January 10, 2015

Nancy N. Exline, Commissioner
WV Department of Health and Human Resources
Bureau for Children and Families
350 Capitol Street, Room 730
Charleston, WV 25301-3711

The Honorable Gary Johnson, Chair
WV Court Improvement Program Oversight Board
Supreme Court of Appeals of West Virginia
Administrative Office
Capitol Complex Building One, Room E-100
1900 Kanawha Blvd., E
Charleston, WV 25305-0830

Dear Commissioner Exline and Judge Johnson:

On behalf of the members of the West Virginia Citizen Review Panel (CRP), I am pleased to present to you the 2014 Annual Report of the CRP. The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that we prepare and make available to the state and to the public, a report summarizing the activities of the panel and making both observations and recommendations to improve the child protective services system. In accordance with that requirement, this report is provided for your review.

The CRP is a multidisciplinary group that meets quarterly, and is committed to the effective functioning and continuous improvement of the comprehensive child welfare system in West Virginia. This year's report represents their research and study on a variety of issues. Your thoughtful consideration of our recommendations would be appreciated and we look forward to your response.

The chair of the CRP during the 2014 report year was Andrea Darr, and the current chair is Rachel Kinder. I am grateful for their leadership, dedication, and professionalism. If you have questions or comments regarding this report, please do not hesitate to contact me.

Very truly yours,

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West Virginia Citizen Review Panel

ANNUAL REPORT

October 1, 2013 – September 30, 2014

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Executive Summary

The West Virginia Citizen Review Panel (CRP) contributes to improving the child protective services system at the state and local levels. *Why does this matter?*

- According to Child Maltreatment Facts, West Virginia (FFY 2011), 33,445 referrals for child abuse or neglect were made to West Virginia child welfare agencies. Of those, 51.5% met criteria for an investigation or for assessment.
- According to the same report, 4,000 children were found to be a victim of maltreatment in 2011. Of those children, 60.2% were seven years old or less. 35.3% were three years old or less.
- The most common maltreatment types experienced by victims in West Virginia were neglect, physical abuse, and psychological maltreatment. Many children experienced all of these.
- 82.3% of the time, the perpetrators of maltreatment were parents.
- According to Children's Bureau statistics for 2012, 4,825 West Virginia children were in foster care at the end of 2012, and 1,143 were waiting for adoption as all parental rights had been terminated.

The CRP supports the Department of Health and Human Resources, Bureau of Children and Families (DHHR/BCF) toward safety, permanency, and well-being for all children. To that end, the CRP is pleased to present its annual report for the period ending September 30, 2014. It is our hope that the State of West Virginia, the DHHR/BCF, and the other important entities connected to the child protective system will engage with us and thoughtfully consider our recommendations, which are summarized around the following issues:

Centralized Intake: "Intake" is the system by which child abuse and neglect referrals are made by the public as well as by mandated reporters. The CRP monitors "intake" because it is a crucial means by which vulnerable children can be identified, investigated, and as warranted, services provided toward protecting children and strengthening families. In 2014, the intake system shifted from a contracted/decentralized system to an internally-operated/centralized system. The CRP recommends that the effectiveness of the centralized system be carefully monitored, that the back line for law enforcement, medical personnel and judges is working as intended, and that user/field level surveying for satisfaction be initiated and routinely conducted to round out the call and wait time data that is monitored internally by Centralized Intake management.

Data Systems: The CRP recommends that the DHHR adjust the Families and Children Tracking System (FACTS) system so that every contributing factor to child maltreatment risk can be identified by the social worker, whether services would be provided or not, for the purpose of assessing local and regional risks/needs. The CRP recommends that the WV DHHR and the WV Court Improvement Program Board evaluate participation with the fosteringcourtimprovement.org (FCI) program for data exchange, for the purpose of accessing hundreds of longitudinal, regional, local, and district level reports that are not available or accessible through current data systems. Similarly, the CRP recommends that as all database improvements are considered, funded, and developed, they are consistently evaluated for compatibility to other databases.

Parental Substance Abuse: The CRP has several recommendations around this issue. The CRP recommends (updated) education to DHHR and to the courts regarding the strengths, limits, and interpretation of drug testing results, for the purpose of administering drug tests in a more

consistent, cost-effective manner statewide. The CRP recommends continued judicial education regarding visitation as a child's right, even when a parent tests "positive". Finally, the CRP recommends requiring providers of parenting training to use a targeted curriculum incorporating the risks and implications of substance abuse to effective parenting, when substance abuse is a factor in a child abuse/neglect case.

Barriers to Adoption: The CRP recommends the DHHR closely examine a relevant sample of "legally free" cases meeting criteria for referral to the Adoption Resource Network (ARN) to identify the barriers occurring at the field level and, implement corrective actions to address them. The CRP maintains that a worker-searchable database of eligible adoptive families would be advantageous as compared to the largely informal networking (to locate adoptive families) that is prevalent today, and thus recommends that this capacity be incorporated into the scope of work associated with the ARN redesign.

CRP Continuity and Effectiveness: The CRP recommends that the current, year-to-year contract for the CRP coordinator be re-evaluated and replaced by a less vulnerable staffing arrangement with DHHR. The CRP further recommends that the DHHR enable the CRP to have and operate under its own budget.

Introduction to Citizen Review Panels

Citizen Review Panels (CRP) were established by federal statute in the Child Abuse Prevention and Treatment Act (CAPTA) re-authorization (1996) as a requirement for state grants to examine the extent to which states are discharging their child protection obligations. CRPs are responsible for reviewing compliance of state and local Child Protective Services (CPS) agencies with respect to the state CAPTA plan and any other criteria the panels consider important. They are required to prepare an annual summary report of activities and recommendations. Composed of volunteer members that broadly represent the community in which they operate, they are to include individuals with expertise in the prevention and treatment of child abuse. West Virginia's Citizen Review Panel meets on a quarterly basis in Flatwoods, West Virginia.

Mission of the West Virginia Citizen Review Panel

The Citizen Review Panel will work to ensure that the comprehensive West Virginia child welfare process (not limited to the Department of Health & Human Resources) is in compliance with state and federal mandates and functions effectively to protect and serve children.

Issue: Transition to Centralized Intake for Child Abuse and Neglect Referrals

Introduction: Recommended in the February, 2013 Public Works review of the Bureau of Children and Families, a new Centralized Intake unit was initially implemented to replace contracted hotline services on July 1, 2014. It is scheduled for full implementation for all inbound child abuse and neglect referrals in January 2015. Internalizing and centralizing the intake function is expected to reduce costs, improve call-handling consistency, and improve timeliness of response.

Activities of the Panel:

- Added an "update on transition to Centralized Intake" as a *standing* agenda item to each CRP meeting.

- Received executive updates about the challenges, opportunities, statistics, and quality monitoring associated with the transition to Centralized Intake at three meetings during this annual report period.

Observations:

- Public reporting regarding suspected child abuse/neglect to the hotline is critical. The CRP observes that continuing education to mandated reporters and the general public is a priority. The CRP seeks to investigate the approaches that other states have taken to educate the public about how to and when to make an abuse/neglect report. Meanwhile, the CRP has advocated for Centralized Intake to regularly present at appropriate meetings and conferences to reach its target audiences.
- The CRP observes that some DHHR offices can simply "transfer" an incoming call from the local office to Centralized Intake, but other DHHR offices cannot due to incompatible telephone technology and variations between telephone systems. Requiring a reporter to make multiple calls to reach Centralized Intake is undesirable for all.
- The CRP received a report that referrals from CPS to the West Virginia Child Advocacy Centers have reduced sharply since the onset of Centralized Intake. This has been brought to the attention of the director of Centralized Intake and the entities are reviewing underlying processes.

Recommendation:

- A dedicated, reliable back line to the hotline is necessary to ensure quick access to intake for law enforcement, medical personnel and judges. It is also advisable to have a means to objectively monitor that it is actually working as intended, *including user/field level surveying for satisfaction.* Although it is reported to the CRP that this back line is in place, its effectiveness as measured internally by Centralized Intake for call, wait time, and abandonment statistics may be inconsistent with user/field level experience. Overall, user/field level experience is a critical metric so that Centralized Intake can be proactive for system vulnerabilities.

Issue: The Capture and Use of Data for Needs Assessment and Service Planning

Introduction: Citizen Review Panels are strongly encouraged to promote effective use of data and to evaluate the child welfare system using data. To that end, the CRP desired education regarding existing databases, how data populates them, and the ease (or difficulty) of obtaining information from them.

Activities of the Panel:

- D. Michael Johnson, Director, West Virginia DHHR/Management Information Systems, Families and Children Tracking System (FACTS) presented in March 2014 to the CRP to explain each of the various databases including Cognos, the Statewide Automated Child Welfare Information System (SACWIS), the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).
- Autumn Johnson, Deputy Director, Division of Court Services WV Supreme Court of Appeals, presented in June 2014 on the Statewide Performance Measure Trends aggregate

data, 2008 – 2013, the Substance Abuse Risk Factor Report, and the Supreme Court Abuse and Neglect database. The CRP will periodically request updates on this topic.

- Jessica Sammons, Training and Education Coordinator for the WV Child Advocacy Centers, presented in June 2014 on the centralized data collection and reporting capability of the system used by all 20 child advocacy center offices in West Virginia.
- Christopher Church, Children's Data Manager, fosteringcourtimprovement.org (FCI), presented in September 2014 on the subject of "anything worth doing is worth measuring." His presentation explained the FCI initiative that "stitches together the AFCARS and NCANDS data into highly searchable, transparent, and credible reports" that the courts and child welfare agencies can use to make informed decisions, monitor performance, and make systemic changes to improve outcomes.

Observations:

- The CRP observes that an array of databases are broadly used for child welfare and that each appears to provide a wealth of data and information. However, it is difficult if not impossible for these systems to "talk" to each other. The system of the future considers high security/confidentiality *while* providing high utility for analysis, planning, and user efficiency.
- Pertaining to the *reasons warranting court involvement with a family*, the CRP observes that it would be beneficial to have a greater consistency between the factors prompted/recorded in FACTS and the factors similarly prompted/recorded in the databases utilized by the courts.

Recommendations:

- Planning for future services requires that data be gathered/evaluated to determine the need for services in each community. The DHHR is ideally situated to gather such data, which is in keeping with its mission. The CRP has observed that such data is not presently collected in a retrievable/reportable fashion thus, we recommend that the FACTS system be updated to allow social workers to identify for each family, every contributing factor to the child maltreatment risk and whether services will be provided to address that need or not. This change to the FACTS system should allow the retrieval of non-identifying data based on the identified need. Only in this way can underserved needs be identified and addressed.
- The CRP recommends that the West Virginia DHHR and the Court Improvement Program Board evaluate participation with FCI. Thirteen states presently participate and FCI does not charge for participation or for generation of reports. Starting FCI involves several steps, delineated on its website: http://fosteringcourtimprovement.org/getting_started.php
- The CRP recommends that as database improvements are considered, funded, and developed, that they are consistently evaluated for real compatibility to other databases. Interoperability between databases (education, courts, etc.) has the potential to improve reporting, speed decision making, and benefit the child welfare system overall.

Issue: The West Virginia Department of Health and Human Resources' (DHHR) Role, Parental Substance Abuse

Introduction: The potential association between child abuse/neglect and parental substance abuse is disturbing, particularly given the challenges - resources, time, and expense - associated with identifying and treating substance abuse. The CRP is particularly interested in the role that DHHR and the courts do take, and should take, in parental substance abuse.

Activities of the Panel:

- Jennifer L. Stephens, Monongalia County Assistant Prosecutor, presented in December 2013 on the subject of "child welfare's obligation to protect children from substance abuse" and provided her perspective on "what accounts for the lack of uniformity in application of this obligation."
- Lauren Waugh, Ph.D., Marshall University, Angie Seay, and Justin Lockwood presented in June 2014 on the subject of forensic drug testing, educating the CRP members on the chemistry, strengths, limitations, and utility of drug testing.
- The CRP reviewed case studies incorporating the issue of parental substance abuse.

Observations:

- CRP observed that parent training (parenting classes) may not be relevant to parenting issues. For example, parenting capacity that is impaired by parental substance abuse may be better addressed by a curriculum that targets substance abuse and related behaviors.
- Case reviews performed by the CRP revealed situations of termination of parental *"custodial"* rights.

Recommendations:

- To the Court Improvement Program Board, the CRP recommends continued judicial education regarding visitation as a child's right, not a parent's right. Thus, a positive drug screen in and of itself should not, for example, preclude or terminate a supervised visitation. During a supervised visitation, the supervising worker can assess whether impairment is significant enough to warrant terminating the visit.
- To the Court Improvement Program Board, the CRP recommends continued judicial education regarding appropriate use of termination of parental rights (TPR), so as to avoid termination of "custodial" rights.
- The CRP recommends that the DHHR require providers of parenting training to utilize an evidence-based curriculum incorporating the subject of parental substance abuse should such a curriculum be available.
- The CRP recommends education (to DHHR, to the courts) to make adequate family assessment so that drug testing is implemented *when drug use is a factor in abuse/neglect of a child.* Further, caseworkers and judges would benefit from updated education regarding the strengths, limits, and interpretation of drug testing results.

Issue: Barriers to Adoption

Introduction: According to the Child Welfare Information Gateway (Fact Sheet, 2013), the purposes and functions of child welfare systems include: receive and investigate reports of possible child abuse and neglect; provide services to families that need assistance in the protection and care of their children; arrange for children to live with kin or with foster families when they are not safe at home; and arrange for reunification, adoption, or other permanent family connections for children leaving foster care. Ultimately, achieving permanency in a timely manner is in the best interest of children. The CRP investigates barriers to adoption.

Activities of the Panel:

- CRP member Rachel Kinder advocated to the DHHR Commissioner in April 2014 for a means by which matching services between certified adoptive families and waiting (foster) children could be provided, possibly using a searchable database. Such an approach is gaining traction nationally. This would supplement if not replace the reliance on informal networking between workers to locate families. This request was taken under advisement by the DHHR/BCF.

Observations:

- The CRP maintains that the actual effectiveness of the Adoption Resource Network (ARN) is limited by a) a perception among workers that certain children may be "unadoptable" due to medical issues, disabilities, or institutionalization, b) inconsistent and delayed conveyance of information to the ARN regarding children that have become eligible for adoption, and c) lack of worker accountability for conveying information and doing so in a timely manner.
- The CRP is familiar with many waiting families who feel that they are not known or visible to workers. Our group understands the process by which families register themselves on the Adoption Resource Network (ARN) and we believe that this component could be adapted for matching purposes. If the criteria entered by families were to be searchable by workers, we believe they could use this data to identify families for specific children on their caseloads.

Recommendations:

- The CRP recommends the DHHR closely examine a relevant sample of "legally free" cases meeting criteria for referral to the adoption unit and the ARN, to identify the barriers occurring at the field level. Then, implement corrective actions to address them. The Standard Operating Procedure, Field Operations, Dispositional Staffing, Effective June 30, 2013 does exist but conformance to it appears lacking.
- The CRP maintains that a worker-searchable database of eligible adoptive families would be advantageous as compared to the largely informal networking (to locate families) that is prevalent today, and recommend that this capacity be incorporated into the scope of work associated with the ARN redesign.

Issue: CRP Continuity and Collaboration

Introduction: The best interests of child protective services systems are served by having an active, well-informed Citizen Review Panel. The most effective Citizen Review Panels have a sound infrastructure as well as mission, goals, and activities that engage the membership. They give the membership the opportunity to have impact on complex systems, and to make a positive difference toward the protection and permanency of children.

Activities of the Panel:

- The CRP coordinator attended the National CRP Conference, May 2014.
    - West Virginia joined representatives from 33 states and experts in public policy, law, advocacy, and social/child welfare.
    - The CRP coordinator learned approaches to CRP organization, meeting effectiveness, and how to maximize the value of the annual report.
- Several of our CRP members presented to the Annual Joint Meeting of the Kansas Citizen Review Panels in July 2014.

    - This provided an opportunity to study another state's model of CRP collaboration.
    - This provided an opportunity to present *West Virginia Handle With Care: An Initiative of the West Virginia Children Exposed to Violence Initiative.*
- Patricia McCay, Coordinator of the Child Fatality Review Team (CFRT), provided an update in March 2014 on the responsibilities, purposes, and impact of the CFRT, as well as the similarities and differences between it and the CRP. The CRP has added Ms. McKay as a member of the CRP. This collaboration serves to fulfill a function of the CRP as set forth in the federal statute.
- The CRP members conducted reviewed two redacted child abuse/neglect cases, both with the common theme of parental substance abuse.
- The CRP met four times during the reporting year with 10 attendees present, on average, at each meeting.

Observations:

- CRP member attendance and participation requires that the CRP be actively managed by a qualified coordinator.
- The CRP incurs various expenses (meals, travel, office supply, staffing, travel, etc.) and has opportunity to participate in activities to improve its overall effectiveness toward its federal mandate. The CRP and the DHHR would benefit by permitting the CRP to operate in accordance to a known and approved budget. Presently, the CRP has no knowledge of its financial resources or accountability to the same.
- The CRP would potentially benefit from meeting and/or collaborating more closely, with other panels that reflect unique perspectives of the child welfare system. The Kansas Citizen Review Panels provided an interesting model of such a collaboration.

Recommendations:

- The CRP recommends that the current, year-to-year contract for the CRP coordinator be re-evaluated and replaced by a less vulnerable staffing arrangement with DHHR. This past year, the contract was allowed to lapse without the knowledge of the CRP coordinator, interrupting business travel and payment of wages. Reinstatement required the undue involvement of several members of DHHR staff.
- The CRP recommends working with the DHHR to develop both a budget and a timely process for approval of and access to budgeted funds.

IV. Panel Membership for Purposes of This Report

Andrea Darr, Chair
Rachel Kinder, Vice Chair
Fran Allen, Immediate Past Chair
Natalie Sal
Jane McCallister
Pam Schafer
Nikki Erwin
Catherine Munster
Joe Bullington
Kathryn Bradley
Christa Janes-Ash
Jessica Sammons

Patricia McCay
Carla Harper
Frank Fazzolari
Kim Runyon-Wiles
Gary Keen
Nnenna Minimah
Lt. Mark Davis
Joyce Yedlosky

V. Distribution of Report

The Honorable Governor Earl Ray Tomblin
DHHR Cabinet Secretary Karen L. Bowling
✓The Court Improvement Program Board
Don Perdue, Legislative Chair, Health and Human Resources Committee
Tim Manchin, Legislative Chair, Judiciary Committee
The Children's Justice Task Force
The West Virginia Child Advocacy Network
The West Virginia CRP Panel Members
The Children's Bureau