

WEST VIRGINIA

**Child and Family Services Reviews
Program Improvement Plan**

The West Virginia Program Improvement Plan format includes the following sections:

- I. PIP General Information
- II. PIP Strategy Summary and TA Plan, Matrix Instructions, and Quality Assurance Checklist
- III. PIP Agreement Form (authorizing signatures)
- IV. PIP Matrix

I. PIP General Information

CB Region:	I	II	III	X	IV	V	VI	VII	VIII	IX	X
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PIP STRATEGY SUMMARY AND TA PLAN

PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
<p>Statewide Implementation of WV Safety Assessment and Management System (SAMS)</p>	<ul style="list-style-type: none"> • Meeting initial time frames for referrals • Reducing repeat maltreatment • Improving initial and ongoing safety and impending danger assessments • Need to reduce maltreatment in foster care • Improve assessments throughout the life of the case 	<p>National Resource Center for Child Protective Services</p> <p>National Resource Center for Data and Technology</p>
<p>Integrate a culture of family engagement throughout the agency</p>	<ul style="list-style-type: none"> • Need to increase involvement of non-custodial/non-resident fathers in the case • Ensure Family Engagement is integrated into practice • Increase the number and quality of worker visits with children • Increase the number and quality of worker visits with parents • Increase involvement of children, youth and families in case planning, including 	<p>National Resource Center for Permanency and Family Connections</p> <p>National Resource Center for Youth Development</p>

	<p>permanency and concurrent planning for children and youth in foster care placement</p>	
<p>Enhance partnerships and community collaboration</p>	<ul style="list-style-type: none"> • Increase noticing of foster parents for hearings • Need to improve collection of educational, medical and mental health information for children and youth in care • Identify solutions to issues regarding Criminal Investigation Bureau checks • Continue with Service Array Project 	<p>National Resource Center for Organizational Improvement</p>
<p>Management by Data</p>	<ul style="list-style-type: none"> • Manage and support the child welfare workforce • Improve the use of data in day to day management and for accountability 	<p>National Resource Center for Organizational Improvement</p> <p>National Resource Center for Child Welfare Data and Technology</p>

PIP NARRATIVE

I. Introduction

The West Virginia Department of Health and Human Resources (DHHR) is a cabinet level agency of state government which was created by the Legislature and operates under the general direction of the Governor. This Department can be described as an umbrella agency with responsibility for a number of different programs and services such as public health, behavioral health, child support enforcement and services to children and families. The Department operates under the direction of a Secretary and the major programs are assigned to different Bureaus. Each Bureau operates under the direction of a Commissioner. The authority and responsibilities of the Commissioners varies from Bureau to Bureau. The Commissioner of the Bureau for Children and Families (BCF) is John J. “Jason” Najmulski.

Located within the Bureau for Children and Families are Offices which perform various functions for the Bureau. The Offices, established in 2002, are: the Office of Children and Family Policy; the Office of Field Operations; the Office of Planning and Quality Improvement; the Office of Information Technology and Training; and the Office of Finance and Administration. Oversight of each office is by an Assistant Commissioner, with the exception of Field Operations, which is overseen by a Deputy Commissioner, all of whom report to the Commissioner of the Bureau who, in turn, reports to the Secretary of the Department.

The Department continues to partner with the WV Supreme Court of Appeals to accomplish the goals and objectives of the Court Improvement Program (CIP). Meetings are held quarterly and include representatives of the Supreme Court, DHHR, Bureau for Children and Families, the judiciary, attorneys, public defenders, child advocates and a former foster care youth. Some of the significant initiatives have included the development of a uniform case plan for foster children, the exchange of case data, cross-disciplinary training and research on the performance of MDTs.

II. CFSR Activities

West Virginia began preparing for the CFSR approximately a year ahead of the on-site review beginning with efforts to identify the sites for the on-site portion of the review. Following this, the state began compiling data for the Statewide Assessment through a number of work groups, state quality assurance reviews, meetings with youth and foster parents, anecdotal data, administrative service organization data, the statewide data profile, surveys of the legal community, an online survey and our own research.

The West Virginia CFSR was conducted the week of September 15, 2008. The period under review was from April 1, 2007, to September 19, 2008. The findings of the review were based on the following:

- The Statewide Assessment, prepared by the West Virginia Department of Health and Human Resources, Bureau for Children and Families
- The State Data Profile, prepared by the Children's Bureau (CB), which provides State child welfare data for fiscal years 2006 and 2007, and the 12-month CFSR data period ending March 31, 2007
- Reviews of 65 cases (40 foster care cases and 25 in-home services cases) at three sites throughout the State: 17 cases in the Greenbrier, Monroe, Pocahontas, Summers District, 17 cases in Harrison County, and 31 cases in Kanawha County
- Interviews or focus groups (conducted at all three sites and at the State level) with stakeholders, including but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, child advocates, Tribal representatives, and attorneys

III. CFSR Key Findings

The 2008 CFSR identified several areas of high performance in West Virginia in achieving desired outcomes for children. Although West Virginia did not achieve substantial conformity with any of the outcomes, the State achieved overall ratings of Strength for three individual items: foster care reentry (item 5), placing children in close proximity to their parents (item 11), and placing children with siblings (item 12).

Despite these areas of strength, the CFSR also identified areas of concern in achieving outcomes for children and families. West Virginia was not in substantial conformity with Safety Outcome 1. The outcome was substantially achieved in only 33.3 percent of the applicable cases. Additionally, West Virginia was not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 56.9 percent of the cases reviewed.

Permanency Outcome 1 and Permanency Outcome 2 were substantially achieved in only 27.5 percent and 77.5 percent, respectively, of the cases reviewed. Concerns also were identified in regard Well-Being Outcome 1 which was substantially achieved in only 36.9 percent of the cases; Well-Being Outcome 2 which was substantially achieved in 83.3 percent of the cases reviewed and Well-Being Outcome 3 which was substantially achieved in 68.3 percent of the cases reviewed.

For the CFSR 12-month data period ending March 31, 2007, West Virginia did not meet the national standards for the safety data indicators pertaining to the absence of maltreatment recurrence and the absence of maltreatment in foster care. The State did not meet the national standards for the permanency data composites pertaining to the timeliness and permanency of reunification (Permanency Composite 1), timeliness of adoptions (Permanency Composite 2), permanency for children in foster care for extended periods of time (Permanency Composite 3), and placement stability (Permanency Composite 4).

West Virginia's PIP Kick-off was held February 5 & 6, 2009 in Charleston, WV. Over 100 internal and external stakeholders attended the Kick-off. Representatives from the following National Resource Centers also attended: Family Centered Practice and Permanency Planning, Youth Development, Organizational Improvement, Legal and Judicial Issues, and Child Welfare Data and Technology. Judge Derek Swope, a member of the Court Improvement Board's CFSR/PIP subcommittee, provided the keynote. The Kick-off was the initial meeting of the PIP work groups which were structured around the three CFSR Outcome areas of Safety, Permanency and Well-Being.

IV. Strategies, Goals, Action Steps and Benchmarks

Based on the CFSR findings West Virginia has established four primary strategies as the focus of the PIP. These strategies are:

1. Statewide Implementation of the WV Safety and Management System (SAMS)
2. Integrate a culture of family engagement throughout the agency
3. Enhance partnerships and community collaboration
4. Management by data

Within each primary strategy a goal has been identified. The identified goals are as follows:

1. Ensure the safety of children involved with the DHHR/BCF
2. Families and children are engaged in all aspects of their case
3. Improved community partnerships and adequate services statewide that meet the needs of families and children
4. Achieve and maintain high quality and consistent family-centered practice to ensure safety, permanency and well-being for children and their families

Following is a description and explanation of the strategies and goals for the PIP.

Primary Strategy 1: Statewide Implementation of the WV SAMS

West Virginia is in the process of implementing its new system for CPS safety assessment and intervention, called WV SAMS. West Virginia applied for and received a grant through the Atlantic Coast Child Welfare Implementation Center (ACCWIC) to assist with the implementation of SAMS. This project was chosen for West Virginia's ACCWIC submission because of its large scope and its ability to positively impact multiple outcomes throughout the case process for children and families.

The philosophical principles of SAMS are aligned with the desired CFSR outcomes. These principles include:

1. Child Safety is Paramount.

The mission of CPS is to assure that children are protected. SAMS is directed toward determining who CPS should serve based on the existence of threats to a child's safety, and insufficient caregiver protective capacities to protect against the threats.

2. Permanency is an Integral Part of Safety.

Permanency refers to the restoration or establishment of stable living environments for children. It exists in tandem with child safety and well-being as the primary outcomes that SAMS is designed to achieve. When CPS identifies children who are not safe, the issue of the child's permanency is automatically considered. The issue of permanency continues until the caregiver demonstrates all necessary protective capacities to ensure child safety, or a permanent out-of-home living arrangement is established for the child.

3. Rights of Children and Caregivers.

Children and caregivers possess human and civil rights, and SAMS interventions are respectful of those rights. Children have rights to be safe and secure, to be with their families, to be associated with their culture, and to experience the least trauma or interference in their lives as possible. Caregivers have rights related to privacy and due process. These rights include being informed and involved, receiving prompt responses, having their confidentiality respected, and experiencing the least amount of interference with their families.

4. Respect for Families.

Respect for families is essential for effective intervention. It is a value that is demonstrated by staff communication, behavior, and interaction with children and caregivers throughout the SAMS process.

5. Child-Centered and Family-Focused Practice.

Child centered and family focused practice promotes interventions and skills that emphasize the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource.

6. Least Intrusive Intervention.

CPS is a non-voluntary government intervention that represents interference in a family's life under the best of circumstances. CPS intervention should only be at the level required to 1) determine if children reported to DHHR are maltreated, and 2) protect children from impending danger while attempting to restore the protective capacities of their caregivers.

The implementation of SAMS will result in an improved system of safety intervention based on consistent standards; focused and efficient information collection; and a family centered approach that will improve caregiver and family functioning and increase child safety, permanency, and well being. This new system will fundamentally change how child protective services are provided in West Virginia by focusing services more on safety and the protective

capacities of caregivers. In addition, we believe that the SAMS system will improve family engagement.

The SAMS system will impact how child welfare workers perform all aspects of their jobs, and will involve systems change in West Virginia in order for it to be successful. Full implementation of the project will take two to three years or more because the goals are to build lasting commitment to the change, thereby positively impacting outcomes for children and families.

The primary goal of this project is to improve West Virginia's CFSR Safety Outcomes in order to make West Virginia's children safer and to be in substantial conformity with the federal requirements around safety. A secondary goal is to improve Permanency Outcome P1 by reducing the risk of harm to children through the identification and provision of appropriate services and appropriate placement. Implementation of the SAMS system will improve family engagement; allow for more appropriate and stable placements; improve safety of children in foster care; and move children to permanency quicker through the more targeted SAMS assessment and intervention process. In addition, we believe that SAMS will prevent foster care reentries through its more accurate assessment and intervention process. We project that Permanency Outcome 2 as well as Well-Being Outcomes 1, 2 and 3 will also be impacted through improvements to practice and placing emphasis on the value of family centered practice.

West Virginia also expects to improve its Systemic Outcomes through the implementation of this project. SAMS will impact systemic factors on multiple levels. Thorough and complete implementation will impact the service array by looking at how services to families are identified and selected, making sure they are relevant to safety, and linking the correct services through improved assessment of the SAMS process. We will have to work with communities and families in West Virginia to ensure that the appropriate services are available across the state, which may require changes on the part of service providers.

A detailed Implementation Plan including goals, activities, and tasks was finalized and approved in West Virginia. Round 1 of the SAMS project for the new Intake and Family Functioning Assessment was implemented November 30, 2009 in six targeted districts across the state. Prior to implementation, various committees were formed and tasked to complete initial activities associated with implementation, such as transition policies, communication plans, Special Forces (subject matter experts on the SAMS model), and the training plan. The Intake and Family Functioning assessment was implemented for an additional 11 districts on March 31, 2010. Implementation for the remaining 12 districts is scheduled for June 28, 2010.

Immediately following the implementation of the Intake and Family Functioning Assessment, work began to complete the same process for the Protective Capacities Family assessment and Family Case Plan. Round 2 of the SAMS project targets on-going CPS cases. Implementation of Round 2 will begin with the first six districts who implemented Round 1. The scheduled implementation date is December 6, 2010 with the other districts implementing on March 28, 2011 and July 25, 2011 respectively. The WV SACWIS system (FACTS) is tentatively scheduled to have the Intake portion "turned-on" in October 2010.

Primary Strategy 2: Integrate a culture of family engagement throughout the agency

West Virginia acknowledges that family engagement is imperative throughout the life of the case in order to achieve successful outcomes for our families and their children. State OPQI review data and CFSR findings demonstrated a need to improve family engagement strategies in CPS cases. Each of the philosophical principles of SAMS addresses some level of family engagement from development of a safety plan to least intrusive intervention and achieving permanency. A goal in implementing SAMS is to increase the consistency of using best practice strategies to improve family engagement.

In WV SAMS, a child centered and family focused approach must be applied when collecting information during the Family Functioning Assessment. This approach seeks to support and involve children, caregivers/parents and other individuals in CPS interventions. During the FFA, every effort must be made to constructively engage children, caregivers and other persons involved with and knowledgeable of the circumstances surrounding the information within the CPS Intake Assessment.

Another opportunity for family engagement is during the Case Transfer Conference. This conference entails a meeting between the CPS worker completing the FFA, the on-going CPS worker and the family. During this conference there are several opportunities for family engagement:

- Introduce the on-going CPS worker to the family
- Listen to the caregivers' concerns, answer their questions and allow the caregivers to be an intricate part of the safety planning process
- Engage the family in exploring safety resources and safety planning options
- Identify absent parents and their location/contact information
- Meet with both formal and informal safety resources (extended family, friends, etc) if appropriate to assist in safety planning
- Complete the Safety Analysis and Safety Planning process and deploy the appropriate safety plan
- Explain the purpose of Ongoing Child Protective Services
- Begin the Family Assessment and Treatment Planning Process

The Protective Capacity Family Assessment and Family Case Plan continues the WV SAMS process and occurs immediately following the determination that a family is in need of ongoing CPS interventions. The Protective Capacity Family Assessment is a structured interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop family case plans that will effectively address caregiver protective capacities and meet child needs.

The purposes of the Protective Capacities Family Assessment are:

- To engage caregivers in a collaborative partnership for change
- To facilitate caregivers in identifying their own needs in relationship to their capacity to protect

- To facilitate caregivers in identifying the needs of their children and in committing to meet those needs
- To facilitate caregiver self-awareness and mutual worker-caregiver agreement regarding what must change to return caregivers to their protective role and to create a safe home
- To facilitate involvement of caregivers and children (as appropriate) in the development and implementation of change strategies (family case plans).

The Protective Capacity Family Assessment is designed to focus intervention on family engagement, the family's perspective and "world-view," family needs, family strengths and collaborative problem solving. The belief that families are involved with ongoing CPS social workers as a full partnership is a central practice tenet. When children are identified as unsafe, the ability to create safe home environments exists within the family. Necessary change and sustainable change in caregivers and children are more likely to occur when families are involved, invested and able to maintain self-determination and personal choice. Family agreement with needed change is assertively pursued during the Protective Capacity Family Assessment. Family Case Plans that are created as a result of the assessment process are intended to be collaborative change strategies and are specifically tailored to the uniqueness of each family.

Because the focus of WV SAMS is on CPS cases, specific action steps and benchmarks had to be developed to address the Youth Services cases. As a result of the technical assistance call with the NRC for Permanency and Family Connections and the NRC for Youth Development, there was an internal review of the Youth Services Policy. It was determined that family engagement is reflected in the Youth Services policy. The obstacle West Virginia faces is an implementation gap in translating policy into practice.

BCF provides certain child welfare services in non-protective service matters as defined by WV State Statute. These cases are served by the Youth Services program and the agency may intervene at a family's request or a court order.

WV recognizes the need for implementing a unified practice for children and families who access services through the Youth Services program. WV policy reflects the strategies to engage youth and their families in making determinations about case planning and services. The current system provides tools for engaging and assessing families such as the Youth Behavior Evaluation (YBE), Comprehensive Assessment and Planning System (CAPS), and Multi-disciplinary Team (MDT) meetings. These tools assist in identifying strengths and needs of the family through engaging the family in the process.

To address the identified implementation gap, West Virginia plans to identify a target district with a need to improve current family engagement practices, specifically with in-home Youth Services cases. WV then plans to establish a team of internal experts (Strategic Planning Team) to develop a strategic plan with the target district. The Strategic Planning Team will provide consultation and mentoring to the management and staff of the target district in order to implement the strategic plan. The desired outcome is to improve the practice of family engagement throughout the life of the Youth Services cases.

One area needing improvement noted during the 2nd Round of the CFSR was engagement of and

services to older youth. The federal government issued regulations to all states requiring a report on the outcomes regarding older youth receiving child welfare services including foster care. In order to comply with this requirement changes have been made to our SACWIS system to enable the state to capture data required by the National Youth in Transition Database (NYTD).

Other changes to improve engagement of and services to youth include replacing the current life skills assessment and curriculum with the Ansell-Casey Life Skills Assessment. Foster care providers have been trained and are utilizing the assessment and curriculum. Field staff is currently being trained. The Life Skills Assessment is a comprehensive assessment designed to engage youth in their transition to adulthood. Additionally, all policies for older youth, ages 14 and up, have been re-organized and combined into one section entitled Youth Transitioning. This policy has been sent to all staff electronically and will be placed on-line in the near future. The revised policy includes a renewed emphasis on engagement of older youth in the development and implementation of their individual learning/transition plan.

In October, 2008 a study of WV's Multidisciplinary Team (MDT) process was completed by Dr. Corey J. Colyer and L. Christopher Plein, both of West Virginia University's School of Applied Social Sciences. This study identified variations in MDT practices throughout the state. Several recommendations were made by Dr. Colyer as a result of this study, one of which was to complete a study of the parent and child's experience with the MDT process. It was determined that more information was necessary to maximize effective MDT planning for families and children in both Youth Services and CPS cases.

Between May, 2010 and May, 2011, Colyer and Plein will complete a second MDT study focusing on the following questions: How do different facilitation methods affect MDT proceedings and outcomes; How do MDT dynamics adjust across a case's life course; How do treatment planning MDTs for youth services cases differ from treatment MDTs for child abuse and neglect cases and How do families, for whom MDTs are designed to serve, perceive the MDT process. Dr. Colyer has chosen to select two counties which implement the MDT process in different ways and examine the MDT process in both youth services and CPS cases.

West Virginia believes this study will provide valuable information and recommendations about family engagement practices specifically with Youth Services and CPS cases involved with the court system. WV plans for these results to be reviewed in order for the state to determine the most efficient method for further implementation of effective family engagement practices.

In addition to the specific action step discussed above, WV's action steps for primary strategy 2 include ensuring consistent practice of diligent searches throughout the life of the case for all youth and promoting a better understanding among staff and the legal community of available permanency options for families and foster/relative caregiver families.

Primary Strategy 3: Enhance partnerships and community collaboration

The focus of this strategy is on the systemic factors of Case Review System; Service Array; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. Action steps under this primary strategy include improvements to FACTS to ensure foster parents are notified of upcoming court hearings; provide more specific training to foster parents regarding their right to be heard and working with the courts; installation and use of electronic fingerprint equipment in

each district office to increase the timeliness of the completion of state and federal criminal background checks and continued work with the NRC for Organizational Improvement on WV's Service Array project.

The WV Court Improvement Project has included initiatives on its strategic plans related to this strategy. These initiatives include developing and producing a video recording which will inform and educate parents, children and foster/adoptive parents about each stage of the process in child abuse and neglect cases.

The Court Improvement Project has been completing Roundtable discussions with the judges throughout the state and plans to continue this effort. The CIP plans to use the Roundtable as the avenue to discuss with judges foster parents' right to be heard and plans to complete a survey of judges to determine what "right to be heard" means to them. TA from the NRC for Legal and Judicial Issues has been requested by the CIP.

Since June, 2007, the State has worked successfully with the National Resource Center for Organizational Improvement on a service array project. West Virginia's service array in child welfare is to assess the capacity of the State to meet the individualized needs of children and families, to create a resource and capacity development plan and a resource directory. The enhanced service array process looks into whether our state's service array has the capacity to achieve positive outcomes for children and families. It will also look at how the service is delivered to clients and if the family is involved in the planning or presentation of the services/practice. Finally, it will look at needed services across the state.

The 13 Community Collaboratives throughout WV completed an assessment of available and needed services in their respective areas. As a result of the assessment Resource Development and Capacity Plans (RDCP) were written by each Collaborative. Three of the 13 Collaboratives presented the finding of their RDCP to the Statewide Steering Committee on February 22, 2010. Plans are for seven of the remaining ten Collaboratives to present their RDCP to the Steering Committee on July 26 & 27, 2010 and the final three to present on October 25 & 26, 2010. Following the February presentations, the Steering Committee began drafting the State Level Service Array Strategic Plan. Several issues were identified and prioritized. The Committee has selected the top four issues to work on during the initial year of the State Level Strategic Plan.

The following strategies have been developed by the Steering Committee:

1. Research, develop and implement a plan to establish school-based family resource workers in West Virginia public schools as a strategy to improve the state-level child welfare service array.
2. Research, develop and implement a plan to establish life skills training/household management in West Virginia public schools and independent living skills development as a strategy to improve the state-level child welfare service array.
3. Research, develop and implement a plan to establish more effective substance abuse services in West Virginia as a strategy to improve the state-level child welfare service array. Services to be considered include:

- a. Substance Abuse Prevention Services
 - b. Outpatient Substance Abuse Services
 - c. Residential Adolescent Substance Abuse Treatment
 - d. Residential Adult Substance Abuse Treatment
 - e. Residential Substance Abuse Treatment for Women with Dependent Children
 - f. Substance Abuse Prevention Community Strategic Plan
4. Research, develop and implement a plan to establish better adoption and post-adoption services in West Virginia as a strategy to improve the state-level child welfare service array.
- a. Post-Adoption Service Coordination/Casework
 - b. Adoption Competent Mental Health Providers
 - c. Adoption Resource Center
 - d. Adoption Services Resource and Information Directory
 - e. Adoptive Children Support Groups
 - f. Adoptive “Family-Friendly” Residential Treatment Centers
 - g. Adoptive Parent Support Groups

The work of the Service Array project will continue with consultation and support from the NRCOI throughout the PIP reporting period and the goal is for the project to be self-sustaining by February, 2011.

It became clear during the development of the Statewide Assessment, through state OPQI reviews and in the CFSR findings that specific services were not adequately available to families or evenly distributed throughout the state. These included services for domestic violence, batterer intervention, in-home services, transportation and dental care for children. These services in addition to many others were identified during the service array assessments completed by the Community Collaboratives for their RCDP. The Collaboratives will be addressing these issues on a local level to improve the service array and service availability in their communities.

Primary Strategy 4: Management by Data

West Virginia’s final PIP strategy focuses on achieving and maintaining a high quality and consistent family-centered practice in order to ensure safety, permanency and well-being for children and families. To achieve this goal, West Virginia will be focusing on improving repeat maltreatment data and building a culture which is required for the state to successfully utilize data to improve management and practice.

The initial action steps are designed to improve the input of information into the State’s SACWIS system (FACTS). These action steps were developed based on OPQI’s analysis of a universe of cases identified by FACTS as having occurrences of repeat maltreatment. Analysis of the sample suggested that improving the collection and input of the data is necessary to

achieve reliable data to determine the rate of repeat maltreatment of children in care and overall maltreatment in in-home cases. These steps reflect the identified means to achieve reliable data. The analysis suggests that in order to improve collection and reliability of data on repeat maltreatment of children in care it is necessary to mandate the completion of the relationship screen in FACTS for all intakes. Furthermore, data analysis indicates to improve the collection and reliability of overall repeat maltreatment data it is necessary to reduce worker input errors and clarify the definition of repeat maltreatment for consistency in appropriate screening of child welfare referrals. West Virginia recognizes the need to explore the use of technology to reduce worker input errors through system generated prompts. Because of this, the state will work with FACTS to include these prompts on the maltreatment findings screen.

In an effort to create systematic change and work towards building a culture where data is utilized in day to day management, West Virginia consulted with the NRC for Organizational Improvement and the NRC for Child Welfare Data and Technology. One primary outcome of the consultation was the need for WV to clearly define management's roles and expectations. The BCF Commissioner acknowledges the importance of having clearly defined roles and expectations for management and that achievement of this will increase accountability at all levels of management.

In conjunction with the above mentioned NRC's, a work plan was developed for the NRC's to assist West Virginia in developing a process to use data to guide management decisions. In addition, the process will also improve the State's practice, service delivery and performance at state, regional and local levels by using data to improve outcomes for safety, permanency and well-being.

Measurement Plan

West Virginia consulted with the Children's Bureau and PMAG to develop the PIP Measurement Plan. As a result of this consultation and the most recent Data Profile, WV is not required to measure the National Standards because all standards have been met or the minimum amount of improvement has been achieved. The following items require measurement in the PIP: 1, 3, 4, 7, 10, 17, 18, 19, and 20. The method of measurement WV will be utilizing for the previously listed items is the reviews completed by the Office of Planning and Quality Improvement (OPQI) Social Service Review Unit.

The baseline for WV's PIP will be developed using review data from our current review cycle ending in July 2010. In consultation with the Children's Bureau, baselines for each item and calculated PIP goals for each item will be developed once the review findings from the current OPQI review cycle are available.

Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Name of State Executive Officer for Child Welfare Services	Date
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Children's Bureau	Date
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State:	West Virginia											
Date Submitted	June 1,2010											
PIP:	Final											
Quarterly Report:												
Quarter:												
Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report												
Outcome/Systemic Factor: ____ Item: ____	S1	Item:	1									
Performance as Measured in Final Report	37.5% (24 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 1											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
	80%											
Note												
Outcome/Systemic Factor: ____ Item: ____	S2	Item:	3									

Performance as Measured in Final Report	77.5% (40 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 3											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: ____ Item: ____	S2	Item:	4									
Performance as Measured in Final Report	57% (65 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 4											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____	P1	Item:	7									
Performance as Measured in Final Report	62.5% (40 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											

Method of Measuring Improvement	OPQI review, CFSR Item 7											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: ____ Item: ____	P1	Item:	10									
Performance as Measured in Final Report	75% (4 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 10											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____	WB1	Item:	17									
Performance as Measured in Final Report	48% (65 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											

Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 17											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: ____ Item: ____	WB1	Item:	18									
Performance as Measured in Final Report	53% (62 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 18											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor: ____ Item: ____	WB1	Item:	19									
Performance as Measured in Final Report	55% (65 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											

Method of Measuring Improvement	OPQI review, CFSR Item 19											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor: ____ Item: ____	WB1	Item:	20									
Performance as Measured in Final Report	36% (55 applicable cases)											
Performance as Measured at Baseline/Source Data Period	TBD in consultation with the Children's Bureau											
Negotiated Improvement Goal	TBD in consultation with the Children's Bureau											
Method of Measuring Improvement	OPQI review, CFSR Item 20											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												