Child and Family Services Reviews

Statewide Assessment

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a Statewide Assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the Statewide Assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its Risk-Standardized Performance (RSP) relative to the national performance for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The Statewide Assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a Statewide Assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the Statewide Assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The Statewide Assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the Statewide Assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the Statewide Assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The Statewide Assessment team of internal and external stakeholders engage in the CFSR Statewide Assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the Statewide Assessment:

- Does the Statewide Assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the Statewide Assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the Statewide Assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the Statewide Assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?

- What changes in organizational capacity will be needed to complete a quality Statewide Assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The Statewide Assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The Statewide Assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations served
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the Statewide Assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews

[3] Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the Statewide Assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The Statewide Assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the Statewide Assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the Statewide Assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the Statewide Assessment.

The Statewide Assessment template is available electronically on the CB website at https://www.acf.hhs.gov/cb.

Preparation

As states prepare for the Statewide Assessment, CB recommends that states:

- Review the *CFSR Procedures Manual*, "Statewide Assessment" section (available on the CB website at https://www.acf.hhs.gov/cb, which provides guiding principles and a framework for completing the Statewide Assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.[4] The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the Statewide Assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
  - PIP and PIP progress reports
  - CFSP and APSR
  - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
  - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
  - State administrative data and aggregate performance information and measures
  - Case record review results
  - Other available statewide data, e.g., learning management system reports,

[4] Capacity Building Center for States' "Change and Implementation in Practice" series, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups

- Review the *CFSR Procedures Manual*, "Capacity Building Collaborative Data Support Services" section, available on the CB website at https://www.acf.hhs.gov/cb, and determine the need for additional guidance and technical support with any step of the Statewide Assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated Statewide Assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

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List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the Statewide Assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

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Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Insert description:

Efforts to engage stakeholders for the Child and Family Services Reviews (CFSR) Statewide Self-Assessment were combined with the engagement activities related to development of the 2025 -2029 Child and Family Services Plan (CFSP). Please refer to the "Our Approach to Engagement and Collaboration" section (CFSP pages 7-15) for complete details on all activities conducted, and partners that contributed, for that Assessment. Please see Item 31 in this document (under Agency Responsiveness to the Community) for information related to ongoing collaboration with community partners.

The West Virginia Department of Human Services (DoHS) Bureau for Social Services (BSS) prioritizes and values stakeholder engagement in the evaluation of the child welfare systemic process. The inclusion of stakeholder voices on the Child and Family Services Review (CFSR) Round 4 Statewide Assessment is part of the ongoing effort to prioritize engagement in the ongoing Continuous Quality Improvement (CQI) process. BSS met with stakeholders across the state with the goal of gaining input into the functioning of the child welfare system. Specific engagement activities are outlined below.

Over the course of six weeks in May and June 2025 DoHS partnered with Guidehouse Inc to facilitate a statewide listening tour. The effort brought together more than 350 participants including caregivers (biological parents, kinship foster parents, and foster parents), frontline staff, service providers, legal professionals (prosecutors, judges, guardians ad litems), and youth with lived experience across eight in-person sessions and eleven virtual focus groups. The in-person sessions were balanced across the state to ensure geographic representation. The virtual sessions were conducted to gather role-specific insights and perspectives.

The Office of Quality Assurance for Children's Programs (Office of QA) collaborates with staff within the Bureau for Behavioral Health, Bureau for Medical Services, and the Bureau for Social Services within DoHS and also key partners and stakeholders (e.g., Probation Services, Bureau for Juvenile Services, Department of Education). A listing of these participants is included in the list of Statewide Assessment participants.

Through the CQI process, the Division of Planning and Quality Improvement conducted case related interviews with 965 individuals. The interviews included BSS field staff and supervisors, children, parents/adult caregivers, foster parents, judicial staff, and placement and community service providers. The information obtained through the interview process will be used to assess performance on child welfare outcomes and systemic factors.

In the fall of 2025 BSS Child Protective Services Supervisors were surveyed. The survey response rate was 81%. The surveys were developed by the BSS Regional Directors and sought data in relation to CPSS duties. The findings indicate that the majority of CPS supervisors (46%) have been in the role for five years or less.

In 2024 BSS, in collaboration with Marshall University and Aetna Better Health, conducted surveys specific to biological parents/caregivers, youth in foster care, and resource parents to better understand the practice needs of the child welfare system. The surveys were developed with input from those with lived experience, and targeted individuals with lived experience to understand barriers and challenges, as well as things that have worked well and simply need enhanced. The surveys will continue to be delivered to the intended target populations on an annual, or bi-annual basis. Gathering information from those with lived experience is critical to improving practice and ensuring the needs of children, youth, and families are met in the most appropriate and least intrusive manner possible. The survey results lead to individualized group listening sessions specific to the three groups: youth, biological parents/caregivers, and resource parents. The survey results informed the topics of the listening sessions to gather more information around common themes of identified barriers to improve practice and child and family outcomes.

In 2023 BSS, in collaboration with Marshall University, developed and conducted a foster parent survey aimed at improving the system from the perspective of those who are on the front lines of care. The survey process included participation of 526 kinship, relatives, and traditional foster parents. This process provided an opportunity for foster parents and caregivers to give voice to areas for improvement that could better support children in their care.

Court Improvement Program

The West Virginia Court Improvement Program mission 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”. To aid in that mission, the Bureau for Social Services worked with the Court Improvement Board to enhance representation to parents and children.

Under the West Virginia Code, the child welfare agency, parents, and children are represented by an attorney in child welfare proceedings. The Department of Human Services is represented by the county prosecuting attorney and the Attorney General’s Office. Children and parents are represented by public defenders or private attorneys that are court-appointed and paid through Public Defender Services. The quality of the representation for all parties varies vastly. There is very little standardization of expectations of the attorney. West Virginia Code § 49-4-601(g) requires any attorney representing a party to receive a minimum of eight hours of continuing legal education training every two years on child abuse and neglect procedure and practice. Attorneys representing children must first complete training on representation of children that is approved by the administrative office of the Supreme Court of Appeals.

West Virginia, in collaboration with the Prosecuting Attorneys’ Institute, Public Defender Services, West Virginia State Bar, judges, Court Improvement Programs, and the administrative office of the Supreme Court of Appeals, will determine the level of training and qualifications that are required for attorneys representing the child welfare agency, parents, and children in child welfare proceedings. West Virginia will implement Standards of Practice for attorneys representing parties in child welfare proceedings to ensure that attorneys are competent in the relevant laws and litigation skills. Attorneys should be well versed in in-court advocacy, as well as out-of-court client counseling and advocacy to help clients navigate the child welfare system. Additionally, attorneys should receive training in relevant topics such as understanding

substance use and recovery, trauma, available services to assist families, and disproportionality, disparity, and bias.

West Virginia will seek to draw down title IV-E funds to support and enhance legal representation for the child welfare agency, parents, and children. West Virginia will enter memoranda of understanding with the appropriate legal agencies. These agreements will ensure that the child welfare agency is not involved in evaluating individual attorney performance or making decisions on individual attorney contracts for attorneys representing children or parents.

Although JCAMP is no longer a project within the CIP, the information and data that was collected is a valuable tool the Division of Children Services has implemented into yearly assessments throughout the state. One major take away the division has adopted is yearly statewide research. Each year the division receives feedback from partners in the JA system and collaborates on a study that can be done primarily through courtroom observation. Topics vary from Child Abuse and Neglect attorneys, reports being done in a timely and correct manner, Reasonable efforts/ Title 4E, and a wide variety of other interesting topics. The division continues these observations yearly taking the topic of interest to determine is CIP can assist in issue or complications that arise from the observations. This summer observation was focused on Child Abuse and Neglect Attorneys. Summer of 2025 the Division of Children Servies dedicated time from March 1st to August 31st to observe JA court hearing to collect data around the number of CAN Attorneys assigned to a case. This was a topic of interest because the question of "How many CAN Attorneys does WV need to do the work of a GAL or Respondent Attorney?" To better answer that question the division wanted to ensure the CAN Attorney list was as accurate as possible to report out the number of attorneys taking on JA cases. The division observed 387 court cases, with the average case having 3 or more attorneys assigned to the case. On average most cases had 3 (2.89) attorneys assigned 1 GAL and 2 Respondent Attorney. Of the cases observed:

- 307 cases the parties were identified during the court hearing, 80 were not.
- 194 attorneys were not on the "registered list"
- 191 were on the list
- 386 GAL
- 640 respondent attorneys
- 64 non-offending attorneys
- 36 unknowns

All circuits were represented in our Summer Court Observation, but not all Judges. Some Judges would not allow staff to sit in on court observation, they do not hear JA cases, or had scheduling conflicts.

BSS/CIP Socially Necessary Services Workgroup

The mission of the workgroup is to collect data and report findings related to socially necessary services that have been ordered by the court from July 1,2024, through April 30, 2025. The CIP believes the findings will help facilitate future referral, assignment, and completion of socially necessary services by observing service development, progression, and outcome from the targeted demographics. The data gained through this project will be instrumental in calibrating and unifying future services. Ultimately, the project will ensure stable, consistent services that are vital to reunification efforts within juvenile abuse and neglect cases. The data will help support areas where training is needed, engage in stakeholder meetings to discuss services directly related to that county, which will lead to more time reunifications and permanence.

Kids Thrive Collaborative

House Concurrent Resolution 35, passed during the 2021 legislative session, requiring the implementation of a continuous quality improvement program with performance measures and outcomes for the child welfare system and for all children with serious emotional disorders served by the Department of Human Services (DoHS) to continue to evaluate and identify areas in need of improvement. To further support this effort, the Office of Quality Assurance for Children's Programs was established in May 2022.

The Office of Quality Assurance for Children's Programs (Office of QA) works with the Bureau for Behavioral Health, Bureau for Medical Services, and the Bureau for Social Services within DoHS well as key partners and stakeholders (e.g., Probation Services, Bureau for Juvenile Services, Department of Education) to review key indicators, explore root cause analysis for areas of need, and assist teams to leverage information for strategic planning. Key performance indicators center around significant touchpoints, outcomes, timeliness, etc. for children with Serious Emotional Disorders and for children in the child welfare system. Highlights and information on prioritized initiatives is included in the Annual Quality and Outcomes report, published every October. More frequent updates are provided via the Kids Thrive Collaborative and via program or quality committee reviews. These processes ensure sustainability in DoHS's continuous quality assurance processes. The Continuous Quality Improvement Plan developed by the Office of QA and the Quality and Outcomes report can be found on the Plans and Reports page of the Kids Thrive website: https://kidsthrive.wv.gov/photo-call-out/plans-and-reports.

WV DoHS continues a partnership with the United States Department of Justice (DOJ) which includes an Agreement beginning in 2019 to implement and sustain expanded children's mental health services in WV for children with serious emotional disorders. DOJ has recognized the current reform efforts underway in WV, and the Agreement reflects DoHS's commitment to improving West Virginia's children's mental health system to ensure that children receive appropriate mental health and social services in their homes, schools, and communities, efficiently and effectively.

DoHS continues to improve access to community based mental health and social services and, whenever possible, divert children and youth from residential treatment or justice system involvement, so that kids and families can thrive in West Virginia.

The State's implementation plan describes the State's efforts to uphold its obligations to help children remain in their communities and receive the most appropriate mental and behavioral health programs, especially including the following home- and community-based services (HCBS) listed in the agreement:

- West Virginia Wraparound
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Stabilization and Treatment (STAT) Homes (formerly Therapeutic Foster Care [TFC])
- Behavioral Support Services
- Assertive Community Treatment (ACT)
- Mental Health Screening

Additional information on the partnership and progress with the Agreement between DoHS and DOJ can be found on the Kids Thrive website under DOJ Partnership: https://kidsthrive.wv.gov/doj-partnership.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline crosscutting issues not specifically addressed in the outcomes and systemic factor sections of the Statewide Assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets
Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

Insert description:

General Information

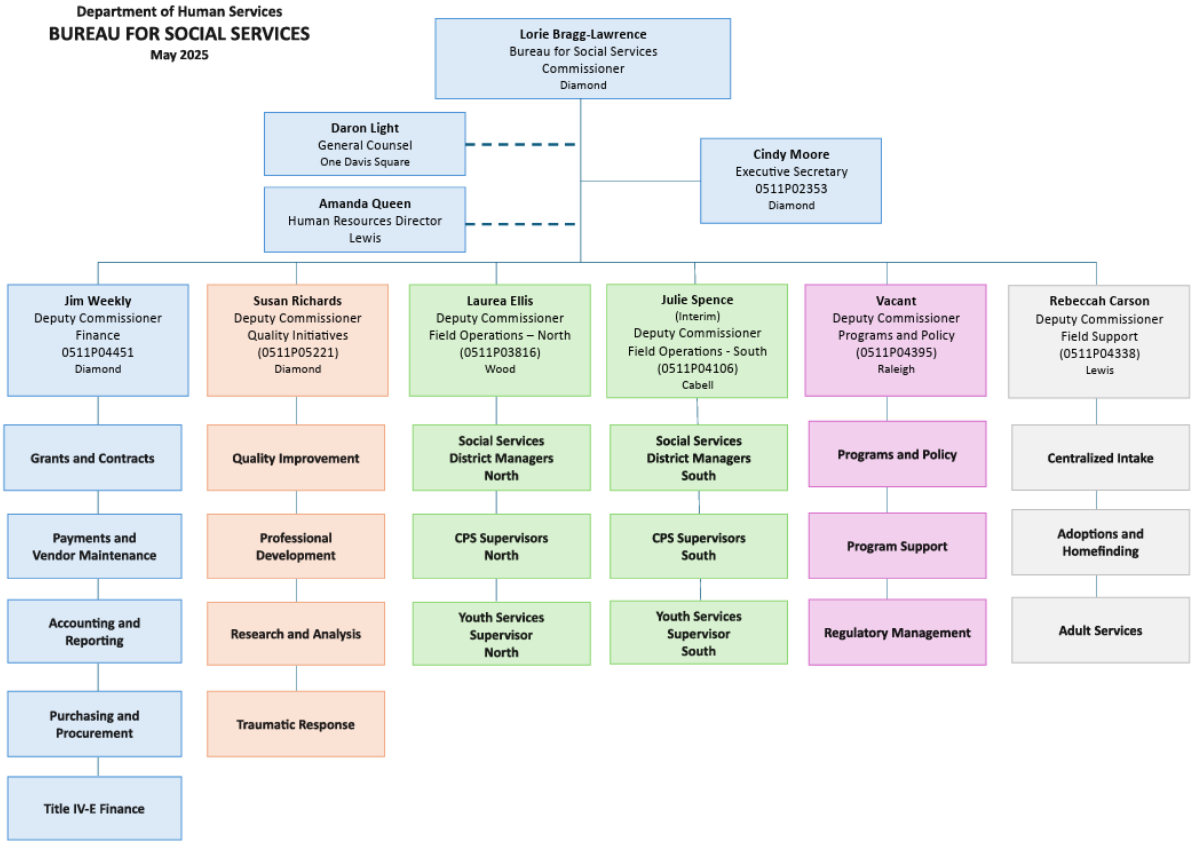
On January 1, 2024, the West Virginia Department of Health and Human Resources (DHHR) was officially reorganized into three separate departments in accordance with House Bill 2006. The three departments are the West Virginia Department of Health (DH), the West Virginia Department of Health Facilities (DHF), and the West Virginia Department of Human Services (DoHS). Each department is overseen by a Cabinet Secretary. The Department of Human Services encompasses multiple bureaus including the Bureau for Behavioral Health, the Bureau for Child Support Enforcement, the Bureau for Family Assistance, Bureau for Medical Services, the Bureau for Social Services, and the Office of Drug Control Policy.

The Bureau for Social Services (BSS) is the bureau tasked with administering child protective services, youth services and foster care programs, among others. The Bureau for Social Services Commissioner is Lorie Bragg-Lawrence. The BSS consists of five distinct offices:

- The Office of Policy and Programs
- The Office of Quality Initiatives
- The Office of Field Support
- The Office of Field Operations
- The Office of Finance

Each office is overseen by a Deputy Commissioner who reports directly to the Commissioner.

The chart below depicts the organization structure of the Office of the Commissioner.



The Office of Policy and Programs

The Office of Policy and Programs (OPP) is overseen by a Deputy Commissioner, but the position is currently vacant. Oversight of the office currently is Commissioner, Lorie Bragg. The office consists of three divisions: The Division of Children and Adult Services (CAS), the Division of Regulatory Management (DRM), and the Division of Program Support (DPS). The Office of Policy and Programs oversees state and federal policy implementation, service and program development, regulation and institutional investigations of foster care agencies and childcare institutions and Trauma Support Programs. and provides technical assistance and consultation related activities to direct service field staff in all related child welfare programs. The Office of Policy and Programs also acts as the lead office in the Child and Family Services Plan and Annual Progress and Services Review development.

The Office of Quality Initiatives

The Office of Quality Initiatives is overseen by Deputy Commissioner, Susan Richards. The Office consists of the Division of Planning and Quality Improvement, the Division of Professional Development, the Division of Research and Data Analysis. The Office oversees bureau staff training and Continuous Quality Improvement (CQI) activities, including regular Child and Family Services Reviews (CFSR) style reviews of district offices and the state's Centralized Intake Unit, which receives reports of abuse and neglect. The office also leads federal CFSR reviews for the state.

The Office of Field Support

The Office of Field Support (OFS) is overseen by Deputy Commissioner, Rebecah Carson. The office consists of four statewide programs: Adult Services (AS), Adoption and Home Finding and Centralized Intake (CI). The programs of Adoption and Home Finding collaborate with foster care services to locate and certify

permanent families, with an emphasis on kinship placements, for children whose parental rights have been terminated. It also serves to promote quality standards for pre- and post-adoption services to protect the rights of these children. Centralized Intake is the state's 24/7/365 call center utilized for receiving reports of suspected abuse to both children and vulnerable adults.

The Office of Field Operations

The Office of Field Operations consists of Child Protective Services (CPS) and Youth Services (YS) staff, supervisors, and support staff across the state divided into two regions and 23 district offices. Each district is overseen by a Social Services Manager, responsible for the daily operations and reports to a Deputy Commissioner. The Deputy Commissioner of the North is Laurea Ellis, and the Interim Deputy Commissioner of the South is Julie Spence.

The Office of Finance

The Office of Finance is overseen by Deputy Commissioner, Jim Weekley. The office consists of five divisions: The Division of Accounting and Reporting, the Division of Payments and Vendor Maintenance, the Division of Purchasing and Procurement, the Division of Grants, and the Division of Title IV-E Finance. The Office of Finance oversees the bureau budgets and related state and federal reporting and conducts Title IV-E eligibility determinations. It also oversees the accounts payment functions, purchasing and procurement of bureau services and supplies and collaborates with the Office of Policy and Programs to administer subrecipient grants to various agencies.

Vision and Tenets

Vision Statement

The West Virginia Department of Human Services (DoHS) promotes a thriving and healthy West Virginia through providing access to critical health care, essential social services and benefits, and trusted information, with a special emphasis on vulnerable populations.

The Department of Human Services envisions a community services array that empowers families to identify their own needs and obtain culturally and linguistically appropriate services at the necessary intensity to prevent escalation into child welfare and juvenile justice systems.

The West Virginia DoHS Department of Human Services, Bureau for Social Services (BSS), promotes the safety, permanency, and well-being of children and vulnerable adults, supporting individuals to succeed and strengthen families. The BSS envisions a child welfare system that;

- Prioritizes prevention as the most effective tool in supporting child and family wellbeing; and,
- Utilizes child removal as a tool of last resort.

Subsequently, the removal of a child from their home is the most critical decision made during a child welfare case; the placement intervention used is the second most critical decision. When children must be removed from their home, the Bureau for Social Services will prioritize kinship placements and, when not available, utilize the most family-like integrated setting available to support the child's needs and promote family engagement to support timely reunification.

Part 2: Cross-System Challenges
Briefly describe cross-cutting issues not specifically addressed in other sections of the Statewide Assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Insert description:

Cross-System Challenges

Pandemic

The global Covid-19 pandemic had an impact on the ability of West Virginia to fully implement the improvement strategies within the PIP. Restrictions on public gatherings resulted in multiple key activities being renegotiated. There were increased stressors on the child welfare system in the state during the COVID-19 pandemic and for several years thereafter, including school and provider closures, fewer in-person activities, and shelter-in-place orders. The long-term consequences of the COVID-19 pandemic include instability within the direct services staff, affecting both public and private sectors. This instability had an impact on resource parent providers and contracted service providers. Court hearings in many jurisdictions remain backlogged with significant effects on in-person hearings and multidisciplinary team meetings.

Workforce

Within the child welfare profession there has been a nationwide struggle to maintain a trained and skilled workforce dedicated to providing services and support to assist families in need of critical and immediate care and services. The Bureau for Social Services recognizes that in West Virginia the historically high staff turnover rate has been a major factor impacting the ability to ensure child safety through the completion of timely and comprehensive assessments, engage families, and ensure families receive timely and effective services. The agency has implemented several initiatives to address and reduce the vacancy rates. A newly established Classification and Compensation Unit is actively designing streamlined job specifications that better reflect the skills, experience, and qualifications needed for each role. This update allows the agency to make more competitive salary offers and attract stronger candidates across critical positions. In addition, targeted retention plans are in place for direct care and social service staff, helping stabilize the workforce and reduce turnover, particularly in high-demand frontline roles.

Together, these efforts strengthen the hiring pipeline, improve internal equity, and support long-term workforce sustainability while positioning the agency to respond more effectively to staffing needs as they arise. The vacancy rate for Child Protective Services positions has been reduced from 18% in January 2024 to 7.2% in January 2026. The vacancy rate for Youth Services positions has similarly decreased from a high of 9% in January 2024 to 2.1% in January 2026.

Fragmented Appropriations

The West Virginia Bureau for Social Services budget prior to State Fiscal Year 2024 (July 1, YYYY to June 30, YYYY) was one appropriation that could be used to support the various programs within the Bureau. Thereafter legislation was passed that significantly restructured Bureau appropriations. The prior single

appropriation was replaced by eight separate, specific appropriations. This has created budgeting challenges, particularly within child welfare programs. The shift from a single, flexible fund to eight separate, siloed appropriations for specific areas (e.g., Children's Services, Foster Care, Child Protective Services Case Workers) requires more rigid financial management and eliminates the ability to shift funds to address immediate, fluctuating needs in different child welfare areas.

The transition from a SACWIS to a CCWIS case management system has impacted the state's ability to generate required reports for claiming federal Title IV-E dollars efficiently. West Virginia has historically relied heavily on federal funding for child welfare programs. These reporting issues have led to challenges in maximizing federal reimbursement of Title IV-E dollars. Concurrently, the state has experienced rising costs due to increases in adoption subsidies, legal guardianship subsidies, and foster care provider reimbursement rates, without a proportional increase in state revenue to match these specific outlays.

These combined factors — funding fragmentation, revenue shortfalls amid rising program costs, and federal reimbursement complexities — present a significant fiscal and operational challenge for the Bureau for Social Services as it manages child welfare programs.

2026 Legislation

As part of the 2026 legislative session, West Virginia is considering legislation that may have implications for child welfare practice, system operations, and fiscal sustainability within the Bureau for Social Services. BSS is engaged in ongoing analysis and communication to understand potential impacts and support informed decision-making aligned with safety, permanency, and well-being outcomes.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Insert description:

Round 3 Child and Family Services Review and Program Improvement Plan

During the Child and Family Services Review Round 3, the Department of Human Services conducted a state-led review of the state's child and family services programs between April 1, 2017 through September 30, 2017. The case reviews were conducted in six districts across the state. During the week of April 10, 2017, Children's Bureau (CB) staff conducted interviews with stakeholders in order to obtain information related to child welfare system functioning. On December 7, 2017 the Children's Bureau provided the final report for the West Virginia 2017 CFSR and instructed the state to submit a program improvement plan (PIP) to address those areas identified as needing improvement. The review demonstrated that the state's child welfare program was not operating in substantial conformity with applicable federal requirements in the seven outcome areas and four systemic factors.

The Department submitted to CB a Program Improvement Plan (PIP) addressing the items within each outcome measure and systemic factor that were determined not to be in substantial conformity during the CFSR. Following a period of negotiation and revision, West Virginia's PIP was effective December 1, 2019.

The PIP implementation period ended November 30, 2021. Immediately following the PIP implementation period, the state continued to monitor and report progress toward goal achievement until the end of the non-overlapping reporting period on May 31, 2023.

Program improvement goals included:

Goal 1: Creating and supporting a Healthy Workforce.

Strategy 1: Build and reinforce mentoring, peer support, and job supports for child welfare workers through regional and statewide meetings and building the capacity of new positions in the CPS career ladder.

Strategy 2: Strengthen Judicial rapport through collaborative processes and improve preparation of Bureau for Children and Families staff for court

Strategy 3: Conduct exit interviews and retention surveys with staff to inform and develop strategies to reduce turnover and retain staff.

GOAL 2: Increase Family Support Services and Family Resource Homes to meet the needs of children and Families Community Support and Family Resources

Strategy 1: Examine previous foster care providers and relative foster care providers for possible reopening of closed resource homes and expansion of relative foster homes.

Strategy 2: WV will develop standards and implement performance-based contracting to include the standards in order to improve the outcomes for foster care children.

Strategy 3: Increase foster parent notice of permanency hearings and engagement in the case work process.

Strategy 4: Identify needs and collaborate with agency partners, and courts, in the development of service availability and substance abuse services to improve outcomes for children and families.

Strategy 5: Improve staff's knowledge regarding available services to meet needs of families and children.

Goal 3: Transforming the culture of child welfare management to increase competency, skill and accountability of our child welfare practice.

Strategy 1: Empower supervisors to act as change agents through reflective supervision.

Strategy 2: Increase supervisor and manager skills through ongoing training and peer support to address their ability to support staff and provide direct supervision.

Strategy 3: Creating structure and accountability to support supervisors to ensure that face-to-face contact with alleged child victims will occur timely.

Strategy 4: Creating structures to support staff so face to face, meaningful monthly contact, visits with families and children will occur.

Strategy 5: Bureau for Children and Families will provide support to supervisors to ensure risk and safety assessments are adequate initially and on an ongoing basis throughout the life of the case.

Goal 4: Increase effectiveness and efficiency and create a prevention-focused organizational culture in order to ensure the needs of children and families are addressed throughout the life of the case. (Safety Outcome 1, Well-Being Outcome 1)

Strategy 1: CQI of Centralized Intake and a threshold screening analysis to further inform the Bureau for Children and Families screening and intake process.

Strategy 2: Safely close cases that have had no contact and develop and support practice to ensure backlog does not re-occur.

Through an ongoing partnership, the Children's Bureau and the Department jointly assessed progress throughout the PIP implementation period. As a result, CB verified the state's completion of all required PIP activities during the PIP implementation period. Further, CB determined that the Department met PIP data measurement goals for:

- Safety Outcome 2 – items 2 and 3
- Permanency Outcome 1 – items 4, 5, and 6
- Well-Being Outcome 1 – items 12, 13, 14, and 15

Despite showing improvement during the reporting periods, the Department was not able to achieve substantial conformity on Safety Outcome 1.

New Practice Model

The 2025 statewide listening tour findings indicate one of the possible root causes for current performance is that West Virginis lacks a comprehensive practice model or consistent protocols for critical processes. West Virginia child protective service workers and supervisors have laws and policies designed to protect children from abuse and neglect, ensure their safety and well-being, and support families in providing adequate care, with the primary goal of preserving the family unit whenever possible. However, West Virigina does not have a child welfare practice model to ensure consistency of practice across districts. Inconsistent practice across the state was a striking theme of listening session participants who voiced feeling that experiences are different across counties and workers.

West Virginia is committed to prevention, child safety, and the reduction of children entering foster care. The SAFE practice model will assist staff in better identifying safety threats to children while working with families to enhance protective capacities and keep children safe in their homes, or return them more quickly when removal is necessary.

West Virginia will begin implementing the Safety Assessment and Family Evaluation (SAFE) child welfare model in 2026. West Virginia is in a three-year contract with Action for Child Protection to implement the SAFE practice model, which is evidence based, for child protective services. Intensive work is underway in various stages. The model supports improved Child and Family Service Review outcomes by emphasizing responsive intervention, assessment due diligence, family engagement, and sufficient least intrusive child safety management. It ensures protection from abuse and neglect and requires planful change focused contacts with families to assist in meeting children's needs until caregivers can independently reassume their protective role.

The Safety Assessment and Family Evaluation model is a systematic intervention process designed for families with unsafe children. As a system of intervention, the SAFE model is comprised of integrated intervention components that are functionally connected and apply consistent operating concepts and criteria for decisions. Each intervention component has distinct purposes, objectives, and processes, yet they operate in a cohesive, systematic manner to achieve the vision of the SAFE model: Identify and protect

an unsafe child and, when necessary, intervene to restore the caregiver to their protective role and responsibility by enhancing their capacity to meet their child's needs, ensure child safety, and provide a permanent living arrangement.

The vision of the SAFE model is explicitly expressed in its purpose: Keeping the child safe, in the least intrusive way possible, while engaging the caregiver in a process for producing behavioral change in family functioning and effective caregiver performance.

The SAFE model is designed to ensure child protection by managing threats to child safety, and to change the conditions that make a child unsafe by enhancing insufficient Caregiver Protective Capacities. This is accomplished by achieving the following practice objectives:

1. Identify a family for assessment.

2. Assess family system functioning to identify strengths and negative conditions associated with threats to child safety, Caregiver Protective Capacities, and dynamics of child maltreatment.

3. Ensure child safety by developing and maintaining least intrusive safety plans to manage threats to child safety.

4. Stabilize family systems in crisis.

5. Establish a helping relationship with the caregiver.

6. Engage the caregiver in determining what must change and establish case plan goals and treatment and support services for making behavioral changes.

7. Ensure the child's needs are being met.

8. Increase resource availability for the family in need.

9. Facilitate caregiver progress toward making behavioral changes.

10. Assess if a caregiver has sufficient Caregiver Protective Capacities to independently resume their role and responsibility for ensuring child safety.

The SAFE model is an analytic process for problem solving and decision-making throughout the duration of a family's involvement with child welfare. As such, the SAFE model provides a systematic process for guiding supervisors and specialists in identifying an unsafe child, determining when a family needs services, establishing least intrusive plans for managing child safety, determining what must change, facilitating caregiver change, and addressing child needs. The SAFE model process has the following design characteristics:

- The process is logical, reflecting coherence.
- The assessment processes occur in a sequential order that reinforces an interconnectedness.
- The process is progressive based on step-by-step procedures and practice protocols.
- The process provides structure for working with the family while allowing for flexibility to accommodate the dynamic nature of the caregiver-specialist working relationship.

The SAFE model process includes six intervention components for facilitating caregiver behavioral change and managing child safety: Intake Assessment, Initial Family Assessment, Safety Management/ Safe@Home, Protective Capacity Family Assessment, Change Focused Contact, and Progress Assessment. These components function in an interrelated manner to form a cohesive process that addresses child safety, permanency, and wellbeing.

Expansion of Services

DoHS is working with Change & Innovation Agency to redesign and implement a streamlined, consistent and more supportive certification process for kinship and resource foster homes. Currently, only 30%-50% of families who inquire actually become certified. The improved certification process involves significant worker/family engagement at the onset of the process to assist families through the barriers and expedite training and orientation to increase the number of families who complete the process and increase placement resources.

West Virginia is in the process of releasing two RFAs to expand both the Transition to Adulthood Program (TAP) and Transitional Living for Vulnerable Youth (TLVY) program. These programs provide much needed support for youth aging out of foster care to prepare them for adulthood.

Assessment of Child and Family Outcomes

The West Virginia Department of Human Services Bureau for Social Services has a comprehensive continuous quality assurance CQI process.

See BSS CQI Plan https://bss.wv.gov/media/20539/download?inline

BSS utilizes data from a variety of sources to assess performance on safety, permanency, and well-being outcomes, as well as inform and monitor continuous quality improvement efforts. This includes the development and monitoring of the Child and Family Services Plan goals and other statewide child welfare initiatives. Data available to evaluate performance is gathered through Child and Family Services Reviews style case reviews, data profiles (contextual data report) supplied by the Children's Bureau and calculated using data submitted to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), additional Comprehensive Child Welfare Information System (CCWIS) reports, and Juvenile Abuse and Neglect Information System (JANIS) data provided by the Court Improvement Program of the Supreme Court of Appeals of West Virginia. Data may be reported by federal fiscal year (FFY) or calendar year (CY) depending on availability.

The Division of Planning and Quality Improvement (DPQI) utilizes the Federal Child and Family Services Reviews model to evaluate case practice. Utilizing the CFSR process allows DPQI to measure the State's performance in the areas of safety, permanency, and well-being consistent with Federal outcomes in order to improve services to children and families. The CFSR Onsite Review Instrument and Instructions (OSRI) are the unit's primary tool for evaluating the quality-of-service delivery to children and families. DPQI review teams conduct interviews with key case stakeholders including case workers, caregivers/parents, foster parents, service providers, placement providers, youth if age appropriate, judicial partners, and other parties who may have information related to the case. Case rating documentation is entered into the Online Monitoring System (OMS). (See Quality Assurance Systemic Factor Section)

During FFY 2025 DPQI completed 125 CFSR style case reviews. The data is based upon the review of randomly selected social services cases between October 1, 2024, and September 30, 2025. The review was comprised of 125 cases, 65 foster care and 60 in-home social service cases. DPQI staff conducted 965 interviews in relation to the case reviews. Interview participants included: 125 children, 159 parents/caregivers (biological/adoptive/step/legal guardians/parental paramours), 80 foster parents, and 111 judicial staff such as attorneys, guardian-ad-litems, juvenile probation officers, and court appointed special advocates. The remaining interviews were with other parties who provide information related to the case review such as BSS caseworkers and supervisors, service providers, and child placing agency case managers. The period under review (PUR) for case reviews is approximately 12 months prior to the date of the review. CFSR style case reviews were completed in each of the two regions of the state and included the following districts:

- Kanawha
- Randolph
- Monongalia
- Marion
- McDowell/Wyoming
- Berkeley/Jefferson
- Fayette/Nicholas
- Greenbrier/Monroe/Pocahontas/Summers
- Putnam/Lincoln/Boone
- Jackson/Mason/Roane/Calhoun
- Barbour/Preston/Taylor
- Wayne.

Factors Contributing to Cases Ratings

Child abuse and neglect in West Virginia stems from a complex interplay of deeply rooted societal issues. These challenges, often symptoms of broader problems including poverty and substance use and other behavioral health disorders, lack simple solutions. The number of child welfare cases tied to substance misuse, combined with the chronic nature of addiction, places immense strain on West Virginia's limited child welfare resources. Poverty in itself is not legally defined as neglect in West Virginia, however a lack of financial means can lead to conditions where basic needs are not met, such as insufficient food, clothing, shelter, or medical care. In addition, financial and employment problems within the home create significant stress.

Another historic factor affecting the system's effectiveness is the consistent challenge of attracting and retaining qualified staff. Child welfare staffing levels within a district directly correlate with the performance on Child and Family Services case reviews. The inability to stabilize staff within the child welfare network significantly reduces conformity across all outcome measures. According to the U.S. Census Bureau, West Virginia has seen significant, long-term population loss, with a 3.2% drop (nearly 60,000 people) between 2010 and 2020, the nation's largest percentage decline. This decline is driven by more deaths than births and out-migration.

Child and Family Services Review Round 4

Child and Family Services Reviews Round 4 began in FY 2023. West Virginia is scheduled to participate in the review during the fourth year of the review cycle. The case review portion of the CFSR will be state led. Case reviews will be conducted in six districts across the state between April 2026-September 2026, with all cases finalized by October 2026. Stakeholder interviews for West Virginia will be held June 1, 2026, through June 5, 2026.

The August 2025 Child and Family Services Review Data Profile is included in the Assessment of Child and Family Outcomes section. The CFSR Data Profile contained information on the two Safety Outcomes. Due to data quality issues, Permanency Outcomes data was not provided in the profile, and therefore no information will be provided in this document.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

1. **Performance Data Highlights**
   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. **Brief Analysis**
   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
   - What does performance data show with respect to the impact of prevention efforts on safety outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. **Results of Deeper Data Exploration for Priority Focus Areas**
   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or challenge?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

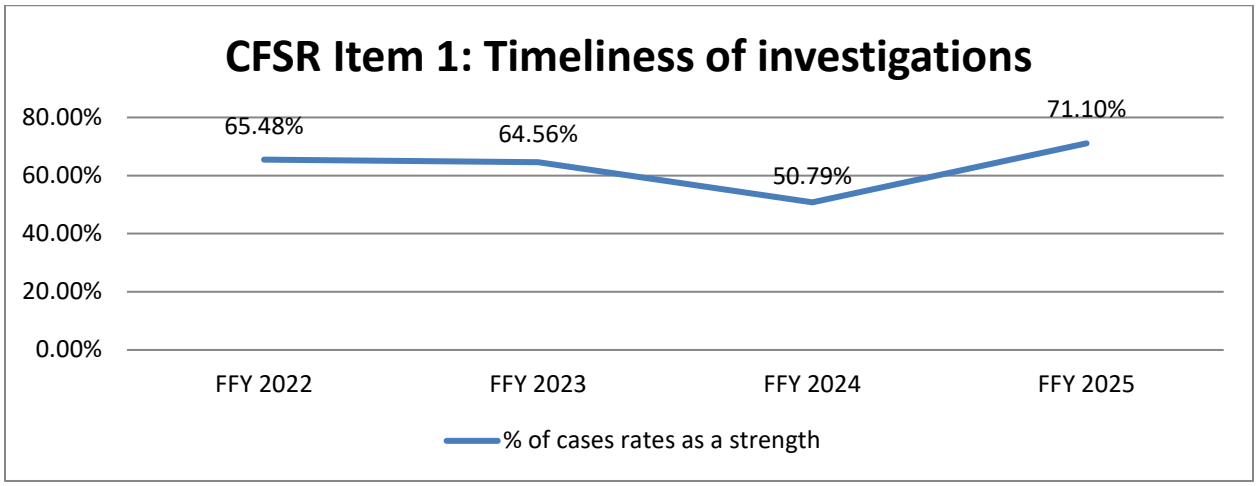
State Response:

Safety Outcomes 1 and 2

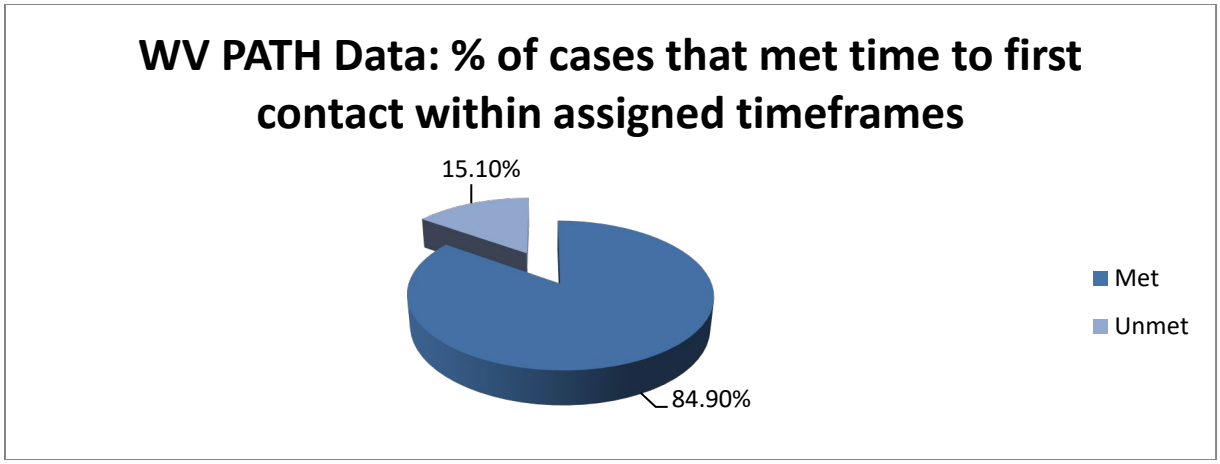
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Timeliness of Initiating Investigations of Reports of Child Maltreatment (Item 1)

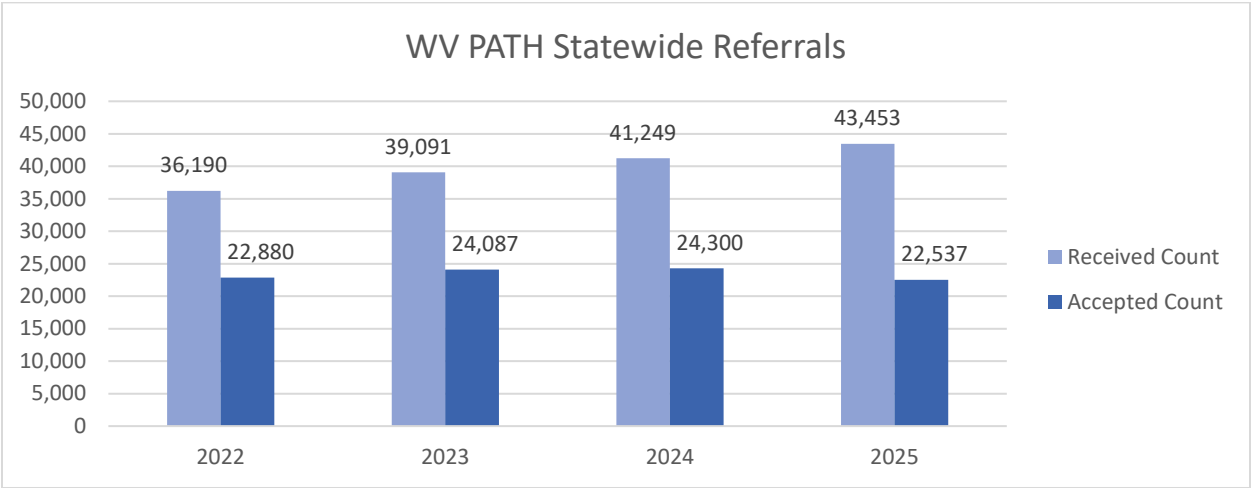
Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.



Source: DPQI Case Review Data



Source: WV PATH Time to First Contact Report CY 2025



Source: COGNOS Statewide Referrals Report CY 2022-2025 and WV PATH Referral Activity Report

CFSR Data Profile Performance

Statewide Data Indicator	National Performance	WV Risk-Standardized Performance February 2024	WV Risk-Standardized Performance August 2024	WV Risk-Standardized Performance February 2025	WV Risk-Standardized Performance August 2025
Of all children in out-of-home care in a 12-month period, the victimization rate per 100,000 days of care will be 9.07 or less.	9.07	2.69	3.48	3.48	4.62
Of all children who were victims of a substantiated maltreatment report during a 12-month period, the percentage who experienced subsequent maltreatment within 12 months of the initial victimization will be 9.7% or less.	9.7%	5.6%	3.8%	9.7%	11.2%

A lower RSP value is desirable for both data indicators. West Virginia's performance in relation to maltreatment while in custody is statistically better than the national performance. This is true when viewed over time as indicated in the chart above. West Virginia's performance in relation to the recurrence of maltreatment has increased over time and is currently not statistically better than the national performance.

The WV PATH Time to First Contact report provides calendar year data regarding the time to first contact with alleged victims of child maltreatment. The report indicates the assigned time to first contact with alleged child victims during CY 2025 was met in 84.9% of the intakes accepted for further assessment. The same report found the percentage of intakes in which time to first contact with alleged child victims was met in CY 2024 to be 79.60%. The Child Protective Services Intake (detail) Report is monitored by District Social Services Managers, Regional Directors, and the Deputy Director of Field Operations on a regular basis.

During calendar year 2025, the WV PATH Referral Activity report indicates the number of child maltreatment reports received was 43,453. Of this number, 22,537 reports were assigned for further assessment of the family. This reflects a 51.87% acceptance rate for the year. This same report indicates that during calendar year 2024, 41,249 reports of child maltreatment were received with 24,300 assigned for further assessment of the family. This reflects a 58.91% acceptance rate. When the two data sets are compared, the calendar year 2025 numbers reflect 2,204 additional child maltreatment reports received and 1,763 less reports being accepted for further assessment of the family. This is the fourth consecutive year in which the number of child maltreatment reports received has increased.

West Virginia did not meet the CFSR Rd. 3 PIP data goal established for this item. Strategies within the CFSR Rd. 3 PIP related to this Outcome included: creating structure and accountability to support supervisors to ensure that face-to-face contact with alleged child victims occurred timely and completing a Centralized Intake threshold screening analysis to help inform recommendations for improvement of the intake process.

More recent efforts to positively impact Outcome Safety 1 include the initiative to send a worker out on each intake the same day it is received regardless of the assigned contact timeframe, including the element of time to initial contact with child victims in the Child Stat review process, instituting a reconsideration process on intake screening decisions, and regular monitoring of district level performance by Deputy Commissioners Over Field.

West Virginia Outcome Safety 1 performance has shown improvement when administrative data and DPQI qualitative case review data sets are compared over time. The outcome rating for Safety 1 based on DPQI case reviews for FFY 2025 indicates safety outcome one was substantially achieved in 71.7% of the cases reviewed. This represents an increase of 20.31% when compared to FFY 2024 data of substantial conformity in 50.79% of the cases reviewed. There has been positive improvement observed in the measure over the last four measurement period. Despite the improvement observed, the Outcome remains below the 95% performance threshold. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

District-level management identifies staffing shortages as the primary obstacle to achieving performance levels. According to the 2025 BSS child protective supervisor survey, 53% of supervisors are currently forced to manage their own active caseloads while simultaneously fulfilling their supervisory roles. This strain on management often requires supervisors to personally conduct initial contacts with children to maintain performance levels. Furthermore, the survey found that 61% of respondents lack regularly scheduled

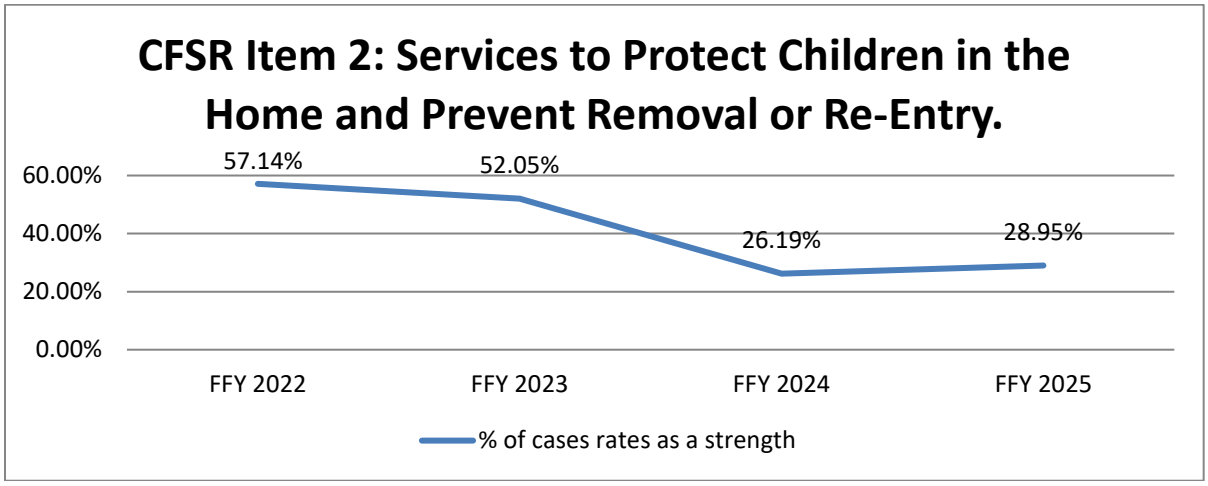
consultation time with the staff they oversee, undermining consistent case guidance. High caseloads force staff to prioritize immediate crises, often at the expense of timely interviews and administrative documentation. It is important to note the strides the Bureau has made in stabilizing the workforce. However, newly hired staff must be trained before being assigned a caseload. Therefore, there is a delay between decreasing the vacancy rate and thereby decreasing caseload size.

Implementation of the SAFE Model will have a positive impact on Safety Outcome 1 as the Intake Assessment is the first safety assessment. It involves receiving reports of alleged child maltreatment and community concern regarding child safety and determining if reports should be assigned for the completion of an Initial Family Assessment (IFA). To ensure timely assessments, the SAFE model prioritizes response urgency based on indications of Present or Impending Danger. Once child protection measures are implemented, change-based interventions are provided to enhance a caregiver's capacity to provide for the needs of their children and restore them to their protective role, thereby eliminating concerns about potential recurrence of hazardous family conditions and repeated maltreatment.

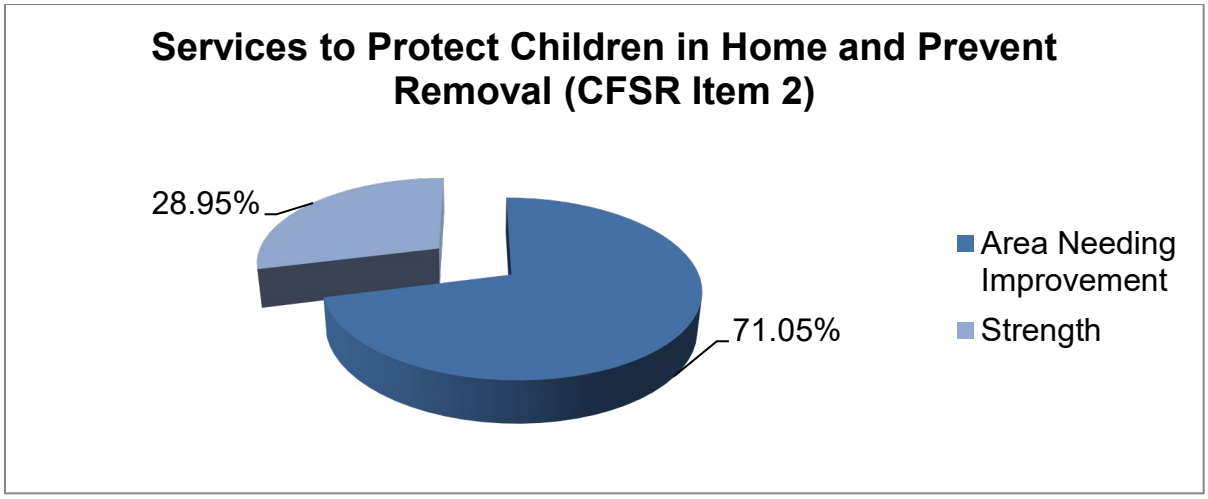
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care (Item 2)

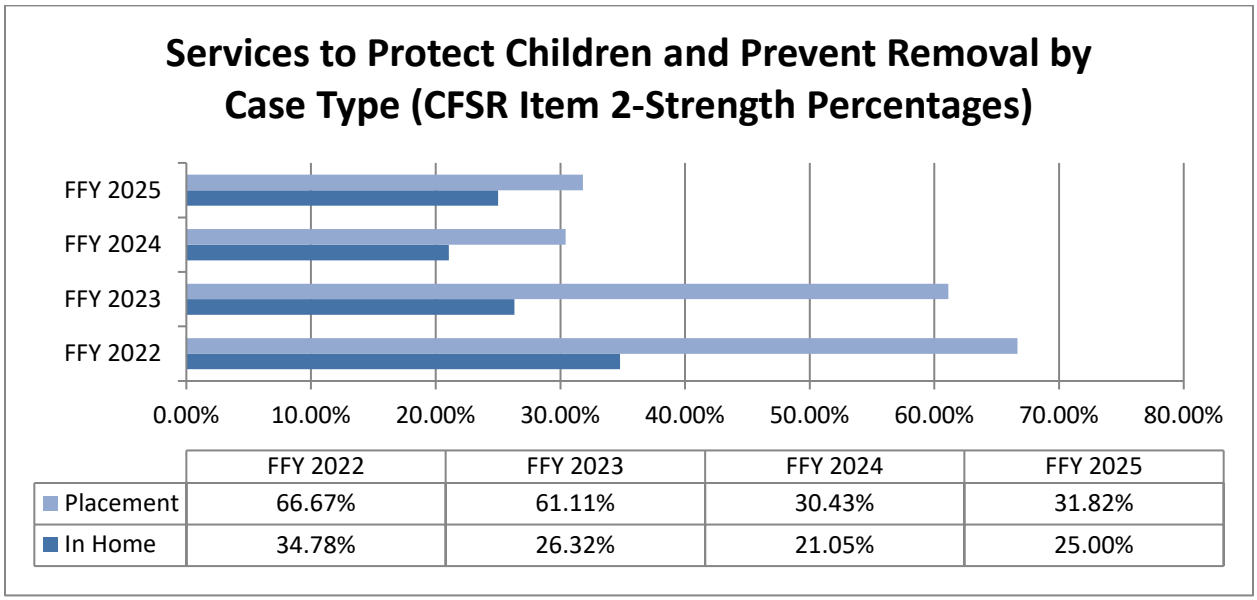
Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.



Source: DPQI Case Review Data



Source: DPQI Case Review Data FFY 2025

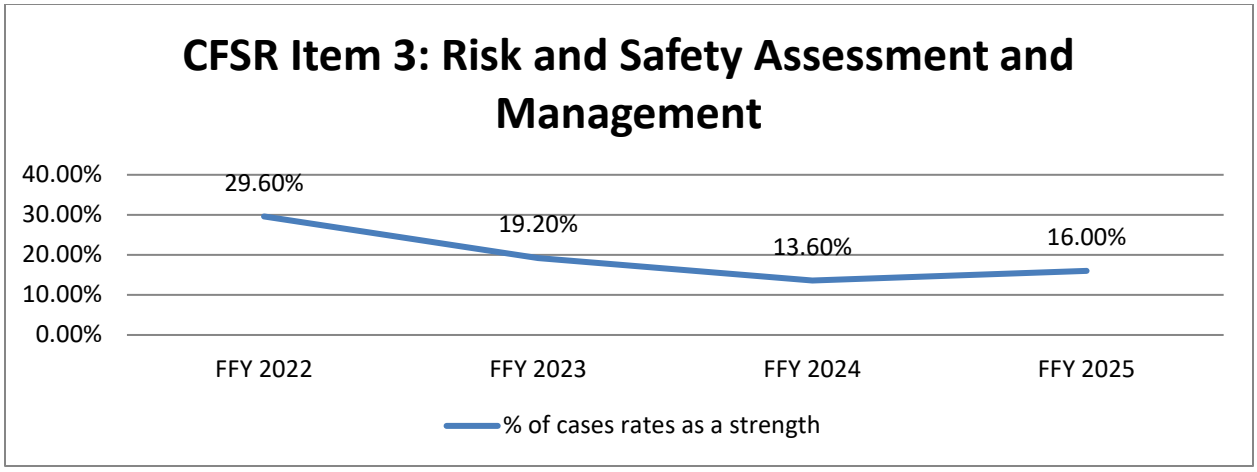


	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	66.67%	61.11%	30.43%	31.82%
In Home	34.78%	26.32%	21.05%	25.00%

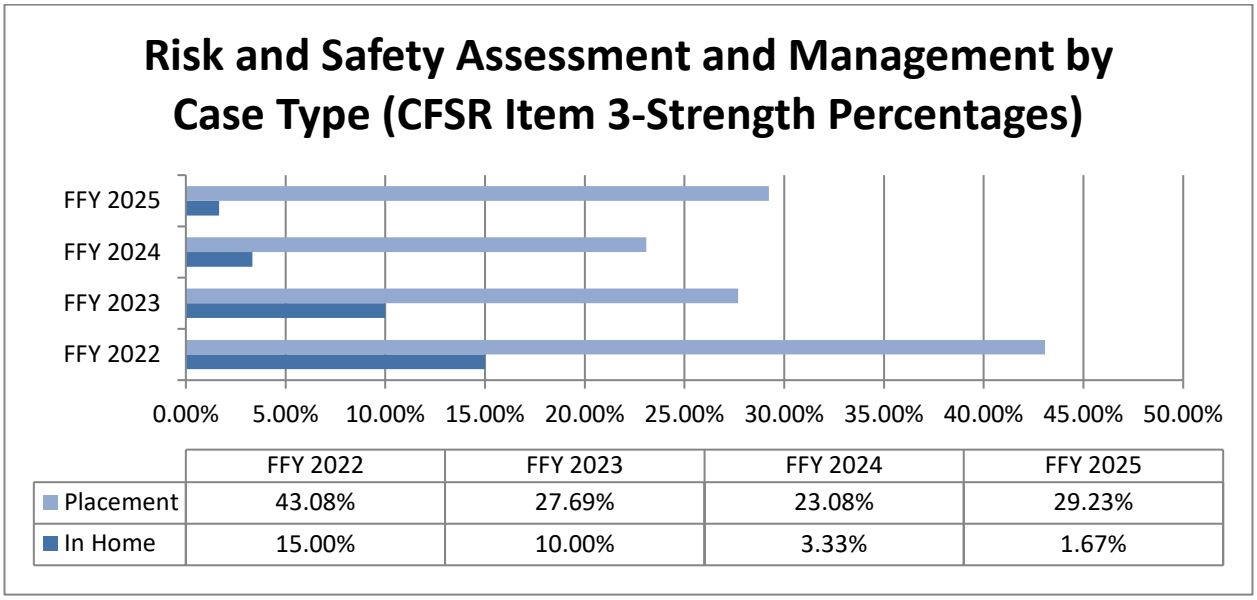
Source: DPQI Case Review Data

Risk and Safety Assessment and Management (Item 3)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.



Source: DPQI Case Review Data



	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	43.08%	27.69%	23.08%	29.23%
In Home	15.00%	10.00%	3.33%	1.67%

Source: DPQI Case Review Data

CFSR Outcome Safety 2 is measured by performance on CFSR Item 2-services to protect children in the home and prevent foster care entry or re-entry following reunification, and CFSR Item 3-risk and safety assessment and management on the CFSR Onsite Review Instrument. DPQI social services review data shows an increase in the performance of 2.76% on CFSR Item 2 and 2.4% on CFSR Item 3 when FFY 2024 and FFY 2025 data sets are compared. Despite this increase both items remain far below the 90% compliance threshold.

West Virginia Outcome Safety 2 performance has shown improvement when DPQI qualitative case review data sets are compared over time. The outcome rating for Safety 2 based on DPQI case reviews for FFY 2025 indicates substantial achievement in 16% of the cases reviewed. This represents an increase of 2.4% when compared to FFY 2024 data of substantial conformity in 13.6% of the cases reviewed. Despite the improvement observed, the Outcome remains below the 95% performance threshold. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

West Virginia met the CFSR Rd.3 PIP data goals established for the Safety Outcome 2 Items. Strategies included in the PIP designed to positively impact on the items included efforts to recruit and retain sufficient

staffing levels, increasing competency, skill and accountability of our child welfare staff, activities to ensure consistent quality contact between caseworkers and families including the assessment of child safety throughout the life of each case, and efforts to expand community-based service provision and field staff knowledge of service availability.

Social service case reviews show significant disparity of performance on the Outcome when in-home and placement cases are compared. This is especially true for the ongoing assessment of risk and child safety throughout the life of the case (Item 3). Key factors contributing to the poor performance of this measure, regardless of case type, include insufficient family engagement, deficient safety planning, and a lack of services tailored to address identified risks. Specifically, inadequate safety planning prevents the delivery of services at the intensity required to maintain children safely in their homes and avoid foster care entry. Furthermore, a lack of regular quality contact with families hinders the continuous assessment of child safety, the evaluation of service effectiveness, and the active involvement of family members in the safety and case planning process.

The 2024 survey and listening session results indicate that the majority of participants (66.7%) felt their children would not have been removed if additional services had been provided to them. Participants indicated a need for more resources to be offered for prevention at the start of the case. 60% of survey respondents felt that increased frequency of services would have prevented the removal of their children. Parents also indicated a need for more engagement with caseworkers.

The 2025 statewide listening tour participants reflected these same perspectives with both youth in foster care and families involved in child welfare cases voicing the need for more frequent quality communication with caseworkers. Biological parent participants also requested access to services and supports at the start of the case, not after removal occurs. Participants indicated the Safe at Home and Children with Serious Emotional Disorder Waiver (CSEDW) programs have provided needed services to children and kept them from entering foster care.

More recent efforts to positively impact Outcome Safety 2 include the ongoing assessment of child safety in the Child Stat review process, monitoring of case level contact by regional level managers during monthly random case reviews, and by Deputy Commissioners Over Field during management meetings.

Implementation of the SAFE Model will have a positive impact on Safety Outcome 2 because it ensures that child safety is adequately assessed and managed throughout the duration of agency involvement with families. The Initial Family Assessment identifies families in need of Ongoing services by assessing and reaching a conclusion about caregivers who are unable or unwilling to ensure their child's safety. This assessment process collects family system information, using a standardized protocol and criteria, to determine if children are unsafe.

When children are unsafe, the Safety Plan Determination process establishes the least intrusive, sufficient safety plan. The SAFE model aims to implement in-home safety plans with families whenever possible and appropriate. These plans include specific safety services selected based on how Impending Danger manifests in families. Safety services are coordinated and delivered to protect children while caregivers receive changed services.

For families with children who must be placed in out-of-home care, the SAFE model establishes Conditions for Return, describing what family conditions and circumstances must be altered for an in-home safety plan to be implemented. Specialists assist families in promptly meeting Conditions for Return to expedite child

reunification as soon as feasibly possible. The SAFE model, which includes a community based in-home safety management component- SAFE@Home- has shown positive safety outcomes for increasing the use of in-home safety plans, decreasing placement rates, and decreasing the number of days that a child resides in out-of-home care.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?

- What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

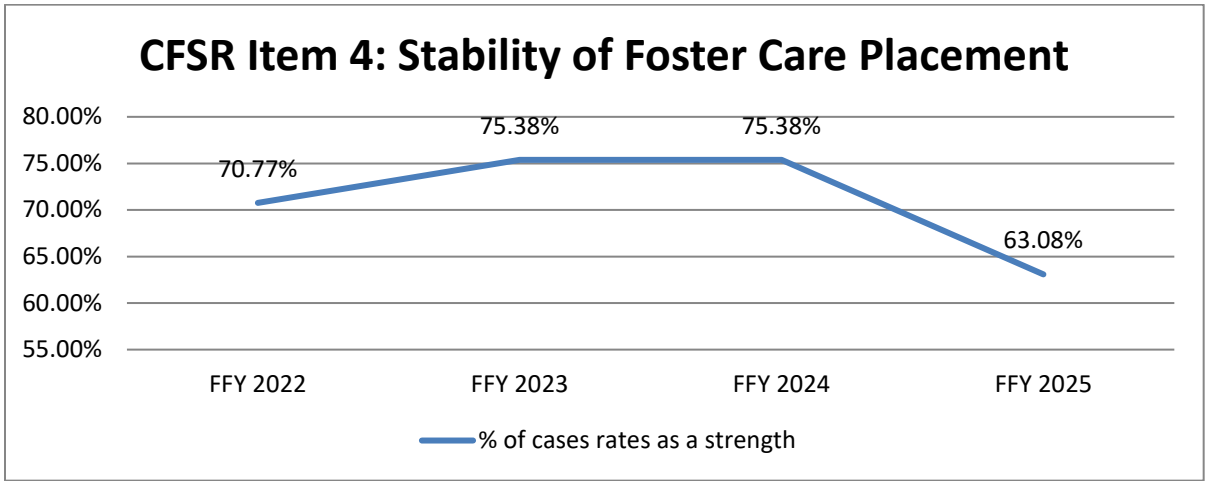
State Response:

Permanency Outcomes 1 and 2

Permanency Outcome 1: Children have permanency and stability in their living situations.

Stability of Foster Care Placement (Item 4)

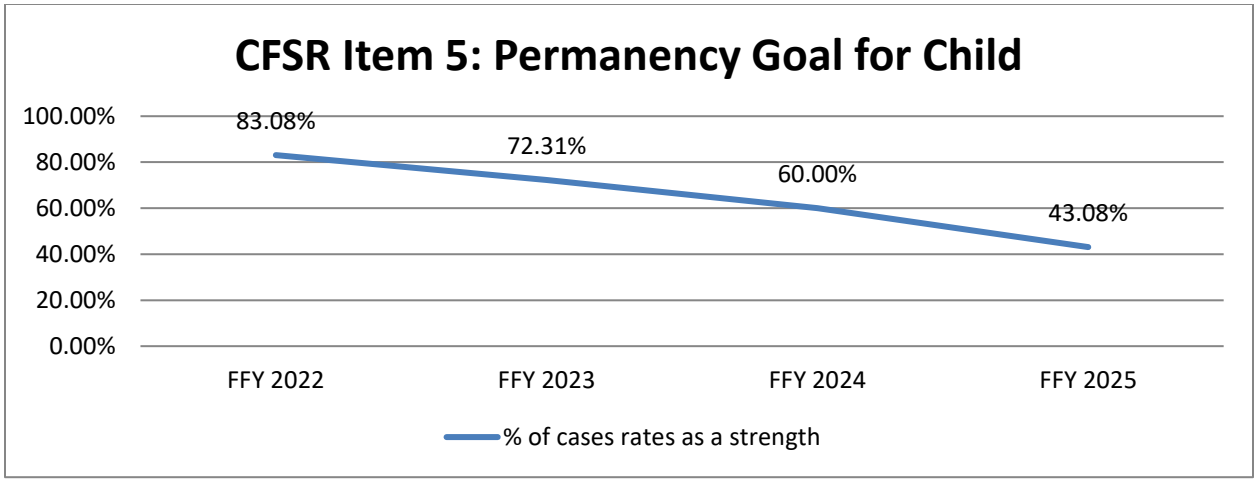
Purpose of Assessment: To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).



Source: DPQI Case Review Data

Permanency Goal for Child (Item 5)

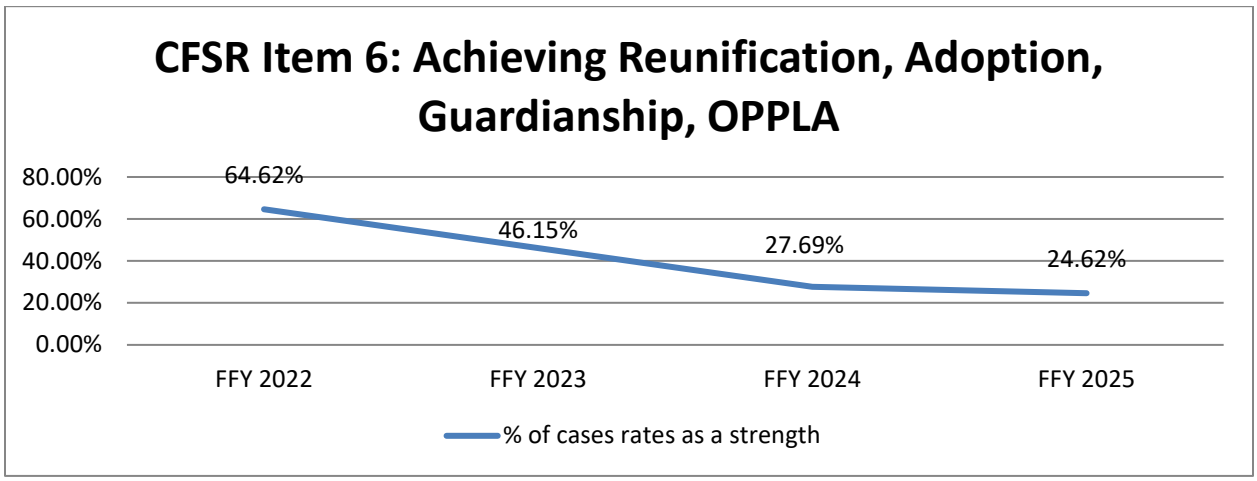
Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner.



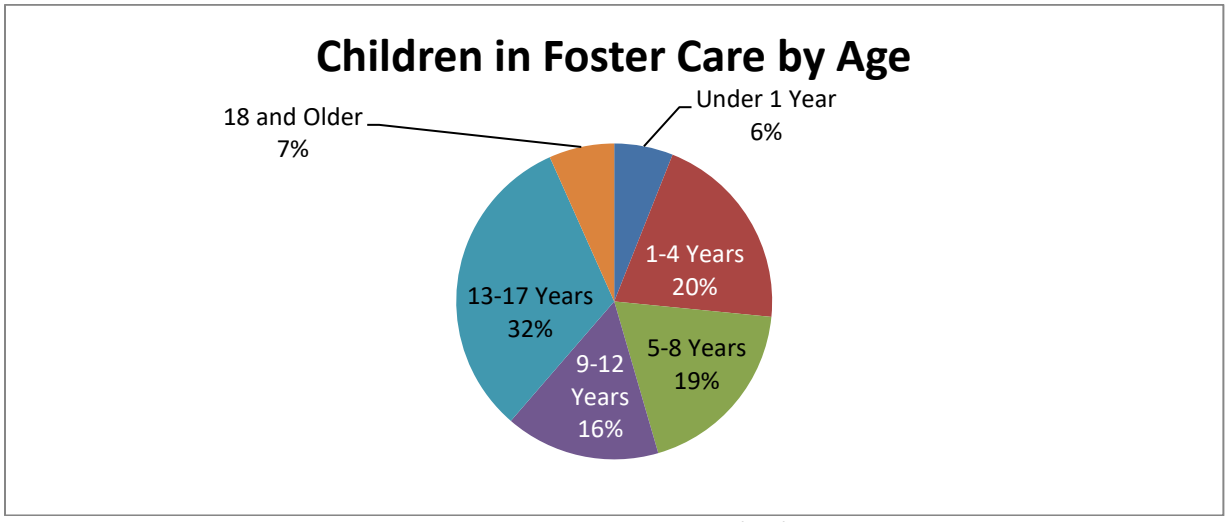
Source: DPQI Case Review Data

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (Item 6)

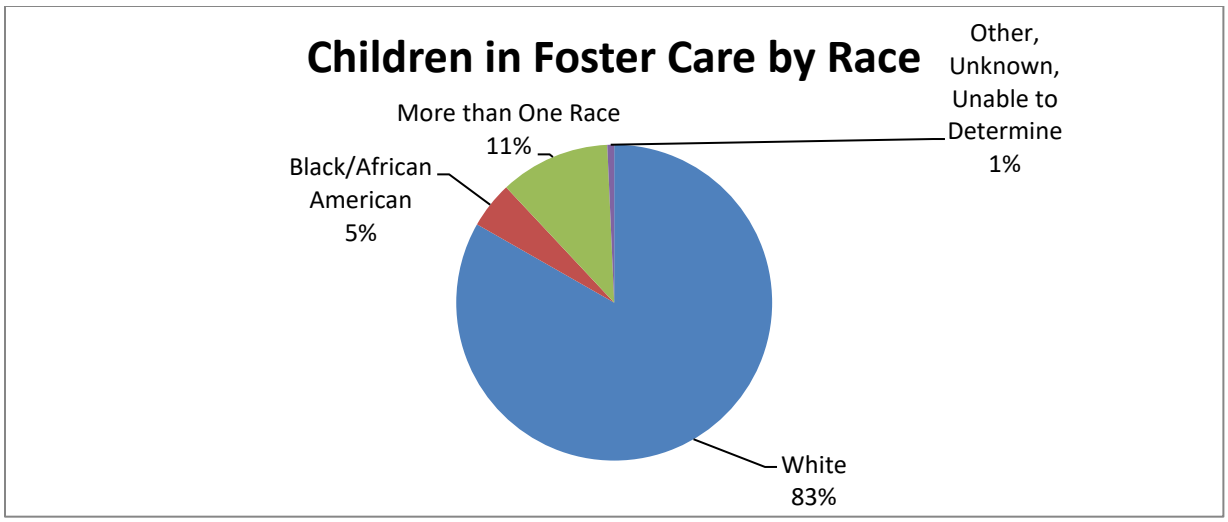
Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.



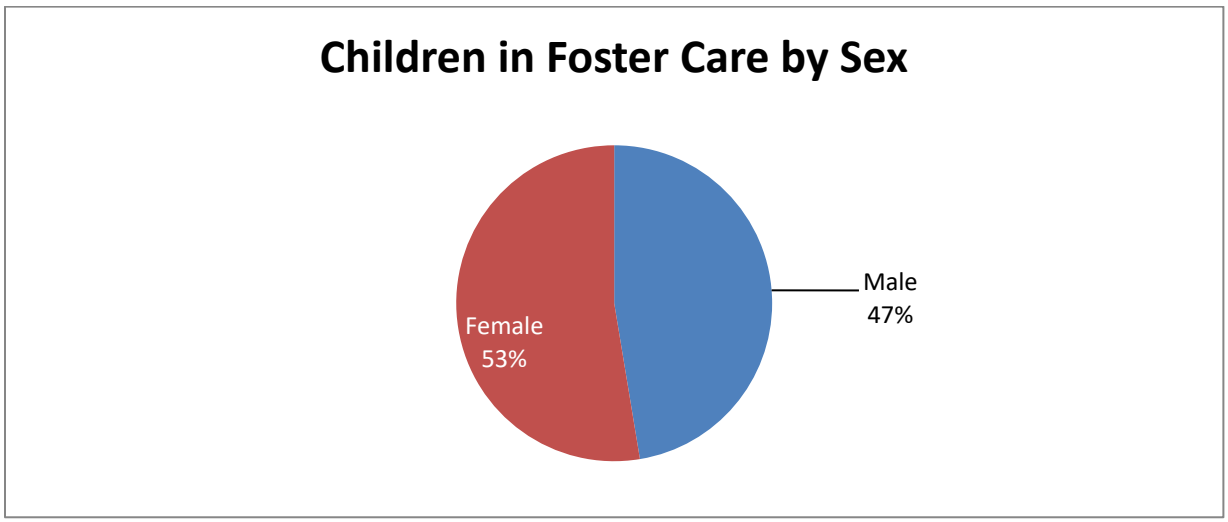
Source: DPQI Case Review Data



Source: BSS Child Welfare Dashboard Point in Time Report 12/29/25.



Source: BSS Child Welfare Dashboard Point in Time report 12/29/25



Source: BSS Child Welfare Dashboard Point in Time report 12/29/25

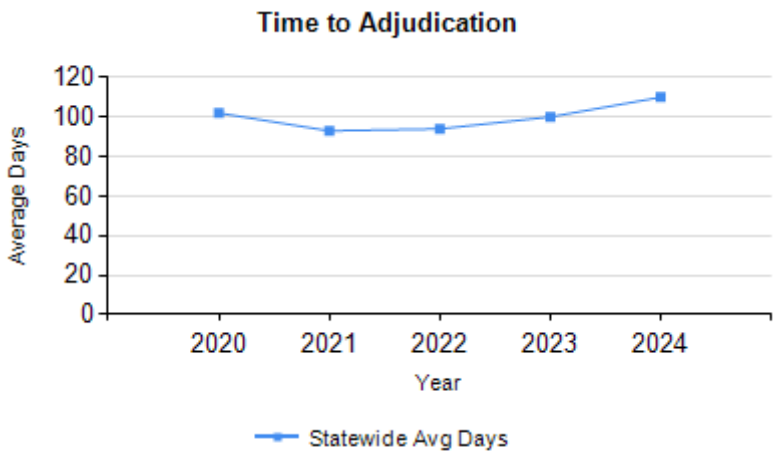
The Supreme Court of Appeals of West Virginia data in conjunction with DPQI case review data provides a more extensive data set when measuring the achievement of permanency goals. Data was pulled from the Juvenile Abuse and Neglect Information System (JANIS) on Jan. 19th, 2026. Cases are manually entered into JANIS by Circuit Court Staff (Judicial Assistants), and AO Staff when needed. It should be noted that not all cases are entered into JANIS. This data should be considered snap-shot data and does not account for 100% of cases. Further the calculations below are only made using cases entered that have all the information needed to make the calculation. Because of this, only a fraction of cases is available for the measurement calculation.

The Court Improvement Program of the Supreme Court of Appeals of West Virginia, (CIP), is working towards increasing congruency in the number of cases entered in JANIS with the number of new petitions filed as well as enhancing the quality of data and increasing the number of records available for measurement calculations. During the 2025 calendar year, CIP staff assisted with entering nearly 527 cases in the database or about 14% of all new cases added that year. 4,023 cases were added to JANIS database in 2024. It should also be noted that should these charts be compared with charts from previous year's reports, the numbers may be different. This is because the calculations are performed based on data available in JANIS at the time of the report. New cases and case updates are added daily resulting in a change

each time reports are run. For that reason, all years included in this report were run on the same day despite having existing charts from previous years.

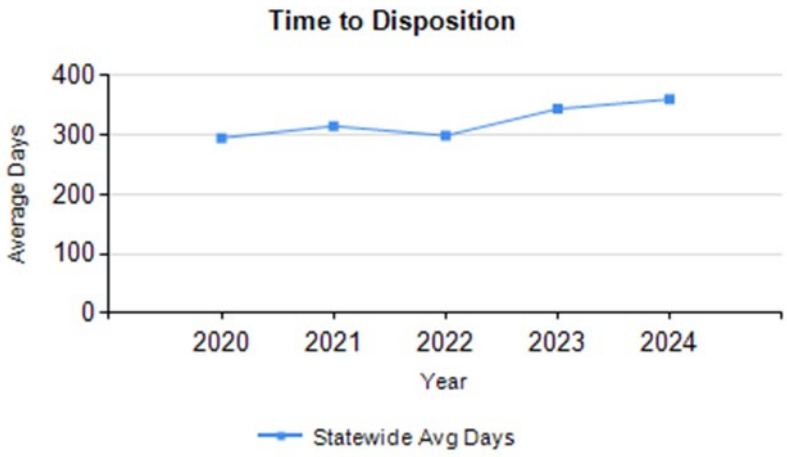
Time to Adjudication

This measure will include calculating the average (mean) time from filing of the original petition to adjudication. The average will be calculated using all respondent records including original petition filing date and the beginning date of the adjudicatory hearing date for each respondent. If a respondent was added after the preliminary hearing because of an Amended Petition, time to the Adjudicatory Hearing would be calculated from the date the respondent was added or served rather than the original petition date. In 2024 the average time to adjudication was 80 days, with the median being 49 days.



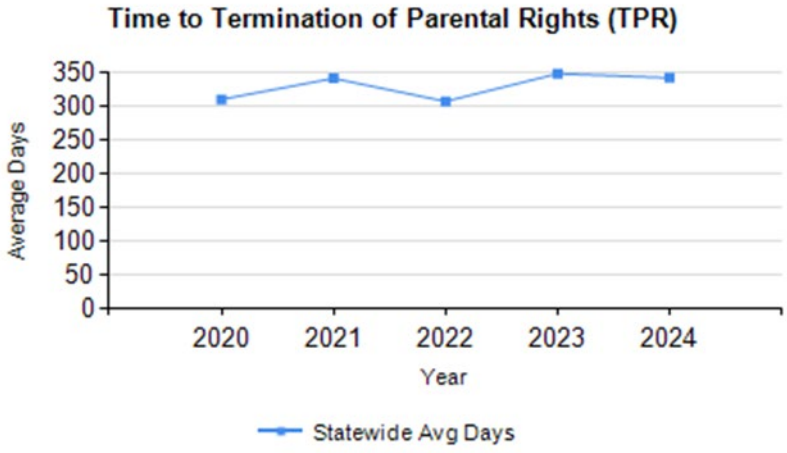
Time to Disposition

This measure will include calculating the average (mean) and median time from filing of the original petition to disposition. The average will be calculated using all respondent records including original petition filing date and the date of the earliest provided disposition date for each respondent. If a respondent was added after the preliminary hearing as a result of an Amended Petition, or service was delayed to a respondent who was included in the original petition, time to the Disposition Hearing would be calculated from the date the respondent was added or served rather than the original petition date. In 2024 the average time to disposition was 268 days, with the median being 231 days.



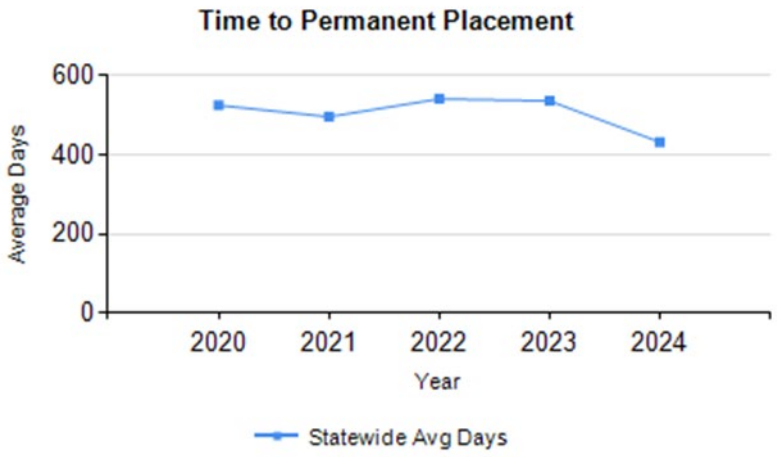
Time to Termination of Parental Rights (TPR)

Court Improvement data indicates that the time to Termination of Parental Rights has fluctuated over the years but is currently at an average of little less than twelve months. This measure consists of the average (mean) time from filing of the original petition to termination of parental rights for each respondent. All respondent items including applicable dates for both items will be included in the calculation. If a respondent was added as a result of an Amended Petition, or service was delayed to a respondent who was included in the original petition, time to the Termination of Parental Rights would be calculated from the date the respondent was added or served rather than the original petition date. In 2024 the average time to termination of parental rights was 297 days.



Time to Permanent Placement

Time in average days to permanent placement measures the average (mean) time from filing of the original petition to the permanency achieved date for each child. This is calculated using all records for all respondents, including both original petitions filing date and the permanency achieved date. In 2024 the average time to permanent placement was 444 days.



CFSR Data Profile Performance

Statewide Data Indicator	National Performance	WV Risk-Standardized Performance February 2024	WV Risk-Standardized Performance August 2024	WV Risk-Standardized Performance February 2025	WV Risk-Standardized Performance August 2025
Permanency in 12 months for children entering foster care	35.2%	Performance not calculated due to exceeding the data quality limit during data quality checks	Performance not calculated due to exceeding the data quality limit during data quality checks	25.9%	Performance not calculated due to exceeding the data quality limit during data quality checks
Permanency in 12 months for children in foster care 12 to 23 months	43.8%	Performance not calculated due to exceeding the data quality limit during data quality checks	56.2%	50.6%	Performance not calculated due to exceeding the data quality limit during data quality checks
Permanency in 12 months for children in foster care 24 months or more	37.3%	Performance not calculated due to exceeding the data quality limit during data quality checks	43.8%	38.3%	Performance not calculated due to exceeding the data quality limit during data quality checks
Re-entry to foster care in 12 months	5.6%	Performance not calculated due to exceeding the data quality limit during data quality checks	Performance not calculated due to exceeding the data quality limit during data quality checks	Performance not calculated due to exceeding the data quality limit during data quality checks	Performance not calculated due to exceeding the data quality limit during data quality checks
Placement Stability	4.48	Performance not calculated due to exceeding the data quality limit during data quality checks	5.01	4.51	Performance not calculated due to exceeding the data quality limit during data quality checks

A higher Risk Standardized Performance (RSP) value is desirable for the permanency indicators. According to the data profile, West Virginia's performance has repeatedly not been calculated due to exceeding the data quality limit on one or more data quality checks done for the indicator. When performance could be

measured, West Virginia performed statistically the same or higher than the national performance for achieving permanency for children in foster care for 12 to 23 months and for children in foster care for 24 or more months. West Virginia did not meet or exceed the national performance for the achievement of permanency for children within 12 months of foster care entry, when performance could be measured.

A lower RSP value is desirable for rates of re-entry to foster care. West Virginia's performance has repeatedly not been calculated due to exceeding the data quality limit on one or more data quality checks done for the indicator.

A lower RSP value is desirable for Placement Stability. When performance could be measured, West Virginia performed statistically higher (August 2024) and statistically no different (February 2025) than the national performance for the indicator.

CFSR Outcome Permanency 1 is measured by performance on three CFSR Items. These include Item 4-stability of foster care placement, Item 5-permanency goal for the child, and Item 6-achieving reunification, guardianship, adoption, or other planned permanent living arrangement. DPQI social services review data shows a decrease in performance of 12.3% on CFSR Item 4, decrease of 16.92% on CFSR Item 5, and a decrease of 3.07% on CFSR Item 6 when FFY 2024 and FFY 2025 data sets are compared. Performance on the Items has varied over time, however, has been predominately lower when examined over a five-year period. Current performance falls below the 90% threshold for all three items.

Despite the decreases in item ratings, West Virginia Outcome Permanency 1 performance has shown improvement when DPQI qualitative case review data sets are compared over time. The outcome rating for Permanency 1 based on DPQI case reviews for FFY 2025 indicates substantial achievement in 15.38% of the cases reviewed. This represents an increase of 3.07% when compared to FFY 2024 data of substantial conformity in 12.31% of the cases reviewed. Despite this improvement, the Outcome remains below the 95% performance threshold. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

West Virginia met the CFSR Rd. 3 PIP data goals established for the Permanency Outcome 1 items. Strategies included in the PIP designed to positively impact the items included strategies designed to attract and retain staff, to increase the number of traditional resource homes across the state, to implement performance-based contracts with specialized foster care provider agencies, and to ensure resource families are engaged in the casework process (including participation in court/MDTs).

Examination of social services qualitative review findings revealed several contributing factors in relation to cases which were rated negatively in relation to placement stability. The primary factors found were a lack of appropriate placement options at foster care entry and delays in assessments and services related to children's behavioral health needs. West Virginia's child welfare system faces a critical shortage of foster, adoptive, and kinship resource homes. While relative placements are preferred for their higher stability and community connection, multi-generational addiction often disqualifies family members due to past criminal or protective service history. Furthermore, many traditional foster families lack the specialized training needed to address the complex trauma and behavioral health needs of children in care. When local homes are unavailable, the state is often forced into emergency measures, such as placing children in shelter care or hotels supervised by staff. Delays in assessing the mental health needs of children, and failure to provide immediate, targeted interventions, often lead to placement instability.

Several systemic and environmental factors hinder the timely achievement of permanency for children. Data from DPQI case reviews highlight significant barriers, including the ineffective implementation of concurrent permanency planning and delays in providing essential assessments and services to all parents. These challenges are compounded by long wait times for treatment services, judicial delays—such as frequent hearing continuances and late paternity establishment—and the practice of adjudicating parents separately. Additionally, parental substance use disorders often reduce active participation in the casework process, further stalling progress toward permanent placement.

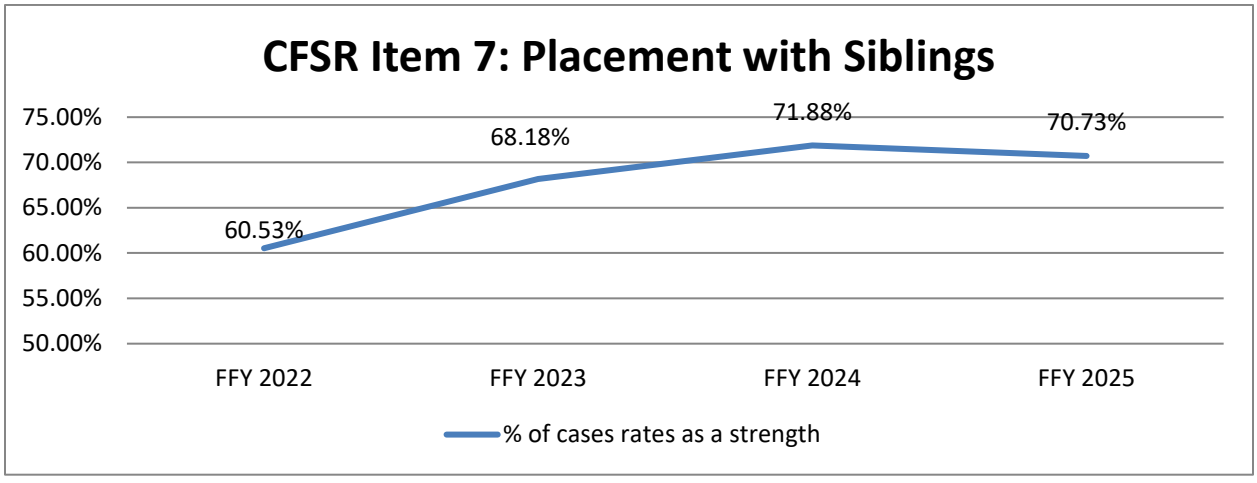
During the statewide child welfare listening tour, youth in the system, kinship caregivers, and foster parents emphasized the need for more consistent communication with caseworkers. Foster families also requested access to medical, educational, and legal information of children in their care to better support their needs. They also expressed fear of losing placements if they raised concerns. Youth in the system and foster parents also voiced concern over placement changes being made without their input or prior notice.

The SAFE model will impact Permanency Outcome 1 as it is includes a community-based safety management component that promotes least intrusive safety managing, ensuring children are protected while efforts are made to change caregiver behavior and achieve permanency promptly. Implementing SAFE@Home with fidelity in conjunction with SAFE model ongoing service components has shown to decrease child placements, reduced case closure times, and significantly increased reunification and permanency with parents.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Placement with Siblings (Item 7)

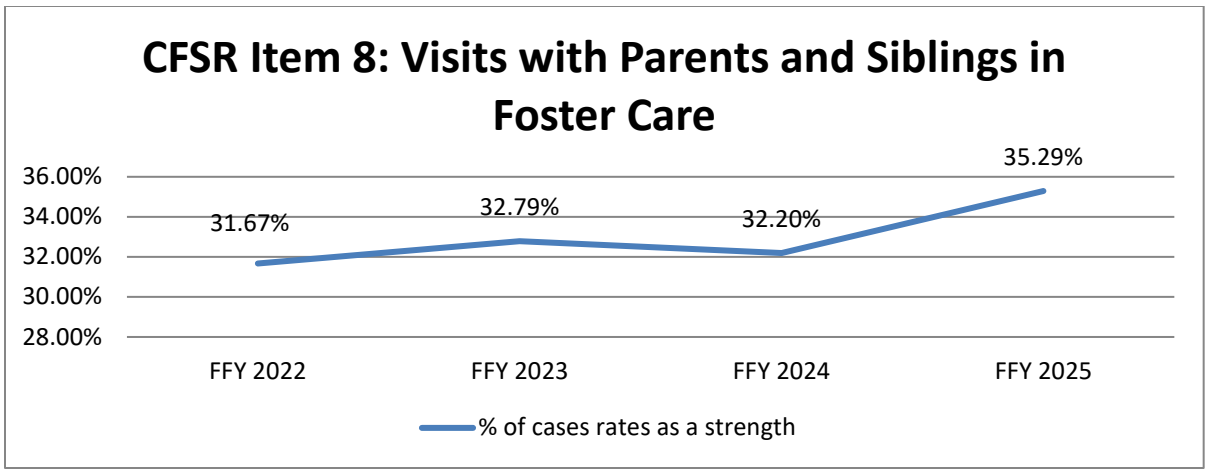
Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.



Source: DPQI Case Review Data

Visiting with Parents and Siblings in Foster Care (Item 8)

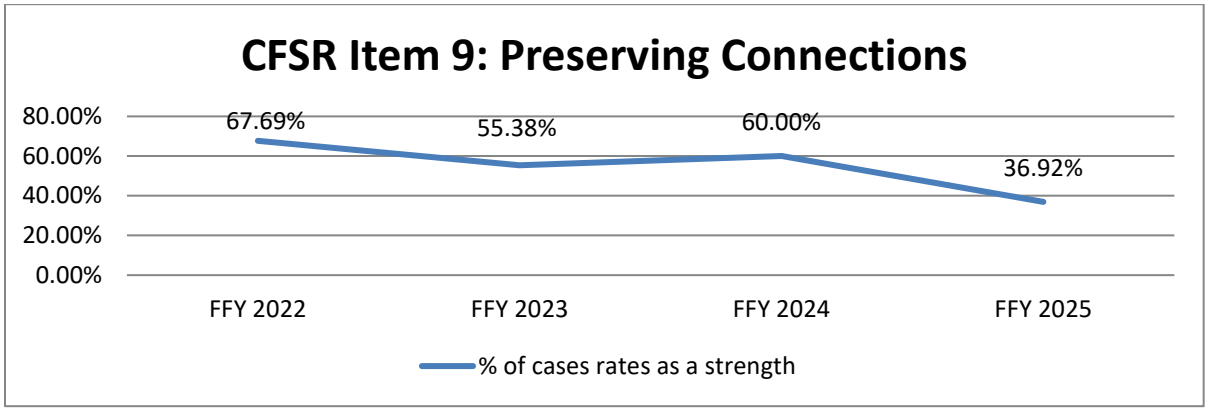
Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.



Source: DPQI Case Review Data

Preserving Connections (Item 9)

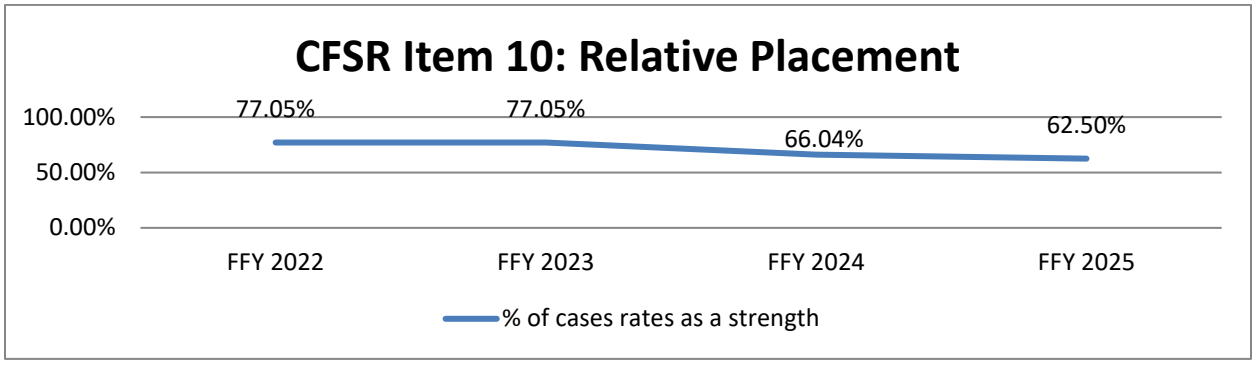
Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, kin, Tribe, school, and friends.



Source: DPQI Case Review Data

Relative Placement (Item 10)

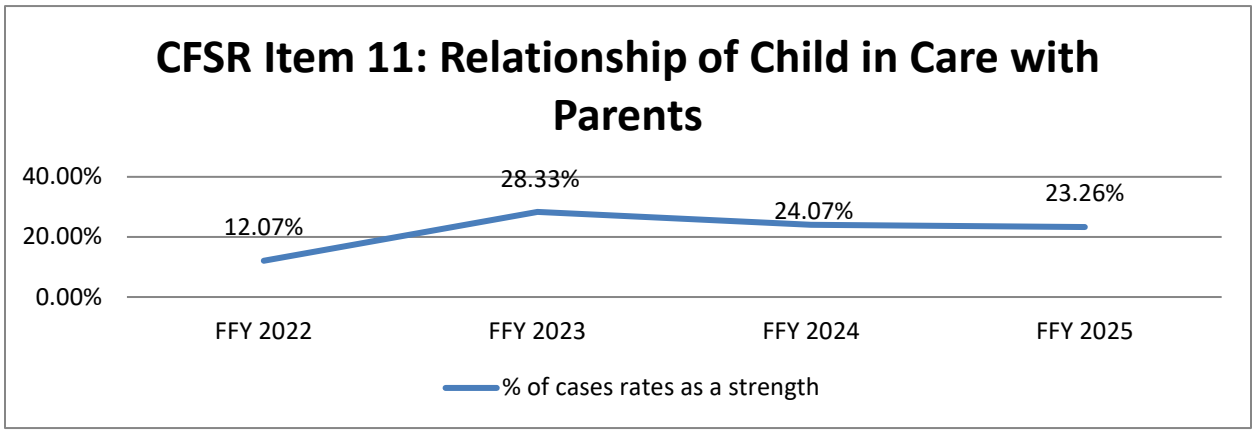
Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.



Source: DPQI Case Review Data

Relationship of Child in Care with Parents (Item 11)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.



Source: DPQI Case Review Data

CFSR Outcome Permanency 2 is measured by performance on CFSR Items 7-placement with siblings, 8-visits with parents and siblings in foster care, 9-preserving connections, 10-relative placement, and 11-relationship of child in care with parents on the CFSR Onsite Review Instrument. DPQI social services review data shows a decrease in performance of 1.15% on CFSR Item 7, an increase of 3.09% on CFSR Item 8, a decrease of 27.08% on CFSR Item 9, a decrease of 3.54% on CFSR Item 10, and a decrease of less than 1% on CFSR Item 11 when FFY 2024 and FFY 2025 data sets are compared. Performance on the Items has varied over time. Current performance falls below the 90% threshold for all five items.

West Virginia Outcome Permanency 2 performance has shown a decrease when DPQI qualitative case review data sets are compared over time. The outcome for Permanency 2 based on DPQI case reviews for FFY 2025 indicates substantial achievement in 30.77% of the cases reviewed. This represents a decrease of 1.54% when compared to FFY 2024 data of substantial conformity in 32.31% of the cases reviewed. The Outcome remains below the 95% performance threshold. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

West Virginia did not have PIP data goals related to Permanency Outcome 2 items during CFSR Rd. 3. Past initiatives to improve Permanency Outcome 2 have centered on stabilizing the child welfare workforce, expanding the availability of local service and placement options.

DPQI social service case reviews identify several factors that prevent foster children from maintaining vital family bonds. Key barriers include a lack of local placement options and the refusal of many traditional foster homes to accept sibling groups. Additionally, logistical issues—such as providers' reluctance to manage transportation or visit supervision—often stall family contact. In many areas, visitation is delayed until after preliminary hearings or is contingent upon parents providing negative drug screens.

Youth who participated in the 2024 listening sessions stated that maintaining connections is important to them. Youth asked for more effort to be placed into ensuring regular contact with their family, friends, pets, and their schools. Participants expressed a great deal of emotion around the importance of their existing

connections. Youth participants in the 2025 statewide child welfare listening tour confirmed this by indicating a desire for additional opportunities for normalcy including school continuity and family contact. Biological parents participating in the sessions likewise requested family visitation that is reliable and more frequent.

The SAFE model practice standards will positively impact Permanency Outcome 2. The model supports quality family visitation time. Model practices are guided by core values and principles that prioritize child safety while preserving family autonomy, ensuring the civil rights of caregivers, and emphasizing the significance of maintaining family connections. These values align with the belief that consistent family member interactions are essential for mitigating child trauma, fostering caregiver hope for positive change, and increasing the likelihood of a child's reunification with their family.

Child relatives and other informal family connections and supports are engaged and relied on to assist with least intrusive safety management. Kin and fictive kin are essential resources for participating in in-home safety plans. When in-home safety plans are ruled out as an option for a family, the SAFE model requires fully exploring relative placement options.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

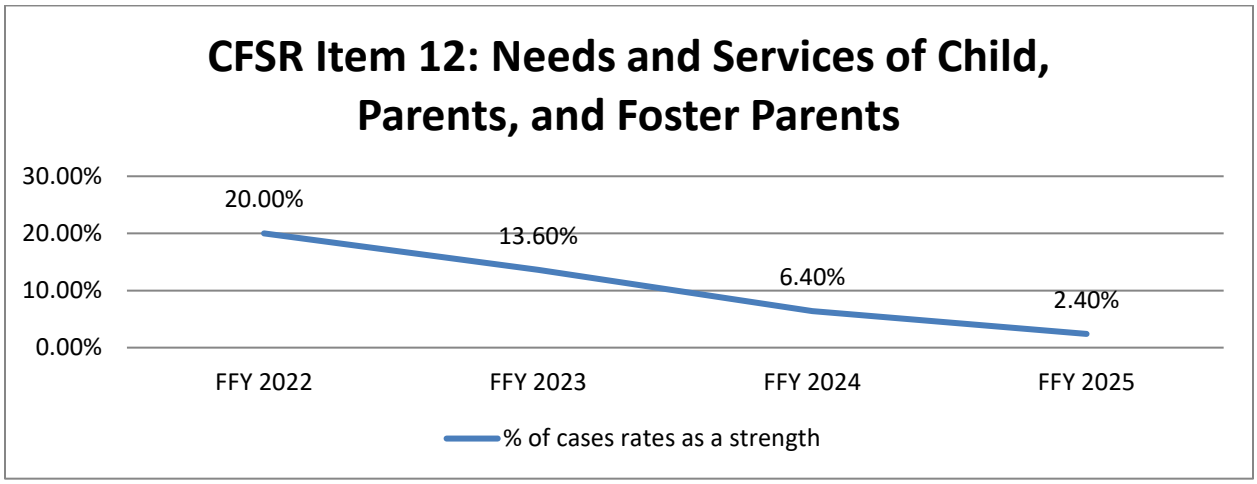
State Response:

Well-Being Outcomes 1, 2 and 3

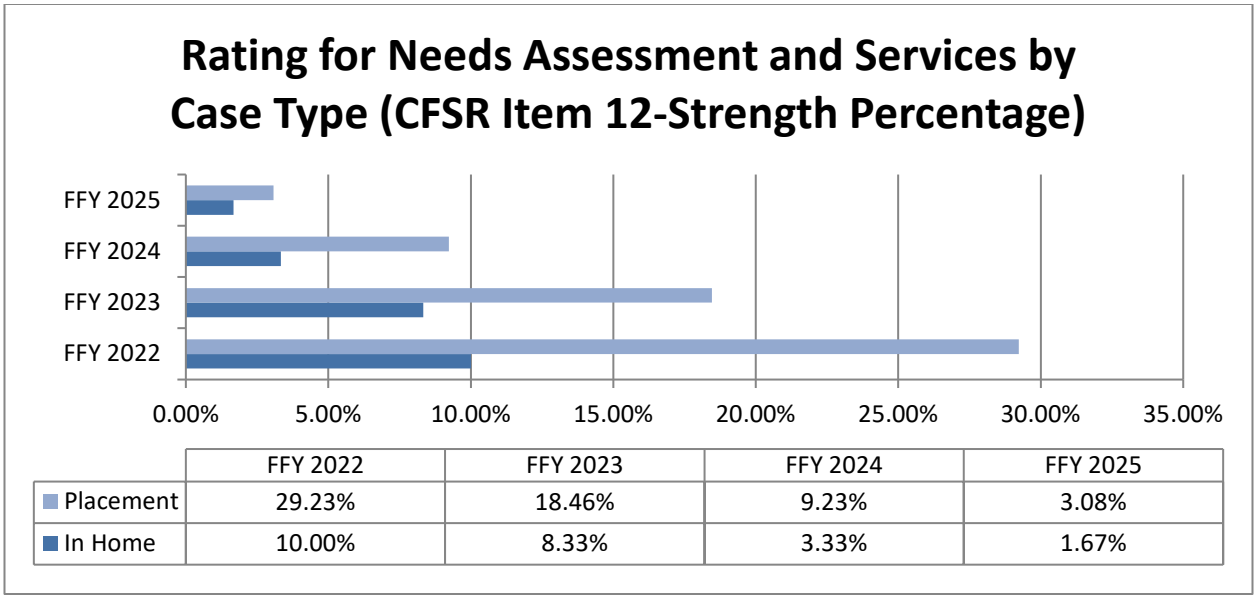
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Needs and Services of Child, Parents, and Foster Parents (Item 12)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to (1) assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

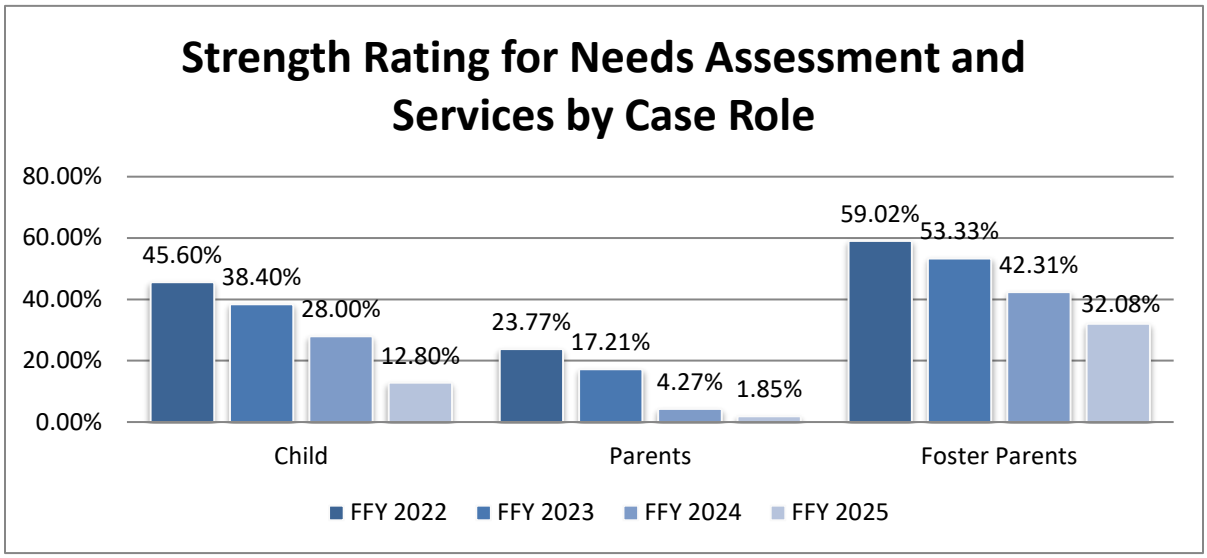


Source: DPQI Case Review Data



	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	29.23%	18.46%	9.23%	3.08%
In Home	10.00%	8.33%	3.33%	1.67%

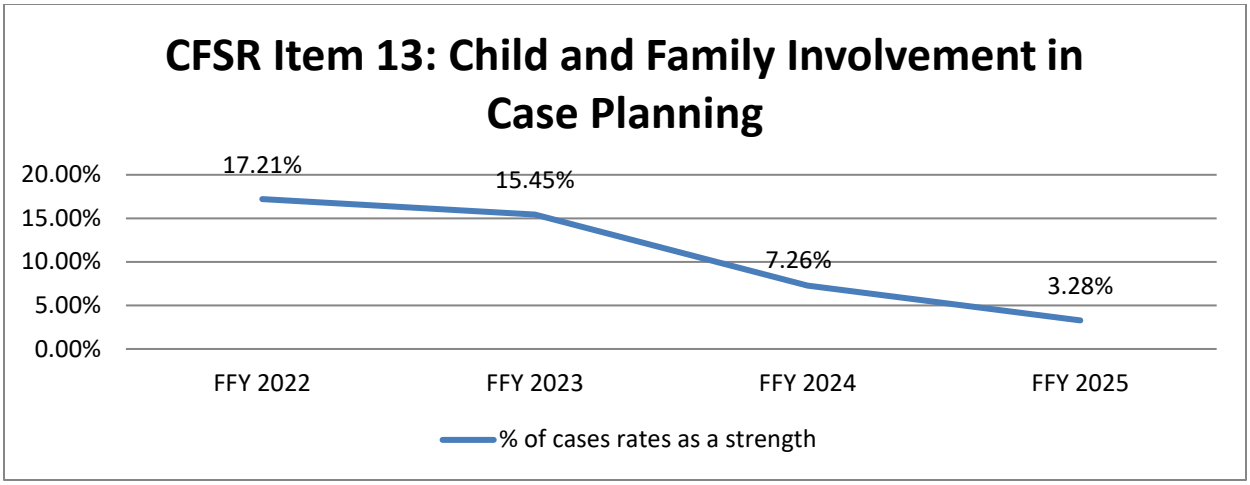
Source: DPQI Case Review Data



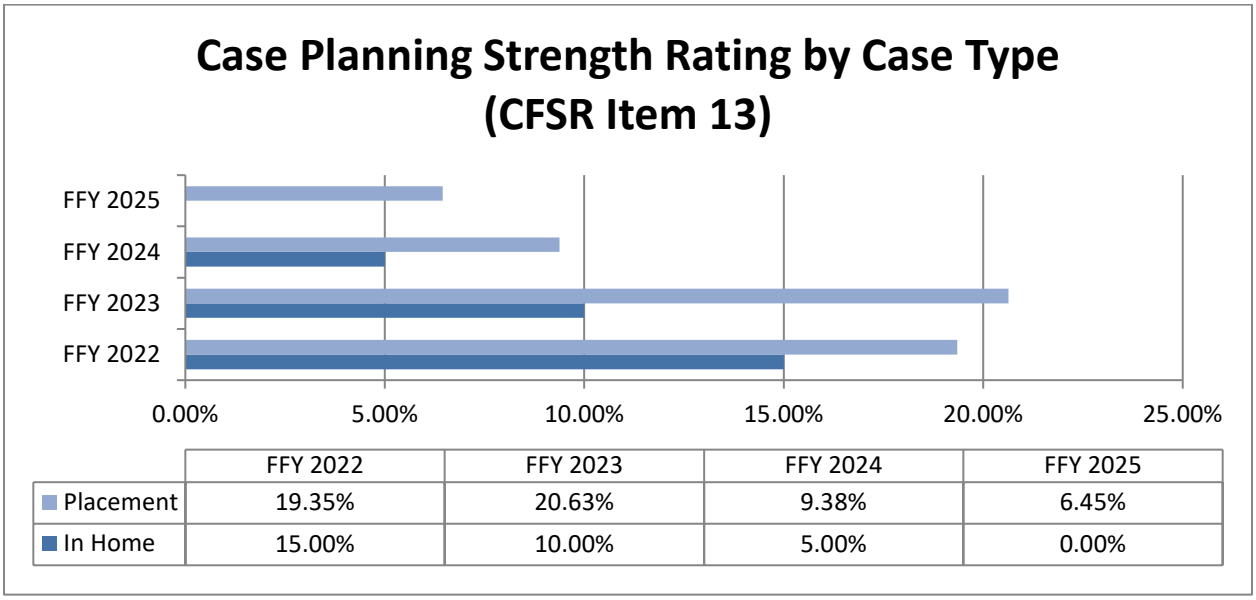
Source: DPQI Case Review Data

Child and Family Involvement in Case Planning (Item 13)

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.



Source: DPQI Case Review Data

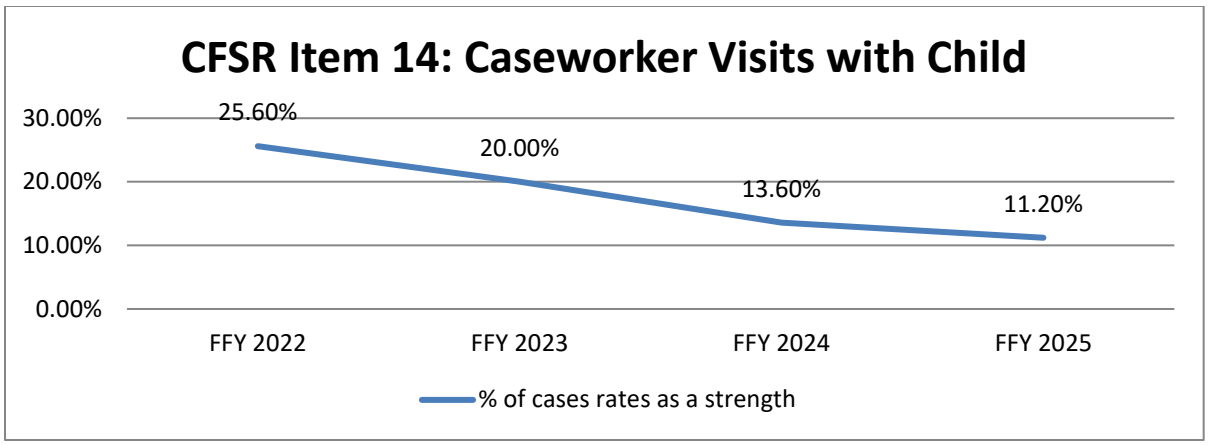


	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	19.35%	20.63%	9.38%	6.45%
In Home	15.00%	10.00%	5.00%	0.00%

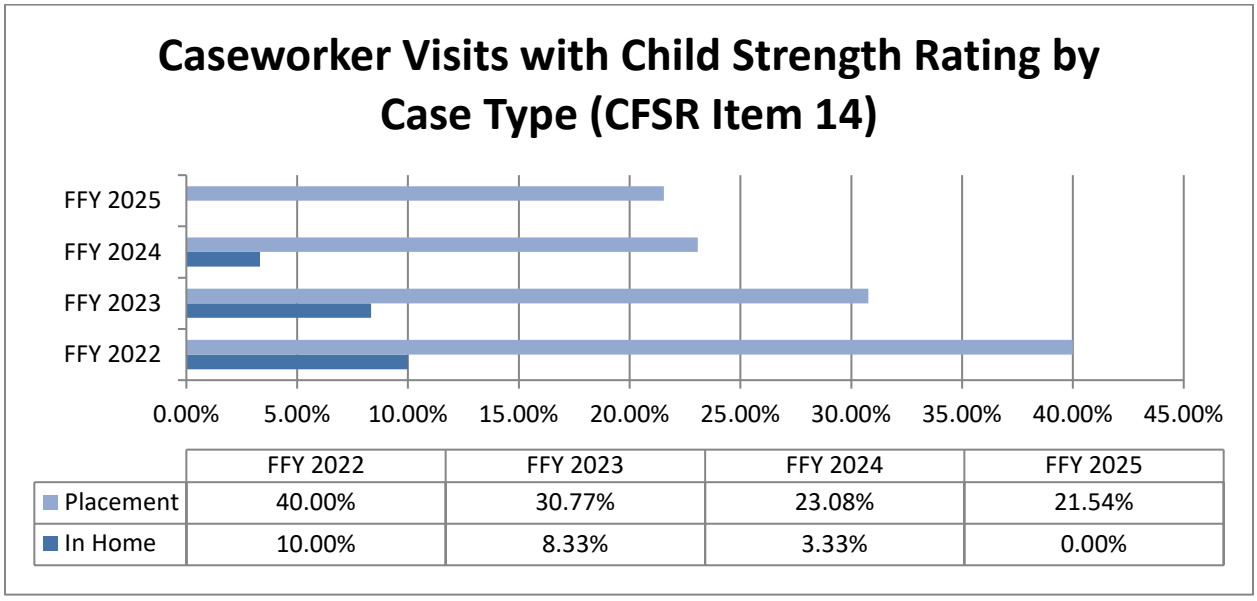
Source: DPQI Case Review Data

Caseworker Visits with Child (Item 14)

Purpose of Assessment: To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.



Source: DPQI Case Review Data

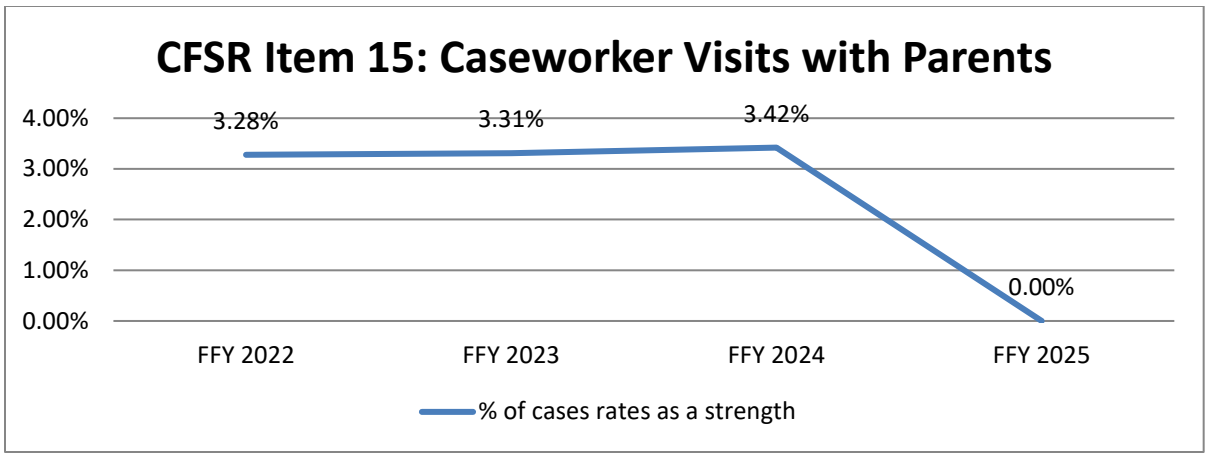


	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	40.00%	30.77%	23.08%	21.54%
In Home	10.00%	8.33%	3.33%	0.00%

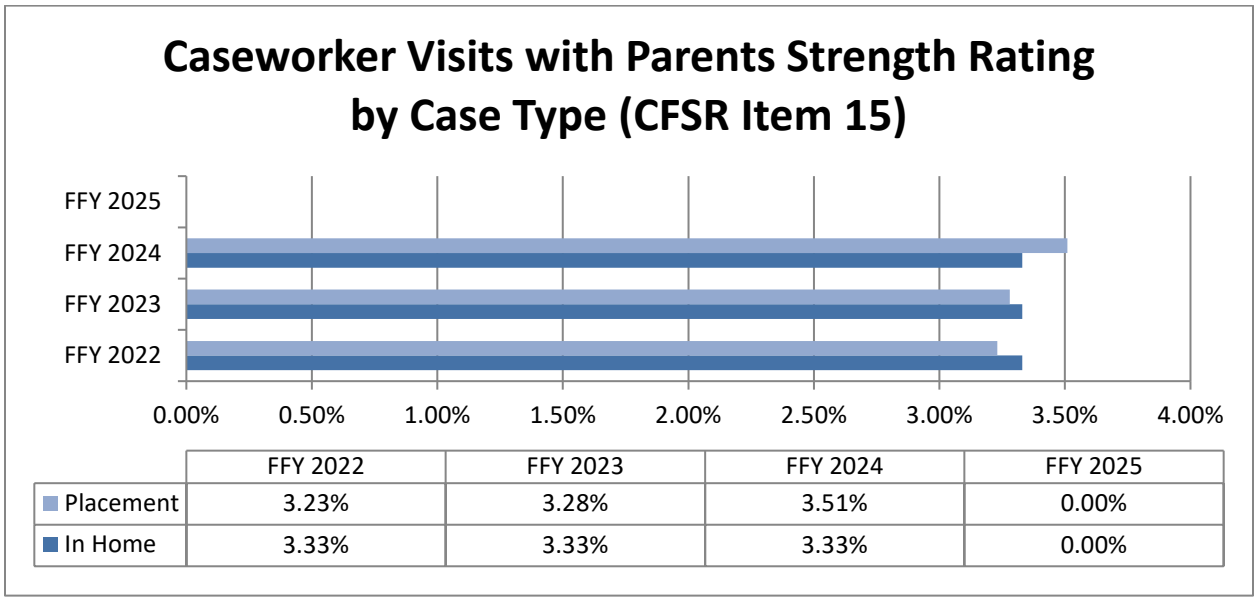
Source: DPQI Case Review Data

Caseworker Visits with Parents (Item 15)

Purpose of Assessment: To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.



Source: DPQI Case Review Data



	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Placement	3.23%	3.28%	3.51%	0.00%
In Home	3.33%	3.33%	3.33%	0.00%

Source: DPQI Case Review Data

Well-Being Outcome 1 is measured by performance on CFSR Items: 12-needs assessment and services to child(ren); parents, and foster parents; 13-child and family involvement in case planning; 14-caseworker visits with child; and 15-caseworker visits with parents on the CFSR Onsite Review Instrument. DPQI social service case reviews show a decrease in performance of 4% on CFSR Item 12, a decrease of 3.98% on CFSR Item 13, a decrease of 2.4% on CFSR Item 14, and a decrease of 3.42% on CFSR Item 15 when FFY 2024 and FFY 2025 data sets are compared. Performance on the Items has steadily declined over the last five measurement periods. Current performance falls below the 90% threshold for all five items.

West Virginia Outcome Well-Being 1 has shown decreasing performance when DPQI qualitative case review data sets are compared over time. The outcome rating for Well-Being 1 based on DPQI case reviews for FFY 2025 indicates substantial achievement in 1.6% of the cases reviewed. This represents a decrease of 2.4% when compared to FFY 2024 data of substantial conformity in 4% of the cases reviewed. Case reviews are reflective of practice that occurred approximately 12 months prior to the date of the review.

West Virginia met the CFSR Rd. 3 PIP data goals established for the Well-Being Outcome 1 items. Strategies included in the PIP designed to positively impact the items included those designed to attract and retain staff, increasing community level supports for families through partnership with the Capacity Building

Center for States to develop a map of available addiction services around the state, increase caseworker knowledge of community service array, strengthened supervisory trainings along with a revision of casework tools in order to increase the knowledge and skill of supervisors in order to better support staff throughout the casework process and ensure meaningful quality contacts between caseworkers and children and parents. In addition, caseworker training was also revised in multiple practice areas including how to conduct quality contacts and ensure family engagement in the casework process.

To further enhance performance, West Virginia established Training, Technical Assistance, and Practical Application (TTAPA) teams in 2022. While originally designed to provide targeted support to districts following qualitative case reviews (DPQI), the program has since evolved into a flexible resource that district managers can request at any time. These teams provide direct, hands-on technical support focused on critical casework areas, including continuous assessment, the development and implementation of case plans, and improving the quality of contacts with families

The Child Stat quality assurance process, launched in August 2023, monitors caseworker performance by reviewing electronic case records. Over the first four rounds of reviews, data shows a slight but steady improvement in the frequency of face-to-face contacts and the completion of written case plans. Specifically, documented monthly contact with children rose from 31% in Round 1 to 37% by Round 4. Monthly visits with parents saw a marginal increase from 14% to 15%. Additionally, the percentage of case plans that were completed—including applicable signatures and electronic uploads—improved from 29% to 31%. Family engagement in the case planning process and the quantity and quality of caseworker contacts with children and families is an area examined during Child Stat meetings.

To further enhance collaboration, West Virginia enacted House Bill 2880 in April 2025, creating the Parent Resource Navigator role to facilitate better communication between families and caseworkers. Complementing this legislative effort, the state launched the Communication & Operations Mobile Engagement Tool (COMET) in September 2025. This secure, centralized platform allows all authorized case participants—including CPS workers, foster and kinship caregivers, biological parents, legal counsel, and service providers—to share real-time information. By providing instant access to appointment schedules, health records, visitation details, and court dates, COMET is designed to eliminate miscommunication and ensure all parties remain aligned on the child's case plan as the system moves toward a full statewide rollout.

Examination of the social services qualitative reviews conducted in FFY 2025 revealed the primary barrier to improving child and family well-being to be the inadequate frequency and quality of caseworker visits with families. Performance data consistently shows that non-placement (in-home) cases experience lower compliance rates than placement cases. Current visitation levels fail to actively engage children and parents in case goal development or allow for a proper evaluation of behavioral changes required to resolve safety concerns. Furthermore, the poor quality of these contacts prevents the agency from effectively monitoring child safety, assessing service needs, or determining if current interventions are actually working. Contacts with children, parents, and foster parents were brief, infrequent, or primarily observational visits that did not allow for meaningful engagement in the case planning process or rapport building. The majority of cases reviewed (50% non-placement, 71% placement) had more than one primary caseworker assigned to manage the case during the review period. In addition, children in placement settings were often visited by workers who were not assigned to the case.

Parental surveys conducted in 2024 found that 80% of respondents reported not being asked to have input in their case plan. They report signing paperwork that was drafted in legal jargon that they did not understand and was not explained to them. Parents also reported wanting more engagement with agency staff. They wanted staff to take time to get to know them and explain the case/court processes to them.

During the statewide child welfare listening tour conducted in 2025 youth in the system, kinship and traditional foster parents, and birth parents/caregivers voiced a need for more frequent and quality communication with caseworkers. Kinship caregivers voiced a need for early financial, emotional, and logistical support. Youth and parents also stated a lack of engagement in the casework process, especially case planning as they were told to sign plans that they did not have a voice in developing. Practice improvement suggestions include that case plans should be written, reviewed, and revisited with the family in the room and not after the fact. Families also asked that team meetings be held earlier in the case process and often.

The statewide listening tour results also identified gaps in services, creating gaps in safety, and called for increased investment in mental health, food assistance, parenting programs, addiction treatment services, and therapeutic foster care in every region. Additional support needs identified include providing stipends, legal aid, and respite to kin and foster caregivers and eliminating unequal pay.

Several positives were noted by listening tour attendees. These include the development of Family Treatment Court (FTC) which offer assistance to parents with substance use disorders and are viewed as effective in increasing timely reunification of families. Another positive identified involved grassroots support networks such as a foster parent coalition that provides clothing and equipment for foster families. Some participants acknowledged individual workers who go “above and beyond” for children and families. Attendees also indicated programs such as Safe at Home and Children with Serious Emotional Disorder Waiver (CSEDW) provide community based services to children and kept them from entering foster care.

Practice components within the SAFE model will positively impact Well-Being Outcome 1. The ongoing service components focus on helping caregivers achieve case plan goals for enhancing Caregiver Protective Capacities. The Protective Capacity Family Assessment involves engaging caregivers in a partnership to clarify what must change to create a safe home environment, and to seek agreement regarding case plan goals for enhancing Caregiver Protective Capacities and addressing child needs.

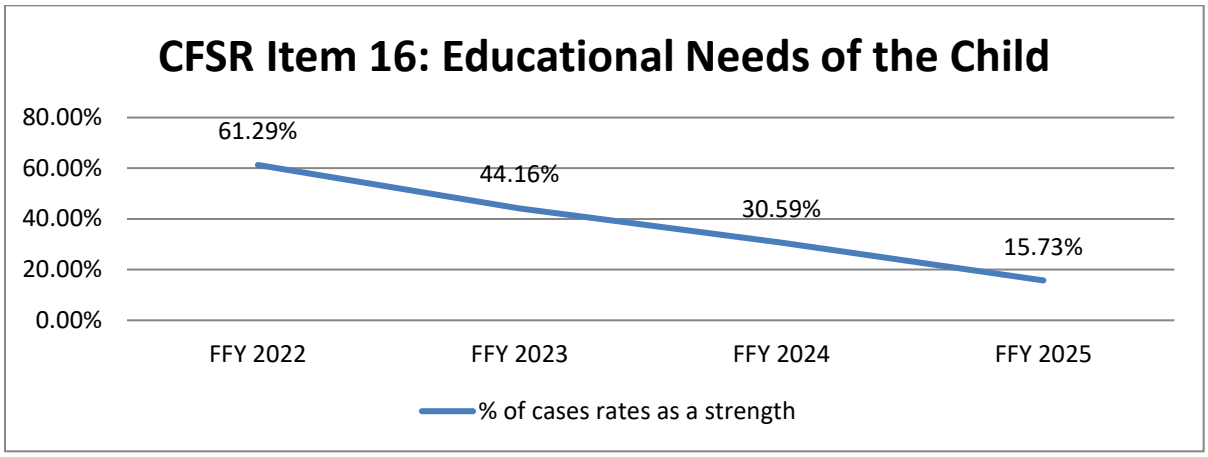
Once a case plan is established with mutually agreed upon case plan goals, caregivers begin participating in Change Focused Contact meetings minimally twice a month. Change Focused Contact is intended to facilitate progress through the Stages of Change, resulting in the caregiver taking action to enhance insufficient Caregiver Protective Capacity by achieving case plan goals and outcomes. occurs, prompting Caregivers to take action to enhance diminished Caregiver Protective Capacity by achieving Case Plan Goals.

A formal Progress Assessment is completed every 90 days, ensuring timely evaluation of caregiver progress toward enhancing capacity to protect children and ensure a safe home environment. It provides caregivers with timely feedback regarding case status and considers the need to adjust treatment and support services to better meet the needs of children and caregivers. The Progress Assessment is approached as an intervention service for children and families.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Educational Needs of the Child (Item 16)

Purpose of Assessment: To assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.



Source: DPQI Case Review Data

Well-Being Outcome 2 is measured by performance on Item 16-educational needs of the child on the CFSR Onsite Review Instrument. DPQI social services case reviews show a decrease in performance of 14.86% on the measure when FFY 2024 and FFY 2025 data sets are compared. This is a pattern of loss observed in the last five years of data related to the Item. Due to being a single item outcome, performance on the item is consistent with substantial conformity on the outcome. Current performance falls below the 95% threshold for all five items.

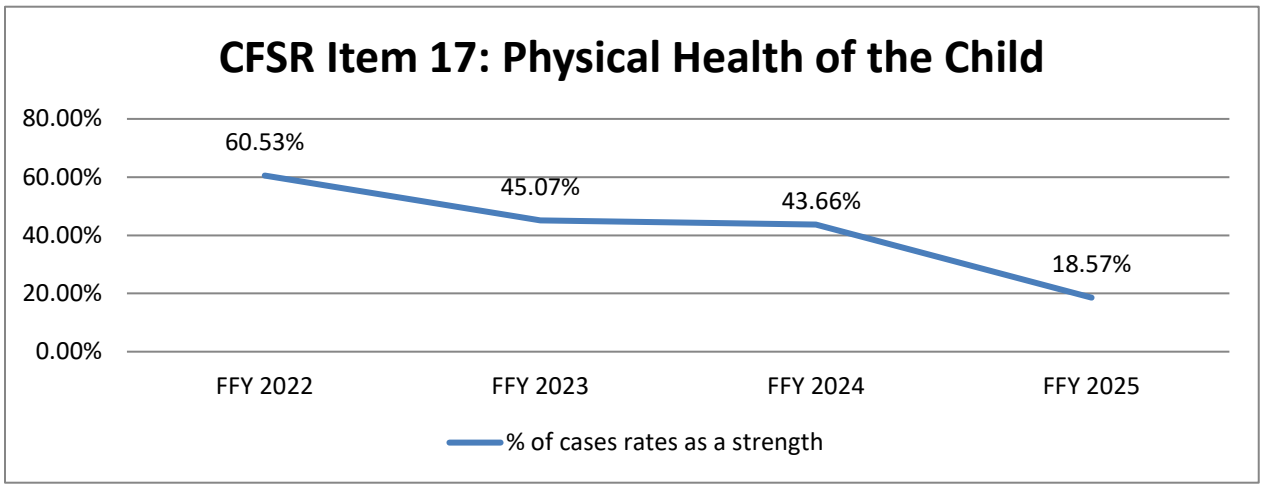
West Virginia did not have PIP data goals related to Well-Being Outcome 2 during CFSR Rd. 3. Initiatives within the PIP that could positively impact performance include those stabilizing the child welfare workforce, improving the quantity and quality of caseworker contact with families, and expanding the availability of local service options.

Examination of the social services qualitative reviews conducted during FFY 2025 show several key problems hinder efforts to improve children's educational well-being. These include the lack of initial and ongoing evaluations of educational needs which resulted in 96% of cases rating negatively due to this issue. This problem is strongly linked to the quality and frequency of caseworker contacts with families. Similarly, in 59% of the cases reviewed, assigned caseworkers did not know that one or more children had educational deficits. Appropriate services to meet identified education-related needs were not provided in 54% of cases. These issues are particularly pronounced in non-placement cases, where children's educational needs are less likely to be identified and addressed through service provision.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Physical Health of the Child (Item 17)

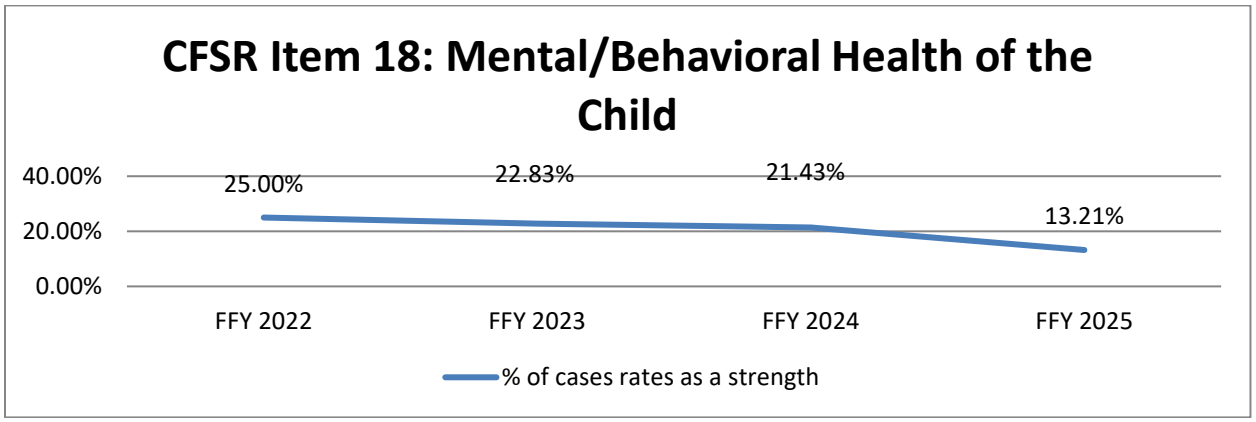
Purpose of Assessment: To determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs.



Source: DPQI Case Review Data

Mental/Behavioral Health of the Child (Item 18)

Purpose of Assessment: To determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children.



Source: DPQI Case Review Data

Well-Being Outcome 3 is measured by performance on CFSR Items 17-physical health of the child and 18-mental/behavioral health of the child on the Onsite Review Instrument. DPQI social service case reviews show a decrease in performance of 25.09% on CFSR Item 17, and a decrease of 8.22% on CFSR Item 18 when FFY 2024 and FFY 2025 data sets are compared. Performance on the Items has varied over time, however, has been predominately lower when examined over a five-year period. Current performance falls below the 90% threshold for both items.

West Virginia Outcome Well-Being 3 performance has shown decreasing performance when DPQI qualitative case review data sets are compared over time. The rating outcome based on DPQI case reviews for FFY 2025 indicated that substantial achievement in 10.08% of the cases reviewed. This represents a decrease of 14.92% when compared to FFY 2024 data of substantial conformity in 25% of the cases reviewed. Case reviews are reflective of practice that occurred 12 months prior to the date of the review.

West Virginia did not have PIP data goals related to Well-Being Outcome 3 during CFSR Rd. 3. Initiatives within the PIP that could positively impact performance include stabilizing the child welfare workforce, improving the quantity and quality of caseworker contact with families, and expanding the availability of local service options. Additional efforts to improve performance on the measure include increasing community supports for families through the Safe at Home and Children with Serious Emotional Disorder Waiver (CSEDW) programs.

West Virginia children in foster care receive medical care through a statewide comprehensive managed care program known as West Virginia Health Check. Health Check is the name of West Virginia's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. This program employs Program Specialists who assist families with scheduling EPSDT examinations, which include vision and oral health screenings, within three days of placement. The specialist can also link families with other medical related services needed.

Examination of the social services qualitative reviews conducted in FFY 2025 reveal systemic deficiencies in physical health care oversight for children involved with child welfare services, characterized by a failure of caseworkers to monitor medical appointments, follow up on care plans, or maintain comprehensive documentation. Critical documentation gaps were found in 96% of negatively rated cases, with missing records for West Virginia Health Bridge (EPSDT) screenings and specialist reports leaving the agency unaware of major health issues in 86% of those instances. This lack of oversight disproportionately impacts high-risk populations, including children with complex medical histories, developmental delays, and chronic conditions as the responsibility for managing their health often shifts to caregivers without adequate agency oversight. Exacerbated by high caseloads and frequent staff turnover, these issues persist across all case types, highlighting an urgent need for standardized monitoring procedures and improved record-keeping to ensure the continuity and adequacy of healthcare for vulnerable children.

Qualitative reviews during FFY 2025 found that infrequent and brief caseworker contacts with children and families/caregivers severely limited the agency's ability to assess and properly address the mental/behavioral health needs of children. These deficiencies in engagement occurred in 84% of negatively rated cases. Review staff found that the completion of formal assessments were often delayed (even those court-ordered), not scheduled, or recommended services were not consistently initiated. Findings also indicate a lack of oversight of psychotropic medications for children in placement settings. Case documentation and interviews indicate that communication with stakeholders such as education staff, therapists, psychiatrists, and providers (including CSED Waiver and Safe at Home) was often insufficient to ensure all identified needs were addressed.

Implementation of the SAFE model practice standards, which require assessing child functioning, vulnerability, and well-being needs throughout the intervention process, will positively impact Well-Being Outcomes 2 and 3. Child functioning is first assessed during the Initial Family Assessment. The Protective Capacities Family Assessment determines if a child has any unmet educational, physical, emotional, and behavioral needs. When a child has unmet needs, caregivers are involved in deciding about suitable

treatment and support services to improve child wellbeing. During the Progress Assessment, the child's well-being needs and services are re-evaluated.

Section IV: Assessment of Systemic Factors

The Statewide Assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the Statewide Assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the Statewide Assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemic-factors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 19 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. The Item was not addressed in the CFSR Rd. 3 PIP. Statewide Information System is not in substantial conformity for CFSR Rd. 4. West Virginia completed implementation of the new CCWIS and continues to develop further enhancements of the system.

West Virginia DoHS launched the People's Access To Help (PATH) Comprehensive Child Welfare Information System (CCWIS) via full implementation on January 1, 2023. Financial operations fully transitioned to the new system the following month. While the legacy SACWIS system is scheduled to sunset in December 2026, its historical data remains accessible to workers via a read-only tool integrated within WV PATH. The Bureau of Social Services and the design team are currently addressing remaining defects and system enhancements.

The system leverages IBM Cognos Analytics to provide data to authorized users. Inside the reporting module there are both standardized reports and the ability for a limited number of state users to create ad-hoc

reports by pulling different elements from the CCWIS on demand. The standard reports include all the reports that were previously included in the Statewide Automated Child Welfare Information System (SACWIS) reporting systems as well as new reports that were identified by the state as being needed to ensure the permanency, well-being, and safety of each child known to the Bureau.

Multiple reports in PATH reflect the permanency plan for each child, with report (MGT0140) Children in Care by Permanency Plan and Placement Type serving as the primary ledger for children in care by permanency plan. While WV PATH mandates permanency updates during specific milestones—such as case plan completion or prior to adoption/guardianship screens—worker compliance remains a challenge. Data suggests that despite the business rules, many workers skip these updates until the system forces a hard stop.

West Virginia Code (§49-11-101) requires the Department of Human Services to operate a publicly accessible child welfare data dashboard designed for transparency and systemic reporting. The dashboard includes the number of children in care, the placement location and placement type, as well as basic demographic information for each child in care.

(https://tableau.dhhr.wv.gov/views/WVChildWelfareProfile/OurPerformance?%3Aembed=y&%3AisGuestRedirectFromVizportal=y)

Federal NCANDS, AFCARS, and NYTD reports are generated using data entered by child welfare staff within the WV PATH CCWIS. Since early 2023, the state has diligently addressed data quality issues inherited from the legacy SACWIS conversion. Current data quality improvement efforts are focused on refining data collection and entry workflows to ensure full alignment with federal reporting requirements.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia's child welfare system continues to struggle to develop case plans jointly with age-appropriate children and parents, making the Item an Area Needing Improvement for CFSR Rd. 4. West Virginia received an overall rating of Area Needing Improvement for Item 20 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through strategies designed to increase supervisory skills and support for field staff in order to ensure the quality and timely completion of casework tasks.

Currently, efforts are being made to improve case planning outcomes for children, youth, and families. On site, in-depth technical assistance is being provided to staff to improve practice and family outcomes. Districts are afforded the opportunity to request technical assistance in areas they feel need improvement, or areas they've identified are a challenge and barriers to best practice and improved outcomes.

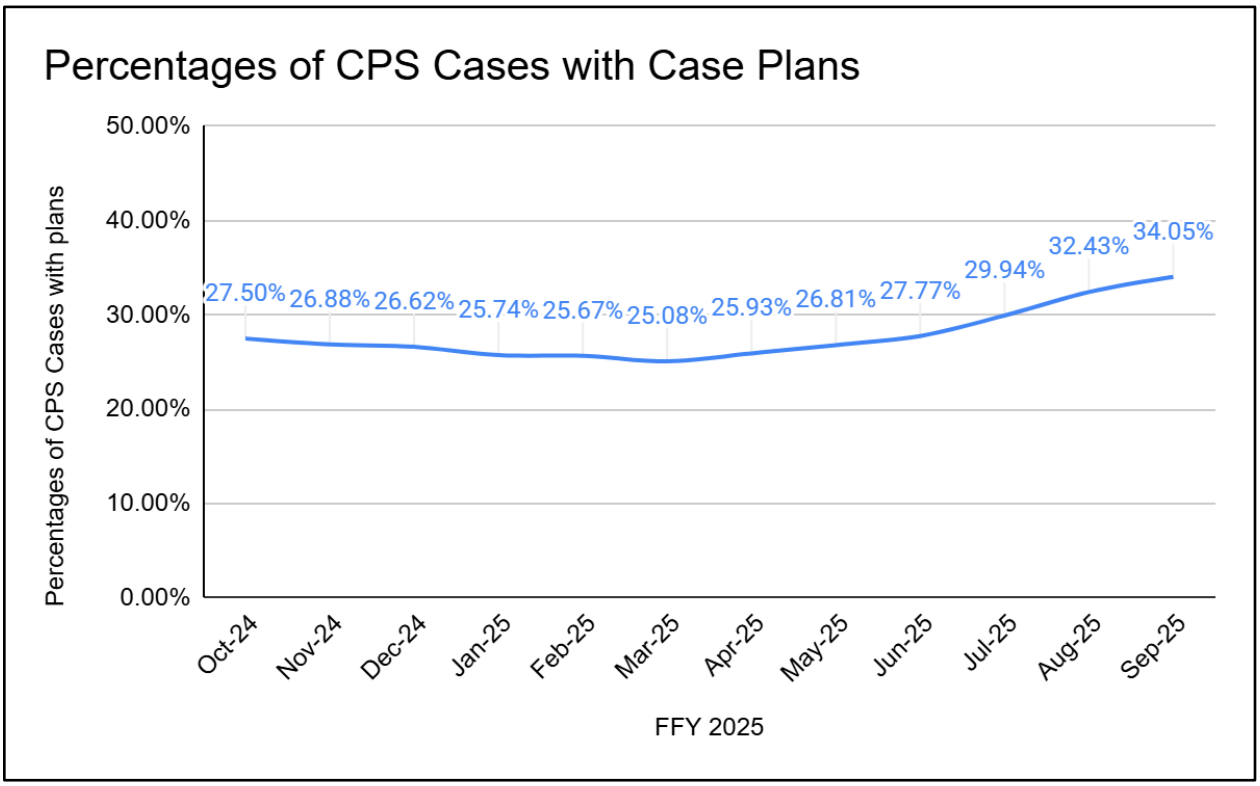
The "Clients 14 and over in Care and in Open Case" COGNOS report can be generated from CCWIS. This report lists each child over the age of 14 years that has a completed Casey Assessment and Learning Plan. In addition, it also indicates any child over 14 that does not have a Learning Plan completed or does not

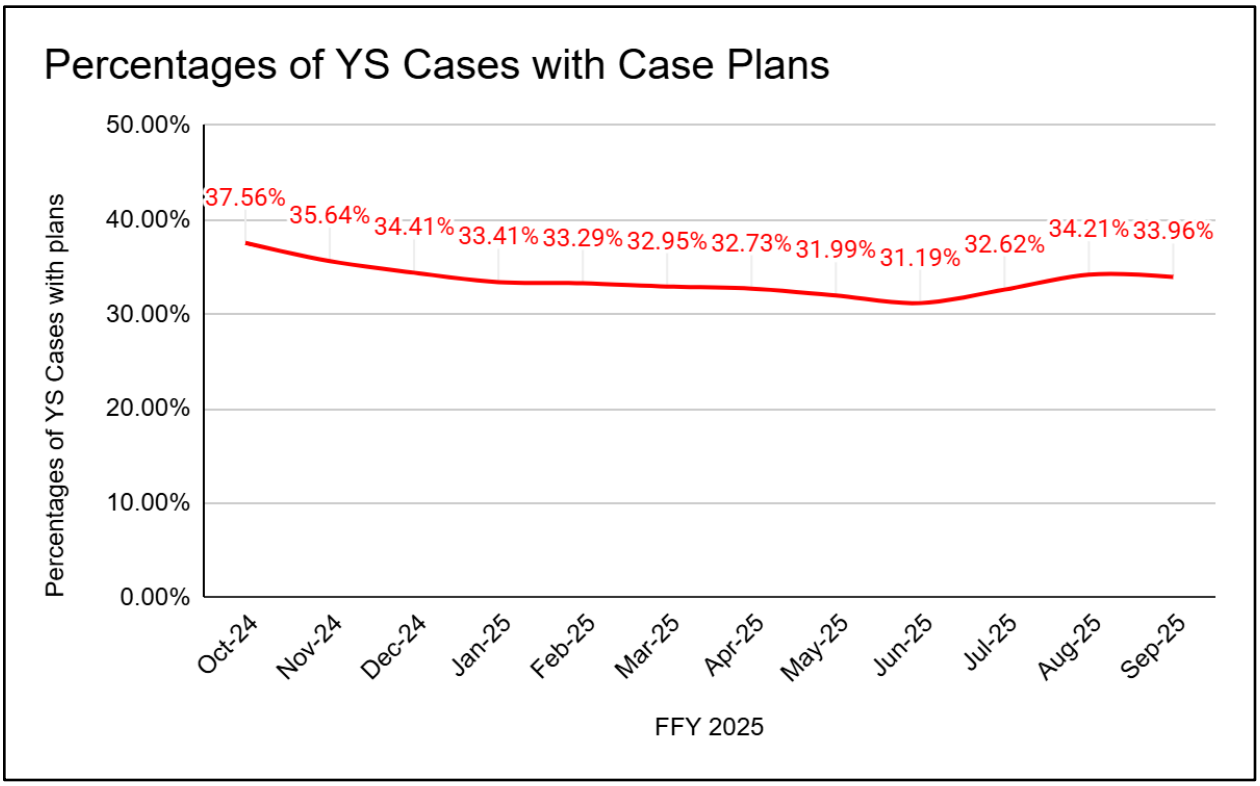
have either a Casey Assessment or Learning Plan completed. The report was pulled from COGNOS in the CCWIS for each reporting month in FFY 2025 and the data may not be accurate as CCWIS went into use in January 2023 and some reports are still being updated and modified. The data for FFY 2025 only shows the reported information in CCWIS that has been documented within the system:

Totals	Number	Percentages
Total # with transition plan and life skills	44	2.91%
Total # with transition plan and no life skills	8	0.53%
Total # with no transition plan	1459	96.56%
Total # of children age 14 and above in foster care for FFY 2025	1511	

The youth's child welfare worker will ensure that the assessment is completed. It may be completed by agency staff of foster care placement settings, foster parents, or adoptive parents. The results of the Life Skills Assessment must be submitted to the child welfare worker. The welfare worker will ensure that the assessment is completed annually. The results of the assessment must be filed in the youth's case record and documentation of such is to be placed in CCWIS on the Transitional Living Plan screen and document upload.

The data in the charts below is a monthly headcount tallied from each district regarding the number of cases open for services and the number of case plans completed in each case broken down into percentages for the month. This includes both CPS and Youth Services (YS) cases.





DPQI case review information reflects a significant challenge in achieving the federal standard for collaborative case planning as measured by the Child and Family Services Review (CFSR) Onsite Review Instrument (OSRI). Case reviews conducted during FFY 2025 found that 6.45% of the applicable cases contained a written case plan determined to have been developed jointly with the family.

Training, Technical Assistance and Practical Application Teams (TTAPA)

The Bureau for Social Services has deployed the Training, Technical Assistance and Practical Application (TTAPA) teams. The teams can consist of the following, but are not limited to:

- Division of Planning and Quality Improvement (DPQI)
  - DPQI Program Managers
  - DPQI Program Specials
- Division of Professional Development
  - Professional Development Program Mangers
  - Professional Development Program Specialists
- Division of Program Support
  - Regional Program Managers
  - Child Welfare Consults

- Division of Children and Adult Services
    - Social Services Policy Specialists
    - Policy Program Manager(s)

The TTAPA teams can also include other outside agencies or stakeholders, such as Marshall University, who provide training and technical assistance around Transformational Collaborative Outcomes Management (TCOM) that includes the Family Advocacy Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) assessments. Additional outside agencies and stakeholders may include service providers expanding prevention services or other critical services to preserve or reunify families.

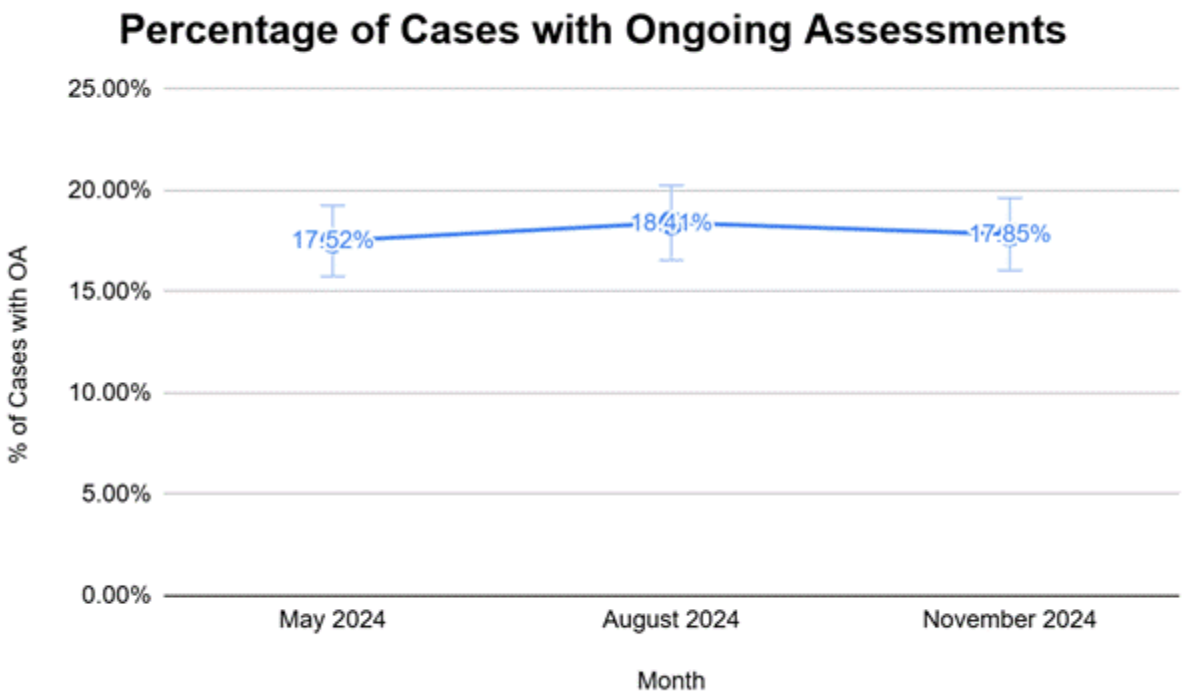
The TTAPA teams are deployed to individual districts at the conclusion of each DPQI district review. Once the review is completed an initial finding is provided that reflects areas needing improvement based on the scoring of specific items within a sample of cases for the period under review. The district will assist with the development of their own corrective action plan (CAP) and the TTAPA teams will work with each district to schedule training sessions and one-on-one technical assistance to improve case practice and outcomes for children, youth, and families.

Each district is provided with an implementation plan to increase the number of completed on-going assessments for CPS, FAST for youth service cases, safety plans, and case plans. The plan is monitored, and data is collected throughout the year to gauge the district's progress.

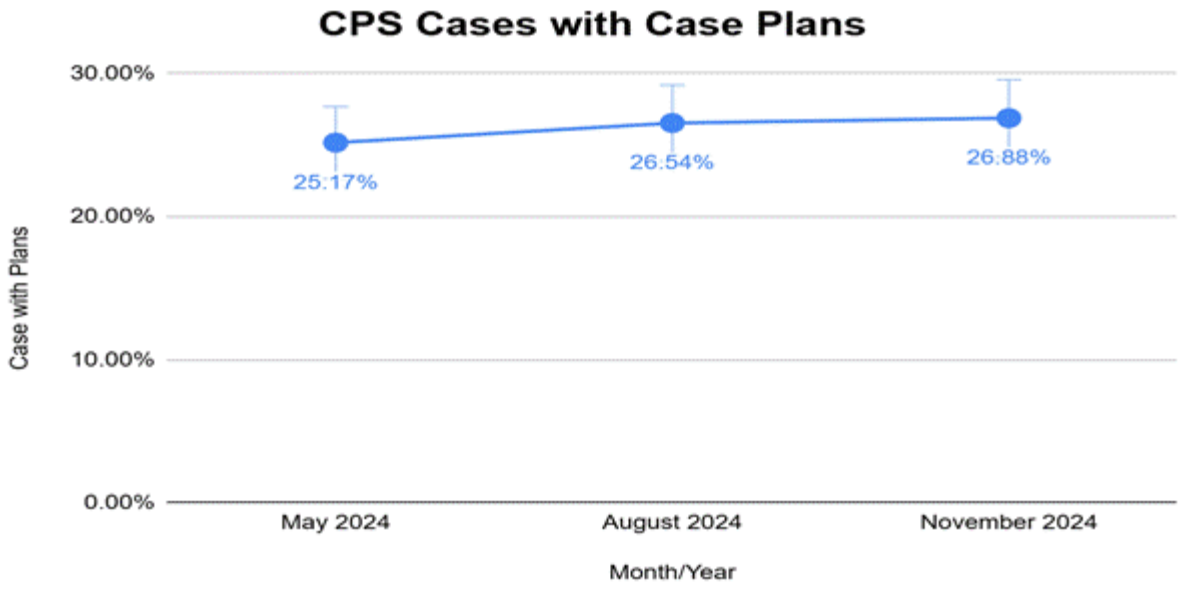
Below is a chart demonstrating the progress and established baseline data for the completion of on-going assessments, including the FAST, youth and/or family case plans. The Bureau for Social Services has a goal of a minimum of 5% increase each year, over the next five years for each of the four elements below for on-going assessments and case planning. At this time the BSS is not meeting its goal of increasing 5% per year.

Statewide case review system data and parent listening sessions consistently reveal a significant gap in involving biological parents in the development of their child's case plan, raising concerns about the system's compliance with ensuring jointly developed plans with required provisions. A 2024 survey by Aetna indicated that 80% of biological families reported not being asked for input, a theme reinforced by subsequent 2025 Guidehouse sessions. Key issues identified include minimal engagement where parents felt "directed," paperwork signed without full explanation due to rushed processes and legal jargon, and in some instances, a failure to provide parents with a copy of the case plan. Despite the provision of TTAPA training to counties to improve case planning, the persistent lack of parental inclusion has prompted the Bureau of Social Services (BSS) to schedule additional listening sessions in 2026 to assess if any improvements have been made.

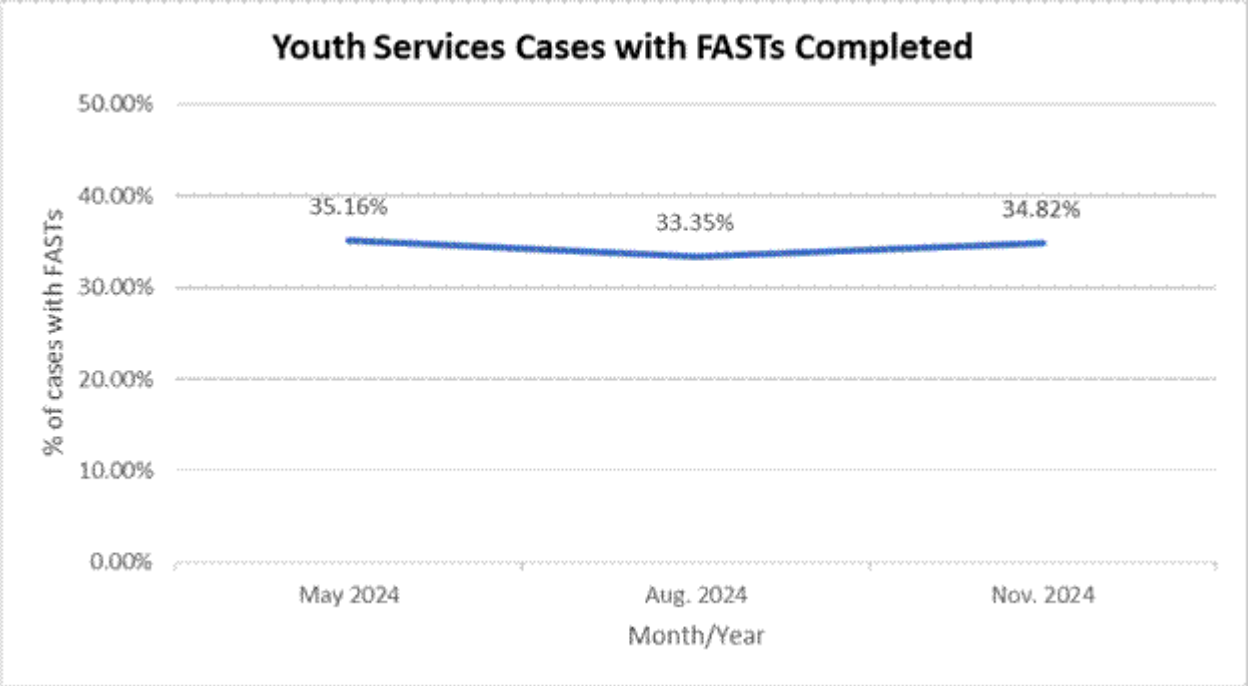
Ongoing CPS Assessments



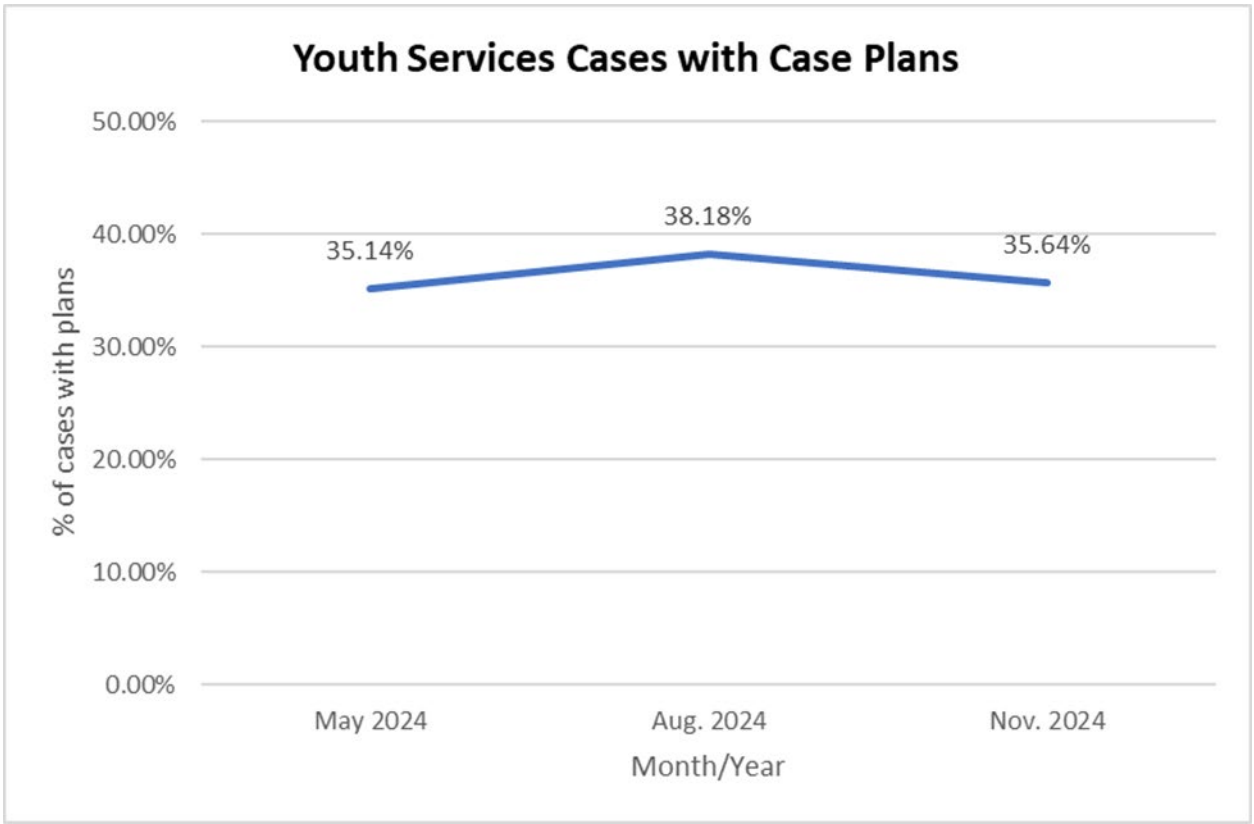
CPS Cases with Case Plans



FAST for Youth Services



Youth Services Cases with Case Plans



Item 21: Periodic Reviews

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 21 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This was not an area that West Virginia addressed in the CFSR Rd. 3 PIP. Item 21 is a Strength for CFSR Rd. 4.

West Virginia ensures that periodic reviews occur for each child no less than every six months, either by court or administrative review. Review hearings are scheduled in all jurisdictions quarterly until permanency is achieved and the case is dismissed from the docket. An AFCARS report specific to this reporting element is generated from the CCWIS monthly that reflects every case with no review documented. This report is utilized by regional program managers and social service managers to work with districts on getting these reviews documented in the CCWIS. In rare instances, reviews have not been held, and the report serves as a prompt for districts to request scheduling. West Virginia continues to use the Juvenile Abuse and Neglect Information System (JANIS) for data collection on review hearings in abuse and neglect cases.

The Supreme Court of Appeals of West Virginia data in conjunction with DPQI case review data provides a more extensive data set when measuring the achievement of permanency goals. See data charts pulled from the Juvenile Abuse and Neglect Information System (JANIS) under Permanency Outcome 1.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 22 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. Item 22 is a Strength for CFSR Rd. 4.

Permanency hearings for children in foster care in West Virginia must be held in circuit court within 12 months of a child entering out-of-home care, and at least every 12 months thereafter, to establish a permanent placement plan (e.g., reunification, adoption, or guardianship) West Virginia Code §49-4-110. These hearings evaluate the safety, progress, and necessity of continued foster care, often with review hearings occurring every 3 months.

West Virginia ensures that periodic reviews in relation to permanency occur for each child no less than every six months, either by court or administrative review. Review hearings are scheduled in all jurisdictions quarterly until permanency is achieved and the case is dismissed from the docket. An AFCARS report specific to this reporting element is generated from the CCWIS monthly that reflects every case with no review documented. This report is utilized by regional program managers and social service managers to work with districts on getting these reviews documented in the CCWIS. In rare instances, reviews have not been held, and the report serves as a prompt for districts to request scheduling.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

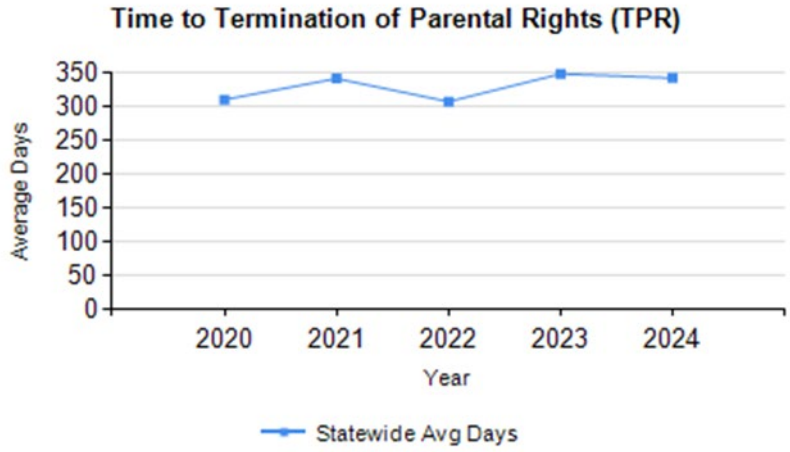
In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 23 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Supreme Court of Appeals of West Virginia Child data indicates that, on average, the number of days from filling of a child abuse and neglect petition until the termination of parental rights is less than one year. Item 23 is a Strength for CFSR Rd. 4.

Court Improvement data indicates that the time to Termination of Parental Rights has fluctuated over the years but is currently at an average of little less than twelve months. This measure consists of the average (mean) time from filing of the original petition to termination of parental rights for each respondent. All respondent items including applicable dates for both items will be included in the calculation. If a respondent was added as a result of an Amended Petition, or service was delayed to a respondent who was included in the original petition, time to the Termination of Parental Rights would be calculated from the date the respondent was added or served rather than the original petition date. In 2024 the average time to termination of parental rights was 297 days.


Time to Termination of Parental Rights (TPR)
Average Days
350
300
250
200
150
100
50
0
2020
2021
2022
2023
2024
Year
Statewide Avg Days

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 24 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through efforts to increase foster parent notification of hearings and engagement in the casework process. Information gathered during the Statewide Assessment process indicates the Item remains an Area Needing Improvement.

DPQI reviewed 65 foster care cases during FFY 2025. Foster parents (including traditional, relative, and pre-adoptive) were interviewed as part of the review process. In 58% of the applicable cases foster parents stated they were invited to attend both MDTs and court hearings. During the statewide child welfare listening tour conducted in 2025 foster parents (including relative/kinship) voiced a need for more frequent and quality communication with caseworkers. Participants also asked to be included in MDTs and court hearings. A recommendation within the executive summary is to include caregivers in MDTs and require the courts to ask if they wish to speak during hearings.

In 2023, approximately 526 foster/resource, kinship/relative, and adoptive parents were surveyed on topics including foster teens, caseworker support, available resources, and their experiences with the legal system

(GALs, MDT meetings, court). The survey results indicate that 60% of foster parents did not feel they were permitted to have input regarding the child(ren) in their care.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 25 in CFSR Round 3 based on information from the Statewide Assessment. This Item was not addressed in the CFSR Rd. 3 PIP. It is rated a Strength for CFSR Rd. 4. Below is information detailing the West Virginia Quality Assurance System.

Operating in jurisdictions where the services included in the CFSP are provided

The Bureau for Social Services has a comprehensive Quality Assurance (QA) System. The QA system is centrally administered and operates in all jurisdictions of the state and is part of an overall Continuous Quality Improvement (CQI) process. (See BSS CQI Plan at https://bss.wv.gov/page/reports) Most QA functions are administered by the Division of Planning and Quality Improvement (DPQI). The Division is under the direction of the Office of Quality Initiatives. West Virginia has 13 designated DPQI staff for the purpose of providing quality assurance including: three Program Managers, nine Social Services Review Specialists, and one Director. These staff members are stationed in various Bureau offices located across the Department's two regions.

West Virginia's BSS quality assurance system evaluates social services case management activities and decisions in the areas of 1) Child Protective Services, from initial abuse/neglect report to case closure, 2) Youth Services cases, with and without judicial oversight, 3) Critical Incidents, and 4) Intake Assessments as received by West Virginia Centralized Intake.

DPQI completes CFSR style social service case reviews for each of the Bureau's districts. One district level review is completed each month by DPQI staff. The review includes the examination of randomly selected cases consisting of in-home and placement cases. The largest metropolitan area is reviewed once each calendar year. The review cycle is continued until each district has been reviewed. Additional data and information collected through the CFSR style case review process is provided in the exit summary reports and used for state planning purposes.

The Division of Planning and Quality Improvement utilizes the CFSR Onsite Review Instrument and Instructions (OSRI) as the unit's primary internal tool for evaluating the quality of services delivered to children and families. Case related information is entered into the Online Monitoring System (OMS) and reports generated from that system are used for evaluating continuous quality improvement efforts within BSS. DPQI completes 125 CFSR style case reviews each federal fiscal year. The data collected is based upon the review of randomly selected social services cases between October 1st and September 30th.

During FFY 2025 DPQI completed 125 CFSR style case reviews. The data is based upon the review of randomly selected social services cases between October 1, 2024, and September 30, 2025. The review was comprised of 125 cases, 65 foster care and 60 in-home social service cases. DPQI staff conducted 965 interviews in relation to the case reviews. Interview participants included: 125 children, 159 parents/caregivers (biological/adoptive/step/legal guardians/parental paramours), 80 foster parents, and 111 judicial staff such as attorneys, guardian-ad-litems, juvenile probation officers, and court appointed special advocates. The remaining interviews were with other parties who provide information related to the case review such as BSS caseworkers and supervisors, service providers, and child placing agency case managers. The period under review (PUR) for case reviews is approximately 12 months prior to the date of the review. CFSR style case reviews were completed in each of the two regions of the state and included the following districts: Kanawha, Randolph, Monongalia, Marion, McDowell/Wyoming, Berkeley/Jefferson, Fayette/Nicholas, Barbour/Preston/Taylor, Jackson/Mason/Roane/Calhoun, Putnam/Lincoln/Boone, Wayne, and Greenbrier/Monroe/Pocahontas/Summers.

In July 2014, WV established a centralized intake system. Statewide implementation was phased in starting in July 2014 with full statewide implementation by February 2015. Centralized Intake call centers are in the northern and southern parts of the state. DPQI is responsible for the sampling and review of accepted intake assessments. DPQI provides ongoing feedback to the Director of Centralized Intake as well as the Deputy Commissioner over Centralized Intake. January through December of 2024 DPQI conducted 1,361 reviews of maltreatment intake reports. The reviews were conducted from a random sample pull and primarily assessed the sufficiency of the information gathered during the intake process. The areas assessed included demographic information that would help identify and locate the family, such as names and addresses. DPQI also assessed the inclusion of absent parents, collateral sources of information, and current locations of household members for immediate and timely responses. The reviews conducted by DPQI assessed the sufficiency of information related to the extent of the reported maltreatment, the surrounding circumstances of the reported maltreatment and whether additional, pertinent information was gathered related to child and adult functioning. Information sufficiency regarding the presence of domestic violence,

substance abuse and other safety and risk factors were also assessed. DPQI staff also assessed whether the Centralized Intake worker had searched the FACTS and PATH systems to ascertain a history or any open assessments and/or cases on the family. The purpose of the reviews is to determine whether Centralized Intake staff gathered, or attempted to gather sufficient information to identify and locate the family, make an informed screening decision, and determine the most appropriate response time.

In 2025 legislation passed to approve the formation of a Critical Incident Review Team, outlined in W. Va. Code §61-12B, for the purpose of reviewing fatalities and near fatalities involving children involved in the child welfare system and making recommendations to identify effective prevention and intervention processes to decrease preventable child fatalities and near fatalities. Effective July 2025 the team reviews fatalities or near fatalities of children in the custody of the Department of Human Services (DoHS); children with a known case, or the family or household member of a person with a known case with DoHS; and reports that have been brought to the attention of DoHS Centralized Intake, regardless of whether it was accepted for an assessment. The Critical Incident Review Team is a multidisciplinary team chaired by the Commissioner of BSS. Additional team members include DPQI, BSS Deputy Commissioner, representatives from BSS Office of Field Support, Programs and Resource Development, Planning and Research, or the Office of Field Operations, Social Service Managers for districts where the incident occurred, Foster Care Ombudsman and representatives from WV Supreme Court of Appeals, Prosecuting Attorney's Institute, WV State Police, WV Senate, and WV House of Delegates. Statute grants the team authority to seek guidance or opinion of outside experts in any related field. The team is required to meet at least quarterly, but within 45 days of each fatality or near fatality meeting criteria. The team is to ascertain and document trends, patterns, and risk factors associated with the fatalities and near fatalities evaluated and provide statistical information and an epidemiological analysis regarding the causes identified.

The West Virginia Bureau for Social Services utilizes a critical incident review process as part of the quality assurance process. The process examines casework practice, policies, and training to identify areas for program improvement. The internal review process involves the review of child fatalities or near fatalities alleged to be the result of child abuse or neglect. Cases meet the criteria for an internal review if the family was involved with the Bureau within a twelve-month period preceding the incident. The Field Review Team includes a member of DPQI, a policy representative, and a field staff representative examining the case file and completing interviews with key stakeholders in the case. The results of the critical incident reviews are presented during Critical Incident Review Committee meetings. Members of the Critical Incident Review Committee generate recommendations for a plan of action based upon the information presented during the meetings. The objective of the review is to gather insight surrounding casework practice to improve service delivery and prevent future critical incidents. Specific review criteria are outlined in the Critical Incident Review SOP document, updated May 2024. (See CI SOP at https://bss.wv.gov/page/critical-incident-standard-operating-procedure)

The BSS CQI process also includes Midpoint desk reviews. During this process, DPQI examines randomly selected cases by examining the documentation in the electronic case records. DPQI utilizes the On-Site Review Instrument (OSRI) as the review tool. Case review information is entered into the OMS practice site. DPQI provides the review data reports and observations to district management staff. Midpoint reviews are conducted in each district during alternate years of the CFSR-style review. By conducting these reviews, each district receives a yearly report of its progress towards achieving the Federal outcome requirements. The reports are also used to evaluate progress on the district level corrective action plans. This process began in July 2023.

Child Stat is an additional quality improvement case review initiative within BSS. Child Stat uses a combination of aggregate data analysis and casework practice to drive positive outcomes for children and families. Child Stat draws on qualitative and quantitative information related to identified target casework areas for a review attended by executive leaders and field practice managers and supervisors. During these reviews the district's performance is compared to agency-wide measures, and the information is used to determine steps to improve practice at the local and state levels. For the qualitative review associated with this CQI process, DPQI completes a review of randomly selected cases by examining several areas of focus. Examples of the focus areas include the quantity of caseworker visits with children and adult caregivers, engagement of children and families in the development and evaluation of case plans, and evaluations of child safety and safety planning. Additional data elements such as information related to staffing levels, time to first contact on child maltreatment reports, and completion times on initial assessments, is provided by district managers during each meeting. Each district participates in a Child Stat review biannually.

Standards to evaluate the quality of services

Standards to ensure that children and families are provided quality services that protect their safety and health, from referral intake to the achievement of permanency, are defined by federal and state laws and Department policy, at https://bss.wv.gov/page/policy-and-procedures. Outcome measures are based on federal requirements and state policy. BSS staff have access to internal data reports that capture outcome data. This includes the timeliness of initiating investigations of child maltreatment compared to the assigned time frame.

During DPQI qualitative reviews, in order to evaluate the state's efforts to improve performance in the areas of safety, permanency, and wellbeing, DPQI utilizes the federal CFSR process as a model to measure and evaluate the state's performance. DPQI utilizes the OSRI as the unit's primary internal tool for evaluating the quality of services to children and families. Each review follows the guidelines established by the Federal Bureau for Children and Families. Pairs of DPQI reviewers complete a review of both the paper and electronic records and conduct key case participant interviews to evaluate adherence to policy and practice standards. The goal of the reviews is to improve practice in order to achieve positive outcomes for the children and families being served. The period under review covers a 12-month section of time going backwards from the start of the case-related interviews. Preliminary case reviews to collect information are done related to FACTS and PATH records only. From this, reviewers develop a list of questions and information needed to complete the CFSR review. DPQI review teams then conduct interviews with designated stakeholders including the case workers, parents, service providers, placement providers, youth if age appropriate and any other parties who may have information relative to the case review. DPQI reviewers also review the paper file for additional information as part of the review process and include this information in review findings.

After the cases are rated, each case is debriefed. At a minimum, case debriefings are composed of two review teams and a DPQI program manager. During these debriefings case ratings are discussed in relation to CFSR instrument instructions and clarification guides to ensure fidelity to the tool. DPQI program managers then complete initial and secondary QA activities.

Identifies strengths and needs of the service delivery system

The various types of DPQI social services reviews produce data for continuous quality improvement through the identification of practice strengths and areas for improvement. The review data is used at the district

level to evaluate case practice and assist districts in making improvements in the provision of services to children and families. In example, following the completion of the CFSR style reviews, exit conferences are held at the district offices where DPQI staff assist the district in interpreting the results of the review. At the exit conference, the data indicators, based on the 18 items reviewed, are discussed with the district. The district is also provided with a comparison chart from the prior review. At that time, an exit meeting is conducted by DPQI staff with the district's management staff. During the exit conference, district management staff can comment on factors that contributed to the strengths and areas needing improvement. Additionally, districts are asked to identify which services are needed but not available or inaccessible in the area. DPQI creates a list of base questions to be asked at all the exits. The questions are based on the previous FFY data and the overall issues impacting practice within the State. During the exit, DPQI staff discuss the district's previously developed corrective action plan activities and if the activities appear to have been impactful in relation to improving outcomes for children and families. Members of the Child Welfare Training, Technical Assistance, and Practical Application (TTAPA) Team are invited to participate in the exit meetings. These teams provide support to districts during the drafting and implementation of the corrective action plans.

In a similar manner, the Midpoint and Child Stat review processes help district staff identify areas of practice for improvement as well as strengths that can be used to support improvement efforts. The data obtained through these review processes assist Bureau leaders in identifying practice, training, and policy areas needing improvement. Likewise, areas of strength are also detected during the reviews. Each part of the BSS CQI process includes the development and evaluation of quality improvement plans.

The Critical Incident Review process involves a thorough review of child fatalities and near fatalities, when a family has a child welfare history within the twelve months preceding the incident. Since FFY 2020 the review process has included the review of Internal Investigative Unit (IIU) cases, which involve children in foster care placement at the time of incident. When a critical incident meets criteria for review, a Field Review Team is assigned to examine current and historical case documentation. The Field Review Team conducts interviews with agency staff, service providers, and investigating officers who have been involved with the family during the preceding 12-month period. The internal review process is a quality assurance process used to determine whether there are areas that, if improved upon, could have prevented the death or severe injury to the child. During FFY 2023 BSS implemented the use of the Safe Systems Improvement Tool (SSIT) as part of the critical incident review process. The SSIT is an information tool used to gather details about the needs of the family at the time of the incident and assess staff experiences and systemic contributors to casework practice. Items are rated based on closeness or connection to critical incidents, with the intent to create solutions for barriers identified in the system. Rating outcomes are captured in aggregate and presented during Critical Incident Review Committee meetings. This allows for the identification of improvement opportunities at a systemic level. The analysis of the data aides BSS in identifying trends, which result in Plan for Action initiatives.

Provides relevant reports

DPQI staff utilizes the CFSR OMS developed by JBS International to complete case reviews and develop relevant reports. The OMS is available for states to use not only during the Federal CFSR, but also for continuous quality improvement (CQI) purposes. The OMS is a web-based application that provides DPQI staff with the ability to complete case reviews and provide relevant district, regional, and state level reports. OMS is automated and logical, because of this it reduces the risk of reviewer error in completing the OSRI.

Following the CFSR style social service review exit meeting with the district management team, DPQI completes a comprehensive report on the results of the review. The exit summary report is provided to the district for review and comments. DPQI provides this information to the Program Manager for Community Partnerships for the identification of service needs and development of services. Districts complete a corrective action plan based on the identified areas needing improvement outlined in the exit summary. DPQI compiles the exit summary, data and corrective action plan for each district and distributes the findings to the district's management staff, the Regional Deputy Commissioner, Regional Program Manager, Director of Professional Development, Policy Program Specialists, and Department Leadership.

An OMS data report is provided to district management staff following each Midpoint review. DPQI staff meet with district managers at the conclusion of each review and go over the data and review observations. The district level corrective action plan is discussed during these meetings to evaluate efficacy of the plans.

Prior to each Child Stat meeting DPQI produces district level data reports. The reports include data elements related to the frequency and quality of caseworker contacts with children and adult caregivers. The Director of DPQI meets with each district's social services manager prior to the Child Stat meeting and discusses the data and review observations. The data reports are disseminated to Child Stat meeting participants. Each district develops an improvement plan based upon the review findings. The plans are discussed and revised during the meetings.

DPQI provides ongoing feedback and data reports to the Director of the Centralized Intake Unit. The reports are also shared with the training staff assigned to that unit. The results of the reviews are used to evaluate and improve the quality of the intakes and ensure fidelity of the screening process.

The Critical Incident Review Committee identifies issues and makes recommendations for needed modification of internal procedures, policies, and programs of BSS. This plan is monitored during each CI Review Committee meeting. The Critical Incident Review Team submits an annual report which includes a Plan for Action containing activities designed to increase awareness, support practice, and improve outcomes in child welfare cases. This report is submitted to the Commissioner of BSS for presentation to the state legislature. The report can be found at: https://dhhr.wv.gov/bss/reports/Pages/Critical-Incidents.aspx

A Critical Incident Review Team, outlined in W. Va. Code §61-12B, was developed for the purpose of reviewing fatalities and near fatalities involving children involved in the child welfare system and making recommendations to identify effective prevention and intervention processes to decrease preventable child fatalities and near fatalities. The team is to ascertain and document trends, patterns, and risk factors associated with the fatalities and near fatalities evaluated and provide statistical information and an epidemiological analysis regarding the causes identified. The team is required to provide recommendations to reduce the number of fatalities and near fatalities that occur in WV. The team is required to submit an initial report to the Legislative Oversight Commission on Health and Human Resources Accountability within 75 days of the fatality or near fatality, with updated reports every 90 days. Any reports submitted mid-year are to be compiled into a final report and submitted no later than December 1 of each year.

Evaluates implemented program improvement measures

West Virginia's quality assurance system utilizes data from various sources to monitor the efficacy of program improvement measures. The State utilizes DPQI social service review data in conjunction with the

State's data profile (contextual data report), data from CCWIS, and data from other sources in the development, planning, and monitoring of CFSP goals and other statewide child welfare initiatives.

Results of the various types of social services reviews are used by districts to develop and monitor corrective action plans. Implementation of the Child Stat and Midpoint review process allows district corrective action plans to be evaluated bi-annually. This allows management staff an opportunity to evaluate the efficacy of the strategies for improvements that were implemented.

The Centralized Intake Unit utilizes the results of the DPQI intake assessment reviews, along with feedback from external stakeholders, to improve the quality of the intake process. The information is also used to ensure uniformity in screening decisions.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 26 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item remains a Strength.

Item 26: Initial Staff Training

Description of the Division of Professional Development

The Bureau for Social Services' (BSS) Division of Professional Development (DoPD) is responsible for providing program-related training for Child Welfare staff in BSS and coordinating Title IVE training provided by the Social Work Education Consortium including kinship parent training, staff in-service training, and IVE stipends. It operates within the Office of Quality Initiatives and is staffed by an Office Director, three Program Managers, 16 Child Welfare Trainers (including 11 Child Protective Services, 4 Youth Services, and 1 Adoption/Home-Finding), 3 Child Welfare contracted positions, and 1 support staff position. In West Virginia, all new Child Welfare worker training is provided by BSS staff trainers who are employed by the state and have a minimum of four years of program experience in the area they train, with an MSW preferred. DoPD staff are out stationed in local district offices across the state.

Description of Pre-Service Training Program and Staff Trained

All staff hired into child welfare positions must complete 240 hours of pre-service training and pass a competency test before they may be assigned a caseload, including contracted staff who are assigned child welfare casework responsibilities. Pre-service training must be completed within six months of hire. Employees who transfer to a different child welfare position or who worked previously in a child welfare position and are rehired into a child welfare position may have all or part of the 240-hour requirement waived based on their individual employment history, how long ago they completed pre-service training, and the new position for which they are hired. Staff who have part of their training requirements waived must attend a "partial round" of training, which includes the job-specific portion of the training plan for their new position, and pass the competency test before being assigned a caseload. Staff who have all their pre-service training requirements waived must still take and pass the competency test for their new position before being assigned a caseload. All new workers must pass the competency test within three attempts, or they must go back and re-take pre-service training from the beginning.

The Division of Professional Development ensures that all new workers across the state complete pre-service training and competency testing prior to assuming a caseload through a structured onboarding process and coordination with the Central Office's Office of Human Resources Management (OHRM), along with real-time tracking of training completion through its Blackboard Learning Management System (LMS). OHRM submits weekly new hire spreadsheets to DoPD that list and track every new hire and change of position within BSS. DoPD employs an On-Boarder, who reviews the new hire spreadsheets weekly to identify new staff and staff that are transferring to another Child Welfare position. The On-Boarder requests a training audit check from a DoPD Program Manager for all employees coded on the new hire reports as a rehire or transfer to another position, as well as newly hired employees that are returning to child welfare employment with the Bureau. Audit factors include social work license status, previous position(s) at the agency, tenure in those positions, specific new worker training previously completed and when, and length of time employed away the agency. The Program Manager and Office Director review the information to determine if the employee must complete the entire training round or if any of the training courses may be waived. The On-Boarder also contacts all contracted staff supervisors to collect names of any new contracted workers.

With this information the On-Boarder enrolls staff into the next available training round for their job classification based on the requirements for each worker. Staff who are new to the agency or who have been employed away from the agency for over two years must attend the full training round (12 weeks), while staff who are transferring to another child welfare position must attend the job-specific portion of

the training round for their new position (three weeks). All staff must complete the competency test for their position prior to assuming a caseload, regardless of whether any of the required training has been waived or not. Training rounds are scheduled to start every four weeks at the beginning of the second week in the two-week pay period, ensuring that new workers do not have to wait more than three weeks after their start dates to begin new worker training. The On-Boarder notifies the field office and worker about their training enrollment and sends them the schedule and general information about their training.

The below-listed chart is broken down by job classification and subdivided by the full twelve-week new worker training period or the three-week job specific training for each employee's specific classification for 2025.

Classification of Employee	Number/Full Round	Number/Partial Round
Child Protective Services	217	10
Child Protective Services Associates	3	1
Youth Services	40	14
Contracted Youth Services	18	0
Adoption	6	3
Home-Finding	6	5
Centralized Intake	6	1
TOTAL NUMBER TRAINED IN 2025: 330	296	34

There were 15 employees that were waived from new worker training in 2025. The reasons were as follows and are illustrated in the below referenced chart. There were six contracted youth services workers that applied for and were hired as BSS state employee Youth Services positions. There were four staff members that transferred from one county to another county, three employees that transferred from one job classification to another one, and two were promoted. There was no or little disruption of employment for these employees during the 2025 period.

Moved from Contracted YS Position to State YS Position	Transferred from one county to another in the same position	Staff Transferred from one position to another position	Staff Promoted to another position
6	4	3	2

Only one employee did not complete training within six months of employment in 2025. That employee was deployed for active military duty in 2024. When he returned from military duty in June 2025, he was enrolled in the next available training round and completed his training on October 6, 2025. He did not complete the competency testing as he was deployed on October 7, 2025, and his Service Worker Registry application was not sent to DoPD from the West Virginia Board of Social Work until November 7, 2025.

Description of New Child Welfare Worker Pre-Service Training

The BSS Division of Professional Development operates a 12-week Child Welfare New Worker Pre-Service Training Program for all Child Welfare positions including the following six classifications of employees: Child Protective Services (CPS), Child Protective Services Associates (CPSA), Youth Services (YS), Adoption (AD), Home-Finding (HF) and Centralized Intake (CI). Training is provided in a 12-week hybrid model of in-person and virtual training. All new workers are required to complete 240 hours of pre-service training as set forth in WV Code 30-30-30 before they can be assigned a caseload. After completion of pre-service training and competency testing, new workers may be assigned a "graduated caseload" consisting of two to three new cases per week with extra supervisory and training support until a full caseload is reached.

New Child Welfare worker training consists of 205 classroom hours and 35 transfer of learning hours are completed at the end of each training section at the worker's home office. Workers must complete a section test at the end of each section of the curriculum to assess progress and understanding. Training evaluations are completed for each worker every three weeks by the trainer and sent to the worker, their supervisor, and district management staff that discuss how well the trainee appears to be comprehending and progressing with the curriculum material, any missing assignments, and licensure status. Workers also complete an evaluation of each section of training to provide input on that section of the curriculum.

Training starts with "Week 0," which is the time between a new worker's start date and the date that the new worker begins their pre-service child welfare training. During this time new workers are oriented to their county offices, assigned a work computer, learn how to log into programs, and participate in two orientation meetings with the trainer to go over information about the training schedule, learn how to access the Blackboard LMS, and answer any questions or concerns they may have. Training begins with virtual sections that are attended by all child welfare classifications on the Casework Process, Intake Assessment, Preparing for the First Contact with Family, and Protecting Social Service Participants from Discrimination followed by in-person training for on Interviewing. At this point in the training round groups are separated into Child Protective Services and Youth Services for job-specific training. Child Protective Services (CPS) job-specific training is attended by CPS, Centralized Intake, Adoption, and Home-Finding staff, while Youth Services and Contracted Youth Services staff attend Youth Services job-specific training. Job specific training is provided virtually and includes training on Initial Assessment, Safety Planning, and Ongoing Assessment and Case Planning. The job-specific groups come back together virtually for In-Home Case Management, Court and MDT, Out of Home Case Management, and Documentation. Adoption and Home-finding staff are separated out to attend the job-specific training for their classifications instead of attending Documentation. Centralized Intake attends their job-specific training instead of attending Out-of-Home Case Management and Documentation. At the end of the training round the class reconvenes in person to be certified in Nonviolent Crisis Intervention and attend trauma sensitive workplace training provided by Marshall University along with a final review prior to competency testing.

While a new worker training round is in progress, training completion is tracked by the assigned trainer through the Blackboard LMS. Each new worker training round has its own class shell which contains information about the training round, links to scheduled virtual sessions, a gradebook, attendance tracking, and instructions for transfer of learning assignments which take place at the worker's local office. Workers who miss any part of the training or transfer of learning assignments must arrange to make up those hours, if possible, or move to the next available training round. At the end the training round the records are checked and "certified" for completion of 240 hours before the employee is allowed to take the

competency test. The worker must pass the competency test before they are released to the field and may be assigned a graduated caseload.

This chart illustrates that during 2025 there were 330 students trained and a total of 4776 hours of training. This chart also illustrates the average time from the employee's actual hire date to the first day of training, then, the employees hire date to the end of the training round, and shows the average time, in the number of days, of the length of all 13 rounds trained during the calendar year. Records show that there was an average of 11.36 days or 2.27 weeks between the worker's start date and the first day of classroom training in 2024. New employees completed their pre-service training in an average of 75.54 days or 15.11 weeks, which is well within the requirement of completing pre-service training within six months.

Total number of Pre-service Training Rounds Started	*13*
Total Number of Students Trained (unduplicated)	*330*
Total Hours of Training Provided	*4776*
Average Time from Start Date to Training Start Date	*11.36 days*
Average Time from Start Date to Training End Date	*75.54 days*
Average Time from Training Start Date to Training End Date	*65.52 days*

All curriculum is reviewed regularly to ensure accuracy and relevance. When a policy or procedure change is implemented by the agency the curriculum is immediately updated to reflect the changes. Revised sections of curriculum are sent to the policy division for approval, who review the curriculum and notate any required corrections to the drafted revision. All curriculum receives final approval by the policy division prior to implementation in new worker child welfare training. When the curriculum receives its final approval from the policy division, it is placed in the Approved Curriculum folder in the shared drive system for trainers to utilize. During monthly staff meetings the revised curriculum section(s) are discussed with the trainers, and they are instructed to begin using the revised section(s) during new worker training. The original curriculum section, prior to the revision, is archived in the DoPD shared drive with documentation of the dates the curriculum was used. In addition to this process, DoPD maintains a Google Space for trainers to submit curriculum issues when they come across them, and the curriculum is corrected immediately by one of the Program Managers. Finally, the curriculum undergoes a comprehensive review yearly to ensure consistency and accuracy with approved policies and procedures.

The chart below contains information about the content of new Child Welfare worker pre-service training section, broken down by job classification and subdivided by the full twelve-week new worker training period or the three-week job specific training for each employee's specific classification. Each curriculum section is broken down by the number of hours for an explanation for each section and the training objectives therein.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
Casework Process (all child welfare staff: Child Protective Services, Youth Servies, Adoption, Home-Finding, Centralized	5	• Define key terms related to the provision of child and adult welfare services. • Describe the principles and steps of the casework process and ways in which they contribute to safety, permanency, and well-being.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
Intake, Child Protective Services Associates)		• Identify the core values that provide the framework of social work practice. • Discuss ways to incorporate practice framework for social work practice. • Develop goals for personal and professional growth. • Describe the purpose and functions of the major service areas within the Bureau for Social Services.
Intake Assessment (all child welfare staff)	3	• Recall the statutory definitions of abuse and neglect. • Identify the signs of abuse and neglect in both children and adults. • Describe the responsibilities of mandated reporters. • Identify the criteria for intake assessment. • Explain the Centralize Intake role. • Examine the validity of referrals. •
Preparing for First Contact with Families (all child welfare staff)	10	• Explain the role of critical thinking in preparing to make contact with clients. • Locate relevant sources of information regarding families and client's case histories. • Examine facts of families' and client's case histories and their significance • Describe the ethical standards for social workers as defined by the National Association of Social Worker, as well as responsibilities outlined in West Virginia Policy. • Discuss social workers' responsibilities to families/clients and collaterals with regards to privacy and confidentiality. • Apply competency and a person-centered perspective when preparing for first contact with a client or family. • Discuss appropriate and effective ways to approach sensitive topics with clients and families. • Identify ways to prepare for worker safety concerns when meeting clients/families. • Use information gathered while preparing for first contact with families/clients to establish interview goals.
Protecting Social Service Participants from Discrimination (all child welfare staff)	3	• Understand Federal laws that define and ensure the rights of individuals with disabilities. • Understand what a disability is, both apparent and hidden and who can qualify as having a disability. • Learn what constitutes as discrimination. • Learn about reasonable modifications and auxiliary aids and services.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		• Learn BSS Policy on nondiscrimination, complaint procedures, and due process standards.
Interviewing (all child welfare staff)	28	• Describe the purpose(s) of an interview in the context of casework process. • Apply information about families/clients and competency to planning for interviews • Recognize the role relationship play in the interview process. • Define engagement in the context of interviewing and casework practice. • Identify methods for building rapport with clients and families. • Describe the structure and components of a successful and effective interview. • Demonstrate effective interviewing and active listening behaviors and skills. • Recognize a variety of effective language and questioning techniques used during an interview and their applications. • Discuss techniques for safety and effectively engaging with an angry or hostile person.
Initial Assessment (CPS, CPSA, AD, HF, CI)	28	• Discuss the philosophical and legal principles outlined in BSS policy regarding child maltreatment and the provision of child welfare services. • Describing the phases, protocols, and purpose of Initial Assessment, as well as related policy requirements. • Identify the rights guaranteed to clients and families receiving child welfare services. • Discuss best practices for preparing to meet and making contact with clients and families. • Describe the essential qualities of the Child Protective Services worker. • Explain the key elements of family engagement and its significance in the casework process. • Explain the elements that comprise Initial Assessment and the types of information collected for each. • Incorporate safe sleep guidelines into assessment of child safety and family education. • Identify Immediate and Impending Safety Threats, as well as appropriate responses of such threats.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		• Recognize Aggravated Circumstances, Impending Danger and appropriate responses to emergency situations impacting child safety as defined by law and policy.
Initial Assessment (Youth Services)	28	• Locate BSS Youth Services policy related to Family Engagement and Initial Assessment. • Explain the purpose and philosophical principles that underlie Youth Services casework practice. • Evaluate your personal perspectives and principles in relation to those promoted by BSS. • Define the target population of and key terms related to Youth Services. • Describe the role(s) and essential qualities of the Youth Services Worker. • Describe the phases, protocols, and the purpose of the Youth Services Initial Assessment. • Explain the key elements of family engagement and its significance in the casework process. • Identify Immediate Safety Threats, as well as the appropriate responses and procedures of such threats. • Discuss the purpose of the Child and Adolescent Needs and Strengths (CANS) tool and its application to child welfare casework. • All Youth Services trainees will be trained in the Praed Foundations philosophical approach to Youth Services assessment and will obtain their FAST Certification by passing that certification with a score of 70% or above. • Use the Family Advocacy and Support Tool (FAST) from the Praed Foundation to assess and document families' needs, strengths, and functioning. • Incorporate safe sleep guidelines into assessment of child safety and family education.
Initial Assessment Safety Planning (CPS, AD, HF)	18	• Recognize factors that influence child safety. • Describe the process of and policy related to safety intervention. • Describe the purpose and function of safety plans, as well as how they differ from protection plans. • Identify federal and state laws that impact safety planning, and the requirements they establish for child welfare agencies, and the rights they guarantee to families. • Locate appropriate formal and informal resources in the community that support safety planning.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		● Explain the purpose, function and categories of Socially Necessary Services.
Initial Assessment Safety Planning (Youth Services)	18	● Demonstrate how to utilize the FAST Assessment and its scoring system in determining an Impending Safety Threat(s). ● Locate agency and community supportive services and resources in order to help keep children safe in their own homes with their families. ● Demonstrate how to utilize the four Safety Analysis questions.
Centralized Intake Job Specific Training (CI) **Modules 1 and 2**	20	● **Centralized Intake Module 1I:** ● Learn the concepts of intake assessment and how to evaluate what information is needed for a sufficient and thorough intake assessment. ● Understand how Centralized Intake handles the intake assessment process with a detailed ● Development of solid interviewing techniques and understand how to utilize interviewing skills to obtain more information, along with the essential qualities for information collection. ● Accurately document and explain reporters concerns in written format to produce a thorough and complete narrative of the report's allegations. ● Learn who are Mandated Reporters and their responsibilities in reporting suspected abuse and neglect, and the timeframes. ● **Centralized Intake Module 2:** ● Recognize and respond appropriately to the most common types of scenarios that reporters call Centralized Intake in regard. ● Follow Centralized Intake policies and procedures, as well as CPS Policy to complete high quality referrals ● Describe the basis of CPS Policy and how it informs and impacts the Centralized Intake workers in this division. ● Identify and ask Reporters pertinent questions regarding their concerns to have them call CI. ● Accurately document and explain reporters concerns in written format to produce a thorough and complete narrative of the allegations.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		• Identify and select appropriate maltreatments based on evidence presented in the narratives.
Ongoing Assessment and Case Planning (CPS, AD, HF)	20	• Identify and understand case information in preparation of the case transfer process. • Be able to correlate the relationship between diminished protective factors (needs) and impending safety threats. • Demonstrate how to incorporate Family Engagement skills in the Ongoing Assessment. • Create a family specific case plan.
Ongoing Assessment and Case Planning (Youth Services)	20	• Identify and understand case information in preparation of the case transfer process. • Correlate the relationship between the FAST Assessment and safety plan to the case plan. • Demonstrate how to incorporate Family Engagement skills in the Ongoing Assessment. • Create a family specific case plan.
Centralized Intake Job Specific Training (CI) **Modules 3 and 4**	18	• **Centralized Intake Module 3:** • Accurately document and explain reporters concerns in written format in the Training PATH System environment. • Instruct CI workers to follow CI policies , as well as CPS policy, to complete high quality referrals. • Instructs new CI workers to navigate and document the PATH system utilizing, from log in, the referral reporting documenting screens. • Accurately document Child Protective Services, Receive Services, and information and Referrals into the Training PATH system. • Identify and select appropriate maltreatments based on evidence presented in the narratives. • **Centralized Intake Module 4:** • This module is for mock 10 interviews for CI new worker trainees, to expose the trainee to different types of referrals calls with varied situations. • The CI trainer will provide coaching during these interviews and provide constructive feedback to improve the trainees' thoroughness in information collection. • Trainees are given three shadowing Transfer of Learning assignments to complete during this module.
In-Home Case Management	20	• Recognize the importance of preventing placement of children into foster care.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
(all child welfare staff)		• Apply social work values and principles in practice, including respecting the self-determination, dignity, and individuality of the family. • Identify various resources that can be utilized to assist families while managing an in-home case. • Understand the importance of effective preparation, case assessment, and timely case management as the foundation of casework intervention. • Understand the importance of conducting routine and timely case reviews and can reassess the outcomes of all case plans and service interventions and make appropriate modifications in the case plan. • Be able to write concise, detailed, and relevant documentation in a timely manner.
Court and MDT Process (all child welfare staff)	20	• Understand the history and evolution of child welfare within Federal and State Laws. • Understand what roles and responsibilities are for each court member withing juvenile court proceedings. • Demonstrate what material is needed for a petition. • Understand what information is needed for court reports, case plans, and other documentation supporting the agency's legal position in a court case. • Understand and demonstrate how to testify in court in a professional manner. • Understand how following policy, ethics, and law protects the professional from liability, negligence, and malpractice lawsuits.
Out of Home Case Management (all child welfare staff)	18	• Discover the factors that negatively impact a child in foster care and learn how to safeguard the child's well-being through BSS goals and foster child's legal rights. • Understand the legal and social considerations when selecting the most appropriate placement for a child. • Understand how to select the most appropriate and least restrictive placement that meets the child's needs. • Understand how to prepare children, parent/legal guardian, and kinship/foster families for placement. • Complete all placement activities when a child is admitted into foster care. • Understand the concept of "reunification" and "permanency planning" as it relates to the development of

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		case planning that addresses the child's needs related to permanency. ● Understand the importance of regular contact between children and parents/guardians and learn how to use casework strategies in maintaining visits. ● Assess and prepare a youth for transitioning into adulthood with skills needed from independence. ● Understand the role of the Foster Care Ombudsman in the foster care system.
Case Plan Evaluation and Case Closure (CPS, YS, CI)	5	● Understand how motivational interviewing enhances the Case Plan Evaluation process. ● Understand the constructs of Case Plan Evaluation in relationship to the concept of change.
Adoption Job-Specific Training	25	● Understand and demonstrate the foundation of an adoption case by reviewing and working through an adoption case from preparing through case closure. ● Learn the case transfer process, the adoption workers role in case preparation during transfers, and required actions and activates. ● Access and understand Adoption Policy, state and federal laws regarding adoption casework practice. ● Learn now to complete the documentation for the Adoption Packet and child summary narrative. Identify and learn the ability for completion of all large amounts of documentation required for adoption cases. ● Understand the ongoing case management process including the court process, Multi-disciplinary Team Process and case management and worker visits requirements ● Learn the procedures for finalizing an adoption, court petitions, court expectations, and documentation steps. ● Discuss the child specific resources available to families of newly adopted children, and learn about all the community and national reuse networks to utilize. ● Understand the adoption finalization and case closure process.
Home-Finding Job-Specific Training	25	● Learn the roles of Home finders, certified resource, kinship and/or relative caregivers, child placing agencies, as well as identify potential resource families and their qualifications.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		• Identify and access Home Finding policy and understand the state and federal laws and requirements. • Learn the Kinship/Relative Home Study process and safety screening request packets and required documentation processes. • Understand job tasks of home finders during the casework process and visitations with families, caregivers, and children. • Learn the case management and case review process throughout the case work process. • Learn about the Gold Standard Process and documentation completions, required time frames, and safety items. • Identify all the required documentation that is required for kinship / relative placement during the initial contact, the process of applying as a kinship caregiver, and resources provided. • Understand the on-going case management for home finders, annual safety reviews, home recertifications, prudent parenting, and safe sleep. • Learn to access resources for families, and how to discuss resources with families.
PATH Documentation (CPS, YS, CI)	30	• Demonstrate ability to effectively document the casework process in the CCWIS.
PATH Documentation Adoption	30	• Demonstrate ability to effectively document the casework process in the CCWIS.
PATH Documentation Home-Finding	30	• Demonstrate ability to effectively document the casework process in the CCWIS.
Crisis Prevention Institute: Nonverbal Crisis Intervention	11	• Identify and know how to respond to various levels of crisis behavior. • Recognize how to manage your own consistent, calm behavior in order to influence a positive outcome in a crisis situation. • Learn strategies to strengthen non-verbal communication. • Develop limit setting strategies for non-verbal communication. • Develop limit setting strategies when verbally interviewing to de-escalate defensive behaviors. • Learn safety intervention strategies to maximize safety and minimize harm.

Training Section Name and Staff Classifications	Number of Hours	Training Objectives
		• Learn disengagement maneuvers and safe, appropriate restrictive holds to the situation.
Protecting the Protectors: Training provided by Marshall University	3	• Enhance comprehension and address the effects of Secondary Trauma Stress (STS) and Vicarious Trauma (VT). • Explore various forms of trauma and their repercussions on individuals. • Recognize trauma symptoms in oneself and others. • Learn effective strategies for both preventing and interviewing in STS and VT.

Description of New Child Welfare Worker Competency Testing

The Child Welfare competency test serves as the gatekeeper to ensure that all training is completed before new workers assume a caseload on their own. The worker is only eligible to take the competency test when several criteria are met. The trainee must complete the required 240 hours of new worker in-person and virtual training, including any make-up work due to absences during training. The Foundations for Practice course must be completed during week 0 and all TOL assignments must be completed with a score of 80% or higher. All make-up work must be completed, graded and documented in the individual round folder for documentation purposes. In addition, verification of social work licensure or the social services registry must be obtained from the West Virginia Board of Social Work prior to testing.

After DoPD certifies that all the requirements have been met the trainee becomes eligible to take the competency test. DoPD competency tests consist of three components: a written test which is a combination of multiple-choice questions and essay questions where staff must utilize current policy to answer the questions; two live interviews including a child interview and an adult interview with actors and grading rubrics; and a critical thinking test to assess the trainee's ability to critical think about a casework scenario. A Program Manager schedules the two interviews, which typically take place virtually and are recorded so they can be viewed later if necessary. Upon completion of the interviews another trainer who was not associated with the round grades the interviews, sending the scores to the trainer of the round and the Program Managers. The trainees must pass all three components of the competency test with a score of 80% or higher. The trainer sends the competency test scores to the trainee's direct supervisor and management staff of the county office. For trainees that do not pass all components of the competency testing, the trainer of the round will contact the trainee, go over the reasons for the failing grade, coach the trainee on concepts that they may be struggling with, and the trainee will be allowed to take the failed section or sections over. After three failed attempts the trainee will be required to take the new worker training over in its entirety.

The following chart illustrates the results of competency tests in 2025. 204 trainees passed on the first attempt, 20 passed on the second attempt, and 1 passed on the third attempt. No trainees were required to repeat training due to failing the competency testing three times. This chart further illustrates the number of trainees that resigned during the respective training round, trainees that moved to another

training round, and those trainees that are scheduled to test in 2026 (due to CW2510H through CW2513H not scheduled to complete training until 2026).

Total Tested	Passed 1st Attempt	Passed 2nd Attempt	Passed 3rd Attempt	Did Not Pass	Resigned during Training Round	Moved to Another Round	Not Scheduled to Test Until 2026	Total
225	204	20	1	0	32	7	66	330

This chart illustrates per training year, the average time in days from the last day of the training round to the completion of competency testing. The total of all hours for each year are tabulated as a sum for the total time all staff have taken to complete their competency testing. The average of the day between the end of the training round to the completion of competency testing is the total number of days divided by the number of trainees that completed competency testing each year.

Training Year	Total Number of Trainees Tested	Total Number of Days between End of Training Round to Completion of Competency Testing	Average of Days
2024	191	2125	11.13
2025	225	1654	7.35

Upon completion of the new worker training, staff are assigned a graduated caseload of two to three cases per week until the worker obtains a full case load. Caseload assignments are made and monitored by the worker's supervisor. In 2025, in response to feedback that new workers needed more support during the transition to a full caseload, the Division of Professional Development implemented the Mentoring and Transfer or Training Program (MATT Program) to support new workers during this graduated caseload period. The MATT Program was created based on survey and focus group results that indicated that new workers needed extra support during the transition from training to a full caseload. The purpose of this assistance is to provide guidance and support to new field staff as they transition from new worker training to completing the required actions and protocols on live cases. Each training round meets as a group three times per week for the first two weeks after the training round ends, gradually decreasing to one time per week over six weeks. New workers can bring problems or issues with their casework and discuss them with the trainer and the group. In addition, targeted subjects that have been identified by new workers frequently as problem areas are discussed with the workers during this time. The trainer also identifies areas where the new workers need additional assistance and works with them individually to gain knowledge on how to handle casework tasks.

Description of New Child Welfare Worker Training Evaluation and CQI Process

DoPD utilizes survey evaluations for each section of the curriculum that are completed in the Blackboard Collaborative platform. There are eleven Likert scale questions that are used to determine the effectiveness of the trainers in the round and the training content in addition to the location, venue, and format of the training curriculum sections. This quantitative data is summarized at the beginning of each

month, for division management team discussions for training enhancements and to enhance new worker training. In 2025, DoPD added section tests at the end of each training curriculum section. Section tests were uploaded to the Bureau's Blackboard Collaborative Learning Management System. These section tests show the trainees' comprehension of each section of the curriculum. DoPD utilizes the results from the section tests to further increase the efficacy of the training curriculum by re-examining the curriculum and revising to improve the content of the curriculum sections. The results of the sections tests are discussed in DoPD management team meetings, utilizing the data for the determination of what sections of the curriculum need enhancement.

The evaluations after each section and section test scores serve as an indicator to the division management training staff who are not fully comprehending the subject matter of each section of the curriculum, and Program Managers use this data for the trainer's professional development. In addition, there are five qualitative survey questions to illustrate when trainees answer "disagree" or "strongly disagree" to any ot the eleven Likert scale questions. The trainees are asked to explain why they disagree or strongly disagree with the question, as well as comments on the training experience, to elaborate on the most and least useful sections of new worker training, and what changes they recommend.

The data can be cross tabulated by curriculum section as well as for individual training staff to illustrate areas for improvement and professional development. When an issue with a trainer is identified the trainer participates in coaching sessions that include a Program Manager and the trainer. Any unfavorable comments on the surveys are compiled and discussed with the trainers privately, to improve their training performance. Favorable comments will also be discussed in staff coaching sessions with the Program Manager to build and solidify staff members' strengths. Survey questions regarding curriculum sections with favorable or unfavorable comments are addressed as well. Review of the curriculum sections continually occurs, and revisions are made to address and areas of the curriculum that need improvement. Any changes regarding policy are submitted to the policy division for approved.

There were three significant trends identified in the evaluation responses in 2024, summarized below.

<u>Trend 1: In-Person training vs. Virtual Training</u>

10% of the total comments (361 in total) reflected a preference for in-person training, or requested more, all or specific portions of the training be conducted in person.

- 20% of these comments (73 in total) requested in person PATH/Documentation training.

.8% of the total comments reflected a preference for virtual training, or requested mor, all or specific parts of training to be conducted virtually.

- 21% of these comments (6 in total) requested virtual FAST Training, since this an online course anyway, and suggested Safety Planning be in person instead.

<u>Trend 2: Trainers</u>

19% of total comments (688) referred to specific trainer(s) or trainers in general.

- 64% of these (443) expressed satisfaction with trainers' performance. Comments such as the trainers are wonderful, that they listen to what the trainees have to say and answer their questions.

- 21% expressed (147) dissatisfaction with trainers' performance. Overall comments were regarding trainers is that sometimes the trainers appear to be glued to the curriculum and that it would be better is they were not continuously reading from the curriculum.

Trend 3: Training Methods

8% of total comments (303) referred to training methods and activities.

- 30% of these comments (90) reflected favorable views of group activities and discussion.
- 24% of these comments (74) reflected favorable views of hands-on activities (e.g., mock interviews, role playing).
- 17% of these comments (51) reflected unfavorable views of lecture-focused instruction or requested additional activities to break up lecture-heavy sections.

In response to these surveys, DoPD began an analysis to determine the feasibility of providing additional pre-service training in person but there were not sufficient resources to increase in-person training (budget and trainer availability). DoPD also reviewed the lecture-focused sections of content and inserted additional activities to allow for increased participation by the trainees.

In 2025 DoPD implemented an updated version of the pre-service surveys that collects information from participants at the end of curriculum sections (i.e., units/topics of study) instead of at the end of each week of training. Because curriculum is uniform across rounds, this allows DoPD to compare survey results more consistently and identify trends over time so that curriculum improvements can be made. In addition, instead of calculating an overall average score based on the Likert Scale, DoPD calculates the percentage of respondents who answered Strongly Agree, Strongly Disagree, etc. This provides a more nuanced view of respondents' opinions, particularly areas with which they express dissatisfaction. The following information is a summary of survey responses in 2025.

- Respondents continue to express a preference for in-person training over the virtual format, with many noting that they'd like more sections of training to be held in person.
- The most disliked section of training continues to be Documentation. Participants note that the PATH program itself is difficult to navigate and often experiences technical problems. Many also feel that learning to use PATH could be more easily done in person, as it can be difficult for trainers to troubleshoot individual issues in the virtual classroom.
- Comments regarding individual trainers are overwhelmingly positive. Participants express appreciation for trainers' knowledge of subject matter, experience, and training styles. When participants describe negative impressions of trainers, program managers use survey responses to help address concerns and provide trainers with additional direction and support.
- Participants have largely favorable opinions about the classroom notebook materials and example scenarios used during training.
- Some participants feel that they would benefit from more field shadowing and hand-on activities to break up lecture-heavy sections of training.

In response to these surveys, DoPD is preparing an implementation plan to conduct additional sections of pre-service training in person including the job-specific initial assessment and documentation sections.

DPD believes that this can be accomplished without significantly impacting the amount of time it takes to complete training.

The Division of Professional Development (DoPD) conducted BSS, Pre-Service Training Focus Groups, in 2022. The purpose of the study was to gather detailed responses from Child Protective Services (CPS) and Youth Services (YS) workers to ascertain the workers' experiences and perceptions of the new worker training. DoPD purpose was also to utilize the information gathered to ensure that pre-service training curriculum and activities to analyze if the training were meeting the workers needs in the field and to effectively prepare new workers for their job tasks and responsibilities. DoPD will begin utilizing focus groups in 2026, with two focus groups selected during the year. Focus groups will be conducted again in 2026 and will be held a minimum of one time per year going forward.

Overall, participants felt the pre-service training did an adequate job preparing them for most of the aspect of their jobs. Some participants expressed that there was a lack of realistic conflict, that answers were too easy, assuming contact access to supervisors who could answer their questions. Trainees responded positively to TOL activities, but there were some issues with getting tenured workers to assist them in completing these activities. Some new workers expressed that there were different expectations in local office and court systems that made the transition from training to field work difficult for some participants. One worker reported feeling lost. The participants responded that shadowing tenured workers prior to receiving caseloads might be helpful to them. Participants had positive reactions overall to the trainers, and that they made the curriculum relatable. They emphasized that trainers expressing their firsthand experiences were very helpful to illustrate points in the curriculum.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

"Staff," for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 27 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through the development and provision of ongoing training and support for staff. The Statewide Assessment process indicates the Item is a Strength.

Item 27: Ongoing Staff Training

Description of Training Program and Training Requirements

Ongoing or "in-service" staff training is provided by the BSS Division of Professional Development, the Social Work Education Consortium, and the West Virginia Coalition Against Domestic Violence. Training requirements are outlined in the BSS In-Service Training Plan. Structured training requirements must be completed within the first 30 months of employment, followed by 16 hours of elective and refresher training per year for the remainder of the individual's employment and 20 hours of social work continuing education units (CEUs) every two years. Training in the In-Service Training Plan is provided through established, approved curricula on specific topics that are included in the training plan. Contracted staff that provide child welfare services are required to complete the same training. The following chart illustrates the training requirements, time frames, and number of hours for each requirement.

Training Requirement	Time Frame	Number of Hours
Preservice Training	Within 6 months of hire	240
Inservice Training Phase 1	Within 18 months of hire	64
Inservice Training Phase 2	Within 30 months of hire	50
Inservice Training Phase 3	Over 30 months	16/year
Social Work CEUs	Every 2 years	20/2 years

BSS maintains a catalog of both online and live in-person training classes. Online content is available through the DoHS Blackboard LMS system and workers may self-register and complete the training at any time through the Genius registration system. Blackboard tracks completion of the training through a test that is completed at the end of each course and training records that can be generated by student or by class. Live classroom training is scheduled each month, provided virtually or in various locations across the state, and a newsletter outlining upcoming training availability is sent out each month. Live training attendance is tracked through the Genius registration system. Live in-service training is provided by staff trainers, the Social Work Education Consortium through their Title IVE training contracts, and domestic violence training provided by the West Virginia Coalition Against Domestic violence through a contract.

Staff with casework responsibilities are required to have a social work license or be placed on the Service Worker Registry, described below.

1) A regular license, which requires a degree in social work or conversion from a provisional license after meeting the requirements. Staff with this license graduate from college with a "temporary permit," which allows them to practice for three months while they take and pass the social work board test. Once the test is passed staff receive a regular license and must complete and report 20 hours of continuing education units every two years to maintain licensure. These hours are tracked by the worker and supervisor for completion. Staff who do not meet the continuing education requirements required for licensure renewal will lose their licenses and can no longer be employed.
2) A provisional license, which requires a degree in a field related to social work. Staff with this license must take 12 hours of college coursework in social work within the four-year licensure period, along with 20 hours of CEUs for each two years. These staff must also have a licensing supervisor who has a social work degree and meets with them quarterly, submitting reports to the Board as part of the requirements for renewing the license. At the end of four years, if all the requirements are

met, staff must take and pass the social work board test to receive a regular license. Staff who do not meet these requirements or who do not pass the test lose their licenses and can no longer be employed. These requirements are tracked by the worker, supervisor, and licensing supervisor for completion.

3) The Service Worker Registry, created by West Virginia Legislature in 2020 to address workforce shortages. Staff who are on the registry can have a bachelor's degree in any subject and may not work anywhere outside of BSS. Staff who elect to go on the Service Worker Registry must complete 240 hours of pre-service training before being assigned a caseload, along with 20 hours of continuing education units every two years.

Description of Training Plan

In 2025, DoPD revised its In-Service Training Plan based on feedback received from BSS supervisors and staff. In general, feedback stated that the Training Plan contained too many requirements to complete within the specified periods that were difficult to track. In addition, some courses were identified as not particularly related to the employee's job in child welfare. The Training Plan was reduced in size and content was targeted towards the predominant issues encountered in current child welfare practice. The following information illustrates the content of the BSS Inservice Training Plan, revised in 2025.

Phase 1 In-Service Training: Social Services positions with case management responsibilities must complete Phase 1 In-Service Training within one year after completing Pre-Service Training and Competency Testing, or within 18 months of hire date.

These courses, listed below, were designed to give workers the knowledge and skill set to complete their assigned job duties more effectively and efficiently. Training topics include Legal and Ethical Issues in Social Work Practice, to present the legal and ethical requirements of working in the field of social work and holding a social work license, introductory courses in Domestic Violence, type of Substance Use common to the environment in West Virginia, Critical Incident training for cases involving infant fatalities or near infant fatalities, Human Trafficking training course, as well as other courses designed to assist staff with case planning strategies, safety planning for children and families in West Virginia. Trainees must also the Crisis Prevention Institute Nonviolent Crisis Intervention for the safe de-escalation of any crisis situation that the staff may occur.

Name of Training	Format	Hours	Continuing Educational Units (CEUs)
Legal and Ethical Issues in Social Work Practice	Live	4	4
Dynamics and Impact of Domestic Violence	Live	6	6
Working With Families Experiencing Domestic Violence	Live	6	6
Substance Use	Live	8	8
Drug-Affected Infants	Online	4	N/A
Opioid Use	Online	4	N/A
Critical Incidents in CPS Practice	Live	4	N/A
Human Trafficking	Online	4	N/A
Meaningful Contacts	Online	3	N/A
Case Planning	Online	3	N/A

Name of Training	Format	Hours	Continuing Educational Units (CEUs)
Safety Planning	Online	3	N/A
Nonviolent Crisis Intervention	Live	11	N/A
Working with Foster Parents and Caregivers - NTDC	Live	4	N/A
Total Hours:		64	

Phase 2 In-Service Training: Social Services positions with case management responsibilities must complete Phase 2 In-Service Training within two years after completing Pre-Service Training and Competency Testing, or within 30 months of hire date.

Courses in this second phase of In-Service Training include Social Work Ethics in Practice which further explains the ethical philosophies and regulations associated with social work, Common Mental Health Disorders that workers may encounter with their clients, continuing course work with families experiencing Domestic Violence in the home, Substance Use in Adolescents, which covers adolescent substance use and common substances used by adolescents currently, a training course in Family Dynamics, which educates workers to the intricacies of the dynamic of families, as well as Trauma Informed Practice with outline working with families and understanding types of Trauma while working with families on their caseloads.

Name of Training	Format	Hours	Continuing Educational Units (CEUs)
Social Work Ethics in Practice	Live	4	4
Common Mental Health Disorders	Online	6	N/A
Working with the Domestic Violence Offender in the Child Welfare System	Live	6	6
Substance Use and Adolescents	Online	8	N/A
Making the Connection: Domestic Violence and Co-Occurring Tactics of Control	Live	4	6
Family Dynamics	Online	4	N/A
Trauma Informed Practice Live – Training	Live	4	4
Annual Refresher Training	Online	12	N/A
Total Hours:		**50**	

Phase 3 In-Service Training: Social Services positions with case management responsibilities who have completed Phase 1 and Phase 2 of the Inservice Training Plan must complete 12 hours of Annual Refresher Training plus 4 hours of elective courses for a total of 16 training hours per year for the remainder of their employment in a Social Services position with case management responsibilities. Annual refresher training(s) may include courses related to new initiatives, changes in policy or practice guidelines, or changing trends in the environment of the social work practice in West Virginia. Elective courses may be available through live training or staff members can select from the DoPD catalog of courses to be taken online.

Name of Training	Format	Credit Hours	CEUs
Annual Refresher Training	Live or Online	12	N/A
Electives	Live or Online	8	Varies
Total Hours Per Year:		20	

CEUs for social work licensure are separate from this requirement, although some of the required training and some of the electives may provide CEUs that can be utilized for licensure purposes. Courses that are approved for CEUs are marked with the number of CEUs they provide. Elective courses that are online and self-paced are not approved for CEUs that may be used as part of the allowed non-approved provider hours to meet licensing requirements under certain circumstances. Staff are referred to the West Virginia Board of Social Work for more details.

The following information demonstrates the current functioning of BSS ongoing staff training in 2025.

The following chart illustrates the total live training sessions of the In-Services Trainings. The chart is subdivided by the number of hours for each course, the number of BSS employees that completed the course in 2025. Also, the number of participants from Child Placement Agencies is illustrated in the last column.

Live Training - Session Title	# Sessions	# Hours	# BSS Participants	# CPA Participants	Total # of Participants
BSS-101: Legal and Ethical Issues in Social Work Practice	6	4	83	0	83
BSS-102: Working with Foster Parents/Caregivers - NDTC	6	4	96	0	96
BSS-103: Dynamics and Impact of Domestic Violence	10	6	109	0	109
BSS-104: Substance Use	5	8	54	0	54
BSS-105: Trauma-Informed Practice Live Training	4	4	55	0	55
BSS-112: Human Behavior in the Social Environment 1	5	4	78	0	78
BSS-117: Critical Incidents in CPS Practice	3	4	38	0	38
BSS-201: Social Work Ethics in Practice	4	4	43	0	43
BSS-202: Family Centered Practice for Permanency	4	4	53	0	53
BSS-203: Working with Families Experiencing Domestic Violence	6	6	63	0	63
BSS-205: Secondary Trauma	1	4	14	0	14
BSS-211: Importance of Self Care	4	4	51	0	51

Live Training - Session Title	# Sessions	# Hours	# BSS Participants	# CPA Participants	Total # of Participants
BSS-212: Human Behavior in the Social Environment 2	4	4	42	0	42
BSS-216: Appalachian Culture	5	4	53	0	53
BSS-303: Working with the Domestic Violence Offender in the Child Welfare System	6	6	43	0	43
BSS-403: Making the Connection: Domestic Violence and Co-Occurring Tactics of Control	2	6	16	0	16
BSS-426: Understanding Poverty	4	4	34	0	34

BSS invites staff of the child placing agencies in West Virginia to attend all its live in-service training. In 2025 a breakdown occurred in the communication of those trainings to the CPAs, which has been corrected for 2026.

The following chart illustrates the total online In-Services Training. The chart is subdivided by the number of hours for each course, the number of BSS employees that completed the course in 2025. These courses are online and only Departmental staff take these courses.

Online Self-Paced Training - Session Title	# of Hours	# of BSS Participants
BSS-105-OL: Trauma-Informed Practice Online	2	105
BSS-112-OL: Human Behavior in the Social Environment 1 Online	4	96
BSS-114: Drug-Affected Infants	4	69
BSS-116: Working with People with Disabilities	4	90
BSS-112: Common Mental Health Disorders	4	126
BSS-127: Human Trafficking	4	105
BSS-222: Engaging Absent Parents	4	47
BSS-226: Rural Social Work Practice	4	41
BSS-302: Family Resilience and Inclusion	4	32
BSS-304: Substance Use and Adolescents	4	35
BSS-322: Kinship Care	4	26
BSS-332: Family Dynamics	4	27
BSS-342: Systems Theory	4	22
BSS-352: Social Work Perspectives	4	25
BSS-401: Using Technology in Social Work Practice	4	19
BSS-402: Contemporary Issues in Social Work Practice	4	27
BSS-404: Opioid Use	4	35
BSS-405: Trauma-Informed Practice and Out-of-Home Placement	4	25
BSS-416: Social Class in the U.S.	4	23

Description of Tracking Mechanisms

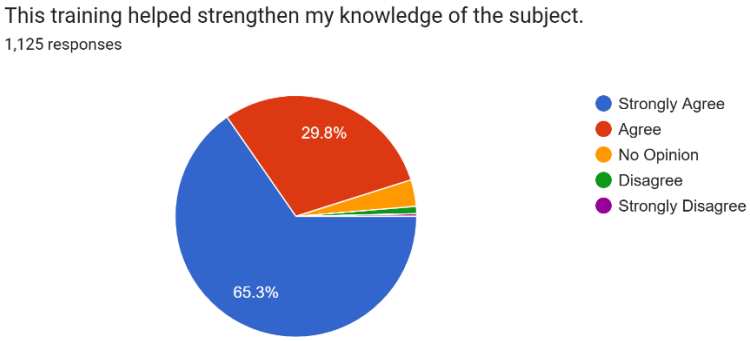
As stated previously, the previous In-Service Training Plan was very lengthy with a large number of training requirements that were hard to track. When the Training Plan was revised based on this feedback, DoPD revised its tracking mechanisms for in-service training to enhance accuracy and thoroughness of the large amount of data required to be tracked for compliance with the In-Service Training Plan, to be implemented in January 2026. DoPD developed a tracking system to track each phase of the in-service training plan retroactively for all currently employed staff with a mechanism for regular reporting of compliance with the training requirements to both the employee and supervisor. DoPD utilized a master employee list shared with our division from the Financial Department to identify all child welfare staff employed by BSS. The tracking system will be updated with information from the new worker pre-service training rosters to make sure it is kept current, and employees who have left the agency will be removed two times per year through Human Resources. The training course registration platform utilized by DoPD will be utilized to assist in the tracking of trainees progress throughout the three phases of the new and revised In-Service Training Plan.

Description of Training Evaluation and CQI

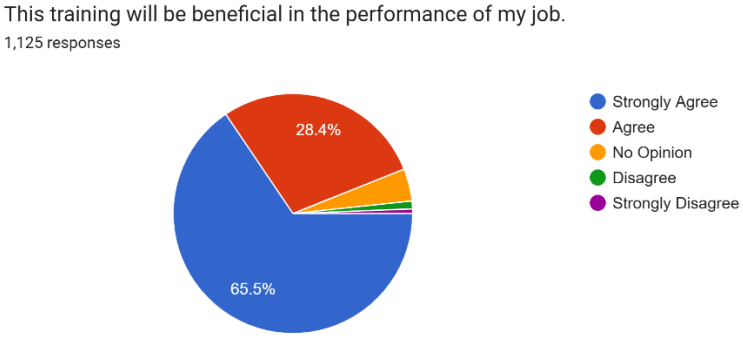
Like pre-service training, BSS collects a large volume of training evaluation data through surveys that are completed after each training prior to the trainee receiving the certificate of completion. The same Likert scale questions are utilized to obtain quantitative and qualitative data for each in-service training. The data is utilized to enhance the efficacy of the training content to strengthen training staff development and effectiveness. Results of in-service training surveys are discussed in the division management team meeting. After training is completed, attendance is documented in the Genius online course registration system, and the employee is emailed a survey utilizing Google Sheets. Google compiles the data and information can be pulled and reported from this system in various ways. The following is a summary of responses received about the overall training.

- **Highly Positive and Informative:** The vast majority of responses indicated the training was "Good," "Great," "Excellent," "Very good," "informative," "educational," "useful," "helpful," and "beneficial," with many recommending it to others.
- **Effective Trainers and Presentation:** Many praised the trainers for being "knowledgeable," "fantastic," "engaging," "well-versed," "organized," "professional," and for creating a welcoming atmosphere, making the content easy to follow and enjoyable.
- **Relevance of Content:** The material was noted as being relevant to social work, providing good refreshers on ethics and self-care, and offering knowledge that can be utilized in various aspects of the job.
- **Areas for Improvement (Length/Pacing and Applicability):** Some felt the training was "long," "a little stretched out," or "too long" (especially being two days), and a few felt the content was not very applicable to adult or youth services workers, requesting more adult-related content.
- **Engagement and Interaction:** Several comments appreciated the opportunities for "engagement," "interaction," and "breakout groups," while a few others suggested more activities would be beneficial to keep everyone engaged.

From training evaluations, 95.1% of employees stated that their in-service training helped strengthen their knowledge of the subject



In addition, 93.9% of employees said the in-service training they received would be beneficial in the performance of their jobs.



Information that is collected and compiled for each course is used to make improvements to course content at least one time per year.

Description of New Child Welfare Supervisor Training

All new child welfare supervisors are required to complete training required by DoHS Office of Employee Development and the West Virginia Division of Personnel Office of Organization and Human Resource Development (DOP). DOP requires supervisors to attend a week-long "management bootcamp" that covers a variety of management and supervision topics. The DOP office tracks employees for completion of the training and compliance with state policy. The DOP has a structured training program for supervisor training courses to cover topics such as performance appraisals, discipline and documentation and conflict management.

The Office of Shared Administration / Office of Human Resource Management has created several required training courses for all supervisors to complete, from the directive from the Cabinet Secretary Alex Mayer. There were 13 courses for supervisors created in 2025 which are: Employee Engagement for Supervisor Live Virtual Training, Employment for Supervisors Resource Library, Workplace Matters for Supervisors, Accountability Matters, Policy Acumen for Supervisors, Preparing Your Team for Change, The Grievance Process, Customer Service for Supervisors, Delegation, Leading vs. Managing, Effective Communication, Documentation and Progressive Discipline for Supervisors. These courses cover a variety of topics for child welfare supervisors to increase their knowledge and skill set for supervision of their state employees. There was a live virtual training that kicked off this set of required 13 training sessions. The topics range from managerial techniques, engagement skills building, managerial communication philosophies to enhance

effective communication with staff, workplace situations that may arise, policies for supervision, documentation and progressive discipline procedures and navigating the grievance procedures for the state of West Virginia.

For child welfare-specific new supervisor training, DoPD has been utilizing "Putting the Pieces Together," based on the curriculum developed by the National Resource Center for Organizational Improvement, and was adapted for West Virginia's child welfare system. The training covers Administrative Supervision (management and organization theories, transitioning from worker to supervisor, supervisor advocacy, change, data analysis, recruiting and performance monitor), Educational Supervision (adult learning techniques, staff ability and performance, worker development stages, compliance and best practice, constructive feedback and coaching, and Supportive Supervision (supervisor as a staff motivator, counselor, and team leader, and conflict manager). This training is conducted over a three week period with 15 hours of training for each week. The first week's training was completed, and was put into place as a trial run to ensure that the training was thorough and met the supervisor's needs. The second and third phases are still under revision. All new child welfare supervisors are required to to complete this course in the first year of employment as a supervisor. During 2025, 12 out of 35 supervisors completed the first training, equating to 34%.

New Child Welfare Supervisor Training:

Total Child Welfare New Supervisor Training:	12 Students	1 Rounds / 3 days	15 Total Hours

West Virginia will be completely revamping its child welfare supervisor training in 2026. In 2025, West Virginia adopted the SAFE Model for Child Protective Services from Action for Child Protection. The SAFE model will be fully implemented in West Virginia by 2027. The SAFE model focuses on the role of supervisors as the essential component for overseeing the quality of SAFE model service delivery to children and families. This involves ensuring intervention fidelity and supporting the achievement of practice outcomes. As part of the SAFE implementation, supervisor training will be completely revised to focus on coaching and consultation with their staff based on three factors: performance; independence; and sustainability. The supervisor training program is being developed by Action and will include a supervisor proficiency assessment where supervisors must demonstrate their proficiency in meeting SAFE model coaching and consultation standards. The supervisor proficiency training program objectives are:

- Assist supervisors in establishing a consultation structure that supports best practice.
- Assist supervisors in having a coaching mindset when providing consultation.
- Assist supervisors in demonstrating coaching skills when providing consultation.
- Assist supervisors in meeting objectives for practice focused coaching and consultation.
- Assist supervisors in increasing SAFE intervention fidelity.
- Assist supervisors in meeting SAFE model practice standards and outcomes.
- Assist supervisors in becoming proficient in providing coaching and consultation to influence specialists' practice.

BSS will begin implementing the new supervisor training program in 2026. We expect that the new supervisor training program will be fully implemented with all supervisors trained and certified by June 2027. Supervisors will be required to complete this training within six months of their employment as a supervisor, and to pass their proficiency tests within one year in their position.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 28 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item remains a Strength.

In West Virginia, non-compliance with required training for foster, kinship, and adoptive parents is addressed through a process that may involve offering corrective action plans, or in some cases, closing the home. West Virginia expects that all foster, kinship, and adoptive parents meet specific standards outlines in the Home-Finding and Foster Care policies, and failure to do so is considered non-compliance.

Item 28: Foster and Adoptive Parent Training

Description of Training Program

In West Virginia, the Bureau for Social Services (BSS) is the entity responsible for ensuring that all prospective and current foster parents, adoptive parents, and staff of state-licensed or approved facilities receive both initial and ongoing foster parent training. The state partners with the West Virginia Social Work Education Consortium (SWEC) to provide pre-service training for kinship and agency foster homes. SWEC is West Virginia's Title IVE university consortium and is composed of representatives from Concord University, Marshall University, Sheppard University, West Virginia University, and West Virginia State University. For in-service kinship and agency foster parent training the state contracts with Concord University, which works in collaboration with the other SWEC schools to provide this training. Pre-service and in-service training for regular resource homes is provided by the Child Placing Agencies (CPAs) that contract with BSS. All foster, kinship, and adoptive parents are required to meet the training standards outlined in the BSS Home-Finding and Foster Care policies and the West Virginia licensing requirements. For Child Placing Agencies, foster parent training and certification requirements are addressed in their licensing requirements. Pre-service training requirements include mandatory, multi—session training (often NTDC or PRIDE, or a different evidence-based curriculum with approval); specialized training including crisis de-escalation, CPR/First Aid, and Universal Precautions; and ongoing training of 15 hours the first year and 12 hours annually thereafter. Child Placing Agencies are monitored for completion of these requirements through their licensing reviews.

The following charts outline the pre-service and in-service training requirements for foster and adoptive parents.

Training Requirement	Time Frame	Number of Hours
Preservice Training	Prior to Certification	21
Inservice Training	First Year	15
Inservice Training	Every Year Thereafter	12

Description of Training Requirements

In 2025 West Virginia adopted the National Training and Development Curriculum (NTDC) for the kinship parent training done by SWEC. NTDC is a collaborative research-based curriculum that brings together input from those with lived experience in foster care, including former foster and adoptive youth and resource caregivers. The project is funded by the federal Children's Bureau and was developed as a national resource to be used by all states, counties, territories, and tribal nations, as well as private agencies. The NTDC is a state-of-the-art program that prepares parents to effectively care for children, particularly those exposed to trauma. The curriculum is intended to be a universal training program for foster, kinship, and adoptive parents. Currently the Child Placing Agencies utilize the NTDC, CWLA PRIDE, or Pressley Ridge curriculum with their resource homes.

Foster/adoptive parents are required to complete 21 hours of pre-service training, and must attend all sessions, actively engage in learning, and complete all necessary documentation to be approved for licensure or adoption. During the first year of approval, families are required to complete a minimum of 15 hours in in-service training which includes nine hours of trauma training, discipline training, crisis de-

escalation, and an additional three hours of supplemental training. All foster, adoptive, and kinship caregivers must also maintain current CPR and first aid certification. Foster, adoptive, and kinship parents are then required to complete 12 hours of in-service training each year. These training standards ensure that families are equipped with the knowledge and skills to provide safe, trauma-informed, and developmentally appropriate care, while also meeting ongoing federal and state requirements for foster care and adoption. Most foster parent training takes place virtually with some in-person training sessions offered.

Training completion is tracked by the BSS Home-finders and the Child Placing Agencies. West Virginia monitors and maintains training compliance for foster parents, kinship parents, and adoptive parents through a structured data collection and reporting process. For SWEC, WVFACT collects and tracks training-related data including course offerings, hours completed, attendance, and completion rates. Participation is verified through session sign-in records and trainer-submitted attendance logs. West Virginia utilizes a centralized training management system—also referred to as the statewide training portal—to: Record training registrations, attendance, and completion data, Track required training hours for individual participants, Monitor compliance with both initial (pre-service) and ongoing (in-service) training mandates. University training partners enter attendance and completion data into the system after each session, including both pre-service and in-service training. Licensing specialists and facility administrators verify completion records for foster, kinship, and adoptive parents as part of the licensure, re-licensure, and annual review processes. In cases where training was missed or incomplete, follow-up is documented and corrective training plans are developed. Corrective action plans typically include a clear timeline for resolution and consequences for further non-compliance. Continued failure to meet training standards is considered non-compliance with West Virginia policy and may result in administrative action, up to and including suspension or closure of the foster, kinship, and/or adoptive home. This process ensures that all caregivers and maintain the competencies necessary to meet the needs of children in care.

The following table illustrates the number of foster parents trained by each university in the Social Work Education Consortium for pre-service training, including the number of starters and the number of finishers.

2025 Pre-Service NDTC Trainings	**Number of Rounds**	**Number of Starters**	**Number of Finishers**
West Virginia University	39	229	209
Marshall University	12	82	73
West Virginia State University	8	195	170
Shepherd University	20	191	141
Concord University	25	498	367
Total NDTC Pre-Service Training	**Total Rounds**	**Total Starters**	**Total Finishers**
	104	**1218**	**975**

The following table illustrates the number of in-service trainings completed by each university in the Social Work Education Consortium.

2025 In-Service NDTC Trainings	Number of Sessions	Number of Participants
West Virginia University	29	224
Marshall University	6	74
West Virginia State University	14	195
Shepherd University	34	291
Concord University	50	442
Total In-Service Training	**133**	**1226**

Description of Training Curriculum

The Social Work Education Consortium provides the following NTDC modules in its kinship parent training.

Session 1: Kinship Parenting. Introduction and Welcome: National Training and Development Curriculum for Foster and Adoptive Parents). Understand the complexities associated with caring for children who are related including: divided loyalties, redefining roles and relationships, setting boundaries with parents and other relatives, and range of emotions including anger, resentment, guilt and/or embarrassment; understand how to manage family dynamics and conflicts, identify triggers and effectively manage stress.

Session 2: Child Development. Explores the standard milestones of child development, as well as instances of disrupted development. It addresses developmental delays and strategies for effectively meeting children's developmental needs. Additionally, it highlights the distinctive challenges faced by parents at each stage of a child's development.

Session 3: Attachment. Understand the importance of attachment in parenting both for the children and parents who are fostering or adopting; recognize the impact of fractured attachments/lack of attachments on children's ability to attach; can identify strategies to develop healthy attachment bonds, developing trust and developing children's sense of connectedness and belonging; know how to be attuned to children; recognizing and honoring children's primary attachment to their families.

Session 4: Separation, Grief, and Loss. Understand the impact of separation, ambiguous loss; learning different ways children grieve; life-long grieving and importance of providing opportunities for grieving; recognize strategies to help children deal with grief and loss; understand loss and fractured attachments with birth family members and previous placements; recognize the importance of establishing and maintaining essential relationships with and for children; understand the impact of frequent moves and the importance of managing transitions for children; understand the separation, grief and loss experienced by all members of the foster/ adoption network.

Session 5: Building Parental Resilience for Kinship Caregivers. Understand the importance of self-care and practical ideas how to do it; understand signs of stress and burnout; recognize the importance of parents who are providing kinship care to maintain their mental, physical, emotional, and spiritual well-being; understand what parental resilience is and why it is important; understand how caring for children who have experienced trauma, separation, or loss can impact your own well-being; understand the behaviors that foster a protective environment for parents and children.

Session 6: Trauma-Related Behavior. Learn how chaos, threat, neglect, and other adversity during development can alter the developing brain and that, in turn, can change the ways children think, feel and act. Understand the major stress responses we use to cope with perceived and actual threat. Recognize the reasons and range of adaptive symptoms from inattention and distractibility to avoidance and shut down; learn about reasons for rejection and testing; recognize survival skills and coping strategies that result in a complex range of behaviors.

Session 7: Mental Health Considerations. This passage offers an overview of mental health disorders and conditions that commonly occur during childhood. It clarifies that not all behaviors related to survival or expressions of grief necessarily signify mental health disorders. Furthermore, it details frequently prescribed psychotropic medications and underscores the importance of ensuring consistent, adequate, and appropriate access to mental health services.

Session 8: Trauma-Informed Parenting. Learn the three Rs -Regulate, Relate, Reason; be informed of practical Trauma-Informed Parenting strategies; be aware of trauma support resources for children; recognize the importance of finding activities to have fun with children; recognize the importance of connected parenting and the relationship as the foundational cornerstone; understand how to promote healthy behaviors; recognize the importance of parent's self-regulation; know how to be proactive versus reactive; recognize the difference between discipline and punishment.

Session 9: Effective Communication. Understand the definition of effective communication including both verbal and nonverbal language; understand how to use open communication with children; recognize the importance of active listening skills; aware of strategies to convey compassion and attunement; recognize how to talk to children about difficult and/or sensitive issues with openness; know how to develop and maintain open communication.

Session 10: Impact of Substance Use. Understand the short and long-term impact on children exposed to substances prenatally including FASD; recognize issues that may be present if parents use(d) substances; aware of medical issues that can arise due to substance exposure including higher risk of later addiction; understand the genetic component of addiction and addiction as a chronic disease; aware of parenting strategies for children exposed to substances prenatally

Session 11: Parenting a Child with a History of Sexual Trauma. Awareness of the indicators of sexual abuse; recognize the impact of interrupted sexual development; aware of the unique challenges associated with parenting children who have been sexually abused; recognize the potential risk factors for children who have experienced sexual trauma including re-victimization, sexual trafficking, and reenactment behaviors. Understand that parents can learn and implement effective parenting strategies that can help keep children safe and help them heal from sexual trauma.

Session 12: Cultural Humility. Obtain an overview of cultural humility; recognize the importance of honoring and incorporating children's cultural identities and respecting families from varying races, religions, ethnicities, and economic statuses; openness to a child's sexual orientation and gender identity and expression; able to view these differences from a strengths-based perspective; strategies for parents who are fostering or adopting to respect as well as navigate differences in values from the children and families; acknowledge imbalances of power and inequities.

Session 13: Creating a Stable, Nurturing, & Safe Home Environment. Aware of strategies to make children impacted by trauma and loss feel psychologically and physically safe; understand how to set

up a home to be safe for all household members; understand how the sense of safety ties to behaviors; aware of how to set boundaries, show consistency and predictability, and adapt routines and rituals; know how to be attuned to children; understand safety from children's perspectives.

When new state policies, procedures, or practice models are introduced (e.g., new permanency standards, safety protocols, or cultural competency expectations), BSS ensures the training content is updated to incorporate these changes. This is done by: Revising relevant modules or training sections, updating handouts and facilitator guides, conducting train-the-trainer refreshers to ensure fidelity to updated content. The state's focus on alignment ensures that training not only meets compliance standards but also supports competency-based development and family-centered care. West Virginia's approach to aligning training curricula with best practices is intentional, responsive, and collaborative. Using the NTDC, partnerships with universities, feedback loops, policy integration, and quality improvement, the state ensures that foster and adoptive parents are prepared with the most current, relevant, and effective training available. The national best practice guidelines shifted toward increased focus on kinship care support, WVFACT incorporated new kinship-specific modules into both pre-service and in-service training to maintain compliance and effectiveness.

Description of Training Evaluation

West Virginia ensures that initial and ongoing training addresses the skills and knowledge base needed for foster, kinship, and adoptive parents by aligning all training with the WVFACT Core Knowledge and Competencies Framework. This framework serves as the foundation for pre-service, in-service, and child-specific training opportunities, ensuring participants gain competencies in trauma-informed care, child development, permanency planning, cultural responsiveness, and safety. The state measures effectiveness through pre- and post-tests and participant evaluations, which assess changes in knowledge, skills, and confidence. Data is reviewed in monthly and quarterly reports, allowing WVFACT and the Bureau for Social Services (BSS) to monitor completion rates and identify areas where additional support may be needed. This continuous feedback loop ensures that training content is current, relevant, and responsive to the duties of foster and adoptive caregivers, equipping them to provide safe, nurturing, and developmentally appropriate care.

West Virginia uses a multi-faceted approach, including ongoing monitoring through its Continuous Quality Improvement (CQI) process, to ensure that NTDC curricula for initial and ongoing training effectively integrate CFSR regulations, promoting the safety, permanency, and well-being of children and families. This approach also includes collaboration with service providers and community stakeholders to address specific needs and collaborations. The continuous quality improvement (CQI) process is used to incorporate feedback from foster and adoptive parents, facility staff, and other stakeholders into training curriculum development. Feedback is collected through evaluations, and pre- and post-tests. This data is reviewed on a quarterly and annual basis by WVFACT and the Social Work Education Consortium (SWEC) in collaboration with the Bureau for Social Services (BSS). Areas for improvement are identified through analysis of evaluation results, participant comments, and training performance data. Findings inform curriculum revisions, the development of new in-service training modules, and updates to existing pre-service content to ensure alignment with federal requirements and emerging best practices. Foster, adoptive, and kinship caregivers consistently report high levels of satisfaction with current training, and

their ongoing feedback continues to guide enhancements that make training responsive, effective, and relevant to the evolving needs of caregivers and children in care.

For pre-service training, Participants complete a pre-test prior to Session 1 and a post-test at the conclusion of Session 7 to measure knowledge gained. A one-sample t-test is used to compare mean scores and evaluation learning outcomes. At the end of Session 7, participants complete a comprehensive training evaluation to provide feedback on content, delivery, and overall experience. An optional Self-Assessment is offered before and after training to help participants reflect on their strengths and areas for growth in parenting children who have experienced trauma, separation, and loss. A 90-day post-training Self-Assessment is emailed to participants to assess application of skills and knowledge in practice. For In-service training, participants complete evaluations following each in-service training session to assess content relevance, trainer effectiveness, and applicability to real-world caregiving scenarios. Feedback is analyzed quarterly and annually by WVFACT and shared with the Social Work Education Consortium (SWEC) and the Bureau for Social Services (BSS). Results inform curriculum updates, training delivery improvements, and ongoing competency alignment to ensure that training effectively prepares caregivers and staff to meet the needs of foster and adopted children.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 29 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through collaboration with agency partners to develop service availability in general and substance use disorder services specifically. The strategies also include increasing staff's knowledge of available services. The Statewide Assessment process indicates the Item is a Strength.

Child Protective Services (CPS)

Child Protective Services in West Virginia operates on a statewide basis, providing essential support and

intervention for children and families. A cornerstone of the CPS assessment process is the utilization of the ongoing assessment (OA) to assess the strengths and needs of the children and caregivers**)**.

The OA is a comprehensive, structured assessment methodology designed to evaluate the multifaceted dynamics and functioning of the entire family unit. This approach moves beyond simply identifying isolated incidents of harm to focus holistically on the family's overall capacity to provide safety, stability, and well-being for the children.

The primary goals of the OA are:

- **Assess Strengths and Needs:** Systematically identify family protective factors (*strengths*) and the needs to be addressed to mitigate risk, evaluating parental capacities and underlying conditions.
- **Determine Safety:** Provide a framework for CPS staff to make critical judgments on impending child safety threats through structured analysis of child vulnerability, caregiver protective capacities, and threats of harm.
- **Inform Service Planning:** Evaluate family functioning (e.g., discipline, problem-solving, nurturing) to identify precise, targeted service needs that enhance parental protective capacities and address root instability.
- **Promote Safety and Stability:** Drive the case plan toward permanency and long-term safety, ideally in the home, ensuring interventions are relevant, measurable, and directly linked to improving safe family functioning.

If maltreatment only was found during the initial assessment and no safety issues were identified, the family can be referred for a needs assessment by a socially necessary service provider. If any needs are identified, the service provider will refer the family to local community services.

<u>Youth Services</u>

Youth Services (YS) interventions have a dual primary focus: to modify the conditions causing unacceptable behavior in youth within the Bureau for Social Services (BSS) system and to protect the community by correcting that behavior. This aligns with the BSS mission to create a proactive system that sustains safe and healthy families. This policy details the philosophical, legal, practical, and procedural framework for YS in West Virginia.

The foundation for this material draws from various sources, including:

- Social work standards of practice.
- Accepted theories and principles for serving troubled children.
- Chapter 49 of the Code of West Virginia.
- Case decisions from the Supreme Court of Appeals of West Virginia.
- The Adoption and Safe Families Act.

YS is a specialized component within the broader public system of services for children and families.

The Family Advocacy and Support Tool (FAST) is the assessment utilized by child welfare workers in YS cases. This tool functions as a communication aid to pinpoint safety risks and understand the complex needs present within the family unit.

Socially Necessary Services (SNS)

Socially Necessary Services are services provided to children and families which are necessary to provide for the child's safety, permanency, and well-being, but are not covered through Medicaid. Socially Necessary Services are provided in Child Protective Services, Youth Services, and Adoption cases for the following service categories: Family Support, Family Preservation, Foster Care, Independent Living, Reunification, and Adoption Preservation.

The Family Support category includes a *Needs Assessment/Case Plan* service type. This service must be referred to a provider when dealing with a Maltreatment Only Case. This type of case is defined by substantiated maltreatment without any Impending Dangers.

This service involves a face-to-face interview to develop a short-term case plan and service plan for a family following a substantiated Initial Assessment (IA) of maltreatment, where no Impending Safety Threats were found. The services, which include the administration and scoring of functional skills assessments, must be provided in the family's home. The SNS Provider is responsible for evaluating the IA information, meeting with the family, and determining necessary short and/or long-term community services. The provider must attempt first contact within 72 hours of receiving the referral, and the entire Family Needs Assessment/Service Plan must be completed within thirty (30) days of the first successful contact with the family. Documentation of the service is sent to the referring BSS Supervisor, and this service should be referred in conjunction with Case Management Services. Special authorization is required for using this service for backlog CPS cases.

Pathway to Children' Mental Health Services

The Pathway to Children's Mental Health Services is designed to improve access to, and the quality of in-home and community-based services for children with serious emotional disorders and serious mental illness. Utilizing the Pathway to Children's Mental Health Services supports this commitment and includes screening children involved with child welfare services for mental health needs. The Pathway to Children's Mental Health Services is intended to maximize in-home and community-based services and facilitate the appropriate transition of children in residential facilities to a less restrictive placement. It safeguards children in residential mental health treatment facilities from experiencing unnecessary lengths of stays while promoting the most appropriate levels of treatment.

During this pathway, a variety of tools are used to assess children and families strengths and needs. These include the following:

- Child and Adolescent Functional Assessment Scale (CAFAS), assesses the degree of impairment in youth with emotional, behavioral, psychiatric, or substance use problems. The CAFAS provides an objective, comprehensive assessment of a youth's needs that is sensitive to change over time and is done for eight life domains: At School, At Home, in the Community (delinquency), Behavior Toward Others, Moods/emotions, Self-Harm, Substance Use, and Thinking (assessing irrationality).
- Preschool and Early Childhood Functional Assessment Scale (PECFAS) - An assessment of the child's day to day functioning across critical life domains and determines whether a child's functioning

improves over time. It can be used for children as young as three, through children in full-time kindergarten but can be used for children up to age seven depending on their developmental level.

- Qualified Independent Assessment - An assessment by an independent entity that is done for children who are determined to be at high risk of being placed in a residential mental health treatment facility (RMHTF) placement or at risk for being considered for RMHTF placement. The assessment helps to determine or recommend the intensity of intervention services a child needs in the most appropriate integrated setting. The QI Assessment is obtained by submission of Intensity of Intervention Services Assessment form to Acentra Health.

Wraparound Services

West Virginia Wraparound is a critical service delivery model dedicated to providing intensive, home- and community-based support for children and youth who experience serious emotional and behavioral health challenges. The primary objective of this initiative is to prevent the necessity of more restrictive, institutional forms of care, ensuring children can remain safely and productively within their homes and communities while receiving essential therapeutic and supportive services.

The core of WV Wraparound is a highly coordinated, family-driven process. This process is led by a dedicated **Wraparound Facilitator**, who serves as the central point of contact and management for the child and family team. The facilitator's responsibilities are multifaceted and include:

- **Team Management:** Organizing and leading the Child and Family Team (CFT), which includes the family, natural supports, and relevant professional providers.
- **Comprehensive Assessment:** Ensuring the timely completion of the **Child and Adolescent Needs and Strengths (CANS) Assessment**, which provides a holistic, multi-purpose view of the child's functioning to guide decision-making and service planning.
- **Crisis Planning:** Developing a robust and individualized **crisis plan** to proactively manage potential crises and ensure the family has immediate, actionable support.
- **Care Planning:** Overseeing the creation and implementation of a comprehensive **wraparound plan of care** that is needs-driven, strengths-based, and outcome-oriented.
- **Diversion Services:** Actively identifying and coordinating services designed to promote the child's safety and well-being at home, thus serving as a deliberate strategy for **diversion** from institutional placements.

To deliver genuine **High Fidelity Wraparound**, an evidence-based model known for its effectiveness, WV Wraparound integrates resources and services across multiple state agencies within the Department of Human Services (DoHS). This integrated approach leverages the strengths of:

- **The Bureau for Behavioral Health (BBH):** Contributing to the provision of mental health and substance use services.
- **The Bureau for Social Services (BSS):** Particularly through the **Safe at Home** program, which focuses on community-based services for children in or at risk of entering the foster care system.

- **The Bureau for Medical Services (BMS):** Primarily through the **Children with Serious Emotional Disorders (CSED) Waiver**, which funds intensive, non-traditional services crucial to the Wraparound plan.

Data highlights the significant protective effect of sustained engagement in West Virginia Wraparound, particularly for children accessing services through the CSED Waiver.

A comparative analysis of children served in calendar year 2023 showed compelling results:

- **Lower Residential Admission Rate:** Only **13%** of children who received CSED Waiver services via WV Wraparound for a duration of at least three months required subsequent admission to a residential mental health treatment facility.
- **Comparison Group:** This is significantly lower than the **20%** admission rate observed among *all* children who met the clinical eligibility criteria for the CSED Waiver during that same period.

This seven-percentage-point difference strongly suggests that the intensive, coordinated, and sustained support provided through the High Fidelity Wraparound model is effective in reducing the need for the highest, most restrictive levels of care, allowing more children to thrive in their natural environment.

The **Child and Adolescent Needs and Strengths (CANS) Assessment** is a crucial, standardized tool utilized in the Wraparound process, serving as a multi-purpose instrument for communication and decision support in children's services.

West Virginia has integrated the WV CANS within a Transformational Collaborative Outcomes Management (TCOM) framework to guide various decisions, including treatment planning, discharge recommendations, placement choices, and outcomes monitoring.

The WV CANS is widely employed by various child service providers, such as shelters, child placing agencies, WV Wraparound, and residential treatment programs. Since 2023, the tool has also been utilized by the WV Intensive Clinical Care Coordination Team, Aetna, and Acentra as part of a decision-support model to determine appropriate levels of care.

Oversight of outcomes is managed by the Office of Quality Assurance for Children’s Programs, which uses the WV CANS Automated System. This system was developed by the Public Consulting Group and is monitored by Marshall University.

In 2023, a latent class analysis was performed on WV CANS data for youth in group and psychiatric residential treatment by Marshall University and the University of Kentucky. The resulting report was instrumental in enhancing and developing services and informing decisions made by state leadership.

Key Functions of the CANS:

- **Decision-Making:** The structured rating system informs critical decisions, including determining the appropriate **level of care** and guiding **service planning**.
- **Quality Improvement:** The aggregated data is instrumental in driving **quality improvement initiatives** across the system of care.
- **Outcome Monitoring:** It serves as a consistent metric for tracking and monitoring **service outcomes** over time.

- **Facilitator Responsibility:** The Wraparound Facilitator is directly responsible for completing and utilizing the CANS to ensure the plan of care is a precise match for the child's unique profile of needs and strengths.

Services that address the needs of families in addition to individual children in order to create a safe home environment;

Socially Necessary Services (SNS)

Socially Necessary Services are services provided to children and families which are necessary to provide for the child's safety, permanency, and well-being, but are not covered through Medicaid. Socially Necessary Services are provided in Child Protective Services, Youth Services, and Adoption cases for the following service categories: Family Support, Family Preservation, Foster Care, Independent Living, Reunification, and Adoption Preservation.

West Virginia utilizes Marylee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, Subpart 2) funds to support services aimed at family preservation, preventing child abuse and neglect, and ensuring children achieve permanent families. These services are provided through a continuum of care specifically designed to promote safe and stable families. The BSS uses the following services under the SNS program when managing families and children involved in the child welfare system.

Family Preservation

Family Preservation is a critical case category employed when a child remains in the home with the parent(s) and is *not* in the legal custody of the State of West Virginia. The fundamental goal is to maintain family unity while addressing underlying safety concerns and service needs. This intervention is designed to stabilize the family environment and prevent the necessity of out-of-home placement.

Conditions for Use:

- The child continues to reside with the parent(s) or legal guardian.
- The BSS does *not* have legal custody of the child.
- **Mandatory Monitoring:** The case must be actively monitored by BSS staff. This can occur either as part of an active child abuse and neglect **investigation** or as an **open case** where services are being provided to mitigate risk and address identified needs.
- **Alternative Placement Scenarios (Without BSS Custody):**
    - It may be used when a child is temporarily removed from one parent and placed with the other parent (e.g., non-offending parent) during ongoing abuse/neglect court proceedings, pending a final disposition.
    - It also applies when a child is placed with a **relative** or **kinship caregiver** as part of a formal **safety plan**, provided that BSS has *not* secured a court order for legal custody. Services are provided to support the placement and the family unit.

Reunification

Reunification is a targeted case category used *only* after a child has been removed from their parent(s) and placed in foster care (i.e., BSS has custody), and then subsequently returned to live with the parent(s). This

classification signals that the primary goal of the case—returning the child to the biological parent—has been achieved, though the case may remain open for a period to ensure stability.

Key Scenarios for Reunification Classification:

- **Legal and Physical Return (Split Custody):** The court grants **physical custody** of the child back to the parent(s), but the judge chooses to leave **legal custody** temporarily with the BSS. This allows BSS to maintain a supervisory role and provide ongoing, court-mandated services.
- **Case Dismissal with Services:** The judge dismisses the abuse/neglect case, returning both physical and legal custody to the parent(s), but simultaneously orders or recommends that BSS continue to provide voluntary or mandated services to the family (e.g., in-home supports, therapy) for a defined period to maintain the child's safety and prevent re-entry into foster care.
- **Return to Bio Parent:** The child is returned from BSS custody and an out-of-home placement (such as a foster home or relative who is not the bio parent) to a biological parent. This applies even if the return is to a parent different from the one the child was originally removed from (e.g., removal from the mother, return to the father).

Adoption Preservation

Adoption Preservation is a unique case category that is *not* tied to active abuse, neglect, or delinquency proceedings (CPS or YS issues). The purpose of this category is purely administrative and supportive: to provide ongoing services to families *after* an adoption has been legally finalized.

Conditions for Use:

- The adoption of the child must have been finalized through the legal system.
- The child was adopted from the **West Virginia BSS** foster care system.
- The adoptive family must continue to **reside in West Virginia**.

<u>West Virginia Family First Prevention Services Plan</u>

The WV Family First Prevention Services Plan creates safe homes by offering *voluntary, community-based support* through service providers, providing services as detailed in the approved plan. The services are all focused on *family strengths*, not just problems, to build *resilience*, *parental knowledge*, and *social connections* so families can thrive and stay safely together, preventing crises before they start. The services listed below are included in the state plan.

Parents As Teachers

Parents as Teachers (PAT) is an evidence-based, free home-visiting program that supports families from pregnancy through age five, connecting trained Parent Educators with parents to boost child development, improve parenting skills, detect delays early, and ensure children are ready for school. It provides personalized guidance, group meetings, and resources to build strong families, promote healthy development, and prevent child abuse and neglect, making parents the child's first and most important teacher.

Healthy Families America

Healthy Families America (HFA) is a national, evidence-based home visiting program that provides free, voluntary support to pregnant and new parents, especially those at higher risk for stress or child maltreatment, focusing on building strong parent-child relationships, promoting healthy child development, and connecting families to community resources for up to five years. Using trained home visitors, HFA helps families build skills in bonding, positive parenting, and navigating challenges like trauma, poverty, or substance misuse to create safe, nurturing environments for children.

Functional Family Therapy

Functional Family Therapy (FFT) is a short-term, evidence-based therapy for at-risk youth (ages 11-18) and their families, focusing on improving communication and relationships to address behavioral issues like delinquency, violence, or substance abuse by shifting negative patterns to positive ones, often delivered in-home or community settings over 8-30 sessions. It's a strength-based model that builds family skills and resilience, working with the whole system (family & environment) to reduce risk factors and increase protective factors for lasting change.

Wraparound Services

West Virginia Wraparound is a critical service delivery model dedicated to providing intensive, home- and community-based support for children and youth who experience serious emotional and behavioral health challenges. The primary objective of this initiative is to prevent the necessity of more restrictive, institutional forms of care, ensuring children can remain safely and productively within their homes and communities while receiving essential therapeutic and supportive services.

Wraparound services create safe homes by building a collaborative family-driven team that addresses *everyone's* needs, not just the child's, using the family's strengths to develop personalized plans for mental health, practical resources (food, housing, jobs), and community support, moving beyond isolated services to build holistic stability and prevent crises before they escalate.

The WV Wraparound Individual Plan of Care (POC) is a comprehensive document provided to all families receiving wraparound services. It serves as a roadmap for the youth's care, detailing their total health and wellness, which includes physical and behavioral health needs, identified supports and resources, and the strengths of the youth and their family.

The POC is developed through a collaborative, person-centered, and strength-based approach with the youth, their family/caregivers, and their treatment team. All planning activities are conducted in a culturally sensitive and trauma-informed manner, with interpreter services available upon request. The plan clearly outlines the roles and responsibilities of everyone involved in providing supports and services for the individual, whether they are being assessed or are currently receiving home and community-based waiver services.

Services that enable children to remain safely with their parents when reasonable; and

In addition to the other services mentioned above, the Temporary Assistance for Needy Families (TANF) program offers a comprehensive suite of resources and support designed to foster economic independence and family well-being.

TANF's primary function is to provide temporary financial support, often referred to as "cash assistance," to eligible low-income families with dependent children. This foundational financial aid is critical for

meeting immediate, basic needs such as housing, utilities, food, and clothing. By addressing these fundamental economic necessities, TANF helps families maintain a stable and safe living environment, preventing crises and promoting overall security for children.

Crucially, TANF is not solely a cash benefit program; it is designed with a strong emphasis on empowering recipients to transition from reliance on public assistance to self-sufficiency. To achieve this, the program mandates participation in work activities and offers or facilitates access to essential related services, which include:

- **Workforce Development and Training:** Programs aimed at improving job readiness, including job search assistance, resume writing, interview skills, and vocational training to enhance employability.
- **Child Care Assistance:** Financial support for quality child care is vital for enabling parents to participate in work or training activities.
- **Transportation Assistance:** Help with transportation costs or logistics to ensure parents can get to work, job interviews, or training sessions.
- **Education:** Encouraging and supporting recipients to complete high school, obtain a GED, or pursue further post-secondary education or technical training.
- **Substance Abuse and Mental Health Services:** Referrals and access to treatment programs to address barriers to employment and family stability.
- **Responsible Parenting and Healthy Marriage Initiatives:** Services focused on strengthening family dynamics and promoting positive parental involvement.

TANF operates under a federal block grant structure, meaning the federal government provides funds to states, which then have significant flexibility to design and administer their own specific programs within federal guidelines. A key federal requirement is the imposition of time limits on receiving federal funds (a maximum of 60 months in a lifetime) and work participation requirements, reflecting the program's core philosophy that assistance should be temporary and lead to sustained employment. The state-specific implementation ensures that the program can be tailored to address the unique economic and social needs of the population it serves, ultimately aiming to strengthen families and move them toward lasting economic stability.

Additional services that enable children to remain safely in their home with biological parents when reasonable are listed below.

Family Support Center (FSC)

West Virginia's Family Support Centers (formerly Family Resource Centers or FRCs) are warm and welcoming places in the community where any family member with children up to age 18 or pregnant families can go, not only in times of need, but as a regular part of day-to-day life.

Family Support Centers (FSCs) employ the Mobility Mentoring model, an approach also utilized by WV WORKS, which empowers families to set and achieve personal goals through motivational interviewing and practical support. Programs and services offered by FSCs are designed to build protective factors such as

parental knowledge, resilience, social connections, and emotional competence, while providing concrete support during times of need.

FSCs offer parent education classes, child development activities, parent-to-parent support groups, after school and academic enrichment, General Educational Development (GED) and literacy instruction, health information, and referrals to programs, activities and services in the community. Each FSC's specific services are designed in accordance with the needs of the community. FSC services are voluntary and available to all interested families.

FSC services are not restricted to at-risk families, but offered to any family in a community who would benefit from the services and programs available. Currently, 54 counties are covered by 57 FSCs.

Family Resource Network (FRN)

The Family Resource Networks (FRNs) are organizations that are responsive to the needs and opportunities in West Virginia communities. Partnering with citizens and local organizations, the FRNs provide indirect services, including managing, supervising, and coordinating a variety of programs and initiatives in their respective communities. The FRNs work with the Family Resource Centers where direct services are provided.

The 47 FRNs, representing all West Virginia's 55 counties, are organizations that understand and are responsive to the needs and opportunities in West Virginia communities. Partnering with citizens and local organizations, the FRNs organize and mobilize activities that support innovative projects and provide needed resources on upfront prevention and intervention approaches that contribute directly or indirectly to the health and safety of the Medicaid eligible population.

The FRNs have a resource directory for each county in West Virginia. Through a Benedum Foundation grant, the Alliance of Family Resource Networks (WVAFRN) and Marshall County FRN have developed a central website. The website will include a link to each of the FRNs that will include their resource directories and current events. The WVAFRN website is: http://wvfrn.org/ and a quick directory can be found on this same website at: http://wvfrn.org/quick-directory/ .

The following three key quantitative indicators document the benefits of local FRN activity to the state's Medicaid program. These indicators are: 1) Strategies to address alcohol, tobacco and other drug prevention and intervention; 2) Strategies to address child and family safety and wellbeing prevention and intervention; and 3) Strategies to address economic and poverty prevention and intervention.

Services that help children in foster and adoptive placements achieve permanency.

Kinship Navigator

The navigator program will assist with monitoring kinship/relative placements to ensure their entry into the CCWIS, monthly demand payments have been entered, and foster care subsidy begins upon certification approval. The Kinship Navigators will assist kinship/relative families by completing a brief needs assessment and linking families with necessary services and support to ensure their 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. This service is aimed at supporting kinship families (grandparents, relatives) who are caring for children. It provides

information, referral services, and support to stabilize these families and ensure the children have a safe and permanent home.

The goals of the Kinship Navigator program:

- Serve relative and kinship providers in the first 90 days after placement of children.
- Ensure that they have needed resources to care for the children in their home and to pass a home study.
- Reduce the task-load for CPS and home finding staff.
- Help relatives feel supported and confident in their ability to care for the children in their home.
- Reduce placement disruptions

Mission West Virginia implements the Kinship Navigator grant program with five navigators statewide. They are notified by the Bureau for Social Services when children are placed with kinship/relative caregivers. Navigators fill a service gap by offering non-threatening, neutral support without the ability to disrupt placement or fail a home study, often resolving issues families hesitate to raise with other workers. The program addresses the gap between child placement and resource procurement, helping families secure immediate needs like food and supplies before services like TANF and WIC start. Navigators go beyond basic referrals; they contact resources, ensure service, and complete warm hand-offs. They also ensure timely access to appropriate DoHS services, explore community options for needs, and may create resources like foster closets. Families report increased confidence, better understanding of the CPS process and home study requirements, which should shorten certification time and expedite boarding care checks. Mission West Virginia and the Bureau for Social Services plan to develop an evaluation process for the program.

Referrals to the Kinship Navigator Program. Data was provided by Mission WV.

2024 By Quarter	Referrals received	Referrals served	Unable to serve*
1 (January -March)	191	173	10
2 (April-June)	276	223	17
3 (July-September)	435	375	22
4 (October-December)	477	351	48
Total	**1379**	**1122**	**97**

- 1379 referrals were received by the program between January 1, 2024, and December 31, 2024.
- 1122 initial assessments were completed.
- 97 cases were unable to be opened due to lack of complete contact information or lack of response by family (most often due to lack of family response).

Mission WV is currently working to implement a model under the Title IV-E Clearinghouse to be able to provide Kinship Navigator under Title IV-E.

Adoption

Adoption services provided by BSS are provided statewide. These services include recruitment of foster and adoptive families, the home-finding process, case management, the adoption resource exchange (ARE), and the contract with specialized private foster and adoption agencies. Adoption subsidy, medical assistance, and non-recurring adoption expenses are provided to all eligible children adopted through foster care through the age of 20 if they meet eligibility criteria. The Yokum decision determined states may not discriminate against kinship/relative caregivers in placement decisions in cases in which the state has custody of a child in foster care.

For the department to have the right to place a child for adoption and later to give formal consent to their adoption, the department must obtain legal guardianship of the child. Children can be committed to the guardianship of the state either through the voluntary relinquishment of the parental rights executed by the parents or by court order. Court rules will apply in the case of voluntary relinquishment by the court. Termination of parental rights (voluntary or court-ordered) represents the single most important decision in a child's life and must be subject to review by more than one representative of the department.

Adoption is a way of providing security for and meeting the developmental needs of a child by legally transferring ongoing parental responsibility for the child from the birth parents to adoptive parents. W. Va. Code §49-2-101 gives the department the responsibility to provide child welfare services and to accept guardianship of children and consent to their adoption. For the department to have the right to place a child for adoption and later give formal consent to their adoption, the department must obtain legal guardianship of the child. This may occur through the termination of parental rights to the child either through voluntary relinquishment or through a court order. The parental rights shall not be terminated if a child 14 years of age or older or otherwise of an age of discretion as determined by the court objects to such termination. The decision to pursue adoption as a permanency option should be made by the multidisciplinary treatment team which should include the child's child welfare worker, the supervisor, the private agency staff if any, the child, the child's resource caregivers, the adoption specialist and/or adoption supervisor, and the Guardian Ad Litem.

Within the child, youth, and family case plan, filed with the court prior to disposition, the child welfare worker must recommend adoption as the permanency plan for the child and detail the steps necessary to achieve permanency. The multidisciplinary treatment team should also act as the permanent placement review committee to monitor the implementation of the permanency plan for the child and report on the progress and developments in the case every three months until the child's adoption is finalized. If an order of sibling separation has not been previously entered and the child, youth, family case plan includes placement of a child separate from their siblings, the child welfare worker must secure a court order which finds that it is in the best interest of the child not to be placed in the same home as their sibling. The order must be documented on the legal actions screen in CCWIS. If not already completed, the child's child welfare worker must complete the Birth Parents' Background Information form (SS-FC-12) and the Birth and Medical History of the Child form (SS-FC-12A) in CCWIS. The child welfare worker must also obtain a certified copy of the birth parent's birth certificates and death certificates, if applicable.

Legal Guardianship

Legal Guardianship services provided by BSS are provided statewide. Legal guardianship subsidy, medical assistance, and non-recurring expenses are provided to all eligible children placed in Legal Guardianship through foster care through the age of 20 if they meet eligibility criteria.

The federal government acknowledges only four primary permanency options for children in foster care:

- Reunification
- Adoption
- Legal Guardianship
- Placement with a fit and willing relative (kinship care) or
- Other Planned Permanent Living Arrangement (OPPLA)

A legal guardianship is a judicially created and a legally binding relationship between a child and caregiver which is intended to be permanent and self-sustaining as evidenced by the transfer to the caregiver of the following parental rights with respect to the child: protection, education, care and control, custody and decision making. Parental rights are not required to be terminated in order to sanction a legal guardianship under W. Va. Code §49-4-112. The Fostering Connection to Success and Increasing Adoptions Act 2008

(Fostering Connections) allows for the state to enter into guardianship agreements to provide subsidized payments to grandparents and other kinship/relative caregivers who have assumed the legal guardianship on a permanent basis of children for whom they have cared for as a certified kinship/relative caregiver. The Fostering Connections Act allows for Title IV-E reimbursement for these payments to kinship/relative legal guardians.

In West Virginia, the department has defined kinship/relatives for the purposes of the placement of children as “any person related to the child by blood or marriage including cousins and in-laws. This includes persons who the child considers a relative, such as a godparent or significant others whom the child claims as kin may also be considered as a placement resource”. Legal guardianship is still permitted with non-kinship/relatives but will not be IV-E reimbursable. The West Virginia Code provides for the department to utilize legal guardianship as a viable permanency option once reunification and adoption have been ruled out. Legal guardianship was added to the West Virginia Code in 1998 as a result of the 1997 Adoption and Safe Families Act (ASFA; PL 105-89). For a more thorough discussion on permanency options, refer to Foster Care Policy Section, Permanency Planning. This policy is to be taken into consideration with Child Protective Services, Youth Services, and Foster Care policies. Specifically, sections on assessments and case plans are of particular relevance.

Home Finding

The Home Finding Unit and Child Placing Agencies (CPAs) work in tandem to secure permanent, safe homes for children through a structured process of recruitment, certification, and placement supervision.

The Home Finding unit is responsible for identifying and certifying foster and adoptive families to ensure children move from temporary care to stable, permanent environments.

- Prioritizing Kinship: Policy mandates a "kinship-first" approach, giving priority to relatives to maintain family connections. Home Finding Specialists must contact kinship caregivers within 72 hours of a child's placement to begin the certification process.
- Dual Certification: Most resource homes are "dual-certified" for both foster care and adoption. This allows children to be adopted by their foster parents if reunification with the biological family is not possible, minimizing additional trauma and moves.

CPAs are private organizations licensed by the state to provide specialized support and placement services. This includes diligent recruitment of diverse families to ensure every child—especially older youth and sibling groups—can find a permanent match.

Additional roles of a CPA are listed below:

- Home Study & Training: CPAs conduct comprehensive home studies, including safety inspections, background checks, and PRIDE training to prepare families for the long-term needs of children.
- Supervision and Support: CPAs provide ongoing case management, therapy, and crisis support to prevent placement disruptions, which is critical for achieving successful permanency.

- Adoption Finalization: Agencies are often contracted specifically to facilitate adoption services for foster families, receiving performance-based incentives for each finalized adoption to encourage timely permanency.

Having both the DoHS Home Finding Unit and the CPAs allow for permanency to be achieved quicker. Through rigorous assessments, these services ensure that permanent homes meet high standards of safety and stability. Professionals evaluate the unique needs of a child against the strengths of a family to create lasting placements. By supporting a variety of legal outcomes—including reunification, adoption, or legal guardianship—Home Finding and CPAs ensure every child has a path out of the foster care system into a permanent family.

The DoHS has observed a rise in the time it takes for adoptions to be finalized. Specifically, the percentage of youth in an adoptive placement who achieved permanency within 12 months increased from 8% in 2019 to 12% in 2023. This delay in timely permanency is primarily attributed to two factors: the increasing severity of needs and behaviors among youth in the system, and a shortage of foster homes equipped to meet those needs.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are tailored to individual developmental needs, responsive to disabilities and special needs, or accessed through flexible funding are examples of how the agency meets the unique needs of children and families.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 30 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through the development or service availability and strategies to increase staff's knowledge regarding available services. The Statewide Assessment process indicates the Item is a Strength.

WV DoHS ensures the service array and resource development system functions to meet the unique needs of children and families. The statewide system aims to ensure that services are not "one size fits all" but are instead developmentally, culturally, and linguistically appropriate. While there is a robust framework in place, the system is currently transitioning from a focus on general availability to a focus on measurable individualization.

Many states (such as New York and Michigan) have identified Item 30 as an Area Needing Improvement. While a diverse array of services exists, the primary challenge remains the lack of consistent data to confirm that these services are effectively tailored to every unique family situation across all jurisdictions. West Virginia is no different in sharing this same challenge. Gathering real time data is often hard which leads

internal and external stakeholders to review outdated data. When solutions are put in place to combat service issues, it takes a lengthy amount of time to see if changes happen due to that solution. Below are some key mechanisms that help WV DoHS individual services.

- Pathway to Children's Mental Health Services- This mechanism serves as a critical entry point for ensuring mental health interventions are individualized. It utilizes standardized tools (like the CANS or CAFAS assessments) to identify the specific emotional and behavioral needs of a child. The purpose of this pathway is to focus on moving children from restrictive residential settings back to community-based, individualized care, ensuring the level of treatment matches the child's day-to-day functioning. Services linked to the pathway include West Virginia Wraparound which is mentioned in the Array of Services section in this document.

- Quality Review Committee (QRC) Meetings- These meetings act as a "checks and balances" system for service delivery. These committees review case progress on broad level and service efficacy. They identify when a standardized service is failing to produce results, prompting the agency to adjust the resource plan. QRCs aggregate data from individual cases to identify broader gaps in the statewide service array, such as a lack of specialized providers in rural areas.

- Socially Necessary Services (SNS)- The SNS framework is the primary vehicle for high-level individualization by allowing providers to format some services to meet the needs of the children and family they are working with during service delivery. The array of service provision is outlined in the Utilization Management guidelines as mentioned in the array of services section of this document. Providers have the flexibility to adjust their delivery—such as providing services in the home rather than an office—to accommodate a family's unique schedule or transportation barriers.

- Transitional Living Services- To meet the unique needs of older youth, Transitional Living services move beyond standard protocols to provide individualized, equitable support. Services are provided in a youth's native language and respect their heritage and identity, ensuring they feel understood and empowered during their transition. TL programs adapt life-skills training for neurodivergent youth or those with physical disabilities, bridging the gap between foster care and adult disability services to prevent them from falling through the cracks. These "barrier-breaker" funds provide rapid, non-traditional financial aid for urgent needs—such as car repairs, professional attire, or emergency groceries—that standard grants might not cover. By addressing these specific variables, the agency ensures that a youth's background or disability does not hinder their path to stable independence.

- **Safe at Home WEST VIRGINIA-** The BSS provides funding for licensed behavioral health agencies with direct children's service experience to act as local coordinating agencies in the implementation of the high fidelity Wraparound Model, with supporting services, for Safe at Home West Virginia wraparound. Safe at Home currently has 19 local coordinating agencies throughout the State. The target population for wraparound behavioral health and social services is 5 - 18 year olds. The West Virginia Child and Adolescent Needs and Strength (CANS) tool is utilized in the Safe at Home West Virginia wraparound process. The CANS tool is designed to support individual case planning and the planning and evaluation of service systems.

The data collection for this report is pulled from the WV CANS System that is maintained by PCG and Marshall University and from Marshall University's staff tracking logs for CANS certifications and Safe at Home Referral and Assignment timelines and information. Caseload averages and active case data are pulled from the WV CANS System. Data concerning the SAH referral creation dates and supervisor dispositions and dates is pulled from the WV CANS System. CANS Credentialing data is reported by the

Provider Agencies, then verified and tracked outside of the WV CANS System, by Marshall TCOM Staff. Referral and Assignment data is collected from the WV CANS System and tracked via an Excel Spreadsheet by Marshall staff. The data tracked by Marshall staff is maintained on Marshall's Share Point.

During the time period of January 2025 to September 2025, there were:

- 1,292 referrals created in the CANS system.
- An average of 729 active cases per month
- An average of 129 facilitators
- An average of 5.7 cases per facilitator
- 367 successfully completed cases
- 66 cases switched from SAH to CSED
- 24 youth entered in-state foster homes
- 2 youth entered out-of-state foster homes
- 2 entered independent living programs
- 29 entered into shelters
- 115 entered into in-state group residential care
- 21 entered into out-of-state group residential care
- 65 entered into juvenile detention
- 4 entered into a medical hospital
- 9 aged out
- 2 runaways
- 6 incarcerations
- 1 death
- 136 families declined participation
- 75 families were uncooperative
- 16 cases of being unable to locate the family
- 17 times the family moved out-of-state
- 5 cases were opened in error
- 68 cases with outcomes reported as "other"

The information is disseminated to a broad array of internal and external stakeholders who oversee WV Wraparound services. This collective meets during the Quality Review Committee Meeting.

The Office of Quality Assurance for Children's Programs (Office of QA) collaborates with the DoHS Bureaus for Behavioral Health, Medical Services, and Social Services, as well as crucial partners like Probation Services, the Bureau for Juvenile Services, and the Department of Education. This partnership reviews key indicators, performs root cause analysis for identified needs, and helps teams utilize this data for strategic planning.

Key performance indicators focus on significant touchpoints, outcomes, and timeliness for children with Serious Emotional Disorders and those within the child welfare system.

Highlights and information on prioritized initiatives are featured in the *Annual Quality and Outcomes Report*, published every October. More frequent updates are shared through the Kids Thrive Collaborative and via program or quality committee reviews, ensuring the sustainability of DoHS's continuous quality assurance processes.

The *Continuous Quality Improvement Plan* developed by the Office of QA and the *Quality and Outcomes Report* are available on the Plans and Reports page of the Kids Thrive website: https://kidsthrive.wv.gov/photo-call-out/plans-and-reports.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 31 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item is a Strength.

The Department of Human Services is committed to a proactive and collaborative approach to child welfare, fundamentally prioritizing keeping children within their families or in nurturing, family-like environments. This mission is driven by an understanding that the most effective solutions emerge from broad engagement with key stakeholders. Specifically, the DoHS emphasizes deep collaboration with service providers, judicial partners, and the wider community. Crucially, this collaboration intentionally includes individuals with lived experience within the child welfare system, ensuring that policies and practices are grounded in real-world perspectives and needs.

To ensure agency responsiveness statewide, the DoHS has institutionalized several mechanisms for continuous evaluation and feedback. These mechanisms are executed through dynamic partnerships, particularly with universities and managed care organizations. The methods employed include systematic surveys to gather broad quantitative data, targeted listening sessions to capture qualitative insights and personal experiences, and comprehensive evaluations of the overall child welfare system's efficacy.

This multi-faceted, data-driven, and community-informed approach was the cornerstone of the DoHS's strategy to meet and implement the provisions outlined in the Child and Family Services Plan (CFSP). The CFSP serves as the strategic blueprint for the state's child welfare system.

The accountability and transparency of this process are documented through the Annual Progress and Services Review (APSR). The APSR is a critical document that provides a yearly update on the state's performance and progress regarding the goals and initiatives detailed in the CFSP. This report ensures that stakeholders—including service partners, advocates, and the public—have ready access to detailed information regarding the agency's performance and achievements against its outlined objectives. These essential APSR reports are made publicly accessible and can be found on the DoHS website.

The West Virginia Department of Human Services, specifically its Bureau for Social Services, is deeply committed to achieving the crucial goals of family preservation, preventing the need for system involvement, and increasing the use of supportive, family-based care as outlined in the federally mandated WV Child and Family Services Plan (CFSP). This commitment is realized through extensive and multifaceted collaboration with a wide array of public and private entities, each contributing expertise and resources to various aspects of the child and family support system.

I. Education and Developmental Support

A significant area of focus is ensuring that children *at-risk* or in care receive continuous and high-quality educational support, overcoming barriers to stable development that could otherwise lead to system involvement. The Out-of-Home Education Committee and the Foster Care Education Specialist are central to improving the educational experience for children in out-of-home care *and ensuring the educational stability of those at risk of removal*. Their collaborative work is designed to enhance interagency communication between DoHS and the Department of Education, expand the capacity and impact of the Foster Care Education Specialist role, and proactively address educational disruptions. A key joint responsibility is the co-oversight of the Option Pathway Program for Middle College, which provides a crucial avenue for older youth *to complete their secondary education and ensure a stable transition into adulthood*. Mission West Virginia's Bridge Program offers direct, evidence-based academic and social support through the Check & Connect mentoring program. This program helps students in foster care *or those referred for prevention services* stay engaged with school, reduce dropout rates, and develop essential academic and social competencies, *thereby strengthening the family unit's stability*.

II. System Review, Oversight, and Policy Implementation

Several groups are dedicated to monitoring progress, ensuring accountability, and implementing systemic improvements that support prevention and family-based solutions. The Commission to Study Residential Placement is tasked with rigorously tracking the state's progress toward reducing the reliance on institutional and congregate care by promoting a proactive approach to comprehensive family support services to prevent the need for removal. The Commission also plays a critical role in ensuring the effective implementation of the Every Student Succeeds Act (ESSA) provisions, which are specifically designed to safeguard the educational rights of children in foster care *and promote family preservation through stability*. There is an annual report developed by BSS detailing items discussed throughout the year. The latest report can be found here- Advancing New Outcomes: Findings, Recommendations, and Actions of the West Virginia Commission to Study Residential Placement of Children .

The Foster Care Ombudsman's Office serves as an independent oversight mechanism, essential for monitoring service delivery and adherence to established policies and procedures. It investigates and addresses complaints, particularly those involving significant delays in service provision or substantial deviations from DoHS/BSS policy, *thereby ensuring that families receive the timely and appropriate support needed to prevent deeper system involvement and expedite permanency*. The Foster Care Ombudsman's Office provides reports to BSS on the complaints they receive. This information is taken into consideration when addressing district level issues and practice changes. The latest report can be found here - State Fiscal Year 2025 Fourth Quarter Report .

III. Mental Health and Well-being Initiatives

The emotional and behavioral health of children and families is addressed through specific collaborative bodies, with a focus on early intervention and community-based solutions. The Kids Thrive Collaborative provides a forum for discussing the comprehensive state system of care for children's mental health. It facilitates the sharing of resources, best practices, and strategic planning to ensure that all children have timely access to necessary behavioral health services, *especially those services designed to support families and prevent crisis*. Information about the Kids Thrive Collaborative can be found on this website- WV Kids Thrive Collaborative .

The West Virginia Intensive Clinical Care Coordination Team (WVICCC) plays a hands-on role in case review and clinical coordination. Its primary goal is to facilitate the complex process of transitioning youth from expensive and often distant out-of-state residential facilities back into appropriate, less restrictive, and more supportive in-state community and family-based services. This effort is a direct strategy to reduce the overall utilization of congregate care and promote stable, familiar environments. The BSS receives reports from Marshall University on the WV ICCC outcomes and barriers to discharging youth from congregate care in a timely manner. Marshall University is the entity responsible for management of the staff under the WV ICCC. The most recent public report showing these outcomes and barriers can be found here- 2023 Semi-Annual West Virginia Intensive Clinical Care Coordination Team .

IV. Stakeholder Engagement and Feedback

Gathering input from those with lived experience and key partners is vital for continuous quality improvement in prevention and family support models. The Statewide Family Advisory Board (SFAB) is a cornerstone of person-centered care. Composed of parents and family members who have experience with the child welfare system, the Board provides crucial, unfiltered feedback to DoHS/BSS regarding gaps in service, barriers to access, and challenges in system navigation, *with a key focus on what is needed to support families before a crisis occurs*. This feedback is directly used to inform policy and service improvements. The Aetna Member Advisory Council (MAC) provides the managed care organization (Aetna Better Health, the state's managed care provider for many child welfare services) with the perspectives of individuals with lived experience. Their advice is instrumental in improving service delivery, accessibility, and quality across all focus areas of the managed care contract, *ensuring services prioritize prevention and family support*.

To ensure that future Child and Family Services Plans are data-driven and responsive to emerging needs, Marshall University, Aetna Better Health, and Guidehouse have conducted surveys and listening sessions. These activities engage a diverse group of stakeholders to rigorously identify system barriers (such as the pervasive issue of substance use) and to document successful practices that can be replicated across the state, *with the specific goal of enhancing community-based prevention efforts*.

The Bureau for Social Services, Marshall University, and Aetna Better Health conduct ongoing, often annual, surveys of biological parents/caregivers, youth in foster care, and resource parents to understand child welfare practice needs. This effort uses lived experience to improve services. Survey results led to individualized group listening sessions to explore common barriers.

Given that over 75% of West Virginia's child welfare cases involve substance use, which leads to stigma and unequal treatment, the state is committed to eliminating these practice barriers.

In 2023, approximately 526 foster/resource, kinship/relative, and adoptive parents were surveyed on topics including foster teens, caseworker support, available resources, and their experiences with the legal system (GALs, MDT meetings, court). The survey yielded the following information.

- Approximately 68% indicated they have, or would consider, fostering a teenager. Foster care providers indicated there is a need for additional resources to help support teens while in their care.
- Approximately 60% of those surveyed indicated that the GAL had never visited the children in their case, while 70% indicated that they, as caregivers, had never been visited by the child's GAL.
- Approximately 60% of those surveyed do not agree that they are permitted to have input regarding the child(ren) in their care.
- Foster/resource families identified the need for more support for biological/birth families, and many court expectations are unrealistic.

The youth surveys conducted by Aetna Better Health were completed by over 200 youth in foster care. They were surveyed on a range of topics including in-put in their case plan, support from their caseworkers, the reason they entered care, and support needed to return home or to return to their community.

- Common themes identified as reasons for being removed from their home and placed in congregate care setting were:
  - Truancy/school issues
  - Behavior issues
  - Substance/drug use
  - Runaway
- An identified barrier youth also indicated was 48% of youth surveyed stated they only had contact with their attorney at their court hearings, while 29% indicated they never had contact with their attorney. Overall, 39% did not feel their attorney represents their wishes at MDT meetings and court hearings, with an additional 28% indicating that they feel their wishes are represented "sometimes".
- Youth also indicated that consistent contact with family and friends would also help them while in foster care placement.

The biological/birth parent survey dissemination encountered barriers but was able to reach 13 parents currently involved in the child welfare system. Each year the population should expand to include more biological/birth families. They were surveyed on a range of topics including input in their case plan, support from their caseworkers, needed support, and legal representation.

- Of those surveyed, 84.6% indicated they did not have input in their case plan.
- Approximately 23% indicated they did not know why their case was opened.
- Approximately 61% indicated they felt if more services had been provided their children would not have been removed from their home.
- Approximately 55% indicated that increased frequency and intensity of services would have prevented their children from being removed.
- Nearly 54% indicated they were not permitted to provide input at their MDT meetings.
- Nearly 54% indicated they only have contact with their attorney at court hearings and approximately the same percentage feel they do not have appropriate legal representation, and the legal system is biased, judgmental, and their voice is not heard.

Aetna Better Health completed 184 youth surveys, containing 36 questions. The majority of the youth were in a residential facility at the time they completed the survey. Below are some statistics regarding the survey.

- 80% reported they had input in their case plan.
- 85% knew why their case was opened.
- Youth feel that their facility case manager is the most helpful in their placement.
- 156 youth reported that they are able to keep contact with their family and other important individuals while in placement.

- 67% of youth reported that they receive notice or are invited to their MDT meetings involving their case.
- 133 youth indicated that they have the ability to make their wishes known at the MDT.
- 76% know their attorney.
- 72 youth indicated they only speak with their attorney at their court hearings; 65 reported they never speak with their attorney; 21 reported they only speak with their attorney at the MDT; 20 speak with their attorney once a month; and 6 speak with their attorney once a week.
- Only 43% report their attorneys represent their best interests.
- Only 29% report that the judges always listen to their concerns or opinion, with 51% reporting sometimes.

The DoHS is committed to a transformative process guided by direct input from the people of West Virginia. A foundational document for this transformation is the report produced by Guidehouse following their extensive listening tours across the state, titled "West Virginia Statewide Child Welfare Listening Tour."

This comprehensive report synthesizes the voices and concerns of stakeholders throughout the child welfare system. It points out 28 distinct priorities for change as expressed by community members, caregivers, service providers, and families.

These 28 priorities are grouped into several critical areas that will shape the DoHS's strategic focus for the foreseeable future:

- **Workforce:** Addressing recruitment, retention, training, and overall support for the dedicated staff within the child welfare system.
- **Accountability:** Enhancing transparency, oversight, and mechanisms for system-wide performance evaluation and responsibility.
- **Prevention and Family Strengthening:** Shifting focus toward proactive interventions that support families and prevent the need for deeper child welfare involvement.
- **Youth Supports:** Improving services, resources, and transition planning for older youth, including those aging out of care.
- **Communication:** Streamlining and improving the flow of information between DoHS, families, providers, and the general public to foster trust and collaboration.
- **Caregiver Supports:** Providing enhanced resources, training, and financial/emotional support for foster parents, kinship caregivers, and other individuals providing care.

The DoHS views the Guidehouse report not merely as a record of concerns, but as a mandatory blueprint for action. The priorities articulated within it will serve as the primary guide for strategic planning and resource allocation in the coming years. Furthermore, DoHS is dedicated to ensuring that the focus areas derived from the listening tours are aligned with the core goals and objectives outlined in the state's CFSP, ensuring that local needs drive federal compliance and overall system improvement. This alignment guarantees that the future efforts of the Department are both responsive to the citizens of West Virginia and strategically integrated into the state's formal commitment to child and family well-being.

V. Legal, Judicial, and Safety Partnerships

Collaboration with the legal community and safety-focused groups is essential for ensuring timely legal decisions and protecting children from harm while supporting family stability. The State Courts, Legal and Judicial Communities, and Court Improvement Program (CIP) partnership is fundamental to improving the safety, timely permanency, and overall well-being of children through the legal process, *while also promoting the use of diversion and front-end services to prevent removals*. Collaborative activities include ongoing specialized training for judges and attorneys, regular Judicial Stakeholders' meetings, and attorney Lunch and Learn sessions. The CIP further manages the JCAMP (Judicial, Court, and Attorney Measures of Performance) project, which focuses on collecting and analyzing data to enhance the timeliness and effectiveness of court proceedings, *with an emphasis on timely reunification and permanency*. The Children's Justice Act (CJA) is dedicated to improving the handling of child abuse and neglect cases, *with a strong focus on effective intervention to keep children safe in their homes when possible*. It develops targeted regional training initiatives and coordinates an annual statewide conference to ensure that all professionals involved in these cases—from law enforcement to medical personnel and social workers—are equipped with the latest best practices. The WV Human Trafficking Task Force plays a critical role in child safety by assessing referrals and developing strategies related to the prevention and intervention of human trafficking, *serving as a critical protective factor for vulnerable youth and families*.

VI. Practice Improvement and Performance Management

Key partnerships are focused on refining operational practices, service models, and contractual accountability to maximize the use of family-based care and prevention. Collaboration with Child Placing Agencies (CPA) is essential for the delivery of out-of-home care. This work involves exploring and piloting new models of family-based care, developing strategies for the effective recruitment and retention of foster parents, and, critically, refining performance-based contracts. These contracts include measurable outcomes tracked through scorecards that assess CPA performance on key indicators of safety, permanency, and the increased utilization of family-based placements.

The Socially Necessary Services FOCUS Workgroup specializes in reviewing the appropriate use, utilization rates, and overall impact of Socially Necessary Services (SNS), particularly in family preservation and reunification cases. The findings from this group are vital for informing and refining future training curricula for BSS staff to ensure services are used effectively to support family preservation and reunification efforts, thereby reducing the need for children to enter or remain in care.

See Array of Services section above for more information on these focus groups.

Service Array Workgroup

The Service Array workgroup is managed by the Community Partnership Unit under the BSS. This workgroup meets virtually each month. This group is made up of representatives from different of Bureaus

in the Department of Human Services (DoHS), the Court Improvement Program (CIP), the Court Appointed Special Advocate program (CASA), Aetna Better Health of West Virginia (Managed Care Organization), Acentra (Administrative Service Organization), Family Resource Networks, and the provider community.

The primary purpose of this dedicated workgroup is to conduct a comprehensive and strategic review of the current operational needs and overarching organizational goals of the DoHS. This review process is designed to ensure a deep understanding of both immediate challenges and long-term objectives that guide the DoHS's mission and service delivery.

The Service Array workgroup is currently developing a comprehensive training that will explain services and programs available through each of the Bureaus within the DoHS. This training will include information on what each program entails, requirements for accessing services, and how to apply/enroll in each program. This training will be available to all DoHS staff and the provider community and will eventually be accessible, in some format, to the general public. There have been delays in completing this training due to changes within DoHS that require updates to program information, web sites, and contact information. The goal of this training will be to provide education of several services available under the DoHS.

The Service Array workgroup has also been asked to focus its efforts on After School programs for older youth, specifically older youth in foster care. Efforts are currently being made to expand the membership of the workgroup to improve the information available for this topic. A list is being developed of all official afterschool programs as well as a list of possible options in each community that foster parents or BSS workers could explore in their area.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 32 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item is a Strength.

In the assessment of Item 32, the Department of Human Services (DoHS) is primarily concentrating on two pivotal areas. First, there was an identified need to amend West Virginia's Family First Prevention Plan to align with the CFSP goal of prioritizing prevention. The central aim of this amendment process is to clearly establish how the state's efforts will result in a more robust and explicit prioritization of prevention services within the child welfare system. This includes ensuring that resources and strategies are directed toward keeping families safely together and addressing risk factors *before* they lead to the need for out-of-home placement.

Secondly, DoHS is placing a strong emphasis on fostering enhanced collaboration with other relevant federal programs, particularly those focused on children's mental health needs. This interagency cooperation is viewed as a critical mechanism for expanding the availability, accessibility, and quality of

family-based programs. The strategic goal of increasing the use of these intensive, community-based, and family-centered services is directly linked to the broader objective of reducing the reliance on, and the duration of, lengthy stays in congregate care settings. By offering comprehensive support within the family and community context, DoHS aims to achieve better outcomes for youth and promote permanency more effectively.

In addition to the areas mentioned above, DoHS is also focusing on making adjustments to the Transitional Living program funded by state dollars and federal funding under the John H. Chafee Foster Care Program for Successful Transition to Adulthood Act.

Amending the West Virginia Family First Prevention Services Act Plan

The West Virginia Department of Human Services (WV DoHS), Bureau for Social Services (BSS), is proposing amendments to the West Virginia Family First Prevention Services Plan. These proposed changes are the result of work by FFPSA Workgroups, which included the Bureau for Family Assistance, Bureau for Social Services, Bureau for Public Health, Office of Maternal Child Health, and community stakeholders.

A key proposal is the integration of a **community pathway** to allow families to voluntarily access prevention services without needing a formal child welfare case. An assessment instrument is currently being developed to determine eligibility and service needs within this pathway, as stipulated by the amendment.

Furthermore, the amendment includes:

- An **updated definition of foster care candidacy** to align with evolving methodology and federal guidelines.
- Additional details on the WV DoHS's planned implementation of **Motivational Interviewing** as an evidence-based Family First Prevention Service. This covers training protocols, fidelity monitoring, and expected outcomes.
- The planned implementation of the **Triple P - Positive Parenting Program** will be a collaborative effort between the WV DoHS, a Managed Care Organization (MCO), and an Administrative Services Organization (ASO), as outlined in the amendment.

Enhancing the mental health system for children throughout West Virginia

House Concurrent Resolution 35, passed during the 2021 legislative session, requiring the implementation of a continuous quality improvement program with performance measures and outcomes for the child welfare system and for all children with serious emotional disorders served by the Department of Human Services (DoHS) to continue to evaluate and identify areas in need of improvement. To further support this effort, the Office of Quality Assurance for Children's Programs was established in May 2022.

The Office of Quality Assurance for Children's Programs (Office of QA) works with the Bureau for Behavioral Health, Bureau for Medical Services, and the Bureau for Social Services within DoHS well as key partners and stakeholders (e.g., Probation Services, Bureau for Juvenile Services, Department of Education) to

review key indicators, explore root cause analysis for areas of need, and assist teams to leverage information for strategic planning. Key performance indicators center around significant touchpoints, outcomes, timeliness, etc. for children with Serious Emotional Disorders and for children in the child welfare system. Highlights and information on prioritized initiatives is included in the Annual Quality and Outcomes report, published every October. More frequent updates are provided via the Kids Thrive Collaborative and via program or quality committee reviews. These processes ensure sustainability in DoHS's continuous quality assurance processes. The Continuous Quality Improvement Plan developed by the Office of QA and the Quality and Outcomes report can be found on the Plans and Reports page of the Kids Thrive website: https://kidsthrive.wv.gov/photo-call-out/plans-and-reports.

WV DoHS continues a partnership with the United States Department of Justice (DOJ) which includes an Agreement beginning in 2019 to implement and sustain expanded children's mental health services in WV for children with serious emotional disorders. DOJ has recognized the current reform efforts underway in WV, and the Agreement reflects DoHS's commitment to improving West Virginia's children's mental health system to ensure that children can receive appropriate mental health and social services in their homes, schools, and communities, efficiently and effectively.

DoHS continues to improve access to community based mental health and social services and, whenever possible, divert children and youth from residential treatment or justice system involvement, so that kids and families can thrive in West Virginia.

The State's implementation plan describes the State's efforts to uphold its obligations to help children remain in their communities and receive the most appropriate mental and behavioral health programs, especially including the following home- and community-based services (HCBS) listed in the agreement:

- West Virginia Wraparound
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Stabilization and Treatment (STAT) Homes (formerly Therapeutic Foster Care [TFC])
- Behavioral Support Services
- Assertive Community Treatment (ACT)
- Mental Health Screening

Additional information on the partnership and progress with the Agreement between DoHS and DOJ can be found on the Kids Thrive website under DOJ Partnership: https://kidsthrive.wv.gov/doj-partnership.

Are children receiving SAH services served via in home or placement-based services?

According to the Office of Quality Assurance for Children's Programs data store which is able to consolidate unique child identifiers across systems, in this instance data from the CANS system and PATH system, **1,956 unique children received SAH from 7/1/2024 to 6/30/2025**. Of those, 775 (40%) have *any* child welfare placement during that same period. However, the number drops even lower when we require that the CW

placement overlap with their SAH case dates: **424 (22%) have a child welfare placement overlapping with their SAH case vs. 1,532 (78%) with no overlapping placement.**

Since 2019, the West Virginia (WV) Department of Human Services (DoHS) has been working diligently to reform mental and behavioral health services for children[1] with serious emotional disorder (SED) and their families across WV. Consistent efforts and collaboration with community partners and stakeholders have helped to develop a system where children and their families can thrive in their homes and communities. DoHS's commitment is demonstrated through improved outcomes for children utilizing expanded services, with a goal of affording every child the opportunity to live in the most integrated setting that meets their safety and clinical needs. DoHS conducts outreach and education focusing on relationships and opportunities with schools, judicial districts, PCPs (Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers), residential providers, Child Placing agencies, the Hospital Association, BSS workers, and others, furthering opportunity for early awareness of critical mental health services.

WV's mental health services system for children with SED is designed to:

- Identify children's mental health needs
- Provide families with timely and smooth connections to services
- Transition children currently placed in residential settings back to their family homes or other more integrated settings

The entry way into this system of care, commonly referred to as the Assessment Pathway[2], creates a "no wrong door" approach to streamline and facilitate access to assessment and connection to home- and community-based services (HCBS) for children and families. Children and families often enter the Assessment Pathway via a screening and/or referral process, which may be initiated or conducted by one of several entities, including call lines, primary care providers (PCPs), social service workers, probation officers, residential facilities, juvenile services, and schools.

One entry way—which is accessible to children, families, and advocates in seconds—is the Children's Crisis and Referral Line (CCRL). The CCRL is a resource for children and families in crisis to access needed support (including mobile response) that creates an avenue for *anyone* seeking information regarding available services and supports. Services were expanded for mobile response in 2024, beyond grant-covered services, to allow Medicaid to cover immediate response to crises in the home and community, creating sustainability and further availability for response. The CCRL is available 24 hours per day, seven days per week, with calls answered within 13 seconds, on average. The line can be reached through call, chat, or text. Families can be screened into the Assessment Pathway by simply connecting with the CCRL.

Once connected to the Assessment Pathway, children and families are assessed for, and given the option of, applying for WV Wraparound. This program, available statewide, provides service coordination for intensive treatment and helps connect children and families to supportive services in a home- and community-based setting, including Wraparound Facilitation for children with SED. The Wraparound Facilitator, in partnership with the care team, has the primary role of identifying needs and connecting

children and families with resources and services, helping ensure they are "wrapped" in the supports needed to improve their outcomes.

The Assessment Pathway also offers families the opportunity to connect with other HCBS, such as Behavioral Support Services (also referred to as Positive Behavior Support (PBS)), Assertive Community Treatment (ACT), recently added Certified Community Behavioral Health Clinic (CCBHC) services, and other locally available services to meet their needs. Families are also given information about mobile response services for crisis needs. Wraparound, ACT, PBS, and CMCRS are all available to provide HCBS statewide.

The mental health system for children with SED also helps ensure children already in residential facilities have effective discharge plans in place—incorporating family needs and input—which supports the child to reacclimate quickly to the family setting once treatment concludes and successfully remain in the community.

DoHS's CQI strategy incorporates service- and child-level data as well as feedback from providers, facilities, youth, and their caregivers to advance and strengthen current systems through collaborative, strategic, and timely decision-making and action. One of the pillars of DoHS's approach to CQI is the DoHS Quality Committee, which comprises administrative leaders from bureaus across DoHS as well as representatives from Aetna, the Bureau for Public Health (BPH), and other supportive affiliates. The DoHS Quality Committee meets multiple times per year to review data and other information that guide strategic planning.

In CY2024 and CY2025, DoHS further evolved its CQI strategy to understand interactions and outcomes in greater detail by focusing analyses on key populations and systems engagement at various intervention points. Through review processes, the WV team has been able to assess whether systemic needs are being met by attempting to answer if the system is reaching:

- The "right children"
- With the "right services"
- At the "right time"
- With the "right amount" of intervention

Through CQI-related analyses reviewed in the last half of 2024 and the first half of 2025, several key themes emerged, including the following:

- **WV Wraparound services have shown efficacy, regardless of age**, in improving functional ability for children and preventing out-of-home placement, especially placement in residential facilities.
- **WV Wraparound achieved high-fidelity status in outcomes measures** and an improved overall score, indicating "adequate" overall status in fidelity to the national model, demonstrating improvements in adherence to the integrity of the program.
- **Timely service engagement with HCBS helps promote positive outcomes** and keeps children in their communities when clinically appropriate.

- **Mobile crisis services have been underutilized.** However, identifying this need presents an **opportunity for further outreach to increase utilization** which, in turn, can **help meet immediate needs and drive diversion/stabilization efforts**.
- **Mental health acuity appears to be increasing.** Currently, one in four children in the Medicaid population age 0 – 20 has a diagnosis associated with SED. Placement types for children in child welfare custody must be equipped, supported, and willing to meet these needs, whether the placement be a kinship home, foster home, or residential facility. Expansion of supports, services, and placement options is needed to meet these growing needs.
- For children requiring residential treatment, **having thoughtful and timely discharge plans in place, including a plan for aftercare, is critical to long-term success** of treatment and helping prevent readmission.

Level of Acuity and Placement Needs

The Youth Risk Behavior Survey (YRBS) indicates that trends for mental health indicators have been increasing since 2011, which is likely associated with the opioid epidemic; this has resulted in rising numbers of overdoses and child welfare cases. The COVID-19 pandemic has also contributed to mental health needs. Recent trends have shown decreases in both opioid epidemic-related metrics (i.e., child welfare cases with parent's substance use as removal reason and overdose deaths). These decreases lend to the incredible efforts WV has made to help adults and families facing these challenges**. DoHS does, however, expect a "ripple effect" in mental health needs in the coming years due to increased trauma and substance exposure among children.** Multiple indicators have pointed to an increased number of children with higher acuity of mental health need, including higher Child and Adolescent Functional Assessment Scale (CAFAS) scores for children going through the Assessment Pathway. **In the last half of 2024, the proportion of CAFAS scores greater than 90, the score required for Wraparound eligibility (**CAFAS score 90 and above) **increased compared to the last half of 2023. CAFAS scores of 170 or more have also increased to an all-time high of 16% of applications with a CAFAS assessment completed.**

Increased acuity of need has also impacted placement needs within the child welfare system. Children with additional needs will need kinship or foster parents who are open and willing to help support their needs. Foster families have autonomy to accept or deny placements; they also may have a range of experience levels, which means **an increased number of available home options are needed to properly match the needs, wants, and capability of the family and child being placed. The number of active homes with placements has remained relatively consistent at approximately 1,100 homes at a given point-in-time, with nearly 80% having an active placement since July 2023.**

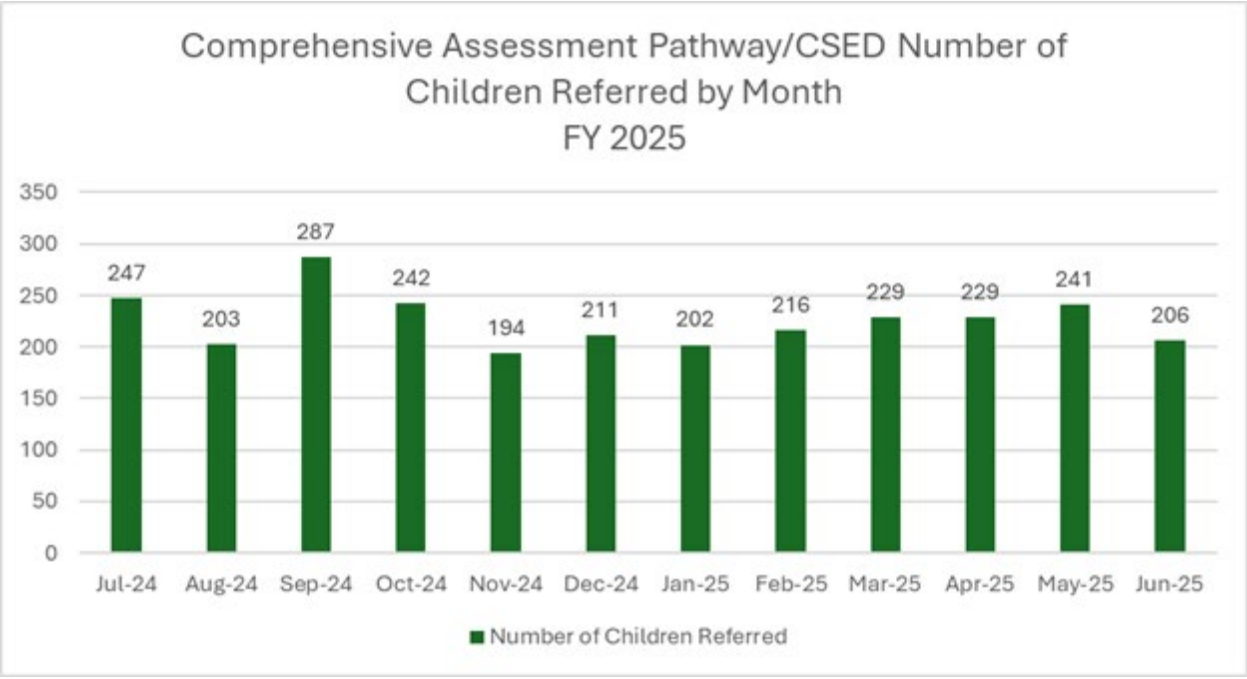
On average, **the percentage of licensed families retained over two years increased from the first half of 2023 (45.5%) to the second half of 2024 (49.2%).** This shows homes open for an extended period of time are being retained, but newer homes may be closing more quickly, resulting in a sustained number of total homes (approximately 100 homes opening and closing each quarter).

In response to the rising number of children in need of immediate placement, DoHS developed a task force to help prioritize and coordinate placement solutions for children in hotel and shelter settings. These Call-to-Action meetings have allowed DoHS, Child Placing Agencies (CPAs), residential providers, and other key stakeholders to collaboratively identify creative solutions for prioritized children. **These efforts have helped identify more appropriate placements for many children and facilitate discussions for longer-term solutions based on overarching placement needs (e.g., homes for older youth, child care needs for older youth) and in-state residential provider needs (e.g., treatment programs for Autism Spectrum Disorder/Intellectual and Developmental Disability (ASD/IDD), substance use, and sexualized behaviors).**

These patterns in increased acuity of need continue to emphasize the importance of expanding options and supports (e.g., foster homes, kinship connection, transitional or independent living programs, and residential homes for older youth and youth with mental health needs) so that once treatment has been completed, the child can return to the community as quickly as possible. The Assessment Pathway offers connection to many of these supports.

Connection to Services

Assessment Pathway referrals increased by 33% in the first half of 2024 (n = 2,006) compared to the first half of 2023 (n = 1,506). The increases were associated with broad-scale outreach efforts completed in late 2023. The pathway averages 228 referrals each month—more than twice the number of admissions to residential facilities. This is a positive finding that demonstrates DoHS's commitment to connecting families to the most inclusive setting that will serve their child's needs. As shown in the figure below, the number of **children referred to the Assessment Pathway maintained a rate above 200 referrals per month throughout FY 2024[3].** A slight decline in referrals may be expected due to the large volume increase in early 2024 due to an extensive outreach campaign which skewed increases to early 2024.



In addition to increasing connections overall, **DoHS aims to increase the number of family-driven referrals to shift the overall culture and perceptions in WV to allow more children to receive services in their homes and communities while also supporting parents through challenges associated with SED diagnoses.** This strategy could ultimately help prevent potentially avoidable, undesirable outcomes (e.g., child welfare involvement, probation involvement, or RMHTF[4] placement). **In the second half of 2024, 20% of referrals were family-driven. More in-depth analyses around outcomes found that children are less likely to experience out-of-home placement if they were in age groups younger than 13.** Service connections for families and identifying needs earlier when possible are expected to help increase the number of children with positive outcomes.

Service connection to claims-based mental health treatment or therapy HCBS (excluding Wraparound) increased from 59% of children receiving treatment/therapy services within 90 days before referral to 76% receiving the services after referral for approved Wraparound (CSED Waiver) applications. Even children who were not approved had improvements in service engagement after application. Although acknowledging that families navigating the pathway may have a range of needs and acuity, this increase demonstrates that connections to a broad array of services can be made through the Assessment Pathway regardless of determination outcome.

In CY2024, there were 865 calls to mobile response services, a sustained total number of calls compared to CY2023 (875 calls). Despite the expansion of available state plan services, only 237 children utilized CMCRS in Quarter 4 (Q4) 2024, including 78 children (33%) served through the Medicaid state plan. Analyses showed children going through the Assessment Pathway with a CAFAS score of 140 or more and/or emergency department (ED) utilization were more likely to experience out-of-home placement. **CMCRS services have shown efficacy in keeping children in their homes and communities when it is utilized, but relatively low utilization numbers overall indicate that more children could benefit from these services. Early awareness of crisis services and when a family should use them is critical for effective utilization.** These findings highlight key opportunities for expanded outreach and awareness. Acentra will expand education for families going through the Assessment Pathway regarding the availability and navigation of CMCRS services. **DoHS is also expanding outreach to encourage earlier intervention through connection of both the Assessment Pathway and CMCRS services** via Family Service Centers (expanded to 57 centers in 2024), as well as other key stakeholders such as managed care organizations (MCOs), PCPs, the Hospital Association, and the WV Department of Education (WVDE).

Additional needs identified in the Assessment Pathway process were as follows:

A high percentage of application closures (**41% of all applications closed**) were largely driven by child welfare referrals before an assessment could be made. It is likely this is contributed to multiple steps in the process for child welfare workers, which is now being addressed through a work group to streamline processes.

Only half of children (51%) approved for CSED Waiver services went on to receive Wraparound services from any payor source.

Children who are approved but do not utilize Wraparound services typically did not have Freedom of Choice (FOC) documentation in place. The FOC form is required by the Centers for Medicare & Medicaid Services (CMS) and helps ensure families have the opportunity to choose services and providers on a completely voluntary basis.

Children without FOC documentation in place were most likely to be referred from DoHS, the Bureau for Juvenile Services (BJS), or Probation Services, or the child was age 13 or older.

Outcomes analyses showed that children who engage with the Assessment Pathway and experience out-of-home placement within 12 months after referral experience the outcome quickly: **55% of children with traditional mental health treatment/ therapy service only (after referral) had their out-of-home placement occur within 90 days following application.**

The **average time to first Wraparound service is 113 days,** meaning these children who have an out-of-home placement, on average, would not have had sufficient time to engage in services before out-of-home placement begins.

Through targeted efforts, **the average weekly Wraparound waitlist declined from 137 children in January of 2025 to 14 by November, representing nearly a 90 percent reduction,** DoHS is optimistic that lower waitlist volumes will contribute to faster timelines to Wraparound services in future reviews.

Improved referral follow-through and/or simplification of processes within the Assessment Pathway are also needed to reduce the volume of closed applications and expand opportunities for improved connection to services and outcomes to the broader population, including children in Bureau for Social Services (BSS) custody. DoHS has developed a workgroup to collaborate with key stakeholders, including Aetna and Acentra, to identify ways to streamline processes and meet families where they are. This workgroup has already begun addressing needs as of the writing of this report.

DoHS will continue existing efforts to decrease the waitlist for Wraparound services, where considerable progress has already been made to expand capacity. Timeline trends will be monitored more frequently to determine whether waitlist volume decreases impact the average time to services. **DoHS is also leveraging strategies, in partnership with key stakeholders, to help ensure timely completion of the FOC, explore workforce needs and interventions, and monitor the length of Wraparound services to help ensure appropriate use and expanded availability of existing capacity.**

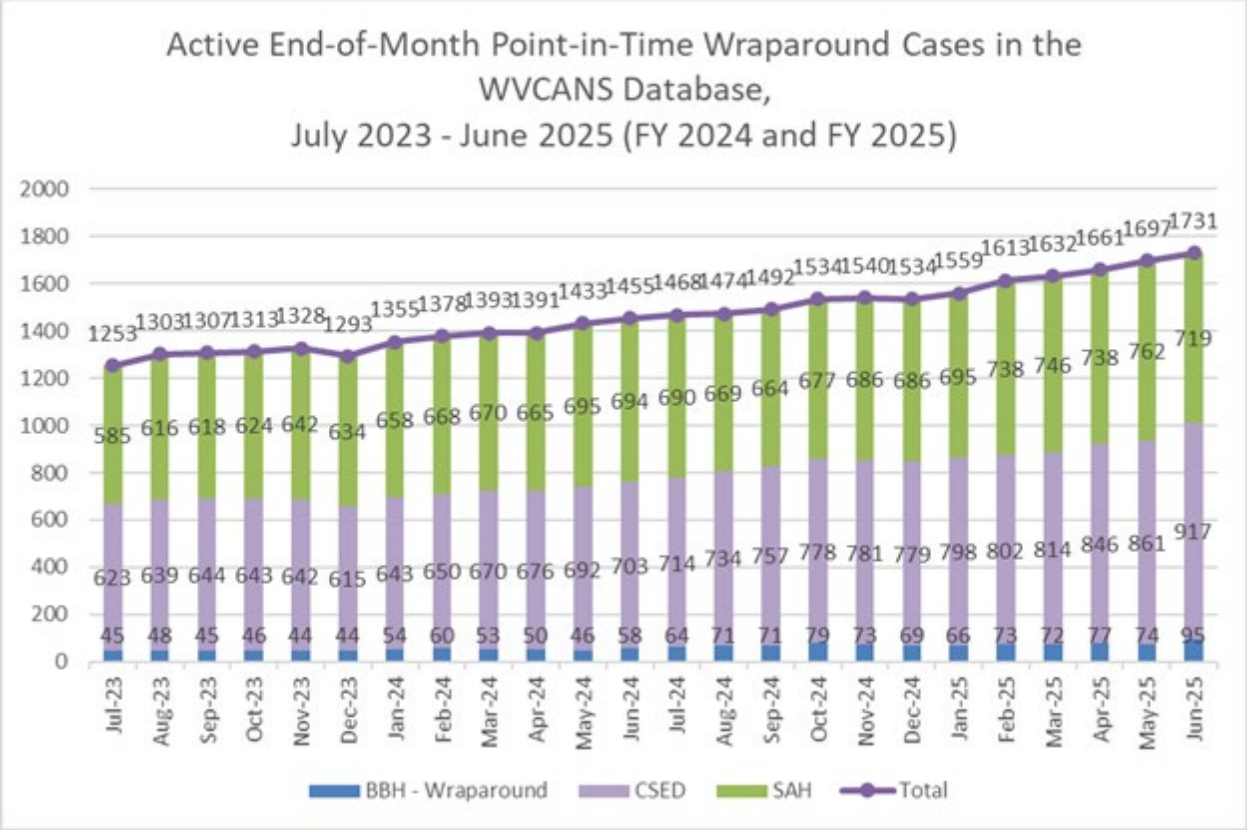
WV Wraparound

The ongoing demand for Wraparound services has continued to rise, with a year-over-year 18% increase in newly opened case totals (2,092 cases in 2024 compared to 1,761 cases in 2023). The number of children accessing Wraparound services at any point in time is now nearly double the number of children

in residential treatment for the same point in time. This positive result demonstrates the effectiveness of the continued push to increase access and utilization of high-intensity HCBS, like WV Wraparound services.

Trends by month for WV Wraparound utilization by payor source show consistent increases from the second half of FY 2024, following a stabilized period at around 1300 youth actively enrolled in the first half of FY 2024. As of the end of FY 2025, children utilizing WV wraparound services reached an all time high with over 1700 children enrolled in services. The number of children in residential settings as of June 1, 2025 was 846, less than half of the number of children enrolled in WV Wraparound as of June 2025 (1731), continuing to show the commitment of DoHS to serve more children through home and community based services.

The number of children utilizing CSED Waiver paid services has increased over time, allowing improved use of federally matched funding to support sustainability with other sources such as SAH which operates off of state funding. DoHS aims to allow children to start services with SAH or BBH grant funded services, but upon approval for CSED determination be transferred to CSED covered services[5], where in most cases the family sees little to no change and can choose to keep the existing facilitator. DoHS is actively working with providers to ensure this happens in a timely manner, identifying and addressing barriers to best leverage available resources.



Detailed outcomes analyses showed the following related to WV Wraparound efficacy in preventing out-of-home placement:

- **Children utilizing WV Wraparound for at least three months were 26% less likely to experience any behavior-related out-of-home placement[6] compared** to those without the service/those who receive the service for less than three months.
- **Children utilizing WV Wraparound for at least three months were 46% less likely to experience residential placement compared to those not utilizing the service.** This effect was also shown for children 13 and older, demonstrating a protective relationship with consistent use of Wraparound services and ability to remain in the home and community regardless of age.

Although Wraparound has shown to be effective for children 13 and older, older youth are less likely to engage in intensive services. The Quality Committee is exploring existing peer support service arrays and connections while awaiting final results from the Children's Mental Health Evaluation (CMHE) for more information on family and youth perspectives for facilitators of participation.

Reducing Reliance on Residential Treatment

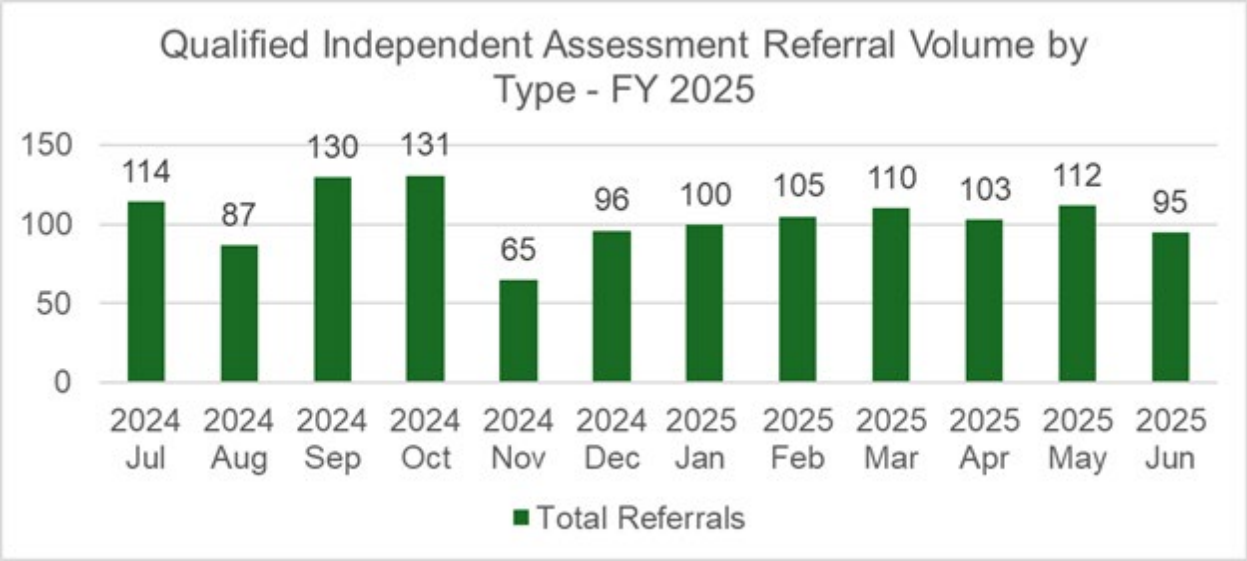
There was sustained demand for residential treatment services in 2024 (residential census as of December 31, 2024, was 810 children); however, more recent information has shown slight increases in year-over-year residential census, primarily driven by out-of-state (OOS) placements. Preliminary census data as of August 1, 2025, shows 867 children, with 43% OOS (n = 374) compared to a year prior at 849 children in residential settings, with 42% OOS (n = 356). The percentage of children in in-state active residential placement with a length of stay (LOS) greater than six months decreased in 2024 compared to 2023; this shift provides additional evidence of the positive impact of discharge planning efforts. However, children in OOS placement with LOS greater than six months increased in 2024 compared to 2023. Diligent efforts by DoHS and its partners Aetna and Marshall University (MU) to enhance discharge planning have led to increases in the number of children discharged each month; however, simultaneous increases in the number of admissions have resulted in a sustained overall census with seasonal fluctuations.

As part of CQI processes, DoHS reviewed 12-month readmission rates for children discharging from residential placements. The first half of 2024 was used in consideration of data lag necessary for accurate 12 month readmission rates. **As of the first half of 2024, the readmission rate was 37%**, leading the Quality Committee to conduct a root cause analysis on the relevant timeline considerations and supports needed to reduce the readmission rate. The analysis found that **nearly half (48%) of readmissions are within 90 days of discharge, leading DoHS to identify the first 90 days after discharge as critical to the success of the youth remaining in their community.** A review of services and supports in place found that only 32% of youth who were referred to and approved for CSED before discharge utilized Wraparound following discharge. Based on these results, DoHS has focused efforts on developing enhanced discharge planning, including development and training on a tool for providers to establish more fluid, comprehensive discharge planning; this helps the child and family prepare for and be more confident in returning home and having supports in place to maintain treatment progress upon return to the community.

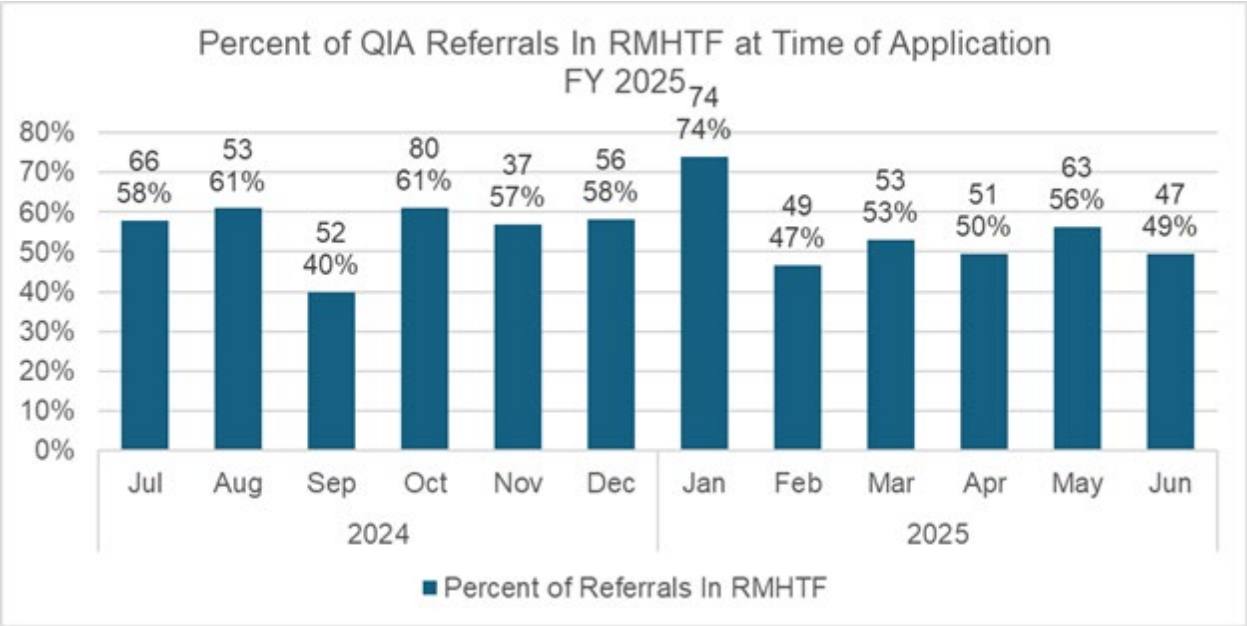
To assist further with diversion efforts, WV uses the Qualified Independent Assessment (QIA) process to provide clinical recommendations for level of care. Of children with QIA referrals from January through

June 2024 with a recommendation of HCBS (n = 288), 44% were noted as moving to or remaining in their community within 45 days after QIA completion. In the second half of 2024, this figure increased to 47% (n = 264), providing evidence of incremental progress toward greater utilization of these recommendations to help children thrive with appropriate supports in their communities. Outcomes for QIA data is not yet available for the first half of 2025 due to system changes (improvements) and considerations for data lag.

Referrals for QIA recommendation averaged above 100 referrals per month in FY 2025.



As part of the QIA process, DoHS aims to complete a QIA referral before a child admits to a residential facility to assist with diversion efforts, ensuring children are served in the most integrated setting. On average 55% of referrals in FY 2025 were in a residential setting at the time of referral. The percentage of children in a residential setting in the first half of FY 2025 decreased slightly at 55% compared to 56% in the first half. Notably, the average in the last quarter of FY 2025 was 52%, showing slightly more progress towards QIA referrals being submitted prior to admission, increasing opportunities for diversion.



Additional data demonstrated improvement in the percentage of cases competed, with a recommendation, before admission. The number of youth with a completed QIA prior to admission showed marked improvement, with an increase from 30% during the prior six months to 42% in July to December 2024. Due to data lag considerations and systems changes, this indicator is not yet available for 2025.

A worker- and county-level report was implemented in June 2025 to help identify children at imminent risk and identify focused opportunities for education on timely QIA referral practices through quality review processes.

To decrease reliance on residential placements or out-of-home state placements, DoHS is taking the following actions:

- **Collaborating with partners to understand and address discharge barriers and helping ensure appropriate plans and aftercare services and supports are in place.**
- Working with in-state residential providers to **build capacity to support children with higher acuity** and significant behavioral challenges (e.g., aggressive behavior, ASD/IDD, substance use, sexualized behaviors).
- **Collaborating closely with court representatives**—through the Court Improvement Program—who play a key role in decision-making for children with legal issues or placed in child welfare custody **to expand awareness of services and improve communication around needs and appropriate levels of care**.
- **Increasing utilization of the QIA for children at risk of residential placement** through county- and worker-level quality reports.
- **Incorporating more fluid and focused aftercare plans** for children in residential settings.
- **Collaborating with CPAs to expand and support therapeutic kinship and foster homes willing and able to care for older children and children with mental health needs.**

DoHS continues to make significant progress in designing, developing, and expanding mental and behavioral health services for children and families across the state of WV, including raising awareness of the availability of these services. As previously described, mental health needs of children in WV have increased following the COVID-19 pandemic and the opioid epidemic, resulting in sustained or increased demand for mental health treatment. However, DoHS's continued focus on and expansion of available services and supports is **enabling more children to access Wraparound and other HCBS and offsetting further increases in residential treatment services utilization.** DoHS will continue leveraging existing relationships with schools, judicial districts, PCPs (Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers), the Hospital Association, and BSS workers **to expand outreach and education for early connection to critical mental health services.** These efforts are expected to **increase the number of children with positive outcomes over time, as demonstrated through improved functional ability and lower out-of-home placements for children engaged in Wraparound services.**

Additional details about strengths, needs, and next steps for the mental health system and services in place for children with serious emotional disorders are included in the CY 2024 Annual Quality and Outcomes report located on the Kids Thrive website under Plans and Reports: https://kidsthrive.wv.gov/photo-call-out/plans-and-reports.

[1] For purposes of this report, unless otherwise noted, children are inclusive of youth through age 20.

[2] The Assessment Pathway is the term used to describe the pathway to Children's Mental Health Services, which connects children and families to additional evaluation and referral to home and community-based services.

[3] Note referrals by month cannot be added together as it may result in unintentional duplication at the child level.

[4] "RMHTF" is often used as a catch-all term for residential stays inclusive of Psychiatric Residential Treatment Facility (PRTF) stays, unless otherwise noted.

[5] Some exceptions may apply for children not eligible for CSED Waiver services.

[6] 9 "Out-of-home placement" was defined as any of the following occurring after the Assessment Pathway/CSED application was submitted: RMHTF admission, acute hospitalization, new Youth Services (YS) placement episode, or BJS placement.

John H. Chafee Foster Care Program for Successful Transition to Adulthood Act Funding

The West Virginia Department of Human Services is responsible for assisting youth transitioning to adulthood, with the goal of ensuring they become safe, healthy, and self-sufficient adults. To meet this responsibility, West Virginia contracts with external agencies to deliver these transitional services. Currently, West Virginia provides direct services to youth aged fourteen and older through its casework process. It relies heavily on contracts with a few community agencies for the monitoring, oversight, and direct service delivery for transitioning youth.

Starting in 2023, information was collected from various states and reviewed in partnership with Casey Family Programs, WV TAP Agencies, and BSS Policy and Program Staff. BSS program staff met with representatives from Georgia, Indiana, and Kentucky to understand the structure, administration, and funding of their Transitional Living (TL) programs for older youth. These three states were selected because their population demographics most closely resemble those of West Virginia.

In addition to robust TL programs, all three states consistently maintain high compliance standards for the National Youth in Transition Database (NYTD). They achieve this through dedicated units responsible for different components of the TL programs, starting with youth at age 14, and through grantees that provide direct services to the TL population.

Representatives from Casey Family Programs met monthly with BSS staff, offering guidance on how West Virginia could improve outcomes for Transitional Living (TL) youth by developing a comprehensive array of services.

Quarterly meetings are held between the TL Unit and Transition to Adulthood Program (TAP) providers to discuss concerns, current practices, and proposed changes aimed at improving the overall quality of services delivered to TL youth. This collaboration has prompted a review of how the state utilizes Chafee funding and an effort to ensure services are expanded statewide.

One area of focus is on the TAP service model structure. The change is recommended to improve outcomes for youth transitioning into adulthood by:

- **Enhanced Support:** Youth will receive sustained engagement and support over a longer period of time, with the average length of stay moving from 16.5 months to **36 months**.
- **Increased Coverage:** A greater number of youth will be served by opening the program **statewide**. Currently, **32 of West Virginia's 55 counties** are not served by a TAP agency. Over the last 4 years, **298 youth** who aged out were from unserved counties.
- **Positive Impact on Child Welfare Workers:** Expanding TAP coverage will positively impact district child welfare workers by leading to:
    - More manageable caseloads.
    - Decreased paperwork.
    - An increased ability to provide quality case management to youth under 18, focusing on permanency goals.
- **Cost Savings & Placement Reduction:** Districts with TAP support could see a decrease in residential placements (in-state and out-of-state).
    - Returning one youth from an out-of-state facility could save approximately **$21,150 per month**.
    - Returning one youth from an in-state facility could save approximately **$5,760 per month**.

- **Improved Quality and Consistency:** The per diem structure will provide more quality and consistency in services, specialized focus on complex needs, and address the tracking of long-term outcomes.

Continuous Collaboration with Bureau for Family Assistance, Bureau for Child Support Enforcement, and Bureau for Public Health

The Bureau for Social Services (BSS), Bureau for Behavioral Health (BBH), and Bureau for Public Health (BPH) are engaged in extensive collaboration. This joint effort is focused on prioritizing prevention by making wrap-around and in-home visitation services available statewide. The primary goal is to reduce the number of families entering the child welfare system by ensuring these prevention services are accessible and effectively meet needs across the state via the System of Care.

Currently, the three bureaus are working together to develop resource manuals and flow charts detailing available initiatives across the five points of intervention: pre-pregnancy/prevention, prenatal, birth, post-partum, and infancy. Furthermore, BSS, BBH, and BPH will jointly establish methods for outreach and education regarding the available wrap-around and in-home visitation services.

Since the 2017 CFSR, the Bureau for Social Services (BSS) and the Bureau for Public Health (BPH) have collaborated on the Fostering Healthy Kids initiative. Through this program, BSS shares daily information on children entering foster care with BPH's Office of Maternal, Child and Family Health (OMCFH). This allows OMCFH to establish medical homes for all children in foster care in West Virginia. Every child entering foster care is assigned an OMCFH Sanders Liaison to ensure they receive a Health Check within 30 days. Additionally, OMCFH staff are assigned to any child identified as having special health care needs.

The Bureau for Social Services (BSS) collaborates with the Bureau for Family Assistance (BFA) to evaluate the need for education regarding the TANF and WEST VIRGINIA Works programs. This collaboration identified a need to ensure that youth aging out of foster care are fully aware of the services they are eligible for and the application process for TANF and West Virginia WORKS.

To address this, "Did You Know" cards, detailing available BSS and BFA services, are now included in birthday cards sent to youth aged 17 and older. As this initiative was only implemented in late 2025, data is not yet available to determine if this information has increased the number of youth aging out of foster care who are connected to these services.

BSS and Bureau for Child Support Enforcement still meet to discuss issues in practice. Standard Operating Procedures have been developed for both bureaus in addressing those cases and continue to be revised on an as needed basis.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 33 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item is a Strength.

Licensing reviews are conducted on each child placing agency (CPA) every two years at a minimum. The licensing application is reviewed, along with any updated policies, training curricula, governing board composition and handbooks. A sample consisting of a minimum of no less than 10% or four (whichever is greater) of foster children, foster parents and employee files are reviewed for adherence to applicable legislative rules. Grievances, quality improvement reports, critical incidents and job descriptions are also reviewed. Interviews are also completed with foster youth, employees, foster parents and administrators to ascertain adherence to policies and individuals' experiences with the agency. Licensing specialists use a uniform tool to complete file reviews to assure consistency of considerations. Review of licensing summaries and renewal license approvals indicate all licensing reviews are occurring timely and prior to expiration of existing licenses.

The licensing review results in a summary which highlights areas of non-compliance and directs the development of corrective action measures that will be implemented to bring the agency into compliance with expectations. All proposed measures are reviewed and approved or sent back for additional revision to the child placing agencies. Once a consensus on measures is reached, licensing continues to monitor progress of these actions through periodic check-ins. The licensing review summary also highlights areas of strength noted for each agency. An annual visit is completed by licensing staff with each child placing agency to revisit licensing challenges during each year when a full licensing review is not required.

In addition to the licensing oversight provided by regular licensing reviews, DoHS worked with the CPA community to develop performance-based measures in 2021. They include items the State is measured against during its federal review process by the U.S. Department of Health and Human Services, Administration for Children and Families' Child and Family Services Review (CFSR). These measures focus on twelve items of safety, permanency and well-being:

- Item 1 measures safety of children in their foster care setting by agencies reporting the number of children in their care during the calendar month that had a substantiated finding of maltreatment. This number is converted to a percentage of children considered safe at the end of the month.
- Item 2 measures the number of children who received two monthly visits by their agency case worker during the month according to their contract.
- Item 3 measures the percentage of youth placed with the agency during the calendar month who were required to and did receive a CANS assessment.
- Item 4 measures the percentage of children who are part of a sibling group and are placed together in the same foster home. This item is an attempt to measure the state's progress in developing homes who take sibling groups. Keeping siblings together is a best practice and a focus for West Virginia.
- Item 5 measures the percentage of children who remained in the same foster home during the calendar month. Multiple moves are disruptions for foster children and create additional trauma. West Virginia has made a concerted effort to keep children from making multiple moves while in foster care which decreases the amount of time to reunification or other forms of permanency.
- Item 7 measures the percentage of youth in foster care during the month that have a transition plan for older youth in place. This plan outlines the adult life skills they need to master as well as the steps to help the youth become self-sufficient in preparation for aging out of foster care.
- Item 8 measures the percentage of children with the CPA who are adopted within six months of termination of parental rights.
- Item 9 measures the percentage of children who receive visits with their family as recommended by their visitation plan. Frequent visitation with family has been shown to decrease the length of time to reunification.

The remaining four items measure recruitment and retention of foster parents by the agency - raw numbers as well as length of time a family has been a foster home. This allows both the individual agency as well as the state to measure the percentage of increase in homes.

Data is collected from each CPA monthly and is reviewed individually with each CPA on a quarterly basis. Corrective action plans are put in place with agencies that under perform on those values with established benchmarks. The data is aggregated to provide a system wide picture of performance as well.

Most recently, aggregated CPA performance measure data from SFY 2025 indicates that providing children with visitation in accordance with their visitation plans is a definite strength in the system. State aggregate data for this measure averaged 99.49% of children receiving their visitation as directed by their plans. Another noted strength is completion of required CPA worker visits to foster homes, with a state average of 99.21% of these worker visits occurring.

CPA performance data has also helped to identify some areas for improvement across the system, particularly concerning recruitment and retention of foster homes. Aggregate data for SFY 2025 indicates that only 22.77% of new foster homes are willing to care for children over the age of 13 and that the retention of foster homes for more than two years averages at 52.72%. System wide data also shows more foster homes were closed in SFY 2025 than were opened. DoHS and CPAs have worked to develop a list of reasons for home closures to begin pinpointing opportunities to intervene and retain more homes, and discussions are on-going on recruitment efforts to serve older youth.

The standardization and consistent follow up on these performance measures has enhanced uniformity of accountability for CPAs and provided valuable data for system improvement.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Strength for Item 34 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item is a Strength.

West Virginia requires all individuals who apply to be foster parents through a child placing agency (CPA) or through DoHS to have criminal background checks completed prior to certification. Beginning in October 2017, all foster parent criminal background checks began being processed through WV Cares, a system of the West Virginia Office of Inspector General. Checks completed in this system consist of both WV Criminal Identification Bureau (CIB) and National Crime Information Center (NCIC) checks. WV Cares now issues fitness determinations to CPAs and DoHS Homefinding staff using criteria specifically aligned to legislative rule 78.2 and DoHS Homefinding policy. Child placing agencies are notified via a letter concerning an applicant's eligibility when a determination is made. Child Protective Services and Adult Protective Services (CPS/ APS) checks are completed by the WVDoHS background check unit and results sent back to CPAs once completed.

During a licensing review of a CPA, a sample of 10% of the agencies foster homes is pulled to be reviewed. Eligibility determinations of each adult in the home are reviewed to determine if checks were completed prior to certification of the home and if all received appropriate WV Cares and CPS/ APS clearance. Criminal background checks are required every five years for individuals who are providing foster care, as well as other adults living in their home. CPS/ APS checks are required every three years for adults in the foster home. The subsequent checks are also reviewed during the licensing review process of each placing agency.

A safety check form is used to maintain documentation of the homes reviewed and the dates of the background check submissions, background check results, date of certification for the home, and waiver information if it was needed. The safety check form is maintained in the agency paper record and in the DoHS electronic record system PATH.

If an agency is found to be non-compliant with the background standards, they must immediately develop a corrective action plan to address any deficits. The DoHS Licensing Unit reviewed five CPAs between July 1, 2024 - June 20, 2025. A 10% sample of the foster parent records under each agency was reviewed to determine conformity with the background check standards. There was a total of 79 foster home records reviewed. Out of the 79 foster home records reviewed, 78 records met the standard for background checks, and 1 record did not meet the standard for background checks.

As a result of the Title IV-E Foster Care Eligibility Review completed by the Administration for Children and Families (ACF) in June 2024, WVDoHS implemented additional criminal and protective services background check review measures for CPAs as part of Program Improvement Plan (PIP) efforts approved by ACF in April 2025. These measures direct each CPA to submit a full listing of criminal background check information on all certified foster homes at the close of each state fiscal year (SFY). The information is submitted using a chart that requires names, certification dates, re-certification dates, dates of background check results received and any waiver information, if needed. Verification of these entries is requested as needed to confirm entries and clarify any discrepancies.

The first annual submission of this process was completed for SFY 2025 (July 1, 2024 - June 30, 2025) in August 2025. Information was received from all ten West Virginia CPAs and reviewed for adherence to the requirements. Eight of the ten agencies had foster families that did not comply with criminal or protective services background checks or timely recheck requirements. This resulted in the agencies being required to draft corrective action plans in order to correct deficits. These errors effected 133 homes across the West Virgina CPA network. While the results of the review are concerning it does demonstrate how the process provides a higher level of oversight and the identification of opportunities for improvement. It is anticipated that future SFY submissions will yield significant improvement as continued technical assistance and licensing audits reinforce guidelines and expectations. Additional measures implemented since the last CRSR review will provide additional oversight and opportunities to improve the larger foster care network in West Virginia.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

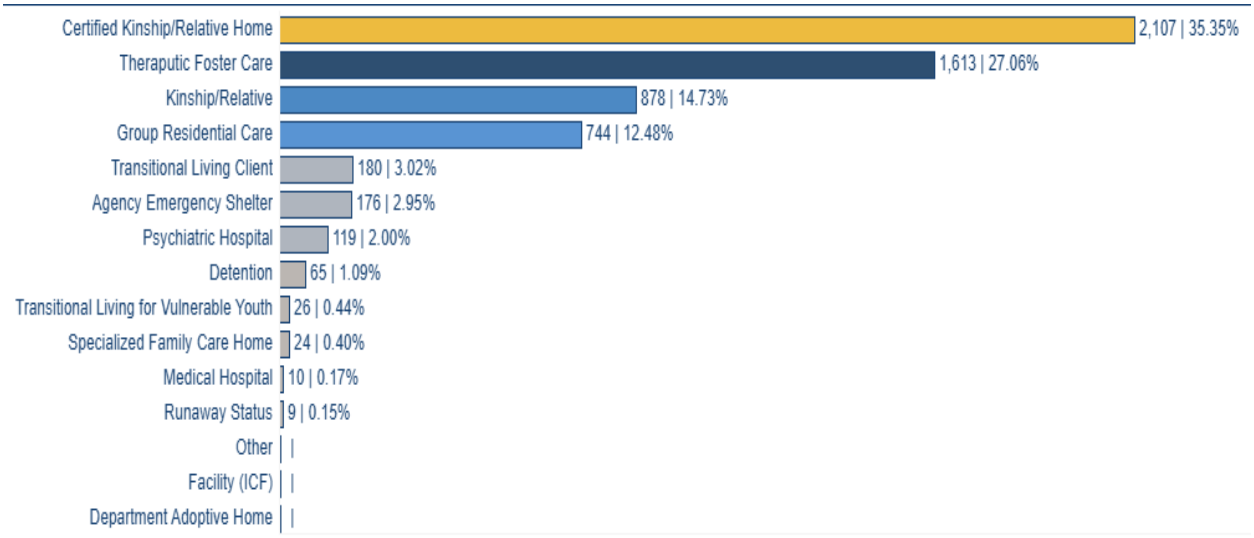
State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 35 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was addressed in the CFSR Rd. 3 PIP through initiatives designed to expand the number of resource homes by reopen closed resource homes, expanding relative foster homes to provide for non-relative children, and implementing performance-based contracting with child placing agencies to support foster parents and thereby improve outcome for children. Additional improvement efforts included education of agency staff to better support foster parents and to ensure foster parents were more engaged in the casework process through participation in hearings and MDTs. Some of these strategies were not successful due to limitations related to the Covid pandemic. The Statewide Assessment process indicates the Item is a Strength.

The Bureau for Social Services has partnered with child placing agencies to provide a tiered treatment foster care system as well as to increase recruitment of traditional foster homes. West Virginia contracts with Mission West Virginia to provide a more diligent response to inquiries from the community to provide foster care. Recruitment conducted by Mission West Virginia has always focused on special needs children which include racial/ethnic minorities. Their child-specific recruitment efforts include the preference of

the child regarding race/ethnicity when a preference is expressed by the child. Mission West Virginia uses inclusive imagery representing these communities and tailors their messaging to reach high-priority populations specifically. Mission West Virginia uses images of families that include various family compositions to promote the reality that many types of families are qualified to foster.

West Virginia's overall population, according to Census records from 2020, reports that the general population is 89.8% white, 3.7% African American, 4.7% two or more races and all other races are less than 1% each and make up the remaining 1.8% of the population. The following is a current breakdown of foster care placements for the state.



As of October 31, 2025, West Virginia had 5,960 children currently in placement. Of those children, 286 have indicated African American for their race and 657 have indicated more than one race. Currently, there are 2,107 (35.35%) placed in certified relative or kinship homes. An additional 878 (14.73%) are placed in relative or kinship homes that are in the process of certification. There are also 1,613 (27.06%) children in therapeutic foster homes. Although we do not have a breakdown of the race or ethnicity of these homes, the majority of them originated as kinship or relative. Our priority has been to place children with relatives or kin in their home schools and communities. This priority has been successful and allows our children to remain with family and friends who care for them and in a community that shares their values and beliefs. The assumption is that the home would be more culturally sensitive or similar to the child.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

West Virginia received an overall rating of Area Needing Improvement for Item 36 in CFSR Round 3 based on information from the Statewide Assessment and stakeholder interviews. This Item was not addressed in the CFSR Rd. 3 PIP. The Statewide Assessment process indicates the Item remains an Area Needing Improvement.

West Virginia has a process for tracking data in relation to Cross-Jurisdictional Placements and Requests for Placements, but we do not have a "monitoring" system to track the progress of home study requests from other states. There were 143 incoming requests from October 1, 2024 through September 30, 2025. Out of the 143 requests, West Virginia completed 61, or 43% of the home studies within the 60 day timeframe. Of the three options (delay in fingerprinting results, non-compliance by placement resource, and staff issues) there was an almost equal amount across the board of the reasoning for the delay in completing the home study. However, there were also numerous times that reporting was not received, or an option was not marked. The ICPC office also utilizes a trainer who does virtual training quarterly and as needed in efforts to help educate staff and ensure that the ICPC process is being used correctly and efficiently. This will help to find permanent homes for children quicker.

January 2023 West Virginia implemented the National Electronic Interstate Compact Enterprise (NEICE) within the PATH system. This system was not without its flaws and created barriers that still continue to exist and need to be worked through. In some cases, this has caused delays.

The ICPC office no longer accepts home study request packets in paper form and requires them to be sent through electronic means to be able to process requests quicker. The criminal background check process has also become more streamlined since the round 3 CFSR as referenced in Item 34 above.

These small changes have shown a 10% increase in the ability to get home studies completed in the 60 day timeframe. The ICPC Office will start looking at a way to revise our tracking system, so reminders can be sent to the local staff, prior to the due date. The ICPC Office will also develop a process for reporting the delay to the sending state's ICPC Office.

Appendix: CFSR State Data Profile

State Data Profile and appendices are available from the state or the Children's Bureau upon request.