Advancing New Outcomes:

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

2022 Annual Summary Report

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR SOCIAL SERVICES

Commission to Study Residential Placement of Children
February 2023

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jeffrey H. Coben, M.D.
Interim Cabinet Secretary

A Message from the Cabinet Secretary

As the Interim 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 2022 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 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.

In the past year, we have widened our focus to include more assistance for mental health and the well-being of our citizens, helping our children recover from the repercussions of educational difficulties during the COVID pandemic while continuing efforts to address the opioid epidemic, homelessness, and bringing our children back home to West Virginia.

The Commission is continually working to be characterized by trust, transparency, communication, and collaboration. We look ahead with optimism in the progress that has been made and will continue to be made with our partners and stakeholders to overcome the challenges facing the families and children of our state.

Sincerely,

Jeffrey H. Coben, M.D.
Interim Cabinet Secretary

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FOUNDATIONS OF CHANGE

Opioid Epidemic: The Critical Issue

Although the number of West Virginians dying of drug overdose in 2022 decreased by 4% compared to the previous year, the opioid epidemic continued to affect children in foster care. Many children who entered into foster care are linked to abuse, neglect and deplorable living conditions because of parental substance abuse. As a result, many new programs are being implemented to try to assist those struggling with substance use and overdose.

DHHR's Office of Drug Control Policy (ODCP) is both leading and monitoring these efforts, which include expanding access to naloxone; the statewide "Save a Life Day," which provides naloxone to all 55 counties; and OneBox, a West Virginia-born invention to get naloxone into communities and finding new ways to get naloxone in the hands of people when they need it. Additionally, ODCP partners are driving innovation that saves lives. The West Virginia Collegiate Recovery Network and the West Virginia Drug Intervention Institute launched a new overdose prevention and education initiative on West Virginia's college and university campuses titled, "Be The One." The purpose of the initiative is to educate and motivate individuals, campuses, and communities to take action across the continuum to prevent medication misuse, prevent and respond to overdoses, to build informed communities, and promote recovery and recovery support. The initiative is the first of its kind and spans many topics.

With partners and programs such as these, the Commission continues to broaden its efforts and find new ways to address this critical issue that is affecting our children and adults within West Virginia's communities.

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.

All parties participating in the Commission agree on goals of ensuring 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, 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. 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 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 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 multiple services are delivered in a coordinated and therapeutic manner and 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 services are sensitive and responsive to these differences.

PRIORITY GOALS AND FOCUS OF THE COMMISSION IN 2022

During 2022, 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 2022:

- 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 2022 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

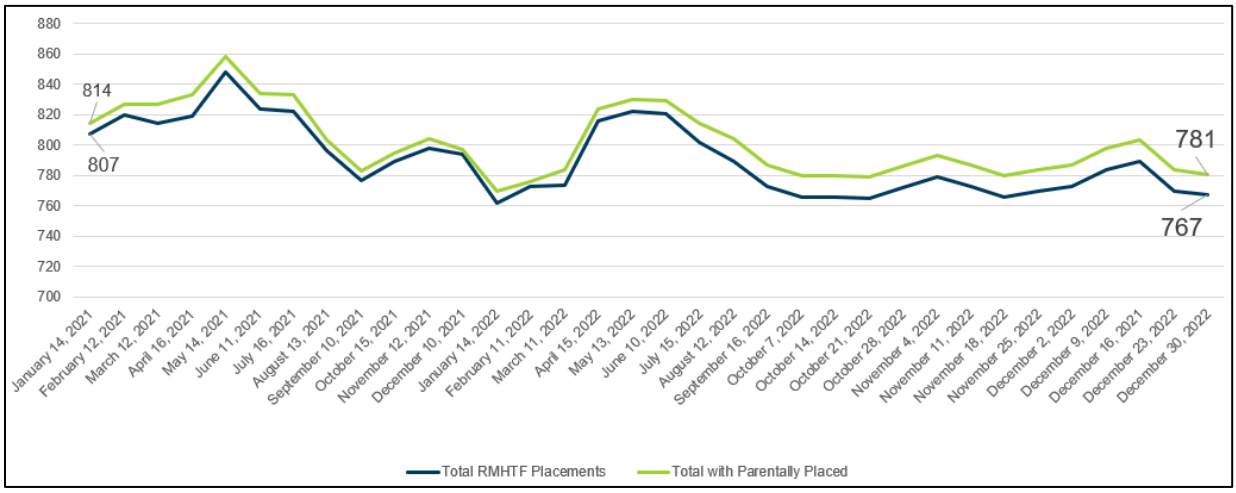
DHHR is actively working to reform mental and behavioral health services for Children with Serious Emotional Disorders (CSED) and their families across West Virginia. Beginning in 2019, DHHR has facilitated in-depth discussions and planning meetings with multiple bureaus, community partners and stakeholders to design and develop new pathways, processes, and services to help ensure home and community-based services (HCBS) are available and accessible statewide to reduce the risk of out-of-home placement in institutional or other settings.

Data collection, reporting, and quality improvement processes are at the forefront of managing and stabilizing these efforts to help facilitate access to HCBS, keep youth closer to their home and communities when they do have to be treated in a residential setting, and overall improving outcomes for youth and families.

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 West Virginia children in foster care placed in a RMHTF at the weekly point-in-time and the red line includes West Virginia 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. DHHR surpassed the initial goal of reducing the total census to 822 by December 31, 2022, with a preliminary census of 781 children as of year-end 2022 (Figure 01).

As part of this focus to keep youth closer to home, sustained decreases have been observed in the number of children in out-of-state placements for West Virginia youth, with 249 individuals in out-of-state placement as of October 1, 2022, compared to October 1, 2021, with a census of 267 youth.

Figure 01 – RMHTF Placements January 2021-December 2022



Following the soft launch of DHHR's Bureau for Social Services (BSS) Assessment Pathway (the Pathway to Children's Mental Health Services) in October 2021, a phased rollout with outreach to key stakeholders was executed from January – June 2022. During this period, 447 youth were referred to the Assessment Pathway. Screening and referral processes were put in place to offer a "no wrong door" approach, streamlining and facilitating access to assessment and connection to home and community-based services for children and families. Referrals to the Assessment Pathway can originate from multiple sources. Screening and appropriate referrals originate from primary care providers, Juvenile Services, Probation Services, Child Protective Services, Youth Services, residential providers, as well as from families calling directly into the 24/7 HELP4WV Children's Crisis and Referral Line. All sources lead to appropriate connection to home and community-based services.

Providers, advocates, youth, and their loved ones can access the Children's Crisis and Referral Line, which is a central point for families to access not only crisis services and mobile response, but also information and screening for referral to additional home and community-based services such as wraparound services including the CSED Waiver, by calling 1-844-HELP4WV, texting 844-435-7498, or using the online chat feature at https://www.help4wv.com/. An increase in calls was noted in 2022, with most calls reported as requesting information for services, rather than families reporting to be in crisis. Notably, there were more calls in the first half of 2022 (494) than all of 2021 (408). By helping families become more aware of services and simplifying navigation to these services, the need for out-of-state placement could be prevented for many youth.

As of December 31, 2022, 536 youth were actively receiving services through the CSED Waiver program, which includes intensive community-based wraparound services. Since program's inception, at least one application has been submitted from every county across the state, which is a positive sign of the messaging and awareness of CSED services statewide. A waitlist currently exists for CSED Waiver Wraparound Facilitation, but these interim services are in place to meet needs during the wait. As of February 6, 2023, 5 children were on the waitlist for wraparound facilitation through the CSED Waiver program. The number of providers actively providing CSED Waiver services has increased from 12 to 18 as of January 2023, with four additional providers in the process of becoming certified to offer CSED Waiver services. There is at least one CSED Waiver service provider offering services in each county across the state. Forecasting capacity needs and expanding the provider network remains a key focus with collaboration from the state's managed care organization (MCO), AETNA.

The issue of out-of-state placements – as well as mental health services in general – is impacted by West Virginia's lack of in-state expertise available needed to take care of these children. Estimates from the Health Professionals Shortage Area Quarterly Report (December 2022) have indicated that West Virginia has only 13% of the total mental health care professionals needed in the state.

As part of capacity development strategies, the Reducing the Reliance on Residential Placement (R3) workgroup has been engaged with residential providers, a consultant from Casey Family Programs to develop a residential model of care that better fits the needs of West Virginia's children. The plan put in place will include an evaluation of the needs of children placed out-of-state to determine the types of residential services and the capacity which may be required to serve them in-state. West Virginia is working with Casey Family Programs in detailing the plan to help ensure children have options to stay closer to home, family, friends, schools, and communities for behavioral and mental health treatment intervention when residential placement is the most appropriate option. Part of these plans include continued development of new models of care to support trauma-informed care of children with specialized needs, such as significant physical aggression, moderate to severe self-harm, autism spectrum disorder, and intellectual and developmental disability/borderline intellectual and developmental disabilities. This plan is expected to be available in the Spring of 2023.

For youth who are at high risk of residential placement, the Qualified Independent Assessment (QIA) process is designed to identify a child's needs and provide a recommendation on the appropriate level of intervention and least-restrictive service setting to meet those needs based on the CAFAS/PECFAS and Child and Adolescent Needs and Strengths (CANS) assessments. DHHR began a phased rollout approach, with all counties to have implemented this practice as of May 2023 for individuals who are involved with BSS and are not currently placed in an RMHTF. Plans also include expansion of this process to youth in residential facilities to help ensure youth receive treatment in the least restrictive setting. The QIA is expected to reduce the RMHTF census by diverting youth from inappropriate placements and connecting youth and families with HCBS when appropriate. Training and implementation was completed in 25 counties by January 31, 2023. As of January 23, 2023, 28 children have been referred to this process with 22 completed assessments.

In addition to the QIA process, in 2022, the out-of-state placement request and review process was enhanced to require any out-of-state placement request to first be reviewed with the DHHR's BSS Program Manager or Child Welfare Consultant and include involvement of the MCO case manager to help ensure all other options have been exhausted before approving and forwarding the request to DHHR's BSS Commissioner for final approval. The process above, along with enhanced review and data collection of out-of-state placement processes, has increased opportunities to help ensure out-of-state placements are used only as a last resort and kept youth in their communities when possible.

Data will continue to be collected and assessed across multiple systems as processes and services are implemented. Data review and continuous quality improvement processes help DHHR, partners, and stakeholders continue to understand barriers to children being served within the community and improve outcomes for children and families, including appropriate treatment and level of care based on an individual qualified assessment.

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

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 to continue to fully develop and manage the TCOM model..

Working closely with the Praed Foundation at the University of Kentucky, the Center for Innovation in Population Health (IPH) and in partnership with DHHR, service providers and other stakeholders, define their goal as 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 Teams, Out-of-State Review Teams, and Conference Calls

The Regional Clinical Review Process is a coordinated effort to provide a comprehensive and coordinated clinical review of designated youth. The process has several steps to assure that the review is objective, thorough, and

includes a standardized assessment tool utilized in all reviews. The role of the review process is to identify what the youth's current treatment and permanency needs are and serve as a resource to the youth's individual 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 of the DHHR's four regions have a team consisting of community members that represent group residential facilities, psychiatric residential treatment facilities and acute care hospitals, treatment foster care, Safe at Home West Virginia and Children's Mental Health Wraparound (WRAP), community mental health centers, and agencies working with youth with intellectual disabilities. Individuals with expertise in certain areas may be called upon occasionally. This team participates in Regional Clinical Review Teams, Out-of-State Review Teams, and conference calls.

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

STAFFING, FACILITATION, AND OVERSIGHT OF MULTIDISCIPLINARY TREATMENT PLANNING TEAMS

West Virginia Court Improvement Program Oversight Board

The Supreme Court of Appeals of West Virginia established the West Virginia Court Improvement Program (CIP) Oversight Board in 1995. The Oversight Board was created as a result of the federal Omnibus Budget Reconciliation Act of 1993 (the act). It took over the Broadwater Committee's work to improve outcomes for children and families in child abuse and neglect cases (the Court established the Broadwater Committee in the mid-1990s).The act designated federal funding beginning in fiscal year 1995 for grants to state court systems to assess their foster care laws and judicial processes and to develop and implement a plan for system improvement. The Oversight Board is the multidisciplinary advisory group and task force to implement the program in West Virginia. The U.S. Department for Health and Human Services, Administration for Children and Families continues to fund the program annually.

The mission of the West Virginia CIP is to advance practices, policies, and laws that improve the safety, timely permanency, and well-being of children and due process for families in child abuse/neglect and juvenile cases.

CIP Staff engaged in a variety of education and community outreach activities to meet the mission of the CIP in calendar year 2022.

Education and Community Outreach

Training taking place in 2022:

- 1,099 training attendees
- Ten new magistrates trained on Title IV-E reasonable efforts.
- Four judicial stakeholder's meetings held, each tailored to the community and addressing local issues in abuse and neglect proceedings
- Virtual and on-site new user trainings provided to new Juvenile Abuse and Neglect Information Services (JANIS) users
- Ten Lunch and Learn sessions held.
- CIP supported the Emergency Shelter Provider Network (ESPN) conference, Court Appointed Special Advocate (CASA) training, and the development of trafficking education curriculum carried out by Children's Home Society

CIP continued to support JANIS, a software system that holds information on abuse and neglect cases. Data from JANIS is used to identify trends in how abuse and neglect cases are handled in West Virginia. More than 4,700 cases were added to JANIS in 2022. Work continues to strengthen the quality of the data contained in the system.

New View: The New View program restarted in April 2020 as a judicial resource program wherein judges or their designee can refer children to the program. Once screened in, a CIP Field Coordinator reviews both Court and State Child Welfare Agency records, interviews the child and case collaterals, and attends pertinent hearings and MDT meetings. They then make recommendations to the child's MDT. Fifteen children had reviews completed during 2022. The second annual New View report was released in 2022 and is available upon request.

Quality Hearing Project: All CIPs are required to have a project to improve hearing quality. WV CIP has a project that looks at the quality of the MDT meeting and its impact on the subsequent court hearing. If the MDT is quality, in that all parties are present, feel heard, and come to consensus on the case plan, then factors and variables that indicate quality will be apparent in the hearing. This means there was enough discussion at the MDT that judicial inquiries are easily answered in the hearing. CIP staff are observing MDTs and the subsequent hearings and will see if there is a correlation. This project continues the needs assessment, a report demonstrating findings from 1,044 survey participants was released in Spring 2022 and is available upon request. About 100 MDT/hearing pairs have been observed. These observations will continue through March 2023. The next phase of the project will be to analyze data, perform root cause analysis, and develop a theory of change. This phase will begin summer 2023 and continue through winter 2024.

Missing From Care Project: This project seeks to identify reasons and solutions as to why youth run away. Due to a shortage of information on West Virginia's runaway children, CIP began interviews in 2019 with youth who were missing from care for more than 24 hours. To date, 277 interviews have been completed, and once 300-350 interviews are completed data will be analyzed for possible solutions to reduce the incidence of running and subsequent harmful effects for West Virginia youth.

Parent Resource Navigator: With additional funding to address gaps in service created by the COVID-19 pandemic, the CIP supported the startup of a parent navigator program in Morgan County. The parent navigator assists parents with 'navigating' the system and work with them to help them meet requirements for reunification. There were 33 new abuse and neglect petitions filed in Morgan County in 2022. The parent navigator program in Morgan County:

- Took in 30 new parents this year and worked with about 60 parents at any given time.
- The parent navigator attended 55 MDTs and 324 court hearings.
- The navigator reported 17 reunifications. Of the six terminations reported, four were voluntary.

Moving forward, CIP looks to support additional similar efforts.

Quality Hearing - MDT Project Update

Research suggests that if certain indicators are present during child welfare hearings, the outcomes for the child and family are better. Indicators include presence and engagement of case parties and judicial inquiries that lead to findings that shepherd the child to permanency. In West Virginia, all children involved in abuse and neglect cases participate in MDT teams. These are held throughout the life of the case and can be critical in monitoring the child's case and preparing the parties for the subsequent hearing.

CIP has a hearing quality project that focuses on the impact of the MDT on the subsequent hearing. The project seeks to find if the quality of the MDT reflects in the quality of the hearing. Currently, Division of Children and Juvenile Services staff are collecting data directly from MDT and court observations. It is expected that the data will reveal a correlation between quality MDTs and quality hearings. Both are important to helping children reach permanency.

Stakeholder surveys were collected 2019-2021. More than 1,100 surveys were completed; it should be noted that the survey participants represent an only a portion of all West Virginia stakeholders. Numbers for education personnel and providers are unknown, but these respondents likely represent a very small portion of the total number of personnel.

Stakeholder Group	Estimated # in West Virginia	% Represented by Survey
Probation	317	25%
Attorneys	6,284	5%
Foster care parents	4,500	6%
DHHR	800	19%
CAC & CASA	380	15%

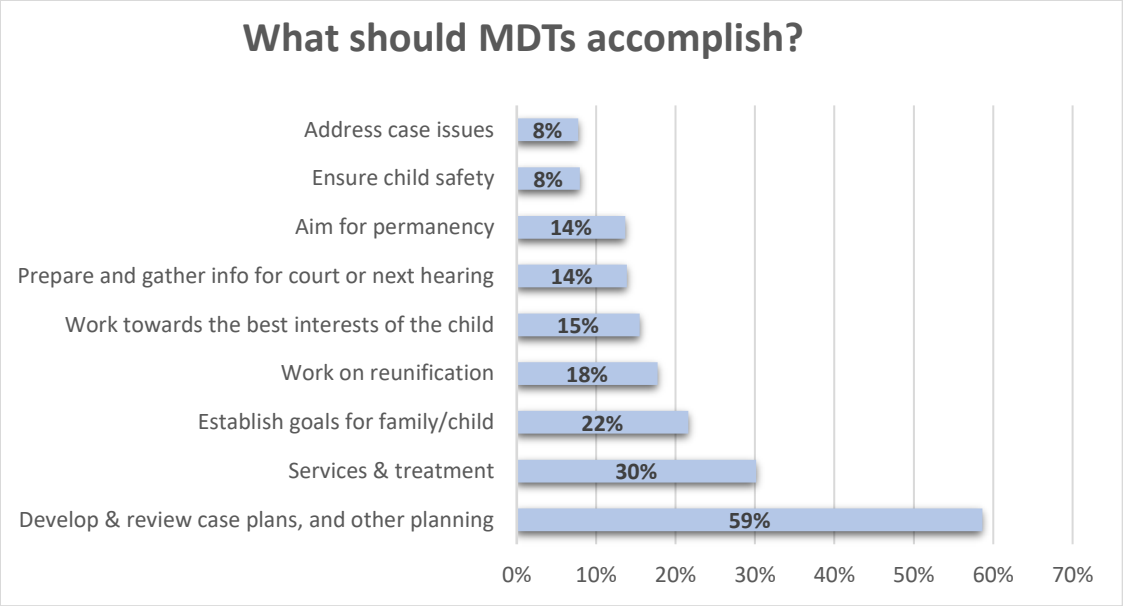
However, this report still provides some insight into the perceptions and practices surrounding MDTs in West Virginia. Below are some of the significant findings from the surveys. The full report is available here: Child Abuse and Neglect - Reports - West Virginia Judiciary (courtswv.gov)

Although 1,144 participants took the survey, 20% did not report attending an MDT, leaving 914 surveys from individuals who have attended an MDT.

- Results mirrored those from the 2008 study in that practices and perceptions vary widely across the state. While the fundamentals spelled out in the West Virginia Code were the same, there is not a statewide practice that can be identified, but rather multiple regional practices.
- The culture difference between DHHR and attorneys found in the 2008 study was not as pronounced in the current surveys.
- Attorneys reported attending the most MDTs in the previous year than any other group. They were also the group most likely to experience scheduling conflicts (92%).
- Providers stated they had the furthest to travel to attend MDTs. DHHR workers said they average about 5 miles to travel to MDTs, although most respondents stated MDTs are most often held at DHHR offices (36%), followed by county courthouses (35%).
- Twenty-nine percent reported their county has MDTs on regular set days, 69% said there was no set day, and two percent said they didn't know.
- The majority of respondents agreed that DHHR had the overall responsibility for facilitating the meeting. The next most cited group was prosecuting attorneys.
- While there seems to be some consensus as to who leads the meetings, there is more dissention over who handles scheduling and notifying participants of the meeting.

- On average, about two-thirds of those responding say DHHR is responsible for both scheduling and notifying participants of the meeting.
- Interestingly, when asked about time spent in the child welfare profession, DHHR workers averaged the least amount of time in the profession. Only 43% of professionals who reported attended an MDT in the past year also reported having training on MDTs.
- Foster care parents and representatives were asked if they received adequate information about what an MDT is and its function. Nearly all (98%) stated they had heard of an MDT but only 55% said they felt they received enough information. About 8% said they received no information at all.
- Overall, most participants that the MDTs accomplished their stated goals, met frequent enough to effective, were sensitive to the needs of all team members, and were able to reach consensus.
- Only three-fourths of survey takers felt that for the most part, MDT practices contribute to the child achieving permanency in a timely manner.
- When looking at being engaged in the MDT, meaning there was ample input from the team member, DHHR workers and attorneys for the children were listed as very much and consistently engaged. Less than one-third of respondents said this for the child.
- About one-third of attorneys said their work on MDTs results in uncompensated work, meaning unbillable hours.
- Overall, DHHR workers were more current than their counterparts with regards to recent MDT training. This could be due to the relatively newness in their positions. When looking at the time of employment within CPS, survey respondents said they had been employed anywhere from less than three months to 28 years with an average of about four years on the job. Less than one third of the workers found their MDT training to be effective. Most were neutral or negative on how well the MDT training prepared them for their role in actual MDTs. Less than half (43%) stated they had help in preparation for MDT meetings.
- Several foster parents reported they received notification of MDTs via text message.
- About half of foster parent respondents indicated they were invited to the hearing following the MDT and of those 60% said they attended.

Professionals and paraprofessionals (attorneys, DHHR workers, CASA/CAC, providers, probation, and education) were asked what they thought MDTs should accomplish. Over three-fourths (76%) responded; data from this question is shown on the following chart.



The West Virginia Division of Corrections and Rehabilitation Division of Juvenile Services staff continue to observe MDTs and the subsequent court hearing through March 2023. As of January 26, 2023, data has been captured on 92 pairs of MDT/hearings observed in 25 counties.

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

WV 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 FY 2022, BBH completed the initial phases for the development of a new pathway to services system, called the Assessment Pathway. It will include a blending of wraparound services with DHHR's Bureau for Social Services and Bureau of Medical Services. Upon the completion of the blending of these services with the three bureaus services are now called WV Wraparound. BBH continues to provide services through BBH wraparound services for those children who are determined to be ineligible for interim services through WV Wraparound.

Contracted services for a standardized wraparound curriculum through Marshall University began during FY 2022 and behavior health providers from the three DHHR bureaus were trained on a standardized curriculum for Wraparound services. This standardized curriculum allows all Wraparound service providers to gain a clear understanding of Wraparound, its processes, and how to complete high fidelity services and review.

From July -September 2021, 138 youth served through WV Wraparound; 117 youth were served from October-December 2021; and 161 youth were served from January-June 2022.

Children's Mobile Crisis Response and Stabilization

During FY 2022, BBH applied for and was awarded a national Quality Learning Collaborative training grant. This grant will provide intense and in-depth training on mobile response and stabilization services and how they act as the first point of contact for assisting with the prevention of children being removed from the home. This training grant will go in conjunction with the training curriculum that is being provided by the University of Connecticut through a grant that BBH provides to Marshall University. Additionally, BBH provided supplemental funding to add additional staff to expand services and decrease response times.

All crisis providers began training under the new Mobile Response Curriculum in December 2022 and completed the first of three parts of the training.

From July-September 2021, 397 youth were served through Children's Mobile Crisis Response; 502 youth were served from October-December 2021; and 604 youth were served from January-June 2022.

Children's Crisis and Referral Line and Warm Peer Line

During FY 2022, BBH provided four 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 with the goal for the CCRL to be the systems point of entry for children's services.

CCRL also will be tasked as the system point of entry for the new Wraparound Assessment Pathway (launched October 2021) as it takes statewide calls for referral for services and provides a warm transfer process for connection to Children's Mobile Crisis Response Teams.

*FY 2022 there 681 calls, chat and texts with an average of 57 calls per month.

***Note service data is separated this year because of a change in data collection method during the FY period**.

Family First Prevention Services Act (FFPSA)

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 Social Services continued preparations and implemented the use of these title IV-E prevention services in 2022.

Expanded School Mental Health (ESMH)

The Expanded School Mental Health (ESMH) approach 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. West Virginia has 74 ESMH schools and 18 in partnership with Project Aware for a total of 92 schools across 30 counties.

Trauma Informed Elementary Schools (TIES)

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 BBH program, the expanded TIES project serves eight elementary schools in pre-kindergarten, kindergarten and first grade classrooms in Ohio and Hancock 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 66 participating facilities that provide regular updates on bed vacancies. 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 (ESSA): 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 2023: (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 Every Student Succeeds Act (ESSA), the West Virginia Department of Education is required to annually report on the educational status and achievements of children in foster care.

During 2023, 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 ESSA; (2) increasing educational participation in 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 is 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 officers and parents and probation officers, counseling sessions for juveniles and for families, non-adversarial court appearances for juveniles and parents, and community service.

West Virginia Family Treatment Court (FTC) Program

The West Virginia Family Treatment Court (FTC) Program began in fall 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 *et seq*. and are designed and operated consistent with the FTC 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 FTC goals 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.

Since protocol for the pilot enrollment and Transitional Living (TL) enrollment has been established, the Transitioning Youth from Foster Care subgroup no longer convenes. The TL group discusses established options for youth who have or will soon age out of foster care with the goal to encourage collaboration and coordination between different groups doing varied work on issues surrounding transitional living opportunities.

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 Interim Cabinet Secretary Dr. Jeff Coben, 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 worked closely with the Governor's Council on Substance Abuse Prevention and Treatment to enact, track, and report on the West Virginia 2020-2022 Substance Use Response Plan that focused on eight key areas: prevention, community engagements, treatment, recovery and research, law enforcement, criminal justice and court systems, public education, recovery community, and pregnant and parenting women. The ODCP and the Council have now published the 2023 Priorities and Implementation Plan to carry forward over the next year.

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

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, 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. 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 2022, there were 829 referrals received, 724 cases/families served including initial assessments and closing assessments/closure letters, 105 cases were unable to be opened due to lack of complete contact information or lack or response by family (most often due to lack of family response).

Referrals are received by the program coordinator and then assigned to a specific Kinship Navigator who contacts the family and completes an assessment. The purpose of the assessment is to identify needs in the following areas:

- Helping caregivers understand the child welfare system as well as their specific role.
- Identify financial assistance needed and ensure that families are receiving all financial assistance for which they qualify.

- Identify services and needs outside of the financial scope.
- Identify areas where the family needs an advocate or to have the tools or knowledge to advocate for themselves.
- Identify tangible items needed to care for the child or to pass their home study.
- To provide emotional support to the caregiver.

Ultimate goals:

- To ensure caregivers have all needed resources to support the children in their care and to ensure that these resources are provided timely.
- To help caregivers prepare for their home studies so they can be completed in a timelier manner.
- To aid families by completing tasks and meeting needs, thus relieving some burden from Child Protective Services and Homefinding staff, especially related to needs that are small but time intensive.
- To preserve placements by providing caregivers with the tools and resources they need to feel confident in their ability to provide for the children.

Kinship Navigators demonstrate a competent understanding of the system, a willingness to go the extra mile to meet a need, and genuine concern and caring for both caregivers and the children in their care.

Snapshot (not comprehensive) of the main types of assistance provided:

Types of Financial Assistance Addressed by Navigators - 2022	
TANF and/or Medical Cards	308
Child Care Resource and Referral	86
Clothing Vouchers	165
WIC	81
Demand Payments	159
Transportation	23
Utilities	19
Home Repairs	19
Car Repairs	49

*Placement Incentive Payments were not added as a category until part-way through the grant year but were included in every assessment and any families that had not received a payment was assisted in obtaining one.

Referrals Made to Non-Financial Resources - 2022	
Foster Care Ombudsman	37
HUD	15
Educational Resources	41
Legal Aid	142
Gabriel Project	107
Local FRN	63
PRIDE	250
MODIFY	2
Birth to Three	62

Tangible Items Obtained - 2022	
Emergency Food	23
Safety Items	614
Clothing	35
Cribs	27
Mattresses	84
Bedding	94
Bedframes	61
Bunk beds	13
Car seats	22
Baby Items	34
Dresser	14
Toddler Bed	7

*Families are assisted in obtaining items that are (1) necessary to care for the children in their homes, and/or (2) required to pass a homestudy.

When a family needs tangible items, resources are explored in a specific order to conserve scarce resources and funding. The order of priority is as follows:

1) DHHR: Is it in policy that DHHR meet a specific need or cover a specific expense?
2) Community Resources: Churches, foster closets, CASA offices, Family Resource Centers, FRNs, etc.
3) Grant Funding: Determine whether there is a line item in the grant budget to purchase items necessary for families to care for children or pass their homestudy. This varies based on grant budget.
4) Agency Fundraising: Mission West Virginia has fundraised monies that may be used when other resources are not available or a certain expense is not allowable. An example might be equipment for a child to join an extracurricular activity, a formal attire or assistance with holiday presents.

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. The monitoring review team consists of representatives from DHHR's BSS Licensing Unit, Kepro, West Virginia Department of Education, Supreme Court of Appeals of West Virginia, and Aetna.

In 2022, the team reviewed the following five placements:

- Sandy Pines - 11301 S.E. Tequesta Terrace, Tequesta, FL, reviewed February 1-3.
- Woods Services - 40 Martin Gross Drive, Langhorne, PA, reviewed April 19-20.
- Timber Ridge - 1463 New Hope Road, Cross Junction, VA - reviewed June 6-7.
- Hughes Center - 1601 Franklin Turnpike, Danville, VA - reviewed October 4-6.
- Alabama Clinical, Birmingham, AL - November 15-17.

If issues were identified by team members, a corrective action plan was developed.

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) through a subsystem called FREDI.

- 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.

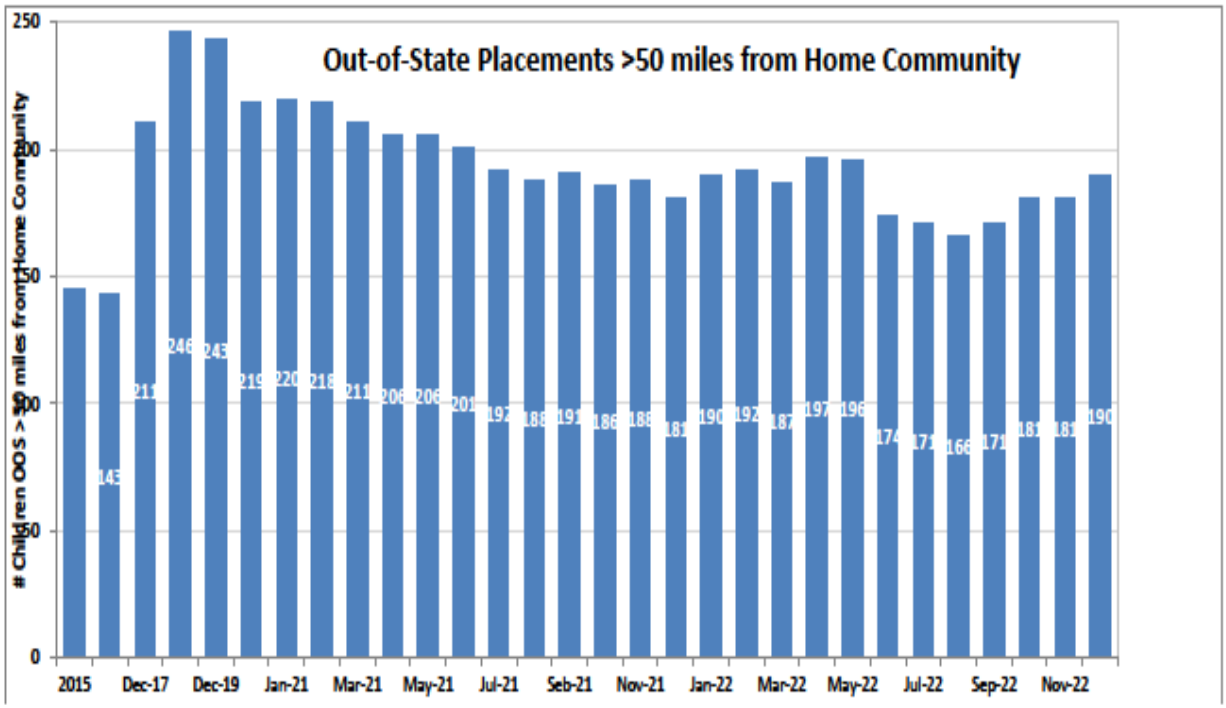
Data is extracted each month based on updated information in FACTS to provide a point-in-time analysis referred to as the Performance Scorecard (the final Scorecard for 2022 is found on the next page). Though the population of young people being monitored by the Commission is necessarily limited, the 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 2022

Out-of-Home Placements	Group Residential Care	Psychiatric Facility (Long Term)	Psychiatric Facility (Short Term)	Total	
In State	440	45	6	491	70%
< 50 miles from Home Community A	134	24	0	158	23%
> 50 miles from Home Community C	306	21	6	333	48%
Out of State	150	55	2	207	30%
< 50 miles from Home Community B	16	1	0	17	2%
> 50 miles from Home Community D	134	54	2	190	27%
Total	590	100	8	698	100%



APPENDIX B

SYSTEM OF CARE AND REGIONAL REPORTS

Out-of-State Youth Statistics
July 2021-June 2022

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)

Youth Out-of-State

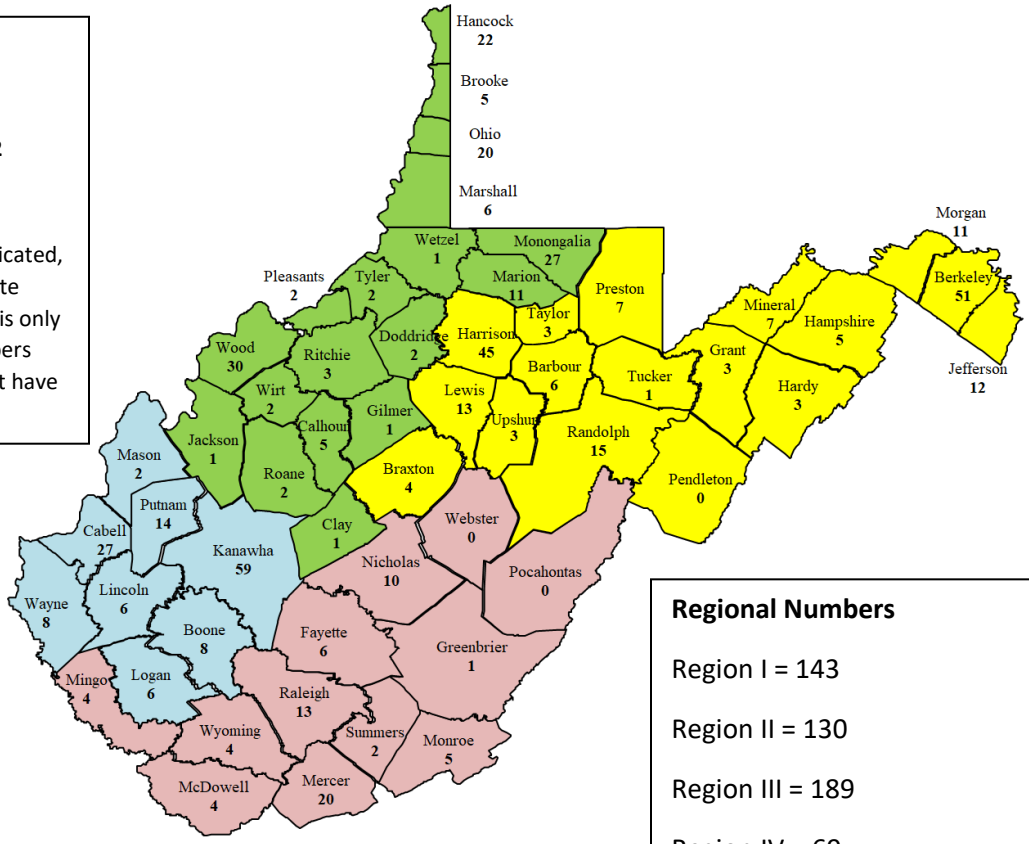
Out-of-State Youth

All Regions

July 2021-June 2022

(Total-531)

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.



Regional Numbers

Region I = 143

Region II = 130

Region III = 189

Region IV = 69

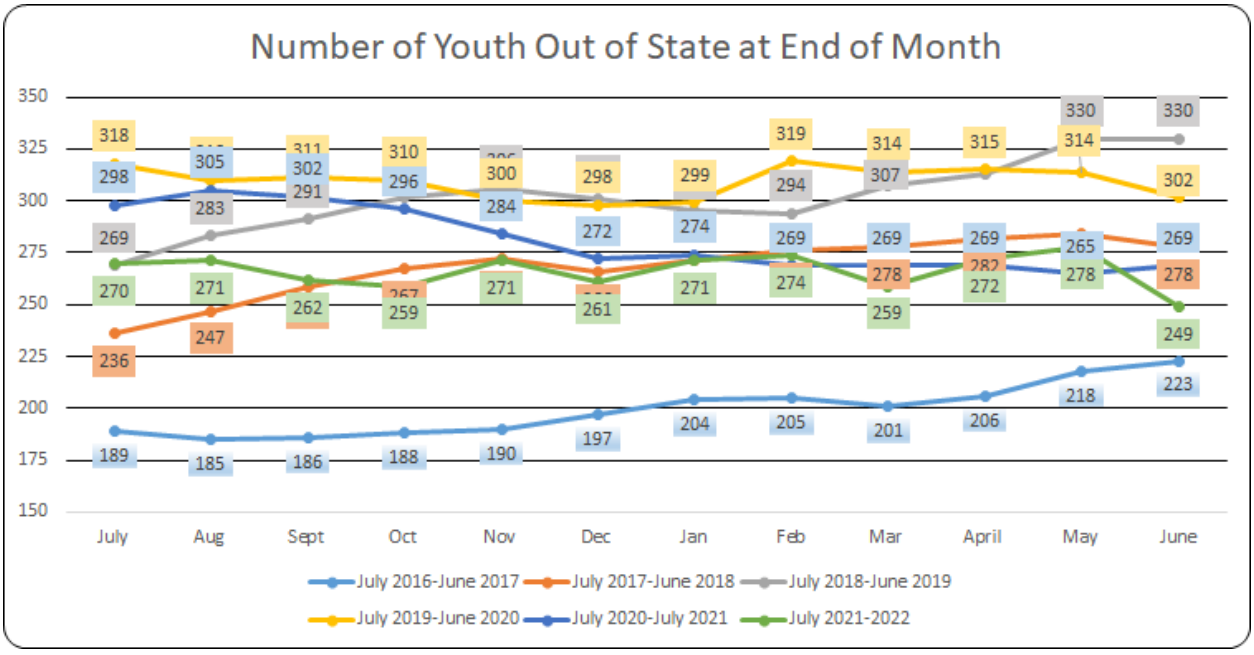
Annual Numbers

	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017
State Total	531	565	597	574	501	415

Monthly Count

The overall average number of youth out-of-state each month has decreased. It is the lowest it has been since fiscal year 2016-2017. The average number of youth out-of-state each month was:

- **2021-2022 = 266**
- 2020-2021 = 281
- 2019-2020 = 309
- 2018-2019 = 301
- 2017-2018 = 268
- 2016-2017 = 199



Youth Out-of-State Demographics July 2021-June 2022

Gender	Males = 356 (67%) Females = 175 (33%)
Age at Placement Out-of-State	10 years old or younger = 9 (2%) 11-14 years old = 102 (19%) 15-17 years old = 268 (50%) 18 years old or older = 152 (29%)
Information below is from 479 youth	
State Wards	138 (29%)
Adopted Youth	77 (16%)
Intellectual Disabilities	Mild or Moderate Intellectual Disability = 61 (13%) Autism (low and high functioning) = 61 (13%) Borderline Intellectual Functioning = 91 (19%) Total = 213 youth (44%)
Sex Offenders	Without an Intellectual Disability = 26 (5%) With an Intellectual Disability = 12 (3%)
Sexual Behaviors	156 (33%)
Adjudicated Delinquents	193 (40%) Charges only = 56 (12%)
Adjudicated Status Offenders	110 (23%) Charges only = 24 (5%)
Substance Abuse	140 (29%)

Review of Youth

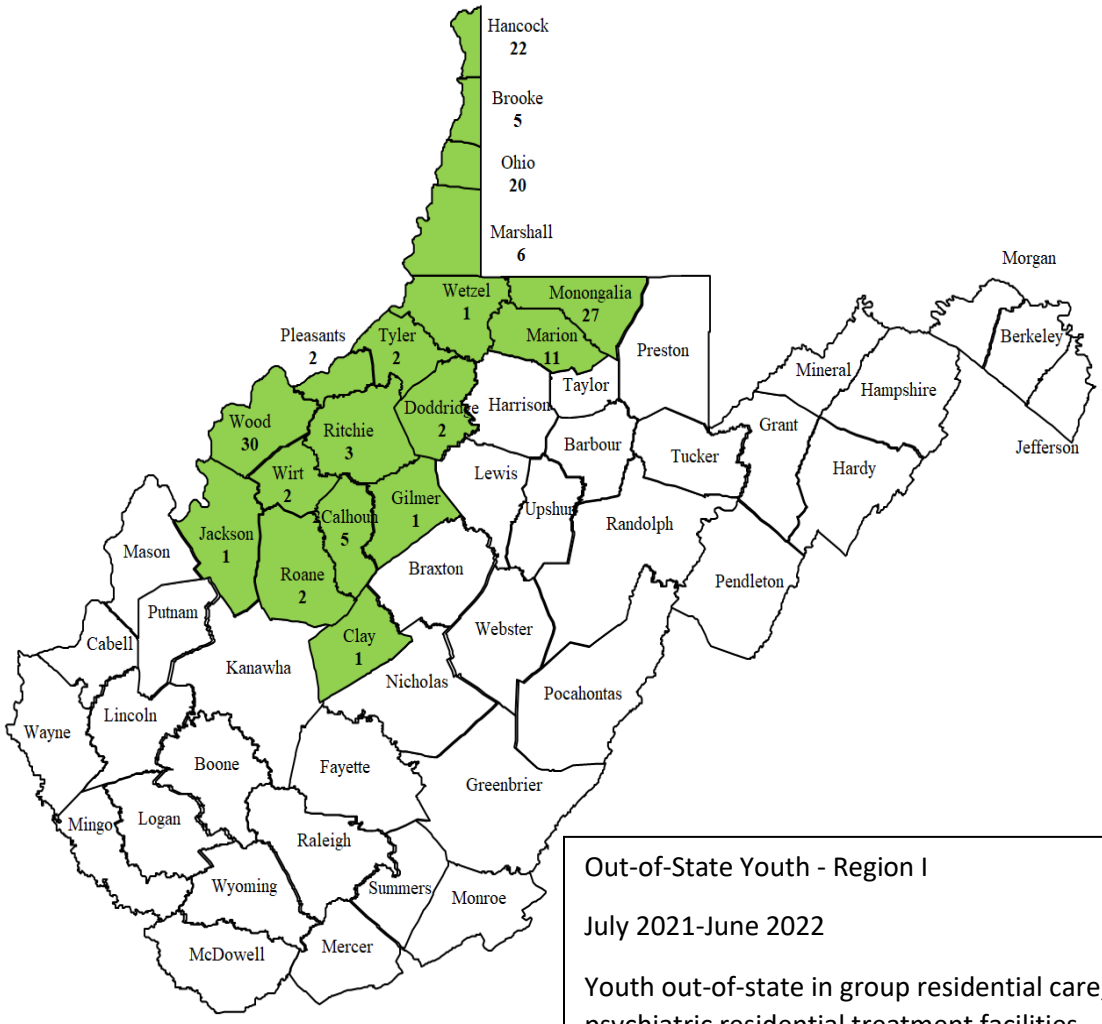
Each region has one team. This team participates in Clinical Staffings (replacing conference calls), Regional Clinical Review Teams and Out-of-State Review. Clinical Staffings include youth at risk of out-of-state or out-of-home placement. These teams consist of community members that represent group 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 until the pandemic public health emergency is over.

# of Kids Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region I	0	51	10
Region II	0	55	66
Region III	0	70	6
Region IV	0	26	6
State Total	**0**	**202**	**88**

Regional Reports

Region I

July 2021-June 2022



Out-of-State Youth - Region I

July 2021-June 2022

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.

2021-2022 = 143

2020-2021 = 158

2019-2020 = 186

2018-2019 = 183

2017-2018 = 148

Youth Out-of-State Demographics July 2021-June 2022

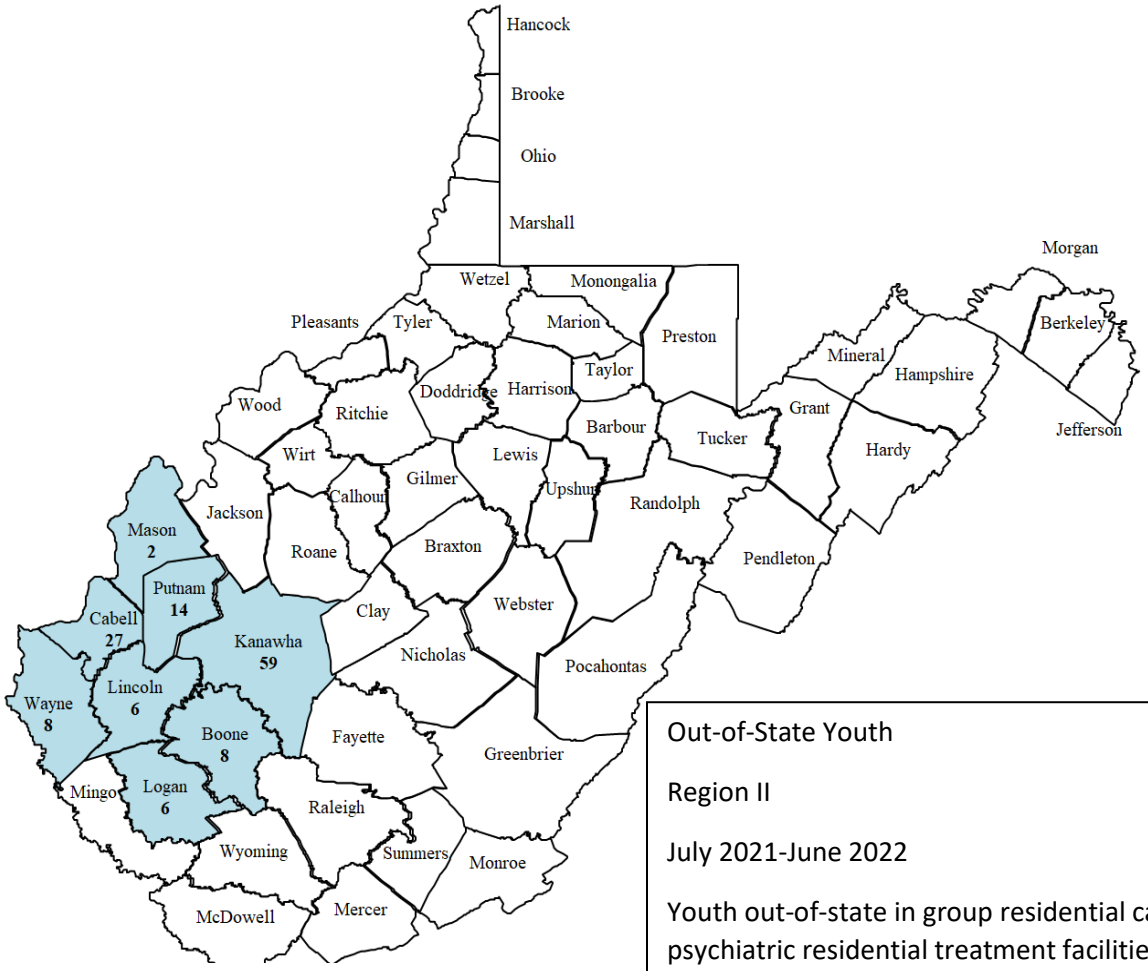
Gender	Males = 100 (70%) Females = 43 (30%)
Age at Placement Out-of-State	10 years old or younger = 1 (1%) 11-14 years old = 30 (21%) 15-17 years old = 73 (51%) 18 years old or older = 39 (27%)
Information below is from 143 youth	
State Wards	34 (24%)
Adopted Youth	20 (14%)
Intellectual Disabilities	Mild or Moderate Intellectual Disabilities = 17 (12%) Autism (low and high functioning) = 22 (15%) Borderline Intellectual Functioning = 17 (12%) Total = 56 youth (39%)
Sex Offenders	Without an Intellectual Disability = 10 (7%) With an Intellectual Disability = 6 (4%)
Sexual Behaviors	49 (34%)
Adjudicated Delinquents	51 (36%) Charges only = 29 (20%)
Adjudicated Status Offenders	34 (24%) Charges only = 10 (7%)
Substance Abuse	41 (29%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (replacing 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 until the Pandemic Crisis is over.

Youth Reviewed in 2020-2021	**Regional Clinical Review Teams**	**Out-of-State Review Teams**	**Clinical Staffings**
Region I	**0**	**51**	**10**

Region II
July 2021-June 2022



Out-of-State Youth

Region II

July 2021-June 2022

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.

2021-2022 = 130 youth

2020-2021 = 117 youth

2019-2020 = 137 youth

2018-2019 = 125 youth

2017-2018 = 99 youth

Youth Out-of-State Demographics July 2021-June 2022

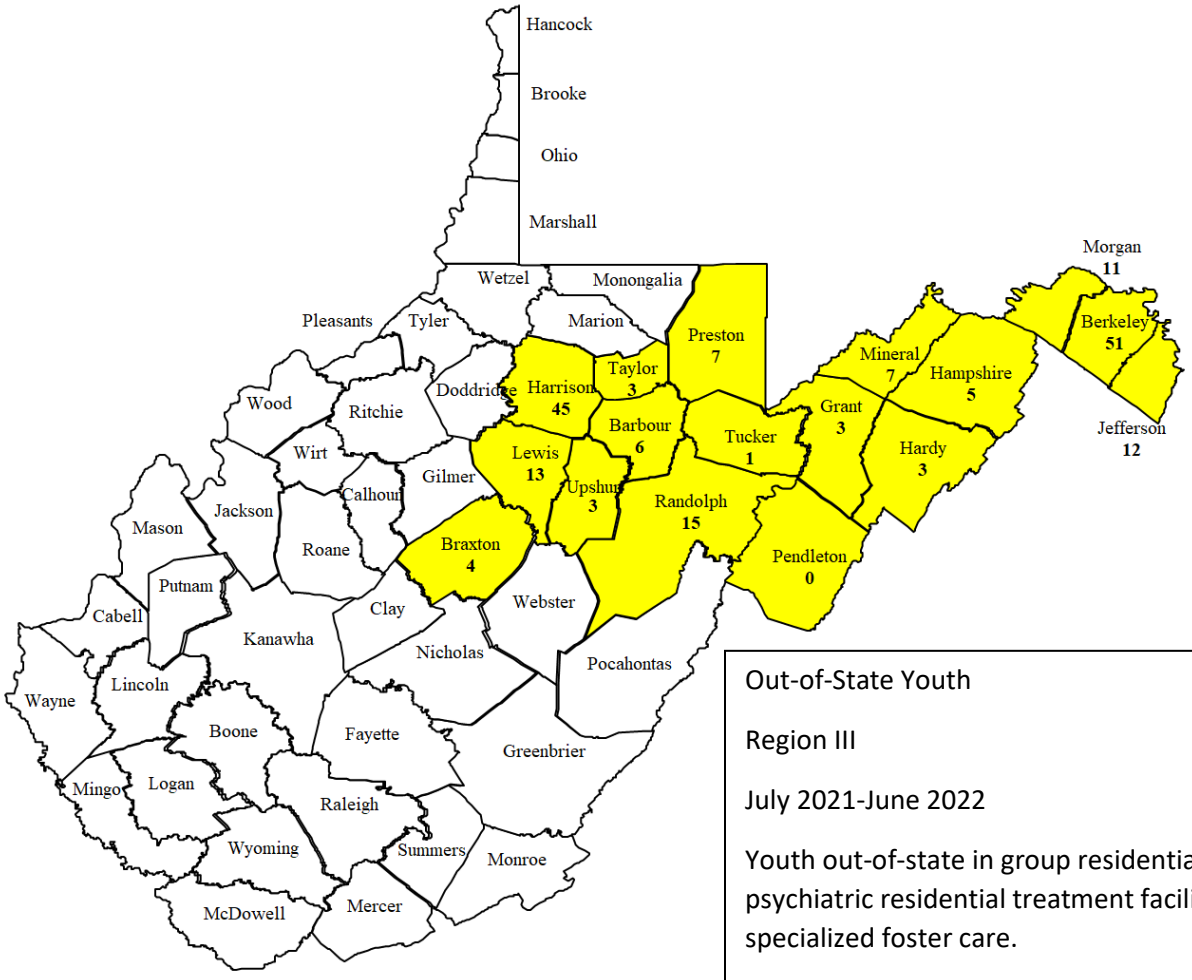
Gender	Males = 87 (67%) Females = 43 (33%)
Age at Placement Out-of-State	10 years old or younger = 1 (1%) 11-14 years old = 29 (22%) 15-17 years old = 67 (52%) 18 years old or older = 33 (25%)
Information below is from 122 youth	
State Wards	46 (38%)
Adopted Youth	22 (18%)
Intellectual Disabilities	Mild or Moderate Intellectual Disabilities = 17 (14%) Autism (low and high functioning) = 16 (13%) Borderline Intellectual Functioning = 30 (25%) Total = 63 youth (52%)
Sex Offenders	Without an Intellectual Disability = 5 (4%) With an Intellectual Disability = 3 (2%)
Sexual Behaviors	41 (34%)
Adjudicated Delinquents	54 (44%) Charges only = 6 (5%)
Adjudicated Status Offenders	28 (23%) Charges only = 1 (1%)
Substance Abuse	41 (34%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (replacing 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 until the Pandemic Crisis is over.

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region II	**0**	**55**	**66**

Region III
July 2021-June 2022



Out-of-State Youth

Region III

July 2021-June 2022

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.

2021-2022 = 189 youth

2020-2021 = 204 youth

2019-2020 = 199 youth

2018-2019 = 192 youth

2017-2018 = 181 youth

Youth Out-of-State Demographics July 2021-June 2022

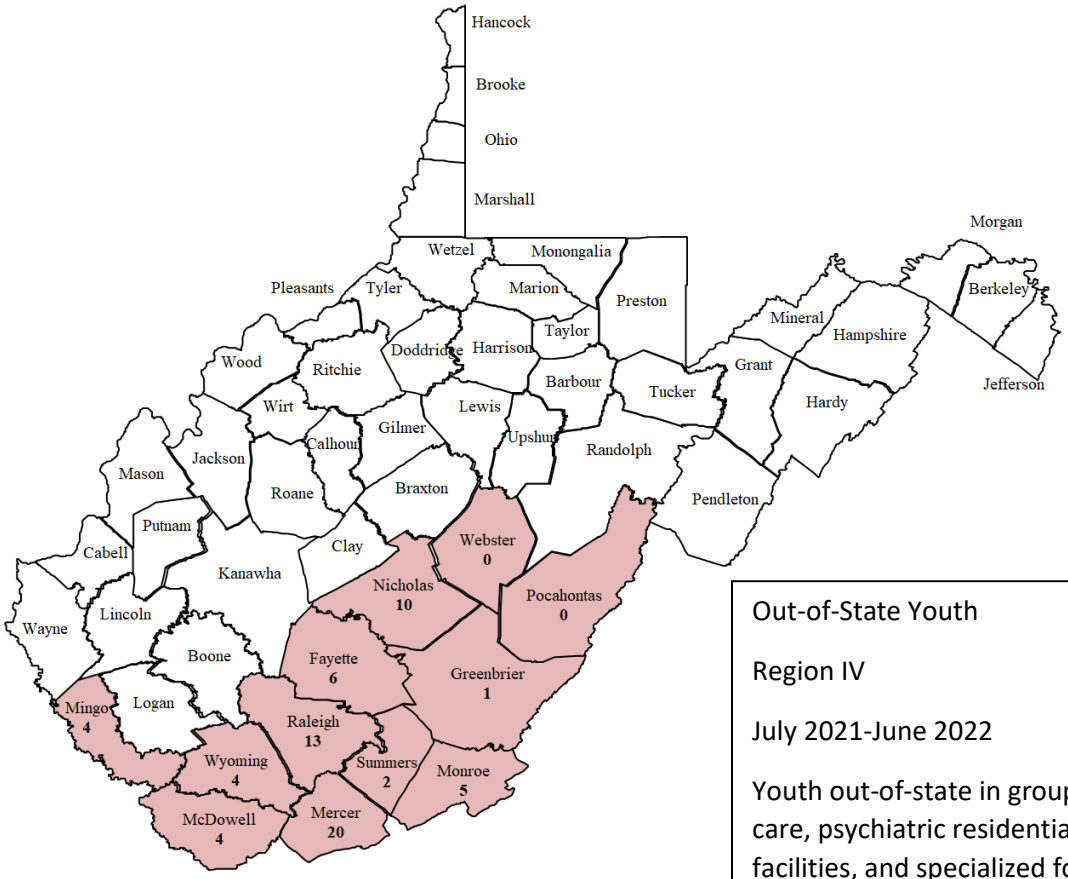
Gender	Males = 120 (63%) Females = 69 (37%)
Age at Placement Out-of-State	10 years old or younger = 7 (4%) 11-14 years old = 34 (18%) 15-17 years old = 88 (47%) 18 years old or older = 60 (32%)
Information below is from 152 youth	
State Wards	39 (26%)
Adopted Youth	23 (15%)
Intellectual Disabilities	Mild or Moderate Intellectual Disabilities = 15 (10%) Autism (low and high functioning) = 14 (9%) Borderline Intellectual Functioning = 25 (16%) Total = 54 youth (36%)
Sex Offenders	Without an Intellectual Disability = 9 (6%) With an Intellectual Disability = 2 (1%)
Sexual Behaviors	40 (26%)
Adjudicated Delinquents	71 (47%) Charges only = 10 (7%)
Adjudicated Status Offenders	34 (22%) Charges only = 4 (3%)
Substance Abuse	46 (30%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (replacing 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 until the Pandemic Crisis is over.

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region III	**0**	**70**	**6**

Region IV
July 2021-June 2022



Out-of-State Youth

Region IV

July 2021-June 2022

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.

2021-2022 = 69 youth

2020-2021 = 86 youth

2019-2020 = 75 youth

2018-2019 = 74 youth

2017-2018 = 73 youth

Youth Out-of-State Demographics July 2021-June 2022

Gender	Males = 49 (71%) Females = 20 (29%)
Age at Placement Out-of-State	10 years old or younger = 0 (0%) 11-14 years old = 9 (13%) 15-17 years old = 40 (58%) 18 years old or older = 20 (29%)
Information below is from 62 youth	
State Wards	19 (31%)
Adopted Youth	12 (19%)
Intellectual Disabilities	Mild or Moderate Intellectual Disabilities = 12 (19%) Autism (low and high functioning) = 9 (15%) Borderline Intellectual Functioning = 19 (31%) Total = 40 youth (65%)
Sex Offenders	Without an Intellectual Disability = 2 (3%) With an Intellectual Disability = 1 (2%)
Sexual Behaviors	26 (42%)
Adjudicated Delinquents	17 (27%) Charges only=11 (18%)
Adjudicated Status Offenders	14 (23%) Charges only=9 (15%)
Substance Abuse	12 (19%)

Review of Youth

Each region has one team. This team participates in Clinical Staffings (replacing 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 until the Pandemic Crisis is over.

Youth Reviewed in 2020-2021	Regional Clinical Review Teams	Out-of-State Review Teams	Clinical Staffings
Region IV	**0**	**26**	**6**

APPENDIX C

SERVICE DELIVERY AND DEVELOPMENT

Safe at Home West Virginia

In 2022, management of DHHR's Safe at Home West Virginia (SAH WV) program transferred from BSS Office of Operations to BSS Office of Policy and Program Development. Throughout the year the new management team worked closely with the local coordinating agencies (LCA) that provide SAH WV to better understand the program and areas that need improvement. One of these areas was focused on needed changes in the Children and Adolescent Needs and Strengths (CANS) database. The CANS database is where referrals for SAH WV are entered, documentation on the case is entered by the service provider, and the CANS tool is completed in this database. This database allows data to be extracted regarding case specifics to help monitor the outcomes of the SAH WV program. BSS has worked closely with Marshall University on developing data reports from the CANS database. Over the next year, the work will continue in collaboration with the service providers to achieve baseline performance measures outcome.

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), the Crisis Assessment Tool (CAT), 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 to continue to fully develop and manage the TCOM model, which includes use of the TCOM tools..

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 help people achieve their health and wellness goals as they navigate healthcare, child welfare, justice, behavioral health, education, and other complex systems.

In 2022, the following services and activities completed:

- Virtual training on the CANS and FAST tools, and Wraparound, including how to transfer CANS and FAST information into a Case Plan. The training also includes how to develop specific, measurable, achievable, relevant and timely (SMART) goals and objectives.
- Supervisory training for supervisors in the Case Review counties (Fayette, Hancock, Mercer, Putnam, and Wayne) including using the FAST tool during staff evaluation. A checklist was developed to guide supervisors during their supervisor staff case reviews.
- Annual booster training for TCOM trainers (TCOM trainers must first meet training and certification requirements provided by the Praed Foundation).
- Virtual one-on-one technical assistance sessions on completing the CANS/FAST and how to use these tools in Case Plan development.
- Cloud-based professional animation videos designed and available on the TCOM website to help support issues identified during training and technical assistance sessions.

- Development of the CANS Storyboard. The Storyboard is a visual snapshot of the family's needs and strengths as identified by the CANS.
- Recorded live webinars that allow participants to review critical information at any time and reach a larger audience for focused training purposes.
- Provide a platform for support of the Praed Foundation website and navigation and website access code distribution for DHHR staff and grant supported programs.
- Tracking certification of TCOM tools. In addition to the reminders the Praed Foundation provides individuals when their certification is about to expire, Marshall University also tracks and reminds individuals and managers when certification is nearing their expiration date or has expired in the following programs: DHHR staff, SAH WV, CSED, Children's Mental Health, Shelter, Residential, Child Placement Agencies, Mobile Crisis Units, and School Based Mental Health and TCOM Trainers when certification is near expiring.
- DHHR Youth Services Chart Reviews and Report for Hancock, Mercer, Putnam, and Wayne counties' Youth Service cases as recommended.
- Enhancements to the automated TCOM/CANS system that collects, stores, and reports data for the state as requested. The Public Consulting Group (PCG) provides maintenance, data requests, and upgrades to the system as requested.
- Marshall University represents West Virginia in a University partnership with sixteen different TCOM universities (University of Kentucky, IPH; Northwestern University-Illinois; University of Illinois-Urbana Champaign; Latoya University of Chicago; University of Maryland; Indiana University – Purdue; Rutgers University – New Jersey; Case Western Reserve University – Ohio; Boise State University – Idaho; University of Oklahoma; University of Texas; Smith College – Massachusetts; Vanderbilt University – Tennessee; University of Wisconsin; Mental Health Alliance – California; and Deparment of Mental Health in Vermont) to learn and collaborate on best practices to promote the states' objectives.
- Wraparound Fidelity Outcome Review of the WV Wraparound Programs (SAH WV and CSED). Marshall University TCOM staff completed the Gold Standard Training approved by the National Wraparound Institute to conduct Wraparound Training and Wraparound Case Reviews. Marshall University TCOM staff work with representatives from DHHR, the University of Maryland, and Dr. Lyons, developer of the TCOM tools and his colleagues with the University of Kentucky, IPH support the Wraparound training, technical assistance, and Fidelity Reviews.
- Support the Quality Assessment Process – The TCOM team collaborated with DHHR, Dr. Lyons with the University of Kentucky, IPH, and other key stakeholders to develop a Decision-Making Model and tool that will identify a recommended level of care needed for specific children.

In 2023, Marshall University and PCG will include:

- Complete a Latent Class Analysis - Working with the Casey Foundation and the University of Kentucky, a Latent Class Analysis (grouping patterns of children's needs) using CANS data 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 according to patterns of needs (Residential Kids).
- Working collaboratively with state partners on the preliminary work to develop the Adult Needs and Strengths Assessment (ANSA) West Virginia Manual and training.
- CANS Manual Update – The CANS Manual, Rating Sheet, and other supportive materials will be updated.

- Caseload Intensity - Intensity/complexity of a case can be measured by using CANS. The more needs a child has the more intense or complex the case is.

Additional information on TCOM training and resources: https://www.marshall.edu/coefr/Tcom.

Transitioning Youth from Foster Care

The Transitioning Youth from Foster Care subgroup no longer convenes due to the establishment of protocol for the pilot enrollment and Transitional Living enrollment. However, a similar subgroup called Transitional Independent Living in West Virginia began holding monthly virtual meetings in December 2022. This group discusses established options for youth who have or will soon age out of foster care with the goal to encourage collaboration and coordination between different groups doing varied work on issues surrounding transitional living opportunities. The group is comprised of members of Children's Home Society, DHHR, Continuums of Care, BJS, and other agencies with involvement in child welfare. To date, the group has discussed pilot programs and the application process, the MODIFY program and the application process, and the options for youth who have aged out of foster care, legal guardianship, or other types of established permanency.

APPENDIX D

WV COURT IMPROVEMENT PROGRAM SELF-ASSESSMENT REPORT SUMMARY

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

State Court Improvement Program 2022 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 Continuous Quality Improvement (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. Questions are designed to solicit candid responses that help CIPs apply CQI and identify support that may be helpful.

CQI Analyses of Required Projects

Joint Project with the Child Welfare Agency: New View

Provide a concise description of the joint project selected in your jurisdiction.
CIP, in conjunction with the West Virginia Department of Health and Human Resources' (DHHR) Bureau for Children and Families (BCF), developed New View in response to a significant need in West Virginia. Too many children linger in care or age out of care without reaching permanency. New View provides a review of BCF and court files, as well as interviews with case 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. If this effort is linked to any agency measures, e.g. CFSR measures, please note those.
CIP and DHHR's Bureau of Social Services (BSS) 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 in spring 2020.

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 52 referrals, completed 25 reviews, and had 20 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 three or more placements. (See https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/west%20virginia.html). This trend continues. As of May 2022, there were 6,672 children in foster care, 5.73% of which were placed in out of state placements (see Legislative Foster Care Placement Report(Saved Versions) (wv.gov). 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 multidisciplinary team (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 statewide in Spring 2020.

What is the theory of change for the project? (Phase II).

The court will provide New View review for youth identified as high risk for lingering in care *so* youth preferences and intrinsic and extrinsic barriers to permanency, meaningful connections, and/or successful transitions to adulthood are identified. The New Viewer can make specific recommendations to address the identified barriers and issues to the MDT. The court orders address identified barriers and service needs so 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 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 a review of the court and BCF records and interviews the child and case collaterals.

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 12 months from the report date. After one year, cases are closed. 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 (Viewers) are in place to review cases and make recommendations to the child's MDT. Survey Monkey is used to collect project data. The CIP Project Manager conducts updates on children three months, six months, and one year after the final report is filed by the Viewers.

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, what do the data show, and 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. The Supreme Court of Appeals of West Virginia's IT department is developing a database for this project that will help streamline data collection.

Have there been notable factors that delayed or accelerated this effort?
We have experienced a significant increase in referrals. This is largely due to promotion of the project throughout the state in various meetings, conferences, and through word of mouth. During the first two iterations of the project the average time a Viewer spent on a case was right about 90 days. Due to the complexity of the cases currently referred the average time spent reviewing a case is about 172 days. As part of Phase V activities, we are looking at ways to streamline our process.

What assistance or support would be helpful from the Capacity Building Center for Courts (CBCC) or the Children's Bureau to help move the project forward?
This project is currently running smoothly.

<u>Hearing Quality Project:</u> 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 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, paraprofessionals, and foster parents 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 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. Thirty-three 'pairs' of MDT/hearings have been completed so far. 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. Data from the surveys was analyzed and presented to the CIP Board in March 2022. *A copy of this report is available upon request.*

How was the need for this project identified? (Phase I)
According to W. Va. Code §49-4-405, an MDT 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.

CIP has long been interested in the MDT process. In 2008, 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 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 continued to be room for improvement in the process, *"The [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)
We have not yet reached this phase

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

What has been done to implement the project? (Phase IV)
We developed data collection tools, such as MDT and court observation tools and surveys. This was completed in Survey Monkey. We administered interviews to DHHR Community Service Managers in all 55 counties. We completed surveys of probation officers (80 responses), attorneys (260 responses), providers (92 responses), CASA/Child Advocacy Center staff (63 responses), DHHR workers (205 responses), foster parents (390 responses), and education (56). Staff are now observing MDTs and court hearings. We will compare data to compare perceptions and attitudes versus practice. Additionally, in June 2022 we began working with BCF on comparing our survey findings with theirs. We will continue this partnership to develop a comprehensive overview of MDTs in West Virginia.

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, what do the data show, and how did you use these data to modify or expand the project?***
Data checks are done monthly to ensure the data entered on MDT and Court Observations can be matched.

Have there been notable factors that delayed or accelerated this effort?
The coordination of finding MDTS and subsequent hearings has been challenging. To date there have been 33 'pairs' completed. We hope to reach 100 before completing Phase 1 and moving to Phase II.

What assistance or support would be helpful from the CBCC or the Children's Bureau to help move the project forward?
Once we have completed Phase I some assistance in doing root cause analysis and developing a solid theory of change would be helpful.

<u>Quality Legal Representation Project:</u> Court Improvement Program Abuse and Neglect Externship

Provide a concise description of the quality legal representation project selected in your jurisdiction.
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 ~~-~~the project began:
Three externs began the program in August 2021.

Which stage of the CQI process best describes the current status of project work?
Phase V. Evaluation and determination of how to move forward and make the project sustainable.

How was the need for this project identified? (Phase I)
Currently, there are 225 active GALs in West Virginia, 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 the 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. 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)
CIP will support an externship where law students will receive hands on experience in abuse and neglect cases, so there is an increase in the pipeline of attorneys who wish to practice abuse and neglect law so ~~-~~children and families are well represented so children in abuse and neglect cases reach and maintain permanency.

Have you identified a solution/intervention ~~-~~you will implement? If yes, what is it? (Phase III)
CIP will support an externship that will enable law students to gain firsthand experience in abuse and neglect cases with the hope they will practice such after graduation.

What has been done to implement the project? (Phase IV)
Teresa Lyons and Kristen Antolini developed a curriculum for the project and worked with the CIP Director and the West Virginia University College of Law to implement the project. Three externs participated in fall 2021 semester and two participated in spring 2022 semester.

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, what do the data show, and how did you use these data to modify or expand the project?***
Reports are provided to stakeholders about the program and externs themselves have participated in CIP meetings. The externship idea is gaining traction and is garnering interest in abuse and neglect case work. Externs

are asked to complete a survey regarding their experiences once the semester is over; however, only three of the five externs completed this portion.

Have there been notable factors that delayed or accelerated this effort?
There have not been any factors.

What assistance or support would be helpful from the CBCC or the Children's Bureau to help move the project forward?
None is needed at this time.

II. Trainings, Projects, and Activities For questions 1-12, provide a ***concise*** description of work completed or underway to date in FY 2022 (October 2021-June 2022) in the topical subcategories below. For question 1, focus on significant training events or initiatives held or developed in FY 2022.

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	Judicial staff who are end users of JANIS	14	Custom Teams meeting and in person one-on-one training	Increase data and data quality in the JANIS system.	☐S ☐L ☐B ☒O ☐N/A
Hearing quality	☒Yes ☐No	Attorneys (GALs & respondent attorneys)	256	Virtual Lunch & Learn	Increasing skillset of attorneys who practice in child welfare.	☐S ☒L ☐B ☐O ☐N/A
Improving timeliness/ permanency	☒Yes ☐No	Attorneys (GALs & respondent attorneys) and child welfare professionals	111	Virtual Lunch & Learn	Exploring new therapies and resources to help children and families have better outcomes. Examining ways to permanency.	☐S ☐L ☐B ☒O ☐N/A
Quality legal representation	☒Yes ☐No	Attorneys (GALs & respondent attorneys)	381	Virtual Lunch & Learn	Examining Legal Representation of Youth in Foster Care	☐S ☐L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Engagement & participation of parties	☒Yes ☐No	Attorneys (GALs & respondent attorneys)	34	Judicial stakeholder events	Various local topics regarding court proceedings in that county.	☐S ☐L ☐B ☒O ☐N/A
Well-being	☒Yes ☐No	Attorneys (GALs & respondent attorneys) and child welfare professionals	189	Virtual Lunch & Learn	Various topics on treatments related to child well-being	☒S ☐L ☐B ☐O ☐N/A
Diversity, Equity, Inclusion, and Accessibility	☐Yes ☒No					☐S ☐L ☐B ☐O ☒N/A
ICWA/Tribal collaboration	☐Yes ☒No					☐S ☐L ☐B ☐O ☒N/A
Sex Trafficking	☒Yes ☐No	Attorneys (GALs & respondent attorneys), child welfare professionals	84	Virtual Lunch & Learn	Discussion of child sexual abuse overall including sex trafficking.	☐S ☒L ☐B ☐O ☐N/A
Normalcy/Reason. Prudent Parent	☐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*
Prevention	☐Yes ☒No					☐S ☐L ☐B ☐O ☒N/A
Safety	☒Yes ☐No	Child welfare professionals	77	Virtual Lunch & Learn	Domestic Violence and abuse and neglect	☒S ☐L ☐B ☐O ☒N/A
Other:	☒Yes ☐No	All child welfare stakeholders		Monthly Lunch & Learns via WebEx	Various topics related to child welfare proceedings, resources, and state specific topics.	☒S ☐L ☐B ☐O ☐N/A

APPENDIX E

EDUCATION OF CHILDREN IN OUT-OF-HOME CARE ADVISORY COMMITTEE ANNUAL REPORT - 2022

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 2022 and Committee Membership

The Education of Children in Out-of-Home Care Advisory Committee held three regular meetings in 2022. The meetings were held on March 16, June 16, and September 21, 2022. All meetings were held virtually via Microsoft TEAMS. The membership of the committee is listed in Appendix I.

Activities of the Committee

Activities of the Education Recovery Specialists

In 2022, the West Virginia Schools of Diversion and Transition's (WVSDT) **Education Recovery Specialists** (newly created positions in 2021) assisted children in foster care and their parents by:

- Coordinating with teachers, administrators, transition specialists, county school systems, host agencies, and West Virginia Department of Health and Human Resources (DHHR), as applicable, for continuation of education services;
- Participating in Individual Education Plan (IEP) meetings and Multi-Disciplinary Team (MDT) meetings, where appropriate;

- Assisting DHHR and West Virginia Department of Education (WVDE) in tracking educational needs and progress for targeted students;
- 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;
- 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.

In 2022 data from the Education Recovery Specialists indicate that they received over 80 referrals from 25 county school districts. The largest increase in referrals was from DHHR personnel. Many of the responses to referrals provided supports for children in out-of-home care for enrollment, special education referrals and IEP assistance, and acquisition of needed documents (e.g., birth certificates, immunization records, transcript analysis, social security cards, etc.).

During 2022, education recovery specialists conducted **10 trainings** for foster agency workers and foster parents, **training over 700 individuals**. The Educational Recovery Specialists also made presentations to county school district personnel and received many referrals after meeting with principals and school counselors. Foster parents who have been trained continue to reach out to ERS personnel for advice and assistance.

Education recovery specialists have provided a vital linkage between DHHR personnel and education personnel for providing educational services to children in foster care.

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.

Expansion and Results 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 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 in the foster care system or youth residing in a kinship placement. The Bridge uses a nationally validated program called Check & Connect, developed by the University of Minnesota. The results for the Bridge project have demonstrated over a number of school years dramatic improvements in school behavior, academic performance, and promotion and graduation rates.

In 2022, the project received funding from WVDE and the Milan Puskar Foundation to expand educational and mentoring services to seven new sites to serve up to 198 students in foster care and kinship care per year. Beginning in Clay County, the new funding expanded the program to Kanawha and Boone County schools with the capacity to serve up to 198 students.

The Bridge program guides students in foster/kinship care toward their education goals. When students stay in school, they can envision a positive future. The Bridge supports students each year on their respective journeys with educational advocacy, mentoring, student enrichment, college funding support and post-secondary education planning. This mentoring relationship has resulted in continuous improvements in their academic performance,

attendance, and behavior. Most encouraging is every high school senior in the program has gone on to pursue a post-secondary education plan.

Mission West Virginia produced a **2021-2022 outcome report** that contains the following highlights:

- The program increased the number of students served from 33 in 2021-22 to 95 in 2021-21, a 187% increase.
- In 2021-22, the program evidenced a 93% decrease in absences and a 60% decrease in suspensions.
- In 2021-22, 81% of students in the Bridge Project had an increase in their overall G.P.A.
- The graduation outcomes for 2022 show that 100% of the seniors in the program successfully graduated with a post-secondary plan in place. The program had a 0% dropout rate. Fifteen of the 25 graduating seniors are attending college; six students are entering the workforce; one student has committed to becoming a U.S. Marine and three students are attending Job Corps.
- In 2021-22, the program expanded to four counties and six high schools.
- The program is projected to grow and serve 200+ students in foster and kinship care by the end of the 2022-23 school year.

The complete Bridge: 2022 Outcome Report is available upon request.

Coordination with the State's Foster Care Ombudsman

The Advisory Committee and WVSDT continue to work in coordination with the state's Foster Care Ombudsman, Pamela M. Woodman-Kaehler.

The coordination with the State's Foster Care Ombudsman has been very effective in resolving educational issues and enhancing communication between agencies and parents. According to the Foster Care Ombudsman, very few education cases have been reported to her office and those cases have been resolved with the assistance of the education recovery specialists.

Pamela M. Woodman-Kaehler updated the committee at its September meeting on new outreach initiatives which includes development of a new brochure, website and listserv. These new tools will further improve coordination with WVDE's Education Recovery Specialists and Transition Specialist.

Special Presentation to the Committee: National Perspective on the Educational Needs of Students in Foster Care

WVSDT invited Kristin Kelly, Senior Attorney, Legal Center for Foster Care and Education, American Bar Association's (ABA) Center for Foster Care and Education to present to the Advisory Committee on national perspectives on the educational needs of students in foster care. Ms. Kelly provided the Committee with the following:

1) An overview of the key federal laws in child welfare and education statutes supporting students in foster care.

2) National data on foster care and education and a template for states to use in collecting data and comparing the results to national data.

3) A document providing a comprehensive review of the literature and research regarding best practices to meet the educational needs of children and youth in foster care.

Ms. Kelly's power point presentation and the cited documents can be provided to the members of the Legislature upon request.

The ABA's Center for Foster Care and Education has been working with WVDE since the inception of the Advisory Committee. Ms. Kelly noted in her presentation that the Advisory Committee was the first entity in the nation to do a match of child welfare records and education records culminating in the 2005 WVDE report titled Reaching Every Child. She also indicated she recognized West Virginia's pioneering efforts in her presentations across the nation. It is noteworthy to mention this report was done "by hand" and while West Virginia was a pioneer in gathering the data, other states have developed computer mechanisms to efficiently exchange data while West Virginia has made little progress in this area since 2005. Further, an obstacle in providing educational services to children in foster care is that county school districts and WVDE still do not have real time data regarding the identification of children in foster care. This is a problem that needs addressed and remains a barrier to the Department's mission of closing the education gap for children in foster care.

Supporting Student Enrollment

Because of a long history of enrollment and attendance issues regarding the education of children in out-of-home care, the Advisory Committee invited Stacey Losh, the state's attendance contact for WVDE to speak to the group.

Ms. Losh's presentation focused on her role in ensuring children are enrolled in school and receiving services through partnering and problem solving. She has worked with staff from the WVSDT, particularly the Education Recovery Specialists, in solving attendance issues regarding children in foster care. She also works closely with School Attendance Directors and WVDE's WVEIS Office to gather county level and school attendance data to solve problems (*Note: This supportive problem-solving technical assistance approach is in contrast to one that focuses only on policy enforcement*). Ms. Losh reached out to members of the committee to partner with them and to offer her services in solving attendance issues for children in out-of-home care.

Goals for 2023

During 2022, the Education of Children in Out-of-Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) development of the system and procedures to report on the educational status, achievement, and needs of children in out-of-home care; (2) expansion of the services provided by the education recovery specialist; (3) expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; and (4) partnering with the Foster Care Ombudsman to increase awareness of educational services and information for parents of children in foster care.

APPENDIX I

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

MEMBERSHIP LIST
2022

West Virginia Department of Education

WV Schools of Diversion and Transition

Jacob Green, Superintendent (Chair of Advisory Committee)
Mollie Wood, Manger–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 and Support

Sheila Paitsel, Director, Special Education and Federal Programs
Lisa Carden, Coordinator, ESEA/IDEA Compliance
Stephanie Hayes, Coordinator, Student Support and Well-Being
Carrie Reeves, Coordinator, ESSA State Point of Contact
Patricia Homberg, Retired State Director of Special Education

West Virginia Department of Health and Human Resources

Christina M. Bertelli-Coleman, Program Mgr. II, Regulatory Mgt., Children and Adult Services
Jason (Jake) I. Dillon, Integrated Eligibility Systems Deputy Director
Carla J. Harper, Director of Children and Adult Services
Pamela M. Woodman-Kaehler, Foster Care Ombudsman, Office of Inspector General

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

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

Dr. Robin Lewis, Superintendent, Lewis County Schools
Eddie Ivy, Lead Attendance Director, Kanawha County Schools

West Virginia

Family Treatment Court

FY 2022

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Chautle Haught
Family Treatment Court Specialist

Christine Fox
Counsel

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 10 Family Treatment Courts serving 13 counties in Boone, Ohio, Randolph, Nicholas, Roane & Calhoun, Logan, McDowell, Fayette, Wood, and Wetzel, Tyler & Marshall Counties.
- Kanawha County will open a FTC in the Fall of 2022.

Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

NADCP
National Association of Drug Court Professionals

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

West Virginia ADULT DRUG COURTS FY 2022

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Christine Fox
Counsel

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 2022, **the average annual cost per drug court participant was $5,988 which is an increase of $657 from FY 2021,** 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, 2022, 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 884 total participants served in FY 2022.

NADCP
National Association of Drug Court Professionals

West Virginia Juvenile Drug Court FY 2022

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond
Director

Nick Leftwich
State Drug Court Coordinator

Christine Fox
Counsel

Alicia Fields
Quality Assurance Manager

- 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, 2022, 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
  - McDowell and Cabell Counties were inactive for FY 2022.
- 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 2022 **the average cost per youth was $5,203.** 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 266 participants served by the JDC programs for fiscal year 2022.**
- National reports support the effectiveness of JDC's that adhere to best practices and evidence-based practices from the fields of adolescent treatment and delinquency prevention.

NADCP
National Association of Drug Court Professionals