

Advancing New Outcomes:

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

2024 Annual Summary Report



WEST VIRGINIA DEPARTMENT OF

**HUMAN
SERVICES**

Bureau for Social Services

Commission to Study Residential
Placement of Children
March 2025

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FOUNDATIONS OF CHANGE

Overdoses in West Virginia are on the decline

On December 27, 2024, as part of the WVDHHR 2024 News and Announcements released to the public, the West Virginia Department of Human Services (DoHS), Bureau for Behavioral Health (BBH) and Office of Drug Control Policy (ODCP) announced continued progress in reducing overdose deaths across the state, alongside the release of the agency's 2025-2030 One State One Vision West Virginia Substance Use Primary Prevention Strategic Plan aimed at sustaining and expanding these efforts.

As of 1/23/2025, in the following WVDHHR News release, the latest data showed a 38% decrease in overdose death from January to July 2024, compared to the same period in 2023. With pending cases, this reduction is not expected to fall below 31%. Year-over-year figures for the 12 months ending in August 2024 show a 27.9% decline in drug overdose deaths in West Virginia, surpassing the national average decrease of 21.7%. This reduction translates to 318 people alive today.

The *One State One Vision West Virginia Substance Use Primary Prevention Strategic Plan*, which builds on current successes by introducing new, data-driven strategies to combat substance use disorder (SUD) and further reduce overdose deaths. Key elements of the plan include:

- Strengthening capacity to implement and sustain evidence-based prevention programs.
- Establishing a comprehensive data and evaluation system.
- Fostering strategic collaboration and communication.
- Increasing and aligning investments in prevention infrastructure.
- Developing unified messaging for substance use awareness and education.

According to the National Library of Medicine, National Center for Biotechnology Information an article was released titled, "Children in the Opioid Epidemic: Addressing the Next Generation's Public Health Crisis", "parents' opioid misuse may impair their ability to adequately supervise, bond with, and care for their children, money spent on drugs may come out of family finances needed to care for children; and children may be separated from a parent with an opioid-related problem because of a parent's incarceration, residential psychiatric or drug treatment, or death or because of a child's placement in foster care." We have seen that in West Virginia in more cases than we can count.

The progress being made is just the beginning. Each step helps the families of our state and the children that we, as a community, serve. Continuing this good work will trickle down to each child that could be affected and prevent many of them from ever going into care. That is one mission that we are all committed to and one that we can be proud of for generations to come.

To view BBH's *One State One Vision West Virginia Substance Use Primary Prevention Strategic Plan*, visit helpandhopewv.org/prevention-plan.

PRIORITY GOALS AND FOCUS OF THE COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN IN 2024

During 2024, 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 2024:

- 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

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

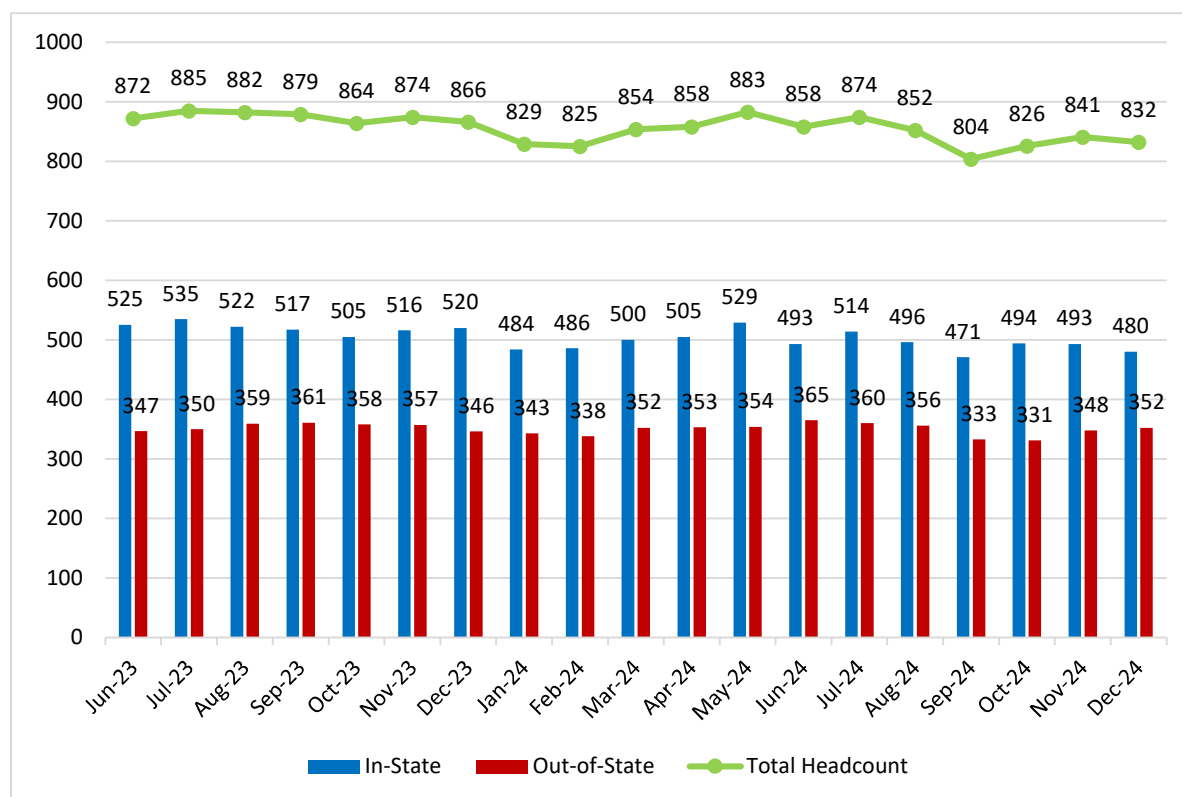
DoHS is actively working to reform mental and behavioral health services for Children with Serious Emotional Disorders (CSED) and their families across West Virginia. Beginning in 2019, DoHS has facilitated in-depth discussions and planning meetings with multiple bureaus, community partners and stakeholders 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 June 2023 to December 2024. The green 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 red bar represents the out-of-state placements. A decrease in the census was observed between December 2023 and February 2024. The census increased from March to May 2024 and remained relatively stable from June through August 2024. A decrease was observed in September 2024, following expansion of available beds for the transitional living for vulnerable youth program. The point-in-time census remained under 842 for the remainder of the year. The RMHTF census on December 31, 2024, was 814. Throughout 2024, despite continued discharge planning efforts and subsequent discharges, increased demand for out-of-state placements drove to an increase in overall census. The Bureau for Social Services is following a strict protocol for out-of-state

placement approval which includes staffing cases to identify less restrictive options for the child, when safe to do so. A system has been developed to track this process including reasons for out-of-state placement and to record successful diversions. Information will be reviewed routinely to identify strengths, areas of improvement, and potential opportunities to provide feedback to stakeholders.

Figure 1: RMHTF Placements June 2023 to December 2024 (Source: WV PATH System)



Note: The census from October to December 2024 is considered preliminary and may be subject to change due to data entry lag considerations.

In-state median RMHTF length of stay has shown remained relatively stable with a 172-day median length of stay as of Q3 2024 compared to Q3 2023; while out-of-state length of stay shows an increase with a 261-day median length of stay as of Q3 2024 compared to 189 days in the same period of the previous year (Q3 2023). The DoHS contracted with Marshall University in April 2023 to focus on discharge planning for children in out-of-state placement. Discharges per quarter remain consistent following this focused effort to return children to their local communities in West Virginia. As noted previously, admissions exceed discharges despite increases in number of children discharged over a period.

Based on qualified independent assessment results, 69% of youth placed in OOS case as of November 19, 2024, have a qualified independent assessment recommendation that indicates they could be served in the home and community through intensive or traditional mental health services and supports. Of those children, 84% have a caregiver open to services within the community, indicating a key awareness opportunity for DoHS and stakeholders. Services were indicated as available to the youth in their community, but the youth also had indicators flagged such as severe aggression, which may not be consistently defined or may be misrepresented due to biases. This potential misrepresentation in the level

of need of the child (outside of the qualified independent assessment) seems to lead to issues in acceptance to instate placements and a misconception that the child cannot be served in the home environment (when it is safe to do so). Please see the graphs below (Figures 2 and 3) produced from data in the WV PATH system and FACTS system (historical data prior to January 4, 2023).

Figure 2: In-State RMHTF Discharges and Median Length of Stay (LOS) by Quarter, July 2022 to September 2024

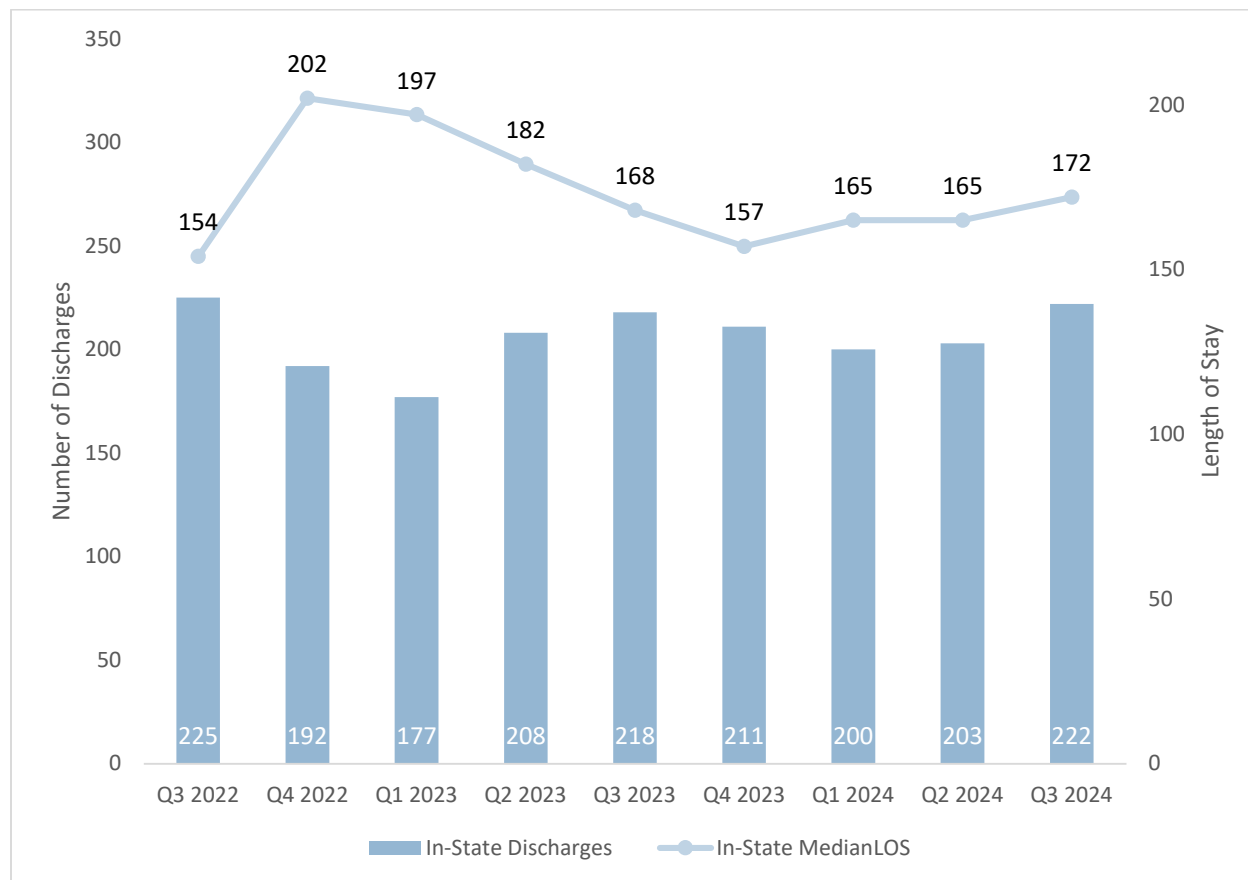
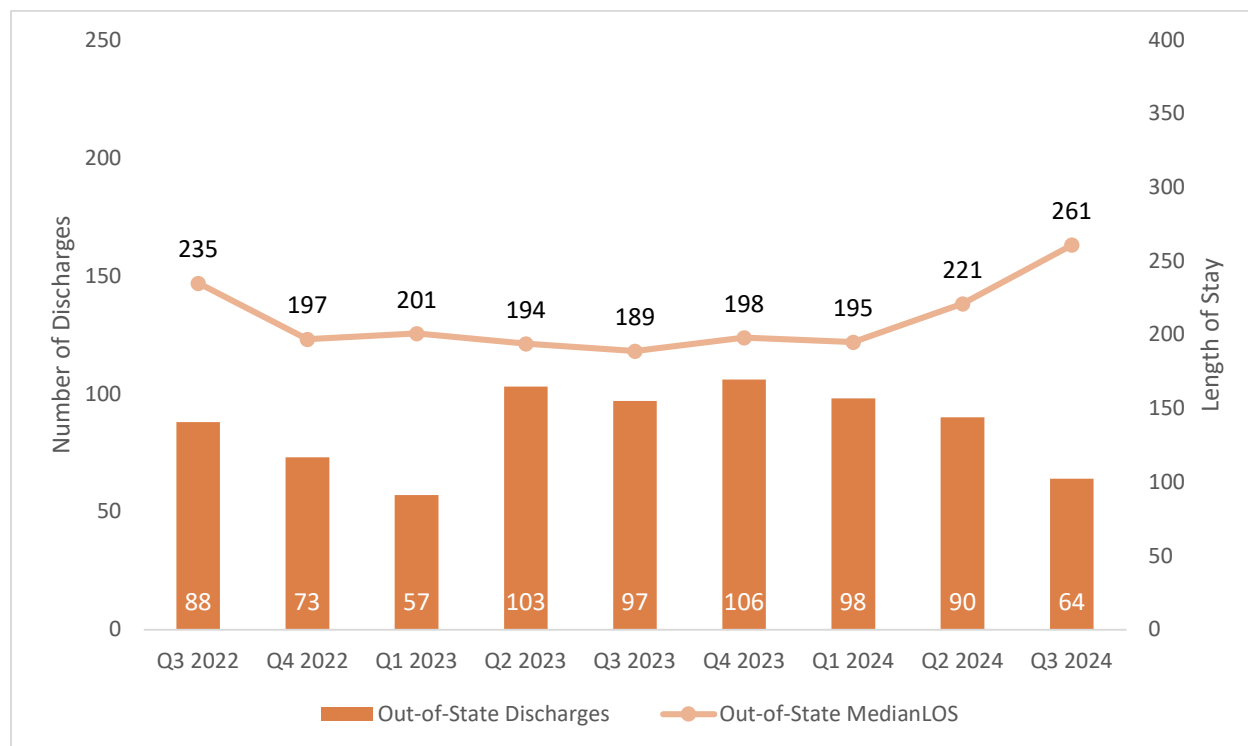


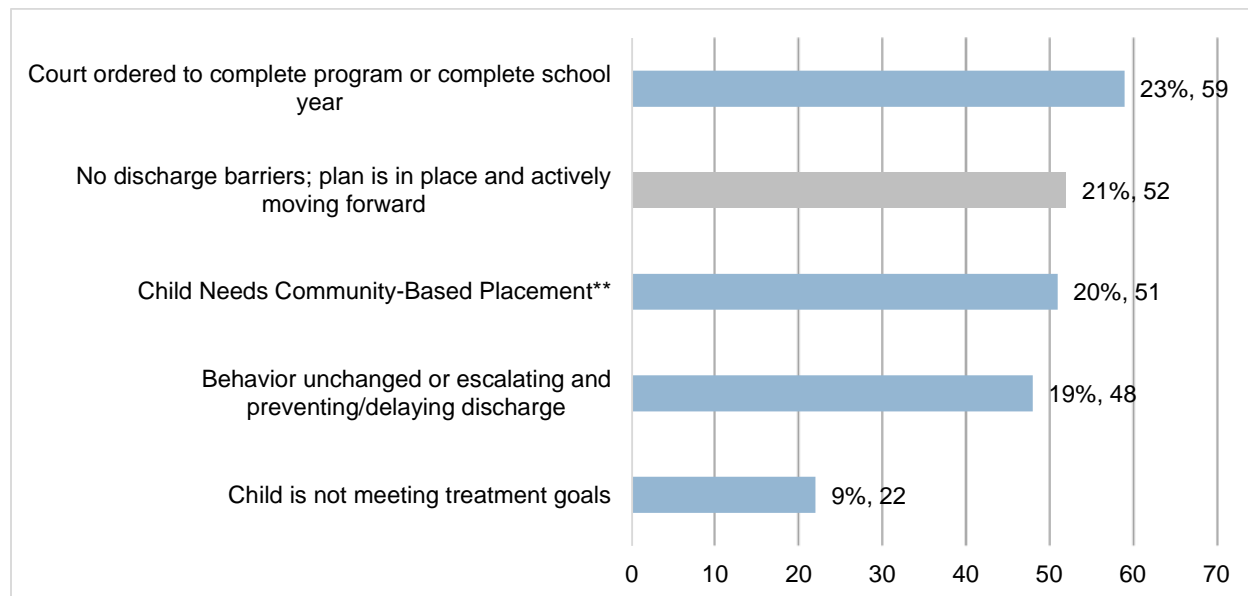
Figure 3: Out-of-State RMHTF Discharges and Median Length of Stay (LOS) by Quarter, July 2022 to September 2024



The Department has been monitoring the increased length of stay and conducting analyses to better understand the driving factors. In-state facilities have a limited capacity for youth with complex needs such as those with aggressive or sexual behaviors. DoHS has met with providers over the last several months to encourage the expansion of these needed specialties in the state. Once out-of-state, youth are often required to complete a semester, school year, or program prior to discharge which leads to extended stays. Lack of community-based placements¹ continues to be a barrier for some youth currently out-of-state.

¹ “Community-based placement” is inclusive of children whose discharge barrier data indicates there is no foster family available, children whose discharge barrier data indicates there is no kinship family available, and children with no discharge barrier but are flagged as not having a family to return to.

Figure 4: Primary Discharge Barriers for Out-of-State Youth, November 2024 (Source: Marshall University Out-of-State Discharge Planning Tracking, Aetna Quickbase System)



Children’s Crisis and Referral Line (CCRL) Utilization

There were 1,035 total contacts (903 calls, 87.2%; 112 chats, 10.8%; 20 texts; 1.9%) to the CCRL between July 2023 and June 2024, a 25% decrease compared to 1,388 contacts during the prior reporting period. Advertisements were not run during the last half of 2023, likely contributing to the lower number of contacts (494 in July – December 2023, approximately 50 fewer than any of the other three six-month periods in the last two years). At least one individual from 49 of West Virginia’s 55 counties contacted the CCRL between July 2023 and January 2024, down from 51 during the prior reporting period.

Assessment Pathway Updates

2,912 unique youth were referred to the Assessment Pathway in FY 2024, which allows support and connection to necessary mental health assessment and appropriate services such as WV Wraparound.

Children with Serious Emotional Disorders Waiver (CSEDW) Services

Nearly 4,000 youth have been supported by the CSED since the Waiver was introduced. Recruitment of new providers is an ongoing effort with a total of 28 providers as of December 2024. Policy changes put in place in October 2024 are expected to increase the number of providers in 2025.

WV Wraparound Utilization

WV Wraparound is a combined effort between the Bureau for Medical Services (BMS), and the Bureau for Social Services (BSS). As a child is applying for the Children with Serious Emotional Disorders (CSED) Waiver, BBH and BSS offer interim Wraparound services. Once approved for CSED, the child then transfers to the Waiver while maintaining the facilitator they have already established a relationship with via interim services. If a child is not eligible for the CSED Waiver, they can continue grant-funded Wraparound with BBH. BSS provides Safe at Home which has different eligibility criteria than the CSED Waiver.

From July 2023 to June 2024, a total of 1,795 youth had a new WV Wraparound case opened in the CANS Database, an increase from 1,507 youth in the previous year.

Number of youths using WV wraparound according to CANS during FY 2024 (July 2023 - June 2024): 2,938 youth had an active case at some point in FY 2023.

Children's Mobile Crisis Response and Stabilization (CMCRS) Utilization

In FY 2024, 618 youth were served through CMCRS. This is a 34% decrease from FY 2023. Some of the decreases are attributable to issues with the reporting system during the fall of 2023, causing under-reporting from some CMCRS providers. Only 4 of the 7 CMCRS providers are represented in this total due to reporting issues which DoHS is working to address.

Qualified Independent Assessment (QIA) Update

Sharing and reviewing comparison maps of QIA referrals to RMHTF admissions have helped increase opportunities for diversion, with average QIA referrals for January to June 2024 exceeding average RMHTF admissions (114 referrals compared to 106 admissions, on average). 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 2024, the following services and activities were 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)**
 - 329 Total (since 2019)
 - 47 (Year 2024)
- **CANS Training (all programs)**
 - 698 Total (since 2019)
 - 84 (Year 2024)

Training of Trainer's Annual Booster Training - 24 Individuals received Training of Trainer's Annual Booster Training (April 2024). These individuals receive advanced training and higher certification to train the TCOM tools as required by the Praed Foundation.

Virtual Technical Assistance - Technical assistance (TA) is provided virtually using a social service worker's actual case. Marshall University reviews the social service workers FAST Rating Sheet and provides 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 TA completed:

- 310 total (since 2019)
- 40 TA (Year 2024)

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 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 Onsite Training and Technical Assistance that Marshall University Advanced trainers assisted are below:

- Kanawha County (January 24, 2024)
- Mason, Jackson, Roane, and Calhoun (January 17, 2024)
- Wayne (February 28, 2024)
- Mercer (February 29, 2024)
- Wood/Wirt (March 11, 2024)
- Cabell (April 18, 2024)
- Braxton (May 3, 2024)
- Marshall (May 29, 2024)

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 them communicating the family's story, increasing their engagement, planning, and tracking progress of the treatment goals (evaluation of the case plan). Provided as requested.

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.

The TCOM team and WVICCC team continue to complete the CANS and the Child and Adolescent Functional Assessment Scale (CAFAS) on youth who are placed in out-of-state care. DoHS partnered with Marshall University's Center of Excellence for Recovery and the University of Kentucky's Center of Innovation in Population Health to finalize the West Virginia Adult Needs and Strengths Assessment (ANSA) Manual. Training for supervisors began in Fall 2024.

DoHS Policy Staff, Marshall University's Center of Excellence for Recovery TCOM Advanced Trainers, and West Virginia's service providers continue to update the Child and Adolescent Needs and Strengths (CANS) Manual. In 2025, 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 2025, the CANS Rating Sheet and other supportive materials will be updated.

In October 2024, 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. Two different presentations were provided by Marshall University, DoHS, and Opeeka.

The presentations were:

- "Predicting Runaway Behavior to Prevent it: An analysis of runaway youth using predictive analytics."
- "The Golden Gate to Effective Casework in WV: Using the WV FAST Summary Tool and Technical Assistance to Enhance the Case Planning Skills for Youth Services"

Wraparound Fidelity Review Team

In 2024 a wraparound fidelity training began to ensure all providers were aware of the standards being assessed. The wraparound fidelity team, NWIC and the state Bureaus took a different approach to addressing fidelity. Working as a team, fidelity training was provided from July 2024-December 2024 to ensure providers understood how to meet the National Wraparound Initiative (NWI) standards. The next review will occur in January 2025.

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 conduct a second assessment of DoHS staff through the West Virginia's Bureau for Social Services Safety Culture Survey. The results of the survey are being compiled and will be 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 34 training courses and trained 443 staff. The team has been integrated into new worker training, and they completed 19 of these trainings and trained 333 staff.

A training to improve workplace culture and climate as well as communication techniques was developed entitled "Weathering the Storm." The Trauma Sensitive Workplace Team has completed 67 training courses with 703 staff attending.

The team works with each county or district to establish peer support groups. There have been 256 meetings throughout the state with 793 people attending.

The team responds to Crisis Events statewide in DoHS. All staff are trained in Critical Incident Stress Management. They have responded to 47 events which impacted 200 staff.

Beginning in September 2024, the Trauma Sensitive Workplace Team began tracking Individual Peer Support when requested by a DoHS staff member. They have spent 48.25 hours in these sessions and supported 48 individuals.

Bureau for Social Services Evaluation Projects

Marshall University-continues 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. 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. From January 1, 2024, to December 31, 2024, there were 1427 referrals reviewed, 1374 referrals were assigned to a provider, and 93 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 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 Grants (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 two 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 2 project was completed in September 2024. There is care-over money being utilized to serve families for an additional year. This project 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 its 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.

RPG data analysis shows the following:

- Analysis suggests that families who received Parenting and Child Care services were more likely to successfully complete the program.
- The largest % of improvement for identified needs was seen in Caregiving Functions, Mental Health, Education and Substance Use.
- 64% of the children ended up with one or both parents and 22% ended up with a relative.
- Children show an increase in age-appropriate problem-solving and gross motor skills as they begin to get older.
- 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 symptoms and depression.

- Many services were provided but according to analysis, parenting, childcare and MAT were services that improved the success of individuals with substance use issues.

Additional information on TCOM training and resources:

<https://mucenterofexcellence.org/projects/transformational-collaborative-outcomes-management-tcom/>

Out of State Youth – At Risk Staffing

When a youth has been identified as possibly having to be placed in an Out of State (OOS) facility, the worker will submit an At Risk Staffing. This goes to the district's assigned Child Welfare Consultant and Program Manager. A Staffing is set up between the district, CWC/Program Manager, and assigned Behavioral Health Navigator and AETNA Case Manager. The team will then review all necessary documents; QIA, Psychological Evaluation, Psychosexual Evaluation, etc. The team will then come up with recommendations; whether an OOS facility is appropriate and make formal recommendations on which OOS facilities to refer the youth to. The purpose of these OOS Staffings is to ensure that youth are in the appropriate level of care while getting their needs met.

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 James W. Courrier Jr. of the 21st Circuit Court 9Grant, Mineral, and Tucker 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 2024.

Some of the activities mentioned above are as follows:

Education and Community Outreach provided varied and numerous trainings, networking and information-sharing opportunities in 2024. Some of those are listed below.

- 1500 employees attended training courses facilitated by CIP.
- 65 new magistrates were trained in Title IVE reasonable efforts and other child-related issues.
- Four Judicial stakeholders' meetings were held, which were 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. 8 in-person trainings and 15 virtual trainings were provided.
- 9 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 50 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 4,450 cases were added to JANIS in 2024.

Case Assist:

New View was 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 with the child and case collaterals, and attends pertinent hearings and multidisciplinary team (MDT) meetings. They then made recommendations to the child's MDT. During 2024, this practice continued; however, not formally as a project, and underwent some changes in the project. The now renamed project, Case Assist, follows the same protocol and practices as New View, but now does not require a referral from Judges. Those referrals can be made by any stakeholder in the Juvenile Abuse and Neglect proceedings. The Division of Children's Services saw the value of this project and has now been adopted into the daily responsibilities of CIP Field Coordinators. CIP Field Coordinators will continue to be the primary contact and provider to the state's local teams.

Quality Hearing Project:

The CIP is charged with enhancing the quality of hearings for children and parents. Those efforts have included Title 4E/ Reasonable Efforts project that was conducted during the summer of 2024. CIP staff observed 214 child abuse and neglect court hearings during summer court observation. Staff visited every circuit and/or Judge in the state. Those findings are now being analyzed to see what next steps the CIP can take to enhance the quality of hearing for children and parents.

Parent Resource Navigator:

(PRN) Project continues to grow. In 2024, 8 counties are established with 14 counties awaiting to start the onboarding process. With many changes withing the PRN Program, one addition the Division of Children

Services is working on in 2025 is implementing the new position of the Parent Resource Navigator Development Coordinator for the PRN program, as well as adapting new policy and practices within the PRN. This program is intended to assist parents involved in juvenile abuse cases and to give the support they need to meet the requirements of their improvement plans. The goal is to help parents remediate issues that would otherwise prevent reunification with their children. 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 2024, 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.

BBH processed 2,912 unique youth who were referred through the referral pathway for FY 2024, which processes for all three bureaus.

Children's Mobile Crisis Response and Stabilization

In FY 2024 Mobile Crisis Response and Stabilization providers continued the training through the QLC which has been focused 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 receive training through the University of Connection and follow a standardized curriculum. This training also included the Program Manager and Supervisors of the Children's Crisis and Referral Line.

For FY 202 618 youth received services through CMCRS.

Children's Crisis and Referral Line and Warm Peer Line

There were 1,035 total contacts (903 calls, 87.2%; 112 chats, 10.8%; 20 texts; 1.9%) to the CCRL between July 2023 and June 2024, a 25% decrease compared to 1,388 contacts during the prior reporting period. Advertisements were not run during the last half of 2023, likely contributing to the lower number of contacts (494 in July – December 2023, approximately 50 fewer than any of the other three six-month

periods in the last two years). At least one individual from 49 of West Virginia's 55 counties contacted the CCRL between July 2023 and January 2024, down from 51 during the prior reporting 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 nine Parents as Teachers providers, one Healthy Families America provider and one Functional Family Therapy provider. The Family First prevention plan is set to begin working on the next Five-Year Prevention Plan in late 2024.

Expanded School Mental Health (ESMH) <https://wvesmh.org>

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. The ESMH Framework requires the use of evidence, research-based and promising practices: <https://clearinghouse.helpandhopewv.org/> West Virginia has 72 ESMH schools and 18 in partnership with Project Aware for a total of 90 schools across 30 counties.

The three-tiered framework is the following:

Tier 1: Universal Mental Health and Prevention

All Students: Prevention and Mental Health Promotion

85-90% of students will be successful when Tier 1 serves are fully in place and aligned with best practices standard: without the need for Tier 2 and 3 services.

All students receive these services in the everyday learning environment in the classroom or large group setting. Interventions may include social and emotional development lessons, drug and alcohol education, suicide prevention, conflict resolution, and transition support. Schools use data analysis to identify needs and priorities.

Expanded School Mental Health locations across West Virginia have been utilizing the following Evidence Based Programs: Second Step, Too Good for Drugs and Violence, Positive Action, Botvin Life Skills, Keep a Clear Mind, PAX (Good Behavior Games), PAX Tools (small group) Catch My Breath, N.O.T. Not on Tobacco, I Can Problem Solve, Incredible Years, Mental Health and First Aid: Adult and Youth, Signs of Suicide, Resilience Builder.

Tier 1: Students served: 10,700 Individual doses of primary prevention: 266,544.

Tier 2: Early Intervention

At-Risk Students - Students with identified academic, behavioral and emotional needs

Complementary to Tier 1: Successful Tier 2 services reduce the need for Tier 3 services.

5-15% of students need Tier 2 services when Tier 1 prevention programs are systemically implemented

Students who have demonstrated academic, behavioral, and/or emotional needs receive services in small groups or individually. Examples of these interventions include short-term counseling, skill building groups, and learning and behavioral accommodations. Schools identify students by monitoring academic and behavioral factors. For Fiscal year 2024, 5,034 students were served with Tier 2 services and received 16,727 individual doses of secondary prevention.

Tier 2: Students Served: 5,034 EBP's Doses: 16,727

Tier 3: Therapy and Intensive Support

High - Risk Students

Students with pervasive behavioral and/or mental health needs

Schools must ensure Tier 1, and 2 services are provided to prevent students from moving into the Tier 3 category

Schools and community partners provide treatment and intensive services to students with pervasive behavioral and/or emotional needs. Services include formal assessments, mental health diagnosis, therapy, short - term hospitalizations, and IEP accommodations. Parents, teachers, and other partners refer students for these services.

Tier 3: Students served with Tertiary prevention: 1551 students

NOTE: The TIES school locations were moved to the Expanded School Mental Health Program to serve the whole school, not just the primary grades. Therefore, all schools will receive trauma-informed services.

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 current bed capacity is 940. 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 2024: (1) strengthening communication between agencies that support youth in out-of-home care; (2) expanding services and renaming one of the Education Recovery Specialist position to Foster Care Education Specialist; and (3) identifying and addressing inter-agency barriers that hinder educational outcomes for children in out-of-home 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 2025, 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) continued expansion of the Education Recovery/Foster Care Education Specialist Program; (3) continued 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.

There are 30 Adult Treatment Courts in West Virginia covering 45 counties including Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wirt, Wood, Wyoming counties.

- Males admitted: 488 (59%)
- Females admitted: 345 (41%)

- Participants served: 833
- Graduates: 169
- Recidivism rate since program inception: 15.79%
- Average time spent in the program: 493 days (for all exit types) 557 days (for graduates)

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.

There are 14 Juvenile Treatment Courts in West Virginia covering 20 counties including Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mercer, Monongalia, Morgan, Ohio, Pleasants, Putnam, Raleigh, Ritchie, Wayne, Wirt, Wood counties.

- Males admitted: 218 (62%)
- Females admitted: 133 (38%)
- Participants served: 351
- Graduates: 75
- Average time spent in the program: 268 days (for all exit types) 281 days (for graduates)

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.

There are 14 Family Treatment Courts in West Virginia serving 17 counties including Boone, Fayette, Greenbrier, Kanawha, Logan, McDowell, Nicholas, Ohio, Putnam, Raleigh, Randolph, Roane (who also serves Calhoun), Wetzel (who also serves Marshall and Tyler), and Wood.

- # referrals:206
- # accepted: 139
- # graduates: 84
- 66.9% of FTC participants are female and 92.8% are Caucasian
- FTCs has served 425 children of which 130 were removed by DoHS.
- 27# have been placed back in the home
- 23# have achieved permanency with their parent(s)
- Average time from removal to reunification (physical custody) is 134 days
- Average time from removal to permanency (reunification) is 180 days

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

Transitioning Youth from Foster Care

At present, there is no update to the proposed per diem model. The Transitional Living Unit continues to meet quarterly with TAP providers to discuss eligibility, applications, ILS payments, medical coverage, and cases of concern. Once a decision has been made regarding the tiered model, the occurrence of these meetings will be adjusted accordingly.

ILS payments to eligible youth continued to be paid by the 5th of each month by the county office worker or a county office worker representative. ILS payments to eligible youth in the TAP program are provided via provider payments and are then invoiced and reimbursed by the Transitional Living Unit.

Monthly Regional Transitional Navigators meetings continue to be held and remain open to BSS, TAP Providers, Foster Care Agencies, Continuums of Care, BJS, and any other entity and community member providing transitional living services.

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 Alex J. Mayer, the

ODCP leads the development of all programs and services related to the prevention, treatment, and reduction of substance use disorders within the State. To accomplish this mission, the ODCP collaborates with other bureaus in the DoHS, the West Virginia Department of Health (DH), other state agencies, and community partners. The ODCP strives to maximize funds to fight substance and opioid use disorders. The ODCP also administratively supports the Governor's Council on Substance Abuse Prevention and Treatment (Council). The ODCP oversees the implementation of the recommendations the Council made in its West Virginia 2020-2022 Substance Use Response Plan. This plan focuses on prevention, community engagements, treatment, recovery and research, law enforcement, criminal justice and court systems, public education, recovery community, pregnant and parenting women, and youth.

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 (PATH), 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 support 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 2024, there were 1,379 referrals received, 1,122 cases/families served including initial assessments and closing assessments/closure letters, 97 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:

Types of Financial Assistance Addressed by Navigators - 2024	
TANF and/or Medical Cards	614
Child care Resource and Referral	153
Clothing Vouchers	608
WIC	248
Voucher or Incentive Payment	678
Demand Payments	579
Transportation	64
Utilities	46
Home Repairs	47

**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 were assisted in obtaining one.*

Referrals Made to Non-Financial Resources – 2024	
Foster Care Ombudsman	79
HUD	47
Educational Resources	84
Legal Aid	157
Local FRN	121
PRIDE	508

Birth to Three	113
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Tangible Items Obtained- 2024	
Emergency Food	1
Clothing	1
Cribs	6
Crib Mattresses	10
Toddler beds/Bedding	8
Bedframes	27
Bunk Beds	18
Mattresses	69
Car seats	0
Baby items	0
Dresser	9
Gun safety locks and lock boxes	2
Baby safety items	2
Medication lock boxes	0
Fire extinguishers	50
Smoke detectors	58
Fire escape ladder	36
First Aid kits	3
Gas cards	13

**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 WV DoHS and West Virginia Department of Education standards. The monitoring review team consists of representatives from WV DoHS' Out of State Review Unit, Acentra Health, West Virginia Department of Education, Supreme Court of Appeals of West Virginia, and Aetna.

DoHS has created the Division of Regulatory Management. Within this Division, the Out of State review team was created. This Unit is comprised of a Program Manager supervising four Review Specialist. The Review Specialist are responsible for maintaining a comprehensive list of out of state facilities, annual on-site reviews of all active out of state facilities, vetting new facilities and monitoring any issues that may arise with the assigned facilities. This Unit is overseen by the Sr. Program Manager and Director.

In 2024, the team reviewed the following five placements:

- Laurel Oaks Behavioral Health Center, 700 E. Cottonwood Road, Dothan, AL - 1/9/24-1/11/24
- Belmont Pines Hospital, 615 Churchill Hubbard Road, Youngstown, OH - 3/5/24-3/7/24
- Lakeland Behavioral Health, 440 S. Market Avenue, Springfield, MO - 5/21/24-5/23/24
- Little Creek Behavioral Health, 161 Skunk Hollow Road, Conway, AR - 9/17/24-9/19/24
- Kidspeace, 5300 Kidspeace Drive, Orefield, PA - 11/19/24-11/21/24

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

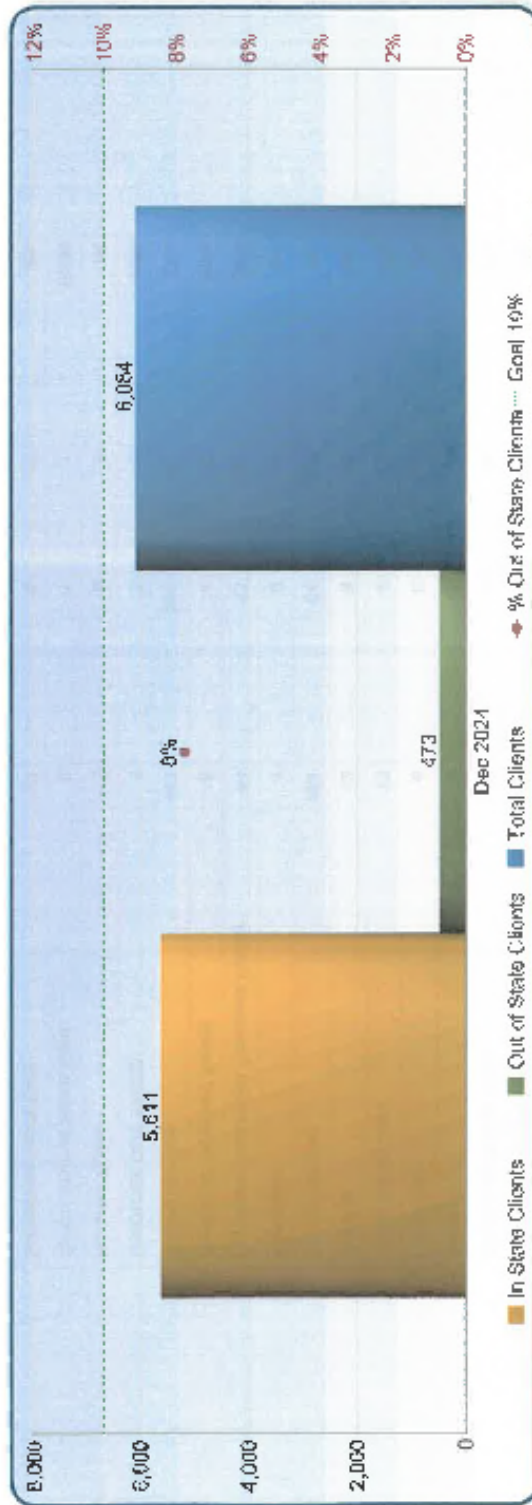
DECEMBER 2024



Legislative Foster Care Placement Report - Summary



Report ID: PSS-PLA0020 | Month: Dec 2024



In State Clients	5,611
Out of State Clients	473
Total Clients	6,084
% Out of State Clients	8%

In State and Out of State Clients by Service Description at the End of Dec 2024

Social Services

Run Date: 01/17/2025 - 0:00 AM
Refresh Date: 01/16/2025 | Frequency: Monthly
2 of 2152



Legislative Foster Care Placement Report - Summary



Report ID: PSS-PLA0020 | Month: Dec 2024

Service Description	In State Clients	Out of State Clients	Total Clients	% Out of State Clients
Adoptive Home	1	0	1	0%
Qualified Kinship/relative	2,090	56	2,142	3%
Detention	38	0	38	0%
Emergency Shelter Care	137	0	137	0%
Emergency Shelter Home	10	0	10	0%
Facility (ICF)	0	1	1	100%
Foster Care	8	0	8	0%
Foster Family Care	19	4	23	17%
Hospital	12	8	20	40%
Kinship/Fostive	881	64	945	7%
Psychiatric	1	0	1	0%
Psychiatric Residential Treatment Facility	41	63	107	59%
Psychiatric Treatment Facility	6	4	10	40%
Residential Care	441	281	702	27%
Residential Care MR/DD	1	1	2	50%
Itinerary Status	5	0	5	0%
Special Medical Needs Care	0	1	1	100%
Specialized Family Care	27	0	27	0%
Specialized Foster Care	1	0	1	0%
State Paid Kinship Care	130	0	130	0%

APPENDIX B

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

ANNUAL REPORT

2024

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 2024 and Committee Membership

The Education of Children in Out of Home Care Advisory Committee held three regular meetings in 2024. The meetings were held on January 31, May 29, and November 6, 2024. All meetings were held virtually via Microsoft Teams. The membership of the committee is listed in Appendix I.

Activities of the Committee

In 2024, the Education of Children in Out-of-Home Care Advisory Committee focused on three major objectives: (1) strengthening communication between agencies that support youth in out-of-home care; (2) expanding services and renaming one of the Education Recovery Specialist position to Foster Care Education Specialist; and (3) identifying and addressing inter-agency barriers that hinder educational outcomes for children in out-of-home 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 related 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 that are 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.

There were several topics of discussion in every meeting throughout the year that provided opportunities for agencies to collaborate and seek answers to problems surrounding youth in out-of-home care. The key takeaway from these conversations was that communication between the agencies involved with a youth is the most essential piece when it comes to a youth having academic success. Some of the topics of discussion that increased communication between agencies were:

- Foster youth and homeschooling
- When to notify Education Recovery Specialist?
- How to improve communication between agencies?
- How to make a child's transfer from one school to another more efficient.
- Services for youth returning home from out of state care.
- Increasing support and cooperation between DoHS and schools
- Completing the school year as a discharge barrier to exit residential placements.

Expansion of the Education Recovery Specialist

The Education Recovery Specialists have been working with foster and kinship care youth throughout the state for three 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.
- created a resource database to easily access community resources in each county
- co-leading the Education of Children in Out of Home Care Advisory Committee
- serving on the Statewide Family Engagement Center Leadership Team.
- assisting with the development and growth of the Middle College Program.
- further developing relationships with DoHS and stakeholders to ensure smooth transition for foster youth.

A recent update to the Education Recovery Specialist Program includes the expansion of positions now serving foster youth. The Foster Care Education Specialist now oversees the Option Pathway Program for Middle College at Fairmont State University, along with the Education Recovery Specialist. The Middle College program supports foster youth pursuing both a high school diploma and an associate degree through a non-traditional academic route. This expansion increases access to services for foster students across the state.

The Foster Care Education Specialist plays a key role in developing and supporting the Option Pathway Program for Middle College at Fairmont State University. This specialized academic and student success program is designed for West Virginia youth who have experienced foster care. Unlike traditional Middle College programs, which serve students from conventional family backgrounds, Middle College at Fairmont State is exclusively dedicated to supporting youth with foster care experience.

- The program is open to youth ages 16 and older across the state who are currently in foster or kinship care.
- Tuition, fees and housing are 100% supported by federal and state sources for attending students.
- Students earn both a high school diploma and a two-year associate degree (or 2 years of college credit toward a bachelor's degree) students who graduate from Middle College will be better prepared to enter the job market or continue their college education.

- The curriculum follows West Virginia’s requirements, which require a minimum of 22 credits for high school graduation.
- Community-based support services and on-campus support are provided at no cost for attending students.

The Foster Care Education Specialist supervises two certified Option Pathway teachers at the Middle College Program, who are also certified special educators. These teachers provide daily GED preparation classes and assist students with college coursework. The Foster Care Education Specialist remains committed to supporting the Middle College program by offering educational guidance, academic record assistance, intake process coordination, and provider support as needed.

The data for the Education Recovery Specialist (ERS) program continues to grow, highlighting the ongoing need for support for foster youth transitioning throughout the state. During the 2023-2024 academic year, there were 180 referrals made to the ERS. Since the program's inception, a total of 493 referrals have been made, including those for the current school year. The ERS team continues to reach out to foster agencies, foster parents, and public schools across the state to offer necessary support. This outreach is helping to close the achievement gap for foster youth in out-of-home care statewide.

Goals for 2025

During 2025, 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) continued expansion of the Education Recovery Specialist Program; (3) continued 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 2024

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, Foster Care Education Specialist

Jacob Hayhurst, Education Recovery Specialist

Office of Federal Programs & Support

Sheila Paitsel, Director of Special Education

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

Joseph Britton, Attendance Coordinator

West Virginia Department of Human Services

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

Lorie Bragg, BSS, Policy and Programs

Barb Briggs, Foster Care Ombudsman, Office of Inspector General

Kristin Showalter, BSS, IIU/Out of State Reviews

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

Child care/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

Morgan McMillion, Director of Shelter Care Service, Children's Home Society of WV

Julia Kesler, Children's Home Society of WV

Pam Rudder, Genesis Youth Shelter

Sarah Jenkins, Marshall University

Richard Day, Aetna

Lori Waller, Legal Aid Attorney

Marg Heasley- Manager Clinical Health Services Mountain Health Promise

County School Districts

Kim Legg, Lead Attendance Director, Kanawha County Schools

Melissa Harper, Homeless Facilitator, Kanawha County Schools

Donna Heston, Superintendent of Marion County Schools

Tricia Maxwell, Attendance Director, Marion County Schools

APPENDIX C

FAMILY TREATMENT, ADULT, AND JUVENILE DRUG COURTS

FACT SHEETS

2024



West
Virginia

Family Treatment Court

FY 2024

**Supreme
Court of
Appeals of
West
Virginia**

**Division of
Probation
Services**

**Stephanie
Bond
Director**

**Kaylee
Dickenson
State Drug
Court
Coordinator**

**Katie
White
Family
Treatment
Court
Specialist**

**Christine
Fox
Counsel**

**Lauren
Wilmoth
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.
- FTCs are established in accordance with §62-15B-1 and are designed and operated consistent with national standards set forth by the Center for Children and Family Futures and All Rise and operate under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia.
- 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), respondent, and/or Circuit Judges.
- 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. WV is in the process of opening an FTC in Greenbrier County. Operations are expected to begin in the fall of 2024.

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.



Children and Family Futures
Strengthening Relationships and Promoting Family Outcomes





West
Virginia

ADULT DRUG COURTS

FY 2024

Supreme
Court of
Appeals of
West
Virginia

Division of
Probation
Services

Stephanie
Bond
Director

Kaylee
Dickenson
State Drug
Court
Coordinator

Christine
Fox
Counsel

Lauren
Wilmoth
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 2024, the average annual cost per drug court participant was **\$4,471.21**, 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, 2024, there were thirty (30) operating ADC programs covering the following counties: Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wirt, 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 1033 total participants served in FY 2024.
- As of June 30th 2024, the overall recidivism rate for Adult Drug Courts in West Virginia is approximately **15%**.



West
Virginia

Juvenile Drug Court

FY 2024

Supreme
Court of
Appeals of
West
Virginia

Division of
Probation
Services

Stephanie
Bond
Director

Kaylee
Dickenson
State Drug
Court
Coordinator

Christine
Fox
Counsel

Lauren
Wilmoth
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 549-4-703 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 FY 2024, there were fifteen (15) JDC programs serving the following counties: Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mason, 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 2024, the average cost per youth was **\$3,392.12**. 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 **401** participants served by the JDC programs for FY 2024.
- 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.