



Youth Services Annual Report

State Fiscal Year July 1, 2018, through June 30, 2019

Contents

Introduction	2
Establishment of Youth Services	3
General Casework Flow.....	5
Youth Services Family Eligibility	5
Status Offenses and Youth Services	5
Youth and Families Served.....	6
West Virginia Rules of Juvenile Procedure.....	11
Truancy Diversion	9
Runaway.....	10
24-Hour Centralized Intake Unit Referral Line.....	12
Incorrigible	10
Community Services Linkage.....	11
Out-of-Home Placement.....	12
Removals from the Home	13
Foster Care Entry	15
Reunification	15
Safe at Home West Virginia	16
Transitioning Adults.....	17
Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies	18
Appendix A: Youth Services Matrix of Socially Necessary Services	20
Appendix B: Entry Point of Families into BCF Youth Services.....	23
Appendix C: List of Juvenile Residential Facilities and Residential Emergency Crisis Support Facilities Licensed by the Department of Health and Human Resources	24
Appendix D: Total Clinical Outcomes Management Implementation	31
Endnotes	32

Disclaimer Regarding Gender-Specific Terms: Throughout Youth Services Annual Report, whenever a gender-specific term is used, it should be understood as referring to both genders, unless explicitly stated. This is done solely for the purpose of making the text easier to read, and no offense or sexism is intended.

Introduction

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

“The Department of Health and Human Resources and the Bureau of Juvenile Services (BJS) shall annually review its programs and services and submit a report by December 31, of each year to the Governor, the Legislature and the Supreme Court of Appeals.” (W. Va. Code §49-2-1006(a))

In order to have complete and accurate data for this report, the Bureau for Children and Families is using data analytics and information that was valid during the time frame of July 1, 2018 through June 30, 2019.

In accordance with West Virginia State Code, the West Virginia Department of Health and Human Resources (DHHR) submits the Youth Services Annual Report for Fiscal Year July 1, 2018, through June 30, 2019. Through this mechanism, DHHR continues its commitment to “...establish, maintain, and continuously refine and develop, a balanced and comprehensive state program for juveniles who are potentially delinquent or are status offenders or juvenile delinquents in the care or custody of the department.” (W. Va. Code §49-2-1001)

This year’s annual report includes:

- A listing of the rehabilitative facilities in West Virginia.
- The Entry Point/Referral Source for the 2019 State Fiscal Year (SFY) to the Youth Services Program.
- Removals from the Home for 2019 SFY and Foster Care Entry by Source for the SFY.
- A section on the Safe at Home West Virginia program.
- The array of in-home Socially Necessary Services available to families in the Youth Services Program and those that have been discontinued.
- An online catalog of programs and services available in local communities throughout the state.
- An analysis of caseloads for Youth Services Social Workers over recent state fiscal years.

DHHR's Bureau for Children and Families (BCF) has adopted the Transformational Collaborative Outcomes Management (TCOM) framework that includes the Child and Adolescent Needs and Strengths (CANS) assessment and the Family Advocacy Support Tool (FAST). The CANS has been the primary assessment tool for the Youth Services Program since 2016. In early 2019, BCF piloted the FAST tool as an option to replace the CANS for Youth Services to find a less cumbersome and more family-oriented assessment tool that focuses on the safety of the entire family unit. The pilot was successful, and it is anticipated that the FAST will replace the CANS statewide in the latter parts of 2019.

To be certified in the WV CANS and FAST, one must demonstrate reliability on a case vignette of 0.70 or greater. Recertification is on an annual basis, thus ensuring reliability. Certification on WV CANS and FAST requires both face-to-face and online training. Experts who provide technical support and certification training must score 0.80 or greater and attend an annual refresher session.

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

Establishment of Youth Services

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

Youth Services operations consist of several basic steps. These steps can vary depending on whether there is involvement with the court. In general, the process is as follows: Intake; Youth Services Assessment; Behavior Control Plan; the Comprehensive Assessment and Planning System process and Multidisciplinary Treatment Team for court-involved youth; a Family Service Plan and Service Provision; and Case Plan Evaluation/Case Closure.

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

In February 2018, federal legislation known as the Family First Prevention Services Act passed, increasing federal funding for foster care prevention services. States can be reimbursed for prevention services that have been added to the IV-E Prevention Services Clearinghouse. WV currently provides following services which are listed in the IVE Prevention Clearinghouse such as; In- Home Visitation, Parents as Teachers, Healthy Families America, Functional Family

Therapy, and Motivational Interviewing. Additionally, the 2019 West Virginia Legislature passed HB 2010 which allowed Youth Services to rescind the use of the (Y)LS-CMI assessment. The (Y)LS-CMI assessment was not cost efficient and no qualified trainers were available. The WV Family Advocacy Support Tool (FAST), discussed in more detail below, has replaced the (Y)LS-CMI as the standardized screener for all open Youth Service cases.

General Casework Flow

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

Referrals come to Youth Services from a variety of sources. To better understand the entry point of families into BCF, a tracking report is being developed from the existing data in the Family and Children Tracking System (Appendix B).

Youth Services Assessment: The Youth Services Assessment is used to assess the needs and strengths of the adolescent and the presence or absence of behavioral control influences. Behavioral control influences are those conditions which are currently present in the home and pose a threat to the safety of the young person or the young person's family or the community.

Behavioral Control Plan (BCP): A BCP is a safety plan developed whenever behavioral control influences are identified and immediate action is needed to ensure the safety of the child and/or the family. The Plan can involve informal, non-paid services such as temporary living arrangements with friends or relatives, or it can also involve services such as behavioral health intervention. The Plan should consider each identified influence and specifically address how each of these influences will be controlled. The family should be engaged in the casework process to understand how the influences pose a threat to the family unit so that they can gain acceptance and ownership of the Plan. In some cases, the worker will identify behavioral control influences and the conditions in the home being such that an In-Home Behavioral Control Plan is not feasible, and out-of-home placement must be provided. A redesigned safety plan was included in the Youth Service FAST pilot. The safety plan will be implemented in late 2019.

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

Multidisciplinary Treatment Teams (MDT): Both state statutes and federal regulations require that an MDT report must be made to the court before the hearing for all youth involved with the court. The court must also review the Individualized Service Plan for the child and family developed by the MDT to determine if the implementation of the Plan is in the child's best

interests. MDT meetings must be held at least once every 90 days to review and revise, if needed, service and treatment plans until permanency has been achieved for the child.

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

Youth Services Family Eligibility

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

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

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

Status Offenses and Youth Services

Status offenses are acts that cannot be charged to adults, according to Section 34 C.F.R. §1110(42) of the Juvenile Justice and Delinquency Prevention Act.* However, at the state level, the definition is not as broad. W. Va. Code §49-1-202 states that a status offense is any of the offenses listed below:

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

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

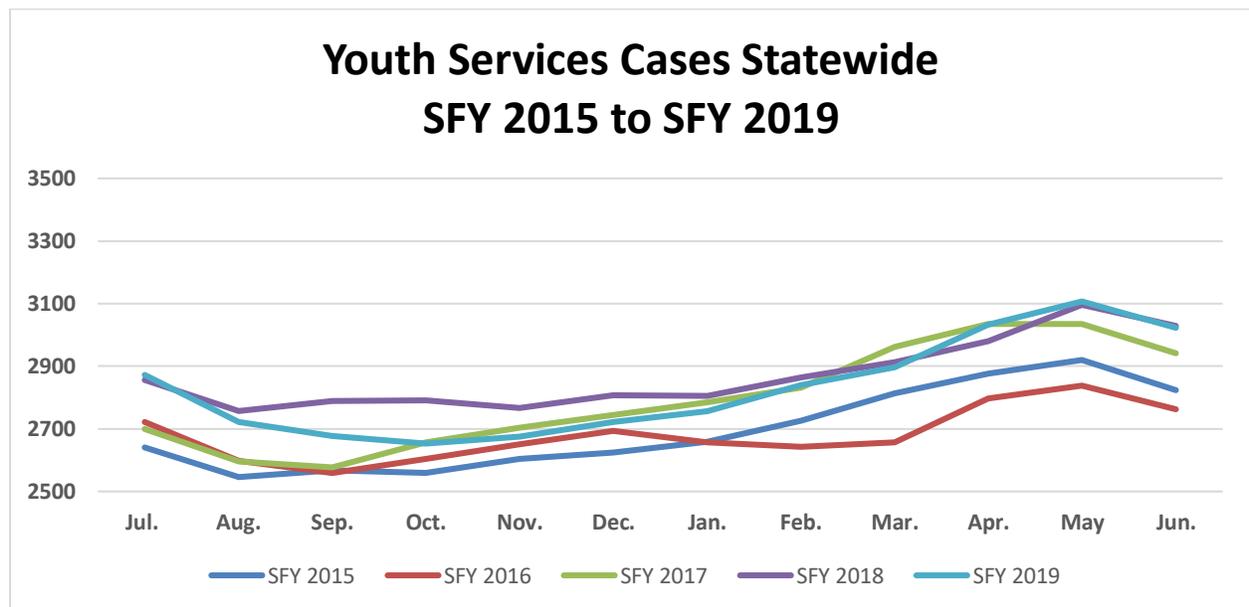
Truant: Habitual absence from school without good cause.

Families often need assistance dealing with teens who do not follow the rules at home, break curfew or run away. Truancy is often a symptom of deeper problems in the lives of children and families. Parent education and parent support groups in communities are great resources. Use of the Family Resource Centers[†] and the 211 websites and 24/7 hotline continue to expand in the state.

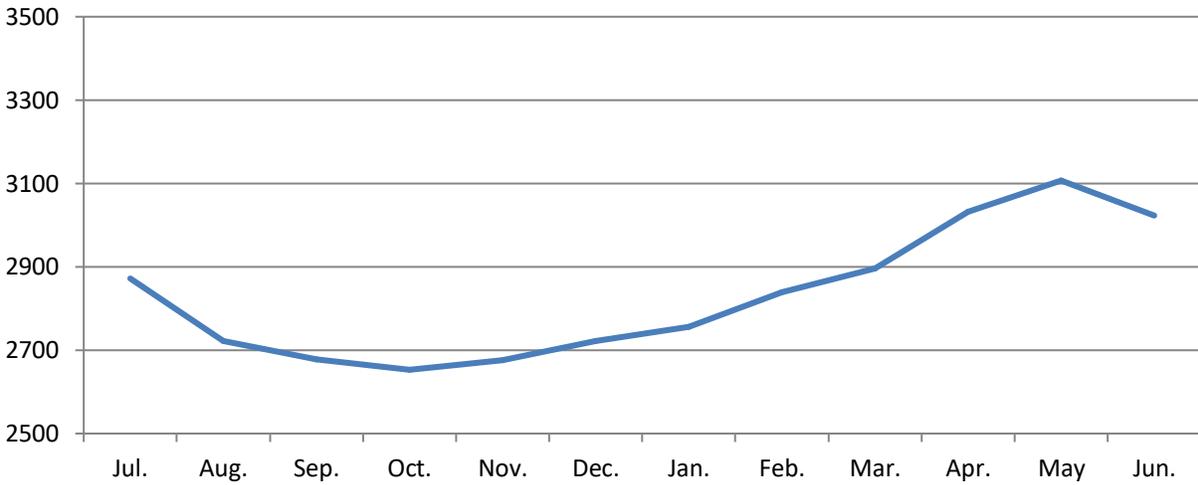
Youth and Families Served

BCF employees directly deliver child welfare services to families and children in all 55 West Virginia counties. Families and children enter the child welfare system either through Child Protective Services (CPS) or Youth Services. CPS serves those families whose children are determined to be unsafe due to abuse or neglect from their parent(s), guardian(s) or custodian(s). Youth Services serves adolescents who are referred by the courts for placement and services for status offenses or juvenile delinquency, or who are referred by families or schools for services to prevent delinquency.

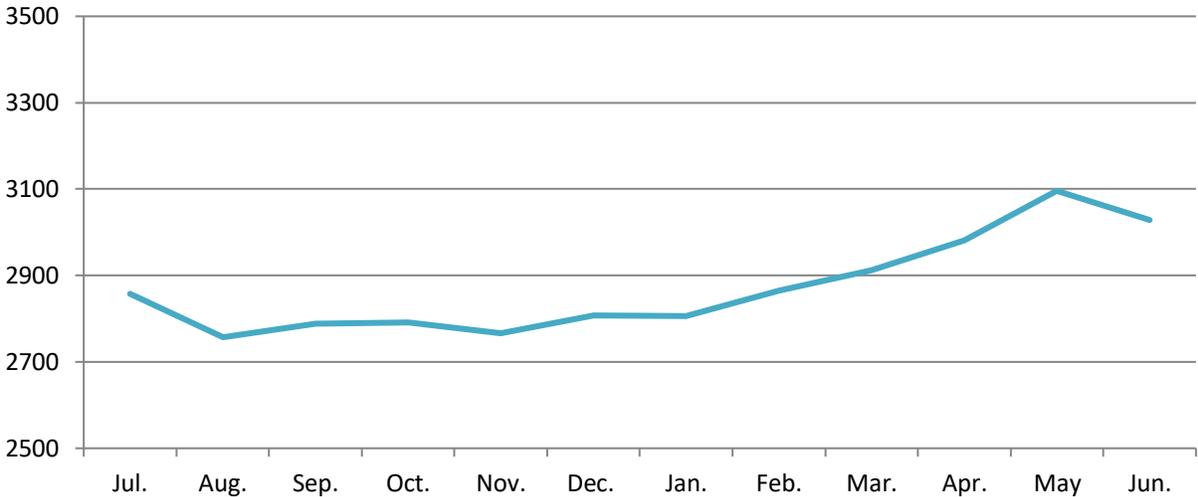
Youth Services caseloads for SFY 2019 continue the trend of workers having lower caseloads in the late summer and early autumn months, gradually increasing in the late autumn and winter months, and then peaking with high workloads in the spring. This trend is due to increases in referrals as the school year progresses.



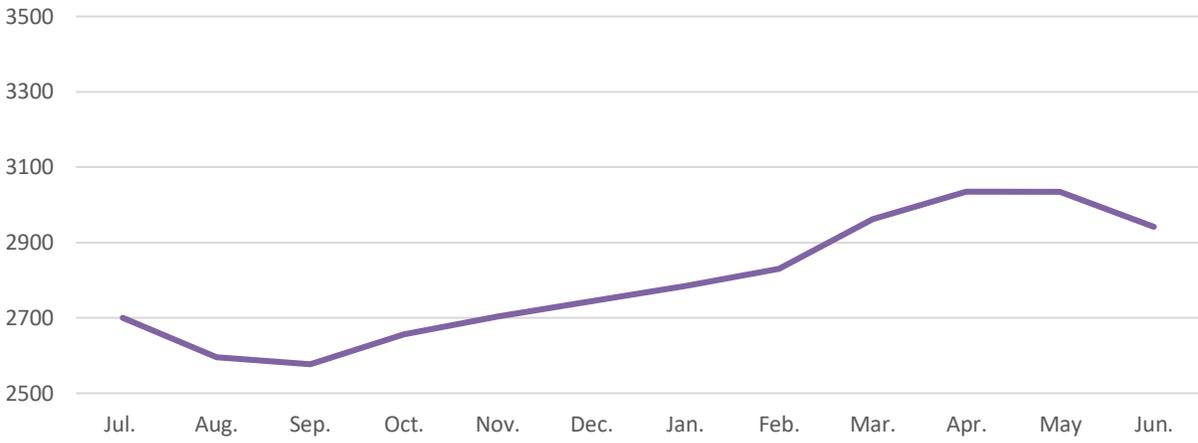
Youth Services Cases Statewide July 1, 2018 to June 30, 2019



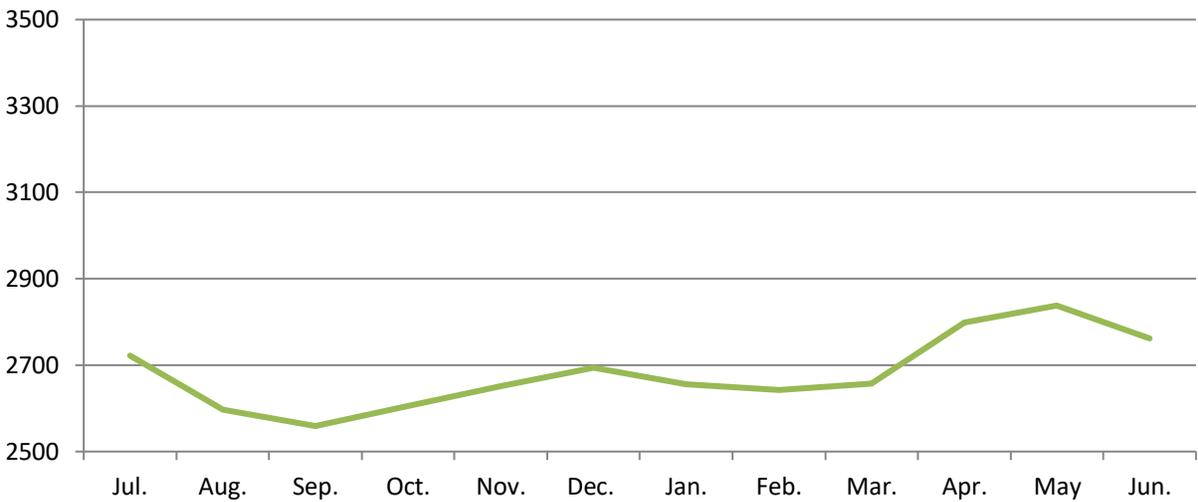
Youth Services Cases Statewide July 1, 2017 to June 30, 2018

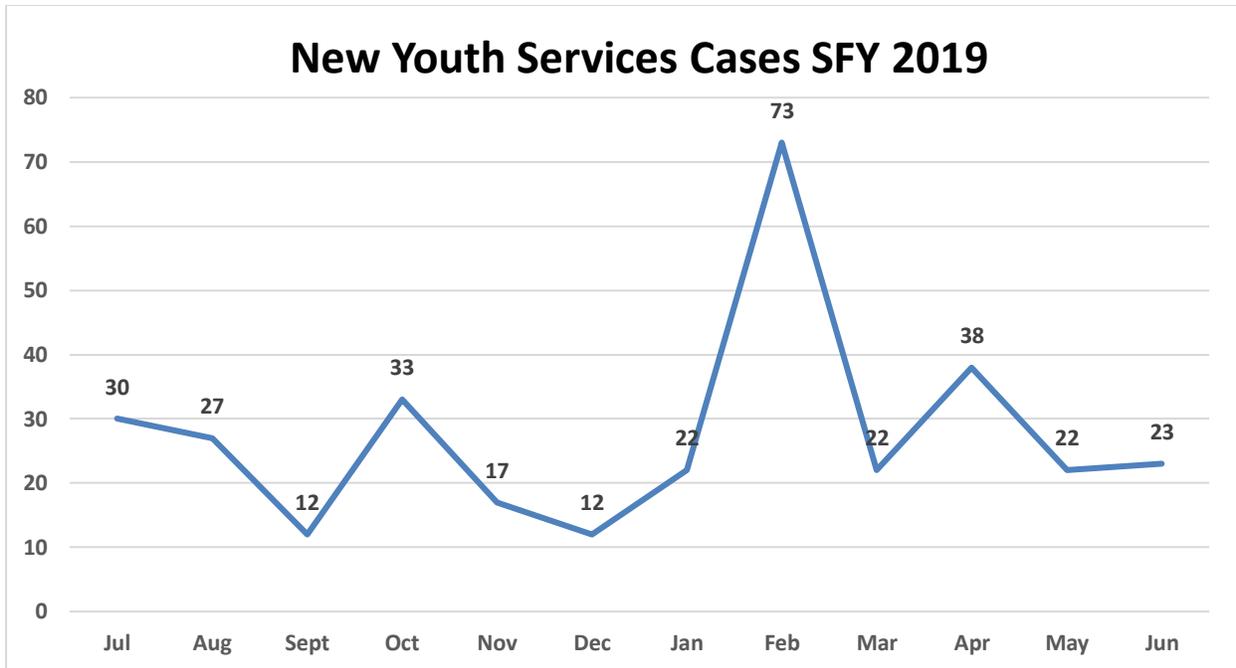


Youth Services Cases Statewide July 1, 2016 to June 30, 2017



Youth Services Cases Statewide July 1, 2015 to June 30, 2016





West Virginia Rules of Juvenile Procedure

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

Truancy Diversion

Delinquency prevention, as noted by former West Virginia Supreme Court Justice Robin Jean Davis, should begin with truancy diversion: "*The truancy habit can lead students to drop out of school before graduation. That is usually the beginning of a lifetime of trouble that can include unemployment, drug dependency, crime, and incarceration.*"⁺ Truancy diversion specialists not only help keep youth in school but also prevent many adolescents from becoming formally involved with the juvenile justice system. DHHR's truancy diversion program in the northern panhandle, the Juvenile Mediation Program (JMP), was discontinued during SFY19, but the National Youth Advocate Program (NYAP) provides services to truant children within its Victim Offender Mediation Program. More information on JMP and NYAP can be found in Appendix A.

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

Runaway

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

Children's Home Society provides runaway and homeless services at its Basic Center Program (BCP) in Parkersburg. This program serves youth aged 12-to-17 years who have run away from home, are at risk of running away, or are otherwise in a homeless situation. This is a voluntary program, and a parent or guardian's permission is required for CHS to house youths when necessary. CHS utilizes a host-home model versus a shelter model. The aim is to stabilize the crisis experienced by the youth and return the youth to a safe home with his or her guardian(s). In total, CHS served 58 young people through the Basic Center Program during the 2019 SFY. Of these 58 served in Parkersburg, 20 were provided with temporary housing. At its Wheeling location, YSS provided runaway and homeless services to 31 total clients, two of whom were provided with temporary housing.

24-Hour Centralized Intake Unit Referral Line

The DHHR Centralized Intake Unit (CIU) receives referrals 24-hours a day, seven days a week. CIU has enabled the streamlining of Child Abuse and Neglect and Adult Protective Services referrals, creating consistency in how the referrals are documented and received. Though county offices continue to enter Youth Services petition referrals directly, the CIU handles all after-hours emergency calls for Youth Services and contacts the appropriate district supervisor when necessary. The CIU's 24-hour customer service telephone number is 1-800-352-6513.

CIU also accepts referrals from prosecutors for Pre-Petition Diversion. Utilizing the CIU simplifies the referral-process for prosecutors because they can fax the standard referral form containing all necessary information that a DHHR worker needs to initiate contact with the referred youth and family. This process ensures prosecutors receive feedback regarding the acceptance of the referral and the assignment to the local office. To date, CIU has received 1,433 total referrals, 328 occurring during SFY 2019.

Incorrigible

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

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

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

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

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

Community Services Linkage

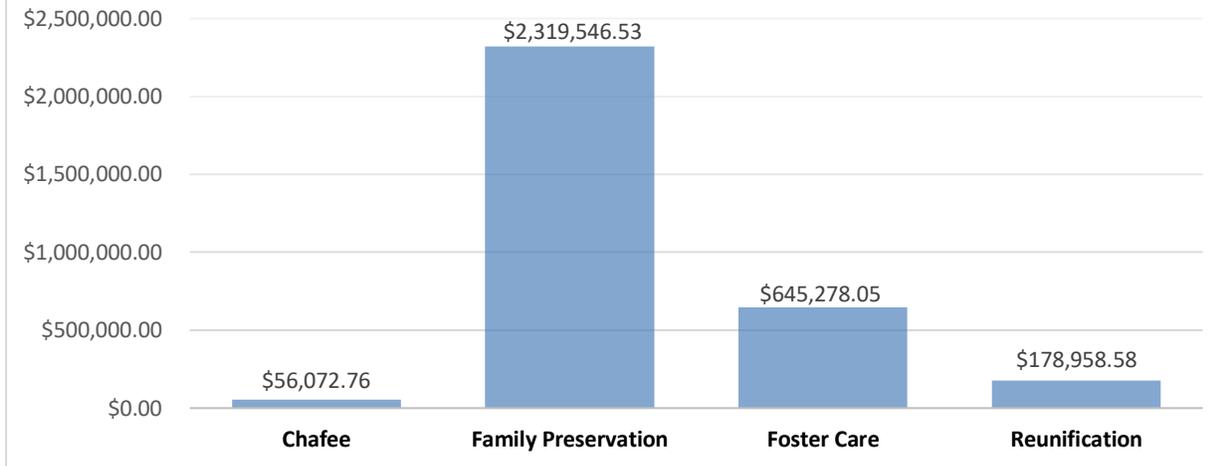
Youth Services strives to connect families and youth to services in their communities to maintain permanent family connections. Community Services are the link families need in their neighborhoods to cope, especially with the unique situations that come with raising teens and young adults. These local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

West Virginia 211 provides a descriptive catalog of juvenile and family-strengthening programs and services that are available in local communities; it is maintained by the Service Array. The catalog can be accessed through the West Virginia 211 website, www.wv211.org, or by dialing 2-1-1 on a phone. As of SFY 2020, West Virginia's 211 contract will expire with the state of West Virginia and may no longer be available after that deadline. Additionally, www.help4wv.com or 1-844-HELP-4WV provides immediate help for any West Virginian struggling with an addiction or mental health issue.

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

Socially Necessary Services are services necessary to achieve child welfare goals of safety, permanency, and well-being. The designation "socially necessary" is used to distinguish these services from others that have been determined to be medically necessary that can be obtained through Medicaid. These agencies provide four areas of expertise: Family Reunification, Family Preservation, Chafee Programs, and Foster Care in Youth Services cases. As with previous years, Youth Service cases in SFY 2019 utilized Family Preservation services most often, as illustrated in the following table.

ADMINISTRATIVE SERVICES ORGANIZATION PAYMENT BY YOUTH SERVICES, SFY 2019



A list of services available and discontinued resources through the Youth Services Matrix of Socially Necessary Services, as well as an illustration of which Administrative Services Organization (ASO) services were utilized most often, is provided in Appendix A.

In an ongoing effort to improve outcomes for West Virginia’s children and families, BCF began the process of redesigning the Socially Necessary Services structure, including how the delivery and outcomes of those services are evaluated. BCF has moved towards a culture of greater accountability to provide the basic framework for how BCF evaluates the effectiveness of programs and services and identifies those that should be continued, discontinued, or added to the service delivery matrices.

Out-of-Home Placement

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

In some cases, the worker will identify Behavioral Control Influences to preclude the development of an in-home Behavioral Control Plan. The reasons that an in-home plan will not be feasible will vary from case-to-case. In some instances, either the parent(s) or the youth may

not agree to cooperate with the plan. In other instances, the home may be chaotic and the level of strife between the family members prevents the use of an in-home plan.

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

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

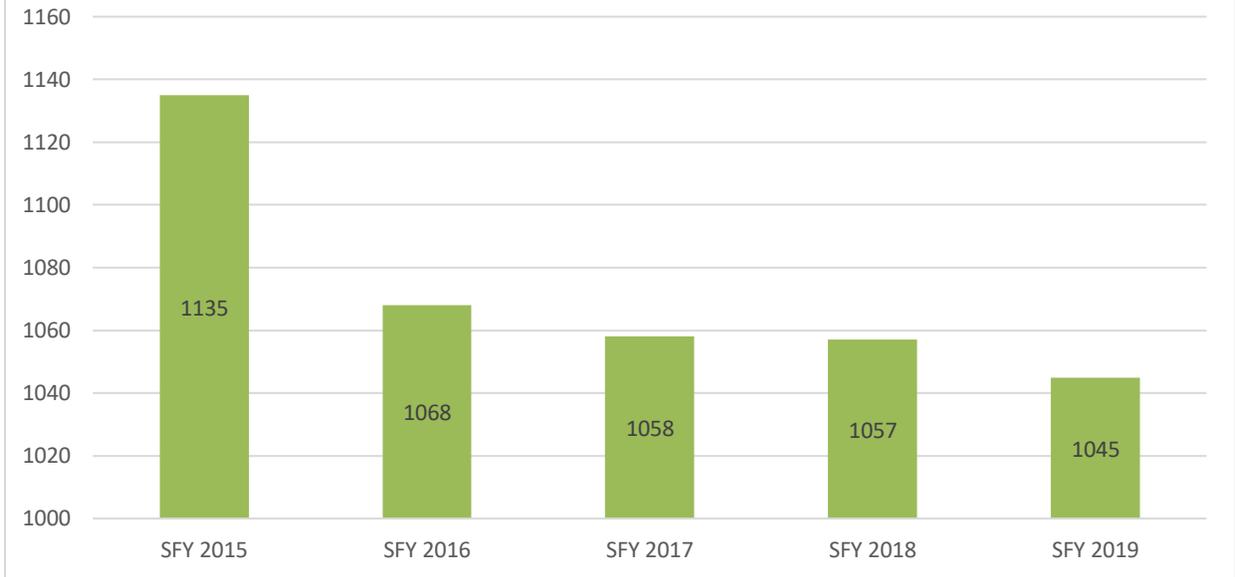
A listing of juvenile rehabilitative facilities is provided in Appendix C and is available through the West Virginia Child Care Associations' online directory. Additionally, current bed availability can be found through the West Virginia Child Placing Network.⁵

Removals from the Home

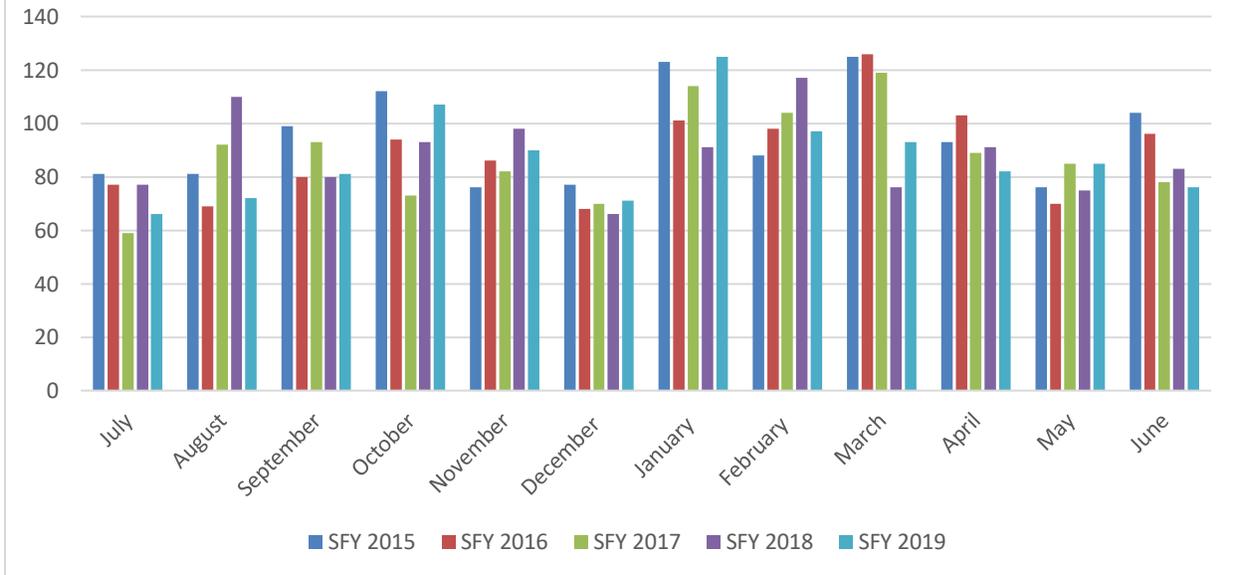
BCF captured the number of removals from the home that affected Youth Services' clients during the previous five fiscal years and discovered there has been a small but steady decrease in the number of removals over that time period. BCF attributes this reduction of removals to the mandatory diversion of status offenders, the prohibition of first-time offenders being removed from the home and the increased use of evidence-based community programs such as Victim-Offender Mediation and Functional Family Therapy. In addition to the diversion and community programs, the reduction of removals from the home can also be linked to the implementation of the Safe at Home West Virginia program. More information on the community programs can be found in Appendix A, and Safe at Home West Virginia information can be found on pages 18-19.

The following graphs represent the number of Youth Services' clients removed from their homes annually for the previous five SFYs, the monthly removals for SFY 2019, and the removals by gender for SFY 2019. Removal from the home does not always result in Foster Care Entry. The trends of fewer removals continued in SFY19 with 1,045 total removals.

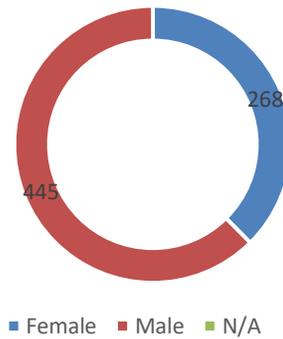
Youth Services Removals From Home



Youth Service Removals by Month



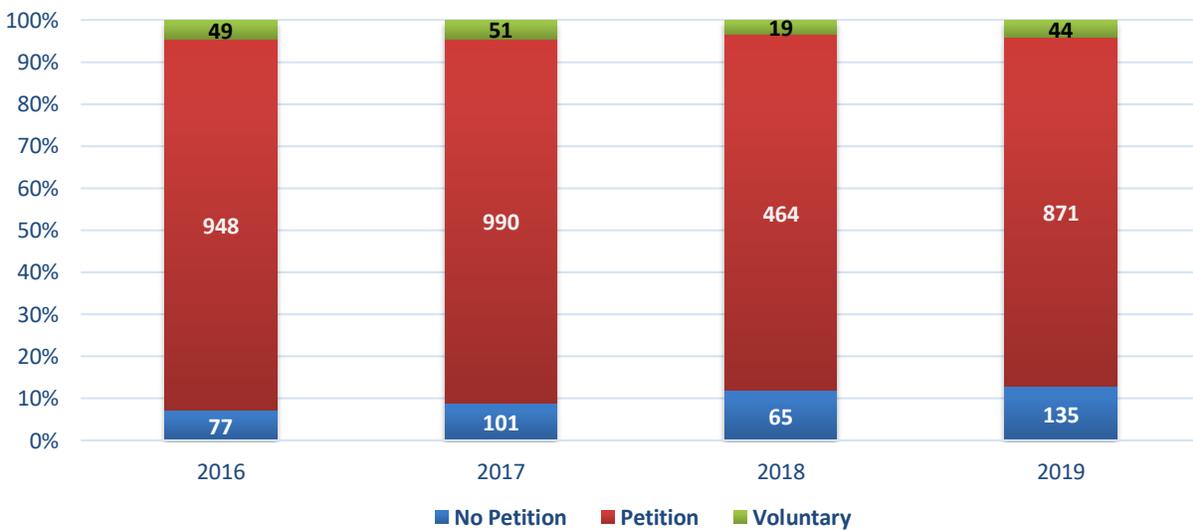
SFY 2019 REMOVAL BY GENDER



Foster Care Entry

The following graph shows Foster Care Entry by source. The removal figures will not exactly match the entry figures because not every child removed from his or her home is placed in foster care. The first placement attempt is with family or friends of the family, which would not necessarily constitute a Foster Care Entry.

Youth Services Foster Care Entry



Reunification

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

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

BCF has continued to work on several provisions to improve reunification efforts and family stability. One such provision is the continuation of Safe at Home West Virginia, which is detailed in the following section. A Wraparound Facilitators charged with the task of bringing the family and community together to help reunify high-needs children residing in group residential facilities with their families. BCF intends to expand the population served to encompass all children served by BCF who are in jeopardy of being removed from the home, experiencing a placement disruption, or require extra support to be reunified with their families. Safe at Home West Virginia is a high-intensity family engagement model of service delivery that not only empowers families to find solutions to their disruptive problems but also fosters an environment of community connectedness vital to individual and family success.

Safe at Home West Virginia

Safe at Home West Virginia uses a high-fidelity wraparound model designed to serve 12- to 17-year-old youth currently in congregate care settings in West Virginia or out-of-state, and those at risk of entering a congregate care setting. West Virginia also plans to universalize the use of the West Virginia Child Adolescent Needs and Strength (CANS) assessment and Family Advocacy Support Tool (FAST) across child-serving systems.

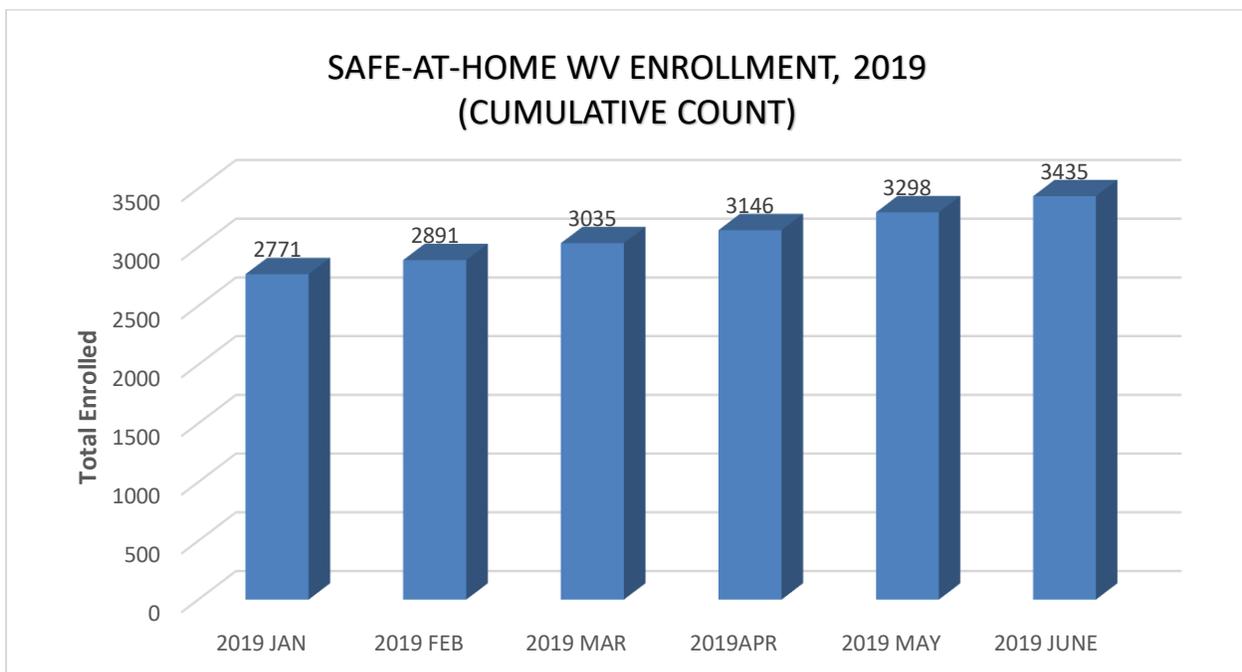
Recognizing that traditional practices may not always result in the best possible outcomes for children and families, West Virginia is now engaging in a process that creates a new perspective. In partnership with youth and families, BCF is collaborating with both public and private stakeholders, including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

Safe at Home West Virginia helps improve identification of a youth's and family's strengths and needs; reduces the reliance on residential group care and length of stay in group care; reduces the reliance on out-of-state residential care; improves the functioning of youth and families, including educational attainment goals for older youth; improves timelines for family reunification; and reduces re-entry into out-of-home care.

As of July 1, 2019, a total of 3,435 youth has been referred to the Safe at Home Program. The data regarding these referrals are as follows:

- Region I: 900 referrals
- Region II: 1,220 referrals
- Region III: 796 referrals
- Region IV: 519 Referrals

Of the total statewide referrals, 107 youth returned to West Virginia from out-of-state residential care, 281 returned to their communities from in-state residential care, 53 shelter placements returned home, and 2,289 were prevented from entering residential placements in either in-state or out-of-state facilities. Safe at Home currently has 1,461 open cases and has closed 1,974.



Transitioning Adults

A child who “aged out” of foster care is considered a “Transitioning Adult.” These terms are used to describe former foster children who remain in the care and custody of the state upon reaching their 18th birthday and may request additional support until age 21. Generally, children who age-out of foster care due to being under the auspices of the Juvenile Justice Court are the population of focus for Youth Services. W. Va. Code §49-4-110 states: “For each transitioning adult who remains in foster care, the Circuit Court shall conduct a status review hearing once every three months until permanency is achieved. For each child or transitioning adult who remains in foster care, the Circuit Court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of

permanency planning for transitioning adults, the Circuit Court shall make factual findings and conclusions of law as to whether DHHR made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship, pursuant to the West Virginia Guardianship and Conservatorship Act.”**

Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies

The caseload standard established for Social Service Workers with on-going cases is approximately 12 cases per worker. BCF continues to utilize this standard in reviewing actual cases against allocated positions. The following chart shows the number of total Youth Service Workers allocated against the number of cases per region for SFY 2019.

Region	Total Allocated Positions	Number of Active Cases (end of SFY 2019)	Average Number of Cases per Allocated Position
I	42	1,037	24
II	62	1,307	21
III	52	438	8
IV	44	521	12

During SFY 2019, Region I added one position, Region II added eight positions, Region III added five positions, and Region IV added two positions.

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

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

The following graphs depict the allocated positions of contracted and DHHR direct staff, respectively, which include vacancies as of June 30, 2019. All regions increased their total numbers of workers over the previous SFY which in turn has lowered the Vacant Percentage of Workforce.

Contracted Caseworkers

Region	Allocated Positions	SFY Year-End Vacancies	Vacant Percentage of Workforce
I	11	1	9%
II	14	1	7%
III	14	1	7%
IV	11	0	0%

DHHR Caseworkers

Region	Allocated Positions	SFY Year-End Vacancies	Vacant Percentage of Workforce
I	31	1	3%
II	48	3	6%
III	38	0	0%
IV	33	5	15%

The Occupational Outlook Handbook for 2018 released by the U.S. Bureau for Labor and Statistics noted, "Overall employment of social workers is projected to grow 16% from 2016 to 2026, much faster than the average for all occupations. Employment growth will be driven by increased demand for healthcare and social services but will vary in specialization."

Appendix A: Youth Services Matrix of Socially Necessary Services

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

YS REUNIFICATION SERVICES, CONT.
INDIVIDUALIZED PARENTING
FAMILY CRISIS RESPONSE
EMERGENCY RESPITE
RESPITE
LODGING
MEALS
MDT ATTENDANCE
PRIVATE TRANSPORTATION
PUBLIC TRANSPORTATION
AGENCY TRANSPORTATION
INTERVENTION TRAVEL TIME
TRANSPORTATION TIME
SUPERVISED VISITATION ONE-ON=ONE

No new services were added to the Youth Services Matrix in the previous fiscal year. Administrative Service Organization Supervised Visitation was made inactive in SFY 2017 and remained inactive for SFY 2019.

In addition to the available Socially Necessary Services, BCF has developed three evidence-based/evidence-informed services. These programs include Functional Family Therapy (FFT), Victim-Offender Mediation (VOM), and Aggression Replacement Training (ART). FFT is a high-intensity, short-term program that requires providers to work with the entire family to alleviate the issues of the youth. VOM is a restorative justice program that allows victims to voluntarily come face-to-face with their juvenile offenders and discuss, through the guidance of a trained mediator, their feelings about the perpetuation and resolution through creative restitution agreements. ART is a training program designed to educate and train youth on ways to reduce aggressive behavior and, therefore, reduce recidivism.

Family Functional Therapy (FFT)

BCF was able to provide funding for 10 sites to receive Phase 1 of the three-phase process to become a certified and self-sustaining FFT site. BCF has worked collaboratively with the only certified training company of the FFT model, to review provider progress and adherence to the FFT model. BCF is continuing in its efforts to improve the fidelity of FFT providers and expanding this service.

Family First Prevention Services Act was signed into federal law on February 9, 2018. This Act provided new funding to the state child welfare agency to provide certain identified preventative services to children who are at risk of entering the foster care system. One of the identified services authorized for reimbursement is Functional Family Therapy. As such, the Youth Services Program expects to see an increase in Functional Family Therapy availability throughout the state and the expansion of positive outcomes for Youth Services' clients and families.

Victim Offender Mediation (VOM)

BCF funded two Victim-Offender Mediation (VOM) programs during SFY 2019. However, one program (the JVOM program in Hancock County) closed during SFY 2019, and no data on cases or outcomes have been provided by the Hancock County program.

To date, the Juvenile-Victim Offender Mediation (JVOM) program of National Youth Advocate Program (NYAP) has received 138 referrals (28 in SFY 2019). For the most recent quarter, April 2019 through June 2019, JVOM received 10 referrals, including four males and six females. As of the last report received for June 2019, the JVOM program in Hancock County has served 343 children. Of the 222 served, 15 were from Hancock County, 56 were from Brooke County, and 151 were from Ohio County. The majority served by JVOM, 190, was for Truancy. Other behaviors that led to referral include Disturbance of School (22), Incurable (9), and Theft/Petty Larceny (1). Furthermore, of the 190-youth served for truancy, 118 noted improved school attendance.

In the structuring of these services, BCF required providers to accept referrals from community members and not strictly from a DHHR source. This structure was established in an effort to keep juveniles from engaging with the juvenile justice system and to reach juveniles at the earliest stage possible.

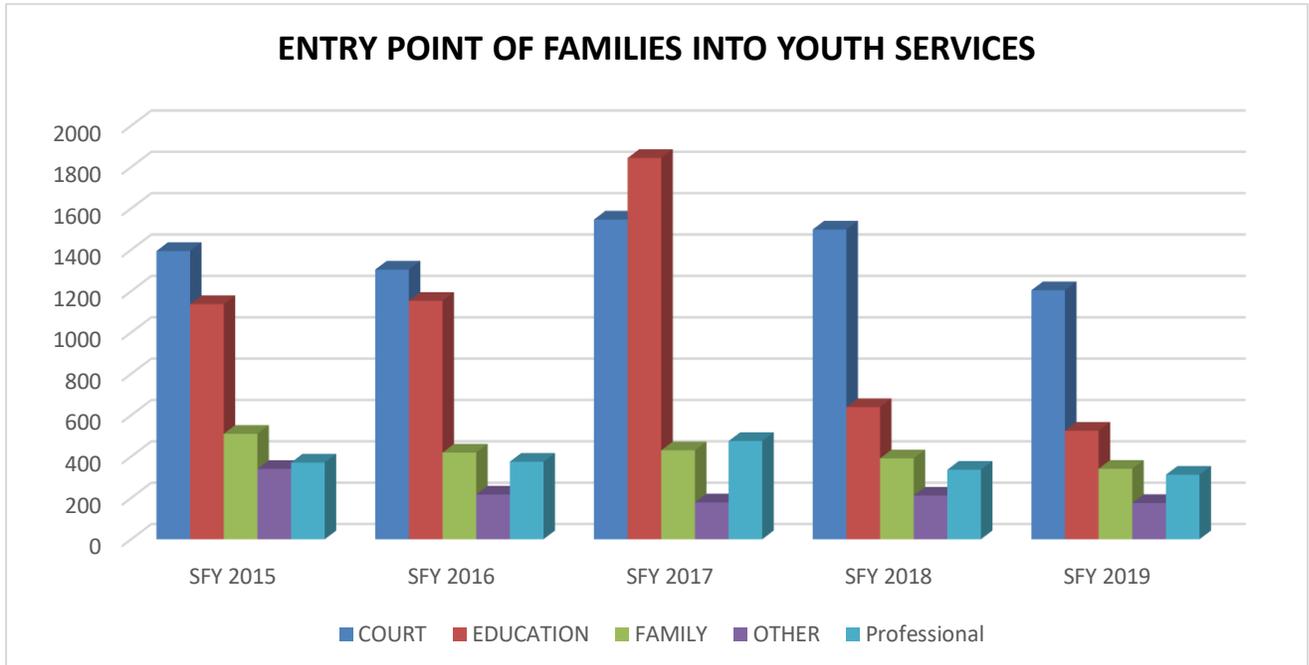
Aggression Replacement Training (ART)

The Aggression Replacement Training (ART) was developed by behavioral psychologists Dr. Berry Glick and Dr. John C. Gibbs and is designed to curb recidivism of adolescents who have shown or been charged with aggressive behaviors. Research has shown that states and communities who implement ART have a reduced rate of recidivism for youth participants, as well as the potential to reduce spending. If West Virginia operationalizes ART as a diversion program, it is anticipated that this program would prevent juvenile delinquency charges and reduce the number of young people referred to the court system. Entities eligible to receive facilitator training from West Virginia's designated representative include personnel from BJS, BCF and their contracted affiliates. West Virginia was granted four additional training slots with Dr. Glick for facilitator-only training. Two of these four slots were filled by representatives from the Presley Ridge organization, and two will be filled by individuals selected by BJS. BCF is currently evaluating the feasibility of program implementation.

Appendix B: Entry Point of Families into BCF Youth Services

A referral to Youth Services may be made by the parent(s) or by someone other than the parent(s). The chart below displays referrals to Youth Services categorized by the person who made the report. The data indicates that the majority of referrals come from prosecuting attorneys, juvenile probation officers, and truancy officers. Detailed data for the most recent five state fiscal years have been grouped by referent types: Court, Education, Family, Professional and Other. For SFY 2019, most referrals were from members of the court.

<i>Entry Point of Families into Youth Services</i>	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019
Court Total	1,394	1,304	1,546	1,498	1,204
Education Total	1,137	1,153	1,844	639	525
Family Total	510	419	430	391	341
Other Total	340	216	178	211	175
Professional Total	371	375	475	336	312
Grand Total	3,264	3467	3,238	3,075	2,557



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

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

<p>Children's Home of Wheeling Level II 14 Bed Capacity, Males Ohio County http://www.chowinc.org/ (304) 233-2367</p>	<p>Family Connections Brooke Place, Level II 12 Bed Capacity, Females Brooke County www.familyconnectionsinc.org Brooke Place: (304) 527-3303</p>
<p>Florence Crittenton Home Pregnant and Adolescent Mothers Level II 32 Bed Capacity, 10 Infants, Females Ohio County https://www.crittentonwv.org/ (304) 242-7060</p>	<p>Florence Crittenton Home Level I 6 Bed Capacity, Coed Ohio County https://www.crittentonwv.org/ (304) 242-7060</p>
<p>Monongalia County Youth Service Center Crisis Support 8 Bed Capacity, Coed Monongalia County www.MonCountyYouthServicesCenter.org (304) 599-2293</p>	<p>Pressley Ridge Odyssey House, Level II 10 Bed Capacity, Females Monongalia County www.pressleyridge.org (304) 296-0944</p>
<p>Pressley Ridge Richwood, Level II 3 Bed Capacity, Males Monongalia County www.pressleyridge.org (304) 296-0944</p>	<p>Yale Academy Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>
<p>Stepping Stone INC Youth Transitioning Program, Level I 10 Bed Capacity, Males Marion County http://www.stepsingstoneinc.org/ (304) 366-8571</p>	<p>Yore Academy, INC Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>

<p>Youth Academy, LLC Level II 22 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>	<p>St. John's Home for Children Level II 12 Bed Capacity, Males Ohio County www.stjohnshomeforchildren.org/ (304) 242-5633</p>
<p>Children's Home Society Arthur N. Gustke Shelter, Crisis Support 10 Bed Capacity, Coed Wood County http://www.childhswv.org/ (304) 424-5244</p>	<p>Youth Service System Youth Achievement Center 8 Bed Capacity, Males Ohio County www.youthservicessystem.org (304) 233-9627</p>
<p>Youth Service System Helsinki Shelter, Crisis Support 18 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>	<p>Youth Service System Samaritan House, Crisis Support 12 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>
<p>Youth Service System Tuel Center, Level I 9 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>	

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

<p>Braley & Thompson ACTT House Co-existing Disorders, Level II 6 Bed Capacity, Males Kanawha County www.btkids.com (304) 744-2155</p>	<p>Cammack Children's Center Level II 32 Bed Capacity, Coed Cabell County www.cammackchildrenscenter.org/ (304) 523-3497</p>
<p>Daymark Turning Point I, Level I 5 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>	<p>Daymark Turning Point II, Level I 6 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>

<p>Pressley Ridge Grant Gardens Level II 20 Bed Capacity, Coed Cabell County www.pressleyridge.org (304) 743-4439</p>	<p>Pressley Ridge Grant Gardens Level III 20 Bed Capacity, Coed Cabell County www.pressleyridge.org (304) 743-4439</p>
<p>Golden Girls Level II 20 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401</p>	<p>Golden Girls Level I 4 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401</p>
<p>ResCare of WV Woodward I, ICF/IDD 4 Bed Capacity, Coed Kanawha County www.rescare.com (304) 720-6902</p>	<p>River Park Barboursville School, PRTF 22 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 736-0915</p>
<p>River Park B.R.I.D.G.E Program, PRTF 15 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 526-9114</p>	<p>River Park R.O.A.D Program, PRTF 13 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 526-9114</p>
<p>River Park Roundtable Program, PRTF 21 Bed Capacity, Males Cabell County www.riverparkhospital.net (304) 526-9114</p>	<p>Stepping Stones Level II 13 Bed Capacity, Males Wayne County www.steppingstonesinc.org/ (304) 429-1354</p>
<p>Stepping Stones Transitioning Program, Level I 5 Bed Capacity, Males Wayne County www.steppingstonesinc.org (304) 429-2297</p>	<p>Children's Home Society Hovah Hall Underwood, Crisis Support 15 Bed Capacity, Coed Cabell County www.childhswv.org (304) 743-2345</p>

<p>Children’s Home Society Davis Child Shelter, Crisis Support 10 Bed Capacity, Coed Kanawha County www.childhswv.org (304) 255-0408</p>	<p>Children’s Home Society June Montgomery Harless Shelter Crisis Support 10 Bed Capacity, Coed Logan County www.childhswv.org (304) 239-2470</p>
<p>Daymark Patchwork, Crisis Support 5 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3673</p>	<p>Children’s Home Society Martinsburg Children’s Shelter Crisis Support 8 Bed Capacity, Coed Berkeley County www.childhswv.org (304) 263-5014</p>
<p>Highland Hospital PRTF 24 Bed Capacity, Coed Kanawha County www.highlandhosp.com (304) 926-1696</p>	

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

<p>Board of Child Care Falling Waters, Level III 5 Bed Capacity, Coed Berkeley County www.boardofchildcare.org (304) 267-3300</p>	<p>Board of Child Care Campolina Way Co-existing Disorders, Level II 10 Bed Capacity, Coed Berkeley County www.boardofchildcare.org (304) 274-1234 or (304) 274-3301</p>
<p>Burlington United Methodist Family Services (BUMFS) Pathways Program, Community Re-Entry Transitional Living 5 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Brenda’s House, Level III 10 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>

<p>BUMFS Craig House, Level II 7 Bed Capacity, Males Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Keyser Group Home 7 Bed Capacity, Females Mineral County www.bumfs.org (304) 289-6010</p>
<p>BUMFS Rees Headlee and Kitzmiller Cottages Level III 20 Bed Capacity, Coed Mineral County www.bumfs.org (304) 289-6010</p>	<p>Potomac Center Main Campus, IDD/ICF 24 Bed Capacity, Coed Hampshire County www.potomaccenter.com (304) 822-3861</p>
<p>Elkins Mountain School Level III 48 Bed Capacity, Males Randolph County www.emtns.org (304) 637-8000</p>	<p>Elkins Mountain School Oak Ridge Program, Level II 15 Bed Capacity, Males Randolph County www.emtns.org (304) 637-7400</p>
<p>Home Base Level II 5 Bed Capacity, Males Upshur County www.homebaseinc.org (304) 746-2918</p>	<p>Home Base Level II 5 Bed Capacity, Males Lewis County www.homebaseinc.org (304) 746-2918</p>
<p>Pressley Ridge Laurel Park, Level II 40 Bed Capacity, Coed Harrison County www.pressleyridge.org (304) 624-9875</p>	<p>ResCare of WV Terra Alta Children’s Home, IDD/ICF 5 Bed Capacity, Coed Preston County www.rescare.com (304) 789-5873</p>
<p>WV Children’s Home Level II 25 Bed Capacity, Coed Randolph County www.dhhr.wv.gov (304) 637-0278</p>	<p>Children’s Home Society Martinsburg Shelter, Crisis Support 8 Bed Capacity, Coed Berkeley County www.childhswv.org (304) 264-0225</p>

Children's Home Society Romney Shelter, Crisis Support 10 Bed Capacity, Coed Hampshire County www.childhswv.org (304) 822-4652	Genesis Ridgeline Children's Shelter Crisis Support 15 Bed Capacity, Coed Tucker County www.genesiswv.org (304) 709-7020
Genesis Youth Crisis Center, INC Alta Vista Shelter, Crisis Support 10 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 622-1907	Genesis Emergency Crisis Center Crisis Support 15 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 622-1907

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

BUMFS Beckley Center, Level III 20 Bed Facility, Females Raleigh County www.bumfs.org (304) 252-8508	BUMFS Beckley Center, Level II 10 Bed Facility, Males Raleigh County www.bumfs.org (304) 252-8508
BUMFS Daniels Co-existing Disorders Home, Level II 8 Bed Capacity, Coed Raleigh County www.bumfs.org (304) 720-1904	Davis-Stuart Lewisburg Group Home, Level II 44 Bed Capacity, Coed Greenbrier County www.davis-stuart.org (304) 647-5577
Davis-Stuart Alicia McCormick House, Level I 6 Bed Capacity, Females Greenbrier County www.davis-stuart.org (304) 497-3544	Davis-Stuart Princeton Group Home, Level I 6 Bed Capacity, Males Mercer County www.davis-stuart.org (304) 425-6835

<p>Davis Stuart Bluefield Group Home, Level I 6 Bed Capacity, Females Mercer County www.davis-stuart.org (304) 325-7645</p>	<p>New River Ranch Level I 26 Bed Capacity, Coed Fayette County www.newriverranch.org (304) 574-1058</p>
<p>Children’s Home Society Paul Miller Shelter, Crisis Support 10 Bed Capacity, Coed McDowell County www.childhswv.org (304) 862-4237</p>	<p>Children’s Home Society Southern WV Exceptional Youth Emergency Shelter, Crisis Support 5 Bed Capacity, Coed Raleigh County www.childhswv.org (304) 255-0408</p>
<p>Children’s Home Society Faltis Shelter, Crisis Support 14 Bed Capacity, Coed Nicholas County www.childhswv.org (304) 872-8190</p>	<p>Children’s Home Society Lewisburg Child Shelter, Crisis Support 14 Bed Capacity, Coed Greenbrier County www.childhswv.org (304) 645-1302</p>

Appendix D: Total Clinical Outcomes Management Implementation

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

West Virginia has been building a foundation for the use of the CANS assessment for many years and is now working to include the use of the FAST within the state. In SFY20, the FAST assessment will become the standard assessment tool for Youth Services.

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

Endnotes

* The 2002 Juvenile Justice and Delinquency Prevention Act can be obtained by contacting Office of Juvenile Justice and Delinquency Prevention at 202-307-5911, or online:

<http://www.ojjdp.gov/compliance/jjact.pdf>

† The listing of all Family Resource Centers in West Virginia can be obtained by calling DHHR's Bureau for Children and Families at 304-558-7980. Additional information is also available at the System of Care website: <http://wvsystemofcare.org/>

‡ Supreme Court Justice Robin Jean Davis led an unprecedented new effort to coordinate judicial truancy programs in West Virginia. In the fall of 2011, Justice Davis appeared at fourteen regional meetings of school superintendents and principals to discuss ways the court system can work with educators, DHHR, and other community officials to keep children in school. Justice Davis' video can be viewed online, along with text from several speeches she has made on Truancy: <http://www.courtswv.gov/court-administration/truancy/truancy.html>.

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

** Three online resources are available regarding the West Virginia Guardianship and Conservatorship Act which impacts some adults who are or who become unable to conduct their personal affairs or manage their finances because of mental or physical impairment. In cases such as these, the state traditionally steps in to appoint a guardian to protect those individuals who, for various reasons, are unable to make decisions for themselves. The West Virginia Supreme Court of Appeals proudly provides a guardian/conservator online training program that can be accessed at: <http://www.courtswv.gov/public-resources/guardians-conservators.html>; and finally, the Guardianship/Conservatorship What Do I Need to Know Guide can be downloaded at <http://www.wvlegalservices.org/guardcon.pdf> or requested by calling Appalachian Legal Services at 304-343-4481.