

2012 Annual Progress Report and Future Direction



Advancing New Outcomes

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



Bureau for Children and Families
350 Capitol Street, Room B-18
Charleston, WV 25301

Earl Ray Tomblin, Governor
Rocco S. Fucillo, Cabinet Secretary

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 pleased to submit the annual summary report, *Advancing New Outcomes: Findings, Recommendations and Actions of the West Virginia Commission to Study Residential Placement of Children (2012)*. The report provides important background on the Commission's work and key accomplishments completed in 2012.

During 2012, the Commission spent time assessing the progress on its original overarching recommendations from the *Advancing New Outcomes* May 2006 summary report. This resulted in an updated list of key strategies for implementation over the next few years. This year's report provides the full list of these recommendations, as well as the underlying framework on which they are built.

While the number of children in out-of-home care shows that we are not where we want to be, we have made great strides in establishing a foundation to make changes to long-standing issues.

The Commission, represented by the members (set forth in WV Code §49-7-34) and the many volunteers who carry out the Commission's charge enable the Commission to work collaboratively on making informed decisions that help reduce the number of children in out-of-home care and, in the long run, improve the quality of life for all West Virginia residents.

Sincerely,



Rocco S. Fucillo
Cabinet Secretary

"Children are likely to live up to what you believe of them."
Lady Bird Johnson

A MESSAGE FROM THE COMMISSIONER BUREAU FOR CHILDREN & FAMILIES

As the Commissioner for the Department of Health and Human Resources, Bureau for Children and Families, it has been my pleasure to serve on the Commission to Study Residential Placement of Children this past year.

To safely reduce out-of-home care, while increasing community resources for West Virginia's diverse demographics, is a daunting but much needed goal. I am pleased with the caliber and expertise of the Commission members and the volunteers in its working groups, who are dedicated to reaching the Commission's vision.

The level of cooperation and enthusiasm for the myriad activities designed to help children and families in West Virginia has been inspiring. The work of the Commission will further reduce the number of out-of-state placements and improve every aspect of out-of-home care in West Virginia.

I embrace both the challenges that come with the Commission's work and look forward to the year ahead as we collaboratively make a difference in the lives of West Virginia's children and families.

Sincerely,



Douglas M. Robinson
Commissioner

"We may not be able to prepare the future for the children,
but we can at least prepare our children for the future."
Franklin D. Roosevelt

2012 COMMISSION MEMBERS
Commission to Study Residential Placement of Children
Rocco S. Fucillo, Chair
Cabinet Secretary

The Honorable Jack Alsop
Circuit Court Judge
Webster County

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

Steve Canterbury
Administrative Director
West Virginia Supreme Court of Appeals

Dwayne Duncan
Executive Director
Office of Optional Educational Pathways
West Virginia Department of Education

Susan Fry
Director
Stepping Stones
(Group Residential)

Pat Homberg
Executive Director
Office of Special Education
West Virginia Department of Education

The Honorable David W. Hummel, Jr.
Circuit Court Judge
Marshall, Wetzel and Tyler counties

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

The Honorable Gary Johnson
Circuit Court Judge
Nicholas County

Vickie Jones
Commissioner
Bureau for Behavioral Health and Health Facilities
West Virginia Department of Health and Human Resources

Mike Lacy
Director
Probation Services
WV Supreme Court of Appeals

Jorea M. Marple
Superintendent of Schools
West Virginia Department of Education

Rhonda McCormick
Parent/Family Representative

Philip W. Morrison II
Executive Director
West Virginia Prosecuting Attorneys

Douglas S. Robinson
Commissioner
Bureau for Children and Families
West Virginia Department of Health and Human Resources

The Honorable Phillip M. Stowers
Circuit Court Judge
Putnam County

Dr. Marian L. Swinker
Commissioner
Bureau for Public Health
West Virginia Department of Health and Human Resources

Nikki Tennis
Director, Division of Children's Services
Supreme Court of Appeals of West Virginia

Steve Tuck
Director
Children's Home Society
(Foster Care)

VACANT
Family Court Judge

Staff to Commission
Sue Hage
Deputy Commissioner for Programs
Bureau for Children and Families
West Virginia Department of Health and Human Resources

Linda Dalyai
Health and Human Resource Specialist, Senior
Bureau for Children and Families
West Virginia Department of Health and Human Resources

Facilitator/Technical Assistance
Carl D. Hadsell
Center for Entrepreneurial Studies & Development, Inc.

Note: Titles/addresses in list represent titles/addresses current in 2012.

PREFACE

Established originally through 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 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 improvements that result in **Advancing New Outcomes** in out-of-home care, especially for at-risk children.

Finally, and of utmost importance: no single agency, no group of individuals, no specific policy or practice is solely responsible for where we have been or where we are going. This effort is not about meeting a percentage benchmark or resting on a success story here or an appreciated victory there. Rather, the Commission's vision embraces **Advancing New Outcomes** for every child in out-of-home status, regardless of where they may be.

"A person's a person, no matter how small."

—Dr. Seuss

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Companion Commission Study Working Groups Outcomes and Reference Material

There is a large body of background information and detailed data collected and used during the Commission’s work. This information, including studies, reports, and data analyses, serves as ready-made resources on which the Commission has based its decisions and can serve, in part, to support continued work at the operational level. Additional general information or information regarding a specific area of focus can be accessed by contacting Sue Hage, Deputy Commissioner for Programs, Bureau for Children and Families, West Virginia Department of Health and Human Resources, 350 Capitol Street, Room 730, Charleston, WV 25301 (304.558.2983 or Sue.C.Hage@wv.gov).

Additional information, including minutes of Commission meetings, is available online:
<http://www.residentialplacementcommission.org>.

SETTING THE CONTEXT

The West Virginia Legislature created *The Commission to Study Residential Placement of Children* to establish a mechanism to achieve systemic reform by which all of the state's child-serving agencies involved in the residential placement of at-risk youth jointly and continually study and improve upon this system and make recommendations to their respective agencies and to the Legislature regarding funding and statutory, regulatory and policy changes. This bill contained 13 topics of study including current placement practices, with special emphasis on out-of-state placements, and ways to certify out-of-state providers to ensure that children who must be placed out-of state receive high quality services consistent with this state's standards. As part of this charge, the West Virginia Department of Health and Human Resources (WVDHHR) and the West Virginia Department of Education (WVDE) have joined efforts to develop and implement a collaborative monitoring system to review out-of-state facilities providing treatment and educational services to West Virginia youth.

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

Since publishing its first summary report, "Advancing New Outcomes" in May, 2006, the Commission has continued to meet to ensure that work is being done to implement their recommendations. 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 documented results.
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 taking place in West Virginia and to learn best practices to bring back to implement through the Commission in our State.

“We cannot hold a torch to light another’s path without brightening our own.”

—Ben Sweetland

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 below, developed as part of the West Virginia System of Care, 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 that 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.

“Nothing you do for children is ever wasted.”

Garrison Keillor

COMMISSION PRIORITY GOALS AND STRATEGIES

Goals and Strategies 2013-2015

Since the publication of the Commission’s original report (*Advancing New Outcomes*, May 2006), the Commission has regularly monitored the status of each of its 13 recommendations. As such, some recommendations have been fully implemented, while others remain active or have additional actions being taken. The Commission documents its accomplishments through quarterly meetings, status updates, and annual progress reports. An actions-monitoring table is used to keep track of the status of all recommendations and related activities.

During August 2012, a small group familiar with the recommendations and most recent status of each completed an in-depth review of the following: (1) the original recommendations, (2) proposed recommendations by the Bureau for Children and Families (BCF), (3) the collected Commission member’s feedback on suggested areas of focus, and (4) the requirements set out in West Virginia Legislature House Bill No. 636. The intent was to consolidate existing recommendations still active with new ones that support the vision and charge of the Commission. This work has been shaped into the below overarching priority goals and strategies for the Commission to strive to accomplish going forward in the next few years.

“Safety and security don’t just happen. They are the result of collective consensus and public investment.”
—Nelson Mandela

The Commission reviewed the first draft of recommendations at its September 2012 meeting. A detailed work plan will be developed to update the actions monitoring table to include (a) expected performance outcomes, (b) who is responsible, and (c) the desired timeline for completion of one or more of the major activities within each strategy.

The Commission will remain flexible as it addresses and takes appropriate action for emerging issues or support of other initiatives that can advance the Commissions goals, even beyond what might be the foundation recommendations being implemented.

Important Note

The Commission’s charge is to safely, and within a quality framework, reduce the number of children in out-of-home care who are placed outside their West Virginia community of residence. The Commission recognizes that the area of out-of-home care regarding children encompasses a wide variety of programs and services that cross a number of child-serving agencies and organizations, both public and private. To this regard, there are a number of initiatives and activities from policy to specific programs that can affect positive outcomes of West Virginia children in out-of-home care. The overarching goals and specific strategies presented by the Commission are intended to focus primarily on those children in state custody who are at most risk of being placed outside their community of residence. The Commission in its initial deliberations determined that children placed within fifty miles of their West Virginia community of residence would not be considered as an out-of-state placement for reporting purposes. The populations most targeted by the Commission’s work are children who would be placed in one of the following placements: group residential care, psychiatric facility (long term), or psychiatric hospital (short term).

The Commission desires to advance solutions that help reduce the need to place children in out-of-home care outside of their West Virginia community of residence. Further, the Commission seeks to increase and enhance community resources (programs and services) to keep children in their home. This includes a greater focus on prevention approaches deployed earlier in all areas that can positively affect the safety, permanency and well-being of every West Virginia child being addressed in the Commission’s work.

OVERARCHING PRIORITY GOALS (RECOMMENDATIONS)

1. *Appropriate Diagnosis and Placement*

Implement and maintain ways to effectively sustain accurate profile/defined needs (clinical) of children in out-of-home care, regardless of placement location, at the individual, agency, and system levels to include clinical review processes, standardized assessments, total clinical outcomes management models, etc., that result in the most appropriate placements.

2. *Expanded Community Capacity*

Expand in-state residential and community-based program and service capacity for out-of-home children through systematic and collaborative strategic planning to include statewide programs such as Building Bridges, System of Care, and systems such as the Automatic Placement and Referral System (APR), and greater emphasis on upfront prevention approaches.

3. *Best Practices Deployment*

Support statewide awareness, sharing, and adoption of proven best practices in all aspects (e.g., treatment, education, well-being, safety, training, placement, support) regarding the Commission's targeted populations.

4. *Workforce Development*

Address staffing and development needs, including cross-systems training, that ensure a quality workforce with the knowledge, skills, and capacity required to provide the programs and services to meet the requirements (e.g., assessments, case management, adapt best practices, quality treatment, accountability) of those children in the Commission's targeted populations.

5. *Education Standards*

Ensure education standards are in place and all out-of-home children are receiving appropriate quality education in all settings and that education-related programs and services are meeting the requirements of all out-of-home children, regardless of placement location.

6. *Provider Requirements*

Require placements in all locations be made only to providers meeting West Virginia standards of licensure, certifications and expected rules of operation to include demonstrated quality in all programs and services that meet West Virginia Standards of Care.

7. *MDT Support*

Support the multidisciplinary treatment team (MDT) concept and assist enhancing present MDT processes statewide.

“Coming together is a beginning;
keeping together is progress;
working together is success.”
—Henry Ford

8. *Ongoing Communication*

Develop appropriate and timely cross-system and public communications regarding the work of the Commission that fosters awareness and the continued commitment of stakeholders to reduce the placement of children outside of their community of residence and to enhance in-state capacity to reduce the number of children in West Virginia requiring out-of-home care.

9. *Effective Partnerships*

Continue to seek strong partnerships with individuals, agencies, organizations, other Commissions and special initiatives that advance the overarching goals and strategies of the Commission.

10. *Performance Accountability*

Ensure accountability through monitoring performance outcomes, improving processes and sharing information with all stakeholders.

SPECIFIC STRATEGIES:

1. <i>Appropriate Diagnosis and Placements</i>
a. Fully implement the Comprehensive Assessment and Planning System (CAPS) to include the automation of Child, Adolescent Needs and Strengths (CANS) across all child-serving systems with a focus on centralized oversight for best management of placements, including development of accepted thresholds to guide placement decisions.
b. Implement a statewide Total Clinical Outcomes Management model.
c. Identify ways to promote and protect the rights and participation of parents, foster parents, and children involved in out-of-home care.
d. Implement the clinical review tool on the Bureau for Children and Families (BCF) website for user-friendly data entry and time-sensitive data analysis and reports.
e. Support statewide awareness, sharing and adoption of best practices on all aspects of specific health care (well-being) that promote regular preventive health and other strategies that improve stability, continuity of care and health information for children in out-of-home care (e.g., HealthCheck: WV's Early Periodic Screening Diagnosis Treatment [EPSDT] Program).
2. <i>Expanded Community Capacity</i>
a. Continue to refine the service array initiative to ensure ongoing identification of in-state service gaps and strategies (planning) to implement needed services in-state in timely and responsive ways.
b. Identify any fiscal, statutory and regulatory barriers to implementing needed programs and services in state in timely and responsive ways to include exploring new sources of funding at the state, regional and local levels to support community-based programs and services.
c. Delineate the specific areas Building Bridges will encompass and improve (in-home services to prevent out-of-home care that are flexible and responsive, integrated home- and community-based service delivery, residential services that are multiservice and include seamless transition, development of foster care capacity with specialized care, etc.).
d. Increase the availability of and investment in community-based, less restrictive and less costly alternatives to residential placements.
e. Support the continued development of the West Virginia System of Care principles and practices and measure its performance as to the positive effect on increasing community resources and reducing out-of-home care placements outside the child's community of residence.
3. <i>Best Practices Deployment</i>
a. Develop and continue to augment a database of best practices for programs and services for all out-of-home care children that can be implemented in both private and public organizations.
b. Support statewide awareness, sharing and adoption of best practices in areas that reduce the number of children in out-of-home care (prevention) and the effectiveness of community-based services.
4. <i>Workforce Development</i>
a. Assess the critical challenges facing the workforce engaged in serving the Commission's targeted populations and offer ways to address.
5. <i>Education Standards</i>
a. Create partnerships with education and providers who do not have on-ground schools to demonstrate innovative ideas for integrating youth into West Virginia's public education system.
b. Support the Out-of-Home Education Advisory Committee in its work including the implementation of the Blueprint for Change.

c. Continue to refine the coordinated efforts to evaluate education programs and quality of care in out-of-state facilities to include processes to report those facilities not meeting standards and addressing the financial costs of children placed outside their community of residence.
d. Develop actions regarding truancy and attendance that will reduce any negative effect on out-of-home care and ensure removal from the home is the last step for children and youth truant from school.
e. Ensure policy and processes are in place to guide a seamless transition for each out-of-home care child returning from in-state or out-of-state placements to include educational and treatment needs.
6. Provider Requirements
a. Contribute to work with in-state providers to find solutions to any fiscal, statutory and regulatory barriers that may exist in West Virginia.
b. Continue to do on-site monitoring at provider facilities to include treatment and education programs.
c. Ensure that placements made in a state other than West Virginia are with a facility that meets West Virginia Standards of Care and is in good standing within the state in which it operates.
7. MDT Support
a. Build a best practice model for multidisciplinary treatment team (MDT) training targeted for all MDT partners.
b. Continue to find ways to strengthen and improve the MDT process to make it more effective, including ways to develop neutral facilitation and technical support to assist with the MDT process effectiveness.
8. Ongoing Communication
a. Continue to produce an annual progress report of the Commission's work.
b. Develop specific communication plans to raise awareness of the Commission's work.
c. Continue to hold Commission meetings in the community to listen and find solutions that can improve the overall processes.
9. Effective Partnerships
a. Continue to establish and support active work groups dedicated to implementing the Commission's actions.
b. Build appropriate working agreements to share data across child-serving agencies to better understand key objectives performance and assist in effective decision-making.
c. Support efforts by the Court Improvement Program that directly affect the out-of-home care of children in all placements.
10. Performance Accountability
a. Continue to monitor placement and other performance benchmarks on a regular basis.
b. Continue to leverage technology (e.g., interactive website, electronic manuals and resource guides, use of social media for communication) from reporting to access of information that enhances use of systems regarding out-of-home care programs and services including all aspects of placement.
c. Foster continuous quality improvement (CQI) processes in all aspects of out-of-home care programs and services for the Commission's targeted populations.

COMMISSION'S CURRENT WORKING GROUPS

- Service Delivery & Development (SDD)
 - Task Teams – Building Bridges
 - Comprehensive Assessment and Planning (CAPS)
 - CANS Super User Oversight Task Team
 - Automatic Placement and Referral
 - Older Youth Transitioning to Adulthood Best Practice Task Team
 - Co-Occurring Best Practice Task Team
 - Co-Existing Best Practice Task Team
 - Community-Based Team – CBT
 - Integrated Data, Evaluation and Outcomes
 - Trauma Best Practice Task Team
- West Virginia System of Care (SOC)
 - SOC Implementation Team
 - Regional Clinical Review
 - Family Advocacy, Support and Training
 - Service Array
- Out of State Certification Workgroup
- Other Working Groups
 - Court Improvement Program, MDT Committee
 - Training Workgroup
 - Education of Children in Out-of-Home Care Advisory Committee

“We owe our children, the most vulnerable citizens in our society,
a life free of violence and fear.”

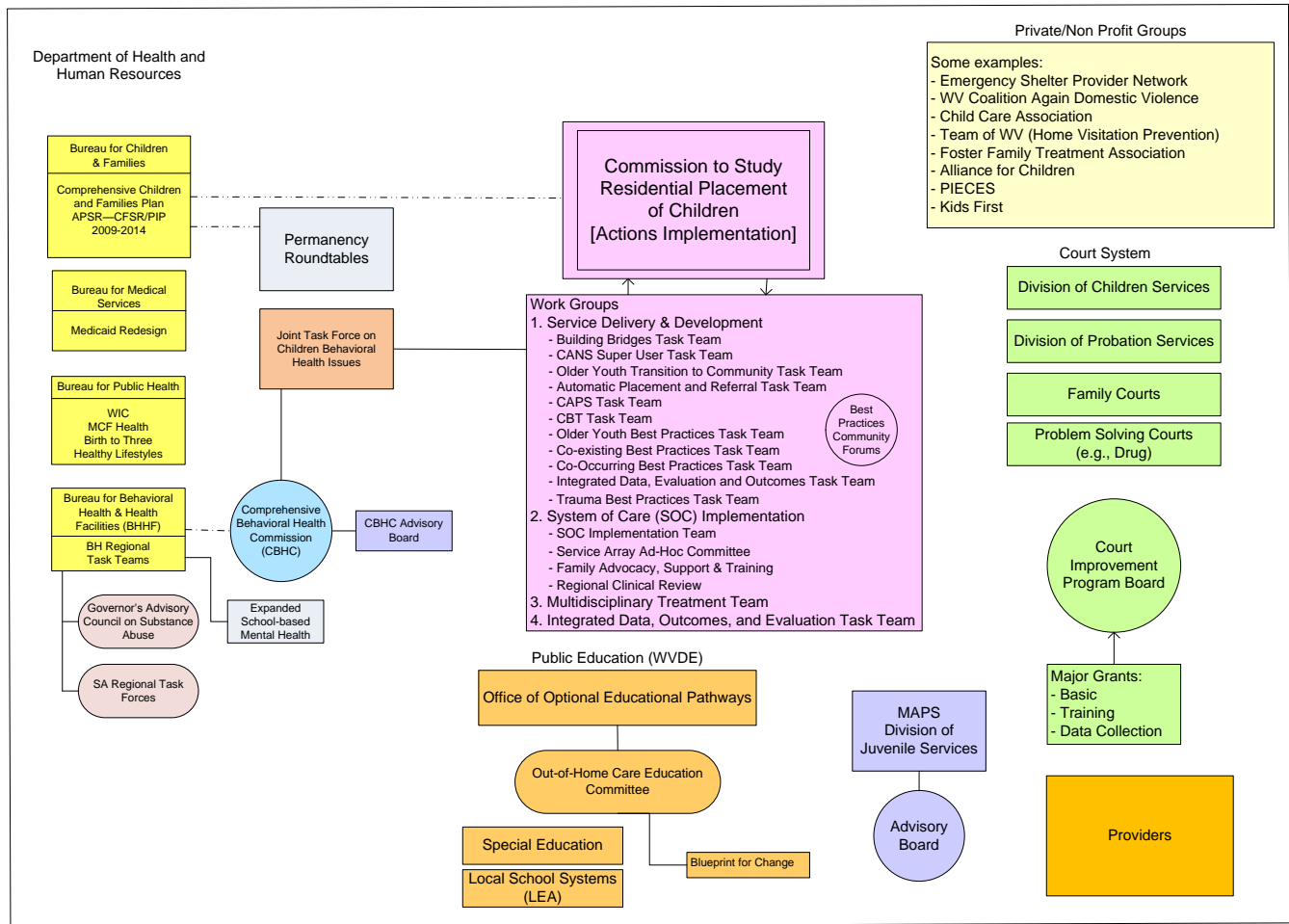
Nelson Mandela



OVERALL COLLABORATION 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 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) enhances communication, fosters a greater knowledge base and sustains 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 their community.

Diagram A
Commission to Study Residential Placement of Children
Overview: Relationships for Developing a Collaborative, Comprehensive Child Welfare System in West Virginia



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 child population or in preventing children from being placed in out-of-home placement.

PERFORMANCE METRICS

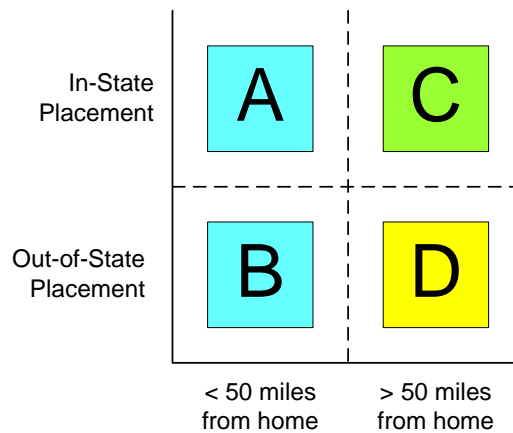
Since its inception, the Commission has focused on the goal of reducing out-of-state placements. Defining and developing the most appropriate benchmarks has been challenging, requiring appropriate definitions, facilities close to the West Virginia border and timely data, which is sometimes difficult to obtain. The Commission has moved in recent years to more specific ways to define and report placements, and has agreed to the following:

1. To report within the metrics only on children in West Virginia custody (state custody through the West Virginia Department of Health and Human Resources).
2. To include three state custody populations:
 - Group Residential Care
 - Psychiatric Facility (long term)
 - Psychiatric Hospital (short term)
3. To base all information and analysis on data extracted from the West Virginia Department of Health and Human Resources Families and Children Tracking System (FACTS) system.
4. To extract data each month based on updated information in FACTS, a point-in-time analysis.
5. To document under separate cover the method used to calculate location, distance, etc.
6. To receive updated reports on a quarterly basis.
7. To use the *out-of-state* definition established by the Commission for performance outcomes scorecard.

“Things don’t change, we change.”
—Henry David Thoreau

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



- A & B

➔

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).
- C

➔

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.
- A & B

C

➔

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

➔

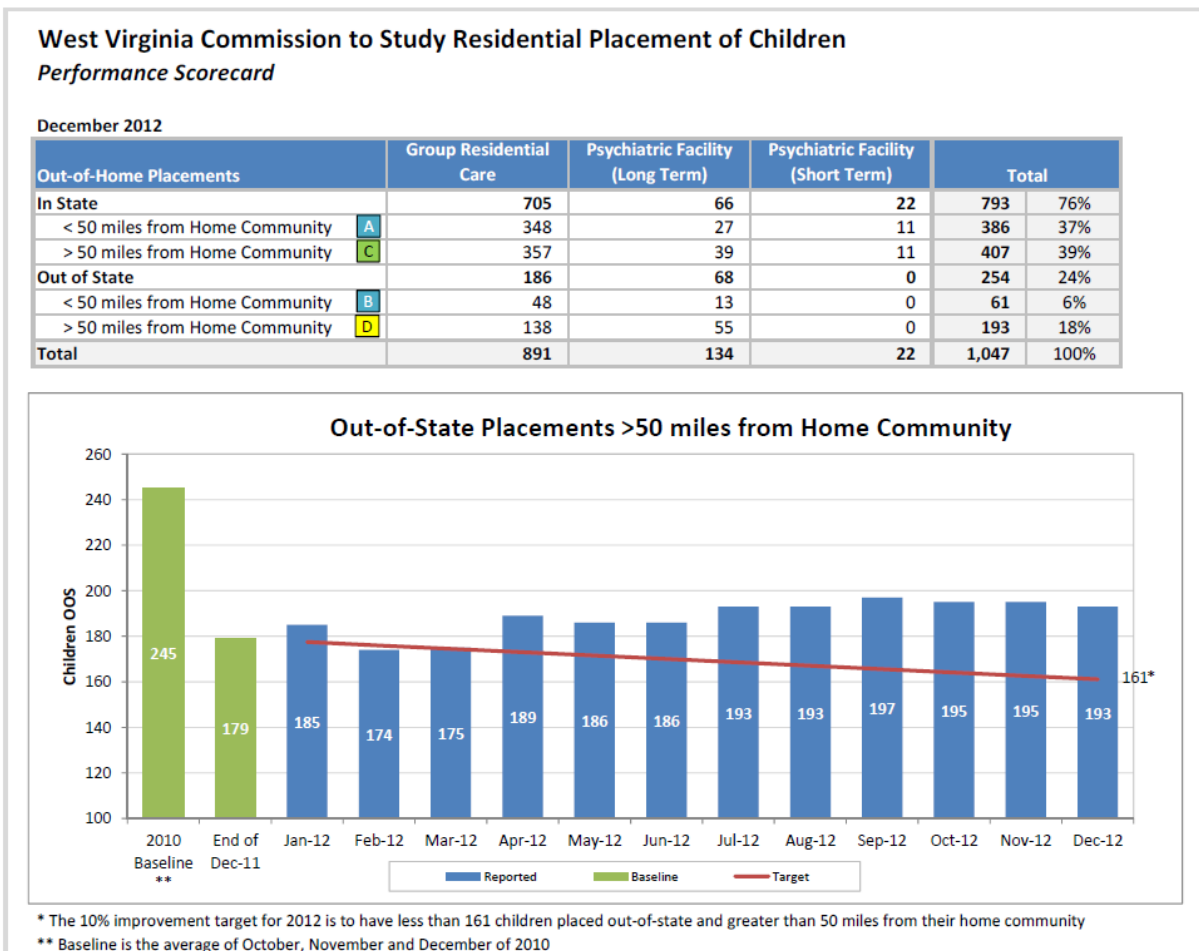
Group D represents individuals within the monitored populations that are placed both out of state and over fifty miles from the known home location. The Commission targets actions to reduce these numbers as desired based on the West Virginia Legislative intent.

2012 PERFORMANCE SCORECARD

In late 2010, 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 2012 completed for this progress report. As can be seen, at the end of December 2012 the number of out-of-state placements was 193, more than the 161 desired by the West Virginia legislature. The Commission is taking steps to better understand the reason the numbers increased and stayed level in the last part of 2012.

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:

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 areas.

The following information provides more detail information on the 193 children reported in out-of-state placements as of December 2012. This was presented to the Commission to better understand the nature of these placements.

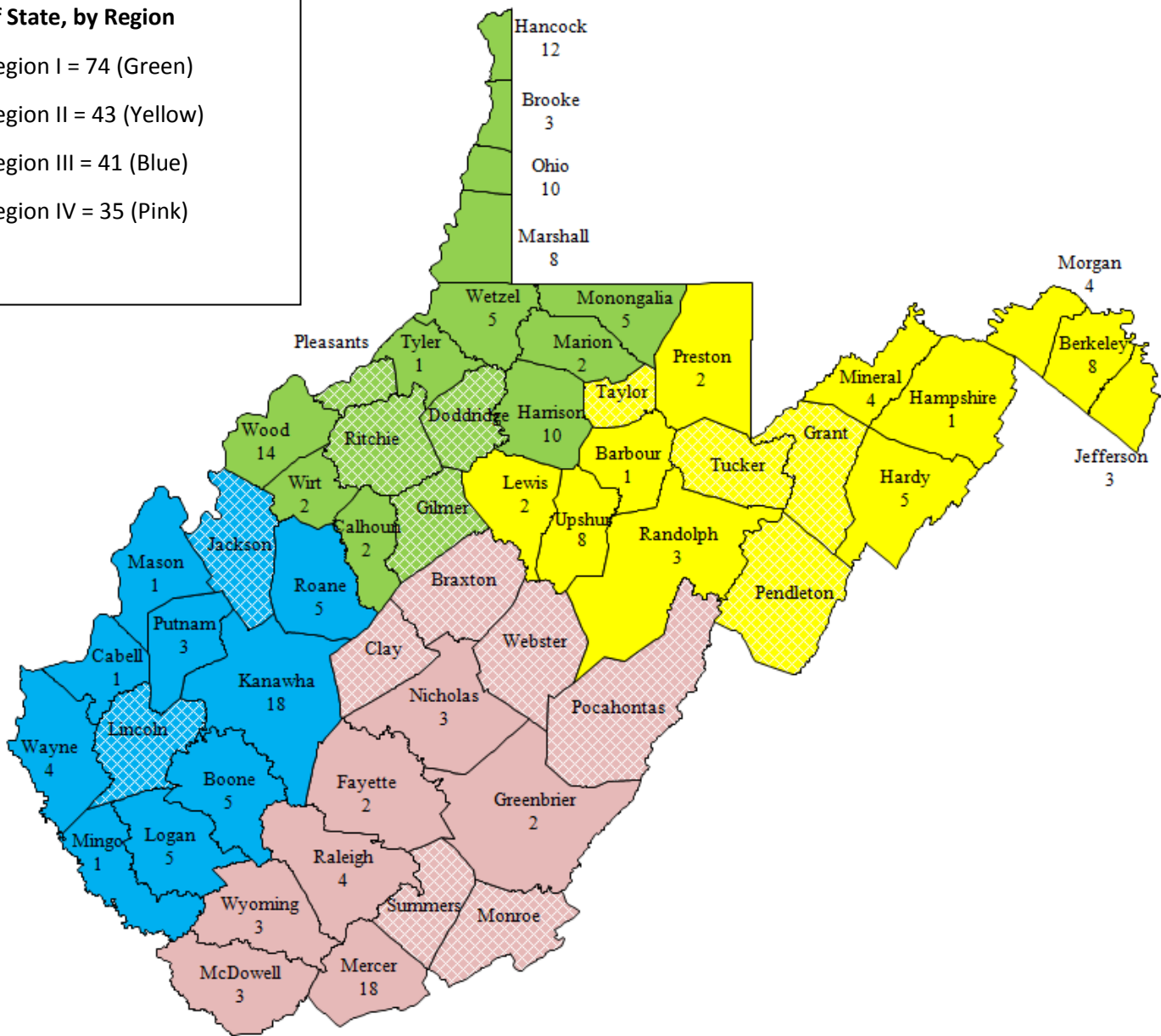
Number of Youth Placed Out of State, by Region

Region I = 74 (Green)

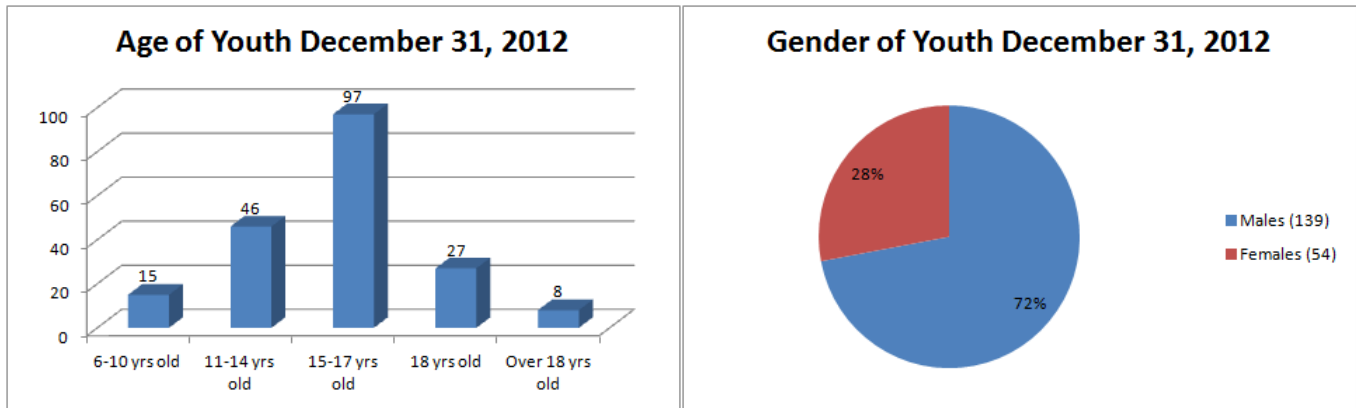
Region II = 43 (Yellow)

Region III = 41 (Blue)

Region IV = 35 (Pink)

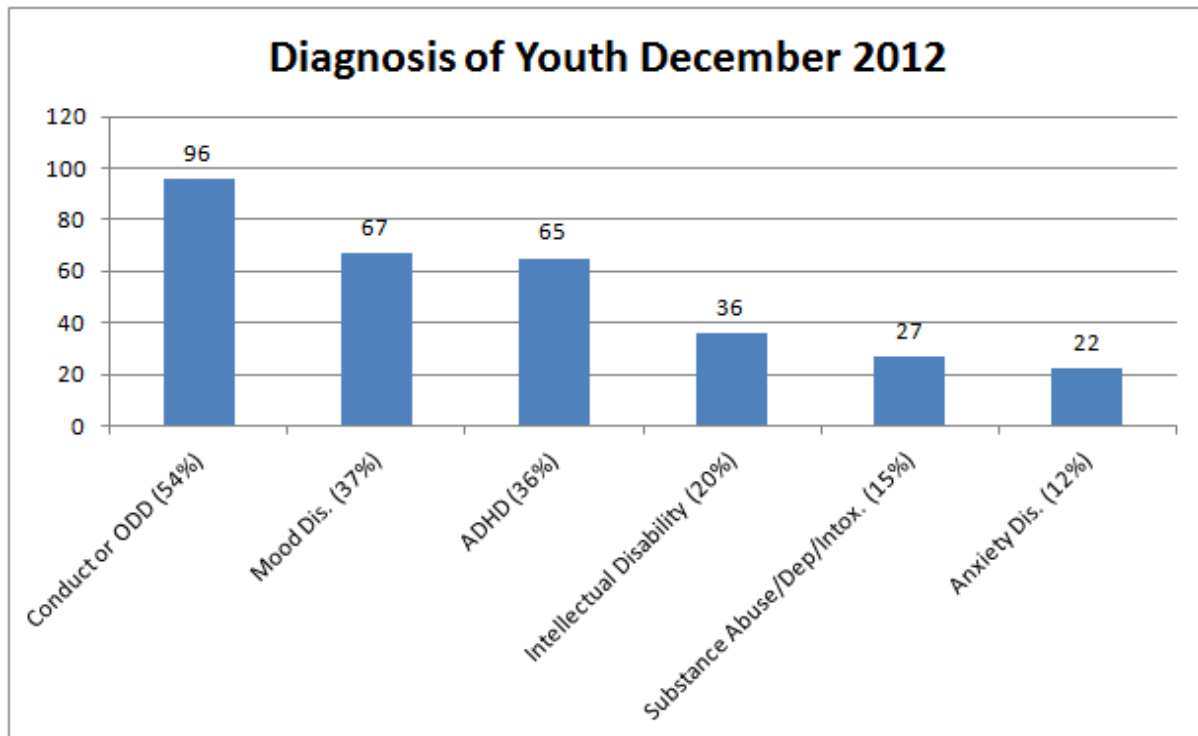


Age and Gender of Youth Placed Out of State



Diagnosis

The information on diagnosis is obtained from APS Healthcare. There were 179 kids that had a diagnosis available for review. Some children had not yet been diagnosed through APS. Duplication may occur due to 160 (89%) of the youth having multiple diagnoses. The most common diagnoses are listed below.



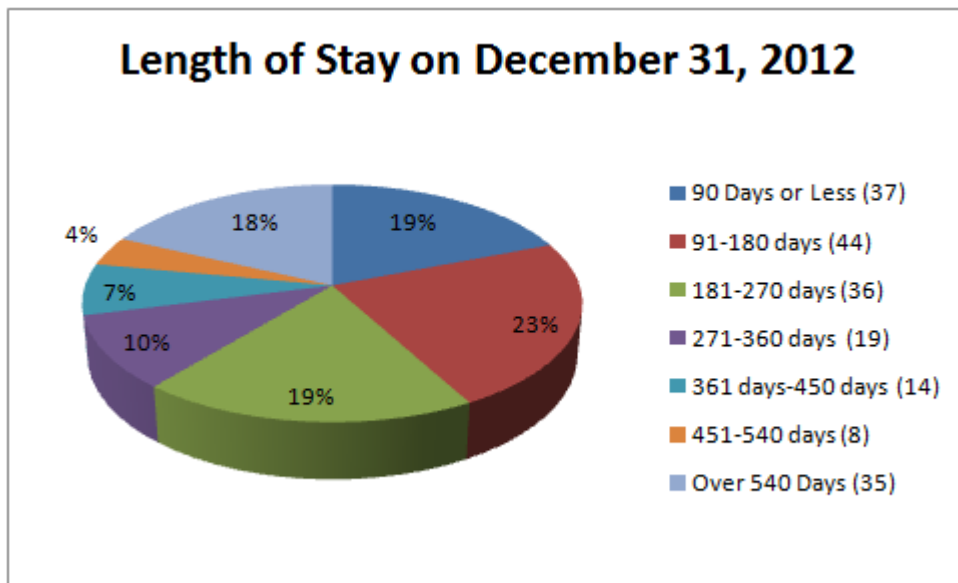
Legal Status

The legal status below indicates the status at the time of placement.

- 99 or 51% were delinquent cases.
- 65 or 34% were abuse and neglect cases.
- 29 or 15% were status offender cases.

Length of Stay

Length of stay is calculated by using the date of initial placement (youth may have been at more than one facility without returning to the state) and the date of December 31, 2012.



Facilities and Levels

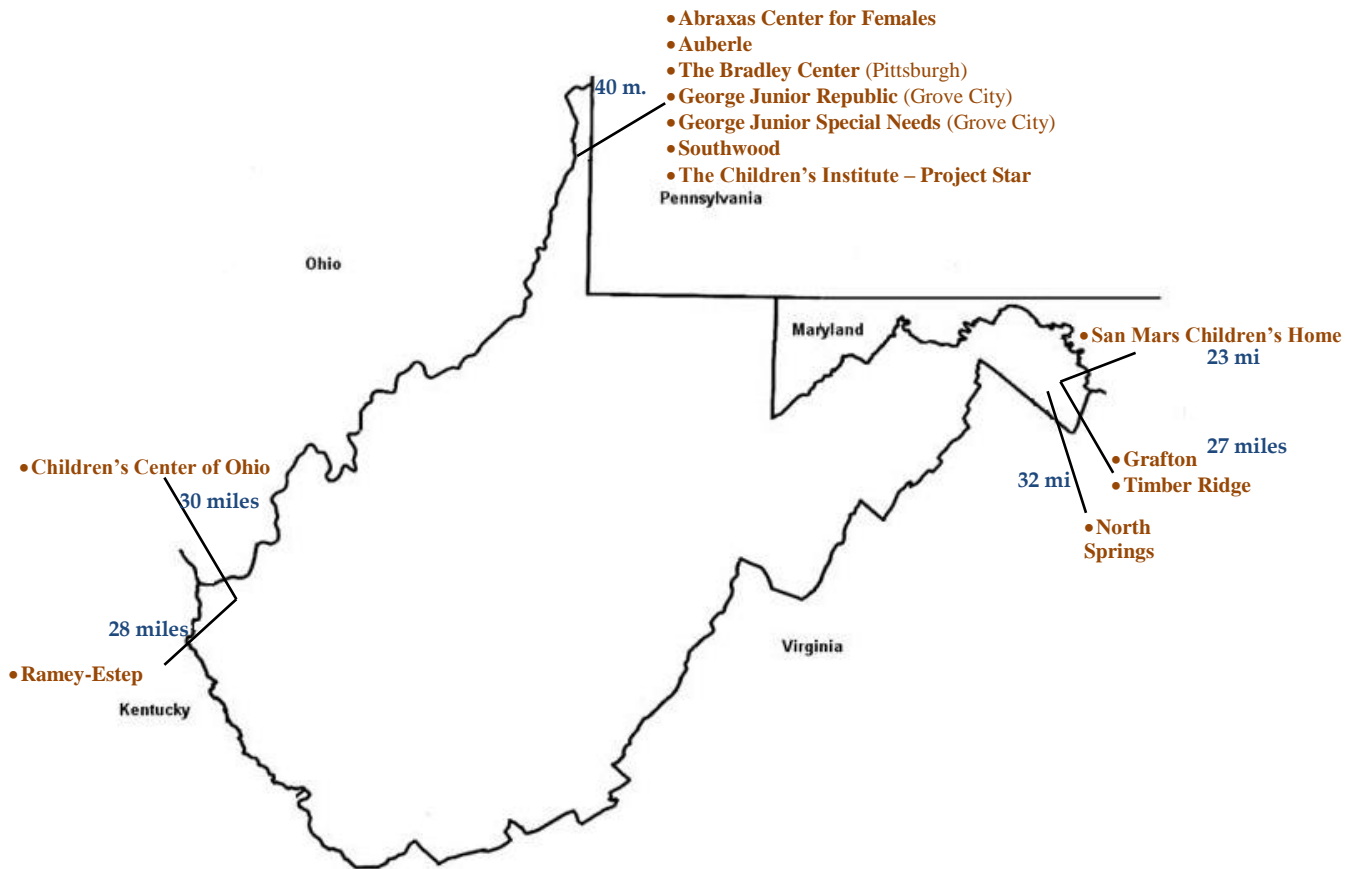
There were 55 youth (28%) placed in a Psychiatric Residential Treatment Facility.

There were 138 youth (72%) placed in a Group Residential Treatment Facility.

There were 128 youth (66%) were placed in bordering states (Pennsylvania, Virginia or Ohio).

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 West Virginia 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.



OTHER 2012 INITIATIVES

Out-of-State Group Residential Facilities Monitoring Activities

In a strong demonstration of collaboration, the Department of Health and Human Resources and the Department of Education teamed up to conduct special monitoring of out-of-state residential facilities where West Virginia sends a number of children. These site visits resulted in joint agreement on whether or not an individual facility is meeting both clinical and education expectations and standards as required by West Virginia. When these are not met, an improvement plan is developed for action by the facility. In some cases, the West Virginia monitoring team may recommend ceasing placements to the facility.

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 ensured West Virginia children were protected, had their needs met via out-of-state placements and were better prepared when they arrived home. Those engaged in the monitoring were looking at the treatment and education programs to ensure meaningful outcomes were possible.

During 2012, the team developed a consolidated monitoring manual. The efforts of this team have proven a great benefit to the state, ensuring the best quality programs and services when it is necessary to place a West Virginia child out of state.

In 2012 the Commission supported 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. The 2012 list included NECCO, Hermitage Hall, Southwood Psychiatric, The Bradley Center, and Coastal Harbor.



Consolidated Monitoring Manual

Effective July 2012

Court Improvement Program (CIP)

The Court Improvement Program is a collaborative effort administered by the WV Supreme Court with WVDHHR 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 2012, 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 educating parents about child abuse and neglect cases to re-evaluation and updating of the Multi-Disciplinary Treatment Training.

Permanency Roundtables Initiative

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

Permanency teams were formed to include and support the primary worker, community partners and central office staff to provide technical support on individual cases. The goal was to develop permanency plans that would be realistically implemented and to identify and address barriers to permanency that might be changed through professional development, policy change, resource development and engagement of system partners.

The West Virginia Automated Referral Process Review

A major recommendation of the Commission was to develop an information system to help identify where residential placement beds were open near or at the time a judge places a child. The concept was to produce a quick referral system to increase the number of in-state placements in qualified residential facilities.



Since the system had been in operation for a period of time, the Commission requested a detailed review of how the process was working. In October 2012, the Automated Referral Process Committee presented a summary report that assessed the utilization of the Automated Referral Process (ARP). The report looked only at youth who went out of state between January 1,

2012, and June 30, 2012, and did not include the automated placement referral (APR) used for youth who remained in the state. The data in the report was received from the following sources:

- WVDHHR Families and Children Tracking System (FACTS),
- State Automated Placement Referral System (APR),
- WV Child Placement Network,
- Regional Clinical Review Teams, and
- APS Health Care.

The report had three key findings, each of which was followed by one or more recommendations for mediating the situation:

Finding 1: The APR is not being utilized for youth in need of out of home care although improvements have been seen.

Recommendations:

- Educate DHHR staff, providers, juvenile probation officers, Regional Clinical Review Teams, etc., on the purpose and use of the WVCPN and APR and how they can benefit both them and the youth.
- Educate DHHR staff, providers, juvenile probation officers, Regional Clinical Review Teams, etc., on in-state facilities and services they offer through the Level of Care Training.
- Implement the ability to link directly to the APR from the WVCPN when a bed is available.
- Talk with leaders in counties that are utilizing the APR and get feedback on how they have been successful. Duplicate statewide.

Finding 2: Youth are being accepted by in-state providers, but the youth are still going out of state.

Recommendation:

- While educating DHHR staff, providers, juvenile probation officers, Regional Clinical Review Teams, etc., on the purpose and use of the WVCPN and APR, stress the importance of further communication to see if beds become available before court dates. Phones and email are still an important part of the process.

Finding 3: Youth are being placed out of state who are age 10 or younger and age 17 1/2 or older.

Recommendation:

- There needs to be a clear message to providers about keeping youth past their 18th birthday.

The Commission has requested the Automated Referral Process Committee help with these recommendations that will continue to improve the system.

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. These cards were fully introduced in 2012 and are currently used by judges throughout the state.

Beyond the intent to have these cards in the courtroom for the Judge, 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

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 MEETING

In the spirit of on-location commission meetings, in June of 2012 the Commission met in the conference room at the Burlington Beckley Center, which is a Level II and Level III therapeutic treatment facility for youth ages 8 to 18. Level II provides services to youth with moderate to severe adjustment difficulties in school, the home or the community. Level III provide services to youth with moderate to severe conduct and emotional disorders that prevent them from functioning in multiple areas of their lives. The Burlington Beckley Center has the capacity to serve 30 children.

The goal of the Burlington Center is to return children home or to a family placement setting. The on-grounds school is monitored through the WVDE. However, some children are allowed to attend public school if they can demonstrate the ability to function in the public school setting and if recommended by their counselor. Mike Price is President/Chief Executive Officer, and Sheila Walker is Chief Operating Officer at Burlington United Methodist Family 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 was supported in the initial thirteen recommendations in "Advancing New Outcomes," May 2006. SB 636 includes text from this report: "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 West Virginia 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, and 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 and Child and Family State Plan. 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 and evaluation; reduce duplication of efforts; identify the target population; and send a clear message to consumers that the West Virginia Department of Health and Human Resources and their partners are working together to address the system issues and barriers in providing community-based services for children and families who are at risk of out-of-home/-state placement.

The West Virginia System of Care (SOC) remained very active in 2012 in carrying out their strategic plan and in support of the activities of the Commission. A summary of some of their 2012 work follows:

Policy Changes

1. Bureau for Children and Families revised their Foster Care Policy/Chapter 24 to include the Regional Clinical Review Process.
2. Bureau for Behavioral Health and Health Facilities revised their statement of works for children's services to require grantees attend system-of-care approved training.



The Burlington Center School in Beckley.

Key Training of Best Practices

System of Care supported the following best practice recommendations of the Commission to Study Residential Placement of Children through the following training events:

- a. Trauma-informed care—140 participants
- b. Building Bridges—Family & Youth engagement training—102 participants
- c. WV-CANS—118 participants
- d. WV-CANS Train the Trainer—10 participants
- e. WV-CAPS—111 participants
- f. Regional Clinical Review Training for Individual Reviewers—19 participants
- g. Regional Clinical Review Team WV-CAN recertification—49 participants
- h. Addressing the needs of youth and their families--Levels of Care—83 participants

Volunteer Support

Cross-systems partners providing their time to improve the services to West Virginia children and their families: 640+ hours volunteered by WV System of Care Implementation Team and 6,120+ hours volunteered by Regional Clinical Review Teams in this past year.

Increasing the Family/Youth Statewide Voice

- a. Expanded Statewide Youth Council to 37 individuals.
- b. Established the West Virginia Youth M.O.V.E. chapter in affiliation with Youth M.O.V.E. National.
- c. Conducted over 44 youth focus groups in schools to provide information and guide changes in their schools.

Services to Families and Youth

West Virginia System of Care has partnered with Legal Aid of West Virginia in implementing a statewide parent-to-parent and youth support network, Family Advocacy, Support and Training (FAST). FAST will empower families of children and youth with behavioral and mental health needs to participate in planning, management, and evaluation of their child's treatment and service needs. FAST represents a core value of West Virginia's system of care and should help drive meaningful improvements in child-serving systems. Some outcomes from 2012:

- a. 627 youth received legal representation and advocacy.
- b. Staff and volunteers provided 38 trainings/presentations to nearly 700 professional and family participants. Training topics include Family/Youth Engagement, Special Education Policy, Truancy, Positive Behavioral Supports, Transitioning to Adulthood, FAST Care Notebook, and Pathways to Partnerships.

From the *FAST Annual Report*:

In many ways, West Virginia is at the forefront among states in developing a statewide, family-driven and youth-guided voice that represents children and youth with significant mental health needs and their families.

This means families of children tackling these challenges have a primary decision-making role in the policies and procedures governing care for children in their communities. This means young people today are more empowered to make decisions about their own lives and to influence policies governing care in the behavioral health, child welfare, education, primary care, and juvenile justice systems for all youth in their community and state.

It matters because positive, meaningful changes are starting to happen in West Virginia. In the few short years since the FAST Advisory Committee has developed a comprehensive statewide

plan to improve and expand the children’s service delivery system has relied on the real-life experience of parents, caregivers and youth—who now literally have a seat at the table with service providers and policy leaders, to make the state’s family-, child- and youth-serving systems more responsive, efficient and effective for **all** families.

Implementing Jacob’s Law

House Bill 4164 adds a new section to State Code (§49-7-35) to be referred to as “Jacob’s Law” that will require the Department of Health and Human Resources (DHHR) to implement an independent evaluation process to address the needs of young children. The bill targets the placement of children four to ten years of age in foster care and could require specialized foster care homes in each of the four DHHR regions of the state. In these homes, children could meet with a team of experts, including an independent advocate, and receive immediate evaluations and testing upon being pulled from their natural homes. The goal of Jacob’s Law is to reduce the number of placement settings each child experiences in foster care. There are three components with Jacob’s Law:

1. The comprehensive assessment system to improve 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; and
3. Evaluation of outcomes.

The implementation of Jacob’s Law began in January 2012. As of May 2012, all four DHHR Regions had implemented Jacob’s Law. The comprehensive assessment selected is the West Virginia Child, Adolescent Needs and Strengths (CANS), which is part of the West Virginia Comprehensive Assessment and Planning System (CAPS). A train-the-trainer model (CANS Super Users) is in place to allow each agency to train others on CANS. There are currently 16 individuals certified as WV CANS Super Users. The independent evaluation was conducted by Hornby Zeller Associates, Inc. The evaluation is designed to measure if Jacob’s Law is being implemented as required and if the implementation led to increased stability and well-being for children.

There were a total of 136 children referred to Jacob’s Law statewide. Of the 136 children, 96 were age four or older and thus required the CANS assessment. Of the 96 children, 72% had a completed assessment, with 36 children identified as needing additional services beyond those that are regularly provided to children in care. Of the 136 children referred, the majority of the children were initially placed somewhere other than in an enhanced placement setting or a kinship home. Twenty percent were placed in kinship care and almost one-quarter were placed in an enhanced specialized foster home.

According to text in *Evaluation of Jacob’s Law Implementation: Third Six-Month Report to the Legislature (April 1, 2012 – September 30, 2012)*, by Hornby Zeller Associates, Inc., it’s important to note, that “although the Jacob’s Law sample is small, the statewide percentages can be compared to those children referred under Jacob’s Law.” There were “no children referred to Jacob’s Law that experienced five or more placement settings” and “very few children that experienced four placements.” The percentages for Jacob’s Law children is higher than the same age population seen statewide.

The report also states,

Children referred to Jacob’s Law that experienced two placements are slightly lower than those statewide . . . With few enhanced placements and limited additional services, the children referred under Jacob’s Law are not receiving much above and beyond what other children across the state are receiving. The results show that children referred under Jacob’s Law are more likely than their peers to experience only one placement within the first 90 days but also more likely to experience as many as four settings. These later need more attention to address their needs.

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

The Education of Children in Out-of-Home Care Advisory Committee has 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.



The West Virginia Comprehensive 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. 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 recommendations 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 behavioral health issues.

Several individuals serve on both Commissions, which has helped both be more effective. More information regarding the CBHC can be found at www.wvcbhc.org.

Other Highlights and Notable Activities

The following areas of activities help advance the work of the Commission:

Mountain Force is a performance management approach designed to improve child welfare practice in the state. Mountain Force uses data to reveal practice patterns. West Virginia Department of Health and Human Resources, Bureau for Children and Families staff use these to identify 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 any positive effects on outcomes for children and families.

In 2012, Mountain Force established the following goals for 2013:

- reduce the number of Child Protective Services Family Functioning Assessments (FFAs) that are overdue by 40%;
- reduce the number of open referrals with no contact by 40%;
- safely reduce the number of children in custody by 5.5%; and
- successfully develop the WV Permanency Round Table (PRT) project and collection of baseline data.

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	OY-A - Older Youth Transitioning to Adulthood Best Practice
CAPS - Comprehensive Assessment and Planning (CAPS)	Co-O - Co-Occurring Best Practice Task Team
CANS Super User Oversight	Co-E - Co-Existing Best Practice Task Team
APR - Automatic Placement and Referral	TBP - Trauma Best Practice Task Team
CBT – Community Based Teams	Data - Integrated Data, Evaluation and Outcomes

	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	TBP	DATA
1. Bill Albert – LAWV, Family Advocacy and Support Team (FAST)						X					
2. Mark Allen – Burlington (BUMS)	X										
3. Amanda Ashe – Pressley Ridge							X				
4. Kathy Baird – KVC	X	X	X								
5. Laura Barno, Program Manager, DHHR	X	X	X				X				
6. Sandra Bailey, Chestnut Ridge Hospital								X			
7. Tim Bauman, Pressley Ridge								X			
8. Christina Bertelli, Chafee Program, CESD							X				
9. David Bishop, Highland Hospital								X			
10. Andrea Blankenship – Pressley Ridge				X							
11. Pat Booker – Res-Care								X	X		
12. Amy Booth – WV DHHR – BCF	X										
13. Diana Cox-Booth – Burlington (BUMS)	X								X		
14. JoDonna Burdoff, Autism Training Center									X		
15. Rebecah Carson – Region III CWC, DHHR			X			X					
16. Emily Chittenden-Laird										X	
17. Heather Collins – Stepping Stone						X					
18. Jackie Columbia – Board of Child Care	X	X			X				X		
19. Beth Cook – Logan County CAC	X				X						
20. Nancy Conner, DHHR, FACTS											X
21. Crystal Criswell, DHHR, BHHF	X						X			X	X
22. Laura Currey – Pressley Ridge *	X	X			X						X
23. Dana Cutlip - Daymark							X				
24. Linda Dalyai – WVDHHR-BCF *	X	X				X					X
25. Jason Deussenberry, Division of Intellectual/Developmental Disabilities (DHHR, BHHF)									X		
26. Joanne Dobrzanski, Family Connections	X				X						
27. Stephanie Drake, DHHR, BCF			X						X		
28. Lora Dunn – Highland Hospital	X	X								X	X
29. Renee Ellenberger, NYAP	X	X									
30. Lauree J. Ellis, BCF-Region I Coordinator	X										
31. Matt Everline – Burlington United Methodist Family Services							X				
32. Rebecah Farmer – BCF-Region II CWC	X		X			X					
33. Kenny Fischer, St. John’s Home					X						
34. Patty Flanagan – Southern Highlands											

	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	TBP	DATA
35. Tanya Ford – Pressley Ridge			X								
36. Susan Fry - Chair – Stepping Stones, Inc. *	X	X	X	X		X	X		X		X
37. Brad Gault, Try Again Homes	X	X	X								
38. Debi Gillespie- Division of Juvenile Services	X	X	X	X			X		X	X	X
39. Sue Hage, Deputy Commissioner of Programs, DHHR, BCF						X					X
40. Diana Halsey, DHHR, SSS, Region IV											
41. Denise Halterman – WV System of Care*	X			X	X	X					X
42. Angie Hamilton-Pressley Ridge	X	X									
43. Carla Harper, Program Manager, DHHR			X				X				
44. Kimberly Harrison, DHHR, BHHF	X						X				
45. Beverly Heldreth – Region I CWC*	X	X	X		X	X	X				
46. Joy Hickman, Youth Service Systems											
47. Kelli Holbrook – Region IV CWC, DHHR*	X		X			X	X				
48. Brenda Howell, DHHR, FACTS					X						
49. Robin Hughes, FAST											X
50. Cindy Inman,											X
51. Christa James-Ash, Region I CWC, DHHR							X				
52. Michael Johnson, DHHR, FACTS					X						
53. Lisa Kaplan – Prester Center *	X		X	X	X				X	X	X
54. Kathie King, DHHR, BCF						X					
55. Swapna King, SOC, RCC											X
56. Tracy King, FMRS									X		
57. Toby Lester, DHHR, BCF			X								
58. Patricia Lewis, National Youth Advocate Program		X				X					
59. Kate Luikart – Prester Center	X										
60. Terry McCormick, St. John’s Home					X						
61. Rhonda McCormick – WV Family Advocacy and Support Team (FAST)*	X	X				X			X		X
62. Alicia Mcintire, Chafee			X								
63. Beth Morrison, DHHR, BHHF*	X								X		
64. John Moses, Youth Services System							X		X		
65. Carol Newlon – Center for Excellence in Disabilities at WVU									X		
66. Cindy Nicely – Stepping Stone	X										
67. Michael Pack, DHHR, MIS					X						
68. Jackie Payne, DHHR, BHHF									X		
69. Tammy Pearson – WVSOC – Marshall University *	X			X	X						X
70. Will Perkins, CHS, Eyes Shelter									X		
71. Beverly Petrelli – Crittenton Services (Wellspring)*	X		X	X		X				X	
72. Doug Pfeifer, Pressley Ridge										X	
73. Tiffany Pittman, DHHR, BHHF	X	X								X	X
74. Vicki Pleasant – Daymark	X						X				
75. Melody Plumley, Children’s Home Society			X								
76. Raymona Preston – Stepping Stones, Inc. *	X	X	X	X	x	X	X				X
77. Emily Proctor, APS Healthcare								X			
78. Janet Scarcelli, Chestnut Ridge Hospital								X			
79. Crystal Shaver – Pressley Ridge							X				

	SDD	BB	CAPS	CANS	APR	CBT	OY-A	Co-O	Co-E	TBP	DATA
80. Brenda Shuester – Burlington United Methodist Family Services							X				
81. Derrick Snyder - Westbrook						X					
82. Kelly Skinner, DHHR, FACTS					X						
83. Melanie St. Claire, Pressley Ridge					X						
84. Elva Strickland, DHHR		X	X								
85. Laurie Thompson, WVCADV										X	
86. Mindy Thornton, Pretera	X	X	X	X				X			X
87. Cassandra Tolliver, BHHR, I/DD Division	X			X					X		
88. Steve Tuck, Children’s Home Society							X				
89. Melinda Umstot – Family Preservation											X
90. Lisa Vinson, DHHR						X					
91. Sheila Walker – Burlington United Methodist Family Services											
92. Linda Watts – WV System Of Care	X				X	X				X	X
93. Leslie Welton, Family Preservation of WV						X					
94. Brenda Workman, BUMFS											
95. Karen Yost – Pretera Center *	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

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training
1. Bill Albert	X		X
2. Deb Barthlow	X		
3. Laura Barno	X		
4. Delbert Casto	X		
5. Adella Cottrill	X		X
6. Traci Dalton	X		
7. Beckey Derenge	X		
8. Tina Faber	X		X
9. Charlotte Flanagan	X		
10. Susan Fry	X	X	
11. Debi Gillispie	X	X	
12. Sue Hage	X		
13. Angie Hamilton*	X		
14. Kim Huffman	X		
15. Kathie King	X		
16. Greg Kenney	X	X	
17. Jane McCallister	X		
18. Rhonda McCormick*	X		X
19. Beth Morrison	X		
20. Cynthia Parsons	X		
21. Jackie Payne	X		
22. Craig Richards	X		
23. Michael Phillips	X		
24. Doug Robinson	X		
25. Melissa Rosen	X		
26. Cheryl Salamacha	X		
27. Janet Scarcelli	X	X	
28. Karen Yost	X	X	
Region 1 Clinical Review Team			
29. Tracee Chambers		X	
30. Michelle Molisee		X	
31. Joanne Dobranski		X	
32. Laura Walls		X	
33. Jennifer Malone		X	
34. Rose LaRosa		X	
35. Peggy Tordella		X	
36. Lisa Hutzler		X	
37. Rebecca Fiest		X	
38. Cindy Howvalt		X	
39. Brandi Robinson		X	
40. Lynn Stanley		X	
41. Melissa Swan		X	
42. Tamara Miller		X	
43. Jason Dusenberry		X	
44. Christa Janes- Ash		X	
45. Swapna King*			
46. Beverly Heldreth		X	

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training
Region 2 Clinical Review Team			
47. Amy Rickman		X	
48. Angie Via –Hirston		X	
49. Kate Luikart		X	
50. Patty Deeds		X	
51. Michele Bush		X	
52. Chris Hughes		X	
53. Lora Dunn		X	
54. Paula Edwards		X	
55. Debbie Wells		X	
56. Cindy Bryant		X	
57. Erin Osborne		X	
58. Regis Grote		X	
59. Kristy Schnerlien		X	
60. Mindy Thornton		X	
61. Melody Plumley		X	
62. Robin Hughes		X	
63. Susan Fry		X	
64. Renee Harris		X	
65. Susan McQuaide		X	
66. Tammy Pearson		X	
67. Tanya Ford		X	
68. Robin Weiner		X	
69. Sarah Jenkins*			
70. Bobby Griffith		X	
Region 3 Clinical Review Team			
71. Lesley Welton See		X	
72. Monica Cogle		X	
73. LuAnn Edge		X	
74. Donna McCune		X	
75. Rebecah Carson		X	
76. Richard Kiley		X	
77. Joy Messenger		X	
78. Robin Hughes		X	
79. Mindy Umstot*		X	
80. Tracey Muntz- Dalton		X	
81. Melanie St. Clair		X	
82. Becky Sanders		X	
83. Brenda Schuster		X	
84. Jackie Columbia		X	
85. Adele Lavigne		X	
86. Matt Everline		X	
87. Robin Vandevander		X	
88. Abigayle Koller		X	
89. Shelia Walker		X	
90. Kim Helmstetter		X	
91. Peggy Tordella		X	
92. Cathy Murray		X	
93. Laura Wall		X	

	System of Care Implementation Team	Regional Clinic Review	Family Advocacy, Support and Training
Region 4 Clinical Review Team			
94. Traci King		X	
95. Kelli Holbrook		X	
96. Michelle Massaroni		X	
97. Kristy Schnierlein		X	
98. Melanie Urquhaart		X	
99. Goldie Meadows		X	
100. Trudi Blaylock		X	
101. Tanya Ford		X	
102. Deana Cummings		X	
103. Chassity Young		X	
104. Carla Torres		X	
105. Jessica Crowder		X	
106. Benjamin Plybon		X	
107. Sonnee Stanley		X	
108. Lisa Kaplan		X	
109. Lora Dunn		X	
110. Debbie Wells		X	
111. Sheila Walker		X	
112. Olivia Honaker		X	
113. Sarah Jenkins		X	
114. Bobby Griffith*		X	

* Denotes Workgroup Chairs or Task Team Leaders

SUMMITS/COLLABORATIVES

The Service Array project involves members of the Regional Summits and Community Collaboratives. Their countless hours of work are 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.

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

Other Working Groups

	CIP MDT	Out of State Certification	Youth Transitioning Oversight Committee
1. Debbie Ashwell, WVDE		X	
2. Laura Barno, Program Manager, DHHR *		X	
3. Christina Bertelli			X
4. Scott Boileau – Alliance for Children	X		
5. Amy Booth – WV DHHR – BCF	X		
6. Ghaski Browning, WV Dept. of Education		X	
7. Maya Clark – Youth Representative			X
8. Jackie Columbia – Board of Child Care	X		
9. Dr. Corey Colyer, WVU, Evaluator	X		
10. Crystal Criswell, DHHR, BHHF			X
11. Linda Dalyai – WVDHHR-BCF	X		
12. Joanne Dobrzanski, Family Connections	X		
13. Stephanie Drake – WVDHHR, BCF	X		X
14. Caroline Duckworth, APS Healthcare	X	X	
15. Dewayne Duncan, WV Dept. of Education		X	
16. Matt Everline – Burlington United Methodist Family Services			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. Steven Gower – Youth Representative			X
22. Hon. Mary Ellen Griffith	X		
23. Sue Hage, Deputy Commissioner of Programs, DHHR *	X		X
24. Kim Harrison, DHHR, BHHF			X
25. Carla Harper, Program Manager, DHHR	X		X
26. Teresa Haught, DHHR	X		
27. Beverly Heldreth, DHHR, BHHF			X
28. Arlene Hudson, APS Healthcare	X		
29. Kelli Holbrook – Region IV CWC, DHHR	X		X
30. Stacey Holley DHHR, BCF			X
31. Christa Janes-Ash – DHHR, BCF			X
32. Linda Kennedy, Bureau for Medical Services, DHHR		X	
33. Mike Lacy, WV Supreme Court of Appeals	X		
34. Teresa Lyons, Attorney	X		
35. Alicia McIntire, DHHR, BCF			X
36. Nora McQuain, Bureau for Medical Services, DHHR		X	
37. Jane Moran,	X		
38. Linda Morrison, Manager, DHHR	X		
39. John Moses, Youth Service Systems			X
40. Catherine Munster, Attorney, Clarksburg	X		
41. Tzouri Oliver, DHHR	X		
42. Frances Pack – WVDE	X		
43. Lisa Parson – DHHR, BCF			X
44. Jackie Payne, DHHR, BHHF			X
45. Vicki Pleasants, Daymark			X
46. Raymona Preston – Stepping Stones, Inc. *			X
47. Cristina Riggs, DHHR, Licensing Specialist		X	

	CIP MDT	Out of State Certification	Youth Transitioning Oversight Committee
48. Jessica Ritchie – Youth Representative			X
49. Doug Robinson – DHHR, BCF			X
50. Missy Rosen, DHHR, BCF			X
51. Cheryl Salamacha, DHHR	X		
52. Wade Samples – DHHR, BCF			X
53. Brenda Shuester – Burlington United Methodist Family Services			X
54. Carrie Stalnaker – WVDHHR, BCF	X		
55. Susan Starkey, APS Healthcare		X	
56. Tara Stevens, APS Healthcare, Inc.		X	
57. Elva Strickland, DHHR		X	
58. Hon. Derek Swope	X		
59. Nikki Tennis, WV Supreme Court of Appeals	X		
60. Steve Tuck, Children’s Home Society			X
61. Valerie Turner,	X		
62. Fran Warsing, WV Dept. of Education		X	
63. Edward Waugh, DHHR, Licensing Specialist		X	
64. Tracy Weese,	X		
65. Lewis Wolfe, DHHR, Licensing Specialist		X	
66. Karen Yost – Pretera Center*	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.

APPENDIX B

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

Name & Title	Affiliation
Robert Hull, Assistant State Superintendent, Chair	West Virginia Department of Education
Dewayne Duncan, Executive Director, Office of Optional Educational Pathways	West Virginia Department of Education
Jodie Akers, Director of Student Services and Attendance	Upshur County Schools
Catherine Munster, Attorney at Law	Professor, West Virginia University
Cindy Largent-Hill, Juvenile Court Monitor	West Virginia Supreme Court of Appeals
Laura Sperry Barno, Program Manager	West Virginia Department of Health and Human Resources, Bureau for Children and Families
Dr. Dixie Billheimer, Chief Executive Officer	West Virginia Center for Professional Development
Ghaski Browning, Assistant Director, Special Programs	West Virginia Department of Education
Clayton Burch, Executive Director, Early Childhood	West Virginia Department of Education
Debbie Ashwell, Coordinator, Special Programs	West Virginia Department of Education
Debi Gillespie, Director	Department of Juvenile Services
Rebecca Derenge, Coordinator, Office of Optional Educational Pathways	West Virginia Department of Education
Sue Hage, Deputy Commissioner, Office of Programs	West Virginia Department of Health and Human Resources, Bureau for Children and Families
The Honorable Derek Swope	Mercer County Circuit Judge
Frances Pack, Homeless Facilitator and Assistant Attendance Director	Kanawha County Schools
Nikki Tennis, Director, Division of Children's Services	West Virginia Supreme Court of Appeals
Sheila Walker, Director	Burlington United Methodist Family Services
Steve Tuck, Chief Executive Officer	Children's Home Society of West Virginia
Scott Boileau, Executive Director	Alliance for Children
Susan Fry, Director	Stepping Stones
Trudi Blaylock, Regional Administrator	PSIMED, A Behavioral Health Management Company
Vicki Pleasants, Executive Director	Daymark, Inc.
Pat Homberg, Executive Director, Special Programs	West Virginia Department of Education

“There can be no keener revelation of a society’s soul than
the way in which it treats its children.”

Nelson Mandela

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West Virginia Department of Health & Human Resources
Bureau for Children & Families
350 Capitol Street, Room 730
Charleston, WV 25301**

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