Advancing New Outcomes:
Findings, Recommendations, and Actions

WEST VIRGINIA
Department of
Health & Human Resources

Commission to Study Residential Placement of Children
February 2022

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 2021 annual summary report: *Advancing New Outcomes: Findings, Recommendations, and Actions of the West Virginia Commission to Study Residential Placement of Children.*

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 in their homes and communities. The Family First Prevention Services Act has made several strides over the last year by incorporating new services and by being able to spend federal child welfare dollars on these preventive efforts to keep families together.

We continue to battle the opioid epidemic in West Virginia as well as the COVID-19 pandemic; however, now that we have vaccines available to individuals ages 5 and older, we have improved our chances of working through this pandemic and moving past it sooner than many anticipated. Our residents and children in care need us more than ever to help them navigate through this difficult time, ensure families are spending time together safely and that children do not feel alone but empowered to take steps to protect themselves.

The Commission to Study Residential Placement of Children will continue to work diligently with our partners and stakeholders to overcome the challenges facing the families and children of our state.

Sincerely,

Bill J. Crouch
Cabinet Secretary

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Foundations of Change

The Critical Issue

The year 2021 continued to present multiple variants of the world-wide pandemic, the novel coronavirus disease (COVID-19). In December 2020, vaccines were approved for use in the United States and West Virginia led the nation in getting the highest-risk citizens vaccinated through the Operation Save Our Wisdom program. In September 2021, as protection began to wane from the vaccines, booster shots were made available to assist those in certain populations and in high-risk settings and eventually expanded to individuals ages 16 and up in December. At the end of December an oral antiviral treatment for COVID-19 became available in limited supply by prescription. By the end of 2021, more than 2.3 million vaccine doses were administered to more than 1.1 million individuals. Progress for eventually eradicating this virus is ongoing and the focus remains to get vaccinated.

Although West Virginia faces a difficult road, the state's resiliency, resources, knowledge, and leadership will help residents succeed through these trying times.

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 36th 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 2021

During 2021, 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 2021:

- 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

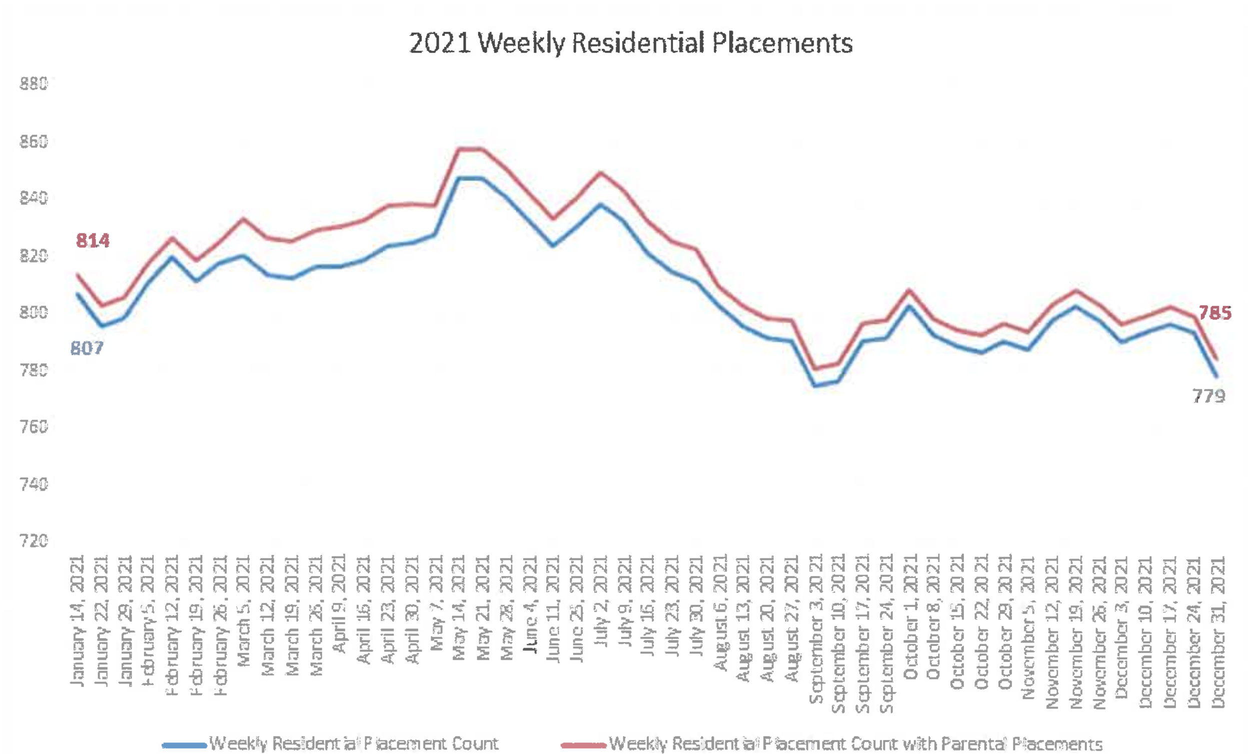
In addition to these goals, the 2021 quarterly meetings of the Commission to Study Residential Placement for Children continued to provide members and stakeholders information and updates while making decisions and/or recommendations that affected the residents of West Virginia. The Commission continues to focus on sharing ideas and providing members and stakeholders with the most up-to-date information to improve the health and well-being of those being served.

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

The U.S. Department of Justice agreement is a document that is geared toward the reform of the children's mental health system in West Virginia. The goal is to create the community-based services so children may be served in their communities and in family-like settings when being with their family is not possible. The goal is to change the current structure to help keep West Virginia's children in state vs. out of state.

Residential Mental Health Treatment Facility (RMHTF) weekly counts began in January 2021. This diagram shows the weekly trends over the year. The blue line counts the number of foster children placed in a RMHTF at the weekly point-in-time and the red line includes children placed in a RMHTF who are in the custody of their parents. These numbers include both in-state and out-of-state placements for both groups of children.



Pathways to Children's Mental Health Assessment (PATH) was launched on October 31, 2021, as a soft launch. During the soft launch, PATH received 24 applications. Of the 24 applications, 4 individuals did not want in-home services, but wanted referral information and/or therapy services. Six of the 24 applicants were not interested in CSED, Medicaid or had private insurance, The primary reason many did not proceed with the process was the individuals felt the income exceeded the limit so it wouldn't be beneficial to continue. There is a specific path to get to assistance if the child has a serious emotional disorder or serious emotional illness. The family is connected after a brief screening with the crisis and referral line to the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health (BBH) to the interim services and wraparound services while they apply to KEPRO for the CSED waiver. Another way is to apply is directly through KEPRO who can connect a family to BBH for interim services.

The Mobile Crisis Response pilot became a statewide program during 2021 and was connected with the Statewide Crisis and Referral line that launched in October 2020. The phone number for the Crisis and Referral line is 1-844-HELP4WV and the website is https://www.help4wv.com/. In the last year, the program served 833 through the mobile crisis response stabilization teams. The program received 347 calls, averaging 27 per month and found that 92% of the calls came in by chat or text.

Over the last year, most of the calls coming in were 57% female and 43% were male; 48% of calls came in from loved ones, 34% were from youth, 60% expressed there was an emotional health need, 26% indicated there was substance abuse issues and 9% were looking for peer emotional support.

The Reducing the Reliance on Residential (R3) workgroup has been developing residential diversion processes in partnership with the workgroup developing the assessment pathway for children. This includes work related to identifying the "qualified individual" who will be an integral part of the assessment process when service recommendations are made. Residential care should be recommended, by an individual skilled in this work, only when it is required for the behavioral health needs of the child.

The R3 workgroup has been engaged with residential providers, a subject matter expert, and a consultant from Casey Family Programs to develop a residential model of care that better fits the needs of West Virginia's children. The final piece is making sure placement, if it must happen, is short-term and focused on family engagement. Aftercare will be required to support the child's entry back into the community.

The CANS data system will be capturing data needed to understand barriers to children being served within the community and areas that contributes to longer lengths of stay in residential care. The R3 workgroup anticipates having the database completed and ready for use in the first quarter of 2022.

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

Safe at Home West Virginia

Safe at Home West Virginia is a wraparound program designed to help prevent residential placement and help youth return home from residential placement. Wraparound is typically a nine-month engagement that helps children and families achieve long-term success through creation of teams made up of both formal and natural community supports.

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 on 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.

Transformational Collaborative Outcomes Management (TCOM)

Transformational Collaborative Outcomes Management (TCOM) directly informs service/intervention planning using 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.

DHHR entered a contract in 2019 with Marshall University's Center of Excellence for Recovery to continue to fully develop the TCOM model, which includes use of the TCOM tools. Marshall University's Center of Excellence for Recovery is responsible for the management of the Transformational Collaborative Outcome Management (TCOM) model and tools in West Virginia.

Working closely with the Praed Foundation at the University of Kentucky, Center for Innovation in Population Health (IPH) and in partnership with the West Virginia Department of Health and Human Resources, service

providers and other stakeholders, the goal is to helping people achieve their health and wellness goals as they navigate healthcare, child welfare, justice, behavioral health, education, and other complex systems.

Regional Clinical Review Process

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 collaborative 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.

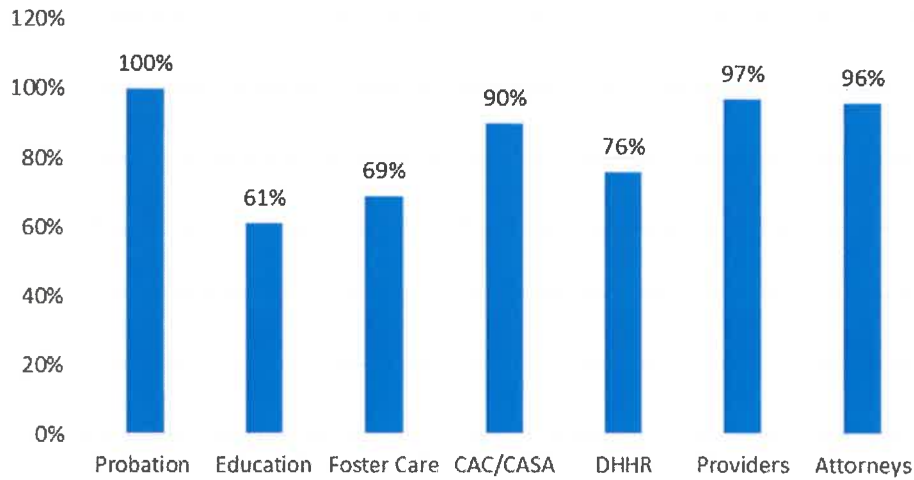
Regional Clinical Coordinators (RCCs) assist and coordinate the activities of the Clinical Review Team process by establishing working relationships with community partners and ensuring that the clinical review process is completed as outlined in the established protocols and timeframes. RCCs also provide 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.

STAFFING, FACILITATION, AND OVERSIGHT OF MULTIDISCIPLINARY TREATMENT PLANNING TEAMS

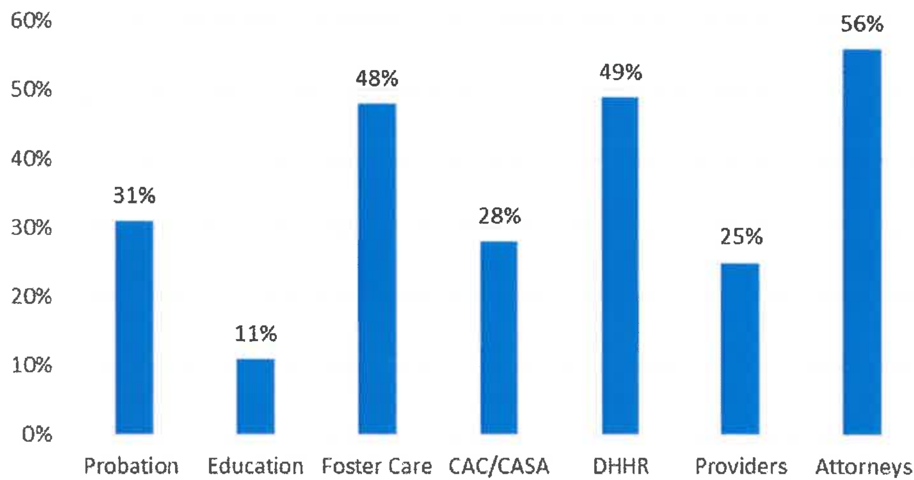
Provider Input in MDTs and at Court Hearings

Quality Hearing Project purpose is to determine if quality MDTs lead to quality hearings and in turn lead to reduced time in care for children in abuse and neglect cases. This project is being conducted by the Court Improvement Program under the auspices of the Division of Children and Juvenile Services within the Supreme Court of Appeals of West Virginia. This project, which began in 2019, includes gathering data through conversations with Bureau for Social Services regional managers and Community Services Managers around the state and also through surveys to DHHR field staff (205), attorneys (260), probation officers (80), residential providers (92), CAC/CASA staff (63), and foster care families (390).

Of the 1,144 surveys completed, about 81% (935) of participants reported attending a MDT in the previous year.



About 78% of survey participants were either CPS Workers or CPS Supervisors. When asked if they had ever had formal training, results varied widely among professions. Foster care parents were not asked about formal training; they were asked if they felt they were provided enough information on what and MDT is and how it is to operate.



Education providers (N=54) were asked if they received a desk guide for MDTs; less than 3% responded yes.

CIP is now observing MDTs and the subsequent court hearings to collect additional data. To date, there have been 19 observation pairs completed. The final report for the MDT survey should be completed winter 2022 and will be shared with CIP stakeholders.

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, DHHR Cabinet Secretary, 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.

Since that time, the DHHR and the West Virginia Department of Education (WVDE) have encountered challenges in consistently bringing education to the table at MDT meetings. As a result, staff from the Supreme Court of Appeals of West Virginia, developed a survey for County Superintendents of Schools to continue to bring awareness to the importance of staffing MDT meetings appropriately and to determine barriers to participation. Following the survey, WVDE asked each county superintendent to appoint an MDT contact from their district to be responsible for ensuring the participation of district staff in the MDT process. After each district appointed a representative, training was provided by DHHR on the responsibilities of the MDT. In November and December 2021, districts were polled on MDT participation progress. There were mixed results, with some counties reporting full participation to others reporting receiving no invitations or communication with DHHR. Within February and March 2022, follow-up will again take place to connect DHHR and school district representatives in counties still struggling to implement the legal mandate for MDT meetings.

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

Children's Mental Health 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.

During Fiscal Year (FY) 2021 (July 2020-June 2021), BBH worked on the process for the development of a new pathway to services system. This system has been coined the Assessment Pathway. This process will include a blending of Wraparound services with the DHHR's Bureau for Social Services and Bureau of Medical Services. The agencies across the 6 regions were provided training on funding for billing of waiver services and received a refresher training on Wraparound Facilitation.

BBH also contracted with Marshall University to obtain a curriculum on Wraparound Facilitation through the University of Maryland. This curriculum will allow anyone in the state providing Wraparound services to have a standardized curriculum in which they learn a clear understanding of wraparound and its processes and how to complete high fidelity services and review.

Numbers Served:

BBH Wraparound – FY 2021: 310

Total Services – FY 2021: 8,516

Children's Mobile Crisis Response

During Fiscal Year 2021 (July 2020-June 2021), BBH contracted with subject matter expert Liz Manley on mobile crisis services to provide six trainings for Children's Mobile Crisis Response Teams. Additionally, BBH provided supplemental funding to add additional staff in an effort to expand services and decrease response times. These Technical Assistance and Training sessions focused on such topics as Safely Responding to Crisis Situations during Covid 19, Safety Techniques for Crisis Response when responding to a Crisis Situation, Overview and Updates on the latest trends and data in Crisis Services, Responding to Calls with Special Populations and How to Plan for Effective Self Care as a First Responder.

BBH Mobile Crisis Response and Stabilization - number served – FY 2021: 833

Children's Crisis and Referral Line and Warm Peer Line

During FY 2021, BBH provided six trainings to Children's Crisis and Referral Line (CCRL) Staff and began preparations for moving the crisis line forward to the second phase of services. During the final 6 months of 2020, BBH worked to train and help crisis line staff become knowledgeable on statewide services. It is the goal for CCRL to be the system point of entry for children's services.

The referral aspects of CCRL went live via soft launch in October 2020, with a press release to the public in January 2021.

CCRL will also be tasked as the system point of entry for the new Wraparound Assessment Pathway (launched October 2021).

Children's Crisis and Referral Line - number served – FY 2021: 320

Family First Prevention Services Act

DHHR received approval of its Family First Five-Year Prevention Plan on September 14, 2020, from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. The approval was for three evidence-based prevention services that are ready for implementation: Functional Family Therapy, Healthy Families America, and Parents as Teachers. DHHR's Bureau for Family Assistance continued preparations and implemented the use of these title IV-E prevention services in 2021.

Expanded School Mental Health

The Expanded School Mental Health Approach (ESMHA) is an integrated approach that builds on core services provided within 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. There are currently 74 ESMH sites in 26 counties. Additionally, through a partnership with WV Department of Education's Project Aware grant, 18 schools in Cabell, Clay, Fayette, Harrison, Logan, and Wirt counties are included as ESMH sites. DHHR's Bureau for Behavioral Health has also released an Announcement of Funding opportunity to add 20 ESMH sites statewide this fiscal year (FY 2022). This will bring the total of ESMH schools to 93 in the state if all submitted proposals are approved. ESMH schools also work in tandem with their regional Prevention Lead Organizations in the selection, training, and implementation of evidence-based prevention programs to help address students' needs and the prevention of behavioral issues and substance misuse. Evidence-based programs are selected based on data obtained from assessments.

Trauma Informed Elementary Schools

Trauma-Informed Elementary Schools (TIES) is a prevention and early-intervention program that is designed to bring trauma-informed principles into the classroom and, for children that are referred for treatment, to provide an integrated approach for the school and home environments. Providers serve as trauma-informed agencies and seek to improve outcomes for children by providing trauma-informed practices for teachers and by strengthening family functioning with interventions. In this Bureau for Behavioral Health (BBH) program, the expanded TIES project will serve eight elementary schools in pre-kindergarten, kindergarten and first grade classrooms in Hancock and Ohio counties. TIES is currently in Weirton Elementary, Bethlehem Elementary, Steenrod Elementary, Madison Elementary, Middle Creek Elementary, Ritchie Elementary, Woodsdale Elementary, and West Liberty Elementary. TIES includes teacher training in the principles of the Attachment, Regulation and Competency (ARC) Trauma Treatment Framework, incorporation of trauma-informed practices in the classroom, a bachelor level staff to act as a resource liaison for the school, and referral to professional, licensed, trauma-focused therapeutic services. The program focuses on improving functioning and reducing stress symptoms in children referred for treatment so that they can self-regulate within the classroom environment, as measured by exhibiting WV Child and Adolescent Needs and Strengths Assessment (WVCANS) score improvement for the child and the caregiver, through the reduction of actionable items.

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

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, 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 94 licensed service agencies that provide regular updates on 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: Focus on Foster Care Children

The Education of Children in Out-of-Home Care Advisory Committee continued its work on the following major objectives during 2021: (1) Increase educational participation in multi-disciplinary teams; (2) Monitor the educational programs of children placed out-of-state; (3) Identify promising and best practices with respect to the education of children in out-of-home care; and (4) 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 or other out-of-home environment.

Under the Every Student Succeeds Act (ESSA), the West Virginia Department of Education is required to report annually on the educational status and achievements of children in foster care. However, due to the COVID-19 pandemic, the state testing program was cancelled for the 2019-20 and the 2020-21 school years. Therefore, the data normally reported in the annual report on the educational status and achievements of students in out-of-home care is unavailable.

During 2022, 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 multidisciplinary team meetings (MDTs); (3) Monitoring the education programs of children placed out-of-state; (4) Improving and expanding transitional services; and (5) Identifying and disseminating 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.*). ADCs 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 probation officers, therapy, group counseling, peer support groups, court appearances, 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 are supervised by a judicial officer.

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 misuse 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,

as outlined by the Office of Juvenile Justice and Delinquency Prevention, and the programs are operated 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 in jeopardy 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 the programs 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, non-adversarial court appearances for juveniles and parents, and community service.

West Virginia Family Treatment Court Program

The West Virginia Family Treatment Court (FTC) Program began in the fall of 2019. It is a cooperative effort of the circuit courts, Child Protective Services, treatment providers, and others involved in the welfare of children in the foster care system. FTCs are established in accordance with W. Va. Code §62-15B-1 and are designed and operated consistent with the Family Treatment Court Best Practice Standards, as produced by Children and Family Futures and the National Association of Drug Court Professionals, and FTCs are operated 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. Instead, FTCs work with the parent(s) who has been adjudicated in an abuse and neglect proceeding due to his/her substance misuse. The goals of FTC are to assist parents with accessing substance misuse and other treatment in a timely 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 case coordinators, individual and group counseling, non-adversarial court appearances, basic case management, and most importantly, supervised visits with their children until reunification is achieved.

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

Transitioning Youth from Foster Care

A Transitioning Youth from Foster Care subgroup was convened and comprised of providers and DHHR staff to focus on services, initiatives, and innovative ways to serve this population. This subgroup was developed by DHHR in preparation for Family First Presentation Services Act. The subgroup continued work in 2021, and it is working to adapt to changes within the continuum of care. As DHHR's vision for services and continuum of care vision for the future is availed, the work of the subgroup will continue to work towards refining services and options for these youth. This subgroup will participate with 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 subgroups.

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 works closely with the Governor's Council on Substance Abuse Prevention and Treatment to enact the West Virginia 2020-2022 Substance Use Response Plan that focuses on seven key areas: prevention, community engagements, health systems, treatment, recovery and research, law enforcement, criminal justice and court systems, and public education. As of 2021, a new subcommittee was added to focus on recovery and those with lived experience. In addition, in 2022 there will be a new subcommittee to focus on pregnant and parenting women and the needs of families struggling with substance use disorder.

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 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.

In 2021, there were 564 referrals received, 496 initial assessments, and 87 cases were unable to be opened due to a lack of complete contact information or response from the family. There were 151 continuing assessments and 74 closing assessments. There are fewer continuing and closing assessments because families end communication after they have been provided with the assistance they need.

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 West Virginia Department of Education standards.

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 of West Virginia.

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.

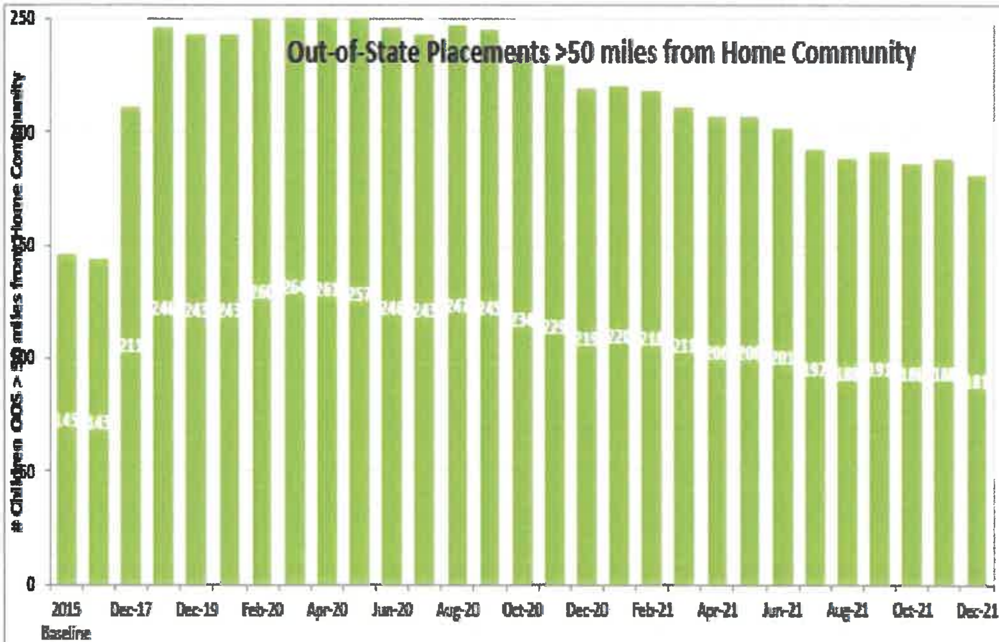
Data is extracted each month based on updated information in FACTS to provide a point-in-time analysis referred to as the Performance Scorecard (the final Scorecard for 2021 is found on the next page). Though the population of young people being monitored by the Commission is necessarily limited, the 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 2021

Out-of-Home Placements		Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
In State		465	42	8	515	72%
< 50 miles from Home Community	A	144	13	5	162	23%
> 50 miles from Home Community	C	321	29	3	353	49%
Out of State		156	45	0	201	28%
< 50 miles from Home Community	B	20	0	0	20	3%
> 50 miles from Home Community	D	136	45	0	181	25%
Total		621	87	8	716	100%



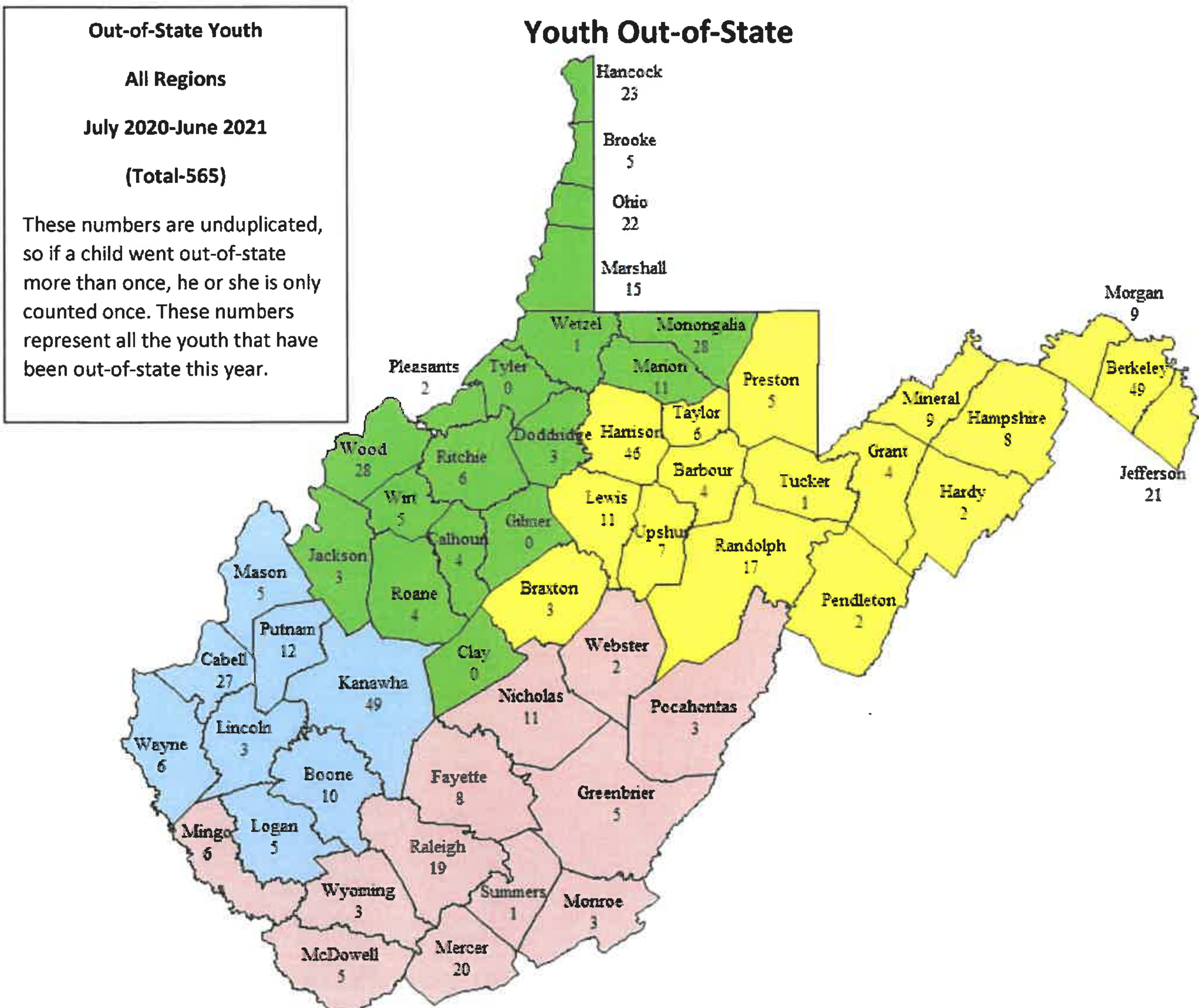
Appendix B

System of Care and Regional Reports

Out-of-State Youth Statistics
July 2020-June 2021

WV 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.

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



Regional Numbers

Region I=158

Region II=117

Region III=204

Region IV=86

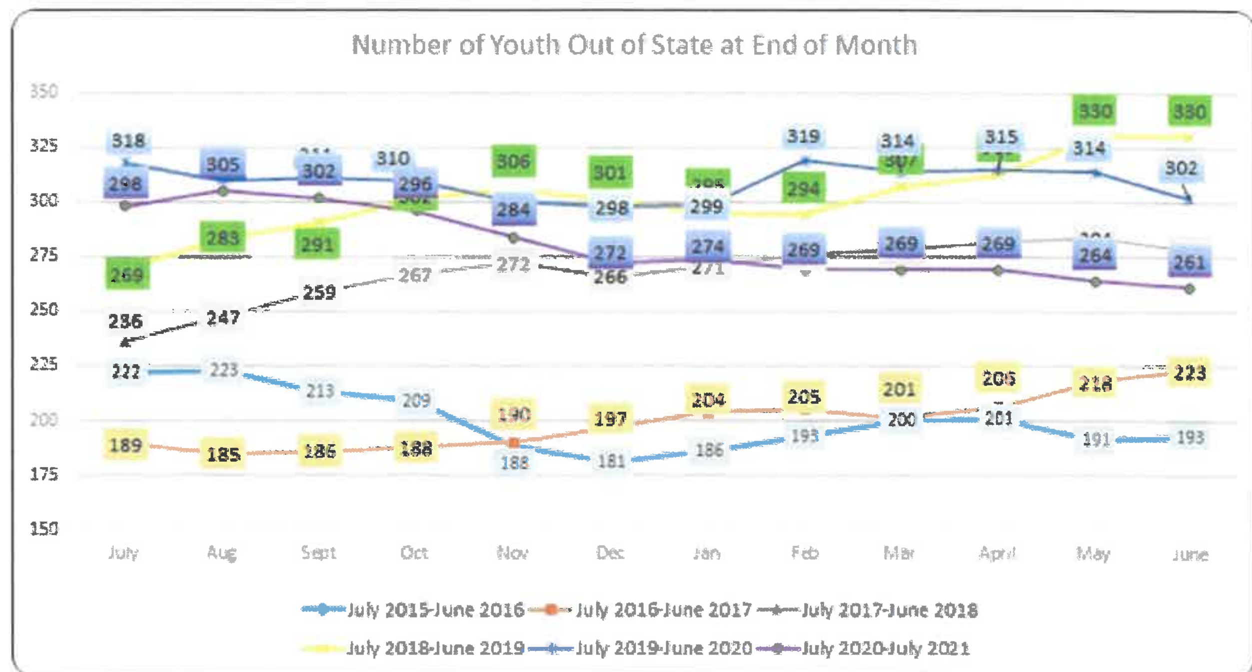
Annual Numbers

	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
State Total	565	597	574	501	415	425

Monthly Count

The overall average number of youth out-of-state each month has increased. The average number of youth out-of-state each month was:

- **2020-2021=281**
- 2019-2020=309
- 2018-2019=301
- 2017-2018=268
- 2016-2017=199



Youth Out-of-State Demographics: July 2020-June 2021

Gender	Males= 383 (68%) Females=182 (32%)
Age at placement out-of-state	10 years old or younger=13 (2%) 11-14 years old=116 (21%) 15-17 years old=292 (52%) 18 years old or older=144 (25%)
Information below is from 535 youth	
State Wards	143 (27%)
Adopted Youth	74 (14%)
Intellectual Disabilities	Mild or Moderate IDD=76 (14%) Autism (low and high functioning) = 40 (7%) Borderline Intellectual Functioning=70 (13%) Total=186 youth (35%)
Sex Offenders	Without an Intellectual Disability=34 (6%) With an Intellectual Disability= 15 (3%)
Sexual Behaviors	162 (30%)
Adjudicated Delinquents	207 (39%) Charges only=56 (10%)
Adjudicated Status Offenders	126 (24%) Charges only=17 (3%)
Substance Abuse	146 (27%)

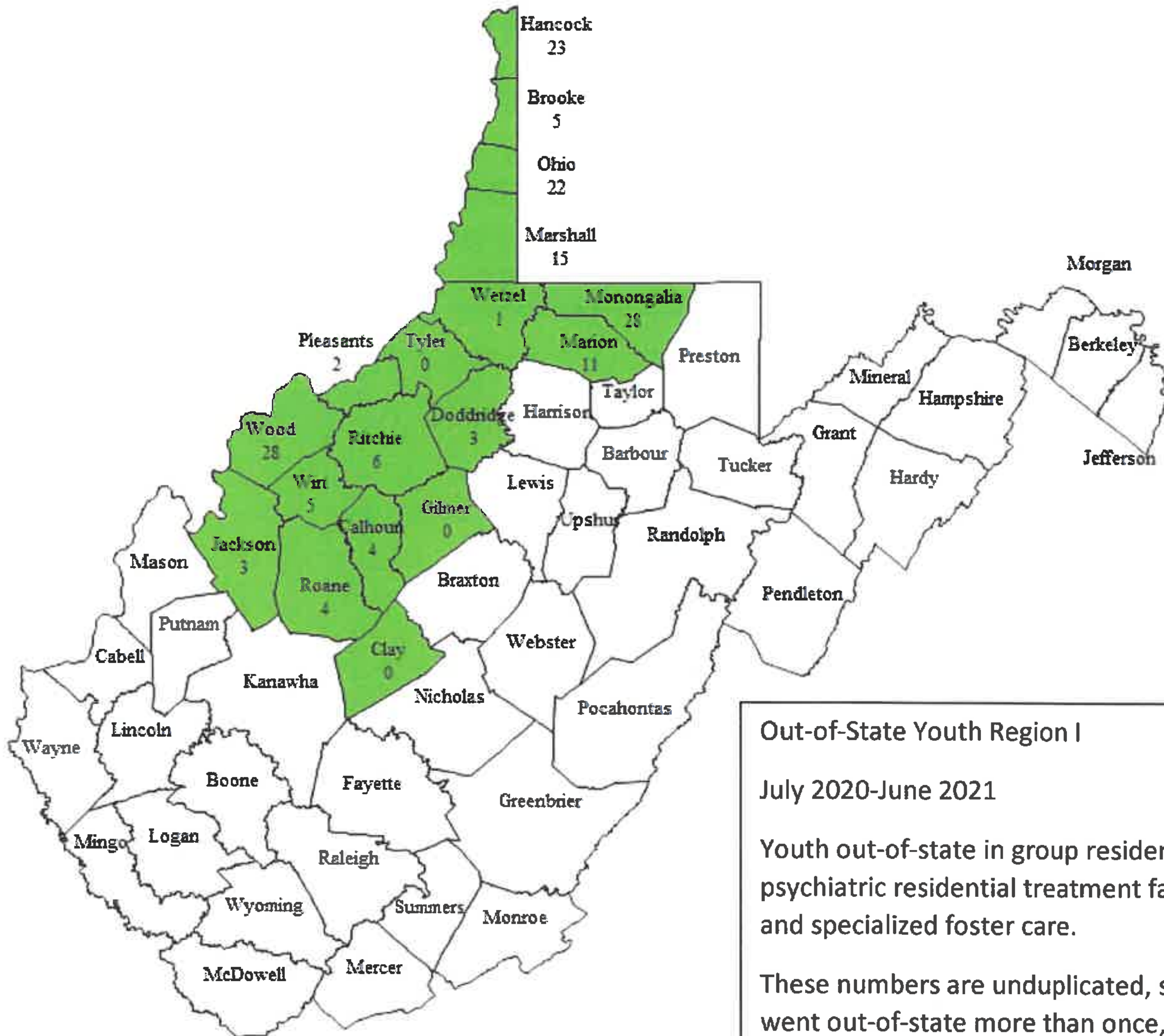
Review of Youth

Each region has one team. This team participates in Clinical Staffings (these have replaced the conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out-of-state or out-of-home placement. 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 and Children's Mental Health WRAP, community mental health centers, school transition specialists and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. Due to COVID-19, beginning in April 2020 all reviews and staffings were conducted using assorted Webinar software. Reviews will continue virtually during the pandemic.

# of Kids Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region I	1	36	0
Region II	0	52	58
Region III	0	51	5
Region IV	0	34	8
State Total	**1**	**173**	**71**

Regional Reports

Region I
July 2020-June 2021



Out-of-State Youth Region I

July 2020-June 2021

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 the youth that have been out-of-state this year.

2020-2021=158

2019-2020=186

2018-2019=183

2017-2018=148

2016-2017=107

Youth Out-of-State Demographics: July 2020-June 2021

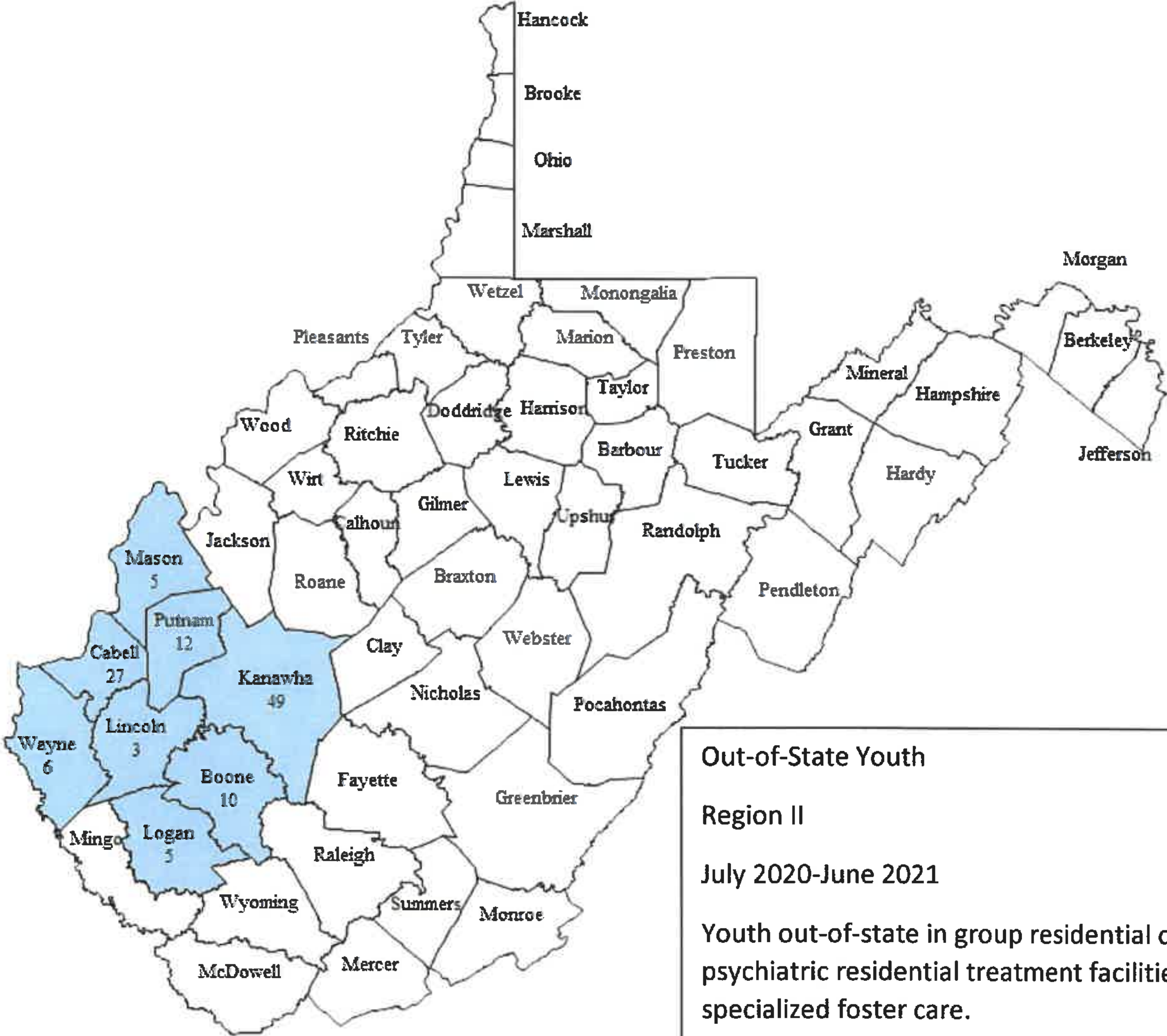
Gender	Males= 106 (67%) Females=52 (33%)
Age at placement out-of-state	10 years old or younger=4 (3%) 11-14 years old=31 (20%) 15-17 years old=75 (47%) 18 years old or older=48 (30%)
Information below is from 158 youth	
State Wards	23 (15%)
Adopted Youth	20 (13%)
Intellectual Disabilities	Mild or Moderate IDD=17 (11%) Autism (low and high functioning) = 13 (8%) Borderline Intellectual Functioning=15 (9%) Total=45 youth (28%)
Sex Offenders	Without an Intellectual Disability=13 (8%) With an Intellectual Disability= 5 (3%)
Sexual Behaviors	51 (32%)
Adjudicated Delinquents	62 (39%) Charges only=20 (13%)
Adjudicated Status Offenders	40 (25%) Charges only=7 (4%)
Substance Abuse	40 (25%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (these have replaced the conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out of state or out of home placement. 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 and Children's Mental Health WRAP, community mental health centers, school transition specialists and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. Due to COVID-19, beginning in April 2020 all reviews and staffings were conducted using assorted Webinar software. Reviews will continue virtually during the pandemic.

Youth Reviewed in 2020-2021	**Regional Clinical Review Teams**	**Out-of-State Review Teams**	**Clinical Staffings**
Region I	1	36	0

Region II
July 2020-June 2021



Out-of-State Youth

Region II

July 2020-June 2021

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 the youth that have been out-of-state this year.

2020-2021=117 youth

2019-2020=137 youth

2018-2019=125 youth

2017-2018=99 youth

2016-2017=68 youth

Youth Out-of-State Demographics: July 2020-June 2021

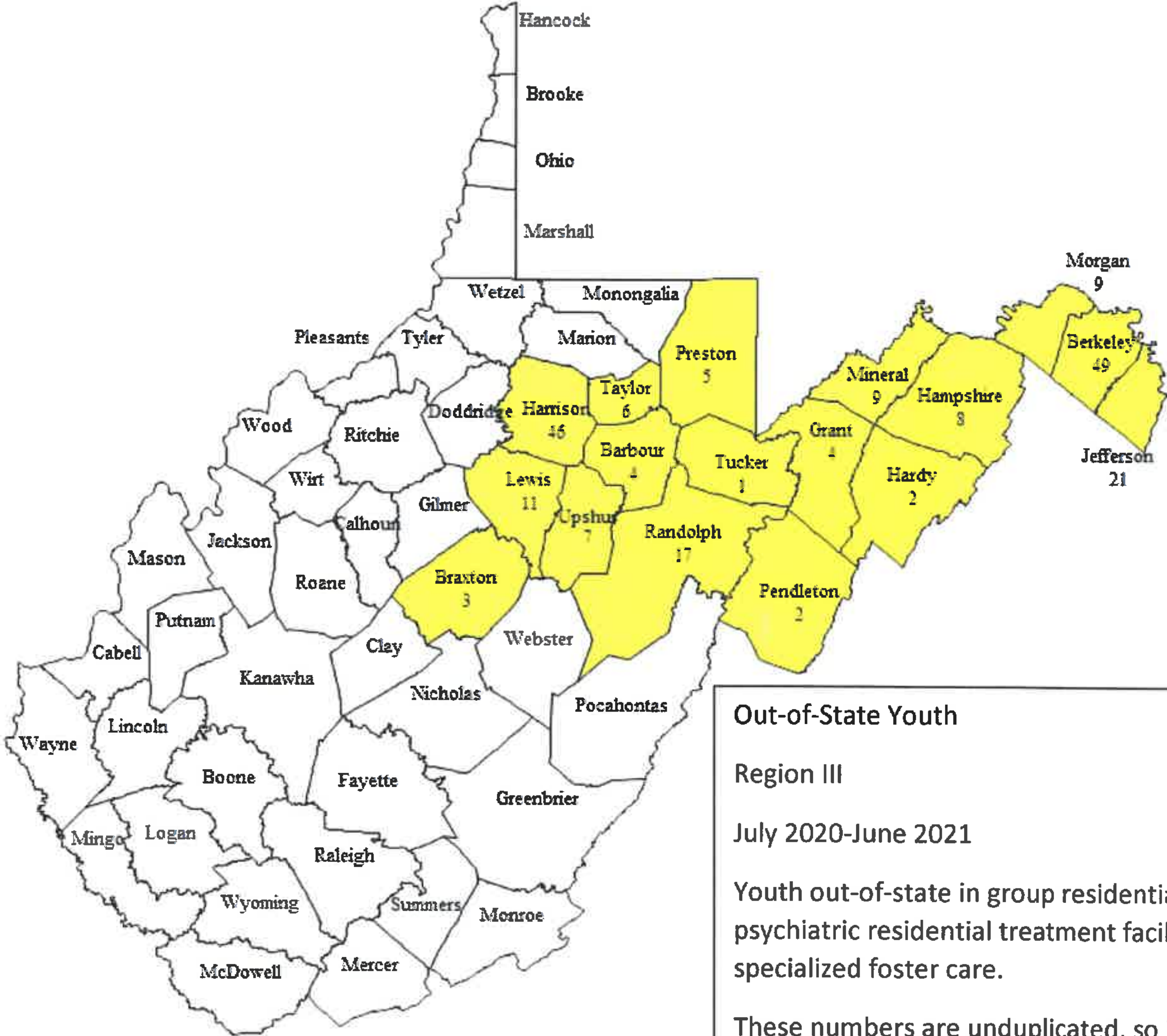
Gender	Males= 83 (71%) Females=34 (29%)
Age at placement out-of-state	10 years old or younger=3 (3%) 11-14 years old=25 (21%) 15-17 years old=66 (56%) 18 years old or older=23 (20%)
Information below is from 117 youth	
State Wards	38 (32%)
Adopted Youth	23 (20%)
Intellectual Disabilities	Mild or Moderate IDD=24 (21%) Autism (low and high functioning) = 12 (10%) Borderline Intellectual Functioning=22 (19%) Total=58 youth (50%)
Sex Offenders	Without an Intellectual Disability=7 (6%) With an Intellectual Disability= 4 (3%)
Sexual Behaviors	37 (32%)
Adjudicated Delinquents	40 (34%) Charges only=12 (10%)
Adjudicated Status Offenders	32 (27%) Charges only=1 (1%)
Substance Abuse	34 (29%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (these have replaced the conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out of state or out of home placement. 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 and Children's Mental Health WRAP, community mental health centers, school transition specialists and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. Due to COVID-19, beginning in April 2020 all reviews and staffings were conducted using assorted Webinar software. Reviews will continue virtually during the pandemic.

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region II	**0**	**52**	**58**

Region III
July 2020-June 2021



Out-of-State Youth

Region III

July 2020-June 2021

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 the youth that have been out-of-state this year.

2020-2021=204 youth

2019-2020=199 youth

2018-2019=192 youth

2017-2018=181 youth

2016-2017=177 youth

Youth Out-of-State Demographics: July 2020-June 2021

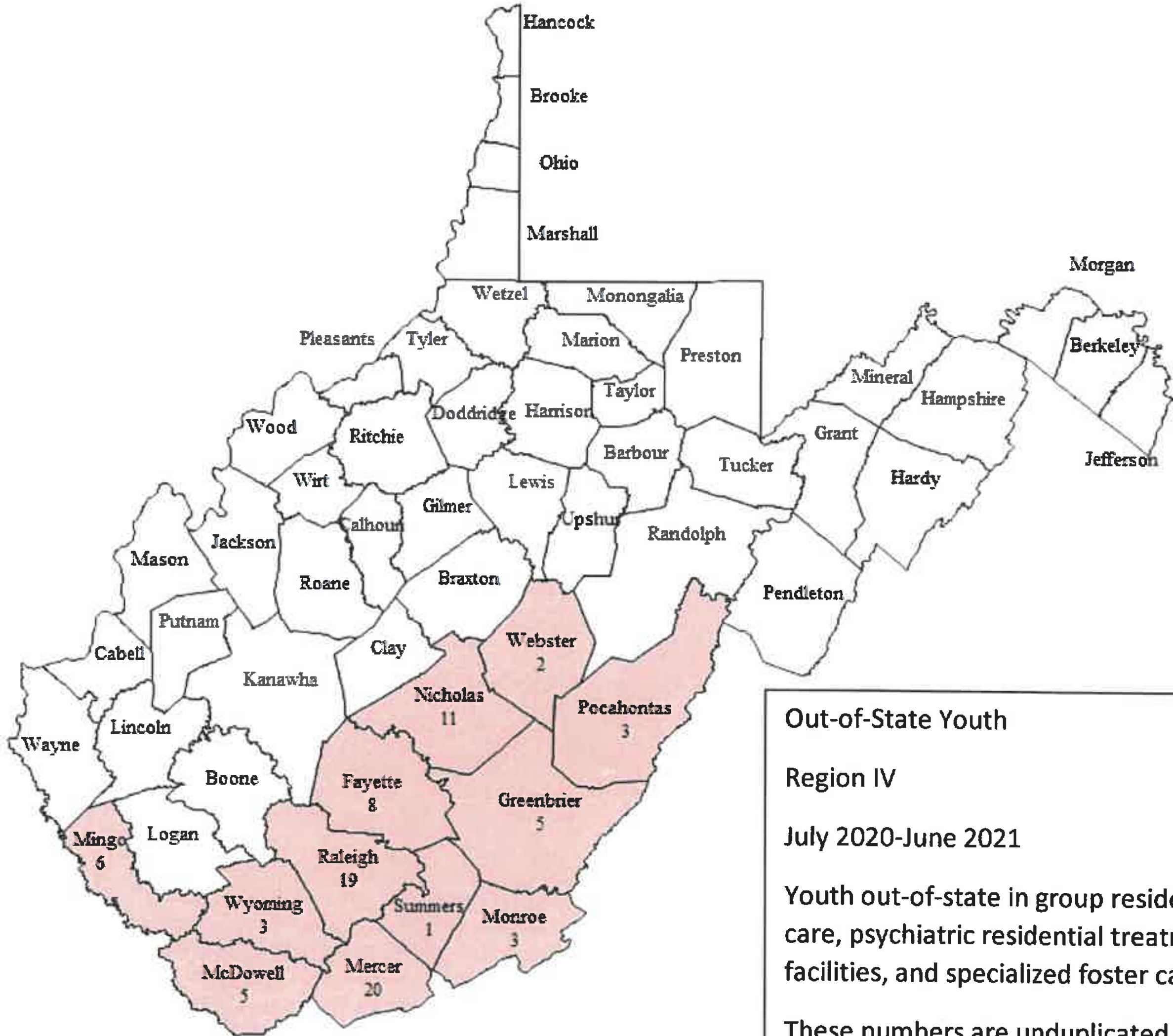
Gender	Males= 131 (64%) Females=73 (36%)
Age at placement out-of-state	10 years old or younger=5 (1%) 11-14 years old=46 (23%) 15-17 years old=100 (49%) 18 years old or older=53 (26%)
Information below is from 177 youth	
State Wards	54 (31%)
Adopted Youth	20 (11%)
Intellectual Disabilities	Mild or Moderate IDD=18 (10%) Autism (low and high functioning) = 11 (6%) Borderline Intellectual Functioning=16 (9%) Total=45 youth (25%)
Sex Offenders	Without an Intellectual Disability=9 (5%) With an Intellectual Disability= 4 (2%)
Sexual Behaviors	44 (25%)
Adjudicated Delinquents	79 (45%) Charges only=11 (6%)
Adjudicated Status Offenders	36 (20%) Charges only=2 (1%)
Substance Abuse	51 (29%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (these have replaced the conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out of state or out of home placement. 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 and Children's Mental Health WRAP, community mental health centers, school transition specialists and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. Due to COVID-19, beginning in April 2020 all reviews and staffings were conducted using assorted Webinar software. Reviews will continue virtually during the pandemic.

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region III	0	51	5

Region IV
July 2020-June 2021



Out-of-State Youth

Region IV

July 2020-June 2021

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 the youth that have been out-of-state this year.

2020-2021=86 youth

2019-2020=75 youth

2018-2019=74 youth

2017-2018=73 youth

2016-2017=63 youth

Youth Out-of-State Demographics: July 2020-June 2021

Gender	Males= 63 (73%) Females=27 (32%)
Age at placement out-of-state	10 years old or younger=1 (1%) 11-14 years old=14 (16%) 15-17 years old=51 (59%) 18 years old or older=23 (27%)
Information below is from 86 youth	
State Wards	28 (33%)
Adopted Youth	11 (13%)
Intellectual Disabilities	Mild or Moderate IDD=17 (20%) Autism (low and high functioning) = 4 (5%) Borderline Intellectual Functioning=17 (20%) Total=38 youth (44%)
Sex Offenders	Without an Intellectual Disability=5 (6%) With an Intellectual Disability= 2 (2%)
Sexual Behaviors	30 (35%)
Adjudicated Delinquents	26 (30%) Charges only=13 (15%)
Adjudicated Status Offenders	18 (21%) Charges only=7 (8%)
Substance Abuse	21 (24%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (these have replaced the conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out of state or out of home placement. 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 and Children's Mental Health WRAP, community mental health centers, school transition specialists and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. Due to COVID-19, beginning in April 2020 all reviews and staffings were conducted using assorted Webinar software. Reviews will continue virtually during the pandemic

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region IV	**0**	**34**	**8**

APPENDIX C

SERVICE DELIVERY AND DEVELOPMENT

Service Delivery and Development Workgroup

The Service Delivery and Development Workgroup focuses on 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.

Due to COVID-19, the Service Delivery and Development Workgroup elected to temporarily suspend meetings, enabling members within public and private agencies to focus on managing the pandemic's realities, challenges, and implications in an effort to keep staff, children, and families safe during this unique crisis. The temporary suspension of meetings is being evaluated on a monthly basis. Virtual meetings will likely begin soon. Moving forward, the Service Delivery and Development Workgroup also plans to look at integrated data with a higher participation in out-of-state and collaborative reviews to strategize how to prevent out-of-state placements and return youth to West Virginia. In addition, the prevention of youth leaving their home by implementing comprehensive services in the home would assist to decrease temporary shelter placements allowing these beds to be utilized differently. This could impact and decrease the resources required to staff shelter calls and out-of-state reviews. In the meantime, increased participation is needed until these efforts are successful at preventing youth from leaving homes they could remain in if appropriate services were available to them.

Safe at Home West Virginia (Wraparound)

In 2019, Safe at Home West Virginia yielded successful outcomes indicating a significant percentage of youth remaining in their home and being 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. During the first several months of 2021, the referrals to Safe at Home West Virginia have stabilized and decreased.

As reported, a subgroup of the Service Delivery Development Workgroup revised and made recommendations to accept the following updated materials:

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

These documents were provided to the Commissioner for DHHR's Bureau for Social Services to review and approve implementation. Once approval is provided, the Safe at Home West Virginia providers are prepared for immediate implementation. The subgroup has continued to recommend approval of the updated trainings and allow Safe at Home West Virginia providers to begin implementation of these trainings.

Transformational Collaborative Outcomes Management

Transformational Collaborative Outcomes Management (TCOM) directly informs service/intervention planning using 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.

DHHR entered a contract in 2019 with Marshall University's Center of Excellence for Recovery to continue to fully develop the TCOM model, which includes use of the TCOM tools. Marshall University's Center of Excellence for Recovery is responsible for the management of the Transformational Collaborative Outcome Management (TCOM) model and tools in West Virginia.

Working closely with the Praed Foundation at the University of Kentucky, Center for Innovation in Population Health (IPH) and in partnership with the West Virginia Department of Health and Human Resources, service providers and other stakeholders, the goal is to helping people achieve their health and wellness goals as they navigate healthcare, child welfare, justice, behavioral health, education, and other complex systems.

In 2021, the following services and activities completed:

- Continued virtual training on the CANS and FAST tools, and Wraparound (that includes CANS tool). The training included how to transfer the information from the CANS and FAST into a case plan. The training also includes how to develop Specific, Measurable, Achievable, Relevant and Timely (SMART) goals and objectives.
- Continued offering and training of Marshall University students in psychology, social work, and school psychology in the FAST and CANS tools to support the readiness of a competent workforce.
- Annual "booster" training for TCOM trainers (those already certified).
- Continued one-on-one technical assistance (TA) sessions on the CANS and FAST tools.
- Supervisory Training development that includes using the FAST tool during staff evaluation. A check-list to guide supervisor's during their staff evaluation will be included in training.
- Videos were developed to support issues identified during training and technical assistance sessions. These videos include:
    - Collaboration
    - Action Trumps Anchor
    - How and Why to Use a Summary Sheet
    - Background Needs
    - Masking
    - Rating of a "1" on the CANS/FAST
    - Using the CANS/FAST Manual
    - Importance of Addressing all Items
    - Live Webinar-Traumatic/Adverse Childhood Experiences and Symptoms Resulting from Exposure
    - Live Webinar-WV Trainers-Rock and Roll and Annual updates.
- Chart Reviews of DHHR's Raleigh County Youth Service cases. Chart Reviews will continue in other West Virginia counties in 2022.
- Oversight of the automated TCOM/CANS system that collects, stores and reports data for the state as requested. The Public Consulting Group (PCG) provides the maintenance, data requests, and upgrades to the system as requested. West Virginia residential providers are being registered in the system to allow access for data entry into the system. Programs currently entering data into the CANS database:
    - Safe at Home providers
    - Children's Mental Health
    - CSED

- Expanded School-Based Mental Health
  - Mobile Crisis
- Marshall University represents West Virginia in a university partnership with eighteen different TCOM universities to learn and collaborate on best practices to promote the state's objectives.
- Working collaboratively with state partners on the preliminary work to develop the Adult Needs and Strengths Assessment (ANSA) West Virginia Manual and training.
- Working with representatives from DHHR, Berry-Dunn, the University of Maryland [who will provide approved training approved by National Wraparound Institute (NWI)], Dr. John Lyons, developer of the TCOM tools and his colleagues with the University of Kentucky, and others to plan and support the Wraparound training, technical assistance, and Fidelity Outcomes to be initiated in 2022.
- Working with the Casey Foundation, Dr. Lyons and the University of Kentucky, a Latent Class Analysis was completed in 2020 on youth in group residential and psychiatric residential treatment facilities. Since the completion, this information has been shared across the state to provide a better understanding of the needs and interventions of these youth. CANS was used to complete the analysis.
- CANS information from DHHR case plans was collected and sent to Dr. Lyons and the University of Kentucky TCOM Staff to develop a Decision-Making Model (formerly referred to as Algorithms).

In addition to continuing the work above, Marshall University and partners will implement the activities and enhancements in 2022:

- Live Webinar-Supervisor Training
- Recorded Webinar-Strengths in Detail
- Recorded Webinar-How to Review a CANS/FAST with a Family
- Recorded Webinar-CANS/FAST Refresher Webinar West Virginians Currently Certified in Using These Tools
- Recorded Webinar-How to Write Goals, Outcomes, and Strategies
- Recorded Webinar-Introducing the FAST to the Caregiver/Foster Parent
- Provide one-on-one training to DHHR Youth Services Supervisors
- Chart Reviews of DHHR's Raleigh County Youth Service cases
- Develop Adult Needs and Strengths Assessment (ANSA) Manual and Rating Sheet

In 2022, Marshall University and PCG will also:

- Add new agencies and users to WV CANS
- Create an invoicing system
- Expand reporting for CANS-5 reports annually
- Modify system to enable communication to PATH
- Host an on-line tool on the PCG secure server
- Provide Help Desk and general maintenance
- Other modifications and reports as specified by Marshall University and/or DHHR
- Conduct Group Residential and PRTF reviews

Transitioning Youth from Foster Care

A subgroup of the Transitioning Youth from Foster Care was convened and comprised of providers and DHHR staff to focus on services, initiatives, and innovative ways to serve this population. This group was developed by DHHR in preparation for Family First Presentation Services Act. This group met in 2020, met and worked on issues in 2021 and its work will continue in 2022. This subgroup 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 subgroups.

APPENDIX D

WV COURT IMPROVEMENT PROGRAM SELF-ASSESSMENT REPORT SUMMARY

OMB Control No: 0970-0307
Expiration Date: 11/30/2022

State Court Improvement Program 2021 Annual Self-Assessment Report

This self-assessment is intended as an opportunity for Court Improvement Programs (CIPs) to review progress on CIP projects, joint program planning and improvement efforts with the child welfare agency, and the ability to integrate CQI successfully into practice. The self-assessment process is designed to help shape and inform ongoing strategic planning and should include meaningful discussion with the multi-disciplinary task force and candid reflection of key CIP staff. The self-assessment primarily focused on assessing efforts undertaken to date while the strategic plan maps out efforts going forward in more detail. Questions are designed to solicit candid responses that help CIPs apply CQI and identify support that may be helpful.

I. CQI Analyses of Required Projects *It is acceptable to cut and paste responses from last year, updating according to where you currently are in the process. If you do so, highlight text to show anything that is new.*

The WV CIP is staffed by 6.8 FTEs. While staff are appointed project leads for specific projects, staff are cross-functional.

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 (CIP), in conjunction with the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF), developed the New View Project in response to a significant need in West Virginia. Too many children linger in care or age out of care without reaching permanency. The New View 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 solutions to ameliorate them are suggested to the child's MDT so that the youth achieves stable placement, permanency, or transition services.

Identify the specific safety, permanency, or well-being outcome(s) this project is intended to address.
WV CIP and the Bureau for Children and Families (BCF) 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:
2013; current iteration began Spring 2021.
Which stage of the CQI process best describes the current status of project work?

We are in Phase V: Evaluate and Apply Findings. We are accepting referrals for review and we are working our process and collecting data. At the time of this report, we have had 25 referrals, completed 8 reviews, and have 14 open cases.

How was the need for this project identified? (Phase I)
West Virginia has roughly 7,100 children in foster care. According to 2018 AFCARS data, over 2,300 children are waiting to be adopted. In 2018 over 90% of children adopted had been in care for more than 12 months. Additionally, the longer children remain in care the more placements they are likely to have. In 2018, nearly 60% of children in care 24 months or more had 3 or more placements (https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/west%20virginia.html).

While this could be due to multiple factors, for purposes of what is best for West Virginia children, the goal of New View is to provide an objective in-depth review of a child's case and make recommendations to the child's MDT. New View began in 2013 and was modeled after Georgia's Cold Case Project. New View is now on its third iteration and opened up statewide in Spring 2021.

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 as high risk for lingering in care *so that* youth preferences and intrinsic and extrinsic barriers to permanency, meaningful connections, and/or successful transitions to adulthood are identified *so that* the New Viewer can make specific recommendations to address the identified barriers and issues to the multidisciplinary team (MDT) *so that* court orders address identified barriers and service needs *so that* children reach permanency or important transition to adulthood needs are addressed for youth likely to age out of care.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III)
The current iteration of the New View program is a judicial resource and referrals come from the judge or his or her designee. Youth for review must have had a total of three placements or more. Once the child is accepted into New View, and the prosecuting attorney or Guardian Ad Litem in the case files the order for New View into the case, a CIP Field Coordinator then conducts one of two types of review.

Desk Review

All cases begin with a desk review of the BCF file and the court record. In some cases, a CIP Field Coordinator, (hereafter "New Viewer") may be able to pinpoint strategies and make quality recommendations based on the information found in the files. This would include items such as a diligent search for relatives, scheduling a comprehensive psychological exam, and sibling contact.

Full Review

This level of review includes the desk review as well as interviews with the child and case collaterals. The assigned New Viewer also attends court hearings and MDTs.

The New Viewer then prepares a report with recommendations and submits it to the child's multi-disciplinary team. The referring judge and BCF also receive copies. The CIP Field Coordinator enters data on the child into Survey Monkey. Data collected includes basic demographics, age at removal, level of child engagement in their case, and the quality of the child's social capital. The CIP Project Manager then follows up on the child at three months, six months, and twelve months from the report date. After one year, cases are administratively closed out. Children are eligible for the process more than once.

What has been done to implement the project? (Phase IV)
We created a process and informational handout for Circuit Court Judges. The program is explained to stakeholders at various meetings. Two CIP Field Coordinators are in place to review cases and make recommendations to the child's MDT. With the rapid increase in referrals for ever increasing complex cases, we

are seeking to add an additional Field Coordinator in 2021 to help with this project. Survey Monkey is used to collect project data.

How are you 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.) and what results you have, if any. If you have already evaluated your effort, how did you use these data to modify or expand the project?***
We are measuring fidelity to our process, timeliness in completing each step of the process, and completing post-reporting follow up on children reviewed.

Have there been notable factors that delayed or accelerated this effort?
Visitation and travel restrictions initially slowed our CIP Field Coordinators' ability to interview case parties and collaterals.

We have modified our referral process as referrals were coming in from a wide variety of avenues. In some instances, New View was ordered in cases, before a referral occurred. We are working to improve communication in circuits and with our internal IT team who work on WV's e-filing project to capture all orders related to New View.

What assistance or support would be helpful from the CBCC or the Children's Bureau to help move the project forward?
This project is moving along well at this time. Assistance may be needed to ensure our evaluation is adequate.

Hearing Quality Project: Using the MDT meeting as a tool to improve subsequent hearings.

Provide a concise description of the hearing quality project selected in your jurisdiction.
We are looking at the multi-disciplinary team meeting (MDT) as a tool to increase the quality of the subsequent hearing. If the MDT is high quality and effective at addressing the child's needs and resolving barriers to permanency, then multiple indicators of quality will be present in the subsequent court hearing.

Approximate date that the project began:
March 2019

Which stage of the CQI process best describes the current status of project work?
We are currently in Phase 1: Identifying and Assessing Needs. We are gathering data from professionals involved in MDTs to see how these meetings are perceived and held statewide. To date we have over 1,000 completed surveys from child welfare professionals and foster parents. We are waiting on education professionals to complete the survey and then will analyze all data. We began collecting data on MDTs and the following court hearing in Spring 2021. We are looking at MDTs and court hearings throughout the state and will collect data on a minimum of 100. Data is collected by CIP and Division of Children and Juvenile Services staff who attend MDTs and hearings in person or virtually. Data is entered into Survey Monkey.

How was the need for this project identified? (Phase I)
According to WV Code, an MDT (multidisciplinary team) is established for children in abuse and neglect cases. The goal of an MDT is to assess, plan, and implement a catalog of services for those children and their families. The results of this meeting are then forwarded to the court for its use in determining the best possible outcome for that child, whether he/she remains in the home or is removed for safety reasons. If MDTs are quality, then the subsequent hearing should contain multiple indicators of a quality hearing that relate to judicial inquiries and determinations.

WV CIP has long been interested in the MDT process. In 2008, WV CIP commissioned a study with West Virginia University to examine MDTs across the state. *A copy of the study report is available upon request.* The study found wide variation in practice across the state as well as a variation in perceptions of the MDT process among professionals regarding the efficacy of MDTs in achieving permanency for youth. Six years later a survey was issued by CIP to see if there was a change in attitudes and practice; there was no notable difference. For instance, in 2008, about 70% of survey participants stated that the MDTs are scheduled with enough frequency to be effective. That number remained the same in 2014. A few comments from survey participants in 2014 indicate there continues to be room for improvement in the process.

"The ones [MDTs] in [X] County are completely ineffective, and by far the worst I have been to barring one in [X] County where the guardian ad litem, prosecutor, and worker did not even tell the children or the foster parents about the meeting which was to discuss visitation. It was insane, and no discussion occurred."

"MDT's could be on a more routine basis. For example [,] every 30-45 days. Not just scheduled to put out a fire."

A quality MDT should resemble a quality hearing. Many elements that contribute to a quality hearing can be covered in an MDT. These include all parties are present and heard, barriers to permanency are addressed, family progress with the case plan is reviewed, and there is consensus on next steps to help move the child to permanency. This information, when presented in the subsequent hearing can assist with judicial inquiries, findings, and can contribute to reasonable efforts findings.

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.***
We have not reached Phase II at this time.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III)
We have not reached this Phase.

What has been done to implement the project? (Phase IV)
We have developed data collection tools, such as MDT and court observation tools and surveys. This was completed in Survey Monkey. We have administered interviews to DHHR Community Service Managers in all 55 counties. We have completed surveys of probation officers (80 responses), attorneys (260 responses), providers (92 responses), CASA/Child Advocacy Center staff (63 responses), DHHR workers (205 responses), and foster parents (390 responses) We plan to survey education next. This will round out our stakeholder surveys.

How are you 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.) and what results you have, if any. If you have already evaluated your effort, how did you use these data to modify or expand the project?***
We have not reached this phase.
Have there been notable factors that delayed or accelerated this effort?
We have had difficulty clearing approval to obtain responses from education personnel.

What assistance or support would be helpful from the CBCC or the Children's Bureau to help move the project forward?
We received technical assistance on this project from the CBCC in June 2020. It was tremendously helpful and aided us in determining the scope of our project and what data to collect. Once we have completed Phase I, assistance in creating a theory of change would be helpful.

Quality Legal Representation Project: Court Improvement Program Abuse and Neglect Externship

Provide a concise description of the quality legal representation project selected in your jurisdiction.
WV CIP will support an externship for third year law students. In this externship participants will receive 'real world' experience working on abuse and neglect cases. They will be under the guidance of a well-seasoned attorneys and will gain experience as guardian ad litems as well as respondent attorneys.

Approximate date that the project began:
Discussion surrounding logistics began in Spring 2021.

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

How was the need for this project identified? (Phase I)
Currently, there are 225 active GALs in WV, yet there are more than 5,000 new abuse and neglect cases filed each year. While there are no exact numbers on numbers of attorneys who represent respondents, it is estimated to be the same number, and with 5,000 new cases filed last year there were more than 2,000 respondents involved (data pulled from JANIS). Many GALs also represent adult respondents. There exists a need in West Virginia to strengthen the pipeline for quality legal representation in abuse and neglect cases. Attorneys with strong backgrounds in abuse and neglect will be able to shepherd abuse cases to permanency more efficiently. WV CIP has supported a specialized course through the College of Law for many years. This course focuses on abuse and neglect case law and is the only such class taught in the state's sole law school. As a companion to this class and to promote interest in this area of practice, the CIP will support an externship for third year law students that will provide them with real world experience working abuse and neglect cases.

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.***
CIP will support an externship where law students will receive hands on experience in abuse and neglect cases, *so that* there is an increase in the pipeline of attorneys who wish to practice abuse and neglect law *so that* children and families are well represented *so that* children in abuse and neglect cases reach and maintain permanency.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III)
CIP will provide an externship that will enable law students to gain firsthand experience in abuse and neglect cases with the hope that they will practice such after graduation. CIP Project Manager and Lyons & Phillips will participate in the Quality Legal Representation workshops offered by the CBCC in June and July 2021.

What has been done to implement the project? (Phase IV)
Discussions began with West Virginia University College of Law, CIP staff, and Lyons & Phillips law firm (CIP Legal consult) on logistics surrounding the externship in Spring 2021. We are working toward developing MOUs and other agreements and contracts necessary to begin the project in Fall 2021.

How are you 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.) and what results you have, if any. If you have already evaluated your effort, how did you use these data to modify or expand the project?***
We hope to develop this during the Quality Legal Representation Workshop in July 2021.

Have there been notable factors that delayed or accelerated this effort?
N/A

What assistance or support would be helpful from the CBCC or the Children's Bureau to help move the project forward?

We will participate in the Quality Legal Representation Workshop June and July 2021 and hope to use that time to develop project components and evaluation.

II. Trainings, Projects, and Activities For questions 1-12, provide a *concise* description of work completed or underway to date in FY 2020 (October 2019-June 2020) in the below topical subcategories. For question 1, focus on significant training events or initiatives held or developed in FY 2020.

For the first time, the WV CIP is fully staffed. Our philosophy on work changed with the creation of the new Division of Children and Juvenile Services in 2018. The Division houses the CIP and Juvenile Justice Commission effectively covering any point of intersection a youth may have with the court. Previously, most CIP work centered on Charleston (state capital), and other larger cities in WV. It is now the philosophy of the CIP to have a greater presence statewide. This outward focus allows us to work in all jurisdictions and have a greater impact. CIP staff work with DHHR, local courts, probation officers, managed Medicaid providers, education, and other professionals at the state and local levels. Over the past year, staff have worked directly with local child welfare professionals in the following counties as resources and advocates. Examples of work include, assisting judicial staff with data entry into JANIS, working with prosecuting attorneys on issues related to Title IV-E orders, facilitating a judicial stakeholder meeting, assisting with local and systemic issues impacting youth, and working on relationships between court and agency personnel.

CIP local impact

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We hope to continue to reach out to other counites outside of the southern part of the state this coming year and will use data to identify target areas.

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	Judges, judicial staff, stakeholders	~50	WebEx- one-on-one personalized training with new judicial staff on JANIS. Brief overview of CIP data collection efforts presented to judges, and at judicial stakeholder meetings.	For judicial staff, data accuracy and completion in JANIS. For others, to demonstrate the value and need for good quality data.	☒S ☐L ☐B ☒O ☐N/A
Hearing quality	☒Yes ☐No	Primarily attorneys, but open to all stakeholders	1203	Virtual webinars	Provide attorneys with the most current up to date information on how to improve hearing quality in order to move children towards permanency.	☒S ☐L ☐B ☐O ☐N/A
Improving timeliness/ permanency	☒Yes ☐No	Primarily attorneys, but open to all stakeholders	~1500	Virtual webinars	Provide stakeholders with knowledge and skills necessary to shepherd cases to permanency.	☒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*
Quality legal representation	☒Yes ☐No	Primarily attorneys, but open to all stakeholders	~800	Virtual Webinar	Provide basic and advanced instruction on abuse and neglect cases, best practices, and updates on changes in the law.	☒S ☒L ☒B ☐O ☐N/A
Engagement & Participation of Parties	☒Yes ☐No	Primarily attorneys, but open to all stakeholders	150	Virtual Webinar	Provide attorneys with the skillset to effectively engage respondents in their case in order to move toward permanency.	☒S ☐L ☐B ☐O ☐N/A
Well-Being	☒Yes ☐No	All stakeholders	~160	Virtual Webinar	To educate professionals how to promote wellbeing for children suffering trauma and how to teach professionals how to handle secondary trauma.	☒S ☐L ☐B ☐O ☐N/A
Disparity/ Disproportionality	☐Yes ☒No					☐S ☐L ☐B ☐O ☐N/A
ICWA/Tribal Collaboration	☐Yes ☒No					☐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*
Sex Trafficking	☒Yes ☐No	Primarily attorneys, but open to all stakeholders	94	Virtual Webinar	Provide professionals with the knowledge to help youth transitioning from care effectively to prevent deleterious situations.	☒S ☐L ☐B ☐O ☐N/A
Normalcy/Reason. Prudent Parent	☐Yes ☒No					☐S ☐L ☐B ☐O ☐N/A
Prevention	☐Yes ☒No					☐S ☐L ☐B ☐O ☐N/A
Safety	☐Yes ☒No					☐S ☐L ☐B ☐O ☐N/A
Other:	☐Yes ☒No					☐S ☐L ☐B ☐O ☐N/A

Appendix E

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

Mission of the Committee

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

1. Identifying barriers impeding access to a free appropriate public education for children in out of home care;
2. Gathering information and collecting data on the educational status of children in out-of-home care;
3. Developing recommendations and undertaking projects for improving services for children in out-of-home care;
4. Advising the State Superintendent of Schools and State Board of Education on the educational status of children in out-of-home care and making recommendations for administrative, policy or legislative changes;
5. Working to increase the public awareness of the educational needs of children in out-of-home care;
6. Fostering an interagency collaborative approach to problem solving; and
7. Identifying promising and best practices to improve services for children in out-of-home care.

Meetings in 2021 and Committee Membership

The Education of Children in Out-of-Home Care Advisory Committee held three regular meetings in 2021 and one meeting of the Multi-Disciplinary Team (MDT) Subcommittee. The regular meetings were held on May 10, 2021, August 2, 2021 and November 17, 2021. The MDT Subcommittee meeting was held on February 23, 2021. All meetings were held virtually via Microsoft TEAMS. The membership of the committee is listed in Appendix I.

Activities of the Committee

Employment of Education Recovery Specialists

As a result of the closure of Pressley Ridge at Laurel Park, the West Virginia Schools of Diversion and Transition (WVSDT) repurposed two (2) positions to assist children in foster care in the state by working with county school districts, foster care personnel and foster parents. The new positions, titled **Education Recovery Specialists,** were filled in the fall of 2021 and their major duties include:

- Coordinating with teachers, administrators, transition specialists, county school systems, host agencies, and DHHR, as applicable, for continuation of education services for students in the foster care system.
- Participating in Individual Education Plan (IEP) meetings and Multi-Disciplinary Team (MDT) meetings, where appropriate.
- Assisting DHHR and WVDE in tracking educational needs and progress for targeted students in the foster care system.
- Assisting students in obtaining additional educational and tutoring services, as needed, to reach grade level academically.
- Contacting community resources, state, and non-profit agencies to link, refer, and/or advocate on behalf of and support of students who are in the state's foster care system.
- Providing educational support and training for foster parents.
- Developing relationships with foster care agencies for the purpose of identifying and assisting foster youth with their educational needs, and
- Coordinating activities with WVSDT's Transition Specialists.

A full job description of WVSDT's Education Recovery Specialists is available upon request from the West Virginia Department of Education.

This new leadership initiative from the WVSDT is targeted at **closing the achievement gap** for children in foster care as well as gaining understanding why the vast majority of children in foster care are doing so poorly in school and why some children in foster care are doing well academically. The initial stages of this new initiative comprise networking and building a plan to help children in foster care.

Expansion of the "Bridge Project"

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. In this regard, the Advisory Committee has 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 objective of the program is to collaborate with students, schools, and families to academically support students K-12 in the foster care system or youth residing in a kinship placement. The Bridge presently serves students in Clay County Schools and uses a nationally validated program called Check and Connect, developed by the University of Minnesota. In Clay County, the results for the Bridge program have demonstrated over a number of school years dramatic improvements in school behavior, academic performance, and promotion and graduation rates.

During 2021, Mission West Virginia applied to the WV Schools of Transition and Diversion and the Milan Puskar Foundation and received funding for the expansion of the project.

- Project expansion provided seven (7) new Mentors and one (1) Mentor Coordinator for seven (7) new sites.
- 198 new students per year will be served through funding from the WV Schools of Transition and Diversion and 33 new students from the Milan Puskar Foundation funding.
- Results will be measured in attendance, behavior, grades, and post-secondary education plans. Results will continue to be tracked through an online data collection tool.
- Sites have been identified for expansion in **Boone**, **Kanawha** and **Clay** Counties.
- MOUs have been signed by the Kanawha and Boone County Boards of Education.
- Mentors were trained on the Check and Connect model by the University of Minnesota.

Coordination with the State's Foster Care Ombudsman

The Advisory Committee and the WVSDT continue to work in coordination with the State's Foster Care Ombudsman, Pamela M. Woodman-Kaehler. Highlights of this coordination in 2021 included the resolution of an issue concerning the participation of foster youth in varsity sports. The Advisory Committee assisted the Foster Care Ombudsman in resolving this issue by contacting the West Virginia Secondary Schools Athletic Commission (WVSSAC) and having the Commission state their unwritten policy that if a foster child is transferred to another home in another district that that child is eligible to play sports. The WVSSAC resolved to continue, via their workshops, to notify principals and administrators of their position on this matter.

At its August meeting, the Foster Care Ombudsman reported that only 3% of her cases were education related. In September of 2021, Ms. Kaehler reported, "I am in a meeting presently where there is a group of very compassionate people who are asking, "how can we express thanks and support for teachers and school personnel - so they can hear/read how people care for them, support them, appreciate them?"

The coordination with the State's Foster Care Ombudsman has been very effective in resolving educational issues and enhancing communication between agencies and parents and agencies.

Monitoring of the Education Programs of Children Placed Out-of-State

Only one on-site out-of-state monitoring was implemented during the past year and a half due to COVID-19. Abraxas, located in Pennsylvania, which houses 42 West Virginia students, was monitored on December 7-9, 2021. The written results of this monitoring have not been finalized at the time of the preparation of this annual report. Upon completion, this report may be obtained from the Office of Federal Programs, West Virginia Department of Education (WVDE).

The Office of Special Education continues to monitor Individual Educational Plans (IEPs) off-site for all children with disabilities placed out-of-state.

Since July 1, 2021, West Virginia has 241 special education students placed in out-of-state facilities. There are 558 general education and special education students from West Virginia in out-of-state facilities.

WVDE changed procedures for IEP development for students who are court ordered to out-of-state facilities, effective July 1, 2021, to improve the quality of IEPs by having the county school districts write the student's IEP on the West Virginia online IEP form. The out-of-state facility staff will be implementing the IEP; therefore, facility staff will be expected to develop a draft IEP and work together with the county school district.

Increasing Educational Participation in Multi-Disciplinary Team Meetings

The Every Student Succeeds Act requires that county school districts have **Points of Contact** established in every county as does DHHR (Community Service Managers). To implement this provision of federal law, **training for Points of Contact was held on August 25, 2021, as a joint effort by DHHR and WVDE.** The training was arranged by Cammie Chapman, DHHR General Counsel and Sheila Paitsel, WVDE Director of Special Education and Federal Programs and provided by Amanda Spencer, CPS Policy Specialist, DHHR. The training provided educators with information about the MDT process and the responsibility of education personnel. The goal of the Points of Contact provisions in federal law is to ensure collaboration at the local level regarding implementation of the education requirements of the law and education stability for children in foster care.

A video recording of the training is available from the Office of Special Education and Federal Programs.

The Advisory Committee continues to participate in the Quality Hearing/MDT project survey under the administration of Brenda Hoylman, Director, Division of Children and Juvenile Services, Supreme Court of Appeals of WV. The results of this survey regarding the participation of educators in the MDT process will be reported to the Advisory Committee at its next meeting.

Transition Specialist Activities

The West Virginia Department of Education, through the West Virginia Schools of Diversion and Transition (WVSDT), 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 2020-2021 fiscal year were as follows:

- Facilitated remote learning and enrollment statewide for WVSDT students during the COVID-19 pandemic.
- Coordinated education services for transitioning students as public schools closed and opened throughout the pandemic and as WVSDT staff were often displaced from their offices.
- Attended and participated in various remote professional development opportunities such as Handle with Care and the Student Success Summit.
- Provided a remote professional development framework by category for WVSDT staff and increased training opportunities and required hours for transition staff.
- Ensured the WVSDT student database accurately reflected all students served and gathered required information for Title 1 federal monitoring.
- Streamlined transition activities for students returning from out-of-state facilities and collected necessary information to capture maximum student credits for returning students.
- Developed post-COVID goals for 2022 to improve education services for students returning from out-of-state facilities, including:
    - Make stronger connections between educational between educational staff in out-of-state facilities, WVSDT, and county schools;

    - Ensure individual students are aware of available programs/opportunities that may apply to them when they return to West Virginia; and,
    - Provide facilities more hands-on assistance and support when creating class schedules and understanding WV graduation requirements.
- Improved overall communication and relationships with WVSDT partners (e.g., court personnel, DHHR, and homeless shelters) by shifting to remote platforms to continue to effectively serve students.
- Obtained mentor certificate for Mountaineer Challenge Academy (MCA) to provide mentoring services for a student returning home from MCA.
- Initiated new partnerships with psychiatric residential treatment programs to connect education services with home schools to provide continuous and appropriate educational programming to better serve students during treatment and upon discharge to public school or placement.
- Assisted with identifying and contacting families for school meal delivery and pick-up during COVID-19 school shutdowns.

Additional information about the statewide transitional services provided by the West Virginia Schools for Diversion and Transition, including staff and a map of the state coverage, may be found at the following link: https://wvde.us/schools-of-diversion-transition/transition/.

Goals for 2022

During 2022, 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 (MDTs); (3) reporting on the educational status, achievement and needs of children in out-of-home care; (4) improving and expanding the services provided by the Education Recovery Specialists and Transition Specialists; and (5) expanding the Bridge program to close the achievement gap and improve educational outcomes for more students in foster care and kinship care.

APPENDIX I

EDUCATION OF CHILDREN IN OUT-OF-HOME CARE

ADVISORY COMMITTEE

MEMBERSHIP LIST

2021

West Virginia Department of Education

WV SCHOOLS OF DIVERSION & TRANSITION

Jacob Green, Superintendent (Chair of Advisory Committee)

Mollie Wood, Manager–Adult Programs

Rachel Stewart, Lead Transition Specialist

Frank D. Andrews, Retired Superintendent of Institutional Education Programs

Deborah Spears, Education Recovery Specialist

Brittany Gould, Education Recovery Specialist

OFFICE OF FEDERAL PROGRAMS & SUPPORT

Sheila Paitsel, Director of Special Education

Lisa Carden, Coordinator, ESEA/IDEA Compliance

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Carla J. Harper, Director of Children and Adult Services

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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 & Juvenile Services

West Virginia Division of Juvenile Services

Denny Dodson, Central Office Administrator

ADVISORY COMMITTEE MEMBERSHIP LIST

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

APPENDIX F

WEST VIRGINIA FAMILY TREATMENT, ADULT, AND JUVENILE DRUG COURTS

West Virginia

Family Treatment Court

FY 2021

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Chautle Haught
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Alicia Fields
WVOCMS Quality Assurance Manager

- The West Virginia Family Treatment Courts (FTC) are a cooperative effort of the Circuit Court, Child Protective Services and substance abuse treatment providers, as well as anyone involved in the welfare of children in the foster care system.
- FTC's are established in accordance with §62-15B-1 and are designed and operated consistent with national standards set forth by the Center for 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.
- The Vision of the Family Treatment Courts is to strengthen West Virginia children and families through recovery, resiliency and permanency.
- The Mission of Family Treatment Courts is to partner with families and communities to provide guided supports through immediate interventions that facilitate attachment, family empowerment, recovery and reunification to ensure the safety, well-being and permanency of West Virginia families.
- The goals are to assist parents with accessing substance abuse treatment in a more timely manner, returning children home and reunifying them at a potentially faster rate than traditional abuse and neglect court proceedings, and ensure fewer children experience subsequent maltreatment and return back to foster care.
- Referrals to FTC can be made by child protective service workers, prosecutors, defense attorneys, guardians ad litem (GAL) and/or Circuit Judges.
- The program is structured in five milestones. The minimum program length is 9 months which includes a 90 day aftercare program.
- Individuals enter Family Treatment Court at the Post Adjudicatory Improvement Period phase of the abuse and neglect proceedings.
- Program components 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 parenting time with their children until reunification.
- Each FTC will be comprised of a local treatment team which may include the Circuit Judge, Case Coordinator, CPS Worker, GAL, CASA, Defense Attorney, Prosecutor, treatment providers and other community stakeholders.
- WV has ten Family Treatment Courts serving 11 counties in Boone, Ohio, Randolph, Nicholas, Roane, Calhoun, Logan, McDowell, Fayette, Wood, and Wetzel Counties.

The Division of Probation Services would like to extend a special thanks to the WV Office of Drug Control Policy and the Bureau for Children and Families for their partnership in this project..

West Virginia

ADULT DRUG COURTS

FY 2021

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Christine Fox
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Alicia Fields
Quality Assurance Manager

- 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 four phases with built-in Aftercare in the program. The minimum program length is one (1) year, as set forth by law. Drug Courts may include pre-adjudication or post-adjudication participation.
- Program components include: intensive supervision, frequent 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 Circuit Judge.
- 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 2021 the average annual cost per drug court participant was $5,331, which is an increase of $286 from FY 2020, 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, 2021, there were twenty nine (29) operating ADC programs 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 842 total participants served in FY 2021.

NADCP
National Association of Drug Court Professionals

West Virginia

Juvenile Drug Court

FY 2021

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

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- 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 with the last phase serving as built-in Aftercare for all participants. The minimum program length is twenty eight (28) weeks.
- 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 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, 2021, there were seventeen (17)* JDC programs serving the following counties: Berkeley, Boone, Brooke, Cabell, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, McDowell, Mercer, Monongalia, Morgan, Ohio, Pleasants, Putnam, Raleigh, Randolph, Ritchie, Wayne, Wirt, and Wood Counties
  - Marion County was approved for a JDC in September 2019 but is currently inactive.
  - McDowell and Cabell Counties were inactive for FY 2021.
- 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 2021 the average cost per youth was $4,269 which is an increase of $747 from FY 2020. 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 280 participants served by the JDC programs for fiscal year 2021.
- 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.