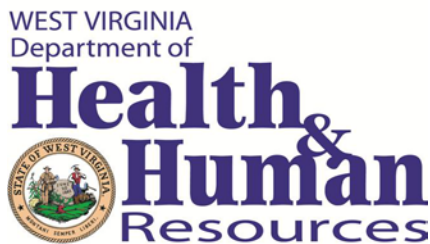


# 2013 Annual Progress Report and Future Direction

## **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, Suite 730  
Charleston, WV 25301

Earl Ray Tomblin, Governor  
Karen L. Bowling, Cabinet Secretary



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Office of the Secretary  
One Davis Square, Suite 100 East  
Charleston, West Virginia 25301  
Telephone: (304) 558-0684 Fax: (304) 558-1130

Karen L. Bowling  
Cabinet Secretary

As Cabinet Secretary of the West Virginia Department of Health and Human Resources, and 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*.

This report provides important background on the Commission's work and key accomplishments completed in 2013.

Over the years, the Commission has established a foundation and now has a greater understanding of what is needed to reduce not only the number of children in out-of-state placement, but all children that are placed in out-of-home care.

While we are making steady progress, there is more work to be done. In the coming year, the focus will be on meeting concrete outcomes. Moving forward, we will work collaboratively by making informed decisions to improve the quality of life for the children of West Virginia.

Sincerely,

A handwritten signature in blue ink that reads "Karen L. Bowling".

Karen L. Bowling  
Cabinet Secretary



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

Bureau for Children and Families  
Commissioner's Office  
350 Capitol Street, Room 730  
Charleston, West Virginia 25301-3711  
Telephone: (304) 558-0628 Fax: (304) 558-4194

Karen L. Bowling  
Cabinet Secretary

As the Commissioner for the Department of Health and Human Resources' Bureau for Children and Families, it is a joy to serve on the Commission to Study Residential Placement of Children.

My primary focus as Commissioner will be to reduce the amount of duplications within the Bureau, review data based results, and support Cabinet Secretary Karen L. Bowling with her mission to ensure accountability for the Department. The work of the Commission, along with supportive data and the dedication of our workforce, will help us focus on our goal to reduce out-of-state placements and improve out-of-home care in West Virginia.

Looking to the future, I am setting high standards for the Bureau for Children and Families. We will strive to meet the expectations of Cabinet Secretary Bowling while focusing on our most vulnerable citizens of the state, our children.

Sincerely,

A handwritten signature in blue ink that reads "Nancy N. Exline".

Nancy N. Exline  
Commissioner

# 2013 COMMISSION MEMBERS

Commission to Study Residential Placement of Children  
Karen L. Bowling, Chair  
Cabinet Secretary

The Honorable Jack Alsop  
Circuit Court Judge  
Webster County

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

Stephanie Bond  
Acting Director  
Division of Juvenile Services  
WV Department of Military Affairs & Public Safety

Steve Canterbury  
Administrative Director  
WV Supreme Court of Appeals

The Honorable Scott Elswick  
Family Court Judge  
Lincoln County

Nancy Exline  
Commissioner  
Bureau for Children and Families  
WV Department of Health and Human Resources

Susan Fry  
Director  
Stepping Stones  
(Group Residential)

Pat Homberg  
Executive Director  
Office of Special Education  
WV Department of Education

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

The Honorable Gary Johnson  
Circuit Court Judge  
Nicholas County

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

Mike Lacy  
Director  
Probation Services  
WV Supreme Court of Appeals

Rhonda McCormick  
Parent/Family Representative

Philip W. Morrison II  
Executive Director  
WV Prosecuting Attorneys Institute

Dr. James B. Phares  
State Superintendent of Schools  
WV Department of Education

The Honorable Phillip M. Stowers  
Circuit Court Judge  
Putnam County

Letitia Tierney  
Commissioner  
Bureau for Public Health  
WV Department of Health and Human Resources

Nikki Tennis  
Director  
Division of Children's Services  
WV Supreme Court of Appeals

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

Fran Warsing  
Superintendent of Institutional Education  
WV Department of Education

## Staff to Commission

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

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

## Facilitator/Technical Assistance

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

## PREFACE

The Commission to Study Residential Placement of Children was created by an act of the 2005 Legislature (HB 2334) to achieve systematic reform for youth at risk of out-of-home residential placement and to establish an integrated system of care for these youth and their families.

The bill's original topics of study included placement practices with special emphasis on out-of-state placements, as well as ways to ensure that children who must be placed out-of-state receive high quality services consistent with West Virginia's standards of care. This focus was broadened with several recommendations made by the Commission in its May 2006 report *Advancing New Outcomes* that include all children and their families in out-of-home placement and those at risk of out-of-home placement.

Since the publication of the Commission's original report *Advancing New Outcomes 2006*, the Commission has continued to monitor the status of each of its recommendations, documenting progress through quarterly meetings, status updates, and annual progress reports. In 2010, the Legislature passed SB 636 to reconstitute the Commission. This Legislative Bill, in addition to the original study areas, addressed additional issues relative to foster care placement and required a reduction in out-of-state placements.

During 2012, the Commission took a hard look at progress on its original thirteen recommendations from the 2006 summary report. This involved analyzing all the work done to date by Commission work groups as well as various other collaborations among the state's public and private entities. The Commission then prioritized ten goals that will make the most significant difference in improving outcomes for children, youth and families. This 2013 annual report reflects these overarching priorities and shows progress toward their implementation.

It is clear that the number of children in out-of-home care shows a need for continued vigilance and improvement. It is equally clear that the Commission to Study Residential Placement of Children has firmly established a foundation to monitor and make changes to a system that prior to its establishment was historically fragmented and over-reliant on out-of-state and out-of-home placement of children.

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. Our success is reached only through the willingness, dedication, and commitment of the thousands of West Virginians in positions to bring about daily improvements in delivering—and preventing—out-of-home care for our state's boys and girls with serious and complex needs.

### For More Information

There is a large body of background information, including studies, reports, data analyses and minutes of Commission meetings, available online: [http://www.wvdhhr.org/oos\\_comm/](http://www.wvdhhr.org/oos_comm/). Additional inquiries may be addressed to 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 (304.356-4527 or [Sue.C.Hage@wv.gov](mailto:Sue.C.Hage@wv.gov)).

# TABLE OF CONTENTS

<i>Foundations of Change 2005-2012</i> .....	3
<i>The Power of Collaboration: Matrix of Current Working Groups</i> .....	8
<i>Priority Goals for Implementation 2012-2015</i> .....	9
<i>Key Accomplishments of 2013</i> .....	10
<i>Moving Forward in 2014</i> .....	15
<i>Appendix A: Performance Scorecards</i> .....	17
<i>Appendix B: Target Population Data</i> .....	20
<i>Appendix C: Working Groups of the Commission</i> .....	25
<i>Appendix D: Additional Groups Supporting Goals of the Commission</i> .....	30

# FOUNDATIONS OF CHANGE 2005-2012

## The Critical Issue

Difficult and 'hard-to-place' children are frequently placed in multiple foster homes, multiple potential adoptive homes, and multiple residential treatment facilities. Because these placements are often in different counties in different areas of the State, the child is treated by multiple providers. For these frequently placed children, treatment is not consistent, nor are services uniform. A good program for the child while in foster care in Kanawha County may not be available when the child is placed in Wayne County.

With each new placement, a new counselor, therapist, psychiatrist and psychologist begins treatment. These persons may have different treatment protocols than the previous providers. Medications are frequently changed when a new psychiatrist is involved. New 'trusts' for the child and the providers must be developed. Treatment begins anew, time is lost and progress starts all over. This cycle is then repeated again when the child regresses and the new foster/adoptive parents give up, and the child is again placed in another geographical area. The new placement is often too distant from the old placement, so another set of providers commences again. This lack of continuity and level of services hampers the child's progress. The Commission finds this frequent occurrence a significant barrier that must be addressed in all possible ways. The Commission advocates, throughout its work, that viable solutions should always strive to minimize the disruptions of the child as much as possible.

*From Advancing New Outcomes, 2006*

The Commission's prime 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—and out of proximity of their families, neighborhood schools, health care providers and support networks. The Commission recognizes that this effort involves a wide variety of programs and services across 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.

## Principle-Based Collaboration

Bringing together a diverse group of individuals representing the many facets of the system is a necessary step for meaningful improvement. The Commission carries out its work with strong collaborative participation from the key stakeholders from West Virginia's child and family serving systems. Open discussion, research and materials presented at quarterly meetings reflect the day-to-day experiences and voices of field staff members, families and youth from all areas.

Commission members and many other stakeholders have collaborated outside of the formal Commission meetings to provide key background information, data analysis and suggested recommendations based on the positive work taking place in our state, as well as research on promising solutions from outside of West Virginia.

All parties participating in the Commission agree the goal is to do everything possible to ensure that needed quality services are provided in, or as close as possible to, the community in which each child resides. At the same time, members respect the mission, roles and expertise of each entity within the system.

Balancing a shared vision with the inherent requirements of state agencies, the judicial system and the private sector is paramount for successful outcomes. For example, the Commission does not 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 works to provide the Courts with information on additional options to meet the needs of children closest to their homes. Likewise, the departments involved in human services, education and corrections must be assured that the system recognizes and integrates their respective mandates and approaches to service delivery.

Consequently, bringing true change to improve the system for children in or at risk of out-of-home placement requires active collaboration and consensus. The Commission to Study Residential Placement of Children will continue to seek consensus on recommendations that will make a difference. Further, those serving on the Commission are committed to working diligently to champion the recommendations needed in their respective areas.

The Commission continues its annual practice of holding one of its quarterly meetings outside of Charleston to review child-serving programs around the state and increase community input. The June 2013 session at St. Vincent de Paul in Wheeling was well-attended by both Commission members and guests.

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.

#### **Definition of System**

For the purpose of the Commission's work, the use of the word *system* 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, and preventing children from being placed in out-of-home settings.

## **Defining the Population of Focus**

From the Commission's inception, defining and developing the most appropriate benchmarks has been challenging, requiring appropriate definitions, accurate facility information and timely data. The Commission has moved to specify ways to define and report placements, and agreed to the following:

- To report on children in West Virginia custody (through the West Virginia Department of Health and Human Resources).
- To include three state custody populations:
  1. Group Residential Care
  2. Psychiatric Facility (long term)
  3. Psychiatric Hospital (short term)



- 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).
- To use the following placement population definitions established by the Commission for performance outcomes metrics:
  - A. **Individuals in the monitored population placed in West Virginia, within 50 miles of the known home location.**
  - B. **Individuals in the monitored population placed outside of West Virginia, but within 50 miles of the known home location.**
  - C. **Individuals in the monitored population placed within West Virginia’s borders, but more than 50 miles from the known home location.**
  - D. **Individuals within the monitored population placed both out-of-state and more than 50 miles from the known home location.**

The Commission’s working definition of “in-state placement” includes children fitting categories A, B & C above. Based on West Virginia Legislative intent, the Commission defined children in category D as meeting the criteria for “out-of-state placement.” The ultimate goal is to have all of these children served closer to their home communities.

Data is extracted each month based on updated information in FACTS to provide a point-in-time analysis. Methods used to calculate location, distance, etc. are documented separately from FACTS. The Commission receives updated reports on a quarterly basis. (Refer to Appendix A—Performance Scorecard, and Appendix B—Target Population Data, for more information.)

Though the population of young people being monitored by the Commission is necessarily limited, it should be stressed that the ongoing work of this body has continued to improve the quality of care and increase the treatment options for all West Virginia’s children at risk of out-of-home care.

## **Pivotal Accomplishments from 2006 to 2012**

From the time the WV Commission to Study Residential Placement of Children published its original 13 recommendations in *Advancing New Outcomes 2006*, a number of strategies have been implemented through its annual action plans. The Commission continues to rely on working groups whose members have the appropriate expertise, resources and responsibility to carry out specific recommendations. The Commission has remained flexible throughout, tackling emerging issues and including the support of other collaborations and initiatives that can advance specific Commission goals.

Below are 20 key accomplishments from the previous seven years that make it possible for West Virginia to advance new outcomes in 2013 and beyond:

1. **Survey of West Virginia judges** to identify local and in-state services used by the courts to address the needs of children in their jurisdictions and assess their perceptions of the quality and effectiveness of these services.
2. **Sharing of relevant data between the state Board of Education and Department of Health and Human Resources** to improve programming for foster children placed in West Virginia through a Memorandum of Understanding.

3. **Completion of a comprehensive clinical review of a subset of children in out-of-state placement.**
4. Subsequent development of an **ongoing Clinical Review process** to provide a comprehensive, objective clinical review of designated children at risk of or currently out-of-state.
5. **Provider's survey to look at willingness to expand services in-state to address service gaps** identified in out-of-state review.
6. Changes to allow timelier reconfiguration and/or expansion of in-state behavioral health services through **West Virginia's Certificate of Need Summary Review process.**
7. Development of **WV Child Placement Network, a resource to track the daily availability of treatment beds across West Virginia.**
8. Launch of the **System of Care statewide expansion, a public-private-consumer partnership with the mission to build and maintain effective community based services and supports** for children and youth with behavioral health challenges and their families.
9. Development of a statewide **parent-to-parent and youth support and advocacy network.**
10. Completion of a **comprehensive statewide Service Array Assessment process** to help communities identify, evaluate and improve services and supports, to provide for the safety, permanency and well-being of children, youth and families.
11. **Joining forces with the West Virginia Court Improvement Program to evaluate and improve the Multidisciplinary Treatment (MDT) Team process.** This effort resulted in updated MDT training for human services and court personnel, as well as a desk guide for team members.
12. **Review and improvement of out-of-state provider requirements, and comprehensive on-site monitoring of out-of-state residential facilities where West Virginia children are placed,** to ascertain that services offered meet standards of licensure, certification and expected rules of operation, consistent with in-state expectations of the WV Department of Health & Human Resources, Bureau for Children and Families, and the WV Department of Education. These actions have resulted in recommendations for improvement and, in some cases, cessation of placements to certain facilities.
13. **Improvement of the Comprehensive Assessment and Planning System (CAPS)** to include timely completion, **incorporation of the Child & Adolescent Needs and Strengths (CANS) assessment** delivered by certified West Virginia providers, and extensive **training of the West Virginia CAPS and WVCANS,** for first time certification and re-certification of hundreds of in-state providers.
14. In collaboration with the WV DHHR Bureau for Children and Families, **oversight of West Virginia's implementation of its multi-year Child and Family Services Plan.**
15. Creation of specialty teams that scheduled community forums throughout the state and developed **best practice guidelines to address the needs of children and youth with:**
  - **Co-Occurring Disorders** (substance use/abuse and mental illness);

- **Co-Existing Disorders** (developmental/intellectual disabilities and mental illness); and
- **Older Youth Transitioning Into Adulthood.**

16. **“4-Questions Card”** developed and distributed to judges and DHHR workers containing resource information and the four questions believed to be most helpful in reviewing if all options have been explored by the court.
17. Development of **best practice guidelines and training on trauma-focused care.**
18. **Active engagement of West Virginia youth** on education and service delivery issues through youth focus groups across the state, including the cultivation of a statewide youth council through the WV Foster Advocacy Movement, and establishment of West Virginia chapter of Youth MOVE national advocacy organization and social networking site through Family Advocacy Support & Training (FAST) program.
19. **Permanency Roundtables Initiative** in which the Bureau for Children and Families partnered with Casey Family Programs to implement Permanency Roundtables on behalf of children in out-of-home care for 15 months or longer. One goal was to identify and address barriers to permanency that might be changed through professional development, policy change, resource development and engagement of system partners.

## *THE POWER OF COLLABORATION:*

### Matrix of Groups Focused on Advancing New Outcomes from 2013 through 2015, by Priority Goal Area

From its inception, the Commission has relied on working groups that bring multiple perspectives and expertise to focus on specific recommendations. The following is not meant to be an all-inclusive representation of every public, private and collaborative effort focused on issues related to this segment of our state’s children and youth. The specific partnerships shown below have held themselves accountable to advance the Priority Goals of the Commission to Study Residential Placement of Children.

<b>PRIORITY GOALS OF COMMISSION 2012-2015</b>	<b>GROUPS FORMED BY COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN<sup>1</sup></b>		<b>OTHER KEY GROUPS<sup>2</sup></b>		
	<b>Service Delivery &amp; Development Work Group</b>	<b>West Virginia System of Care</b>	<b>Education of Children in Out-of-Home Care Advisory Committee</b>	<b>Three-Branch Institute on Child Social &amp; Emotional Well-being</b>	<b>Court Improvement Board</b>
<i>Appropriate Diagnosis and Placement</i>	•	•		•	•
<i>Expanded Community Capacity</i>	•	•	•	•	•
<i>Best Practices Deployment</i>	•	•		•	•
<i>Workforce Development</i>	•	•		•	•
<i>Education Standards</i>			•	•	•
<i>Provider Requirements</i>			•	•	
<i>MDT Support</i>		•	•	•	•
<i>Ongoing Communication</i>	•	•	•	•	•
<i>Effective Partnerships</i>	•	•	•	•	•
<i>Performance Accountability</i>	•	•	•	•	•

<sup>1</sup>See Appendix C for detailed information on the Service Development and Delivery Working Group and the West Virginia System of Care, which were formed through the original recommendations of the Commission to Study Residential Placement of Children.

<sup>2</sup>See Appendix D for detailed information on the Education of Children in Out-of-Home Care Advisory Committee, Three-Branch Institute, Court Improvement Program, and additional initiatives that inform the work of, and whose actions support the goals of, the Commission to Study Residential Placement of Children.

# PRIORITY GOALS FOR IMPLEMENTATION 2012-2015

*In 2012, the Commission reviewed and consolidated its original recommendations that were still active with new ones that support the expanded vision and charge of the Commission. The Commission then developed a detailed work plan to update the expected performance outcomes, identify responsible work groups and individuals and set a timeline for completion of the major activities within each strategy.*

## **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. Multidisciplinary Treatment (MDT) Team Support**

*Support the Multidisciplinary Treatment (MDT) Team concept and assist enhancing present MDT processes statewide.*

## **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.*

## KEY ACCOMPLISHMENTS OF 2013

While keeping the Priority Goals as the focus, the Key Accomplishments of 2013 represent the work for 2013. The accomplishments may apply to more than one priority goal area.

### Appropriate Diagnosis and Placement

- Expansion and improvement of the Comprehensive Assessment and Planning System, through a streamlined trauma-informed WV CAPS model of assessment and training curriculum. *(Service Delivery and Development Work Group, West Virginia System of Care)*
- Integration of Child and Adolescent Needs and Strengths (CANS) assessment through new West Virginia training for “WV CANS Standardized User” and “WV CANS Trainer of Trainers” statewide. *(Service Delivery and Development Work Group, West Virginia System of Care)*
- Regional Clinical Review teams continued to provide comprehensive, objective, clinical reviews for children at risk as a resource for the child’s Multidisciplinary Treatment (MDT) Team.
  - Forty-seven clinical review meetings comprised 3,500 professional hours volunteered to review 120 youth.
  - Data show 33 youth who received a clinical review in 2013 were prevented from out-of-state placement, and nine were returned. *(West Virginia System of Care)*

### Expanded Community Capacity

- Older Youth Transition Plan finalized, presented to Commission and implemented. *(Service Delivery and Development Work Group)*
- Workgroup formed—including staff from Bureau for Medical Services, Bureau for Behavioral Health and Health Facilities, Bureau for Children and Families, Behavioral Health Providers Association, and other behavioral health providers that treat children and adults—to help rewrite community behavioral health policy for Medicaid members with behavioral health needs.
- Bureau for Medical Services published Psychiatric Residential Treatment Facility (PRTF) Policy Manual to include new policy on team composition, staffing ratio, and family therapy meeting requirements.
- Family Advocacy Support & Training (FAST) Program served 222 families of children with mental health diagnoses with free legal services, advocacy, support, referral and education. FAST established four “Circle of Parents” Support Groups serving over 200 parents and caregivers.

### Best Practices Deployment

- Solutions presented to Bureau of Medical Services for revising the Medicaid Census Day to support family driven care. *(Service Delivery and Development Work Group)*

- Recommendations for Transition to Community based on the national Building Bridges best practice guidelines submitted for consideration. *(Service Delivery and Development Work Group)*
- Trauma Informed Care Organizational Readiness Assessment tool disseminated throughout child serving systems. *(Service Delivery and Development Work Group, West Virginia System of Care)*
- “Community of Practice” around Co-Existing Disorders initiated among Youth Services System, Board of Child Care, ResCare/Braley & Thompson, Burlington United Methodist Family Services, Children’s Home Society EYES Shelter and Potomac Center. *(Service Delivery and Development Work Group)*
- Utilization Management Guidelines for Community Based Teams (CBT) Wraparound Model approved to support high-fidelity wraparound. *(Service Delivery and Development Work Group)*
- Development of state agency and provider System of Care readiness assessment, which was completed by more than 40 child-serving agencies and provider organizations now committed to work on strategies to more fully implement one or more of the System of Care Principles. *(West Virginia System of Care)*
- Dissemination of System of Care web-based resource toolkits to guide practical implementation of values and principles by family/youth organizations, service providers and policy/program leaders, through federal System of Care expansion grant, “A Pathway for Meaningful Change.” *(West Virginia System of Care)*
- State agencies implemented changes in policy and practice to reflect System of Care values and principles. *(West Virginia System of Care)*
  - Bureau for Children and Families revised their Youth Service Policy to incorporate WV System of Care values/principles.
  - Bureau for Children and Families revised contractual agreement for residential providers to include trauma-informed care training for all staff.
  - Bureau for Behavioral Health and Health Facilities required all grantees attend WV System of Care approved training in Cultural Competence and application of key principles.
  - Bureau for Behavioral Health and Health Facilities is supporting the implementation of the Transition into Adulthood Process (TIP) for youth transitioning into adulthood.
  - Division of Juvenile Services requires staff to receive trauma-informed training, moving toward trauma-specific treatment and using a performance-based assessment tool to assess mental health and trauma issues within seven days of admittance.
  - System of Care principles adopted by the Expanded School Mental Health initiative, a partnership between the Bureau for Behavioral Health and Health Facilities and the Department of Education.

- Legal Aid of West Virginia continued the Family, Advocacy, Support and Training (FAST) program and Advisory Committee to support more family-driven and youth-guided care in all systems. (*West Virginia System of Care*)
  - As part of their outreach and training, FAST reached out to more than 2,200 families and youth in 2013.
  - To gather youth perspectives on key issues and concerns, FAST statewide youth coordinator facilitated 63 focus groups and gathered information from 900 youth served across West Virginia’s juvenile justice, child welfare, mental health and education systems.
- Review of all children under the age of six years old who are prescribed psychotropic medications to ensure that the medications are medically necessary. (*Three-Branch Institute on Child Social & Emotional Well-being*)
- New View Project group launched in April 2013, with seven attorney “viewers” looking into nearly 50 children’s cases and making permanency recommendation reports to the court and parties in each case. Project was adapted from the state of Georgia’s “Cold Case Project.” (*Court Improvement Program*)
- Implementation of a Youth Council through the WV Foster Advocacy Movement— following recommendations by the Commission, Bureau for Children and Families and the first Three Branch Institute—to represent youth in foster care age 16 and up to gauge youth issues and youth interest. Youth who expressed interest in participation on WV Youth Council were invited to an event, and youth leaders participated in panels at BCF conferences as well as judicial conferences (*supported by first Three Branch Institute on Safely Reducing Adolescents in Long Term Foster Care*).

#### **System of Care Principles Guiding Effective Care for Children, Youth & Families**

- 1. Family Driven:** Families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community and state.
- 2. Youth Guided:** Young people have the right to be empowered, educated and given a decision-making role in their own lives as well as in the policies and procedures governing care for all youth in their community and state.
- 3. Culturally Competent:** Children and families of diverse cultures and language proficiency have comparable access to services; that service providers learn about and demonstrate respect for family culture (including attitudes and beliefs about services, child rearing, expression of symptoms, coping strategies, and help-seeking behavior); and that diverse families achieve similarly successful outcomes from services.
- 4. Array of Community-Based Services:** A broad and diverse array of community-based services and supports that are consistent with the system of care approach and improved outcomes.
- 5. Best Practice in Service Delivery:** Creating or expanding an individualized, strength-based approach to service planning and delivery practices that have been shown to be effective and/or evidence-based, such as trauma-informed and trauma-specific services.
- 6. Quality Assurance:** Meaningful outcomes are measured and play an important role in improving the quality of care to children and their families at a system level, service level and family/child level.
- 7. Government Accountability:** All agencies that serve children, youth and families take the lead for System of Care goals and are responsible for policy, funding, system management and oversight to achieve them.
- 8. Interagency Collaboration:** Interagency structures, agreements and partnerships are maintained that coordinate funding, resources and data to build the System of Care.



## Workforce Development

- A cross-system training curriculum launched to support practical implementation of best practice principles. Modules were approved for social work continuing education and delivered free of charge to more than 400 participants from all child-serving systems, with support from federal expansion grant, “A Pathway for Meaningful Change.” (*West Virginia System of Care*)
- Trauma-Informed Care training provided to more than 1,000 child-serving individuals. (*Service Delivery and Development Work Group, West Virginia System of Care*)
- Online trauma-focused treatment training disseminated to the members of the WV Child Care Association and WV Behavioral Healthcare Providers Association. (*Service Delivery and Development Work Group*)
- “Introduction to Serving Children with Co-Existing Disorders” training developed and presented to multiple audiences, including DHHR Social Services staff and direct care staff and managers working in child welfare and juvenile services settings. A script was prepared to enable this training to be delivered via webinar. (*Service Delivery and Development Work Group*)
- Annual CIP sponsored cross-training conferences for guardian ad litem training and juvenile law continuing education; sessions explored cross-system collaboration, placement alternatives in-state, and resources for youth aging out in custody. (*Court Improvement Program*)

## Education Standards

- After Department of Education transition specialists were used to successfully reconnect children returning from West Virginia juvenile institutions to their communities and public schools, model was expanded to include children returning from out-of-state placements. Recommendations from key personnel were received at an interagency meeting, and work began on staffing and coordinating this initiative. (*Education of Children in Out-of-Home Care Advisory Committee*)

## Provider Requirements

- West Virginia Interagency Consolidated Out-of-State Monitoring process continued to ensure children enrolled in Medicaid are in a safe environment and provided behavioral health treatment and educational services commensurate with WV DHHR and WVDE standards. On-site reviews completed at the following facilities:
  - Adelphoi Village treatment center non-clinical alternative group residential facility (PA);
  - Kidspace psychiatric residential treatment facility (PA);
  - Cornell Abraxas non-clinical alternative group residential facility (PA);
  - Cottonwood Treatment Center psychiatric residential treatment center (UT); and
  - Grafton Schools non-clinical alternative group residential facility (VA).(*West Virginia Interagency Consolidated Out-of-State Monitoring Team*)

- Commitment of the Supreme Court of Appeals, through the Adjudicated Juvenile Rehabilitation Review Commission (AJRRC), to study and improve existing systems both within the Division of Juvenile Services and other out-of-home facilities working on behalf of juveniles involved in out-of-home care.

### **Multidisciplinary Treatment (MDT) Team Support**

- Administration of survey involving the Department of Education and the Supreme Court of Appeals to identify and address county-level barriers to participate in MDT meetings by school counselors and other education personnel, and determine if state code is being followed for notifying and engaging education partners in the MDT process. (*Education of Children in Out-of-Home Care Advisory Committee*)
- Language contributed for amending MDT provisions of state code passed in House Bill 2780. (*Court Improvement Program*)
- Legislation submitted and passed in 2013 requesting that the Division of Juvenile Services (DJS) conduct MDT meetings for all the juveniles committed by the courts to DJS care and custody, and that any juvenile in a detention facility for more than 60 days without an active service plan have an MDT meeting. (*Adjudicated Juvenile Rehabilitation Review Commission*)
- Permanency Roundtables—in-depth, structured case consultations designed to expedite permanency for children in foster care—continued through August 2013. Sixty-five roundtables included consultation on 76 children averaging 4.3 years in care. Process provided an opportunity to examine issues and barriers in West Virginia’s child welfare system and determine the greatest needs for improving permanency outcomes. (*Implemented by Bureau for Children and Families with assistance from Casey Family Programs 2011-2013*)

### **Ongoing Communication/Effective Partnerships**

- Meeting convened among key education personnel to follow up on provider requests to determine methods to improve communication, cooperation and local school compliance with the McKinney-Vento Act and State Board of Education policy. Recommendations made to ensure that transition plans are followed, and each child’s right to a free appropriate education is ensured. (*Education of Children in Out-of-Home Care Advisory Committee*)

### **Performance Accountability**

- Review of data for youth in parental custody who have Medicaid and are in out-of-state Psychiatric Residential Treatment Facilities. (*Service Delivery and Development Work Group, West Virginia System of Care*)
- Semi-annual evaluation reports prepared for the Commission by Marshall University on both out-of-state Youth and regional clinical review provide information to address systemic issues, service needs and gaps. (*West Virginia System of Care*)
- Preparation of a report detailing for the Commission’s reasons children were placed by the court out-of-state and more than 50 miles from home during a one-month period in 2012. (*Court Improvement Program*)

## MOVING FORWARD IN 2014

*As the Commission moves forward, building upon and refining the accomplishments of 2013, the Commission anticipates the following progress:*

1. Provide products, support and technical assistance to implement Total Clinical Outcomes Management and Comprehensive Assessment and Planning System statewide.
2. Implement solutions, products and recommendations to address barriers and support the implementation of the Building Bridges best practices for residential care.
3. Provide the products, support and technical assistance to implement the WV Community Based Team (CBT) Wraparound Model.
4. Explore effective ways to coordinate data from the Division of Juvenile Justice with Department of Health & Human Resources data to help in further identifying treatment and service needs for youth.
5. Explore opportunities for improving problem areas for youth that have more than one out-of-state placement and/or have multiple in-state placements.
6. Expand training and staff development around the idea of a co-existing disorders “toolkit” comprised of various trainings/resources.
7. Promote opportunities for Regional TA/Training Groups for children with co-existing disorders that allow providers to request support for challenging situations, brainstorm solutions, etc.
8. Operationally define the criteria for building a trauma-informed system of care, and implement specific trauma training for the child welfare and education systems.
9. Update *Reaching Every Child* study in 2014, taking advantage of improvements in technology, and focus on educational growth of children in out-of-home care in a longitudinal manner, to determine if policy and program changes are closing the achievement gap for students in out-of-home care.
10. Add a position of transition coordinator to the Office of Institutional Education Programs to monitor education programs for regular education students placed out-of-state.
11. Determine if State Board of Education and county policy provide proper guidance to county school districts for compliance with state law concerning children in out-of-home care.
12. Promote and provide assistance and support to child-serving systems to begin putting System of Care principles into practice and policy.
13. Assist and support the development of a peer-to-peer certification model for parents and caregivers to assist one another in navigating and building community resources to support children at risk of out-of-home care.
14. Finalize curriculum for MDT Treatment (MDT) Team training and pilot MDT “neutral facilitation” project.
15. Incorporate the Permanency Roundtable model into the Regional Clinical Reviews, with Bureau for Children and Families oversight, and addition of Permanency Values Training to first year BCF staff training.
16. Build on “Introduction to Serving Children with Co-Existing Disorders” to develop specific modules, trainings and pocket guides for direct care staff and families as part of a growing “toolkit” around serving children with co-existing disorders.

In conclusion, the continued efforts of the Commission's working groups and the state's child-serving systems will move us toward concrete outcomes. As we seek continued partnerships and face future challenges that impact children and families, the Commission will continue to draw upon high standards of quality, more evidence-based solutions and better informed decision-making to improve the quality of life for the children and families of West Virginia.

**APPENDIX A:  
PERFORMANCE SCORECARDS**

## PERFORMANCE SCORECARDS 2012-2013

In late 2010, The Bureau for Children and Families 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 are status reports at the end of 2012 and 2013.

### December 2012

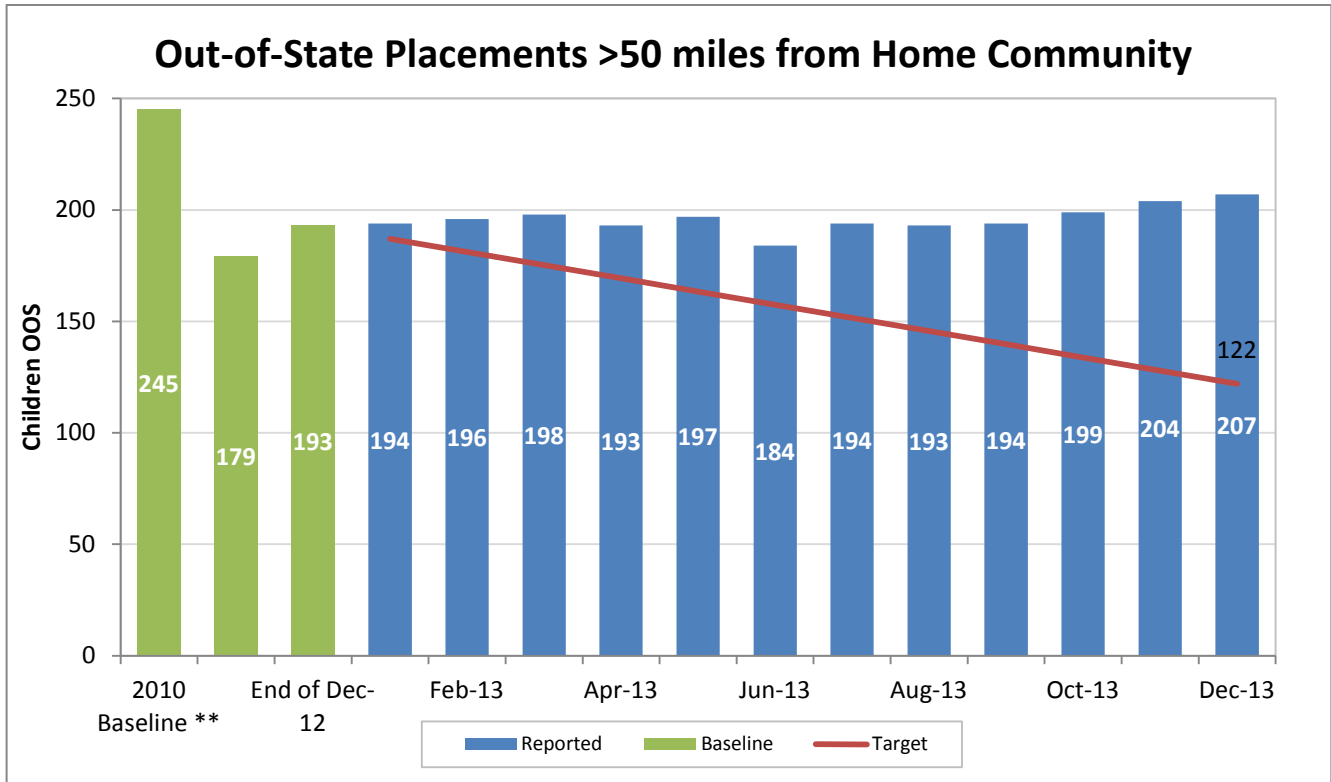
Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
<b>In State</b>	<b>705</b>	<b>66</b>	<b>22</b>	<b>793</b>	76%
< 50 miles from Home Community	348	27	11	<b>386</b>	37%
> 50 miles from Home Community	357	39	11	<b>407</b>	39%
<b>Out of State</b>	<b>186</b>	<b>68</b>	<b>0</b>	<b>254</b>	24%
< 50 miles from Home Community	48	13	0	<b>61</b>	6%
> 50 miles from Home Community	138	55	0	<b>193</b>	18%
<b>Total</b>	<b>891</b>	<b>134</b>	<b>22</b>	<b>1,047</b>	100%

### December 2013

Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
<b>In State</b>	<b>702</b>	<b>65</b>	<b>17</b>	<b>784</b>	74%
< 50 miles from Home Community	275	29	6	<b>310</b>	29%
> 50 miles from Home Community	427	36	11	<b>474</b>	45%
<b>Out of State</b>	<b>197</b>	<b>72</b>	<b>0</b>	<b>269</b>	26%
< 50 miles from Home Community	60	2	0	<b>62</b>	6%
> 50 miles from Home Community	137	70	0	<b>207</b>	20%
<b>Total</b>	<b>899</b>	<b>137</b>	<b>17</b>	<b>1,053</b>	100%

The improvement target for 2013 was to have less than 122 children placed out-of-state and greater than 50 miles from their home community. West Virginia has made many strides in establishing a foundation to change long-standing issues, but the number of children in out-of-home and out-of-state care shows we are not yet where we want to be.

The Commission continued to study 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. These include reducing the number of initial decisions to place a child out-of-state, and for those placed out of state, reducing the length of stay in out-of-state placement.

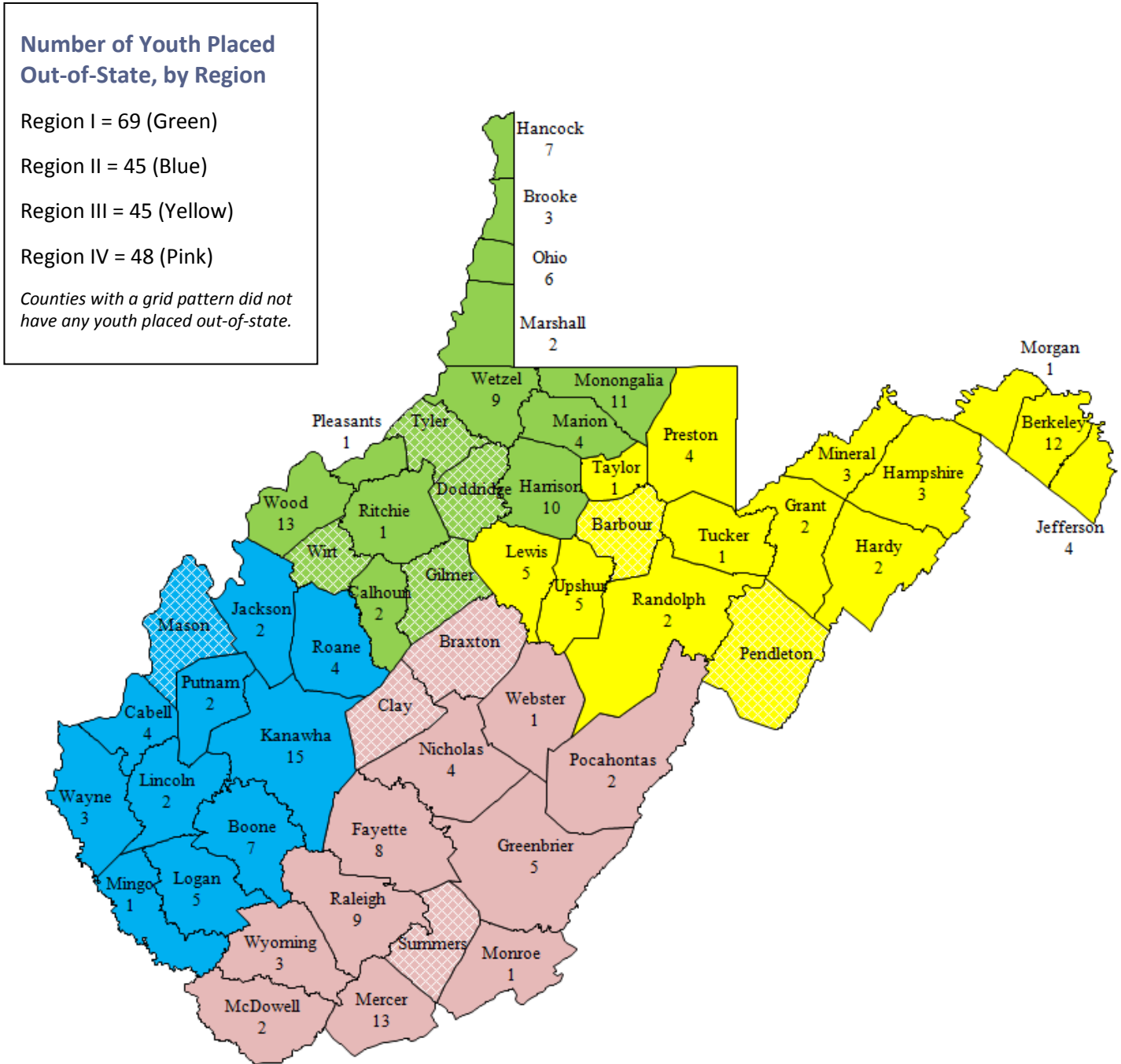


**APPENDIX B**  
**TARGET POPULATION DATA**

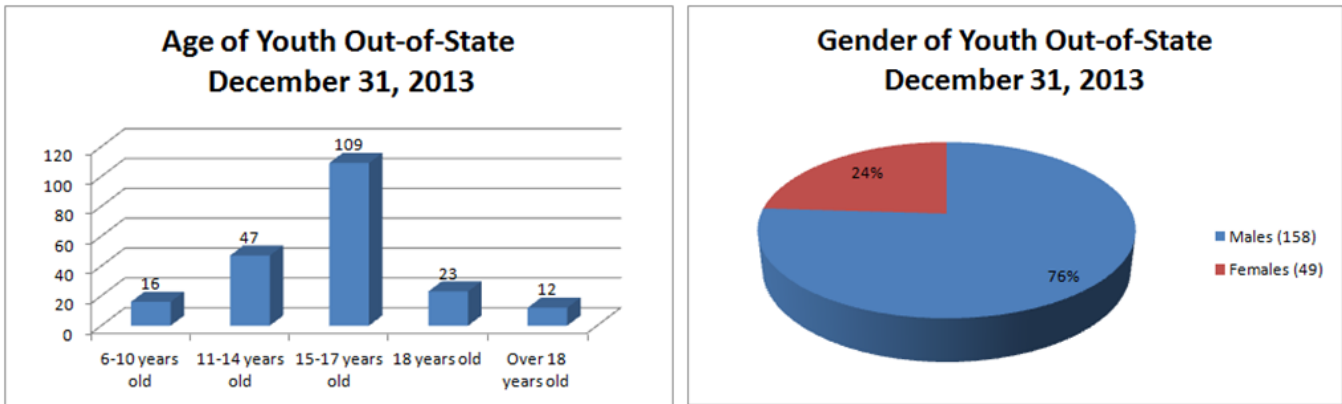


# TARGET POPULATION DATA

There were a total of 207 youth out of state on December 31, 2013 and who were also 50 miles from their own community. These youth were in group residential or psychiatric residential treatment facilities.

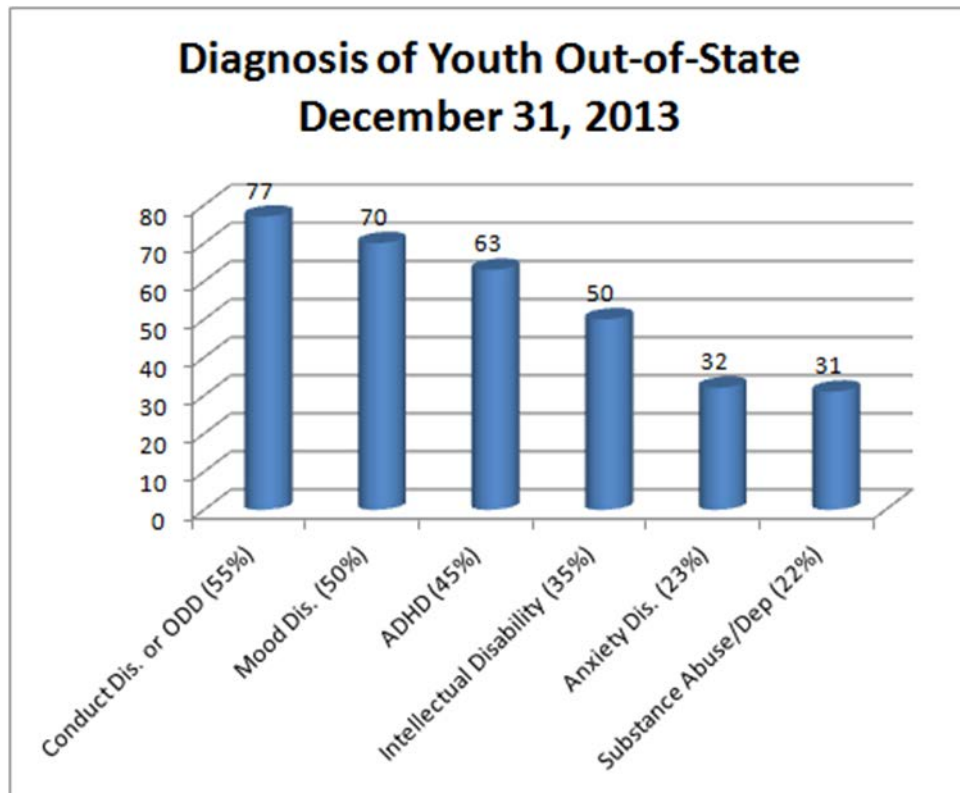


## Age and Gender of Youth Placed Out-of-State



## Diagnosis

The information on diagnosis is obtained from APS Healthcare and through Regional Clinical Reviews. There were 141 children and youth who had a diagnosis available for review (some had not yet been diagnosed through APS or reviewed by a Regional Clinical Review Team). Duplication may occur due to 135 (96%) of the youth having multiple diagnoses. The most common diagnoses are listed below.



Conduct Dis. or ODD = Conduct Disorder or Oppositional Defiant Disorder; Mood Dis. = Mood Disorder; ADHD = Attention Deficit Disorder; Anxiety Dis. = Anxiety Disorder; and Substance Abuse/Dep = Substance Abuse/Dependency.

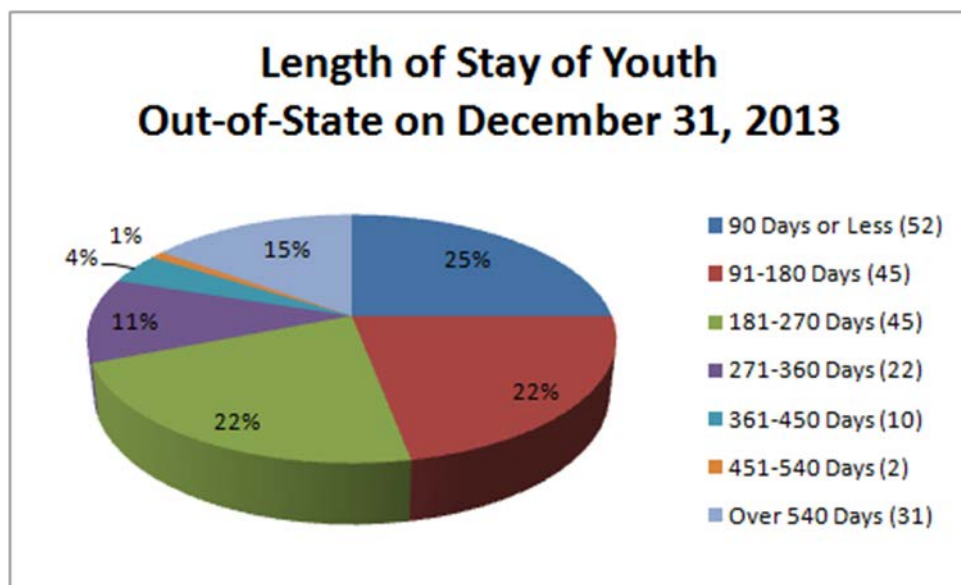
## Legal Status

The legal status on December 31, 2013 for 207 youth indicates status at the time of placement:

- 103 or 50% were Delinquent cases.
- 32 or 15% were Status Offender cases.
- 72 or 35% were Abuse and Neglect 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, 2013.

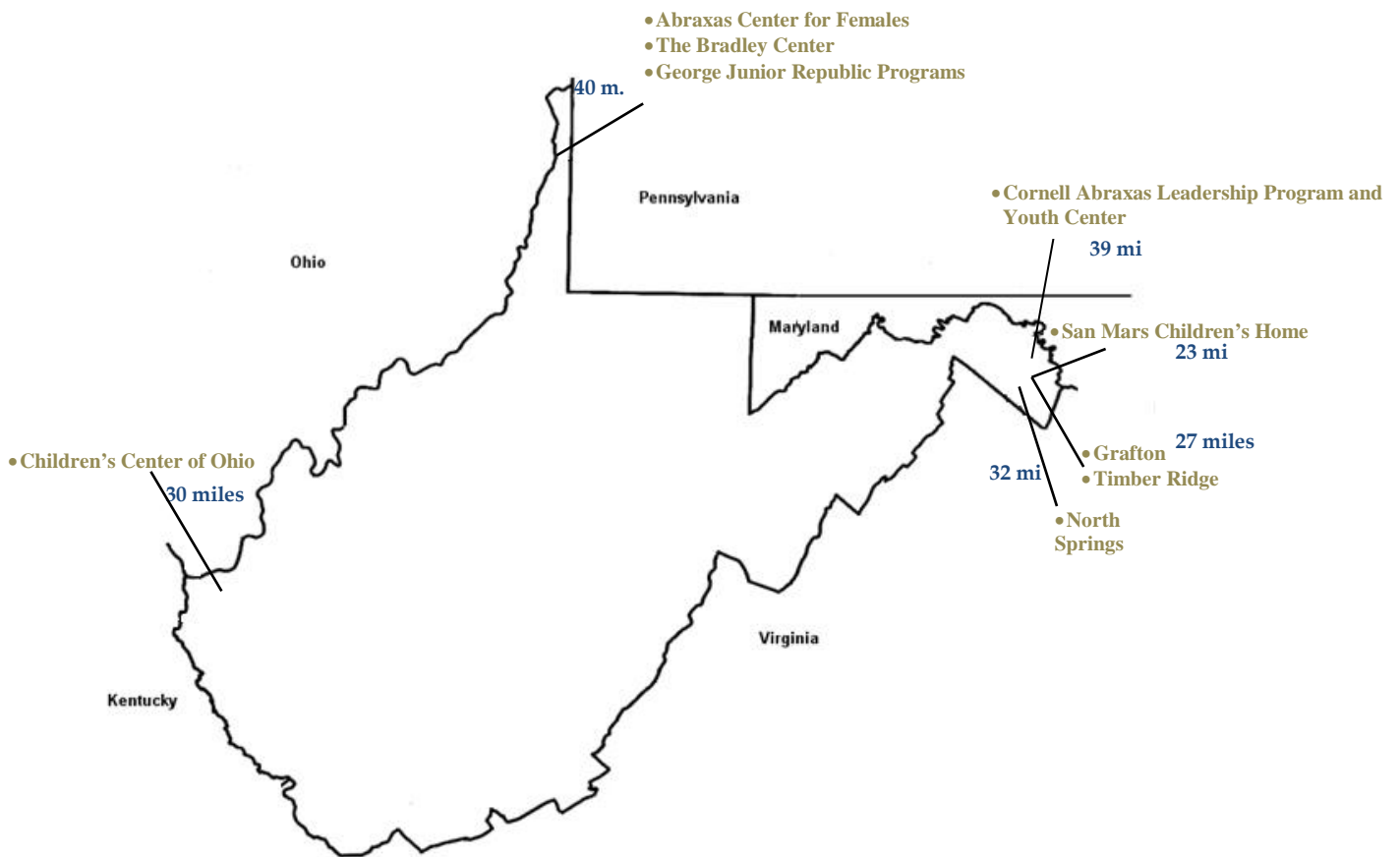


## Facilities and Levels

- There were 70 youth (34%) placed in a Psychiatric Residential Treatment Facility.
- There were 137 youth (66%) placed in a Group Residential Treatment Facility.
- There were 142 youth (69%) 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.



**APPENDIX C:**  
**WORKING GROUPS OF THE COMMISSION**

## Service Delivery & Development Work Group (SDDWG)

The Service Delivery and Development Work Group provide expertise and cross-system collaborative recommendations and products to support the implementation of the WV Commission to Study Residential Care of Children’s work plan. The SDDWG researches and prioritizes best practices in supporting West Virginia youth and their families in being safe, well, happy and able to pursue their hopes and dreams.

The work group is responsible for the annual Out-Of-State Review report; providing ongoing technical assistance to the Regional Clinical Review Team process and annual review; ongoing technical assistance to community forums; technical assistance and support to the service array process; and additional projects and responsibilities as assigned.

### Service Delivery and Development Work Group Task Teams

Task teams include the following representative members of the full work group who act as Chairs to the Task Teams:

1. **Automatic Placement and Referral (APR) Task Team:** Lisa Zappia
2. **Building Bridges (BB) Oversight Task Team :** Rhonda McCormick, Susan Fry, Karen Yost, Linda Dalyai and Laura Currey (national liaison)
3. **Child and Adolescent Needs and Strengths (CANS) “Super User “ Oversight Task Team:** Susan Fry
4. **Co-Existing (Co-E) Best Practice Task Team:** Beth Morrison and Lisa Zappia
5. **Community Based Teams (CBT) Oversight Task Team:** Beverly Heldreth and Raymona Preston
6. **Comprehensive Assessment and Planning System (CAPS) Task Team:** Beverly Petrelli and Susan Fry
7. **Integrated Data, Evaluation and Outcomes (Data) Task Team:** Tammy Pearson
8. **Older Youth Transitioning to Adulthood (OY-A) Best Practice Task Team:** Raymona Preston and Kelli Holbrook
9. **Trauma Best Practice (Trauma) Task Team:** Karen Yost

#### Additional Task Team Members, representing both public and private WV child serving systems:

Mark Allen, Burlington UM Children’s Services	Sue Hage, Deputy Commissioner of Programs, DHHR	Doug Pfeifer, Pressley Ridge
Amanda Ashe, Pressley Ridge	Denise Halterman, WV System of Care	Tiffany Pittman, Child/Adolescent Mental Health, BBHMF
Kathy Baird, KVC	Carla Harper, Program Manager, DHHR	Raymona Preston, Stepping Stones, Inc.
Laura Barno, Program Manager, DHHR	Kim Harrison, BBHMF	Will Perkins, CHS
Christina Bertelli, Chafee Program, CESD	Beverly Heldreth, Region I CWC, DHHR	Beverly Petrelli, Crittenton Services (Wellspring)
Amy Booth, WV DHHR BCF	Kelli Holbrook, Region IV CWC, DHHR	Vicki Pleasant, Daymark
Andrea Burns, KVC	Christa James, Region I CWC, DHHR	Melody Plumley, Children’s Home Society

Rebecah Carson, Region III CWC, DHHR	Linda Kennedy, BMS	Robin Renquest , Pressley Ridge
Emily Chittenden-Laird , WV Child Advocacy Network	Sam Kelley, Youth Service System	Cheryl Salamacha, DHHR
Jackie Columbia, Board of Child Care	Toby Lester, BCF	Brenda Schuster, Burlington UM Family Services
Linda Dalyai, WV DHHR-BCF	Patricia Lewis, National Youth Advocate Program	Crystal Shaver – Pressley Ridge
Jason Deusenberry, IDD-BBHFF	Rhonda McCormick, WV Family Advocacy and Support Team (FAST)	Elva Strickland, DHHR
Joanne Dobrzanski, Family Connections	Alicia McIntire, Chafee	Laurie Thompson – WV Coalition on Domestic Violence
Stefanie Drake, BCF	Lisa McMullen, BCF	Mindy Thornton, Prestera
Lora Dunn, Highland Hospital	Donna Midkiff, River Park Hospital	Cassandra Toliver, IDD-BBHFF
Renee Ellenberger , NYAP	Beth Morrison, IDD-BBHFF	Steve Tuck, Children’s Home Society
Wade Farley, Burlington UM Children’s Services	Michelle Morissee, Crittenton Services	Lisa Vinson, BCF
Melinda Ferguson, BCF	John Moses, Youth Services System	Linda Watts, WV System Of Care
Tonya Ford, Pressley Ridge	Carol Newlon, WV Center of Excellence in Disabilities	Chris Whitt, River Park Hospital
Susan Fry, Stepping Stones, Inc.	Erin Osborne, KVC	Susie Wilson, Child/Adolescent Mental Health, BBHFF
Brad Gault, Try Again Homes	Jackie Payne, DHHR, BHFF	Karen Yost, River Park Hospital
Debi Gillespie, WV Division of Juvenile Services	Tammy Pearson, WVSOC/Marshall University	Lisa Zappia, Prestera Center

## West Virginia System of Care (WV SOC)

WV SOC is a public-private consumer partnership dedicated to building and maintaining effective community based services and supports for children and youth with, or at risk, for behavioral health related challenges, and their families.

WV SOC is an integral part in achieving the recommendations of the Commission and provides information and support to other statewide initiatives. WV SOC is a coordinated effort across child-serving systems working towards the development of a continuum of services and supports for children at risk of being placed out-of-home/state or children placed in out-of-home/state residential facilities because no one system can address the barriers and systemic issues alone. WV SOC is guided by a set of values and principles that provides a framework for systemic reform that includes youth and their families.

## Teams of the West Virginia System of Care

1. **System of Care Implementation Team:** Since 2007, a public-private, consumer cross systems team oversees activities of the WV System of Care statewide expansion.
2. **Regional Clinical Review:** A coordinated effort designed to provide a comprehensive and objective clinical review for a given youth, done by designated teams within each of the WV DHHR Regions for children in or at risk of out-of-home placement.
3. **The Family Advocacy Support & Training (FAST):** FAST Advisory Committee was created to increase family participation at all levels. In an advisory capacity to members of Legal Aid management responsible for the operation of the FAST program, the committee seeks to further the mission and assure youth and family voice at all levels of West Virginia's child-serving systems.

### System of Care Implementation Team

Bill Albert *	Mickie Hall	Jackie Payne
Laura Barno	Angie Hamilton*	Tammy Pearson *
Delbert Casto	Kim Huffman	Michael Phillips
Ardella Cottrill *	Gary Keen *	Melissa Rosen
Beckey Derenge	Jane McCallister	Cheryl Salamacha
Tina Faber	Rhonda McCormick*	Janet Scarcelli
Charlotte Flanagan	Beth Morrison	Linda Watts *
Debi Gillispie *	Cynthia Parsons	Karen Yost
Sue Hage		

### Region I Regional Clinical Review Team Members

Tracee Chambers	Lisa Hutzler	Jason Deussenberry
Michelle Molisee	Rebecca Fiest	Christa Janes- Ash
Joanne Dobranski	Robin Hughes	Swapna King
Laura Walls	Brandi Robinson	Beverly Heldreth
Melanie D'Andrilli	Lynn Stanley	Alison Leon
Rose LaRosa	Brienne Taylor	Abigayle Koller
Peggy Tordella	Tamara Miller	Leah Lowe*

### Region II Regional Clinical Review Team Members

Amy Rickman	Debbie Wells	Susan Fry
-------------	--------------	-----------



Angie Via –Hairston	Cindy Bryant	Tammy Phillips
Kate Luikart	Erin Osborne	Susan McQuaide
Patty Deeds	Lugene Saunders	Tammy Pearson
Lisa Zappia	Kristy Schnerlien	Robin Weiner
Chris Hughes	Mindy Thornton	Sarah Jenkins*
Lora Dunn	Melody Plumley	Bobby Griffith
Paula Edwards	Robin Hughes	

**Region III Regional Clinical Review Team Members**

Lesley Welton See	Tracey Muntz- Dalton	Shelia Walker
Monica Cogle	Melanie St. Clair	Kim Helmstetter
LuAnn Edge	Becky Sanders	Peggy Tordella
Donna McCune	Brenda Schuster	Cathy Murray
Rebecah Carson	Jackie Columbia	Denise Halterman
Richard Kiley	Adele Lavigne	Laura Wall
Joy Messenger	Matt Everline	Tammy Phillips
Robin Hughes	Robin Vandevander	
Mindy Umstot*	Abigayle Koller	

**Region IV Regional Clinical Review Team Members**

Traci King	Tanya Ford	Lisa Zappia
Kelli Holbrook	Deana Cummings	Lora Dunn
Michelle Massaroni	Chassity Young	Debbie Wells
Kristy Schnierlein	Carla Torres	Sheila Walker
Melanie Urquhart	Jessica Crowder	Olivia Honaker
Goldie Meadows	Benjamin Plybon	Sarah Jenkins
Trudi Blaylock	Kristy Grimmatt	Bobby Griffith*
Kathleen Sauls		

*\* Denotes Workgroup Chairs or Task Team Leaders*

**APPENDIX D:  
ADDITIONAL GROUPS  
SUPPORTING GOALS OF THE COMMISSION**

## Court Improvement Program

The Supreme Court of Appeals of West Virginia established the West Virginia Court Improvement Program Oversight Board in 1995 to improve outcomes for children and families in child abuse and neglect cases.

The Court Improvement Program Board was created as a result of the federal Omnibus Budget Reconciliation Act of 1993. That act designated federal funding beginning in fiscal year 1995 for grants to state court systems to conduct assessments of their foster care laws and judicial processes and to develop and implement a plan for system improvement. The Board is the advisory group and task force to implement the program in West Virginia.

The chairman and other members of the Court Improvement Program participate on the Commission to Study the Residential Placement of Children.

### Board and Subcommittees

1. **Oversight Board**—Chaired by Judge Gary Johnson
2. **Training Committee**—Co-chaired by Judges Gary Johnson and Robert Stone
3. **Data, Statutes, and Rules Committee**—Chaired by Judge Derek Swope
4. **Youth Services Committee**—Chaired by attorney Jane Moran
5. **Multidisciplinary Treatment (MDT) Team Committee**—Chaired by BCF Deputy Commissioner Sue Hage
6. **Behavioral Health Committee**—chaired by Judge Duke Bloom
7. **Child Protection Across Court Systems Committee**—Chaired by Judge Mary Ellen Griffith
8. **Federal Review (formerly CFSR/PIP) Committee**—Chaired by Judge Derek Swope
9. **New View Project Group**

### Oversight Board Members (list is not inclusive of all subcommittee members)

Honorable Gary L. Johnson, Chair	Kelly Hamon, Braxton County Prosecuting Attorney
Hon. Jack Alsop	John M. Hedges, Esq., CIP Counsel
Hon. Jennifer Bailey	Charles Heinlein, Superintendent, WVDE
Hon. Louis “Duke” Bloom	Samuel A. Hickman, NASW, WV Chapter CEO
Hon. Michael D. Lorensen	Autumn Johnson, Deputy Director of Court Services, WVSCA
Hon. Robert B. Stone	Tricia Kingery, Child Care Association Executive Director
Hon. Derek C. Swope	Mike Lacy, Director of Probation Services, WVSCA
Hon. Mary Ellen Griffith	Cindy Largent-Hill, Juvenile Justice Monitor, WVSCA
Hon. C. Darren Tallman	Tabetha Blevins, Senior Analyst, Court Services, WVSCA
Senator Donald Cookman	Jane Moran, Esq.
Karen Bowling, DHHR Cabinet Secretary	Catherine D. Munster, Esq.
Nancy Exline, DHHR BCF Commissioner	Robert T. Noone, Esq.
Sue Hage, DHHR BCF Deputy Commissioner	
Kathie D. King, DHHR BCF	

Jean Sheppard, DHHR BCF Deputy Commissioner	Peter A. Pentony, Esq.
Katherine Bond, DHHR BCF Assistant Attorney General	Kim Runyon-Wilds, Western Reg. CASA
Michael Johnson, DHHR FACTS Director	Natalie Sal, Esq.
Jackie Payne, DHHR BHHF	Angela D. Saunders, Director of Court Services, WVSCA
Barbara Baxter, DHHR BCSE Deputy Commissioner	Tina Sevy, Director of Legislative Analysis, WVSCA
Stephanie Bond, DJS Acting Director	Samantha Sixma, MODIFY Community Support Specialist
Denny Dodson, DJS	Lisa Tackett, Director of Family Court Services, WVSCA
Melia Adkins, Cabell County APA	Nikki Tennis, Director of Children's Services, WVSCA
Fran Allen, MSW, Family Mediator	Tom Truman, Raleigh County Chief Deputy Prosecuting Attorney
Marcia Ashdown, Monongalia County Prosecuting Attorney	Fran Warsing, Office of Institutional Education Programs, WVDE
Scott Boileau, Alliance for Children Executive Director	Tracy Weese, Esq.
Emily Chittenden-Laird, Child Advocacy Network Executive Director	Robert Wilkinson, Cabell and Wayne Chief Public Defender
Peter J. Conley, Esq., CIP Special Projects Attorney	Joyce Yedlosky, Team Coordinator, WVCADV
Andrea L. Darr, Prosecuting Attorneys Institute	
Rebecca Derenge, McKinney-Vento Coordinator, WVDE	
Frank Fazzolari, Family Counseling Connection Executive Director	

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

The mission of the Education of Children in Out-of-Home Care Advisory Committee is to ensure that children placed in out-of-home care receive a free appropriate public education in accordance with federal and state laws, regulations and policies.

### Participating Members:

Charles Heinlein, Deputy Superintendent of Schools

Dr. Fran Warsing, Superintendent, Office of Institutional Education Programs, WVDE

Jacob Green, Executive Director, Office of Institutional Education Programs, WVDE

Frank D. Andrews, Consultant, WVDE

Ghaski Browning, Assistant Director, Special Programs, WVDE

Rhonda Mahan, Secretary, Office of Institutional Education Programs

Nikki Tennis, Director, Children's Services, Supreme Court of Appeals of WV

Cindy Hill, Juvenile Justice Monitor, Supreme Court of Appeals of WV

Scott Boileau, Executive Director, Alliance for Children

Robin Renquest, Senior Director, Pressley Ridge

Steve Tuck, Chief Executive Officer, Children's Home Society

Sue Hage, Deputy Commissioner, Bureau for Children and Families, DHHR

Catherine Munster, Attorney and Representative of the Court Improvement Program

Mindy Miesner, Center for Professional Development

## National Governor's Association (NGA) Three Branch Institute on Child Social and Emotional Well-Being

To improve the well-being of children in foster care in the United States, the National Governors Association (NGA) selected West Virginia in 2013 as one of seven states to participate through an integrated and comprehensive approach that aligns the work of the executive, legislative and judicial branches of government. The goal of the Institute is to develop state-specific plans to promote and measure well-being among children and youth receiving child welfare services; consider evidence-based and research-informed strategies that will have a positive effect; and coordinate and enhance existing efforts through cross-system collaboration and by leveraging Medicaid and other federal and state dollars to fund innovative practices. *(This is the second West Virginia proposal accepted by the NGA Three Branch Institute. The first Institute focus was on Safely Reducing Adolescents in Long Term Foster Care.)*

### Core Members

*Representing the Judicial Branch:*

- Honorable Gary Johnson, Nicholas County Judge
- Cindy Largent-Hill, Juvenile Justice Monitor

*Representing the Executive Branch:*

- Karen Bowling, DHHR Cabinet Secretary
- Cynthia Beane, Deputy Commissioner for Policy, Bureau for Medical Services
- Sue Hage, Deputy Commissioner for Policy, Bureau for Children and Families

*Representing the Legislative Branch:*

- Senator John Unger, Berkeley County/District 16
- Delegate Don Perdue, Wayne County/District 19

The Commission to Study Residential Placement of Children's members agreed to serve as "the Home Team" for the Three Branch Institute because of alignment of goals with those of the Commission and the many disciplines represented on the Commission. The Home Team includes members of the Commission to Study Residential Placement of Children and other key stakeholders.

### Three Branch Work Groups

The Three Branch Work Groups and their Chairs are:

Health Screening Work Group: Molly Jordan

Capacity and Access Work Group: Cindy Beane

Psychotropic Medication Work Group: Christina Mullins

Out of Home Placement Work Group: Sue Hage

Drug Addicted Infants Work Group: Kathy Paxton

### Work Group Participants (list may not be all-inclusive)

Judge Jack Alsop

Cindy Beane

Sen. Donna Boley

Allison Clements

Vicki Cunningham

Linda Dalyai

Kelli Holbrook

Lisa Hoover

Molly Jordan

Sen. Bill Laird

Laura Lander

Cindy Largent Hill

Jondrea Nicholson

Cindy Parsons

Kathy Paxton

Jackie Payne

Del. Don Perdue

Lisa Ravin

Andrea Darr  
Stefanie Drake  
Mark Drennan  
Nancy Exline  
Del. Barbara Fleischauer  
Susan Fry  
Patti Harris

James M. Lewis, MD  
Toby Lester  
Sean Loudin, MD  
Rhonda McCormick  
Nora McQuain  
Christina Mullins  
Sara Murry

Diane Snell  
Kathy Szafran  
Nikki Tennis  
Amy Tolliver  
Kim Walsh  
Linda Watts  
Karen Yost

## **Adjudicated Juvenile Rehabilitation Review Commission (AJRRC)**

The Supreme Court in June 2011 appointed a commission, chaired by Justice Margaret Workman, to examine the Division of Juvenile Services' operations plan and programs at the Industrial Home for Youth in Salem and at the Honey Rubenstein Center in Davis. The review could be expanded to other facilities and programs operated by the Division of Juvenile Services and the Department of Health and Human Resources if deemed necessary.

The AJRRC began its work by making multiple visits to the West Virginia Industrial Home for Youth and Rubenstein Center where staff and residents were interviewed. These efforts led to the State's 2013 closure of the Salem Industrial Youth Home and Harriet B. Jones Treatment Center and relocation of residents to other facilities in West Virginia.

In 2013, the AJRRC broadened its focus to look at all out-of-home placements, to study and improve treatment, education and rehabilitation services for juveniles to prepare for successful re-entry to society.

A particular aspect of the AJRRC that compliments the work of the Commission is related to the Multidisciplinary Treatment (MDT) Team Process. As a part of this initial study, members were concerned with the following:

- Limited or lack of family involvement in treatment planning, progress reviews, visitation and discharge planning;
- Little to no response from the juvenile's attorney after court disposition; and
- Longer stays in correctional facilities due to infrequent case reviews.

In an effort to ensure consistent reviews of rehabilitation services and discharge planning and to involve all the stakeholders, the AJRRC submitted legislation during the 2013 Legislative Session. The focus of the legislation requested that the Division of Juvenile Services (DJS) conduct MDT meetings for all the juveniles committed by the courts to DJS care and custody. In addition, any juvenile who is in a detention facility for more than 60 days without an active service plan should have an MDT meeting. This legislation was passed and the bill signed by Governor Tomblin.

The Adjudicated Juvenile Rehabilitation Review Commission (AJRRC) shares in the commitment of the Commission to Study Residential Placement of Children to improve existing systems working on behalf of juveniles involved in out-of-home care.