

That's right. For 7,034 children under the supervision of the West Virginia DHHR, the State of West Virginia is their parent. And as the parent of these children, YOU are required to assure that they have food, clothing, shelter, daily supervision, school supplies, medical care, as well as mental health treatment. The safety and well-being of these abused and neglected children depend on the resources that the West Virginia Legislature appropriates for their care and treatment.



There are hundreds of quality licensed treatment programs and services provided throughout WV where thousands of dedicated child welfare professionals serve children in state care.

WVCCA provider agencies served nearly 5,000 of these children in 2018. They employed more than 1650 full-time staff and a variety of part-time, temporary or contract positions.

Achieving success for foster youth is best supported through a continuum of care that provides ongoing services from entry to exit. The goal of this approach is to use the most appropriate and least restrictive interventions, both in or out of the home, while ensuring that safety issues and needs are addressed.

WVCCA Member Agencies

Academy Programs
Blueprints

Board of Child Care, Inc.

Burlington United Methodist Family Services, Inc.

Cammack Children's Center

Davis Stuart, Inc.

Family Connections, Inc.

Golden Girl, Inc.

National Youth Advocate Program

New River Ranch

Pressley Ridge

Rescare/Braley & Thompson

River Park Hospital

Stepping Stone, Inc.

Stepping Stones, Inc.



These 7,034 children are why the West Virginia Child Care Association (WVCCA) wants YOU to continue to make children a priority of the WV Legislature. You have the power to heal broken families and combat child abuse and neglect. After you've taken your oath of office, do one more thing for WV's foster children.

Continuously vote to make children's care and treatment a high priority!

- Make sure these 7,034 children receive the care and treatment you expect for your own children.
- Learn more about the providers who take care of the daily needs
 of WV's foster youth; who prepare foster and adoptive families
 for these children; and who provide treatment to their families,
 including going into the home of abused/neglected children to
 ensure their safety and well-being.
- Strengthen support for WV's treatment foster care and foster care providers by allocating adoption service reimbursement and recruitment funding, increasing the stipend provided for treatment foster care parents, and develop an additional service provision for providers and the families they serve that place youth in foster homes after hours.
- Eliminate over-regulation in the child serving system in order to increase the volume, quantity, and access to services for WV's children and families.
- Expand intensive family preservation services within WV.
- Transform WV's system of care to improve outcomes for older youth transitioning to adulthood by developing a comprehensive, collaborative service model.







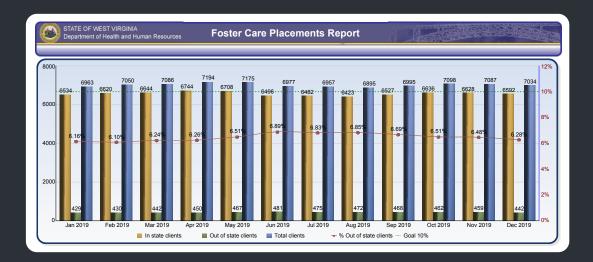
40% of children in WV foster care are 0–5 years old⁴

80%were removed due to drug
abuse by parent & neglect











Traditional Foster Care & Treatment Foster Care Providers

A family-based service approach that provides individualized treatment for children, youth and their families. WV providers support the further development of a continuum of care within foster care to include Traditional Foster Care, Treatment Foster Care, and Intensive-Treatment Foster Care. Treatment should be delivered through an integrated constellation of services with key interventions and supports provided by Treatment Parents, who are trained, supervised, and supported by qualified program staff. Treatment levels are determined by the intensity of a child's treatment and support needs.

Residential Treatment Facilities

A critical intervention in a comprehensive system of care. Not all children respond well in open community settings. When needed, Residential Treatment can be a critical, specialized intervention to stabilize child and family situations. Residential Treatment also affords sanctuary when safety concerns are paramount and protective services agencies or the juvenile court system have determined that highly permeable boundaries are not in the child's best interest. For some older youth (age 16+), residential intervention might be the starting point for movement and preparation toward supervised transitional living. Residential treatment should not be viewed as a failure or a placement of last resort but instead as a clinically-informed or psychiatric respite, an intervention to help a youth restore equilibrium or establish greater stability.

Psychiatric Residential Treatment Facilities (PRTFs)

Provide comprehensive services to individuals under the age of 21 with severe emotional disturbances and/or long-term psychiatric illnesses whose immediate treatment needs require supervision and active treatment on a 24-hour inpatient basis. Primary treatment goals are to improve or restore the resident's condition to a level of functioning that allows subsequent treatment in a less restrictive environment. PRTF licensed providers currently in the state are River Park Hospital (including the Roundtable Program, The Bridge Program, The Road Program, and Barboursville School), and Highland Hospital in Charleston.

Emergency Shelters

Provide emergency admission on a 24-hour, seven days per week basis. Shelters are to be used as emergency placements where youth can receive care in a safe and supportive environment focused on intense supervision, assessment, treatment and provision of basic needs. They are an emergency stop gap to provide 1) an opportunity to resolve parent/child conflict and return a child home when possible and 2) time to identify the proper placement needs of a child. Shelters provide any services immediately needed for the youth such as healthcare, behavioral health treatment, continuing education, and assessments until proper placement is identified.

WrapAround | Safe at Home | Aftercare

Designed as a strength based service delivery system that is child and family driven and founded on an ongoing, outcome focused planning process, this multi-agency collaboration is intended to offer flexible assistance through a coordinating agency that ensures accountability. Interagency Collaboration is relied upon to guide the family in developing a path toward natural community supports and resources. Family-driven strengths based planning and facilitation assist the family to create a plan to meet the needs they identify for themselves.

Transitional Living (TL)

TL provides an array of supports to older youth and young adults as they strive towards independence. Recognizing that young adults need repeated experiential learning opportunities to achieve successful independence, TL programs provide support and continued life skill education with opportunities for practical application. The intention of TL is to provide support and encouragement while balancing the young adult's need to learn though their own experiences and mistakes. Each participant's experience is different; therefore the type and amount of supports needed are individualized. Through a combination of real life lessons and caring guidance, young adults can reach self-sufficiency with the resources necessary to live independent and productive lives. WV TL providers are committed to develop, implement and sustain a public/private partnership that will build upon our current foundation and transform WV's system of care for this population.



Formed in 1979, West Virginia Child Care Association's 15 member agencies operate a wide variety of behavioral health and child welfare programs throughout West Virginia. Our role is to provide a voice for the most vulnerable and challenged children who have experienced abuse, neglect, emotional and behavior challenges, substance abuse and/or delinquency. Our vision is to lead the way in inspiring others to help children and their families.



Contact us to set up a facility site visit or learn more about the services within your district.

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