

# Advancing New Outcomes:

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

*2025 Annual Summary Report*



WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**  
Bureau for Social Services

Commission to Study Residential  
Placement of Children  
March 2025

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## FOUNDATIONS OF CHANGE

### **Significant reductions in CPS backlogs are helping reduce overall foster care custody numbers**

West Virginia Department of Human Services (DoHS) in conjunction with the Governor's office shared evidence of a landmark operational turnaround in the child welfare system with direct impact on the State's utilization of residential placements. On December 16, 2025, Governor Patrick Morrisey highlighted measurable improvements in CPS backlog and the decline of children in state custody.

Over the federal fiscal year, West Virginia saw a 50% reduction in statewide CPS backlog – the largest reduction in five years. The number of children in state custody has steadily declined, with a reduction of 298 children over the same period of time. A 37% reduction of substance abuse-related child removals was also noted.

This progress is reflective of early success for the reform agenda for Child Protective Services (CPS) and the Bureau for Social Services initiated in May 2025. These reforms include full compliance with the federal Child Abuse Prevention and Treatment Act, enhanced transparency, improved supervision of child welfare cases, critical incident review teams, a comprehensive practice model, and allowing caseworkers to gather more comprehensive information beyond the initial referral.

The successful reduction in backlog investigations has been further bolstered by progress in reducing workforce vacancies and turnover in critical child welfare worker positions. A DoHS News and Announcements release September 25, 2025, noted statewide vacancy rate for CPS positions at 8.5%, down from 12.1% at the start of the year and from 27.3% in 2023. Turnover rates also improved, with CPS turnover decreasing to 15% in 2025 compared to 22.7% in 2024 and more than 34% in 2021. These improvements are the result of targeted initiatives in counties with the most significant deficits, the development of a new worker mentorship program, job-specific training and the creation of a Trauma-Sensitive Workplace team to address the need for resiliency and support for workers.

The ability of child welfare workers to respond to family needs in a timely and responsive way leads to more stable family environments and fewer unnecessary out-of-home placements. Additional impacts are felt in improving health and well-being of children and families. The progress noted in these areas during 2025 is laying the foundation for stronger families and utilization of a growing array of community services that will impact the use of residential care in the years to come.

## **PRIORITY GOALS AND FOCUS OF THE COMMISSION TO STUDY RESIDENTIAL PLACEMENT OF CHILDREN IN 2025**

During FY 2025, the Commission continued to hold quarterly meetings with the West Virginia (WV) Kids Thrive Collaborative. The WV Kids Thrive Collaborative consists of WV stakeholders and DoHS leaders who share a big picture overview and provide updates regarding the ongoing development of the State's system of care and support for children's mental health, which aligns with the goals of the Commission. The Commission and the WV Kids Thrive Collaborative continue to have overlapping membership, allowing for an efficient gathering of key stakeholders to understand the needs and challenges of children in need of intensive mental health services and to receive updates on improvements made to WV's mental health system. This continued change has allowed full transparency while still examining the requirements established by W. Va. Code §49-2-125(d). In conjunction with responsibilities set forth by state code, the Commission continued to discuss the following priority goals for FY 2025:

- Transformational Collaborative Outcomes Management (TCOM)
- Provider input at multidisciplinary team (MDT) and court hearings
- Implementation of Every Student Succeeds Act (ESSA)

### **CURRENT PRACTICES OF PLACING CHILDREN OUT-OF-HOME AND INTO RESIDENTIAL PLACEMENTS, WITH SPECIAL EMPHASIS ON OUT-OF-STATE PLACEMENTS**

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

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

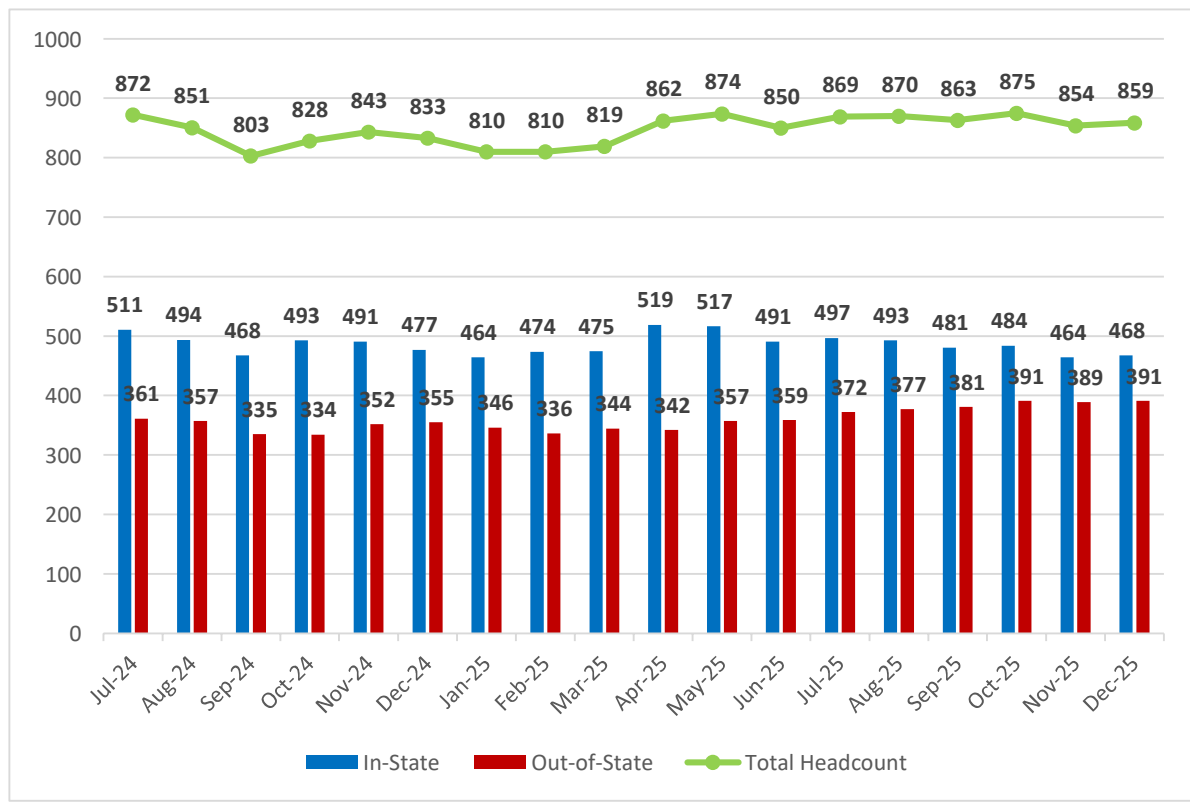
#### **Out of Home Placements/Residential**

Residential Mental Health Treatment Facility (RMHTF) weekly counts began in January 2021 for internal, timely considerations and review. On average, July to December 2019, 991 children in WV were in residential mental or psychiatric treatment facilities, this number has decreased by over 100 children on average, July to December 2025 (865 children). WV has seen increased utilization due to increased mental health need following the COVID-19 pandemic and as children impacted by the opioid epidemic enter adolescence. This was further demonstrated by increased emergency department utilization for mental health needs beginning in 2023. Despite indicators of increased need, WV has been able to maintain census well below 2019 averages. Figure 1 shows the monthly trends from July 2024 to December 2025. The green line indicates the point-in-time census for both children in DOHS custody and parental placements. Parental placements make up only a very small number of children. The blue bars reflect the number of children in in-state placements while the red bar represents the out-of-state placements. A decrease in census was observed in September 2024, following expansion of available beds for the

transitional living for vulnerable youth program. The point-in-time census increased to 842 in November 2024 but decreased again to 810 children in RMHTF placement as of January 2025. In the following months census began to climb as other indicators of increased mental health need also rose with the point in time census peaking in October 2025 at 875 children in RMHTF settings. As of December 2025, 859 youth were placed in these settings. Increase in census was largely driven by an increase in out-of-state (OOS) admissions from 355 in December 2024 to 391 in December 2025.

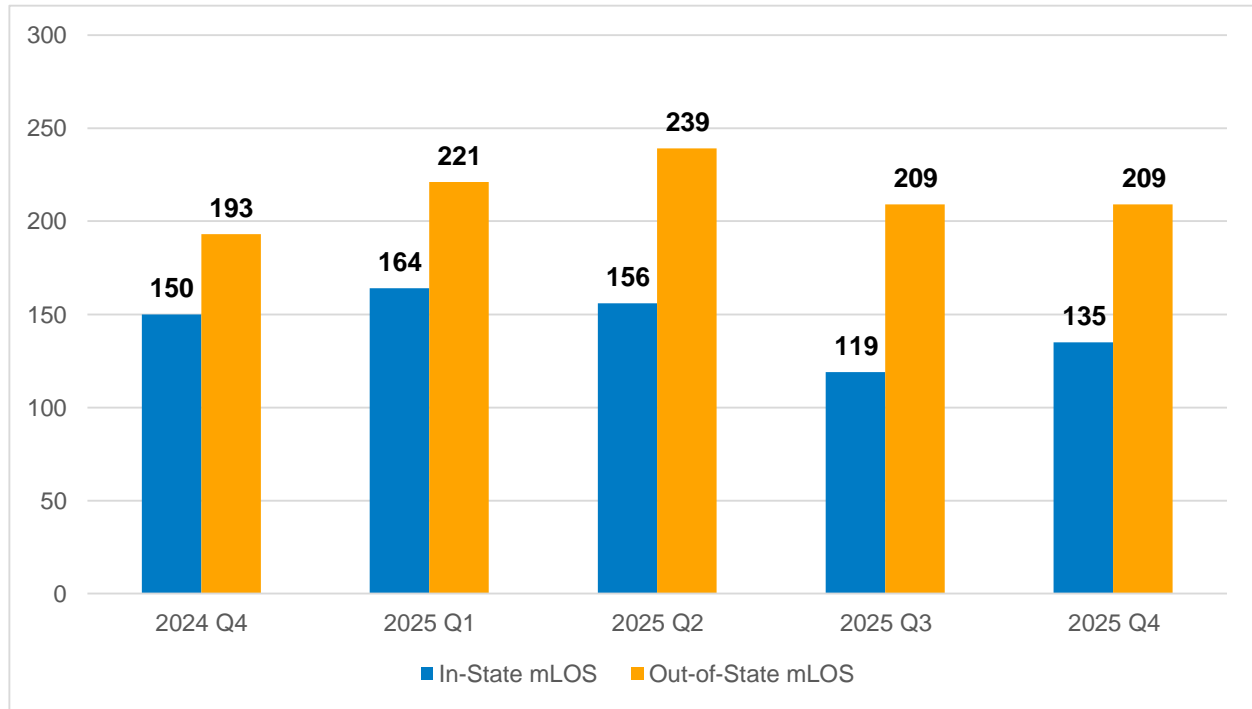
Diversion and prioritized discharge planning efforts continue for both in-state and OOS placements, which has helped the census from increasing at a faster rate, despite increased need. The Bureau for Social Services continues to follow a strict protocol for out-of-state placement approval which includes staffing cases to identify less restrictive options for the child, when safe to do so. Information from this process is tracked and helps DoHS identify strengths in this process as well as opportunities for improvement such as further partnering with the court community as well as capacity needs for children approved to be placed OOS. The OOS risk referral process was able to divert one in every three referrals from OOS RMHTF placement. DoHS is also working closely with providers in the community and those providing residential care to expand in-state placement options and specialty care for specific needs and diagnoses. As part of this process, additional transitional living for vulnerable youth and a RMHTF specializing in care for individuals with autism were added to in-state placement options, helping children receive care in more integrated settings. Returning children to in-state placements is a top priority which has led to expanded resources to work to expand in-state Psychiatric Residential Treatment Facilities (PRTF), as some of the state’s only PRTF sites closed in late 2025. In addition to these initiatives, DoHS is also focused on decreasing readmission by increasing focus on aftercare planning and implementation for children discharging from facilities. A new process for this began being piloted in Fall 2025.

**Figure 1: RMHTF Placements July 20243 to December 2025 (Source: WV PATH System)**



In-state median RMHTF length of stay has decreased from 150 days as of calendar year quarter 4 (Q4) 2024 to 135 days as of Q4 2025; while out-of-state length of stay showed an increase in Q1 and Q2 2025 (221 and 239 days respectively) from Q4 2024 (193 days), decreasing slightly in the last two quarters of 2025 at 209 days each quarter.

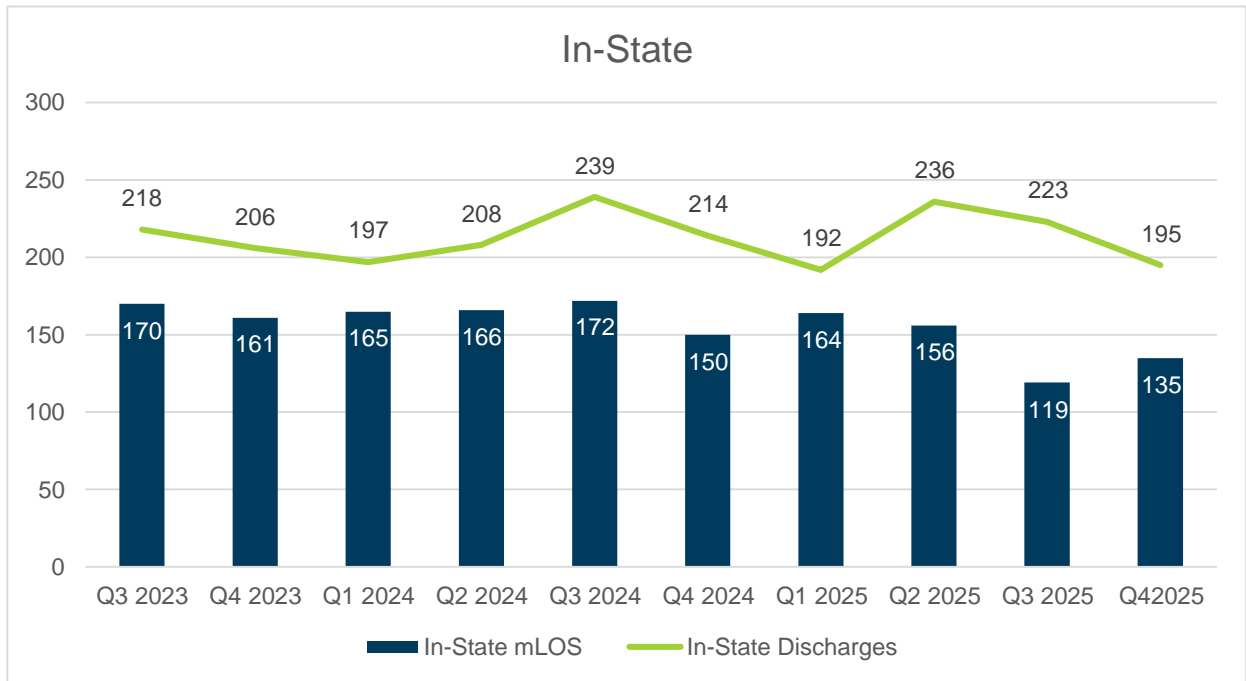
**Figure 2: RMHTF Length of Stay (LOS) at Discharge for Placements - Q4 2024 to Q4 2025 (Source: WV PATH System)**



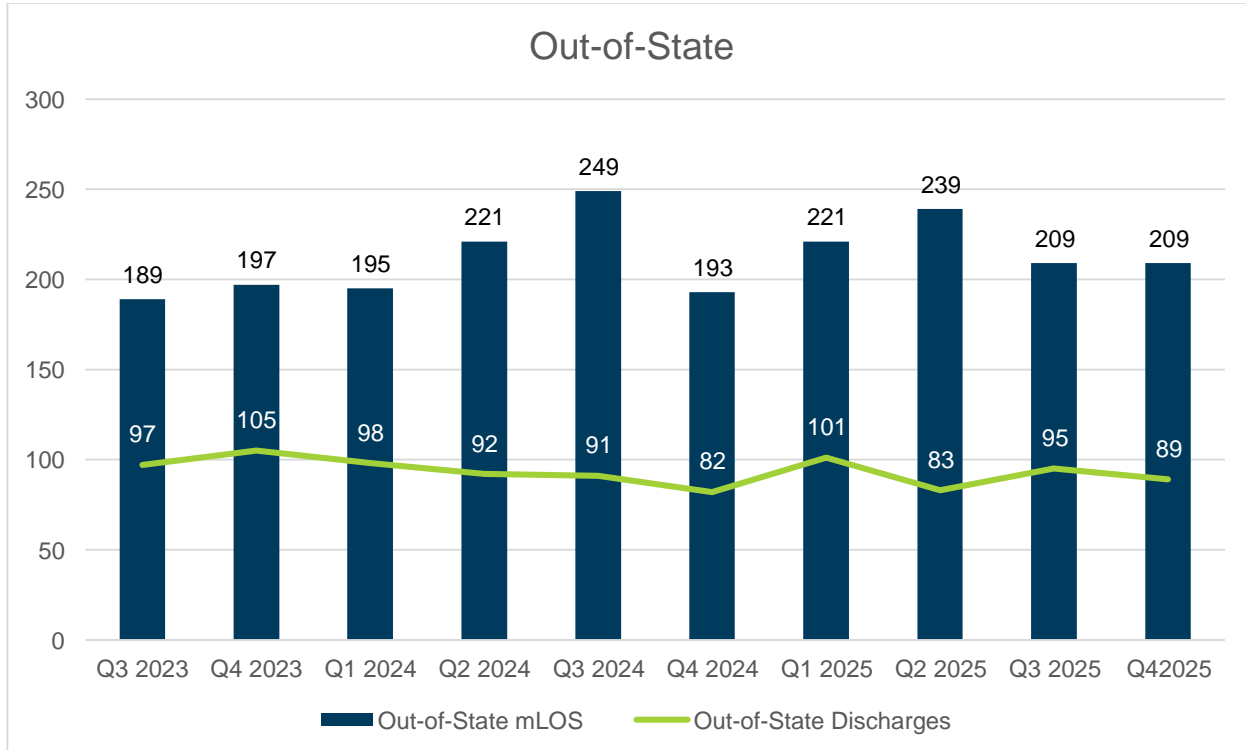
DoHS contracted with Marshall University in April 2023 to focus on discharge planning for children in out-of-state placement. Discharges per quarter remain relatively consistent following this focused effort to return children to their local communities in West Virginia. As noted previously, admissions have exceeded discharges in recent quarters driving OOS census increases.

Please see the graphs below (Figures 2 and 3) produced from data in the WV PATH system and FACTS system (historical data prior to January 4, 2023).

**Figure 3: In-State RMHTF Discharges and Median Length of Stay (LOS) by Quarter, Q3 2023 to Q4 2025.**



**Figure 4: Out-of-State RMHTF Discharges and Median Length of Stay (LOS) by Quarter, Q3 2023 to Q4 2025**



DoHS has identified some driving factors for increased OOS census and extended LOS through further analysis and tracking. In-state facilities have a limited capacity for youth with complex needs such as those with aggressive or sexualized behaviors, substance use, or those with an autism and/or IDD diagnosis.

DoHS has continued to meet with providers to encourage and strategize the expansion of these needed specialties in the state. Once out-of-state, youth are often required to complete a semester, school year, or program prior to discharge as part of a court order to treatment which leads to extended stays. Lack of community-based placements<sup>1</sup> also continues to be a barrier for some youth currently out-of-state.

### **Children’s Crisis and Referral Line (CCRL) Utilization**

There were 949 total contacts (813 calls, 85.7%; 110 chats, 11.6%; 26 texts; 2.7%) to the CCRL between January and December 2025, a 13% decrease compared to 1,092 contacts during CY 2024. At least one individual from 54 of West Virginia’s 55 counties contacted the CCRL in CY 2025, up from 51 during the prior year. (Tucker was the only exception with no calls in 2025. Tucker county had 3 calls in 2024.) Decrease in total referrals is likely associated, at least in part, by increase in utilization to the 988 call line, which acts as the sister line to CCRL. Families calling 988 can be cross-referred to the same services available via the CCRL.

### **Assessment Pathway Updates**

2,291 unique youth were referred to the Assessment Pathway in CY 2025. This was a 21% decrease from CY 2024 referrals. However, referral trends identified a large influx of referrals in early 2024 after a major outreach campaign causing total referrals to peak in 2024. CY 2025 may represent a more steady-state of referrals expected. Assessment Pathway referrals allow support and connection to necessary mental health assessment and appropriate services such as WV Wraparound. Data shows children utilizing the Assessment Pathway show increased mental health service utilization following referral, even if they do not use or need intensive WV Wraparound services. In addition, the Children’s Mental Health Evaluation identified families utilizing the Assessment Pathway, including the Children’s Crisis and Referral Line, were less likely to have barriers to service navigation compared to other families.

### **Children with Serious Emotional Disorders Waiver (CSEDW) Services**

The number of youth who have been supported by the CSED Waiver has continued to grow, with over 1,000 children enrolled in the program as of the end of December 2025. Recruitment of new providers is an ongoing effort to expand capacity with a total of 31 providers as of December 2025 compared to 28 providers as of December 2024.

### **WV Wraparound Utilization**

WV Wraparound is a combined effort between the Bureau for Medical Services (BMS), and the Bureau for Social Services (BSS). As a child is applying for the Children with Serious Emotional Disorders (CSED) Waiver, BBH and BSS offer interim Wraparound services. Once approved for CSED, the child then transfers to the Waiver while maintaining the facilitator they have already established a relationship with via interim services. If a child is not eligible for the CSED Waiver, they can continue with the interim payor source (BSS (Safe at Home) or BBH grant funded wraparound) if they need continued intensive services.

From January to December 2025, a total of 2,337 new WV Wraparound cases were opened in the CANS Database, an increase from 2,033 youth in the previous year.

<sup>1</sup> “Community-based placement” is inclusive of children whose discharge barrier data indicates there is no foster family available, children whose discharge barrier data indicates there is no kinship family available, and children with no discharge barrier but are flagged as not having a family to return to.

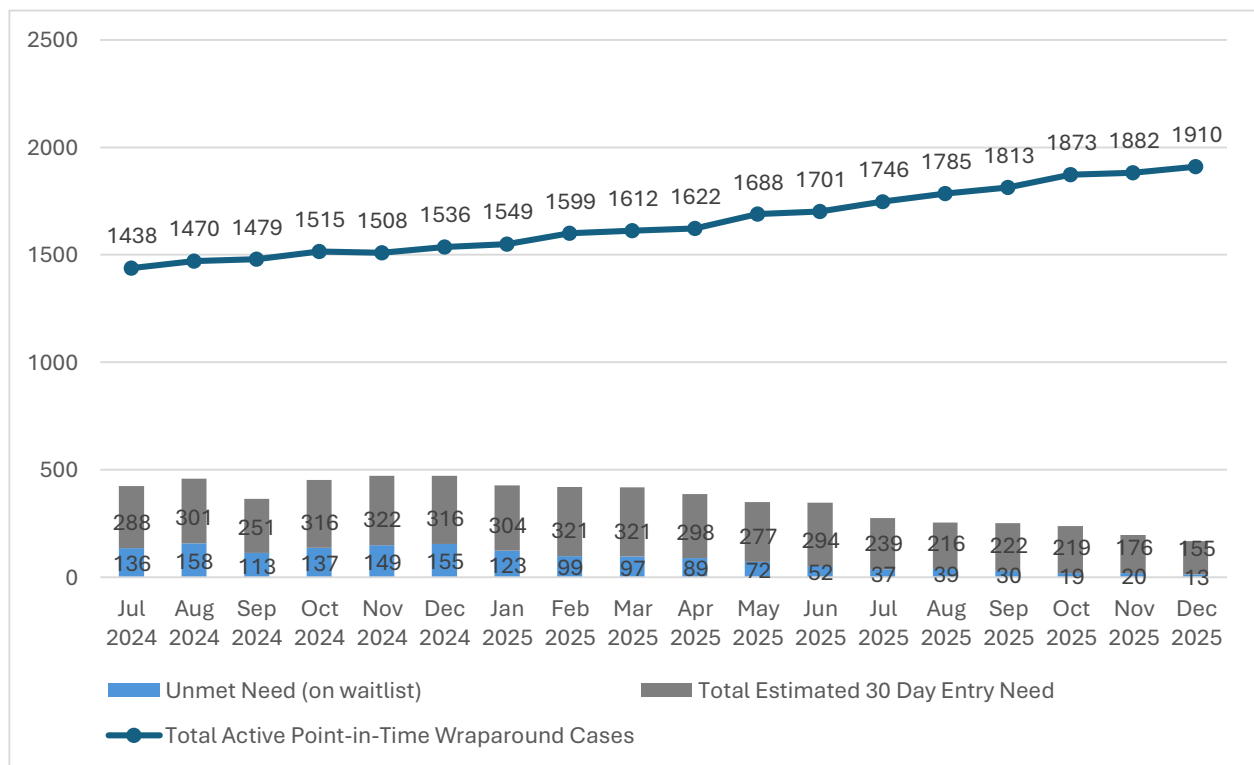
The number of youth using WV Wraparound according to CANS during CY 2025 (January 2025 - December 2025) was 3,722 cases active at some point during the calendar year compared to 3,226 cases in CY 2024.

**As of December 2025, over 1900 children were enrolled in WV Wraparound compared to 1500 children in December 2024, demonstrating the program’s continued growth. The number of children accessing Wraparound services is now more than double the number of children in residential treatment.**

**Children utilizing WV Wraparound for at least three months were 46% less likely to experience residential placement compared to those not utilizing the service or those only using the service briefly.**

As demand grew for intensive services like WV Wraparound, DoHS focused on increasing provider capacity in the community. WV has seen vast improvement in the waitlist for wraparound services decreasing from 155 children in December 2024 to 0 children on the waitlist as of February 2026 (15 as of December 2025 as shown below).

**Figure 5: Estimated WV Wraparound Entry Need (Children on Waitlist and Children Starting a Wraparound Service within Past 30 Days)**

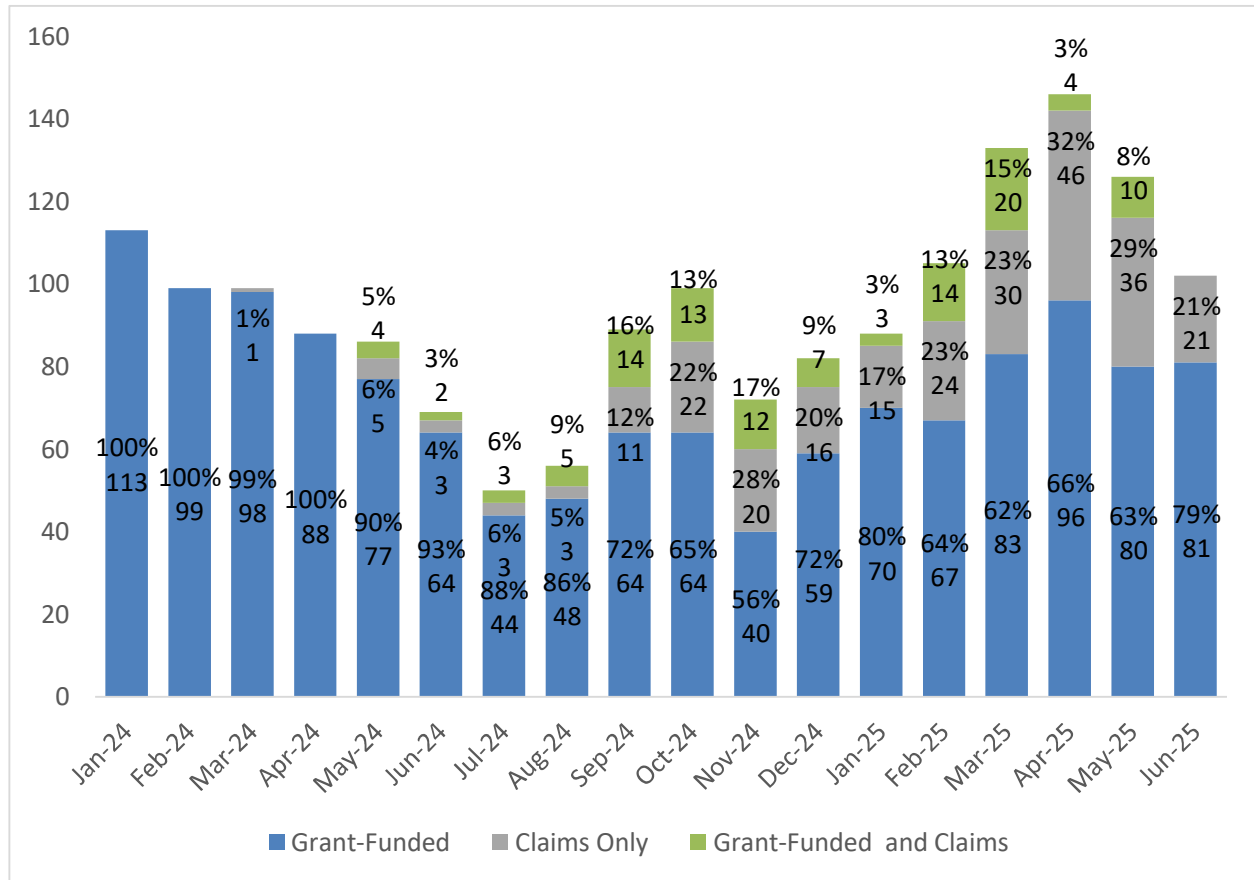


**Children’s Mobile Crisis Response and Stabilization (CMCRS) Utilization**

In January 2024, the State Plan Amendment went into effect to allow Medicaid enrollees to receive Medicaid covered CMCRS services. This is in addition to already established BBH grant funded CMCRS, expanding resources and provider network for these critical services. Individuals can get connected with CMCRS services by calling the CCRL and will receive a warm transfer to the local CMCRS responding agency (families can also call the provider’s number directly if desired). CMCRS utilization peaked in April 2025

with 146 youth served compared to 88 in April of 2024. DoHS is prioritizing outreach and education about CMCRS services to address crisis needs and help divert children from emergency rooms and inpatient hospitalization. Note some grant funded services may be underreported due to reporting issues which DoHS is working to address.

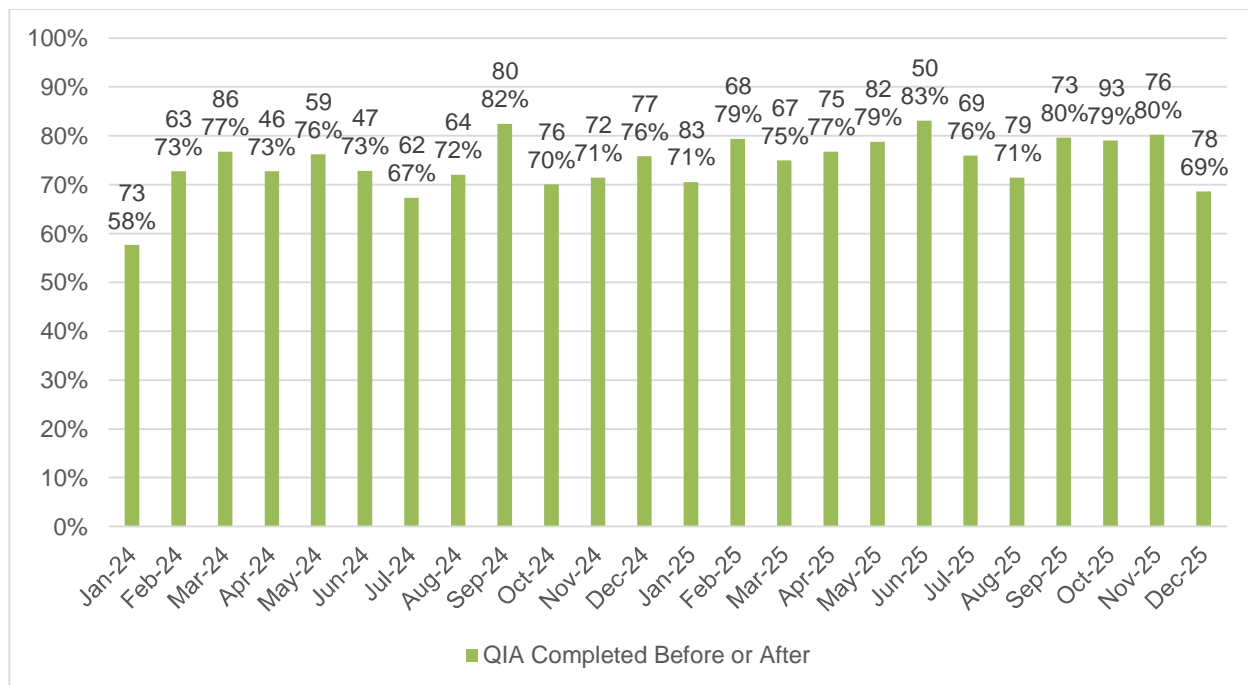
**Figure 6: CMCRS Monthly Enrollment Totals and Service Utilization, January 2024 – June 2025**



**Qualified Independent Assessment (QIA) Update**

Sharing and reviewing reporting at the county level for QIA referrals compared to RMHTF referrals admissions have helped increase opportunities for diversion. The percentage of children with a QIA completed before or after admission rose to a monthly rate of nearly 80% in the last half of 2025 compared to 58% in January 2024. By providing a clinically determined level of care need recommendation for each child at imminent risk for RMHTF placement, the QIA process is expected to reduce the RMHTF census by diverting youth from inappropriate placements, allowing connection to more integrated HCBS when it is recommended for the child.

**Figure 7: Rate of QIA Completion for RMHTF Admissions (Within 1 year of Admission)**



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

**Safe at Home West Virginia**

DoHS BSS provides grants 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”

**STRATEGIES AND METHODS TO REDUCE THE NUMBER OF CHILDREN WHO MUST BE PLACED IN OUT-OF-STATE FACILITIES AND TO RETURN CHILDREN FROM EXISTING OUT-OF-STATE PLACEMENTS, INITIALLY TARGETING OLDER YOUTH WHO HAVE BEEN ADJUDICATED DELINQUENT**

**Transformational Collaborative Outcomes Management (TCOM)**

Transformational Collaborative Outcomes Management (TCOM) directly informs service/intervention planning using assessments including the Family Advocacy and Support Tool (FAST), the Child and Adolescent Needs and Strengths (CANS), the Crisis Assessment Tool (CAT), and the Adult Needs and Strengths Assessment (ANSA).

TCOM tools assist with providing effective decision-making at every level of the system as it involves a shared understanding of the current needs and strengths of children, youth, and caregivers. DoHS entered into an agreement in 2019 with Marshall University’s Center of Excellence for Recovery to continue to fully develop and manage the TCOM model, which includes use of the TCOM tools.

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

In 2025, the following services and activities were completed: Virtual training on the CANS, FAST and ANSA tools, and Wraparound, including how to transfer CANS and FAST information into a Case Plan. The training includes how to develop specific, measurable,

achievable, relevant, and timely (SMART) goals and objectives and the Summary Tool information on how to identify target needs and anticipated outcomes.

**FAST Case Plan Training (all programs)**

- 406 Total (since 2019)
- 63 (Year 2024)

**CANS Case Plan Training (all programs)**

- 741 Total (since 2019)
- 51 (Year 2025)

**ANSA Case Plan Training**

- 120 Total (since 2025)

**CANS for Wraparound Training**

- 48 (Total – 4 in 2019 with the remainder beginning in 2025)
- 44 (Year 2025)

**Training of Trainer’s Annual Booster Training**

21 Individuals received Training of Trainer’s Annual Booster Training (April 2024). These individuals receive advanced training and higher certification to train the TCOM tools as required by the Praed Foundation.

Virtual Technical Assistance. Technical assistance (TA) is provided virtually using a social service worker’s actual case. Marshall University reviews the social service workers FAST Rating Sheet and provides input to develop clear and concise justifications for the rating, assisting in identifying the target needs and anticipated outcomes, and when needed, how to take that information and develop an individual case plan.

**Virtual Technical Assistance (TA)**

- 386 total (since 2019)
- 8 TA (Year 2025)

Face-to-Face Onsite Training and Technical Assistance for Youth Service Workers. In collaboration with DoHS’s Social Services Policy Team and Marshall University, Advanced Trainers provide onsite training and technical assistance that is determined by DoHS. The training is provided virtually and at the county level. Like the technical assistance that is provided virtually, the onsite technical assistance assists social service workers on rating the FAST, providing clear and concise justifications for the rating, how to identify target and anticipated outcomes, and how to take that information and develop an individual case plan. The county for Onsite Training and Technical Assistance that Marshall University Advanced trainers assisted are below:

- **December 4, 2025 - 4 TA (Monongalia County)**
- Supervisory training for supervisors in the Case Review counties as requested. This brief training includes a refresher on the use of the FAST tool and how to use the FAST Supervisors Checklist during staff evaluation. This checklist was developed to guide supervisors during their staff case reviews and provide an opportunity for Social Service Staff to further develop and practice development of them communicating the family’s story, increasing their engagement, planning,

and tracking progress of the treatment goals (evaluation of the case plan). Provided as requested.

- Cloud-based professional animation videos designed and available on the TCOM website to help support issues identified during training and technical assistance sessions.

#### Videos

- Justifications Tell the Story
- The CANS – It is Just a Form Isn't It
- One Thing Leads to Another
- CANS, Anchors, Actions and Time Frames
- Masking
- Anchors vs. Actions

#### Presentations:

- Writing Concise, Unique to the Child and Understandable Justifications using the TCOM
- Provide a platform for support of the Praed Foundation website and navigation and website access code distribution for DoHS staff and grant-supported programs.
    - A total of 2005 Website Coupons have been distributed.
  - Tracking certification of TCOM tools. In addition to the reminders the Praed Foundation provides individuals when their certification is about to expire, Marshall University also tracks and reminds individuals and managers when certification is nearing their expiration date or has expired in the following programs: DoHS staff, SAH WV, CSED, Children's Mental Health, Shelter, Residential, Child Placement Agencies, Mobile Crisis Units, and School-Based Mental Health and TCOM Trainers when certification is near expiring.

The TCOM team and WVICCC team continue to complete the CANS and the Child and Adolescent Functional Assessment Scale (CAFAS) on youth who are placed in out-of-state care. DoHS partnered with Marshall University's Center of Excellence for Recovery and the University of Kentucky's Center of Innovation in Population Health to finalize the West Virginia Adult Needs and Strengths Assessment (ANSA). The total ANSA Case Plan Training is listed above.

DoHS Policy Staff, Marshall University's Center of Excellence for Recovery TCOM Advanced Trainers, and West Virginia's service providers continue to update the Child and Adolescent Needs and Strengths (CANS) Manual. In 2025, the CANS Manual will be reviewed by DoHS and the University of Kentucky's Center of Innovation in Population Health (Praed Foundation) for approval. In 2025, the CANS Rating Sheet and other supportive materials will be updated. Because the Decision Support Model was developed for the current CANS tool, the revisions are on hold.

In October 2025, West Virginia was represented at the Transformational Collaborative Outcomes Management (TCOM) Annual Conference. This international conference brings together helping professionals from around the world to share ideas and discuss the latest advancements in research, innovative practices, and current trends in population health.

#### CANS Fidelity Review

In 2025, the CANS Fidelity Review for Emergency Shelters was completed. In the CANS Emergency Shelter review, 42 youths', charts were reviewed. Results and recommendations are being developed

and will be provided to the state in January 2026.

### **Wraparound Fidelity Review Team**

In 2025, Wraparound fidelity was assessed through the Documentation Assessment Review Tool (DART) and the Wraparound Fidelity Index Short Form (WFI-EZ). Marshall University has worked closely with the University of Washington's Wraparound Evaluation and Research Team (WERT), the accountability and evaluation wing of NWI, to train staff on fidelity assessment and scoring procedures, establish guidelines for stratified random selection of Wraparound-enrolled youth for document reviews, and develop fidelity reports. Marshall University and WERT continue to meet monthly to address the fidelity plan, data analysis and barriers.

In the DART review, 183 youths' charts were reviewed. In the WFI-EZ review 198 and 462 wraparound coordinators completed the surveys. Results and recommendations were provided in a report to the state.

One of the recommendations was to expand the Wraparound Fidelity Team in order to provide one-on-one support to providers and to work closely with the National Wraparound Implementation Center (NWIC), Aetna and State Bureaus. New team members were hired by September 2025.

### **Trauma-Sensitive Workplace Team**

The Trauma-Sensitive Workplace Team partners with DoHS to provide assessment, training, technical assistance, and crisis event response support. This team was created to address secondary traumatic stress that is experienced by DoHS staff. They interact with people who have experienced multiple traumas. Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another person. Given the nature of their work, child welfare staff are at very high risk of developing STS, and they can be at risk of experiencing trauma first-hand. In addition, the trauma and secondary trauma experienced by their clients and staff can affect organizations and the organizational culture. If left unaddressed, STS can have a negative impact on the ability of individuals and organizations to help children and families.

Marshall University worked with the University of Kentucky's Center of Innovation in Population Health to conduct a second assessment of DoHS staff through the West Virginia's Bureau for Social Services Safety Culture Survey. The results of the survey were compiled and will be shared with the state and each district and have guided training.

The Trauma-Sensitive Workplace Team has provided training throughout West Virginia on "Protecting the Protector (PtP)." They have trained 443 staff. The team has been integrated into new worker training and they have trained 539 staff since they started. A follow-up training to "PtP" has been developed – "Strengthening the Protectors." This training delves deeper into Secondary Traumatic Stress with a stronger focus on self-care. To date, 227 staff have attended this training.

A training to improve workplace culture and climate as well as communication techniques was developed entitled "Weathering the Storm." The Trauma Sensitive Workplace Team have 703 staff.

The team is working with each county or district to establish peer support groups. There have been 417 meetings throughout the state with 1448 people attending since 2022.

The team responds to Crisis Events statewide in DoHS. All staff are trained in Critical Incident Stress Management. They have responded to 81 events which impacted 301 staff since 2022.

### **Interstate Compact on the Placement of Children Training**

Marshall began providing ICPC (Interstate Compact on the Placement of Children) training in the fall of 2021. This project is contracted through WVDoHS, formerly WVDHHR, and provides training to Bureau for Social Services staff and Judicial staff throughout WV. Initially, each county was provided training. After this initial training was completed, it was decided that the training would be provided on a quarterly basis or as needed. Since 2021, MURC has provided training to over 850 individuals.

### **Bureau for Social Services Evaluation Projects**

Marshall University-continues the Safe at Home (SAH WV) Referral Approval and Assignment Project. This project established a central location and two staff who review, approve, or deny and assign all the SAH WV Referrals. Tracking SAH WV referrals from entry into the WVCANS System through the acceptance of an assigned referral by the provider is provided. The project provides a timelier review and assignment process, consistent and uniform review/approval/assignment for referrals and more frequent contact with the SAH providers. From January 1, 2025, to December 31, 2025 there were 1513 referrals reviewed, 1493 referrals were assigned to a provider and 72 referrals were denied for services, because they did not meet the eligibility criteria.

### **WV Intensive Clinical Care Coordination Team**

DoHS has partnered with Marshall University and Aetna to build a team that will focus on children who are placed in an out-of-state residential setting. Early identification of the child's needs is the team's first goal. The WV Intensive Clinical Care Coordination's purpose is to ensure every child residing in an out-of-state Psychiatric Residential Treatment Facility or a Group Residential Facility receives a comprehensive and viable discharge plan that is initiated within 30 days of placement and implemented immediately before discharge from the facility. The team is made up of four Clinical Specialists, a Community Services Coordinator, and a Family Liaison. This team began in late June 2023. In July 2025 the team expanded the number of Clinical Specialists and Family Engagement staff to better serve the youth placed OOS.

The team has assisted the state with over 1000 kids that have been OOS since June 2023.

### **The Regional Partnership Grant (RPG)**

The Regional Partnership Grant (RPG) is administered by the Administration for Children, Youth, and Families (ACYF), Children's Bureau (CB) to improve the well-being of children affected by parental substance use disorders. West Virginia is using a wraparound approach for this grant. There have been three RPG grants that MU has worked on with Prester's Center for Mental Health. Marshall University is the evaluator for the WV RPG program. It conducts both a national cross-site and local evaluation. The third RPG project will continue until September 2027. The project has served 83 families as of December 2025.

### **Out of State Youth – At Risk Staffing**

When a youth has been identified as possibly having to be placed in an Out of State (OOS) facility, the worker will submit an At Risk Staffing. The Staffing request goes to the Placement Division and is assigned

to a program specialist that covers that district. A Staffing is set up between the district, Placement Division Program Specialist, and assigned Behavioral Health Navigator and AETNA Case Manager. The team will then review all necessary documents; QIA, Psychological Evaluation, Psychosexual Evaluation, etc. The team will then come up with recommendations; whether an OOS facility is appropriate and make formal recommendations on which OOS facilities to refer the youth to. The purpose of these OOS Staffings is to ensure that youth are in the appropriate level of care while meeting their needs.

## **STAFFING, FACILITATION, AND OVERSIGHT OF MULTIDISCIPLINARY TREATMENT PLANNING TEAMS**

### **West Virginia Court Improvement Program**

The Supreme Court of Appeals of West Virginia established the West Virginia Court Improvement Program (CIP) Oversight Board in 1995. This Board took over the Broadwater Committee's work to improve outcomes for children and families in child abuse and neglect cases. The Court established the Broadwater Committee in the mid-1990s during Chief Justice Margaret Workman's previous tenure on the Supreme Court, from 1988 to 1999.

The Court Improvement Program Board was created because of the federal Omnibus Budget Reconciliation Act of 1993. That Act designated federal funding beginning in fiscal year 1995 for grants to state court systems to assess their foster care laws and judicial processes and to develop and implement a plan for system improvement. The Oversight Board is a multidisciplinary advisory group and task force to implement the program in West Virginia. The U.S. Department of Health and Human Services (DHHS) Administration for Children and Families continue to fund the program annually. Judge James W. Courier Jr. of the 25<sup>th</sup> Circuit Court (Grant and Mineral counties) is the chair of the Oversight Board.

The mission of the West Virginia Court Improvement Program 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.

Division of Children's Services staff engaged in many activities to meet the mission and strategic plan of the CIP in the calendar year 2025.

Some of the activities mentioned above are as follows:

Education and Community Outreach provided varied and numerous training courses, networking and information-sharing opportunities in 2025. Some of those are listed below.

- 1570 employees attended training courses facilitated by CIP.
- 11 new magistrates along with 180 magistrates who attended the Magistrate Conference were trained on Title IVE reasonable efforts and other child-related issues.
- 7 Judicial stakeholders' meetings were held in Calhoun, Greenbrier, Berkeley, Monongalia, Webster, Logan, and the Eastern Panhandle, which were tailored to the community and address local issues in abuse and neglect proceedings.
- Virtual and on-site new user training courses provided to new JANIS users. 112 users were trained on the JANIS system which included the 1<sup>st</sup> Virtual JANIS Conference.
- 6 Lunch and Learn sessions held for child abuse and neglect attorneys.
- Over 70 WVU College of Law students attended a panel discussion on child abuse and neglect attorney work.

- CIP resumed the in-person CAN Attorney Conference in May of 2025 with 265 in attendance. After the Conference was completed, WV gained roughly 10 new CAN Attorneys.

### **Juvenile Abuse and Neglect Information Services (JANIS):**

A key resource for the child abuse and neglect system in WV. JANIS holds varying information on abuse and neglect cases. Data from JANIS is used to identify trends in how abuse and neglect cases are handled in West Virginia. JANIS continues to be a priority for the CIP. We have staff dedicated to monitoring, training, and entering information to assist judicial staff. In addition, there is ongoing work by staff who study and evaluate the programs to strengthen the quality of the data contained in the system. Over 527 cases were added to JANIS in 2025 by The Division of Children Services and 2,537 were entered by Judicial Staff.

### **Case Assist:**

New View was a program that started in April 2020 as a judicial resource program wherein Judges or their designee can refer children to the program. Once screened in, a CIP Field Coordinator reviews both Court and State Child Welfare Agency records, interviews with the child and case collaterals, and attends pertinent hearings and multidisciplinary team (MDT) meetings. They then make recommendations to the child's MDT. During 2025, this practice continued; however, not formally as a project, and underwent some changes in the project. The now renamed project, Case Assist, follows the same protocol and practices as New View, but now does not require a referral from Judges. Those referrals can be made by any stakeholder in the Juvenile Abuse and Neglect proceedings. The Division of Children's Services saw the value of this project and has now been adopted into the daily responsibilities of CIP Field Coordinators. CIP Field Coordinators will continue to be the primary contact and provider to the state's local teams. Case Assist was implemented in 77 cases in 2025, with the assistance of the Court Involved Youth Specialist 29 of those cases were closed with permanent placement achieved.

### **Quality Hearing Project:**

The CIP is charged with enhancing the quality of hearing for children and parents. CIP along with WV Judiciary is working on a Project that is centered around Quality Court Hearings; while looking at the areas of quality hearing, many thought the voices of the Children in hearings are being lost. Which has started the project Hearing our Voices. The West Virginia Judiciary with CIP aims to elevate the voices of young people in the child welfare and juvenile justice systems. Engaging young people in and out of court allows them to participate in decisions affecting their lives, promotes procedural justice, and provides the opportunity for the court system to learn more about the youth coming before them and understanding their needs. Effectively engaging young people in court hearings and in system improvement efforts requires a shared purpose, building knowledge and skills, and cultivating a culture that facilitates partnering with lived experts. Data is now being collected along with Workgroups to establish the next steps of the project.

### **Parent Resource Navigator:**

(PRN) Project continues to grow. In 2025, the PRN program is active in 13 counties: Greenbrier, Webster, Lewis, Preston, Tucker, Morgan, Berkeley, Calhoun, Doddridge, Braxton, Mingo, Gilmer, and Upshur counties. Brooke and Hancock, Clay, Boone, and Harrison are in the process of onboarding to begin the program. We have resumed the wait list for those counties who have expressed interest. The new Parent Resource Navigator Developer has now been hired and has streamlined the onboarding process as well as

establishing forms, and a way to gauge the success of the PRN Program. This program is intended to assist parents involved in juvenile abuse cases and to give the support they need to meet the requirements of their improvement plans. The goal is to help parents remediate issues that would otherwise prevent reunification with their children. This is an opportunity to assist parents with 'navigating' the system and work with them to help them meet requirements for reunification. An unexpected, but very positive, outcome has been establishing relationships between the parent participants and the court community with the county's Family Support Center. The Center offers a variety of robust services, connections, and support to families in the local community.

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

### **WV Wraparound**

The Children's Mental Health Wraparound initiative of DoHS's Bureau for Behavioral Health (BBH) is modeled after the national children's wraparound model and philosophy. The purpose of Children's Mental Health Wraparound is to prevent out-of-home placement of children with serious emotional disturbances and have them thrive at home with their families and in their schools and communities.

During FY 2025, BBH continued with the Assessment Pathway process which wraps services around with DoHS's Bureau for Social Services and Bureau of Medical Services. BBH continues to provide BBH wraparound services for those children who are determined to be ineligible for interim services through WV Wraparound but are otherwise clinically eligible for services. BBH has worked this year to establish a better partnership in our schools systems and are currently continuing to work with schools on a process to deliver some wraparound services in the school setting. This is a work in progress

Data for WV Wraparound can be found in the section above titled: "Current Practice of Placing Children Out-of-Home and Into Residential Placements, with Special Emphasis on Out-of-State Placements."

### **Children's Mobile Crisis Response and Stabilization**

In FY 2025 Mobile Crisis Response and Stabilization providers continued training through a standardized curriculum provided by University of Connecticut. Currently participation includes BBH's 7 providers and 2 of BMS's providers. This training also included the Program Manager and Supervisors of the Children's Crisis and Referral Line.

The CMS-approved Medicaid Community-Based Mobile Crisis Intervention Services program was successfully implemented with an effective date of July 1, 2023.

Thirteen agencies are currently providing Mobile Crisis services to children, achieving statewide coverage with the exception of Mingo County. A prospective provider is presently in discussions regarding the submission of an application to deliver these essential services in the Mingo County area. I want to make note that the training reference above is incorrect. It is the University of Connecticut and not all providers have received training from them.

Data for Children's Mobile Crisis Response and Stabilization can be found in the section above titled: "Current Practice of Placing Children Out-of-Home and Into Residential Placements, with Special Emphasis on Out-of-State Placements."

### **Children's Crisis and Referral Line and Warm Peer Line**

Data for the Children’s Crisis and Referral Line and Warm Peer Line (CCRL) can be found in the section above titled: “Current Practice of Placing Children Out-of-Home and Into Residential Placements, with Special Emphasis on Out-of-State Placements”.

### **Family First Prevention Services Act (FFPSA)**

DoHS received approval of its Family First Five-Year Prevention Plan on September 14, 2020, from the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Children’s Bureau. The approval was for three evidence-based prevention services that have been implemented and are being provided to our citizens: Functional Family Therapy (FFT), Healthy Families America (HFA), and Parents as Teachers (PAT). Family First is about strengthening families, ensuring the children are safe, promoting wellbeing by addressing the issues that could lead to the child being placed in foster care. The ultimate goal for these preventative services is to keep families safely together whenever possible.

Updates to West Virginia's FFPSA are currently in progress. To achieve the goal of engaging with families before any involvement with Child Protective Services (CPS) or Youth Services (YS) has occurred, the definition of Foster Care Candidacy is being updated to include those at risk of involvement with BSS. This will allow those without an open CPS or YS case to have access to these services. If families are already involved with BSS, they will continue to be eligible for the intensive evidence-based prevention services and support. 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.

Currently, WV has three programs in our Family First prevention plan, FFT, PAT, and HFA. Functional Family Therapy has one provider, National Youth Advocate Program, that covers all areas of West Virginia. FFT is also evidence-based to allow for virtual visits as part of the program. Healthy Families America has one provider, TEAM for West Virginia, that covers seven counties. Parents as Teachers has ten providers (Hands of Hope, Preston County Caring Council, Inc., Burlington United Methodist Family Services, Brooke Hancock FRN, Lewis County FRN, Children’s Home Society of West Virginia, The Community Crossing, Tucker County Family Resource Network, Inc., Mountain Heart Community Services, and Cornerstone Family Interventions, Inc.) covering 34 counties.

The current proposed updates also include the possibility of offering an additional evidence-based parenting education program as well as incorporating Motivational Interviewing into existing services.

### **Expanded School Mental Health (ESMH) <https://wvesmh.org>**

The Expanded School Mental Health (ESMH) approach is an integrated approach that builds on core services provided within schools. It is a three-tiered framework that includes the full continuum of mental health prevention, early intervention, and treatment services. The four expected outcomes of this approach are reduced barriers to learning, improved academic performance, improved attendance, and improved school functioning/behavior. The ESMH Framework requires the use of evidence, research-based and promising practices: <https://clearinghouse.helpandhopewv.org/> West Virginia has 71 ESMH schools and 9 in partnership with Project Aware for a total of 80 schools across 30 counties. 2025 numbers reflect the ending of AWARE funding through the WV Department of Education for 9 formerly participating schools and the election of on school to discontinue ESMH participation.

The three-tiered framework is the following:

#### **Tier 1: Universal Mental Health and Prevention**

All Students: Prevention and Mental Health Promotion

85-90% of students will be successful when Tier 1 services are fully in place and aligned with best practices standard: without the need for Tier 2 and 3 services.

All students receive these services in the everyday learning environment in the classroom or large group setting. Interventions may include social and emotional development lessons, drug and alcohol education, suicide prevention, conflict resolution, and transition support. Schools use data analysis to identify needs and priorities.

Expanded School Mental Health locations across West Virginia have been utilizing the following Evidence Based Programs: Second Step, Too Good for Drugs and Violence, Positive Action, Botvin Life Skills, Keep a Clear Mind, PAX (Good Behavior Games), PAX Tools (small group) Catch My Breath, N.O.T. Not on Tobacco, I Can Problem Solve, Incredible Years, Mental Health and First Aid: Adult and Youth, Signs of Suicide, Resilience Builder.

*Tier 1: Students served: 22,889*

### **Tier 2: Early Intervention**

At-Risk Students - Students with identified academic, behavioral and emotional needs

Complementary to Tier 1: Successful Tier 2 services reduce the need for Tier 3 services. 5-15% of students need Tier 2 services when Tier 1 prevention programs are systemically implemented

Students who have demonstrated academic, behavioral, and/or emotional needs receive services in small groups or individually. Examples of these interventions include short-term counseling, skill building groups, and learning and behavioral accommodations. Schools identify students by monitoring academic and behavioral factors. For Fiscal year 2024, 5,034 students were served with Tier 2 services and received 16,727 individual doses of secondary prevention.

*Tier 2: Students Served: 3,815*

### **Tier 3: Therapy and Intensive Support**

High - Risk Students

Students with pervasive behavioral and/or mental health needs

Schools must ensure Tier 1, and 2 services are provided to prevent students from moving into the Tier 3 category

Schools and community partners provide treatment and intensive services to students with pervasive behavioral and/or emotional needs. Services include formal assessments, mental health diagnosis, therapy, short - term hospitalizations, and IEP accommodations. Parents, teachers, and other partners refer students for these services.

*Tier 3: Students served with Tertiary prevention: 1386 students*

NOTE: The TIES school locations were moved to the Expanded School Mental Health Program to serve the whole school, not just the primary grades. Therefore, all schools will receive trauma-informed services.

## **STRATEGIES AND METHODS TO PROMOTE AND SUSTAIN COOPERATION AND COLLABORATION BETWEEN THE COURTS, STATE AND LOCAL AGENCIES, FAMILIES, AND SERVICE PROVIDERS INCLUDING**

## **THE USE OF INTER-AGENCY MEMORANDA OF UNDERSTANDING, POOLED FUNDING ARRANGEMENTS, AND SHARING OF INFORMATION AND STAFF RESOURCES**

### **Implementation of Every Student Succeeds Act (ESSA): Focus on Foster Care Children**

The Education of Children in Out of Home Care Advisory Committee focused on the following objectives during 2025: (1) increasing cooperation and coordination between stakeholders that service out of home youth; (2) continued expansion of the Education Recovery/Foster Care Education Specialist Program; (3) continued expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; (4) monitoring effectiveness and increasing educational involvement of multidisciplinary team meetings.

The committee was able to meet three times this past year and based on discussions it can be concluded that cross-system collaboration and policy alignment are needed to ensure students in care receive timely, equitable access to education and related supports. It would be the hope of the committee this year to meet three times again to continue working to improve the care of youth in out-of-home care.

Under Every Student Succeeds Act (ESSA), the West Virginia Department of Education is required to annually report on the educational status and achievements of children in foster care. During 2026, the Education of Children in Out of Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) strengthening cross communication between agencies that support youth in out of home care; (2) expanding knowledge and communication to include more in depth updates on McKinney Vento youth and Out of State youth in facilities; (3) continue updates on programs that benefit youth in out of home care such as The Bridge Project, Middle College, and the work from Foster Care Education Specialists. (4) identify and address barriers that prohibit youth from being in foster care or placement from participating in.

### **West Virginia Adult Drug Courts**

The West Virginia Adult Drug Courts (ADC) are a cooperative effort of criminal justice, social service, substance use treatment, and law enforcement systems. ADCs are established in accordance with the West Virginia Drug Offender Accountability and Treatment Act (W. Va. Code §62-15-1 et seq.). ADCs are designed and operated consistently with All Rise (formerly the National Association of Drug Court Professionals) key ingredients of the drug court model (known as the Ten Key Components [NADCP, 1997]), which became the core framework not only for drug courts but for most types of problem-solving court programs. The West Virginia ADC is operated under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia. All ADCs use evidence-based treatment approaches and assessments and are to be evaluated annually. Program components include intensive supervision, frequent, random, and observed drug testing, meetings between participants and probation officers, therapy, group counseling, peer support groups, court appearances, and community service. The program seeks to achieve a reduction in recidivism and substance use among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment; mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which are supervised by a judicial officer.

For calendar year 2025, there are 30 Adult Treatment Courts in West Virginia serving 45 counties, including Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer,

Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wirt, Wood, and Wyoming counties.

- Participants served: 833
- Referrals: 473
- Admitted: 319
- Graduates: 222
- Recidivism rate since program inception: 15.3%

### **West Virginia Juvenile Drug Courts**

The West Virginia Juvenile Drug Courts (JDC) are a cooperative effort of the juvenile justice, social service, substance misuse treatment, law enforcement, and education systems. JDCs are established in accordance with W. Va. Code §49-4-703. They are designed and operated consistently with the Juvenile Drug Treatment Court Guidelines, as outlined by the Office of Juvenile Justice and Delinquency Prevention. The programs are operated under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia. JDCs are designed for high-risk juveniles with substance use issues who are in jeopardy of further involvement in the legal system and/or out-of-home placement. The program is a non-adversarial, intensive, individualized court process that includes substance use and other types of needed treatment, where parental involvement and cooperation is mandatory. All JDCs use evidence-based treatment approaches and assessments, and the programs are evaluated annually. Program components include intensive supervision, frequent, random, and observed drug testing, meetings between juveniles and probation officers and parents and probation officers, counseling sessions for juveniles and for families, non-adversarial court appearances for juveniles and parents, and community service.

For calendar year 2025, there are 14 Juvenile Treatment Courts in West Virginia covering 20 counties, including Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mercer, Monongalia, Morgan, Ohio, Pleasants, Putnam, Raleigh, Ritchie, Wayne, Wirt, Wood counties.

- Participants served: 307
- Graduates: 61

### **West Virginia Family Treatment Courts**

The West Virginia Family Treatment Courts (FTC) began in the fall of 2019. These courts are a cooperative effort of the circuit courts, Child Protective Services, treatment providers, and others involved in the welfare of children in the foster care system. FTCs are established in accordance with W. Va. Code §62-15B-1 et seq. and are designed and operated consistent with the FTC Best Practice Standards, as produced by Children and Family Futures and All Rise (formerly the National Association of Drug Court Professionals). FTCs are operated under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia. Unlike the other treatment courts, FTCs do not necessarily work with those criminally charged. Instead, FTCs work with the parent(s) who have been adjudicated in an abuse and neglect proceeding due to his/her substance misuse. The FTC goals are to assist parents with accessing illegal substances and other treatment in a timely manner, reunify and return children home at a potentially faster rate than

traditional abuse and neglect court proceedings and ensure fewer children experience subsequent maltreatment and return to foster care. Components of FTC include intensive supervision, frequent, random, and observed drug testing, meetings between the participants and case coordinators, individual and group counseling, non-adversarial court appearances, basic case management, and most importantly, supervised visits with their children until reunification is achieved.

For calendar year 2025, there are 13 Family Treatment Courts in West Virginia serving 17 counties including Boone, Fayette, Greenbrier, Cabell, Kanawha, Logan/Mingo, McDowell, Nicholas, Raleigh, Randolph, Roane (who also serves Calhoun), Wetzel (who also serves Marshall and Tyler), and Wood. (Ohio County ceased operations in December 2025).

- # participants: 256
- # graduates: 84
- # children served: 349
- # Reunifications: 75
- # Permanency with parents: 49
- Average time from removal to reunification (physical custody) is 367 days
- Average time from removal to permanency (reunification) is 475 days

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

### **Transitioning Youth from Foster Care**

The proposed changes to the current model of the Transition to Adult Program (TAP) from grant funded to a tiered and per diem funded model has been approved and will be in effect on July 1, 2026.

The Transitional Living Unit continues to meet quarterly with TAP providers to discuss eligibility, applications, ILS payments, medical coverage, and cases of concern. Once a decision has been made regarding the tiered model, the occurrence of these meetings will be adjusted accordingly.

ILS payments to eligible youth continued to be paid by the 5th of each month by the county office worker or a county office worker representative. ILS payments to eligible youth in the TAP program are provided via provider payments and are then invoiced and reimbursed by the Transitional Living Unit.

Monthly Regional Transitional Navigators meetings continue to be held and remain open to BSS, TAP Providers, Foster Care Agencies, Continuums of Care, BJS, and any other entity and community member providing transitional living services.

### **Office of Drug Control Policy**

The Office of Drug Control Policy (ODCP), established in 2017 and described in W. Va. Code §16-5T-2 directly reports to the Governor, and is housed under the West Virginia Department of Human Services (DoHS). ODCP is the coordinating agency responsible for leading the development, implementation, and monitoring of all state programs and services related to the prevention, treatment, and reduction of substance use disorders. To achieve this, the ODCP collaborates with various DoHS bureaus, the West Virginia Department of Health (DH), other state agencies, and community partners, focusing on

maximizing funds to combat substance and opioid use disorders. The ODCP also provides administrative support to the Governor’s Council on Substance Abuse Prevention and Treatment (Council) and oversees the implementation of its strategic plan.

Supported by the ODCP, the Council drives the statewide effort to combat substance use disorders by creating a strategic, annual state-level plan, such as the West Virginia 2025 State Substance Use Response Plan. The ODCP manages the development, implementation, and monitoring of this coordinated and integrated approach, with progress tracked through quarterly reports on the website.

The 2025 Plan continued the Council’s focus on prevention, treatment, and recovery and covered a framework that included prevention; community engagement and supports; treatment; integrated health systems; court systems and justice-involved populations; law enforcement; public education; pregnant and parenting women, and youth.

Key components of the Plan included:

- **Prevention:** Implementing strategies to curb youth tobacco, vaping, and alcohol use, and launching a statewide stigma-free messaging campaign to boost community education.
- **Treatment and Recovery Support:** Expanding capacity for recovery housing, improving transportation access for services, increasing employment/job retention support, and broadening access to evidence-based treatment for all populations, including youth, justice-involved persons, and pregnant/parenting women.
- **Health and Workforce:** Working to reduce infectious diseases linked to substance use and building and strengthening the behavioral health workforce.
- **Law Enforcement and Justice System:** Preparing law enforcement to respond to overdoses, improving drug-related enforcement efforts, addressing the impact of trauma on children, and promoting knowledge of alternative sentencing for individuals with SUD.
- **Monitoring:** Including monitoring measures to ensure the Plan's goals are successfully achieved.
- **Youth:** Documenting existing treatment and recovery services for youth, identifying gaps for youth treatment and recovery services, and helping to define the youth substance use disorder ecosystem.

The 2025 State Plan and the Quarter 4 Progress report can be found at <https://odcp.wv.gov/reports>.

## **WAYS TO PROMOTE AND PROTECT THE RIGHTS AND PARTICIPATION OF PARENTS, FOSTER PARENTS, AND CHILDREN INVOLVED IN OUT-OF-HOME CARE**

### **Support for Kinship Providers/Relatives**

The Kinship Navigator Program became effective August 15, 2019. This program operates through Mission West Virginia and provides assistance to child welfare workers and kinship/relative families. The Kinship Navigator Program assists with monitoring kinship/relative placements to ensure their entry into CCWIS, entry of monthly demand payments, and receipt of foster care subsidy upon certification approval. Kinship navigators link families with necessary services and supports to ensure needs are met. The program is intended to provide added resources for kinship/relative families and assist child welfare workers when kinship/relative families have extra needs that require time and assistance.

In 2025, there were 1,571 referrals received. Kinship navigators served 1,351 families including initial assessments and closing assessments.

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

- Helping caregivers understand the child welfare system as well as their specific role.
- Identify financial assistance needed and ensure that families are receiving all financial assistance for which they qualify.
- Identify services and needs outside of the financial scope.
- Identify areas where the family needs an advocate or needs knowledge so they can advocate for themselves.
- Identify tangible items needed to care for the child or to pass their home study.
- To provide emotional support to the caregiver.

Ultimate goals:

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

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

**Snapshot from Mission WV (not comprehensive) of the main types of assistance provided:**

<b>Types of Financial Assistance Addressed by Navigators - 2025</b>	
Temporary Assistance for Needy Families (TANF) or State Paid Kinship Care (SPKC) Payments	904
Childcare Resource and Referral	184
Clothing Vouchers	806
Women, Infants, Children (WIC)	316
Medical Card	544
Other Demand Payments	140
Transportation	41
Utilities	68
Home Repairs	48

<b>Referrals Made to Non-Financial Resources – 2025</b>	
Foster Care Ombudsman	71
Legal Aid	70
Local Family Resource Network (FRN)/Family Support Center (FSC)	144
National Training and Development Curriculum	222
Aetna	797

<b>Tangible Items Obtained- 2025</b>	
Emergency Food	209
Clothing	42
Cribs	20
Crib Mattresses	24
Toddler beds/Bedding	17
Bedframes	91
Bunk Beds	27
Mattresses	102
Car seats	16
Dresser	34
Gun safety locks and lock boxes	27
Baby safety items	46
Medication lock boxes	57
Fire extinguishers	88
Smoke / carbon monoxide detectors	152
Fire escape ladder	53

- Families are assisted in obtaining items that are:
1. necessary to care for the children in their homes, and/or
  2. required to pass a home study.

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

- 1) DoHS: Is it in policy that DoHS meet a specific need or cover a specific expense? (We have observed that this varies in practice regionally). Did the family receive their \$300 incentive check and if so, how was it spent?
- 2) Community Resource: We often work with churches, foster closets, CASA offices, Family Resource Centers, etc.
- 3) Grant Funding: There is a line item in our grant budget to purchase items necessary for families to care for children or pass their home study.
- 4) Agency Fundraising: Mission West Virginia has fundraised monies that may be used when other resources are not available, or a certain expense is not allowable. An example might be equipment for a child to join an extracurricular, a prom dress or assistance with Christmas.

DoHS home finders work closely with kinship families to get them the information for financial support and training while they are going through the certification process. Training is being expanded in March 2026 to include treatment foster care components, which will be available to all new and current kinship caregivers. Marshall University is also beginning a project to provide trauma support to kinship caregivers. Half (50%) of the children in child welfare custody as of December 2025 were in kinship placements. Placement with kinship caregivers is prioritized, when possible, to allow the child to maintain connections with their family and/or community.

## **WAYS TO CERTIFY OUT-OF-STATE PROVIDERS TO ENSURE THAT CHILDREN WHO MUST BE PLACED OUT-OF-STATE RECEIVE HIGH QUALITY SERVICES CONSISTENT WITH THIS STATE'S STANDARDS OF LICENSURE AND RULES OF OPERATION**

### **West Virginia Interagency Consolidated Out-of-State Monitoring**

The West Virginia Interagency Consolidated Out-of-State Monitoring process continues to ensure children in foster care and placed outside of the State of West Virginia are in a safe environment and provided behavioral health treatment and educational services commensurate with WVDoHS and West Virginia Department of Education Standards. The monitoring review team consists of representatives from WVDoHS' Out of State Review Unit, Kepro, West Virginia Department of Education, Supreme Court of Appeals of West Virginia, and Aetna.

In 2025, the team reviewed the following five placements:

- February 18-20, 2025- Grafton Schools (P.O. Box 2500, Winchester, VA 22604)
- March 25-27, 2025-Abraxas 1 (165 Beavers Meadow Rd, Marienville, PA 16239)
- May 13-15, 2025-Youth Health Associates (Bridges, Eagle, Stepping Stones, Lakeside) (520 North Marketplace Drive Suite 100, Centerville, UT. 84014)
- September 23-25, 2025- Summitt Academy (839 Herman Rd, Herman, PA 16039)
- November 18-20, 2025 -Hillcrest Behavioral Health (6869 5th Ave S, Birmingham, AL 35212)

## **CONCLUSION**

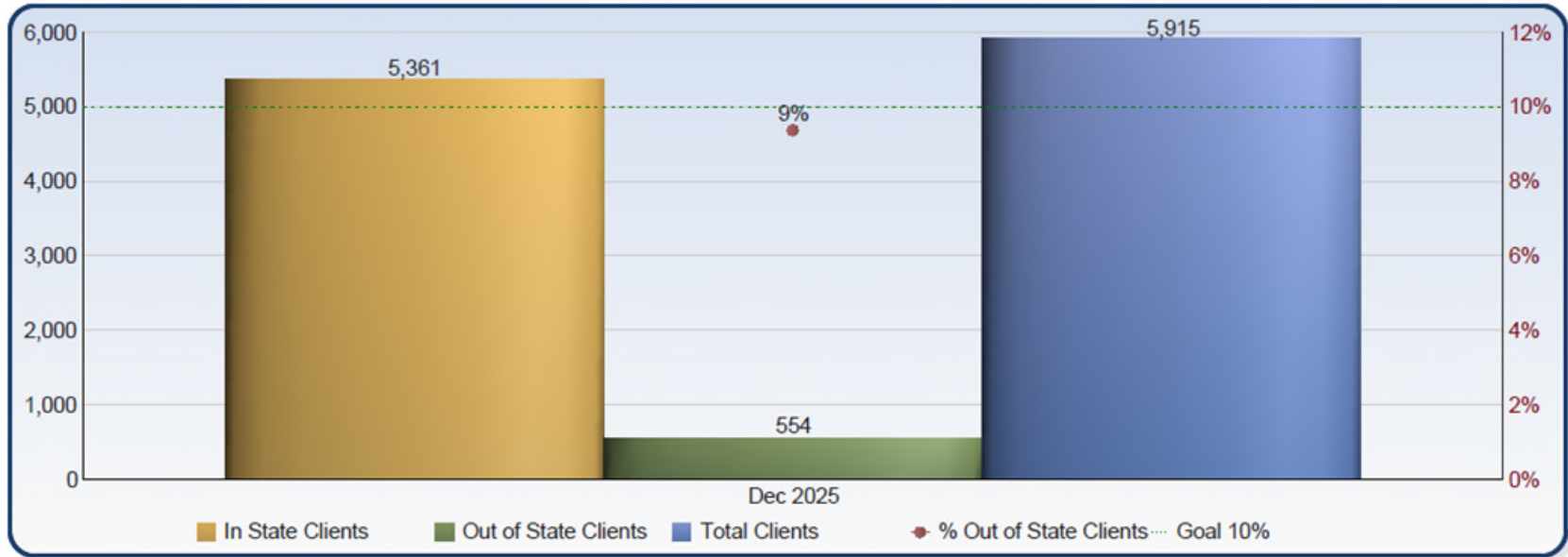
This report represents the commitment of the Commission toward meeting the standards tasked by the West Virginia Legislature. The Commission continues to prioritize the needs of West Virginia children and

their families in decision-making, which ultimately produces better outcomes for children, families, and the State of West Virginia.

**APPENDIX A**

**LEGISLATIVE FOSTER CARE PLACEMENT REPORT**

**DECEMBER 2025**



	Dec 2025
In State Clients	5,361
Out of State Clients	554
Total Clients	5,915
% Out of State Clients	9%

In State and Out of State Clients by Service Description at the End of Dec 2025



# Legislative Foster Care Placement Report - Summary



Report ID: PSS-PLA0020 | Month: Dec 2025

Service Description	In State Clients	Out of State Clients	Total Clients	% Out of State Clients
Certified Kinship/Relative	1,976	87	2,063	4%
Detention	71	0	71	0%
Emergency Shelter Care	154	0	154	0%
Emergency Shelter Home	3	0	3	0%
Facility (ICF)	2	1	3	33%
Foster Family Care	22	0	22	0%
Hospital	5	4	9	44%
Kinship/Relative	754	62	816	8%
Psychiatric	1	0	1	0%
Psychiatric Residential Treatment Facility	14	86	100	86%
Psychiatric Treatment Facility	5	10	15	67%
Residential Care	447	303	750	40%
Runaway Status	6	0	6	0%
Special Medical Needs Care	0	1	1	100%
Specialized Family Care	25	0	25	0%
Specialized Foster Care	3	0	3	0%
State Paid Kinship Care	102	0	102	0%
Therapeutic Foster Care	1,549	0	1,549	0%
Transitional Living	195	0	195	0%
Transitional Living for Vulnerable Youth	27	0	27	0%

**APPENDIX B**

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

**ANNUAL REPORT**

**2025**

**Mission of the Committee**

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

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

**Meetings in 2025 and Committee Membership**

The Education of Children in Out of Home Care Advisory Committee held three regular meetings in 2025. The meetings were held on March 12, July 31, and December 17, 2025. All meetings were held virtually on Microsoft Teams. The membership of the committee is listed in Appendix I.

### **Activities of the Committee**

In 2025, the Education of Children in Out of Home Care Advisory Committee focused on the following objectives during 2025: (1) increasing cooperation and coordination between stakeholders that service out of home youth; (2) continued expansion of the Education Recovery/Foster Care Education Specialist Program; (3) continued expansion of the Bridge Project to close the achievement gap and improve educational outcomes for more students in foster care and kinship care; (4) monitoring effectiveness and increasing educational involvement of multidisciplinary team meetings.

### **Educational Status, Achievement, and Needs of Children in Out of Home Care**

During the quarterly meetings of the committee, discussions are raised about the needs of youth in out-of-home care, which include academic achievement and educational status. The Foster Care Education Specialist provide reports that illustrate academic needs as well as student movement, services provided, and outreach services referred to. There is also collaboration with the WVSOT, Transition Specialist Rachel Stewart regarding those youth in out-of-home care who are placed out of state in facilities. This ensures that records are monitored and transitioned to new schools.

This year, the committee also heard reports from the WV Department of Education McKinney Vento Coordinator, Kristi Walter. She provided updates on the policy and reports to which counties were seeing increases or decreases to those receiving funds for homeless youth. Another interesting report provided to the committee is the Out of State report provided by the WV Department of Education Special Education team and WVSOT Transition Specialist Rachel Stewart. This report provided the committee with a detailed list of services for each facility visited throughout the year up to the point of the meeting.

There were several new topics that were discussed at the meetings this year that provided all the members an opportunity to collaborate and discuss ideas for improvement. The result of these discussions will be a new sub-committee to explore ideas for solutions. Below is a list of topics that were discussed that increased communication between agencies and committee members.

- Youth in out of home care obtaining a drivers permit/license
- Youth being moved without notifying schools
- Hotel stays for youth being shortened with new facility

- Increasing communication between schools and DoHS workers
- Notifying Foster Care Education Specialists of transitions for assistance

### **Foster Care Education Specialist Services**

The Foster Care Education Specialists have been working with foster and kinship care youth throughout the state for four years. They have continued to grow their program by offering more services to foster youth that are referred to them such as:

- training for foster parents, foster agencies, and other service providers.
- created a resource database to easily access community resources in each county
- co-leading the Education of Children in Out of Home Care Advisory Committee
- serving on the Statewide Family Engagement Center Leadership Team.
- assisting with the development and growth of the Middle College Program.
- further developing relationships with DoHS and stakeholders to ensure smooth transition for foster youth.

A recent update to the Foster Care Education Specialist Program includes the expansion of positions now serving foster youth. The Foster Care Education Specialist continues to oversee the Option Pathway Program for Middle College at Fairmont State University, along with the Foster Education Counselor. The Middle College program supports foster youth pursuing both a high school diploma and an associate degree through a non-traditional academic route. This expansion increases access to services for foster students across the state.

The Foster Care Education Specialist supervises the Option Pathway Program for Middle College at Fairmont State University. This specialized academic and student success program is designed for West Virginia youth who have experienced foster care.

- The program is open to youth ages 16 and older across the state who are currently in foster or kinship care.
- Tuition and fees are 100% supported by federal and state sources for attending students.
- Students earn both a high school diploma and a two-year associate degree (or 2 years of college credit toward a bachelor's degree) students who graduate from Middle College will be better prepared to enter the job market or continue their college education.

- The curriculum follows West Virginia’s requirements, which requires a minimum of 22 credits for high school graduation.
- Community-based support services and on-campus support are provided at no cost for attending students.

The Foster Care Education Specialist supervises two certified Option Pathway teachers at the Middle College Program, who are also certified special educators. These teachers provide daily GED preparation classes and assist students with college coursework. The Foster Care Education Specialist remains committed to supporting the Middle College program by offering educational guidance, academic record assistance, intake process coordination, and provider support as needed.

The data for the Foster Care Education Specialist program continues to grow, highlighting the ongoing need for support for foster youth transitioning throughout the state. During the 2024-2025 academic year, there were 257 referrals. Since the program's inception, a total of 750 referrals have been made. The ERS team continues to reach out to foster agencies, foster parents, and public schools across the state to offer necessary support. This outreach is helping to close the achievement gap for foster youth in out-of-home care statewide.

### **Goals for 2026**

During 2026, the Education of Children in Out of Home Care Advisory Committee will continue to work on facilitating the implementation of the foster care provisions of the Every Student Succeeds Act (ESSA) through: (1) strengthening cross communication between agencies that support youth in out of home care; (2) expanding knowledge and communication to include more in depth updates on McKinney Vento youth and Out of State youth in facilities; (3) continue updates on programs that benefit youth in out of home care such as The Bridge Project, Middle College, and the work from Foster Care Education Specialists. (4) identify and address barriers that prohibit youth from being in foster care or placement from participating in.

## **Appendix I**

### **Education of Children in Out of Home Care Advisory Committee**

#### **Membership List 2025**

#### **West Virginia Department of Education**

##### **WV Schools of Diversion and Transition**

Jacob Green, Superintendent (Chair of Advisory Committee)

Mollie Wood, Director- Adult Programs and Transition Specialists

Rachel Stewart, Lead Transition Specialists

Brittany Gould, Foster Care Education Specialist

Jacob Hayhurst, Education Recovery Specialist

##### **Office of Federal Programs & Support**

Sheila Paitsel, Director of Special Education

Carrie Reeves, Coordinator, Federal Programs and State Point of Contact

Stephanie Hayes, Coordinator, Student Support & Well Being

Kristin Walter, Coordinator, Homeless McKinney Vento, Student Support & Well Being

Joseph Britton, Attendance Coordinator

Rebecca Boggs, Coordinator, Office of Special Education, Out of State Visits

#### **West Virginia Department of Human Services**

Laura Hunt, Director, Office of Quality Assurance for Children's Programs

Lorie Bragg, Commissioner, Bureau of Social Services

Barb Briggs, Foster Care Ombudsman, Office of Inspector General

Kristin Showalter, BSS, IIU/Out of State Reviews

Matthew Croft, BSS, Senior Program Manager, Regulatory Management

Terri Miller, BSS, Director, Regulatory Management

Julie Bailey, DoHS, Social Services Policy Specialist

Asia Gray, DoHS

**Supreme Court of Appeals of West Virginia**

Cindy Largent-Hill, Director, Juvenile Justice Commission

Stephanie Bond, Director, Division of Probation

Kate White

Brenda Hoylman, Manager, Child Welfare/Juvenile Justice, Division of Children's Services

**West Virginia Division of Juvenile Services**

Denny Dodson, Central Office Administrator

Jeremy Dolin- Treatment Director

Lindsey Gregory- Regional Coordinator

Raymond Hall- Regional Coordinator

Jason Wright- Community Based Services

**Childcare/Service Provider Organizations**

Robin R. Renquest, Senior Director, Pressley Ridge

Susan Fry, Executive Director, Stepping Stones, Inc.

Kelly Thompson, Executive Director, Mission WV

Ashley Arthur, Director, Mission WV

Morgan McMillion, Director of Shelter Care Service, Children's Home Society of WV

Julia Kesler, Children's Home Society of WV

Mary White, Children's Home Society of WV

Pam Rudder, Genesis Youth Shelter

Sarah Jenkins, Marshall University

Richard Day, Aetna

Lori Waller, Legal Aid Attorney

Marg Heasley- Manager Clinical Health Services Mountain Health Promise

Shannon Bragg- New Hope Treatment

**County School Districts**

Kim Legg, Lead Attendance Director, Kanawha County Schools

Melissa Harper, Homeless Facilitator, Kanawha County Schools

Donna Heston, Superintendent of Marion County Schools

Tricia Maxwell, Attendance Director, Marion County Schools

**West Virginia Division of Juvenile Services**

Denny Dodson, Central Office Administrator

**Child care/Service Provider Organizations**

Robin R. Renquest, Senior Director, Pressley Ridge

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Sarah Jenkins, Marshall University

Richard Day, Aetna

Lori Waller, Legal Aid Attorney

Marg Heasley- Manager Clinical Health Services Mountain Health Promise

**County School Districts**

Kim Legg, Lead Attendance Director, Kanawha County Schools

Melissa Harper, Homeless Facilitator, Kanawha County Schools

Donna Heston, Superintendent of Marion County Schools Tricia

Maxwell, Attendance Director, Marion County Schools

**APPENDIX C**  
**FAMILY TREATMENT, ADULT, AND JUVENILE DRUG COURTS**  
**FACT SHEETS**  
**2025**



West Virginia

# ADULT DRUG COURTS

FY 2025

Supreme Court of Appeals of West Virginia

Division of Probation Services

Stephanie Bond  
Director

Kaylee Dickenson  
State Drug Court Coordinator

Christine Fox  
Counsel

The West Virginia Adult Drug Court (ADC) is a cooperative effort of the criminal justice, social service, substance abuse treatment, and law enforcement systems.

The ADCs are established in accordance with The West Virginia Drug Offender Accountability and Treatment Act (*West Virginia Code* § 62-15-1, *et seq.*) and are designed and operated consistent with the Ten Key Components of Drug Courts, authored by All Rise, and operate under policies and procedures established in consultation with the Supreme Court of Appeals of West Virginia.

All ADCs use evidence-based treatment approaches and assessments and are evaluated annually.

Referrals to ADC can be made by probation officers, circuit judges, law enforcement officers, prosecuting attorneys, treatment providers, and defense counsel.

The program is structured in four phases with built-in Aftercare in the program. The minimum program length is one (1) year, as set forth by WV code. Drug Courts may include pre-adjudication or post-adjudication participation.

Program components include: intensive supervision, frequent, random, and observed drug testing, meetings between participants and their probation officers, counseling sessions for participants, court appearances for participants, and community service.

The program seeks to achieve a reduction in recidivism and substance abuse among individuals and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment, mandatory periodic drug testing, community supervision, appropriate sanctions and incentives, and other rehabilitation services, all of which is supervised by a Circuit Judge.

- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of jails or prisons. Other cost savings for the State result from decreased use of residential treatment centers.
- For FY 2025, the average annual cost per drug court participant was \$5,682.20, as compared to \$26,670 in the Regional Jail or \$35,452 in a Division of Corrections and Rehabilitation. These costs include intensive supervision, treatment, case management, and drug testing.
- As of June 30th, 2025, there were thirty (30) operating ADC programs covering the following counties: Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzel, Wirt, Wood counties.
- National reports support the effectiveness of ADCs that adhere to best practices and evidence-based practices from the fields of substance abuse treatment and counseling.
- There were 875 total participants served in FY 2025.
- As of June 30th 2025, the overall recidivism rate for Adult Drug Courts in West Virginia is approximately 15.61%.





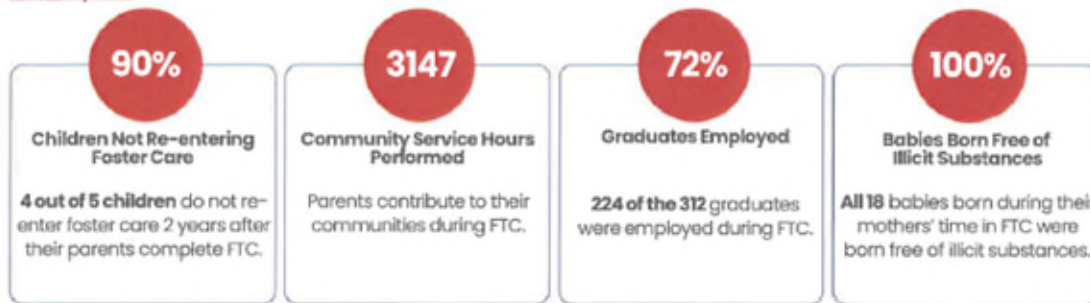
# West Virginia FAMILY TREATMENT COURTS

## Our Numbers



West Virginia has **saved \$7.3 million** in foster care or kinship subsidy payments through Family Treatment Courts – a **net \$2.6 million in savings** when factoring in the \$4.7 million operating costs; a **56% return** on each dollar invested in the program.

## Our Impact



## Our Successes



WV Family Treatment Courts adhere to the national **Best Practice Standards**, which includes **monitoring and evaluation** of these courts. Family Treatment Courts are operating in **48 states** and in Washinton D.C., Guam, and Puerto Rico.

## Graduate Testimonials

**"They believed in me, and it helped me to believe in myself."** -Fayette Co. Graduate

**"It brought back pieces of me that I thought would never be the same again. They have given me something that makes my heart so full, and that is my children. This is a great program."** -Wood Co. Graduate

**"This program saved my life. Thank you."** -Roane-Calhoun Graduate



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Visit Our Website to Learn More about Family Treatment Courts!



# West Virginia

# JUVENILE DRUG COURTS

## FY 2025

**Supreme Court of Appeals of West Virginia**

**Division of Probation Services**

**Stephanie Bond  
Director**

**Kaylee Dickenson  
State Drug Court Coordinator**

**Christine Fox  
Counsel**

- The West Virginia Juvenile Drug Court (JDC) is a cooperative effort of the juvenile justice, social service, substance abuse treatment, law enforcement and education systems.
- JDC's are established in accordance with §49-4-703 and are designed and operated consistent with the developmental and rehabilitative needs of the juveniles and operate under uniform protocol and procedures established by the Supreme Court of Appeals of West Virginia.
- The program seeks to divert non-violent, juveniles engaging in substance use from the traditional juvenile court process to a non-adversarial, intensive, individualized outpatient substance abuse treatment process which includes parental participation and cooperation.
- The goal is to prevent and/or reduce future court involvement for the JDC involved juveniles. The objectives are to eliminate illegal substance use, improve educational outcomes, and enhance positive life choice decision making.
- All JDCs use evidence-based treatment approaches and assessments and are evaluated annually.
- Referrals to JDC can be made via referral by circuit judges, law enforcement, school personnel, probation officers, prosecutors, child protective services/youth services workers, and parents.
- The program is structured in four phases with the last phase serving as built-in Aftercare for all participants. The minimum program length is twenty eight (28) weeks.
- There are five (5) entry levels into JDC: pre-petition diversion; signed, but non-filed petition; filed petition (pre-adjudicatory); filed petition (post-adjudicatory); and as a condition of probation.
- Program components include: intensive supervision, frequent and observed drug testing, meetings between juveniles and probation officer and parents and probation officer, counseling sessions for juveniles and for families, court appearances for juvenile and parents, and community service.
- During FY 2025, there were fifteen (15) JDC programs serving the following counties: Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mason, Mercer, Monongalia, Morgan, Pleasants, Putnam, Raleigh, Ritchie, Wayne, Wirt, and Wood Counties.
- Cost savings for the criminal justice system stem from reduced re-arrests, law enforcement contacts, court hearings, and use of detention centers. Other cost savings for the State result from reduced out-of-home placement and decreased use of residential treatment centers.
- For FY 2025, the average cost per youth was \$4,537.70. This cost also includes intensive supervision, incentives, and drug testing. Individualized treatment and services to the family are generally paid for by the Bureau of Juvenile Services or Medicaid. This cost is in stark contrast to the approximately \$205,546 annually for a youth placed in a residential or correctional facility.
- There were 329 participants served by the JDC programs for FY 2025.
- National reports support the effectiveness of JDC's that adhere to best practices and evidence-based practices from the fields of adolescent treatment and delinquency prevention.

