CRITICAL INCIDENT ANNUAL REPORT

Child Fatalities and Near Fatalities Due to Abuse and Neglect

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR CHILDREN & FAMILIES

Office of Planning and Quality Improvement
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Executive Summary

The West Virginia Department of Health and Human Resources (DHHR or Department) is the state agency responsible for child welfare as defined in Chapter 49 of the W. Va. Code. Incidents of abuse and neglect are investigated by Child Protective Services (CPS) located within DHHR's Bureau for Children and Families (Bureau or BCF).

Child Fatality Review and Report

A review of child fatalities is conducted by several entities in West Virginia: The Supreme Court of Appeals of West Virginia, the West Virginia Child Fatality Review Team, and the Infant Mortality Review Team. The Supreme Court of Appeals of West Virginia analyzes the court system's performance and recommends changes that need to be made. The West Virginia Child Fatality Review Team and the Infant Mortality Review Team are conducted by the Commissioner of DHHR's Bureau for Public Health. The West Virginia Child Fatality Review Team reviews all deaths of children under the age of 18, and the Infant Mortality Review Team examines, analyzes and reviews the deaths of infants and women who die during pregnancy or at the time of birth and children who die within one year of birth. W. Va. Code §61-12A-1, *et seq.* created the Fatality and Mortality Review Team (FMRT). The FMRT is required to establish four advisory panels**:**

1. An unintentional pharmaceutical drug overdose fatality review panel to examine, analyze, and review deaths resulting from unintentional prescription or pharmaceutical drug overdose,
2. A child fatality review panel to examine, analyze, and review deaths of children under the age of 18 years,
3. A domestic violence fatality review panel to examine, analyze, and review the deaths of infants and women who die during pregnancy, at the time of birth or within one year of birth of a child, and
4. An infant and maternal mortality review panel to examine, analyze, and review the deaths of infants and women who die during pregnancy, at the time of the birth, or within one year of the birth of a child. The Child Fatality Review Panel includes one CPS worker and the Director of BCF's Office of Social Services.

Since 2000, the Bureau has submitted information related to child abuse and neglect, including child fatalities as a result of abuse and neglect, to the National Child Abuse and Neglect Data System (NCANDS), which is submitted based on the federal fiscal year (FFY) October 1 to September 30. When there is history of involvement with CPS, case level information, known as the Child File, is collected by NCANDS directly from the West Virginia Statewide Automated Child Welfare Information System (SACWIS), known as the Families and Children Tracking System (FACTS). Additional information about abused and neglected children with no prior history with CPS is obtained from DHHR's Office of the Chief Medical Examiner by BCF staff and submitted to NCANDS in the Agency File. This report is to fulfill the needs of gathering and analyzing this information.

The Critical Incident Review Team

In 2014, BCF established what is now known as the Critical Incident Review Team to review incidents involving fatalities and near fatalities. The process and criteria developed by the review team is now used for the systematic review of critical incidents that have occurred in families known to the Bureau or that have come to its attention through the Centralized Intake assessment process.

The Critical Incident Review Team meets quarterly and is chaired by the Division of Planning and Quality Improvement (DPQI). Team members are comprised of the BCF Commissioner and Deputy Commissioners, the Regional Directors, and representatives from the offices of Field Support, Programs and Resource Development, Planning and Research, the Director of Centralized Intake, the Director of the Division of Training and the Office of Field Operations. In addition, the Community Services Manager for any district having a history with the child or his/her family is included in the case review for that child. This team reviews all critical incidents of a child with a known history with the Department in order to make necessary improvements to the CPS process. This is done by pinpointing areas of the child protective service practice process that may need to be improved upon or changed.

The Critical Incident Review process begins when the Bureau is notified of a critical incident through the Centralized Intake assessment. Child Protective Services assess the case and takes appropriate actions based on policy. Once the assessment is completed, the incident is then assigned to a three-person Field Review Team which consists of a regional program manager or designee who is a policy expert, a CPS policy specialist and a specialist from DPQI who leads the field review team.

The Field Review Team conducts a case record review of the family history of abuse or neglect, or both the Department's interventions, services provided to the family and the circumstances surrounding the critical incident. Interviews are conducted with Department staff, law enforcement, medical staff, and service providers. The DPQI Specialist presents their findings at the quarterly meetings of the Critical Incident Review Team. A decision is made on each case as to whether the critical incident did or did not result from abuse or neglect as defined in state code and is evaluated for adherence to the Bureau's policy and practice. The Critical Incident Review Team develops a Plan for Action to enhance the case work practice and improve outcomes for children and families based on the findings and recommendations from the critical incident reviews.

The information collected during the review process is aggregated, analyzed, and included in this annual report to the West Virginia Legislature.

Since 2016, the Critical Incident Review Team review process also includes families in which no other children resided in the home; however, the death was attributed to abuse or neglect, or both. Prior to this policy change, cases were investigated for the safety of the children remaining in the home. These changes increased the number of investigations for field staff, increased the number of critical incident reviews and increased the number of children being reported.

In 2020, the Critical Incident Standard Operating Procedure was updated to include the review of critical incidents involving children in foster care if the critical incident was determined to be the result of child abuse and/or neglect.

Child Fatalities

Initiatives that were continued and updated in 2020 include:

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- Critical Incident Training
- Safe Sleep Initiative
- Drug-Affected Infant Policy
- Mandated Reporter Training
- Resiliency Services
- Supervisory Consultation
- Reflective Supervision
- Family Treatment Court

The Plan of Safe Care Pilot Project was also added in 2020. Goals of the Plan of Safe Care are to increase infant safety, meet the needs of the mother, as well as result in a reduction of drug-affected infant cases with child welfare involvement. Also added in 2020 was the CPS Records Review Team. The CPS Records Review Team is a work group tasked with the review of policy and case work practice to address the issues surrounding CPS history searches, which result in assessments being done that may not include current or previous risk factors. The team will identify challenges and barriers and will make recommendations to include activities that will improve casework practice.

In FFY 2020, there were four fatalities due to abuse and neglect of children known to the Bureau. This is a decrease of four children from the FFY 2019 data.

The information below is the data collected from our internal Critical Incident Review Team for FFY 2020.

See **Appendix A** for a narrative of each child fatality for FFY 2020.

Critical Incidents FFY 2016	Critical Incidents FFY 2017	Critical Incidents FFY 2018	Critical Incidents FFY 2019	Critical Incidents FFY 2020
Fatality: 13	Fatality: 10	Fatality: 9	Fatality: 8	Fatality: 4

Map of Total Child Fatalities Due to Abuse and/or Neglect, FFY 2020

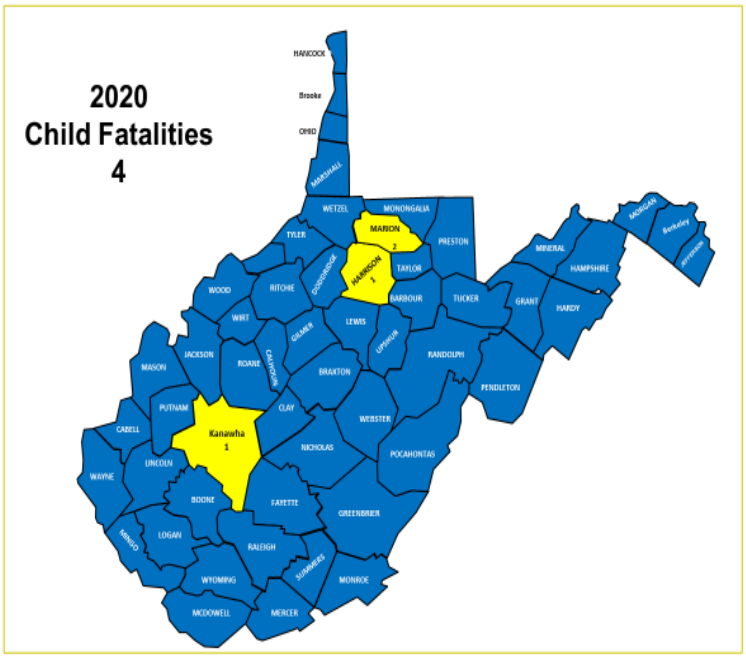


Figure 1: Child Fatalities 2020

Number of Victims in Abuse and Neglect Incidents by Known Cause of Fatality, FFY 2020	
Lack of Supervision/Aspiration/Drowning	1
Death due to Drug-Affected Infant/Methamphetamines	2
Lack of Supervision/Suicide by Hanging (Foster Child)	1

Child Fatality – Demographics of Children, FFY 2020

Number of Victims in Fatal Incidents by Age	
Infant (0-4 months)	3
Teen (14 +)	1

Number of Victims in Fatal Incidents by Race	
White/Native Hawaiian	1
White	3

Number of Victims in Fatal Incidents by Gender	
Males	3
Females	1

Child Fatality – Maltreater Demographics, FFY 2020

In the cases below, the numbers do not add up to four cases because in one case, there were two maltreaters.

Number of Maltreaters in Fatal Incidents by Age	
21-29 years	2
30-45 years	3

Number of Maltreaters in Fatal Incidents by Relationship	
Father	1
Residential Staff	1
Mother	3

Number of Maltreaters in Fatal Incidents by Race	
White	5
More than one race	0

Number of Maltreaters in Fatal Incidents by Gender	
Female	4
Male	1

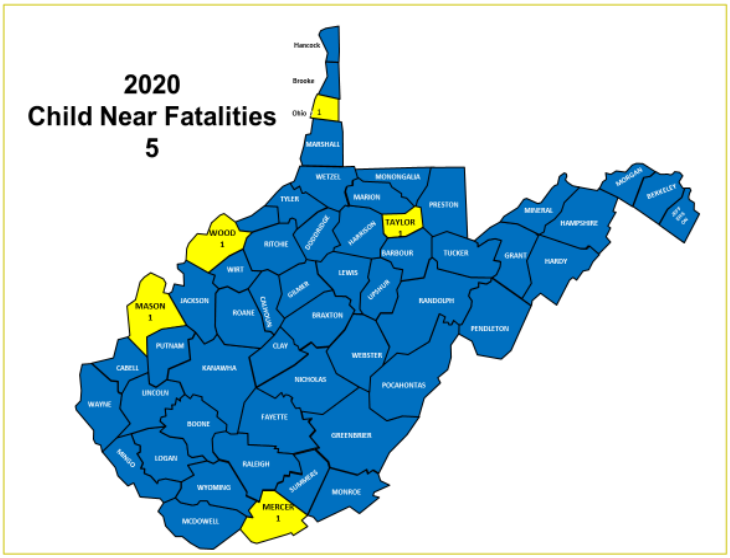
Child Near Fatalities

In FFY 2020, there were five children who were seriously injured due to abuse or neglect or both, that were known to the agency. This is a decrease of three children from FFY 2019

See **Appendix B** for a narrative of each child near fatality for FFY 2020

Critical Incidents FFY 2016	Critical Incidents FFY 2017	Critical Incidents FFY 2018	Critical Incidents FFY 2019	Critical Incidents FFY 2020
Near Fatality: 9	Near Fatality: 2	Near Fatality: 5	Near Fatality: 8	Near Fatality: 5

Map of Total Child Near Fatalities Due to Abuse and/or Neglect, FFY 2020



Number of Victims in Abuse and Neglect Incidents by Known Cause of Near Fatality, FFY 2020	
Physical Abuse/Shaken Baby	1
Stroke due to Severe Malnutrition	1
Drug-Affected Infant/Unexplained Head Injury	1
Drug Overdose/Heroin	1
Lack of Supervision Resulting in Physical Injury	1

Child Near Fatality – Demographics of Children, FFY 2020

Number of Victims in Near Fatal Incidents by Age	
2-3 years	2
Infants (0-19 months)	3

Number of Victims in Near Fatal Incidents by Race	
African American	0
White	5

Number of Victims in Near Fatal Incidents by Gender	
Female	1
Male	4

Child Near Fatality – Maltreater Demographics, FFY 2020

In the cases below, the numbers do not add up to five cases because in one case, there were two maltreaters.

Number of Maltreaters in Near Fatal Incidents by Age	
20-29 years	4
30-39 years	2

Number of Maltreaters in Near Fatal Incidents by Relationship	
Mother	3
Father	2
Stepmother	1

Number of Maltreaters in Near Fatal Incidents by Race	
White	6
African American	0
Moore than one race	0

Number of Maltreaters in Near Fatal Incidents by Gender	
Female only	3
Male only	1
Both male and female	1

Summary of 2020 Data

In 2020, the State of West Virginia continued to experience devastating drug use. Personal finance website WalletHub released a study, States with the Biggest Drug Problems in 2020, and showed West Virginia moving from the fourth worst drug problems in the United States in 2019, to second worst drug problem in 2020. Other information in this study revealed that West Virginia is one of the five states with the fewest people receiving substance abuse treatment per 1,000 drug users Per capita, West Virginia tied with Delaware as the state with the most overdose deaths.

Although there are many societal factors that contribute to child abuse and neglect resulting in critical incidents in West Virginia, the co-occurrence between substance use disorders and child maltreatment related behaviors by caregivers is the most prevalent factor. Addiction places ever increasing demands on the limited child welfare resources of the state. Addiction impacts children directly through caregiver abuse and neglect, which in some cases leads to the fatality or near fatality of a child.

West Virginia continues to have a large number of children in foster care placements. In September of FFY 2019, 6,977 children were in foster care. In September of FFY 2020, the number decreased by 42 children to a total of 6,935 children in foster care placements. In 2020, the type of fatalities and near fatalities continued to be nearly equally distributed, with four being due to neglect and the other five being due to physical injury.

Of the nine critical incidents in 2020, eight of the families either had a history of substance abuse or were actively using at the time of the critical incidents. Of those eight children, five were born drug exposed. The only case not involving substance abuse was the fatality of the foster child.

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In 2020, maltreaters have been predominately the mother of the child. This was true in six of the nine cases reviewed. According to the data gathered, the number of cases involving fathers dropped to one-third when compared with the 2019 data in which fathers were involved in half of the cases. In 2020, the maltreater age group was primarily 20-29 years. In comparison to the 2019 report, the majority of the victims of abuse were males, while the victims of neglect resulting in a fatality or near fatality was an even split. Also, both maltreaters and victims are predominately white, which is also consistent with the 2019 report. In 2020, according to the data, we are not seeing specific areas of the state having critical incidents. It seems to be scattered throughout the state with no one area having a large number. In addition, the data includes the death of a child in a residential foster care setting in which the direct care staff person was found negligent due to lack of supervision.

Plan for Action

The Bureau's Plan for Action, based on the results of the critical incident reviews, is designed to increase awareness, support practice, and improve outcomes in child welfare cases. In 2020, some of the activities in the previous plan have been updated and continue in addition to the initiation of new activities.

I. Critical Incident Training for Staff to Increase Knowledge and Understanding

Critical incident training continues to be a mandatory training requirement for all new Child Welfare staff. The training is updated each January after the completion of the annual report to provide staff current information and areas of focus based on the review data. The current training was updated in March 2020 to reflect the updated critical incident information, including the number of fatalities and near fatalities in West Virginia, where they occurred geographically, and the presence of substance abuse and maltreater patterns.

The critical incident refresher course is being updated to include current national and state data. A step-by-step module for conducting critical incident investigations is also being added. The module will include CPS workers consulting with Child Welfare Consultants (CWCs) during a critical incident. This will be a refresher course for tenured workers. Course completion will be tracked by each district. This training is slated to be available no later than the end of December.

In addition, the safety planning portion of critical incident training was enhanced to emphasize that that proper and sufficient safety plans are key for preventing critical incidents.

II. Safe Sleep Initiative

The Bureau continues to focus on educating all parents of children under the age of one on safe sleep. DHHR continues to show safe sleep videos in their offices and lobbies to help educate clients on safe sleep. The information provided can be reviewed at www.safesoundbabies.com. The *Our Babies: Safe and Sound* group, which educates West Virginia families about infant safety, will also work with DHHR's Office of Maternal, Child, and Family Health to ensure consistent and up-to-date messaging on safe sleep. Safe-sleep information is especially targeted to parents with drug-affected infants due to their higher risk. Updated material was provided to

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the Statewide Child Fatality Review Team (Infant Mortality and Morbidity Workgroup) on Safe Sleep.

The *Our Babies: Safe and Sound* project offers the following to their partners for education to further the efforts of Safe Sleep in West Virginia:

a. Annual statewide competency training, a day-long session with national and state level presenters. This training is free and continuing education units (CEUs) are provided for nurses, early childhood professionals, and social workers.
b. Quarterly peer topical calls.
c. An online training module, which reviews the research and latest American Academy of Pediatrics recommendations. This certified module is 1.5 hours, provides free CEUs, and can be viewed online at: www.safesoundbabies.com. Family childcare providers are required to complete this training.
d. Ongoing technical assistance and field updates.

III. Drug-Affected Infant Policy

Drug-Affected Infants defined in the federal Comprehensive Addiction and Recovery Act (CARA) as those infants referred by medical staff, including hospital social workers, who are less than one year old, test positive for legal or illegal substances or prescribed medication or suffer from withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Bureau policy complies with the federal requirement that every child identified as drug-affected would have a Plan of Safe Care. In June 2020, BCF released the following corrections to CPS policy to reflect current practice regarding drug-affected infants.

> If the assessment determines that there is a drug-affected infant but there is no maltreatment finding and no safety concerns or impending dangers identified, the worker will open a case for Plan of Safe Care, document the Plan of Safe Care in the service log, document other services put in place on the service log screen, and close the case immediately.

IV. Mandated Reporter Training

W.Va. Code §49-2-803 clarifies that sexual abuse and sexual assault constitute abuse of a child for reporting purposes; reduces the time period in which a mandated reporter is required to report suspected abuse or neglect; that minors are not mandated reporters, among other things Mandated Reporter training was provided on November 15, 2019, at a conference in Flatwoods, and on December 16,2019, at the Human Trafficking Task Force Meeting. The training was also provided using the Zoom platform on October 26, 2019, for Prevent Child Abuse West Virginia. In collaboration with the West Virginia Children's Justice Task Force, DHHR's Director of Centralized Intake is updating the curriculum to be totally virtual and plans to release it for use by early 2021. The Mandated Reporter curriculum has been provided to the Bureau's Regional Directors to be shared with BCF Community Service Managers for local/community training, if requested.

V. West Virginia Resiliency Alliance

The West Virginia Resiliency Alliance (WVRA) initiative was developed several years ago to assist staff for retention purposes and has been expanded to assist staff more specifically around trauma exposure. Resiliency services are available to staff when requested and are continually being modified to meet the needs of staff who are involved in critical incidents. Efforts continue to be made to raise awareness of services and to access services. During the past year, limited sessions were offered, and were primarily in Region II. Traumatic Event Response was available and provided upon request to staff in all regions. Due to issues related to the COVID-19 pandemic, planning for in-person regular sessions was suspended in March 2020. Work has begun to change the regular session model to a virtual platform and is expected to be ready in early 2021. The advantage to this change of platform is that it will allow more staff from more districts be involved in each round of sessions.

VI. Supervisory Consultation

Each month a subject, policy, process, or trend is selected with input from the Child Welfare Oversight team to be presented during part of each supervisor's meeting with their staff. Each unit meeting is to have an agenda, a sign-in sheet, and produce minutes which clearly indicate coverage of the selected topic. Staff should consistently attend unit meetings and view them as an opportunity to learn, share, and connect with their peers. For staff unable to attend, the information is covered in their monthly conference with the supervisor and includes documentation of what was discussed. These documents are shared with the Community Services Manager, who has the responsibility of ensuring these requirements are met.

Topics for monthly unit meetings in FFY 2020 that had an impact on Critical Incident Reviews:

October 2019**:** CPS Multi-disciplinary Team Policy

November 2019: CPS Initial Family Contact Policy

January 2020: Foster Care Policy Revisions

March 2020: Child and Adolescent Needs and Strengths Assessment and Safe at Home

April 2020: COVID-19 pandemic mandates relating to continued safety related face-to-face contact and using virtual platforms as a means of having contact with families

May 2020: Updated COVID-19 pandemic face-to-face contact guidelines

June 2020: Case reviews and intake tracking Standard Operating Procedure

July 2020: Meaningful contacts

VII. Reflective Supervision

To address issues surrounding worker retention and secondary trauma, the Department, in conjunction with Casey Family Programs, initiated the implementation of reflective supervision. The purpose of reflective supervision is to promote effective, trauma-informed decisions and build strong supervisory relationships. Reflective supervision relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Reflective supervision is regular, collaborative reflection between an employee and supervisor that builds on the supervisee's use of thoughts, feelings, and values within a service encounter. Reflective supervision is specifically designed to improve supervisory support for workers through relationship-focused, collaborative time between them. Unlike a more task-centered approach to supervision, reflective supervision meetings examine work-life balance, secondary trauma, and learning needs in a parallel process. The primary objectives of reflective supervision include the following:

- To form a trusting relationship between supervisor and practitioner.
- To establish consistent and predictable meetings and times.
- To listen and remain emotionally present.
- To teach, guide, nurture, and support staff.
- To foster the reflective process to be internalized by the supervisee.
- To explore the parallel process and allow time for personal reflection and attend to how reactions to the content affect the process.

As part of the state's program improvement plan, safety planning was incorporated into reflective supervision. A standard operating procedure was developed to guide the supervisors in the monitoring of ongoing risk and safety assessments to ensure safety is being assessed for all children in the home.

BCF's Division of Training expanded the safety planning training to include a refresher course for all workers emphasizing the control of safety threats and advanced safety planning training for all supervisors to aid in guiding workers in effective safety planning. The purpose of including safety planning in reflective supervision is to ensure workers accurately identify and address safety threats that could lead to a critical incident.

The trainings that took place in FFY 2020 included a two-day, in-person training provided by Casey Programs in December 2019 addressing Essential Building Blocks of Reflective Supervision and Problem Solving and Professional Development. There were eight virtual trainings addressing Reflective Supervision During a Global Pandemic held between July 2020 and August 2020, with others occurring in FFY 2021, and there are four virtual trainings scheduled in December 2020 addressing Peer-to-Peer Reflective Supervision, which will be included in the 2021 annual report.

VIII. Family Treatment Court

West Virginia is responding to the lack of services to address addiction through the implementation of a Family Treatment Court pilot program. Family Treatment Courts' main purpose is to enhance the overall well-being of the entire family. During the

initial milestones, the Family Treatment Courts focus on the participants' addiction and preparing them to properly care for their children when sober. While in foster care/kinship care, the needs of the children are met by BCF. As the participant progresses through the milestones, safe family reunification and the skills to do so are to be provided to all.

As discussed earlier in the 2020 data summary, eight of the nine critical incident cases reviewed this year included substance abuse by one or both caregivers. The main purpose of the Family Treatment Court is to have a positive impact on the overall well-being of the family and directly target addiction. The Family Treatment Court Program has the potential to have a direct impact on the fatality or near fatality of a vulnerable child or children whose caregiver suffers from addiction or substance abuse issues. One of the major components of this program is court oversight. The court monitors the progress of the participants on a regular basis ensuring compliance with the program, positive change, and safety of the children. This court oversight and additional family support could have a dramatic effect on the number of children who die as a direct or indirect result of the addition or substance abuse issues of their parent or caregiver.

Pursuant to W.Va. Code §62-15B-1, participation in Family Treatment Court is voluntary, post-adjudication, and with a written agreement by and between the adult respondent and BCF, with concurrence of the Court. Family Treatment Court programs are as inclusive as resources and community support allows. Family Treatment Courts adhere to the following criteria when making decisions on accepting participants:

- Target population, objective eligibility, and exclusion criteria,
- Standardized systematic referral, screening, and assessment process,
- Use of valid and reliable screening and assessment instruments,
- Valid, reliable, and developmentally appropriate assessments for children, and
- Identification and resolution of barriers to treatment and reunification services

The Family Treatment Court collects and review data to monitor participant progress, engage in a process of continuous quality improvement, monitor adherence to best practice standards, and evaluate outcomes using scientifically valid and reliable procedures. The Family Treatment Court establishes performance measures for shared accountability across systems, encourage data quality, and foster the exchange of data and evaluation results with multiple stakeholders. The Family Treatment Court uses this information to improve policies and practices in addition to monitoring the strengths and limitations of various service components.

Pursuant to W.Va. Code §62-15B-1(f), the local Family Drug Treatment Court Advisory Committee shall include the following individuals or their designees: the Family Treatment Court Judge, who shall serve as chair, the Prosecuting Attorney of the County, the Public Defender or a member of the county bar who represents individuals in child abuse and neglect case, the BCF Community Services Manager a court-appointed special advocate (CASA) as applicable, and any such other person or persons the chair deems appropriate. This advisory committee shall be staffed by the local Family Treatment Court Case Coordinator. West Virginia

currently has five operational Family Treatment Courts in Boone, Ohio, Randolph, Nicholas, and Roane/Calhoun counties. Since the start of the Family Treatment Courts in October 2019, 88 participants have been served, 35 children have been reunified and 11 participants have graduated from the program. West Virginia has three more courts slated to be operational by December 31, 2020, in Braxton, Logan, and McDowell counties. There are three Family Treatment Courts slated to open in 2021. We are still evaluating data to determine the three counties for 2021.

New Activities Initiated in 2020

I. Plan of Safe Care Pilot Project

Plans of safe care have traditionally been implemented by DHHR's Child Protective Services staff at the time of birth, typically at the hospital. Due to the restrictions of DHHR's Child Welfare Information System, every referral that requires a plan must have an open CPS case to implement the plan. This is true even when the family is not experiencing child abuse or neglect. The plans have had no traditional format and have varied greatly, dependent upon service provision in the county. This type of implementation has been unsuccessful. Families who do not experience child abuse or neglect and have no identified safety threat are not best served by the child welfare system. Data from the National Center on Substance Abuse and Child Welfare (NCSACW) indicates that early intervention during pregnancy achieves better results for the family.

The purpose of the Plan of Safe Care Pilot Project is to address the needs of infants born with and identified as being affected by substance exposure, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, to advance the best interests and secure the safety and well-being of an infant who is identified as being drug-affected, while preserving the family unit whenever the safety of the infant is not jeopardized, without having child welfare involvement. Women who have given birth to a drug-affected infant where there are no allegations of child abuse or neglect and no identified safety threats, are eligible for this pilot project. Services will be provided in the community of the mother and child when appropriate. This project allows mothers to work closely with community partners in developing a Plan of Safe Care that meets her own needs and those of her infant. It involves a coordinated, service-integrated response by various agencies in West Virginia's medical health, behavioral health, and child welfare systems to work together to ensure the safety and well-being of infants with prenatal substance exposure by developing, implementing, and monitoring a Plan of Safe Care that addresses the needs. A written or electronic plan will be developed to ensure the safety and well-being of infants identified as being affected by substance use, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder, following the release from the care of a healthcare provider. The plan addresses these needs, as well as including the health and substance use treatment needs of the infant and affected family or caregiver. The plans are developed to ensure appropriate referrals are made and services are delivered to the infant and affected family or caregiver. Ideally, a Plan Safe Care is the compilation of the treatment plans developed by the multi-disciplinary professionals serving the family. It is hoped that this project will increase infant safety and meet the needs of the mother as well as result in a reduction of drug-affected infant cases with child welfare involvement.

The Plan of Safe Care Pilot Project is still in the working phase. This project and specific policy will apply only to the pilot counties selected by BCF in partnership with service providers. This is, in part, due to the lack of Plans of Safe Care being developed with mothers/parents when infants are born drug affected. The anticipated timeframe should include the final selection of the pilot counties by the end of 2020, with a statewide roll out by the end of 2021.

II. CPS Records Review Team

The CPS Records Review Team is a work group tasked with the review of policy and casework practice to address the issues surrounding CPS history searches, which result in assessments that may not include current or previous risk factors. The team will identify challenges and barriers and will make recommendations to include activities that will improve casework practice.

Definitions

Abused Child: A child whose health or welfare is harmed or threatened by a parent, guardian, or custodian who knowingly or intentionally inflicts, attempts to inflict, or knowingly allows another person to inflict, physical injury or mental or emotional injury upon the child or another child in the home; sexual abuse or sexual exploitation; or the sale or attempted sale of a child by a parent, guardian, or custodian; domestic violence as defined in W.Va. Code §48-27-202;or human trafficking or attempted human trafficking, in violation of W.Va. Code §61-14-2d. In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment. (W.Va. Code §49-1-201)

Caregiver is Intoxicated (alcohol or other drugs): Report identifies a caregiver who is currently drunk or high on illegal drugs and unable to provide basic care and supervision to a child at that moment. In order to qualify as present danger, it must be evident in the report that a caregiver who is primarily responsible for childcare is unable to provide care for his/her child right now due to his/her level of intoxication. The state of the parent's/caregiver's condition is more important than the use of a substance (drinking compared to being drunk), uses drugs as compared to being incapacitated by the drugs, and, if accurate, affects the child's safety.

Caretaker: The person responsible for the care of a child, including:

a) Parent, guardian, custodian, paramour of parent or foster parent.
b) A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
c) An employee or agent of any public or private facility providing care for a child, including an institution, hospital, healthcare facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or childcare facility.
d) Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care. A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly through the willing assumption of the care-taking role.

Child: Any person under18 years of age. (W.Va. Code §49-1-202**)**

Child Fatality: The death of a person under the age of 18 that is a result of abuse or neglect, or both.

Child Maltreatment*:* A caregiver's behaviors and interactions with a child are consistent with the statutory definition of child abuse or neglect.

Child Near Fatality: Any medical condition of the child which is certified by the attending physician to be life-threatening.

Comprehensive Addiction and Recovery Act (CARA): On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198). This law establishes a comprehensive, coordinated balanced strategy through enhanced grant programs that expand prevention and education efforts while also promoting treatment and recovery. CARA has been subsequently amended.

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Critical Incident: A reasonable suspicion that a fatality or near fatality was caused by abuse or neglect or when abuse or neglect has been determined to have led to a child's death or near death.

Critical Incident Review Team: A team of individuals defined by the Commissioner of the West Virginia Department of Health and Human Resources' Bureau for Children and Families to review critical incidents for the purpose of improving the casework process to prevent future critical incidents.

Drug-Affected Infants: A child reported by a medical professional, including a hospital social worker, indicating that the infant was born testing positive for a legal or illegal drug or prescribed medication or the infant is suffering from withdrawal from a legal or illegal drug or prescribed medication (including drugs that treat addiction), or Fetal Alcohol Spectrum Disorder.

Federal Fiscal Year (FFY): The federal budget or financial year for the period from October 1 through September 30. It is used by the federal government to report revenue and expenditures.

Known to the Bureau: A family with an open CPS case or a Youth Service case in the last 12 months or whom CPS or YS assessed within the last 12-months.

Maltreater: A person is considered to be a maltreater when a preponderance of the credible evidence indicates that the conduct of the person falls within the boundaries of the statutory and operational definitions of abuse or neglect.

Neglected Child: A child whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care, or education, when such refusal, failure, or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or who is presently without necessary food, clothing, shelter, medical care, education, or supervision because of the disappearance or absence of the child's parent or guardian. (W.Va. Code §49-1-201)

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Substance Abuse: An element of the definition of child abuse or neglect in many states. Circumstances that are considered abuse or neglect in some states include the following:

- Prenatal exposure of a child to harm due to the mother's use of an illegal or legal drug or other substance.
- Manufacture of methamphetamine in the presence of a child.
- Selling, distributing, or giving illegal drugs or alcohol to a child.
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child.
- Infant born testing positive for a legal or illegal drug or prescribed medication or the infant is suffering from withdrawal from a legal or illegal drug or prescribed medication (including drugs that treat addiction), or Fetal Alcohol Spectrum Disorder.

Appendix A: Abuse and/or Neglect Cases Resulting in Child Fatality
FFY 2020

Child's Initials	County	Date of Incident	Gender	Age	Race Ethnicity	Type of Maltreatment	Brief Summary of Incident	Cause of Fatality
J.D.	Marion	12/8/19	Male	1 hour old	White/Native Hawaiian	Abuse Physical Injury	The child was born positive for methamphetamines and fentanyl which led to his death.	Drug-affected infant born positive for methamphetamine and fentanyl.
R.N.	Harrison	3/10/2020	Male	14 years	White	Neglect	Child was in a residential placement setting and committed suicide by hanging himself.	Lack of supervision by residential staff.
B.M.	Marion	2/14/2020	Male	I hour old	White	Abuse Physical Injury	Child died after birth due to drug-related exposure. The infant had a high level of methamphetamine, within the blood of his heart.	Drug-affected infant born positive for methamphetamines
S.M.	Kanawha	3/30/2020	Female	5 months	White	Neglect	The child drowned as the result of allegedly rolling off the bed into a bucket of water.	Lack of supervision

Appendix B: Abuse and/or Neglect Cases Resulting in Child Near Fatality
FFY 2020

Child's Initials	County	Date of Incident	Gender	Age	Race/ Ethnicity	Type of Maltreatment	Brief Summary of Incident	Cause of injury
A.C.	Wood	4/1/2020	Female	3 years	White	Neglect	Child suffered a stroke due to brain bleeds that resulted from severe malnutrition. Both the father and the stepmother have substance abuse issues.	Failure of the parents to supply necessary food.
K.T.	Ohio	6/21/2020	Male	19 months	White	Abuse Physical Injury	The child found and ingested Heroin that allegedly belonged to the mother and had to receive Narcan by EMS.	Ingestion of heroin led to overdose.
A.S.	Mercer	9/11/2020	Male	6 months	White	Physical Abuse	Infant child was shaken. He was found to have acute subdural hematomas to both sides of his head. Both parents have substance abuse issues.	Severe physical abuse
B.S.	Taylor	9/23/2020	Male	2 1/2 years	White	Neglect	The child sustained a skull fracture after falling 15 feet from a balcony while his mother was sleeping. Drug use by the parents is a factor.	Lack of supervision by the mother.
R.T.	Mason	12/31/2019	Male	1 day	White	Physical Abuse	The child was born drug-affected and suffered an unexplained skull fracture while in the care of his mother in the hospital.	Unexplained skull fracture.