

# Advancing New Outcomes:

Findings, Recommendations, and Actions of the West Virginia  
Commission to Study Residential Placement of Children

*2023 Annual Summary Report*





STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR SOCIAL SERVICES

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Jeffrey Pack  
Commissioner

## MESSAGE FROM THE CABINET SECRETARY

As the Cabinet Secretary of the West Virginia Department of Human Services, and on behalf of the Commission to Study Residential Placement of Children, I am pleased to submit the 2023 annual summary report: *Advancing New Outcomes: Findings, Recommendations, and Actions of the West Virginia Commission to Study Residential Placement of Children*.

The Commission to Study Residential Placement of Children believes the best way to reduce the number of children in foster care is to find creative ways to work with families to address their issues while keeping children in their homes and communities.

We have continued our efforts to widen our focus to include more assistance for mental health and the well-being of our citizens, helping our children recover from the repercussions of educational difficulties during the COVID pandemic while continuing efforts to address the opioid epidemic, homelessness, and bringing our children back home to West Virginia.

The Commission is continually working to be characterized by trust, transparency, communication, and collaboration. We look ahead with optimism in the progress that has been made and will continue to be made with our partners and stakeholders to overcome the challenges facing the families and children of our State.

Sincerely,

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

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## **FOUNDATIONS OF CHANGE**

### **The Dissolution of the DHHR and Transition to Three Agencies**

In March of 2023, the State Legislature passed a bill to reorganize the West Virginia Department of Health and Human Resources (DHHR). Due to the size of the Department, there were questions on the handling of a range of issues, including transparency and financial management to longstanding issues within the State's child welfare system. This was a massive undertaking that would affect every part of our State. Work began immediately and continued through the end of 2023 allowing the organization to streamline operations, tackle staffing gaps and cut costs by minimizing employee redundancies according to Roger Adkins with the Herald-Dispatch when reporting on the split.

Under the reorganization that would take place in January of 2024, the West Virginia Department of Health would include the Bureau for Public Health, Office of Emergency Medical Services, Office of the Chief Medical Examiner, Center for Threat Preparedness, Health Care Authority, Office of Inspector General, and Human Rights Commission. The West Virginia Department of Human Services would include the Bureau for Behavioral Health, Bureau for Child Support Enforcement, Bureau for Family Assistance, Bureau for Medical Services, Bureau for Social Services, and Office of Drug Control Policy. The West Virginia Department of Health Facilities would include Hopemont Hospital, Jackie Withrow Hospital, John Manchin Sr. Health Care Center, Lakin Hospital, Mildred Mitchell-Bateman Hospital, Welch Community Hospital, and William R. Sharpe, Jr. Hospital. As part of the transition in 2024, there will be a new Office of Shared Administration, which will provide shared services from centralized units such as finance, human resources management, management information services, and constituent services.

The Commission to Study Residential Placement of Children (The Commission) is comprised of individuals from many agencies, departments, and backgrounds. With this transition, the hope and goal of everyone involved is that the services will be streamlined and restructured in a way that will make them more beneficial and effective for the citizens of our State.

In this report, we will use the new name, the West Virginia Department of Human Services (DoHS) when referring to the Department.

### **PRIORITY GOALS AND FOCUS OF THE COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN IN 2023**

During 2023, the Commission began to hold quarterly meetings with the Kids Thrive Collaborative. The West Virginia Kids Thrive Collaborative consists of WV stakeholders and DoHS leaders who share big picture overview updates and provide feedback regarding the ongoing development of the State's system of care and support for children's mental health. Many individuals who were involved in the Kids Thrive Collaborative were also part of the Commission. This allowed full transparency while still examining the requirements established by W. Va. Code §49-2-125(d). In conjunction with responsibilities set forth by state code, the Commission continued to discuss the following priority goals for 2023:

- Transformational Collaborative Outcomes Management (TCOM)

- Provider input at multidisciplinary team (MDT) and court hearings
- Implementation of Every Student Succeeds Act (ESSA) - focus on children in foster care
- Transitioning youth aging out of foster care

The Commission continues to focus on sharing ideas and providing members and stakeholders with the most up-to-date information to improve the health and well-being of those being served.

**CURRENT PRACTICES OF PLACING CHILDREN OUT-OF-HOME AND INTO RESIDENTIAL PLACEMENTS, WITH SPECIAL EMPHASIS ON OUT-OF-STATE PLACEMENTS**

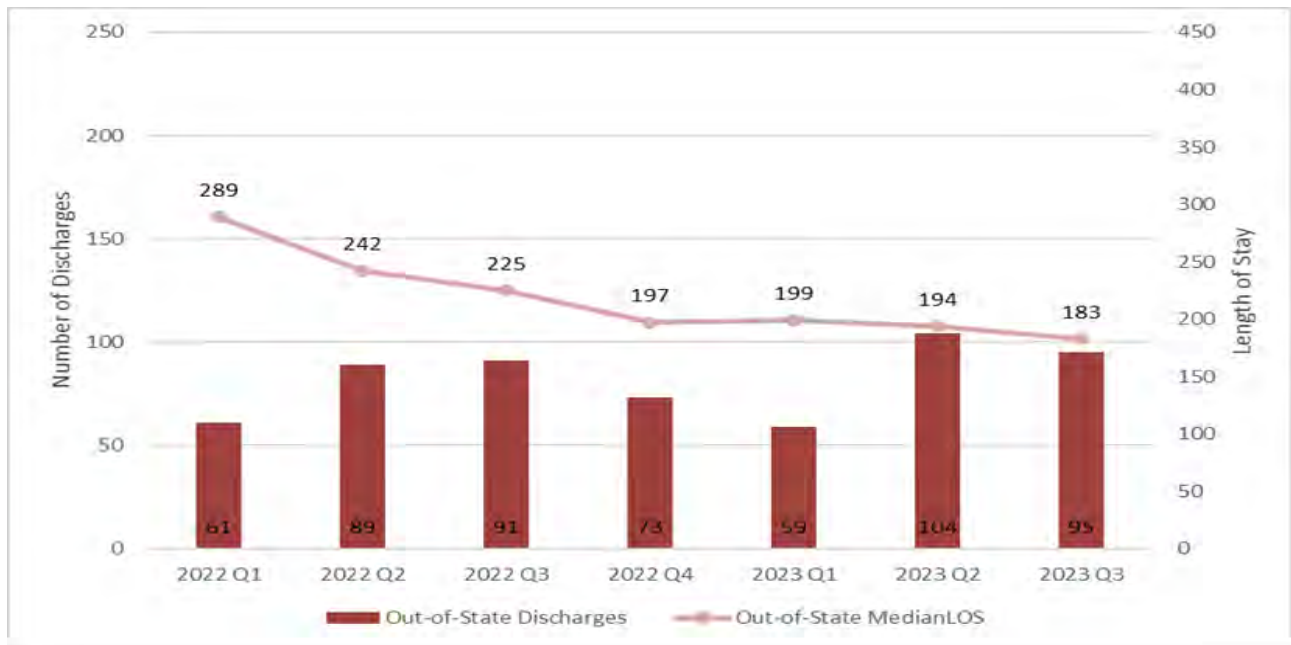
DoHS is actively working to reform mental and behavioral health services for Children with Serious Emotional Disorders (CSED) and their families across West Virginia. Beginning in 2019, DoHS has facilitated in-depth discussions and planning meetings with multiple bureaus, community partners and stakeholders to design and develop new pathways, processes, and services to help ensure home and community-based services (HCBS) are available and accessible statewide to reduce the risk of out-of-home placement in institutional or other settings.

Data collection, reporting, and quality improvement processes are at the forefront of managing and stabilizing these efforts to help facilitate access to HCBS, keep youth closer to their home and communities when they do have to be treated in a residential setting, and overall improving outcomes for youth and families.

Residential Mental Health Treatment Facility (RMHTF) weekly counts began in January 2021 for internal, timely considerations and review. Figure 1 shows the monthly trends from July 2022 to December 2023. The gray line indicates the point-in-time census for both children in DOHS custody and parental placements. Parental placements make up only a very small number of children. The blue bars reflect the number of children in in-state placements while the orange bar represents the out-of-state placements. An increase in the census was observed between January 1, 2023, and May 1, 2023. Census remained relatively stable from May through September 2023, followed by a slight decline October 1, 2023, to December 1, 2023. The point-in-time RMHTF census on December 1, 2023, was 872. The point-in-time RMHTF preliminary census on January 1, 2024, was 846. The census from October 2023 to January 2024 is considered preliminary and may be subject to change due to data entry lag considerations. Increased demand for out-of-state placements and resultant census increases were observed.

Given the increased demand for out-of-state placement coupled with DoHS’s goal of reducing the number of children placed out-of-state, significant effort has been directed toward developing an out-of-state electronic referral system over the last six months of 2023. This system is designed to further formalize and document the staffing process to ensure each child's circumstances are reviewed and assessed for opportunities to be placed in a less restrictive placement or with less restrictive service options when possible and appropriate based on clinical needs. In-state median RMHTF length of stay has remained relatively stable with a 157-day median length of stay as of Q3 2023; while out-of-state length of stay shows a consistent decrease from a 183-day median length of stay as of Q3 2023 compared to 225 days in the same period of the previous year (Q3 2022) The DoHS contracted with Marshall University in April 2023 to focus on discharge planning for children in out-of-state placement. An increase in the number of discharges per quarter is observed following this focused effort to return children to their local

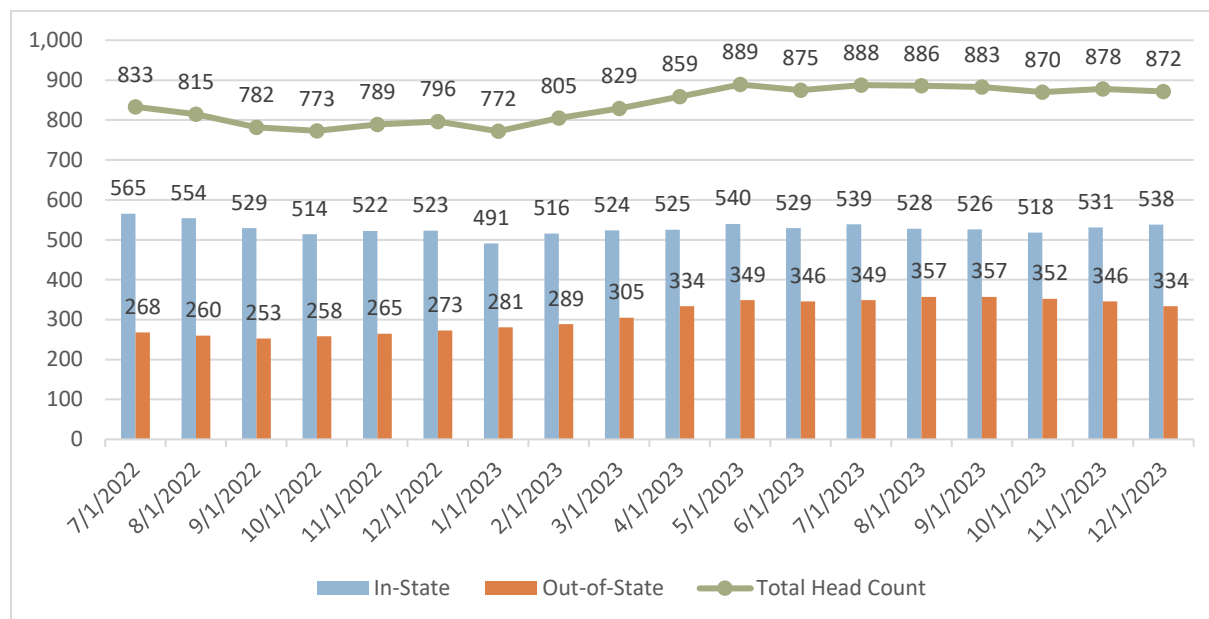
communities in West Virginia. Please see the below graph produced from data in the WV PATH system and FACTS system (historical data prior to January 4, 2023.)



Providers, advocates, youth, and their loved ones can access the Children’s Crisis and Referral Line (CCRL), which is a central point for families to access not only crisis services and mobile response, but also information and screening for referral to additional home and community-based services such as wraparound services including the CSED Waiver, by calling 1-844-HELP4WV, texting 844-435-7498, or using the online chat feature at <https://www.help4wv.com/>. There were 771 total calls between January to June 2023, a 25% increase over the previous reporting period (617 calls from July 2022 to December 2022). Despite seasonal fluctuation in call volumes, implementation of the Assessment Pathway has drastically changed the volume and makeup of calls coming into the CCRL. At least one individual from 48 of West Virginia’s 55 counties called the CCRL between January to June 2023, up from 46 during the prior reporting period. The percentage of calls made by the children themselves increased from 11% between July 2022 to December 2022 to 18% (n = 142) (in this reporting period). From the first half of 2022 to the first half of 2023, calls from community partners/professionals on behalf of families increased from 21% to 36% of all calls. This finding is likely associated with efforts to increase provider and partner awareness of the CCRL and related services. Mental health/social service professionals, representing 23% of the source of all referrals, were the second most common referral source, a significant change since the implementation of the Assessment Pathway, when only 11% of calls were the result of referral from mental health/social service professionals. This finding is also likely associated with efforts to increase provider and partner awareness. By helping families become more aware of services and simplifying navigation to these services, the need for out-of-home placement could be prevented for many youths.

Figure 01 – RMHTF Placements July 2022 to December 2023

Source: WV PATH System and FACTS System (historical data prior to January 4, 2023.)



Following the soft launch of DoHS’s Assessment Pathway (the Pathway to Children’s Mental Health Services) in October 2021, screening and referral processes were put in place to offer a “no wrong door” approach, streamlining and facilitating access to assessment and connection to home and community-based services for children and families. Referrals to the Assessment Pathway can originate from multiple sources. Screening and appropriate referrals originate from primary care providers, Juvenile Services, Probation Services, Child Protective Services, Youth Services, residential providers, as well as from families calling directly into the 24/7 HELP4WV CCRL. All sources lead to appropriate connection to home and community-based services. The Assessment Pathway offers multiple entry points for families, providers, and advocates to refer children and families to key HCBS, including WV Wraparound. From January to June 2023, 1,417 unique children were referred to be assessed and connected to HCBS. This is a 35% increase from the previous six-month period (July-December 2022), during which 1,046 children were referred. In the first six months of 2023, a referral was received for at least one child in all 55 counties. The 35% average increase highlights the extensive work being completed to expand awareness across the State.

CSED waiver has served 1,849 children, youth, and young adults from its inception to February 6, 2024. Since the program’s inception, at least one application has been submitted from every county across the State, which is a positive sign of the messaging and awareness of CSED services statewide. A waitlist currently exists for CSED Waiver Wraparound Facilitation, but families are connected with interim services and supports to meet needs during the wait. As of February 6, 2024, 23 children were on the waitlist for wraparound facilitation through the CSED Waiver program. The number of providers actively providing CSED Waiver services has increased to 28 as of January 2024, with additional providers in the process of



becoming certified to offer CSED Waiver services. There is at least one CSED Waiver service provider offering services in each county across the state. Forecasting capacity needs and expanding the provider network remains a key focus with collaboration from the state's managed care organization (MCO), AETNA.

The number of children using CSED Waiver services increased by 36% in the first half of 2023, with 810 children receiving services during the period compared to 597 children in the second half of 2022. More children are being supported in the community with these critical services.

The issue of out-of-state placements, as well as mental health services in general, is impacted by West Virginia's lack of in-state expertise available to take care of these children. Estimates from the Health Professionals Shortage Area Quarterly Report (December 2023) indicated that West Virginia has only 13% of the total mental health care professionals needed in the state. This information is produced quarterly by Health Resources and Services Administration (HRSA), a government organization, and has been cited in the past by Deputy Secretary Mullins. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

As part of capacity development strategies, the Reducing the Reliance on Residential Placement (R3) workgroup has been engaged with residential providers, and a consultant from Casey Family Programs to develop a residential model of care that better fits the needs of West Virginia's children. The plan put in place will include an evaluation of the needs of children placed out-of-state to determine the types of residential services and the capacity which may be required to serve them in-state. The new model of care will emphasize use of the least-restrictive setting based on the intensity of the child's needs. The new structure will replace the current residential levels of care with the following: residential homes, specialized residential intensive treatment facilities (SRIT), and residential intensive treatment facilities (RIT), with emergency shelters and PRTFs remaining in place as with the previous structure. West Virginia is working in collaboration with Casey Family Programs, Myers and Stauffer, residential providers, and other key partners in detailing the plan to help ensure children have options to stay closer to home, family, friends, schools, and communities for behavioral and mental health treatment intervention when residential placement is the most appropriate option. Part of these plans include continued development of new models of care to support trauma-informed care of children with specialized needs, such as significant physical aggression, moderate to severe self-harm, autism spectrum disorder, and intellectual and developmental disability/borderline intellectual and developmental disabilities. DoHS has set a goal of beginning to operationalize these new models of care by July 2024, pending federal approval. Following the approval, there will be a period in which facilities will continue to transition to the new model, including implementing new model requirements. Key components to help ensure quality of care for children and improved child-level outcomes include small group cottages where each child has their own bedroom with specific requirements around family engagement, discharge planning, trauma-informed treatment models, and use of evidence-based programming. Changes in methodology and culture are expected to impact length of stay and therefore the census, with a goal of reducing the average stay of an individual in a group residential setting to 90 to 120 days. The WV Youth in Group Residential and Psychiatric Residential Treatment Facilities - 2023 Report, which includes a cluster analysis of youth in these types of placements (produced by MU), is expected to be finalized in January 2024 and will also help DoHS and providers gain additional insight into WV's specific needs for residential facility types. DoHS

continues to collaborate with providers, meeting frequently, to gather feedback and discuss considerations as this model is developed and implemented.

For youth who are at high risk of residential placement, the Qualified Independent Assessment (QIA) process is designed to identify a child's needs and provide a recommendation on the appropriate level of intervention and least-restrictive service setting to meet those needs based on the Child And Adolescent Functional Assessment Scale (CAFAS) and the Preschool And Early Childhood Functional Assessment Scale (PECFAS) as well as the Child and Adolescent Needs and Strengths (CANS) assessments. DoHS rolled out this process to all counties in the first half of 2023 for individuals who are involved with DoHS's Bureau for Social Services and are not currently placed in an RMHTF. In late 2023, this process was incrementally expanded to youth in a RMHTF setting that did not yet have a QIA, as well as using continuous quality improvement strategies to further incorporate this process and timely feedback into the current workflow for youth at high risk. Sharing and reviewing comparison maps of QIA referrals to RMHTF admissions have helped increase opportunities for diversion, with QIA referrals for October exceeding November RMHTF admissions (126 referrals compared to 80 admissions). The QIA process is expected to reduce the RMHTF census by diverting youth from inappropriate placements and connecting youth and families with HCBS when appropriate.

## **ADEQUACY, CAPACITY, AVAILABILITY, AND UTILIZATION OF EXISTING IN-STATE FACILITIES TO SERVE THE NEEDS OF CHILDREN REQUIRING RESIDENTIAL PLACEMENTS**

### **Safe at Home West Virginia**

Safe at Home West Virginia is a wraparound program designed to help prevent residential placement and help youth return home from residential placement. Wraparound is typically a 12-month engagement that helps children and families achieve long-term success through the creation of teams made up of both formal and natural community supports. This program serves system-involved youth, aged 9 to 18 years, either in foster care placement or at imminent risk of foster care entry or children aged five and older who are adopted or in a legal guardianship arrangement, which is at risk of disruption. Individuals must demonstrate dysfunctional patterns of behavior due to exposure to trauma as indicated in the Child and Adolescent Needs and Strengths (CANS) assessment tool and the family/caregiver must demonstrate significant need(s) in at least one of the following areas, as indicated in the CANS assessment tool: knowledge of needs and service options; discipline; or family stress.

In 2022, the Safe at Home West Virginia (SAH WV) program transferred from the DoHS, Bureau for Social Services (BSS), Office of Operations to BSS Office of Policy and Program Development. Throughout the year, the new management team worked closely with the Local Coordinating Agencies (LCAs) that provide SAH WV to better understand the program and areas that needed improvement. One of the areas focused on was the needed changes in the Child and Adolescent Needs and Strengths (CANS) database. The CANS database is the system used by the BSS worker to enter referrals for SAH WV, the service provider enters documentation on case activity, and the results of the CANS assessment are documented. This database allows data to be extracted regarding case specifics to help monitor the outcomes of the SAH WV program. BSS has worked closely with Marshall University on developing data reports from the CANS database.

Over the next year, the work will continue in collaboration with the service providers to achieve baseline performance outcomes.

**STRATEGIES AND METHODS TO REDUCE THE NUMBER OF CHILDREN WHO MUST BE PLACED IN OUT-OF-STATE FACILITIES AND TO RETURN CHILDREN FROM EXISTING OUT-OF-STATE PLACEMENTS, INITIALLY TARGETING OLDER YOUTH WHO HAVE BEEN ADJUDICATED DELINQUENT**

**Transformational Collaborative Outcomes Management (TCOM)**

Transformational Collaborative Outcomes Management (TCOM) directly informs service/intervention planning using assessments including the Family Advocacy and Support Tool (FAST), the Child and Adolescent Needs and Strengths (CANS), the Crisis Assessment Tool (CAT), and the Adult Needs and Strengths Assessment (ANSA).

TCOM tools assist with providing effective decision-making at every level of the system as it involves a shared understanding of the current needs and strengths of children, youth, and caregivers.

DoHS entered into an agreement in 2019 with Marshall University's Center of Excellence for Recovery to continue to fully develop and manage the TCOM model, which includes use of the TCOM tools.

Working closely with the Praed Foundation at the University of Kentucky, Center for Innovation in Population Health (IPH) and in partnership with DoHS, service providers and other stakeholders, the goal is to help people achieve their health and wellness goals as they navigate healthcare, child welfare, juvenile justice, behavioral health, education, and other complex systems.

In 2023, the following services and activities completed:

- Virtual training on the CANS and FAST tools, and Wraparound, including how to transfer CANS and FAST information into a Case Plan. The training includes how to develop specific, measurable, achievable, relevant, and timely (SMART) goals and objectives and the Summary Tool information on how to identify target needs and anticipated outcomes.

FAST Training (all programs)

- 269 Total (since 2019)
- 47 (Year 2023)

CANS Training (all programs)

- 610 Total (since 2019)
- 119 (Year 2023)

24 Individuals received Training of Trainer's Annual Booster Training (April 2023). These individuals receive advanced training and higher certification to train the TCOM tools as required by the Praed Foundation.

- Virtual Technical Assistance. Technical assistance is provided virtually using a social service worker's actual case. Marshall University reviews the social service workers FAST Rating Sheet and providing

input to develop clear and concise justifications for the rating, assisting in identifying the target needs and anticipated outcomes, and when needed, how to take that information and develop an individual case plan.

#### Virtual Technical Assistance (TA)

- 175 total (since 2019)
- 61 TA (Year 2023)
- Face-to-Face Onsite Training and Technical Assistance for Youth Service Workers. In collaboration with DoHS's Social Services Policy Team and Marshall University, Advanced Trainers provide onsite training and technical assistance that is determined by DoHS. The training is provided both virtually and at the county level. Like the technical assistance that is provided virtually, the onsite technical assistance assists social service workers on rating the FAST, providing clear and concise justifications for the rating, how to identify target and anticipated outcomes, and how to take that information and develop an individual case plan. The counties for the Onsite Training and Technical Assistance that Marshall University Advanced trainers assisted are below:
  - Braxton/Gilmer (April 27, 2023)
  - Fayette (June 6, 2023)
  - Berkeley (July 20, 2023)
  - Kanawha (August 29-31, 2023)
  - Putnam (November 16, 2023)
  - Boone/Lincoln (November 17, 2023)
- Supervisory training for supervisors in the Case Review counties as requested. This brief training includes a refresher on the use of the FAST tool and how to use the FAST Supervisors Checklist during staff evaluation. This checklist was developed to guide supervisors during their staff case reviews and provide an opportunity for Social Service Staff to further develop and practice development of their communicating the families story, increasing their engagement, planning, and tracking progress of the treatment goals (evaluation of the case plan).
- Cloud-based professional animation videos designed and available on the TCOM website to help support issues identified during training and technical assistance sessions.
- Provide a platform for support of the Praed Foundation website and navigation and website access code distribution for DoHS staff and grant-supported programs.
- Tracking certification of TCOM tools. In addition to the reminders the Praed Foundation provides individuals when their certification is about to expire, Marshall University also tracks and reminds individuals and managers when certification is nearing their expiration date or has expired in the following programs: DoHS staff, SAH WV, CSED, Children's Mental Health, Shelter, Residential, Child Placement Agencies, Mobile Crisis Units, and School-Based Mental Health and TCOM Trainers when certification is near expiring.
- Enhancements to the automated TCOM/CANS system that collects, stores, and reports data for the state as requested. The Public Consulting Group (PCG) provides maintenance, data requests, and upgrades to the system as requested.
- Implementation of the WV Decision Support Model and Automation using the CANS items, algorithms and other assessment and information automated through the WV CANS System for WV children who are placed in any out-of-state placement to determine appropriate level of care and to develop step-down/discharge plans to support the quality assessment process. The CANS is completed by the

Marshall University TCOM Team. DoHS partnered with the Marshall University's Center of Excellence for Recovery, the University of Kentucky's Center of Innovation in Population Health, and other key stakeholders.

- The TCOM team and WVICCC team began completing the CANS and the Child and Adolescent Functional Assessment Scale (CAFAS) on youth who are placed in out-of-state care.
- 2023 Latent Class Analysis - The State partnered with Marshall University's Center of Excellence for Recovery and the University of Kentucky's Center of Innovation in Population Health to identify the similarities of these youth and their needs through a latent class analysis. There were 909 youth (703 placed in-state and 206 out-of-state) reviewed. This report will assist the state in determining what level of intervention is necessary amongst existing community-based services that can be utilized to keep the youth in a home-like setting and what new services may need to be developed.
- DoHS partnered with Marshall University's Center of Excellence for Recovery and the University of Kentucky's Center of Innovation in Population Health to develop and approve the West Virginia Adult Needs and Strengths Assessment (ANSA) Manual. In 2024, the training, Rating Sheet and all supportive materials will be developed.
- DoHS Policy Staff, Marshall University's Center of Excellence for Recovery TCOM Advanced Trainers, and West Virginia's service providers began updating the Child and Adolescent Needs and Strengths (CANS) Manual. In 2024, the CANS Manual will be reviewed by DoHS and the University of Kentucky's Center of Innovation in Population Health (Praed Foundation) for approval. In 2024, the CANS Rating Sheet and other supportive materials will be updated.
- In October 2023, West Virginia was represented at the Transformational Collaborative Outcomes Management (TCOM) Annual Conference. This international conference brings together helping professionals from around the world to share ideas and discuss the latest advancements in research, innovative practices, and current trends in population health. Three different presentations were provided by Marshall University, Center of Excellence for Recovery (TCOM, RPG, WV Intensive Clinical Care Coordination Team (ICC) and Trauma Sensitive Workplace), DoHS, and Opeeka. The presentations were:
  - *The Trauma Sensitive Workplace Survey* was provided by LuAnn Edge, Director of the Trauma Sensitive Workplace; Ashley Kimble, Coordinator of the Trauma Sensitive Workplace; and Susan Richards, Deputy Commissioner for the Bureau for Social Services.
  - *WV Grid of Tactics (Using the TCOM Tools to meet WV Goals related to Children, Adults and Families)* was provided by Tammy Pearson, Senior Associate Director Center of Excellence for Recovery, Marshall University; Linda Gibson, Assistant TCOM Director Center of Excellence for Recovery, Marshall University; and Laura Hunt, Director for the Office of Quality Assurance for Children's Programs (DoHS).
  - *Predicting Success for Caregivers with Substance Use Issues by Looking at the Collective Outcomes from the Family Advocacy Support Tool and other Assessments* was presented by Tammy Pearson, Senior Associate Director, Center of Excellence for Recovery, Marshall University; Ken McGill, Senior Scientist at Opeeka in Folsom, California; and Bretlyn Hickman, Evaluation Coordinator, RPG Wraparound.

## **Wraparound Fidelity Review Team**

- 2023 Wraparound Fidelity Outcome Review of the WV Wraparound Programs (SAH WV and CSED). The purpose of the wraparound fidelity review, completed in August 2023 to November 2023, was to assess if wraparound facilitators were meeting the National Wraparound Initiative (NWI) standards, since training started in February 2022 and coaching in January 2023. The report included results from the Wraparound Fidelity Index, Short Form (WFI-EZ)-Caregiver and Wraparound Coordinator Forms and the Document Assessment Review Tool (DART). One hundred and seventy-one (171) cases were included in the review. Also in this report is a quality review of the Child and Adolescent Needs and Strengths (CANS) assessment.
- The Wraparound Fidelity Team works with the University of Washington’s Wraparound Evaluation and Research Team (WERT) to develop WV’s wraparound fidelity plan, implementation of the wraparound tools, address barriers, and produce reports.

### **Trauma-Sensitive Workplace Team**

The Trauma-Sensitive Workplace Team partners with DoHS to provide assessment, training, technical assistance, and crisis event response support. This team was created to address secondary traumatic stress that is experienced by DoHS staff. They interact with people who have experienced multiple traumas. Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another person. Given the nature of their work, child welfare staff are at very high risk of developing STS, and they can be at risk of experiencing trauma first-hand. In addition, the trauma and secondary trauma experienced by their clients and staff can affect organizations and the organizational culture. If left unaddressed, STS can have a negative impact on the ability of individuals and organizations to help children and families.

- Marshall University worked with the University of Kentucky’s Center of Innovation in Population Health to assess DoHS staff through the West Virginia’s Bureau for Social Services Safety Culture Survey. The results of the survey have been shared with the state and each district and have guided training.
- The Trauma-Sensitive Workplace Team has provided training throughout West Virginia on “Protecting the Protector.” They have completed 31 training courses and trained 422 staff. The team has been integrated into new worker training and they completed seven of these trainings last year and trained 163 staff.
- In November, a second training was introduced, “Weathering the Storm.” Three training courses have been completed with 36 staff attending.
- The team is working with each county or district to establish peer support groups. There have been 81 meetings throughout the state with 225 people attending.
- The team responds to Crisis Events statewide in DoHS. All staff are trained in Critical Incident Stress Management. They have responded to 13 events which impacted 97 staff.

### **Bureau for Social Services Evaluation Projects**

- DoHS’s BSS and Marshall University partnered with Opeeka to analyze data collected on runaway youth from the foster care system. The project began in 2023 and will continue into 2024 and will utilize CANS data and data collected by the Child Locator Unit for youth in foster care who have run away. The analysis will also look at CANS data for youth in foster care who have not run away so a comparison can be made. Data are being analyzed on 208 youth who ran away from foster care and 959 youth who did not run away.

The data will be analyzed to:

- Characterize and understand runaway youth’s CANS responses;
  - Examine the date to determine why a youth runs, where they run to, how long they run, and why they return or not return;
  - Examine the similarities and differences between youth that ran away and youth that did not run away; and
  - Explore patterns/features to help identify characteristics or influences in a youth’s life that make them a higher risk of runaway behaviors.
- In May 2023, Marshall University implemented the Safe at Home (SAH WV) Referral Approval and Assignment Project. This project established a central location and two staff who review, approve, or deny and assign all the SAH WV Referrals. Tracking SAH WV referrals from entry into the WVCANS System through the acceptance of an assigned referral by the provider is provided. The project provides a timelier review and assignment process, consistent and uniform review/approval/assignment for referrals and more frequent contact with the SAH providers. Monthly reporting on data from the WVCANS System, on the SAH WV program, was provided May 2023 to July 2023, but the reporting was placed on hold so the reports could be changed. The reporting will begin in 2024 and will occur monthly for some items, quarterly for other items and annually for additional items. From May 1, 2023, to December 31, 2023, there were 944 referrals reviewed, 801 referrals were assigned to a provider and 61 referrals were denied for services, because they did not meet the eligibility criteria.

### **WV Intensive Clinical Care Coordination Team**

DoHS has partnered with Marshall University and Aetna to build a team that will focus on children who are placed in an out-of-state residential setting. Early identification of the child’s needs is the team’s first goal. The WV Intensive Clinical Care Coordination’s purpose is to ensure every child residing in an out-of-state Psychiatric Residential Treatment Facility or a Group Residential Facility receives a comprehensive and viable discharge plan that is initiated within 30 days of placement and implemented immediately before discharge from the facility. The team is made up of four Clinical Specialists, a Community Services Coordinator, and a Family Liaison. This team began in late June 2023. Some of the team’s responsibilities other than the development of the discharge plan include:

- Level of care determination for transition back to WV
- Participation in out-of-state treatment teams
- Coordination of meetings between in-state and out-of-state providers
- Make referrals and complete referral packages

- Coordination with the education system
- Family finding
- Family support, education, and coordination of needs
- Working with foster care
- Mobile crisis connection
- Address the needs of children with autism or an intellectual disability
- Address the needs for youth with sex offending behaviors

### **Regional Partnership Grants**

- The Regional Partnership Grant (RPG) is administered by the Administration for Children, Youth, and Families (ACYF), Children’s Bureau (CB) to improve the well-being of children affected by parental substance use disorders. West Virginia is using a wraparound approach and has three of these grants. Marshall University is the evaluator for the WV RPG programs. It conducts both a national cross-site and local evaluation.
- The RPG 1 project has been completed and covered Cabell, Wayne, and Lincoln counties. This program was for children aged (0-11 years old) at risk of being removed from their home due to a family member being impacted by substance use/misuse.
- The RPG 2 project is in its last year and covers Kanawha, Boone, Raleigh, and Wyoming counties. This program was for children aged 0-11 years old at risk of being removed from their home due to a family member being impacted by substance use/misuse.
- The RPG 3 project is in the second year and covers Mason, Putnam, McDowell, and Mercer counties.
- WV partnered with Opeeka to analyze the abundance of data collected in the Regional Partnership Grant (RPG) through their Person-Centered Intelligence Solution System (P-CIS). The use of the TCOM tools in combination with other data sets to predict success for families with substance use issues. One finding showed that receipt of Employment Training services was significantly associated with completing the RPG program while controlling for factors related to program completion, including age, gender, substance use, and adjustment to trauma symptoms. For the RPG 1 participants, which received Employment Training, they had 8.4 times increased odds of completing the program, while adjusting for other factors related to program completion. The data for the RPG 2 project is currently in analysis.
- RPG 1 outcomes include:
  - 67% of the children remained with one or both parents or were reunited with parents.
  - Although data are limited, all children were reported as being in the normal range for mental health issues by the time the case was closed.
  - By the end of the service, more families had residential and financial stability and less family conflicts.
  - Parents reported a decrease in substance use and improvement in adjustment to trauma and depression.
  - Many services were provided but according to analysis, employment services and MAT were services that improved the success of individuals with substance use issues.
- Full reports on outcomes can be provided.



Additional information on TCOM training and resources: <https://mucenterofexcellence.org/projects/transformational-collaborative-outcomes-management-tcom/>

### **Regional Clinical Review Teams, Out-of-State Review Teams, and Conference Calls**

The Regional Clinical Review Process is a coordinated effort to provide a comprehensive and coordinated clinical review of designated youth. The process has several steps to assure that the review is objective, thorough, and includes a standardized assessment tool utilized in all reviews. The role of the review process is to identify what the youth's current treatment and permanency needs are and serve as a resource to the youth's individual MDT.

The goal is to determine that the type and level of services match the treatment and permanency needs by evaluating that:

- The care being provided meets the youth's assessed need.
- The facility where the youth is placed has the program in place to meet the youth's needs.
- The youth and family/legal guardian are involved in the treatment, and their input is being considered in the treatment and discharge planning process.
- Discharge planning occurs from the time of admission throughout the youth's treatment.
- The identified discharge plan is detailed and specific and addresses continued treatment and permanency needs.

DoHS Regional Clinical Coordinators (RCCs) assist with and coordinate the activities of the Clinical Review Team process by establishing working relationships with community partners and ensuring that the clinical review process is completed as outlined in the established protocols and timeframes. The RCCs also provide resource awareness and system navigation to families, probation staff, therapists, social workers, and other service providers responsible for developing individualized, person-centered treatment plans. RCC services are available to children and families regardless of the child's custodial status.

## **STAFFING, FACILITATION, AND OVERSIGHT OF MULTIDISCIPLINARY TREATMENT PLANNING TEAMS**

### **West Virginia Court Improvement Program**

The Supreme Court of Appeals of West Virginia established the West Virginia Court Improvement Program (CIP) Oversight Board in 1995. This Board took over the Broadwater Committee's work to improve outcomes for children and families in child abuse and neglect cases. The Court established the Broadwater Committee in the mid-1990s during Chief Justice Margaret Workman's previous tenure on the Supreme Court, from 1988 to 1999.

The Court Improvement Program Board was created because of the federal Omnibus Budget Reconciliation Act of 1993. That Act designated federal funding beginning in fiscal year 1995 for grants to state court systems to assess their foster care laws and judicial processes and to develop and implement a plan for system improvement. The Oversight Board is the multidisciplinary advisory group and task force

to implement the program in West Virginia. The U.S. Department of Health and Human Services (DHHS) Administration for Children and Families continues to fund the program annually. Judge C. Carter Williams of the Twenty-Second Judicial Circuit (Hampshire, Hardy, and Pendleton counties) is the chair of the Oversight Board.

The mission of the West Virginia Court Improvement Program is to advance practices, policies, and laws that improve the safety, timely permanency, and well-being of children and due process for families in child abuse/neglect and juvenile cases.

Division of Children's Services staff engaged in many activities to meet the mission and strategic plan of the CIP in the calendar year 2023.

Some of the activities mentioned above are as follows:

Education and Community Outreach provided varied and numerous trainings, networking and information-sharing opportunities in 2023. Some of those are listed below.

- 1452 employees attended training courses facilitated by CIP.
- 12 new magistrates were trained in Title IVE reasonable efforts and other child-related issues.
- Three Judicial stakeholders meetings were held, which are tailored to the community and address local issues in abuse and neglect proceedings.
- Virtual and on-site new user training courses provided to new JANIS users.
- 11 Lunch and Learn sessions held for child abuse and neglect attorneys.
- CIP supported the conferences provided by the Emergency Shelter Provider Network (ESPN), Court Appointed Special Advocates (CASA), and Handle with Care.
- Over 75 WVU College of Law students attended a panel discussion on child abuse and neglect attorney work.

Juvenile Abuse and Neglect Information Services (JANIS): A key resource for the child abuse and neglect system in WV. JANIS holds varying information on abuse and neglect cases. Data from JANIS is used to identify trends in how abuse and neglect cases are handled in West Virginia. JANIS continues to be a priority for the CIP. We have staff dedicated to monitoring, training, and entering information to assist judicial staff. In addition, there is ongoing work by staff who study and evaluate the programs to strengthen the quality of the data contained in the system. Over 3,520 cases were added to JANIS in 2023.

New View: A program that restarted in April 2020 as a judicial resource program wherein Judges or their designee can refer children to the program. Once screened in, a CIP Field Coordinator reviews both Court and State Child Welfare Agency records, interviews the child and case collaterals, and attends pertinent hearings and multidisciplinary team (MDT) meetings. They then make recommendations to the child's MDT. During 2023, this practice continued; however, not formally as a project, but as a resource within the Division of Children's Services. CIP Field Coordinators will continue to be the primary contact and provider to the state's local teams.

Quality Hearing Project: All CIPs are required to have a project to improve the quality of court hearings. WV CIP has been involved in a project that looks at the quality of the multidisciplinary team meeting and its impact on the subsequent court hearing. If the MDT is considered a quality meeting, then factors and variables that indicate quality will be apparent in the hearing. CIP staff observed MDTs and the subsequent

hearing to see if there was a correlation. During the 2023 summer months, these observations were put on hold as we embarked on the Judicial, Court and Attorney Measures of Performance (JCAMP) project. WV CIP was selected to participate in this project which is supported by the Administration for Children and Families unit, the Children's Bureau, and facilitated by the Capacity Building Center for Courts (CBCC). CIP staff observed 317 court hearings and completed 100 paper case reviews as a part of JCAMP. Either every county or circuit was included in the project. The data is being analyzed and will be organized during the calendar year 2024.

Parent Resource Navigator: The parent navigator project continues to grow across the state. During 2023, ten counties either have parent navigators in place or in the process of implementing the model. This is an opportunity to assist parents with 'navigating' the system and work with them to help them meet requirements for reunification. An unexpected, but very positive, outcome has been establishing relationships between the parent participants and the court community with the county's Family Support Center. The Center offers a variety of robust services, connections, and support to families in the local community.

## **AVAILABILITY OF AND INVESTMENT IN COMMUNITY-BASED, LESS RESTRICTIVE AND LESS COSTLY ALTERNATIVES TO RESIDENTIAL PLACEMENTS**

### **WV Wraparound**

The Children's Mental Health Wraparound initiative of DoHS's Bureau for Behavioral Health (BBH) is modeled after the national children's wraparound model and philosophy. The purpose of Children's Mental Health Wraparound is to prevent out-of-home placement of children with serious emotional disturbances and have them thrive at home with their families and in their schools and communities.

During FY 2023, BBH continued with the Assessment Pathway process which wraps services around with DoHS's Bureau for Social Services and Bureau of Medical Services. Upon the completion of the blending of these services with the three bureaus, the services are now called WV Wraparound. BBH continues to provide BBH wraparound services for those children who are determined to be ineligible for interim services through WV Wraparound.

Marshall University contracted with the University of Connecticut to provide training to the three bureau's wraparound agency providers during FY 2023 using a standardized curriculum for Wraparound services.

BBH processed 1,507\* youth through the referral pathway for FY 2023 which processes for all three bureaus.

*\*Duplicate referrals have been removed and those referrals that were sent to the pathway in error.*

### **Children's Mobile Crisis Response and Stabilization**

During FY 2022, BBH applied for and was awarded a national Quality Learning Collaborative (QLC) training grant. This grant will provide intense and in-depth training on mobile response and stabilization services and how they act as the first point of contact for assisting with the prevention of children being removed from the home. This training grant will go in conjunction with the training curriculum that is being

provided by the University of Connecticut through a grant that BBH provides to Marshall University. Additionally, BBH provided supplemental funding to add additional staff to expand services and decrease response times.

In FY 2023 Mobile Crisis Response and Stabilization providers continued the training through the QLC and have been focused during this second year on data collection, improving stabilization services and improving implementation of the skills they learned during the MRSS Training Curriculum provided in December 2022 through May of 2023.

All crisis providers began training under the new Mobile Response Curriculum in December 2022 and completed the first of three parts of the training by May 2023. This training also included the Program Manager and Supervisors of the Children's Crisis and Referral Line.

For FY 2023 944 youth received services through CMCRS.

### **Children's Crisis and Referral Line and Warm Peer Line**

BBH provided two training courses to Children's Crisis and Referral Line (CCRL) staff, removed the local behavioral health agencies numbers from all marketing and advertising and began fully promoting CCRL as the system's point of entry for children's services. In FY 2022, CCRL assumed the role of being the entry point for the Assessment Pathway and using a portal developed for BBH they sent referrals to BBH to process. BBH worked with BPH and CCRL to develop a process specifically for primary care physicians to make referrals to the call line.

*\*FY 2023 there were 1,419 calls, chat and texts received through the call line.*

***\*Note service data is separated this year because of a change in data collection method during the FY period.***

### **Family First Prevention Services Act (FFPSA)**

DoHS received approval of its Family First Five-Year Prevention Plan on September 14, 2020, from the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Children's Bureau. The approval was for three evidence-based prevention services that have been implemented and are being provided to our citizens: Functional Family Therapy, Healthy Families America, and Parents as Teachers. Through Family First, there are currently five Parents as Teachers providers, one Health Families America provider and one Functional Family Therapy provider. The Family First prevention plan is set to be revised in 2024.

### **Expanded School Mental Health (ESMH)**

The Expanded School Mental Health (ESMH) approach is an integrated approach that builds on core services provided within schools. It is a three-tiered framework that includes the full continuum of mental health prevention, early intervention, and treatment services. The four expected outcomes of this approach are reduced barriers to learning, improved academic performance, improved attendance, and improved school functioning/behavior. West Virginia has 73 ESMH schools and 18 in partnership with Project Aware for a total of 91 schools across 30 counties.

### **Trauma-Informed Elementary Schools (TIES)**

Trauma-Informed Elementary Schools (TIES) is a prevention and early-intervention program that is designed to bring trauma-informed principles into the classroom and, for children that are referred for treatment, to provide an integrated approach for the school and home environments. Providers serve as trauma-informed agencies and seek to improve outcomes for children by providing trauma-informed practices for teachers and by strengthening family functioning with interventions. In this BBH program, the expanded TIES project serves eight elementary schools in pre-kindergarten, kindergarten, and first-grade classrooms in Ohio and Hancock counties. TIES is currently in Weirton Elementary, Bethlehem Elementary, Steenrod Elementary, Madison Elementary, Middle Creek Elementary, Ritchie Elementary, Woodsdale Elementary, and West Liberty Elementary. TIES includes teacher training in the principles of the Attachment, Regulation and Competency (ARC) Trauma Treatment Framework, incorporation of trauma-informed practices in the classroom, a bachelor-level staff to act as a resource liaison for the school, and referral to professional, licensed, trauma-focused therapeutic services. The program focuses on improving functioning and reducing stress symptoms in children referred for treatment so that they can self-regulate within the classroom environment, as measured by exhibiting WV Child and Adolescent Needs and Strengths Assessment (WVCANS) score improvement for the child and the caregiver, through the reduction of actionable items.

#### **WAYS IN WHICH UP-TO-DATE INFORMATION ABOUT IN-STATE PLACEMENT AVAILABILITY MAY BE MADE READILY ACCESSIBLE TO STATE AGENCY AND COURT PERSONNEL, INCLUDING AN INTERACTIVE SECURE WEBSITE**

##### **West Virginia Child Placement Network**

The West Virginia Child Placement Network (WVCPN) was launched in 2005 as a centralized resource for identifying daily placement availability for children when they cannot remain in their own homes. In August 2006, WVCPN was awarded the 2006 State Information Technology Award in the Government-to-Government category. In January 2008, the “Facility Detail” screen added the placement criteria for IQ range(s), accepted ages, mental, physical, and court involved. In July 2010, the WVCPN “Daily Report” began featuring real-time data, export options, and the ability to refresh the data contained in the report to the current second. In February 2012, the provider type “Transitional Living” was added. Currently, the WVCPN has 66 participating facilities that provide regular updates on bed vacancies. The WVCPN website address is <https://www.wvdhhr.org/wvcpn/>.

#### **STRATEGIES AND METHODS TO PROMOTE AND SUSTAIN COOPERATION AND COLLABORATION BETWEEN THE COURTS, STATE AND LOCAL AGENCIES, FAMILIES, AND SERVICE PROVIDERS INCLUDING THE USE OF INTER-AGENCY MEMORANDA OF UNDERSTANDING, POOLED FUNDING ARRANGEMENTS, AND SHARING OF INFORMATION AND STAFF RESOURCES**

##### **Implementation of Every Student Succeeds Act (ESSA): Focus on Foster Care Children**

The Education of Children in Out-of-Home Care Advisory Committee focused on the following major objectives during 2023: (1) developing a system of procedures to report on the educational status, achievement, and needs of children in out-of-home care; (2) expansion of the services provided by the Education Recovery Specialists; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; and (4) partnering with

the Foster Care Ombudsman to increase awareness of educational services and information for parents of children in foster care.

Under Every Student Succeeds Act (ESSA), the West Virginia Department of Education is required to annually report on the educational status and achievements of children in foster care.

During 2024, the Education of Children in Out-of-Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) increasing cooperation and coordination between stakeholders that service out-of-home youth; (2) expansion of the services provided by the Education Recovery Specialist; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; (4) monitoring effectiveness and increasing educational involvement of multidisciplinary team meetings.

### **West Virginia Adult Drug Courts**

The West Virginia Adult Drug Courts (ADC) are a cooperative effort of the criminal justice, social service, substance use treatment, and law enforcement systems. ADCs are established in accordance with the West Virginia Drug Offender Accountability and Treatment Act (W. Va. Code §62-15-1 et seq.). ADCs are designed and operated consistent with All Rise (formally the National Association of Drug Court Professionals) key ingredients of the drug court model (known as the Ten Key Components [NADCP, 1997]) which became the core framework not only for drug courts but for most types of problem-solving court programs. The West Virginia ADC is operated under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia. All ADCs use evidence-based treatment approaches and assessments and are to be evaluated annually. Program components include intensive supervision, frequent, random, and observed drug testing, meetings between participants and probation officers, therapy, group counseling, peer support groups, court appearances, and community service. The program seeks to achieve a reduction in recidivism and substance use among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment; mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which is supervised by a judicial officer. West Virginia currently operates 31 separate Adult Drug Courts covering 45 counties. In 2023, they served 870 participants. Twenty-five children were born drug free during that time. Also, during 2023, 153 participants gained new employment and two returned to or started school.

### **West Virginia Juvenile Drug Courts**

The West Virginia Juvenile Drug Courts (JDC) are a cooperative effort of the juvenile justice, social service, substance misuse treatment, law enforcement, and education systems. JDCs are established in accordance with W. Va. Code §49-4-703. They are designed and operated consistent with the Juvenile Drug Treatment Court Guidelines, as outlined by the Office of Juvenile Justice and Delinquency Prevention. The programs are operated under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia. JDCs are designed for high-risk juveniles with substance use issues who are in jeopardy of further involvement in the legal system and/or out-of-home placement. The program is a non-adversarial, intensive, individualized court process that includes substance use and other types of needed treatment where parental involvement and cooperation is mandatory. All JDCs use

evidence-based treatment approaches and assessments, and the programs are evaluated annually. Program components include intensive supervision, frequent, random, and observed drug testing, meetings between juveniles and probation officers and parents and probation officers, counseling sessions for juveniles and for families, non-adversarial court appearances for juveniles and parents, and community service. West Virginia operated 15 Juvenile Drug Courts in 2023, with one addition later in the year. They served 354 youths, eight of whom gained new employment and 31 returned to school.

### **West Virginia Family Treatment Courts**

The West Virginia Family Treatment Courts (FTC) began in fall 2019. These courts are a cooperative effort of the circuit courts, Child Protective Services, treatment providers, and others involved in the welfare of children in the foster care system. FTCs are established in accordance with W. Va. Code §62-15B-1 et seq. and are designed and operated consistent with the FTC Best Practice Standards, as produced by Children and Family Futures and All Rise (formerly the National Association of Drug Court Professionals). FTCs are operated under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia. Unlike the other treatment courts, FTCs do not necessarily work with those criminally charged. Instead, FTCs work with the parent(s) who has been adjudicated in an abuse and neglect proceeding due to his/her substance misuse. The FTC goals are to assist parents with accessing illegal substances and other treatment in a timely manner, reunify and return children home at a potentially faster rate than traditional abuse and neglect court proceedings, and ensure fewer children experience subsequent maltreatment and return to foster care. Components of FTC include intensive supervision, frequent, random, and observed drug testing, meetings between the participants and case coordinators, individual and group counseling, non-adversarial court appearances, basic case management, and most importantly, supervised visits with their children until reunification is achieved. In 2023, West Virginia had 13 Family Treatment Courts throughout the State. They served 258 participants with 384 children. FTCs reunified 81 children and 90 achieved permanency. The average days to reunification were 306.8 and to permanency were 463.5. FTC had 94 participants gain new employment and 20 enrolled in some type of education.

## **IDENTIFICATION OF IN-STATE SERVICE GAPS AND THE FEASIBILITY OF DEVELOPING SERVICES TO FILL THOSE GAPS, INCLUDING FUNDING**

### **Transitioning Youth from Foster Care**

Transitioning Youth from Foster Care subgroup was convened and composed of providers and DoHS staff to focus on services, initiatives, and innovative ways to serve this population. This subgroup was developed by DOHS in preparation for the Family First Presentation Services Act.

Since protocol for the pilot enrollment and Transitional Living (TL) enrollment has been established, the Transitioning Youth from Foster Care subgroup no longer convenes.

### **Office of Drug Control Policy**

In 2017, House Bill 2620 was signed into law, creating the Office of Drug Control Policy (ODCP). Under the direction of the West Virginia Department of Human Services (DoHS) Cabinet Secretary Dr. Cynthia Persily, ODCP leads the development of all programs and services related to the prevention, treatment, and reduction of substance use disorders. To accomplish this mission, ODCP collaborates with other bureaus

in the DoHS, the West Virginia Department of Health (DH), other state agencies, and community partners. ODCP strives to maximize funds to fight substance and opioid use disorders. ODCP also administratively supports the Governor's Council on Substance Abuse Prevention and Treatment (Council). ODCP oversees the implementation of the recommendations the Council made in its West Virginia 2020-2022 Substance Use Response Plan. This plan focuses on eight key areas: prevention, community engagements, treatment, recovery and research, law enforcement, criminal justice and court systems, public education, recovery community, and pregnant and parenting women. The Council is expected to publish its 2024 Priorities and Implementation Plan to carry forward over the next year.

## **WAYS TO PROMOTE AND PROTECT THE RIGHTS AND PARTICIPATION OF PARENTS, FOSTER PARENTS, AND CHILDREN INVOLVED IN OUT-OF-HOME CARE**

### **Support for Kinship Providers/Relatives**

The Kinship Navigator Program became effective August 15, 2019. This program operates through Mission West Virginia and provides assistance to child welfare workers and kinship/relative families. The Kinship Navigator Program assists with monitoring kinship/relative placements to ensure their entry into Families and Children Tracking System (FACTS), entry of monthly demand payments, and receipt of foster care subsidy upon certification approval. Kinship Navigators provide assistance by linking families with necessary services and supports to ensure needs are met. The program is intended to provide added resources for kinship/relative families and assist child welfare workers when kinship/relative families have extra needs that require time and assistance.

In 2023, there were 1021 referrals received, 941 cases/families served including initial assessments and closing assessments/closure letters, 80 cases could not be opened due to lack of complete contact information or lack of response by family (most often due to lack of family response).

Referrals are received by the program coordinator and then assigned to a specific Kinship Navigator who contacts the family and completes an assessment. The purpose of the assessment is to identify needs in the following areas:

- Helping caregivers understand the child welfare system as well as their specific role.
- Identify financial assistance needed and ensure that families are receiving all financial assistance for which they qualify.
- Identify services and needs outside of the financial scope.
- Identify areas where the family needs an advocate or to have the tools or knowledge to advocate for themselves.
- Identify tangible items needed to care for the child or to pass their home study.
- To provide emotional support to the caregiver.

Ultimate goals:

- To ensure caregivers have all needed resources to support the children in their care and to ensure that these resources are provided timely.



- To help caregivers prepare for their home studies so they can be completed in a timelier manner.
- To aid families by completing tasks and meeting needs, thus relieving some burden from Child Protective Services (CPS) and Home finding staff, especially related to needs that are small but time intensive.
- To preserve placements by providing caregivers with the tools and resources they need to feel confident in their ability to provide for the children.

Kinship Navigators demonstrate a competent understanding of the system, a willingness to go the extra mile to meet a need, and genuine concern and caring for both caregivers and the children in their care.

**Snapshot from Mission WV (not comprehensive) of the main types of assistance provided:**

<b>Types of Financial Assistance Addressed by Navigators - 2023</b>	
TANF and/or Medical Cards	330
Childcare Resource and Referral	90
Clothing Vouchers	253
WIC	122
Voucher or Incentive Payment	437
Demand Payments	172
Transportation	26
Utilities	34
Home Repairs	43

*\*Placement Incentive Payments were not added as a category until part-way through the grant year but were included in every assessment and any families that had not received a payment was assisted in obtaining one.*

<b>Referrals Made to Non-Financial Resources – 2023</b>	
Foster Care Ombudsman	54
HUD	25
Educational Resources	46
Legal Aid	186
Gabriel Project	133
Local FRN	89
PRIDE	448
Birth to Three	95

<b>Tangible Items Obtained- 2023</b>	
Emergency Food	20
Clothing	26
Cribs	27
Crib Mattresses	25
Toddler beds/Bedding	53
Bedframes	51
Bunk Beds	16
Mattresses	30
Car seats	42

Baby items	5
Dresser	22
Gun safety locks and lock boxes	17
Baby safety items	10
Medication lock boxes	16
Fire extinguishers	154
Smoke detectors	207
Fire escape ladder	179
First Aid kits	215
Gas cards	7

*\*Families are assisted in obtaining items that are (1) necessary to care for the children in their homes, and/or (2) required to pass a home study.*

When a family needs tangible items, resources are explored in a specific order to conserve scarce resources and funding. The order of priority is as follows:

- 1) DoHS: Is it in policy that DoHS meet a specific need or cover a specific expense? (We have observed that this varies in practice regionally). Did the family receive their \$300 incentive check and if so, how was it spent?
- 2) Community Resource: We often work with churches, foster closets, CASA offices, Family Resource Centers, etc.
- 3) Grant Funding: There is a line item in our grant budget to purchase items necessary for families to care for children or pass their home study.
- 4) Agency Fundraising: Mission West Virginia has fundraised monies that may be used when other resources are not available, or a certain expense is not allowable. An example might be equipment for a child to join an extracurricular, a prom dress or assistance with Christmas.

## **WAYS TO CERTIFY OUT-OF-STATE PROVIDERS TO ENSURE THAT CHILDREN WHO MUST BE PLACED OUT-OF-STATE RECEIVE HIGH QUALITY SERVICES CONSISTENT WITH THIS STATE’S STANDARDS OF LICENSURE AND RULES OF OPERATION**

### **West Virginia Interagency Consolidated Out-of-State Monitoring**

The West Virginia Interagency Consolidated Out-of-State Monitoring process continues to ensure children in foster care and placed outside of the State of West Virginia are in a safe environment and provided behavioral health treatment and educational services commensurate with DoHS and West Virginia Department of Education standards. The monitoring review team consists of representatives from DoHS’s BSS Licensing Unit, Acentra, West Virginia Department of Education, Supreme Court of Appeals of West Virginia, and Aetna.

In 2023, the team reviewed the following five placements:

- Echoing Hills Village - 507 Richland Avenue, Athens, OH, reviewed January 24 to January 26.
- Newport News Behavioral Center - 17579 Warwick Blvd, Newport News, VA, reviewed April 4 to April 6.
- Harbor Point Behavioral Health Center - 301 Fort Lane, Portsmouth, VA, reviewed May 9 to May 11.

- Abraxas Leadership Development and Abraxas Youth Center - 10058 South Mountain Road, South Mountain, PA, reviewed September 9 to September 21.
- Hermitage Hall - 1220 8<sup>th</sup> Ave S, Nashville, TN, reviewed October 31 to November 2.

If issues were identified by team members, a corrective action plan was developed.

## **CONCLUSION**

This report represents the commitment of the Commission toward meeting the standards tasked by the West Virginia Legislature. The Commission continues to prioritize the needs of West Virginia children and their families in decision-making, which ultimately produces better outcomes for children, families, and the State of West Virginia.

**APPENDIX A**

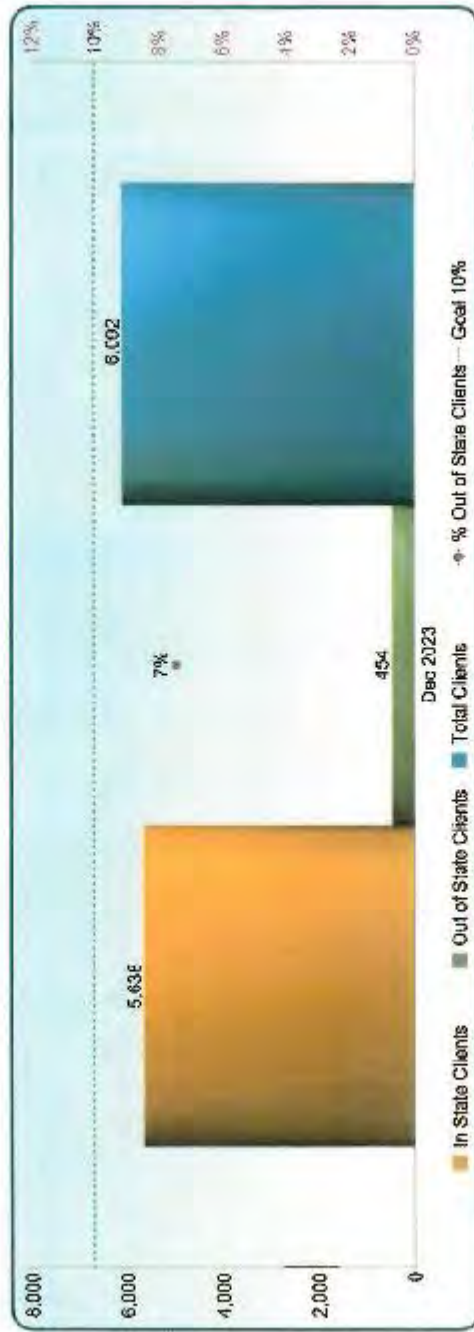
**LEGISLATIVE FOSTER CARE PLACEMENT REPORT**

**DECEMBER 2023**



## Legislative Foster Care Placement Report - Summary

Report ID: PSS-PLA0020 | Month: Dec 2023



	Dec 2023
In State Clients	5,638
Out of State Clients	454
<b>Total Clients</b>	<b>6,092</b>
<b>% Out of State Clients</b>	<b>7%</b>

In State and Out of State Clients by Service Description at the End of Dec 2023

Social Services

Run Date: 02/02/2024 12:53 PM  
 Report Date: 02/02/2024 | Frequency: Monthly  
 2 of 338

## APPENDIX B

# EDUCATION OF CHILDREN IN OUT-OF-HOME CARE ADVISORY COMMITTEE ANNUAL REPORT 2023

### **Mission of the Committee**

The mission of the Education of Children in Out-of-Home Care Advisory Committee is to ensure that children placed in out-of-home care receive a free appropriate public education in accordance with federal and state laws, regulations, and policies. The Advisory Committee works to accomplish this mission by:

1. Identifying barriers impeding access to a free appropriate public education for children in Out-of-Home care.
2. Gathering information and collecting data on the educational status of children in Out-of-Home care.
3. Developing recommendations and undertaking projects for improving services for children in out-of-home care
4. Advising the State Superintendent of Schools and State Board of Education on the educational status of children in out-of-home care and making recommendations for administrative, policy or legislative changes.
5. Working to increase public awareness of the educational needs of children in out-of-home care.
6. Fostering an interagency collaborative approach to problem solving and
7. Identifying promising and best practices to improve services to children in out-of-home care.

### **Meetings in 2023 and Committee Membership**

The Education of Children in Out-of-Home Care Advisory Committee held three regular meetings in 2023. The meetings were held on January 18, 2023, May 3, 2023, and October 18, 2023. All meetings were held virtually. The membership of the committee is listed in Appendix I.

### **Activities of the Committee**

The Education of Children in Out-of-Home Care Advisory Committee focused on the following major objectives during 2023: (1) developing a system of procedures to report on the educational status, achievement and needs of children in out-of-home care; (2) expansion of the services provided by the Education Recovery Specialists; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; and (4) partnering with the Foster Care Ombudsman to increase awareness of educational services and information for parents of children in foster care.

## **Educational Status, Achievement, and Needs of Children in Out-of-Home Care**

The Education of Children in Out-of-Home Care Advisory Committee meets quarterly to discuss the needs of youth in out-of-home care which includes academic achievement and educational status. The Education Recovery Specialist (ERS) provides reports at every meeting that illustrate youth in out-of-home care academic needs. ERS track data relative to where a student is located, what type of service they provide that student and if they are continuing to monitor that student throughout the school year. The Education Recovery Specialist also works with the WVSDT Transition Specialist to ensure that youth in out-of-state care have their academic needs met. The Transition Specialist Rachel Stewart oversees the out-of-state youth and will notify the appropriate Transition Specialist when those youth come back to in state care.

## **Expansion of the Education Recovery Specialist**

The Education Recovery Specialists have been working with foster and kinship care youth throughout the state for two years. They have continued to grow their program by offering more services to foster youth that are referred to them such as:

- Training for foster parents, foster agencies, and other service providers;
- Creating a resource database to easily access community resources in each county;
- Assisting with the Education of Children in Out-of-Home Care Advisory Committee;
- Serving on the Statewide Family Engagement Center Leadership Team;
- Transcript analysis and record locating for the KVC First Star program; and
- Further developing relationships with DoHS and stakeholders to ensure smooth transition for foster youth.

A recent expansion of the Education Recovery Specialist (ERS) program is the sharing of data from DoHS. They now have access to PATH reports and have been working to create some meaningful data to share with counties and other agencies on foster youth in out-of-home care. A task was provided by a local education agency to see how many foster youths were in the 16- to 17-year-old demographic, the results are broken down below.

The data from DoHS found that there are 921 16- to 17-year-old foster youth in public schools. 342 of those youth have IEP's, 171 are currently in or were in WVSDT at time of data collection, 52 are in out-of-state placement, and 21 are being homeschooled. It was also determined that the average GPA for those youth is 2.24 and the average number of credits earned is 10.8. There are also only 53/921 with a 3.0 or higher GPA. ERSs continue to look at the data shared from DoHS to assist schools and programs with information that could provide support to the foster in their counties.

The Education Recovery Specialists have submitted two annual reports that outline their program data. So far, they have received referrals in 50 of the 55 counties. Their total number of youth referred to the program since August of 2022 has been 272. They continue to provide support to foster agencies and foster parents as needed while growing their program through conference presentations and training to stakeholders. This continues to close the achievement gap for foster youth in out-of-home care across the State.

## **Expansion of the Bridge Project**

In the past, the Bridge Project was identified as a best practice as an evidence-based mentoring program for children who show warning signs of disengagement with school and are at risk of dropping out. This program is operated by Mission West Virginia, Inc. and uses the Check & Connect program by the University of Minnesota to collect data and results. This program continues to show improvements in school behavior, academic performance, and graduation rates.

In the 2022-2023 school year, 217 students served in the Mission West Virginia Bridge Program. The following is a more comprehensive list of outstanding results:

- 189 of the students completed the school year with their mentors
- 15% of the students were in Foster Care
- 64% were in Kinship Care
- 21% were McKinney Vento (Legally Homeless)
- 20% of the students in the Bridge Program in 2022-2023 had an IEP or 504 plan
- 70% decrease in absences
- 67% of students increased their GPA
- 89% decrease in suspensions
- 100% of 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup> grade students advanced to next grade
- 100% of Seniors graduated with their diploma for the 8<sup>th</sup> year in a row
- 54 Seniors in the 2022-2023 school year

The Bridge Program is currently in four counties including Boone, Clay, Kanawha, and Putnam. The schools are listed below:

- Boone County: Sherman High School, Scott High School (69)
- Clay County High School (50)
- Kanawha County: Herbert Hoover High School, Sissonville High School (73)
- Putnam County: Hurricane High School, Putnam Career & Technical Center (25)

During the 2022-2023 school year the Bridge Project provided the participating students with many items that were needed. The Bridge Project recognizes that school does not just include educational items. Students may need items such as clothing, hygiene items, homecoming and prom tickets and attire and many more were provided for the program participants. The program's students did not have to miss any of the high school experiences their families could not afford.

Another expansion of the Bridge Project this year was the addition of three new mentors being hired in August 2023. It is anticipated that the Bridge Program will serve 300+ students by the end of the 2023-2024 school year. The complete Bridge Project 2023 Outcome Report is available upon request.

### **Partnership with Foster Care Ombudsman**

This year the Foster Care Ombudsman (FCO) continued to report to the Education of Children in Out-of-Home Care Advisory Committee. This year, the FCO office created an online referral form for foster families who feel they need to report incidents to the FCO office. The office also has a newsletter that contains news, program updates, community resources, data, and other valuable information.

The Foster Care Ombudsman reported that the inbound complaint volume increased 35.3%, likely due to increased awareness of their services. To date, they have received 2,617 complaints since their office was created in 2019. 48% of complaints are from foster and kinship/relative caregivers, 13% are from non-



caregiving relatives, 12% are from birth parents, and the remainder are from community and contractor agencies, state employees, medical and behavioral health professionals, attorneys, elected officials, and adoptive parents. Approximately half of all complaints have merit and were resolved to the satisfaction of the complainant.

The FCO office completed a study in 2023 regarding child welfare worker perspectives on working with schools and their suggestions to improve collaboration to best serve foster children and families. They will be sharing those results later. They have also been referring educational cases to the Education Recovery Specialists when it comes to educational complaints such as barriers to students accessing education. The FCO is continuing to work to improve their infrastructure and external relations. They are hoping to design customized case management and reporting systems which will improve their ability to report data regarding complaints and observations derived from them.

The Education of Children in Out-of-Home Care Advisory Committee will continue to support the Foster Care Ombudsman office's work and provide feedback when needed.

### **Goals for 2024**

During 2024, the Education of Children in Out-of-Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) increasing cooperation and coordination between stakeholders that service out-of-home youth; (2) expansion of the services provided by the Education Recovery Specialist; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; (4) monitoring effectiveness and increasing educational involvement of multidisciplinary team meetings.

## **Appendix I Education of Children in Out-of-Home Care Advisory Committee Membership List 2023**

### **West Virginia Department of Education**

#### **WV Schools of Diversion and Transition**

Jacob Green, Superintendent (Chair of Advisory Committee)

Mollie Wood, Director- Adult Programs and Transition Specialists

Rachel Stewart, Lead Transition Specialists

Brittany Gould, Education Recovery Specialist

Deborah Spears, Education Recovery Specialist

## **Office of Federal Programs & Support**

Sheila Paitsel, Director of Special Education

Lisa Carden, Coordinator, ESEA/IDEA Compliance

Carrie Reeves, Coordinator, Federal Programs and State Point of Contact

Stephanie Hayes, Coordinator, Student Support & Well Being

Kristin Walter, Coordinator, Homeless McKinney Vento, Student Support & Well Being

### **West Virginia Department of Human Services**

Laura Hunt, Director, Office of Quality Assurance for Children's Programs

Michelle Dean, Deputy Commissioner, Policy, and Programs

Pamela M. Woodman-Kaehler, Foster Care Ombudsman, Office of Inspector General

### **Supreme Court of Appeals of West Virginia**

Cindy Largent-Hill, Director, Juvenile Justice Commission

Stephanie Bond, Director, Division of Probation

Brenda Hoylman, Manager, Child Welfare/Juvenile Justice, Division of Children's Services

### **West Virginia Division of Juvenile Services**

Denny Dodson, Central Office Administrator

### **Childcare/Service Provider Organizations**

Robin R. Renquest, Senior Director, Pressley Ridge

Susan Fry, Executive Director, Stepping Stones, Inc.

Kelly Thompson, Executive Director, Mission WV

Ashley Arthur, Director, Mission WV

Michelle Vaughn, Director of Shelter Care Service, Children's Home Society of WV

Julia Kesler, Children's Home Society of WV

Sarah Jenkins, Marshall University

### **County School Districts**

Eddie Ivy, Lead Attendance Director, Kanawha County Schools

Melissa Harper, Homeless Facilitator, Kanawha County Schools

**APPENDIX C**

**FAMILY TREATMENT, ADULT, AND JUVENILE DRUG COURTS**

**FACT SHEETS**

**2023**



West Virginia

# Family Treatment Court

FY 2023

**Supreme Court of Appeals of West Virginia**

**Division of Probation Services**

**Stephanie Bond**  
Director

**Kaylee Dickenson**  
State Drug Court Coordinator

**Katie Nutter-White**  
Family Treatment Court Specialist

**Christine Fox**  
Counsel

**Alicia Fields**  
WVOCMS Quality Assurance Manager

- The West Virginia Family Treatment Courts (FTC) are a cooperative effort of the Circuit Court, Child Protective Services, and substance abuse treatment providers, as well as anyone involved in the welfare of children in the foster care system.
- FTC is structured in five milestones. The minimum program length is 9 months, which includes a 90-day aftercare program.
- Individuals enter Family Treatment Court at the Post-Adjudicatory Improvement Period phase of the abuse and neglect proceedings.
- Components of FTC include intensive supervision, frequent, random, and observed drug testing, meetings between the participants and their Case Coordinator, individual and group counseling, court appearances, and supervised parenting time with their children until reunification.
- Each FTC will be comprised of a local treatment team, which may include the Circuit Judge, Case Coordinator, Child Welfare Worker, GAL, CASA, Defense Attorney, Prosecutor, treatment providers, and other community stakeholders.
- WV has 13 Family Treatment Courts serving 16 counties in Boone, Calhoun, Fayette, Kanawha, Logan, Marshall, McDowell, Nicholas, Ohio, Putnam, Raleigh, Randolph, Roane, Tyler, Wetzel, and Wood.
- The *Vision* of the Family Treatment Courts is to strengthen West Virginia children and families through recovery, resiliency, and permanency.
- The *Mission* of Family Treatment Courts is to partner with families and communities to provide guided supports through immediate interventions that facilitate attachment, family empowerment, recovery, and reunification to ensure the safety, well-being, and permanency of West Virginia families.
- The goals are to assist parents with accessing substance abuse treatment in a more timely manner, returning children home and reunifying them at a potentially faster rate than traditional abuse and neglect court proceedings, and ensure fewer children experience subsequent maltreatment and return back to foster care.
- Referrals to FTC can be made by child welfare workers, prosecutors, defense attorneys, guardians *ad litem* (GAL), and/or Circuit Judges.



Children and Family Futures  
Strengthening Partnerships. Improving Family Outcomes



*The Division of Probation Services would like to extend a special thanks to the WV Office of Drug Control Policy and the Bureau for Social Services for their partnership in this project.*



West Virginia

# ADULT DRUG COURTS

FY 2023

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond  
Director

Kaylee Dickenson  
State Drug Court Coordinator

Christine Fox  
Counsel

Alicia Fields  
Quality Assurance Manager

- The West Virginia Adult Drug Court (ADC) Program is a cooperative effort of the criminal justice, social service, substance abuse treatment, and law enforcement systems.
- The ADCs are established in accordance with The West Virginia Drug Offender Accountability and Treatment Act (*West Virginia Code* § 62-15-1, *et seq.*) and are designed and operated consistent with the Ten Key Components of Drug Courts, authorized by All Rise, and operate under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia.
- All ADCs use evidence-based treatment approaches and assessments and are to be evaluated annually.
- Referrals to ADC can be made by judicial officials, law enforcement, probation officers, prosecutors, and defense counsel. The final acceptance of participants into ADC must be approved by the Prosecutor and the Drug Court Judge.
- The program is structured in four phases with built-in Aftercare in the program. The minimum program length is one (1) year, as set forth by code. Drug Courts may include pre-adjudication or post-adjudication participation.
- Program components include: intensive supervision, frequent and observed drug testing, meetings between participants and their probation officer, counseling sessions for participants, court appearances for participants, and community service.
- The program seeks to achieve a reduction in recidivism and substance abuse among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment; mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which is supervised by a Circuit Judge.
- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of jails or prisons. Other cost savings for the State result from decreased use of residential treatment centers.
- For FY 2023, the average annual cost per drug court participant was \$5,453.27, as compared to \$19,425 in the Regional Jail or \$26,081 in a Division of Corrections and Rehabilitation prison. These costs include intensive supervision, treatment, case management, and drug testing.
- As of June 30th, 2023, there were thirty (30) operating ADC programs covering forty-one (41) counties: Berkeley, Boone, Brooke, Cabell, Calhoun, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pocahontas, Putnam, Raleigh, Randolph, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wood counties.
- National reports support the effectiveness of ADCs that adhere to best practices and evidence-based practices from the fields of substance abuse treatment and counseling.
- There were 870 total participants served in FY 2023.
- The overall recidivism rate for Adult Drug Courts in West Virginia is approximately **15.9%**.





West Virginia

# Juvenile Drug Court

FY 2023

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond  
Director

Kaylee Dickenson  
State Drug Court Coordinator

Christine Fox  
Counsel

Alicia Fields  
Quality Assurance Manager

- The West Virginia Juvenile Drug Court (JDC) is a cooperative effort of the juvenile justice, social service, substance abuse treatment, law enforcement and education systems.
- JDC's are established in accordance with §49-4-703 and are designed and operated consistent with the developmental and rehabilitative needs of the juveniles and operate under uniform protocol and procedures established by the WV Supreme Court of Appeals.
- The program seeks to divert non-violent, juvenile offenders engaging substance abuse from the traditional juvenile court process to a non-adversarial, intensive, individualized outpatient substance abuse treatment process which includes parental involvement and cooperation.
- The goal is to prevent and/or reduce future court involvement for the JDC involved juveniles. The objectives are to eliminate illegal substance use, improve educational outcomes, and enhance positive life choice decision making.
- All JDCs use evidence-based treatment approaches and assessments and are evaluated annually.
- Referrals to JDC can be made via complaint or petition by judicial officials, law enforcement, school personnel, probation officers, prosecutors, child protective services/youth services workers, and parents.
- The program is structured in four phases with the last phase serving as built-in Aftercare for all participants. The minimum program length is twenty eight (28) weeks.
- There are five (5) entry levels into the JDC: pre-petition diversion; signed, but non-filed petition; filed petition (pre-adjudicatory); filed petition (post-adjudicatory); and as a condition of probation.
- Program components include: intensive supervision, frequent and observed drug testing, meetings between juveniles and probation officer and parents and probation officer, counseling sessions for juveniles and for families, court appearances for juvenile and parents, and community service.
- During CY 2023, there were fourteen (14) JDC programs serving the following counties: Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mercer, Monongalia, Morgan, Pleasants, Putnam, Raleigh, Ritchie, Wayne, Wirt, and Wood Counties.
- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of detention centers. Other cost savings for the State result from reduced out-of-home placement and decreased use of residential treatment centers.
- For FY 2023, the average cost per youth was \$4,094.05. This cost includes intensive supervision and individualized treatment services and includes services to the family. This is in contrast to the approximately \$110,000 annually in a residential or correctional facility.
- There were 354 participants served by the JDC programs for fiscal year 2023.
- National reports support the effectiveness of JDC's that adhere to best practices and evidence-based practices from the fields of adolescent treatment and delinquency prevention.

