

**West Virginia
Department of Health and Human Resources
Bureau for Children and Families**



Strategic Plan

***Reduction of Dependence on
Out-of-State Placement of Youth***

**Update:
May 2005**

Reduction of Dependence on Out-of-State Placement of Youth Two Year Strategic Plan

Update: May 2005

The Department of Health and Human Resources developed a strategic plan in July of 2004 that contained specific plans and time frames to reduce the reliance on out-of-state resources for our children and youth. The following pages represent the progress and effectiveness of each entity in a collaborative effort to fulfill our mission.

WV OOS Strategic Plan

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 containing specific strategies and time frames for reducing the number of children placed out of state for treatment purposes. An executive committee was established with representative and stakeholders currently serving our children and families. The executive committee established parameters that included:

- Decisions will be made based on what is in the best interest of the children being served that meet individualized needs and best practice through evidence based approaches.
- The plan is a "working" document, with continuous monitoring as it relates to the effectiveness of what is implemented in practice.
- Planned reviews by direct practitioners, systems analysts and the involvement of children and families will take place throughout the two years.
- Reviews of national trends that concentrate on community based, child centered, family focused program models will occur.
- A definition of out-of-state placements in relationship to the border counties was established.
 - Community based refers to a facility, program or service located within fifty miles radius of the youth's home or family/involves community participation in planning

The executive committee established three subcommittees, **Multi-Disciplinary Team**, **Service Development**, and a **Training Task Team**. The subcommittee's findings and progress are documented in the following pages.

WV OOS Strategic Plan

MDT Task Team:

- Increase the cooperation between service providers
- Collaborate with other planning efforts as it relates to early intervention/prevention resources, clinical capacity, other resource development
- Improve the appropriate placement of youth by implementing protocols that provide for the oversight and clinical review of all out-of-state placements.
- MDT issues. Explore all available modes of multi-disciplinary planning that are based on family centered practice and utilize these models to further refine the WV MDT process.

Findings:

We found several barriers in our assessment of the MDT process; however, they all appear to have one primary root cause, a real lack of understanding of what an MDT is.

Meetings by a variety of professionals and paraprofessionals are being conducted statewide that are being called MDTs. There does not appear to be any consistency in the meeting dates, times, participants, documentation, or the outcomes. The use of the word MDT appears to be widely misused by state agencies, private providers, and our judicial system. The expectations of the MDT appear to also vary amongst these three groups.

The lack of understanding of the MDT and the process is paramount due to the weight given to the decision or the outcomes of the MDT. The concurrent MDT practice will likely continue due to the lack of understanding and oversight.

With the variety of meetings being conducted by the variety of individuals, there appears to be little to no oversight of these meetings. The question of course is who is accountable and to whom are these groups accountable? Who can or should establish the MDT in an area?

These are just a few questions that must be answered. Once they are answered, an action plan must be put in place to address state agencies, private providers and our judicial system. It must also address concurrent practice and oversight.

Service Development Task Team:

- Develop and analyze a provider survey to identify current capacity, needs, gaps, and barriers in the WV service system
- Make the necessary changes to the Certificate of Need 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.
- Improve Discharge Planning for youth in Out of State Placements. Replicate models such as Community Based Team that provide for at least 30 days pre-reunification to both youth and their family to ensure a positive transition back to West Virginia. Define, in writing, protocols that define the difference between behavioral and TX issues that can be addressed in-state versus those that necessitate the child MUST remain out of state. Goal is to prevent youth lingering OOS when in state treatment alternatives are available to meet their needs. Train the courts, MDT's, DHHR Field Workers, etc. on these protocols
- Based on actual data, analysis of the needs of youth traditionally necessitating OOS Placement to ensure for an adequate number and availability of Foster Homes, Residential, Step Down and Outpatient capacity with both the willingness and expertise to care for Sexually Reactive, Sex Offending and/or Co-Occurring Youth, as well as other high need youth who traditionally have been sent OOS for treatment. Utilize provider survey results of barriers to provide for the necessary regulatory, funding, policy changes, and cross agency collaboration to make this increase in services possible.
- Develop a model of Mobile Crisis Response, Crisis Respite, and Community Stabilization to ensure the ability to meet these kids' needs, while preventing unnecessary hospitalization and multiple Residential and Foster Care Moves. This can be best accomplished by developing a model, providing for uniform training and researching other States efforts such as New Jersey, Tennessee, Florida and Wisconsin.

PROGRESS:

- Formation of a 23 member cross agency team representative of providers, multi-discipline public agency representatives, families, and the legislature.
- Development of a one year work plan with detailed strategies, timelines and responsibilities to implement the service delivery/development objectives of the West Virginia Strategic Plan to Reduce Over Reliance on Out of State Placements.
- Development, distribution and follow-up of a survey to assess current service capacity, as well as the provider communities' willingness to

expand, and or reconfigure their current services. This survey was also designed to gather information as to systemic barriers as to such expansion/reconfiguration.

- Service Delivery/Development Task Team dialogue with representatives of the Expedited Certificate of Need Process. This dialogue led to a better understanding of the specific areas targeted for change as well as the formation of a specific task team to further define needed reform to the Certificate of Need Process.
- Presentation by DHHR MDT Policy representative for the Service Delivery/Development Task Team. This presentation was very informative and will provide much needed background and understanding of the MDT process as the team implements the one year work plan. Current policy and statute requirements were provided.
- Development of a process flow chart to visually detail the assessment and planning process for both youth going out of state as well as returning.
- Development of draft questionnaire to guide DHHR workers when interacting with out of state facilities in evaluating a youth's readiness for return to the West Virginia Service System.
- Development of a Service Delivery/Development Task Team Charter which includes the teams charge, the problem statement and the case.

Training Task Team:

- Train clinical staff to work with youth on sexual reactive problems.
- Explore possibility, cost, resources and logistics of certifying a minimum of five Sex Offender Treatment Specialists per region in order to provide local community based expertise and resources.
- Contract with designated Sex Offender Treatment Specialists, Co-occurring trained individuals, and local sex offender and Substance Abuse Treatment facilities to provide the necessary training, consultation and support to local providers to provide clinical expertise to ensure that there are enough qualified clinicians to participate in MDT's, treatment planning and interventions to target populations.
- Train clinical staff to work with youth with substance abuse and co-occurring disorders.
- Contract with designated co-occurring trained individuals, and local substance abuse treatment facilities to provide the necessary training, consultation and support to local providers to provide clinical expertise to ensure that there are enough qualified clinicians to participate in MDT's, treatment planning and interventions to target populations

Progress:

- Identified known community based providers who currently provide services for sexually reactive youth.
- Met with Marshall University Counseling Department. to explore possibility of establishing training and certification program for clinicians.
- Contact ATSA (Association of Treatment of Sexual Abusers) to determine possibility of certification/approval of academic program
- Identified training needs of families with regard to sexually reactive youth and other areas of need.
- Build upon OBHS 3-year plan and existing efforts for building community clinical capacity:
- Four separate statewide training initiatives over the past 1-1/2 years
- OBHS currently has materials and videos available for community providers
- Identified known community based providers who currently provide services for sexually reactive youth

CAPS Achievements

The Comprehensive Assessment and Planning System (CAPS) for Youth Services was implemented statewide July 1, 2004 as the Department's response to *49-5D-3(a) 2 of the WV Code* which states treatment teams shall assess, plan and implement a comprehensive, individualized service plan for children in our care or potentially in our care. In developing an individualized service plan for a child, the Department must establish a uniform comprehensive assessment of the child. Chapter 49 mandates the Department to adopt a standard uniform comprehensive assessment instrument or protocol to be used by treatment teams, therefore the implementation of CAPS.

- The Youth Services program serves children and youth at risk of being or currently involved with the legal system due to status offense behaviors and/or delinquent offenses.
- CAPS focuses on those recipients who are demonstrating safety concerns for themselves and the community putting them at risk of out of home placement.
- 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 their 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 in depth standardized assessment of the youth as well as the family's needs for both behavioral health treatment and social interventions.
- This project is a combination of Medicaid and social service funding.
- It is also a collaborative effort with the Department and Licensed Behavioral Health Providers within the state.

The CAPS initiative's primary focus has been on the Youth Service population;

- Alleged status offenders
- Alleged juvenile offenders
- Children at risk of becoming alleged status offenders or juvenile delinquents
- Disrupted Child Protective Service Cases can be referred for assessments and recommendations.

To date, according to FACTS' reports over 160 CAPS assessments have been completed in twelve different counties since statewide implementation of the process in July.

- The new assessment process for Youth Services has met with mixed reviews from across our state
- As expected, implementation of CAPS has met with some resistance in some districts while others have embraced the process; clearly understanding the benefits to the family and community.
- A troubleshooting committee meets monthly to address ongoing issues with the new program.

Socially Necessary Services Achievements

In combination with the CAPS Program, the Department implemented the provision of Socially Necessary Services July 1st, 2004. An agreed upon transition period was granted from 7/1/04 to 9/30/04 in order to allow a smooth transition to the new program.

- Data on Socially Necessary Services indicate almost five thousand (5,000) services have been authorized as of 1/30/2005 resulting in 2228 individuals receiving services representing 1820 cases.
- As with the CAPS initiative, ASO has a regularly scheduled meeting with representation of the Department, providers and APS Healthcare:
 - To receive updates from the field and providers
 - To address concerns from Department workers, providers, and families that are involved in the process
 - To plan for future enhancement of the process

Statewide CBT Achievements

Another initiative in cooperation with the Department is CBT or Community Based Team.

Agency data:

- 109 individuals trained and certified in the CBT Model
- Finalized CBT Program Policy and Procedures Manual
- 16 Partner Agencies have joined the Community Based Team
- Purchased Training Materials and Developed Core Curriculum to provide for four CBT Trainer of Trainers per Region for a potential of 16 Trainers of trainers.
- Partnership with a formal Clinical Assessment Team: Region IV Kids and Region II Kids Care.
- Established CBT Regional Planning Team that meets monthly in Region I, II, and IV.
- Development of Integrated Service Coordinator, Youth Advocate and Family Consultant Training Module and Responsibility Matrix to standardize CBT Model Implementation across agencies.
- Put into practice a formatted Family Team Meeting that places a special emphasis on sharing available information, current documentation from professionals as well as planning for the client's independence from assistance.
- Revolving Discharge dates Fidelity Wraparound Model.
- Implementation of a 20 person statewide representative CBT Oversight Team

Client data:

Region I CBT

- 2 Returned (to date)
- 1 Prevented (to date)
- 10 Returned (projected)
- 1 Prevented (projected)

Region II CBT

- 9 youth returned from Out of State Placements (5 youth pending return to West Virginia in May and June)
- 8 youth prevented from Out of State Placements
- 22 total youth returned/prevented from Out of State Placements

Region IV CBT

- 3 youth prevented from Out-of-State Placements

MSFA Achievements

- **Expanding Community Services and Supports**
 - Intensive Care Coordination (Case management)
 - Non-traditional Mental Health Services & Supports
 - Children's Respite
 - Parent-to-Parent Support & Information
 - Start-up funding for projects such as intensive outpatient & specialized residential capacity, Bringing Children Home (Alliance for Children), Community Based Teams (Stepping Stones/Kids First Network), specialized foster care recruitment, and other initiatives through a variety of collaborating provider agencies
- **Reduction in Relinquishment of Custody to Receive Services**
 - 96% of those children served by MSFA who were in parental custody remained in their parents' custody after one year.
 - More than 90% of children in the Intensive Care Coordination (ICC) Program were able to remain with the same caregiver after 1 year.
- **Improving School Attendance, Performance & Behavior**
 - From intake to the 6-month follow-up, 50% of MSFA children improved grades or maintained an "A" or "B" average.

- 80% decreased the number of unexcused absences from school after six months.
 - 92% had an overall decrease in suspensions (in-school or out-of-school) after six months.
- **Decreasing Caregiver Stress & Improving Family Functioning**
 - 95% of MSFA caregivers reported either a decrease or remained stable in their overall stress level that is directly related to the caring of the child with emotional or behavioral needs.
 - 86% caregivers report that the family functioning (communication, interaction, and ability to work together) remained stable or improved after one year.
- **Improved Behavioral & Emotional Well-being**
 - 89.7% of the children reported stable or improved behavior and emotional changes after 6 months.
 - 90% reported stabilized or improved behaviors and emotions
 - After being in the Mountain State Family Alliance Project for 6 months, 76.7% of the children reported stabilized or improved strengths. After being in the project for 1 year, 83.1% reported stabilized or improved strengths.
- **Reduced Utilization of Hospital and Residential Placements**
 - 39.2% of Children in the WV System of Care had a history of psychiatric hospitalizations at intake, higher than the national norm (36%).
 - By the second 6 months in the system of care, the percentage of children placed in psychiatric hospitalization went from 6.5% to zero
 - By the second 6 months in the system of care, the percentage of children placed in residential treatment went from 3.2% to zero.
- **Reducing the Number of Children Placed Out of State**
 - Given statewide estimates of 400 children out of state at any given time, only about one in eight children placed out of state is from Region 2, despite its comprising one-third of the state's population.
 - Since MSFA's inception in 1999, more than 250 youth from Region 2 have been prevented from out-of-state placement (including youth in state's custody as well as children who remained in the custody of their parents).

Behavioral Health Achievements

The Bureau for Behavior Health and Health Facilities is currently working on their three-year plan to improve children's mental health and substance abuse services. The Division of Children's Mental Health is directed to establish and expand an organized community-based system of care for children with serious emotional disturbances. The division funded the following services to achieve this mandate:

- School-Based Mental Health Centers in 25 schools with 16 counselors
- Statewide Parent Support/Education/Advocacy through MSP-CAN
- Homeless Outreach through WV Association of Homelessness.
- Respite Projects through Alliance for Children, Inc.; Barbour County Health Department; Monongalia Co. Youth Service Center
- Transitional Projects through Golden Girls, Inc.; MSP-CAN; Region IV Children's Summit; Youth Services System, Inc.
- Mentoring Project through Children's Home Society of WV; Minnie Hamilton Health Care Center; Step-by Step; Valley Health Care Center; Youth Services System, Inc.
- Co-occurring – Mental Illness and Substance Abuse Intensive Outpatient Program (IOP) through Appalachian Community Mental Health Center
- Suicide Prevention through Valley HealthCare System

The Division on Alcoholism and Drug Abuse (DADA) assists in many programs.

- DADA has partially funded Cedar Ridge (girls) and Viewpoint (boys) Residential programs. Each of the programs has the capacity to treat five adolescents per site.
 - Viewpoint is located in Cross Lanes, WV and is available to any adolescent throughout the state.
 - Cedar Ridge is located in Barboursville, WV and is open statewide.
- DADA also funds numerous co-occurring IOPS (Intensive Out-patient Services) throughout the state. There was a year-long DADA supported training for treatment of co-occurring individuals.
- DADA also is sponsoring the certification training for the sexual reactive adolescents that are being placed out of state. This training should take place sometime in July.
- DADA also recognizes that there needs to be a continuum of care for individuals.
- DADA is the primary funding source for the Prevention Resource Center (PRC) whose major responsibility is to provide an infrastructure for prevention activities as it relates to substance abuse/misuse.
- DADA also has funded "WRAP-Teams" in Logan/Mingo counties, Putnam County and McDowell County.

- The primary goal for the “teams” is to provide intensive intervention in the community and to assist the families to learn to advocate for themselves.
- The WRAP-teams have adopted the system of care philosophy and applied it to the adolescents and their families that are “at-risk”.

The Division of Mental Retardation and currently contracts with two agencies, Potomac Center and the EYES project, to provide crisis respite services for children with developmental disabilities. These children may also have a co-existing condition of mental illness or substance abuse.

- The Potomac Center has a 3 bed crisis respite house on the grounds of the Potomac Center located in Romney. They serve children ages six through seventeen.
- Potomac Center also has 2 three bed houses, one in Hampshire County and one in Hardy County, that provide routine respite to both children and adults through waiver or personal care services. These beds are not for individuals in crisis. Specialized Family Care may also be an option for those children in need of placement or in need of routine or crisis respite through waiver or personal care services.
- The EYES Project, Exceptional Youth Emergency Shelter, is a collaborative effort between Children's Home Society, Pretera Center for Mental Health Services, and Braley and Thompson that currently has a three bed crisis respite house located in Beckley. They serve children ages seven (7) through seventeen (17). The EYES Project will be opening a second crisis respite house in Huntington in the very near future.

OBHS contracts with The Center for Excellence and Disabilities (CED) to provide both Crisis Services and Positive Behaviors Support Services for children and adults.

- The Crisis Services are time-limited consultations designed to assist interdisciplinary teams in stabilizing the behavior of children who are in crisis.
- After stabilization, Positive Behavior Support (PBS) services and trainings are available to assist the team in supporting the child.
- The PBS project provides training in positive behavior support, futures planning and other issues related to developmental disabilities and team building.

State Incentive Grant

The State of West Virginia was awarded more than 11 million dollars for community-based prevention. The five year Strategic Prevention Framework State Incentive Grant (SPFSIG) is intended to prevent substance abuse and reduce substance-related problems in communities. The grant provides:

- Funding to build prevention capacity
- Infrastructure at the state and local levels
- Early intervention services

The SPF SIG grant will distribute approximately two million each year with 85% of the funds earmarked for community sub-grantees in developing and delivering prevention activities. The SPF SIG will also fund:

- Collection and analysis of data of population needs, resources and readiness to address needs and gaps in services
- The building of teams of already existing prevention specialist to facilitate professional development and activity coordination
- The expansion of annual Share The Vision prevention conference which provides training and networking opportunities
- The expansion of computer and technology training
- Resources for youth leadership development

As a result of the SIG grant, West Virginia formed the Partnership to Promote Community Well-Being which consists of state and community entities for the sake of community well-being. West Virginia's long-term goal is to prevent substance use, misuse and abuse by supporting the development of a comprehensive continuum of care for children and family services.

Grant Achievements

The Alliance for Children, Inc. is working to secure timely and appropriate placements for children in the Child Welfare system via the C.A.R.E. Project. The project has been made possible through a grant from the Claude Worthington-Benedum Foundation. The C.A.R.E. Project utilizes technology, staff, and collaboration in order to improve the Child Welfare system.

Technology:

- Operates a "real-time" inventory of partner and affiliate resources that are available 24 hours/day, seven days a week, 365 days per year.
- Is expanding the information available on-line to include a broad directory of resources related to Child Welfare.
- Staff

Employs a Regional Access Coordinator, or placement specialist, in each region to assist DHHR workers in locating specific services and/or treatment.

C.A.R.E. Project

- All 55 counties have utilized the C.A.R.E. Project, and more than 250 children have been placed.
- More than 25 children have returned to West Virginia with the assistance of a Regional Access Coordinator.

Collaboration:

- Has collaborated with the Child Welfare community to expand foster care in West Virginia, to strengthen the Foster-Adoptive Parent Association, and to publish a Foster Care Handbook for youth in the system.
- Recently secured funding for a second printing of the handbook.
- Operationalized a **Special Case Team** of affiliate agencies to problem-solve cases to prevent children from going into out-state placement.

PIP Achievements

West Virginia's Program Improvement Plan includes activities aimed at maintaining children in their own home. West Virginia's current Program Improvement Plan does not directly address children being placed out of state.

However:

- Efforts to maintain children in their own homes
- Efforts around preserving connections
- Emphasis on the MDT process will impact the percentage of children recommended for out of state placement.

The following is a list of activities, either implemented or being proposed, by West Virginia as a part of our Program Improvement Plan to maintain children in their own homes:

- A competency based system for certification and classification of CPS workers and Supervisors.
- Coordination and expansion of existing community collaborative and partnerships to identify and address service needs on the local level.
- A position within the Bureau of Children and Families was created to coordinate these efforts and work with people on the state, regional, and local level.
- Partnering with other state agencies to provide better services to the families of West Virginia through coordinated and collaborative efforts.
- Statewide training on cross disciplinary model for domestic violence; utilizing Child Victimization Domestic Violence Policy and Study Group for altering BCF casework model in CPS to effectively respond to domestic violence.

- Working in collaboration with the National Resource Center to redesign the CPS system. The front end of the redesign will focus on appropriately identifying safety and providing appropriate responses.
- West Virginia has implemented a Quality Assurance review system. This review process includes on-site reviews modeled after the Child and Family Services Reviews (CFSR), corrective action plans, and the establishment of quality councils to monitor the corrective action plans.
- Expand the capacity to meet the needs of children by increasing the number of specialized foster/adoptive beds by 10%. A statewide recruitment effort was implemented and was successful at adding new beds to meet the needs of some of West Virginia's special needs children.
- Has implemented Journey Placement notebooks which travel with the child and provide an inclusive look at the child's history (social, educational, and medical). The Journey Placement notebook should impact the MDT as it should provide the history of previous MDT recommendations.
- Has implemented a Preserving Connections training which stresses the importance of children being able to remain in their communities and/or maintain contact with things important to them.
- Increase the support of foster parents by expanding Foster Parent Associations, PRIDE training implemented statewide, and including foster parents in the MDT process.
- Community Services Managers are conducting meetings with judges as needed to address judicial needs or concerns in their districts.

Data Related to the Placement of Youth Out-of-State

Shared data sources between the Department and its contracted agencies has assisted in being able to delineate trends for those being placed in out of state Psychiatric Residential Treatment Facilities. The data was reviewed with a ***point-in-time analysis*** reflective of those children/youth in out of state placements excluding foster care, trial adoption and kinship care as of March 31, 2004 and again October 31, 2004.

There were sixty (60) youth being served in Psychiatric Residential Treatment Facilities (PRTFs) out of state **March 31, 2004**. These facilities accept West Virginia Medicaid and require authorization through WVMI.

Within the sample:

- Twenty-five (25) children/youth of the sixty (60) were identified with sexually reactive/offending behaviors.
- Six (6) out of (60) were under the age of 13
- Seven (7) out of (60) had deficits in mental functioning.
- Twenty-one (21) of the sixty (60) are under the age of thirteen.

- Eighteen(18) of the sixty (60) children/youth were reported as Borderline Intellectual Functioning or a diagnosis of Mental Retardation (at various severities)
- Six (6) members of the sample identified substance abuse as an issue
- One (1) youth of sixty (60) children in the sample was identified as a fire starter.

Data for **October 2004** remains essentially the same. There were eighty (80) youth being served in Psychiatric Residential Treatment Facilities (PRTFs) out of state. Within the sample for October 2004:

- Thirty-one (31) of the eighty (80) were identified with sexually reactive/offending behaviors.
- Five (5) of the eighty (80) children identified with sexually reactive behaviors were under age 13.
- Two (2) of that number had impaired mental functioning.
- Twenty four (24) of the 80 children were under the age of 13.
- Borderline Intellectual Functioning or a diagnosis of Mental Retardation (at various severities) were noted again in eighteen (18) of the eighty (80) children/youth in the sample.
- Substance abuse issues were noted in seven (7) of the 80 children/youth.
- Two (2) children/youth were noted to have fire starting behaviors.

The following data is a comparison of two ***point-in-time analyses*** of out of state residential placements. The first analysis targeted a date of 3/31/04 and was presented in the Strategic Plan during last year's legislative session. The second point in time analysis' target date is 10/31/04. The data consists of out of state Residential I, II and III programs, Non-Clinical Alternative Placements and those youth in out of state WV Medicaid facilities (PRTFs) who have been decertified (no-longer meeting medical necessity) but remain in placement. The following are points of interest:

- Males continue to be the majority of those placed in these facilities
- Adjudicated Delinquents remain the most frequently reported legal status of those placed out of state.
- Diagnostic issues remain fairly stable as to populations out of state
- The data is derived from the FREDI Report produced from sample data resident in FACTS as of 10/31/04.
- Children placed in PRTF's on the FREDI dated 10/31/04, but the
- There are approximately 41 children placed in PRTF's but listed in "Group Residential Care" on the FREDI Report. Children placed in PRTF's on the

FREDI dated 10/31/04, but the placement type is noted at "Group Residential Care" are not counted. Placement documentation errors are being corrected within the FACTS system.

<i>Gender</i>	March 2004	October 2004
Male	83%	77%
Female	17%	23%

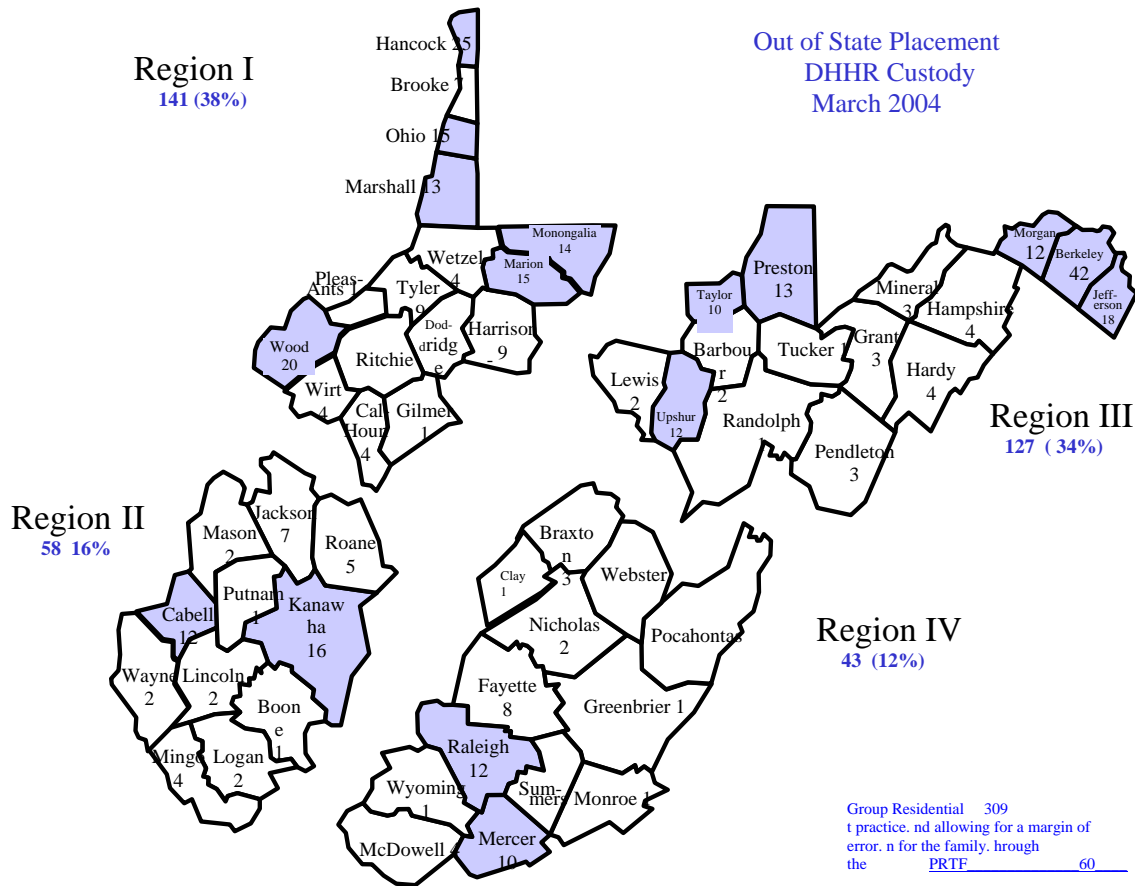
<i>Age in Years</i>	March 2004	October 2004
Less than 10	Less than 1%	Less than 1%
10-12	7%	13%
13-15	47%	38%
16-18	46%	47%
19+	Less than 1%	1%

Reported Legal Status	March 2004	October 2004
Adjudicated Delinquent	67%	46%
Adjudicated Status Offender	5%	12%
Dependent	15%	16%
Non-Adjudicated Delinquent/Status Offenders	9%	21%
No Legal Problems	5%	5%

Diagnostic Issues	March 2004	October 2004
Substance Abuse/Use	37%	28%
Sexual Offender/Reactive	7%	8%
Non-Clinical	16%	17%

The following charts represent the counties that have ten or more youth placed out of state. This data is based on the FREDI reports produced monthly by FACTS. Highlighted counties do not appear in both data samples.

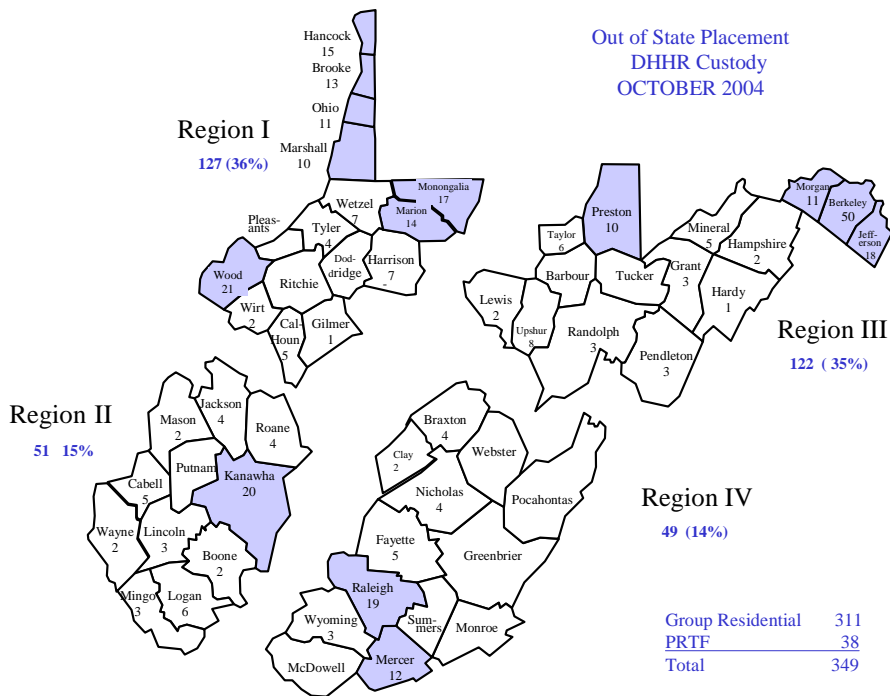
March 2004	Number	October 2004	Number
Berkeley	42	Berkeley	50
Hancock	25	Hancock	15
Wood	20	Wood	21
Jefferson	18	Jefferson	18
Kanawha	17	Kanawha	20
Marion	15	Marion	14
Ohio	15	Ohio	11
Monongalia	14	Monongalia	17
Marshall	13	Marshall	10
Preston	12	Preston	10
Morgan	12	Morgan	11
Upshur	12		
Raleigh	12	Raleigh	19
Cabell	12		
Mercer	10	Mercer	12
Taylor	10	Brooke	13



Out of State Placement
DHHR Custody
March 2004

Group Residential	309
Private Practice	360
PRTF	60

Total 360
These maps represent the distribution of youth out of state for all regions. Those with ten or more are denoted with blue.



Out of State Placement
DHHR Custody
OCTOBER 2004

Group Residential	311
PRTF	38
Total	349

Data from the Bureau for Children and Families FACTS reflects that in March, 2004, a total of 369 children were in out of state placements (excluding foster family care, trial adoptions and kinship care). Data for October 2004, indicates 349 children were in out-of-state placements (excluding foster family care, trial adoptions and kinship care).

The chart below represents the percentages of children in out-of-state placements by region.

Region	March 2004	October 2004
I	38%	36%
II	16%	15%
III	34%	35%
IV	12%	14%

March 2004

	All 0-9 Population: Total	All 10 to 17 Population: Total	All 0 to 17 Population: Total	DHHR Custody Caseload 3/31/04	% of Population	Out-of- State 3/31/04	% of Caseload
WV	213367	187774	401141	3298	0.82%	369	11.19%
Barbour	1826	1758	3584	52	1.45%	2	3.85%
Berkeley	10532	8880	19412	157	0.81%	42	26.75%
Boone	3289	2648	5937	38	0.64%	1	2.63%
Braxton	1685	1638	3323	31	0.93%	3	9.68%
Brooke	2739	2452	5191	23	0.44%	7	30.43%
Cabell	10621	8596	19217	211	1.10%	12	5.69%
Calhoun	866	821	1687	24	1.42%	4	16.67%
Clay	1404	1230	2634	48	1.82%	1	2.08%
Doddridge	867	1012	1879	4	0.21%	9	225.00%
Fayette	5540	4775	10315	66	0.64%	8	12.12%
Gilmer	757	692	1449	11	0.76%	1	9.09%
Grant	1393	1168	2561	16	0.62%	3	18.75%
Greenbrier	3813	3606	7419	63	0.85%	1	1.59%
Hampshire	2752	2281	5033	52	1.03%	4	7.69%
Hancock	3676	3166	6842	40	0.58%	25	62.50%
Hardy	1668	1294	2962	20	0.68%	4	20.00%
Harrison	8424	7407	15831	66	0.42%	9	13.64%
Jackson	3609	3117	6726	44	0.65%	7	15.91%
Jefferson	5390	4530	9920	59	0.59%	18	30.51%
Kanawha	23025	19358	42383	232	0.55%	16	6.90%
Lewis	2093	1651	3744	50	1.34%	2	4.00%
Lincoln	2670	2498	5168	58	1.12%	2	3.45%
Logan	4479	3839	8318	77	0.93%	6	7.79%
McDowell	3140	3214	6354	56	0.88%	4	7.14%
Marion	6026	5591	11617	135	1.16%	15	11.11%
Marshall	4333	3784	8117	73	0.90%	13	17.81%

	All 0-9 Population: Total	All 10 to 17 Population: Total	All 0 to 17 Population: Total	DHHR Custody Caseload 3/31/04	% of Population	Out-of- State 3/31/04	% of Caseload
Mason	3210	2660	5870	18	0.31%	2	11.11%
Mercer	7209	6059	13268	39	0.29%	10	25.64%
Mineral	3254	3076	6330	48	0.76%	3	6.25%
Mingo	3546	3306	6852	71	1.04%	4	5.63%
Monongalia	8111	6690	14801	98	0.66%	14	14.29%
Monroe	1473	1454	2927	10	0.34%	1	10.00%
Morgan	1897	1442	3339	25	0.75%	12	48.00%
Nicholas	2989	3202	6191	52	0.84%	2	3.85%
Ohio	5384	4712	10096	110	1.09%	15	13.64%
Pendleton	922	861	1783	12	0.67%	3	25.00%
Pleasants	978	822	1800	1	0.06%	1	100.00%
Pocahontas	961	957	1918	11	0.57%	0	0.00%
Preston	3410	3532	6942	79	1.14%	13	16.46%
Putnam	6915	5918	12833	27	0.21%	1	3.70%
Raleigh	8960	8082	17042	113	0.66%	12	10.62%
Randolph	3317	2983	6300	75	1.19%	1	1.33%
Ritchie	1257	1115	2372	13	0.55%	0	0.00%
Roane	1775	1822	3597	59	1.64%	5	8.47%
Summers	1468	1188	2656	24	0.90%	0	0.00%
Taylor	1981	1712	3693	67	1.81%	10	14.93%
Tucker	848	707	1555	13	0.84%	1	7.69%
Tyler	1103	1120	2223	22	0.99%	9	40.91%
Upshur	2763	2498	5261	77	1.46%	12	15.58%
Wayne	5267	4722	9989	55	0.55%	2	3.64%
Webster	1156	1080	2236	40	1.79%	0	0.00%
Wetzel	2163	2036	4199	36	0.86%	4	11.11%
Wirt	693	788	1481	10	0.68%	0	0.00%
Wood	10842	9362	20204	149	0.74%	20	13.42%
Wyoming	2898	2862	5760	96	1.67%	1	1.04%

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	All 0-9 Population: Total	All 10 to 17 Population: Total	All 0 to 17 Population: Total	DHHR Custody Caseload 10/31/04	% of Population	Out-of- State 10/31/04	% of Caseload
WV	213367	187774	401141	3195	0.80%	349	10.92%
Barbour	1826	1758	3584	48	1.34%	0	0.00%
Berkeley	10532	8880	19412	181	0.93%	50	27.62%
Boone	3289	2648	5937	34	0.57%	2	5.88%
Braxton	1685	1638	3323	25	0.75%	4	16.00%
Brooke	2739	2452	5191	35	0.67%	13	37.14%
Cabell	10621	8596	19217	183	0.95%	5	2.73%
Calhoun	866	821	1687	32	1.90%	5	15.63%

	All 0-9 Population: Total	All 10 to 17 Population: Total	All 0 to 17 Population: Total	DHHR Custody Caseload 10/31/04	% of Population	Out-of- State 10/31/04	% of Caseload
Clay	1404	1230	2634	49	1.86%	2	4.08%
Doddridge	867	1012	1879	5	0.27%	0	0.00%
Fayette	5540	4775	10315	67	0.65%	5	7.46%
Gilmer	757	692	1449	13	0.90%	1	7.69%
Grant	1393	1168	2561	13	0.51%	3	23.08%
Greenbrier	3813	3606	7419	47	0.63%	0	0.00%
Hampshire	2752	2281	5033	35	0.70%	2	5.71%
Hancock	3676	3166	6842	44	0.64%	15	34.09%
Hardy	1668	1294	2962	32	1.08%	1	3.13%
Harrison	8424	7407	15831	67	0.42%	7	10.45%
Jackson	3609	3117	6726	40	0.59%	4	10.00%
Jefferson	5390	4530	9920	54	0.54%	18	33.33%
Kanawha	23025	19358	42383	260	0.61%	20	7.69%
Lewis	2093	1651	3744	43	1.15%	2	4.65%
Lincoln	2670	2498	5168	55	1.06%	3	5.45%
Logan	4479	3839	8318	79	0.95%	6	7.59%
McDowell	3140	3214	6354	51	0.80%	0	0.00%
Marion	6026	5591	11617	135	1.16%	14	10.37%
Marshall	4333	3784	8117	63	0.78%	10	15.87%
Mason	3210	2660	5870	10	0.17%	2	20.00%
Mercer	7209	6059	13268	120	0.90%	12	10.00%
Mineral	3254	3076	6330	50	0.79%	5	10.00%
Mingo	3546	3306	6852	55	0.80%	3	5.45%
Monongalia	8111	6690	14801	89	0.60%	17	19.10%
Monroe	1473	1454	2927	16	0.55%	0	0.00%
Morgan	1897	1442	3339	27	0.81%	11	40.74%
Nicholas	2989	3202	6191	42	0.68%	4	9.52%
Ohio	5384	4712	10096	80	0.79%	11	13.75%
Pendleton	922	861	1783	11	0.62%	3	27.27%
Pleasants	978	822	1800	1	0.06%	0	0.00%
Pocahontas	961	957	1918	5	0.26%	0	0.00%
Preston	3410	3532	6942	63	0.91%	10	15.87%
Putnam	6915	5918	12833	26	0.20%	0	0.00%
Raleigh	8960	8082	17042	135	0.79%	19	14.07%
Randolph	3317	2983	6300	87	1.38%	3	3.45%
Ritchie	1257	1115	2372	11	0.46%	0	0.00%
Roane	1775	1822	3597	58	1.61%	4	6.90%
Summers	1468	1188	2656	22	0.83%	0	0.00%
Taylor	1981	1712	3693	68	1.84%	6	8.82%
Tucker	848	707	1555	12	0.77%	0	0.00%
Tyler	1103	1120	2223	19	0.85%	4	21.05%
Upshur	2763	2498	5261	78	1.48%	8	10.26%
Wayne	5267	4722	9989	49	0.49%	2	4.08%
Webster	1156	1080	2236	41	1.83%	0	0.00%
Wetzel	2163	2036	4199	33	0.79%	7	21.21%
Wirt	693	788	1481	5	0.34%	2	40.00%

	All 0-9 Population: Total	All 10 to 17 Population: Total	All 0 to 17 Population: Total	DHHR Custody Caseload 10/31/04	% of Population	Out-of- State 10/31/04	% of Caseload
Wood	10842	9362	20204	177	0.88%	21	11.86%
Wyoming	2898	2862	5760	85	1.48%	3	3.53%