteria below.

The grant announcement required that applicants offer prevention-focused, voluntary comprehensive, culturally sensitive programs, universally accessible to all families (with an emphasis on families with children eighteen and under) in a central location. The design had to be based on a local needs assessment, built on an existing planning process with interdisciplinary participation, including parents, health departments, Family Resource Networks, social services agencies, local governments, schools, local agencies, religious institutions, early care and education programs, and community residents. The grant announcement required that applicants have a center based program in a targeted community. The applicant had to have a physical location available that met the following criteria:

- Warm and inviting physical spaces/environments.
- Centrally located (school, health facility, existing community organization, storefront, church, etc.).
- Accessible to adults and children with disabilities.
- Convenient - hours and days of operation based on the needs of the target population.
- A place for parents to drop-in and relax with their children, and to obtain information on services.
- Could be combined with other outreach or early childhood programs and satellite services.

Applicants had to have plans to deliver these core services:

- Parenting skills training and support services.
- Outreach services, to ensure that families were aware of and able to participate in programs offered on site, including families with disabilities. Activity information must be widely distributed through various sources (brochures, monthly calendar, flyers, newsletters, local newspapers, door-to-door, etc.).
- Community referral services.
- Linkage to health programs to promote access to primary care including developmental screenings, CHIPS promotion, and information on healthcare services for parents.

- Linkage to respite/crisis care services and transportation where needed/feasible.

Applicants could also offer optional/flexible services, such as:

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

Applicants had to demonstrate the need for a center based program based on a community assessment. Applications:

How the community currently addressed (or failed to address) the prevention of child abuse, child neglect, and juvenile delinquency.

Information on child abuse and neglect prevention programming and juvenile delinquency prevention programming that was currently available in the community. If such programming was available, the application had to describe collaboration with the other program and explain why additional programming is needed, i.e., location factors, time of day factors, funding factors, number of people not being served, etc.

Include information on the likely outcomes for children, youth, and families if the programming was not already established.

Applicants addressed how the community could sustain the family resource centers.

Applicants were required to use the Service Array Data to demonstrate the need and support available for a Family Resource Center. Statistics included information like:

- Child abuse and neglect in the community/county.
- Foster care population.

- Child fatalities/infant mortality.
- Domestic violence, substance abuse, etc.
- Unemployment rates.
- Poverty rates.
- Single parent households.
- Adolescent pregnancy rate.
- Juvenile delinquency/status offense rates.
- High school graduation rates.
- Incarceration rates of males, if available.
- Marital, separation, divorce rates.

Applicants were evaluated using the following criteria

Applicant Capability and Experience:

20 Points Maximum

Applicants were evaluated on the experience and qualifications of the organization, its staff, and the applicant's demonstrated leadership and expertise in community based family support programs. Significant issues to be evaluated may include, but are not limited to:

- Does the applicant demonstrate aptitude and leadership in providing community based family support programs?
- Does the applicant possess the ability to provide quality services to families and is there a history of providing quality services?
- Does the applicant document experience with community collaboration in providing services?

Needs Assessment:

20 Points Maximum

Applicants were evaluated on the data submitted from their community needs assessments. Information submitted should detail: 1) why a Family Resource Center (FRC) is needed in the community, and 2) what strengths exist in the community to support the FRC. Other significant issues to be evaluated may include, but are not limited to:

- Was DHHR Service Array data used? Are family support services (such as Family Support Centers, Family Resource Centers, School Based Family Resource Workers, Parent Education, or Parent-Led Support) included as part of the applicant's Community Collaborative Resource and Capacity Development Plan (RCDP)?
- Does the applicant address the coordination of existing services, to prevent duplication?
- Does the applicant provide a clear, well supported statement of need for an FRC in their community?
- Does the applicant discuss how the community will support the FRC?

Program Narrative/Work Plan:

40 Points Maximum

Applicants will be evaluated on how well the proposed services meet the program requirements detailed in Section III. Significant issues to be evaluated may include, but are not limited to:

- Are the target population and community to be served clearly identified?
- Is the FRC building and its facilities physically accessible for persons with disabilities?
- Are the hours of operation "family friendly"? Are services offered at easily accessible times for families and working parents?
- Does the Logic Model incorporate the Protective Factors and Family Support Principles? Are the proposed services evidence informed/based?
- Does the work plan build on the Logic Model? Does the Logic Model bring together all required components? Were at least two of the intermediate outcomes addressed?
- Does the plan for implementing the services include specific tasks and activities, responsible persons, and realistic completion dates?
- Will the steps proposed by the applicant produce the desired results?
- Does the plan clearly identify new services that will be provided as a result of this grant?
- What community organizations or interested individuals were involved in the development of the work plan? How were they involved?

- Do optional services offered show evidence of collaboration and coordination with other entities?
- Were letters of support received? Are collaborations partnership focused and roles identified?
- Is there a plan for establishing an advisory council?

Budget:

20 Points Maximum

Applicants must develop and submit proposed budgets on the Department's approved Detailed Line Item Budget form. Significant issues to be evaluated may include, but are not limited to:

- Is the budget complete?
- Are calculations correct?
- Are costs allowable and reasonable?
- Are costs directly tied to the services?
- Is sufficient funding included to support staffing?
- Are salaries reasonable?
- Does the budget appear to be cost effective?
- Has the applicant considered all potential costs?

Funding was awarded to those programs that best documented need and met the application criteria above.

Populations at Greatest Risk of Maltreatment

Child vulnerability is a key component in West Virginia's Child Protective Services Process. Child Vulnerability refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size; dependence; and susceptibility. By focusing on vulnerability in the CPS Casework Process, the most vulnerable children will be better protected. The following is a list of services targeted to assist the 0-3 population identified as greatest risk of maltreatment;

Lily's Place –West Virginia's First Pediatric Addiction Recovery Center

Lily's Place is a short term, residential treatment center that is currently being piloted in West Virginia for infants with Neonatal Abstinence Syndrome (NAS). This program was designed as a step-down, less restrictive setting, from the hospital intensive care unit. Lily's Place will employ methods of pharmacological treatment to wean the infant off substances, special handling methods to soothe and calm, as well as special environmental conditions in order to control stimulus that can cause distress and worsening of symptoms in drug-exposed newborns. The infants placed at Lily's Place will be children in the custody of the Bureau for Children and Families.

Neonatal Abstinence Syndrome is a diagnosis given to newborn infants who have been exposed to drugs during the mother's pregnancy and they are born with a chemical dependency to the drugs they were exposed to in utero. The drugs are normally cocaine, opiates, methamphetamines, and prescription drugs. The symptoms of NAS can include blotchy skin coloring (mottling), diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling (tremors) and vomiting.

The Bureau for Children and Families will enhance its current utilization management contract to develop outcomes and measurements for this service to assist the Bureau in tracking repeat maltreatment, impending medical conditions, as well as re-entries into the behavioral health system. Through coordinated efforts with our Bureaus for Behavioral Health and Health Facilities (BBHFF) and Medical Services (BMS), a system for holistic, family-based treatment is currently being developed to assist the biological parents receive the needed treatment services.

West Virginia has experienced an increase in drug use among pregnant women and teens over the past several years. According to the American Academy of Pediatrics, the national statistical trend of babies diagnosed with neonatal abstinence syndrome is sharply rising. In most communities, five babies per thousand births are drug exposed. According to the statistics of one hospital in southern WV, the number of drug exposed newborns in 2012, was 75 births per thousand and the numbers are expected to increase in future years.

According to the American Academy of Pediatrics, young pregnant girls between the ages of 15 and 17 have a higher rate of drug usage that their non-pregnant peers and WV has one of the highest rates of teenage pregnancies with 44.8 births per 1000 teenage girls.

Due to the high rates of teenage pregnancies, and the drug use among women and teens in WV, infants are often diagnosed with NAS and in need of proper treatment.

Babies experiencing untreated NAS symptoms are more likely to resist comforting measures used by their untrained caretakers as they withdraw. This leads to newborns with NAS being victimized by abuse and neglect at higher rates and experiencing disrupted placements when brought into foster care.

Parental involvement is required while the newborns receive treatment at Lily's Place. The biological parents will be provided with an Addictions Counselor who will assist the parent(s) with his or her own substance abuse treatment issues. Lily's Place provides education and training to the biological parents, foster parents and relative caretakers so that the identified caretakers will be prepared to provide care for these special needs after the infant's discharge. This will help reduce repeat maltreatment, including child fatalities, and minimize placement disruptions that would have occurred without treatment and education to ameliorate the symptoms of NAS.

Services for Children under the Age of Five

Referrals to early intervention services are required for all children referred to the Department due to abuse and neglect allegations. The early intervention program will complete an assessment to determine appropriate services. Children 0 to 5 are also eligible for Early Headstart services and Child Protective Services. The Department recently added a checkbox to the Family Functioning Assessment (FFA) to indicate whether or not substance abuse was an issue indicated in abuse and neglect cases. In the next five years the Department would like to develop a similar data collection method in its Youth Services cases.

A unique provider named Lily's Place has begun serving children under the age of 5. Lily's Place provides medical care to infants suffering from prenatal drug exposure and offers education and support services to families and communities to help recognize and manage the needs of substance abused babies. In its efforts to provide immediate, short-term care for these infants, Lily's Place provides support for mothers, offers counseling and support for families and assists child protective services in determining the best placement for infants. See plan in previous section.

WV has always provided the same services to all of our children in care. Our goal has been to move a child to permanency as quickly as possible regardless of their age. In order to expedite adoptions, WV certifies all of our homes as foster and adoptive homes so there can be a seamless transition from foster care to adoption.

With the increase in the number of kinship and relative providers for foster and adoptive care, WV has redesigned the certification process for kinship and relative providers. This will enable these homes to become certified more quickly and move towards adoption within a shorter timeframe. This is a service offered to all children placed in a

kinship/relative home. Currently there are approximately 1300 children in foster care under the age of five. Of the three primary types of foster care placements – Agency Foster/Adoptive Family, Kinship/Relative, and Therapeutic Foster Care – there are approximately 300 children in this age group placed with kinship/relatives. It is hoped by improving the process of certifying kinship/relative homes we will be able to place more children with their kin/relatives.

The Department worker is responsible for coordinating services for all cases in which there is involvement. If the case is also involved with the Court system, the MDT also becomes responsible for recommending an appropriate plan however; the Department is again responsible for insuring service provision. Currently, the DHHR has the following services available to provide developmentally appropriate services for this population;

Medical health care providers and Children w/Special Needs

The Children with Special Needs (CSHCN) Program provides specialized medical care for children who have or might have chronic, disabling medical conditions.

The WV University Center for Excellence in Disabilities

The Center for Excellence in Disabilities runs six specialty clinics to serve individuals with developmental and other disabilities. Interdisciplinary teams work one on one with individuals, family members and their support staff to provide comprehensive diagnostic and treatment services.

The W. G. Klingberg Center for Child Development

The WG Klingberg Center for Child Development is a diagnostic and follow-up service for children with special needs. The Center is located at the Robert C. Byrd Health Sciences Center of West Virginia University in Morgantown. A wide variety of health care specialists from the following disciplines are involved in Center programs: audiology, developmental-behavioral pediatrics, genetics, nutrition, parent advocacy, pediatric neurology, and social work.

Local Health Departments

Our mission is to enhance the framework of local health department operation as they deliver public health services and improve community health.

The West Virginia Division of Local Health is one of five divisions within the Office of Community Health Systems and Health Promotion under the West Virginia Department of Health and Human Resources Bureau for Public Health. The Division of Local Health provides technical support and assistance to 49 autonomous local boards of health in the areas of Finance, Administration and Nursing.

West Virginia local health departments provide a variety of services.

Easter Seals

Easter Seals provides exceptional services, education, outreach, and advocacy so that people living with autism and other disabilities can live, learn, work and play in our communities.

Birth to 3

WV Birth to Three is a statewide system of services and supports for children under age three who have a delay in their development, or may be at risk of having a delay, and their family. The Department of Health and Human Resources, through the Bureau for Public Health and the Office of Maternal, Child and Family Health, WV Birth to Three, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA), assures that family centered, community based services are available to all eligible children and families.

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Right from the Start

Ensuring access to health care for low income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical services (Medicaid) and Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at risk of adverse health outcomes.

Gabriel Project

The mission of the Gabriel Project of West Virginia is to protect and honor life by providing immediate and practical assistance to needy pregnant women and to families with infants and children two years of age and younger. Through our tangible, compassionate support we help parents give their child a healthy and safe start in life.

Starting Points

Building on West Virginia's Family Resource Networks (FRNs), Starting Points has been instrumental in piloting and then expanding 18 Starting Points Centers in West Virginia. These centers bring together programs and services for young children and families. The West Virginia Starting Points initiative has also been successful at creating a discourse about young children in the political arena and garnering support for programs that improve the quality of early education in the state. The initiative has also been an impetus for quality improvement efforts, the development of outcome indicators for young children, and the creation of training and technical assistance opportunities for early care providers, other service providers, and parents.

Headstart/Early-Headstart

Head Start is a national child development program for children from birth to age 5, which provides services to promote academic, social and emotional development for income-eligible families. Head Start is a child-centered, family focused, comprehensive and community-based program. Head Start provides comprehensive education, health, nutrition, dental, mental health, social services and parent involvement opportunities to income eligible children and their families.

Mountainheart

The mission of MountainHeart Child Care Services is to meet the diverse needs of parents, children, providers, and the community through comprehensive, family-friendly services. These services are designed to encourage providers, empower families, and ensure all community members that quality child care for all of our children is a continued priority. MountainHeart Child Care Resource & Referral Services is a program of MountainHeart Community Services, Inc. and is funded through a grant from DHHR, Bureau for Children and Families, Division of Early Care and Education. The Program was established in 1992.

Marshall University's Communication Disorders Program (services for deaf children)

The (MUSHC) provides services for children, including screenings, evaluations, and treatment of disorders including but not limited to:

- Speech (articulation of speech sounds, dysarthria, apraxia of speech)
- Receptive and Expressive Language (childhood language impairments, language delays, aphasia)
- Pragmatics (the social use of communication)
- Cognitive Communication
- Fluency (stuttering)
- Voice and resonance
- Augmentative and Alternative Communication
- Aural rehabilitation
- Dysphagia (disorders of feeding and swallowing)

Tiny Talkers Book Club

Tiny Talkers Book Club is a small group speech/language therapy program designed for 3, 4, and 5-year-old children with communication delays. We know that children with speech and language delays are at risk for having difficulty learning to read. Providing interactions that are rich with language, sounds, and print is so important for them in these early years, which is what Tiny Talkers Book Club is all about!

Our goal is to help strengthen their language foundation and provide exposure to emergent literacy activities. Tiny Talkers focuses on using strategies to promote oral language skills, narrative skills, phonological awareness, print awareness, and vocabulary development in a small group setting and teaching families to use these strategies with their children at home.

Parents as Teachers

To provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. Parents as Teachers champion the critical role of parental involvement and early intervention in the early childhood development and education continuum. Parents as Teachers are an in-home family education program that serves families that are pregnant or have children through the age of five.

MIHOW (Maternal Infant Health Outreach Worker)

The Maternal Infant Health Outreach Worker (MIHOW) Program is a parent-to-parent intervention that targets economically disadvantaged and geographically and/or socially isolated families with children birth to age 3. The program is designed to improve health and child development among these families. MIHOW employs parents from the local community as outreach workers and role models, who educate families about nutrition, child health, and development, and positive parenting practices. The outreach workers also provide links to medical and social services.

Services for Children Adopted from Other Countries

Over the past five years, the DHHR has provided those services all children receive upon entering the child welfare system. These services include primarily Child Protective Services and Youth Services. We have not extended our Socially Necessary Services (SNS) for Post-Adoption services to those children adopted from other countries. During the next five years, DHHR will ensure all SNS services available to child welfare adoptive families will also be extended to those families that have adopted from other countries.

Additionally, our SACWIS system has the ability to collect information when an adoption, either through child welfare or internationally, dissolves or disrupts provided the child enters the child welfare system. Although we currently have this ability it is being under-utilized. DHHR will increase our emphasis on the requirement to collect this information from our staff as well as work collaboratively with the Court through CIP to gather this information.

5. Consultation and Coordination between States and Tribes

Although West Virginia has no federally recognized American Indian tribes or tribal lands, West Virginia is committed to forming a stronger relationship with the national

Federal Bureau of Indian Affairs and other federally recognized tribal organizations as recommended. The 2010 census identified 13,314 citizens associate with Indian and mixed ancestry. However, this number is thought to be much higher as many West Virginia's associate themselves with an Indian heritage.

West Virginia will continue to seek input to safeguard the rights of American Indians. West Virginia has organizations that represent several different tribes to preserve Native American principles, traditions, history and culture. In February 2012, the Bureau for Indian Affairs was contacted to determine if they had a unit that reviewed states foster care policies. They in turn forwarded our request to Karen Matthews, LMSW of the Chitimacha Tribe of Louisiana for consultation. A review of West Virginia's foster care policy was completed. West Virginia's foster care policy was revised to include those recommendations. Furthermore, West Virginia's Department staff is required to comply with the requirements of the Indian Child Welfare Act and we provide training to our staff on these specific requirements. In general, all children and families are eligible for and provided the same services.

Chafee Foster Care Independence Program (CFCIP)

Background

The Chafee Foster Care Independence Program, including the Education and Training Voucher Program, provides supports and services to youth who are likely to age out of foster care and to those young adults' ages 18 – 21 that have left foster care.

Agency Administering CFCIP

The West Virginia Department of Health and Human Resources is the administering agency for the Chafee Foster Care independence Program. The Department contracts with several providers that directly provide Chafee funded services. The Department also encourages caseworkers to utilize Chafee funded services for youth with developed learning plans that contain outcomes linked to self-sufficiency and independence after the age of 18. Services are also available to youth in transitional living placements through the Socially Necessary Services system.

The Department uses a grant based system to oversee the providers that directly provide Chafee funded services. A yearly grant is executed and a statement of work agreed to. Grantees submit quarterly reports and are subject to visits or desk audits by grant staff or program staff located within the Bureau for Children and Families. Grants are held by the following entities:

Human Resources Development Foundation (HRDF): The Department utilizes HRDF to provide services to foster and former foster youth, ages 16 and older, through their

Employment for Independent Living Program. This program provides youth ageing out of foster care with an opportunity to develop job-seeking skills, acquire employment, develop an employment history, learn regular work habits, develop basic skills needed to succeed in the workplace, and retain employment. Services are provided through three components: (1) Orientation/Assessment, (2) Job Search, and (3) Job Development, Placement, and Retention.

West Virginia University Research Corporation (WVURC): The Department has had a close to 25 year relationship with West Virginia University and the Center for Excellence in Disabilities. The Department utilizes WVURC to operate the Mentoring and Oversight for Developing Independence for Foster Youth (MODIFY) with CED Program. This program works in a close partnership with the Department to provide services to youth 17 ½ that are aging out of foster care and those adopted or placed in legal guardianship after the age of 16. MODIFY with CED also provides technical assistance to the Department on subjects related to youth transitioning and provides support and oversight to newly formed youth councils.

Youth Services System (YSS): The Department utilizes YSS to operate the Tuel Center. This program is designed to fill the gap between supervised placement and independent living, by teaching independent living with a “hands on” approach. Services include employment support, basic living skills, therapeutic services, and case management services. This program is also operated in conjunction with a transitional living program.

The Department also provides a category of socially necessary services to youth in transitional living facilities. Socially necessary services are overseen by the youth’s caseworker and the providers reviewed by the socially necessary services contractor, APS Healthcare. These services are accessed by the Department caseworker through the ASO process. The services include pre-placement activities include under this option are assistance in locating housing, furniture and other household items, connecting utilities and developing the youth’s budget. Other activities directly related to helping the youth with the move from foster care to the community are also completed within this service. This service begins thirty (30) days before the actual TL placement occurs.

The next level of ASO service consists of Transitional Living Placement Phase Two-Part One. These services include Chafee oversight, crisis response, transportation, and adult life skills. These services decrease in intensity because as the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision. The services serve to support the transition and to complement the individual’s own efforts to achieve self-sufficiency.

Transitional Living Placement Phase Two, Part Two occur when the youth is demonstrating responsible behavior in part one and include the services described in part one.

Additional Chafee ASO services include agency transportation, community based team, pre-community integration, and intensive foster care re-entry.

Description of Program Design and Delivery

The Department provides the design and delivery of Chafee services through the development of youth transitioning policy. Department caseworkers, grantees, and providers of services to transitioning youth utilize the policy to provide services and supports to transitioning youth. The policy and services are designed to support the seven purposes of the Chafee Foster Care Independence Program at the federal level. The Department is working closely with the MODIFY with CED Program to ensure that youth are involved in an on-going basis in the development of policy and procedures for the program. In the next five years, the engagement and leadership of youth is anticipated.

In July 2013, the Department held a Transitional Living Conference. Older youth, their Department workers and placement providers all attended. The focus of the conference was to provide the youth with Life Skills Training, the caretakers with skills at developing Life Skills Learning Plans and the Department workers with skills at managing both. Part of the conference was devoted to a youth panel discussion about experiences in foster care as well as their perception of needed changes in foster care policy or practice. The biggest concern identified at that conference from youth was normalizing foster care. Policy and licensing staff have made a concerted effort to change any policies or licensing rules that inhibit our foster youth from experiencing as normal a childhood as possible.

During April and May of 2014, West Virginia Foster Advocacy Movement held kick off cafes in 7 locations across the state with over 73 youth in attendance. From those youth, we garnered interest and participation and ideas of how they could be actively involved. Participation was then solicited for a statewide council in June 2014 with the intent of setting four goals youth across the state could work on in their local communities as well as on a policy level. During the June meeting, 17 youth spent significant time in small groups facilitated by MODIFY with CED staff. Youth generated answers to the questions: What is working well in the foster care system? What isn't working so well in the foster care system? And the final question was, "What issues would you like to work on as a group?" The groups generated about twenty five issues

and then youth voted on their top three to narrow down what WV FAM will focus on primarily for the year. The group's top voted on goals were as follows:

- Sibling separation – Being unnecessarily separated and then contact being restricted or limited after separation
- Pugs, not drugs – Youth coined this phrase to relay their concerns on the overprescribing of medication and lack of other therapies such as pet therapy to help them deal with their behavioral issues.
- Foster parent information and training – Youth felt that they are moved around a lot due to foster parents not having proper training on behaviors and having youth leave or bumped up to another facility when they are having a short term behavior crisis. They also felt that foster parents and youth need more time to get to know each other before placement occurs so the fit can be better.
- Youth information and voice – Youth feel like they are often overlooked in the case planning and court process. They feel like they don't get enough information before hearings, MDTs, placement changes, and often have a difficult time getting responses from caseworkers or other professionals involved in their cases.

The Department has addressed several of these issues in the CFSP. There is a group working to address the over-prescribing of psychotropic medications in foster youth.

The Department also engages stakeholders, tribes, and the courts in the formation of initiatives. For the development of this Child and Family Services Plan, several meetings were set up and a meeting dealing specifically with the development of this section was held in a central location in the state. During this meeting, the Department provided the NYTD data snapshot. Stakeholders reviewed this and the 2009 best practice recommendations and developed goals for the next five years. These goals overlap and coordinate with the NYTD data outcomes. The Department will continue to monitor the collection of NYTD data through the use of specialists in the Information Technology Department.

Beginning at the age of 14, the Department initiates a life skills assessment utilizing the Ansell Casey Life Skills Model. From that assessment, a learning plan is developed. This learning plan will be strengthened by the development of a new youth transitioning plan that was released in April 2014 to the field. The learning plan is updated every 90 days and incorporated into the youth's overall transition plan. This learning process towards transition will be strengthened by on-going training and presentations of the transition plan and the proper use of the document. Youth will be engaged to determine if the policy is strong enough and if it could be improved. Youth, as part of youth council activities, will also be utilized to promote the use of the learning and transition plans during the next five years.

Beginning at 16, the Department requires the development of the transition plan. The transition plan is a critical part of the youth's case plan and determines the needed elements and services to help the youth transition to self-sufficiency. The transition plan also provides for the credit check for the youth to ensure a healthy financial beginning. Services available to youth from the transition plan include ASO services such as agency transportation, connection visits, and tutoring. Policy also provides for basic home management/life skills, education funding, education/career planning, education services, education supplies, employment services, family planning, financial services, housing services, medical services, and others. In addition, non-paid services such as academic counseling, addiction education, consumer awareness, and others are detailed in policy. Over the next five years, the Department will explore training and assistance to ensure caseworkers, providers, foster parents and others understand the importance of the transition plan and how to fully utilize it.

HRDF or the YSS Employment program's services are available to foster care youth beginning at age 16. The HRDF Employment for Independent Living Program offers services in 3 components. Component 1 consists of Orientation/Assessment. Orientation is provided to the customer approximately two weeks prior to beginning Job Search instruction. Orientation provides program staff with an opportunity to assess the customer's readiness to seek employment, explain program policies, procedures, and services, and complete required paperwork. Component 2 provide Job Search activities. Job Search is a 120-hour combination of classroom and field activity designed to provide the youth with structured, self-directed job search. All phases of job seeking are introduced and practiced. Instructional topics include: skills/language development; career planning; traditional job hunting techniques; preparing applications, résumés, thank you letters, and cover letters; interviewing techniques; answering problem questions; and learning techniques for surviving and advancing on the job. The third component is job development, placement and retention. Job Development, Placement, and Retention is an ongoing activity designed to assist youth who were unable to procure employment during the Job Search component, who have obtained employment and require retention, advancement, and follow-up services, and who require re-employment services. Staff also provide services for Job Development and Placement in subsidized and unsubsidized employment. The services available through the YSS program's Tuel Center are similar and consist of services designed to fill the gap between supervised placement and independent living. Services include gaining and maintaining employment as well as basic living skills, therapeutic skills, and case management services. The Department and providers will work together to increase the awareness of these services to foster parents, caseworkers, and other professionals to fully utilize them during the next five years.

Transitional living placements may be provided to youth at the age of 17 years old up to the age of 21 years old, but youth must meet certain criteria in order to be eligible for this type of placement. Transitional living placements may be structured for youth who are in need of extra support and supervision or they may be structured for youth who are capable to semi-independent living. Transitional living placements may be supervised and supported by the youth's caseworker or they may be supported and supervised by a private transitional living agency. The type of transitional living placement will be dependent on the youth's abilities and needs. Youth residing in a transitional living placement, under a private agency, are normally youth who need extra supports and supervision, and are progressing through two levels of supervision and responsibility. Youth first entering this placement type are subject to a minimum of five hours of supervision/services a week, from the transitional living placement staff (Phase Two - Part One.) As the tasks and responsibilities are achieved, youth gain more autonomy and require less supervision (Phase Two - Part Two.) (These services are authorized through the ASO Process). In the course of the next five years, the Department will explore the utilization of these placements and how to best promote them among youth and caseworkers.

At the age of 17, a very important multi-disciplinary team (MDT) meeting must occur. The purpose of this MDT is to assess the youth, collect information and update a transition plan for the youth's exit from the care and custody of the Department. The following areas must be discussed and assessed during the MDT meeting:

1. Youth's progress with the life skills curriculum and assessment.
2. Youth's education progress and goals (including information regarding the youth's Individualized Education Plan (IEP) and transition services provided by the IEP if appropriate).
3. The youth's preparedness for independence.
4. The youth's ability and/or desire to be employed.
5. The importance of designating someone to make health care treatment decisions on behalf of the youth if the youth is unable to do so and does not have or want a relative who would otherwise be designated under state law to make such decisions.

Youth also must be given information about how to execute a health care "advance directive" document recognized under state law. If it is determined that a youth is mentally incapacitated and unable to make health care decisions, the worker must review and follow the Adult Service Policy Section, Health Care Surrogate Policy 2.2.3 MODIFY with CED and Adult Services staff are invited to this MDT to discuss the

youth's transition and discharge from care. Over the next five years, the Department will analyze the use of this MDT and determine its effectiveness. Using youth and provider partners, the Department will promote and examine needed changes to policy or practice around the practice.

When the youth turns 17 ½, or six months prior to graduation or obtaining a high school equivalency, a referral to the MODIFY with CED program becomes appropriate. The MODIFY Program assists youth with independent living services and/or postsecondary education attainment. The MODIFY with CED Program is a grant program of the Department and is located within the West Virginia University Center for Excellence in Disabilities (WVUCED). The West Virginia University Center for Excellence in Disabilities is a member of the Association of University Centers for Excellence in Developmental Disabilities (AUCEDD). A University Center for Excellence in Disabilities provides four core functions, training, service, research, and information sharing. The MODIFY with CED program is encapsulated in the WVUCED System pyramid as part of the Community Living and Supports Division.

The MODIFY Program assists youth who have aged out of foster care with independent living services and postsecondary education attainment. For youth who are 16 and older that were adopted or had a finalized legal guardianship, the MODIFY program assists with post-secondary educational attainment. The MODIFY Program serves as either a primary or secondary worker on most youth who are receiving services independent living or postsecondary education assistance. Services include start-up funds, independent living subsidies, Chafee education and training vouchers and case management services that include emotional support to the youth during their journey to self-sufficiency.

MODIFY also conducts outreach to find youth who exited from care and might be struggling. Referrals are accepted up until the youth's 21st birthday in an effort to reach youth who might not have known about the benefits available to them. The MODIFY Program provides independent living services and subsidies to eligible youth in accordance with the federal Chafee program guidelines. The MODIFY program also administers most of the state's education and training vouchers to eligible youth in accordance with the federal Chafee program legislation and guidelines. MODIFY began several years ago with only two workers covering the entire state. The Department has increased the utilization of independent living services and education and training vouchers by increasing the program staff. The Department will continue to monitor the utilization of the services and work with the program to promote and recruit eligible youth over the next five years. MODIFY also supports and oversees the development and maintenance of the youth councils. MODIFY will work with the Department and

youth council members to evaluate the effectiveness of the program over the next five years and make changes accordingly.

The Chafee program in West Virginia also includes youth councils and when fiscally possible, conferences and trainings for youth. The MODIFY program will continue work with the National Resource Center for Youth Development to ensure the youth councils establish an infrastructure that will result in consistent activity over the next five years. The MODIFY Program will also work with the Department to best utilize limited resources available for youth conferences and life skills training. Youth will be engaged to determine their needs over the next five years.

National Youth in Transition Database (NYTD)

Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act, providing States with funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. The law also required the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services States provide to youth and develop outcome measures. The law requires ACF to impose a penalty of between one and five percent of the State's annual allotment on any State that fails to comply with the reporting requirements.

To meet the law's mandate, ACF published a proposed rule in the Federal Register on July 14, 2006 and a final rule on February 26, 2008. The regulation established the National Youth in Transition Database (NYTD) and required that States engage in two data collection activities. First, States are to collect information on each youth who receives independent living services paid for or provided by the State agency that administers the CFCIP. Second, States are to collect demographic and outcome information on certain youth in foster care whom the State will follow over time to collect additional outcome information. This information will allow ACF to track which independent living services States provide and assess the collective outcomes of youth.

Pursuant to the regulation, States began collecting data for NYTD on October 1, 2010 and report data to ACF semiannually. The first submission of data to ACF was due in May 2011. Information obtained from NYTD for WV will be included in the new Data Management Committee and will be available for WV FAM, Court Improvement Board, Commission to Study Residential Placement of Children and Three Branch Institute Home Team for use in developing any needed services or programs.

Services and outcomes for older youth are the main focus and topic area of the Youth Transitioning Workgroup which is a sub-group of the larger Commission to Study Residential Placement of Children. This group meets regularly after the Service Delivery Workgroup to discuss ongoing issues and needs of the older youth in foster

care transition. This group will utilize the NYTD data and data from other sources to inform the larger stakeholder group of the Commission, which includes representatives from the Court system, the education system, juvenile justice system, provider community, families, and youth. NYTD data and information from this group will also be vetted through the recently reinvigorated youth councils (WVFAM) sponsored by the MODIFY with CED program. As leadership, advocacy, and involvement increases from youth, the Department and WVFAM will investigate traditional and creative ways to get NYTD data to the youth and to solicit broad input on service delivery, policy creation, and initiative implementation.

States met in 2008 to learn about NYTD implementation. During the first meeting, all states agreed that success with the surveys was contingent upon the workers relationship with the youth they work with as well as attempting to keep these youth in care past the age of 18.

There were also several other ideas including offering incentives to complete the surveys, developing on line survey completion and hiring staff to do nothing but follow all youth exiting care.

In the fall of 2013, the first year 19 year olds had to be surveyed, many people chipped in to get the surveys completed. Two temporary positions were filled, state office staff researched records to survey those youth who had left care, MODIFY staff (staff contracted through West Virginia University Centers in Excellence in Disabilities) completed surveys on youth that continued to receive services and field staff completed surveys on youth they could contact. WV still failed to meet the percentage of completed surveys.

In the reporting period 2013B West Virginia (WV) had 218 seventeen year old youth to be surveyed and in reporting period 2014B there are 196. In a year's time, approximately 400 17 year olds would need to be surveyed. In years that all three populations (17, 19 and 21 year olds) would be surveyed there could be 1200 surveys due.

The Departments SACWIS system, FACTS has already designed, developed, and implemented a tracking system that collects the NYTD data and reminds supervisors of when the data is due. Youth will also have web options to complete the survey through a third party site sponsored by the MODIFY with CED Program. In addition, Department workers are collecting information on permanent connections through the recently revised youth transition plan. It is anticipated that this will allow the Department to find youth and collect the surveys at the appropriate time.

In order to complete the surveys at a successful rate, WV must improve the relationships with the older youth it serves. These youth have to want to complete the

survey. MODIFY staff continue to work on mobilizing a youth council in the state. This council would include youth who will be surveyed as well as capture their ideas about what's needed to gain more foster youth participation. Much additional training has been presented about options for older youth in care. Screens were built in FACTS to capture permanent connections for youth and detailed policy was written about discharge planning with older youth leaving care.

A Plan for Action

To insure surveys are completed within the time frames at all age groups, additional staff will be dedicated to complete them. Given the numbers, it is recommended that at least one position per Region be designated to complete the surveys. These workers will have approximately three hundred (300) youth to maintain at any given time.

This is a viable option as long as responsibilities are limited to survey completion and maintaining contact. These workers could begin when youth in care turn 17. Duties of these staff would include:

- Connecting with youth while they are in care
- Collecting information on friends and family
- Collecting personal information
- Maintaining contact with youth
- Providing incentives for participation in the survey

Connecting with youth while they are in care would require primary or secondary workers build a rapport with the youth. Our youth will know we are concerned for their well-being and want them to succeed. This rapport will directly affect our ability to locate them later and have them complete the surveys.

Collecting information on friends and family will make finding youth later much easier. During completion of the recent 19 year old surveys, the majority of them were found by contacting siblings and extended family. Insuring Department staff document a youth's permanent connection in their record prior to discharge from care will make survey completion at 19 and 21 easier.

Collecting personal information is very important. Today's generation is very technologically savvy. Almost all youth in care have an e-mail, twitter or Instagram account. Knowing this information is a key step in locating them in the future. If they don't have a personal account, we need to help them get one.

The easiest way to complete surveys in future years would be to know where our youth are currently. Keeping them in care, post-secondary placements or employment training programs will provide the best outcomes for our youth. Workers to maintain contact and provide support even if these youth are not in care will let them know we are interested in helping and in their outcomes.

Providing incentives will also help improve participation. Most youth want to give information about strategies to improve foster care for others. However, most people will complete surveys more willingly if they are rewarded for doing so.

To complete these tasks, workers should be dedicated to explaining the purpose of the survey to 17 year olds, complete the survey with them at 17 and let them know we will survey again at 19 and 21. These workers need to let these youth know they will be a resource for them in the future even if they want no further services after the age of 18.

Some of the activities that will be required or suggested would be searching public records to locate survey youth, sending post cards, birthday cards, holiday cards, gift baskets, tracking down survey youth, completing surveys, entering surveys, answering youth questions about services available, referring youth to services and educating workers, attorneys, judges, etc. about the survey.

WV plans to increase one of its existing grants to provide funding for four additional staff to complete the above listed activities.

Serving Youth Across the State

Geographic coverage in a consistent manner always continues to be an area West Virginia as a state struggles with. Due to vast rural areas and urban population concentrations, services are often more easily accessed in the urban areas. However, the Department has offices covering all 55 counties and workers assigned to Chafee eligible foster youth that are on their active caseloads. The contracted providers of Chafee funded services are required to have coverage for the entire state. These programs typically assign their staff based on where the higher transitioning youth are located. The HRDF Employment for Independent Living serves counties in the four DHHR regions. In region I, HRDF covers Monongalia, Marion, Harrison, and Wood counties. HRDF covers Jackson, Roane, Clay, Mason, Putnam, Kanawha, Cabell, Lincoln, Boone, Wayne, Mingo, and Logan counties in Region II. In Region III, HRDF provides services in Preston, Taylor, Barbour, Tucker, Lewis, Upshur, Randolph, Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Berkeley, and Jefferson counties. Region Four services are provided in Braxton, Webster, Pocahontas, Nicholas, Greenbrier, Fayette, Raleigh, Summers, Monroe, Wyoming, Mercer, and McDowell counties. Youth Services System provides services in the Northern Panhandle, including Brooke, Hancock, Ohio, and Marshall counties. The Transitional living providers in West Virginia that provide Chafee socially necessary services are located in Wayne, Mineral, and Kanawha county.

MODIFY Program staff are divided up in the following manner. A MODIFY Community Support Specialist, housed in the Wood County district office, provides services to youth located in Brooke, Hancock, Marshall, Ohio, Wetzel, Tyler, Pleasants, Doddridge, Ritchie, Wood, Wirt, Calhoun, Gilmer, Braxton, Jackson, and Roane counties. The MODIFY Specialist, located in the Cabell district office, provides services to eligible youth residing in Mason, Putnam, Kanawha, Cabell, Lincoln, Boone, Wayne, Logan, and Mingo counties. The MODIFY Specialist housed in the Marion County district office serves eligible youth in Monongalia, Preston, Marion, Taylor, Harrison, Barbour, Tucker, Lewis, Upshur, and Randolph counties. Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton counties are served by the MODIFY Specialist housed in the Berkeley district office. Webster, Pocahontas, Nicholas, Greenbrier, Fayette Raleigh, Summers, Monroe, Wyoming, Mercer and McDowell counties are served by the MODIFY Specialist in the Fayette district office.

Services to youth participating in the Chafee Foster Care Independence Program are available regardless of a youth's geographic region. However, geographic differences, in particular, urban and rural areas, will see some impact. When an older youth is located in an urban area, resources might include better access to career exploration, post-secondary options, and more available housing. Youth located in rural areas might be limited on the number of providers that provide career exploration or housing.

Employment and career services are available in every county through the Chafee funded providers, HRDF and YSS. There are also five MODIFY workers that are assigned in a manner to cover every county in the state. Youth will typically leave the more rural, geographically isolated areas and move to areas in the state where colleges are located to access the Independent Living and ETV services. The Department also serves older foster youth at all ages in each and every county with district offices and workers located there.

During the next five years, the Department and contracted providers of Chafee funded services will monitor and analyze the effectiveness of reaching eligible youth. Outreach activities such as attendance at local staff meetings and family resource network meetings will be explored.



Data Snapshot: Independent Living Services

2013 (October 1, 2012 - September 30, 2013)

West Virginia

Served Population Highlights

Includes basic information on youth who received at least one independent living service paid for or provided by the State Chafee Foster Care Independence Program (CFCIP) during 2013.

Total youth reported in the served population: 731

Characteristics of Youth Receiving Services:

Age

Age range	14-23
Mean age	18

Sex

Male	49.66%
Female	50.34%

Race/Ethnicity

American Indian or Alaska Native	00.55%
Asian	00.27%
Black or African American	12.59%
Native Hawaiian or Other Pacific Islander	00.68%
White	93.43%
Unknown or Declined	00.00%
Hispanic or Latino ethnicity*	02.19%

In foster care 66.76%

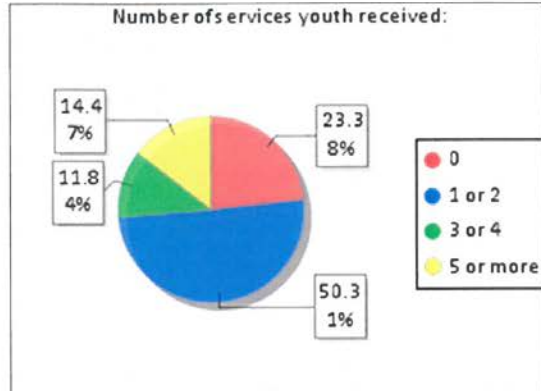
In Federally-recognized tribe 00.55%

Adjudicated Delinquent 23.53%

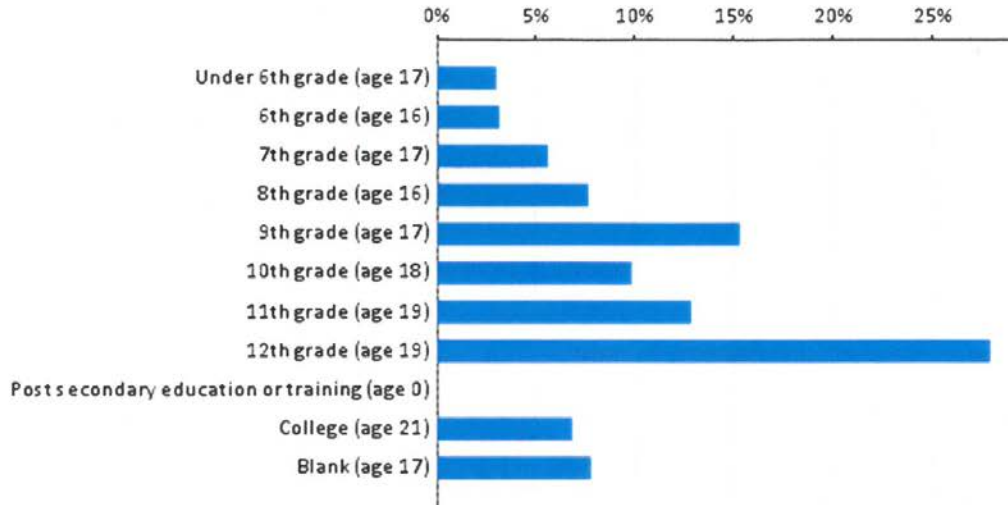
Receiving Special Education 02.46%

*Hispanic or Latino ethnicity is reported separately from race.

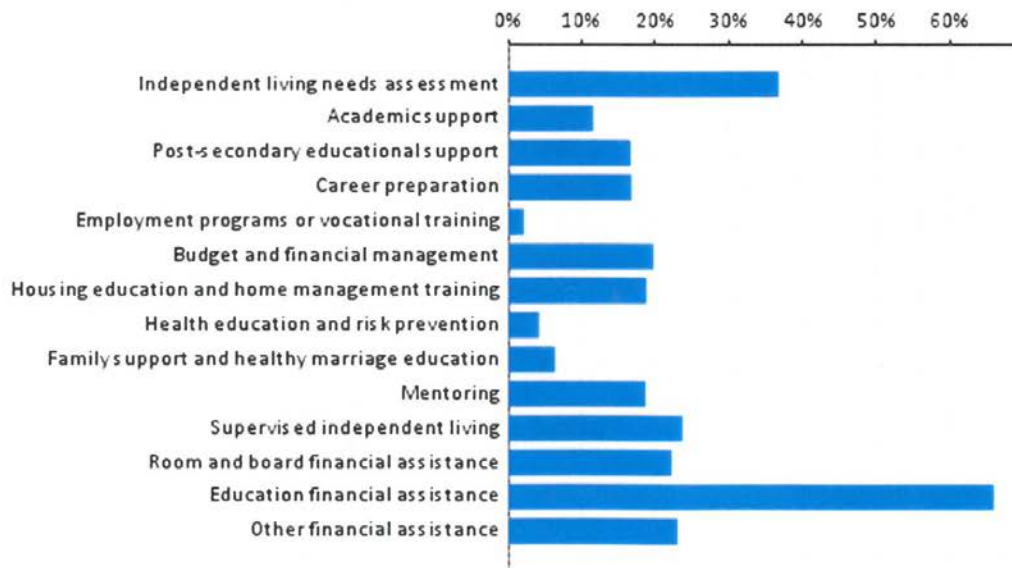
Number of services youth received:



Education level by grade (and average age per educational level):



Type of services received:



This data snapshot was generated using active data files submitted by the State for the report period(s) indicated above as of 03/27/2014

Serving Youth of Various Ages and States of Achieving Independence

Youth under the age of 16

Services to youth participating in the Chafee Foster Care Independence Program are available regardless of a youth's geographic region. However, geographic differences, in particular, urban and rural areas, will see some impact. When an older youth is located in an urban area, resources might include better access to career exploration, post-secondary options, and more available housing. Youth located in rural areas might be limited on the number of providers that provide career exploration or housing. However, employment and career services are available in every county through the Chafee funded providers, HRDF and YSS. There are also five MODIFY workers that are assigned in a manner to cover every county in the state. Youth will typically leave the more rural, geographically isolated areas and move to areas in the state where colleges are located to access the Independent Living and ETV services. The Department also serves older foster youth at all ages in each and every county with district offices and workers located there.

Youth in the custody and care of the Department complete the Ansell Casey Life Skills Assessment beginning at the age of fourteen. The Life Skills Assessment is a comprehensive assessment, designed to engage young people in their transition to adulthood, as they move from childhood into their teenage years. The assessment assists in determining life skills domains, deemed critical by youth and caregivers to assist youth transitioning to adulthood successfully. Some youth have special needs and challenges and additional assessment supplements are available to help these youth identify critical life skill needs.

Youth in foster care are required to complete a life skills assessment at the age of 14 or as soon as the youth enters foster care, if they are greater than 14 years old. A new life skills assessment is required to be completed by youth in foster care annually. The youths worker will do the following upon a youth's 14th birthday or upon a youth entering care at the age of 14 or older: a) Assures that each youth in a foster care placement completes the Life Skills Assessment and any needed Supplemental Assessments, no later than 30 days following his or her 14th birthday or within 30 days of entering foster care if the youth has already reached the age of 14 or older.

The youth(s) worker, in collaboration with the youth(s) foster/adoptive parents or the foster care agency staff, must develop a personalized transition plan for each youth no later than 60 days following the youth(s) 14th birthday or entrance into foster care if the youth is already age 14 or older. The plan must specify the individual needs of each youth and the strategies planned for assuring his full developmental potential is achieved. The youth(s) worker must assure that a Learning/Transition Plan is developed

based on the Life Skills Assessment for the youth. The youth's worker utilizes the Life Skills Guidebook to develop the Learning/Transition Plan. The youth(s) worker must ensure that the Learning/Transition Plan includes any life skills instruction based on the Life Skills Curriculum.

The Youth's Learning/Transition Plan, which includes the youth's Life Skills Assessments, Learning Plan, Life Skills Instruction/Curriculum, as well as Transitional Services provided, is incorporated into the Youth's Case Plan and a copy provided to the youth. The youth(s) worker is charged to ensure that each Youth(s) Case Plan is reviewed on a quarterly basis and that the plan is modified as needed to ensure the youth is progressing toward permanency and meeting the learning/transitioning plan.

West Virginia realized the importance of the importance of beginning the transition at this early age. Partners at the Office of Behavioral Health have secured a grant to implement the national Transition to Independence (TIP) Model. The TIP Model was developed for working with youth and young adults (14-29 years old) with emotional/behavioral difficulties (EBD) to: a) engage them in their own futures planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally-competent, trauma-informed, and appealing services and supports; and c) involve them and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning). The TIP model is operationalized through seven guidelines and their associated practices that drive the work with young people to improve their outcomes and provide a transition system that is responsive to their families. The grant to implement this model is a three year grant. Tenured MODIFY staff have received initial training and the five transitional living providers in the state have received the training in this model as well. The Department will explore the uses and effectiveness of this model with caseworkers and others in the next five years as resources allow.

Youth ages 16 to 18

As youth complete the Life Skills Assessments and learning plans are developed, activities become geared more towards transition and discharge planning. Transition planning is a vital part of the youth's case plan. The plan should be developed as soon as the youth completes a life skill assessment, but must be completed when the youth turns 16 years old. The plan must be specific for the youth and contain information that will assist the youth in their successful transition to adulthood.

During transition planning for older youth, a consumer credit report is completed for each youth age 16 or older, who is in foster care, annually. The consumer credit report must be provided to the youth without cost. The youth is provided assistance in interpreting the report and resolving any inaccuracies found.

The youth's worker and youth will update or revise the Transition/Learning Plan at least 90 days, prior to the youth turning 18 years old. The plan must be personalized by the youth and must contain as much detailed information as the youth decides to incorporate into the plan. The plan must contain the following specific information: housing options and services, education plans and services, employment services, health insurance options, local opportunities for mentoring, work force supports, information concerning consumer credit report checks, continuing support services, health care directives and how to complete an "advance directive", when requested, and any other information that the youth deems important. The youth's worker incorporates the Transition/Learning plan into the "Uniform Child or Family Case Plan" for CPS or Youth Services Family or Child Case Plan for Youth Services.

Youth who graduate high school or complete their high school equivalency while in foster care are also eligible to participate in the computers for graduates program. Youth are issued a voucher for a specified dollar amount, usually \$750, to purchase a computer and supplies of their choice. This is done to position the youth to complete resumes, job searches, explore postsecondary options, and other activities related to independent living.

Youth ages 18 to 20 in Foster Care

When a former foster youth applies for foster care services, an assessment of the current circumstances shall be made. The individual may be eligible for other services from the Department or from another community resource that would be more appropriate to meet his needs. All other agency and community resources are to be explored before approving foster care services. Attempts to locate other agency and community resources must be documented in the youth's case record. The youth must sign a voluntary placement agreement (SS-FC-18).

The voluntary placement agreement (SS-FC-18) must be explained to the youth in detail as a "contract" between the youth and the Department. It does not place the youth back into "custody" of the state. The youth has certain responsibilities to working towards meeting his/her goals and objectives of their transition plan and working on becoming semi-independent and self-sufficient. The Department has responsibilities to provide the youth with assistance in meeting those goals and objectives. If a youth desires to remain in foster care after receiving an explanation of the situation, he must

agree to sign a voluntary placement agreement (SS-FC-18). In rare situations youth who are deemed incompetent may continue to receive foster care services under the voluntary placement agreement (SS-FC-18).

Boarding care must be discontinued for all youth the month upon their 18th birthday if they elect to assume their independence and/or they are not attending an educational program, or do not plan to continue or enroll.

Youth, generally 18 and older, who decide to pursue postsecondary education, are eligible for Chafee education and training vouchers (ETV). A youth in the care of the Department who has graduated from high school or obtained his/her High School Equivalency and has the interest and ability to pursue further education either in college or vocational school should be strongly encouraged to pursue his/her educational goals. The Department may support youth who are continuing their education up to age 21 through the foster care program.

The youth's worker must make a referral to the MODIFY with CED Program, if the youth is going to pursue a post-secondary educational program. All avenues of financial aid shall be pursued prior to determining the amount the Department will pay for a youth attending a post-secondary education or training program. The youth must complete a FAFSA prior to the deadline every year to obtain all possible financial aid. The youth, foster/adoptive parents, the youth's parents if appropriate, and/or the group care facility should take the responsibility for the exploration of financial assistance. It is not recommended that youth accept student loans as a part of their financial aid package. This can place them in jeopardy of losing Chafee funds. If a youth does not have enough financial aid to cover all of their expenses, with the allowable ETV funds added, then the youth may need to accept a student loan. This may occur, if the youth did not complete the FAFSA by the deadline. School tuition and fees are to be paid directly to school. The school must be set up as a provider and must forward an invoice for the complete amount of all required tuition, fees, room, board, books, or other school items.

For youth living in a dormitory at college, the youth with the assistance of the financial aid officer of the school and the youth's worker, should determine what his/her monthly personal expenses are likely to be including transportation, supplies, personal items, clothing, and any other required needs. A personal allowance is paid directly to the youth on a monthly basis to cover these expenses. The education plan for the youth must be reviewed along with the financial arrangements and any adjustments necessary at the time of the quarterly Multidisciplinary Treatment Team meeting and permanency review. As long as the youth remains a student in good standing the educational plan may continue. Since Educational and Training Vouchers may only continue through age 22, every effort is made to assist the youth to obtain other

resources for the completion of his course of study in those situations where he will reach age 23 prior to graduation. Educational funding will only continue past a youth's 21st birthday, if he/she is already participating in an educational program and making progress when he/she turns 21.

For youth who fail to meet the completion rate expectation, attendance expectation, and minimum GPA expectation as required by the MODIFY Program, the WV Higher Educational Commission, or their educational institution for a semester/quarter, they are placed on probation and an educational improvement plan will be developed by the youth and their MODIFY Specialist for the following semester/quarter. At the end of this improvement period, the plan will be evaluated by the youth and their MODIFY Specialist for compliance and a decision will be made by MODIFY as to whether the youth will continue with the MODIFY Program or will be discharged from the program due to non-compliance and/or failure to meet minimum expectations. For youth who fail to successfully complete their improvement period and are discharged from the MODIFY Program, these youth may reapply for services if they can provide proof that they successfully completed one full-time semester/quarter on their own and they will begin the next semester/quarter prior to their 21st birthday. The youth may be required to comply with a new educational improvement plan as a condition of readmission to the MODIFY Program.

Youth in foster care are also eligible to receive tuition waivers for the purpose of attending a West Virginia public higher education institution. Within limitations of the governing boards, the waiver program is available to any youth who: a) Has been in foster care or residential care for at least one year prior to the waiver application; b) Graduated from high school or passed the High School Equivalency examination while in the legal custody of the Department of Health and Human Resources; c) Applies for the waiver within two years of graduating from high school or passing the High School Equivalency; d) Has been accepted to a West Virginia public higher education institution; and Applies for other student financial aid, other than student loans, in compliance with federal financial aid rules, including the federal Pell Grant.

The waiver covers tuition and fees after other sources of financial aid dedicated solely to tuition and fees are exhausted. Each educational facility determines the amount that will be covered by the tuition waiver. The waiver does not cover room and board or the cost of books. The youth may apply for the West Virginia Foster Youth Tuition Waiver at the financial aid office of the college or university where accepted. A letter on Department letterhead signed by Department Management will be required as proof of foster/residential care placement one year prior to the waiver application. The youth must continue to meet the academic progress standards established by the West

Virginia higher educational institution they are attending in order to receive a waiver renewal.

A youth discharged from foster care after the age of 18 years is considered to have aged out and is eligible for independent living services. Those services are to be available to former foster care youth until their 21st birthday. Requests for this service from this population will be made to and managed by the MODIFY Program. The services may include: referral/linkage services, advocacy services, housing services, employment services, transportation services, medical services, clothing services and educational Services (ETV). The youth has to be able to live independently with some financial assistance, agreeable to participate in an educational or employment program, semi-motivated to accepting responsibilities, and agreeable to accepting MODIFY with CED Services.

Former Foster Youth Ages 18 to 20

A youth discharged from foster care after the age of 18 years is considered to have aged out and is eligible for independent living services. Those services are to be available to former foster care youth until their 21st birthday. Requests for this service from this population will be made to and managed by the MODIFY Program. The services may include: referral/linkage services, advocacy services, housing services, employment services, transportation services, medical services, clothing services and educational Services (ETV). The youth has to be able to live independently with some financial assistance, agreeable to participate in an educational or employment program, semi-motivated to accepting responsibilities, and agreeable to accepting MODIFY with CED Services and sign the FC-18.

If the youth does not wish to sign the FC-18, they are still eligible for a Chafee education and training voucher. Former foster care youth are eligible to receive educational assistance up to \$5,000 per calendar year. The money may be used to cover the costs of attending college, or vocational training, including all expenses related to a course of study such as computers, special clothing, shoes or boots, books, housing, transportation, and other related educational expenses.

Youth who, after attaining 16 years of age, left foster care for adoption or guardianship

The youth's adoption case worker must, when completing the Subsidy Agreement for a youth over the age of 16 years, specify the youth's right to this educational assistance to the degree that funds continue to be available at the time such assistance is needed. The adopted youth may apply for this assistance at any time prior to his/her 21st birthday. The ETV funding will continue to be available until age 23 for youth who are enrolled and making satisfactory progress in an educational or vocational program on his/her 21st birthday. At the time of a request from adoptive parent/youth to access ETV

funds the MODIFY Program must review and approve the request. The MODIFY Program is responsible for enrolling the youth in the MODIFY with CED Program and providing continued services to the youth.

The youth's guardianship case worker, when developing the guardianship agreement, must specify the youth's right to this educational assistance to the degree that funding remains available at the time such assistance is needed. A youth in legal guardianship may apply for the ETV assistance at any time prior to his/her 21st birthday. The ETV funding may continue until age 23 for youth enrolled and making satisfactory progress on his/her 21st birthday. An application for ETV funds must include the youth's educational plan. The youth's guardianship caseworker should refer the youth to the MODIFY with CED Program. The MODIFY Program is responsible for enrolling the youth in the MODIFY with CED Program and providing continued services to the youth.

Barriers that impede the state in serving a broad range of youth appear to be issues that could be remedied with some changes in our licensing regulations, policy changes and possible some statutory changes. These issues generally focus on "normalizing" a child or youths stay in foster care. Most issues that surface center around youth in care not being allowed to participate in every day experiences for youth such as; obtaining their driver's license, spending the night with friends, going on day trips with their friends, obtaining summer employment, etc. The Department is working with members of an oversight team for the CFSR to develop policy and discuss statutory and licensing changes that would be needed to correct these issues. We will also have to provide training to our own staff, the courts as well as foster parents on these changes.

Room and Board

The Department complies with the requirement that no more than thirty percent of federal CFCIP funds are used for room and board. Room and Board is defined as:

Housing-Rent: Assisting the youth in covering expenses for the first month's rent and deposit when the youth is moving into his/her own apartment. If utilities are included in the rent, then a payment for rent only should be utilized. Must be considered as a part of the youth start-up funds and is limited to \$1,100.00 dollars per youth total.

Housing (Services): Assisting the youth with start-up supplies when he/she is moving into an apartment or into a dorm. These start-up housing supplies may include such items as linens, towels, dishes, pots and pans, silverware, furniture, basic kitchen food set-up, or other items needed for the apartment. Must be considered as a part of the youth start-up funds and is limited to \$1,100.00 dollars per youth total.

IL Subsidies: Monthly payment to the youth to cover their personal living expenses.

IV-E Foster Care Assistance

West Virginia’s IV-E State Plan as well as the foster care policy and WV statutes were amended to extend foster care assistance for youth 18 to 21. WV has provided foster care assistance to the 18-21 year old population for many years, without federal assistance. The program assists youth who are completing secondary or post-secondary education or a treatment program to remain in foster care placement until they become 21 or complete their education or program. This allows many youth the opportunity to have stable living arrangements and connections while they are transitioning to independence. Child Placing and Residential Child Care regulations were revised to make it more feasible for agencies and facilities to provide supervised independent living. WV intends to expand supervised independent living with the new IV-E available dollars. Although WV currently provides all services to youth 18 to 21 the state is not claiming IV-E dollars for these services.

Currently, 198 youth ages 18-20 are in foster care placements. The highest number of placements for older youth is in Group Residential Care, with the next highest being Transitional Living. Other placements include foster family care, kinship/relative care and therapeutic foster care



Agency Emergency Shelter	Female	5	
	Male	8	
Agency Foster Family Care	Female	11	
	Male	12	
	Unknown		
Department Adoptive Home	Female	3	
	Male		
Detention Centers	Female	1	
	Male		
Group Residential Care	Female	22	
	Male	48	
Kinship/Relative	Female	2	
	Male	5	
	Unknown		
Medical Hospital	Male		

Psychiatric Facilities (Long Term)	Female		
	Male	7	
Psychiatric Hospital (Short Term)	Female		
	Male		
School For Children with Special Needs	Female		
	Male		
Specialized Family Care (Medley)	Female		
	Male	3	
Specialized Family Care Home-(Medley)	Female	1	
	Male	1	
Therapeutic Foster Care	Female	8	
	Male	11	
	Unknown		
Transitional Living Client	Female	27	
	Male	23	
Total(Provider Type)		198	

Aug 15, 2014

All youth remaining in foster care placement are either continuing their education or completing a treatment program. They receive all placement supports that other foster children receive, including room, board, clothing, education, supervision, medical and mental health care and other treatment services as needed. Youth in employment settings may be served by the Independent Living program for former foster youth and are not in foster care placement. Pregnant and parenting youth may be in placement with foster family care or group residential care for pregnant and parenting youth. Special needs populations may be served in any type of foster care placement. Specialized Family Care is specifically suited for children, youth and adults with developmental disabilities. Treatment services for substance abuse, mental health or sexual abuse can be obtained in any foster care placement, but there are some group residential facilities that specialize in some of those services. Youth with criminal histories can be stepped down to group residential care or foster family care.

Youth leave foster care placement whenever they complete their education or treatment program or choose to leave. Supports are available through the Independent Living Program and the Educational and Training Voucher program.

Educational goals are supported by Tuition Waivers for in state colleges, the Independent Living Program and Services, Educational and Training Vouchers and other services that may be available in the community and/or educational program.

The Department will work with the Master data group that will be created within the next five years to develop data around the number of foster youth who age out of foster care,

the number of youth who sign voluntary placement agreements (FC-18), and their continued educational status. The report will also be matched up with referrals to Chafee funded services such as MODIFY, employment programs operated by HRDF and YSS, and ASO referrals for Chafee phased services as part of transitional living. This data will be compiled and collected into a report to get a better understanding of the youth leaving care and the services being accessed. The report will also be used to inform the WVFAM youth councils and other interested committees and agencies that work on foster youth transitioning issues.

Collaboration with Other Private and Public Agencies

West Virginia thrives on collaboration due to limited resources and the fact that we are a small state. West Virginia's coordination efforts with the Chafee Foster Care Improvement Program begins with partnering with public and private agencies which is vital to providing services in WV due to limited resources and the fact that we are a small state. West Virginia has in place the WV System of Care, a public, private and agency partnership that coordinates efforts among many system partners who provide services to a number of demographic groups, including groups that utilize the Chafee Program services and supports. WV will continue to strengthen the WV System of Care and its partners with by strengthening the following partnerships and initiatives and increasing the availability and access to services for transitioning youth. The following evidence based objectives are in place and continuing to improve the quality of care for WV Families.

WV DHHR continues to collaborate with partners to provide a number of services including abstinence programs, local housing programs for disabled youth, sheltered workshops and school-to-work programs. In addition, WV has a number of agency initiatives that address these efforts including the WV Commission to Study Residential Placement of Children, the Older Youth Transition Task Team, the Expanded School Mental Health Initiative, the Prevention Resource Officer Program, WV Child Advocacy Networks, WV Family Advocacy and Support Program and many other initiatives targeted toward giving supports and services to transitioning youth who are at risk of displacement or homelessness. WV will continue to strengthen partnerships with other agencies including law enforcement investigators, prosecutors, medical professionals, mental health professionals, victim advocates, education professionals and other state bureaus and departments.

Established originally through legislation (HB 2334), and most recently reestablished through SB636, the Commission to Study Residential Placement of Children has leveraged its mandate to continue the study of both residential placements and their expanded focus on all children in out-of-home care. This Commission is chaired by the

DHHR secretary. Members include all child serving systems. The Commission provides oversight for working groups that target opportunities for improving child welfare for children in out of home care.

WV has in place the Older Youth Transitioning Task Team which is one of the working groups under the Commission that all Chafee funded providers have had interaction with. This section of the Child and Family Services Plan includes goals and targets that would be desirable for the state to work on in the next five years including development and support of the older youth best practices task team. This can be accomplished by supporting efforts to identify and recruit missing partners and engage current participants. West Virginia also has in place www.youthmove.org which is a website especially for youth including youth in foster care. Youth Move is a National initiative and WV is a leader in states developing that program, receiving national recognition for their website.

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with DHHR and the provider communities involved through funding from three federal grants with matching state funds. These are referred to as the “basic”, “training” and “data collection” grants. Staff from the Department and the MODIFY Program serve on committees corresponding with the Chafee eligible population.

WV has a number of transitioning to adulthood programs including a number of entities that provide services under Part B of the Juvenile Justice and Delinquency and Prevention Act of 1974. WV has several public and private non-profit agencies throughout the state that work with programs preventing juvenile delinquency, rehabilitating juvenile offenders, and improving the juvenile justice system in West Virginia with funds provided by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. These funds are administered by the West Virginia Division of Justice and Community Services for projects including Prevention Resource Officers, Family Resource Centers, Delinquency Prevention, and Trauma Focused Cognitive Behavioral Therapy for Abused Children, Family Advocates in Child Advocacy Centers and a Disproportionate Minority Contact Coordinator.

WV has the Child Advocacy Centers Grant Program, which ensures a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse or neglect. This program funds over 30 centers throughout WV that address many issues, develop new programs, promote community efforts and coordinates and provides direct services for at risk families. These services include client therapy or advocacy, information and referral, case management, forensic interviewing, court testimony, prevention and education programs, MDT meeting participation, case reviews and case tracking and program evaluation. The Family Resource Networks of Preston, Tucker and Barbour Counties helped open the latest Child Advocacy Center serving those

areas. WV can continue to strengthen the Family Resource Networks, and increase funding for Child Advocacy Centers.

Providers for transitional living programs are very involved with WV families providing homeless services, apartments, residential and group homes for persons with mental health needs. From the Autism Services Center that provides residential services, family support, respite, applied behavioral analysis, supported employment, service coordination and day programs specializing in Autism, to the Safe Quarters Program which provides a broad range of services from general outpatient services to children, adults and families, to specialized services for more intensive care, WV's socially necessary service providers offer a variety of addiction services including recovery coaching, outpatient, detoxification, public inebriate services, both long and short term residential housing and permanent recovery housing. Services available include residential service, crisis intervention, and homeless services including the Safe Quarters Program which includes the Huntington City Mission and the Oxford House with 8 locations throughout the state that specialize in addiction recovery.

There are other programs serving youth at risk of homelessness including inpatient mental health services to adolescents 12-18 through comprehensive psychological assessment, stabilization, medical evaluations and management, individual, group and family counseling. These programs offer supportive homes through treatment foster care and have extensive community services offered through outpatient therapy, mental health services, therapeutic mentoring and many others. WV DHHR partner providers include the Beckley Appalachian Regional Healthcare Hospital Behavioral Science Center, Braley and Thompson, Community Action, Board of Childcare and more.

WV's goals to help young adults transitioning include that our youth will have access to high quality standards based education regardless of setting as well as the support services and access to bridge youth to higher education. From the College Foundation of West Virginia (CFWV) that offers career planning, high school planning, college planning, financial aid planning and more to RESA and other young adult training programs such as SPOKES (Strategic Planning in Occupational Knowledge for Employment and Success) which was created by WVABE under a contract between the WVDOE, Office of Adult Education and Workforce Development and DHHR, and in collaboration with the Workforce Investment Board.

WV will continue to support transition facilitators who advocate for and assist youth in seamless transition of educational settings; in attaining aptitude and vocation interest assessments; will link and monitor youth involvement in career exploration, vocational and job training offered at their school; will partner with the educational system to link youth meeting the target population with extracurricular cultural and arts classes; and will link youths to tutoring both face to face and on-line to insure that youth will remain in

their home school whenever viable. WV can develop an information sharing policy with the Department of Education to address expanding credit recovery for foster care youth and develop comprehensive assessment to gauge postsecondary education readiness.

It is important for WV youth to have information about career options and exposure to the world of work, including structured internships. Steps that can be taken to improve our service system include the development of DHHR policy to mandate that a referral for career assessment at age 16 and every year after and exploration of the use of Chafee funds to match and/or subsidize expanded employment programs for foster care youth.

The formulation of Youth Development Principles will drive all decision making and program implementation in WV for youth transitioning to adulthood including developing a Train the Trainers for facilitators of youth development councils – highlighting ethical considerations and emotional readiness. Youth will have access to education, training and support that will provide opportunities for lifelong economic well-being as WV is intent on providing education/training to providers and Department staff on full scope of Chafee funded resources, i.e. MODIFY and HRDF. Once staff/providers are trained clearly, then train youth starting at 14 years to begin preparation for transition, including career aptitude testing and will allow more time and money for a work tracked youth when college is not the best next step, including housing help.

WV Youth are developing strong lifelong connections to caring stable adults through tools utilization like foster clubs and permanency pacts, sibling registry for adopted/LG/Perm Care kids if later want contact (like parent registry). WV will ensure DHHR staff/providers know how to put on the list, follow-up and make an inquiry.

WV youth will have opportunities for safe socialization, engagement and connection opportunities as well as opportunities to develop social, civic, and leadership skills as we educate staff and providers and kids on safe socialization, engagement and connection opportunities, including social media/internet safety. Through WV's youth council WVFAM, WV can have continued development and recruitment which will help with self-regulation, to meet goals of developing social, civic, and leadership skills and ensure access to health insurance including educational component for youth to increase awareness and understanding of accessing medical coverage and care/services. The Department implemented the required provisions of the Affordable Care Act and provided information to youth through the MODIFY with CED Website to direct youth on where to enroll.

WV will continue to help coordinate our early childhood programs such as Birth to 3 which partners efforts working with the Office of Maternal and Child Health. This fosters continued financial support, medical coverage and sex education on sexually

transmitted diseases and birth control. WV can also continue to ensure all youth know how to access medical coverage for quality psychotropic med management to reduce self-medicating, continue psych med management to reduce self-medicating, continued psych med management work group activities, continued exploration of step down programs including community resources from sex offending and drug/alcohol treatment programs. WV has initiated and is implementing the Comprehensive Assessment Planning System or CAPS for every child in the department's custody that is at risk of displacement. The CAPS System should be in place and fully functional by 12/31/14. The CAPS System will help the DHHR worker, MDT and agency provider with a standard procedure for assessing, and developing case plans for at risk children.

WV will continue to support the abstinence programs that are providing residential and in home programming for at-risk children and families and that are providing programs specializing in substance abuse treatment. There are many abstinence programs available including but not limited to Academy Programs, Appalachian Community Health Center, the Gabriel Project of WV, Rainelle Medical Center, and Regeneration, Inc. which runs "Project CHAT (Communities Hearing Abstinence Truth)".

Abstinence programs are very much a part of WV's initiative to prevent substance abuse and teen pregnancy. WV DHHR has funding in place for 46 Family Resource Networks (FRNs) that work within the community, gathering community support from Public Health, Education and DHHR and community providers and members of the community to address initiatives of Substance Abuse. That initiative includes the participating in the Governor's Task Force against Substance Abuse. The FRNs provide opportunities for substance abuse awareness and prevention, teen pregnancy prevention among other initiatives including making a direct impact on child abuse with distribution of the Children's Health Insurance Program, or CHIPs, Economic Development and development of services and supports for the community through the Service Array Program. The FRNs also participate in the Regional Community Collaborative bodies and the Children's Regional Summits to help bring awareness of barriers to receiving services to the department so that the System of Care Implementation Team can work with Behavioral Health, Education and other state agencies and departments to address these barriers. The Family Resource Networks will continue to provide organization, facilitation and mobilization of community resources to address each community's resource and capacity development.

The Department also partners with centers such as Women's Care Center, a crisis pregnancy Center, and Mission WV which collaborates with other public and private entities, especially faith communities with the goal for building stronger communities in WV. Mission West Virginia, Inc. runs several different programs including E-Impact and One Church and One Child for adoptive and foster parent recruitment and training. WV

also has Valley comprehensive Community Mental Health Center and other organizations that focus on evaluation, prevention, diagnosis and treatment of mental, emotional and behavioral health issues. A clinical Psychologist will apply psychotherapy and other counseling skills to improve emotional and mental health.

WV also a number of youth shelters in place including a resource called the West Virginia Child Place Network which connects children with opportunities for placement. WV DHHR works with these youth shelters on a regular basis including Youth Service Systems, Inc., Children's Home Society, Daymark, Genesis Youth Center and others. The Safe Place program offered by Youth Service Systems in Wheeling, has services are available 24 hours a day, 7 days a week. There are over 30 places available in the area that are designated Safe Place sites where people are trained in what they can do if a youth comes to ask for help. Youth in need of assistance can ask an employee at a Safe Place site or may access shelter services and counseling by calling 800.977.8918, or 1.800.RUNAWAY anytime. Safe Place also works with schools, civic organizations and others in the community. WV also is working with the Children's Home Society of WV to expand services to any young person approaching the age of 18 that is in state's custody. The DHHR can contact them 30 days prior to their birthday and they will assist in finding a place to stay and the prioritized assistance they need to make a viable plan for their transition to adulthood. WV also has transition guides and checklists for young persons through itsmymove.org, a step by step journey into adulthood.

WV will continue to support its School-to-work Programs including AmeriCorps – Vista which provides housing, income and work experience for young adults. This program will help provide housing and stipends to young adults while they gain the skills for employment including educational and financial support.

The agency administering the CFCIP and the state Medicaid agency are housed within the same Bureau, Bureau of Children and Families. Policy specialists in the Medicaid Policy unit developed the eligibility and compliance with the Affordable Care Act Former Foster Youth provision. Medicaid is available to former WV foster children who are under 26 years of age, are not eligible for another categorically mandated Medicaid coverage group, and were in foster care under the responsibility of the State of West Virginia and receiving Medicaid on the date of attaining 18 years of age, or the date they aged out of foster care, up to the age of 21. Youth must complete the normal application process and self-attest to being in the foster care system at age 18. A data exchange occurs with the FACTS system to verify the child aged out. Youth must be a resident of WV to be eligible for WV Medicaid. A youth can apply online at www.wvinroads.org, through the federal market place www.healthcare.gov, by completing a paper application at the local Department district office, or by telephone 1-

877-716-1212. Recipients complete an annual redetermination and their case will be closed if they move out of state.

The Department will work with other branches of the state and federal government to monitor available service for the victims of human trafficking. The Departments will also encourage the use of community trainings for foster parents, providers, and other child serving agencies on the prevention, identification and proper referral of victims. Information and training on human trafficking will also be present to older youth transitioning who are participants in the MODIFY and CED program.

WV DHHR's primary objectives are to enhance a coordinated community response and interagency collaboration to victims of human trafficking and to provide high quality services that address the individualized needs of trafficking victims.

With coordination and collaboration, our hope is to decrease vulnerability to trafficking among children and youth and to use ***ACF's Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States for 2013-2017*** as our guide.

The WV DHHR Oversight Workgroup is charged with developing Human Trafficking protocol that will ensure a safe transition for all youth to adulthood. Since no single system can successfully combat trafficking, collaboration among a multi-system statewide team is essential

Specific tasks the workgroup will be looking to accomplish are:

- Establish protocols that will include a working definition of human trafficking, sex trafficking and labor trafficking.
- Identify existing policies and protocols within all of the participating departments to establish a coherent response.
- Explore the existence of barriers that has hampered or left children and youth at risk of being recruited and used for human trafficking.
- Explore how agencies can incorporate their efforts to combat trafficking into existing programs and activities to help meet the comprehensive needs of victims.
- Explore how agencies can incorporate their efforts/services/resources into capacity-building activities that is necessary to meet trafficking-related needs of victims (safety, medical and mental health services, housing, legal services, a safe environment, social stability, evidence-based treatments and a continuum of care services)

Project Objectives for our child welfare response:

- Increase the ability of child welfare and protection staff to screen and identify child victims of all forms of human trafficking.
- Increase child welfare and protection staff's understanding of the unique needs of child victims of human trafficking, including both U.S.-citizen and foreign-national children.
- Improve and increase the coordination of child-centered services and protections for trafficked children, including coordination between service providers and law enforcement.
- Improve the care of child victims of human trafficking by ensuring that child welfare and protection staff are knowledgeable about both state and federal laws and benefits, protections, and resources that are available to child victims of sex trafficking and labor trafficking.
- Change the current system of care for child victims of trafficking in WV to one that is based on best practices that provide key areas of support for child trafficking victims as they recover from their abuse and rebuild their violence-free lives. Support would include attending school, preparing for economic self-sufficiency, and becoming productive members of society.'
- Explore how "re-homing" is becoming a new avenue of human trafficking and utilize the departments ICPC unit to further combat this problem and the issues that arise from this practice.
- Look at how serve child victims by building internal capacity and leveraging the existing training and technical assistance and resources available.

Workgroup Boundaries:

- (1) This workgroup will make decisions that will help focus on the growing problem of human trafficking in WV and do so with the knowledge that collaboration is the only way to be efficient and effective within a climate of limited resources.
- (2) This workgroup will be comprised of members from all child welfare programs:
 - (a) ICPC
 - (b) WV System of Care
 - (c) WV ASO Services
 - (d) CIP
 - (e) MODIFY Program
 - (f) CPS
 - (g) Youth Services
 - (h) Foster Care
 - (i) Adoption
 - (j) Chafee Foster Care Independence Program

- (3) This workgroup will operate inside the boundaries of federal, state and department laws, rules, and policies.
- (4) This workgroup will work all federal and state programs and services that are in existence, (such as WV Bureau for Behavioral Health and Health Facilities, WV Child Care Association, WV Bureau of Public Health, WV Bureau of Medical Services, WV Bureau for Child Support Enforcement, WV Coalition Against Domestic Violence, National White Collar Crime Center (Robert Matheny), US Attorney General's Office, local FBI Victim Specialist, PRO officers, WV State Police, Mountaineer Highway Interdiction Team (MHIT South), MHIT North, WV Division of Justice and Community Services (DJCS), CASA, CAC, WV Board of Education, , etc.

Human trafficking information is available to both Department and contracted Chafee staff at http://www.wvdhhr.org/bcf/children_adult/cabuseprev/resourcesCG.asp. The webpage includes the definition of human trafficking and resources to help victims of human trafficking. The toll free hotline to the national center is also available.

Determining Eligibility for Benefits and Services

Services are provided to eligible youth utilizing the following criteria:

- For youth 14-18, the Department worker utilizes services according to the learning and transition plan process outlined above.
- For youth accessing the HRDF or YSS Employment programs, referrals can be made by the Department worker, MODIFY Specialist, or other entity.
- Youth accessing the MODIFY with CED Program are referred by the youth's Department worker, themselves, or other interested party.
- Referrals to transitional living providers are made to the facility by the youth's Department worker.

Cooperation in National Evaluations

The Department will cooperate in any national evaluations of the effects of the programs in achieving the purposes of the CFCIP.

Education and Training Vouchers (ETV) Program

Former foster care youth who meet the criteria outlined in the CFCIP legislation are eligible to receive educational assistance up to \$5,000 per calendar year. The money may be used to cover the costs of attending college, or vocational training, including all expenses related to a course of study such as computers, special clothing, shoes or boots, books, housing, transportation, and other related educational expenses.

For youth who were adopted from foster care after the age of 16 years, the youth's adoption case worker must, when completing the Subsidy Agreement for a youth over the age of 16 years, specify the youth's right to this educational assistance to the degree that funds continue to be available at the time such assistance is needed. The adopted youth may apply for this assistance at any time prior to his/her 21st birthday. The ETV funding will continue to be available until age 23 for youth who are enrolled and making satisfactory progress in an educational or vocational program on his/her 21st birthday.

Youth who have aged out of foster care and at time of discharge are advised by their district case worker of the right to this educational assistance and must provide him/her with the ETV brochure and a wallet card with the MODIFY with CED toll-free number to call to request this educational assistance. Youth who are in this category may apply for the ETV money at any time from their 18th to 21st birthday. This assistance may continue until age 23 for youth who are enrolled and making satisfactory progress in an educational or vocational program on his/her 21st birthday.

Referrals for the ETV money are to be made directly to the Division of Children and Adult Services to the attention of the MODIFY with CED Program. The MODIFY Program staff will review and approve the request and develop an educational plan with the student. This policy has no effect on those youth remaining in a foster care placement via an FC-18. These youth must be referred to the MODIFY with CED Program for continued assistance.

The youth's guardianship case worker, when developing the guardianship agreement, must specify the youth's right to this educational assistance to the degree that funding remains available at the time such assistance is needed. A youth in legal guardianship may apply for the ETV assistance at any time prior to his/her 21st birthday. The ETV funding may continue until age 23 for youth enrolled and making satisfactory progress on his/her 21st birthday. An application for ETV funds must include the youth's educational plan. The youth's guardianship caseworker should refer the youth to the MODIFY with CED Program.

For youth planning a post-secondary education but not currently enrolled in a post-secondary educational program, the primary DHHR worker must make a referral to MODIFY with CED Program six months prior to the youth beginning the post-secondary educational program. If the primary DHHR worker is not given six months' notice of youth's desire to attend a post-secondary educational program, the primary DHHR worker must make a referral to MODIFY as soon as they become aware of the youth's intent to pursue a post-secondary education.

If the youth is enrolled in a post-secondary educational program, the youth's worker must monitor a youth's progress, attendance, and completion rate during the

semester/quarter. The MODIFY Community Support Specialist will be responsible for dispersing and monitoring the youth's Chafee ETV funding. MODIFY will also monitor the youth's account summary with the educational institution to ensure prompt payment of educational services. When possible, copies of this summary will be placed in the youth's FACTS record. If the youth is enrolled in a post-secondary education program, the youth's worker must assist the youth with applying for any outside financial aid available to the youth or linking the youth to community resources that help a youth apply for post-secondary educational financial aid. MODIFY Workers also ensure that the FAFSA is completed and financial aid applied before any ETV payments are generated.

For youth who fail to meet the completion rate expectation, attendance expectation, and minimum GPA expectation as required by the MODIFY Program, the WV Higher Educational Commission, or their educational institution for a semester/quarter, they must be placed on probation and an educational improvement plan will be developed by the youth and their MODIFY Specialist for the following semester/quarter. At the end of this improvement period, the plan will be evaluated by the youth and their MODIFY Specialist for compliance and a decision will be made by the MODIFY Specialist as to whether the youth will continue with the program or will be discharged from the program due to non-compliance and/or failure to meet minimum expectations.

For youth who fail to successfully complete their improvement period and are discharged from the MODIFY with CED Program, these youth may reapply for services if they can provide proof that they successfully completed one full-time semester/quarter on their own and they will begin the next semester/quarter prior to their 21st birthday. The youth may be required to comply with a new educational improvement plan as a condition of readmission to the MODIFY with CED Program.

For youth who fail to meet minimum expectations and choose to leave the MODIFY Program instead of complying with a probation period and educational improvement plan, these youth may reapply for MODIFY services at a later date but before their 21st birthday. However these youth will be required as a condition of readmission to MODIFY to comply with a probationary period and an educational improvement plan. This educational improvement plan may be assessed for compliance more frequently such as weekly, bi-monthly, monthly, or at midterm. At any time the youth fails to show progress, they may be discharged from the MODIFY Program for non-compliance.

For youth who fail to meet the requirements of their educational program for two consecutive semesters/quarters, these youth will be suspended from Chafee ETV funding. Youth may reapply for Chafee ETV funding upon successful completion of one semester/quarter and prior to their 21st birthday. Youth who fail to meet minimum expectations after their 21st birthday will be discharge from the MODIFY Program and may not reapply for Chafee ETV funding.

MODIFY Specialists monitor the estimated costs of attendance set for by the College Foundation of West Virginia to ensure that youth do not exceed the total cost of attendance. Payments for tuition and expenses are applied after federal financial aid and other sources of aid have been applied to the student's account. MODIFY Specialists work very well with the various financial aid and cashier offices to quickly identify any issues and prevent duplication.

During the period 2015-2019, the Department and stakeholders will work together to examine the patterns of use of the Education and Training Vouchers and to determine outcomes for the ETV program. Measurement tools will be developed to track ETV use with other state resources and subsequent outcomes developed.

Currently, the Department provides the number of ETV vouchers awarded by the school year using a report generated by the Finance office and sorted by client number. This provides an unduplicated count.

Recruitment goal: The Department in collaboration with the MODIFY program will ensure that each worker knows about the ETV benefit for youth who have aged out of foster care or been adopted after the age of 16 or had a finalized legal guardianship after the age of 16. This will be measured by the referrals the MODIFY program receives and reports on their quarterly grant report. Action steps to reach this goal will include regular mailing of ETV fact sheets to district offices, recruitment efforts at foster/adoptive associations, and new/re-established relationships with adoptive providers such as Mission WV to promote the ETV benefit and distribute information.

Utilization goal: The Department and the MODIFY program will ensure that ETV funds are used correctly by implementing a quarterly case review. This will be measured by records from finance and a narrative of the quarterly case review team. Action steps to reach this goal would be creation of a quarterly case review team, establishing a meeting schedule, and implementing a formal team structure.

Partnership goal: The Department and the MODIFY program will work with the Commission to Study Residential Placement of Children to determine college/postsecondary education goals of junior and senior high school foster youth are being met. This will be measured by meeting minutes/narrative of Commission meetings, utilization, MOUs between local Departments and local Boards of Education, or tracking the youth transition plans. Action steps to reach this goal might include a survey of WV's current education laws, policies, and procedures around post-secondary preparation, former development of MOUs between Departments and local Boards of Education to address foster youth postsecondary goals and needs, exploration of the use of the College Survival Skills Assessment (this is something MODIFY is exploring using) or some other post-secondary readiness tool, and development of MOUs with

local Workforce boards and the Department to ensure foster youth who Partnership goal: The Department and the MODIFY program will work with the Commission to Study Residential Placement of Children to determine college/postsecondary education goals of junior and senior high school foster youth are being met. This will be measured by meeting minutes/narrative of Commission meetings, utilization, MOUs between local Departments and local Boards of Education, or tracking the youth transition plans. Action steps to reach this goal might include a survey of WV's current education laws, policies, and procedures are not on a post-secondary track will be work ready upon graduation.

Consultation with Tribes

CFCIP services are available to any youth who is eligible, including youth that are of tribal descent.

CFCIP Program Improvement Efforts

West Virginia is in the process of re-starting the youth council after some initial activities and a period of non-activity. The work plan outlined below details initial steps for the upcoming year. Activities for the next five years will be developed and reported on once youth are engaged in a more stable leadership role.

The work plan for the youth council, or West Virginia Foster Advocacy Movement (WVFAM), consists of three over-arching goals. The first goal is Development and consists of the following activities:

- *Engagement of other youth leadership activities and organizations:* Collaboration and non-duplication is a key to the success of this initiative. WVU CED will continue to build relationships with other youth serving organizations and agencies and develop new contacts to ensure that all foster youth are being reached. This activity will foster promotion and visibility of the initiative.
- *Education:* Youth involvement and leadership has many benefits to both the youth and adults. However, it is crucial that the initiative work with both the adults and the youth to inform of barriers, challenges, and best practices to maximize the experience and avoid trauma for the youth. This activity will include the development of guides/fact sheets for adults interacting with the youth and leadership development training and sessions for the youth.
- *Youth Cafes:* Utilizing knowledge and information from the Circle of Parents initiative and other parent leadership experience, WVU CED will schedule a series of "Cafes" all over the state to get interested youth engaged in the

initiative. These will be the beginnings of the formation of the regional and statewide council.

The second overall goal is Growth and consists of the following activities: Growth of this initiative will occur in starts and sputters over the course of the project. WVU CED will strive to implement the best practices of on-going youth engagement as well as leading youth through a “ladder of leadership.” Not everyone will be a national speaker yet we commit to the principle that every youth will have a role to play. Growth will be an on-going and changing component of this project work plan.

Sustainability is the third overall goal of the councils. Sustainability is always an issue. It is inevitable that with this population, just like with adults, groups will wax and wane. However, activities to increase stability of the councils will include research of transportation stipends, business and non-profit support, development of adult supports to guide youth leadership, and the on-going support of the key staff position, the program coordinator position.

- **Financial Support:** WVU CED will undergo extensive research of mechanisms to provide transportation reimbursement, child care reimbursement, and stipends to involve youth, as this is best practice in the field of parent involvement and leadership.
- **On-going support:** In conjunction with the research of best practices and consultation and collaboration with other youth led initiatives, WVU CED and emerging youth leaders will determine avenues of on-going support that will include community involvement and support.
- **Defining the councils/movement:** Through the use of the cafes and subsequent on-going recruitment and meetings, the youth will shape themselves. Their goals might include peer to peer support, advocacy efforts, state and national leadership development, and internal growth and fulfillment. For some, it might take years, for some it might be something they come to one or two meetings and drop out, and for some it might develop into state and national leadership jobs or positions. Utilizing the best practices, knowledge, and tools available, WVU CED is committed to equip the youth with as many tools for their toolbox they are willing to take on.
- **Evaluation:** Evaluation will be utilized throughout the duration of this initiative. Evaluations will be provided at every café and with youth input, further methods and evaluation processes will be determined for the future. Methods might

include focus groups, youth satisfaction surveys, and stakeholder perception surveys.

CFCIP Training

The Department developed a day long training titled Youth in Transition that has been presented to staff in several locations in 2014. It is anticipated that this training will continue. The Department will also continue to utilize the MODIFY with CED Program to present information on Chafee funded services and the MODIFY Program.

Monthly Caseworker Visit Formula Grants and Standards for Casework Visits

The Department is very active in ensuring that all children in foster care are being visited in their placement by their caseworkers at least once a month. The FACTS system is able to track caseworker visits and compile the numbers into a report, which is accessible to workers and supervisors through the Dashboard in FACTS. The Dashboard will show how many children have been visited in the month. These numbers can be broken down by region, county, unit, and worker. Supervisors are encouraged to monitor the Dashboard to ensure that their workers are completing their visits. Community Service Managers and Regional Directors are encouraged to monitor the Dashboard to ensure that supervisors are confirming that all visits are being made within the month. The Commissioner added monthly visits to children in foster care to his cadence calls. Cadence calls are held bi-monthly between the Commissioner, Deputy Commissioners, Regional Directors and the Regional Program Managers. Problem areas are highlighted for the calls. Worker visits to children in foster care have been an item on the agenda since its inception.

Reports on visitation are pulled from the FACTS system and presented to Mountain Force every six months. Mountain Force is a compilation of the WV DHHR Commissioner, Deputy Commissioners, other state office representatives, regional Child Welfare Consultants, regional Directors, and District Community Service Managers. The Mountain Force meetings consist of a presentation of these reports, and then group planning (broken down by region and state office) on ways to improve the numbers.

Meaningful contact training is part of the new worker training for all new workers and will also be accessible for Blackboard training for tenured workers. Quality of contacts along with the importance of the contact will be discussed during Regional Social Service Supervisor meetings and also during local unit meetings. A formal review will be developed for worker visits with children. The review results will be shared with the

CQI Councils and plans will be developed specific to the identified need. A plan for ongoing review will also be developed to ensure the desired outcome of improved quality visits.

Caseworker visitation funds in the amount of \$350,866.11 (Federal and State combined) were used for a portion of the cost of the Lenovo Thinkpads for regional CPS Staff & for a portion of in-state travel expenses. The technology will provide a more portable means of documenting visits and therefore help improve the quality of the documentation.

Data Collection Method/Process

The Department has developed a monthly report which shows all children in foster care settings, including specialized foster care, group residential, out of state placements, trial return home to parents, etc., and the most recent face to face visit with their assigned primary or secondary case worker in the foster care placement that addressed the case planning and service delivery requirement.

New calculations take the total number of months where a visit was due versus the total number of visits that occurred. Additionally we are now reporting the percentage of the completed visits done in the child's primary residence.

In the next five years, the Department plans to focus on the quality of caseworker visits to children in care as well as those children who have not been removed from their homes. Caseworker visits are monitored frequently through COGNOS and statewide Leadership meetings as well as NGA Three Branch meetings can include visits to children in care should the percentage seen drop below 95%.

The caseworker visit grants will continue to be used for a portion of the cost of the Lenovo Thinkpads for regional CPS Staff & for a portion of in-state travel expenses.

8. Adoption Incentive Payments

In 2010 and 2011 during the Service Array Process an Adoption Task Force Group was created by the State Service Array to look at the issues in West Virginia regarding a lack of appropriate post-adoption support services within the state. Members from various agencies with knowledge of various aspects of adoption was charged with researching and recommending a plan to establish better adoption and post-adoption services in West Virginia as a strategy to improve the state-level child welfare service array.

Research exists in other parts of the country to provide some guidance, however the group agreed that post-adoptive families themselves must be consulted to see what they perceive their own needs as adoptive families to be. A survey was created and mailed to over 3000 adoptive families in the state with a better than 40% return rate.

The results of the survey were reviewed and reported upon by psychologist, Tony Goudy, Ph.D. Dr. Goudy outlined the following in the summary and recommendations of his report to the Adoption Task Force.

- Increase training and education for providers regarding the special needs of adopted children, including adjustment and attachment issues and the possible over diagnosis of ADHD in adopted children.
- Families consistently report that their adopted children most often required services for these needs within the first six months of adoption.
- Families reported a need for increasing the number of providers who will accept Medicaid.
- Families expressed the need for continuing education for both adoptive parents and providers regarding adoption issues.
- Adoptive parents were very interested in better educational support, in particular, navigating the Special Education System.
- Respondents expressed a need for greater access to counseling services, both individual and family.
- Adoptive parents want more post-adoption training regarding specific special needs issues and diagnoses.

In 2012, The WV System of Care Implementation Team submitted a proposal to Bureau for Children and Families Leadership with the following recommendations;

- Create a State-Level DHHR staff position for an adoption specialist dedicated strictly to post adoptive services. This person would keep their focus on the suggestions contained in this report and be the central person for information about post adoption for our state's kids and families. Resources should include regular newsletters, trainings, maintaining a warm line, disseminating information, and everything related to post adoptive issues for relative and non-

relative families. The group recommends this approach rather than disseminating these responsibilities to several different people so that one person can specialize in the issues our families face. This person can be charged with coordinating all the additional recommendations that follow.

- Create a Training Certification Program in post adoption services for social workers, therapists, and psychologists to earn. Maintain a referral list across the state of these providers who earn certification as Adoption Competent Providers.
- Utilize a Warm Line for information and referral; a toll-free resource phone line dedicated answering families concerns as they attempt to provide for their adoptive children. Referral and information about available services would be provided. This would be a central starting point for families in our state.
- Collaborate with groups already in existence such as, but not limited to, the West Virginia Child Advocacy Network and their centers with trained providers in Trauma Informed Care, and FAST (Family Advocacy, Support, and Training) through Legal Aid of West Virginia. Explore collaborations that include expanding programs to provide additional trainings and services related to adoption preservation services. Explore the use of the Comprehensive Assessment and Planning System (CAPS) or other identified assessment tools for adoption family preservation as well.
- Create grants for providers to access that enable them to provide specific post adoption services. Current funding streams for post adoption services within West Virginia are not adequate to support the demand for services. Many issues families and children face are not medically necessary and therefore not billable to Medicaid. Issues often do not fit well into the Socially Necessary Services definitions. Grants or other similar funding would provide more flexibility for professionals to be able to better meet the needs of our children and families in preserving placements and preventing children from reentering the foster care system.
- Modify ASO Socially Necessary Services to expand available services. Broaden definitions and increase reimbursement rates to make more cost effective for providers. No matter how much our families need services, if providers cannot break even, the service cannot be provided.
- Increase the number of providers who will accept Medicaid in various service areas including therapists, physicians, and other providers needed by adoptive

families with Medicaid through the subsidy program. Families are reporting difficulty finding the most basic service providers who will accept the Medicaid card through the adoption subsidy program.

- Increase access to relevant continuing education topics for post-adoptive families and kinship families. Trainings provided should focus on specialized topics including those requested in the survey comments such as school issues, special education, etc.

To facilitate, efficient spending of Adoption Incentives funds in the next five years, West Virginia plans to develop a plan to provide the requested services as a part of our Service Array Process. A cost analysis will have to be completed during the first year to determine if these services can be provided within the current Socially Necessary Services process or if they would be more effectively delivered with a contract with one or all of our private adoption agencies.

9. Child Welfare Waiver Demonstration Activities

The Department submitted a Title IV-E waiver application to reduce with the hope that with the waiver we can develop a model that will eventually allow financial and service resources to be moved to preventative measures with all West Virginia children and families that come to the attention of the Bureau for Children and Families.

The Department believes that if targeted, trauma informed, and comprehensive community services are wrapped around youth and their families, we can reunify them, prevent an initial placement and most importantly, keep youth in their communities. The West Virginia waiver demonstration project will focus on youth 12-17 years of age in state and out-of state congregate care. The demonstration will start in the 11 counties in Region II and the identified counties of Berkeley, Jefferson, and Morgan in Region III. These two identified areas were selected due to their readiness and need. Region II has been identified as an area that has extensive partnerships and a wealth of services. The three counties located in the Eastern Panhandle of Region III have a large number of children in congregate care and a lack of services. Service development will be necessary in those counties. The Bureau for Children and Families believes that if we can develop the necessary services and demonstrate success in in the Eastern Panhandle counties of Berkeley, Jefferson and Morgan that we will be able to systemically replicate successfully throughout the state.

Targeted Plans within the CFSP

States are required to submit the following four plans as discreet sections of their 2015-2019 CFSP; Foster and Adoptive Parent Diligent Recruitment Plan; Health Care Oversight and Coordination Plan; Disaster Plan; and Training Plan.

Foster and Adoptive Parent Diligent Recruitment Plan

WV previously engaged the assistance of AdoptUSKids to develop an extensive recruitment plan to assist in the recruitment and retention of foster and adoptive parents. This took place almost 10 years ago and research now shows improved and more effective methods of recruitment and retention. In order for WV to improve our efforts, we must engage in Technical Assistance from the National Resource Center for Diligent Recruitment. By engaging with the NRCDR, WV will improve outcomes for children by providing foster and adoptive homes able to provide for the safety, wellbeing and permanency for our children involved in the child welfare system.

There are currently over 4,400 children in foster care in WV. Of those there are approximately 1,300 under age of 5, 750 ages 5-8, 580 ages 9-12, 1,500 ages 13-17, and 200 age 18 and over. In 2012, West Virginia's population as a whole is only 3.5% African American and yet 4.5% of our children in foster care are African American and 4.1% of those children awaiting adoption are African American.

Currently the DHHR utilizes multiple strategies to reach out to all parts of the state to ensure information about foster care and adoption is available to all. The use of the DHHR Adoption Resource Network on the DHHR website is available to anyone with access to the internet to look at and inquire about specific children available for adoption. Also on the DHHR website are forms interested families may fill out to inquire about becoming foster or adoptive parents.

A large portion of our recruitment efforts are carried out by Mission WV under the grant MWV receives from DHHR. On staff, MWV has one Recruitment Specialist, who is an adoptive parent designated to follow-up on foster care and adoption inquiries. They have a total of three foster/adoptive parents on staff, which utilizes word of mouth to recruit new families. Data, tracking progress and successes, is recorded both through an internal database created by MWV and through the AdoptUSKids online database. Data collected includes the inquiry date; city; county; referral source and basic family information. By tracking the referral source and following up with families in their internal database, MWV is better able to track the success of their recruitment efforts and determine which efforts have been most effective during a specified period. Additionally, MWV is able to track and report on benchmarks throughout the process

(family certification, adoption, etc...) by looking at inquiry dates and follow-ups. Reports are provided quarterly to the WV DHHR.

Outlined below are some of the recruitment services provided directly by MWV.

General Recruitment

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

Mission WV utilizes successful adoptive and foster parent stories to recruit families throughout the state. Their quarterly newsletter titled "Open Your Life" provides a platform for sharing personal stories and advice from foster and adoptive families in WV. Each year, MWV works with the Recruitment and Retention Collaborative of WV to organize an Adoption Celebration in recognition of National Adoption Month. At this event there is a program that features the personal stories of adoptive families told by the families themselves. Through well organized and strategic follow up with families in their database, they maintain and nurture relationships with successful families who often volunteer to help with ongoing campaigns, special projects and speaking engagements. They encourage their successful foster and adoptive families to promote foster care via word of mouth and keep brochures and handouts available for distribution. Sharing personal and positive stories about youth in foster care helps mitigate the public's poor perceptions of foster care.

Targeted Recruitment

In West Virginia there is a strong faith community throughout the state. Churches are often interested in helping recruit families for waiting children and MWV utilizes child-specific strategies to work within these communities. Sunday's Child is a bi-weekly

column that features the profile and photo of children waiting for permanent placement. This column is sent to several churches throughout the state; these churches display the column in their bulletin or on an overhead projector during their services. Mission WV also presents information about waiting children and their programming to churches interested in learning more about foster care and adoption in WV. Whenever an adoption/foster care event is planned, MWV sends an information bulletin insert to churches that surround the area of the event. The Heart Gallery of West Virginia is also often on display at different churches in various areas of the state.

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

MWV's FrameWorks initiative has, for years, primarily focused on working with children who are older; in sibling groups; are minorities in a state where roughly 95 percent of residents are Caucasian; or have other physical/mental/emotional challenges that have made adoption and/or foster care difficult. Through the direct mail campaign, they are able to segment the targeted population to best fit the children who are waiting and their needs. Specifically, MWV focuses their recruitment efforts to serve the entire special needs adoption population in the state. Additionally, the agency makes a special effort to show diversity in their promotional materials and respond to non-English speaking families who inquire. This concentrated effort has allowed the organization to best utilize limited resources to promote a population that needs the most support.

Child Specific Recruitment

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

Mission WV has partnered with many different news stations over the years to feature children through child-specific news segments. Since 2011, MWV has partnered with WBOY, a news station in central WV, to feature children on their "Finding a Family" segment. Through this segment, waiting children are given the opportunity to reach out to a large general audience. A special activity is arranged to give the child a special day

and allow the audience to learn about the individual child. These segments often help audiences connect an actual child to the abstract need for adoptive families. MWV's toll-free number is included in all broadcasts and the organization handles all inquiry calls and follow-ups.

Child Focused Recruitment

WWK Mission West Virginia employs 2 full-time Wendy's Wonderful Kids recruiters through the Dave Thomas Foundation for Adoption who provide direct recruitment for approximately 40 children in the state who have been identified as special needs. Recruiters follow a child-focused recruitment model which involves establishing a relationship with the child, a complete case record review; adoption readiness assessment and adoption preparation; network building; recruitment planning and diligent search. Independent research released in 2011 showed that children served through the Wendy's Wonderful Kids program were three (3) times more likely to be adopted. Each recruiter covers one half of the state and serves 15-20 children annually.

The WV Adoption Resource Network (ARN) is the state's online photo-listing. Although operated by the DHHR, MWV works closely with the ARN. All children served by MWV's recruitment efforts must be featured on the ARN and often a referral to MWV leads to the ARN referral, which staff can assist with. Additionally, Heart Gallery portraits are used on the ARN, either when the child is first listed or to replace an out-of-date or poor quality photo. Certified families may register on the website and express interest in individual children. Encouraging families to use the ARN is a standard part of MWV's response to inquiring families.

Additional Awareness/Recruitment Techniques

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

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

In July 2010, DHHR entered into new contracts with the Specialized Foster Care Agencies in the state. This contract allowed those agencies with an adoption license to begin working and finalizing DHHR adoptions in addition to already providing specialized foster care services already under contract. This initiative has now grown state wide and to date includes 11 agencies. This project has allowed community members greater access to a variety of agencies that certify foster and adoptive families. Additionally, Mission WV acts as a neutral information and referral source for prospective foster and adoptive parents and when sending out informational packets information about all foster/adoptive agencies licensed in our state is included.

Health Care Oversight and Coordination Plan

HealthCheck

The physical and mental health of children in foster care is essential to their stability and wellbeing of our children. In order to ensure foster children receive this basic right, the Department’s foster care policy requires all foster children receive health evaluations through the West Virginia’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. This collaborative between the Bureau for Children and Families and the Bureau for Public Health’s (BPH) Office of Maternal, Child and Family Health (OMCFH) requires children entering care to receive an initial comprehensive well-visit within seventy-two hours of placement. The Department utilizes four DHHR positions known as HealthCheck Foster Care Liaisons (aka Sanders Field Liaison) to facilitate the effective informing requirements of Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for this targeted population. Foster Care Liaisons (FCL) ensures that each foster child has a usual source of care and an established health supervision plan. Likewise, FCL’s assist with care coordination within the integrated medical home and in sharing information with the child’s worker, foster parent(s) and health facilities.

During the initial HealthCheck screening, it may be determined that a child is in need of additional follow-up appointments, specialized appointments or dental and eye care. If these medical services are needed, the child's caseworker is responsible for assuring that the child receives these medical services. The HealthCheck Protocol also requires children to receive health care throughout their placement in foster care, according to the child's individual needs and age based on the American Academy of Pediatrics Bright Futures Periodicity Schedule. The periodicity schedule for HealthCheck examinations is as follows:

- Infants from birth to age one (1) month are required to be seen by a HealthCheck physician every two (2) weeks.
- Infants from age one (1) month to six (6) months old are required to have a HealthCheck exam every two (2) months.
- Children from six (6) months old to eighteen (18) months old are required to be seen by a HealthCheck physician every three (3) months.
- Children ages eighteen (18) months to thirty-six (36) months old are required to a HealthCheck exam every six (6) months.
- Children ages thirty-six (36) months through age twenty (20) are required to be seen by a HealthCheck physician every twelve (12) months.

In order to ensure a child's wellbeing after discharge from foster care and to lessen the likelihood of re-entry into foster care, the Department provides Continued Medical Eligibility to all children exiting foster care. Children are eligible for Continued Medical coverage from the date of placement for a continuous period of twelve months, whether or not they remain in placement. Eligibility is re-determined during the child's one year anniversary month, which is the child's initial placement month. For a child to be eligible for another twelve month period, they must be in foster care, meaning the Department has legal custody of the child and the child is placed outside his/her own home and said placement is in a certified foster home, relative/kinship home or a licensed facility.

The Department plans to continue offering the HealthCheck Protocol and related services for foster children over the next five years to ensure their safety and wellbeing.

Fostering Healthy Kids (FHK) Pilot Project

The Fostering Healthy Kids Project (FHK), a collaborative Project with the Bureau for Children and Families and the Bureau for Public Health's Office of Maternal, Child and

Family Health, is seeking to improve the health outcomes and overall wellbeing for West Virginia children in foster care through routine medical exams and care coordination services. The goal of this project is to ensure that all children with foster care placements in relative/kinship care homes and/or West Virginia Department of Health and Human Resources (WVDHHR) foster family homes receive a timely well-child exam through the state's Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, HealthCheck, and assistance with accessing medically necessary treatment.

FHK is currently in its 3rd year of the pilot project. To date, 272 children have qualified for the project in the three pilot counties of Clay, Kanawha and Roane and have been classified as healthy, having an acute condition or chronic condition. Those falling into the "healthy" category receive care according to the HealthCheck Protocol. Those falling into the "acute" category receive follow-up for their specific condition, and those falling into the "chronic" category are referred to the Children with Special Health Care Needs (CSHCN) program to help improve and sustain the quality of life.

During the next five years, the goal is to increase the number of counties by adding them gradually until all 55 counties are included. To ensure that all foster children who are placed in relative/kinship care receive comprehensive preventive medicine and those with chronic and/or debilitating diagnoses receive care coordination services through the CSHCN Program, the DHHR utilizes a DHHR position known as Fostering Healthy Kids Coordinator.

FHK is partnering with the WV Division of Tobacco Prevention and the American Lung Association (ALA) to offer youth living in residential/group facilities smoking cessation classes using the American Lung Association's Not On Tobacco (N-O-T) Program. These classes were developed by researchers at West Virginia University and meet the CDC's Guidelines for School Health Programs. Seven group facilities were approached to participate and three have shown interest. Plans are in the works to schedule the classes.

The goal for the next five years is to reduce smoking/tobacco use by youth in foster care using the N-O-T program by increasing the number of facilities that participate in the cessation classes.

WV Initiative for Foster Care Improvement

The American Academy of Pediatrics (AAP) recommends that pediatricians assume that all children in foster care or those that have been adopted have experienced trauma. Such exposure could profoundly impact the child. Therefore, the physician must use history taking, surveillance questions and screening tools to accurately assess trauma's impact. Through the HealthCheck Program and FHK Project, BPH/OMCFH is

partnering with WVAAP Chapter and parent led support/advocacy organizations to develop and implement protocols for identification and response to trauma.

Psychotropic Medications

Children that are in the care of the state may be especially vulnerable to excessive or inappropriate medication use. This is a cause for concern in terms of adequate medication monitoring, informed consent (worker, biological/foster family, facility and child) and multiple medications being prescribed. A consistent medical home minimizes fragmentation of care. Children and adolescents in foster care should receive health care through a medical home. The medical home ideally should remain the same despite changes in foster placement or insurance coverage to maximize access and continuity of care. Studies reveal that children in foster care, as a group, have substantially more psychiatric disorders than their peers and that most disorders are behavioral in type. However, it is unclear whether the dispensing of different psychotropic medications concomitantly to children in foster care represents a treatment advantage.³ Consequently, benefit/risk research assessments are important for informing the medical home about the best treatment practices. DHHR has commissioned a taskforce from its three Bureaus to thoroughly examine this issue and make recommendations.

Health Care Oversight and Coordination Plan

- 1) A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

The physical and mental health of children in foster care continues to be an important contributing factor in the stability and wellbeing of our children. In order to ensure foster children receive this basic right and necessity the Department's foster care policy requires all foster children receive comprehensive health evaluations through our HealthCheck Program. Guaranteeing this right is the shared responsibility of the Bureau for Children and Families (BCF), Bureau for Medical Services (BMS) and BPH's OMCFH. The established schedule of periodicity, for health screening services facilitated by the HealthCheck Program corresponds to the AAP Bright Futures recommendations for preventive pediatric health care.

- 2) How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

The AAP recommends that pediatricians assume that all children in foster care or those that have been adopted have experienced trauma. Exposure can

profoundly impact the child and the physician must use history taking, surveillance questions and screening tools to accurately assess trauma's impact.

Through HealthCheck and Fostering Healthy Kids Project, BPH/OMCFH is partnering with WVAAP Chapter and parent led support/advocacy organizations to develop and implement protocols for identification and response to trauma.

The West Virginia Department of Health and Human Resources Social Services Manual-Foster Care Chapter 24, Subsection 3.2.1 (f) indicates that the "Child's worker will record any changes with the child's medical/health status in the Uniformed Case Plan. The worker will confirm the child is receiving any necessary referral/follow-up medical treatment in the plan."

- 3) How medical information will be updated and approximately shared, which may include developing and implementing an electronic health record.

HealthCheck FCL's will ensure that health supervision plans are established in FACTS for all foster children, per results of initial HealthCheck screening. Medicaid's fiscal agent is developing a web-based provider portal for providers to enter age-appropriate wellness encounters, each consisting of data elements for the required comprehensive preventive medicine components. A portal to record problems focused for "interperiodic screening" is under development as well. The projected date of availability for said portals is April 2015.

- 4) Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The HealthCheck and FHK Project, ensures that each foster child has a usual source of care and an established health supervision plan. FCL's assign primary care providers and schedule the child for their required initial comprehensive well-visit.

HealthCheck will ensure that children and adolescents in foster care receive health care through a medical home. Moreover, HealthCheck will work to ensure that the medical home remain the same despite changes in foster placement to maximize access and continuity of care. A consistent medical home minimizes fragmentation of care.

- 5) The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

Many times children in foster care are prescribed medication to treat medical or mental health illness. Children are prescribed medication by their primary care

physician or mental health specialist. Oversight of a child's prescription medication is the ultimate responsibility for child's caseworker with the assistance of the foster care provider or residential facility staff. Foster Care Policy asserts that foster/adoptive parents and/or residential facility staff may only administer medication prescribed and /or authorized by a physician. In addition, foster/adoptive parents must notify the child's caseworker within one day of psychotropic medications being prescribed.

West Virginia is in the preliminary stage of developing the state's plan for monitoring and providing oversight for the use of psychotropic medication(s) among children in foster care. A task team has been developed which will have members from all Bureaus as well as field representation to develop a specific plan to monitor psychotropic medications of each individual foster child. This plan will include education of various field staff as well as legal staff in the purpose and side effects of psychotropic medications with the goal of empowering all adults in the lives of our children to carefully scrutinize the validity of prescription medication.

According to Medicaid claims data, between April 1st, 2013 and September 30th, 2013, 3,165 West Virginia foster children had prescriptions for psychotropic medications filled. Psychotropic medications are classified by the psychiatric disorders they are intended to treat. These categories include: anticonvulsants, antidepressants, antipsychotics, atypical antipsychotics, bipolar medications, and stimulants. Best practice standards advise against prescribing children concurrent psychotropic medications; however, 12% of foster children received psychotropic medications from three or more different classes during this time period. This was identified as a target group by the task force. Slightly less than half of these foster children (47%) receive prescriptions written by two or more physicians and 27% of them have had prescriptions filled at multiple pharmacies. In an effort to better understand this problem and to evaluate the adequacy of prescribing practices and appropriate follow up by the prescribing physicians, the task force will complete a case review on a representative sample of these foster children, focusing on those receiving three or more classes of medications.

- 6) How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and wellbeing of children in foster care and in determining appropriate medical treatment for the children

All HealthCheck policy/procedures are scrutinized by the OMCFH Pediatric Medical Advisory Board. The Board participates in policy development and

advises OMCFH about health and medical service needs within local communities. The MAB is comprised of 13 private physicians, one dentist, one optometrist and one licensed psychologist from across West Virginia.

- 7) Steps to ensure that the components of the transition plan development process required under section 475 (5) (H) of the ACT that relate to health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

To ensure that as youth age out of the foster care system they know how to use their new health care coverage, not just enroll in it, child welfare staff, Medicaid staff and relevant community partners must be trained. Boosting training will not only help enrollment, but will allow child welfare staff and their partners to serve as supports for youth regarding how best to use their new health care benefits. As the system currently exists, the Fostering Connections Act requires child welfare agencies to inform youth about health care as part of a transition plan at least 90 days before they age out of foster care. In addition, some youth may receive guidance in connecting with health care providers through Chafee-funded transition providers, generally nonprofit organizations, while other youth may not have any help. In order to take advantage of the far greater opportunities under the Affordable Care Act (ACA), key child welfare staff who work with youth will need to understand the Medicaid benefits and approach to care and, ideally, would introduce youth before they age out of foster care to their key health caregivers. The child welfare agency might also provide back-up support for youth as their lives change, offering them guidance in connecting back to the health care system, should they lose touch for some reason. In addition, the ACA requires child welfare agencies to discuss the idea of a health care power of attorney with youth as they transition out of care, potentially providing an opportunity for a broader discussion about the use of health care.

1. ¹ American Academy of Pediatrics. *Helping Foster and Adoptive Families Cope with Trauma: A Guide for Pediatricians. 2013*
2. ¹ *American Academy of Pediatrics Task Force on Health Care for Children in Foster Care. AAP District II. 2005*
3. ¹ ZitoJm, Safer DJ, DosReis S, et al. *Psychotropic Medication Patterns Among Youth in Foster Care. Pediatrics. 2008; 121 (1).*
4. ¹ American Academy of Pediatrics. *Helping Foster and Adoptive Families Cope with Trauma: A Guide for Pediatricians. 2013*
5. ¹ American Academy of Child and Adolescent Psychiatry. *Practice parameter for the use of atypical antipsychotic medications in children and adolescents.*

Disaster Plan

This plan will be attached as a PDF to the end of the Child and Family Services Plan.

Training Plan

Updates to Descriptions of Child Welfare Training

Child Welfare Training Provided by BCF Staff Trainer

Course	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
ROSA Time Studies Web CT	Computer- based	Short- term t	Self instruction	2 hours	All CW Staff	180	75%
Worker Safety	On-line	Short- term	BCF e-learning	2 hours	All CW Staff	180	50%

Foundations

Core Concepts of Child Welfare Practice	Classroom/ On-line	Short- term	Staff Trainer	2 days	All CW Staff	180	75%
Applying Self Awareness to the Casework Process	Classroom/ On-line	Short- term	Staff Trainer	1 days	All CW Staff	180	75%
The Interviewing Process in Child Welfare	Classroom/ On-line	Short- term	Staff Trainer	1½ days	All CW Staff	180	75%
Identification and Assessment of Child Abuse and Neglect	Classroom/ Online	Short- term	Staff Trainer	1 ½ days	All CW Staff	180	75%
Child Development	Classroom On-line	Short- term	Staff Trainer	1 days	All CW Staff	180	75%

Course	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Introduction to Assessment	Classroom/ On-line	Short-term	Staff Trainer	2½ day	All CW Staff	180	75%
Family Service Planning/ Case Closure and Transfer	Classroom/ On-line	Short-term	Staff Trainer	1 ½ days	All CW Staff	180	75%
Identifying and Accessing Community Resources	Classroom/ On-line	Short-term	Staff Trainer	4 hours	All CW Staff	180	75%
Introduction to Regulatory Guidelines and Definitions	Classroom/ On-line	Short-term	Staff Trainer	1 ½ day	All CW Staff	180	75%
Out of Home Placement and Case Management	Classroom/ On-line	Short-term	Staff Trainer	2 days	All CW Staff	180	75%
Permanency Planning Beyond Reunification	Classroom/ On-line	Short-term	Staff Trainer	1 day	All CW Staff	180	75%
Child Welfare Intake	Classroom/ On-line	Short-term	Staff Trainer	4 days	All CW Staff	180	0%
Child Welfare Case Documentation	Computer Lab	Short-term	Staff Trainer	2 days	All CW Staff	180	50%
Child Welfare Intake Documentation	Computer Lab	Short-term	Staff Trainer	1 day	All CW Staff	180	0%
Transfer of Learning Skill building Assignments	Local Office	Short-term	Supervisor	10 days	All CW Staff	170	0%
CPS JOB SPECIFIC							

Course	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Intro-Multi-disciplinary Teams	Online	Short-term	BCF e-learning	3 hours	All CPS Staff	110	75%
Family Functioning Assessment (CPS)	Classroom/ On-line	Short-term	Staff Trainer	8 days	All CPS Staff	110	0%
Safety Analysis and Safety Planning	Classroom/ On-line	Short-term	Staff Trainer	1 day	All CPS Staff	110	0%
Family Functioning Assessment Documentation (FACTS)	Computer Lab	Short-term	Staff Trainer	1 day	All CPS Staff	110	0%
CPS Court Documentation	Computer Lab	Short-term	Staff Trainer	2 days	All CPS Staff	110	0%
Children in Care (Out of Home Placement)	Classroom/ On-line	Short-term	Staff Trainer	2 days	All CW Staff	180	50%
Children in Care Documentation (FACTS)	Computer Lab	Short-term	Staff Trainer	2 days	All CW Staff	180	75%

Youth Services Job Specific

Youth Services Case Process: Youth Behavioral Evaluation	Classroom/ On-line	Short-term	Staff Trainer	4 days	All Youth Services Staff	60	75%
Intro-Multi-disciplinary Teams	Online	Short-term	BCF e-learning	3 hours	All Youth Services Staff	110	75%
Youth Services Case Process: Behavioral Control Plan	Classroom/ On-line	Short-term	Staff Trainer	1 day	All Youth Services Staff	60	75%
Youth Services Process: Case Planning	Classroom/ On-line	Short-term	Staff Trainer	1 day	All Youth Services Staff	60	75%

Course	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Youth Services YBE Documentation (FACTS)	Computer Lab	Short-term	Staff Trainer	2 days	All Youth Services Staff	60	75%
Youth Services Court documentation	Computer Lab	Short-term	Staff Trainer	2 days	All Youth Services Staff	60	75%

Home-finding/Adoption

Foster Care Home-finding Services	Classroom Computer Lab	Short-term	Staff Trainer	4 days	All Home finding Staff	15	75%
Federal Laws and Policies Impacting Adoption Placement	Classroom	Short-term	Staff Trainer	½ day	All Adoption Staff	10	75%
Child and Youth Assessment and Preparation	Classroom/ Online	Short-term	Staff Trainer	1 ½ days	All Adoption Staff	10	75%
Decision Making and Placement Selection in Adoption	Classroom/ On-line	Short-term	Staff Trainer	2 days	All Adoption Staff	10	75%
Title IV-E Adoption Assistance	Classroom/ On-line	Short-term	Staff Trainer	2 days	All Adoption Staff	10	75%
Adoption Documentation	Computer Lab	Short-term	Staff Trainer	2 days	All Adoption Staff	10	75%
On-the-Job Training	Local Office	Short-term	Supervisor	14 days	All CW Staff	170	0%

Child Welfare In-Service Training (Within First Year of Employment)

This training must be taken within the first year of employment.

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
PRIDE for Child Welfare Staff	Classroom	Short-term	Staff Trainer/ SWEC	2 days	All CW Staff	180	75%
Protective Capacity Family Assessment	Classroom	Short-term	Staff Trainer	5 days	All CPS Staff	110	50%
Protective Capacity Family Assessment Documentation (FACTS)	Computer Lab	Short-term	Staff Trainer	1 day	All CPS Staff	110	50%
Case Plan Evaluation	Classroom	Short-term	Staff Trainer	2 days	All CPS Staff	110	50%
Sexual Abuse Initial Assessments	Online	Short-term	BCF e-learning	3 hours	All CPS Staff	110	0%
Ethics in Action	Classroom	Short-term	SWEC	1 day	All CW Staff	170	75%
Culturally Sensitive Practice/ Special Populations	Classroom	Short-term	SWEC	1 day	All CW Staff	180	75%
Substance Abuse Issues	Classroom	Short-term	SWEC	2 days	All CW staff	180	75%
Meaningful Contacts	Classroom	Short-term	Staff Trainer	1 day	All CW Staff	170	75%
Foster Care Home-finding	Computer Lab	Short-term	Staff Trainer	3 days	Home-finders	40	75%
Case Aide Skills Documentation	Computer Lab	Short-term	Staff Trainer	3 days	Case Aides	15	50%
Introduction to CAPS	On-line	Short-term	BCF e-Learning	2 hours	Child Welfare Staff/Providers	200	75%
CPS and Socially Necessary Services	Classroom	Short-term	Staff Trainer	3 hours	Child Welfare Staff/Providers	200	50%
Permanency Round Tables	Classroom On-line	Short-term	Staff Trainer	1 1/2 days	All CW Staff	180	75%

Child Welfare Professional Development Courses*

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Youth Transitioning to Adult Services	On-line	Short-term	BCF e-learning	3 hours	All CW Staff	180	75%
Working with Families Experiencing Domestic Violence	Classroom	Short-term	DV Advocate/ Staff Trainer	2 day	All CW Staff	170	75%
Federal Funding and Reporting	Classroom	Short-term	Staff Trainer	½ day	All CW Staff	150	50%
Legal & Ethical Issues in Child Welfare	Classroom	Short-term	SWEC	1 day	All CW Staff	170	75%
Out-of-Home Investigations (IIU)	Classroom	Short-term	Staff Trainer	1 day	CPS	110	0%
Family Centered Practice	Classroom	Short-term	FCP Certified trainer	1 day	All CW Staff	180	75%
AFCARS On-line	On-line	Short term	BCF e-learning	2 hours	All CW Staff	180	75%
Automated/Placement Referral	On-line	Short term	BCF e-learning	2 hours	All CW Staff	180	75%
Uniform Child & Family Case	On-line	Short term	BCF e-learning	2 hours	All CW Staff	180	75%
National youth Transitioning Database	On-line	Short term	BCF e-learning	2 hours	All CW Staff	180	75%

** This is not an exhaustive list, as the Schools of Social Work will be developing continuing education activities based on regional needs assessments with field staff and management. Topics anticipated include, but are not limited to: Engaging Fathers, Family Engagement, Ethics, Kinship Care and Permanency, Child and Adult Mental Health Issues, Substance Abuse, Interviewing Children with Disabilities*

Blackboard Online Professional Development Courses

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
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Training Sequence	Setting/Venue	Duration	Provider	Days/Hours	Audience	Number Projected Staff	Allowable Rate
Adoption Subsidy Process	On-line	Short-term	BCF e-Learning	1 hour	Child Welfare Staff	50	75%
The Flexible Workplace: An Introduction to Teleworking	On-line	Short-term	BCF e-Learning	1 hour	BCF Staff	50	50%
Child & Family Services Review	On-line	Short-term	BCF e-Learning	1.5 hours	Child Welfare Staff	200	75%

Supervisory Training

*****All of the following courses are eligible for reimbursement at the 50% rate***

Training Sequence	Setting/Venue	Duration	Provider	Days/Hours	Audience	Number Projected Staff	Allowable Rate
<u>Supervisory Training: Putting the Pieces Together</u> Module 1: Administrative Supervision	Classroom	Short-term	Staff Trainer	3 days	Child Welfare Supervisors	200	50%
<u>Supervisory Training: Putting the Pieces Together</u> Module 2: Educational Supervision	Classroom	Short-term	Staff Trainer	3 days	Child Welfare Supervisors	200	50%
<u>Supervisory Training: Putting the Pieces Together</u> Module 3: Supportive Supervision	Classroom	Short-term	Staff Trainer	3 days	Child Welfare Supervisors	200	50%
BCF-ITT-SUP-401 Orientation to Supervision	Blackboard/WebCT on-line class		BCF e-Learning	1 hour	Child Welfare Supervisors	50	50%

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Practical Aspects of Supervision	Classroom	Short-term	Supervisory Staff trainer	6 hours	Child Welfare Supervisors	50	50%
Transfer of Learning	Classroom	Short-term	Supervisory Staff trainer	4 hours	Child Welfare Supervisors	50	50%
Competency Based Interviewing Skills	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Recruitment of Qualified Staff	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Retention of Qualified Staff	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Coaching Skills for Supervisors	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Working in Small Groups	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Persuasion: Influencing Others for Effective Change	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Enhancing Your Nonverbal Communication Skills	Classroom	Short-term	Supervisory Staff trainer	3 hours	Child Welfare Supervisors	50	50%
Supervising Teleworkers	On-line	Short-term	BCF e-Learning	1.5 hours	BCF Supervisors	50	50%

**PRIDE Foster/Adoptive Parent Level I Pre-service Training
(PRIDE Models)**

****All of the following courses are eligible for reimbursement at the 75% rate**

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Orientation	Classroom	Short-term	Home finder	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Connecting with PRIDE	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Teamwork Toward Permanence	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Meeting Developmental Needs- Attachment	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Meeting Developmental Needs-Loss	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Strengthening Family Relationships	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Meeting Developmental Needs- Discipline	Classroom	Short-term	SWEC/ Home finder	3hours	All Potential Foster/ Adoptive Parents	1200	75%
Continuing Family Relationships	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Planning for Change	Classroom	Short-term	SWEC	3 hours	All Potential Foster/ Adoptive Parents	1200	75%
Taking PRIDE- Making an Informed Decision	Discussion Panel	Short-term	SWEC/ Home finder/ CW staff	3 hours	All Potential Foster/ Adoptive Parents	1200	75%

**PRIDE Foster/Adoptive Parent Level II: In-service Training
(PRIDE Models)**

****All of the following courses are eligible for reimbursement at the 75% rate**

Training Sequence	Setting/ Venue	Duration	Provider	Days/ Hours	Audience	Number Projected Staff	Allowable Rate
Chemical Dependency	Classroom	Short-term	SWEC	3 hours	Foster/ Adoptive Providers	600	75%
Promoting Cultural and Personal Identity	Classroom	Short-term	SWEC	3 hours	Foster/ Adoptive Providers	600	75%
Building Effective Communication Skills	Classroom	Short-term	SWEC	3 hours	Foster/ Adoptive Providers	600	75%
Issues Related to Sexuality	Classroom	Short-term	SWEC	3 hours	Foster/ Adoptive Providers	600	75%
Promoting a positive Self Esteem	Classroom	Short-term	SWEC	3 hours	Foster/ Adoptive Providers	600	75%

Training Sequence	Setting/Venue	Duration	Provider	Days/Hours	Audience	Number Projected Staff	Allowable Rate
Working with Sexually Abused Children	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	600	75%
Complex Behavior	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	600	75%
Using Discipline to Protect, Nurture, and Meet Developmental Needs	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	600	75%
Supporting Relationships Between Children and Their Families	Classroom	Short-term	SWEC 3	3 hours	Foster/Adoptive Providers	600	75%

**PRIDE Foster/Adoptive Parent Level III: Advanced Training
(PRIDE Models)**

****All of the following courses are eligible for reimbursement at the 75% rate**

Training Sequence	Setting/Venue	Duration	Provider	Days/Hours	Audience	Number Projected Staff	Allowable Rate
Advanced Discipline	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%
Psychotropic Medicines	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%
Parenting the Drug or Alcohol Affected Child	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%

Training Sequence	Setting/Venue	Duration	Provider	Days/Hours	Audience	Number Projected Staff	Allowable Rate
Sexually Reactive Children	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%
ADHD to Autism	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%
De-escalation Skills	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%
Reactive Attachment Disorder	Classroom	Short-term	SWEC	3 hours	Foster/Adoptive Providers	300	75%

Syllabi of Training Activities, Including New and Updated Course Descriptions

ROSA Time Studies

This online course provides a practical examination of procedures surrounding time studies for Child Welfare workers. Participants learn how to accurately document their time for funding purposes including Title IV-E. *Instructional Methods: Practice simulation, and self-instruction.*

Worker Safety

This on-line module addresses safety in the workplace both in the field and in the office. Participants are provided with a Worker Safety Handbook available on-line which provides handy tips and instruction for addressing different situations to which they might be exposed. Worker safety is infused throughout the new worker curriculum. Topics in this module include: why people get angry, predicting violence, safety in the office, preparing for home visits, home visit safety, the importance of keeping your supervisor informed, policy and protocol in dealing with threats. *Instructional methods: Blended learning approach including online training, structured TOL activities, lecture, class room discussion, and simulation.*

Core Concepts of Child Welfare Practice

This module provides participants an introduction to the foundation of child welfare

practice and the casework process. Topics include: the role of the child welfare professional in meeting the safety, permanency and well-being needs of WV's children; values of social work and child welfare practice; family centered practice; personal and interpersonal skills in culturally sensitive practice; and ethical decision making. The Generalist Intervention model will be introduced as the basis for the casework helping process, as well as the strength based model and solution focused approach to intervention. *Instructional methods: Blended learning including online training, structured TOL activities, lecture, class room discussion, and simulation.*

Applying Self Awareness to the Casework Process

This course emphasizes the importance of cultural competence in child welfare practice. Topics covered include: self-awareness of beliefs and values; development of an awareness of others' beliefs and value systems; and understanding the impact of bias, prejudice, and stereotypes, using the skills of self-awareness and awareness of others in culturally sensitive practice. *Instructional methods: Blended learning including online training, structured TOL activities, lecture, class room discussion, and simulation.*

The Interviewing Process in Child Welfare

The purpose of this course is to introduce new workers to the basic skills and techniques necessary to conduct an effective interview with individuals and families. With an emphasis on skill development opportunities, the course includes assisting workers to identify and carry out the steps required in preparing for an interview; instructing workers on techniques necessary for establishing rapport and giving and getting information; language techniques that promote a solution focused approach, and teaching workers how to close an interview. Additionally, trainees will learn how to deal with challenges in interviewing and how to avoid common pitfalls. *Instructional Methods: Blended learning including online training, structured TOL activities, lecture, class room discussion, practice simulation, and video.*

Identification and Assessment of Child Abuse and Neglect

This module introduces new workers to the general concepts necessary to recognize abuse and neglect. Topics include: the definitions of child abuse and neglect and how to recognize abuse and neglect; characteristics of families in which abuse and neglect occur; family dynamics in abuse and neglect; characteristics of abused and neglected children; short term and long term consequences of abuse and neglect for children, families and society; and importance of self-awareness in reacting to child maltreatment and its impact on the casework relationship. *Instructional Methods: Blended learning including online training, structured TOL, lecture, class room discussion, simulation, and video.*

Child Development

This course introduces trainees to child development and developmental milestones for the purpose of assessing individual child's needs in the casework process. Topics include: early brain development; risk and protective factors; influence of genetic and environmental factors; developmental domains and milestones; and the effects of maltreatment on development. *Instructional Methods: Blended learning that includes online training, structured TOL, lecture, class room discussion.*

Introduction to Assessment

This module provides participants a generalist framework for gathering and analyzing information about the child and family that will promote the development of an individualized service plan and interventions directed to addressing identified needs. Topics include: psychosocial dimensions of assessment; sources of assessment information; defining problems; identifying strengths; prioritizing problems; screening for mental health; substance abuse and domestic violence issues; and assessing families. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, and video.*

Family Service Planning/Case Transfer and Closure

This module introduces new workers to the knowledge and skills that are required to do effective service planning with families. Participants will learn the regulatory and legal mandates guiding development and review of the service plan; skills in engaging families in meaningful participation in the planning process; skills in developing the services plan; and evaluating progress and outcomes of the plan. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, and small group activities.*

Identifying and Accessing Community Resources

This module discusses how workers can partner and interface with other agencies to meet the wellbeing and permanency needs of children and families. It is designed to stress the role of the community agencies in supporting the goals and activities in the family case plan and the role of the worker in coordinating those services. Topics include: informal and formal support systems; medically and socially necessary services and the role of the Administrative Service Organization; making referrals; and how to identify service and community partners to support the case plan's interventions. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, and class room discussion.*

Introduction to Regulatory Guidelines and Definitions

This course familiarizes the new worker with the federal and state laws which govern

child welfare practice and the legal requirements and Bureau policy underpinning child welfare practice. Discussion will also include the role of the court in meeting the safety, wellbeing and permanency needs of children, and the roles and responsibilities of significant parties in child welfare court proceedings. The skills needed to prepare and present cases requiring court intervention will also be addressed. *Instructional Methods: Blended learning that includes online training, structured TOL activities, class room discussion, lecture, simulation, and small group activities.*

Introduction to Out-of-Home Placement and Case Management

This module provides an overview of permanency planning and the court process. The impact of grief and loss on the child and family when out-of-home placement is necessary is explored. The importance of preserving family and community connections is addressed. The importance of role of the caseworker as case manager is discussed. *Instructional methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, demonstration, and small group activities.*

Permanency Planning: Beyond Reunification

This module is introduced with the video, “Pathways to Permanency”, which introduces permanency from the viewpoint of a child. Federal recognized permanency options are introduced and defined. Concurrent planning is defined. The purpose and importance of concurrent planning is addressed. Topics include: an overview of adoption; legal guardianship and kinship care, considerations for making permanency decisions based on case assessments and the best interest of the child; permanency and termination of parental rights; and preparing the child and family for permanency. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, demonstration, and small group activities.*

Child Welfare Intake

This module introduces participants to the different types of intakes. It introduces the skills and process necessary for accepting referrals for child welfare services. The importance of engaging the referent and using different questioning techniques is explored. Participants learn the significance of gathering thorough information. Intake is presented as the first assessment in the child welfare process and its importance is stressed as an integral part of the decision making process. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, demonstration, practice simulation, computer lab and small group activities.*

Child Welfare Case Documentation

The training for this module takes place in a computer lab. This is hands on training.

Participants learn the SACWIS (FACTS) database system used for documentation of child welfare information and that this is the case record. They learn how to navigate the system for the purpose of entering information and retrieving information. The importance of documentation is emphasized. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, and demonstration. Participants practice entering case information in the FACTS Training Database.*

Child Welfare Intake Documentation

The training for this module takes place in a computer lab using the FACTS Training Database. This is hands on training. Participants learn how navigate the different screens needed to enter intake information into the system. They learn how to enter and document CPS intake information and YS intake information.

The importance of thorough documentation is emphasized. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, and demonstration. Participants practice entering case information in the FACTS Training Database.*

Introduction to CPS Multidisciplinary Teams (MDTs)

This workshop provides workers with a basic understanding of the purposes and functioning of the Multidisciplinary Team (MDT), utilized for children who may be victims of abuse or neglect. Participants will learn the current statute regarding MDTs; the types of MDTs and their purposes; when the MDT must be convened; who the MDT members are; when, where, and how often they meet; and the MDT role in the assessment, permanency planning, and treatment planning process. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, and video.*

Family Functioning Assessment

This workshop focuses on interviewing techniques for engaging families in the assessment process. Participants are introduced to the philosophy of family centered practice in Child Protective Services (CPS) and the Family Systems Theory. It familiarizes the new worker with the policies and procedures of the Department of Health and Human Resources concerning the provision of Child Protective Services. Workers are taught how to use the Safety Assessment and Management System model to assess safety and plan for intervention throughout the problem-solving process, from intake to case evaluation and closure. Participants will learn how to assess reports of child abuse and neglect by using the Safety Assessment and Management System Instruments; use appropriate interviewing skills; navigate through the intake and family functioning assessment practice protocols and assess for safety.

An experiential practicum concludes the training, in which a worker simulates a Family Functioning Assessment interview, assesses for safety and documents their findings. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, video, and individual activity and reading.*

Safety Analysis & Safety Planning

This workshop emphasizes the use of critical thinking skills and analysis in order to determine the best course of action in a case when a child is deemed to be unsafe. It defines reasonable efforts and outlines the steps to document what reasonable efforts have been made. In Home and Out of Home Safety Plans are defined as well as the types of services that can/should be included in a safety plan as well as helping the worker to identify criteria for ensuring that a safety plan is sufficient. Experiential activities such as developing safety plans conclude this training. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, video, and individual activity and reading.*

Family Functioning Assessment Documentation (FACTS)

This training is designed to teach new workers how to navigate and document the Family Functioning Assessment into the FACTS system. New workers will learn how to document the assessment onto the template and save it to the file cabinet in FACTS as well as complete the necessary FACTS screens. New workers will have the opportunity to document practice FFA cases into the FACTS system. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, and demonstration. Participants practice entering case information in the FACTS Training Database.*

CPS Court Documentation

This workshop familiarizes the new worker with the processes and procedures related to filing petitions in Child Abuse and Neglect cases; accepting custody by the Department; emergency custody in imminent danger situations; rules and types of evidence; court orders; taking custody in “Imminent Danger;” preparing case plans for the court; documenting custody information, petitions, hearings, and court orders; and meeting IV-E requirements. Participants will learn the current statute regarding MDTs; the types of MDTs and their purposes; when the MDT must be convened; who the MDT members are; when, where, and how often they meet; and the MDT role in the assessment, permanency planning, and treatment planning process. *Instructional*

Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, demonstration, computer-based activities, and group discussion.

Introduction to Youth Services Multidisciplinary Teams (MDTs)

This workshop provides workers with a basic understanding of the purposes and functioning of the Multidisciplinary Team (MDT) utilized for undergoing certain status offense and Juvenile delinquency proceedings. Participants will learn the current statute regarding MDTs; the types of MDTs and their purposes; when the MDT must be convened; who the MDT members are; when, where, and how often they meet; and the MDT role in the assessment, permanency planning, and treatment planning process.

Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, class room discussion, practice simulation, and video.

Youth Services Casework Process: Youth Behavioral Evaluation

This course familiarizes the new worker with procedures to use the Youth Services model of risk to assess and plan for intervention throughout the assessment and treatment planning process, from intake to case evaluation and closure. Training topics include the role and responsibilities of a Youth Service Worker; using the family centered practice approach in working with Youth Services cases; the Youth Behavior Evaluation; information collection; protocol for interviewing families and documenting the information. The emphasis of this training is to work with the family as a whole and not just the identified youth. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, computer practice, small group activity, practice simulation, and group discussion.*

Youth Services Case Process: Behavioral Control Plan

This module focuses on gathering sufficient information to develop Protection Plans and Behavioral Control Plans. Participants will learn how reasonable efforts correlate with the behavior control planning and the difference between in-home and out-of-home plans. Participants will learn how to accurately document Protection Plans and Behavioral Control Plans. *Instructional Methods: Blended learning that includes online training, structured TOL activities, lecture, computer practice, small group activity, practice simulation, and group discussion.*

Youth Services Case Process: Case Planning

This training is designed to teach workers the importance of family engagement in case planning. It assists them to understand their role in the case planning process as well as how to motivate families and youth to participate in the case planning process in order to promote change. Workers are given demonstrations of interviewing and goal writing then are given an opportunity to demonstrate writing a case plan including goal

development. *Instructional Methods: Blended learning that includes online training, structured TOL activities, computer practice, small group activity, role play, practice interviewing, individual activities and group activities.*

Youth Services YBE Documentation

This course provides instruction for documenting Youth Services Intakes; client demographics; Youth Behavioral Evaluations; Behavioral Control Plans; Family Service Plans and Family Service Plan Reviews. *Instructional Methods: Blended learning that includes online training, structured TOL activities, class room discussion, demonstration, and computer-based activities.*

Youth Services Court Documentation

This course provides comprehensive instruction on all aspects of the court process for youth undergoing certain status offense and delinquency proceedings. Participants will also learn how to prepare case plans for the court, document case plans, custody and hearing information. Requirements of IV-E and AFCARS will also be included. *Instructional Methods: Blended learning that includes online training, structured TOL activities and computer practice.*

Foster Care Home Finding Services

This course, Developing Foster/Adoptive Families, prepares child welfare workers who are Home Finding Specialists to work with families who are providing substitute care for children in state custody who are in out of home care. The training covers the role of the home finder in the child welfare system, recruiting foster/adoptive parents, eligibility criteria, PRIDE training for prospective parents, the assessment process, compiling the actual home study, making decisions with the family regarding certification and the Family Development Plan. The importance of supporting certified foster/adoption families, retaining families and the annual recertification process is also covered in this course. In addition the training participant's review and practice documentation in the FACTS system as it relates to foster/adopt providers and placements. *Instructional Methods: Lecture, role play, practice interviewing, individual activities, group activities and video*

Federal Laws and Policies Impacting Adoption Placement

This module addresses Title IV of the Civil Rights Act of 1964; Multiethnic Placement Act (MEPA) of 1994; Interethnic Adoption Provisions (IEP) of 1996; the Indian Child Welfare Act (ICWA) of 1978; the Adoption and Safe Families Act (ASFA) of 1997; and a discussion of concurrent planning in the context of the Child and Family Services review process. In addition, this module also deals with the Safe and Timely Interstate Placement of Foster Children Act; the Adam Walsh Child Protection and Safety Act; the Child and Family Services Improvement Act of 2006; the Deficit Reduction Act of 2006;

and Fostering Connections to Success and Increasing Adoptions Act of 2008, as related to safe, timely placements for children in foster care and adoption. *Instructional Methods: Lecture, group discussion, individual activity, group activity, and video.*

Child and Youth Assessment and Preparation

This module focuses on Child Assessment and Preparation. It reviews WV policies, procedures and protocols for completing a child assessment and preparation of the child for adoption. Participants will discuss issues of transitioning children/youth from foster care; issues specific to adoption assessment and preparation of older children and youth; and issues of sibling placements. Participants will learn to employ a variety of tools and techniques to engage, assess and prepare children/youth for better placement. *Instructional Methods: Lecture, group activity, group discussion, individual activity and video.*

Decision Making and Placement Selection in Adoption

This module reviews the steps in the decision making and placement selection process in adoption. It focuses on using the child profile/study and assessment and the family home study and assessment in the decision making process. It stresses the importance of using team meetings and engaging prospective, adoptive families in assessing their ability to parent a specific child/youth. In addition, it fosters discussion in engaging the older child/youth in selecting the adoptive family. *Instructional methods: Lecture, individual activity, group discussion, group activity, and video.*

Title IV-E Adoption Assistance

This module focuses on the Title IV-E Adoption Assistance Program. WV State Code, policy, procedure, and protocol for the adoption assistance program are included. This covers: the history of adoption subsidy in the United States; federal laws, policies and eligibility requirements for Title-IV-E Adoption Assistance; core components of negotiating and discussing adoption assistance; and discussion of adoption assistance with older children/youth and prospective adoptive families. *Instructional Methods: Lecture, group discussion, group activity, and video.*

Adoption Documentation

This module covers the documentation process in adoption. This includes the importance of thoroughly reviewing the case record; case transfer of the state ward case to the adoption unit; documentation of placement and adoption information in the FACTS system; documenting the finalized adoption, including subsidy information when appropriate; and preparing the case for transfer to the Division of Children and Adult Services after the consummation of the adoption. The adoption specialist will learn the importance of thorough documentation, completing all related adoption screens, and

preparing the case record for transfer and archiving. *Instructional Methods: Computer lab, reviewing FACTS adoption screens, documenting practice case information in FACTS.*

PRIDE Training for Child Welfare Workers

This training provides Child Welfare workers with an overview of the information presented in new foster parent orientation and training to ensure that workers and foster parents work together as a team. *Instructional Methods: Lecture, small group activity, and group discussion.*

Protective Capacity Family Assessment

This course familiarizes the new worker with the Protective Capacities Family Assessment, including the purposes of Protective Capacities Assessment and Treatment Planning; decisions associated with protective capacities assessment and treatment; how treatment fits in the Child Protective Services process; how to conduct a family assessment and develop a treatment plan; principles of individual and family change; motivation and change with involuntary clients; client involvement in treatment planning; use of outcomes in treatment planning; decisions associated with and completion of a case evaluation and closure; reunification; and notification of providers. *Instructional Methods: Lecture, small group activity, practice simulation, group discussion, individual activity and reading.*

Protective Capacity Family Assessment Documentation

This workshop will, in conjunction with Protective Capacities Family Assessment and Treatment Planning training, provide practice experience on how to document a Protective Capacities Family Assessment and Family Case Plan in the FACTS system. *Instructional Methods: Lecture, computer practice, practice simulation and individual activity.*

Case Plan Evaluation

This training is designed to teach workers how to evaluate and measure progress in the case plan. It includes goal development and measurement, safety evaluation and management, evaluation of caregiver motivational readiness and identification of stages of change as well as documentation of the Case Plan Evaluation. *Instructional Methods: Lecture, computer practice, individual activity and group discussion*

Sexual Abuse Initial Assessments

This training is designed for CPS workers and focuses on the responsibilities of CPS in the area of intra-family sexual abuse. Topics covered include the dynamics of intra-family sexual abuse; initial assessment in child sexual abuse; interviewing the identified

child; interviewing siblings; interviewing non-sexually abusive parents; interviewing sexually abusive parents; substantiation determination; and evaluation of children's safety. It is required for all CPS workers who are or will be working with child sexual abuse allegations. *Instructional Methods: Lecture, small group activity, practice simulation, group discussion, individual activity, and reading.*

Ethics in Action

This workshop will address a practical application of ethical dilemmas encountered in child welfare and is open to all child welfare staff; however those who attend must bring specific, case related ethical dilemmas to be discussed during this workshop. *Instructional Methods: Lecture, guided group discussion, and group activity.*

Culturally Sensitive Practice

This course provides the worker with an understanding of the importance of cultural aspects and cultural complexities in the provision of Child Welfare Services, including the role that negative attitudes and stereotypes can have on services to clients. The course also covers aspects of special populations including persons with disabilities. *Instructional Methods: Lecture, small group activities, and group discussion.*

Substance Abuse Issues

This workshop provides workers with the knowledge and skills needed to appropriately identify substance abuse as an underlying issue that can contribute to abuse and neglect. Participants review basic information about alcohol, tobacco, and other drug use and abuse, with an emphasis on how these substances impact family dynamics. Participants learn what constitutes drug and alcohol abuse; to what extent it is affecting family functioning; and how to determine if further assessment and treatment is necessary. The workshop also includes a review of DHHR policy related to identification and documentation of substance abuse issues, as well as referrals to the appropriate facilities. *Instructional Methods: Lecture, small group activity, and group discussion.*

Meaningful Contacts

This course provides skills needed to conduct meaningful contacts with children and youth in out of home placements. The focus is on primary worker visits in the placement environment and provides workers with information on how to structure and conduct visits to promote placement stability, wellbeing, and permanency. It fosters critical thinking skills that help workers with contacts with foster parents and parents. It covers how to document these visits in the FACTS system for reporting purposes. *Methods: Lecture, small group activities, practice simulation, and group discussion.*

Out-of-Home Investigations

This course provides the worker with hands-on instruction in the FACTS system and CPS out-of-home investigation policy. Workers learn how to document out-of-home intakes involving in home Child Care where there are allegations of maltreatment. Workers also learn the steps necessary to complete the investigation process and how to document the required information. *Instructional Methods: Lecture, computer practice, practice simulation, and group discussion.*

Preserving Connections

This course introduces participants to issues related to separation and loss that they will encounter in the course of practice. Participants learn techniques to support and encourage the parent-child relationship; why it is important to preserve a child's connections to family, community, culture, faith, and friends; and how this can be accomplished. *Instructional Methods: Lecture, small group activity, and group discussion.*

Family Centered Practice

This workshop provides workers with an understanding of the concept of "Family Centered Practice" as it relates to Child Welfare practice, including the advantages of this approach to working with children and families and how to apply the concepts to practice. Workers engage in a variety of activities that encourage them to understand the importance of the key elements of Family Centered Practice. *Instructional Methods: Lecture, small group activity, practice simulation, and group discussion.*

Case Plan Report (CPR)

This training is designed for all staff involved in Abuse and Neglect Proceedings. The topics include how to create the new Uniform Child or Family Case Plan and ensure it includes Information required by law as well as relevant and practical treatment plans for families and children. *Instructional Methods: On-line training computer practice.*

Automated Placement Referral

The Bureau of Children and Families in partnership with placement providers developed an automated process for the placement of children requiring in-state group residential placement and in-state psychiatric residential treatment facility placement. The purpose of the automated placement referral is to streamline the process for requesting and reviewing appropriateness of these types of placements by improving communication between agencies and eliminating paperwork. This training covers the policy and case documentation (FACTS) procedures required when requesting group residential placement and psychiatric residential treatment facility placement. *Instructional Methods: On-line training and computer practice.*

Legal and Advanced Ethical Issues in Child Welfare Practice

This workshop addresses ethics within the framework of legal responsibilities and precedents the child welfare worker has to clients, the agency, and to society. Issues explored include: negligence, liability, malpractice, and standard of care. Ethical responsibilities to clients and other professionals; confidentiality and protection of case records; access to records; and dual relationships are explored in detail. Practical applications are provided to child welfare case scenarios. *Instructional Methods: Lecture, small group activity, practice simulation, video, and group discussion.*

National Youth in Transition Database

This training will provide instruction to child welfare workers on the collection and case documentation required for federal compliance with NYTD. Child welfare workers will learn how to administer and document required youth surveys as well alternative contact methods. This training is for child welfare workers that have completed required pre-service training and are assigned child welfare cases in the NYTD population. *Instructional Methods: On-line training, documentation (FACTS) demonstration, and computer practice.*

Working with Families Experiencing Domestic Violence

This course presents a continuation of the Basic Domestic Violence course and provides a more in-depth look at the role of and procedures for domestic violence in child welfare cases, service options, and working with the court. It also explores changes and additions to Family and Circuit Court rules, statutes and policies related to domestic violence involving child abuse and neglect, and explains the difference between protective order proceedings and Chapter 49 proceedings in cases of domestic violence and advantages and disadvantages of each. *Instructional Methods: Lecture, small group activities, practice simulation, and group discussion.*

Socially Necessary Services in CPS

This is a required cross-training workshop designed for Child Protective Services Workers and Services Providers of ASO Safety Services. The workshop addresses the roles and responsibilities of staff and providers and teaches how to collaborate effectively to develop safety plans and provide appropriate safety services to families. Participants learn how to distinguish between a protection plan and safety plan and to recognize the importance of communication and case monitoring. Participants will know what services constitute the new safety services bundle and when it is appropriate to refer the Safety Services in relation to the CPS casework process. *Instructional Methods: Lecture, group discussion, group activity, and case examples.*

Permanency Roundtable Values and Skills

The purpose of the permanency roundtable training is for permanency roundtable team members to understand the case consultation process and their roles and responsibilities at the permanency roundtables. The skills training is experiential and will give participants the opportunity to practice the skills they will use in the permanency roundtable and to view a mock permanency roundtable. *Instructional Methods: Blended learning including on-line training, lecture, small group activities, practice simulation, and group discussion.*

Professional Development Course Offerings

Youth Transitioning to Adult Services

The purpose of the Youth Transitioning training is to cross train Child Welfare staff and Adult Services staff on identifying and transitioning those youth who need Adult Services upon turning 18. This is a policy/skills training that provides direction and best practice for working together with these youth for a smooth transition. *Instructional Methods: Lecture, small group activities, practice simulation and group discussion*

Maltreatment and Findings

This workshop is a tenured worker training on how to use WV state statute defining abuse and neglect and CPS policy operational definitions to make case decisions regarding child maltreatment; how to choose appropriate Maltreatment Findings at the conclusion of the current CPSS Initial Assessment and the SAMS FFA process; and how to think critically about all decisions being made. The training includes an introduction to upcoming changes in CPS redesign. *Instructional Methods: Lecture presentation, group activity, case examples, and group discussion.*

Out of Home Placement and Visitation

This two day course provides trainees a foundation of the skills and knowledge of working with families and children when out of home placement is required. Topics include: the laws, policy and court process related to out of home care; concurrent planning for permanency, separation and loss; assessment and considerations in choosing a placement setting based on the child's identified needs; the cultural/ethnic factors one must consider during placement; preparing all parties for placement, placement processes; and visitation and reunification efforts. *Instructional Methods: Lecture, small group activity, practice simulation, and group discussion.*

Adolescent Behavior and Development

The fine line between normal and abnormal teen behavior is not always clear. This workshop will review the physical, social, emotional and cognitive processes and milestones of normal adolescent development. Workshop content will also include a discussion of the risk and resiliency factors that can influence development to either

side of that fine line. *Instructional Methods: Lecture presentation, group activity, case examples, and group discussion.*

Confidentiality in the Age of Technology

This workshop is open to all child welfare staff and will address the ethical considerations and challenges arising from our increased usage of the Internet, social networking sites, and cell phones. *Instructional Methods: Lecture and group discussion.*

Culturally Sensitive Practice

This course provides the worker with an understanding of the importance of cultural aspects and cultural complexities in the provision of Child Welfare Services, including the role that negative attitudes and stereotypes can have on services to clients. The course also covers aspects of special populations including persons with disabilities. *Instructional Methods: Lecture, small group activities, and group discussion.*

Dual Relationships

This workshop will explore the complexity of dual relationships, particularly as it relates to child welfare practice in rural areas. Relevant sections of the NASW Code of Ethics will be discussed, as well as their application to practice. *Instructional Methods: Lecture, group discussion, case examples, and group activity.*

Engaging Absent Fathers

This workshop will discuss the importance of engaging fathers in child welfare services. Content includes the importance of fathers in children's lives; the current research related to father involvement; service barriers and opportunities; and how to effectively engage fathers throughout the casework process. *Instructional Methods: Group activity, discussion, lecture, video, and group discussion.*

Engaging Hostile Clients

Often the nature of child welfare brings us clients who are angry, defensive and hostile to service. This workshop will address techniques and skills to build a trusting relationship; how to engage the family in change with strengths based service planning and a solution focused approach; and how to diffuse and de-escalate angry individuals. *Instructional Methods: Lecture, group activity, and group discussion.*

Family Centered Multidisciplinary Treatment Teams

This interactive workshop explores the application of the nine key elements of family centered practice to the multidisciplinary treatment team process using a strengths-based emphasis. Communication and group leadership skills are central to successful

family centered multidisciplinary treatment teams. Additionally, an understanding of the perspectives and roles of the various team members is essential. The workshop will equip the participants with the knowledge and skills to facilitate family-centered multidisciplinary treatment team. *Instructional Methods: Lecture presentation, group activity, and group discussion.*

Human Growth and Development in the Social Environment

This course provides an overview of systems theory and the importance of the ecological perspective in assessment and planning interventions with families. Concepts of human growth and development are discussed. *Instructional methods: Lecture, small group activities, video, and group discussion.*

Interviewing Children with Disabilities

This workshop will introduce participants to the various disabilities they may encounter in child welfare practice; discuss disability specific characteristics and challenges relevant to the communication process; and provide disability specific suggestions and techniques in order to elicit good information during the interview. *Instructional Methods: Group activity, case examples, discussion, and lecture presentation.*

Practice Considerations with Kinship Care Providers

This workshop will address the values and principles unique to working with kinship care providers and introduce them to the CWLA Standards of Excellence for Kinship Care Services, and reviews Departmental policies relevant to kinship care. Additionally, the workshop will address issues of the older grandparent which will include discussion of the normal aging process, common misconceptions about older adults and challenges grandparents may face in caring for their grandchildren. *Instructional Methods: Lecture, case study exercise, and group discussion.*

Professionalism in Child Welfare Practice

This workshop will discuss the meaning of professionalism; identify individual pitfalls and workplace barriers; discuss our code of ethics and our responsibilities to the social work profession; and identify opportunities for individually and collectively enhancing our professionalism and identity as child welfare professionals. *Instructional Methods: Lecture, group discussion, and case examples.*

Self Determination and Confidentiality

This workshop will explore the concepts and values of confidentiality and client self-determination. Relevant sections of the NASW Code of Ethics will be discussed, as well as their application to practice. It is designed to provide the child welfare worker an opportunity to clarify his/her personal values, so that he/she can develop a framework

for ethical decision making in practice. *Instructional Methods: Lecture, group discussion, case examples, group activity, and role play.*

Testifying in Court

This workshop provides an opportunity for workers to identify problems they have encountered in testifying for the court, and identify solutions from class discussion and the Code of Ethics. Additionally, content includes tips for testifying, how to prepare for court, and legal and judicial issues. *Instructional Methods: Lecture presentation, group discussion, and video.*

Using Non Verbal Communication Effectively

Good communication is the foundation of a successful casework relationship. But we communicate with much more than words. In fact, research shows that the majority of our communication is nonverbal. This workshop will address that other aspect of communication – nonverbal communication – or body language, which includes our facial expressions, gestures, eye contact, posture, and tone of our voice. *Instructional Methods: Lecture, group discussion, case examples, group activity, and role play.*

Substance Abuse: Breaking the Cycle of Addiction

This is a three hour workshop designed to challenge and clarify the child worker's values and beliefs about substance abuse and addiction; examine the change process and discuss options for skill application at each level; and provide a brief overview of common types of treatment resources. Additionally, the workshop will discuss the impact of addiction on families and on parenting, and the nexus between addiction and child protection. This is an intermediate workshop on substance abuse, and assumes the worker has had previous basic training on substance abuse. *Instructional Methods: group activity, case examples, discussion, lecture presentation, video, and/or panel of women in recovery.*

Write it Right: Casework Documentation

This workshop is designed to assist workers in recognizing what's critical to include in the case record, and how to recognize and describe behavioral and factual information relevant to the intervention.

Trauma Informed Child Welfare Practice

This workshop, modeled after the National Child Traumatic Stress Network's Child Welfare Training Toolkit, will provide information on the impact of trauma on the development and behavior of children, define symptoms of traumatic stress, and discuss case plan strategies to support children in the child welfare framework of service.

Instructional Methods: Lecture presentation, video, group activity, and group discussion.

Making Sense of the Alphabet Soup:

Lesbian, Gay, Bisexual, Transgender Issues in Casework

This introductory training will address the knowledge and skills needed to provide culturally competent services to LGBT (lesbian, gay, bisexual and transgender) parents, adoptive and foster parents, or youth. Moreover, the training will introduce child welfare professionals to accurate and up-to-date information about LGBT individuals. Participants will begin to gain a basic competency of the full range of issues relating to sexual orientation and gender identity. *Instructional Methods: Lecture, group discussion, and group activity.*

Child Welfare Trauma Training Toolkit

This two day training, developed by the National Child Traumatic Stress Network is designed to teach basic knowledge, skills and values about working with children in the child welfare system that have experienced traumatic stress. It also teaches how to use this knowledge to support children's safety, permanency and wellbeing through case analysis and corresponding interventions tailored for them and their biological and resource families. Participants will be introduced to the essential elements of trauma informed child welfare practice; the basic components of traumatic stress and the impact of trauma on children's behavior, development and relationships; assessing the child; and providing support to the child, family and caregivers *Instructional Methods: Lecture, group discussion, group activity, and case examples.*

Common Childhood Mental Health Disorders and Implications for Service Planning

This workshop explores common emotional and behavioral disorders commonly encountered in child welfare, and what a child welfare professional should expect to see in treatment plans from the professionals he/she refers his/her clients to. Methods of presentation: lecture, group discussion.

Diversity in Child Welfare

This course provides the worker with an understanding of diversity, including prevalence and the role that prejudice and stereotypes can have on services to clients. The course also examines diversity in the child welfare system, including disproportionate representation in out of home care, relationship between poverty and race and impact on child welfare outcomes. *Instructional Methods: Lecture and group discussion.*

Socially Necessary Services in CPS

This is a required cross-training workshop designed for Child Protective Services Workers and Services Providers of ASO Safety Services. The workshop addresses the roles and responsibilities of staff and providers and teaches how to collaborate effectively to develop safety plans and provide appropriate safety services to families. Participants learn how to distinguish between a protection plan and safety plan and to recognize the importance of communication and case monitoring. Participants will know what services constitute the new safety services bundle and when it is appropriate to refer the Safety Services in relation to the CPS casework process. *Instructional Methods: Lecture, group discussion, group activity, and case examples.*

CLASSES UNDER DEVELOPMENT AND PLANNED FOR COMING YEAR:

Healthy Sexual Behavior in Middle School Youth and When to Be Concerned

This training will discuss the continuum of sexual behaviors for youth, identify and discuss healthy and unhealthy sexual behaviors of youth in various developmental stages, and casework strategies that can be utilized when problematic behaviors occur.

Working with Resistant Families

This course explores strategies for developing casework relationships with families who are reluctant participants in change. Discussion will include reasons behind reluctant participation in service, barriers, and skills and techniques which empower families and engage them in the change process.

Culturally Competent Practice with Hispanic Families

This workshop will reinforce concepts of culture and provide participants the knowledge and skills necessary for effectively engaging Hispanic families in services.

Adult Mental Health Issues

This workshop is designed to introduce the child welfare worker to adult mental health disorders they may encounter in parents, how to refer families for assessment and treatment, and services available to assist the child welfare worker in developing appropriate interventions.

Childhood Mental Health Issues

This workshop is designed to introduce the child welfare worker to children's mental health disorders; how to refer families for assessment and treatment; how to utilize psychological evaluations in service planning; and services available to assist the child welfare worker in developing appropriate interventions.

Sexually Reactive Children

This workshop will enable participants to identify signs and symptoms of children who display inappropriate sexual behaviors indicative of previous abuse and appropriate service interventions that should be included in the service plan to address the child's needs.

Online Course Descriptions

Adoption Subsidy Process

This course provides the Adoption Worker with a guide to the determination of eligibility for the adoption subsidy, negotiation and documentation of the subsidy and final processing of the subsidy and the adoption record.

The Flexible Workplace: An Introduction to Teleworking

This course will provide an introduction to Telework for employees and supervisors.

Child & Family Services Review (3 Modules)

- ***Introduction***
- ***Self-Assessment***
- ***On-Site Review***

This course will provide the philosophy and conceptual framework of the WV Child and Family Services Review (CFSR), outline the statewide self-assessment process as well as the on-site federal review procedure, and discuss how this culminates in the development of the Program Improvement Plan.

Introduction to Foster Care

The Introduction to Foster Care will give a brief history and overview of foster care. It will also provide the philosophical and legal basis as well as the practices and procedures necessary to provide foster care services.

Introduction to FACTS for R & R Staff

This course is an introduction for R&R Child Care to the Bureau of Children and Families automated child welfare system known as FACTS. The course will give the user a brief overview of FACTS, teach logon procedures, teach the user how to navigate, and teach the user common standards used on FACTS screens.

Introduction to Youth Services

The Introduction to Youth Services will give a brief history and overview of Youth Services. It will also provide the philosophical and legal basis as well as the practices and procedures necessary to provide youth services.

Introduction to CAPS

This course is offered to assist potential providers of WV DHHR with the opportunity to learn more about the Comprehensive Assessment and Planning System (CAPS). This course will give a brief overview of the system's process, its purpose, and the population served. It will also provide the legal basis as well as the practices and procedures necessary in the assessment and planning process.

AFCARS

The AFCARS course will offer a brief review of the Adoption and Foster Care Analysis and Reporting System. It will provide an overview of the importance of the AFCARS report and the reasons for collecting AFCARS data. It will address the importance of timely documentation, the difference between administrative and judicial reviews, and how to deal with children in detention in FACTS. It will also serve as a review of those AFCARS elements which present particular problems in the AFCARS report.

Introduction to IPACT

This course is designed to introduce Child Welfare workers and supervisors to the IPACT system. This system can be used to verify birth and death records from the West Virginia Bureau of Vital Statistics.

Child Welfare Updates (Modules added as needed)

This course is offered to update BCF child welfare staff on child welfare policy changes and/or the most recent modifications to the FACTS database.

- ***Personal Safety***
- ***Automated Placement Referral***
- ***Uniform Child or Family Case Plan***
- ***Family and Child Case Planning: Writing Measurable Goals***
- ***McKinney-Vento Act***
- ***Psychological Evaluation Referrals for CPS/YS Families***
- ***Timely Adoption Initiative***

Socially Necessary Services

The course provides an overview of the relationship of the Administrative Service Organization (ASO) and the Bureau for Children and Families. It explains how the two entities will work together to provide services to establish safety, permanency and wellbeing for all those who receive services from the Bureau for Children and Families. The course will allow child protective, youth services, and adoption staff to begin to plan how their customers will receive services.

Supervisory Courses

Supervisor Core Series: Putting the Pieces Together

Effective supervision spans three main areas ([Administrative](#), [Educational](#), and [Supportive](#) Supervision) that, while related, are also distinct. Each is an important component or piece of the bigger picture puzzle of child welfare supervision. The supervisor curriculum developed by the Butler Institute is competency-based so that training participants attain the level of proficiency designated by the competencies. Each unit encompasses three days of learning and emphasizes self-reflection and application to the unique circumstances of each supervisor. All modules are highly interactive and accommodate a variety of learning styles to maximize the learning experience. Based upon the latest literature and full of engaging activities, this Supervisor Core Series is state of the art in both content and style. The curriculum includes assessment tools, training instructions, PowerPoint presentations, bibliographies and handouts, games, a training journal, and more.

Unit I Administrative Supervision: Supervisor as Manager

Administrative Supervision focuses on those areas of supervision related to the efficient and effective delivery of services. This module stresses the importance of understanding one's own management style within the context of the agency's mission and vision and administrative structure and focuses on agency goals and outcomes. Key concepts covered in this module include: management styles; the use of power; advocacy; recruitment and selection of workers; change management; transitioning from peer to supervisor; and performance management.

Unit II Educational Supervision: Supervisor as Coach

Educational Supervision focuses on educating workers in order to attain more skillful performance of their tasks. Topic areas within this module are: learning styles; mentoring; orienting new employees; stages of worker development; transfer of learning; constructive feedback; coaching; and clinical supervision. Highly interactive, key learning activities are encased in engaging games that stimulate thought as well as energize the atmosphere. The module concludes with a wrap-up activity called "Supervision Land," a creative board game that reviews key learning points and allows participants the opportunity to test their new knowledge and practice their new skills.

Unit III Supportive Supervision: Supervisor as Team Leader

Supportive Supervision focuses on supporting, nurturing, and motivating workers to attain a high level of performance. Within the supportive supervision domain, the primary goal is to improve morale and job satisfaction. Key topics include secondary trauma, conflict management, job satisfaction, and management of a team. Because

child welfare work is so demanding and the stress is often high, we've integrated humor throughout the module to model the importance of maintaining a positive atmosphere, as well as to make an otherwise difficult subject more engaging. This module reflects the reality of the supervisor's position as head cheerleader, arbitrator, and counselor.

BCF Supervisory Training Series

Orientation to Supervision

This course is an introduction to basic supervisory issues and some administrative tools for effective supervision. The course will give the student a brief overview of supervisor competencies; critical policies; strategies to make the transition from caseworker to supervisor; strategies for transfer of learning supervisory roles and responsibilities; identify some legal issues for supervisors; and a brief summary of WebCT self-registration procedures. *Instructional Methods: Online.*

Practical Aspects of Supervision

This course offers the new supervisor an opportunity to participate in various activities that address basic supervisory issues. Some of the topics discussed in this course are: transitioning to a supervisory role (particularly from a worker to a supervisor); the responsibilities of the supervisor in hiring, performance evaluation, and documentation; danger zones for supervisors; and, how to balance supervisory concerns. *Instructional Methods: Lecture, small group activities, and group discussion.*

Transfer of Learning: The Supervisor's Role in Staff Development

This course examines ways for BCF supervisors to assess the critical learning needs of their staff to improve their overall competence. It helps supervisors to identify factors that affect transfer of learning before, during, and after formal training to the actual work environment and how to use this information to develop their workers. Activities will focus on the Child Welfare New Worker Training Plan and how on-the-job training assignments may be facilitated by the supervisor. *Instructional Methods: Lecture, small group activities, and group discussion.*

Competency Based Employment Interviewing Skills for Supervisors

This course will prepare supervisors to be more effective in developing and conducting both selection and exit interviews. Lessons include: preparing to interview job candidates; types of job interviews; focusing on candidate competencies; how to develop selection interview questions; making objective, measurable assessments; and conducting the exit interview with sensitivity and objectivity. Activities will focus on developing and conducting interviews for child welfare-specific high-turnover classifications (i.e., Child Protective Service Worker Trainee, Child Protective Service

Worker, Youth Services Worker, Home-finding staff, and Adoption staff). *Instructional Methods: Lecture, small group activities, and group discussion.*

Recruitment of Qualified Staff

This course takes a look at some of the challenges confronting Child Welfare supervisors today; specifically, why it's difficult to attract qualified workers as well as what supervisors can do to retain good workers. This workshop also addresses various recruitment strategies for new staff. Session includes discussion of the relationship of personnel selection to staff retention. *Instructional Methods: Lecture, small group activities, and group discussion.*

Retention of Qualified Staff

Once a new employee is hired, it is critical for supervisors to understand strategies that keep staff engaged, satisfied, and motivated. This workshop addresses basic interviewing techniques; assessing and focusing on employee motivation; establishing a positive work climate; providing effective feedback; the importance and role of training in employee retention; and motivation and job satisfaction. *Instructional Methods: lecture, small group activities, and group discussion.*

Coaching Skills for Child Welfare Supervisors

Child Welfare supervisors require the requisite knowledge, skills, and attitudes to engage in an effective and continuous coaching process. The process with staff must focus on delivery of services to clients. In order to coach staff to positive performance, the supervisor must have a working knowledge of coaching skills that can be used to develop the full potential of staff. Supervisors must be able to monitor and evaluate workers' abilities to foster open communication and effective feedback with clients. *Coaching Skills for Child Welfare Supervisors* will prepare the supervisor to model and teach the attitudes, knowledge, and skills necessary for effective job performance. It will also prepare the supervisor to structure supervisory conferences with staff members to review and monitor their work. *Instructional Methods: Lecture, small group activities, and group discussion.*

Working in Small Groups

Working in a small group can be an exciting time when joint efforts are recognized and celebrated, when relationships with new people are formed, and when you can identify your contributions to making a small group effort successful. On the other hand, working in a small group can be frustrating due to the lack of cooperation that may exist among members, the possibility of the emergence of conflict, and the clash of personalities of group members. Regardless of the feelings you have about working and communicating in a small group, knowing about the small group communication process is beneficial.

Instructional Methods: Lecture, small group activities, and group discussion.

Persuasion: Influencing Others for Effective Change

Child Welfare supervisors must learn how to persuade others both above and below them. Persuasion, or argument, is a constructive communication skill which can be developed or enhanced. It is important to recognize constructive and destructive argument; how to prepare and organize arguments more effectively; how to defend one's position; and manage relationships during arguments. Persuasion and arguing controversial issues can be very stimulating, challenging, and constructive. *Instructional Methods: Lecture, small group activities, and group discussion.*

Enhancing Your Nonverbal Communication Skills for Work

Our nonverbal behaviors have a significant impact on human communication. It is important to learn how verbal and nonverbal messages work together; why nonverbal messages are often more important than verbal ones; to identify myths about nonverbal communication; to explore the eight categories of nonverbal messages; to explore the supervisor-employee relationship from a nonverbal communication context; and to identify specific strategies that can be used to improve nonverbal communication skills. *Instructional Methods: Lecture, small group activities, and group discussion.*

Description of BCF Management Training Series

Mountain Force is BCF's newest initiative to use a performance management approach to positively affect child welfare practice in the state. Mountain Force will use data to reveal practice patterns. Staff will then use these identified patterns to engage in a facilitated open dialogue designed to yield hypotheses regarding possible root causes. To introduce management staff to this new approach, BCF will be using the Results Oriented Management online training offered by the University of Kansas School of Social Welfare, Office of Child Welfare and Children's Mental Health.

PRIDE FOSTER/ADOPTIVE PARENT TRAINING

Level I: Pre-service

The PRIDE pre-service training consists of nine modules (27 hours of classes) required by all potential foster/adoptive providers. Each module is three hours in duration. The modules are as follows: *Connecting with PRIDE; Teamwork toward Permanence; Meeting Developmental Needs-Attachment; Meeting Developmental Needs-Loss; Strengthening Family Relationships; Meeting Developmental Needs-Discipline; Continuing Family Relationships, Planning for Change; and Taking PRIDE-Making an Informed Decision.* A DHHR three hour *Orientation* session is conducted before the PRIDE pre-service begins. The PRIDE model has identified five essential competencies which foster parents will gain during the pre-service training. Competency categories

include: protecting and nurturing children; meeting children's developmental needs and addressing developmental delays; supporting relationships between children and their families; connecting children to safe, nurturing relationships intended to last a lifetime; and, working as a member of a professional team. *Instructional Methods: Lecture, video, small group activity, practice simulation, and group discussion.*

LEVEL II: INSERVICE FOSTER/ADOPTIVE TRAINING

Chemical Dependency

This three hour in-service module provides foster/adoptive parents with knowledge in working with children exposed to chemical use, abuse, and dependency. Participants will learn the risk factors of its use and effects on children and families as well as how to strengthen protective factors to prevent chemical dependency in children. They will be able to understand the dynamic process of chemical dependency, relapse, and recovery. *Instructional Methods: Lecture, small group activities, and group discussion.*

Promoting Cultural and Personal Identity

This three hour in-service module is designed to provide foster/adoptive parents with knowledge on the use of community resources to promote a child's positive social relationships. They will also learn how to promote a child's positive sense of identity, cultural norms, and values. *Instructional Methods: Lecture, small group activities, and group discussion.*

Building Effective Communication Skills

This three hour in-service module teaches foster/adoptive parents the general components of the communication process, the identification of non-verbal communication patterns, and barriers to effective communication. This module also increases self-awareness of personal communicative behaviors, improves active listening skills, and compares benefits of one-way and two-way communication. *Instructional Methods: Lecture, small group activities, and group discussion.*

Issues Related to Sexuality

This three hour in-service module familiarizes foster/adoptive parents with stages of sexual development. Areas of concentration include recognition of symptomatic/problematic sexual development as well as appropriate response to problematic sexual development. *Instructional Methods: Lecture, small group activities, and group discussion.*

Promoting a Positive Self-esteem

This three hour in-service module provides foster/adoptive parents with knowledge in regards to self-esteem. They will understand factors affecting self-esteem and how to

assess self-esteem, and the importance of creating necessary conditions for positive self-esteem. In addition, they will learn how to help children to identify and build on strengths, to develop social relationships, and how to create a supportive, accepting environment. *Instructional Methods: Lecture, small group activities, and group discussion.*

Working with Sexually Abused Children

This three hour in-service module teaches foster/adoptive parents the signs and symptoms of sexual abuse in children. They will also learn how sexual abuse affects growth and development and the use of appropriate interventions when working with sexually abused children. *Instructional Methods: Lecture, small group activities, and group discussion.*

Helping Children Develop Life Books

This training addresses the importance of foster/adoptive parents in life books in ensuring the child's connections and memories are maintained and in developing the child's sense of self. Instructions and resources will be provided. *Instructional Methods: Lecture, demonstration, individual activities, and handouts.*

Preparing Your Child for Fostering or Adoption

This training explores how to prepare your biological children for the addition of new siblings, and how to manage a smooth transition through frank and clear communication and discussion of impacts and expectations. *Instructional Methods: Lecture, demonstration, individual activities and handouts*

Complex Behavior

This three hour in-service module provides a review on DSM-IV behaviors. Foster/adoptive providers will be able to identify their beliefs about certain behaviors and understand the role of culture in defining what behavior is complex. In addition, they review development as an aspect of behavior, understand theoretical approaches that define behavior as complex, and learn the ABCs of behavior. *Instructional Methods: Lecture, small group activities, and group discussion.*

Using Discipline to Protect, Nurture and Meet Developmental Needs

This three hour in-service module provides foster/adoptive parents with skills on the use of appropriate discipline. They will learn to use discipline to promote positive behavior and techniques to promote self-responsibility. They will also be educated on using discipline techniques to respond to unacceptable behavior. *Instructional Methods: Lecture, small group activities, and group discussion.*

Supporting Relationships between Children and Their Families

This three hour in-service module educates foster/adoptive parents on the importance of respecting and supporting the child's connections to birth family and previous foster families. They will be able to recognize the spiritual, cultural, social and economic similarities and differences between birth family and one's own family. This module will also reinforce respecting and supporting connections to siblings. *Instructional Methods: Lecture, small group activities, and group discussion.*

Supporting Kinship Care and Relative Providers

This three hour in-service module is designed to provide kinship care providers additional information and skills unique to kinship care. The workshop will address goals and benefits of relative care, as well as challenges, how to manage relationships, and supports and services available to kinship care providers. *Instructional Methods: Lecture, video, small group activities, and group discussion.*

LEVEL III: ADVANCED FOSTER/ADOPTIVE TRAINING

The advanced foster/adoptive modules provide on-going professional development for foster/adoptive parents which may vary from year to year. Topics are identified based upon needs assessed by the Home-finding Specialist in each region. These topics may include Advanced Discipline; Psychotropic Medicines; Parenting the Drug or Alcohol Affected Child; Sexually Reactive Children; ADHD to Autism; De-escalation Skills; and Reactive Attachment Disorder. Each module builds on core competencies to provide foster/adoptive parents with resources and tools to respond effectively to complex situations or issues related to caring for children with particular conditions or life experiences. *Instructional Methods: Lecture, video, small group activity, practice simulation, and group discussion.*

Caring for Children Who Have Experienced Trauma:

A Workshop for Resource Parents

This two day workshop was developed by the National Child Traumatic Stress Network and is designed to educate resource parents and relative care givers about the impact of trauma on the development and behavior of children in foster care and to provide parents with the necessary knowledge and skills necessary to respond appropriately to the behavioral and emotional challenges of traumatized children. *Instructional Methods: Lecture, video, small group activity, practice simulation, and group discussion.*

Cost Allocation Methodolgy

WV is currently in the process of revising its cost allocation plan with its Federal partners with an estimated completion date of 2015. At this time the estimated total cost of in house training is not included because the cost allocation plan is not completed or approved. The cost allocation plan attached to this document addresses only university training costs.