HEALTH AFFAIRS INSTITUTE

Sound Strategies / Improve Lives℠

Service Awareness

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

Prepared by

WVU Health Affairs Institute

Prepared for

West Virginia Department of Human Services

Table of Contents

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 Service Awareness, 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.

SURVEYS INTERVIEWS FOCUS GROUPS

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.

Awareness of Mental and Behavioral Health Services

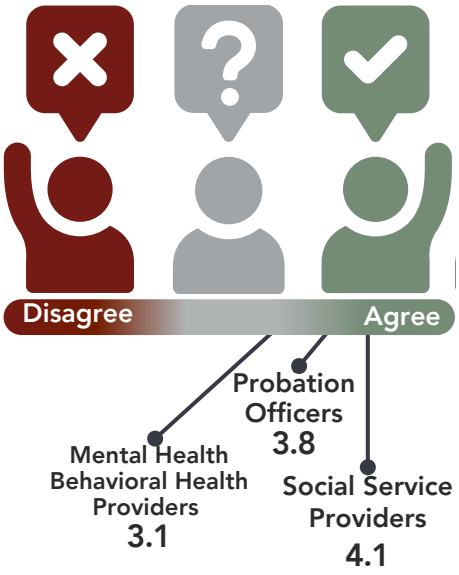
Awareness of mental and behavioral health services impacts referral processes, access, and utilization. **Overall, provider awareness has increased across years of the Evaluation.**

Providers and system-level stakeholders recognize and appreciate the recent efforts made by DoHS to disseminate information about services and feel that they are more aware of available resources than in previous years. That said, there are additional opportunities to expand provider awareness. For example, the Provider Survey asked whether they were aware of mental and behavioral health services that can meet the diverse needs of youth in providers' areas and networks. Little variation was observed over time, but findings varied by provider type.

The Provider Survey asked about perceptions around caregiver awareness:

- Mental health, behavioral health, and healthcare providers, as well as attorneys somewhat disagreed that caregivers and families are aware of mental and behavioral health services.
- Social service providers, probation officers, and judges neither agreed nor disagreed.

Mental and behavioral health services in their communities can meet the diverse needs of youth:



Awareness is an ongoing need, given changes to the workforce and youth needs.

THINGS TO CONSIDER:

Recommendations for increasing provider, caregiver, and youth awareness can be found at the end of this report.

Many caregivers and youth are aware of the mental and behavioral health interventions that youth receive, as well as service providers and locations. Before mentioning the services of interest to the Evaluation, the surveys ask about general awareness of mental and behavioral health services among caregivers and youth. Overall findings were consistent across caregivers and youth, across RMHT and community settings, and over time, with one exception noted below. Caregivers and youth were most aware of:

- Counseling, therapy, and medication management.
- Service providers and locations (e.g., Prestera, Highland Hospital, Birth to Three).
- Programs and other types of services (e.g., Wraparound and Safe at Home, DoHS services, juvenile justice, waiver programs, RMHT, and school-based services).

Youth in RMHT frequently mentioned shelters, detention centers, and out-of-state facilities, whereas caregivers of youth in RMHT, and community-based caregivers and youth rarely mentioned them.

Awareness of the Community-Based Services of Interest to the Evaluation

Findings for stakeholder awareness of mental and behavioral health services are presented below, but several caveats are worth noting:

- As noted above, caregivers and youth tend to be able to report service locations and the mental and behavioral health interventions that youth received but are less likely to know or remember the specific names of services. For example, they are able to recall that youth went to Prestera for therapy and medication management but might not know that the services were delivered as part of Assertive Community Treatment.

- Caregivers and youth will use phrases interchangeably like "CSED Waiver" or "Safe at Home" to refer to any Wraparound services. Similarly, they will use "Mobile Crisis" to refer to Children's Mobile Crisis Response and Stabilization and CSED Waiver Mobile Response. Therefore, it was not always possible to tease out differences between similar services (e.g., between CSED Waiver Wraparound and WV Children's Mental Health Wraparound) from the caregiver and youth data.

    - To help overcome these challenges, the surveys and interview materials included service names and descriptions, with "Wraparound" as an overarching category for CSED Waiver Wraparound, WV Children's Mental Health Wraparound, and Safe at Home, and "Mobile Response" as an overarching category for CSED Waiver Mobile Response or Children's Mobile Crisis Response and Stabilization.

- Some providers and judges were not familiar with the specific names of services (in general and those of interest to the Evaluation, such as Behavioral Support Services) because they often make referrals or recommendations for specific mental and behavioral health interventions (e.g., therapy or medication management) but are not always involved in identifying agencies where youth can receive those services. Determining eligibility for specific programs and services is also a factor that providers and judges may not be directly involved.

- The "Healthcare Provider Module" was administered to those who self-selected mental health, behavioral health, or healthcare-related professional roles. Findings for mental and behavioral health providers were similar, but some noteworthy differences emerged among healthcare providers. Therefore, findings in this section differ from other reports in that awareness among mental and behavioral health providers are reported separately from healthcare providers.

Children's Mobile Crisis Response and Stabilization (CMCRS)

Overall provider awareness of CMCRS was 58% in 2023, which is 15% higher than in 2021. Findings varied by provider type. Awareness was highest among social service providers, followed by mental and behavioral health providers. The greatest changes in awareness of CMCRS since 2021 were observed among mental and behavioral health providers, as well as attorneys.

74% **Mental and Behavioral Health Providers**	were aware of CMCRS in 2023, which is a 31% increase since 2021.
32% **Healthcare Providers**	were aware of CMCRS in 2023, which is a 15% increase since 2021.
78% **Social Service Providers**	were aware of CMCRS in 2023, which is a 20% increase since 2021.
56% **Probation Officers**	were aware of CMCRS in 2023, which is a 22% increase since 2021.
37% **Attorneys**	were aware of CMCRS in 2023, which is a 27% increase since 2021.

Judges were not asked about awareness of CMCRS given that they would not be expected to include these services as part of their treatment recommendations.

The Provider Survey was updated in 2022 to include CSED Waiver Mobile Response when asking about awareness of community-based crisis services.

- 21% of law enforcement officers were aware of CMCRS and/or CSED Waiver Mobile Response services in 2023, compared to 11% who were aware of CMCRS in 2021.

The Caregiver Survey and Youth Survey asked about awareness of CMCRS in 2021. In 2022, CMCRS was combined with CSED Waiver Mobile Response.

- Approximately 25% of caregivers were aware of CMCRS and/or CSED Waiver Mobile Response in 2023. Little variation was observed across caregivers and youth, across RMHT and community settings, or over time.

Children with Serious Emotional Disorders (CSED) Waiver Wraparound

Awareness of CSED Waiver Wraparound was added to the Provider Survey in 2022. Overall provider awareness of CSED Waiver Wraparound was 53% in 2023, compared to 54% in 2022. Findings varied by provider type. The greatest changes in awareness since 2022 were observed among mental health, behavioral health, and social service providers.

81% **Mental and Behavioral Health Providers**	were aware of CSED Waiver Wraparound in 2023, which is a 22% increase since 2022.
13% **Healthcare Providers**	were aware of CSED Waiver Wraparound in 2023, which is a 7% increase since 2022.
84% **Social Service Providers**	were aware of CSED Waiver Wraparound in 2023, which is a 22% increase since 2022.
88% **Probation Officers**	were aware of CSED Waiver Wraparound in 2023, which is a 2% decrease since 2022.
60% **Attorneys**	were aware of CSED Waiver Wraparound in 2023, which is a 7% increase since 2022.
90% **Judges**	were aware of CSED Waiver Wraparound in 2023.

- Approximately 25% of youth from across RMHT and community settings were aware of Wraparound, and little variation was observed over time.
- Caregivers were more aware of Wraparound than youth. Nearly half of caregivers from across RMHT (52%) and community-settings (40%) were aware of Wraparound at their Baseline (in 2021 for RMHT and 2022 for community-based settings). Awareness decreased among both groups in subsequent data collection years (38% and 33% respectively), although these differences may be due to changes in the sample over time.

Case series interview data and write-ins from open text fields in the surveys indicated that many caregivers and youth continue to be familiar with and use "Safe at Home" as a catch-all phrase for any type of Wraparound services that they received.

West Virginia Children's Mental Health Wraparound (CMHW)

Overall provider awareness of CMHW was 54% in 2023, compared to 67% in 2021. Findings varied by provider type:

74% **Mental and Behavioral Health Providers**	were aware of CMHW in 2023, which is a 4% increase since 2021.
22% **Healthcare Providers**	were aware of CMHW in 2023, which is a 16% increase since 2021.
82% **Social Service Providers**	were aware of CMHW in 2023, which is a 13% increase since 2021.
71% **Probation Officers**	were aware of CMHW in 2023, which is a 3% decrease since 2021.
60% **Attorneys**	were aware of CMHW in 2023, which is a 20% increase since 2021.
75% **Judges**	were aware of CMHW in 2023, which is a 12% increase since 2021.

The findings for caregivers and youth can be found on the previous page.

Behavioral Support Services (including Positive Behavior Support)

Overall provider awareness of Behavioral Support Services (including PBS) was 63% in 2023, compared to 61% awareness of PBS in 2021. Findings varied by provider type. The greatest increases in awareness of Behavioral Support Services (including Positive Behavior Support) were observed among healthcare providers, followed by mental and behavioral health providers.

All surveys asked about awareness of Positive Behavior Support (PBS) in 2021. The surveys were updated in 2022 to ask about awareness of Behavioral Support Services (including PBS).

81% **Mental and Behavioral Health Providers**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 26% increase since 2021.
44% **Healthcare Providers**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 33% increase compared to awareness of PBS in 2021.
81% **Social Service Providers**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 13% increase compared to awareness of PBS in 2021.
52% **Probation Officers**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 19% increase compared to awareness of PBS in 2021.
37% **Attorneys**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 13% increase compared to awareness of PBS in 2021.
30% **Judges**	were aware of Behavioral Support Services (including Positive Behavior Support) in 2023, which is a 10% increase compared to awareness of PBS in 2021.

Caregivers and youth awareness of Behavioral Support Services (including PBS) were similar across settings and over time (approximately 40%), with the exception of caregivers of youth in RMHT in 2021 (21% of whom were aware of PBS at the time of data collection).

Assertive Community Treatment (ACT)

Overall provider awareness of ACT was 28% in 2023, which is 11% higher than in 2021. Findings varied by provider type. The greatest increase in awareness was observed among social service providers. Awareness of ACT was expected to be somewhat lower than other mental and behavioral health services of interest to the Evaluation given that it is intended for older youth and therefore many in the populations of interest would not be eligible.

30% **Mental and Behavioral Health Providers**	were aware of ACT in 2023, which is a 7% increase since 2021.
10% **Healthcare Providers**	were aware of ACT in 2023, compared to 11% in 2021.
31% **Social Service Providers**	were aware of ACT in 2023, which is a 12% increase since 2021.
19% **Probation Officers**	were aware of ACT in 2023, which is a 10% increase since 2021.
17% **Attorneys**	were aware of ACT in 2023, which is a 5% increase since 2021.
5% **Judges**	were aware of ACT in 2023, compared to 10% in 2021.

Caregiver and youth awareness of ACT was low (<20% in most cases), and this finding was consistent across RMHT and community settings and over time.

Children's Crisis and Referral Line (CCRL;844-HELP4WV)

Overall provider awareness of the CCRL was 84% in 2023, which is 14% higher than in 2021. Findings varied by provider type. The greatest increases in awareness were observed among mental and behavioral health providers and probation officers.

79% **Mental and Behavioral Health Providers**	were aware of the CCRL in 2023, which is a 31% increase since 2021.
66% **Healthcare Providers**	were aware of the CCRL in 2023, which is a 5% increase since 2021.
88% **Social Service Providers**	were aware of the CCRL in 2023, which is a 14% increase since 2021.
76% **Probation Officers**	were aware of the CCRL in 2023, which is a 23% increase since 2021.

Attorneys and judges were not asked about their awareness of the CCRL given that these services would likely not be included in their recommendations.

Youth in RMHT were more aware of the CCRL than caregivers (approximately one third of youth compared to approximately 25% of caregivers), and this finding was consistent over time.

Community-based caregivers were more aware of the CCRL than youth (nearly 40% compared to 27% respectively).

How Stakeholders Find Out About Services and Resources

Providers

Providers and system-level stakeholders rely primarily on word of mouth (e.g., personal connections and internal networks) and the internet to find out about the services available in their communities. For example, many mentioned the Family Resource Network (FRN) as a comprehensive website that makes it easy to identify local service providers, but they also find that the information is often out-of-date. Another popular resource is WV 211; however, providers find the website difficult to navigate. Providers had difficulties finding service descriptions in particular (see more below).

Additional ways that providers identify services and resources included:

- Emails from DoHS
- Monthly multidisciplinary and multiagency meetings
- Collaborative community events
- Social media

Barriers to identifying services include:

- Lack of regular updates about service expansion in their communities
- Outdated information online
- Lack of capacity and high case loads
- Staff turnover
- Low name recognition of the Assessment Pathway

THINGS TO CONSIDER:

The mental health, behavioral health, and healthcare workforce is constantly changing, and programs and services are continuing to expand throughout the state. Therefore, outreach strategies to enhance provider awareness of mental and behavioral health services should be ongoing. Providers had several suggestions for preferred mechanisms to increase their awareness of available services and resources, including:

- A centralized online platform that provides up-to-date county-level information about providers and services, including service descriptions.
- The continuation and expansion of DoHS monthly meetings, lunch and learns, or other trainings and online events that providers can attend.
- Regular updates via list servs.

Judges

Judges were aware of the types of mental and behavioral health interventions available in the state, but their awareness of specific services and programs varied. Overall, judges had limited awareness of local resources, which they attributed to their role in facilitating access—they will mandate and/or recommend mental and behavioral health services but rely on DoHS case managers to identify appropriate and available services that can meet the need of youth and families.

Many judges expressed interest in increasing their awareness of services within their jurisdictions and across the state.

THINGS TO CONSIDER:

Similar to providers and system-level stakeholders, judges indicated that they would appreciate and use online resources, such as a centralized website, as well as social media posts about available services and providers. Judges also expressed interest in online informational workshops.

Caregivers and Youth

Caregivers and youth are primarily finding out about services by word of mouth, through interactions with DoHS, juvenile justice, and providers. Few caregivers and youth indicated that they looked for information online and/or via social media. The specific ways that caregivers and youth found out about mental and behavioral health services included:

- Child Protective Services
- Probation officers
- Healthcare providers
- Schools
- Family and friends
- Caregivers' personal experiences with mental and behavioral health services

THINGS TO CONSIDER:

Strategies to increase awareness of mental and behavioral health services and resources among system-level stakeholders, juvenile justice partners, and providers will indirectly benefit caregivers and youth who rely on these individuals for information.

- Direct and targeted outreach to caregivers and youth may also be worth considering. Caregivers and youth expressed the desire for more information about services (i.e., program and service descriptions), eligibility criteria, and contact information for specific people that they can speak with.
- It is worth noting that caregivers access and use information differently. Marketing and outreach might consider "meeting them where they are," by using a range of print and online materials that promote services and resources.

Conclusion

Awareness is a critical first step in facilitating access to needed mental and behavioral health services for youth. The previous section offers suggestions for ways to promote awareness among caregivers, youth, and other groups of stakeholders across the children's mental and behavioral health system, and adjacent systems such as healthcare and juvenile justice.

BRIGHT SPOT

- All stakeholders expressed an interest in increasing their awareness of mental and behavioral health services and resources.
- Providers had positive responses to DoHS communication activities.
- Outreach is working, especially with crisis services, and with the CCRL specifically. Increases were noteworthy among providers and community-based caregivers. The wallet cards that were developed and distributed by DoHS with information about the CCRL were well-received by providers.

Lastly, efforts to promote awareness should be ongoing.

- Systems regularly change; in this context, ongoing changes are being made with regard to service availability and workforce. Provider turnover is one example. Therefore, ongoing outreach to promote awareness is needed.
- Youth age into the system and/or have different mental and behavioral health needs over time; therefore, the programs and services they need and/or would be eligible for changes over time. This also highlights the importance of ongoing marketing and outreach strategies to youth and families.

Findings suggest there is positive momentum, as well as opportunities for further improvement. Awareness is paramount to keep the system functioning and should continue to be prioritized.

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
FRN	Family Resource Network
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.