

2005 West Virginia
YOUTH SERVICES ANNUAL REPORT
and
COMPREHENSIVE PLAN UPDATE

West Virginia
Department of Health and Human Resources

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TABLE OF CONTENTS

INTRODUCTION

COMPREHENSIVE YOUTH SERVICES PLAN UPDATE

- I. FIVE-YEAR CHILD AND FAMILY SERVICES PLAN**
- II. ACCOMPLISHMENTS DURING 2005**

2005 YOUTH SERVICES ANNUAL REPORT

- I. YOUTH SERVICES ANNUAL REPORT**
- II. YOUTH SERVICES ACCOMPLISHMENTS FOR FY 2005**
- III. PLANS FOR IMPROVEMENT FOR FY 2006**
- IV. EXHIBIT MAPS/SERVICE DESCRIPTION/PROVIDERS**
- V. DHHR FUNDED YOUTH AND COMMUNITY SERVICES**

INTRODUCTION

“The Department of Health and Human Resources shall from time to time, but not less than annually, review its programs and services and submit a report to the Governor, the Legislature and the Supreme Court of Appeals, analyzing and evaluating the effectiveness of the programs and services being carried out by the department.”

West Virginia State Code 49-5B-7(a)

The Youth Services Annual Report is published by the Department of Health and Human Resources, consistent with the state statute. This year, the report has again been combined with the annual update of “A Framework for Action: The West Virginia Comprehensive Youth Services Plan.” Through this mechanism, the Department continues its commitment to:

“...establish, maintain, and continuously refine and develop, a balanced and comprehensive state program for juveniles who are potentially delinquent or are status offenders or juvenile delinquents in the care or custody of the department.”

West Virginia State Code 49-5B-2

COMPREHENSIVE YOUTH

SERVICES

PLAN UPDATE

FIVE YEAR CHILD AND FAMILY SERVICES PLAN

Child welfare is dedicated to the critical life and death mission of achieving safety, permanency, and well-being for children/youth and families. It is also totally dependent on the sensitive work of highly skilled professional and paraprofessional staff, ancillary professionals, and citizens in every community in the State. At its core is the willingness and ability of individual children, youth, and families to build on their strengths and accept positive changes in their lives.

In 1994, the federal government made new funds under Title IV-B, Subpart 2, of the Social Security Act, available to states under the Family Preservation and Support Act of 1993. States wishing to access these funds were required to make application for the funds with part of the funds being allocated to pay for the development of a Five-Year Child and Family Services Plan.

Between 1996 and 1998, there were significant changes in the federal laws and regulations affecting these funds as well as the Five Year Child and Family Services Plan. In 1997, federal regulations strengthened this approach by: 1) requiring that the plan and its updates include not only Title IV-B, Subpart 2, but also Title IV-B, Subpart 1, and the CAPTA Basic State Grant; and 2) allowing the inclusion of the Title IV-E Independent Living grant application. The federal regulations also required that the consolidated plan updates involve the same parties as those utilized in developing the original Five-Year Plan.

In November 1997, the Adoption and Safe Families Act re-authorized the Title IV-B, Subpart 2, funding under the title. "The Promoting Safe and Stable Families Act." This new act limited and re-defined the use of the funds. In its federal FY 99 Five-Year Plan update, the Department proposed a plan for phasing in the required shifts in direct services funds. This plan was accepted by the United States Department of Health and Human Services as part of its approval for the federal FY 99 Title IV-B, Subpart 2, funds. Building One Team: The West Virginia Five-Year Child and Family Service Plan may be viewed at:

www.wvdhhr.org/bcf/documents/state_plans/BCF_of_5year_Plan_2004_full.pdf

The Department takes full responsibility for the development of the Five-Year Plan and the administration of all of the funds, including Title IV-B, Subpart 2, that are covered by this plan. Youth Services are an integral part of the plan. The service needs for this population are addressed throughout it.

The vision for all child welfare programs, including Youth Services, is:

"Safety, permanency, and well-being are achieved for all West Virginia children/youth and families."

The mission of the Five-Year Child and Family Services Plan is:

“Through this plan, the State of West Virginia and its communities will work toward the vision through continuous review and improvements of its systems for serving children/youth and families.”

The 1994 Amendments to the Social Security Act authorized the Department of Health and Human Services to review state child and family service programs in order to assure compliance with the State plan requirements in titles’ IV-B and IV-E of the Social Security Act. The reviews are conducted in collaboration between State and Federal governments and cover child protective services, foster care, adoption, family preservation, family support, and independent living. The reviews are designed to help states improve child welfare services and the outcomes for families and children who receive services by identifying strengths and needs within state programs, as well as areas where technical assistance can lead to program improvements. The West Virginia Department of Health and Human Resources completed a Child and Family Services Review in the summer of 2002.

Results of the West Virginia review showed that the West Virginia Department of Health and Human Resources failed to meet national standards in areas of child safety, permanency, and well being, and with respect to seven systemic factors. Results of the review may be viewed at:

<http://www.wvdhhr.org/bcf/documents/management/>.

As a result of the review, the Department was required to develop a Program Improvement Plan. The Plan was approved in June 2003 and the last date for reporting our PIP tasks was June 9, 2005. The Department is waiting on a final report on our Program Improvement Plan.

ACCOMPLISHMENTS DURING 2005

The West Virginia Comprehensive Youth Services Plan is based on six core principles that are adapted from the national plan of the U. S. Office of Juvenile Justice and Delinquency Prevention. These principles are consistent with the WV State Code and the federal and state court decisions, plans, and services that have been implemented in West Virginia over the past twenty years. The following contains a listing of the principles, along with a brief explanation and initiatives taken during the year 2005.

Level I: Strengthen the family

The family has the primary social responsibility to instill moral values and provide guidance and support to children. The family is also supported by a network of

informal and formal services that can supplement its efforts to guide and nurture its children.

In July 2004, the Bureau began providing socially necessary services on a fee-for-service payment method. In 2005 the Bureau continued with the implementation and refinement of the Socially Necessary Services Initiative. The primary challenges were and continue to be: consistent application and awareness of the requirements for service authorization both on the part of providers and department staff; service availability; and, the uneven distribution of services throughout the state. It is difficult for providers to assure the availability of services in some of the more rural areas of the state, as it is not cost effective for them to maintain staff when caseloads are very low. The CAPS Oversight Committee continues to seek ways to monitor and analyze the number of CAPS referrals from the Department staff and of the availability of providers.

In 2005, the Department was assigned the responsibility for assisting the Family Resource Networks (FRNS). This responsibility had previously been vested with the Governor's Cabinet on Children and Families. The Department is working with the Family Resource Networks to improve local participation in community development, identification of service gaps, and resource enhancement. The Family Resource Network is a community organization that engages in activities to improve service systems for children and families within the community. New initiatives for the FRNs in 2005 include **Warm Heart and Warm Hands** and **Relatives as Parent Program (RAPP)**

Level II: Support other core institutions

Other core social institutions include schools, religious institutions, and community organizations, which have roles in developing capable, mature, and responsible youth. One goal of these social institutions is to ensure that children have the opportunity and support to mature into productive law-abiding citizens. A nurturing community environment requires that core social institutions be actively involved in the lives of youth. Community organizations include public and private youth-serving agencies; neighborhood groups; and business and commercial organizations providing employment, training and other meaningful economic opportunities for youth.

The Department of Health and Human Resources is required through West Virginia Code §49-5D-3 to provide a uniform comprehensive assessment to any child in our custody in order to provide a comprehensive, individualized service plan. The Comprehensive Assessment and Planning System (CAPS) for Youth Services was implemented statewide July 1, 2004.

- These youth generally have multiple presenting problems and are involved with many systems.

- The CAPS project is a systematic approach to the assessment of those children and families who are receiving child welfare services from the Department.
- The goal of CAPS is to assist department staff to meet the federal outcomes for safety, permanency, and well-being for children. This can be accomplished by assuring that children and families receive a comprehensive assessment which results in the development of a thorough and appropriate treatment plan that addresses needed supports, services and treatments.
- The CAPS report, Comprehensive Assessment Report (CAR), provides an indepth-standardized assessment of the youth as well as the family's needs for both behavioral health treatment and social intervention.
- CAPS is a combination of Medicaid and social service funding.
- It is a collaborative effort with the Department and Licensed Behavioral Health Providers within the state.
- To date, according to FACTS' reports over 160 CAPS assessments have been completed in twelve different counties since implementation of the process in July. The CAPS Oversight committee, which includes the State office, field, training and FACTS staff and providers, continues to meet monthly to address ongoing issues with the program.

In 2004, West Virginia was awarded approximately 11 million dollar federal grant for community-based prevention. The five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) is intended to build prevention capacity and infrastructure at the state and local levels; prevent the onset and reduce the progress of substance abuse including childhood and underage drinking; and reduce substance abuse and substance abuse-related problems in communities.

Most of WV's SPF SIG funding will be re-awarded to support local sub-grantee prevention activity planning and implementation. West Virginia has chosen to implement this in two phases:

- WV SPF SIG Planning Grant applications were accepted and reviewed in January 2006.
- Governor Joe Manchin III officially announced the grant awards in February. (See Attachment for County listing).

Level III: Promote delinquency prevention and early intervention.

Prevention and early intervention are the most cost-effective approaches to dealing with juvenile delinquency. Families, schools, religious institutions, and community organizations, including citizen volunteers and the private sector, must be enlisted in delinquency prevention and early intervention efforts. Those

core socializing institutions must be strengthened and assisted in their efforts to ensure that children have the opportunity to become capable and responsible citizens. When children engage in “acting out” behavior such as getting into trouble in school or status offenses, the family and community, in concert with key agencies such as child welfare, education, behavioral health, and the courts, must take primary responsibility for responding with appropriate child and family assessment, treatment and other interventions, and family and community support services. Communities must take the lead in designing and building comprehensive prevention and early intervention approaches that address known risk factors and target youth who are at risk of delinquency and their families.

The Comprehensive Assessment and Planning System (CAPS) was developed cooperatively by the private sector, DHHR staff, and other government agencies such as the Division of Juvenile Services to assure the provision of a uniform assessment of each child and family receiving Youth Services and Child Protective Services from the Department. The Division of Juvenile Services has a similar assessment protocol. This assures each child and family a uniform assessment and decision process in regards to issues needing to change and services to be provided in order to effect change.

In July 2004, the West Virginia Division of Alcoholism and Substance Abuse (DADA) provided funding to the West Virginia Prevention Resource Center (PRC) to explore the possibility of developing an early intervention capability for substance abuse prevention in West Virginia. DADA tasked the PRC with developing a comprehensive “Continuum of Care” model for West Virginia that could bridge the gap between the state’s existing prevention and treatment systems. In March 2005 the PRC presented to DADA a concept paper proposing development of an Early Intervention System (EIS) for West Virginia. The proposed program model targeted adolescent users with the understanding that many of the youth referred to the program may be diagnosed with co-occurring substance abuse and mental disorders and/or other disorders or conditions requiring attention.

- The proposal submitted by PRC calls for the development of three demonstration projects administered in conjunction with local day reporting centers.
- The targeted population will be at-risk youth.
- The aim of the prevention program is not just the reduction in first time substance use but also:
 - Reduction in the length of time the signs continue
 - Delay of the onset of substance abuse
 - Reduction in the severity of substance abuse
 - Used for individuals with only risk factors

Levels IV: Intervene immediately and effectively when delinquent behavior occurs.

Immediate and effective intervention is critical to success in reducing the number of delinquent offenders from committing more serious and violent crimes. Initial intervention efforts, under an umbrella of system authorities; e.g., police, intake, schools, and probation, should be centered in the family and other core societal institutions. These authorities should ensure that an appropriate response occurs and that quick and firm action is taken where there is a need for formal system adjudication and sanctions. The response should be based on: a) a comprehensive assessment of the child and his/her family; b) the most appropriate service(s) as determined by a timely meeting of a Multi-Disciplinary treatment planning team that includes the child, his/her family, and key professionals; c) best practice for the particular service(s).

In conjunction with the CAPS system the Bureau released a risk/safety instrument the Youth Behavior Evaluation (YBE) to be used by the DHHR worker to assess risk/safety issues to the youth, their family and community at the time of the initial contact with the worker. This instrument is provided to the CAPS provider at the time of placement in order to guide initial services to and/or needs of the youth.

In 1993, a new initiative based on system of care principles was created under the U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration – Child, Adolescent and Family Branch, Center for Mental Health Services.) Grant funds became available to states upon previously developed infrastructure and provide the array of services to more fully meet the needs of the target population. The target population includes children/adolescents with:

- A diagnostic serious emotional, behavioral or mental disorder accompanied by disability
- Presently or expected to require services from multiple agencies.

In West Virginia's Region 2 System of Care/ Mountain State Family Alliance (MSFA) has operated under the auspices of Marshall University's Medical School/University Physicians and Surgeons since Autumn 2003. This family focused program, Region 2 Family Network, received a five year grant in order to:

- develop a collaborative partnership between families, the Department of Education, Division of Juvenile Services, DHHR, Region II Summit, providers and communities
- increase awareness of children's mental health issues
- impact policy, service development and delivery.

The concept behind System of Care includes each family receiving an individualized process of finding or creating the services and supports needed by

a child and their family, with no limits to creativity and a strong emphasis on family inclusion.

The vision of MSFA is to develop a comprehensive and integrated system of care where children and families can choose to receive timely services within their communities that are strength based and culturally sensitive.

Accomplishments include:

- Developed community-based services, including:
 - Intensive Care Coordination
 - Respite
 - Parent-to-parent support
 - Substance Abuse Wrap Teams
 - Presteria group homes for MR/DD adolescents.

- Start-up funding for:
 - Intensive Care Coordinators
 - Respite Care
 - Community Based Teams (CBT)
 - ❖ A partnership with several agencies to assist in developing a comprehensive assessment, develop a discharge plan and assist in the return of youth back to the region.
 - ❖ 109 individuals trained and certified in the CBT Model
 - ❖ 16 Partner Agencies have joined the Community Based Team
 - ❖ Partnership with a formal Clinical Assessment Team: Region IV Kids and Kidscare.
 - ❖ Established CBT Regional Planning Teams that meet monthly in Region I, II and IV.
 - ❖ Implementation of a twenty (20) person statewide representative CBT Oversight Team
 - ❖ Specialized Foster Care Recruitment

The projects funded through MSFA have increased the region's capacity to work with individual children and their families, promote family stability, and provide specialized therapeutic and supportive community services to help reduce the length of time children are placed in out-of-state facilities.

Level V: Identify and control the small group of serious, violent, and chronic juvenile offenders.

There is a small group of serious, violent, and chronic juvenile offenders who have committed felony offenses or have failed to respond to intervention and non-secure community-based treatment and rehabilitation services offered through the youth services system. Methods to address delinquent offenders who are a threat to community safety may include placements in secure juvenile facilities prior to and/or following court disposition related to their offenses. It is critical to recognize, also, that there are children who exhibit acting-out behaviors, some of which may involve violence, and who receive behavioral health treatment without involvement of the juvenile justice system. This population can be distinguished from the juvenile offenders described here.

The Commission to Study Residential Placements of Children was created out of legislation, House Bill 2334 on April 9, 2005. Purpose of the committee was:

- To study the out-of-home placement of children, specifically those being placed out of state;
- To establish a mechanism to achieve systemic reform;
- To make recommendations to Commission members respective agencies and to the Legislature regarding funding and statutory, regulatory and policy changes;
- To build upon these recommendations to establish an integrated system of care for at-risk youth and families.

The Commission was to report to the joint Commission of Government and Finance by December 1, 2005, it's conclusions and recommendations, including an implementation plan.

- To reduce out-of-state placements by at least 10 percent per year and by at least 50 percent within three years
- To develop joint operating and funding proposals within child-serving agencies to serve the needs of children and families in a more seamless way
- To obtain all necessary federal plan waivers or amendments in order for agencies to work collaboratively while maximizing federal funds
- To enter into memoranda of understandings among agencies regarding joint responsibilities
- To incrementally establish system of care components and cooperative relationships at the local, state and regional levels
- To make recommendations for changes in fiscal, statutory, and regulatory provisions for legislative action.

The Commission presented a progress report in December. The final report, which will include recommendations and an implementation plan, will be presented during the Legislative Interims beginning in the spring of 2006.

2005
YOUTH SERVICES
ANNUAL REPORT

YOUTH SERVICES ANNUAL REPORT

Youth Services are provided by the Department of Health and Human Resources, the courts, and other agencies. The services assist children at risk of status offenses or delinquency and their families, and rehabilitate and/or detain juvenile delinquents. In 1997, §49-5E-2, created the Division of Juvenile Services within the Department of Military Affairs and Public Safety. The division was to assume responsibility for operating and maintaining the pre-dispositional detention centers as well as the juvenile correctional facilities. It was also to work cooperatively with the Department of Health and Human Resources in the planning and development of programs and services to prevent and/or reduce juvenile offenses.

§49-7-30, established a procedure for summary review of certain facilities or services in lieu of the certificate of need review process. Through this summary review process, the expansion of necessary services could occur more quickly. The Service Development Task Team, a subcommittee of the Commission to Study Residential Placement of Children's Strategic Planning Committee, was committed to streamlining the process to allow those agencies willing to reconfigure their programs creatively and innovatively to do so without huge cost and time constraints if such configuration is not increasing beds. The Department's ultimate goal will be to streamline the entire process and make the revision available on the State's website.

Provision for the transfer of custody to the Department of Health and Human Resources of an alleged status offender being detained is covered by §49-5-8. Adjudicated status offenders are to be referred to DHHR for services. The statute redefines status offenses, clearly distinguishes the treatment of status offenses from the treatment of delinquency, and changes the adjudication and disposition for status offenses. Also revisions of definitions pertaining to the juvenile proceedings section of the state statute were made.

In 1998, additional improvements were made to State statute and new funds were allocated for early intervention/family support, for both Youth Services and Child Protective Services, and for Youth Services casework. The 1998 Legislative Session in West Virginia resulted in the addition of a new section of Chapter 49; i.e., §49-5-21. This new statute requires quarterly judicial reviews of certain status offense and delinquency cases. Reviews may be conducted by the court more frequently but are required at least every three months until a case is resolved and dismissed from the court docket. Other legislation, which passed during the 1998 session, amended various sections of the juvenile proceedings section of the statute. The most significant amendments clarified how juveniles are to be brought before the court. These provisions continued to distinguish the handling of status offenses and delinquent offenses.

In 1999, §49-5B-4 (a) was enacted. Under the provisions of this statute, the Department of Health and Human Resources and the Department of Military Affairs and Public Safety, Division of Juvenile Services, are required to present a joint plan for a coordinated system of child welfare and juvenile justice.

Youth Services Accomplishments for FY 2005

Reaching Every Child, a West Virginia Out-of-Home Care Education Task Force's preliminary report, was a result of the Alliance for Children's position paper, *The Education of Children in Out-of-Home Care (2004)*. State agency leadership represented on the Task Force used the report to address the issues and subsequent recommendations. The Task Force recognizes the critical importance of accountability across the entire system, for all agencies with responsibility for the out-of-home care child's educational achievements. The Task Force recommendations include:

- Close the education achievement gap for out-of-home children;
- Every out-of-home care child should have seamless, transparent and full access to public education anytime, anywhere in WV;
- Interdisciplinary team of practitioners and educators charged with assessment and investigation of out-of-home education;
- WV Collaborative Council of Out-of-Home Care Education should be established to carry out long term recommendations.

The Department of Health and Human Resources developed a strategic plan in July 2004 that contained specific plans and time frames to reduce the reliance on out-of-state resources for our children and youth. The Two Year Plan "Reduction of Dependence on Out-of-State Placement of Youth" Committee's purpose was to develop a plan during the 2004 Legislative session that contained specific strategies and time frames for reducing the number of children placed out of state for treatment purposes. The executive committee established three subcommittees. The accomplishments of the subcommittees include:

- Multi-Disciplinary Team
 - Found barriers to MDT process
- Service Development Team
 - Formation of 23 members cross agency team to address issues
 - Developed a one year work plan
 - Developed, distributed and completed follow-up of a provider survey to assess current service capacity and willingness to expand or reconfigure.

- Expedite the Certificate of Need revision process
- Developed a process flow chart to visually detail the assessment and planning process for youth going and return OOS.
- Developed a draft questionnaire to guide DHHR workers when interacting with OOS providers when evaluating readiness for return to community.
- Training Task Team
 - Identified known community based providers who currently provide services for sexually reactive youth.
 - Discussed the possibility of Marshall University counseling department to establish training and certification program for clinicians.
 - Contacted Association of Treatment of Sexual Abusers (ATSA) to determine the possibility of certification/approval of academic program.

Community Based Team is an intensive family reunification/preservation community based team approach to youth returning from out of state/special needs placements that require multi-agency involvement. CBT provides the collaboration of local community based providers willing to work together in the best interest of children and families.

- The team is a catalyst for creativity, collaboration, and an innovative multi-agency coordination of services. This collaboration will not only ensure the practice of inclusive service delivery but will also provide for the collaboration of local community based providers willing to work together in the best interest of children and families.
- This initiative targets youth in custody of DHHR residing in out-of-state placements, those returning to a family setting or transitioning via specialized step-down placements as well as those who are at risk of being placed in one of the previous settings.
- To be eligible for services, imminent danger must not be an issue.
- This program targeted one hundred children/youth.
- A CBT transition team has been working on integrating the services available under the CBT program into Socially Necessary Services to be available statewide.

The Commission to Study Residential Placement of Children created a subcommittee that was challenged to review the current procedure for obtaining a Certificate of Need (CON) The committee, DHHR, Legislature, and providers, were challenged to propose the necessary changes to the process to allow agencies willing to reconfigure their programs creatively and innovatively to do so without huge cost and time constraints to their agencies if such configuration is

not increasing beds. The Certificate of Need process has been streamlined and updated in the following manner and waiting approval:

- CON Charts were developed:
 - Summary Review
 - Provider Reconfiguration
 - CON process for proposal outside the Summary Review process
 - The new process and charts will be posted on the State's website for easy access.
 - Made an electronic copy of the Health Care Authority documents for purpose of revision drafts.
 - Recommendations for updated terminology are to be sent to the West Virginia Health Care Authority

West Virginia Child Placement Network, <http://www.wvcpn.org>, is a new public web site released July 29, 2005. The WVCPN provides online access to DHHR licensed group residential facilities, emergency shelters, and MR/DD facilities database. The website will assist a Multi-disciplinary Team (MDT) planning a child's care in determining what resources are available to the child through a matching component feature. The child matching component uses the following criteria to return facility matches:

- Age, Gender, IQ of the child
- Court Involvement
- Emotional/physical conditions
- Zip code
- Results show available beds

Youth in Transition Workgroup, a subcommittee of the ASO Oversight committee, developed recommendations during a series of meetings in 2005 between the Department of Health and Human Resources, Bureau for Children and Families (BCF), Bureau for Medical Services (BMS) and the Bureau for Behavioral Health (BHS). The purpose of these recommendations is to enhance communication and cooperation between the Bureaus as respective duties/mandates are carried out for a specific population of youth attempting to make the transition from childhood to adulthood. The work group recommendations include:

- Policy revisions to Foster Care Policy to assist workers with the transitional phase;
- Development of a desk guide for workers that will standardize the transition procedure for workers and ensure consistency in case management ;
- A Clinical Care Coordinator position be sustained in Region II and duplicated across the state;

- A Memorandum of Understanding (MOU) be created between the Bureaus that requires a pooling of resources to address the gaps in services as it relates to the older adolescents and young adults;
- An improvement package that includes funding for programs and housing for older adolescents identified by the Department.
- Staff training

The **Reactive Attachment Disorder Workgroup**, a subcommittee of the ASO Oversight committee, met monthly to address current areas of concern with Socially Necessary Services. The workgroup was formed July 12, 2005 to review the current mechanism for assessment and entry into treatment for Reactive Attachment Disorder and the facilities currently in use by our state. The RAD Workgroup recommended the following:

- Treatment approval must be preceded by an independent assessment identified by the Department;
- CAPS assessment should trigger the possibility of RAD in first Tier assessments;
- The completed independent assessment identified by DHHR will become part of the Tier II CAPS assessments;
- ASO Oversight Committee will review requests for RAD treatment on a case-by-case basis. After admission, the reviews will be conducted quarterly for further authorization of service;
- ASO will track and provide data related to treatment and its measures of success or failure;
- DHHR will develop staff and foster/adoptive parents training regarding the diagnosis and treatment of RAD.

The **Commission to Study Residential Placements of Children** was created out of legislation, House Bill 2334 on April 9th, 2005. Purpose of the committee was:

- To study the out-of-state placement of children;
- To establish a mechanism to achieve systemic reform;
- To make recommendations to Commission members respective agencies, and to the Legislature regarding funding and statutory, regulatory and policy changes;
- To build upon these recommendations to establish an integrated system of care for at-risk youth and families.

The Commission membership:

- Secretary of the Department of Health and Human Resources, Chair
- Commissioner of the Bureau for Children and Families
- Commissioner for Behavioral Health and Health Facilities

- Commissioner for the Bureau for Medical Services
- State Superintendent of Schools
- Director of the Office of Institutional Educational Programs
- Representatives of local educational agencies
- Director of the Office of Special Education Programs and Assurance
- Executive Director of the Prosecuting Attorney's Institute
- WV Supreme Court of Appeals

The Commission's responsibilities were to study:

- Current practices of placing children out of home and into residential placement;
- Adequacy, capacity, availability and utilization of existing in-state facilities;
- Strategies and methods to reduce the number of children placed in out-of-state placements;
- Staffing, facilitation and oversight of MDT planning teams;
- Availability of and investment in community-based alternatives.

Initiatives to Improve Performance During FY 2006

The Department will continued advocacy for funding for community based services. These services include prevention and early intervention for children and families with risk factors for a variety of problems as well as services for defined populations (i.e., sexual offenders, chronic runners) through socially necessary services.

Department staff, in conjunction with other members of the Court Improvement Oversight Board, continues to work on developing a standard set of rules for juvenile proceedings. This is an extraordinarily important initiative as the goal is to insure the uniform application of the statutes throughout the state. The development of the rules will help to increase safety, permanency and well-being for juveniles who are involved in proceeding in Circuit Court.

Department staff continue to work on the integration of the casework processes regulating Youth Services into the Department's automated case management information system. It is anticipated that the automated decision-making process will be ready for testing in the spring of 2006 and will be made available to staff later that year.

The Department will continue to work with the provider community to refine and expand the use of the Comprehensive Assessment and Planning Services (CAPS) initiative. The goal of CAPS is to assist the Department staff with federal outcomes for safety, permanency, and well-being for children by assuring that children and families receive a comprehensive assessment.

The **SPF SIG** Statewide Kick-Off Regional Learning Opportunity (RLO) was held February 2006 in Charleston. The RLO schedule was developed for each region:

- February 2006 Foundations of Prevention
- March 2006 What is assessment?
- April, 2006 Organizational capacity assessment
- May, 2006 Community Readiness introduction
- June, 2006 Capacity assessment
- July, 2006 Assessment of Substance Abuse
- August, 2006 Data driven strategies
- September, 2006 Comprehensive Planning
- October, 2006 County Comprehensive Plans
- November, 2006 Share the Vision
- December, 2006 Wrap-up of SPF SIG
- January, 2007 Implementation

In 2004, the Alliance for Children, an association focused on supporting the work of out-of-home care service providers in West Virginia, raised a number of concerns regarding the present situation of the public education of out-of-home care children. Frank Andrews, Superintendent Office of Institutional Education Programs (OIEP) was asked to chair a special task force. The intent and commitment was to conduct a review of present practices regarding education and the out-of-home children, and make recommendations where warranted. Implementation of the **Reaching Every Child Task Force** recommendations include:

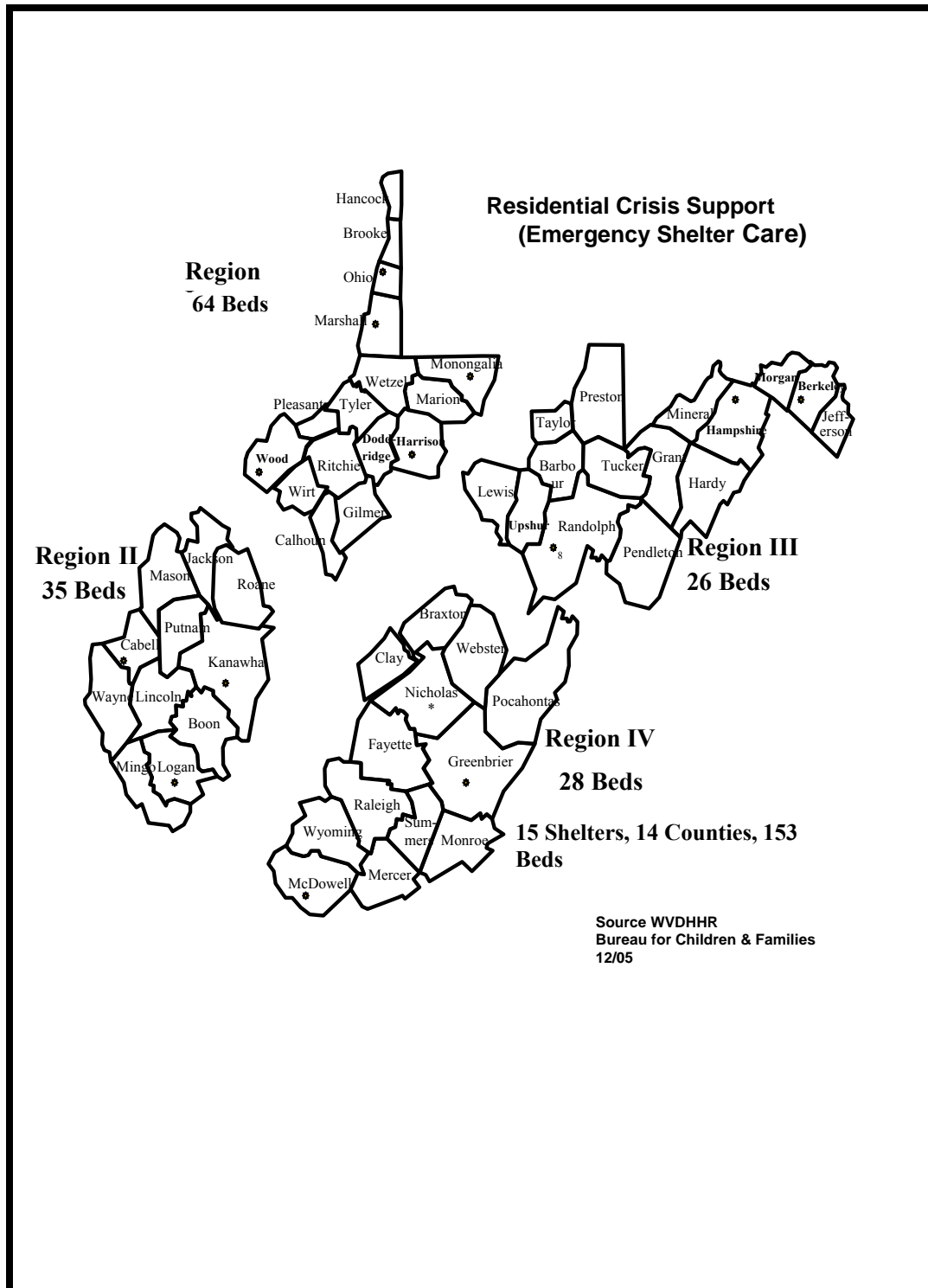
- Close the education achievement gap for out-of-home children
- Every out-of-home care child should have seamless, transparent and full access to public education anytime, anywhere in WV
- Interdisciplinary team of practitioners and educators charged with assessment and investigation of out-of-home education
- WV Collaborative Council of Out-of-Home Care Education should be established to carry out long term recommendations

EXHIBIT MAPS

DHHR FUNDED YOUTH

&

COMMUNITY SERVICES



**RESIDENTIAL CRISIS SUPPORT
(EMERGENCY SHELTER CARE)**

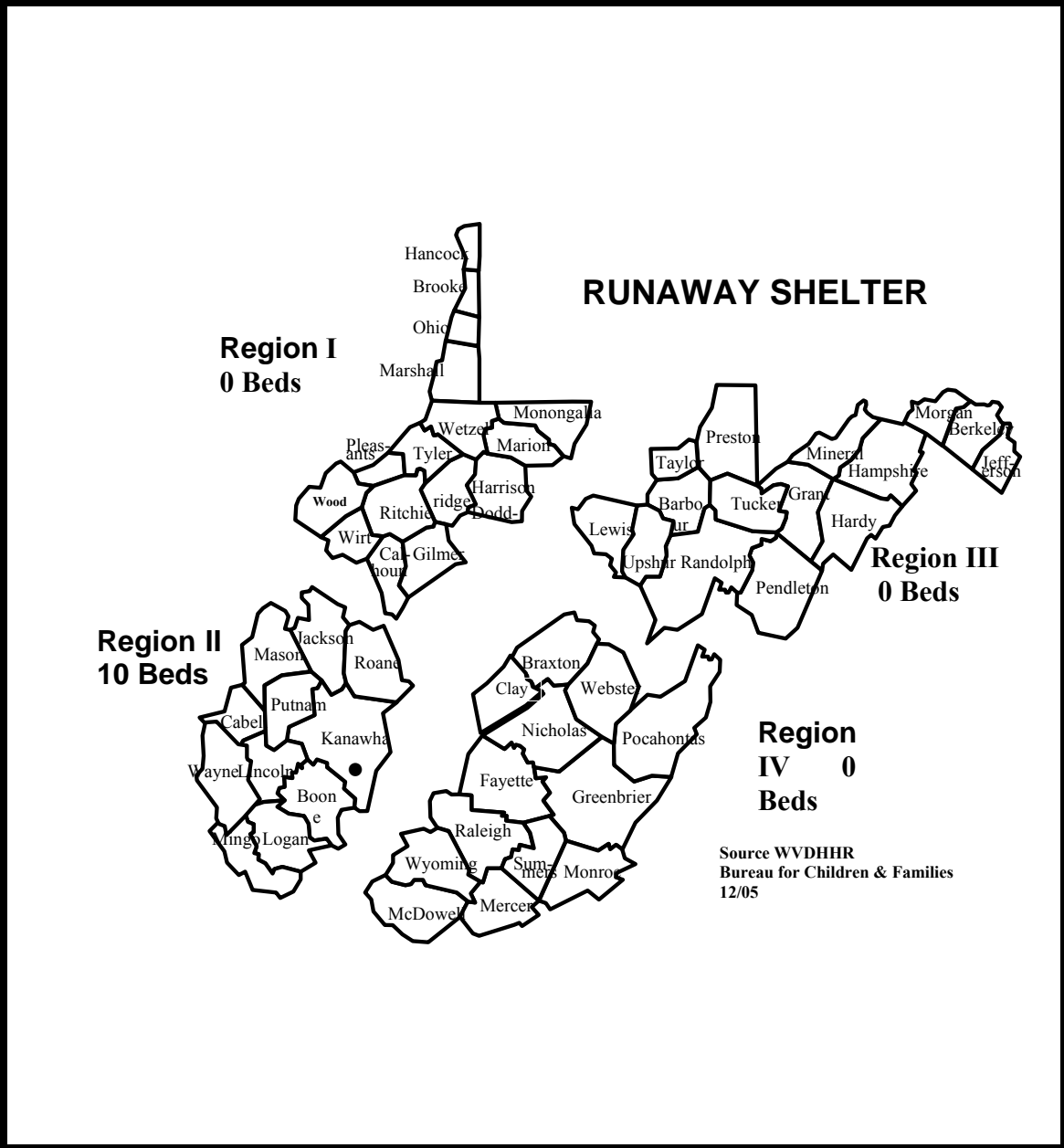
DEFINITION:

This Service provides short-term placement during a crisis situation. The purpose of this service is to provide a supportive environment designed to minimize stress and emotional instability which may have resulted from family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support system or the abrupt removal of a child from a failed placement or other current living situation.

Services include: group/individual counseling, basic needs (food, clothing, and shelter), group/individual problem solving, medication administration, 24 hour awake staff, and the availability of 1:1 staffing.

AGENCY	LOCATION/COUNTY
Children’s Home Society	Wood, Kanawha, Cabell, Logan, Berkley, Hampshire, Nicholas, Greenbrier, McDowell
Genesis	Harrison
Monongalia County Youth Services	Monongalia
Youth Service Systems, Inc.	Marshall, Ohio
Appalachian Community Health Center	Randolph

There are 15 facilities with 153 beds located in the four regions of the state. During the most recent fiscal year (July1, 2004 – June 30, 2005) 1,104 Youth were authorized for crisis support in an emergency shelter. (Information source APS Healthcare)



RUNAWAY SHELTER

DEFINITION:

Runaway shelters provide short-term residential shelter for youth in crisis, with a primary focus on street youth who are at risk of being sexually abused or exploited. Youth are supported in a safe environment in which they can identify their situation, explore appropriate and available options, and work toward resolving a specific problems or conflict. These services are available 24 hours a day, 7 days a week. Services are voluntary, confidential and provided free of charge.

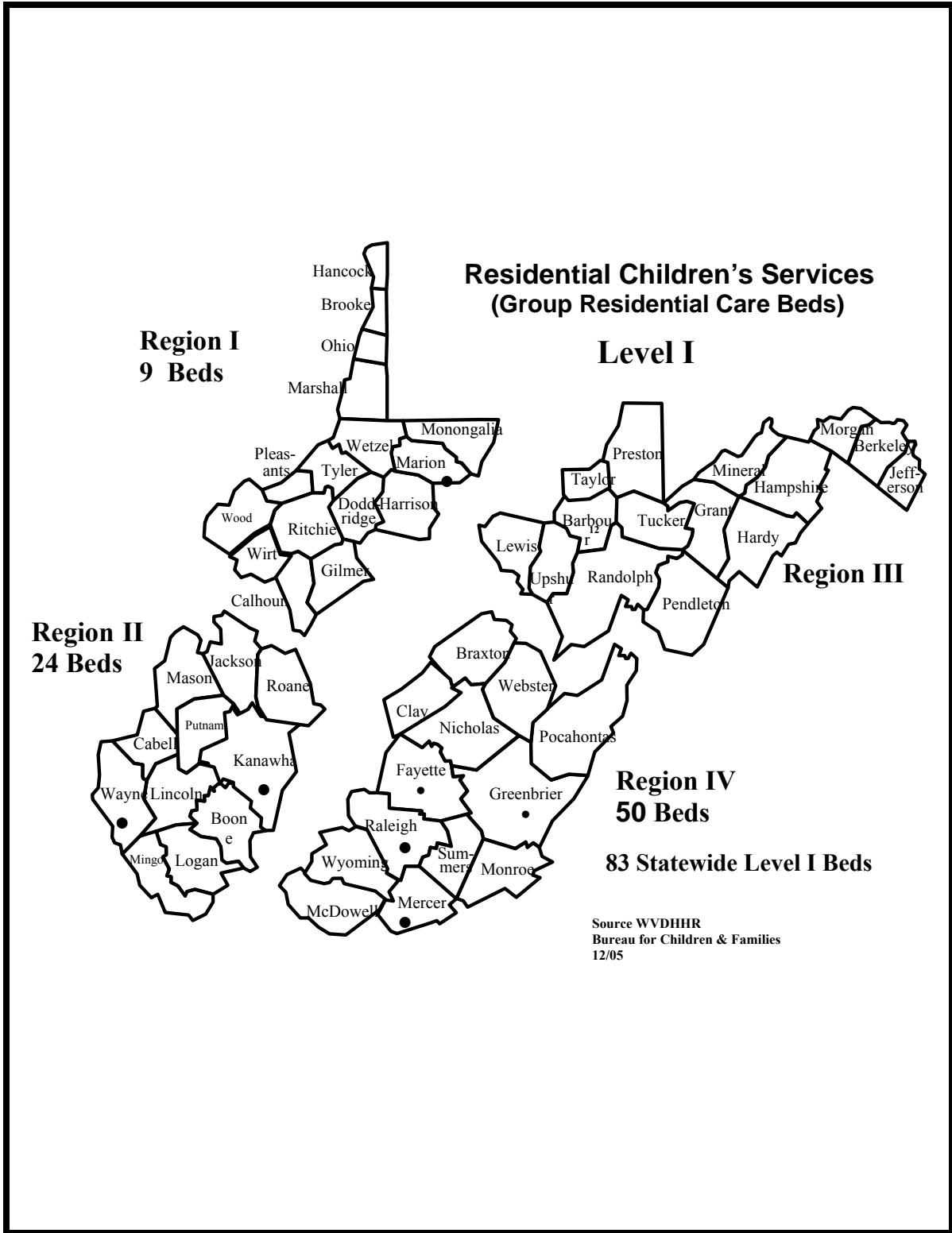
AGENCY

LOCATION/COUNTY

**Daymark, Inc.,
Patchwork**

Kanawha

There is one runaway shelter facility in the state with a capacity of 10 beds. Information regarding use was not readily available.



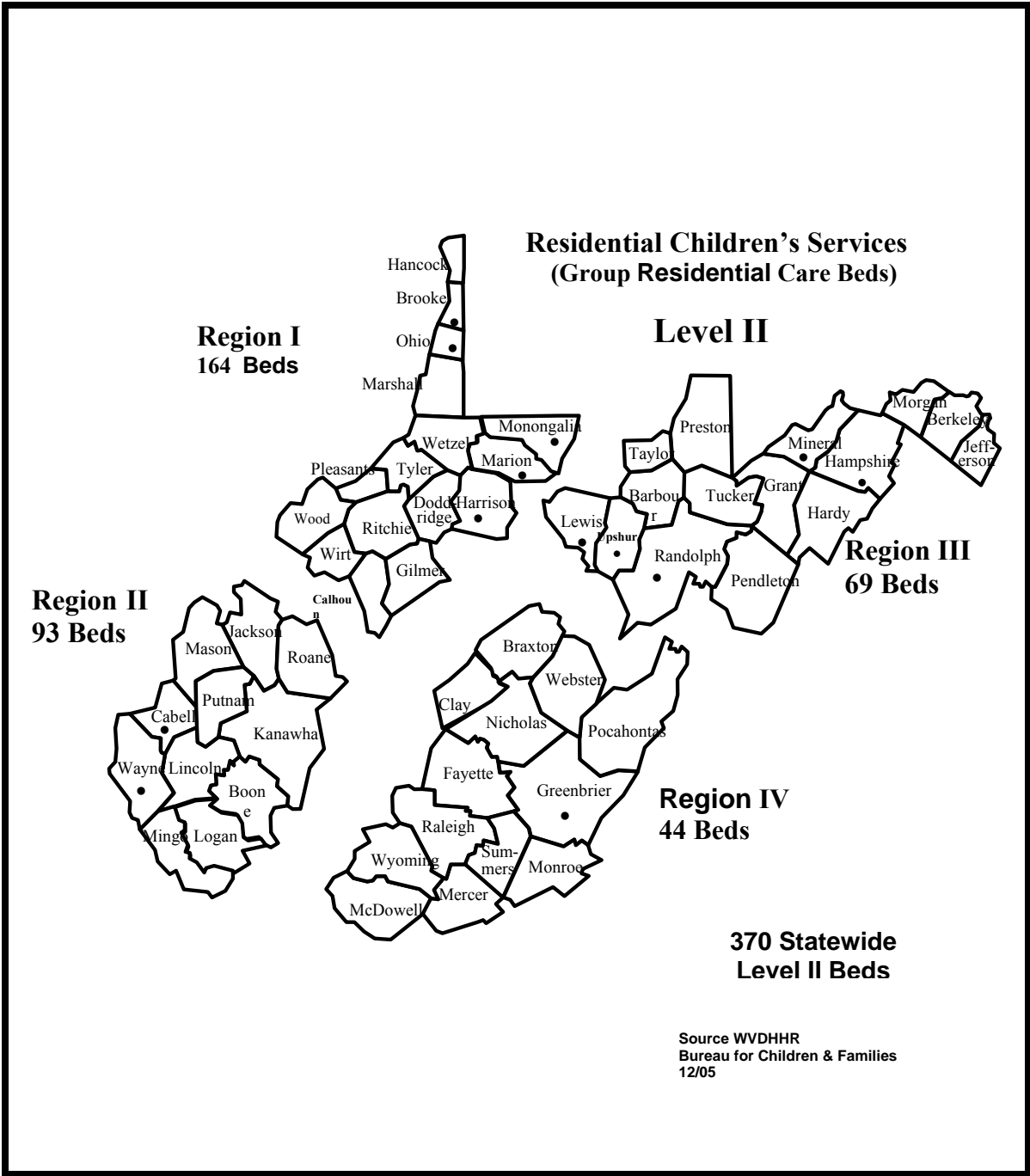
**RESIDENTIAL CHILDREN'S SERVICE – LEVEL I
(GROUP RESIDENTIAL CARE BEDS – LEVEL I)**

DEFINITION:

A structured 24 hour group care setting that targets youth with a confirmed DSM-IV diagnosis that manifests itself through moderate to severe adjustment difficulties in school, home, and/or community. It is designed for youth whose needs can best be met in a community-based setting where the child can remain involved in community-based school and recreational activities. These youth usually can function in public school and in a group residential setting with a minimal amount of supportive services and behavior interventions.

AGENCY	LOCATION/COUNTY
Stepping Stone, Inc.	Marion
Stepping Stones, Inc.	Wayne
Daymark, Inc.	Kanawha
Golden Girl, Inc.	Wayne
Davis Stuart, Inc.	Greenbrier, Raleigh, Mercer
New River Ranch	Fayette

There are 11 facilities with 81 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2004 – June 30, 2005) 112 youth were authorized for in Level I treatment. (*Information source APS Healthcare*)



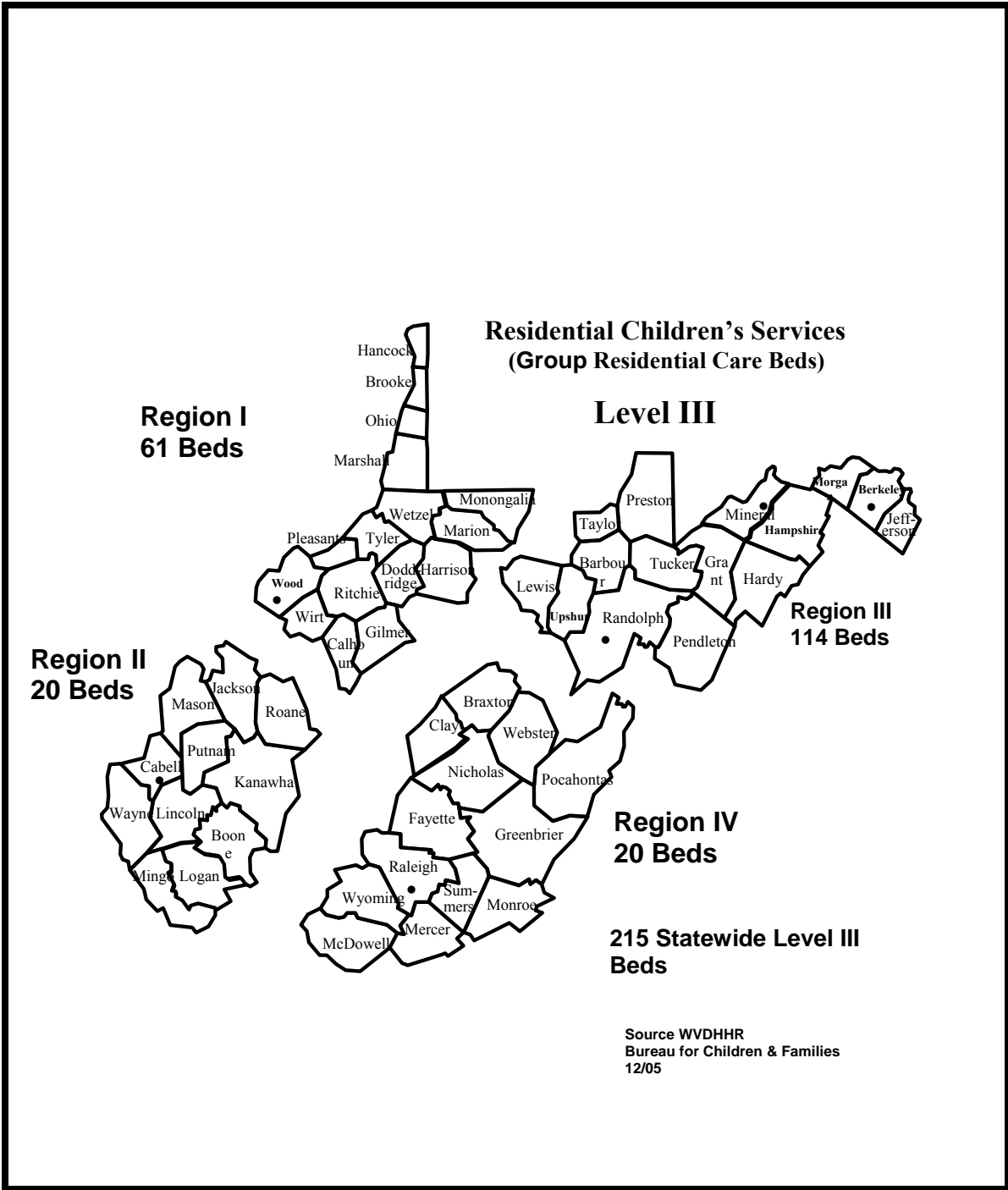
**RESIDENTIAL CHILDREN'S SERVICE – LEVEL II
(GROUP RESIDENTIAL CARE BEDS – LEVEL II)**

DEFINITION:

A structured group care setting targeting youth with a confirmed DSM-IV diagnosis that manifests itself in the form of moderate to severe adjustment difficulties in school, home, and/or community. Children served at this level are characterized by persistent patterns of disruptive behavior and exhibit disturbances in age-appropriate functioning and social problem solving. Disturbances in psychological functioning are common and may then present some risk of causing harm to self or others. These youth cannot function in a public setting without significant psycho-social and psycho-educational support.

AGENCY	LOCATION/COUNTY
Children's Home of Wheeling	Ohio
Family Connections	Brooke
Florence Crittenton	Ohio
Pressley Ridge Schools	Harrison, Monongalia, Cabell
St. John's Home for Children	Ohio
Charles W. Cammack Children's Center	Cabell
Golden Girl, Inc.	Wayne
Prestera Center for Mental Health	Cabell
Stepping Stones, Inc.	Wayne
Burlington United Methodist Family Services, Inc.	Mineral
Elkins Mountain School	Randolph
Home Base, Inc.	Upshur, Lewis
Potomac Center	Hampshire
Youth Academy	Marion
Davis Stuart	Greenbrier

There are 21 facilities with 334 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2004 – June 30, 2005) 970 youth were authorized for Level II treatment. (*Information source APS Healthcare*)



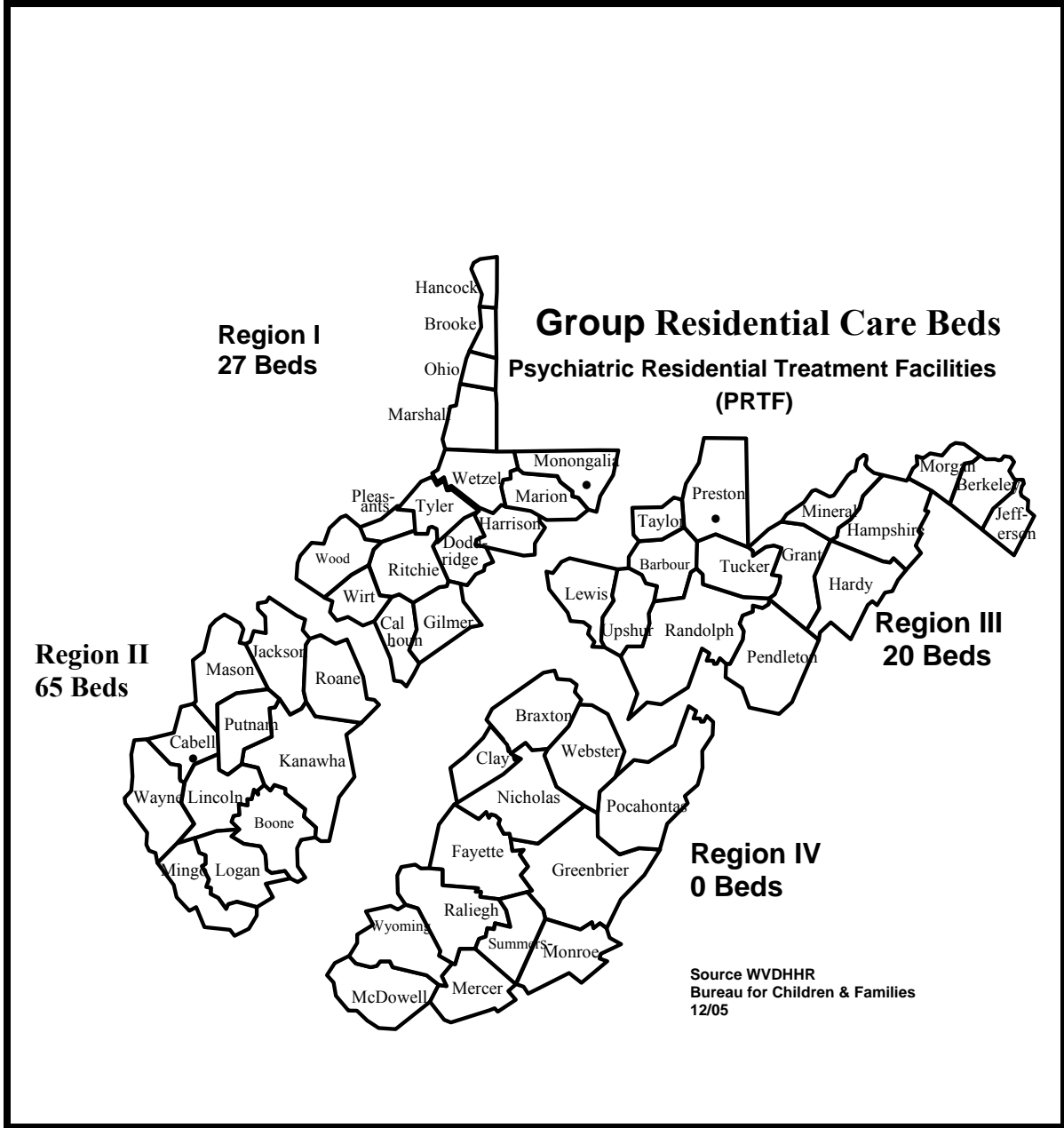
**RESIDENTIAL CHILDREN'S SERVICE – LEVEL III
(GROUP RESIDENTIAL CARE BEDS – LEVEL III)**

DEFINITION:

A highly structured and intensively staffed 24 hour group care setting targeting youth with a confirmed DSM-IV diagnosis which manifests itself in severe disturbances in conduct and emotions and as a result is unable to function in multiple areas of their lives. Residential treatment facilities provide a highly structured program with formalized behavioral programs and therapeutic interventions designed to create a therapeutic environment whereby all planned activities and applied interventions are designed with the goal of stabilizing the child's serious mental condition.

AGENCY	LOCATION/COUNTY
Pressley Ridge Schools	Wood, Cabell
Burlington United Methodist	Mineral, Raleigh
Elkins Mountain School	Randolph
Board of Child Care	Berkeley

There are 6 facilities with 215 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2004 – June 30, 2005) 678 youth were authorized for Level III treatment. (*Information source APS Healthcare*)

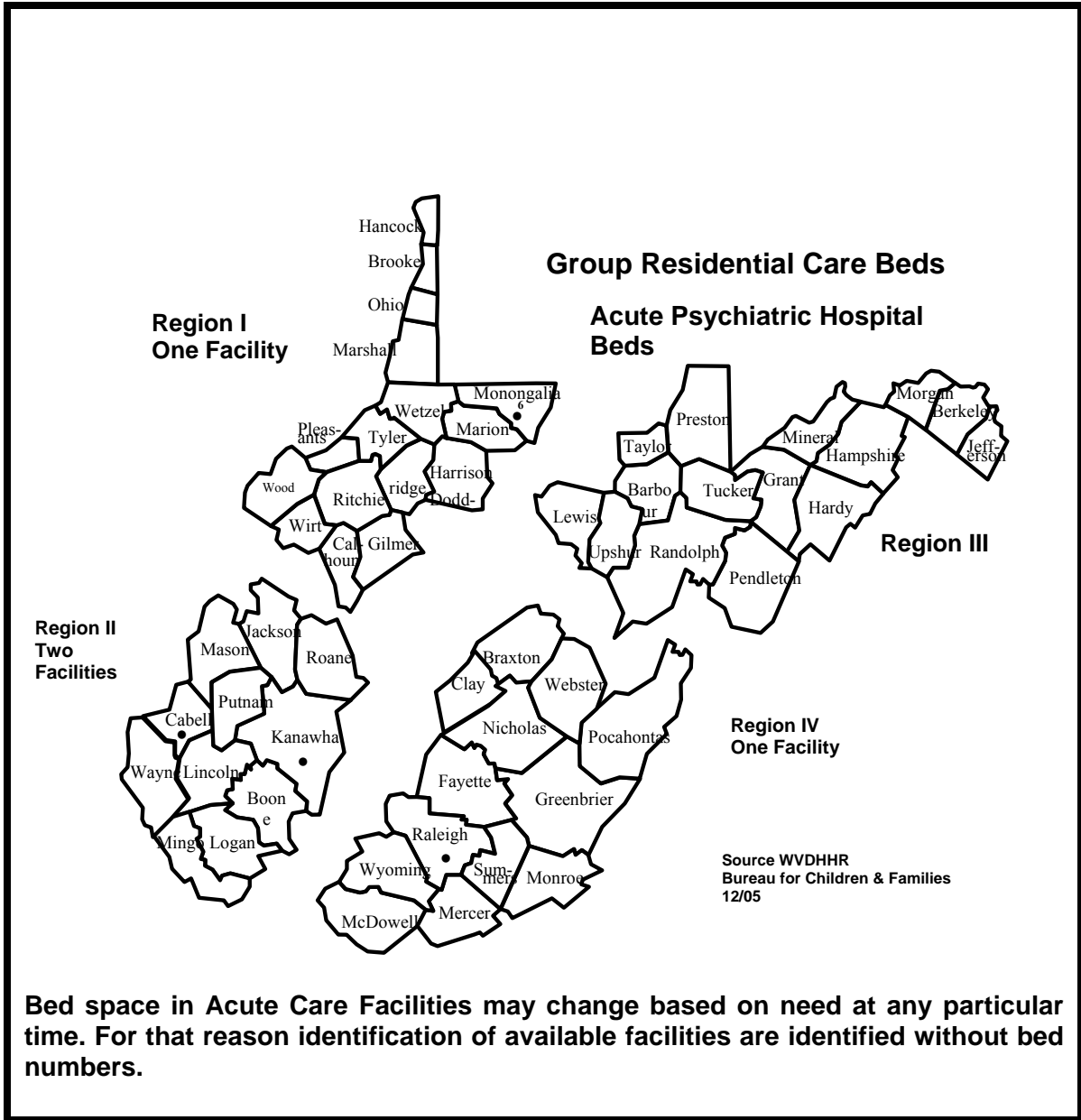


**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)
DEFINITION:**

A freestanding or physically distinct part facility that provides to children and adolescents under the age of 21 medically supervised interdisciplinary program of behavioral health treatment. A program of individualized treatment which addresses the psychiatric needs of each individual and his/her family and is provided by qualified behavioral health professionals. These facilities are appropriate for children and adolescents whose predominant symptom presentation is essentially stabilized, although not resolved, and who have persistent dysfunction in several major life areas.

AGENCY	LOCATION/COUNTY
Chestnut Ridge Hospital	Monongalia
Barboursville School	Cabell
River Park Hospital	Cabell
Olympic Center	Preston

There are four PRTF facilities in the state. Bed capacity information represents capacity for those children/youth in custody/non-custody status. Information regarding use for the most recent fiscal year was not readily available.



ACUTE PSYCHIATRIC INPATIENT HOSPITALIZATION

DEFINITION:

Provides intensive, 24-hour psychiatric care, including crisis stabilization and diagnostic assessment, in a hospital setting, for 30 days or less. Offers a full array of psychiatric services to children, adolescents and their families, and assures the availability of accredited educational, medical, and recreational activities.

AGENCY	LOCATION/COUNTY
Chestnut Ridge Hospital Highland Adolescent Unit/ Prestera Center	Monongalia Kanawha
River Park Hospital Beckley Appalachian Regional Hospital	Cabell Raleigh

There are four Psychiatric In-patient Hospital facilities in the state serving this population. Bed capacity fluctuates according to use and availability. Information regarding use was not readily available.

DHHR

Early Intervention/Family Support

Grants

FY 2005 Grant Awards

Grantee's Name	Services	Grant Amount	Counties Served
MountainHeart Community Services, Inc.	Resource & Referral V	\$ 1,482,853.00	Barbour, Berkeley, Grant, Hampshire, Hardy, Jefferson, Lewis, Mineral, Morgan, Pendleton, Randolph, Taylor, Tucker, Upshur
MountainHeart Community Services, Inc.	Resource & Referral VI	\$1,644,487.00	Braxton, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summer, Webster, Wyoming
NCWVCAA-Randolph Co.	Homeless	\$72,294.00	Lewis, Randolph, Tucker, Upshur, Barbour, Taylor
NCWVCAA-Scott Place	Homeless	\$118,544.00	Doddridge, Harrison, Marion
Office of Economic Opportunity	LIEAP	\$77,000.00	Statewide
Office of Economic Opportunity	Weatherization	\$2,519,804.00	Statewide
Office of Migration & Refugee Services	Specialized Social Services for Refugee's	\$75,000.00	Statewide
Potomac Comprehensive Diagnostic & Guidance Center, Inc.	Specialized Family Care (Medley)	\$88,258.00	Barbour, Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, Pendleton, Randolph, Tucker, Upshur
Pressley Ridge	Youth Service Casework	\$577,025.00	Region IV

Grantee's Name	Services	Grant Amount	Counties Served
Rape & Domestic Violence Info. Center	Domestic Violence	\$ 215,696.00	Monongalia, Preston, Taylor
RCCAA - Pine Haven	Homeless	\$ 412,212.00	Fayette, Greenbrier, Mercer, Monroe, Pocahontas, Raleigh, Summers, Summers
RCCAA - Pine Haven	Homeless - Child Mentor	\$ 27,864.00	Raleigh, Wyoming
RCCAA - Stone Haven	Homeless	\$ 149,304.00	Boone, Logan, Mingo, McDowell, Wyoming
Reg. III Workforce Investment Board of Kanawha Co. (WIB III)	ABAWD	\$ 164,695.00	Kanawha
Region 8 Planning & Development Council	LIEAP	\$ 13,000.00	Pendleton, Grant, Hardy, Hampshire, Mineral, Berkeley, Morgan, Jefferson
Richard Clendenin	Professional Development Early Care & Education	\$ 30,000.00	Statewide
River Valley Child Dev. Services	Apprenticeship for Child Dev. Specialist (ACDS)	\$ 259,891.00	Statewide
River Valley Child Dev. Services	Training Connections	\$ 457,342.00	Statewide
River Valley Child Dev. Services (CHOICES)	Resource & Referrals SDA II	\$ 1,019,421.00	Calhoun, Doddridge, Gilmer, Harrison, Pleasants, Ritchie, Wirt and Wood
River Valley Child Dev. Services (CONNECT)	Resource & Referrals SDA III	\$ 1,225,011.00	Clay, Jackson, Kanawha, and Roane

Grantee's Name	Services	Grant Amount	Counties Served
River Valley Child Dev. Services (ECE/HS Collaboration)	WV EARLY CARE TRAINING & RESOURCES	\$ 6,000.00	Statewide
River Valley Child Dev. Services (LINK)	Resource & Referrals SDA IV	\$ 1,162,474.00	Boone, Cabell, Lincoln, Logan, Mason, Mingo, Putnam and Wayne
Roark Sullivan Lifeway Center	Homeless	\$ 131,389.00	Kanawha, Clay
Shenandoah Women's Center, Inc.	Domestic Violence	\$ 205,484.00	Berkeley, Jefferson, Morgan
SHEPHERD COLLEGE **	Title IV-E Training	\$ 133,558.00	Statewide
Siegrist & White, PLLC	JD Software	\$ 8,900.00	
South Western WV Reg. II (WIB II)	ABAWD	\$ 202,702.00	Cabell, Putnam, Lincoln, Wayne, Logan, Boone, Mingo, Logan
South Western WV Region WIB II	TANF Job Skills Training-EXCEL	\$209,554.00	Cabell, Putnam, Lincoln, Wayne, Logan, Boone, Mingo, Logan
Stepping Stones	Family Preservation/Reunification	\$60,000.00	Statewide
Stop Abusive Family Environments, Inc. (SAFE)	Domestic Violence	\$ 276,918.00	McDowell, Mercer, Wyoming
SWCAC - Mason Co.	Homeless	\$ 85,614.00	Mason, Jackson, Roane

Grantee's Name	Services	Grant Amount	Counties Served
Task Force on Domestic Violence, HOPE, Inc.	Domestic Violence	\$ 237,992.00	Doddridge, Harrison, Marion, Lewis, Gilmer
TEAM for WV Children	Healthy Families America	\$ 350,000.00	Cabell Wayne
TEAM for WV Children	Partners in Prevention	\$ 25,000.00	Statewide
Tug Valley Recovery Shelter	Domestic Violence	\$187,282.00	Logan, Mingo
United Way of Marion County	211 Initiative	\$91,273.00	Statewide
WIB IV (Workforce Investment Board Reg. IV)	ABAWD	\$ 76,013.00	Pleasants, Wood, Ritchie, Wirt, Jackson, Mason, Roane, Clay, Calhoun
WIB V (Northern Panhandle Workforce Invest. Board)	ABAWD	\$ 38,006.00	Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler
WIB VI (WV Reg. VI Workforce Investment Board)	ABAWD	\$278,715.00	Monongalia, Marion, Preston, Taylor, Harrison, Doddridge, Barbour Tucker, Randolph, Upshur, Lewis, Braxton, Gilmer
WIB VII (Region 8 Planning & Dev.)	ABAWD	\$114,020.00	Jefferson, Berkeley, Morgan, Hampshire, Mineral, Grant, Hardy, Pendleton
Women's Aid in Crisis	Domestic Violence	\$225,802.00	Barbour, Braxton, Randolph, Webster, Tucker, Upshur

Grantee's Name	Services	Grant Amount	Counties Served
Women's Resource Center	Domestic Violence	\$ 269,757.00	Fayette, Nicholas, Raleigh, Summers
WORK4WV REG. 1, INC (WIB I)	ABAWD	\$235,654.00	Webster, Nicholas, Fayette, Raleigh, Wyoming, McDowell, Mercer, Summers, Monroe, Greenbrier, Pocahontas
WV Citizens Conservation Corporation	Courtesy Patrol	\$ 350,000.00	Statewide
WV Coalition Against Domestic Violence	Domestic Violence LBD/One Time Only	\$ 59,591.00	Statewide
WV Coalition Against Domestic Violence	Domestic Violence Legal	\$ 50,000.00	Statewide
WV Dept. of Education	TANF Customer Assessment Service	\$ 496,000.00	Statewide
WV Dept. of Education	Pre-K	\$ 15,000.00	
WV Dept. of Education I, III, IV, VI & VIII	TANF Job Skills Development(SPOKES)	\$ 1,200,000.00	Statewide
WV Dept. of Natural Resources	Hunters Helping the Hungry	\$ 75,000.00	Statewide
WV Head Start Assoc. Inc.	Head Start	\$ 13,320.00	Statewide
WV Higher Education Policy Commission	Child Scholarship	\$ 53,500.00	Statewide

Grantee's Name	Services	Grant Amount	Counties Served
WV KIDS Count Fund	Business Resources for Child Care	\$ 20,000.00	Statewide
WV State University Research**	Title IV-E Training	\$ 215,653.00	Statewide
WVSC METRO AREA AGENCY ON AGING	LIEAP	\$ 8,500.00	Kanawha
WVU Research Corp	Food stamps (FSNEP) - Be Smart Eat Smart	\$1,087,877.00	Statewide
WVU Research Corp	Head Start-Obesity Pilot	\$ 24,000.00	Statewide
WVU Research Corp	Independent Living	\$ 361,440.00	Statewide
WVU Research Corp	Medley - Services	\$ 688,829.00	Statewide
WVU Research Corp	Supervisory Training	\$108,634.00	Statewide
WVU Research Corp	TANF	\$108,484.00	Statewide
WVU Research Corp **	IV-E Training	\$ 558,333.00	Statewide
Youth Service System	Job Skills for Independent Former Foster Youth	\$ 30,296.00	Brooke, Hancock, Ohio, Marshall, Wetzel Tyler
Youth Service System	Youth Service Casework	\$ 461,459.00	Region I

Grantee's Name	Services	Grant Amount	Counties Served
YWCA Family Violence-Wheeling FVPP	Domestic Violence	\$ 218,514.00	Ohio, Marshall, Wetzel
YWCA Resolve Family Abuse Program	Domestic Violence	\$ 266,856.00	Boone, Clay, Kanawha
YWCA Sojourners	Homeless	\$ 170,466.00	Boone, Clay, Kanawha