

**2007 West Virginia
YOUTH SERVICES ANNUAL REPORT**

**West Virginia
Department of Health and Human Resources**

Martha Yeager Walker, Secretary

**Bureau for Children and Families
John J. Najmulski, Commissioner**

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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. 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

2007
YOUTH SERVICES
ANNUAL REPORT

YOUTH SERVICES ANNUAL REPORT

Introduction

Youth Services is a program provided by the Department of Health and Human Resources, Bureau for Children and Families, in conjunction with the courts and other helping agencies throughout the state. The programs and services are designed to prevent juvenile delinquency, to divert juveniles from the juvenile justice system, to provide community-based alternatives to juvenile detention and correctional facilities and to encourage a diversity of alternatives within the child welfare and juvenile justice system. Youth Services addresses those instances involving youthful offenders whose behavior impacts negatively on their lives, their families, and their communities. Services are provided to youth and families without regard to income.

Specific activities involved in the provision of services to youth and their families include;

- Social casework on an individual, group and/or family basis.
- Screening and diagnosis of problems which contribute to the child's inability to cope.
- Referral of youth to appropriate services and/or agencies.
- Coordination and development of resources within the community.
- Family preservation and supportive services determined necessary to prevent the imminent disruption to the family of a child exhibiting inappropriate behavior.

Youth Services is also part of a broader juvenile justice system which includes the Judiciary, Probation Services, the Division of Juvenile Services and the Division of Criminal Justice Services. Youth and their families may be receiving some services from one or all of these entities. The Bureau for Children and Families provides foster care to some youth who have been ordered into state custody by the Judiciary as a result of juvenile delinquency proceedings.

Provision for the transfer of custody to the Department of Health and Human Resources, Bureau for Children and Families, 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. Adjudicated delinquents may also be transferred to the custody of the Department of Health and Human Resources, Bureau for Children and Families, for foster care placement which is covered by §49-5-13(4).

Youth Services Accomplishments for FY 2007

The Commission to Study Residential Placement of Children was established by legislative code (H.B. 2334) in 2005. The legislation mandated the Commission to study strategies and methods to reduce the number of children presently placed out-of-state, a system of care approach, barriers in developing needed services and how to fund these services, and other special issues and activities that were already being implemented in West Virginia that focused on certification issues regarding facilities. The Commission is chaired by Secretary Martha Walker, Department of Health and Human Resources.

Since publishing its summary report, *Advancing New Outcomes: Finding, Recommendations & Initial Actions of the West Virginia Commission to Study Residential Placements of Children* (May 2006), the Commission has been busy implementing its recommendations. Through periodic meetings, the Commission has used a formal tracking and monitoring process to ensure its work is achieved.

Effective cooperation and communication among the participating entities (Circuit Judges, the State Supreme Court, the Division of Juvenile Services, the Department of Education, the Prosecuting Attorneys Institute, the Department of Health and Human Resources and others) continues at a high level, especially agency-to-agency interaction outside of the direct Commission work.

The Commission continues to rely on active working groups who are composed of many individuals focused on specific recommendations. These working groups see that actions are taken as planned and have been very dedicated to addressing issues, developing new processes and carrying out other activities that help the Commission achieve its work. The following are included in the Commission's list of accomplishments or actions underway in the past year:

- System of Care model was implemented statewide.
- A governance committee to provide oversight of the System of Care was established.
- The clinical review tool utilized in the 2006 Clinical Review of Youth in Out-of-State Placements was revised and is being used statewide. The Clinical Review form and process is planned to be web-based by the Fall of 2008.
- Implementation of the Regional Clinical Review Teams responsible for carrying out the clinical review of youth at risk or in out of state/region placements. The Regional Clinical Review Teams have been established in each of the four (4) Department of Health and Human Resources Regions. Each of the Regions has been provided a Regional Clinical Coordinator that is responsible for overseeing and

facilitating the Regional Clinical Review Team Process. A uniform structure, protocol and timelines were developed to guide the Regional Clinical Review Teams.

- A family support component has been initiated. Regional Parent Coordinators are to be hired by Summer 2008.
- Completion of an accurate assessment of current in-state licensed behavioral health agencies and individuals on capacity and program expansion/reconfiguration capabilities.
- Implementation of the statewide community assessment of services system (Service Array) has begun in all four Regions. The two main goals of the Service Array Process is to assess West Virginia's service array capacity to achieve positive outcomes for children and families, and to create and implement a Resource and Capacity Development Plan to enhance West Virginia's capacity to serve children and families through an appropriate and flexible child and family service array that will achieve positive outcomes.
- A resource guide that will guide clinical treatment and placement decisions was developed for in-state placement of children and youth requiring out-of-home placement.
- Statewide training was provided to private and public professional staff (training included topics such as Child and Adolescent Needs and Strengths (CANS) assessment; Working with Sexually Reactive Youth; Working with Adolescent Sex Offenders; Substance Abuse; Developmental Disabilities; Co-occurring Disorders; and training associated with System of Care).
- The Department of Health and Human Resources, Bureau for Children and Families, and the WV Department of Education formed a workgroup and has begun to address recommendations identified by the Commission to "ensure all out-of-home children are receiving appropriate quality education in all settings, and provide a flexible funding model to support educational costs". Among the many issues that have been recommended is the development of a mechanism for ensuring that youth receive credit for educational work completed even when multiple placements occur.
- West Virginia is moving toward requiring out-of-state placements to be made only to out-of-state (OOS) providers meeting (West Virginia Department of Health and Human Resources, Bureau for Children and Families, Department of Education, and Division of Juvenile Services) standards of licensure, certification, and expected rules of operation. Information (e.g. child welfare laws, regulations, and OOS provider reviews) has been collected and analyzed on OOS provider/agencies where a West Virginia child/youth is placed along with a provider (self-study) survey to assess the OOS Providers' ability and willingness to comply with WV Standards. Desk reviews of all OOS provider facilities and an onsite review of one facility as a pilot will be completed by Spring 2008.

- To fully support the Multidisciplinary Treatment (MDT) Team concept and enhance the present MDT processes statewide, a collaboration has occurred between the various state agencies and the Court. Accomplishments/actions underway in the past year include: A statewide assessment of current MDT practices and procedures has been initiated and will be completed by the Summer of 2008; and the creation of a uniform Individualized Case Plan and Review Summary has been developed and will be utilized statewide. Judicial “Round-Table” training and cross training of the MDT participants is being planned for the Summer of 2008.

The cooperation and momentum represented by all of West Virginia's child-serving parties and their families in this effort will continue to advance new outcomes that matter to West Virginia's children and families.

Other Supportive Initiatives

The Education of Children in Out-of-Home Care Advisory Committee, an implementation group led by the West Virginia Department of Education (WVDE), continues to work on actions from the original work of the Reaching Every Child Task Force. This group is chaired by the Assistant State Superintendent, Division of Student Support Services West Virginia Department of Education. This collaborative effort reflects the significant relationship and foundational work between the Commission and the Advisory Committee, and promotes the effective coordination of the working groups. Furthering this commitment, a cooperative agreement for Sharing of Data to Meeting the Education Needs of Children and Youth in Out-of-Home Care has occurred between the West Virginia Department of Education and the West Virginia Department of Health and Human Resources.

The West Virginia Comprehensive Behavioral Health Commission, established by the West Virginia Legislature during its 2006 session, is now fully in operation supporting seven major working groups. “These working groups will continue to work in tandem with the Bureau for Behavioral Health and Health Facilities in the coming months as they develop recommendations for an improved, comprehensive behavioral health system in West Virginia. Working groups brought recommendations to the Commission starting in the later summer and early fall of this year. Team are currently extracting and prioritizing some of the most important issues and opportunities that they feel need to be addressed. Opinions on some of the larger issues, such as point-of-entry and model-of-care, may conflict and will impact the direction of further work.2007” (West Virginia Comprehensive Behavioral Health Commission. Status Report. May 31, 2007). A preliminary report of the progress is to be submitted to the Governor and the Legislature by January 1, 2007 and a final report of recommendations by January 1, 2008. Department of Health and Human Resources, Bureau for Children and

Families, is to submit a report regarding the implementation of the recommendation to the Governor and the Legislature by July 1, 2008.

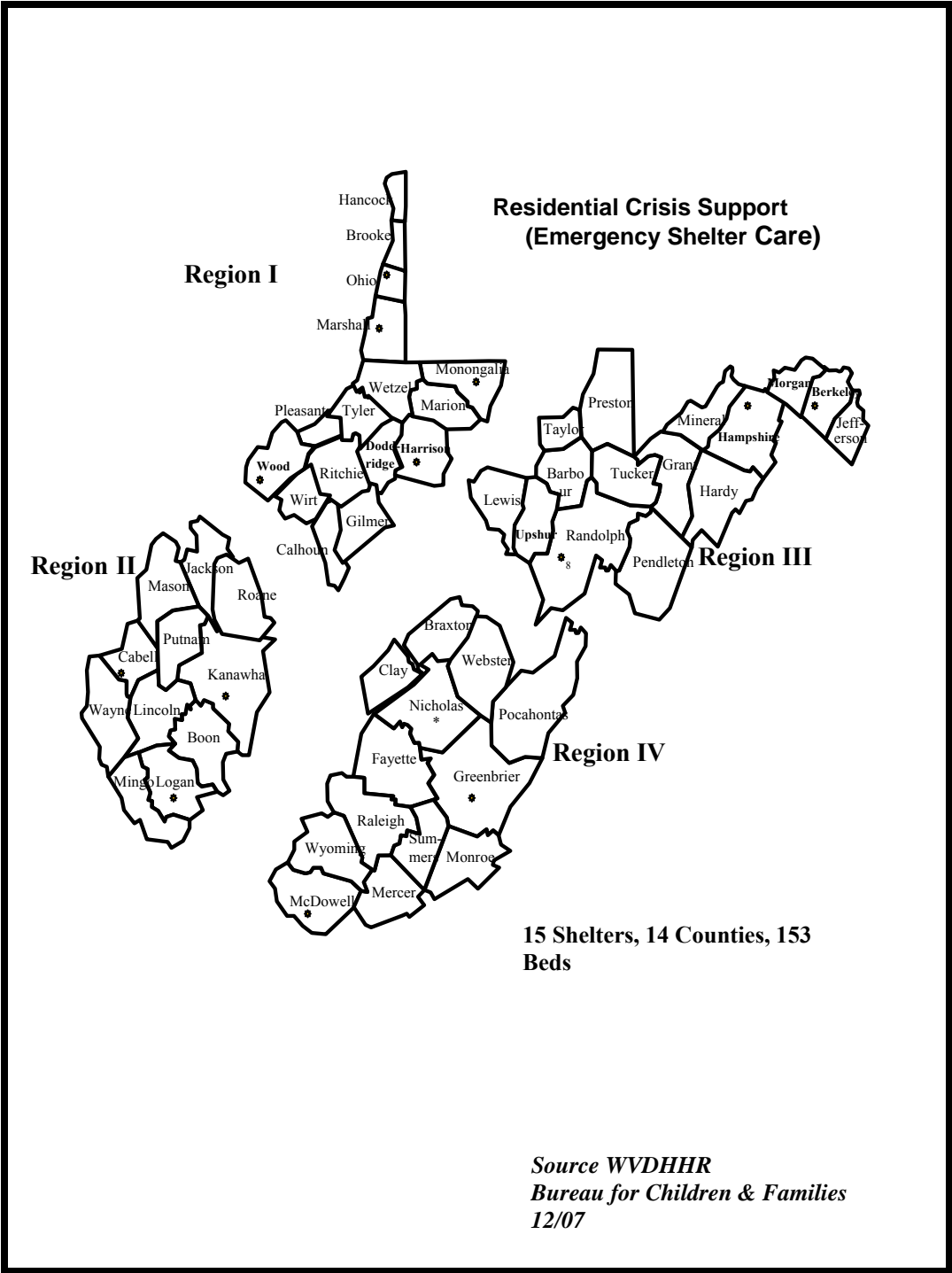
The Community Based Teams (CBT) pilot began in 2005. CBT are an intensive family reunification/preservation community based team approach to youth returning from out of state/special needs placements that required multi-agency involvement. These teams provide the collaboration of local community based providers willing to work together in the best interest of children and families. CBT will be expanded in 2008 with the transition of CBT to the socially necessary fee for service model. This model will come with a unique method to bundle the rate and services. Since the pilot began, a total 45 youth were returned or prevented from out of state placement. Furthermore, a full round of CBT training will be initiated once the Socially Necessary Service is rolled out. This collaboration has provided the groundwork for the transition to the System of Care Regional Clinical Teams.

EXHIBIT MAPS

DHHR FUNDED YOUTH

&

COMMUNITY SERVICES



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

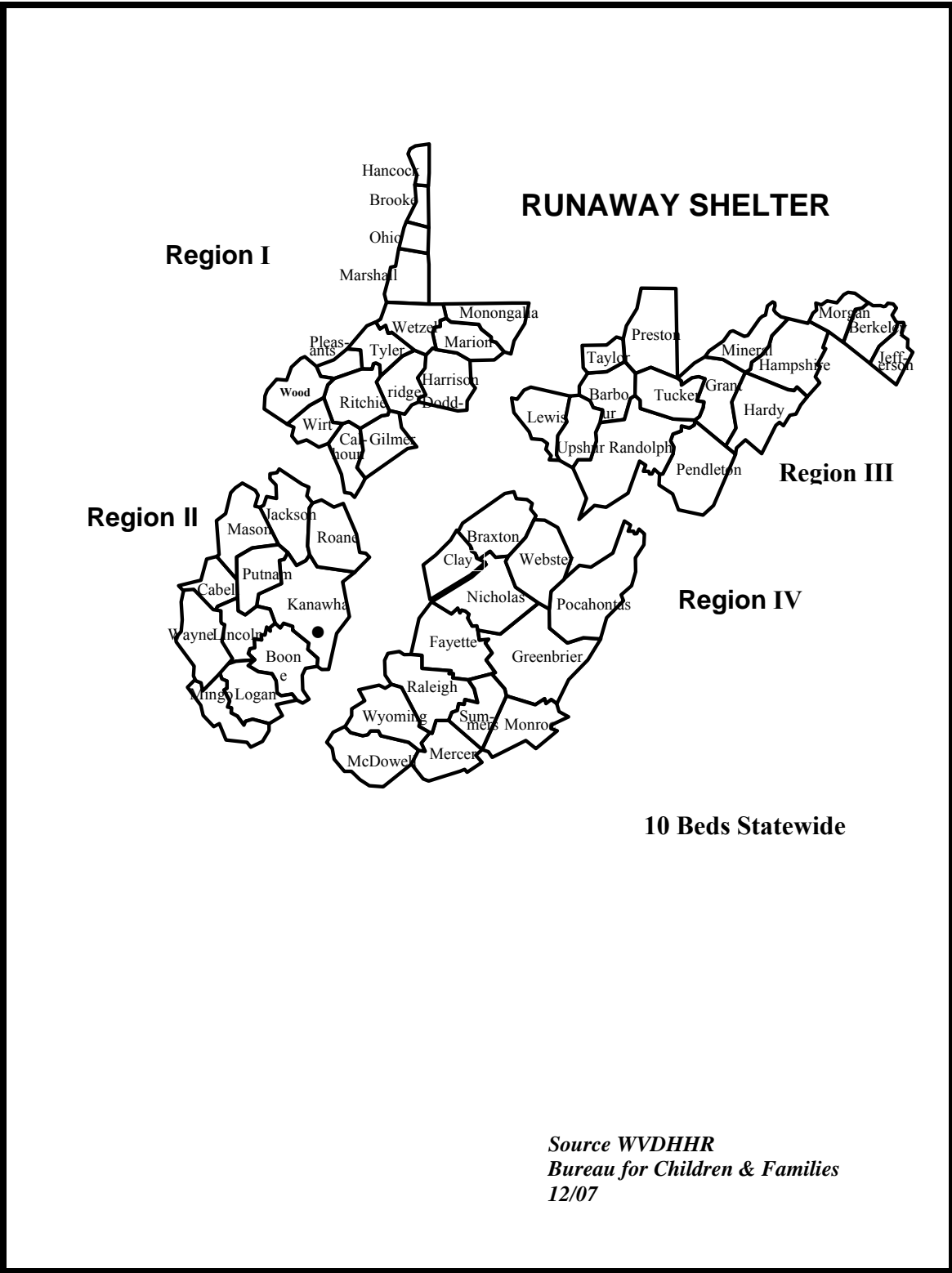
DEFINITION:

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, 2006 – June 30, 2007) 1,074 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.

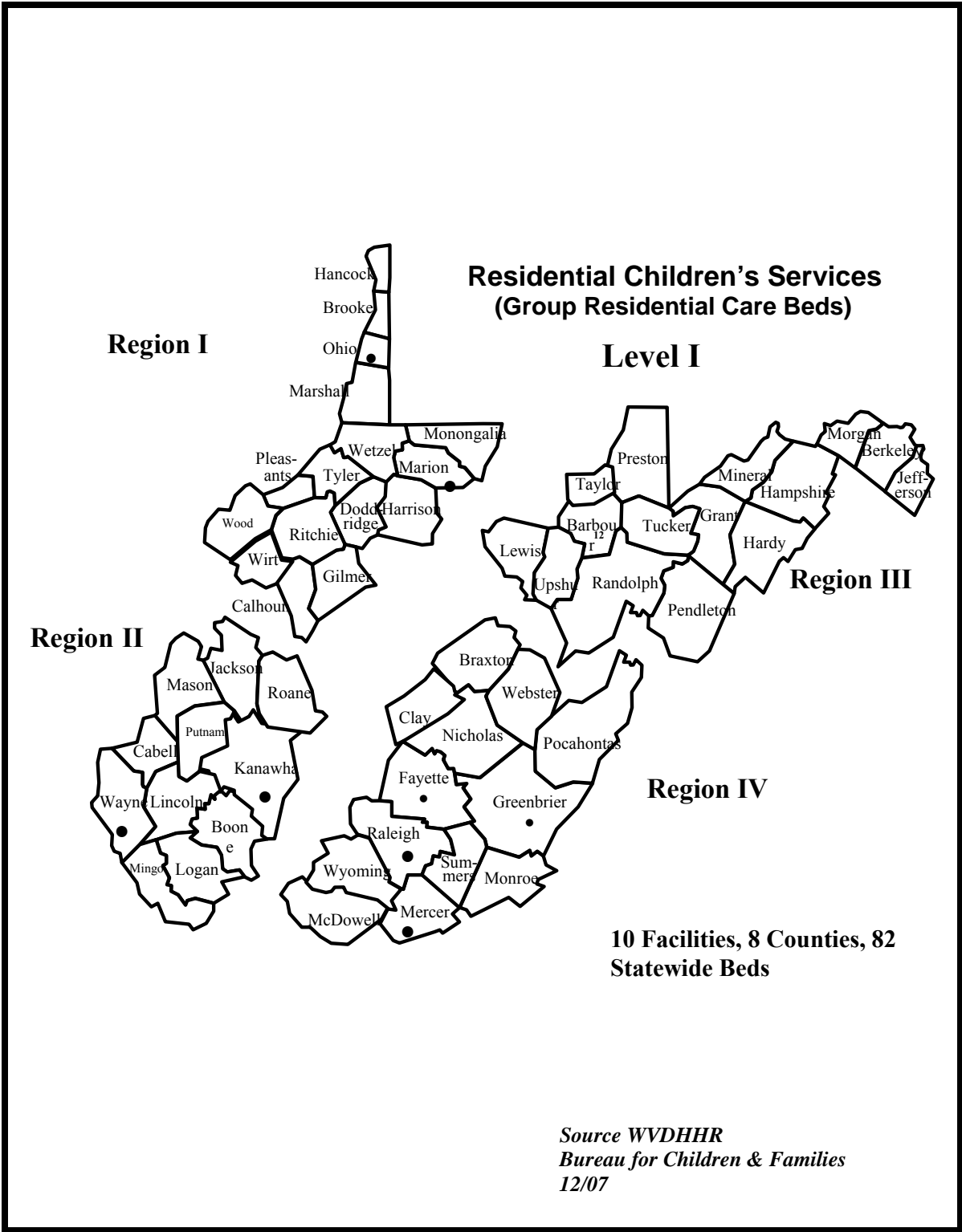
AGENCY

**Daymark, Inc.,
Patchwork**

LOCATION/COUNTY

Kanawha

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



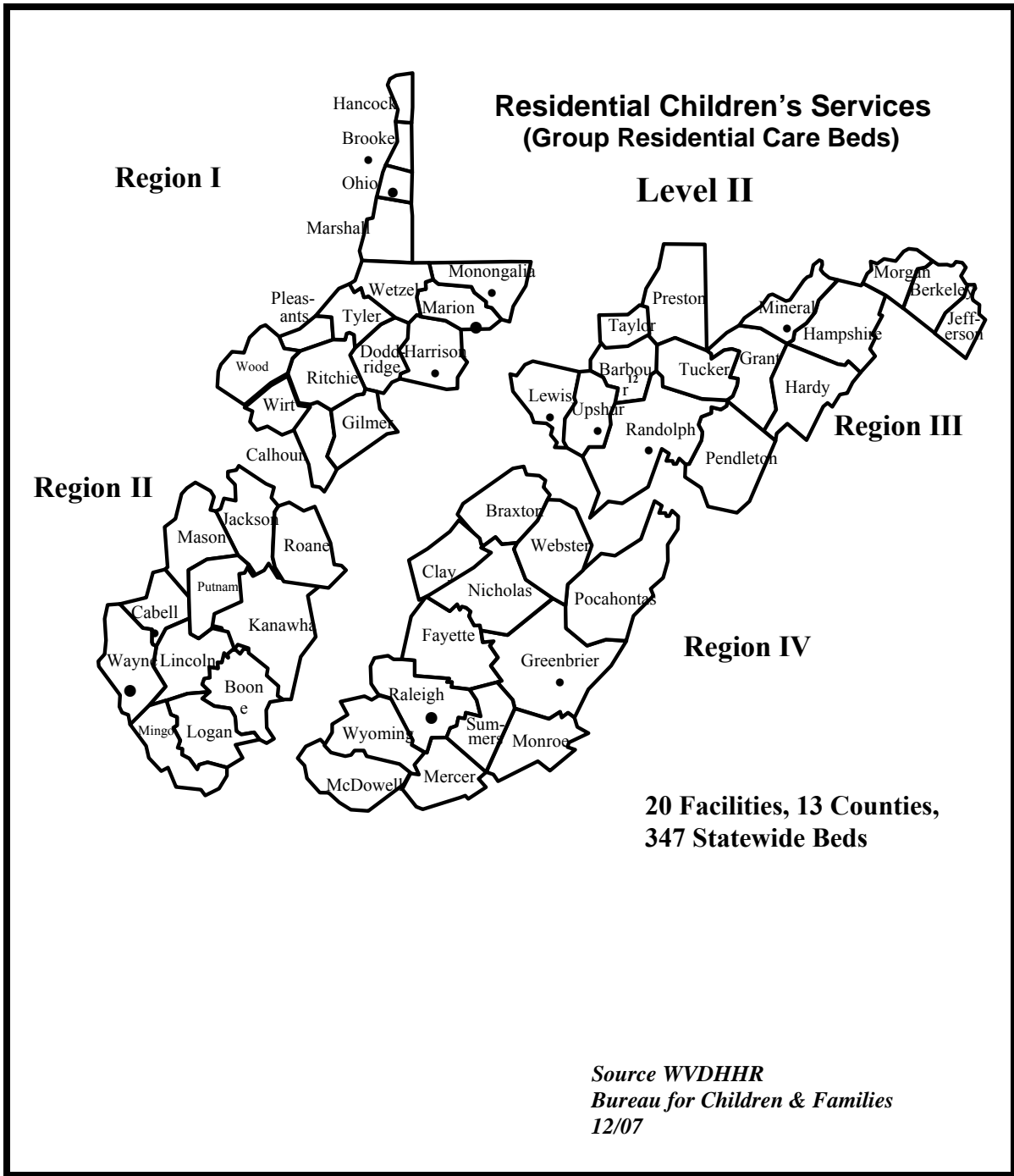
**RESIDENTIAL CHILDREN’S SERVICE – LEVEL I
(GROUP RESIDENTIAL CARE BEDS – LEVEL I)**

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 10 facilities with 82 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2006 – June 30, 2007) 62 youth were authorized for in Level I treatment. (*Information source APS Healthcare*)



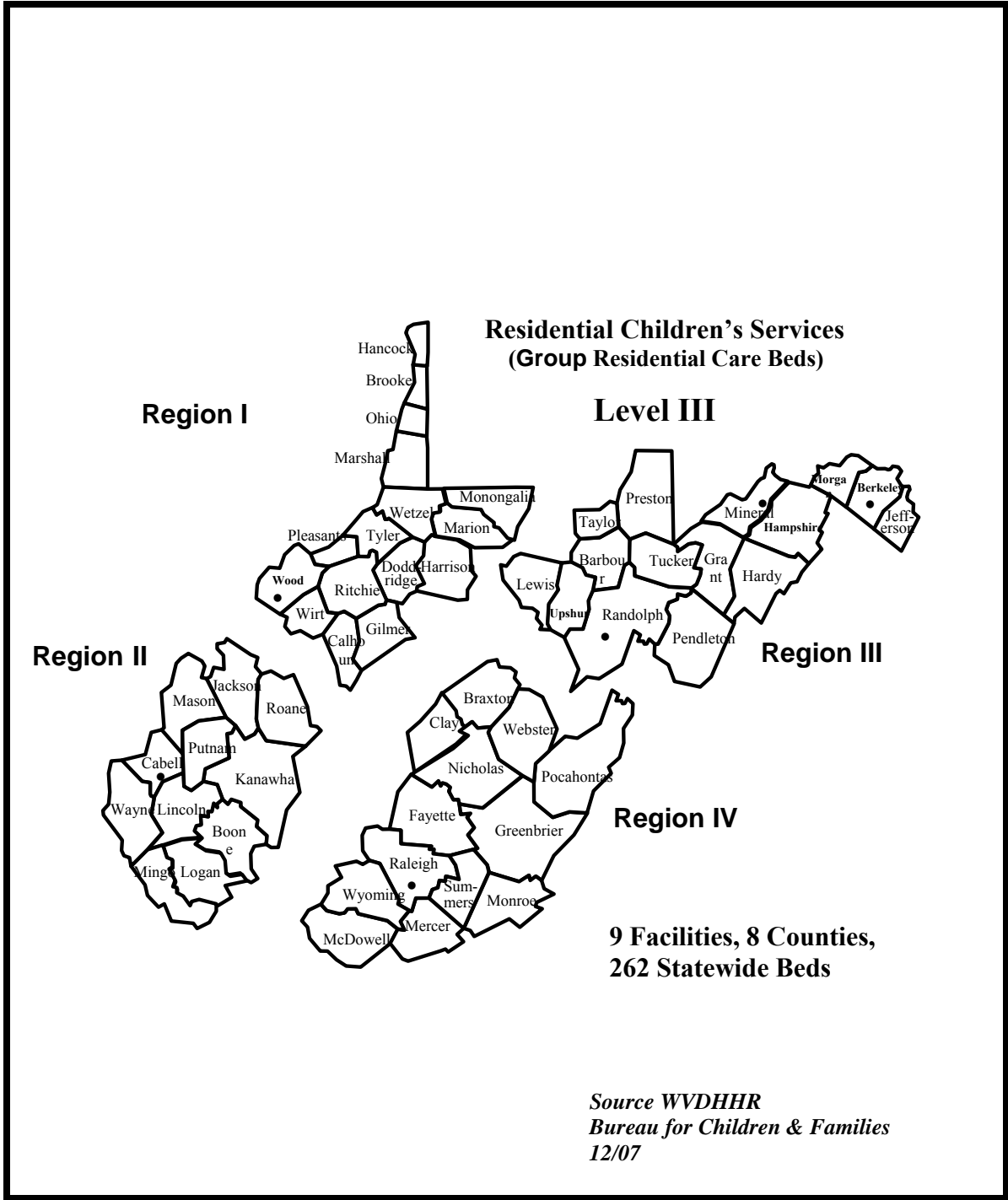
**RESIDENTIAL CHILDREN'S SERVICE – LEVEL II
(GROUP RESIDENTIAL CARE BEDS – LEVEL II)**

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
Pretera Center for Mental Health	Cabell
Stepping Stones, Inc.	Wayne
Burlington United Methodist Family Services, Inc.	Mineral, Raleigh
Elkins Mountain School	Randolph
Home Base, Inc.	Upshur, Lewis
Youth Academy	Marion
Davis Stuart	Greenbrier
West Virginia Children's Home	Randolph
Mountain Hope	Ohio

There are 20 facilities with 347 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2006 – June 30, 2007) 637 youth were authorized for Level II treatment. (*Information source APS Healthcare*)



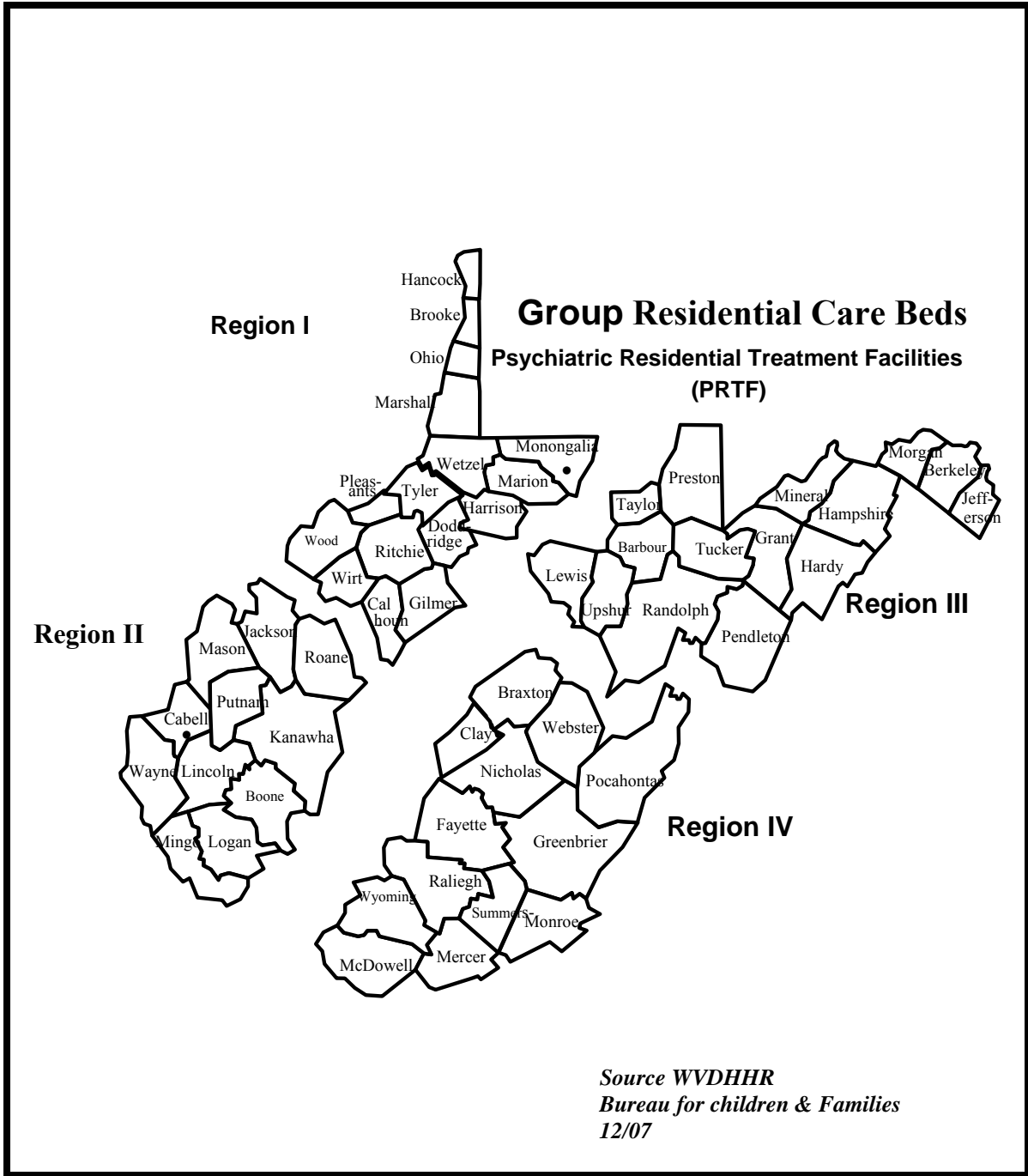
**RESIDENTIAL CHILDREN'S SERVICE – LEVEL III
(GROUP RESIDENTIAL CARE BEDS – LEVEL III)**

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
Mountain Hope	Ohio
Olympic Center	Preston

There are 9 facilities with 262 beds located in the four regions of the state. During the most recent fiscal year (July 1, 2006 – June 30, 2007) 546 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
Barboursville School
River Park Hospital**

**Monongalia
Cabell
Cabell**

There are three 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.

Youth Services Annual Report 2007

In 2006-2007, the Bureau continued the Socially Necessary Services program. During this period 9964 individuals and 7636 cases were served in the Youth Services options (received at least one service authorization in the period). The Bureau also entered into a change order with APS Healthcare to enhance the Socially Necessary Services program further. Additional services have been proposed and drafted for the program including the incorporation of Community Based Teams (CBT). Retrospective review of provider documentation of services was underway and technical assistance and training was provided to those providers with areas of deficiency. While progress continues with this program, continued provider recruitment and DHHR worker training need to occur.

In 2006-2007 the number of youth utilizing Crisis Support decreased from the previous year, despite increased utilization of CAPS Assessment (2006=1104) and 2007=1074). This may be attributable to a number of factors: 1) CAPS Assessment became available in the community in 2007; 2) Shelter authorizations were increased from 30 to 45 days for a single authorization period, and; 3) fewer youth utilized a second shelter authorization (additional 45 day stay).

In 2006-2007 the number of youth utilizing Residential Services (Level I, II, and III) decreased. There are several factors that may have influenced this decrease: 1) several residential providers discontinued service during the period (Time Out, Sugar Creek and Pine Valley); 2) there was a significant increase in the number of services and available service providers of Socially Necessary Services in the community, and; 3) providers were increasingly cognizant of medical necessity criteria and inappropriate referrals and admissions were reduced.

DHHR

Early Intervention/Family Support

Grants

FY 2007 Grant Awards

2007 Grant Tracking

Grantee's Name	Services	Grant Amount	Counties Served
Bartlett House, Inc.	Homeless	\$ 161,649.00	Monongalia, Taylor, Preston
Braley & Thompson	Youth Service Casework	\$ 834,006.00	Region II
Branches Domestic Violence Shelter	Domestic Violence	\$ 292,564.00	Cabell, Lincoln, Mason, Putnam, Wayne
Brooke Co. Commission	Juvenile Mediation	\$ 150,000.00	Hancock, Brooke, Ohio, Marshall, Wetzel and Tyler
Burlington - Region III	Youth Service Casework	\$ 155,696.00	Hampshire, Hardy, Preston, Grant, Pendleton
Burlington - Region IV	Youth Service Casework	\$ 203,431.00	Fayette, Raleigh
Cabell Co. Library	Homeless	\$ 59,323.00	Cabell, Wayne
Change, Inc.	Domestic Violence	\$ 182,589.00	Hancock, Brooke
Change, Inc. Reg. V	EITC	\$ 19,000.00	Brooke, Hancock, Ohio, Marshall
Children's Homes Society	Youth Service Casework	\$ 155,679.00	Greenbrier, Monroe, McDowell, Wyoming
Community Networks, Inc.	Homeless	\$ 202,847.00	Berkeley, Jefferson, Morgan
Criss Cross	Abuse Hotline APS - CPS	\$ 230,172.00	Statewide
Daymark, Inc.	Independent Living	\$ 100,000.00	Kanawha
Elkins Mountain School	Youth Service Casework	\$ 348,694.00	Randolph, Tucker, Lewis, Upshur, Berkley, Jefferson, Morgan, Barbour, Taylor
Family Crisis Center, Inc.	Domestic Violence	\$ 208,111.00	Grant, Hampshire, Hardy, Mineral, Pendleton
Family Crisis Intervention Center	Domestic Violence	\$ 309,803.00	Calhoun, Gilmer, Jackson, Pleasants, Ritchie, Doddridge, Roane, Tyler, Wirt, Wood
Family Refuge Center	Domestic Violence	\$ 246,309.00	Greenbrier, Monroe, Pocahontas
Family Service of Kanawha Valley	Children's Justice	\$ 127,078.00	Statewide
Greater Wheeling Coalition	Homeless	\$ 81,036.00	Marshall, Ohio
HRDF, INC.	Job Skills for Independent Foster Youth	\$ 330,815.00	Region I, II, III, IV
Legal Aid of WV	Domestic Violence - Legal	\$ 498,712.00	Statewide
Mountain Heart Community Services, Inc. Reg. III	TANF - EITC	\$ 37,000.00	Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicolas, Pocahontas, Raleigh, Summers, Summers, Webster, Wyoming
Mountain Heart Community Services, Inc. Reg. VII	TANF - EITC	\$ 32,000.00	Jefferson, Berkeley, Morgan, Hampshire, Hardy, Mineral, Grant, Pendleton
NCWVCAA-Randolph Co.	Homeless	\$ 72,294.00	Lewis, Randolph, Tucker, Upshur, Barbour, Taylor

Grantee's Name	Services	Grant Amount	Counties Served
NCWVCAA-Scott Place	Homeless	\$ 118,554.00	Doddridge, Harrison, Marion
North Central WV Community Action Association, Inc.	TANF - EITC	\$ 48,500.00	Barbour, Berkeley, Braxton, Grant, Greenbrier, Hampshire, Hardy, Harrison, Jefferson, Lewis, Marion, Mineral, Monongalia, Morgan, Pendleton, Pocahontas, Preston, Randolph, Taylor, Tucker, Upshur, Webster
Pressley Ridge	Youth Service Casework	\$ 288,823.00	Mercer, Nicolas, Webster, Braxton, Clay, Fayette, Raleigh, Pocahontas, Summers
Prosecuting Attorneys	Drug Endangerment Task Force	\$ 30,000.00	Statewide
Rape & Domestic Violence Info. Center	Domestic Violence	\$ 254,557.00	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)	FSE&T Grants	\$ 123,531.00	Kanawha
Roark Sullivan Lifeway Center	Homeless	\$ 131,389.00	Kanawha, Clay
Shenandoah Women's Center, Inc.	Domestic Violence	\$ 250,573.00	Berkeley, Jefferson, Morgan
South Western WV Reg. II (WIB II)	FSE&T Grants	\$ 202,702.00	Cabell, Putnam, Lincoln, Wayne, Logan, Boone, Mingo, Logan
South Western WV Region WIB II	TANF Job Skills Training-EXCEL	\$ 484,554.00	Cabell, Putnam, Lincoln, Wayne, Logan, Boone, Mingo, Logan
Step By Step	Family Leadership First	\$ 53,000.00	Statewide
Stop Abusive Family Environments, Inc. (SAFE)	Domestic Violence	\$ 279,218.00	McDowell, Mercer, Wyoming
SWCAC - Mason Co.	Homeless	\$ 85,614.00	Mason, Jackson, Roane
Task Force on Domestic Violence, HOPE, Inc.	Domestic Violence	\$ 267,748.00	Doddridge, Harrison, Marion, Lewis, Gilmer
TEAM for WV Children	Healthy Families America	\$ 395,000.00	Cabell Wayne
Tug Valley Recovery Shelter	Domestic Violence	\$ 206,944.00	Logan, Mingo
United Way of Central WV	TANF - EITC	\$ 43,000.00	Kanawha, Boone, Clay, Putnam, Logan, Mingo
United Way of The River Cities	TANF - EITC	\$ 22,500.00	Cabell, Wayne, Mason, Lincoln & Lawrence Co. Ohio
WIB IV (Workforce Investment Board Reg. IV)	FSE&T Grants	\$ 76,013.00	Pleasants, Wood, Ritchie, Wirt, Jackson, Mason, Roane, Clay, Calhoun
WIB V (Northern Panhandle Workforce Invest. Board)	FSE&T Grants	\$ 38,006.00	Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler
WIB VI (WV Reg. VI Workforce Investment Board)	FSE&T Grants	\$ 275,715.00	Monongalia, Marion, Preston, Taylor, Harrison, Doddridge, Barbour Tucker, Randolph, Upshur, Lewis, Braxton, Gilmer
WIB VII (Region 8 Planning & Dev.)	FSE&T Grants	\$ 114,020.00	Jefferson, Berkeley, Morgan, Hampshire, Mineral, Grant, Hardy, Pendleton

Grantee's Name	Services	Grant Amount	Counties Served
Women's Aid in Crisis	Domestic Violence	\$ 268,973.00	Barbour, Braxton, Randolph, Webster, Tucker, Upshur
Women's Resource Center	Domestic Violence	\$ 308,736.00	Fayette, Nicholas, Raleigh, Summers
WORK4WV REG. 1, INC (WIB I)	FSE&T Grants	\$ 235,654.00	Webster, Nicholas, Fayette, Raleigh, Wyoming, McDowell, Mercer, Summers, Monroe, Greenbrier, Pocahontas
WV Coalition Against Domestic Violence	Domestic Violence Legal	\$ 40,000.00	Statewide
WV Coalition Against Domestic Violence/LBD	Domestic Violence LBD	\$ 76,258.00	Statewide
WV Division of Rehabilitation Services	Voc. Assessment (WV Works)	\$ 185,592.00	Statewide
WV Welfare Reform Coalition	TANF - EITC	\$ 75,000.00	Statewide
WVU Research Corp	Independent Living-Chaffee	\$ 361,440.00	Statewide
WVU Research Corp	Healthy Marriage	\$ 350,000.00	Statewide
Youth Service System	Job Skills for Independent Foster Youth	\$ 30,296.00	Brooke, Hancock, Ohio, Marshall, Wetzel Tyler
Youth Service System	Youth Service Casework	\$ 508,682.00	Region I
YWCA Family Violence-Wheeling FVPP	Domestic Violence	\$ 272,554.00	Ohio, Marshall, Wetzel
YWCA Resolve Family Abuse Program	Domestic Violence	\$ 312,674.00	Boone, Clay, Kanawha
YWCA Sojourners	Homeless	\$ 170,466.00	Boone, Clay, Kanawha