Advancing New Outcomes:

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

PROGRESS AND FUTURE DIRECTION REPORT

"We worry about what a child will become tomorrow, yet we forget that he is someone today."
- Stacia Tauscher

November 30, 2010

Submitted to
The Legislative Oversight Commission on Health and Human Resources Accountability (LOCHHRA)

Submitted by
Patsy A. Hardy, Commission Chair
Cabinet Secretary
Department of Health & Human Resources

A MESSAGE FROM THE COMMISSION CHAIR

On behalf of the Commission's members, those effectively engaged in its work groups and the many professional support staff, who, together, continue to make significant progress in fulfilling the Commission mission, I submit this status and future direction report. The Commission has made great strides, beyond addressing the original intent, to bring real change in a myriad of areas that positively affect children in state custody and also make lasting improvements that will ultimately affect all children in out-of-home care in West Virginia.

The Commission's effective collaborative work has resulted in significant accomplishments over the past few years. As you review its progress and read about its future direction, you will find key milestones, new ways of carrying out responsibilities and a continued strong commitment by the Commission. This commitment is not only to reduce the number of children placed out of West Virginia, but to focus on building the capacity to keep these children in their home or within the immediate community.

Since the original ***Advancing New Outcomes*** (May 2006), a number of changes have occurred that affect the placement of children both in-state and out-of-state. The Commission has stayed the course in implementing its initial recommendations, and to its credit, has also successfully adapted its membership and mission to address emerging issues and embraced new opportunities to lead enhancements in a number of key areas. Thus today, the Commission, with an updated legislative mandate, stands fully ready to execute the next level of positive improvements to further reduce the number of out-of-state placements and to strengthen West Virginia's 'total system' for children in out-of-home care.

Sincerely,

Patsy A. Hardy, Commission Chair

> "If our American way of life fails the child, it fails us all."
>
> Pearl S. Buck

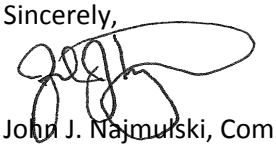
A Message from Bureau for Children & Families Commissioner

As the Bureau for Children and Families Commissioner, I proudly speak of the positive effect the Commission to Study Residential Placement of Children has had in both addressing the issue of out-of-state placements and focusing attention on improving West Virginia's entire child welfare system. Reflected in this report and evidenced in on-going initiatives, the Commission oversees a number of working groups that are building new processes and establishing new collaborative models to ensure the safety, permanency and well-being of our children, especially those brought back from out-of-state placements.

From leveraging technology to establishing consistent and common assessments that span across agencies, the Commission's guidance has helped set the right direction for the future. The diversity of the Commission's membership has served well in assisting in opening doors, setting priorities and fostering volunteer working groups. Although the overall effort has taken more time than desired, I am confident the strong foundation being built will bring long-lasting benefits.

On behalf of the many children, families and others who directly benefit from the Commission's presence, I extend deep appreciation to the many dedicated employees and volunteers completing work on a number of fronts. I truly look forward to the ultimate outcomes of the excellent work being done today.

Sincerely,



John J. Najmulski, Commissioner

LIST OF COMMISSION MEMBERS

Commission to Study Residential Placement of Children

Patsy A. Hardy, Chair
Cabinet Secretary
WV Department of Health and Human Resources

The Honorable Jack Alsop
Circuit Court Judge
Webster County

Nancy Atkins
Commissioner
Bureau for Medical Services
WV Department of Health and Human Resources

Kathy D'Antoni
Assistant State Superintendent of Schools
WV Department of Education

Steve Canterbury
Administrative Director
WV Supreme Court of Appeals

Chris Curtis
Commissioner
Bureau for Public Health
WV Department of Health and Human Resources

Andrea Darr
Legal Assistant
WV Prosecuting Attorneys Institute

Susan Fry
Director
Stepping Stones
(Group Residential)

Patricia Hombery
Executive Director
Office of Special Education
WV Department of Education

Dale Humphreys
Director
Division of Juvenile Services
WV Department of Military Affairs & Public Safety

The Honorable John A. Hutchison
Circuit Court Judge
Raleigh County

The Honorable Gary Johnson
Circuit Court Judge
Nicholas County

Victoria L. Jones
Commissioner
Bureau for Behavioral Health and Health Facilities
WV Department of Health and Human Resources

The Honorable Mike Kelly
Family Court Judge
11th District

Mike Lacy
Director
Probation Services
WV Supreme Court of Appeals

Catherine (Kate) Luikart
KVC Director of Clinical Services
(Specialized Foster Care)

Philip W. Morrison II
Executive Director
WV Prosecuting Attorneys

Jason Najmulski
Commissioner
Bureau for Children and Families
WV Department of Health and Human Resources

Steven L. Paine
Superintendent of Schools
WV Department of Education

Kimberlee Sharp
Parent/Family Representative

The Honorable O.C. Spaulding
Circuit Court Judge
Putnam County

Fran Warsing
Superintendent
Office of Institutional Education Programs
WV Department of Education

Staff to Commission

Linda Dalyai
MSW Resource Specialist
Bureau for Children and Families
WV Department of Health and Human Resources

Sue Hage
Deputy Commissioner for Programs
Bureau for Children and Families
WV Department of Health and Human Resources

Facilitator/Technical Assistance

Carl D. Hadsell & Matt West
Center for Entrepreneurial Studies & Development, Inc.

PREFACE

Established originally through legislation (HB 2334), and most recently reestablished through SB636, the Commission has wisely leveraged its mandate to study residential placements of out-of-home children into hopefully positive actions for **A*dvancing New Outcomes*** in this historically challenging landscape.

Building on its own work and other significant initiatives regarding out-of-home children, the Commission has gathered a cadre of professional leaders and practitioners to address the tough issues. Addressing dynamic challenges together is the right path to **A*dvancing New Outcomes*** that are lasting.

Our success is reached only through the willingness, dedication, and commitment of the thousands of West Virginians in positions to bring about daily changes that result in **A*dvancing New Outcomes*** in out-of-home care, especially the at-risk children***,*** which we all genuinely seek***.***

Finally, and of utmost importance, is that no one agency, group of individuals, specific policy or practice is solely responsible for where we have been, or where we are going. This effort is not about meeting a targeted percentage benchmark or just resting on a success story here or there. Rather, the Commission's vision embraces **A*dvancing New Outcomes*** for <u>every</u> child in out-of-home status, regardless of where they may be.

> "At first people refuse to believe that a strange new thing can be done, then they begin to hope it can be done, then they see it can be done—then it is done and all the world wonders why it was not done centuries ago."
>
> Frances Hodgson Burnett

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Companion Commission Study Working Groups Outcomes and Reference Material

A large amount of background information and detailed data collected and used during the Commission's work prior to this report exists. This background and reference information, including a number of studies, reports, and data analysis, serves as a ready-made resources on which the Commission has based its recommendations to date and can serve, in part, to support continued work at the operational level as the Commission goes forward. Additional information in general or regarding a specific area of Commission focus can be accessed by contacting Sue Hage, Deputy Commissioner for Programs, Bureau for Children and Families, WV Department of Health & Human Resources, 350 Capitol Street, Room 730, Charleston, WV 25301 (304.558.2983 or Sue.C.Hage@wv.gov)

For additional information including minutes of Commission meetings, visit its website at http://www.residentialplacementcommission.org

SETTING THE CONTEXT

On April 9, 2005, the Legislature passed HB 2334. This statute created the Commission to Study Residential Placement of Children and included "strategies and methods to reduce the number of children who must be placed in out-of-state facilities and to return children from existing out-of-state placements, initially targeting older youth who have been adjudicated delinquent." Since then, the Commission recognized that the total environment in which out-of-home children are a part of needs to be addressed to make the long-term changes that will dramatically reduce the amount and degree of many of the required interventions now in place. With this in mind, the Commission agreed to broaden the scope of its oversight.

Since publishing it first summary report, "Advancing New Outcomes" in May 2006, the Commission has continued to meet on a voluntary basis to ensure that work is being done to implement their recommendations.

In 2010, the Legislature passed SB 636 to reconstitute the Commission. This Legislative bill, in addition to the original study areas, includes addressing any ancillary issues relative to foster care placement and requires the reduction of out-of-state placements by 10% for the first two years and 50% by the third year of the Commission's existence.

The Commission continues to rely on working groups composed of many individuals with appropriate expertise to focus on specific recommendations. These working groups work on actions as outlined by the Commission.

Adopted Process Guidelines for Working Together as a Commission

The following helps focus and guide the Commission meeting process and related working relationships of all Commission members and volunteers who participate in Commission efforts. This list is dynamic and will be updated and added to as warranted. Using this and other effective team (collaboration) principles and practices has been a cornerstone to the high-performance of the Commission.

1. Share the floor and have open discussions with all perspectives brought to the table.
2. Be objective and look for opportunities to share expertise and approaches that focus on the youth we are trying to help.
3. Work with a spirit of trust and mutual respect to build upon our individual and organizational strengths.
4. Know the contribution of each involved agencies' roles and responsibilities on the continuum of youth needs and ultimate outcomes, and find the synergy along this continuum.
5. Strive for true buy-in and a united front, so that consensus can occur and be sustained.
6. Make our work action-oriented, with actual follow through assignments and results documented.
7. Recognize that additional resources are not the only solutions by studying how we can use what we already have (not just shifting resources).
8. Strive to find the strategies/methods to change the system-not just regulations and policy-work in the trenches.
9. Keep in mind that the majority of improvement actions and system changes will affect all West Virginia out-of-home children, regardless of in- or out-of-state placement.
10. Speak for the part, but think for the whole with a future-oriented, continuous improvement mindset.

Commission Meeting Participation

The Commission carried out its work with strong collaborative participation from the key stakeholders working in the overall system being addressed. Many staff members who represent the day-to-day expertise in various areas also attended. In addition, many practitioners contributed in study area work outside of the formal Commission meetings that provided key background information, data analysis and suggested recommendations.

From reports of study groups to presentations from specific agencies or programs, the Commission processes a wealth of information to guide its work. Through review of presented material, including research and reports from other similar work, the Commission derives a number of telling findings and observations regarding current conditions. The following summary statements are vital elements that help set the stage for the Commission's present recommendations and continued work.

Principle-based Collaboration a Must

The gains already evidenced and those proposed in this report by the Commission bode well for bringing true change to improve the system for out-of-home children that historically has often been in need of serious attention. From the onset, the Commission realized the value of conducting its work in a principle-based collaborative manner. Bringing a diverse group of individuals representing the many facets of the 'system' together is a necessary step for making meaningful strides in improvement. However, without common understanding and shared commitment, the effort may fail or, at best, provide false promise. The Commission's work is rooted in principles which focus first on the child and family. Further, there is mutual respect among members for the importance of preserving the fundamental mission each represented area brings to the Commission. Balancing a shared vision that drives Commission decisions with the inherent requirements of state agencies, the judicial system and of the private sector is paramount for successful outcomes.

The Commission embraces the principles developed as part of the West Virginia System of Care (see insert box) as shining guideposts to frame its work.

Key Principles Underlying the System of Care Model in West Virginia

- Support required by children with emotional, social and behavioral challenges must be found in the community.
- Services and care must be available regardless of ability to pay.
- Families must be viewed as equal partners and colleagues.
- Children are best served in their homes, schools and communities.
- Child serving systems and agencies must collaborate to create a seamless system.
- Services must be individualized to meet the needs of each child and family.
- Services must focus on strengths and competencies, rather than deficiencies.
- Interventions and services must be available to "wrap" services around the child and family.
- Services must be culturally sensitive and respect family differences.
- Services and supports must be trauma-informed.

In formulating its working agreements and understanding of ultimate responsibilities around the issues, the members respect the appropriate roles found within the missions of those serving on the Commission. Clearly, the Commission does not wish to interfere with the discretion or ability of the Circuit Courts to place a child in a facility which is in the best interests of the child, but to provide the Courts with new and additional options to meet the needs of children in facilities closest to their homes. Likewise, the departments involved in the areas of human services, education and corrections must be assured that the 'system' recognizes and integrates their respective mandates and approaches incumbent in their work.

Given these various potential dichotomies, the Commission has and will continue to seek consensus on recommendations that will make a difference. Further, there is a commitment by those serving to work diligently to champion the changes needed in their respective areas.

All parties participating in the Commission meetings agree the goal is to do everything possible to increase the in-state placements that are close to the community in which the child resides. Given this overall goal, Commission members from their respective agencies and organizations will champion the recommendations and intent of the Commission to improve the state's internal systems of care for all out-of-home children.

> "Things don't change, we change."
>
> Henry David Thoreau

Commission Recommendations

The following are the key thirteen (A1-A13) recommendations put forth in the Commission's ***Advancing New Outcomes*** initial report. Some of these have been fully completed, others are partially done or have new requirements that are being addressed. The three recommendation areas noted (C1-C3) are the overarching recommendations stemming from the five-year Child and Family Services Plan (CFSP) work.

These are provided as a reminder that the Commission has been actively implementing, tracking, monitoring and reporting on a regular basis (quarterly) regarding its progress. There remains is still ample evidence that these recommendations, once fully implemented and in place, will reduce the number of out-of-state placements and significantly enhance the environment for services within the state for out-of-home care children.

The Commission fully intends to continue to address issues, challenge current practices and evolve additional recommendations to augment this list. The objective will be to be more pinpointed in championing recommendations that will truly change the areas needing the most attention for the Commission to fulfill its purpose.

Advancing New Outcomes Recommendations

A1 Develop and maintain accurate profile/defined needs (clinical) of the targeted children in out-of-home care, both out-of-home and in-state.

A2 Complete an accurate assessment of current in-state licensed behavioral health agencies and individuals on capacity & program expansion/reconfiguration capabilities.

A3 Expand in-state residential and community-based capacity for out-of-home children through systematic and collaborative strategic planning.

A4 Develop a more simplified Certificate of Need (CON) process that is need-driven and includes all appropriate agencies in evaluation/approval activity.

A5 Implement the "System of Care" model statewide.

A6 Ensure uniform system of care is in place statewide through best practices/quality & accountability for all treatment of WV's out-of-home children.

A7 Address workforce staffing and development needs to ensure capacity to fulfill demand and for clinical services for out-of-home children in West Virginia in the future. Must have ready professional workforce to build capacity.

A8 Require all West Virginia service providers to be certified and ensure on-going training of all clinical staff across all service providers.

A9 Ensure all out-of-home children are receiving appropriate quality education in all settings, and provide a flexible funding model to support educational costs.

A10 Require out-of-state placements be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation.

A11 Ensure education standards are in place and students are fully receiving the appropriate education services in all out-of-state facilities where West Virginia children are placed (and based on Commission oversight, in-state placements also).

A12 Fully support the MDT concept and enhance present MDT processes statewide.

A13 Develop and authorize a permanent oversight group to carry on the Commission's work long-term.

Expanded Oversight Open Recommendations

C1 Protect children from abuse and neglect and safely maintained in their homes whenever possible and appropriate.

C2 Ensure children have permanency and stability in their living situation and continuity of family relationships and connections preserved.

C3 Ensure that families have enhanced capacity to provide for their children's needs and receive appropriate services to meet their educational, physical and mental health needs.

System Definition

Most often, the use of the word 'system' in this report refers to the total combination of policies, processes and people, including families, which constitute the entire focus along a full continuum of care (programs and services) for working with the out-of-home children population or in preventing children from being placed in out-of-home placement.

TOP DOZEN MILESTONES TO DATE

The following key achievements addressed to date under the guidance of the Commission have primarily built the foundation of policies, practices and processes intended to reduce the number of WV children placed in any location. Throughout this time, the average net number of WV children place out of state has not increased, but remained at the same level or slightly lower. The combined effect of these milestones and new activities is expected to bring declining trends to the number and length of time WV children are placed outside the home, including reducing out-of-state placements.

1. **The WV Child Placement Network (WVCPN) Implemented.**

   On a daily basis, this system provides the availability of placements across West Virginia. Individuals responsible for placing children in residential care have immediate access to this information, which increases the probability to place children in state.

2. **The West Virginia System of Care (SOC) Expanded Statewide.**

   This collaborative partnership model is dedicated to building the foundation for an effective community-based continuum of care that ensures families are engaged in decision making and each child's needs are met as close to their home community as possible. Key results include more services and support in local communities with fewer out-of-home placements.

3. **Statewide Clinical Review Process Established**.

   A comprehensive approach that identifies and increases local quality resources to ensure that the needs of West Virginia children that are at risk of going out-of-state are met including preparing for children/youth prior to their return home.

4. **Use of Best Practices to Address Children Needs.**

   Research and actual WV data is collected in a number of different ways to show the various trends in the service population and to identify service gaps. This information is used to address systemic and practice issues that create barriers toward positive outcomes for children. Pilot Community Forums are being held throughout the state to distribute this information at the community level for service development and utilization.

5. **Service Array Assessment Process in Operation.**

   This segmented statewide effort focuses on determining what community services and supports are available for children-at-risk and, most importantly, what additional services might be needed.

6. **Enforce West Virginia Out-of-State Provider Certification Requirements.**

   Monitored requirements for all out-of-state providers to meet West Virginia's established standards for education, treatment, safety and well-being. This ensures West Virginia children are protected, have their needs met when in out-of-state placements and are better prepared when they return home.

7. **Creation of the Automatic Placement Referral (APR) Tracking System.**

   This "real time" electronic tracking system significantly shortens the time it takes to make referrals to multiple placement providers for in-state Group Residential and Psychiatric Residential Treatment Facilities (PRTF). The APR will also report placement tracking, longitudinal trends in placements and composite outcomes on all placements.

8. **Improved Assessment Process and Delivery.**

   The Comprehensive Assessment & Planning System (CAPS) process has been streamlined to provide consistent assessments across systems. The CAPS process now includes the CANS initial comprehensive assessment that identifies children's needs and strengths earlier in the casework process. The CANS initial comprehensive assessment includes evaluating the trauma children/youth may be experiencing.

9. **Building Common Definitions and Data-Driven Focus.**

   The commission has better defined out-of-home and placement criteria and developed regular standard statistical reporting that map to expected performance benchmarks. Through regular review and analysis of data, the Commission has continued to focus its work on cause and effect within the system.

10. Effective Collaboration Results.

The Commission is leveraging other Initiatives to solidify cross-jurisdiction concerns that promote reduction of out-of-state reliance by expanding their focus beyond that of residential care. Initiatives the Commission is aligned with include the Comprehensive Behavioral Health Commission, the Out-of-Home Care Education Advisory Committee, and the Court Improvement Program.

11. Establish Co-Existing Group Homes.

To date three of these group homes have been opened, based on data related to youth placed out-of-state and the Service Array process related to gaps for children with co-existing disorders (mental health disorder and developmental disability). These homes establish a means for the treatment of children with multiple disabilities in local communities and to promote opportunities for permanency for these children at the community level. The overall goal for children admitted to these new types of facilities is permanency through reunification with the family, adoption, or independence transition into adulthood).

12. Certificate of Need (CON) Process Change.

The statutorily mandated CON review process was changed so that any behavioral health care service selected by the Department of Health and Human Resources in response to its request for application for services intended to return children currently placed in out-of-state facilities to the state or to prevent placement of children in out-of-state facilities is not subject to a certificate need.

> "Coming together is a beginning; keeping together is progress; working together is success."
>
> Henry Ford

FUTURE DIRECTION

The Commission does not intend to rest on accomplishments to date, but rather, accelerate and deepen its focus on reducing the number of out-of-state placements. Most vital to this cause is establishing an environment in every area of West Virginia conducive for supporting at the community level all children in out-of-home care or in at-risk situations. This includes the presence of safety, permanency and well-being based on a well-planned and executed support system driven through true collaborative work among state and local agencies, providers and other organizations.

The following areas of concentration are, in part, the anticipate roadmap for the Commission's future work:

1. Ensuring all of the Commission's original recommendations are fully carried out and that new recommendations surfacing from the Child and Family Services Plan (CFSP) are support toward completing will be a top priority for the Commission in the future. This will include defining, collecting and reporting on performance metrics established to gauge progress as well as inform decision-making regarding Commission recommendations and actions.
2. Identifying and implementing strategies and actions that have the highest effect on reducing out-of-state placement. That is, finding the most significant "levers" that can be addressed in some manner that will make the biggest change in out-of-state placements to achieve the desired level as mandated by the legislature. Using existing research and knowledge along with new study, the Commission will work with the most appropriate individuals or organization to bring about these focused changes. In addition, the Commission must aggressively encourage the challenging of current practices that are deemed ineffective and foster greater emphasis on proven policies and processes. As part of this, the Commission must foster innovative ways to bring the change desired. This is not always by adding more funds or in establishing more beds, rather this is looking across the country for ideas and solutions that can be applied in our state. Sometimes, a small solution can make a meaningful difference. For example, the creation of a straight-forward simple checklist for the out-of-home care youth transitioning to adulthood can be highly effective to assist in being ready for life on one's own. This concept is being enhanced by using technology to help manage the "Readily-at-Hand" process for making sure these youth have the documents and credentials needed to be out on their own.
3. Leveraging technology to enhance the present system processes and create new ways that improve all aspects of working with children in out-of-home care. This includes greater use of timely and accurate information that can be deployed for better decision-making and help drive process improvement work. The automated referral system is a prime example of this future direction focus as well as use of the internet (The Beehive) for information sharing and communication processes.
4. Championing the WV System of Care (SOC) and its components to include strengthening all outcomes will be a prime initiative through the Commission. Early results from the pilot and statewide implementation to date of the system of care show good promise. Although all aspects need to be continually evaluated, the Commission is still encouraged by the potential of this effort and its focus, which includes the service array assessment process, FAST (Family Advocacy Support Training) and clinical review process work. The SOC has proven a capable center of influence and networking hub to advance many initiatives that will ultimately reduce the number of out-of-state placements.
5. Supporting the WV Building Bridges Initiative, just being put in place, which is based on the National Building Bridges model. This statewide effort advances a set of values and principles for comprehensive, coordinated and collaborative community approaches to address the needs of children with significant emotional and behavioral disorders and their families when a child is in a residential treatment program.
6. Sustaining, as well as, furthering the development of existing and potential new collaborative activities will be a continued cornerstone of the Commission. To date, the Commission has been a solid champion in bringing individuals and organizations to the table to work together to solve problems

and build seamless systems that span boundaries among agencies, providers, organizations and even individuals. The proven work in this area to date including will be in the forefront of the Commission's efforts. Likewise, collaboration is a two-way street and the Commission recognizes the work of others that advances its mission. The Department of Education's Education of Children in Out-of-Home Care Advisory Committee and the Court Improvement Project are just two such efforts that are integrated with the Commission's work by cross membership and focus on not duplicating efforts.

7. Including a broader range of children ages within its scope of work based on the identified needs of children ages five to eleven. The Commission will support the implementation of Jacob's Law and look to its own Special Joint Task Team on Young Children Behavior Health Issues, sponsored with the Comprehensive Behavioral Health Commission.

8. Advocating continued movement toward standard, common assessments that are used by agencies and providers will be extremely beneficial in delivering needed information to those in decision-making position, but will also bring efficiencies to the overall system. Good progress has been made in this area, however, significant changes are needed to reach what is envisioned to be most beneficial. The Commission's future direction will include aiding in this effort.

9. Providing guidance regarding the overall state child welfare system is part of what the Commission believes is time well spent in reducing out-of-state placements. In 2009, the Commission committed to provide guidance in an advisory capacity to the Bureau for Children and Families (BCF) regarding the statewide child welfare system planning (CFSP). The great advantage of this approach is the alignment of the primarily driver of the child welfare system activities with the Commission's work and the work of other agencies that effect in some manner children in the welfare system. Going forward, the Commission plans to stay abreast of the BCF work and contribute, as warranted. This includes three specific working groups under the Commission's umbrella.

10. Exploring new areas that need addressed that in some fashion effect the mission of the Commission. From clinical program availability to new health care reform, the Commission will keep an eye on emerging issues as well as seeking out areas that effect what it is trying to achieve, even if indirectly. Through ensuring every aspect of the root causes for out-of-state placements, as well as, what needs in place to prevent children from ever entering the out-of-home care, the Commission's future direction will leave 'no stone unturned' in its quest to met the intent of the legislation under which it operates. Examples in this area are looking and supporting education monitoring in out-of-sate residential facilities.

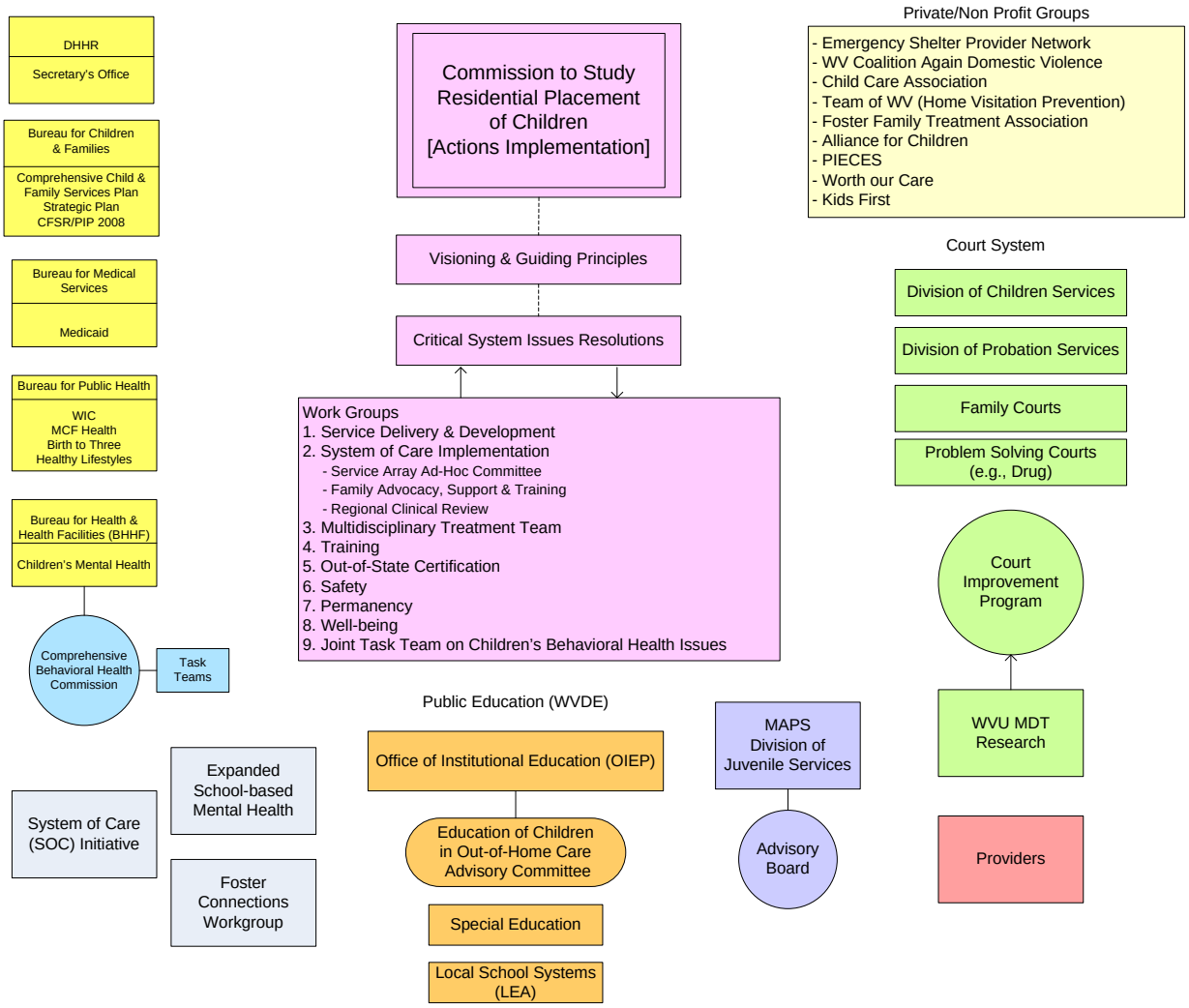
Overall Collaborative Model

Diagram A reflects the dynamic nature of interconnection among both public and private entities engaged in improving West Virginia's overall child welfare system. From state agencies to children-based associations, the magnitude of resources, people and funding, dedicated to operating and improving the system is remarkable. The Commission has worked diligently to tap into the various professionals, organizations and initiatives that directly correlate to it accomplishing its mission. Importantly, the cross membership on commissions, special initiatives (court improvement), advisory committees (WVDE's Out-of-Home Advisory Committee) and joint working groups (Expanded School-based Mental Health, Service Array Project) enhance communication, foster a greater knowledge base and sustain long-term working relationships. The Commission truly believes that this collaborative approach will lead to better understanding, more breakthrough improvements and, most vital, more children in their home or within their community in West Virginia.

Diagram A

Commission to Study Residential Placement of Children

Overview Relationships for Developing a Collaborative Comprehensive Child Welfare System in West Virginia



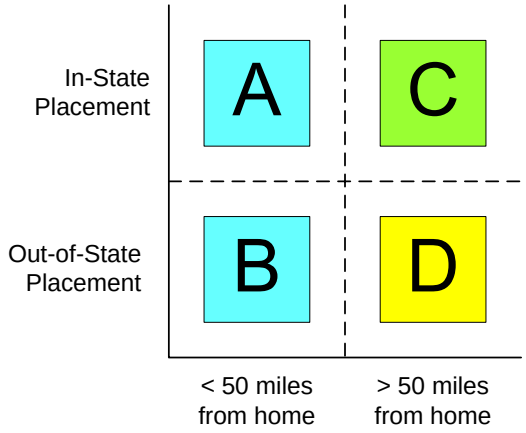
PERFORMANCE METRICS

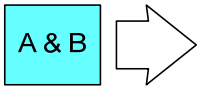
Since its inception, the Commission has focused on the goal of reducing out-of-state placements. Defining and developing the most appropriate benchmarks has been a challenge based on definitions, facilities close to the West Virginia border and difficulties in obtaining timely data. The Commission has moved in recent years to more specific ways to define and report placements. Starting in September 2010, the Commission has agreed to the following:

1. Only children in West Virginia custody (state custody through WVDHHR) are reported within the metrics.
2. The three state custody populations reported on include
   - Group Residential Care
   - Psychiatric Facility (long-term)
   - Psychiatric Hospital (short-term)
3. All information and analysis is based on data extracted from the WVDHHR FACTS system.
4. Data will be extracted each month based on updated information in FACTS and will be a 'point in time' analysis.
5. The method for calculating the location, distance, etc. will be documented under separate cover.
6. The Commission will receive updated reports on a quarterly basis.
7. The baseline and target for the Commission's work will be based on the reported numbers as of September 30, 2010, using the 'out-of-state' definition established by the Commission.

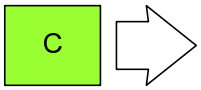
Based on these guidelines, the following provides key definitions in how the placement population will be counted and reported:

Key Definitions Regarding Populations in West Virginia DHHR Custody Addressed by Commission

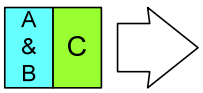




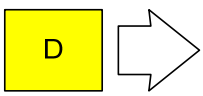
Groups A and B represent individuals in the monitored populations that are placed within fifty miles of the known home location. These can be divided between those in a placement location in West Virginia (A) or ones placed outside of the state (B).



Group C represents individuals in the monitored populations that are placed over fifty miles from the known home location, but are located within the borders of West Virginia. The ultimate goal is to have these individuals closer to their home community.



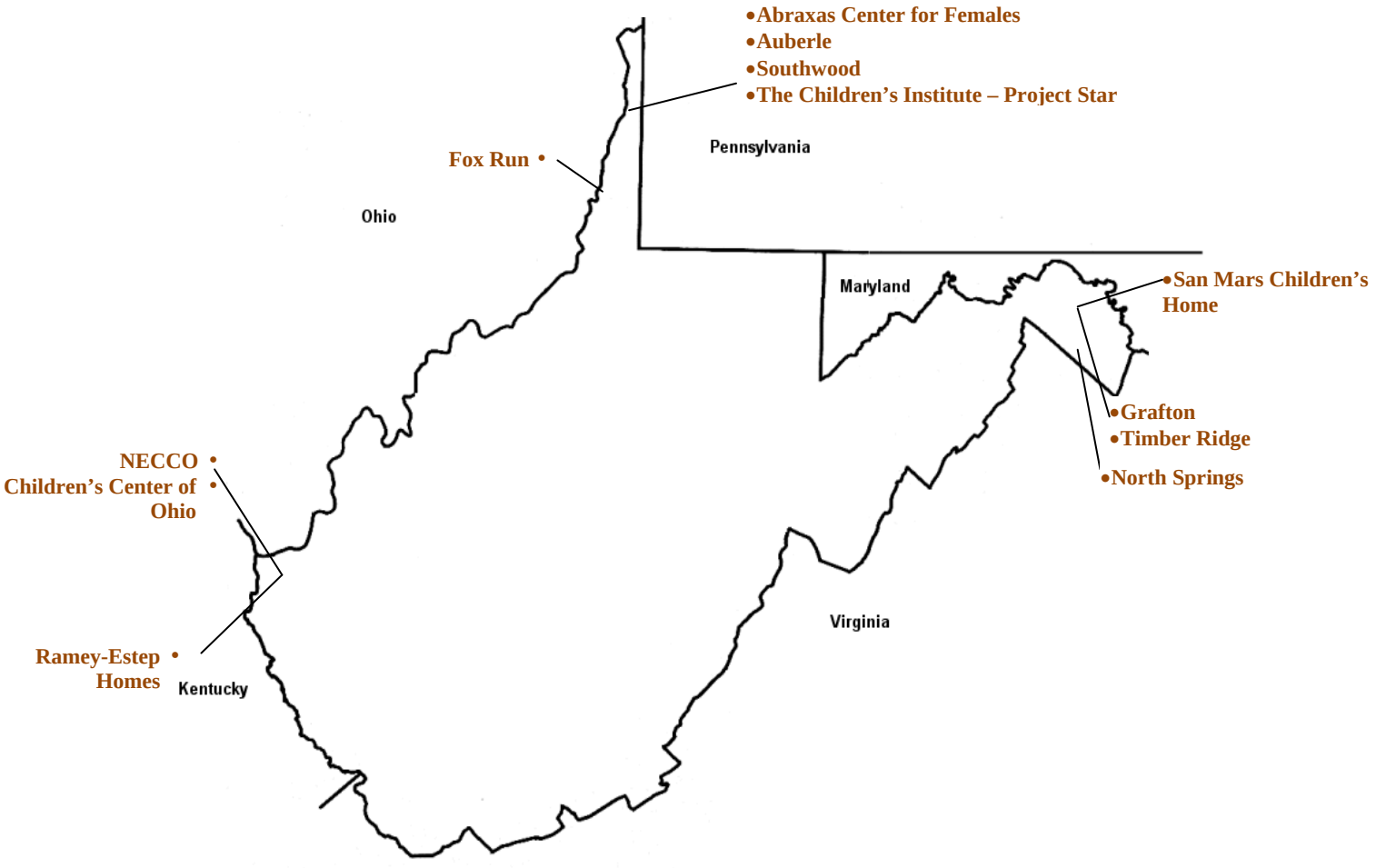
Groups A, B and C represent individuals who all fit within the Commission's definition of an in-state placement.



Group D represents individuals within the monitored populations that are placed both out of state and over fifty miles from the known home location. The Commission targets actions to reduce these numbers as desired based on the West Virginia Legislative intent.

FACILITIES WITHIN 50 MILES FROM WV BORDER

As part of understanding the dynamics of the out-of-state placements, there is special attention to where there are facilities within fifty miles of the WV Border. The map below provides a current view of locations and approximate mileage from West Virginia for each facility where West Virginia children may be placed.



WEST VIRGINIA SYSTEM OF CARE PROGRESS

The West Virginia System of Care (WVSOC) is a set of values and guiding principles that provides an organizing framework for systems reform on behalf of children, youth and their families. The development and implementation of the WVSOC is supported in the initial thirteen recommendations in "Advancing New Outcomes, May 2006". SB 636 includes "System of Care components and cooperative relationships shall be incrementally established at the local, state and regional levels, with links to existing resources, such as family resource networks and regional summits, wherever possible".

In 2007, a public, private, and consumer partnership was formed to develop, implement and oversee the WVSOC statewide reform. The WV System of Care Implementation Team (known as the SIT), is a cross agency partnership that meets monthly, shares resources, communicates with local/state leadership, reduces systemic barriers, provides consistent decision making and integration of system of care guiding principles/values across child serving agencies.

WV System of Care Implementation Team accomplishments to date include:

1. The development of a Memoranda of Understanding between the members of the SIT that defines their role and responsibility.
2. Defining the target population which includes any child at risk of out of home placement due to mental health and/or behavioral health issues.
3. The Bureau for Children and Families (BCF) and Bureau for Behavioral Health and Health Facilities (BHHF) provide joint funding to support the continued efforts of the WV System of Care statewide initiative.
4. Family, Advocacy, Support and Training (FAST) statewide family organization. The FAST Advisory Council includes 50% of family representatives and provides the direction and support for the continuation and expansion of a statewide family voice. FAST works with parents/caretakers to provide training, support, and assistance to understand and navigate the child services system. FAST is working to increase the youth voice in a variety of ways. One is through Focus Groups and the other is the Wellness Recovery Action Plan (WRAP). FAST recently contracted with the Putnam County Schools to conduct focus groups in all four high schools regarding dropout prevention. This information is used to improve the Putnam County school environment. Fast is partnering with the Putnam County Magistrate Court Truancy Diversion Program and Putnam County Schools to work with you who are having truancy issues by using the WRAP process. The youth receiving WRAP showed a 94% improvement in attendance and a reduction in disciplinary actions.
5. Regional Clinical Review (RCR) statewide process. The purpose of the RCR process is to identify the youth's current treatment/permanency needs through a comprehensive/objective clinical review. This process services as a resource for the youth's multi-disciplinary treatment team. There are four cross agency regional teams that meet twice a month. This process address youth at risk of out of state placement, youth placed within 90 days and youth in an out of state longer than 12 months.
6. The WVSOC Implementation Team is also the Service Array Steering Team. The Service Array is a statewide assessment of community based service/practices needs and gaps. The team is currently developing a statewide Resource Capacity Plan to address the thirteen community collaborative needs and gaps and develop working relationships with community leadership to ensure the success of the Service Array capacity planning process.
7. Marshall University collects and analyzes data. Data is used to improve practices and address system barriers. Data is also used by the WV Department of Health and Human Resources to address barriers, gaps, and support decisions.

Other statewide initiatives that integrate/impact the WV System of Care:

1. The Best Practice Community Forums (BPCF). The purpose of the BPCF is to address how community/cross system partnerships can address the best practice needs of co-occurring, co-existing diagnoses, and older youth transitioning to adulthood, review objective data, and improve the home communities' capacity to prevent placement and improve outcomes for youth. (See Appendix A for additional information).
2. Community-Based Team (CBT) is a BCF initiative to provide services and support to children at risk of out of state placement through a nationally recognized best practice wraparound model.
3. Expanded School-Based Mental Health Statewide (ESBMH) Initiative is to develop a continuum of supportive services within the school environment and incorporates the system of care guiding principles and values. The development of local ESBMH program provides a school environment that addresses the social, emotional and well-being of all students and increase opportunities for academic success.
4. BHHF is supporting two pilot sites to address the transitional needs of youth who are entering adulthood. These models integrate the WV System of Care guiding
5. Development of the Comprehensive Assessment Plan screening tool (CAPS) and the WV Child and Adolescent Needs and Strengths Assessments (CANS). The CANS tool is used in the Regional Clinical Review process. (See Appendix B for additional information).
6. Building Bridges is statewide initiative based on WV System of Care guiding principles and values that link residential care and community services to improve the lives of WV youth and their families.
7. Integration WVSOC guiding principles and values within the Bureau for Children and Families Program Improvement Plan (PIP) and 5-year Child and Family Services Plan (CFSP).

The WVSOC is an integral part in achieving the recommendation of the Commission and can greatly assist other statewide initiatives such as the Program Improvement Plan (PIP) and Child and Family State Plan (CFSP). The WVSOC will define the comprehensive array of services and supports through the Service Array process, request policy change that incorporates WVSOC guiding principles and values, establish best practice standards of care and request a change in contract language, increase communication between all stakeholders, ensure families/youth are part of the planning/implementation/evaluation, reduce duplication of efforts, identify the target population, and send a clear message to consumers that the WV Department of Health and Human Resources and their partners are working together to address the system issues and barriers in providing community based services and supports to children and their families who are at risk of out of home/state placement.

IMPLEMENTING JACOB'S LAW

Jacob's Law (H.B. 4164) is state legislation that was passed in 2010, created to enhance foster care options in West Virginia for children ages 4-10. The law contains three components: (1) A comprehensive assessment system to improve the placement outcomes for children ages 4-10 who have experienced trauma, thereby reducing the total number of placement disruptions; (2) Better screening methods for potential foster parents to ensure better family/child compatibility at placement, and enhanced support and training for foster parents that would better prepare them for the range of difficulties and behavior issues suffered by children experiencing trauma; (3) An evaluation of the success of the law's implementation in pilot form.

The Department has partnered with the provider community, most notably the Alliance for Children and The West Virginia Child Care Association, to begin development of the pilot, which will be implemented January 1, 2011. The phased-in pilot will be located in all four regions of the state. In Region I, the districts will be Harrison and Marion/Monongalia districts; in Region II Kanawha, Cabell, Putnam and Wayne districts have been chosen; Region III will pilot with Lewis/Upshur and Randolph/Tucker districts; Region IV Mercer, McDowell and Wyoming districts will participate. The provisions of the pilot will be uniform across all four regions, instead of developing different models for each area.

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

Since the WV Department of Education issued it ***Reaching Every Child*** report in 2004, there has been a continuous effort by the Department to address specific education issues with the out-of-home care children population. This has included both those in out-of-state placement and children within West Virginia. Working hand-in-hand with the Commission, the outcomes of this Advisory Committee's work have been most beneficial. Areas of focus include, in part, the following:

- Developing strong monitoring of out-of-state residential facilities to ensure education programs are in place and being deployed for West Virginians placed there that will result in credits that are transferable back to the state.
- Working with the State Board of Education in adopting policies to remove barriers to a free and appropriate public education and educational success for all children.
- Implementing requirements of the McKinney-Vento Act, which assist West Virginia address children in out-of-home care who are receiving education services in county school districts. Through the work of this Committee and the Commission, West Virginia has defined 'awaiting foster care placement" in the federal homeless definition to include children in family foster care, emergency shelters and group homes thereby placing them under the federal protections of the McKinney-Vento Act.
- Helping to review issues surrounding truancy and the effect it has on out-of-home care children and the education system.
- Bringing awareness to other agencies engaged in working with the out-of-home care children population of the importance and requirements for these children receiving education, regardless of placement.
- Incorporating National models of best practices regarding education that assist in improving education and other aspects for the out-of-home care population.
- Working on training for teachers and others regarding aspects of working with out-of-home care children.

With some representatives of this Committee or faithful attendees to the Commission meetings, the efforts of this Committee have been very welcomed. For a list of committee members, see appendix E.

WEST VIRGINIA PROVIDERS SURVEY PROJECT

Since the initial report, Advancing New Outcomes, the Commission has worked on recommendations that will increase the number of in-state providers offering required services for at-risk youth to include improving the accessibility and effectiveness of such services. The Commission original asked providers to offer thoughts centered on expanding services. The initial results, both on number of responses and specifics to expansion opportunities, did not get at some of the focus desired by the Commission. In late 2009, a more comprehensive survey was designed and sent to all in-state providers. Although the survey was somewhat long and detailed, extensive efforts were made to reach a high number of returns including extending the deadlines several times and making individual contacts to increase completion rates.

The overall objectives of the survey process included, in part, the following:

1. Collect information directly from service providers in West Virginia (providers' voices)
2. Seek understanding of how providers add or expand services, eliminate or change services in the areas of interest to the Commission.
3. Learn what challenges from general to specific such as workforce issues that exist in West Virginia regarding providing services to youth and how the state might help in these areas.
4. Collect information on a list of specific behavioral or other conditions that are most required by youth needing services.
5. Garner other information that could help the Commission's working groups in their work (e.g., Service Array insights).

Although time and circumstances can alter responses that may have been submitted by the providers, the results are considered to be a good reading regarding the providers' current status and where there may be need for attention to improve overall services to West Virginia youth.

A cross-agency and providers work group has reviewed the survey results including coded and sorted open responses. The responses were classified into similar "clusters" for study. In addition to provide the Commission with a summary of the findings, the work group determined what other work groups, agencies or organization should received information, especially those responses that can be acted upon by one or more entities.

THE WEST VIRGINIA BEHAVIORAL HEALTH COMMISSION

The West Virginia **Comprehensive Behavioral Health Commission** was established by the West Virginia Legislature during its 2006 regular session. Their report, *Realizing Our Potential: Transforming West Virginia's Behavioral Health System* was released November 17, 2008. The Comprehensive Behavioral Health Commission identified six key focus area items critical for an efficient and effective behavioral health system. They are:

- Model of Care – "Develop and implement a model of care that supports and incentivizes the integration of behavioral health and primary care, improves the availability, coordination and accessibility of behavioral health services, and focuses on prevention and early intervention in communities".
- Quality of Care – "Improve the quality of care for consumers by fostering a system that emphasizes continuous improvement, expects accountability for delivering cost-effective and successful outcomes, and encourages the informed use of evidence-based practices".
- Cost of Care – "Develop coordinated financing strategies for sustainable services in the future behavioral health system that include blended funding streams, formal cooperation between public and private organizations for additional funding, a formalized review process of publicly funded behavioral health services, and true mental health parity".
- Perception of Care – Reduce all stigma associated with behavioral health and its services in West Virginia.
- Workforce – "Cultivate, train, and retain highly skilled behavioral health care workers and leaders who are empowered to enjoy a professionally rewarding career within a productive and supportive work environment."
- Technology – "Use leading, cost-effective technologies to support a comprehensive behavioral health care system in West Virginia".

Early indications are that in several areas regarding children's behavioral health, there will be actions that should have some positive affect on what the Commission to Study Residential Placement of Children is trying to achieve. The full report can be found at www.wvcbhc.org.

The cooperation and momentum represented by all of the state's child-serving entities and their families will continue to advance new and better outcomes for West Virginia's children and families.

> "We cannot hold a torch to light another's path without brightening our own."
>
> Ben Sweetland

APPENDIX A
BEST PRACTICES PILOT PROJECT BACKGROUND

During 2010, the Commission to Study the Residential Placement of Children conducted a pilot project focused on taking best practices research on three targeted populations (children who are in out-of-home care) to seek more direct ways for local communities to plan programs and serviced. Entitled the "WV Best Practices Community Forums" four forums in the counties of Morgan, Berkeley & Jefferson; Fayette & Raleigh; Kanawha; and Ohio, Brooke & Hancock were held.

The project was meant to test the best practice concepts developed from research and focused on the targeted populations of: 1) older youth transitioning to adulthood, 2) youth with co-existing disorders (mental retardation/ developmental disabilities/mental illness), and 3) youth with co-occurring disorders (substance use/abuse and mental illness). Two planning sessions were held in each area. Detailed data regarding the targeted three populations in the areas was prepared and presented at the first session. Each community has been asked to develop specific strategies for addressing each population. These "plans" can be integrated into existing activities or be considered separately. Data collected from this process will then be used to develop a strategy and model for statewide implementation. The overall findings and lessons learned from the forums are expected to be presented to the Commission in early 2011.

The following are some themes that surfaced from the four forums.

Common Discovery and Themes from the Best Practices Community Forums

The four pilot Best Practices Community Forums have been completed. The Commission has been instrumental in bringing focus to the best practices targeted populations and creating an environment, which has helped enhance collaboration.

When asked about what value participants found in the forums, the following themes were cited:

1. Raising awareness, especially through seeing the big picture, how many discrete activities, programs and services all fit together to help children.
2. Learning of services and expertise in the community not readily known prior to this planning session.
3. Making new professional working relationships within the community that should lead to improvements.
4. Realizing the specific focus on the targeted populations clearly surfaced significant gaps that need addressed to make a true difference with the children.
5. Discovering even with the diversity in organizations and backgrounds represented at the sessions, the participants are all fundamentally on the same page and serving the "same children".
6. Seeing many commonalities and common themes when given a way, such as the Commission's forums, to look collectively at the community's strengths, weaknesses, opportunities, and threat.
7. Embracing the need to leverage the diversity of those engaged in working with the targeted populations and the vital need to strengthen collaboration at the local level.
8. Sharing of information and referencing exiting resources at the sessions that many took away and put to use immediately.
9. Bringing new people and different organizations together to get involved.
10. Enhancing the working relationships between state agencies and local organizations and individuals

Although there are some differences among the four pilot areas, there are a lot more themes common throughout all of them.

APPENDIX B
CAPS AND CANS

The Commission has endorsed the WV Comprehensive Assessment and Planning System (CAPS) and its associated Child and Adolescent Needs and Strengths (CANS) process. This appendix provides key information regarding both of these. By moving to these standard methods for conducting and delivering meaningful assessments in a faster, common and consistent manner, both efficiencies and effectiveness can be greatly enhanced.

WV Comprehensive Assessment Planning System (CAPS)

WHAT IS WV CAPS?

In 2002 the Bureau for Children and Families (BCF) began formulating a program improvement plan (PIP) to address issues identified in the Child and Family Services Review (CFSR). This included developing a comprehensive assessment of needs and strengths for children and families. To address comprehensive assessment and planning for youth and families, BCF in partnership with private providers, developed and implemented the ***Comprehensive Assessment Planning System*** **(CAPS)**. CAPS is the assessment protocol which is used to meet the treatment planning requirements established in 49-5D-3.

TARGET POPULATION

It is recommended that the WV CAPS initial assessment and triggered clinical assessment pathways be utilized consistently across systems at the earliest point of system contact. Recommended assessment junctures for DHHR youth are as follows:

- Admission to an emergency shelter placement; or
- Change of custody; or
- For all youth adjudicated as delinquent and referred to DHHR where the court is considering placing the juvenile in the DHHR's custody or out-of-home care at the DHHR's expense; or
- For disrupted placements, both in Youth Services (YS) or Child Protective Services (CPS)
- For any youth whom there is an open YS or CPS case and for whom a comprehensive assessment is needed to determine family functioning and/or there is a risk of placement disruption.

WV CAPS PHASES

1. Family joining **(**orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members)
2. Information review (private provider reviews the case record, interviews the child and family, talks with collateral contacts and gathers service involvement and/or history)
3. Information integration (private provider utilizes all available information to score the Child & Adolescent Assessment of Needs & Strengths - CANS)
4. Family Conference (private provider communicates the initial CAPS findings with family and DHHR worker)
5. Initial 14 day report (CAPS provider communicates the CAPS findings, recommendations and indicate additional assessments needed in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, Court, etc., and is available for presenting results as requested)
6. Triggered clinical assessment pathways (CAPS provider administers additional assessment (s) indicated by CANS results)
7. Family Conference (private provider communicates the final CAPS findings with family and DHHR worker)
8. Final 30 day Comprehensive Assessment Report (CAPS provider communicates the final CAPS findings, recommendations in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, Court, etc., and is available for presenting results as requested)
9. MDT/Case Plan Development (DHHR worker, MDT's and other appropriate parties use the CAPS recommendations to guide decision making.)

WV CAPS PROVIDER REQUIREMENTS

- WV CAPS providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider as well as have the ability to provide all of the Medically Necessary Services triggered by the initial 14 day assessment (psychological testing, mental health assessment, etc). WV CAPS Providers must demonstrate that they have the capacity and expertise to provide all levels of required assessment or have formal written contracts with community partners to assure the ability to deliver a comprehensive assessment in a timely manner.
- Those individuals responsible for completing the initial 14 day assessment and report are required to have a Bachelor's degree in the Human Service field plus a minimum of one year of experience in working with children, be CANS certified and be supervised with supervisor's signature on report. The supervisor must be Master level with licensure in Human Service fields plus be CANS certified.
- Additional triggered clinical assessments/tools are to be completed by individuals who meet the previous minimum credentials or tool/assessment specific criteria if greater.
- The 30 day Comprehensive Assessment Report (CAR) must be signed off by an individual with Master level plus licensure in Human Service field, however a BA CAPS credentialed individual or greater who completed the CAPS may be the individual to attend MDT and present results and recommendations.

WV Child and Adolescent Needs and Strengths (CANS)

WHAT IS THE CANS?

CANS is the acronym for the Child and Adolescent Needs and Strengths assessment. It was developed by Dr. John Lyons, Ph.D. who is currently a faculty member at the University of Ottawa and many stakeholders from numerous states across the country. The **CANS** is designed for use at two levels—for the individual child and family and for the system of care. The CANS provides a structured assessment of children along a set of dimensions relevant to service planning and decision-making. In addition, the **CANS** provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. The CANS is a meaningful tool that will help child serving systems with their most important work - improving the lives of children and their families. ***Utilizing the CANS is a fundamental shift in how systems utilize assessment information to guide decision making.***

WHY THE CANS?

Children and adolescents with serious emotional disturbance are commonly served by multiple systems including mental health, juvenile courts, public schools, and child protective services. Historically, these systems have developed separate jargon, missions, and services. This type of "silos" of services has resulted in communication barriers between the systems and fragmentation of services. ***An assessment instrument that can cross these barriers by creating a common assessment language while addressing the child and family status in a comprehensive manner was identified as a first step toward improving service delivery for these youth and their families.*** A cross system workgroup composed of private, public and family representatives selected the CANS as the initial comprehensive assessment tool for WV child serving systems because it:

- Guides service planning by broadly assessing strengths and needs of individual children and their families with the primary objective of permanency, safety and improved quality of life;
- Captures data to track progress on meaningful child and family outcomes;
- Identifies service gaps and promotes resource development;
- Enhances communication among participants through consistency and uniformity by all involved in children's services to be "on the same page" and "speak the same language" regarding a child's needs and strengths;
- Is easy to administer and use;
- Is statistically valid and reliable;
- Is scored to create a profile of the child, not arrive at a single total number;
- Is an open domain tool that is available at no cost, the CANS is free;
- Is simple to use and training is quick, with annual re-certification;
- Is designed to assess children from birth to adulthood;
- Provides for a consistent and uniform cross-system tool and process;
- Is face valid and easy to use yet provides comprehensive information regarding clinical status
- Is already being utilized by the Bureau of Children and Families and providers Statewide.

WV PROGRAMS CURRENTLY UTILIZING THE CANS

- WVDHHR Bureau of Children and Families (BCF) Comprehensive Assessment and Planning System (CAPS)
- West Virginia System of Care Regional Clinical Review Teams
- WVDHHR BCF Community Based Teams (Wraparound Model)
- Individual Provider Agencies
- Division of Juvenile Services (Pending)

CANS FOCUS AREAS

TRAUMA EXPERIENCES - *These ratings are made based on lifetime exposure of trauma (abuse, violence, disaster, etc)*

TRAUMATIC STRESS SYMPTOMS - *Describes a range of reactions that children and adolescents may exhibit to any of the variety of traumatic experiences. (re-experiencing, numbing, avoidance, adjustment to trauma, etc), .*

CHILD STRENGTHS **-** *Describes a range of assets that children and adolescents may possess that can facilitate healthy development. In general strengths are more trait-like, stable characteristics (family, education, talents, etc).*

LIFE DOMAIN FUNCTIONING - D*escribes how children and adolescents are doing in their various environments or life domains (sleep, recreation, medical, school, family, legal, etc)*

ACCULTURATION - *All children are members of some identifiable cultural group. These ratings describe possible problems that children or adolescents may experience with the relationship between their cultural membership and the predominant culture in which they live (language, identify, ritual, cultural stress).*

CHILD BEHAVIORAL/EMOTIONAL NEEDS -*Identifies the behavioral health needs of the child or adolescent. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication (Psychosis, depression, anxiety, conduct, substance, anger, etc)*

CHILD RISK BEHAVIORS – *Identifies risk behaviors that can get children and adolescents in trouble or put them in danger of harming themselves or others (suicide, danger to others, bullying, runaway, etc)*

DEVELOPMENTAL – A*ssess the presence of developmental factors such as intellectual functioning, expressive language issues, self and daily living skills and/or other pervasive development disorders such as Autism, Tourette's, Down Syndrome, or other significant delays.*

LIFE SKILLS: *Focuses on the presence of skills needed to live independently and or the readiness to take on these responsibilities.*

CAREGIVER NEEDS & STRENGTHS – *Focuses on the current caregiver, including birth parents, substitute caregivers, and any other caregiver when the goal is "return home" or when the status is pending. Caregiver ratings should be completed for the significant households involved. Out of hone care Residential Settings and Independent Living Settings are excluded.*

SCORING AND USING THE CANS

The CANS is easy to learn and is well liked by individuals, youth and families, providers and other partners in the services system because it is easy to understand. Each CANS item suggests different pathways for service planning. There are four levels of each item with definitions (found in the CANS Manual). The definitions are designed to translate into the following action levels.

Score Level of Needs & Appropriate Action

0 No evidence of need - No action needed
1 Significant history or possible need which is not interfering with functioning - Watchful waiting/Preventive Activities/Monitoring
2 Need interferes with functioning - Action/Intervention *(requires action to ensure that this identified need or risk behavior is addressed)*
3 Need is dangerous or disabling - Immediate/Intensive action

Score Level of Strengths & Appropriate Action

0 Centerpiece strength - Central to planning
1 Strength present - Useful in planning
2 Identified strength - Must be Built/Developed
3 No strength identified - Strength creation or identification may be indicated

APPENDIX C
JOINT COMMISSIONS TASK TEAM CHARTER

State of West Virginia

Comprehensive Behavior Health Commission (Approved at 1/21/10 meeting)

Commission to Study the Residential Placement of Children (Approved at 3/4/10 meeting)

Proposal for Commissions' Special Joint Task Team on
Young Children Behavior Health Issues

The two Commissions, while having clearly separate charges and having published reports that are in different implementation phases, share a number of common issues centered on children. In recent months, heightened concerns and greater attention have surfaced regarding the identification of behavioral health issues focused on young children ages 5 through 11.

To ensure the behavioral health issues of this population are being addressed in some form, share agreement on priority and that duplication of effort is reduced as much as possible, it is proposed that a special joint as task team with working group representatives from both Commissions be established. This team would be comprised of those most knowledgeable or engaged in young children behavioral health work with emphasis on the children in the age range of 5 through 11.

The Commissions believe a first good step is to obtain an accurate and up-to-date assessment of the situation in West Virginia regarding behavioral health issues with children ages 5 through 11. This includes special considerations based on the young age and what one or both Commissions are doing or should be doing in the future to bring about improvement. This may reference state agency policy, West Virginia legislation, process improvements, resource needs or other topics.

Specifically, the Special Joint Task Team is asked to provide a report that covers the following:

1. How each Commission is directly addressing, if at all, this population based on its existing recommendations and activities.
2. What other initiatives or activities are in place (by state agency, private sector, non-profit organizations, collaboratives, etc.) and are addressing children's behavioral health issues in conjunction with or external to one or both Commissions.
3. A priority list of key issues needing addressed with this population now or in the immediate future.
4. A list, if the team identifies any, of specific actions to be taken directly by one or both Commissions that will address the behavioral health issues found regarding this young children population in West Virginia.
5. A list, if the team identifies any, of specific recommendations for one or more of the Commissions to endorse, encourage or support through the work efforts or activities of others that address young children behavioral health issues.

Sue Hage (BCF) and Jackie Payne (BHHF) have agreed to co-lead this team and bring together the most appropriate people to serve on the team. Further, the team would seek input from a variety of sources ranging from families to providers. The Commissions will provide administrative and technical support as needed.

The Task Team will provide an initial report to both Commissions on our before May 1, 2009.

APPENDIX D
WORKING GROUPS LISTS
Service Delivery & Development Working Group

Service Delivery and Development (SDD) Work Group Task Teams

(Task teams include representative members of the full work group in addition to many additional stakeholders representative of both public and private WV child serving systems)

BB - Building Bridges	Co-O - Co-Occurring Best Practice Task Team
CAPS - Comprehensive Assessment and Planning (CAPS)	Co-E - Co-Existing Best Practice Task Team
APR - Automatic Placement and Referral (APR)	Data - Integrated Data, Evaluation and Outcomes
OY-A - Older Youth Transitioning to Adulthood Best Practice Task Team	Trauma Best Practice Task Team (being formed now)

	SDD	BB	CAPS	APR	OY-A	Co-O	Co-E	DATA
1. Phyllis Apple, DHHR				X		X		
2. Kathy Baird – Braley & Thompson-Res-Care	X	X	X					
3. Laura Barno, Program Manager, DHHR		X						
4. Tim Bauman, Pressley Ridge						X		
5. Christina Bertelli, Chafee Program, CESD		X			X			
6. Linda Boyer, Daymark				X		X		
7. Pat Booker – National Youth Advocate Program	X		X			X		
8. Amy Booth – WV DHHR – BCF	X	X			X			
9. Betty Brooks, DHHR				X				
10. Cindy Bryant, WVSOC, Prestera						X		
11. Andrea Burns, KVC			X					
12. Michele Bush, WV CASA		X						
13. Kristie Byrd, BHHF, Office of Developmental Disabilities								
14. Rebecah Carson – Region III CWC, DHHR	X		X	X	X			
15. Peggy Cartus, Florence Crittenton				X				
16. Damon Cater, Home Base				X				
17. Jackie Columbia – Board of Child Care	X	X	X					
18. Beth Cook – Logan County CAC	X					X		
19. Dr. Corey Colyer, WVU, Evaluator		X						
20. Ardella Cottrill, Region I, Family Representative		X						
21. Laurah Currey – Pressley Ridge *	X		X	X				X
22. Linda Dalyai – WVDHHR-BCF *	X	X	X					X
23. Gwen Davis – Try Again Homes	X		X		X			
24. Kimberly Davis, DHHR				X				
25. Julie DeMattie, Golden Girls				X				
26. Joanne Dobrzanski, Family Connections		X		X				
27. Ruth Ann Douglass, Hancock Co. Schools		X						
28. Caroline Duckworth		X						
29. Lora Dunn – Highland Hospital	X						X	X
30. Barbara Edmonds, OBH, DHHR					X			
31. Laurea J. Ellis, WVDHHR			X					
32. Rebeccah Farmer – Region II CWC	X		X		X			
33. Kenny Fischer, St. John's Home				X				
34. Patty Flanagan – Southern Highlands	X							X
35. Susan Fry - Chair – Stepping Stones, Inc. *	X	X	X		X			X
36. Heather Gallagher – Stepping Stone	X	X		X	X			

	SDD	BB	CAPS	APR	OY-A	Co-O	Co-E	DATA
37. Brad Gault, Try Again Homes		X						
38. Debi Gillespie- Division of Juvenile Services	X	X	X		X			
39. Hon. Mary Ellen Griffith		X						
40. Sue Hage, Deputy Commissioner of Programs, DHHR		X						X
41. Denise Halterman – WV System of Care	X		X					
42. Marcus Hamden				X				
43. Carla Harper, Program Manager, DHHR		X						
44. Beverly Heldreth – Region I CWC	X		X					
45. Joy Hickman, Youth Service Systems			X					
46. Melissa Hoburg				X				
47. Kelli Holbrook – Region IV CWC, DHHR	X	X	X	X	X			
48. Cindy Howvalt – Stepping Stone	X	X		X	X			
49. Arlene Hudson, APS Healthcare		X						
50. Cindy Inman,								X
51. Christa James, Region I CWC, DHHR		X						
52. Barb Jones, Family Connections		X		X				
53. Tammy Jones, DHHR				X				
54. Philip Jerman, Davis-Stuart				X				
55. Lisa Kaplan – River Park Hospital *			X	X			X	X
56. Tracy King, FMRS							X	
57. Mike Lacy, WV Supreme Court of Appeals		X						
58. Rose LaRosa, Family Connections				X				
59. Patricia Lewis, National Youth Advocate Program		X						
60. Kate Luikart – KVC	X	X	X				X	
61. Teresa Lyons, Attorney		X						
62. Ann Marlowe, KVC			X					
63. Terry McCormick, St. John's Home		X						
64. Rhonda McCormick – WV Family Advocacy and Support Team (FAST)	X	X		X			X	X
65. Suzie McCoy, Pressley Ridge					X			
66. Alicia Mcintire, Chafee		X			X			
67. Tina McKinney, WVDHHR			X					
68. Carl McLaughlin, Probation Officer, Kanawha		X						
69. Brenda McPhail, DHHR		X						
70. Sharla Meade, River park Hospital						X		
71. Jane Moran,		X						
72. Dianna Bailey-Miller, Family Advocacy & Support Team (FAST)					X			
73. Linda Morrison, Manager, DHHR		X						
74. John Moses, Youth Services System			X					
75. Catherine Munster, Attorney, Clarksburg		X						
76. Jason Najmulski, Commissioner, DHHR, BCF		X						
77. Carol Newl, WV Ctr. Of Excellence in Disabilities							X	
78. Tzouri Oliver, DHHR		X						
79. Jackie Payne, DHHR, BHHF							X	
80. Tammy Pearson – WVSOC – Marshall University *	X		X					X
81. Dennis Pease – Daymark	X	X			X			
82. Joe Peet, Elkins Mountain School				X				

	SDD	BB	CAPS	APR	OY-A	Co-O	Co-E	DATA
83. Raymona Preston – Stepping Stones, Inc. *	X	X	X	X	X			
84. Beverly Petrelli – Crittenton Services (Wellspring)	X		X					
85. Doug Pfeifer, Pressley Ridge						X		
86. Vicki Pleasant – Daymark	X	X		X	X			
87. Donna Plum, Olympic Center				X				
88. Melody Plumley, Children's Home Society			X					
89. Sandra Prather, WVDHHR			X			X		
90. Vanessa Ravere, Children's Home Society			X					
91. Stacey Reed – Children's Home Society *	X		X					
92. Kari Rice, WVDOE/OIEP		X						
93. Brandi Robinson, Genesis			X					
94. Becky Sanders, Elkins Mountain School		X	X	X				
95. Cheryl Salamacha, DHHR		X						
96. Elizabeth Sesco, WVDOC, RCC							X	
97. Kellie Stafford, DHHR				X				
98. Lynn Stanley – Northwood	X							
99. Dorothy Shanley – Healthways	X	X						
100. Quewanncoii C. Stephens, Sr. "Que", DJS		X						
101. Elva Strickland, DHHR		X						
102. Hon. Derek Swope		X						
103. Nikki Tennis, WV Supreme Court of Appeals		X						
104. Cliff Terrell		X						
105. Peggy Tordella – United Summit	X							
106. Valerie Turner,		X						
107. Melanie St. Clair, Pressley Ridge				X				
108. Kathy Szafran, Florence Crittenton				X				
109. Sheila Walker – Burlington United Methodist Family Services	X							
110. Mindy Wass – Prestera	X		X			X		
111. Linda Watts – WV System Of Care	X	X	X					X
112. Kevin Wilson, DHHR				X				
113. Pat Winston, WV Dept. of ED, Office of Behavioral Health		X						
114. Jason Wright, Div. of Juvenile Services		X						
115. Karen Yost – River Park Hospital *	X	X	X	X		X		

** Denotes Task Team Leaders*

*** In addition to the above listed task teams the work group is responsible for the annual review and proving ongoing technical assistance to the Regional Clinical Review Team process, annual review and ongoing technical assistance to community forums, technical assistance and support to the service array process as well as ongoing additional projects and responsibilities as assigned.*

West Virginia System of Care Working Group

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training	Service Array
1. William Adamy, Community Services Manager, DHHR				X
2. Darlena Ables, Community Services Manager, DHHR				X
3. Bill Albert, LAWV, FAST*	X		X	
4. Ronald Anderson, Region III Director, DHHR				X
5. Mary Austin, Community Services Manager, DHHR				X
6. Wayne Bailey		X		
7. Deb Barthlow, Children's Home Society of WV	X			
8. Tim Bauman, Pressley Ridge				X
9. Trudi Blaylock		X		
10. Jennifer Beckett		X		
11. Joann Boileau, Children's Home Society				X
12. Kim Bradley		X		
13. Cindy Bryant, WVSOC, Prestera		X		
14. Joe Bullington, Region IV Director, DHHR				X
15. Andrea Burns, KVC				
16. Michele Bush, WV CASA			X	
17. Rebecah Carson – Region III CWC, DHHR		X		
18. Monica Cogle		X		
19. Jackie Columbia – Board of Child Care		X		
20. Deana Cummings		X		
21. Ardella Cottrill, Region I, Family Representative, FAST	X		X	
22. Jessica Crowder		X		
23. Patty Deeds		X		
24. Julie DeMattie, Golden Girls				
25. Becky Derenge', WVDE, Coordinator of Education for Homeless, Attendance and Student Placement	X			
26. Jennifer Dewitt, Specialized Family Care		X		
27. Joanne Dobrzanski, Family Connections		X		
28. Lora Dunn – Highland Hospital		X		
29. Lu Ann Edge		X		
30. Paula Edwards		X		
31. Laurea J. Ellis, WVDHHR				
32. Jim Elzey, DHHR, BHHF	X			
33. Bex Evert, Eastern Regional FRN				X
34. Nancy Exline, Community Services Manager, DHHR				X
35. Rebeccah Farmer – Region II CWC		X		
36. Patty Flanagan – Southern Highlands		X		
37. Susan Fry , Stepping Stones, Inc.	X	X		
38. Debi Gillespie- Division of Juvenile Services	X	X		
39. James Gilmore, Community Services Manager, DHHR				X
40. Todd Goddard		X		
41. Bobby J. Griffith		X		
42. Regis Grote, Specialized Family Care (MR/DD), WVCED		X		
43. Beth Groth		X		
44. Lisa Gue		X		
45. Goldie Gwenn		X		
46. Sue Hage, Deputy Commissioner of Programs, DHHR	X		X	
47. Lori Haldren		X		
48. Denise Halterman – WV System of Care		X		

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training	Service Array
49. Angie Hamilton, Pressley Ridge	X			
50. Renee Harris		X		
51. Martha Hawkins, Valley Healthcare System		X		
52. Beverly Heldreth – Region I CWC		X		
53. Cindy Largent-Hill, Timber Ridge Schools		X		
54. Melissa Hoburg				
55. Olivia Honaker		X		
56. Kelli Holbrook – Region IV CWC, DHHR		X		
57. Dan Holstein, Community Services Manager, DHHR				X
58. Kim Huffman, Summers County Family Resource Network				X
59. Robin Hughes		X		
60. Lisa Hutzler, Westbrook Health Services		X		
61. Christa Janes, Region I CWC, DHHR		X		
62. Sarah Jenkins		X		
63. Skip Jennings, Community Services Manager, DHHR				X
64. Jessica Johnson, Specialized Family Care		X		
65. Dr. Richard Kiley		X		
66. Lisa Kaplan – River Park Hospital		X		
67. Greg Kenney		X		
68. Kathie King, Program Manager, DHHR, BCF	X			
69. Swapna King, Region I Regional Clinical Coordinator		X		X
70. Tracy King, FMRS		X		
71. Brenda Lamkin, Parent, FAST			X	
72. Angela Lanyne		X		
73. Rose LaRosa, Family Connections				
74. Scott Levin, Parent, FAST			X	
75. Susan Logsdon		X		
76. Kate Luikart – KVC				X
77. Samantha Mann		X		
78. Gerri Mason, Mineral County FRN				X
79. Michelle L. Massaroni		X		
80. Jane McCallister, Director, DHHR, BCF	X			
81. Terry McCormick, St. John's Home				
82. Rhonda McCormick – WV Family Advocacy and Support Team (FAST)	X			
83. Tanya McCormick		X		
84. Donna McCune, DHHR		X		
85. Brenda McPhail, DHHR		X		
86. Goldie Meadows		X		
87. Joy Messenger		X		
88. Michelle Molisee, Wellsprings Family Services		X		
89. Dianna Bailey-Miller, Family Advocacy & Support Team (FAST)		X		
90. Linda Morrison, Manager, DHHR				X
91. Tanny O'Connell, Region I Director, DHHR				X
92. Erin Osborne		X		
93. Jackie Payne, DHHR, BHHF	X		X	
94. Tammy Pearson – WVSOC – Marshall University *	X			
95. Beverly Petrelli – Crittenton Services (Wellspring)		X		
96. Michael Phillips, Community Services Manager, DHHR				X
97. Melody Plumley, Children's Home Society		X		
98. Ben Plybon		X		

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training	Service Array
99. Raymona Preston – Stepping Stones, Inc. *		X		
100. Susan G. Radko, Community Services Manager, DHHR				X
101. Ryan Ramey, Youth Coordinator, LAWV, FAST*			X	
102. Barbara Recknagel, DHHR, BCF, Service Array*				X
103. Thomas E. Redden		X		
104. Janet Richmond, Children's Home Society				X
105. Doug Robinson, Office of Finance & Administration, DHHR, BCF	X			
106. Becky Sanders, Elkins Mountain School		X		
107. Carolyn Sansom, Community Services Manager				X
108. Janet Scarcelli, Chestnut Ridge Hospital		X		
109. Kristy Schnierlein		X		
110. Lesley Welton-See		X		
111. Elizabeth Sesco, WVDOC, RCC		X		
112. Elizabeth Shahan, Harrison Co. Family Resource Network				X
113. Gloria Shaffer,		X		
114. Kellie Stafford, DHHR		X		
115. Lynn Stanley – Northwood		X		
116. Hope Smith, Supervisor				X
117. Joe Sorrent, Social Service Supervisor, DHHR				X
118. Melanie St. Clair		X		
119. Quewanncoii C. Stephens, Sr. "Que", DJS			X	
120. Aletha Stolar, Fayette County FRN				X
121. Jackie Suhodolski, Specialized Family Care		X		
122. Melanie Swisher, DHHR, BCF, Service Array*				X
123. Paula Taylor, Community Service Manager, DHHR				X
124. Cindy Thompson, Parent, FAST			X	
125. Mike Toothman, Youth Service System				X
126. Peggy Tordella – United Summit		X		
127. Carla Torres		X		
128. Steve Tuck, Children's Home Society				X
129. Janet Turner, Community Services Manager, DHHR				X
130. Mindy Umstot		X		
131. Pat Varah, Youth Academy	X			
132. Patricia Vincent, Program Manager, DHHR		X		
133. Theresa Warnick, FRN of the Panhandle				X
134. Mindy Wass – Prestera		X		
135. Linda Watts – WV System Of Care*		X	X	X
136. Robin Weiner		X		
137. Lance Whaley, Community Services Manager, DHHR				X
138. Roger Whaley, Specialized Family Care (MR/DD), WVCED		X		
139. Deborah Williams, Raleigh County Community Council				X
140. Pat Winston, WV Dept. of ED, Office of Behavioral Health	X			
141. Beverly Wyatt		X		
142. Philip Wright, Stepping Stone, Inc.		X		
143. Chassity Murphy-Young		X		
144. Karen Yost – River Park Hospital *		X		X

** Denotes Workgroup Chairs or Task Team Leaders*

Child and Family Services Plan Working Group

	Safety	Permanency	Well-being
1. Jack Alsop, Circuit Judge			X
2. John Arnott, Child Protection Service Worker, DHHR		X	
3. Amanda Ash, Director for Pressley Ridge	X		
4. Michael S. Baker, Child Advocacy Center	X		
5. Patricia Bailey, Domestic Violence Advocate			X
6. Tammy Gail Bailey, Child Protection Services Supervisor, DHHR	X		
7. Leslie Bassilaros, Child Advocacy Centers			X
8. Vickie Bell, Child Protection Service Supervisor, DHHR	X		
9. Christina Bertelli, Chafee Program, CESD		X	
10. Caren Bills, WV Supreme Court of Appeals, Div. of Probation Services		X	
11. Rhonda Bills, Chafee Program, CESD			X
12. Scott Boileau, Alliance for Children	X		
13. Rita Brown, Professor, WV State University	X		
14. Michele Bush, WV CASA		X	
15. Sue Buster, Div. of Family Assistance		X	
16. Martha Cage, Child Protection Service Supervisor, DHHR		X	
17. Janie Cole, Early Care & Education, DHHR			X
18. Jackie Columbia – Board of Child Care			X
19. Laurah Currey – Pressley Ridge	X		
20. Linda Dalyai – WVDHHR-BCF (Support for the Commission's Workgroups)*	X	X	X
21. Traci Dean, FACTS Project Manager, DHHR	X		
22. Juli Dean, Golden Girls, Inc.			X
23. Julie DeMattie, Golden Girls			X
24. Crystal Dodson, Foster Care Specialist, DHHR		X	
25. Caroline Duckworth, Director, APS Healthcare, Inc.			X
26. Renee Ellenberger, National Youth Advocate Program		X	
27. Tina Faber, Child Abuse Prevention & Early Intervention Specialist, DHHR			X
28. Steve Fairley, Youth Academy	X		
29. Susan Fry , Stepping Stones, Inc.		X	
30. Sandy Gainer, Office of Planning & Quality Improvement Program Reviewer *		X	
31. Debi Gillespie- Division of Juvenile Services		X	
32. Jody Gottlieb, Professor, Marshall University			X
33. Regis Grote, MR/DD Family Care Specialist, WVCED			X
34. Sue Hage, Deputy Commissioner of Programs, DHHR*			X
35. Mike Hale, Superintendent, Div. of Juvenile Justice			X
36. Monica Hamilton, Family Assistance, DHHR	X		
37. Terrance Hamm, APS Healthcare			X
38. Carla Harper, Program Manager, DHHR	X	X	X
39. Angela Hatfield, National Youth Advocate Program			X
40. Mary Hodge, FACTS Project Manager, DHHR			X
41. Arlene Hudson, APS Healthcare		X	
42. John A. Hutchison, Circuit Judge		X	
43. Taunja Hutchison,		X	
44. Vickie James, Title IV-E Training Coordinator, WVU/CED			X
45. Gary Johnson, Circuit Judge	X		
46. Mike Johnson, Director, Management Information Systems, DHHR		X	
47. Lisa Kaplan – River Park Hospital	X		
48. Kathie King, Program Manager, DHHR, BCF*		X	
49. Swapna King, Region I Regional Clinical Coordinator	X		
50. Tricia Kingery, WV Child Care Association			X
51. Toby Lester, CPS Policy/Program Specialist, DHHR	X	X	

	Safety	Permanency	Well-being
52. Renee Cutlip-Livesay, Office of Planning & Quality Improvement, DHHR*			X
53. Patricia Lucas, Institutional Education Programs, WVDE			X
54. Kate Luikart – KVC	X		
55. John Marchio, Div. of Juvenile Services	X		
56. Jane McCallister, Director, DHHR, BCF*	X		
57. Rhonda McCormick – WV Family Advocacy and Support Team (FAST)		X	X
58. Keith Miller, Social Service Supervisor, DHHR	X		
59. Maggie Monitor, Adoption Program Specialist, DHHR		X	
60. Pat Moss, WVU Center for Excellence in Disabilities (WVCED)			X
61. Catherine Munster, Attorney, Clarksburg		X	
62. Tona Murin, Child Protection Service Worker, DHHR	X		
63. Jason Najmulski, Commissioner, DHHR, BCF*	X	X	X
64. Pat Snyder-Nesbit, WVU Center for Excellence in Disabilities (WVCED)	X		
65. Crystal Newman, Child Protection Service Worker, DHHR			X
66. Michael O'Farrell, Community Representative	X	X	
67. Dennis Pease – Daymark		X	
68. Sandra Prather, WVDHHR		X	
69. Ryan Ramey, Youth Coordinator, LAWV, FAST	X		
70. Robin Renquest, Director, Pressley Ridge			X
71. Janet Scarcelli, Chestnut Ridge Hospital	X		X
72. Elizabeth Sesco, WVDOC, RCC		X	
73. Kimberlee Sharp, Family Representative			X
74. Amanda Simmons, Office of Planning & Quality Improvement Program Reviewer*	X		
75. Lynn Stanley – Northwood Health Systems			X
76. Dr. John David Smith, Vice President, Concord University		X	
77. Ron Somerville, Family Care Specialist, MR/DD		X	
78. Theodora "Teddy" St. Lawrence, Office of Planning & Quality Improvement Program Reviewer *	X		
79. Melanie Stormy Stover, Child Protection Service Worker, DHHR	X		
80. Rhonda Stubbs, A Child's Place, Court Appointed Special Advocate			X
81. Dennis Sutton, Children's Home Society		X	
82. Barbara Taylor, Social Service Supervisor, DHHR			X
83. Nikki Tennis, WV Supreme Court of Appeals		X	
84. Celi Vandyke, Just for Kids, Inc. Child Advocacy Centery	X		
85. Pat Varah, Youth Academy			
86. Fran Warsing, Superintendent Institutional Educational Programs, WVDE		X	
87. Mindy Wass – Prestera			X
88. Linda Watts – WV System Of Care			X
89. Robin Weiner, Children's Liaison Logan-Mingo Area, Mental Health, Inc.			X
90. Susie Wilson, BHHF, CBH			X
91. Debbie Wood, Domestic Violence Advocate		X	
92. Joyce Yedlosky, WVCADV, Domestic Violence Advocate	X		
93. Karen Yost – River Park Hospital			X

** Denotes Workgroup Chairs or Task Team Leaders*

Other Working Groups

	CIP MDT	Training	Out of State Certification
1. Fran Allen, Attorney,	X		
2. Laura Barno, Program Manager, DHHR *			X
3. Amy Booth – WV DHHR – BCF	X		
4. Ghaski Browning, WV Dept. of Education			X
5. Michele Bush, WV CASA	X		
6. Kelli Holbrook-Collins, Region IV Child Welfare Consultant, DHHR		X	X
7. Jackie Columbia – Board of Child Care	X		
8. Dr. Corey Colyer, WVU, Evaluator	X		
9. Linda Dalyai – WVDHHR-BCF *	X		
10. Joanne Dobrzanski, Family Connections	X		
11. Caroline Duckworth	X		X
12. Dewayne Duncan, WV Dept. of Education			X
13. Heather Gallagher – Stepping Stone	X		
14. Debi Gillespie- Division of Juvenile Services	X		
15. Hon. Mary Ellen Griffith	X		
16. Sue Hage, Deputy Commissioner of Programs, DHHR *	X		X
17. Carla Harper, Program Manager, DHHR	X		
18. Teresa Haught, DHHR	X		
19. Kelli Holbrook – Region IV CWC, DHHR	X		
20. Lisa Kaplan – River Park Hospital		X	
21. Linda Kennedy, Bureau for Medical Services, DHHR			X
22. Mike Lacy, WV Supreme Court of Appeals	X		
23. Teresa Lyons, Attorney	X		
24. Brenda McPhail, DHHR	X		
25. Nora McQuain, Bureau for Medical Services, DHHR			X
26. Jane Moran,	X		
27. Linda Morrison, Manager, DHHR	X		
28. Catherine Munster, Attorney, Clarksburg	X		
29. Jason Najmulski, Commissioner, DHHR, BCF	X		
30. Tzouri Oliver, DHHR	X		
31. Raymona Preston – Stepping Stones, Inc. *		X	
32. Cheryl Salamacha, DHHR	X		
33. Tara Stevens, APS Healthcare, Inc.			X
34. Elva Strickland, DHHR	X		
35. Hon. Derek Swope	X		
36. Nikki Tennis, WV Supreme Court of Appeals	X		X
37. Cliff Terrell	X		
38. Valerie Turner,	X		
39. Fran Warsing, WV Dept. of Education			X
40. Linda Watts – WV System Of Care		X	X
41. Tracy Weese,	X		
42. Jason Wright, Div. of Juvenile Services	X		
43. Karen Yost – River Park Hospital *	X	X	

APPENDIX E
EDUCATION OF CHILDREN IN OUT-OF-HOME CARE ADVISORY COMMITTEE MEMBERS

Name & Title	Affiliation
Kathy D'Antoni, Assistant Superintendent of Schools, Chair	West Virginia Department of Education
Gary Adkins, Superintendent	Wayne County Schools
Jodie Akers, Director of Student Services and Attendance	Upshur County Schools
Frank D. Andrews, Project Consultant	West Virginia Department of Education
Barbara Ashcraft, Coordinator	West Virginia Department of Education
Laura Sperry Barno, M.S.W., L.G.S.W., Program Manager	West Virginia Department of Health and Human Resources
Dr. Dixie Billheimer, Chief Executive Officer	West Virginia Center for Professional Development
Ghaski Browning, Assistant Director	West Virginia Department of Education
Michele Bush, Executive Director	WV CASA Association
Keith Butcher, Executive Director	RESA I
Laurah Currey, Sr. Director	Pressley Ridge Schools, WV Residential & Education
Rebecca Derenge, Coordinator	West Virginia Department of Education
Sue Hage, Deputy Commissioner for Programs	West Virginia Department of Health and Human Resources
Linda Morrison, Community Services Manager	West Virginia Department of Health and Human Resources
Catherine Munster, Esq.	
Frances Pack, Homeless Facilitator and Assistant Attendance Director	Kanawha County Schools
Jenny N. Phillips, Member	West Virginia Board of Education
Vicki Pleasants, Director of Programs	Daymark, Inc.
Dennis W. Sutton, Chief Executive Officer	Children's Home Society of West Virginia
Hon. Derek Swope	Mercer County Courthouse
Dr. Frances Warsing, Superintendent	West Virginia Department of Education Office of Institutional Education Programs

Commission to Study Residential Placement of Children
Sue Hage
WV Department of Health & Human Resources
Bureau for Children & Families
350 Capitol Street, Room 730
Charleston, WV 25301

Phone: (304) 558-2983
Fax: (304) 558-4563
Sue.C.Hage@wv.gov