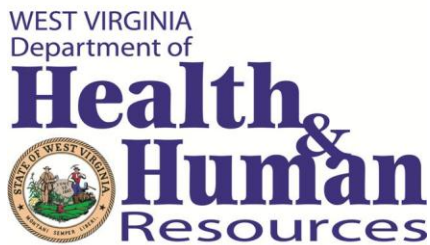


# 2014

# Annual Progress Report

## 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**

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**Karen L. Bowling**  
Cabinet Secretary

## **A MESSAGE FROM THE 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 2014, including Safe at Home, Three Branch Institute, Court Improvement Program and the Education of Children in Out-of-Home Care Advisory Committee.

Over the years, the Commission has established both a foundation and greater understanding of what is needed to reduce the number of children in out-of-state placement and out-of-home care.

While we are making steady progress, there is more work to be done. We will continue to work collaboratively and cooperatively, making informed decisions that will improve the quality of life for West Virginia's children.

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

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Karen L. Bowling  
Cabinet Secretary

## A MESSAGE FROM THE COMMISSIONER BUREAU FOR CHILDREN AND FAMILIES

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

My primary focus as Commissioner is to continue 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 continue to focus on the implementation of the *Safe at Home West Virginia* Project, which will enable this Bureau to reduce out-of-state placements and improve out-of-home care in West Virginia; Three Branch Institute; the Court Improvement Program; and the Education of Children in Out-of-Home Care Advisory Committee.

Looking to the future, high standards will continue to be set 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

# 2014 COMMISSION MEMBERS

## Commission to Study Residential Placement of Children

Karen L. Bowling, Chair  
Cabinet Secretary

The Honorable Jack Alsop  
Circuit Court Judge  
Webster County

Cindy L. Beane  
Acting Commissioner  
Bureau for Medical Services  
WV Department of Health and Human Resources

Stephanie Bond  
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)

Jessica Ritchie-Gibson  
Family Representative

Jacob Green  
Superintendent of Institutional Education  
WV Department of Education

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

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

Michael Martirano  
State Superintendent of Schools  
WV Department of Education

Rhonda McCormick  
Parent/Family Representative

Philip W. Morrison II  
Executive Director  
WV Prosecuting Attorneys

The Honorable Phillip M. Stowers  
Circuit Court Judge  
Putnam County

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

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

### Staff to Commission

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

## 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 (*See Appendix A for “The System of Care Principles Guiding Effective Care for Children, Youth & Families” that guide this work*).

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 that time, the Commission has continued to monitor the status of each of its recommendations. In 2010, the Legislature passed SB 636 to reconstitute the Commission. The focus was expanded to address additional issues relative to foster care placement, as well as 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 report reflects these overarching priorities and shows annual 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 (304.558.2983 or Sue.C.Hage@wv.gov).

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# FOUNDATIONS OF CHANGE

## 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. There are a number of initiatives and activities, from policy to specific programs that can improve outcomes for 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 all of 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.

From its inception, the Commission has relied on both standing and ad hoc collaborative bodies and work groups that bring multiple perspectives and expertise to focus on specific recommendations. The Service Development and Delivery Work Group, as well as the System of Care, Out-of-State Provider Certification and Multidisciplinary Treatment work groups are among those specifically formed through the original recommendations of the Commission to Study Residential Placement of Children.

The Commission works in collaboration with other initiatives including the Education of Children in Out-of-Home Care Advisory Committee, National Governor's Association Three-Branch Institute, and West Virginia Court Improvement Program, as well as additional programs, to support its goals in the study of the residential placement of children.

Outside of the formal Commission meetings, members and many other stakeholders have collaborated to provide key background information, data analysis and suggested recommendations. This continuing effort draws 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.

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 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 placement population definitions established by the Commission for performance outcomes metrics.

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 referred to as the Performance Scorecard (*The final Scorecard for 2014 can be found in Appendix B*). 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 2013

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 has 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.

Dozens of key accomplishments from the previous years were the result of principle-based collaborative efforts, and made it possible for West Virginia to advance new outcomes. A detailed summary of these accomplishments is contained in [\*Advancing New Outcomes Progress Report 2013\*](#), which may be downloaded from the Commission's web page.

# PRIORITY GOALS FOR IMPLEMENTATION

In 2012, the Commission reviewed its original thirteen recommendations, and consolidated those still active with new ones that support the vision and charge of the Commission. A detailed multi-year work plan for implementation with expected performance outcomes, identification of responsible groups and individuals, and a timeline for completion of the major activities within each strategy is based on the ten priority goals:

## 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 Team (MDT) Support

*Support the Multidisciplinary Treatment Team (MDT) 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 2014

*Keeping the Commission's Priority Goals as the focus, these accomplishments represent the work for January 2014 through December 2014. The accomplishments may apply to more than one priority goal area.*

## 1. Appropriate Diagnosis and Placement

- The new streamlined Comprehensive Assessment and Planning System (CAPS) that includes the Child and Adolescent Needs and Strengths (CANS) assessment continues to expand the target population and is being rolled out incrementally across the Department of Health and Human Resources regions.
  - In 2014, DHHR Region 1 staff was able to begin making referrals using the new process to service providers on October 10, 2014.
  - DHHR Region 3 staff was able to begin making referrals (using the new process) to service providers on October 15, 2014.
  - At the end of 2014, there were 425 certified users in the CANS in WV; 35 super users in West Virginia representing 29 different agencies; and 6 advanced CANS specialists.  
*(Service Delivery & Development and Three Branch Institute)*
- Dr. John S. Lyons, Chief Developer of the Child and Adolescent Needs and Strengths (CANS) Assessment provided a seminar in West Virginia on how the assessment can be utilized to design a strategy for Total Clinical Outcomes Management (TCOM). Dr. Lyons also reviewed and assessed sixty

(60) children and youth using the CANS assessment. The draft report has been received and is being reviewed. *(DHHR, Bureau for Children and Families, WV System of Care)*

- The regional clinical review teams completed the Out-of-State Review of 205 youth reviewed between April and October 2014. The report will be available for distribution in February 2015. *(WV System of Care)*
- Regional clinical review teams continued to provide comprehensive, objective, clinical review for children at risk as a resource for the child's Multidisciplinary Treatment Team (MDT). *(WV System of Care)*
  - A total of 58 regional clinical review team meetings took place between January and December 2014, to review 131 youth.
  - Data show 21 youth who received a clinical review in 2014 were prevented from out-of-state placement.
- Timeliness of the entire Early Periodic Screening, Diagnosis, and Treatment (EPSDT) process, the child health component of Medicaid, overall is improving. Children are being scheduled for their exams more quickly. For example, 17.0% foster children placed in September 2013 were scheduled for an exam within 1 day of placement. For foster children placed in June 2014, this percentage has increased to 63.5%. *(Three Branch Institute)*
- A plan for implementation of a trauma screening for physician residency clinics throughout the state is being developed. Physicians participating in the pilot will utilize a form that identifies trauma, in conjunction with a parent education handout. *(Three Branch Institute)*
- In support of the WV Initiative for Foster Care Improvement (WV IFCI), that began as an American Academy of Pediatrics grant to improve health care of foster children, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Children with Special Health Care Needs (CSHCN) programs will work to identify at least one pediatric practice that sees a high volume of foster children in which to pilot the Visit Discharge and Referral Summary and accompanying Trauma-Specific Anticipatory Guidance. The Office of Maternal, Child and Family Health (OMCFH) Database Management Unit will oversee data collection and analysis. *(Three Branch Institute)*
- The Court's Juvenile Justice Commission has visited children in juvenile facilities and is working to improve their conditions and outcomes.
- Further analysis of a review conducted in 2013 to look at children under the age of six years old who are prescribed psychotropic medications to ensure that the medications are medically necessary. The review indicated that nearly all of these foster children had a hyperkinetic syndrome diagnosis, primarily ADD and ADHD (though it is not known if hyperkinetic syndrome diagnoses are appropriate or if this was a result of a trauma response). There is evidence in the case record of therapy being used to help manage the majority of these conditions. However, appropriate baseline and routine metabolic monitoring and follow-up are lacking. *(Three Branch Institute)*

## 2. Expanded Community Capacity

- On October 15, Governor Earl Ray Tomblin announced the award of a federal Title IV-E Waiver to support Safe at Home West Virginia, which will allow the Bureau for Children and Families to have more flexibility in delivering individualized services to children and their families. The Safe at Home project is expected to launch by the end of 2015 in Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne counties and will focus on youth ages 12-17 currently in or at-risk of entering congregate placements. The Safe at Home WV will provide wrap-around behavioral and human services to:
  - Support and strengthen families to keep children in their homes
  - Return children currently in congregate care to their communities
  - Reunite children in care with their families
- In November 2014, the Bureau for Children and Families approved a statewide Treatment Foster Care pilot with Pressley Ridge of West Virginia, to provide a holistic, strength-based individualized approach as an alternative to residential placement settings for children ages 0-17, with priority given to children identified during out-of-state reviews, children at risk of out-of-state placement, and youth who are part of Safe at Home WV.
- A new level three residential facility, Old Fields, for children aged 5-10 with co-existing disorders (mental health and intellectual disabilities) operated by Burlington United Methodist Family Services was opened in Hardy County.
- In 2014, the Division of Probation Services opened new Drug Courts in Marion, Wyoming, and Summers/Monroe Counties. A new Juvenile Drug Court was opened in Ohio County.

## 3. Best Practices Deployment

- Safe at Home West Virginia, approved for implementation by end of 2015, is based on the National Wraparound Initiative Model which focuses on a single service coordination plan for the child and family. Elements of the service model will include assessments, care coordination, planning and implementation, and transitioning families to self-sufficiency. The Title IV-E Waiver program will require commitment of all stakeholders to transform the way we serve families.
- The New View, implemented in 2013, began incorporating use of AFCARS data. The New View Project was adapted from the state of Georgia's "Cold Case Project." (*Court Improvement Program; See Appendix C for details*)

- For the May 2014 circuit court judicial conference, the Court Improvement Program worked with Casey Family Programs to bring Judge Michael Nash of California to speak to the judges about monitoring psychotropic medications of children in care.

#### 4. Workforce Development

- Annual Court Improvement Programs 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; See Appendix C for details)*
- Approximately 900 people have been trained on Comprehensive Assessment and Planning System (CAPS) and Child and Adolescent Needs and Strengths (CANS) assessment.
  - A total of 202 people have attended the Comprehensive Assessment and Planning System (CAPS) Implementation Training; 24 CAPS providers trained and certified; online CAPS training was viewed by 424 DHHR employees and 258 people from other agencies/organizations; CAPS and CANS face-to-face training was provided to over 200 service provider staff in each DHHR region.
  - Treatment providers have been trained to support the Juvenile Drug Court.
  - DHHR staff will be trained on using the CANS beginning with the Youth Services staff and their supervisors.
- A subgroup of the West Virginia super users began building the same sustainable Child and Adolescent Needs and Strengths (CANS) assessment training program for the Adult Needs and Strengths Assessment (ANSA).
- Training curriculum to support practical implementation of best practice principles, including Family Centered Practice, Family-Youth Engagement, and Cultural-Linguistic Competence, was delivered to 442 cross-systems direct care and management staff in 2014. Curriculum was launched in 2013 with support from a federal SAMHSA expansion grant and modules are approved for social work continuing education and delivered free of charge to stakeholders. *(West Virginia System of Care)*
- “Introduction to Serving Children with Co-Existing Disorders” training was revised and presented to 60 direct care staff and managers serving children with both mental health and intellectual/developmental disabilities. *(Bureau for Behavioral Health & Health Facilities, Service Delivery and Development Work Group)*

#### 5. Education Standards

- To promote school stability, educational access and provide a seamless transition when school moves occur for children in out-of-home care The West Virginia Department of Education and the Out-of-Home Care Education Advisory Committee worked on the following to promote positive outcomes:
  - An additional Transition Specialist, hired in 2014, participates on the out-of-state site visits to

monitor regular educational placements, and assist students and out-of-state host agency in developing an individualized portfolio for the transitioning students;

- The Transition Specialists reconnect children returning from West Virginia juvenile institutions to their communities and public schools, and children returning from out-of-state placement;
- Revised Reaching Every Child brochure and sent out a memorandum from the State Superintendent of Schools;
- Increased the participation of education personnel in Multidisciplinary Treatment (MDT) team meeting; and
- A Study was conducted that looked at the educational growth of children in out-of-home care. The Study includes two years of data that has matched about 5,000 children. The data shows pockets of children doing well. However, a large number of children are not testing. *(See Appendix D for details)*

## 6. Provider Requirements

- The West Virginia Interagency Consolidated Out-of-State Monitoring process continued to ensure children in foster care and placed outside of the state of West Virginia are in a safe environment and provided behavioral health treatment and educational services commensurate with WV DHHR and WVDE standards. *(West Virginia Interagency Consolidated Out-of-State Monitoring Team)*

In 2014, the following on-site reviews were completed:

- Fox Run - Psychiatric Residential Treatment Facility (OH)
- NECCO - Non-Clinical Alternative Group Residential Facility (OH)
- Devereau Florida - Psychiatric Residential Treatment Facility (FL)
- Newport News - Psychiatric Residential Treatment Facility (VA)
- Youth Educational Services (YES) - Residential Level II

In 2014, the following Remote Assessments were completed:

- Fairfield - Residential Level II (OH)
- Foundations for Living - Residential Level III (OH)
- The Village Network - Residential Level III (OH)
- Cedar Grove - Residential Level III (TN)

## 7. Multidisciplinary Team (MDT) Support

- Curriculum and training package for statutorily required Multidisciplinary Treatment (MDT) teams have been finalized. *(Court Improvement Program; See Appendix A for details)*
- Regional Clinical Review teams continued to provide comprehensive, objective, clinical reviews for children at risk as a resource for the child's Multidisciplinary Treatment Team (MDT) *(System of Care)*
- The Court Improvement Program began sending an electronic survey to judges, attorneys, social workers, and others involved in child abuse/neglect and juvenile cases in the past year. The survey

results may illuminate how MDT participation is going in practice, compared to policy and procedural rules. *(Court Improvement Program; See Appendix A for details)*

## 8. and 9. Ongoing Communication and Effective Partnerships

- Members of the Commission, the Court Improvement Program and the West Virginia Department of Education/Education of Children in Out-of-Home Care Advisory Committee initiated an agreement to share data to compare educational outcomes for children in out-of-home care with all children in state public schools.
- Youth representative Jessica Richie-Gibson joined the Commission as a full member.
- Timeliness of the Health Screening (EPSDT) process overall has improved, a success that is a product of the Bureau for Children and Families and the Bureau for Public Health working together. *(Three Branch Institute)*

## 10. Performance Accountability

- The **IV-E Waiver, Safe at Home West Virginia** began its development and planning phase, including statewide training of Bureau for Children & Families staff and community providers on the Results Based Accountability (RBA) process. RBA uses a data-driven decision-making process to help communities and organizations take action to solve identified problems. It is a simple, common sense framework that everyone can understand. RBA starts with ends and works backward, towards means. Using RBA to guide the program means three core questions will inform the process: How much did we do? How well did we do it? Is anyone better off? Success is measured not simply by compliance to rules and regulations, but by the real life impacts, or results, of the work completed.
- 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; see Appendix C for data highlights).*

# NEXT STEPS FOR 2015

*In addition to building upon and refining the past year's accomplishments the Commission anticipates the following progress in 2015:*

- The IV-E Waiver, Safe at Home WV will provide wrap-around behavioral and human services. Currently, West Virginia is in the development and planning phase.
  - The Developmental Cost Plan was submitted to the Children's Bureau on November 14, 2014.
  - The revisions to this plan are due back to the Children's Bureau in mid-January 2015. Authorization to use the Request for Proposals (RFP) process to procure and independent



evaluator was obtained on December 2, 2014, and a draft RFP was submitted to the Children's Bureau for review on December 12, 2014. Revisions are in process and once completed, the RFP can be posted and re-submitted to the Children's Bureau. Statewide training of BCF staff and some community providers on the RBA process was completed by the end of October 2014.

- The Safe at Home Service Implementation Workgroup and sub-groups have been working on refining the wraparound model.
  - Members of the Commission to Study Residential Placement of Children (who serve as the Home Team) continues to work on the funding structure and addressing other needs for Safe at Home as they arise.
  - A draft of the Initial Design and Implementation report is due to the Children's Bureau on January 13, 2015. Safe at Home WV will begin in 14 counties and then rollout to other regions. The fourteen counties included in the initial demonstration are: Kanawha, Boone, Cabell, Wayne, Jackson, Mason, Roane, Lincoln, Putnam, Logan, Mingo, Berkeley, Jefferson, and Morgan. The initial counties were chosen based upon areas of highest need as reflected by the number of children in out of home care and areas of most readily available services.
  - Safe at Home will be implemented October 2015.
- Experienced Advanced CANS Specialist to provide the required annual refresher regionally in the future. (*Service Delivery and Development Work Group, West Virginia System of Care*)
  - The CANS Total Clinical Outcomes (T-COM) model will also be utilized to evaluate what needs to be addressed and expand services based on what is needed.
  - An additional Juvenile Drug Court in Mingo County is expected to be opened in 2015.
  - Marion County has expressed interest in developing a Juvenile Drug Court and planning for this will begin in 2015.
  - The Mentoring & Oversight for Developing Independence with Foster Youth is launching a "We Still Care" project that will provide care packages to youth throughout the year to show them that even as they transition out of foster care, there are those that do still care. Along with the care packages, sponsors will provide cards and letters of support.
  - Screening mechanisms are being looked at for the prevention of substance abuse among pregnant women to provide consistent diagnostic and reporting criterion. Collaboration between the Perinatal Partnership and physicians is planned to develop protocols for assessing substance abuse in mothers. West Virginia is using an 18 month technical assistance grant in support of developing consistent, formal protocols for West Virginia.
  - With technical assistance from the National Research Center, a multi-state meeting is being planned across the Appalachian states regarding Substance Abuse.

- The 2013 review, which looked at children under the age of six years old who are prescribed psychotropic medications, will continue. The review will ensure that monitoring, follow-up, and the correct criteria are in place and determine if prior authorization, limiting the duration for these prescriptions will promote better outcomes for these children. A plan is also being developed for provider education on appropriate prescribing practices for psychotropic medications, best practice standards for baseline and routine metabolic monitoring and provider follow-up appointments, tardive dyskinesia assessments and clinical psychological exams. Medicaid will also be requiring pre-authorization.
- A plan for implementation for a trauma screening in for physician residency clinics throughout the state is being developed. The Internal Review Board (IRB) approval is planned for 2015.
- Collaboration between the Bureau for Medical Services, Bureau for Behavioral Health and Health Facilities, Bureau for Children and Families, the Behavioral Health Providers Association, and other behavioral health providers that treat children and adults, will continue to develop community behavioral health policy for Medicaid members with behavioral health needs.
- The statutorily required Multidisciplinary Treatment (MDT) team curriculum and training package teams will be piloted. Target population to include Department of Health and Human Resources (DHHR) and Division of Juvenile Services (DJS) staff, with co-trainers selected from DHHR and DJS staff.
- The West Virginia Department of Education and the Out-of-Home Care Education Advisory Committee will continue to study the educational growth of children in out-of-home care. Specifically, they wish to investigate why students are not included in the data; investigate the student growth data discrepancy; examine and study the proficient students and see why these students are doing better; obtain change of placement data and correlate with assessment data; and examine disciplinary infractions to see if the infractions made are accurate and consistent across the state.
- The Juvenile Law Guide, which CIP counsel John Hedges drafted for the CIP Youth Services committee, will be released some time in 2015. If changes are made to Chapter 49 during this legislative session, the changes will be drafted in the Juvenile Law Guide.

## **CONCLUSION**

It has been ten years since the West Virginia Legislature tasked the Commission to Study Residential Placement with addressing the critical issue of care for children with serious and complex behavioral needs. The Commission has devoted steady and principled attention to this task despite ongoing challenges.

The work of collaborating across multiple and often fragmented service systems has continued through a decade of leadership change, workforce turnover, limited economic resources and an alarming substance abuse epidemic. The efforts detailed in this report are the work of individuals and groups who not only hold themselves accountable to the charge of the Commission, but make a difference each day in the lives of West Virginia's most vulnerable children and youth.

Meeting the Commission's prime charge—to safely, and within a quality framework, reduce the number of children in out-of-home care—is an ongoing effort that requires no less than transformational change in West Virginia's family and youth-serving systems. As this report demonstrates, today's progress builds on yesterday's accomplishments. As policy leaders, service providers and families continue to monitor progress, focus on the Commission's priority goals and celebrate positive outcomes, the future for West Virginia's children will be transformed.

## APPENDIX A

### 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.

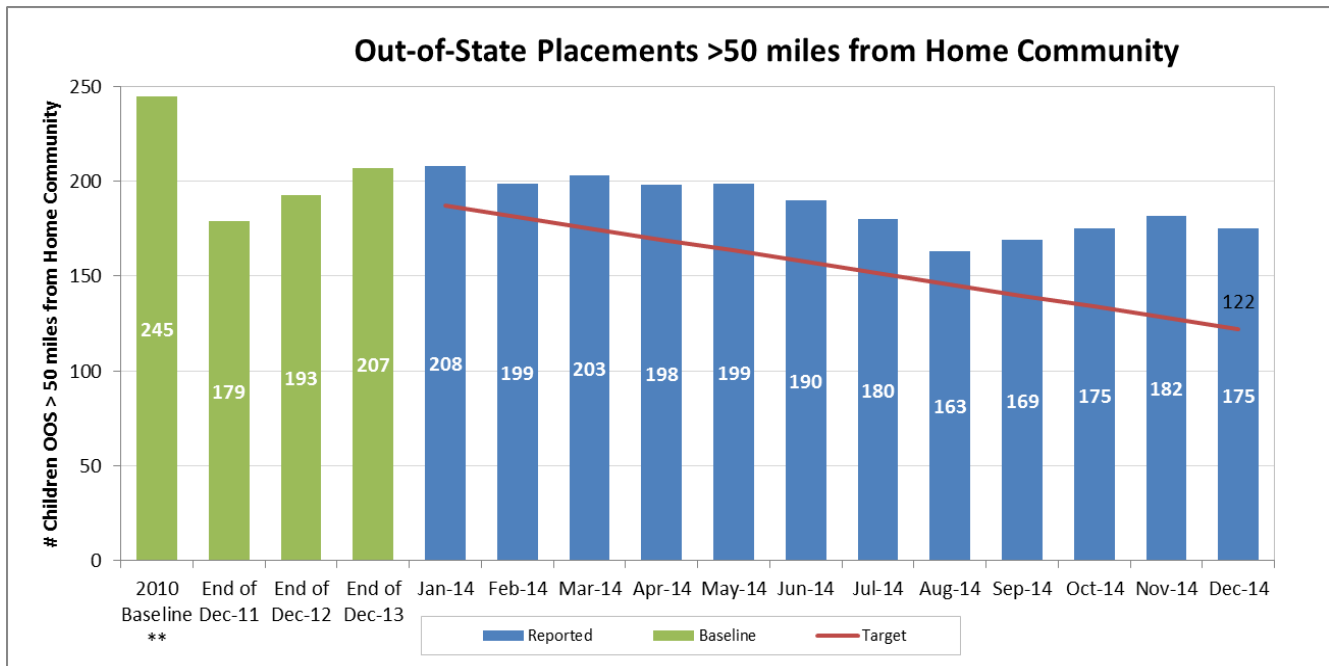
Source: [www.wvsystemofcare.org](http://www.wvsystemofcare.org)

## APPENDIX B

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

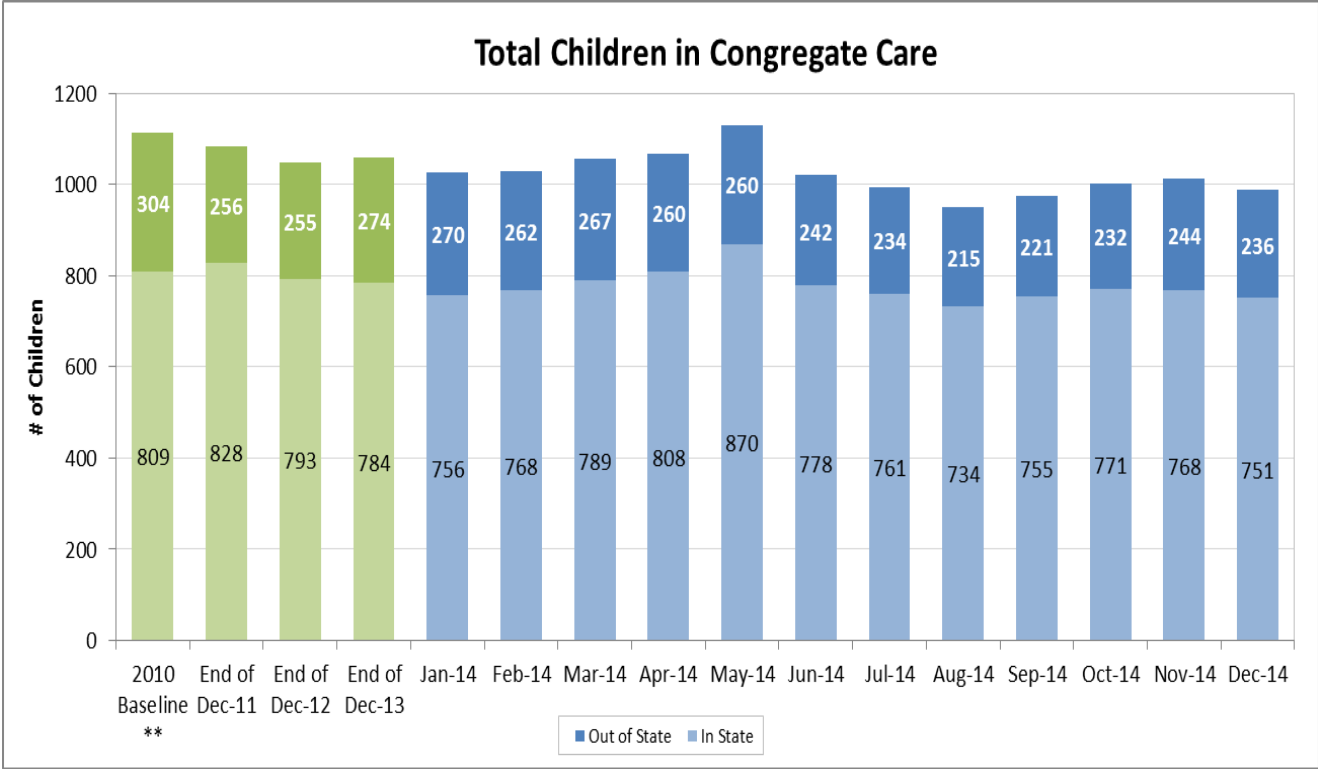
December 2014

Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
<b>In State</b>	<b>663</b>	<b>56</b>	<b>29</b>	<b>748</b>	<b>76%</b>
< 50 miles from Home Community <span style="background-color: #ADD8E6; border: 1px solid black; padding: 0 2px;">A</span>	275	25	14	<b>314</b>	<b>32%</b>
> 50 miles from Home Community <span style="background-color: #90EE90; border: 1px solid black; padding: 0 2px;">C</span>	388	31	15	<b>434</b>	<b>44%</b>
<b>Out of State</b>	<b>162</b>	<b>68</b>	<b>0</b>	<b>230</b>	<b>24%</b>
< 50 miles from Home Community <span style="background-color: #ADD8E6; border: 1px solid black; padding: 0 2px;">B</span>	53	2	0	<b>55</b>	<b>6%</b>
> 50 miles from Home Community <span style="background-color: #FFD700; border: 1px solid black; padding: 0 2px;">D</span>	109	66	0	<b>175</b>	<b>18%</b>
<b>Total</b>	<b>825</b>	<b>124</b>	<b>29</b>	<b>978</b>	<b>100%</b>



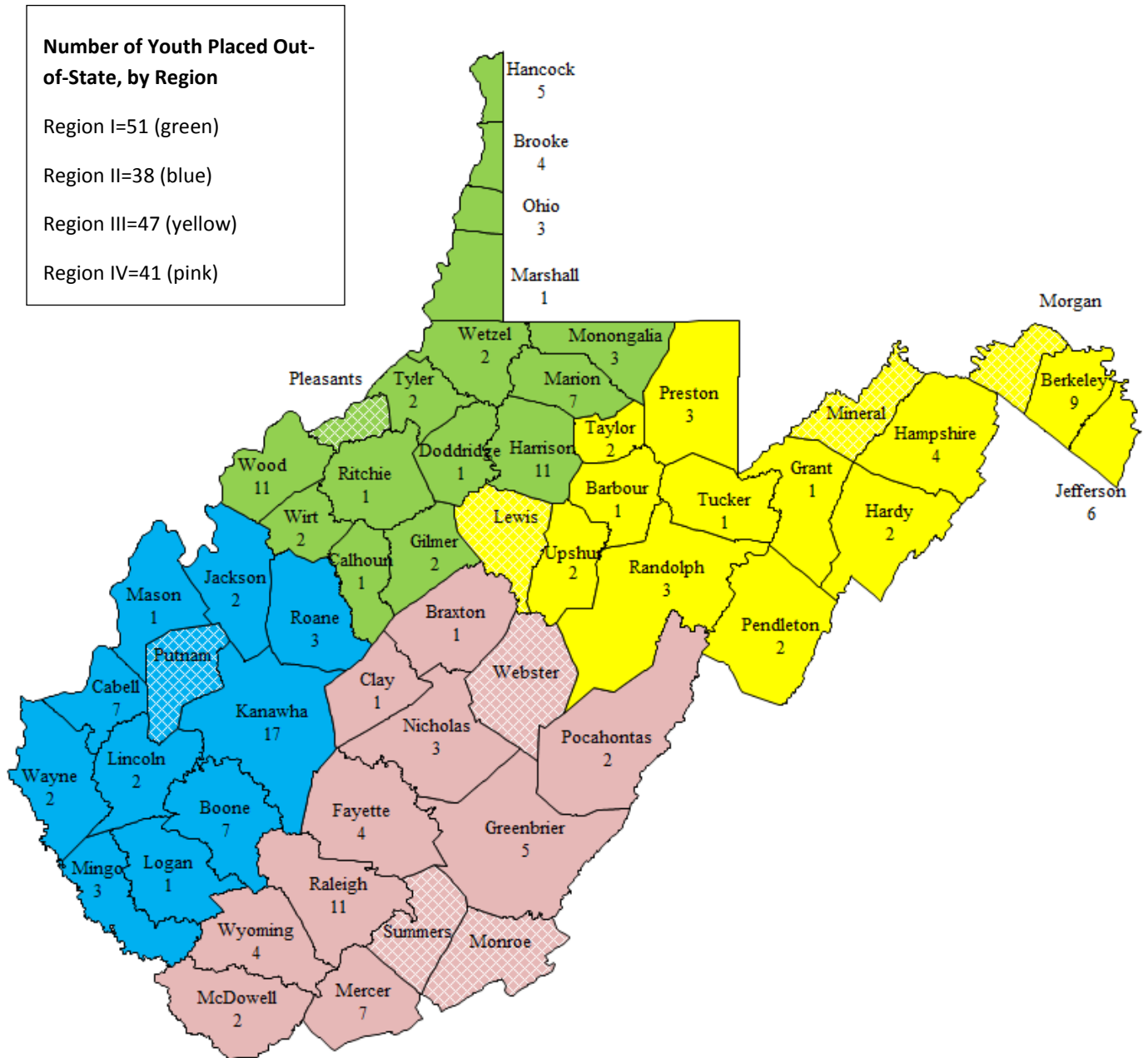
\* The improvement target for 2014 is to have less than 122 children placed out-of-state and greater than 50 miles from their home community

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

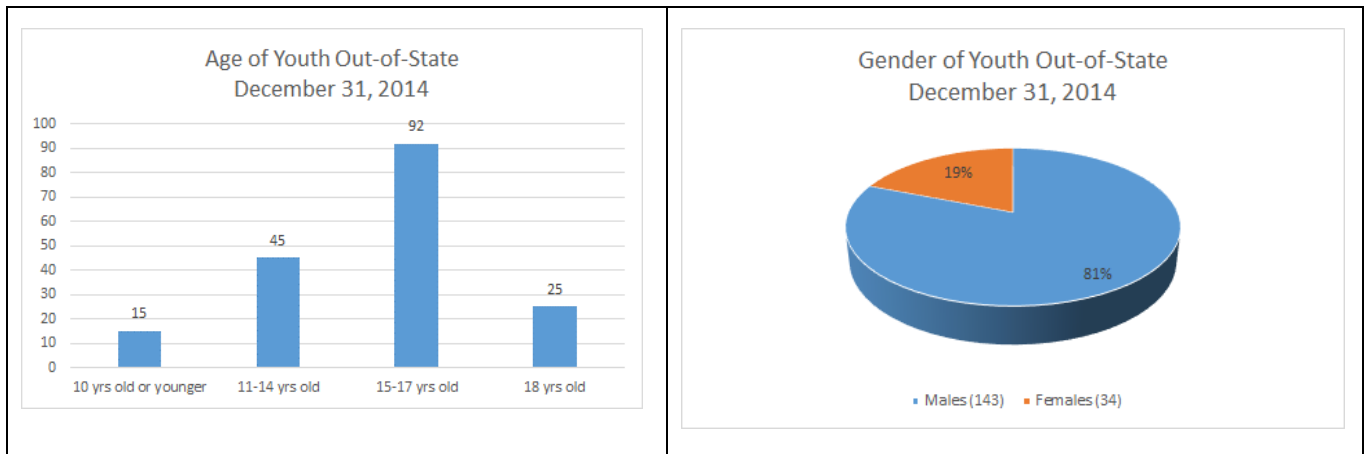


# TARGET POPULATION DATA HIGHLIGHTS

There were 177 youth out-of-state on December 31, 2014, who were also 50 miles from their community. These youth were in group residential or psychiatric residential treatment facilities.

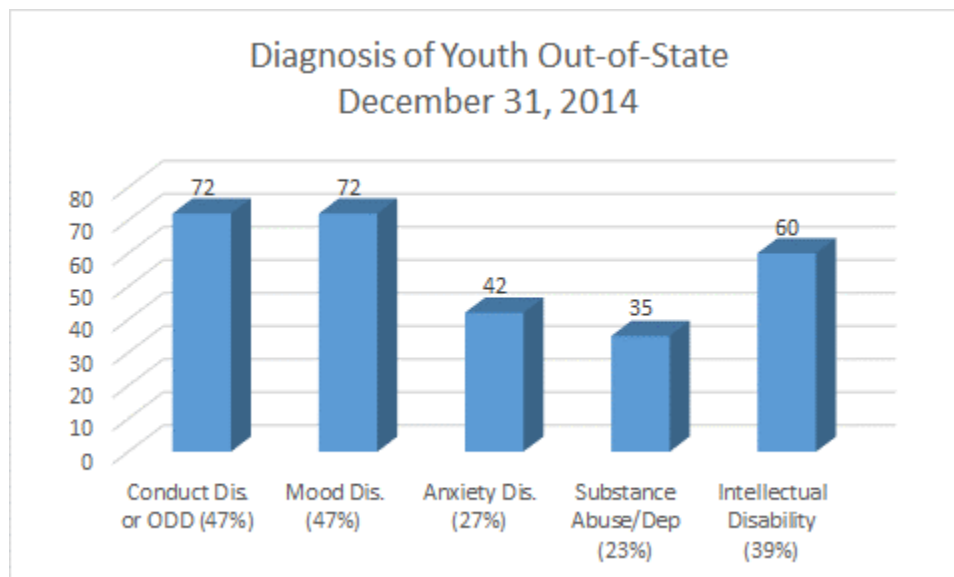


## Age and Gender of Youth Placed Out-of-State



## Diagnosis

The information on diagnosis is obtained from APS Health Care and Regional Clinical Review Processes. There were 154 children and youth who had a diagnosis available for review (some had not yet been diagnosed through APS or a Regional Clinical Review Process). Youth can have multiple diagnoses. The most common diagnoses are listed below.



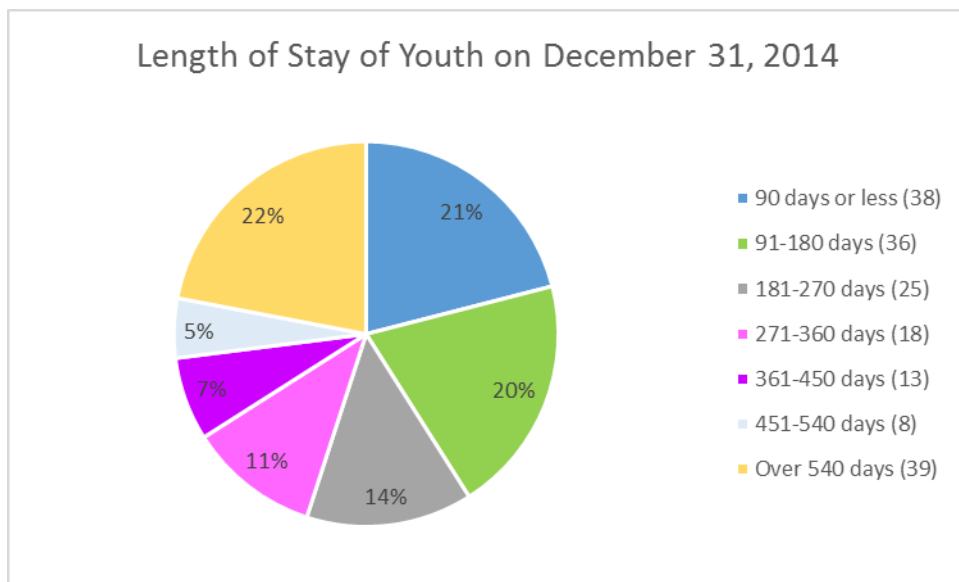


## Case Type

- 3 or 2% were adoption cases
- 24 or 14% were CPS cases
- 35 or 20% were foster care cases
- 115 or 64% were youth service cases

## Length of Stay

Length of stay is calculated by using the initial date of placement (youth may have been at more than one facility without returning to the state) and the date of December 31, 2014.



## Facilities and Levels

71 or 40% of the youth were in a psychiatric residential treatment facility.

106 or 60% of the youth were in a group residential facility.

## APPENDIX C

### West Virginia Court Improvement Program (CIP) 2014 Annual Self-Assessment Report

#### SUMMARY



#### **New View Project**

The New View was implemented in 2013. When the project started, West Virginia children ranked with the coldest temperatures (i.e., those predicted to be most likely to linger in care). The New View, modeled after Georgia's Cold Case project, assigns attorney "viewers" to conduct file reviews and interviews in order to make permanency and transitional recommendations to local courts, multidisciplinary treatment teams, and the Bureau for Children and Families (BCF) leadership, on the children identified as being at risk of lingering in care and/or aging out of the system. The New View Project involves some court observation, as local courts sometimes invite the attorney viewers to attend hearings regarding the children they are viewing, and the viewers' often participate in the children's multidisciplinary treatment team (MDT) meetings. This year, the use of AFCARS data for the New View Project is in the implementation phase. The project used Fall 2013 AFCARS data for a predictive model to identify children likely to linger in out-of-home care.

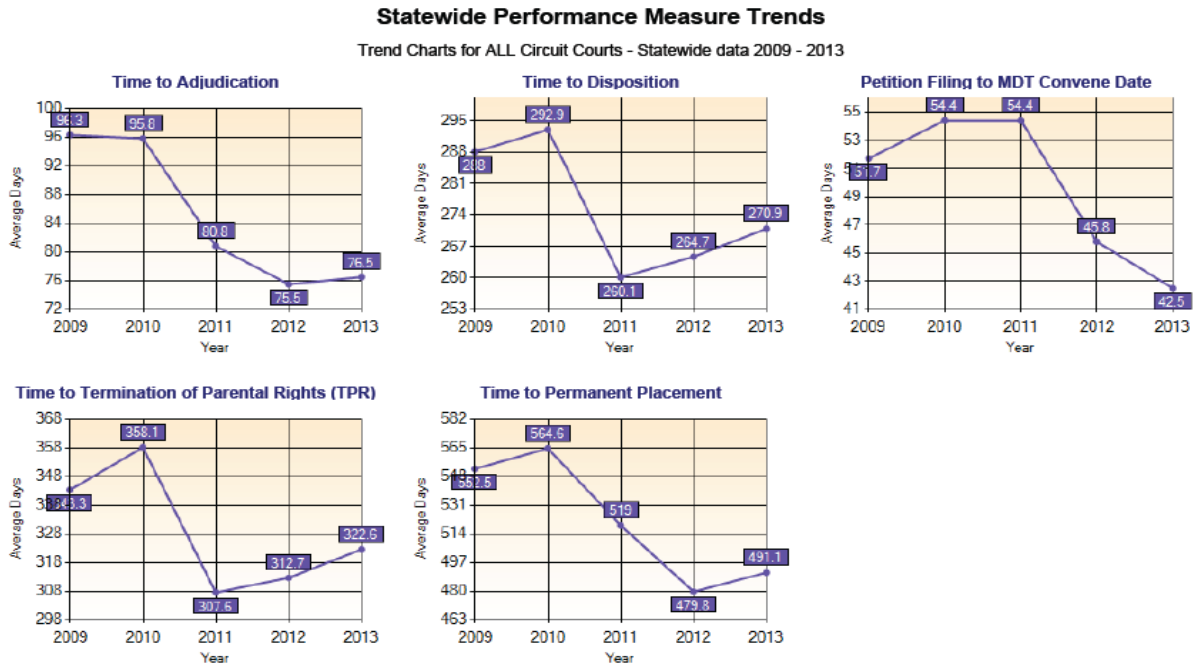
Approximately 100 were assigned to viewers in the past two years. Although the New View project provides a treasure trove of information, it represents a small segment of the whole state's cases.

#### **Data Collection and Quality**

Since 2006, the Court's Division of Court Services has been working with circuit court judges and their assistants to improve data collection and quality. It has taken years of training and refinement to get the project to its present state. The CIP child abuse and neglect (CAN) database is the most established, implemented data project under the grants. Judges are provided with reports on their individual Court child abuse and neglect (CAN) database statistics twice a year, gives reports to the CIP oversight board at least twice

a year, and publishes CAN data on the Court's website at <http://www.courtswv.gov/public-resources/CAN/statistics.html>.

The CAN database efforts have contributed to improved time frames in child abuse and neglect cases over the past several years. These trends are captured in the following charts:



**Notes:**  
 • Performance measures shown on this report represent all case activity during the time frame. For methodology on performance measures please refer to the methodology information provided in the appendix.  
 • All Circuit Judges with an abuse and neglect case load during 2009 were included in this report. Judges excluded from reporting included those without abuse and neglect cases assigned to them during 2009, and those who retired or left office during 2009. Judges Yoder, Sanders, Silver, Wilkes, and Young, although active judges during 2009, did not have a caseload including child abuse and neglect cases. Therefore, they are not included in this report.  
 • This project was supported by Grant Number PN13178 awarded by the United States Department of Health & Human Services, Administration for Children and Families.

Report Generated on 07/01/2014 at 9:46 AM

Data analysts work continually to provide support to local courts and draft reports on the data. They also maintain the BenchView project, which summarizes each judge's data so that he or she can see the status of his/her cases, including whether they are close to or exceeding time frames, such as time for adjudication or disposition.

For a few years, the Court Services Division has also overseen a pilot project called CaseBook in Hardy County. By an administrative order, the local circuit allows exchange of filings and orders electronically through the CaseBook site. After several trainings and regular technical assistance, this pilot project has been running smoothly, but it may be phased out, as the Court is currently implementing a statewide electronic filing system that may make CaseBook obsolete. (The order regarding electronic filing is available at <http://www.courtswv.gov/lower-courts/mlp/mlp-orders/mountain-state/Electronic-Filing-2-7-13.pdf>.)

Another CIP data project feeling the impact of electronic filing is JANIS (Juvenile Abuse and Neglect Information System), which for years has allowed attorneys and/or judges to create orders and/or pleadings in

child abuse/neglect cases. A planning group has been meeting to discuss how/if JANIS can coexist with the new electronic filing system. Another meeting will take place in early 2015. JANIS is in the implementation-of-changes phase.

### **Improve Case Process**

The CIP Data, Statutes, and Rules committee, chaired by Judge Derek Swope, has been busy working on rule and statutory changes to improve case process. Amendments to the Rules of Procedure for Minor Guardianship Proceedings are pending before the Supreme Court. The committee also held a statutory retreat in July 2014 to work on updating Chapter 49 of the West Virginia Code, the chapter that covers child protective and juvenile cases. Delegates from DHHR, the Division of Juvenile Services, legislative attorneys, Court representatives, Coalition Against Domestic Violence, and others participated and helped draft a bill that will likely be introduced in the state legislature in 2015. Committee Chair Derek Swope also convened a subcommittee to help draft legislation to extend long-arm jurisdiction for out-of-state service of domestic violence protective orders. This bill will also likely be introduced in 2015.

Amendments to the Rules of Procedure in Child Abuse and Neglect Proceedings to provide guidelines for child abuse/neglect guardians ad litem (GALs) took effect in July 2014. The new guidelines and written GAL report-- appendices to the rules-- can be found at <http://www.courtswv.gov/legal-community/court-rules/child-abuse/child-abuse-contents.html>.

### **Court Orders/IV-E Judicial Determinations**

For several years, BCF has periodically shared information on cases in which orders are missing IV-E findings. The Division of Children's Services then sends the information on to the identified judges, usually with a memorandum and chart explaining IV-E findings. If judges do not have any flagged orders, they receive certificates of achievement. Children's Services shared certificates or orders with the judges each quarter in the last year. The process has resulted in a greater understanding of IV-E requirements, as well as IV-E eligibility for some cases initially marked by BCF as missing findings because orders were subsequently supplied to BCF IV-E staff or could be challenged. CIP has also held cross-training sessions on Title IV-E requirements. Partly due to this collaborative effort, the IV-E penetration rate (i.e., the number of children eligible for IV-E who actually receive IV-E funding) in the state reached more than 50 percent during the last year, which is a significant increase from previous years.

West Virginia CIP has not pursued mediation in child abuse and neglect cases at the request of BCF. Instead, CIP has supported neutral facilitation of multidisciplinary treatment team (MDT) meetings, as recommended by its 2008 MDT Study report. Twice in the past few years, the committee has developed criteria for a pilot neutral facilitation program for BCF to send out for proposals/bidding. BCF has stated there is no funding to support the project at this time. The last discussion of neutral facilitation came up this year in the Three Branch Institute out-of-home committee, but without earmarked funding, neutral facilitation will continue to be in the planning phase.

In progress is an electronic survey the CIP MDT committee sent in late 2014 on multidisciplinary treatment teams (MDTs) to judges, attorneys, social workers, and others involved in child abuse/neglect and juvenile cases in the past year. The survey results may illuminate how MDT participation is going in practice, compared to policy and procedural rules.

## **Appeals**

West Virginia has had an expedited appellate process in child abuse and neglect cases for years under Rule 49 of the Rules of Procedure for Child Abuse and Neglect Proceedings:

In the last few years, the role of guardians *ad litem* (GALs) on appeal has been clarified through court rules, the 2014 GAL guidelines, and case law. GALs are now considered parties on appeal, must file an appellate brief or report, and keep the Supreme Court informed of the status of the child at issue in the appeal.

## **Permanency Goals other than APPLA**

CIP training, CIP-produced procedural rules (Rules of Juvenile Procedure, Rules of Procedure for Child Abuse and Neglect Proceedings, and Rules of Procedure for Minor Guardianship Proceedings, all available at <http://www.courtswv.gov/legal-community/court-rules.html>), and CIP-drafted statutory changes have provided significant guidance for permanency planning, including the use of concurrent planning, multidisciplinary treatment teams (MDTs), family/child's case plans, and transitional plans. One measure of success is that, according to state AFCARS data, adoptions from foster care in West Virginia have steadily increased from 384 adoptions in 2004, to 877 adoptions in 2013 ([http://www.acf.hhs.gov/sites/default/files/cb/children\\_adopted.pdf](http://www.acf.hhs.gov/sites/default/files/cb/children_adopted.pdf)). In other words, West Virginia has more than doubled its adoption rate in the past decade.

## **APPLA and older youth**

The CIP Youth Services Committee, chaired by attorney Jane Moran, continues to work on the rules' implementation, and it coordinates with other groups seeking to improve the state's juvenile justice system. Judge Christopher Wilkes became co-chair of the committee in late 2014. The committee plans to focus on transitional planning for older youths and policies for children who run away from out-of-home care in 2015.

The New View Project has shed light on the plight of older youths in state's care. Several of the children identified in the project aged out after years in multiple placements; their permanency plans were often "independent living," although they seemed to lack transitional planning and ability to thrive on their own. The project helped rev BCF's efforts to implement the youth transition plan (<http://www.courtswv.gov/public-resources/CAN/pdfs/Older-Youth-Form.pdf>) in 2013. Using the narrative reports and file review forms of the viewers, the project plans to evaluate its work in 2013-2014 and release a report in 2015.

## **Training and Resource Development**

A session of the July 2014 CIP juvenile law training was “Building a Strong Education” with Fran Allen, MA, LSW, Disability Advocate; Rebecca Derenge, McKinney-Vento “Homeless” Coordinator, W.Va. Department of Education; and Melanie Hummel, Transition Specialist, W.Va. Department of Education.

CIP holds annual cross-trainings, helps with guardian *ad litem* (GAL) training every two years, sponsors a three-credit course at the West Virginia College of Law, sponsors the annual W.Va. CASA conference, and sponsors a child abuse/neglect session at each judicial education conference. The CIP cross-training conferences in July included a segment on the new guidelines, as did the Court’s GAL trainings in November 2014. Training materials for both conferences are available online under “Training” at <http://www.courtswv.gov/public-resources/child-abuse-neglect.html>.

CIP provides annual, free cross-trainings for attorneys, social workers, counselors, and anyone else involved in child abuse/neglect and juvenile cases. Hundreds of people attend the two cross-trainings each year. The theme of the July 2014 trainings was “From Impossible to I’m Possible: Empowering Children, Families, and Professionals to Realize Their Potential.”

For five years, W.Va. CIP has sponsored the three-credit “Child Protection and the Law” course at the West Virginia University College of Law. WVU Masters of Social Work students are also invited to take the course.

The CIP provides resources to aid in quality of representation are the annually updated *Benchbook for Child Abuse and Neglect Proceedings*, which includes case law, rules, statutes, and topics of interest; *The Time is Now* video, which explains the child abuse/neglect process; JANIS and JUDI software for completion of pleadings and orders in child abuse/neglect and juvenile cases; and the new *Catalog of In-State Group Placement Services* that the CIP Behavioral Health committee, chaired by Judge Duke Bloom, created in 2014. All of these resources are available online at [www.wvcip.com](http://www.wvcip.com).

The *Juvenile Law Guide*, which CIP counsel John Hedges drafted for the CIP Youth Services committee.

Another training resource CIP plans to try in 2015 is web-based training. Earlier in 2014, CIP member Bob Noone, an exceptional GAL who uses technology like videoconferencing to keep in touch with clients, hosted a test webinar on MODIFY Program resources-- such education and training vouchers (ETVs), foster care tuition waivers, and FC-18 agreements-- with DHHR Program Manager, Tina Faber. It is hoped that CIP can pick some “lunchtime” topics to cover by webinar in the coming year.

Training materials from the conferences are posted at [www.wvcip.com](http://www.wvcip.com) or <http://www.courtswv.gov/public-resources/CAN/wvcip/training-docs/2014-CIP-Cross-Training-Presentation.pdf>.

## **Collaboration with Youth and Family**

West Virginia CIP is working with the West Virginia MODIFY program and Foster Advocacy Movement (FAM) to improve transitional planning for older youths and to give them a greater voice in their own cases and in systemic improvement. CIP has coordinated youth panels at judicial conferences, CIP cross-training

conferences, and Court GAL trainings. Samantha Sixma, a MODIFY social worker who once experienced out-of-home care, now supports other youths in the FAM, attends CIP training committee meetings, and shares recommendations of the FAM young adults, including giving youths more of a voice in hearings and MDTs and looking to alternative treatments rather than psychotropic medications. (“Pugs, not Drugs” is their mantra). CIP helps disseminate information about the MODIFY Program (<http://modify.cedwvu.org/>), which administers education and training vouchers (ETVs) and other Chafee-related resources.

In the past few years, CIP proposed now-adopted procedural rule and statutory amendments to establish the right to notice and to be heard of foster parents, pre-adoptive parents, and kinship caretakers in child abuse and neglect cases.

### **Collaboration**

The Court Improvement Program does not have a formalized project for education and health data sharing. However, the state’s Commission to Study the Residential Placement of Children, on which several CIP members serve, has been working on related projects, including data exchange between the Department of Education and SACWIS. The Education of Children in Out-of-Home Care Advisory Committee, chaired by CIP member Jacob Green of the Department of Education, has conducted data exchange this year to compare educational outcomes for children in out-of-home care with all children in state public schools. The group has been reviewing and discussing the findings. The Department of Education recently released ZoomWV (<https://wvde.state.wv.us/zoomwv/>), which allows a glimpse of state educational statistics by state, county, and school. A non-public part of the website gives educators to access student-specific data. The Out-of-Home Care committee is planning a memorandum of understanding among the Department of Education, DHHR, and Court on collaboration and data sharing.

Encouraged by Chief Justice Robin Jean Davis, several circuit courts have led local initiatives to reduce truancy and drop-outs. While not a CIP project, the CIP Youth Services committee did survey county attendance directors on their attendance policies in early 2014 and found varying interpretations of state attendance and excused absence policies. CIP members presented the survey and analysis of county policies to the attendance directors at their meeting in April 2014. The CIP oversight board also received the report.

### **Improving Court Processes**

The Bureau for Children and Families and Commission to Study the Residential Placement of Children are working on implementation of the Comprehensive Assessment and Planning System (CAPS) and Child and Adolescent Needs and Strengths (CANS) assessment. CANS creator Dr. John Lyons spoke to several stakeholders in 2014, and BCF mailed an informational sheet on CAPS to judges and prosecuting attorneys in the fall of 2014. More information about this implementation process is available at <https://www.wvdhhr.org/bcf/caps/default.asp>.

### **Governor’s Intergovernmental Task Force on Juvenile Justice**

While not a CIP project, it is worth noting that the Court and Department of Health and Human Resources (DHHR) did extensive data sharing this year as part of the Governor’s Intergovernmental Task Force on Juvenile

Justice, including exchange of data on truancy and other status offense or delinquency cases. Several CIP members—including Bureau for Children and Families (BCF) Commissioner Nancy Exline and CIP Chair Judge Gary Johnson—were members of the task force. The Governor’s Intergovernmental Juvenile Justice Task Force recommended more direct parental involvement in juvenile cases and the need to address truancy (a type of status offense) in its December 2014 report and The Governor’s Intergovernmental Juvenile Justice Task Force. The culminating report is available at:

<http://www.governor.wv.gov/Documents/Final%20Report%20of%20the%20WV%20Intergovernmental%20Task%20Force%20on%20Juvenile%20Justice.pdf>.

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

Although not a CIP project, it is worth noting that the Court’s Juvenile Justice Commission is doing excellent work visiting children in juvenile facilities and working to improve their conditions and outcomes. More about the Juvenile Justice Commission is available at <http://www.courtswv.gov/court-administration/juvenile-justice-commission/juvenile-justice-commission.html>.

#### **Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR) and Annual Progress and Services Report (APSR)**

The CIP Data, Statutes, and Rules committee, chaired by Judge Derek Swope, includes the CFSR as a discussion topic each quarterly meeting. So far, CIP participation in the third round for the CFSR has been rather limited, with the committee reviewing program instructions and hearing reports of BCF’s internal processes. It is anticipated that CIP will become more involved as the state gets nearer to 2017, when West Virginia is scheduled for the third CFSR.



## APPENDIX D

### COMMISSION ON THE RESIDENTIAL PLACEMENT OF CHILDREN ON THE ACTIVITIES EDUCATION OF CHILDREN IN OUT-OF-HOME CARE ADVISORY COMMITTEE

#### 2014 Report

The following are the major accomplishments during 2014:

##### **Removing Barriers to Educational Access**

The new *Reaching Every Child* brochure and the memorandum from the State Superintendent of Schools have been widely disseminated.

##### **Studying the Educational Growth of Children in Out-of-Home Care**

On March 31, 2014, an interagency agreement for an annual data exchange and data match was signed by the Department of Education and Department of Health and Human Resources. As a result of this agreement, data has been exchanged and matched and reports are presently being prepared on the educational achievement of children in out-of-home care in accordance with the goals and objectives of the proposed study, it is anticipated that results will be presented to the Commission at the September 2014 meeting.

The Department of Education's West Virginia Education Information System (WVEIS) Office is presently sending data on the match of DHHR records to the Office of Institutional Education Programs for synthesis and development of a report on the educational status and progress of children in out-of-home care.

The Office of Institutional Education Programs is also requesting from the WVEIS Office a methodology to collect the education data on children in out-of-home care without resorting to a records match with DHHR.

##### **Increasing the Participation of Education Personnel in MDT Meetings**

The Education of Children in Out-of-Home Care Advisory Committee has initiated work on a guidance document to help county school districts in the implementation of their role as a part of the MDT process and the maintenance of school stability. Nikki Tennis is taking the lead in developing the document.

##### **Reconnecting Children Placed Out-of-State**

The Department of Education has employed a Transition Specialist, Jessica Griffin, to undertake leadership of this initiative. Ms. Griffin is working on the following:

- Developing an umbrella release statement between DHHR/WVDE which will grant the Transition Coordinator access to necessary student records;
- Creating a referral process within West Virginia and with out-of-state facilities to notify the Transition Coordinator when a student is being ordered out-of-state for treatment and when the student is returning;
- Developing a transition process for students returning from out-of-state, through collaboration with Regional OIEP Transition Specialists, County School Districts, Counselors, and DHHR staff; and
- Developing protocols for monitoring the education programs of regular education students placed out-of-state.

**Update: Collaborative Agreement**

A draft interagency agreement has been developed by the Advisory Committee to focus its work on stated goals and collaborative efforts to ensure that children in out-of-home care receive a free appropriate public education.

**Goals for 2015:**

- Create sub-committees and workgroups to work on the following projects:
  - Revise the *Reaching Every Child* brochure and accompanying memorandum on an annual basis for dissemination to stakeholders.
  - Further study the educational growth data for out-of-home youth. Specifically, the committee needs to determine the source of missing test data for out-of-home students.
  - Complete the MDT guidance document and disseminate to stakeholders.
  - Continue to monitor the educational progress of children in out-state-placements.
  - Complete the interagency agreement and the membership of our group.