# K*ids* I*n*

# **T**ransition

The KIT work group differs from the other groups in HHSC in that it is part of a statewide System of Care model established to assure safety, well-being and permanency for WV's children. The membership of the 15 community collaboratives include WVDHHR Bureau for Children and Families local staff. local and regional service providers, representatives of local education entities, judicial representatives such as probation, as well as interested community members. Working in concert with the local Family Resource Network, the KIT collaborative is directed by the DHHR to maintain a network of these members and facilitate a regular forum to evaluate services and supports that exist in our community and encourage the development of needed services. The primary goal being to provide sufficient support for families to maintain their children in their homes if possible and avoid removal of the children from their families and community. For the last 2 years activities of the group have focused on implementing and supporting the WVDHHR Safe at Home initiative.

Child and Family Community Collaborative And FRN-HHSC Workgroup January 2017 Fact Sheet

## WV's Children in Crisis

2016 Kids Count ranks WV 39th in overall child well -being

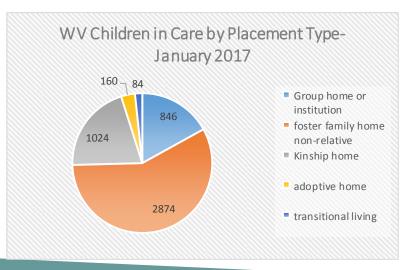
- 46th in education
- 41st in health

As of September 2016, there were approximately 4,900 children in care in West Virginia. Of these, close to 1,100 children have had parental rights terminated, meaning these children no longer have legal parents.

The number of WV children in care increased 27% from 2010 to 2017

We rank 5th nationally in our rate of children placed in congregate (group) care.

In January 2017 there are 5,288 children ages 0-20 years old were in out-of-home placement in the West Virginia



#### PAGE 2

In June of 2015 the Governor of WV received a report following a federal investigation of West Virginia's system of care for children. the U.S. Department of Justice said their investigation shows the state's mental health care system for children "fails to provide services to children with significant mental health conditions in the most integrated settings appropriate to their needs in violation" of the Americans with Disabilities Act (ADA). Findings included:

- Children who depend on the state's DHHR for mental health services experience high rates of placement in segregated residential treatment facilities, including out-of-state placement, because DHHR has not developed a sufficient array of in-home and community-based services.
- Children who live in the community and need, but do not receive in-home and community-based services, are at risk of unnecessary placement in segregated residential treatment facilities.
- West Virginia has not fully implemented its *Olmstead* plan. It has not developed comprehensive, community-based services for children with mental illness,
- .West Virginia has taken insufficient steps to reallocate existing resources for mental health services to, and has not taken full advantage of Medicaid support for, in-home and community-based services.
- Child-serving agencies in West Virginia *fail to collaborate* to address the needs of children with mental health conditions involved in multiple systems. As a result, agencies duplicate efforts, waste limited state resources, and provide fractured care delivery, causing confusion and harm to children and families.
- West Virginia fails to engage families effectively to develop strategies to support children in their homes and communities. West Virginia continues to fund expensive placement in segregated residential treatment facilities both within the state and out of state,

Following the report WVDHHR implemented many initiatives to address the lack of community resources and reduce reliance on congregate care. One of these initiatives is **Safe At Home** 

### The goals of Safe at Home West Virginia are to:

- Ensure youth remain in their own communities whenever safely possible.
- Reduce reliance on foster care/congregate care and prevent re-entries.
- Reduce the number of children in higher cost placements out-of-state.
- Step down youth in congregate care and/or reunify them with their families and home communities.

99 local and a total of 572 WV youth have been referred to SAH since implemented in October 2015.

### Berkeley/Jefferson/Morgan Snapshot December 2016 212 children in DHHR Custody

<ul> <li>116 children</li> <li>113 children in foster care in-state</li> <li>3 children in foster care in out of state placements</li> <li>Group Residential Treatment Facilities</li> <li>70 children</li> <li>25 children placed in state residential facilities</li> <li>45 children placed in out of state residential facili-</li> </ul>	16 children 1 child placed in state PRTF 15 children placed in out of state PRFT's Emergency Shelter 8 children 8 children placed in state emergency shelters Medical placements 2 children 1 child placed in state medical facility
---	--