

# 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

**December 31, 2011**

**Submitted to**

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

**Submitted by**

Dr. Michael J. Lewis, Commission Chair  
Cabinet Secretary  
Department of Health & Human Resources



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# **Advancing New Outcomes**

## **PROGRESS REPORT 2011-2012**

### **A MESSAGE FROM THE COMMISSION CHAIR**

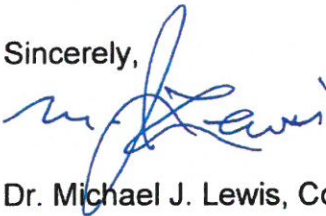
On behalf of the Commission to Study Residential Placement of Children, I am very pleased to submit the annual summary report, "Advancing New Outcomes, 2012."

The Commission was created on April 9, 2005 when the West Virginia Legislature passed HB 2334. This statute 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." After the Commission published their summary report, "Advancing New Outcomes" in May 2006, the Commission continued to meet on a voluntary basis to ensure that work was being done to implement their recommendations. It was during this time that the Commission broadened the scope of its oversight to include all children in out-of-home care. In 2010, the Legislature passed SB 636 to reconstitute the Commission. This Legislative bill included both the original study areas as well as "addressing any ancillary issues relative to foster care placement."

The Commission continues to rely on working groups composed of many individuals with appropriate expertise to focus on specific recommendations.

The members of the Commission to Study Residential Placement of Children wish to recognize and express our deep appreciation for two members of this Commission that have served diligently since the Commission began: Honorable O.C. Spaulding and John J. Najmowski, Commissioner for the Bureau for Children and Families. Their commitment throughout the last seven years was crucial to the accomplishment of our work.

Sincerely,



Dr. Michael J. Lewis, Commission Chair

**"If our American way of life fails the child, it fails us all."**

**Pearl S. Buck**





## **A MESSAGE FROM THE BUREAU FOR CHILDREN & FAMILIES COMMISSIONER**

As the Commissioner for the Department of Health and Human Resources, Bureau for Children and Families, it has been a pleasure serving on the Commission to Study Residential Placement of Children.

We have come a long way since the enactment of this Commission in 2005. We have both studies and found solutions toward reducing the number of children in out-of-home care. At times, it seemed a daunting task, but because of the knowledge and expertise that is represented by the membership of the Commission, our dedicated employees, and volunteers, we are now showing outcomes.

On behalf of the children and families we serve through the Commission's work, I extend heartfelt thanks for your commitment.

Sincerely,



John J. Najmowski, Commissioner

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

**Ben Sweetland**





## PREFACE

Established originally through legislation (HB 2334), and reestablished through SB636 in 2010, the Commission has wisely leveraged its mandate to study residential placements of out-of-home children into hopefully positive actions for **Advancing 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 **Advancing 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 **Advancing 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 **Advancing New Outcomes** for every child in out-of-home status, regardless of where they may be.

Featured in this progress report are some reflective comments (quotes) regarding the being involved with the Commission's work offered by representatives from the Commission.

**“Coming together is a beginning;  
keeping together is progress;  
working together is success.”**

**Henry Ford**





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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 studies, reports, and data analyses, serves as 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)





## 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 its 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 carries 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 attend. In addition, many practitioners contribute in study area work outside of the formal Commission meetings that provide 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. In recent years, many Commission members, working together, have attended regional and National conferences and workshops to both present on the positive work here in West Virginia and to learn best practices to bring back to implement through the Commission in our State.

## Principle-based Collaboration a Must

The gains already evidenced and those updated 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 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 meaningful 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 in or the closest 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) original 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.

The Commission fully intends to continue to address issues, challenge current practices and evolve additional recommendations to augment this list. The objective is 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.

*"The Commission brings together all the major institutional players and helps us focus on what we all share as a common #1 goal: improving the lives of West Virginia's children. I never come away from the meeting without a new idea I can use."*

-Mike Kelly  
Family Court Judge  
11th Family Court Circuit

### **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.



**"Keeping Children Close To Home"**

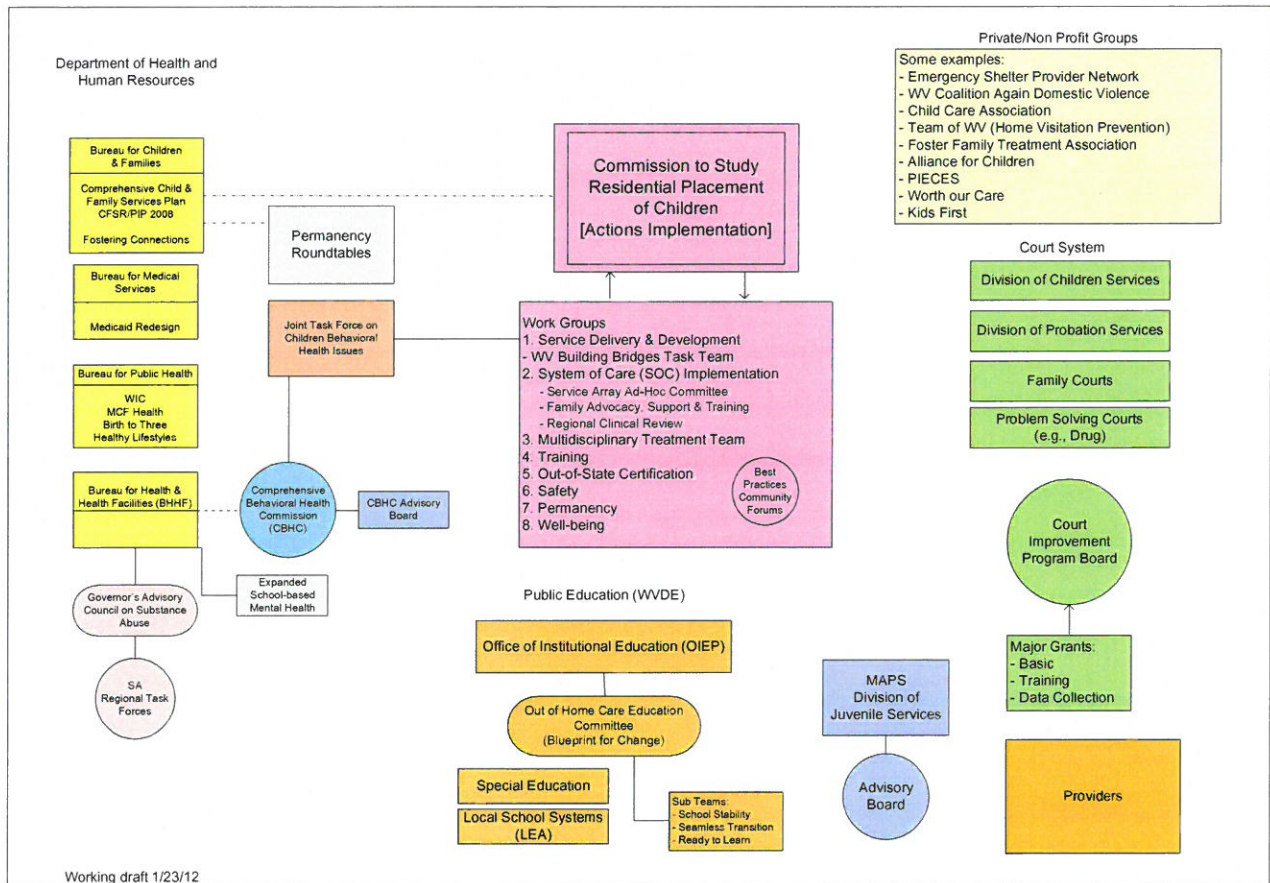


# OVERALL COLLABORATIVE MODEL

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 Education of Children in Out-of-Home Care 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



Working draft 1/23/12

## Definition of System

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.

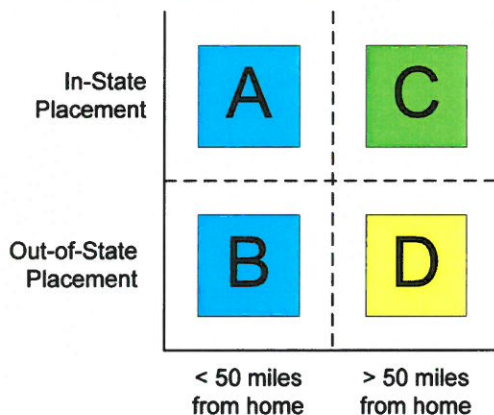
## PERFORMANCE METRICS



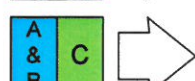

Since its inception, the Commission has focused on the goal of reducing out-of-state placements. Defining and developing the most appropriate benchmarks has been a challenge based on definitions, facilities close to the West Virginia border and difficulties in obtaining timely data. The Commission has moved in recent years to more specific ways to define and report placements. 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. For performance outcomes (scorecard), the 'out-of-state' definition established by the Commission will be used.

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.



## 2011 Performance Scorecard

In late 2010, Bureau for Children and Families (BCF) determined the baseline for the number of children in out-of-state placements. An average of the months of October, November and December 2010 was used to calculate the initial baseline. Each quarter, the Commission receives a report on the number of out-of-state placements. Below is the status report at the end of 2011 completed for this progress report. As can be seen, the number of out-of-state placements was 179 at the end of December 2011. This is under the required number of 221, which represents what was expected in the West Virginia legislature.

Although the Commission cannot predict the future, the trend during 2011 is very encouraging. There is a sense that these reduction in numbers reflects the Commission's focus and work over the past few years. However, the Commission continues to study the declines.

During 2011 the Commission continued to think through the causes for why a child is placed out of state and to look for the ones that, when addressed successfully, will have the greatest effect of keeping children within West Virginia. Understanding critical "Levers" that drive placements out of state has been beneficial. For example, two key areas identified are:

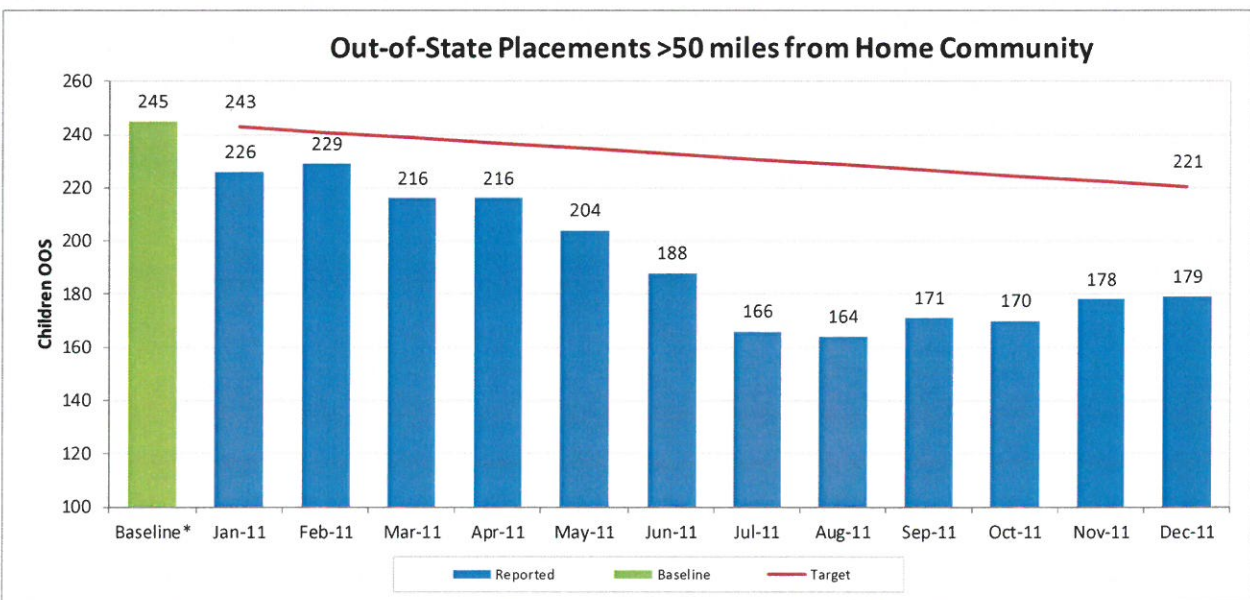
1. To reduce the number of initial decisions to place a child out of state
2. For those placed out of state focus on reducing the length of stay in out-of-state placement.

Therefore, new initiatives are aimed to attack both of the above area.

### West Virginia Commission to Study Residential Placement of Children Performance Scorecard

December 2011

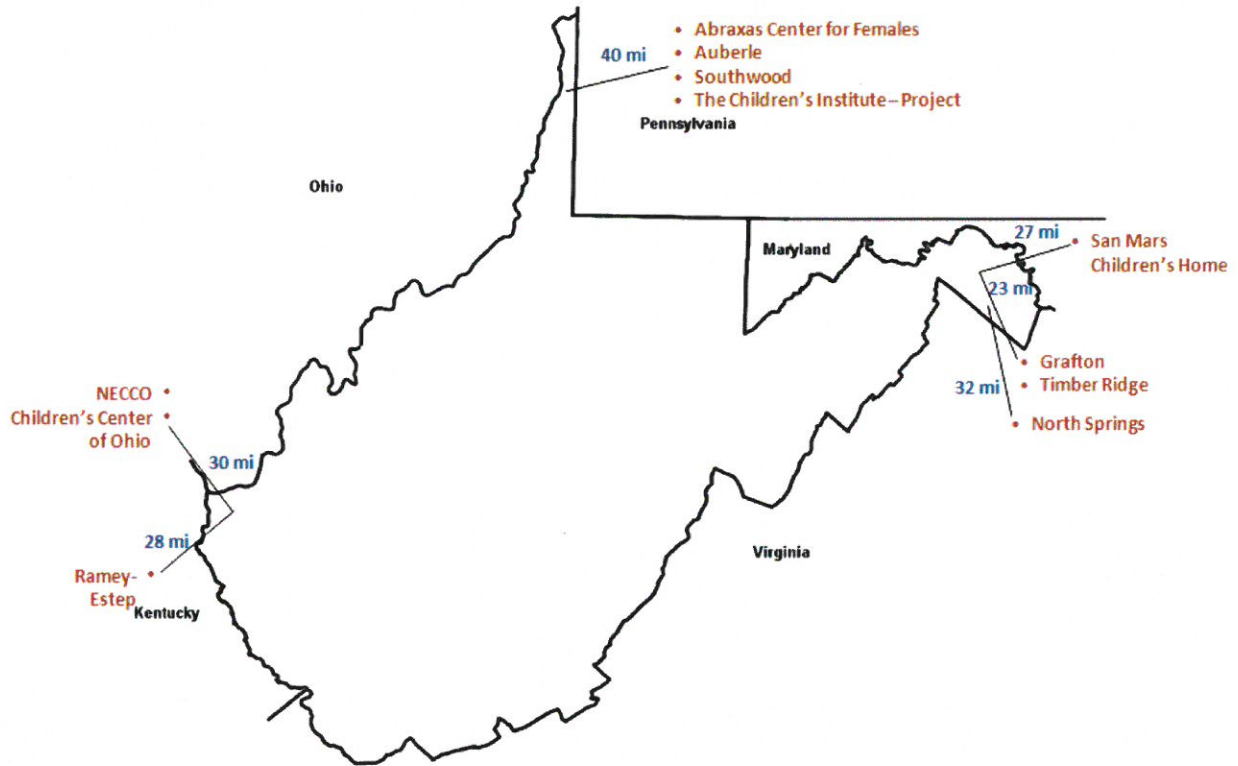
Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
<b>In State</b>	<b>737</b>	<b>65</b>	<b>26</b>	<b>828</b>	76%
< 50 miles from Home Community <b>A</b>	382	26	9	<b>417</b>	38%
> 50 miles from Home Community <b>C</b>	355	39	17	<b>411</b>	38%
<b>Out of State</b>	<b>187</b>	<b>69</b>	<b>0</b>	<b>256</b>	24%
< 50 miles from Home Community <b>B</b>	67	10	0	<b>77</b>	7%
> 50 miles from Home Community <b>D</b>	120	59	0	<b>179</b>	17%
<b>Total</b>	<b>924</b>	<b>134</b>	<b>26</b>	<b>1,084</b>	100%



\* Baseline is the average of October, November and December of 2010

## 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.



*"Supporting such an effective Commission has been a very gratifying role in my professional career. I have often remarked I'd probably be retired by now if it weren't for being so engaged with the many dedicated individuals across the state making a positive difference on behalf of the children through the Commission's meaningful work."*

-Sue Hage  
Deputy Commissioner  
Bureau for Children and Families



# NOTABLE 2011 INITIATIVES & ACTIONS

## Out-of-State Group Residential Facilities Monitoring Activities

During 2011 the Commission continued to support the combined efforts of WVDHHR and WVDE to conduct comprehensive, on-site monitoring in out-of-state residential facilities where West Virginia children are placed. These residential facilities were selected based on the number of children placed. The 2011 list included: Timber Ridge School, George Junior, Summit Academy and Barry Robinson Center.

Known as the Interagency Residential Monitoring System, the monitoring protocol covered West Virginia's established standards in the areas of treatment, education, 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 arrive home. Specifically, this most recent joint effort has been the first to ascertain the level and quality of education being offered to the children residents of the facility. Those engaged in the monitoring were looking at the treatment and education programs to ensure meaningful outcomes were possible.

After each monitoring, a report was prepared and shared with the Commission. In some cases, based on the monitoring results, out-of-state facilities were no longer considered as places to place children who were in state custody. The reports also served as formal feedback to each facility. In such cases where findings were found, corrective action was requested, which will lead to follow up monitoring to ensure changes are made. The Commission was instrumental in communicating the expectation of not only quality treatment, but quality education is a must for out-of-state facilities when it comes to West Virginia children.

## Court Improvement Program (CIP)

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with DHHR and the provider communities involved through funding from three federal grants with matching state funds. These are referred to as the "basic", "training" and "data collection" grants. In 2011, the CIP continued to address many areas of improvement in the court system with the majority assisting to advance the Commission's work. The dedication of the Judges to this work made a significant difference from education parents about child abuse and neglect cases to re-evaluation and updating of the Multi-Disciplinary Treatment (MDT) Training.

## Residential Facilities Master Directory

During 2011, BCF, as an outgrowth of the Commission's interest, developed a web-based accessible comprehensive matrix of its licensed facilities. This directory provided background information on each facility including location, types of treatment offered, number of beds, etc. In addition, the matrix contains information regarding the monitoring outcomes. From the initial draft to the present version, the Commission was helpful in shaping the content and format of this on-going directory.

## Permanency Roundtables Initiative

West Virginia is partnering with Casey Family Programs to implement Permanency Roundtables. The WV Permanency Roundtables will target children (under five years old) who have been in out-of-home care for 15 months or longer.

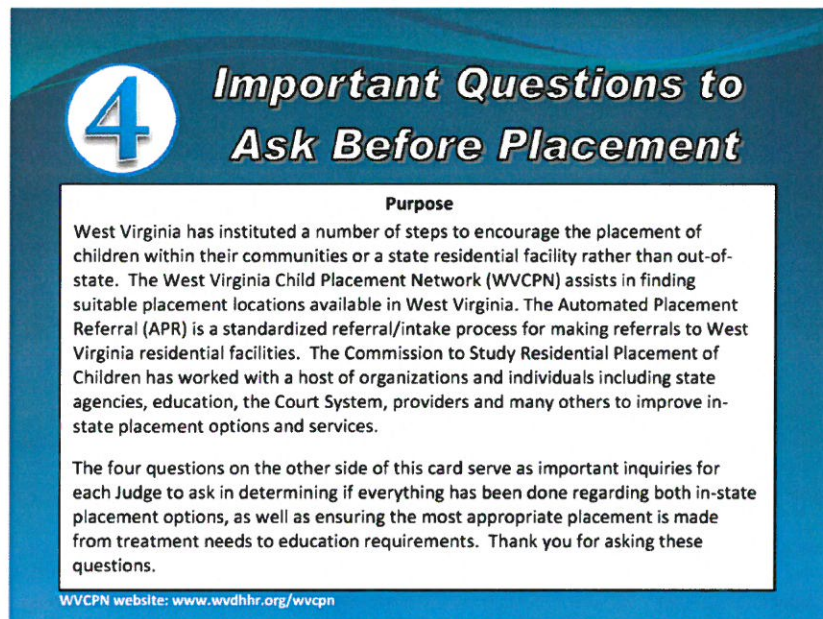
Permanency teams are formed that include and support the primary worker, community partners, and central office staff to provide technical support at an individual case level. The goal is to develop permanency plans that can be realistically implemented, and identify and address barriers to permanency that might be changed through professional development, policy change, resource development and the engagement of system partners.

## Before Placement 4-Questions Card for Judges

One way the Commission thinks initial out-of-state placement decisions can be reduced is by having a standard process to ensure all possibilities have been exhausted to keep the child in West Virginia. To do this, a single "4-Questions Card" was developed in 2011 to be "front and center" when a Judge is ready to make a placement decision. This card (see below) is two-sided with an explanation of use on one side, including a link to additional information. The other side has the four questions believed to be most helpful in reviewing if all options have been explored.

Beyond the intent to have these cards in the courtroom for the Judge to have handy, they are being distributed to case workers within DHHR and others to help have the questions answered in advance. As can be seen, the questions address facilities, education and treatment concerns.

### Four Questions Card



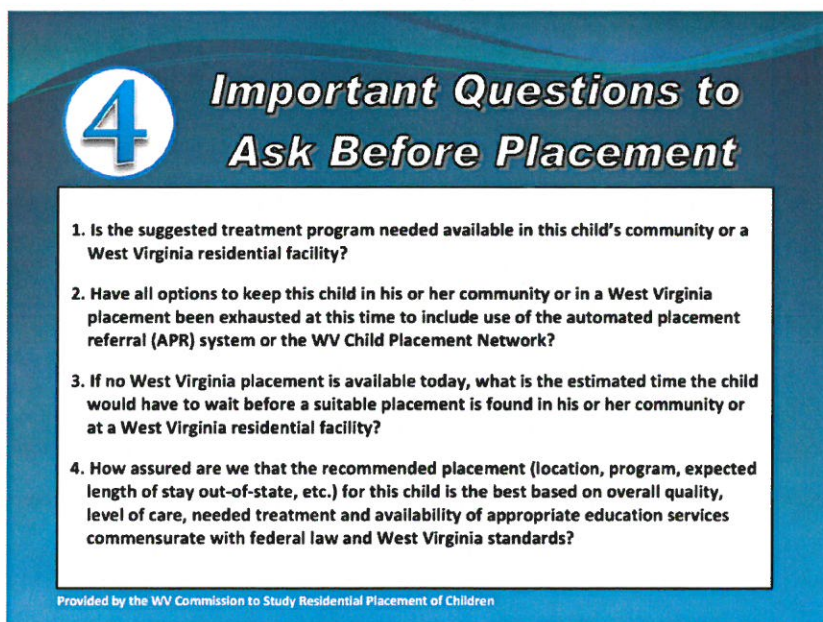
**4** **Important Questions to Ask Before Placement**

**Purpose**

West Virginia has instituted a number of steps to encourage the placement of children within their communities or a state residential facility rather than out-of-state. The West Virginia Child Placement Network (WVCPN) assists in finding suitable placement locations available in West Virginia. The Automated Placement Referral (APR) is a standardized referral/intake process for making referrals to West Virginia residential facilities. The Commission to Study Residential Placement of Children has worked with a host of organizations and individuals including state agencies, education, the Court System, providers and many others to improve in-state placement options and services.

The four questions on the other side of this card serve as important inquiries for each Judge to ask in determining if everything has been done regarding both in-state placement options, as well as ensuring the most appropriate placement is made from treatment needs to education requirements. Thank you for asking these questions.

WVCPN website: [www.wvdhhr.org/wvcpn](http://www.wvdhhr.org/wvcpn)



**4** **Important Questions to Ask Before Placement**

1. Is the suggested treatment program needed available in this child's community or a West Virginia residential facility?
2. Have all options to keep this child in his or her community or in a West Virginia placement been exhausted at this time to include use of the automated placement referral (APR) system or the WV Child Placement Network?
3. If no West Virginia placement is available today, what is the estimated time the child would have to wait before a suitable placement is found in his or her community or at a West Virginia residential facility?
4. How assured are we that the recommended placement (location, program, expected length of stay out-of-state, etc.) for this child is the best based on overall quality, level of care, needed treatment and availability of appropriate education services commensurate with federal law and West Virginia standards?

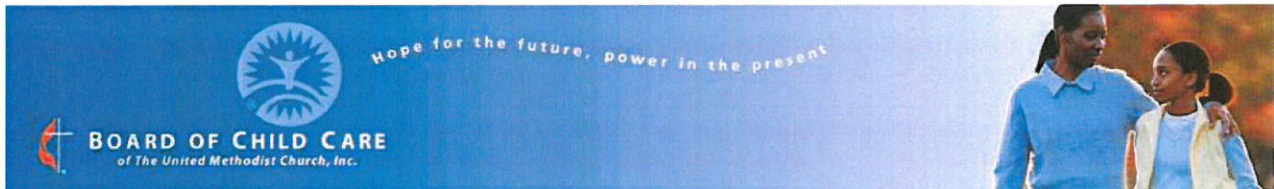
Provided by the WV Commission to Study Residential Placement of Children



## On-Location Commission Meetings

During 2011, the Commission determined it would be beneficial to hold at least one quarterly meeting outside of Charleston. The concept was to have as many of the Commission members travel to a location where a community listening session could be held in conjunction with a formal Commission meeting.

In June 2011, the first such on-location session was held in the Eastern Panhandle. The Board of Child Care of The United Methodist Church, Inc. agreed to host the event and did so very effectively. This gave the added benefit of touring one of the state's facilities for children. The campus visit was well received with good community participation. The Commission intends to continue the practice in 2012.



## Best Practices Community Forums

Last year's progress report issued by the Commission covered the first year of the Best Practices Community Forums which were held in four different regions. There are still actions being implemented in some of the original regions completed during 2011.

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).

Based on the lessons learned, these forums will be continued in at least two additional regions in 2012 with the first being in Cabell County. Adjustments will be made to try to increase the effectiveness of the planning.

The Readily at Hand, interactive checklist was created in 2011 working with those engaged the best practice work centered on youth in transition. Stepping Stone lead the design and implementation of this web-based checklist. Full background about the Readily at Hand checklist will be built into the CAPS process. More information on this best practice, including the most current checklist can be found at [www.itsmymove.org](http://www.itsmymove.org).



*"The Commission serves well to enable input and collaboration from collateral service providers and others who are actually involved in the details of the youth social service system in order to improve all aspects of the system."*

-Denny Dotson  
WV Division of Juvenile Services

## West Virginia System of Care

The West Virginia System of Care (WVSOC) is a set of values and guiding principles that provides a 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.

The WVSOC is an integral part in achieving the recommendations 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 changes that incorporate 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 process, 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.

*"As a provider member on the Commission, I am honored that my opinion on all matters is sought and valued by other members. I am both respected and challenged to explain, clarify, and think creatively when addressing service delivery and development issues. As such, I take seriously my responsibility to represent the entire provider community in my Commission position. Clearly, I have found my efforts as both a Commission member and as Chair of its Service Delivery and Development Work Group to be some of the most rewarding work in my career."*

- Susan R. Fry  
Executive Director  
Stepping Stones, Inc.

## 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 develop the pilot as part of a phased-in approach.



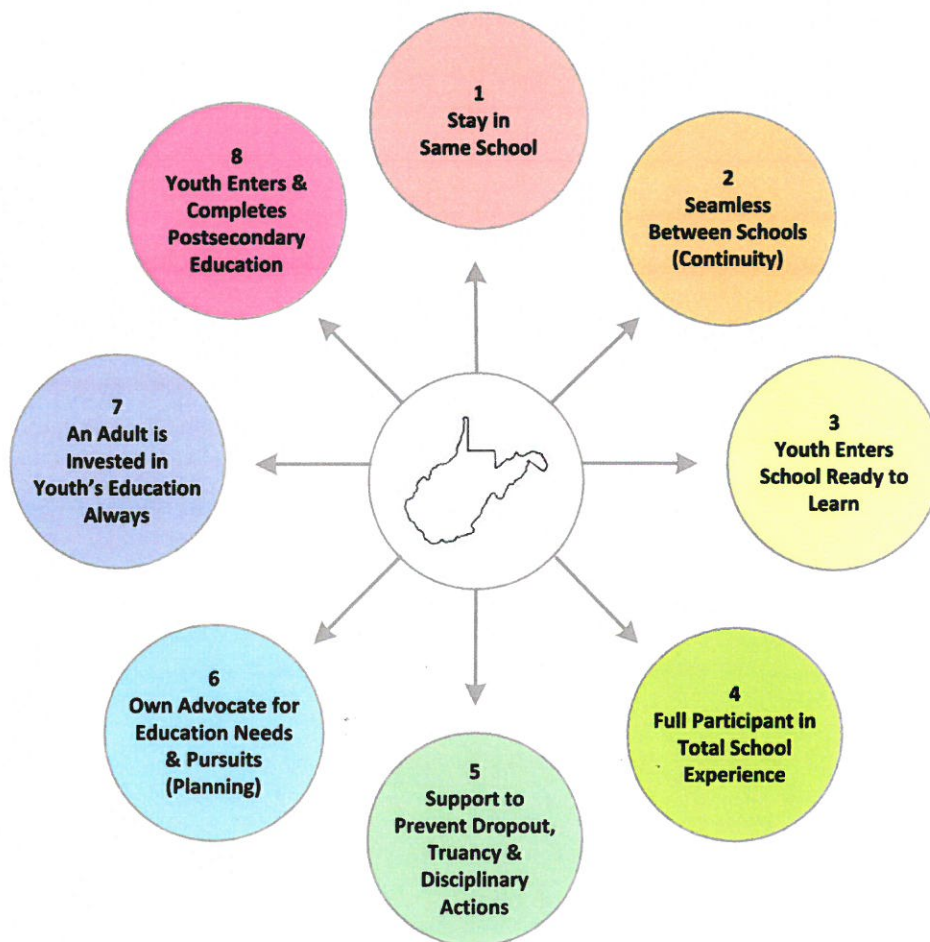
## Education of Children in Out-of-Home Care Advisory Committee

*"Changing the outcomes for children in out-of-home care requires a long-term commitment and a systemic approach. It also requires passion and a heart for the work."*

- Frank Andrews  
Retired Superintendent  
Office of Institutional Education Programs WVDE

During 2011, the Education of Children in Out-of-Home Care Advisory Committee reviewed its progress over the past few years. Since issuing *Reaching Every Child*, its initial findings and recommendations report in 2004, significant progress has been made with meaningful achievements. In the planning review the Committee determined that an updated approach was needed to continue to advance meeting the education needs of children in out-of-home care. Using the American Bar Association's (ABA) *Blueprint for Change*, a well-recognized and successful National focus on foster children and education spearheaded by the ABA, the Committee convened a planning group to help design a *West Virginia Blueprint for Change* plan. In doing so, the Committee agreed to adopt the eight overarching goals from the ABA's work. The diagram summarizes the eight goals for focus in West Virginia.

Three initial working groups have been formed for initial work on selected goals. These are: **School Stability**, **Seamless Transition** and **Ready to Learn**.



## The West Virginia Comprehensive Behavioral Health Commission

*"Based on the statistics and information from the Commission, our judges have worked very hard to have children treated closer to home and bring down the number of out-of-state placements."*

- Judge Gary Johnson  
Nicholas County Circuit Court

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. Effective July 2011, the CBHC was extended for three years. The legislation was similar to the original with the exception of adding new members to the Commission.

The Commission has recently reviewed the outcomes to date from the recommendation in its original report *Realizing Our Potential*. The CBHC has seen a number of accomplishments that address what it set out in its overarching goals. Many aspects of the CBHC's work can contribute to improving what this Commission is attempting to do. This includes working with a joint task force on children's behavior health issues.

Several individuals serve on both Commissions, which has been helpful in helping both Commissions be more effective. More information regarding the CBHC can be found at [www.wvcbhc.org](http://www.wvcbhc.org).

### Additional Highlights & Activities

The following are other areas of activities that help advance the work of the Commission:

**Mountain Force Initiative** This is a performance management approach to positively affect child welfare practice in the state. Mountain Force will use data to reveal practice patterns. Staff will then use these identified patterns to engage in a facilitated open dialogue designed to yield hypotheses regarding possible root causes. These hypotheses are then tested and practice patterns as evidenced by data are charted to determine whether we are having a positive effect on outcomes for children and families.

**Three Branch Institute** A team representing the executive, legislative and judicial branches of state government to draw from existing plans and efforts of each of the three branches to identify points of intersection and opportunities for collaboration to work together toward the common goals to reduce entries, shortening length of stay and improving permanency outcomes for older youth. They will implement an action plan whose goal is the safe reduction in the number of adolescents in foster care (age 13 or over). West Virginia chose to focus on all three goals

**West Virginia Safety Assessment and Management System (SAMS)** The SAMS model requires family centered practice and sufficient information collection around specific areas of family functioning in order to identify and respond to unsafe children. SAMS is designed to be seamless through all aspects of the case; Initial Assessment (Referral), Family Functioning Assessment (Investigation), Protective Capacities Family Assessment (Case Management) and Case Evaluation. The SAMS model requires family centered practice and sufficient information collection around specific areas of family functioning in order to identify and respond to unsafe children. SAMS is designed to be seamless through all aspects of the case; Initial Assessment (Referral), Family Functioning Assessment (Investigation), Protective Capacities Family Assessment (Case Management) and Case Evaluation.

**Family Advocacy Support Training (FAST)** The WV System of Care has partnered with Legal Aid of West Virginia in implementing FAST program, the statewide parent-to-parent and youth support network.



**Pathway for Meaningful Change Planning Grant** Awarded in September 2011 and effective October 1, 2011. This one-year grant will provide WV an opportunity to continue the WV System of Care statewide expansion in establishing community-based systems of care for children and adolescents with mental/emotional/developmental disorders and their families. The purpose is to develop a comprehensive short and long term strategic plan with action steps to improve, implement, expand and sustain comprehensive services and supports incorporation the required mental health, non-mental health, case management and outreach services identified under Section 561 or the Public Health Service Act.

**Automatic Placement Referral (APR)** The APR tracking system interfaces with the Family and Children Tracking System (FACTS) and the FACTS Provider Lookup System (FACTSPLUS). The APR has been implemented for Group Residential and Psychiatric Residential Treatment Facilities (PRTF). The APR tracks both placement referrals and provider responses. 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.

During 2011, the Commission received an initial study of the effectiveness of this system. As part of this report, a special committee was charged with determining how best to ensure the intended use of this system. The findings of this work are expected to be given in 2012 with the Commission assisting in working through the recommendations and supporting implementation.

**Comprehensive Assessment and Planning System (CAPS)** There was continued review and discussion regarding the current WV CAPS resulting in recommendations that will streamline and build upon the success of the current WV CAPS Model. The goal is to put forth recommendations that when implemented will result in a WV CAPS model that is committed to best practice standards, is trauma informed, family-centered, child-focused and accountable at all levels. Revisions have been made to the tool and process to provide quality and timely comprehensive assessments. The *Readily At Hand* checklist is built into the new CAPS process and will include online support and data gathering for evaluative purposes.

**WV Child and Adolescent Needs & Strengths (CANS)** 2011 saw the continued coordination and full development of the WV CANS as well as overseeing training, certification implementation, revisions and total clinical outcomes management. The WV CANS Assessment when administered with a child is to be completed and reported within 14 days of referral and includes the assessment for childhood trauma. During 2011 extensive training, both for first time certification and for re-certification occurred across the state. From October 2010 through September 2011 the total number of individuals receiving certification or recertification was 202. The increased numbers who can work with the CANS assessment and the customization of the CANS for West Virginia are very positive and address a major recommendation area of the Commission.

**Funding for Educational Costs for Children Placed Out-of-State** An important issue that gained attention during 2011 regarded the costs associated with out-of-state placed children. Commission members from the WVDE, including Special Education, worked through this issue and implemented recommendations that helped address these costs and how best to allocate them across the system. This included what a local county is responsible for and where other funding can be accessed.

# APPENDIX A 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 CAPS - Comprehensive Assessment and Planning (CAPS) APR - Automatic Placement and Referral (APR) OY-A - Older Youth Transitioning to Adulthood Best Practice Task Team YC – Young Children’s Task Team	Co-O - Co-Occurring Best Practice Task Team Co-E - Co-Existing Best Practice Task Team Data - Integrated Data, Evaluation and Outcomes TBP - Trauma Best Practice Task Team
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	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	YC	TBP	DATA
1. Kathy Baird – KVC	X	X	X									
2. Laura Barno, Program Manager, DHHR	X	X	X				X					
3. Sandra Bailey, Chestnut Ridge Hospital								X				
4. Tim Bauman, Pressley Ridge								X				
5. Christina Bertelli, Chafee Program, CESD		X					X					
6. Tracie Chambers, Crittenton Services	X											
7. David Bishop, Highland Hospital								X				
8. Linda Boyer, Daymark												
9. Pat Booker – Res-Care	X							X				
10. Amy Booth – WV DHHR – BCF	X		X									
11. Diana Cox-Boothe	X		X						X			
12. JoDonna Burdoff, Autism Training Center									X			
13. Andrea (Annie) Burns, KVC	X		X	X								
14. Michele Bush, WV CASA												
15. Kristie Byrd, BHHF, Office of Developmental Disabilities									X			
16. Rebecah Carson – Region III CWC, DHHR	X		X			X						
17. Tracie Chambers, Crittenton Services	X	X										
18. Jackie Columbia – Board of Child Care*	X	X	X									
19. Beth Cook – Logan County CAC	X		X					X				
20. Nancy Conner, DHHR, FACTS					X							
21. Crystal Criswell, DHHR, BHHF*	X	X					X					X
22. Laurah Currey – Pressley Ridge *	X	X	X	X	X							X
23. Linda Dalyai – WVDHHR-BCF *		X	X									X
24. Gwen Davis – Try Again Homes	X		X									
25. Julie DeMattie, Golden Girls		X										
26. Joanne Dobrzanski, Family Connections		X										
27. Stephanie Drake, DHHR, BCF			X									
28. Lora Dunn – Highland Hospital	X								X	X	X	X
29. Renee Ellenberger, NYAP	X									X		
30. Laorea J. Ellis, BCF-Region I Supervisor			X									
31. Rebeccah Farmer – BCF-Region II CWC	X		X									
32. Kenny Fischer, St. John’s Home					X							
33. Patty Flanagan – Southern Highlands	X											
34. Tanya Ford – Pressley Ridge			X									
35. Susan Fry - Chair – Stepping Stones, Inc. *	X	X	X	X		X	X			X		X
36. Brad Gault, Try Again Homes	X	X										
37. Debi Gillespie- Division of Juvenile Services	X		X	X			X		X	X		
38. Sue Hage, Deputy Commissioner of	X	X				X				X		X



	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	YC	TBP	DATA
Programs, DHHR												
39. Diana Halsey, DHHR, SSS, Region IV							X					
40. Denise Halterman – WV System of Care*	X			X	X	X						X
41. Angie Hamilton-Pressley Ridge	X	X								X		
42. Carla Harper, Program Manager, DHHR							X					
43. Kimberly Harrison, DHHR, BHHF	X	X					X					
44. Beverly Heldreth – Region I CWC*	X	X	X		X	X	X					
45. Joy Hickman, Youth Service Systems			X									
46. Kelli Holbrook – Region IV CWC, DHHR*	X	X	X			X	X					
47. Brenda Howell, DHHR, FACTS					X							
48. Cindy Howvalt – Stepping Stone	X	X					X					
49. Cindy Inman,						X						X
50. Christa James-Ash, Region I CWC, DHHR		X					X					
51. Michael Johnson, DHHR, FACTS					X							
52. Lisa Kaplan – River Park Hospital *	X		X	X	X				X	X	X	X
53. Kathie King, DHHR, BCF											X	
54. Swapna King, SOC, RCC						X						
55. Tracy King, FMRS									X			
56. Emily Chittenden-Laird											X	
57. Rose LaRosa, Family Connections	X											
58. Toby Lester, DHHR, BCF			X									
59. Patricia Lewis, National Youth Advocate Program						X						
60. Angela Long, DHHR, CPSS, Region IV							X					
61. Jennifer Lough, Healthways	X					X						
62. Kate Luikart – KVC	X	X	X			X			X			
63. Alicia McIntire, DHHR, BCF												
64. Terry McCormick, St. John's Home					X							
65. Rhonda McCormick – WV Family Advocacy and Support Team (FAST)*	X	X				X			X			X
66. Suzie McCoy, Pressley Ridge				X								
67. Alicia McIntire, Chafee			X									
68. Beth Morrison, DHHR, BHHF*	X								X			
69. John Moses, Youth Services System							X		X			
70. Carol Newlon, WV Ctr. Of Excellence in Disabilities									X			
71. Tzouri Oliver, DHHR												
72. Erin Osborne, ResCare									X			
73. Michael Pack, DHHR, MIS					X							
74. Jackie Payne, DHHR, BHHF		X							X	X	X	
75. Tammy Pearson – WVSOC – Marshall University *	X			X	X							X
76. Dennis Pease – Daymark	X						X					
77. Will Perkins, CHS, Eyes Shelter									X			
78. Beverly Petrelli – Crittenton Services (Wellspring)	X		X			X					X	
79. Doug Pfeifer, Pressley Ridge											X	
80. Tiffany Pittman, DHHR, BHHF	X	X								X	X	X
81. Vicki Pleasant – Daymark	X	X					X					
82. Melody Plumley, Children's Home Society			X									
83. Raymona Preston – Stepping Stones, Inc. *	X	X	X	X	X	X	X		X			
84. Emily Proctor, APS Healthcare								X				
85. Stacey Reed – Children's Home Society *			X						X			

	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	YC	TBP	DATA
86. Brandi Robinson, Genesis			X									
87. Pam Rudder, Genesis			X									
88. Cheryl Salamacha, DHHR	X		X									
89. Janet Scarcelli, Chestnut Ridge Hospital								X				
90. Lynn Stanley – Private Practice*											X	
91. Dorothy Shanley – Healthways											X	
92. Kelly Skinner, DHHR, FACTS					X							
93. Lynne Stanley, Northwood	X											
94. Melanie St. Claire, Pressley Ridge					X							
95. Elva Strickland, DHHR		X	X				X					
96. Laurie Thompson, WVCAD											X	
97. Mindy Thornton, Pretera	X	X	X					X		X		
98. Cassandra Toliver, BHHF, I/DD Division									X			
99. Peggy Tordella – United Summit	X											
100. Steve Tuck, Children’s Home Society							X					
101. Lisa Vinson, DHHR						X						
102. Sheila Walker – Burlington United Methodist Family Services	X											
103. Linda Watts – WV System Of Care	X	X	X		X	X				X		X
104. Leslie Welton, Family Preservation of WV						X						
105. Brenda Workman, BUMFS									X			
106. Karen Yost – River Park Hospital *	X	X	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 providing 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 Clinical Review	Family Advocacy, Support and Training
1. Bill Albert, LAWV, FAST*	X		X
2. Dianna Bailey-Miller, Region II Coordinator, FAST			X
3. Laura Barno, DHHR, BCF	X	X	
4. Deb Barthlow, Children's Home Society of WV	X		
5. Delbert Casto, Region I, Regional Children's Summit	X		
6. Jackie Columbia – Board of Child Care		X	
7. Deana Cummings, Region IV Coordinator, FAST			X
8. Ardella Cottrill, Region I, Family Representative, FAST	X		
9. Becky Derenge', WVDE, Coordinator of Education for Homeless, Attendance and Student Placement	X		
10. Tina Faber, DHHR, BCF	X		
11. Patty Flanagan – Southern Highlands	X		
12. Susan Fry , Stepping Stones, Inc.	X		
13. Debi Gillespie- Division of Juvenile Services	X		
14. Melissa Hager, Region 2 & 4 Attorney, FAST			X
15. Sue Hage, Deputy Commissioner of Programs, DHHR	X		
16. Angie Hamilton, Pressley Ridge	X		
17. Kim Huffman, Summers County Family Resource Network	X		
18. Robin Hughes, Region II Family Advocate, FAST		X	x
19. Lisa Kaplan – River Park Hospital		X	
20. Greg Kenney	X		
21. Kathie King, Program Manager, DHHR, BCF	X		
22. Swapna King, Region I Regional Clinical Coordinator		x	
23. Jane McCallister, Director, DHHR, BCF	X		
24. Terry McCormick, St. John's Home			
25. Rhonda McCormick – Region II Coordinator, FAST	X		X
26. Linda Morrison, Manager, DHHR	X		
27. Jackie Payne, DHHR, BHFF	X		
28. Tammy Pearson – WVSOC – Marshall University *	X	X	
29. Michael Phillips, Community Services Manager, DHHR	X		
30. Raymona Preston – Stepping Stones, Inc. *		X	
31. Ryan Ramey, Youth Coordinator, LAWV, FAST*			X
32. Barbara Recknagel, DHHR, BCF, Service Array*	X		
33. Bridget Remish, Region I & 3 Attorney, FAST			X
34. Craig Richards, DHHR, BHFF	X		
35. Doug Robinson, Office of Finance & Administration, DHHR, BCF	X		
36. Cheryl Salamacha, DHHR, Region II Summit	X		
37. Janet Scarcelli, Chestnut Ridge Hospital	X		
38. Gloria Shaffer, Region III Coordinator, FAST			X
39. Linda Watts – WV System Of Care*	X		
40. Karen Yost – River Park Hospital *	X		

\* Denotes Workgroup Chairs or Task Team Leaders



## Summits/Collaborative

Name Region/Counties
<b>Region I</b> Summit
<b>Little Kanawha Collaborative</b> Calhoun, Gilmer, Pleasants, Doddridge, Ritchie, Wirt and Wood
<b>North Central Community Collaborative</b> Monongalia, Marion, Harrison
<b>Family Ways</b> Hancock, Brooke, Ohio, Marshall, Wetzel, Tyler
<b>Region II</b> Summit
<b>Family Central Collaborative</b> Kanawha, Putman, Jackson , Roane, Mason
<b>CWLM</b> Lincoln, Cabell, Wayne
<b>Logan, Mingo, Boone Collaborative</b>
<b>Region III</b>
<b>Inter Mountain Collaborative -</b> Barbour, Preston, Taylor, Lewis, Upshur, Randolph, Tucker,
<b>Kids in Transition -</b> Berkeley, Jefferson, Morgan
<b>Upper Potomac -</b> Grant, Hardy, Pendleton, Hampshire, Mineral
<b>Region IV</b>
<b>4C Collaboratives-</b> Braxton, Clay, Nicholas, Webster
<b>Greenbrier Connections</b> Summers, Greenbrier, Monroe, Pocahontas
<b>Raleigh-Fayette</b>
<b>South Central Community Collaboratives</b> McDowell, Mercer and Wyoming

*\* The Service Array project involves members of the Regional Summits and Community Collaboratives. Their countless hours of work is responsible for providing 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.*

## Other Working Groups

	CIP MDT	Out of State Certification	Youth Transitioning to Adulthood Strategic Partners Team
1. Fran Allen, Attorney,	X		
2. Christa Janes-Ash			X
3. Debbie Ashwell, WVDE		X	
4. Laura Barno, Program Manager, DHHR *		X	
5. Christina Bertelli			X
6. Amy Booth – WV DHHR – BCF	X		
7. Ghaski Browning, WV Dept. of Education		X	
8. Michele Bush, WV CASA	X		
9. Kelli Holbrook-Collins, Region IV Child Welfare Consultant, DHHR	X		
10. Jackie Columbia – Board of Child Care	X		
11. Dr. Corey Colyer, WVU, Evaluator	X		
12. Crystal Criswell, DHHR, BHFF			X
13. Linda Dalyai – WVDHHR-BCF *	X		
14. Joanne Dobrzanski, Family Connections	X		
15. Caroline Duckworth, APS Healthcare		X	
16. Dewayne Duncan, WV Dept. of Education		X	
17. Melinda Ferguson, DHHR, Licensing Specialist		X	
18. Susan Fry, Stepping Stones			X
19. Heather Gallagher – Stepping Stone	X		
20. Debi Gillespie- Division of Juvenile Services	X		X
21. Hon. Mary Ellen Griffith	X		
22. Sue Hage, Deputy Commissioner of Programs, DHHR *	X		X
23. Kim Harrison, DHHR, BHFF			X
24. Carla Harper, Program Manager, DHHR	X		X
25. Teresa Haught, DHHR	X		
26. Beverly Heldreth, DHHR, BHFF	X		
27. Arlene Hudson, APS Healthcare	X		X
28. Kelli Holbrook – Region IV CWC, DHHR	X		
29. Linda Kennedy, Bureau for Medical Services, DHHR		X	
30. Mike Lacy, WV Supreme Court of Appeals	X		
31. Teresa Lyons, Attorney	X		
32. Jane McCallister, DHHR, BCF			X
33. Alicia McIntire, DHHR, BCF	X		X
34. Nora McQuain, Bureau for Medical Services, DHHR		X	
35. Jane Moran	X		
36. Linda Morrison, Manager, DHHR	X		
37. John Moses, Youth Service Systems			X
38. Catherine Munster, Attorney, Clarksburg	X		
39. Jason Najmulski, Commissioner, DHHR, BCF	X		X
40. Tzouri Oliver, DHHR	X		
41. Frances Pack, WVDE	X		
42. Jackie Payne, DHHR, BHFF			X
43. Vicki Pleasants, Daymark			X
44. Raymona Preston – Stepping Stones, Inc. *			X
45. Doug Robinson, DHHR, BCF			X
46. Cristina Riggs, DHHR, Licensing Specialist		X	
47. Missy Rosen, DHHR, BCF			X
48. Cheryl Salamacha, DHHR	X		
49. Susan Starkey, APS Healthcare		X	
50. Tara Stevens, APS Healthcare, Inc.		X	

	CIP MDT	Out of State Certification	Youth Transitioning to Adulthood Strategic Partners Team
51. Elva Strickland, DHHR	X	X	
52. Hon. Derek Swope	X		
53. Nikki Tennis, WV Supreme Court of Appeals	X		
54. Steve Tuck, Children's Home Society			X
55. Valerie Turner,	X		
56. Fran Warsing, WV Dept. of Education		X	
57. Linda Watts – WV System Of Care			
58. Edward Waugh, DHHR, Licensing Specialist		X	
59. Tracy Weese,	X		
60. Lewis Wolfe, DHHR, Licensing Specialist		X	
61. Jason Wright, Div. of Juvenile Services			
62. Karen Yost – River Park Hospital *	X		

\* The Youth Transitioning to Adulthood Strategic Partners Team consistently reaches out to a group of youth for their perspective, advice and unique "voice". The names of these youth are not being provided, as most are not yet adults, and have not consented to release their identities.



## 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  
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