Advancing New Outcomes:
Findings, Recommendations, and Actions

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR CHILDREN & FAMILIES

Commission to Study Residential Placement of Children
February 2020

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch
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 2019 annual summary report, *Advancing New Outcomes: Findings, Recommendations, and Actions of the West Virginia Commission to Study Residential Placement of Children.*

West Virginia continues to experience a child welfare crisis that is being driven by the drug epidemic. This crisis has fueled the number of children that are unsafe in their homes. However, we are working with our partners to reduce those numbers.

The Commission to Study Residential Placement of Children believes that the best way to reduce the number of children in foster care is to find creative ways to work with the family to address their issues, while keeping children with their families.

The Family First Prevention Services Act, passed in February 2018, allows states to spend federal child welfare dollars on preventive efforts to keep families together.

With the continued collaboration of our partners and stakeholders, we will overcome the challenges facing the children of our state.

Sincerely,

Bill J. Crouch
Cabinet Secretary

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PREFACE

The Commission to Study Residential Placement of Children (Commission) was created in 2005. As stated in the West Virginia Code §49-2-34, the Commission's purpose is to be the "mechanism to achieve systemic reform by which all of the state's child-serving agencies involved in the residential placement of at-risk youth jointly and continually study and improve upon this system and make recommendations to their respective agencies and to the Legislature regarding funding and statutory, regulatory and policy changes." Furthermore, these recommendations shall be used to "establish an integrated system of care for at-risk youth and families that make prudent and cost-effective use of limited state resources by drawing upon the experience of successful models and best practices in this and other jurisdictions, which focuses on delivering services in the least restrictive setting appropriate to the needs of the child, and which produces better outcomes for children, families and the state."

As required by W. Va. Code §49-2-125(d) Commission to Study Residential Placement of Children; findings; requirements; reports; recommendations, and provided in this report, the Commission continues to study the following:

- The current practices of placing children out-of-home and into residential placements, with special emphasis on out-of-state placements;
- The adequacy, capacity, availability and utilization of existing in-state facilities to serve the needs of children requiring residential placements;
- Strategies and methods to reduce the number of children who must be placed in out-of-state facilities and to return children from existing out-of-state placements, initially targeting older youth who have been adjudicated delinquent;
- Staffing, facilitation and oversight of multidisciplinary treatment planning teams;
- The availability of and investment in community-based, less restrictive and less costly alternatives to residential placements;
- Ways in which up-to-date information about in-state placement availability may be made readily accessible to state agency and court personnel, including an interactive secure website;
- Strategies and methods to promote and sustain cooperation and collaboration between the courts, state and local agencies, families and service providers, including the use of inter-agency memoranda of understanding, pooled funding arrangements and sharing of information and staff resources;
- The advisability of including no-refusal clauses in contracts with in-state providers for placement of children whose treatment needs match the level of licensure held by the provider;
- Identification of in-state service gaps and the feasibility of developing services to fill those gaps, including funding;
- Identification of fiscal, statutory and regulatory barriers to developing needed services in-state in a timely and responsive way;
- Ways to promote and protect the rights and participation of parents, foster parents and children involved in out-of-home care;
- Ways to certify out-of-state providers to ensure that children who must be placed out-of-state receive high quality services consistent with this state's standards of licensure and rules of operation; and
- Any other ancillary issue relative to foster care placement.

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FOUNDATIONS OF CHANGE

The Critical Issue

The opioid epidemic has become a critical issue affecting child welfare in West Virginia. The foster care system has been hit particularly hard; roughly 6,700 West Virginia children are in foster care, an increase of almost 70% over the past six years. About 85% of the children in state custody have a parent who struggles with substance use disorder.

"Increased levels of substance abuse, including but not limited to opioids, have devastated many American families, and the child welfare system has felt the effects," concludes a report by five researchers with the Office of the Assistant Secretary for Planning and Education (ASPE) of the U.S. Department of Health and Human Services.

A second briefing paper, stemming from a federal study by the ASPE, observed that substance abuse tended to correlate with "more complex and severe child welfare cases," resulting in "higher degrees of child neglect" and "maltreatment."

In such settings, caseworkers reported finding it more difficult to get parents "to comply with court orders" or to find "families to care for children because in many cases, multiple family members are misusing opioids." The goal is reunification of children with their parents, but that only happens in about half of all cases.

Leadership at the federal level offers some hope for stemming the flow of children into foster care. The Family First Prevention Services Act (FFPSA), passed in February 2018, allows states to spend federal child welfare dollars on preventive efforts to keep families together, such as substance abuse and mental health treatment programs.

The Commission's goal is to be proactive rather than reactive, with West Virginia families remaining whole while fixing issues with the potential to pull them apart. Passage of the FFPSA allows progress toward meeting this goal for West Virginia families.

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 Commission works in collaboration with other projects and initiatives including Safe at Home West Virginia, Education of Children in Out-of-Home Care Advisory Committee, and the West Virginia Court Improvement Program to support its goals in the study of the residential placement of children.

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

All parties participating in the Commission agree on goals of ensuring that needed, quality services are provided in, or as close as possible to, the community in which each child resides and improving the state's internal systems of care for all out-of-home children.

SYSTEM OF CARE GUIDING PRINCIPLES

Since the first report of the Commission to Study Residential Placement of Children in 2006 (Advancing New Outcomes: Findings, Recommendations, and Actions), the Commission has been guided by the System of Care Principles. The System of Care concept for children and adolescents with mental health challenges and their families was first published in 1986 (Straul & Friedman) and provided a definition for a system of care along with a framework and philosophy to guide implementation. Since then, the System of Care concept has shaped the work of nearly all jurisdictions across the nation. With the 25th anniversary and new insights emerging, the System of Care concept and philosophy have been updated to explain how a child-serving system should function toward a framework for system reform based on a clear philosophy and value base.

System of Care Concept and Philosophy

A system of care is:
A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families that is organized into a coordinated network; builds meaningful partnerships with families and youth; addresses their cultural and linguistic needs; and helps to improve outcomes at home, in school, in the community, and throughout life.

CORE VALUES
Systems of care are:

- Family driven and youth guided, with the strengths and needs of the child and family determining the types of services and supports provided.
- Community-based, with the focus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

GUIDING PRINCIPLES

Systems of care are designed to:

- Ensure availability and access to a broad and flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
- Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
- Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.

- Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
- Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
- Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management coordination and integrated care management.
- Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
- Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
- Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
- Incorporate or link with mental health promotion, prevention, early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
- Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals, fidelity to the system of care philosophy, and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
- Protect the rights of children and families and promote effective advocacy efforts.
- Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

PRIORITY GOALS AND FOCUS OF THE COMMISSION IN 2019

During 2019, the Commission examined the requirements established by W. Va. Code §49-2-125(d). In conjunction with responsibilities set forth by state code, the Commission continued to meet quarterly to discuss the following priority goals for 2019:

- Transformational Collaborative Outcomes Management (TCOM)
- Provider input at Multidisciplinary Team (MDT) and court hearings
- Implementation of Every Student Succeeds Act (ESSA) (focus on children in foster care)
- Transitioning youth aging out of foster care

In addition to these goals, the 2019 quarterly Commission to Study Residential Placement for Children meetings continued to be a place for members and stakeholders to receive information and updates while making decisions and/or recommendations on pertinent information that affected the citizens of our State. The Commission continues to focus on sharing ideas and working to provide members and stakeholders with the most up-to-date information to improve the health and well-being of those we serve.

CURRENT PRACTICES OF PLACING CHILDREN OUT-OF-HOME AND INTO RESIDENTIAL PLACEMENTS, WITH SPECIAL EMPHASIS ON OUT-OF-STATE PLACEMENTS

U.S. Department of Justice

On May 14, 2019, the West Virginia Department of Health and Human Resources (DHHR) entered into a partnership with the U.S. Department of Justice (DOJ) by signing a Memorandum of Understanding to serve children with serious mental health conditions in the most integrated setting appropriate by expanding community-based mental health services and reducing the number of children in residential mental health treatment facilities. Immediate work began to develop an implementation plan to operationalize the provisions within the agreement. The implementation plan was finalized on January 14, 2020, and was posted on the DHHR stakeholder website for a 15-day comment period.

In October 2019, DHHR engaged with the University of Maryland's School of Social Work Institute for Innovation and Implementation through a competitive bidding process to fill the required role of Subject Matter Expert (SME). The SME began actively working with the State in November 2019 and will provide on-going technical assistance throughout the five-year duration of the DOJ agreement. The SME will also provide on-going assessment of the State's progress in developing children's community-based mental health services.

The first biannual SME report detailing the State's progress with the agreement thus far was finalized on January 14, 2020 and was posted on the DHHR website for a 15-day comment period.

Eight workgroups have been developed with representatives from each of DHHR's bureaus and key community stakeholders included in the membership to carry forth the tasks and activities necessary to increase community-based service options for children with serious emotional disorders in West Virginia. The increased availability, accessibility, and sustainability of community-based, in-home services is the foundation for decreasing the State's reliance on residential mental health facilities.

ADEQUACY, CAPACITY, AVAILABILITY AND UTILIZATION OF EXISTING IN-STATE FACILITIES TO SERVE THE NEEDS OF CHILDREN REQUIRING RESIDENTIAL PLACEMENTS

Safe at Home West Virginia

The Safe at Home West Virginia five-year demonstration project ended September 30, 2019. During the project, ongoing evaluation provided information to measure success, show achievements and identify opportunities for improvement. Through the evaluation, DHHR's Bureau for Children and Families (BCF) saw promising work and improved outcomes with the youth and families.

Support from stakeholders, including the courts, allowed the Safe at Home IV-E Waiver Demonstration to serve thousands of West Virginia families and children. The program's flexibility enabled an expansion of eligibility criteria to allow participation by children and families well beyond the original targeted groups.

The Bureau for Children and Families is working with this information and the expertise of others to adjust the West Virginia model to have the ability to continue providing intensive wraparound and be fiscally responsible in the now state-funded program.

As a result of lessons learned, changes to Safe at Home West Virginia are underway. The service delivery model is not expected to change from the original design; efforts will continue to focus on assisting families in becoming

self-sufficient and to reach their goals. BCF will also continue to work with the 10 lead coordinating agencies that have developed expertise over the demonstration period.

Highlights of the upcoming changes:

- DHHR staff effort in referring appropriate families and children that will benefit from wraparound will align the referral and approval process to updated eligibility criteria as defined by policy.
- Wraparound facilitation will include expectations for improved documentation of efforts and service delivery.
- Daily rate and Reimbursement will be adjusted to include the concept of Meaningful Contact Service Days and wraparound plan completion generally within 9 months.
- Training enhancements are planned for facilitators and staff.
- Renewed emphasis will be placed on ensuring families demonstrate a willingness to engage in the wraparound model.

Moving forward, BCF will align utilization of Safe at Home West Virginia within the continuum of wraparound opportunities provided by DHHR. BCF has been working internally with other DHHR bureaus to ensure a continuum which will provide wraparound to the appropriate populations to serve West Virginia children appropriately while adhering to the fidelity of the wraparound model.

STRATEGIES AND METHODS TO REDUCE THE NUMBER OF CHILDREN WHO MUST BE PLACED IN OUT-OF-STATE FACILITIES AND TO RETURN CHILDREN FROM EXISTING OUT-OF-STATE PLACEMENTS, INITIALLY TARGETING OLDER YOUTH WHO HAVE BEEN ADJUDICATED DELINQUENT

Service Delivery and Development Workgroup

This group focuses upon strategies and methods to reduce the number of children who must be placed in out-of-state facilities or out-of-home care and to return children from existing out-of-state placement, initially targeting older youth who have been adjudicated delinquent. The Service Delivery and Development Workgroup is a collaboration of private and public systems. This group provides technical assistance and clinical knowledge essential for making recommendations for services, new initiatives, and enhancement to existing practices.

Safe at Home West Virginia (Wraparound)

In 2019, Safe at Home West Virginia yielded successful outcomes indicating a significant percentage of youth remained in their homes and were diverted from entering out-of-home care. Through the federal waiver, there has been an increase in the number of youth served by Safe at Home West Virginia over the past four years. In anticipation of the federal waiver expiration, which occurred on October 1, 2019, a sub-group of the Service Delivery Development Workgroup updated the following:

- Wraparound 101 training
- Applied Wraparound training
- Procedures Manual
- All forms and documentation
- All resources and guides

These documents were provided to the Commissioner of DHHR's Bureau for Children and Families for review and implementation approval. Once approval is provided, Safe at Home West Virginia providers are prepared for immediate implementation of these items.

Transformational Collaborative Outcomes Management (TCOM)

Transformational Collaborative Outcomes Management (TCOM) directly informs service/intervention planning through the use of assessments including the Family Advocacy and Support Tool (FAST), the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA). TCOM tools assist with providing effective decision-making at every level of the system as it involves a shared understanding of the current needs and strengths of children, youth, and caregivers.

WV FAST will indicate the need for effective interventions with the entire family and be utilized by DHHR Youth Service Workers who are involved with the Youth Services Program. WV CANS is administered when a child is being placed out-of-home and utilized typically by service providers.

In 2019, the following was continued:

- Experts Training (training-the-trainers)
- Automated certification process
- Training for all DHHR Youth Service Workers on the use of the WV FAST and WV CANS to receive annual certification/recertification
- A TCOM model promoted for Youth Service staff that included a Family Assessment (WV FAST) and a case plan to identify the child as a "candidate" and specified services as required by FFPSA

DHHR has entered into a contract with Marshall University's Center of Excellence to continue to develop this system and provide training to DHHR staff and the provider community. The Center for Excellence will participate in the Service Delivery and Development Workgroup to connect the work on TCOM and WV CANS and gain input to influence their efforts.

Regional Clinical Review Teams, Out-of-State Review Teams, and Conference Calls

The Regional Clinical Review Process is a coordinated effort to provide a comprehensive and coordinated clinical review of designated youth. The process has several steps to assure that the review is objective, thorough, and includes a standardized assessment tool utilized in all reviews. The role of the review process is to identify what the youth's current treatment and permanency needs are and serve as a resource to the youth's individual Multidisciplinary Team (MDT).

The goal is to determine that the type and level of services match the treatment and permanency needs by evaluating that:

- The care being provided meets the youth's assessed need.
- The facility where the youth is placed has the program in place to meet the youth's need.
- The youth and family/legal guardian are involved in the treatment and their input is being considered in the treatment and discharge planning process.
- Discharge planning is occurring from the time of admission throughout the youth's treatment.
- The identified discharge plan is detailed and specific and addresses continued treatment and permanency needs.

Each DHHR region has a team consisting of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health Wraparound (WRAP), community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. This team participates in Regional Clinical Review Teams, Out-of-State Review Teams, and conference calls.

Regional Clinical Coordinators (RCC) assist and coordinate the activities of the Clinical Review Team process by establishing working relationships with community partners and ensuring that the clinical review process is completed as outlined in the established protocols and timeframes. The RCCs also provide resource awareness and system navigation to families, probation staff, therapists, social workers, and other service providers responsible for developing individualized, person-centered treatment plans. RCC services are available to children and families regardless of the child's custodial status.

In 2018-19, there were 2 children reviewed by Regional Clinical Review Teams, 168 reviewed by Out-of-State Review Teams, and 34 reviewed via conference calls.

STAFFING, FACILITATION AND OVERSIGHT OF MULTIDISCIPLINARY TREATMENT PLANNING TEAMS

Provider Input at MDT and Court Hearings

The Court Improvement Plan's (CIP) MDT project in late 2018 and early 2019 included internal discussion and information gathering that progressed to include speaking with all BCF Community Services Managers (CSMs) around the state. This occurred in the late spring/summer of 2019 and provided feedback on what is working well and areas to be improved. This project has now expanded to include information gathering from other stakeholders in the MDT process including probation officers, educators, lawyers, judges, and service providers. This project is still in the initial information gathering stage and will advance in the future to include MDT and court observation.

Educational Input at MDT Team Meetings

On May 2, 2018, a Memorandum signed by Honorable Gary Johnson, Administrative Director, Supreme Court of Appeals of West Virginia, Steven Paine, West Virginia State Superintendent of Schools, and Bill J. Crouch, Cabinet Secretary, West Virginia Department of Health and Human Resources (DHHR) was sent to West Virginia County Superintendents of Schools and DHHR Community Services Managers.

The Memorandum recognized the legal mandates and the importance for educators at the MDT meetings and a commitment for the notification and participation of school officials at MDT meetings.

AVAILABILITY OF AND INVESTMENT IN COMMUNITY-BASED, LESS RESTRICTIVE AND LESS COSTLY ALTERNATIVES TO RESIDENTIAL PLACEMENTS

Bureau for Behavioral Health, Children's Wraparound

The Children's Mental Health Wraparound initiative of DHHR's Bureau for Behavioral Health (BBH) is modeled after the national children's wraparound model and philosophy. The purpose of Children's Mental Health Wraparound

is to prevent out-of-home placement of children with serious emotional disturbances and have them thrive at home with their families and in their schools and communities.

Currently, Children's Mental Health Wraparound services are provided in six counties (Cabell, Kanawha, Raleigh, Marion, Harrison, and Berkeley) by five agencies (Braley and Thompson/ResCare, National Youth Advocate Program, Necco, Prestera, and Fayette, Monroe, Raleigh, Summers). In State Fiscal Year 2019, the BBH Children's Mental Health Wraparound Program had 103 referrals. Of these, 77 were accepted into the Children's Wraparound Program. Of the 46 not accepted, 29 did not meet eligibility requirements, 12 were unable to be contacted after numerous attempts, 3 of the parents declined the voluntary services, and 2 were not accepted during a brief period of funding transition. Any referrals not accepted received recommendations and referrals for other services to help meet the family's needs.

The following are findings for Children's Mental Health Wraparound accepted cases:

- 50 or 64.9% are male;
- 41 or 53.25% are age 11 or younger;
- 12 or 15.58% have been adopted;
- 8 or 10.39% are in the care of a relative/guardian;
- 10 or 12.99 % of these accepted referrals were involved with DHHR's Child Protective Services;
- 26 or 33.77% of accepted referrals are children who have an intellectual/developmental disability (I/DD) diagnosis in addition to a serious emotional disturbance (SED) diagnosis and are not eligible for I/DD Waiver or have not applied for I/DD Waiver;
- 9 or 11.69% have a diagnosis of Autism; and
- 19 or 24.68% have a parent incarcerated or a parent with a history of incarceration.

The Children's Mental Health Wraparound successfully maintained 54 or 70.13% of accepted children/youth who were at risk of placement in their homes and communities by providing individualized, strength-based, trauma-focused, community-based planning, and intensive intervention that safely preserves family relationships and empowers children and families to help meet their own needs.

Family First Prevention Services Act (FFPSA)

In July 2019, the first seven services were approved by U.S. Department of Health and Human Services' Administration for Children and Families (ACF) for inclusion on the Title IV-E Prevention Services Clearinghouse were identified.

Shortly after the debut of the Title IV-E Clearinghouse, DHHR's Bureaus for Public Health and Behavioral Health joined forces to review public health records for all children who entered foster care in 2017. The purpose of this comprehensive review was to:

- Determine patterns related to age at time of removal;
- Explore services offered to children prior to removal;
- Understand family dynamics for children at-risk of removal;
- Identify family needs to prevent removal; and
- Assist the Bureau for Children and Families in selecting Family First Prevention Services.

This data review included approximately 12,000 children. The data was obtained through matching records to birth and death certificates, Medicaid claims, public health records, the controlled substance monitoring program and emergency medical services.

The analysis was utilized to choose four services from the Title IV-E Clearinghouse for inclusion in the State's first five-year prevention plan. Those services are:

Mental Health

- Functional Family Therapy

Substance Abuse

- Motivational Interviewing

In-Home Parent Skill-Based

- Healthy Families America
- Parents as Teachers

The first draft of ***West Virginia's Families Come First: A Five-Year Plan for Title IV-E Prevention Services 2019-2024*** was submitted to ACF on December 13, 2019. At the writing of this report, no feedback had been provided by ACF. It is anticipated, due to the experiences of all other states who've submitted prevention plans, that there will be a vigorous question and answer period between ACF and West Virginia.

On September 27, 2019, West Virginia submitted a Title IV-E State Plan amendment to reflect compliance with the Family First Prevention Services Act changes related to non-family foster care settings, among other provisions. Significant changes were made to legislative licensure rules, court rules, and Departmental policies in order to continue federal funding of West Virginia's children's residential group care program. Approval for this state plan amendment was provided by ACF on January 6, 2020, via letter from Jerry Milner, Associate Commissioner for the Children's Bureau.

Expanded School Mental Health Approach (ESMHA)

The Expanded School Mental Health Approach (ESMHA) is an integrated approach that builds on core services typically provided by schools. It is a three-tiered framework that includes the full continuum of mental health prevention, early intervention and treatment services. The four expected outcomes of this approach are reduced barriers to learning; improved academic performance; improved attendance; and improved school functioning/behavior. An additional 6 schools were added through a pilot program which now makes a total of 46 ESMH sites in 20 counties.

Trauma-Informed Elementary Schools (TIES)

Trauma-Informed Elementary Schools (TIES) is a program designed to bring trauma-informed services to early elementary school classes, pre-K through grade 1. TIES is nationally recognized and research driven. The TIES program is funded by the Claude Worthington Benedum Foundation and DHHR's Bureau for Behavioral Health for the 2019-20 school year.

The goal of TIES is to bring early intervention to children who exhibit symptoms of chronic stress or trauma in the classroom, symptoms that interfere with the child's ability to learn such as disruptive, defensive, or withdrawn behavior. Schools receive training, have a resource liaison available for consultation and parent education, and receive a therapeutic toolbox for the classroom.

For children in need of treatment, Crittenton Services, an organization that offers behavioral health treatment for children and families, can work collaboratively with the school and the child's family to build an integrated environment that helps the child develop self-regulation skills. Crittenton is currently partnering with elementary schools in Hancock and Ohio counties.

Children's Mobile Crisis Response

In 2019, Children's Mobile Crisis Response was serving children through four agencies within the following counties:

- United Summit Center served Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, and Taylor counties
- Appalachian Community Mental Health served Barbour, Randolph, Tucker, and Upshur counties
- Fayette, Monroe, Raleigh, Summers (FMRS) behavioral health agency served Raleigh County and the surrounding area
- Prestera Center served Cabell, Wayne and Boone counties

The program continues to link children and their families/caregivers to community services. It involves families in treatment and avoids unnecessary hospitalization or residential placement. In 2019, the Children's Mobile Crisis Response served 493 children/youth through these four agencies. Children's Mobile Crisis changed service provisions in 2019 from responding to calls through other means to calls being responded to in person. 380 crisis plans were completed.

The Mobile Crisis Program will continue through DHHR's Bureau for Behavioral Health.

WAYS IN WHICH UP-TO-DATE INFORMATION ABOUT IN-STATE PLACEMENT AVAILABILITY MAY BE MADE READILY ACCESSIBLE TO STATE AGENCY AND COURT PERSONNEL, INCLUDING AN INTERACTIVE SECURE WEB SITE

West Virginia Child Placement Network

The West Virginia Child Placement Network (WVCPN) was launched in 2005 as a centralized resource for identifying daily placement availability for children when they cannot remain in their own homes. In August 2006, the WVCPN was awarded the 2006 State Information Technology Award in the Government to Government category. In January 2008, the "Facility Detail" screen added the placement criteria for IQ range(s); accepted ages; mental; physical; and court-involved. In July 2010, the WVCPN "Daily Report" began featuring real-time data, export options, and the ability to refresh the data contained in the report to the current second. In February 2012, the provider type, "Transitional Living" was added. Currently, the WVCPN has 76 participating facilities. The WVCPN website address is http://www.wvdhhr.org/wvcpn/.

West Virginia Adult Behavioral Health Placement Network

The West Virginia Adult Behavioral Health Placement Network is a centralized resource for identifying daily availability of residential crisis, group home, and treatment services across West Virginia for adults with mental health and/or substance use issues. There are currently 76 licensed service agencies that provide regular updates about bed vacancies, with additional detail about accepted ages, gender, and type of behavioral health challenge. The website also provides updates on new facilities or expansions in services as available and is intended to be a source of information for those seeking available resources throughout West Virginia. To access the West Virginia Adult Behavioral Health Placement Network, visit http://www.wvdhhr.org/wvabhpn/.

STRATEGIES AND METHODS TO PROMOTE AND SUSTAIN COOPERATION AND COLLABORATION BETWEEN THE COURTS, STATE AND LOCAL AGENCIES, FAMILIES AND SERVICE PROVIDERS INCLUDING THE USE OF INTER-AGENCY MEMORANDA OF UNDERSTANDING, POOLED FUNDING ARRANGEMENTS AND SHARING OF INFORMATION AND STAFF RESOURCES

Implementation of Every Student Succeeds Act (ESSA): Focus on Foster Care Children

The Education of Children in Out-of-Home Care Advisory Committee (ESSA) continued its work on the following major objectives during 2019: (1) Implement the provisions of the federal Every Student Succeeds Act, called ESSA, which requires the West Virginia Department of Education to annually report on the educational status and achievement of children in foster care; (2) Identify promising and best practices with respect to the education of children in out-of-home care; (3) Increase educational participation in multi-disciplinary teams; (4) Monitor the educational programs of children placed out-of-state; and (5) Develop transition programs and services to assist out-of-home care students in returning to school, transitioning to work, or reunifying with their communities once they leave an institution of other out-of-home environment.

In the 2018-19 school year, the WV Department of Education's (WVDE) Office of Diversion and Transition Programs collected the following data:

- WVDE matched 6,082 and 6,289 school records, respectively, for students in out-of-home care which were reported to DHHR.
- Of these records, 3,023 students were assessment eligible (included in grade levels in which students participate in the standardized testing program) in 2017-18, and 2,741 students were assessment eligible in 2018-19.
- A total of 369 assessment records were not found for students in 2017-18, and 193 were not found in 2018-19.
- The total number of assessment records used in reporting the educational status and achievement information for children in out-of-home care for 2017-18 was 2,652, and for 2018-19 was 2,616.

During 2020, the Education of Children in Out-of-Home Care Advisory Committee will continue to work on: (1) Facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA); (2) Increasing educational participation in multi-disciplinary team meetings; (3) Reporting on the educational status and achievement of children in out-of-home care; (4) Improving and expanding transitional services; and (5) Identifying promising and best practices in the education of children in foster care.

West Virginia Adult Drug Court Program

The West Virginia Adult Drug Court (ADC) Program is a cooperative effort of the criminal justice, social service, substance use treatment, and law enforcement systems. ADCs are established in accordance with the West Virginia Drug Offender Accountability and Treatment Act (W. Va. Code §62-15-1, et seq.) and are designed and operated consistent with the National Association of Drug Court Professionals, key ingredients of the drug court model (known as the Ten Key Components (NADCP, 1997) which became the core framework not only for drug courts but for most types of problem-solving court programs. The West Virginia ADC is operated under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia. All ADCs use evidence-based treatment approaches and assessments and are to be evaluated annually.

Program components include intensive supervision; frequent, random, and observed drug testing; meetings

between participants and their probation officer; counseling sessions for participants; court appearances for participants; and community service.

The program seeks to achieve a reduction in recidivism and substance use among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment; mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which is supervised by a judicial officer.

For State Fiscal Year 2019, the average annual cost per drug court participant was $3,794 as compared to approximately $19,425 in a regional jail or $26,081 in a Division of Corrections and Rehabilitation prison. These costs include intensive supervision, treatment, case management, and drug testing. There were 909 participants served by the West Virginia ADC Program in State Fiscal Year 2019.

As of June 30, 2019, there were 28 operating ADC programs comprising 34 individual courts covering 46 counties.

West Virginia Juvenile Drug Court Program

The West Virginia Juvenile Drug Court (JDC) Program is a cooperative effort of the juvenile justice, social service, substance abuse treatment, law enforcement, and education systems.

JDCs are established in accordance with W. Va. Code §49-4-703 and are designed and operated consistent with the Juvenile Drug Treatment Court Guidelines, outlined by the Office of Juvenile Justice and Delinquency Prevention, and operate under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia.

JDCs are designed for high-risk juveniles with substance use issues who are at risk of further involvement in the legal system and/or out-of-home placement. The program is a non-adversarial, intensive, individualized court process that includes substance use and other types of needed treatment where parental involvement and cooperation is mandatory. All JDCs use evidence-based treatment approaches and assessments and are evaluated annually.

Program components include intensive supervision; frequent, random, and observed drug testing; meetings between juveniles and probation officer and parents and probation officer; counseling sessions for juveniles and for families; court appearances for juvenile and parents; and community service.

For State Fiscal Year 2019, the average cost per youth was $3,113. This cost includes intensive supervision and individualized treatment services and includes services to the family. This contrasts with the minimum $100,000 annually in a residential or correctional facility placement. There were 375 participants served by the JDC programs for State Fiscal Year 2019.

As of June 30, 2019, there were 117 operational JDC programs.

West Virginia Family Treatment Court Program

The West Virginia Family Treatment Court (FTC) Program is a cooperative effort of the circuit courts, Child Protective Services, substance use treatment, and others involved in the abuse and neglect system that began in the Fall of 2019.

FTCs are established in accordance with West Virginia Code §62-15B-1 and are designed and operated consistent with the Family Treatment Court Best Practice Standards, produced by Children and Family Futures and the National Association of Drug Court Professionals, and operate under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia.

Unlike the other treatment courts, FTCs do not necessarily work with those criminally charged, but rather with the parent(s) who has been adjudicated in the abuse and neglect court due to his/her substance use. The goals of FTC are to assist parents with accessing substance use and other treatment in a timelier manner, reunify and return children home at a potentially faster rate than traditional abuse and neglect court proceedings and ensure fewer children experience subsequent maltreatment and return to foster care.

Components of FTC include intensive supervision, frequent, random and observed drug testing, meetings between the participants and their case coordinator, individual and group counseling, court appearances, and supervised visits with their children until reunification.

THE ADVISABILITY OF INCLUDING NO-REFUSAL CLAUSES IN CONTRACTS WITH IN-STATE PROVIDERS FOR PLACEMENT OF CHILDREN WHOSE TREATMENT NEEDS MATCH THE LEVEL OF LICENSURE HELD BY THE PROVIDER

No-Refusal Clauses

In 2015, DHHR attempted to add "no-refusal" language in new contractual agreements. In 2015-16, litigation between DHHR and service providers who opposed these contractual changes resulted in a compromise to not include the "no-refusal" language at that time.

IDENTIFICATION OF IN-STATE SERVICE GAPS AND THE FEASIBILITY OF DEVELOPING SERVICES TO FILL THOSE GAPS, INCLUDING FUNDING

Transitioning Youth from Foster Care

In 2019, a sub-group of the Transitioning Youth from Foster Care was convened and comprised of providers and DHHR staff. The group focused on services, initiatives and innovative ways to serve this population. This group was developed by DHHR in preparation for Family First Prevention Services Act. This group met several times in 2019, and the work will continue in 2020. This sub-group will participate in the Service Delivery and Development Workgroup to connect the work and gain input to influence their efforts.

The Service Delivery and Development Workgroup will continue to engage and encourage other DHHR Bureaus to participate in Service Delivery and Development Workgroup and sub-groups.

Office of Drug Control Policy

In 2017, House Bill 2620 was signed into law creating the Office of Drug Control Policy (ODCP). Under the direction of DHHR Cabinet Secretary Bill J. Crouch, the ODCP leads development of all programs and services related to the prevention, treatment, and reduction of substance use disorder, in coordination with DHHR Bureaus and other state agencies. The goal of the ODCP is to maximize funds to fight substance and opioid use. The ODCP wishes to

expand neonatal centers (i.e., Lily's Place) to support mothers and babies born addicted to substances and opioids and develop treatment beds for substance use disorder through the Medicaid waiver.

West Virginia Service Array (Family Resource Networks, Community Collaboratives, and Child Welfare Oversight/Collaborative)

The Family Resource Networks (FRNs) are organizations that understand and are responsive to the needs and opportunities in West Virginia communities. Partnering with citizens and local organizations, the FRNs develop, coordinate, and administer innovative projects and provide needed resources. FRNs provide indirect services including managing, supervising, and coordinating a variety of programs and initiatives in their respective community. FRNs work with the Family Resource Centers where direct services are provided and assist the multi-county Community Collaborative Groups and Regional Summits to identify existing services and service gaps in the community.

Community Collaborative Groups identify needs of the children and families in their community. When a need is identified, the Community Collaborative will first seek to meet that need within their community and in partnership with community providers and service agencies. If a service or group of services is not available to meet the identified need, the Collaborative group is expected to forward the request to the Regional Summit to identify any resources in the area that lie outside the Community Collaborative Group's scope. If, after collaborating with the Regional Summit, a service is identified that cannot be met at the DHHR regional level, the Regional Summit will communicate that need to the chair of the DHHR's Child Welfare Oversight team.

WAYS TO PROMOTE AND PROTECT THE RIGHTS AND PARTICIPATION OF PARENTS, FOSTER PARENTS AND CHILDREN INVOLVED IN OUT-OF-HOME CARE

Support for Kinship Providers/Relatives

The Kinship Navigator Program became effective August 15, 2019. This program operates through Mission West Virginia and provides assistance to child welfare workers and kinship/relative families. The Kinship Navigator Program assists with monitoring kinship/relative placements to ensure their entry into Families and Children Tracking System, (FACTS) entry of monthly demand payments, and receipt of foster care subsidy upon certification approval. The Kinship Navigators provide assistance by linking families with necessary services and supports and ensuring needs are met. The program is intended to provide added resources for kinship/relative families and assist child welfare workers when kinship/relative families have extra needs that require time and assistance.

Below is a list of individuals who help with this process and their duties. Others who may as assist include case workers, child advocates, guardians ad litem, or prosecuting attorneys.

Child Protective Services/Youth Services Caseworkers

- Placement of the child in the home
- Initial safety screen and homestudy request packet
- Clothing vouchers
- Consents for out-of-state travel, medical treatment/surgeries, and medications
- Setting up services for the child and discussion of identified concerns/issues regarding the child
- Monthly face-to-face visits with the child in their home
- Notification regarding multidisciplinary team (MDT) meetings and court hearings

- Notification regarding visitations with caregivers
- Ensuring payments and placements are entered timely to ensure financial supports

Homefinder (Department and/or Contracted)

- Home visits to complete the homestudy and maintain certification once obtained
- Assist with scheduling PRIDE training, trauma training, and fingerprinting
- Assist with understanding their role as a caretaker to the child
- Assist with necessary safety items such as fire extinguishers, smoke detectors, carbon monoxide detectors, fire ladders for two story homes, etc.
- Gather necessary documents as required through the homestudy process
- Point of contact when changes to the home occur during placement

Kinship Navigator

- Assist with completion of needs assessment
- Answers questions and directs to the appropriate agencies and individuals
- Links to community resources and services
- Communicates and collaborates with CPS caseworkers and homefinders to ensure necessary services and resources are being provided

WAYS TO CERTIFY OUT-OF-STATE PROVIDERS TO ENSURE THAT CHILDREN WHO MUST BE PLACED OUT-OF-STATE RECEIVE HIGH QUALITY SERVICES CONSISTENT WITH THIS STATE'S STANDARDS OF LICENSURE AND RULES OF OPERATION

West Virginia Interagency Consolidated Out-of-State Monitoring

The West Virginia Interagency Consolidated Out-of-State Monitoring process continues 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 DHHR and WVDE standards.

The following summary outlines the 2019 out-of-state monitoring visits. While violations are noted, each facility also had positive programming aspects and is working on weaknesses through corrective action plans:

- **New Hope Carolinas**, South Carolina – The review was completed in January 2019 and since that time has not had any requests for investigations. Educational weaknesses identified: IEPs are not always completed timely when students arrive from West Virginia and the school schedules do not consistently reflect the services stipulated in the IEP. However, the classrooms were bright, inviting and had productive and positive interactions with student engagement. Another minor issue is that leave forms from home visits were rarely completed by parents (or responsible person) so it was difficult to determine if the visit was successful. On a positive note, treatment planning meetings are scheduled when the guardian is available, and the youth receive substance use education on a 12-week rotation. The living units within the facility continue to appear dirty in some areas. However, there was definite improvement in the overall appearance of the units at the team's last visit in August 2019.

- **Hughes Center**, Danville, Virginia – The review was completed in April 2019. There were two requests for investigation in 2019. The school environment is strong. Teachers work collaboratively with the treatment team and use relevant data from the treatment teams to update IEPs and provide feedback to parents. Students can earn rewards and privileges based on their progress. There were zero restraints reported in the six months leading up to the review. Students were engaged in the classroom. One weakness identified in the school setting is that some students are in a classroom where a wide range of ages, grade levels, and ability are served. There were significant issues with the physical plant of the Hughes Center. Directions were given for immediate changes. A cleaning crew was at the facility within an hour. A timelimited corrective action plan was directed to address the issues. The reviewer returned to the Hughes Center in June 2019 to ensure all physical plant issues were corrected as directed. There were no issues identified at this visit.

- **Harbor Point**, Portsmouth, Virginia – A review was completed in May 2019. One request for investigation occurred in 2019. Overall, Harbor Point had a very positive review. The employee files had all necessary information and the background materials were 100% compliant. The youth were very satisfied with the placement and can contact family in a timely manner. The incident reports were well written and contacts to parents and guardians were completed timely. EPSDTs were completed within the required timelines. One noted improvement is to have parents/guardians and youth consistently sign treatment plans. One educational issue identified is the IEP and the students schedule do not always reflect the appropriate amount of time of special education. There were many positives in the area of education: student material is well organized; there are varied instructional strategies implemented; good student to teacher ratio; and students are actively engaged.

- **Liberty Point**, Staunton, Virginia – A review was completed in September 2019. Two requests for investigation were received in 2019. Educationally, students are treated with respect and report being satisfied with education and feel safe. Liberty Point staff members, including teachers, are trained every six months in verbal de-escalation and Handle with Care procedures. IEP stipulated service minutes and schedule are not always consistent. Treatment plans had a few deficiencies. The treatment plans are not being consistently signed or reviewed for progress nor updated as needed. However, 100% of the policy/procedures met criteria required for facilities providing services to West Virginia children. Some employee records lacked the appropriate training documentation. Liberty Point has strong programing strengths: they maintain detailed policies geared toward positive and pro-active staff interactions with residents. Supervision policies provide specificity to staff for supervision expectations in nearly every environment that could be anticipated for residents. Residents report a sense that staff is invested in their success and that there is always support available to them when needed.

- **Gulf Coast**, Ft. Walton, Florida – A review was completed December 2019 (reports pending). No major issues were reported during the review.

CONCLUSION

This report represents the commitment of the Commission toward meeting the standards tasked by the West Virginia Legislature. It is an in-depth look at the goals, progress and collaboration with various groups to move forward with positive change and development for West Virginia children and families. The Commission continues to prioritize the needs of West Virginia children and their families in decision making, which ultimately produces better outcomes for children, families, and the state.

APPENDIX A

Defining the Population of Focus

From the Commission's inception, defining and developing the most appropriate benchmarks have 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 report on West Virginia children in DHHR custody.

- The three state custody populations of focus:
    - Group Residential Care
    - Psychiatric Facility (long-term)
    - Psychiatric Hospital (short-term)

- All information and analysis on data extracted to be based on DHHR's Families and Children Tracking System (FACTS).

- Placement population definitions based on the Commission's established performance outcomes metrics.

- The goal is to have these children served closer to their home communities.

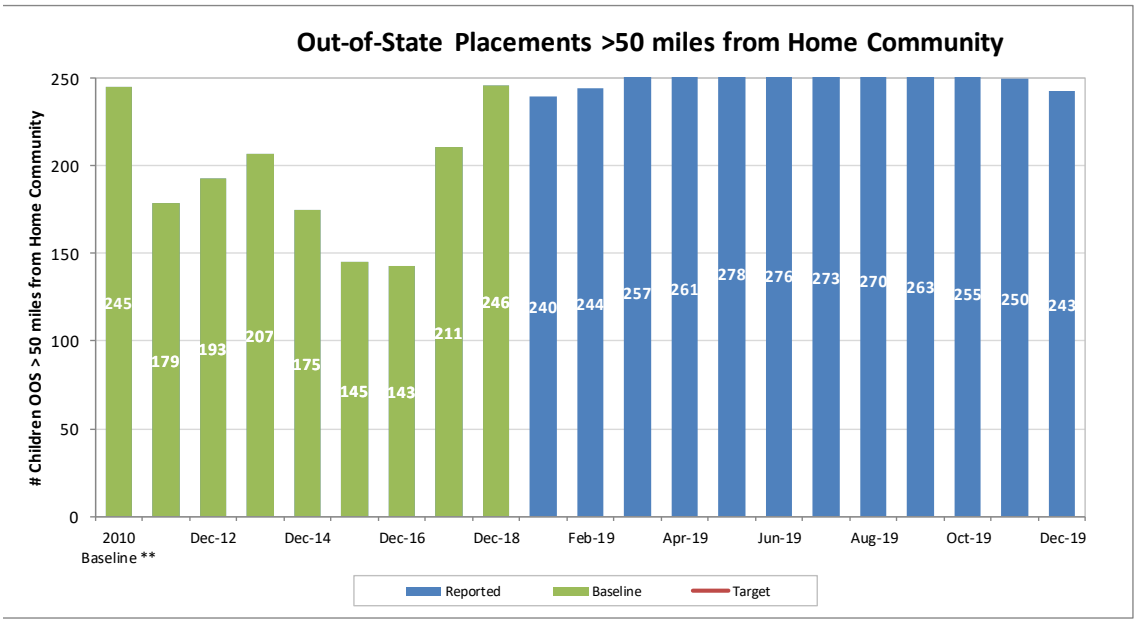
Data is extracted each month based on updated information in FACTS to provide a point-in-time analysis referred to as the Performance Scorecard (the final Scorecard for 2019 is found on the next page). Though the population of young people being monitored by the Commission is necessarily limited, the ongoing work of the Commission 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.

West Virginia Commission to Study Residential Placement of Children

Performance Scorecard

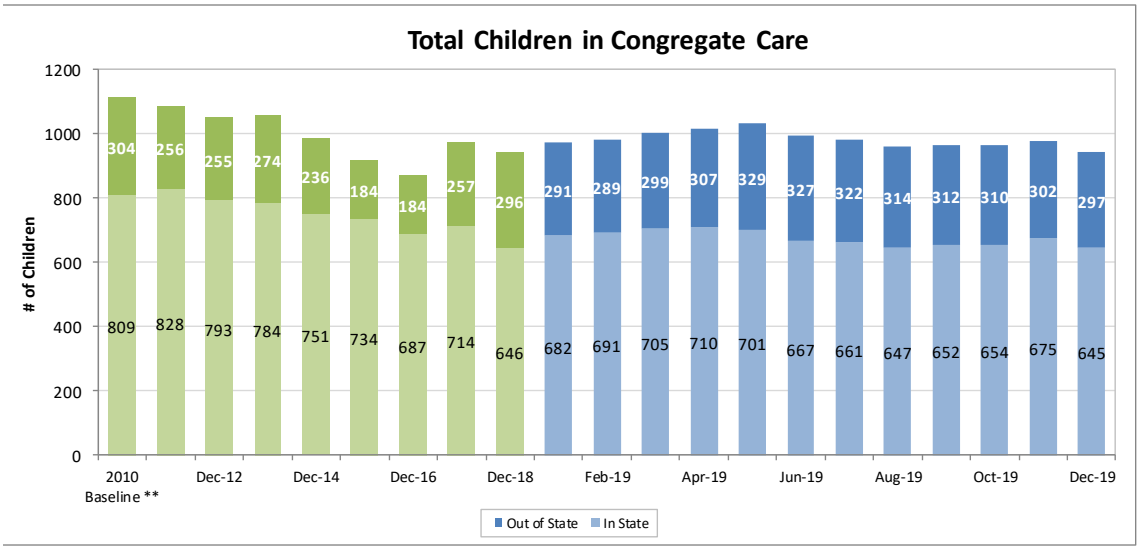
December 2019

Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
In State	**571**	**57**	**17**	**645**	70%
< 50 miles from Home Community A	201	20	7	**228**	25%
> 50 miles from Home Community C	370	37	10	**417**	45%
Out of State	**209**	**69**	**1**	**279**	30%
< 50 miles from Home Community B	34	2	0	**36**	4%
> 50 miles from Home Community D	175	67	1	**243**	26%
Total	**780**	**126**	**18**	**924**	100%



* The improvement target for 2017 is to have less than 129 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



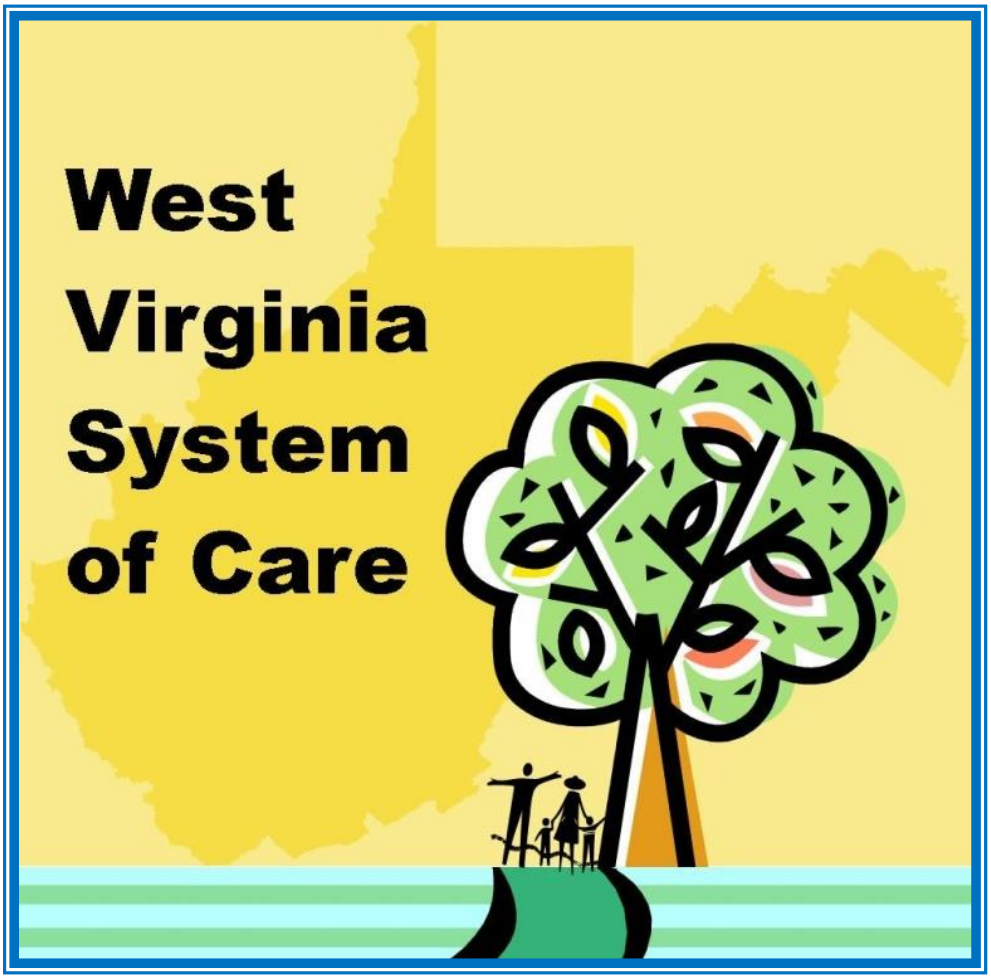
** Baseline is the average of October, November and December of 2010

APPENDIX B

SYSTEM OF CARE AND REGIONAL REPORTS

Out-of-State Youth Statistics

July 2018-June 2019



West Virginia System of Care is a public/private/consumer partnership dedicated to building the foundation for an effective community-based continuum of care that empowers children at risk of out-of-home care and their families.

Out-of-State Youth Statistics

July 2018-June 2019

This report covers youth in State custody who are out-of-state in group residential facilities, psychiatric residential treatment facilities, and specialized foster care.

Youth Out-of-State

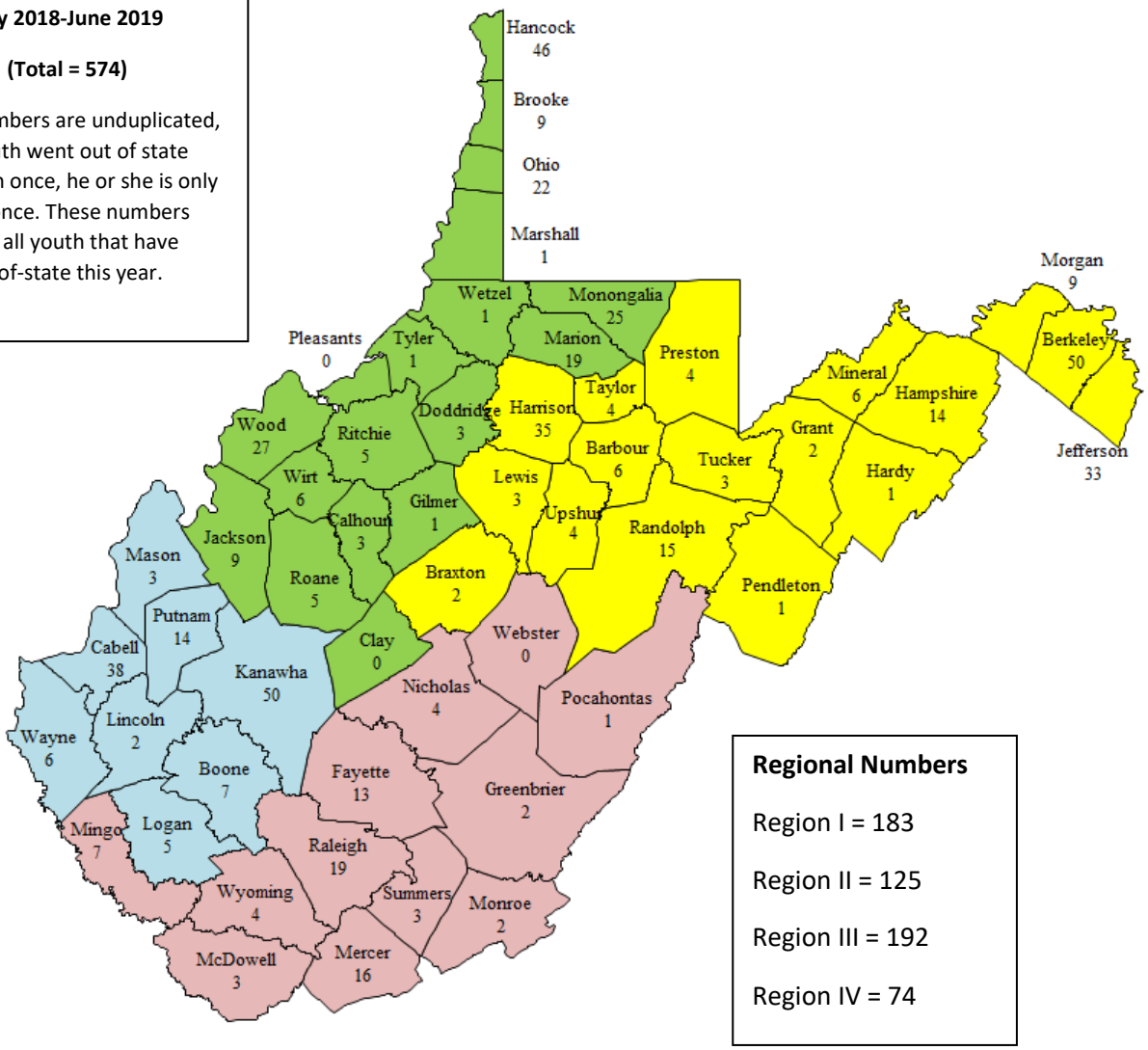
Out-of-State Youth

All Regions

July 2018-June 2019

(Total = 574)

These numbers are unduplicated, so if a youth went out of state more than once, he or she is only counted once. These numbers represent all youth that have been out-of-state this year.



Regional Numbers

Region I = 183

Region II = 125

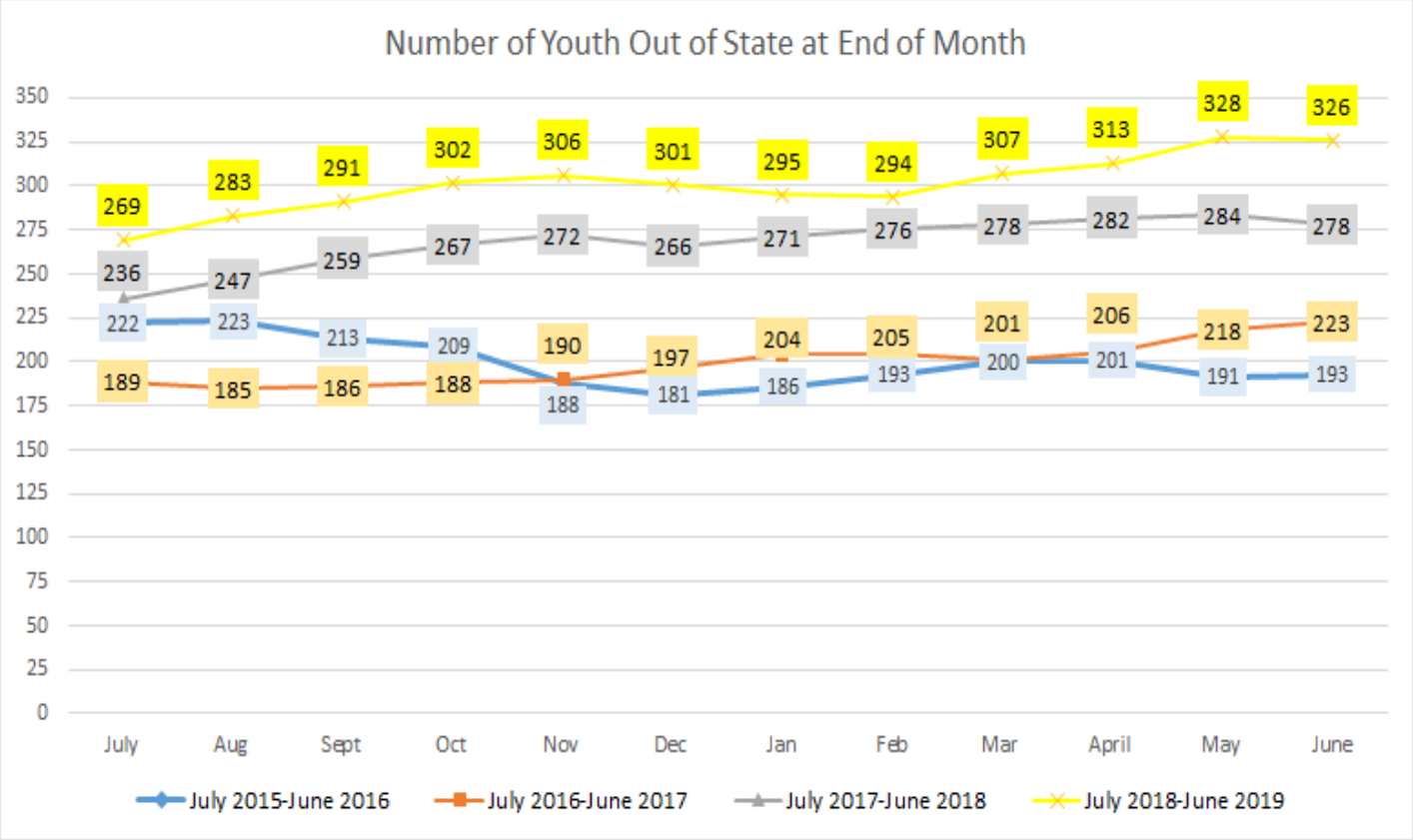
Region III = 192

Region IV = 74

Annual Numbers

	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014
State Total	574	501	415	425	477	492

- 2018-2019 = 301
- 2017-2018 = 268
- 2016-2017 = 199
- 2015-2016 = 204
- 2014-2015 = 270
- 2013-2014 = 292



Youth Out-of-State Demographics July 2018-June 2019

Gender	Males = 428 (75%) Females = 146 (25%)
Age at placement out-of-state	10 years old or younger = 19 (3%) 11-14 years old = 122 (21%) 15-17 years old = 270 (47%) 18 years old or older = 163 (28%)
Information below is from 472 youth	
State Wards	63 (13%)
Adopted Youth	64 (14%)
Intellectual/Developmental Disabilities (I/DD)	Mild or Moderate I/DD = 82 (17%) Autism (low and high functioning) = 21 (4%) Borderline Intellectual Functioning = 29 (6%) Total = 132 youth (30%)
Sex Offenders	Without an Intellectual/Developmental Disability = 32 (7%) With an Intellectual/Developmental Disability = 11 (2%)
Sexual Behaviors	127 (27%)
Adjudicated Delinquents	211 (45%) Charges only = 43 (9%)
Adjudicated Status Offenders	107 (23%) Charges only = 13 (3%)
Substance Abuse	115 (24%)

Review of Youth

Each region has one team. This team participates in conference calls, Regional Clinical Review Teams, Out-of-State Review Teams and conference calls. These teams consist of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health WRAP, community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally.

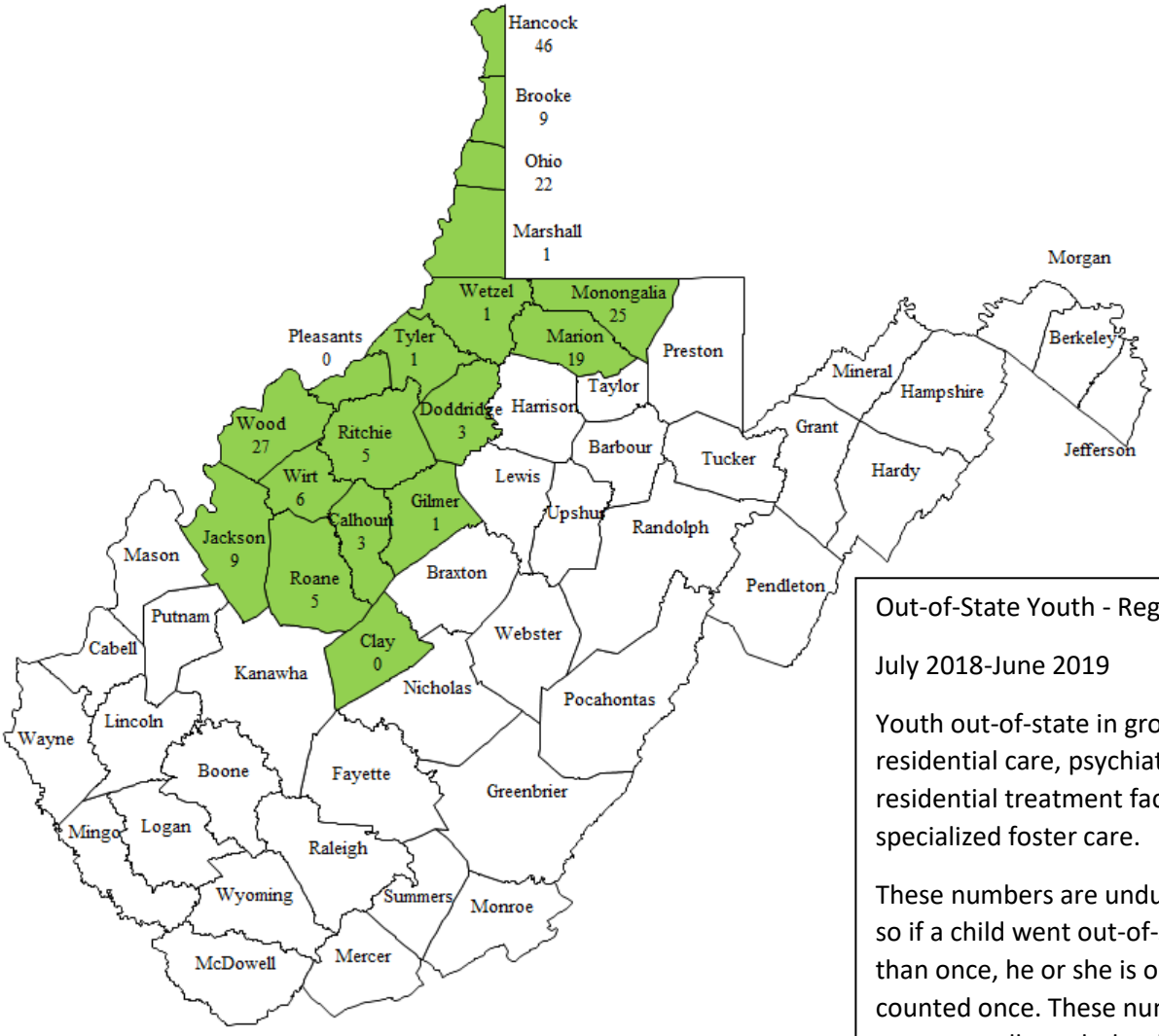
Youth Reviewed in 2018-2019

Area of Review	Regional Clinical Review Teams	Out-of-State Review Teams	Conference Call
Region I	0	34	1
Region II	2	55	30
Region III	0	67	2
Region IV	0	33	14
State Total	**2**	**189**	**47**

Regional Reports

Region I

July 2018-June 2019



Out-of-State Youth - Region I

July 2018-June 2019

Youth out-of-state in group residential care, psychiatric residential treatment facilities, and specialized foster care.

These numbers are unduplicated, so if a child went out-of-state more than once, he or she is only counted once. These numbers represent all youth that have been out-of-state this year.

2018-2019 = 183
2017-2018 = 148
2016-2017 = 107
2015-2016 = 104

Youth Out-of-State Demographics July 2018-June 2019

Gender	Males = 131 (72%) Females = 52 (28%)
Age at placement out-of-state	10 years old or younger = 5 (3%) 11-14 years old = 40 (22%) 15-17 years old = 81 (44%) 18 years old or older = 57 (31%)
Information below is from 182 youth	
State Wards	17 (9%)
Adopted Youth	13 (7%)
Intellectual/Developmental Disabilities (I/DD)	Mild or Moderate I/DD = 22 (12%) Autism (low and high functioning) = 4 (2%) Borderline Intellectual Functioning = 16 (9%) Total = 42 youth (23%)
Sex Offenders	Without an Intellectual/Developmental Disability = 10 (5%) With an Intellectual/Developmental Disability = 5 (3%)
Sexual Behaviors	48 (26%)
Adjudicated Delinquents	72 (40%) Charges only = 31 (17%)
Adjudicated Status Offenders	33 (18%) Charges only = 3 (2%)
Substance Abuse	46 (25%)

Review of Youth

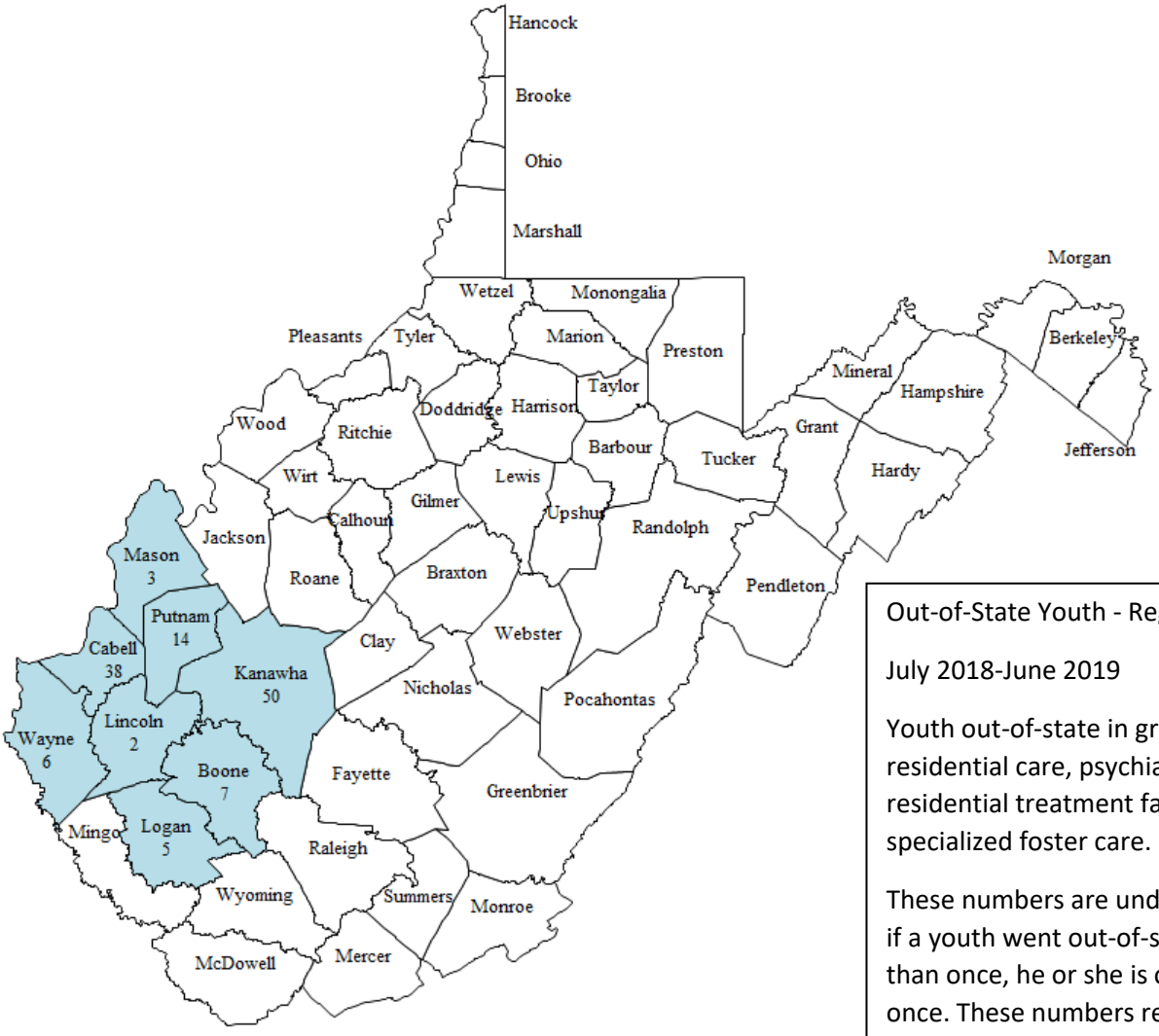
Each region has one team. This team participates in conference calls, Regional Clinical Review Teams, Out-of-State Review Teams and conference calls. These teams consist of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health WRAP, community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally.

Youth Reviewed in 2018-2019

Area of Review	Regional Clinical Review Teams	Out-of-State Review Teams	Conference Call
Region I	**0**	**34**	**1**

Region II

July 2018-June 2019



Out-of-State Youth - Region II

July 2018-June 2019

Youth out-of-state in group residential care, psychiatric residential treatment facilities, and specialized foster care.

These numbers are unduplicated, so if a youth went out-of-state more than once, he or she is only counted once. These numbers represent all the youth that have been out-of-state this year.

2018-2019 = 125 youth
2017-2018 = 99 youth
2016-2017 = 68 youth
2015-2016 = 65 youth

Youth Out-of-State Demographics July 2018-June 2019

Gender	Males = 72 (73%) Females = 27 (27%)
Age at placement out-of-state	10 years old or younger = 6 (6%) 11-14 years old = 36 (36%) 15-17 years old = 56 (57%) 18 years old or older = 1 (1%)
Information below is from 101 youth	
State Wards	12 (12%)
Adopted Youth	13 (13%)
Intellectual/Developmental Disabilities (I/DD)	Mild or Moderate I/DD = 31 (31%) Autism (low and high functioning) = 6 (6%) Borderline Intellectual Functioning = 6 (6%) Total = 43 youth (51%)
Sex Offenders	Without an Intellectual/Developmental Disability = 3 (3%) With an Intellectual/Developmental Disability = 4 (4%)
Sexual Behaviors	26 (26%)
Adjudicated Delinquents	35 (35%) Charges only = 4 (4%)
Adjudicated Status Offenders	32 (32%) Charges only = 4 (4%)
Substance Abuse	20 (20%)

Review of Youth

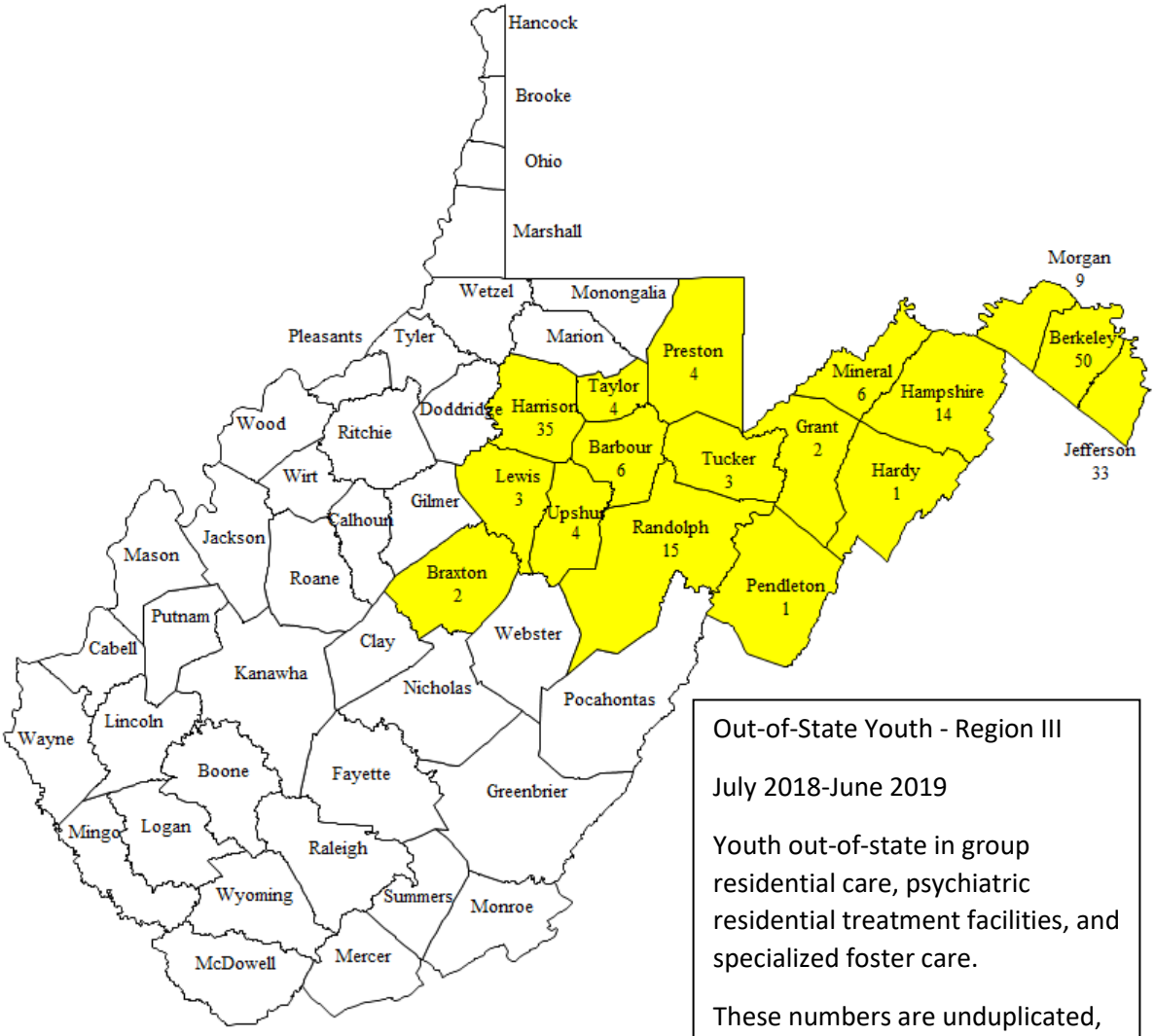
Each region has one team. This team participates in conference calls, Regional Clinical Review Teams, Out-of-State Review Teams and conference calls. These teams consist of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health WRAP, community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally.

Youth Reviewed in 2018-2019

Area of Review	Regional Clinical Review Teams	Out-of-State Review Teams	Conference Call
Region II	**2**	**55**	**30**

Region III

July 2018-June 2019



Out-of-State Youth - Region III

July 2018-June 2019

Youth out-of-state in group residential care, psychiatric residential treatment facilities, and specialized foster care.

These numbers are unduplicated, so if a youth went out-of-state more than once, he or she is only counted once. These numbers represent all the youth that have been out-of-state this year.

2018-2019 = 192 youth
2017-2018 = 181 youth
2016-2017 = 177 youth
2015-2016 = 175 youth

Youth Out-of-State Demographics July 2018-June 2019

Gender	Males = 154 (80%) Females = 38 (20%)
Age at placement out-of-state	10 years old or younger = 4 (2%) 11-14 years old = 38 (20%) 15-17 years old = 93 (48%) 18 years old or older = 57 (30%)
Information below is from 133 youth	
State Wards	20 (15%)
Adopted Youth	24 (18%)
Intellectual/Developmental Disabilities (I/DD)	Mild or Moderate I/DD = 18 (14%) Autism (low and high functioning) = 6 (5%) Borderline Intellectual Functioning = 6 (5%) Total = 30 youth (23%)
Sex Offenders	Without an Intellectual/Developmental Disability = 14 (11%) With an Intellectual/Developmental Disability = 2 (2%)
Sexual Behaviors	30 (23%)
Adjudicated Delinquents	82 (62%) Charges only = 6 (5%)
Adjudicated Status Offenders	24 (18%) Charges only = 5 (4%)
Substance Abuse	36 (27%)

Review of Youth

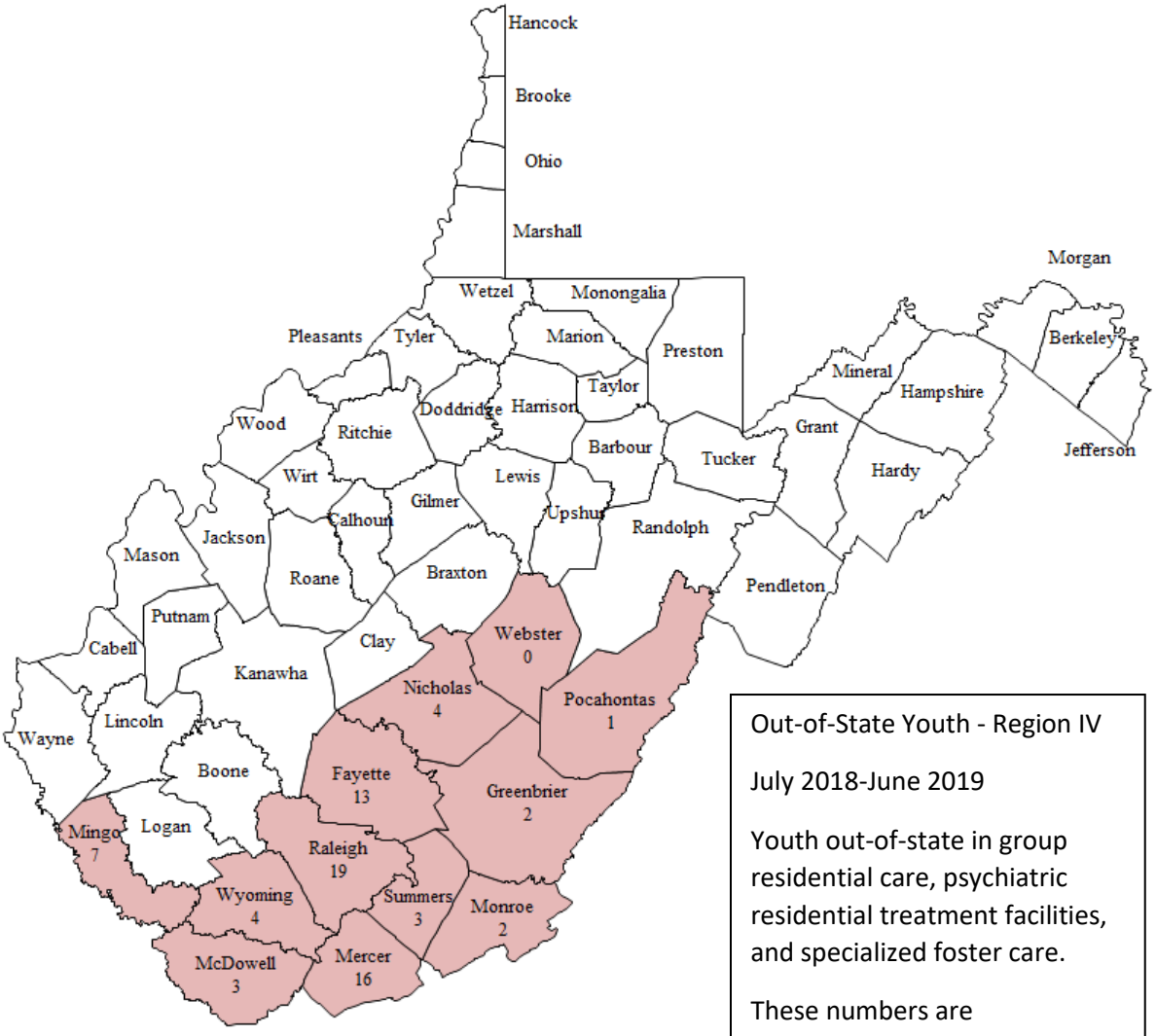
Each region has one team. This team participates in conference calls, Regional Clinical Review Teams, Out-of-State Review Teams and conference calls. These teams consist of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health WRAP, community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally.

Youth Reviewed in 2018-2019

Area of Review	Regional Clinical Review Teams	Out-of-State Review Teams	Conference Call
Region III	**0**	**67**	**2**

Region IV

July 2018-June 2019



Out-of-State Youth - Region IV

July 2018-June 2019

Youth out-of-state in group residential care, psychiatric residential treatment facilities, and specialized foster care.

These numbers are unduplicated, so if a youth went out-of-state more than once, he or she is only counted once. These numbers represent all the youth that have been out-of-state this year.

2018-2019=74 youth
2017-2018=73 youth
2016-2017=63 youth
2015-2016=81 youth

Youth Out-of-State Demographics July 2018-June 2019

Gender	Males = 53 (72%) Females = 21 (28%)
Age at placement out-of-state	10 years old or younger = 2 (3%) 11-14 years old = 15 (20%) 15-17 years old = 38 (51%) 18 years old or older = 19 (26%)
Information below is from 56 youth	
State Wards	14 (25%)
Adopted Youth	14 (25%)
Intellectual/Developmental Disabilities (I/DD)	Mild or Moderate I/DD = 11 (20%) Autism (low and high functioning) = 5 (9%) Borderline Intellectual Functioning = 1 (2%) Total = 17 youth (30%)
Sex Offenders	Without an Intellectual/Developmental Disability = 5 (9%) With an Intellectual/Developmental Disability = 0 (0%)
Sexual Behaviors	23 (41%)
Adjudicated Delinquents	22 (39%) Charges only = 2 (4%)
Adjudicated Status Offenders	14 (25%) Charges only = 5 (9%)
Substance Abuse	13 (23%)

Review of Youth

Each region has one team. This team participates in conference calls, Regional Clinical Review Teams, Out-of-State Review Teams and conference calls. These teams consist of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health WRAP, community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally.

Youth Reviewed in 2018-2019

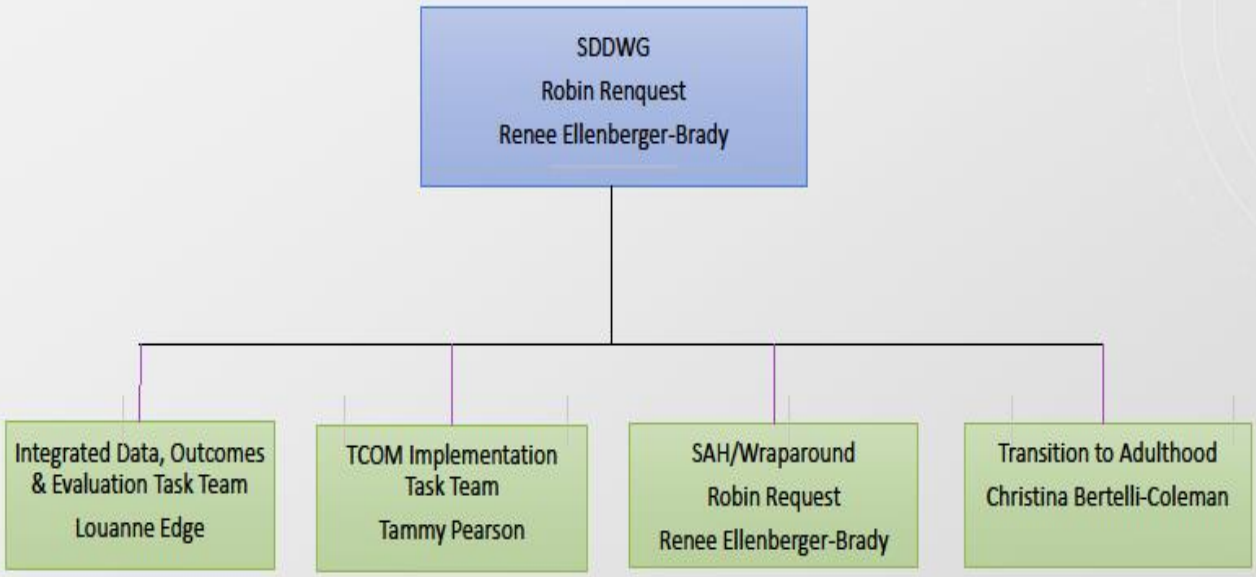
Area of Review	Regional Clinical Review Teams	Out-of-State Review Teams	Conference Call
Region IV	**0**	**33**	**14**

APPENDIX C

SERVICE DELIVERY AND DEVELOPMENT

2020

SERVICE DELIVERY & DEVELOPMENT WORK GROUP



1/30/2020

SERVICE DELIVERY & DEVELOPMENT WORK GROUP MEMBERS 2020

1. Robin Renquest- Co-Chair – Pressley Ridge
2. Renee Ellenberger Brady- Co-Chair – National Youth Advocate Program
3. Susan Fry- Stepping Stones, Inc.
4. Raymona Preston- Stepping Stones, Inc.
5. Karen Yost- Prestera
6. Lisa Zappia- Prestera
7. Linda Watts- WV DHHR BCF-Commissioner
8. Rhoda Hayes- Family Advocacy and Support Team(FAST)- Legal Aid WV
9. Beverly Petrelli- Wellspring-Critteton Services
10. Jennifer Beckett- WVDHHR BCF
11. Patty Lewis- National Youth Advocate Program
12. Tracy Boyle- Pressley Ridge
13. Amanda Ash- Pressley Ridge
14. Laura Barno- WVDHHR BCF
15. Beverly Heldreth- WV DHHR BCF-Region I RPM
16. Christa James- WV DHHR BCF- Region I CWC
17. Amy Lawson Hymes- WV DHHR- Deputy Commissioner
18. Charles Batch- Rescare
19. Mark Allen- Burlington United Methodist Family Services
20. Debi Gillespie- Bureau of Juvenile Services, DCR
21. Mindy Thornton- Necco
22. Tammy Pearson- Marshall University
23. Katrina Harmon- WVCCA Executive Director
24. Gary Keen- WVDHHR BCF
25. Amy Rickman- Necco
26. Lorie Bragg- WV DHHR BCF- Region IV CWC
27. Melody Plumley- Children's Home Society
28. Michelle Dean- WV DHHR BCF
29. Carla Harper- WV DHHR BCF
30. Andrea Blankenship- B&T/Rescare
31. Nikki Tennis- WV DHHR BBHHF
32. Becky Sanders- Elkins Mountain School
33. Jessica Kennedy- WV DHHR BCF- Region I CWC
34. Stephanie Plybon- Davis Stuart
35. Christina Bertelli- Coleman- WV DHHR BCF
36. Louann Edge-
37. Rachel Davisworth- WV DHHR BCF
38. Angie Hamilton- Pressley Ridge
39. Denise Hughes- Children's Home Society
40. Rebecca Jennings- WV DHHR BCF
41. Lisa McMullen- National Youth Advocate Program
42. Andrea Mitchell- WV DHHR BCF
43. Angie Sloan- WV DHHR BCF
44. Cari Stone- WV DHHR BCF
45. Jessica Karnazin- WV DHHR BCF
46. Angela Hairston- River Park
47. Melanie Mimix- WV DHHR BCF
48. Melinda Strader-Mason- WV DHHR BCF
49. Mary Thompson- WV DHHR BCF
50. Sheila Walker- Burlington United Methodist Family Services
51. Erin Keltner- KVC
52. B Heck- Children's Home Society

Service Delivery and Development Work Group Task Teams

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

1. Older Youth Transitioning to Adulthood Best Practice Task Team
2. Safe at Home and Wraparound
3. Integrated Data, Evaluation and Outcomes Task Team- Louann Edge
4. TCOM Implementation Task Team- Tammy Pearson

APPENDIX D

WV COURT IMPROVEMENT PROGRAM SELF-ASSESSMENT REPORT SUMMARY

OMB Control No: 0970-0307

Expiration Date: 09/30/2019

State Court Improvement Program 2019 Annual Self-Assessment Report

This self-assessment is intended as an opportunity for Court Improvement Programs (CIPs) to review progress on required CIP projects, joint program planning and improvement efforts with the child welfare agency, and ability to integrate CQI successfully into practice. Questions are designed to solicit candid responses that help CIPs apply CQI and identify support that may be helpful.

I. CQI Analyses of Required CIP Projects (Joint Project with Agency and Hearing Quality Project) *It is ok to cut and paste responses from last year, but please update according to where you currently are in the process.*

Joint Project with the Child Welfare Agency: **New View**

Provide a concise description of the joint project selected in your jurisdiction.
The Court Improvement Program, in conjunction with the West Virginia Department of Health and Human Resources (DHHR) - Bureau for Children and Families (BCF), developed New View in response to a significant need in West Virginia. Too many children linger in care or age out of care without reaching permanency. The project provides a review of BCF and Court files, as well as interviews with parties and collaterals. Through this process, intrinsic and extrinsic barriers to permanency and successful transition to adulthood are identified, documented, and solutions to ameliorate them are suggested so that youth ages 15 and older are moved toward permanency or prepared to exit state care.

Identify the specific safety, permanency, or well-being outcome this project is intended to address.
The Court Improvement Program and BCF will work jointly on the New View Project to improve permanency, safety, and well-being of children who are likely to linger in out-of-home care and/or age out of state care.

Approximate date that the project began:
New View began in 2013, was placed on hold September 30, 2017. Evaluation and creation of New View 2.0 was completed October 1, 2017 through February 28, 2019. The New View 2.0 pilot project began March 1, 2019 and is ongoing through September 30, 2019.

Which stage of the CQI process best describes the current status of project work?
Phase IV- Plan, Prepare, and Implement

How was the need for this project identified? (Phase I)
The need for New View 2.0 was derived from results and findings from the first iteration of the project. While helping every child reach permanency in a timely manner is the ultimate goal of the court and all child welfare professionals, the majority of children viewed during the first iteration of the New View project did not achieve permanency. Four major findings from New View 1.0 evaluation drove the program revision and formation of New View 2.0.

1. The most elusive result for the children was traditional permanency, such as reunification, adoption, minor guardianship, or kinship care. When applicable, another permanent planned living arrangement (APPLA) was not stringently pursued leaving youth vulnerable to aging out of care.
2. Many children did not have quality transition plans wherein the barriers to successful transition to independence were addressed. New Viewers did not find written case plans or transitional living plans for many of the children and in most cases, the plans they did find were not detailed or updated.
3. Confusion abounded about the process for youths aged 18 to 21 to enter agreements for services with BCF. Youth were not comfortable 'signing themselves back into custody,' and therefore emancipated with no services.
4. Follow up post New View reporting to the court was not done so it was difficult to know how many children reached and sustained permanency after review, or to know which of the Viewer's recommendations were successful.

What is the theory of change for the project? (Phase II) ***If you do not yet have a theory of change and/or would like assistance, please indicate such in the space below*****.**
The Court will provide New View review for youth identified by a predictive model as high risk for aging out of care
so that youth preferences and intrinsic and extrinsic barriers to permanency, meaningful connections, and successful transitions to adulthood are identified;
so that the New Viewer can make specific recommendations to address the identified barriers and issues to the Court and the multidisciplinary team (MDT);
so that court orders address identified barriers and service needs; and
so that children reach permanency or important transition to adulthood needs are addressed for those youth likely to age out of care.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III) Yes, New View 2.0. This is a more targeted approach that focuses on the predictive indicators that hinder timely permanency for youth ages 15 to 18. Specifically, New View 2.0 seeks to:

- Prepare the youth to re-enter their original environment (return to biological home) or focus on Another Planned Permanent Living Arrangement (APPLA) as a viable permanency solution should other permanency options not be viable.
- Reduce adverse outcomes for children through the transition plan and enable youth to advocate for themselves
- Reduce the confusion surrounding services available for youth over 18
- Follow up with the youth

Youth participants should achieve the following outcomes:

- Facilitate permanency prior to the 18th birthday if in child's best interest and possible. Increase in permanent connections for all youth participants.
- Increased social capital for all youth participants.
- Increased access to transition services for participants ages 17 and older.
- Increased awareness of transition needs for participants ages 15 to 16.

- Increase youth participants' active participation as stakeholders in their cases.
- Follow up with youth post review.

What has been done to implement the project? (Phase IV)

The New View workgroup revised the project to include evaluation and follow up, created a manual that outlines specific steps and program components, and developed a database application for collected data. Instead of launching the project statewide, one county was identified. Five children were selected from the predictive list and reviews began March 1, 2019.

What is being done or how do you intend to monitor the progress of the project? (Phase V). ***Be specific in terms of what type of evaluation (e.g., fidelity or outcome, comparison group, etc.) or data efforts you have in place or plan to have in place to assess your efforts. If you have already evaluated your effort, how did you use this data to modify or expand the project?***

To determine how well the pilot was implemented we measured:

- Validity of scales for each objective tracked. Based on the findings of the first iteration of the project, we recognized the need for validity in what we were measuring for evaluation as well as reliability of how we measure outcomes. Past evaluations were largely subjective and based on a multitude of independent Viewers. For this project we will test scales using interrater reliability. This was completed January 2019.
- Percent of activities completed within specified time frames. 70% of all steps were completed timely.
- Barriers encountered. We encountered a few barriers such as CIP staff turnover, and problems with evaluation development.
- Solutions deployed to remove barriers. The staffing issue was resolved and CBCC was able to help develop evaluation.
    - A project status report was provided to the CIP Oversight Board June 14, 2019.

To evaluate the pilot project

- View up to 10 children in the 5th West Virginia Judicial Circuit who, based on the existing predictive model, are likely to linger in care.
  Measures
    - Number of children attempted to review
    - Number of children reviewed

- Prepare comprehensive reports for all children and provide them to the court, counsel, and BCF.
  Measures
    - Number of children for whom comprehensive reports were filed
    - Number of individuals receiving copies of the report filed

- Collect and enter data into the application for reports, continuous quality improvement, and for fluid movement through the change management process.
  Measures
    - Number of complete records in database
    - Number of reports pulled from database
        - Audiences receiving the reports
        - Feedback on reports
    - Number of modifications to program processes and objectives resulting from change management process
    - Trends from data used to create new predictive model

- Provide reports on systemic issues discovered to the Court Improvement Board
  Measures
  - Board feedback
  - Number of CIP efforts initiated to ameliorate systemic issues uncovered

Pilot Project Update as of 5/29/19

Of the five children selected, one reached permanency before the review could begin, one aged out of care before review could begin, one ran away and returned, one is now in custody of the Bureau of Juvenile Services, and one is in an out of state facility.

This sparked conversation that may lead to altering our target population and development of a new predictive strategy. The New View workgroup is examining the data on the 710 children that have been eligible for the program since 2013 to determine new target factors and will review five additional cases during the pilot project and compare outcomes of the two groups.

What assistance or support would be helpful from the CBCC or Children's Bureau to help move the project forward? The New View philosophy and components remain unchanged. However, we would like to adjust the predictive model and look at some indicators we can positively impact to move the project forward, so that it is an efficient intervention and moves children to permanency timelier. Guidance on this would be helpful.

Hearing Quality Project: **Q2/ Improving Hearing Quality**

Provide a concise description of the joint project selected in your jurisdiction.

The Q2 project was developed to increase youth participation in court hearings. As per a caseworker and child abuse and neglect professional survey of 2017, youth are involved in hearings less than 25% of the time. The same is true for foster parent attendance.

The long-term goal of this goal was to increase participation of youth in hearings. The intermediate goal was to implement one or more alternative means for participation of youth in court hearings. The immediate goal was to educate judges and professionals that youth participation is paramount so there will be a stake in decreasing barriers to youth participation.

Approximate date that the project began: 2017

Which stage of the CQI process best describes the current status of project work?

Phase V: Evaluate and Apply Findings

How was the need for this project identified? (Phase I)

In conjunction with our agency partner, a survey on hearing attendance was conducted in spring 2017. The CIP extended the survey to participants in the annual Cross Training in July 2017. These surveys revealed that most often the youth and foster parents were not in attendance at hearings. From there we initiated the Quantifying Quality (Q2), project to delve deeper and determine what we could do to increase youth attendance. We determined that we would use our resources to focus on increasing youth attendance at substantive hearings. CIP and our agency partner conducted a follow up survey for caseworkers on barriers to youth participation in court hearings in February 2018. The top barriers cited were workload constraints, concern that the child may be re-traumatized, and distance from child placement. As we moved forward with the project, we discovered that foster parent presence was also minimal as per the chart below taken from the 2017 survey on hearing attendance.

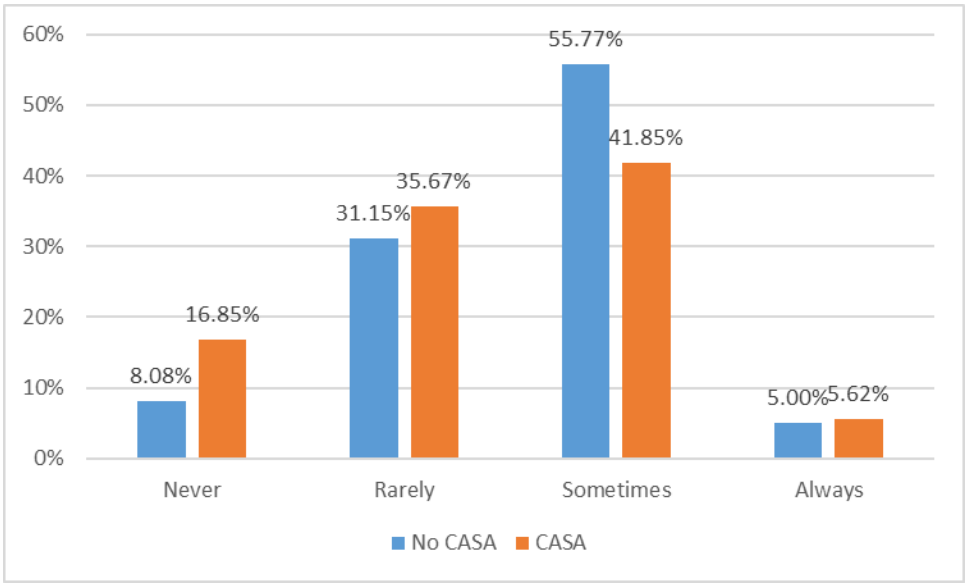


FIGURE 1 FOSTER PARENT ATTENDANCE

What is the theory of change for the project? (Phase II) ***If you do not yet have a theory of change and/or would like assistance, please indicate such in the space below.***
The Theory of Change for Q2 was: CIP and Agency will develop a project to decrease barriers to youth participation in court hearings and educate judges and workers of the value of youth participation,
so that alternative means of participation are implemented
so that the barriers of distance to court hearings are ameliorated.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III)
This phase proved problematic. The most cited barriers to youth attendance were distance between the child's placement and workload constraints of case workers. The small data workgroup considered technological solutions, but ultimately that is not a reliable fix for our state. West Virginia is 45 out of 50 with regards to internet access (https://broadbandnow.com/West-Virginia).

The small data workgroup then decided to develop an educational session on what indicators of quality hearings are, why they are important, and why youth and foster parent attendance is important. This session, titled "What About Us?" was presented at all three Cross Training Sessions in April 2019.

What has been done to implement the project? (Phase IV)
'What about us?' was presented at all three CIP Cross Training sessions in April 2019.

What is being done or how do you intend to monitor the progress of the project? (Phase V) ***Be specific in terms of what type of evaluation (e.g., fidelity or outcome, comparison group, etc.) or data efforts you have in place or plan to have in place to assess your efforts. If you have already evaluated your effort, how did you use this data to modify or expand the project?***
Surveys were given to "What About Us?" participants at each training session. These surveys revealed that people were either excited that someone was speaking about the topic or took it negatively. Below is the word cloud generated from 110 session surveys.

FIGURE 2 WORD CLOUD FOR WHAT ABOUT US?

While researching, compiling, and creating the "What about Us?" training session, ample anecdotal stories about MDTs abounded. Particularly concerns that quality MDTs are not held consistently. The MDT can be the most important tool for a quality hearing. MDTs should meet and address the child and family needs in order to properly inform the court on case progress. To that end, a need emerged to examine the MDT process in West Virginia and its impact on subsequent court proceedings.

The small data group is in Phase 1 of a project that will examine the use of the MDT as tool to improve hearing quality. The thought is that if MDTs are quality, then many of the elements that lead to quality hearings will be discussed beforehand and therefore be present in the subsequent hearing.

What assistance or support would be helpful from the CBCC or Children's Bureau to help move the project forward? We are currently working with CBCC on the MDT as a tool for quality hearings project.

II. Trainings, Projects, and Activities For questions 1-9, provide a ***concise*** description of work completed or underway to date in FY 2019 (October 2018-June 2019) in the below topical subcategories. ***Note- Training events held between July 1 and 10/1/18 are included in this report as they fell outside of the previous reporting period.***

For question 1, focus on significant training events or initiatives held or developed in FY 2019 and answer the corresponding questions.

1. Trainings

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Data	☒Yes ☐No	GALs, attorneys, Prosecuting attorneys, judicial staff Anyone who may use JANIS to create orders or judicial staff who enter information the CAN section of the JANIS database. New secretaries and law clerks.	JANIS Regional = 67 New Judge training = 10 JANIS targeted training= 23 JANIS field onsite training = 15	Judicial staff were trained via WebEx on how to enter data into CAN data within JANIS. Regional training sessions were held to explain how to use JANIS to write orders. Other demonstration trainings.	JANIS/CAN- how to enter clean, accurate, quality data into JANIS/CAN for purposes of measuring timeliness in child abuse and neglect procedure. Learn how to use the Juvenile Abuse and Neglect Information System (JANIS) to create petitions, orders, and motions that are compliant with Title IV-E.	☒S ☒L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Hearing quality	☒Yes ☐No	Circuit Court Judges and New Circuit Court Judges GALs, attorneys, Prosecuting attorneys, judicial staff All child welfare professionals	Judicial Conference = 99 What About Us? = ~110	Judicial Conference "What about Us?" Training session presented at three Cross Trainings	To inform the judges of law updates, judicial benchbook tools, timing of hearings, and findings needed at each stage of the case. For What about Us? Objectives were to educate on indicators of quality hearings, why they are important and why youth and foster parent attendance is vital.	☒S ☒L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Improving timeliness/ permanency	☒Yes ☐No	Multiple disciplines (attorneys, social workers, counselors, providers etc.)	~800	Annual Cross training 2018 and 2019	Explore treatment needs in addressing child abuse and neglect Explore specialized topics to improve practice Learn updates in the law Learn about FFPSA	☒S ☒L ☐B ☐O ☐N/A

Quality legal representation	☒Yes ☐No	1) Law Students 2) GALs and attorneys interested in becoming GALs 3) Attorneys	1) 8 Completed the Spring Law Course offered at WVU Law School 2) 212 attended the biennial GAL Conference in Jan. 2019 3) 17 attorneys	1) Law Course 2) Conference 3) Red Book Curriculum from the National Association of Counsel for Children	1) To train law students on the specific requirements of child abuse and juvenile cases, judicial benchbook tools, timing of hearings, and the responsibilities of attorneys in abuse and neglect cases 2) Prepare attorneys to be well prepared GALs 3) The material covered in the course is drawn from Child Welfare Law and Practice: Representing Children, Parents, and State Agencies in Abuse, Neglect, and Dependency Cases (3rd Edition	☒S ☐L ☐B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Engagement & participation of parties	☒Yes ☐No	Circuit Court Judges	99	Judicial Conference	Provide update on law and discussion on performance measures and upcoming changes due to FFPSA	☒S ☐L ☐B ☐O ☐N/A
Well-being	☒Yes ☐No	Multiple disciplines (attorneys, social workers, counselors, providers etc.)	Cross Training ~800 Reaching out = 102	Annual CIP Cross Training Conference 2018 & 2019 One day training on Trauma informed care, and Addiction as a Chronic Brain Disease	Explore treatment needs in addressing child abuse and neglect Explore specialized topics to improve practice	☒S ☐L ☐B ☐O ☐N/A
ICWA	☐Yes ☒No					☒S ☐L ☐B ☐O ☐N/A
Sex Trafficking	☒Yes ☐No	Multiple disciplines (attorneys, social workers, counselors, providers etc.)	~250	Training sessions at Annual CIP Conference *Child Sex Abuse (2018)* *Human Trafficking (2018)* *Child Victimization in W.Va.(2019)* *An Introduction to Human Trafficking: What you need to know.(2019)*	To raise awareness of this issue with each discipline and to provide information so that a professional could identify victims and treat them as such.	☒S ☐L ☐B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Other:	☐Yes ☒No					☒S ☒L ☐B ☐O ☐N/A

APPENDIX E

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

2019

The *Education of Children in Out-of-Home Care Advisory Committee* continued its work on the following major objectives during 2019: (1) Implement the provisions of the federal Every Student Succeeds Act, called ESSA, which requires the West Virginia Department of Education to annually report on the educational status and achievement of children in foster care;

(2) Identify promising and best practices with respect to the education of children in out-of-home care; (3) Increase educational participation in multi-disciplinary teams; (4) monitor the educational programs of children placed out-of-state; and (5) develop transition programs and services to assist out-of-home care students in returning to school, transitioning to work, or reunifying with their communities once they leave an institution of other out-of-home environment.

Report on the Educational Status and Achievement of Children in Out-of-Home Care

During 2018, a Data Use Agreement was established between the West Virginia Department of Health and Human Resources (WV DHHR) and the West Virginia Department of Education (WVDE) which enables WVDE to include children in foster care as a subgroup in the state's achievement testing program and to annually report their test scores and educational outcomes. The agreement also permits WVDE to report data on the measurement of school stability (number of schools attended during a school year) for children in foster care, an important factor in their educational success, as well as to report on other important educational parameters such as attendance, discipline, graduation rate, etc. During 2019, the Department of Education began to match and analyze the data for school years 2017-18 and 2018-19.

For school years 2017-18 and 2018-19, the Department of Education matched 6,082 and 6,289 school records, respectively, for students in out-of-home care which were reported to the Department by the Department of Health and Human Resources. Of these records, 3,023 students were assessment eligible (included in grade levels in which students participate in the standardized testing program) in 2017-18 and 2,741 students were assessment eligible in 2018-19. A total of 369 assessment records were not found for students in 2017-18 and 193 were not found in 2018-19. Therefore, the total number of assessment records used in reporting the educational status and achievement information for children in out-of-home care for 2017-18 was 2,652 and for 2018-19, 2,616.

The following are highlights from the status and assessment information. The Department is preparing a full report of the data, including charts and graphs, which, when completed, will be made available in a report to the Commission.

- 28.8% of students in foster care in 2017-18 and 25.3 % in 2018-19 were receiving special education services (the percentages of students with disabilities receiving special education in the state for those years were 17.4% and 17.1%, respectively)
- Student attendance for children in foster care exceeded the attendance for all students for both years (93% vs. 92% for both years);
  In English-language arts at the elementary school level, the percentage of students in foster care who met educational standards was significantly lower than their elementary school peers (ranging from 13% lower at the 3rd grade level in 2017-18 to 20% lower at the 5th grade level in 2018-19).
- The gap in meeting educational standards in the area of English-language arts between children in foster care and their school-aged peers widened through the middle school years (e.g., a gap of 24% at the 6th grade level in 2017-18 and 24% at the 8th grade level in 2018-19)
- At the high school level (11th grade), the widest gap in meeting standards in English-language arts between children in foster care and their school-age peers occurred in 2017-18. Only 19% of children in foster care during this school year at the 11th grade level met educational standards as compared to 51% of the student population. This 32% gap was closed to a 22% gap during the following school year.
- In mathematics, the trend of a widening achievement gap between children in foster care and their school-age peers from elementary school to high school was also evident with similar percentage gaps as reported in the area of English-language arts with the exception of 11th grade mathematics where only 8% of children in foster care met educational standards in 2018-19 as opposed to 52% of school-aged peers, a gap of 44%.
- A small percentage of children in foster care achieved at a very high level. For the data collected, 210 students in foster care earned the highest level of proficiency in mathematics and 182 earned the highest level of proficiency in English-language arts. Eighty-six (86) students in foster care earned the highest proficiency in both mathematics and English-language arts. These students were spread across county school districts.
- School stability, the number of times a student in foster care changes schools in a school year, was also measured from the school records for school years 2017-18 and 2018-19. For school years 2017-18, 3,042 children in foster (50.02%) had no school changes and remained in the same school throughout the school year. Similarly, in 2018-19, 3,342 (53.14%) children in foster care remained in the same school throughout the school year. This means that approximately half of the children in foster care had at least one or more school changes during the school year. In school year 2017-18, 1,858 children in foster care (30.55%) had one (1) school change; in 2018-19, 1,823 children in foster care (28.99%) had one (1) school change. The data show that children in foster care experiencing two (2) changes for these school years were 819 (13.47%) for 2017-18 and 720 (11.45%) for school year 2018-19. The data range from 1 to 7 school changes in a school year.
- In both English-language arts and mathematics, the percentage of students proficient (meeting standards) was negatively correlated with the number of school changes indicating that school stability is a major factor or strong indicator of educational success. In addition, the Department found that the number of school changes for children in foster care was positively correlated with the percentage of disciplinary incidents suggesting that behavior problems are related to school changes.

In summary, the data show that children in foster care, as a group, are making small gains in educational achievement but a large gap still exists between their levels of academic achievement and those of their school-age peers. Closing this educational achievement gap is the challenge facing the educational and child welfare communities. Moreover, maintaining school stability for these students is paramount. The disruptive effect of multiple school changes, as these data suggest, is a negative factor in school success and, consequently, in child welfare outcomes.

Identify Promising and Best Practices

One of the objectives of the Education of Children in Out-of-Home Care Advisory Committee is to identify promising and best practices in education for children in out-of-home care. During 2019, the Advisory Committee endorsed an evidenced-based academic mentoring program for children who show warning signs of disengagement with school and who are at risk of dropping out. The program, based in Clay County, is called the **Bridge** and is a program operated by Mission West Virginia, Inc. The Bridge serves students in Clay County schools, including children in foster care and uses a nationally validated program called Check & Connect, developed by the University of Minnesota. In Clay County, the results for the Bridge program in 2018-19 demonstrated a dramatic improvement in school behavior, academic performance, and promotion and graduation rates. The Advisory Committee plans to help disseminate information about the program and its effectiveness to other county school districts and stakeholders in 2020.

Increase Educational Participation in Multi-Disciplinary Teams (MDTs)

During 2019, the Advisory Committee continued to work with the Court Improvement Program (CIP), specifically in the area of increasing educational participation in Multi-Disciplinary Team (MDT) meetings. During 2018, a sub-committee of the Advisory Committee developed a joint agency memorandum from the State Superintendent of Schools, the Cabinet Secretary of WV DHHR and the Administrative Director of the Supreme Court of Appeals of WV which was sent to county superintendents of schools, WV DHHR community service managers, circuit court judges, school attendance directors, guardians ad litem, and other key stakeholders on the matter of the notification and participation of school officials at multi-disciplinary team meeting. The memorandum provided:

- Background information on the numbers, average length of stay and educational status of children in foster care;
- Information on the West Virginia statutes that mandate participation by school officials in MDT meetings;
- Information on the critical role that educators play in MDT meetings;
- The current status of inconsistent participation by school officials in MDT meetings across the state and its impact on the planning of services for children in foster care;
- Information on how coordination among agencies is required to meet the needs of children in foster care and how the new ESSA requirements for children in foster care establish a mechanism for coordination and planning at the local level; and
- A plea for school officials and DHHR personnel to jointly establish written procedures to ensure educational participation in MDT meetings.

During 2019, the Advisory Committee developed a survey to determine the extent to which county school districts have developed and implemented procedures to ensure compliance with state statutes mandating education participation in the MDT process. The survey also aims to identify best practices and problem areas and seeks recommendations from county school districts on how education can best participate in the MDT process. The survey will be administered in 2020.

Monitor the Educational Programs of Children Placed Out-of-State.

The West Virginia Department of Education (WVDE) and West Virginia Department of Health and Human Resources (WVDHHR) Memorandum of Understanding and Out-of-State Monitoring Guidelines set the parameters for the review of five facilities each year that serve West Virginia (WV) youth placed out-of-state through the court system for non-educational reasons.

WVDE has the responsibility for oversight of compliance issues related to educating WV students with disabilities and a general oversight of the provision of education for all West Virginia students court ordered to out-of-state

facilities. The facilities must follow WV policies and procedures as well as federal special education law. The West Virginia local education agencies (LEAs) are responsible for the cost of the educational component for students with disabilities court ordered to out-of-state placements. WVDE has historically shared a portion of this financial obligation with the LEAs and continues to pay a portion of the cost as well as take responsibility for managing the payment process, the monitoring of educational programming and providing assistance and training to facilities as needed.

The following summary outlines the 2019 out-of-state monitoring visits. While violations are noted, each facility also had positive programming aspects and is working on weaknesses through corrective action plans:

- New Hope Treatment Center – *Rock Hill, SC; Review completed January 2019*
  Issues were identified with teacher certification; A review of IEPs and school schedule revealed that the amount of minutes of special education services on students' IEPs did not match minutes being delivered within the school schedule; IEPs were not completed in a timely manner; documentation of IEP services was weak; transition services were not fully implemented; students age 14-21 were not consistently participating on the IEP team; parents were not consistently participating on IEP teams; issues were identified with the notification of parents regarding restraints during the school day.

- Hughes Center – *Danville, VA; Review completed April 2019*
  Education services were excellent. There were a few concerns with the amount of minutes of special education services on students' IEPs alignment with the school schedule; no CTE options were available leading to certification; one class had one student over the per period limit for special education. WVDHHR found significant issues with safety/cleanliness in the residential units. This concern was corrected within 24 hours; however, a follow-up will be scheduled to recheck conditions.

  Follow-up visit occurred in June 2019. DHHR appeared to be satisfied with the improvements made. A corrective action plan was requested for the few education findings identified.

- Harbor Point – *Portsmouth, VA; Review completed May 2019*
  Note: A representative from the WVDE/Office of Federal Programs went onsite upon the request of the facility and provided training in February 2019 due to issues with special education compliance, specifically with regard to facility submission of the required documentation in order to receive payments. At the time of the review in May there had been some improvement in this area.

  Issues identified during the review that warrant a corrective action plan include minutes of special education services on students' IEPs alignment with the schedule and necessary components of Policy 4373 not included in Harbor Point's Physical Hold and Seclusion Policy.

- Liberty Point – *Staunton, VA; Review completed September 2019*
  Issues were identified with teacher recruitment. During the review we identified an arrangement in which Liberty Point was using paraprofessionals as teachers. Upon further investigation with the Virginia Department of Education, it was determined this arrangement was within the acceptable parameters for certification in Virginia, contingent upon evidence of the facility's continued efforts to recruit certified teachers; a review of IEPs and school schedule revealed that the amount of minutes of special education services on students' IEPs did not match the school schedule; IEPs are not completed in a timely manner; issues were identified with notification of parents regarding restraints during the school day. A lapse in Occupational and Speech Therapy services was identified.

- Gulf Coast Treatment Center – *Ft. Walton, FL ; Review completed December 2019*
  Issues were identified regarding a lack appropriate transition services, including no career and technical education options; A review of IEPs and school schedule revealed that the amount of minutes of special education services on students' IEPs did not match the school schedule; issues were identified with parents being appropriately notified of students' progress toward mastery of IEP goals; issues were

identified with the notification of parents regarding restraints during the school day; the facility was not offering a full continuum of special education services to meet the needs of its students.

- Recommendations**:**
  WVDE Office of Diversion and Transition Programs (ODTP) Lead Transition Specialist, Rachel Stewart, should be notified by the facility of any WV student entering or exiting out of state facilities soon as the education staff becomes aware of the entry or exit. This will provide a smooth transition and ensure that students are enrolled in appropriate classes to work toward graduation both at the facility and upon return to WV.

Transition Specialist Activities

The West Virginia Department of Education, through the Office of Diversion and Transition Programs (ODTP), has 18 professionals working as transition specialists. These transition specialists assist students in out-of-home care in returning to school, transitioning to work, or reunifying with their communities once they leave an institution or other out-of-home environment. The activities these professionals dedicated their time to during the 2018-2019 fiscal year were as follows:

- Implemented the Transition Education Action Map (T.E.A.M.) plan for transition and counseling staff to better serve students. The T.E.A.M. plans allow ODTP staff to create student-focused individual PBIS plans that follow students through each transition phase, including their return to the public school system.
- Attended and participated in various professional development opportunities including Handle with Care, KidStrong, and the Student Success Summit.
- Facilitated community-based robotics initiatives such as the competition in Mercer County that included multiple participating counties. Last year, 22 teams from two counties (Kanawha and Mercer) participated in the robotics competition. This year, 32 teams from four counties (Mercer, Kanawha, Nicholas and Giles, VA) participated in the competition. Mercer County added six middle school teams. Additionally, a robotics program was started in Princeton Senior High School. The local transition specialist is assisting Pikeview and Mountview High Schools in McDowell County with their robotics program.
- Provided 12 robots to Nicholas County to implement an engagement initiative for at-risk youth in three high schools.
- Worked with Lewis County to secure funding to establish an after-school tutoring program for elementary students.
- Ensured that the WVDE ODTP student database accurately reflected all students served and gathered required documentation for Title I Federal Monitoring.
- Streamlined transition activities for students returning from out-of-state facilities and collected necessary information to capture maximum school credits for returning students.
- Improved overall follow-up services to students returning from out of state facilities.
- Improved overall communication and relationships with judges and court personnel and initiated collaboration for improved education planning with judges.
- Provided professional development at the fall judicial conference.
- Provided professional development to transition staff on Schoology, Adverse Childhood Experiences (ACEs), Dyslexia, ReClaim WV, and other relevant educational topics.

Goals for 2020

During 2020, the Education of Children in Out-of-Home Care Advisory Committee will continue to work on: (1) facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA); (2) increasing educational participation in multi-disciplinary team meetings; (3) reporting on the educational status and achievement of children in out-of-home care; (4) improving and expanding transitional services; and (5) identifying promising and best practices in the education of children in foster care.

EDUCATION OF CHILDREN IN OUT-OF-HOME CARE

ADVISORY COMMITTEE

January 15, 2020

West Virginia Department of Education
Jacob Green, Chair, Superintendent, Office of Diversion and Transition Programs
Mollie Wood, Assistant Director, Office of Diversion and Transition Programs
Rebecca Derenge, State Coordinator, McKinney-Vento "Homeless Education"
Rachel Stewart, Out-of-State Transition Specialist, Office of Diversion and Transition Programs
Sheila Paitsel, Assistant Director, Office of Federal Programs
Stephanie Hayes, Coordinator, School Counseling, Office of Special Education
Patricia Homberg, Director of Special Education (Retired)
Frank D. Andrews, Superintendent of Institutional Education Programs (Retired)

West Virginia Department of Health and Human Resources
Linda Watts, Commissioner, Bureau for Children and Families
Randall Kirk, Families and Children Tracking System
Christina M. Bertelli-Coleman, Program Manager II, Regulatory Management, Children and Adult Services
Jason (Jake) I. Dillon, Integrated Eligibility Systems Deputy Director
Carla J. Harper, Director of Children and Adult Services

Supreme Court of Appeals of West Virginia
Cindy Largent-Hill, Director, Juvenile Justice Commission
Stephanie Bond, Director, Division of Probation
Brenda Hoylman, Director, Division of Children and Juvenile Services

West Virginia Division of Juvenile Services
Denny Dodson, Central Office Administrator

Child Care/Service Provider Organizations
Robin R. Renquest, Senior Director, Pressley Ridge
Susan Fry, Executive Director, Stepping Stones, Inc.
Kelly Thompson, Executive Director, Mission WV
Michelle Vaughn, Director of Shelter Care Service, Children's Home Society of WV

County School Districts
Robin Lewis, Superintendent, Lewis County Schools
Eddie Ivy, Lead Attendance Director, Kanawha County Schools
Melissa Harper, Homeless Facilitator, Kanawha County Schools (proxy)

APPENDIX F

WEST VIRGINIA ADULT AND JUVENILE DRUG COURTS

West Virginia Juvenile Drug Court

FY 2019

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Julianne Wisman
Counsel

Alicia Fields
Quality Assurance Specialist
Data Analyst

- The West Virginia Juvenile Drug Court (JDC) Program is a cooperative effort of the juvenile justice, social service, substance abuse treatment, law enforcement and education systems.
- JDC's are established in accordance with §49-4-703 and are designed and operated consistent with the developmental and rehabilitative needs of the juveniles and operate under uniform protocol and procedures established by the WV Supreme Court of Appeals.
- The program seeks to divert non-violent, juvenile offenders engaging substance abuse from the traditional juvenile court process to a non-adversarial, intensive, individualized outpatient substance abuse treatment process which includes parental involvement and cooperation.
- The goal is to prevent and/or reduce future court involvement for the JDC involved juveniles. The objectives are to eliminate illegal substance use, improve educational outcomes, and enhance positive life choice decision making.
- All JDCs use evidence-based treatment approaches and assessments and are evaluated annually.
- Referrals to JDC can be made via complaint or petition by judicial officials, law enforcement, school personnel, probation officers, prosecutors, child protective services/youth services workers, and parents.
- The program is structured in four-phases. The minimum program length is twenty eight (28) weeks. Additionally, six (6) months of aftercare is offered to each graduate.
- There are five (5) entry levels into the JDC: pre-petition diversion; signed, but non-filed petition; filed petition (pre-adjudicatory); filed petition (post-adjudicatory); and as a condition of probation.
- Program components include: intensive supervision, frequent, random, and observed drug testing, meetings between juveniles and probation officer and parents and probation officer, counseling sessions for juveniles and for families, court appearances for juvenile and parents, and community service.
- As of June 30th, 2019, there were seventeen (17) JDC programs serving the following counties: Berkeley, Boone, Brooke, Cabell, Hancock, Harrison, Kanawha, Lincoln, Logan, Marion, McDowell, Mercer, Monongalia, Morgan, Ohio, Pleasants, Putnam, Raleigh, Randolph, Wayne, Wirt, and Wood Counties
- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of detention centers. Other cost savings for the State result from reduced out-of-home placement and decreased use of residential treatment centers.
- For FY 2019, **the average cost per youth was $3,113.** This cost includes intensive supervision and individualized treatment services and includes services to the family. This is in contrast to the approximately $110,000 annually in a residential or correctional facility.
- **There were 375 participants served by the JDC programs for fiscal year 2019.**
- National reports support the effectiveness of JDC's that adhere to best practices and evidence-based practices from the fields of adolescent treatment and delinquency prevention.

NADCP
National Association of Drug Court Professionals

West Virginia

ADULT DRUG COURTS

FY 2019

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Julianne Wisman
Counsel

Alicia Fields
Quality Assurance Specialist/ Data Analyst

- The West Virginia Adult Drug Court (ADC) Program is a cooperative effort of the criminal justice, social service, substance abuse treatment, and law enforcement systems.
- The ADCs are established in accordance with The West Virginia Drug Offender Accountability and Treatment Act (*West Virginia Code* § 62-15-1, *et seq.*) and are designed and operated consistent with the Ten Key Components of Drug Courts and operate under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia.
- All ADCs use evidence-based treatment approaches and assessments and are to be evaluated annually.
- Referrals to ADC can be made by judicial officials, law enforcement, probation officers, prosecutors, and defense counsel. The final acceptance of participants into ADC must be approved by the Prosecutor and the Drug Court Judge.
- The program is structured in three phases. The minimum program length is one (1) year. Drug Courts may include pre-adjudication or post-adjudication participation.
- Program components include: intensive supervision, frequent, random, and observed drug testing, meetings between participants and their probation officer, counseling sessions for participants, court appearances for participants, and community service.
- The program seeks to achieve a reduction in recidivism and substance abuse among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment; mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which is supervised by a judicial officer.
- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of jails or prisons. Other cost savings for the State result from decreased use of residential treatment centers.
- For FY 2019 **the average annual cost per drug court participant was $3,794** as compared to $19,425 in the Regional Jail or $26,081 in a Division of Corrections and Rehabilitation prison. These costs include intensive supervision, treatment, case management, and drug testing.
- As of June 30th, 2019, there were twenty eight (28) operating ADC programs comprising thirty four (34) individual courts covering forty-six (46) counties: Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming counties.
- National reports support the effectiveness of ADCs that adhere to best practices and evidence-based practices from the fields of substance abuse treatment and counseling.
- There were **909** total participants served in FY 2019.

NADCP
National Association of Drug Court Professionals