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Barriers & Engagement

Children's In-Home and Community-Based Services Improvement Evaluation: Phase 4

Prepared by

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Prepared for

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Introduction

Evaluation Overview

Mental and behavioral health of children and youth is critical to the well-being of West Virginia (WV). In partnership with the WV Department of Human Services (DoHS), West Virginia University Health Affairs Institute is evaluating the State's mental and behavioral health system for children and youth. The multi-year, mixed method Evaluation captures perspectives and experiences of stakeholders at all levels of the mental and behavioral health system: organizations and facilities; providers, including cross-sector partners; caregivers; and youth with mental and/or behavioral health needs.

The Evaluation offers insight into the experiences of people who interact with the mental and behavioral health system. During and after data collection, WV DoHS and stakeholders across the system are actively engaged in making changes to policies and practices that are not reflected in the presented data.

This report is focused on Barriers and Engagement, and highlights data collected between August 2023 and June 2024; more than 1,000 stakeholders participated in surveys, interviews, and/or focus groups. Comparisons are made to previous years of data from this Evaluation when appropriate.

The services of interest to the Evaluation include:

- Assertive Community Treatment (ACT)
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Wraparound Facilitation Services: West Virginia Children's Mental Health Wraparound (CMHW) and Children with Serious Emotional Disorders (CSED) Waiver Wraparound (Wraparound)
- CSED Waiver Mobile Response
- Behavioral Support Services, including Positive Behavior Support (PBS)
- Residential Mental Health Treatment (RMHT)
- Children's Crisis and Referral Line (CCRL)

Findings Overview

Findings are highlighted to provide insight into stakeholder perspectives, share suggestions from respondents for expanding on what's working, and to inform dialogue around opportunities for system improvements. Quotes are used to illustrate themes and/or to highlight unique perspectives.

Evaluation reports and additional information about WV's work related to youth mental and behavioral health can be found online at https://kidsthrive.wv.gov.

In this Evaluation:

- ***Providers*** include stakeholders who deliver youth mental and behavioral health services, healthcare providers, law enforcement officers, judges, attorneys, probation officers, DoHS workers, and school administrators. When findings are unique to a provider type, that is specified.
- ***Caregiver*** is used to refer to biological parents, foster parents, or kinship care providers.
- ***Organizations*** refer to community mental health centers, hospitals, RMHT facilities, and other entities that provide the mental and behavioral health services and interventions of interest to the Evaluation, as reported by organizational leaders and administrators in the Organization and Facility Survey.
- ***Youth*** is used to refer to the continuum of children, youth, and young adults, ages 0-21, who receive or are eligible for the services outlined above.

Barriers to Accessing Mental and Behavioral Health Services

The Evaluation is interested in factors that affect service accessibility. When asked about factors that affect access to mental and behavioral health services, provider and system-level stakeholder perceptions varied slightly from reports by caregivers and youth.

Providers and system-level administrators mentioned:

- Difficulty obtaining timely psychological evaluations, screenings and assessments due to lack of qualified providers who can conduct them, which can delay referrals and eligibility determinations.
- Long wait times for initiating services and in between appointments.
- Lack of service availability on nights and weekends.
- System complexity and/or difficulties navigating the system.
- Caregiver fears that State involvement would result in youth's removal from the home.
- Unreliable internet access that restricts the use of telehealth services.
- Unreliable transportation.

The surveys asked whether caregivers and youth experienced barriers to starting services, and continuing mental and behavioral health services after they were initiated. **Approximately 50% of caregivers across RMHT and community settings experienced barriers to starting services, and approximately 40% experienced barriers to continuing services after they were initiated.** Few youth reported that they experienced barriers to starting or continuing services; the barriers that they did encounter were primarily the same ones reported by caregivers. Therefore, while percentages below reflect caregiver responses, they generally represent youth perspectives as well; differences in youth perceptions were infrequent and are reported narratively below.

The surveys asked caregivers and youth who encountered difficulties starting or continuing services to "select all that apply" from a prepopulated list of barriers, with the option to write in additional barriers that were not listed.

Most Commonly Reported Barriers to Accessing Mental and Behavioral Health Services

The barriers to initiating services were similar to the barriers to continuing services; exceptions are noted below.

Difficulty Reaching Providers and Staff

Difficulty reaching providers and staff affected the initiation and continuation of mental and behavioral health services for youth, and little variation was observed across RMHT and community settings.

About 50%

of caregivers from across RMHT and community settings were unable to reach the people who could initiate services because providers and/or staff were unavailable, unresponsive, or too busy.

About 45%

of caregivers from across RMHT and community settings reported difficulties reaching providers and/or staff after services were initiated.

When caregivers and youth experienced multiple barriers to starting and continuing services, difficulty reaching providers and staff was often the "biggest" one. Caregivers explained that they had difficulty reaching someone when they called, and rarely received calls back. Most caregivers expressed confidence that they know who to contact if their youth needs mental or behavioral health services and supports. However, many caregivers wrote in responses indicating that there was "no communication" or "no follow-through" from providers, juvenile justice, or schools.

On the other hand, approximately half of providers reported that caregivers do not answer their phone when called about their youth. One area to explore is whether caregivers' communication preferences and expectations align with provider policies and practices.

The need for services outside of normal business hours was mentioned by stakeholders across the system and might be contributing to difficulties with caregiver-provider communication.

THINGS TO CONSIDER:

DoHS might explore ways to help align caregiver and provider expectations about communication and response times. Provider turnover, lack of available providers on nights and weekends, and the time it takes to get screenings and assessments might be contributing factors, as reported in the Workforce, Capacity, and Resources report (July 2024). Additionally, caregivers expressed the desire for contact information for designated care coordinators (e.g., case workers, Wraparound facilitators) so that caregivers have someone they can turn to when they are unable to reach providers or staff directly.

Wait Times

Wait times were a bigger barrier to initiating services than they were to continuing services.

Approximately 45% of caregivers from across RMHT and community settings reported long wait times between receiving mental and behavioral health service recommendations and the ability to initiate them in 2021 and 2022. This was also a reported barrier to initiating services by 55% of community-based caregivers in 2023.

The majority of caregivers and youth did not identify wait times as a barrier to continuing mental and behavioral health services. This barrier was reported by:

- 19% of caregivers of youth in RMHT in 2021 and 34% of caregivers of youth in RMHT in 2022.
- 24% of community-based caregivers in 2022, and 18% of community-based caregivers in 2023.

Caregivers and youth both indicated that few were waiting for additional mental and behavioral health services at the time of data collection. Yet, providers and system-level stakeholders also mentioned that wait times were a barrier to starting and continuing youth mental and behavioral health services. More data are needed to identify whether there are gaps in policies, practices, perceptions, and expectations around wait times.

The 2023 survey asked caregivers what they thought might be contributing to long wait times to initiate services. Many caregivers mentioned the lack of local community-based services; some mentioned staff turnover and long processing times for eligibility determinations (including issues with insurance).

System-level stakeholders mentioned similar factors during their focus group sessions, that workforce shortages, turnover, and lack of local community-based services contribute to wait times. They also mentioned longer wait times (and the need for some to travel further) for more specialized services.

THINGS TO CONSIDER:

It is possible that caregivers and youth underestimate the time it takes to process referrals, make eligibility determinations, and find available providers who offer needed services. Examining opportunities to streamline administrative processes related to psychological evaluations and referrals is recommended. Increased awareness and use of the **CCRL (844-HELP4WV)** can help address this barrier, in that families and youth can be connected to immediate services online, over the phone, or in-person within a few hours (via CMCRS and/or CSED Waiver Mobile Response), and to interim services such as CMHW within a few days while referrals and eligibility determinations for longer-term services are being made.

System Complexity

Difficulty navigating the system was a bigger barrier to starting services than continuing services and affected caregivers of youth in RMHT more than community-based caregivers.

In 2022, 47% of caregivers of youth in RMHT had difficulties initiating services because the system was too complicated, which is 19% higher than 2021. Approximately 30% of community-based caregivers indicated that this was a barrier to initiating services in 2022 and 2023.

33% of caregivers of youth in RMHT in 2022 reported system complexity as a barrier to continuing services, compared to 23% in 2021.

Difficulty navigating the system was infrequently reported by community-based caregivers: 3% in 2023 compared to 19% in 2022.

It is possible that caregivers become more familiar with navigating the system through exposure, as well as connections with care coordinators or other system navigators.

Write-in responses described administrative-related issues (e.g., confusing paperwork), and turnover among members of the care team that caregivers and youth felt contributed to service interruptions and discontinuity of care. Providers, judges, and system-level stakeholders also reported that workforce shortages and provider turnover can also make it difficult for families to navigate the system.

When youth were involved with juvenile justice, caregivers indicated that probation officers were particularly helpful with system navigation.

THINGS TO CONSIDER:

Providers and system-level stakeholders recommended the implementation of a statewide centralized platform to help process and facilitate referrals, which might help fill reported communication gaps in treatment, planning, and discharges from services. A platform of this nature could expand the number of providers and staff who have access to information that could help caregivers navigate the mental and behavioral health system. Perhaps caregivers could be granted access to the system as well. While providing a platform to track and manage referrals has been successfully used in other communities and states, it is worth noting that it can be challenging to implement another system without additional staffing capacity and buy-in.

Lack of Understanding of How to Initiate Services

Lack of understanding was a bigger barrier to starting than continuing services and affected a greater percentage of caregivers of youth in RMHT than community-based caregivers.

Approximately 38% of caregivers of youth in RMHT indicated that they did not understand what they needed to do to start services for their youth, and little variation was observed over time. This was reported by 34% of community-based caregivers in 2022, and 17% in 2023.

Several caregivers and youth indicated that too much effort was needed to initiate services, and that there was not enough support available to help them enroll in and access mental and behavioral health services.

19% of caregivers of youth in RMHT in 2021 and 2022, and 19% of community-based caregivers in 2022 reported lack of understanding how to access services as a barrier to continued service use, compared to just 3% of community-based caregivers in 2023.

Other survey findings indicated that increased awareness of how to access mental and behavioral health services is associated with caregivers' intentions to initiate them if youth need services again in the future.

Perceived Lack of Local Services

Lack of local services affected a slightly higher percentage of caregivers of youth in RMHT than community-based caregivers. Service availability also affected fewer caregivers over time.

Lack of local services was a barrier to starting services for 46% of caregivers of youth in RMHT in 2021, and 37% of caregivers of youth in RMHT in 2022. This was also reported by 34% of community-based caregivers in 2022, and by 23% in 2023.

Lack of local options and distance/travel time were frequently mentioned by caregivers and youth in the write-in responses. The surveys also asked whether caregivers and youth felt that the locations of mental and behavioral health services were "easy" for them to get to. Caregivers and youth from across RMHT and community-settings neither agreed nor disagreed, and this finding was consistent over time.

THINGS TO CONSIDER:

Perceptions about availability and travel time are relative, in that caregivers and youth in urban areas might expect to travel shorter distances (or have less travel time) than those residing in rural parts of the state.

Lack of available services was not a response option (i.e., it was removed from the surveys) and did not emerge as a barrier in the write-ins to continuing services in 2022 or 2023.

Low overall awareness might be affecting perceived availability of services. See page 17 for additional findings related to service availability, including services that were perceived as needed but not available.

Perceived Fit

Lack of perceived fit between youth needs and services and/or providers was identified by a greater percentage of caregivers of youth in RMHT than community-based caregivers.

Starting Services:		Continuing Services:	
28%	of caregivers of youth in RMHT in 2021.	23%	of caregivers of youth in RMHT in 2021.
19%	of caregivers of youth in RMHT in 2022.	26%	of caregivers of youth in RMHT in 2022.
24%	of community-based caregivers in 2022.	26%	of community-based caregivers in 2022.
11%	of community-based caregivers in 2023.	9%	of community-based caregivers in 2023.

Factors that affected caregiver and youth perceptions of fit included:

- Age restrictions and/or recommendations for services that were for different age groups.
- Complex youth needs (e.g., co-occurring disorders, need for medication management), which led to difficulties finding providers who offered specialized care.
- Youth preferences (e.g., for male or female providers, disinterest in telehealth) that sometimes resulted in multiple attempts to find the "right" providers.
- Stigma, including youth perceptions that they did not need the recommended mental and behavioral health services. See page 19 for more information about stigma and provider recommendations for addressing it.

Perceptions that Recommended Services Did Not Seem to be Working

Perceptions that services did not seem to be working was not listed as a barrier for starting services in the surveys and did not emerge in the write-in data. It was, however, on the list of barriers to continuing services and affected a greater percentage of caregivers of youth in RMHT than community-based caregivers.

58% of caregivers of youth in RMHT in 2021 and 38% of caregivers of youth in RMHT in 2022 indicated that mental and behavioral health services did not seem to be working.

This was also reported by 26% of community-based caregivers in 2022, and 21% of community-based caregivers in 2023.

THINGS TO CONSIDER:

- It can take weeks or sometimes months for providers to build rapport with youth, meaning that it can take time for youth to engage in mental and behavioral health services and to respond to treatments. In fact, youth commonly described initial hesitation or resistance to engage in services. Additionally, some changes in response to treatment might not be very "observable," which might lead caregivers to prematurely conclude that services are not working. In fact, focus group participants mentioned that some caregivers have misaligned expectations about how quickly youth will respond to treatment.
- Even though a greater percentage of caregivers of youth in RMHT perceived that services were not working than community-based caregivers, caution must be taken when interpreting this finding because the response option references mental and behavioral health services in general, not RMHT or any specific community-based service. More data are needed to identify which mental and behavioral health services caregivers and youth felt were more or less effective across the care continuum.

Less Commonly Reported Barriers

There were many barriers to starting and continuing services that were listed in the surveys that only affected a small portion of caregivers or youth.

Barriers that affected approximately 21-30% of caregivers and/or youth in 2022 or 2023 included:

- Decision-making meetings about youth's care were scheduled for times that caregivers and youth were not available.
- The services that were recommended to youth were not available at times that worked with caregiver or youth schedules.
- Caregivers and/or youth were unable to balance the time commitment for mental and behavioral health services with other job- school- or family-related commitments.

Barriers that affected ≤20% of caregivers and/or youth in 2022 or 2023 included:

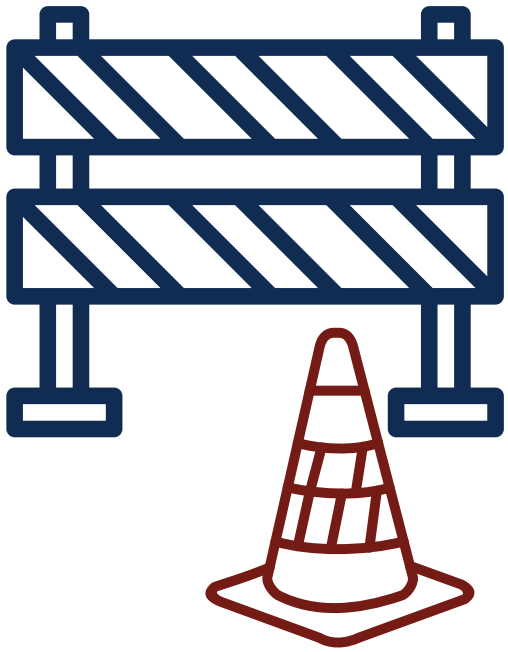
- Decision-making meetings about youth's care were at times that caregivers and youth could not attend.
- Decision-making meetings about youth's care were at locations that caregivers and youth could not get to.
- Decision-making meetings about youth's care used technology that caregivers and youth did not have or know how to use.
- Caregivers or youth could not afford services.
- Recommended services were for a different age group.
- Caregivers or youth did not have a way to get to and from recommended services.

'Other' Barriers to Accessing Services

Caregivers and youth were able to respond to an open-ended survey item to report 'other' barriers that affected service initiation or continued use that were not listed in the surveys. Caregivers and youth were also asked about barriers to services they felt were needed but not available. Several themes emerged in the data, in addition to the barriers mentioned above.

Caregiver and Youth Voice

Some caregivers and youth reported that their lack of voice during treatment and decision-making discussions affected youth's access to and continued use of mental and behavioral health services. They felt as though they did not have a "say," leading them to believe that the care team did not (and/or could not) fully understand youth needs, which resulted in a hesitancy to follow-through with youth treatment recommendations.



Reluctance or Refusal to Engage in Services

Youth reported reluctance or refusal to participate in mental and behavioral health services. The write-in data from the surveys and Case Series Interviews revealed underlying reasons for hesitance or lack of youth engagement, including fear, not being ready for help, lack of care continuity and difficulty building rapport with providers, as well as diagnosis-related difficulties interacting with and opening up to new people (i.e., providers or other members of the care team). See page 18 below for additional details about caregiver and youth engagement.

Family Dynamics

Write-in data from the surveys indicated that caregivers' mental, behavioral, and physical health needs affected youth's mental and behavioral health, and families' capacity to seek help. A few caregivers reported custody-related challenges with coordinating care. Caregivers mentioned the need for services on nights and weekends due to their work schedules. Lastly, youth reported that some families (including extended family members and friends) had negative attitudes toward mental and behavioral healthcare, which can lead to disagreements about youth's needs, reluctance to engage in services, and fear of State involvement.

As detailed in the Use of Mental and Behavioral Health Services report (July 2024), family dynamics were a major contributing factor to judge recommendations for out-of-home placements, especially with regard to the safety of youth and other household members. Judges highlighted the need for more caregiver and family services as well.

Family-related barriers reported by providers and system-level stakeholders included lack of agency, engagement, trust, and understanding of mental and behavioral health, how to access services, and/or how to navigate the system.

Insurance

While few reported that cost was a barrier to initiating services, some caregivers expressed difficulties related to insurance coverage.

- Some caregivers were unable to find providers that accepted Medicaid.
- Others who had private insurance indicated that they did not have sufficient coverage for needed services or encountered challenges getting authorization for mental and behavioral health-related prescriptions for their youth.

Difficulties with billable services and insurance coverage were also mentioned by providers and system-level stakeholders as barriers to access.

Youth Age

As mentioned, youth age affected the perceived fit of services. Write-ins from the surveys revealed two additional ways that youth age affected service accessibility:

- Stakeholders from across the system indicated a need for earlier intervention, when mental and behavioral health needs start to emerge.
- Caregivers had difficulty identifying services that would continue to be available and/or that could be initiated after youth transitioned into adulthood. Providers and judges also expressed this concern. See page 16 for additional findings related to service availability.

Factors that Facilitate Access to Mental and Behavioral Health Services

School-Based Services

Stakeholders from across the system indicated that schools are an important access point for mental and behavioral health services, but many caregivers and youth expressed the need and desire for more.

- Caregivers and youth valued access to screenings, assessments, and therapy in schools.
- Caregivers viewed schools as a primary resource to support youth functioning, and to obtain important job and life skills.
- Youth consider teachers, and school administrators and staff as part of their natural support systems, see page 19 for more. In fact, as detailed in the Use of Mental and Behavioral Health Services report (July 2024), teachers and other trusted adults helped identify that youth have mental or behavioral health needs. Caregivers wanted even greater school involvement in terms of helping identify youth needs and/or escalating behaviors (beyond truancy or poor academic performance).

Judges valued school-based services as well, but felt that they were underutilized, and recommended more communication and coordination between schools and other community-based mental and behavioral health providers.

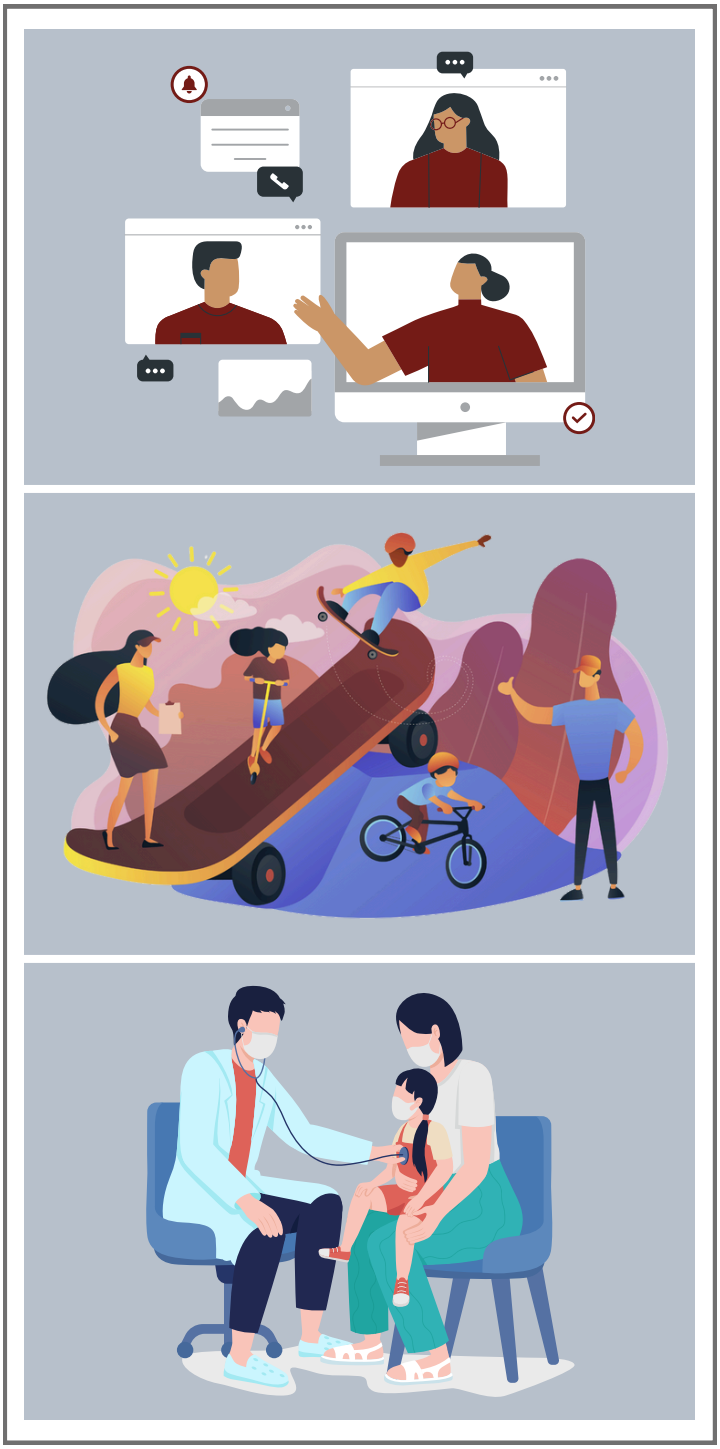
Suspensions and Expulsions

Community-based mental and behavioral health services help keep youth in their homes and schools, and for some youth even led to improved attendance and fewer issues with truancy. As might be expected given varying intensity of need, more youth who received RMHT were suspended or expelled than community-based youth (approximately 30% versus <20% respectively), according to caregivers. The 2023 survey asked why community-based youth were suspended or expelled. According to caregivers, the main reasons included fighting (including fighting on others' behalf), vaping, use of profanities, and threats to other students or teachers. More data are needed to understand the extent to which mental and behavioral health needs might be contributing to suspensions and expulsions, and whether underlying reasons vary across RMHT and community settings.

Technology

Technology helped caregivers and youth overcome logistical challenges with transportation. Caregivers were particularly appreciative when they could use teleconferencing technology to participate in meetings about their youth's care that they could not attend in-person.

Youth from across RMHT and community-settings agreed that telehealth helped them access services, and little variation was observed over time. However, providers and system-level stakeholders had concerns about the lack of intimacy and ability to build rapport compared to in-person visits.



Structured Activities

Some youth needs have been met with structured recreational and social activities in the community. For example, providers, judges, caregivers, and youth mentioned sports, peer and youth mentoring programs (e.g., "Big Brothers Big Sisters"), and faith-based groups as ways to support youth in their communities, outside of formal mental and behavioral health services.

Access to Healthcare Providers

As mentioned in the Service Awareness report (July 2024), many caregivers and youth found out about mental and behavioral health services from pediatricians or other healthcare providers. Even though some caregivers and youth had difficulties scheduling appointments, they found that healthcare providers were helpful with obtaining diagnoses and securing needed mental and behavioral health services.

Service Availability

There are potential gaps in awareness and perceived availability versus actual availability of mental and behavioral health services that might be affecting the perceptions of some providers, juvenile justice partners, and caregivers and youth.

The surveys asked whether caregivers and youth knew which types of mental and behavioral health services are available to support youth and families. Caregivers and youth from across RMHT and community settings neither agreed nor disagreed and little variation was observed over time (with the exception of community-based youth who agreed in 2022 that they were aware of available supports).

West Virginia has a toll-free 24 hour call line **(844-HELP4WV)** that one caregiver was "thrilled" to find out about, because they were able to obtain immediate information.

Providers, system-level stakeholders, and juvenile justice partners all expressed varying levels of awareness of available mental and behavioral health services in their communities. Increasing their awareness of local services and providers should benefit caregivers and youth as well, who rely on these individuals for referrals and other linkages to needed resources. See the Service Awareness report (July 2024) for more information.

THINGS TO CONSIDER:

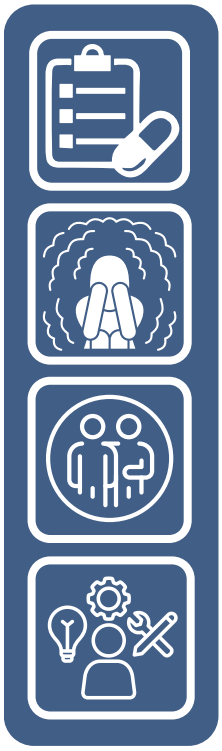
It's possible that several factors are contributing to varying perceptions about service availability, including:

- Provider and staff turnover that can lead to discontinuity in care.
- Changes in funding that affect which providers offer mental and behavioral health services and interventions.
- The expressed need for more mental and behavioral health services at important turning points such as discharge from RMHT or transition into adulthood (see next section for additional details).

Needed Services that were Perceived as Not Available

The surveys asked caregivers and youth if there were mental or behavioral health services that were perceived as needed but not available. Similar themes emerged from caregiver and youth write-in responses to the surveys across years, including the need for:

- Medication management
- Juvenile justice services
- Psychological evaluations and earlier intervention
- Step-down services that help youth transition back into their communities after RMHT or other out-of-home placements
- Hospital-based services, including acute psychiatric care
- Support for independent living
- Peer mentoring
- School-based services and resources
- Specialized services (e.g., treatment for trauma, intensive therapy, anger management)
- Different types of therapies such as art or animal therapy
- Family-based services
- Services that can help youth transition into adulthood
- Training and resources that caregivers can use to promote youth's well-being at home



In addition, caregivers and youth wrote in responses expressing the need for more counseling, therapy, and/or behavioral health services, including more options for local providers and RMHT.

These needs were echoed by other stakeholders across the system, especially with the need for more providers, and for more transitional, specialized, and intensive community-based services.

Engagement & Satisfaction

The surveys asked about other caregiver and youth experiences outside of barriers and facilitators to service accessibility.

Overall treatment participation and engagement was high.

- Community-based caregivers reported more treatment engagement than caregivers of youth in RMHT.
- Community-based caregivers of younger youth felt more engaged in treatment than caregivers of older youth, which was somewhat expected. This is also an area worth further consideration—whether and to what extent policies and practices related to health privacy promote or hinder caregiver engagement for older youth.

Many of the barriers to accessing services outlined above also affect caregiver and youth engagement. One of the most dominant themes was the need for more frequent and proactive communication with providers, which is consistent with the literature and recommendations from the American Psychological Association, demonstrating the direct impact of provider communication on health outcomes.

Some but not all caregivers want to be involved with service planning and delivery of youth mental and behavioral health services. It is possible that caregivers and youth who participated in the Evaluation were more engaged, and have a greater desire to be more involved, than those who did not participate in surveys or interviews. This might explain why providers and system-level stakeholders perceived a general lack of caregiver and/or family engagement. They did acknowledge though that caregiver and family engagement is a major priority (see more below).

Providers and system-level stakeholders identified potential underlying reasons for lack of caregiver engagement:

- A lack of follow-through (e.g., not filling out paperwork).
- Difficulties prioritizing youth's mental and behavioral health needs (e.g., caregivers were too busy, overwhelmed, or had their own physical, mental, or behavioral health issues).
- Disinterest in participation (i.e., unanswered phone calls after multiple attempts at reaching caregivers).

Provider and system-level stakeholders also mentioned unrealistic caregiver expectations about how long it will take for youth to respond to treatment, lack of understanding of mental and behavioral health among older caregivers, and fear of State involvement (e.g., mistaking in-home providers as CPS workers who might remove youth from their homes).

Caregivers, youth, and providers recognize that stigma impacts engagement. Providers had two recommendations for overcoming stigma to promote greater engagement:

- Encourage open conversations about mental and behavioral health within caregiver and youth's natural support systems to normalize help-seeking behaviors.
  - Caregivers and youth reported strong natural support systems across RMHT and community settings, and this finding was consistent over time. For youth, this includes family and friends, as well as teachers and school counselors, and other school administrators and staff. Resources and provider support might be helpful for caregivers and youth to navigate situations where the source of stigma is within the household or close family or friend groups.
  - Natural supports are included in some existing services, such as Wraparound, but perhaps there are opportunities for even more engagement and inclusion of natural supports in other mental and behavioral health services and programs.
- Communication training for providers to ensure that they can accurately explain mental and behavioral health (and related services and interventions) to families in a supportive way.
  - Caregivers and youth from across RMHT and community-settings felt that providers and staff respected their values and beliefs.
  - Trust and rapport-building were prioritized by stakeholders from across the system.

Additional Provider Perspectives on Caregiver and Youth Engagement

The Provider Survey asked mental health, behavioral health, and healthcare providers about their experiences with and barriers to caregiver and youth engagement. This topic was also explored in focus groups.

Few providers reported that they received training on treatment engagement, retention, and caregiver education, but as many as one third to one half of providers expressed interest. Creating pathways to support providers in engaging caregivers may be useful.

BRIGHT SPOT

Providers value and prioritize caregiver and family engagement and inclusion. Social service providers and probation officers consistently agreed or somewhat agreed that caregivers are involved in service planning and delivery, and that they maintain regular communication with caregivers. Mental health, behavioral health, and healthcare provider agreement was consistently high across years of the Evaluation in terms of:

- Viewing caregivers and families as an essential part of planning youth services.
- Considering caregiver and family opinions during treatment planning.
- Soliciting input from caregivers and family when setting treatment goals.
- Including caregivers and family in service delivery.
- Involving caregivers in decisions to move youth to higher or more intensive levels of care.
- Maintaining regular communication with caregivers (e.g., updates about youth's status and progress) as part of their service delivery.

Satisfaction

The surveys asked caregivers and youth about their satisfaction with their experiences accessing mental and behavioral health services, and their satisfaction with the services that youth received.

- Caregivers and youth in RMHT settings neither agreed nor disagreed that they were satisfied with their experiences accessing mental and behavioral health services. Community-based caregivers and youth agreed.
- Caregivers and youth from across RMHT and community-settings neither agreed nor disagreed that they were satisfied with the mental and behavioral health services that youth received.

As detailed in the Case Series report (July 2024), factors that influenced caregiver and youth satisfaction included:

- Access to system navigators and other trusted adults who could serve as advocates for youth and families.
- Timely access to services, especially at important turning points for youth (e.g., for younger youth, when youth transition in/out of out-of-home placements, and as youth transition into adulthood).
- Proactive communication from members of the care team.
- Perceptions that services and providers are a "good fit."
- Services and resources that promote sustainable improvements in youth functioning, including the ability to handle daily stressors.

Conclusion

Stakeholders from across the system provided valuable insights into system functioning and areas for improvement. Service availability was a major theme. Even when services are available, caregivers, youth, and providers experience challenges with accessing them.

Addressing barriers will require a range of strategies, and some barriers might be simpler to address than others. For example:

- Caregivers and youth who had a system navigator, often a Wraparound facilitator or probation officer, experienced fewer barriers. Expanding services and empowering providers could help increase access to system navigators.
- Developing and implementing standards around communication across the system could decrease another commonly identified barrier. This may include expectations around how quickly calls will be returned, or clear messaging around the steps needed for eligibility determination.
- To address stigma as a barrier, DoHS could consider public awareness campaigns and other strategies to normalize help-seeking behaviors.

When taken together, the Evaluation captured snapshots of the system across years. Findings suggest there is positive momentum, as well as opportunities for further improvement. Perspectives of stakeholders within the children's mental and behavioral health system, and adjacent systems such as healthcare and juvenile justice, offered potential solutions to reduce barriers to access and use, and to increase engagement.

Appendix A: Glossary

This page defines the acronyms used and/or other key terms used throughout the report.

Acronym	Definition
ACT	Assertive Community Treatment
CCRL	Children's Crisis and Referral Line (844-HELP4WV)
CMCRS	Children's Mobile Crisis Response and Stabilization
CMHW	WV Children's Mental Health Wraparound
CSED	Children with Serious Emotional Disorders
DoHS	WV Department of Human Services
MDT	Multidisciplinary Team
PBS	Positive Behavior Support
RMHT	Residential Mental Health Treatment

Appendix B: Data Collection Overview

This report includes data collected throughout the Evaluation. Reports from previous years can be found on the KidsThrive website: https://kidsthrive.wv.gov/Pages/default.aspx.

The table below provides a description of all data collected as part of this Evaluation. Findings in this report are summarized by year for ease of interpretation. References to specific groups at specific points in time in previous reports (e.g., "youth in RMHT at Baseline"), data collection dates, and number of participants are displayed below.

Year [1]	Project Phase	Stakeholder Group	Data Collection Tool	Reference in Previous Reports	Data Collection Dates	Number of Stakeholders
2021	2a	Service Provider Organizations	Organization and Facility Survey	"Baseline"	8/16/2021 – 11/19/2021	102
2021	2a	Service Providers	Provider Survey	"Baseline"	8/16/2021 – 11/19/2021	1,215
2021	2a	Service Providers	Provider Focus Groups	"Baseline"	11/29/2021 – 1/31/2022	71
2021	2a	Service Provider Organization Key Informants	Organization and Facility Key Informant Interviews	"Baseline"	11/3/2021 – 1/13/2022	14
2021	2a	System-Level Stakeholders	System-Level Focus Groups	"Baseline"	10/7/2021 – 11/1/2021	22
2021	2b	Caregivers of Youth in RMHT	Caregiver Survey	"Baseline"	10/28/2021 – 2/17/2022	108
Ongoing [2]	Ongoing [2]	Caregivers of Youth in RMHT	Case Series Interviews	"Rounds 1-5"	2/21/2022 – 4/29/2024	9
2021	2b	Youth in RMHT	Youth Survey	"Baseline"	11/16/2022 – 4/18/2023	115
Ongoing [2]	Ongoing [2]	Youth in RMHT	Case Series Interviews	"Rounds 1-5"	2/17/2022 – 5/3/2024	10
2022	3	Service Provider Oragnizations	Organization and Facility Survey	"Year 2"	11/16/2022 – 3/7/2023	56
2022	3	Service Providers	Provider Survey	"Year 2"	11/9/2022 – 2/28/2023	1,141

Year [1]	Project Phase	Stakeholder Group	Data Collection Tool	Reference in Previous Reports	Data Collection Dates	Number of Stakeholders
2022	3	Caregivers of Youth in RMHT	Caregiver Survey	"Year 2"	11/4/2022 – 1/13/2023	180
2022	3	Youth in RMHT	Youth Survey	"Year 2"	11/2/2022 – 2/17/2023	156
2022	3	Community-Based Caregivers	Caregiver Survey	"Baseline"	12/22/2022 – 3/31/2023	174
Ongoing [2]	Ongoing [2]	Community-Based Caregivers	Case Series Interviews	"Rounds 1-3"	3/14/2023 – 5/1/2024	6
2022	3	Community-Based Youth	Youth Survey	"Baseline"	1/9/2023 – 3/31/2023	51
Ongoing [2]	Ongoing [2]	Community-Based Youth	Case Series Interviews	"Rounds 1-3"	3/13/2023 – 5/1/2024	5
2023	4	System-Level Stakeholders	System-Level Focus Groups	"Phase 4"	12/12/2023 – 1/9/2024	10
2023	4	Service Provider Organizations	Organization and Facility Survey	"Year 3"	8/1/2023 – 11/10/2023	33
2023	4	Service Providers [3]	Provider Survey	"Year 3"	8/28/2023 – 11/30/2023	722
2023	4	Service Providers	Provider Focus Groups	"Phase 4"	3/11/2024 – 3/28/2024	36
2023	4	System-Level Stakeholders	System-Level Focus Groups	"Phase 4"	12/15/2023 – 1/9/2024	10
2023	4	Community-Based Caregivers	Caregiver Survey	"Year 2"	2/21/2024 – 4/26/2024	213
2023	4	Community-Based Youth	Youth Interviews	"Year 2"	6/3/2024 – 6/21/2024	6

Notes: RMHT = residential mental health treatment.
[1] Represents the year used to reference the data in Phase 4 reports.
[2] Case Series participants were recruited from "Baseline" Caregiver Surveys and Youth Surveys. Case Series Interviews were conducted with the same individuals approximately every six months; participants completed up to five interviews over the course of the Evaluation.
[3] Judge interviews were conducted after the Phase 4 Provider Survey was closed for other provider types. Phase 4 judge interviews were conducted between December 2023 and February 2024; of these 722 providers, 20 were judge interviews.