

Children's Mental and Behavioral Health Services

Strategic Plan



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December 30, 2024

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Message from the Cabinet Secretary

The West Virginia Department of Human Services (DoHS) is committed to ensuring the safety, stability, and well-being of West Virginia's children and families. Much has been achieved over the last several years which reflects the Department's dedication to building a brighter future for West Virginia's children and families. Through innovation, strengthening partnerships, and focusing on the well-being of those we serve, we are making a tangible difference in the lives of our most vulnerable residents.

This strategic plan highlights the prioritized efforts across multiple bureaus and agencies as we work together to build statewide, accessible, and sustainable programs and services to help ensure children with mental and behavioral health challenges and their families receive services in their homes and communities.

Additional information on DoHS programs and services is available on the [website](http://humanservices.wv.gov) (humanservices.wv.gov).



Cynthia Persily, Ph.D.
Cabinet Secretary, Department of
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State of West Virginia

1. Executive Summary

The West Virginia (State) Department of Human Services (DoHS) is committed to improving the State's mental health system to help ensure children can receive mental or behavioral health services in their homes and communities. This strategic plan provides an overview of the State's approach to reaching its long-term goals and objectives of serving children and families with mental and behavioral health needs in West Virginia.

This strategic plan is updated annually and is structured in parallel with two additional documents that help outline DoHS's goals and objectives.

- DoHS's [Continuous Quality Improvement \(CQI\) Plan](#)
 - The CQI plan is updated annually and available on the Kids Thrive Collaborative website. The CQI plan outlines the comprehensive processes and overall structure that DoHS uses to gather, review, and act on program-level data. DoHS has a cross-bureau Quality Committee that meets quarterly to review data, determine if changes may be needed, and develop action plans as warranted.

DoHS's CQI strategy incorporates service- and child-level data and feedback from providers, facilities, youth, and their caregivers to advance and strengthen current systems through collaborative, strategic and timely decision-making, and action. By focusing on children's needs for mental health services, DoHS strives to build and sustain a system that enables children to remain and thrive in their homes and communities while receiving necessary mental health treatment, as clinically appropriate.

- DoHS's [Children's Mental Health and Behavioral Health Services Quality and Outcomes Report¹](#) (i.e., Outcomes Report)
 - The DoHS Outcomes Report is published on the Kids Thrive Collaborative website and provides internal and external partners with information related to DoHS's goals, objectives, and outcomes for programs and services related to children's mental and behavioral health.

Recommended actions and activities resulting from DoHS CQI processes and quality reviews are tracked by DoHS's Office of Quality Assurance for Children's Programs (OQA) in partnership with executive and program leadership. Through recurring CQI processes, plans, timelines, and priorities are reviewed and updated. This information is summarized in the Outcomes Report.

Figure 1 below illustrates how this strategic plan and the CQI plan aims to inform key initiatives for the Outcomes Report and provide DoHS partners with an overall view of how DoHS is

¹ Since January 2022, DoHS has published the Outcomes Report semiannually in January and July. In 2025, the Outcomes Report will be published annually in October.

working to help ensure children’s mental and behavioral health programs and services are statewide, accessible, and sustainable to improve outcomes for children and families.

By focusing on the priorities in this plan, DoHS aims to build on and enhance its child welfare system to meet the needs of children and families served. DoHS believes that together with key partners and stakeholders, DoHS can make a significant impact and build a brighter future for the children and families of West Virginia.

Figure 1: Approach to Strategic Improvements



2. Background

DoHS is committed to improving the State's mental health system to help ensure children can receive mental or behavioral health services in their homes and communities. From 2020 through 2024, the State published an annual implementation plan describing the State's actions to help ensure home and community-based services (HCBS) are available statewide, sustainable, and accessible to children with mental or behavioral health needs. The specific services and programs of focus are:

- West Virginia Wraparound, including Children with Serious Emotional Disorders (CSED) Waiver
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Therapeutic Foster Care (TFC)
- Behavioral Support Services and Positive Behavior Support (PBS)
- Assertive Community Treatment (ACT)
- Mental health screening and assessments

DoHS has made considerable progress on major initiatives, allowing them to shift from an implementation plan to a strategic plan. This new plan focuses on key initiatives for continued monitoring to help make programs and services noted above statewide, ensure timely access for children and families, and maintain service sustainability.

3. Vision, Mission, and Values

DoHS promotes a thriving and healthy West Virginia through providing access to critical healthcare, essential social services and benefits, and trusted information, with a special emphasis on vulnerable populations.

3.1 Vision

DoHS is dedicated to a vision of a healthy, thriving, and resilient West Virginia.

3.2 Mission

DoHS's mission is to promote a thriving and healthy West Virginia by providing access to healthcare, essential social services, and support.

3.3 Values

DoHS values are investment, impact, confidence, integrity, trust, calm and resilience.

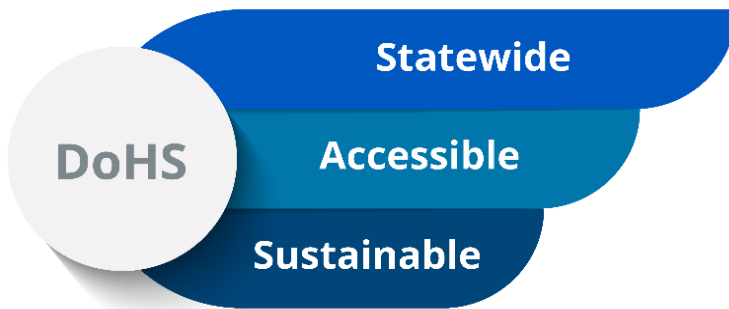
4. Strategic Initiatives

DoHS is committed to creating a brighter future for children and families in need of additional support and has implemented and enhanced programs and services for children with a serious emotional disorder (SED).

DoHS is committed to three primary goals:


- Provide children with SED and their families with treatment and support services in their homes and communities.
- Help prevent children with SED from unnecessarily entering residential intervention settings.
- Transition children with SED who have utilized residential treatment intervention settings back to their family homes or family-like settings as quickly and as safely as possible.

Figure 2: DoHS's commitment to enhancing HCBS



To support these goals, DoHS is committed to enhancing HCBS so that children can remain in their homes and communities. DoHS seeks to further collaborate with community partners and key stakeholders to design and expand services to meet the needs of children and families statewide more effectively. Figure 2 on the left illustrates the focus for statewide, accessible, and sustainable services in this strategic plan.

4.1 Initiative 1: Statewide

 INITIATIVE 1: STATEWIDE		
GOAL: Children’s mental and behavioral health services are available statewide		
<p>Screening, assessments, and referrals to the Assessment Pathway, and service utilization of HCBS continue to increase. This trend is a positive sign that awareness of programs and services among youth, families, and the providers that serve them continues to expand.</p> <p>This trend of higher utilization requires additional focus to help ensure DoHS programs and services are adequately resourced and available statewide. County-level and program-specific data analysis is a key initiative to help DoHS understand resource needs throughout the State.</p>		
OBJECTIVE	ACTIVITY	OUTCOME
1.1	Continue to use the maps developed from county-level risk/need ranking to drive county-specific efforts for prioritized service areas.	Focus on prioritized counties that have higher RMHTF utilization to help reduce out-of-home placements in those areas and increase the availability of HCBS.
1.2	<p>a. Sustain the foster care collaborative and associated campaign aimed at increasing the number of foster families willing to serve youth ages 13 to 17 with complex needs.</p> <p>b. Maximize and expand transitional living for vulnerable youth (TLVY) capacity to meet needs.</p>	Improved rates of placing older youth in foster home and/or TLVY community-based settings.
1.3	Continue data enhancements already in progress with Acentra and Aetna to improve information collection related to the history of children on hold and additional detail on waitlists for CSED services.	Improved data will help DoHS understand where there may be gaps in service that are impacting the CSED waitlist and services utilization.
1.4	Continue statewide implementation of DoHS’s Bureau for Medical Services (BMS) State plan for children’s mobile crisis response services.	Assist children to stay at home with their families by having statewide access to mobile crisis services.

4.2 Initiative 2: Accessible



INITIATIVE 2: ACCESSIBLE

GOAL: Children with mental health needs are evaluated and connected with services timely to help children remain in their homes and communities.

DoHS is committed to continuing efforts to help ensure children with SED can be identified through multiple entry points and are connected to services in a timely manner. Routine data review, feedback, and technical assistance efforts continue among screening entities to maintain and enhance screening and referrals across multiple entry points. In addition, DoHS will help expand awareness of programs and services among youth, families, and the providers who serve them.

OBJECTIVE	ACTIVITY	OUTCOME
2.1	Review quarterly claims data and provide feedback to managed care organizations (MCOs) to influence strategies and efforts to encourage well-child visits and Early and Periodic Screening, Diagnostic, and Treatment (ESDPT).	Improve EPSDT screening rates to improve early intervention efforts.
2.2	Focus on family-driven referrals and develop strategies with First Choice and Aetna to help ensure early intervention, prior to system involvement, to get children and families connected to HCBS and support diversion efforts.	Increase family-driven referrals for early intervention.
2.3	Expand outreach and education around the importance of Qualified Independent Assessment (QIA) to increase utilization and trust in the process statewide, including ongoing review and feedback to social service managers at a county-level, engagement with the court community, and persistent integration into multidisciplinary team (MDT) decision-making.	Improve utilization of the QIA recommendation to support appropriate level of treatment intervention.
2.4	Collaborate with Acentra Health to improve quality and timeliness of the QIA process.	Increase diversion from RMHTF when HCBS are identified as the appropriate intervention.



INITIATIVE 2: ACCESSIBLE

2.5	Continue to pilot a wraparound facilitator capacity tool to incorporate level of acuity with provider and facilitator caseloads and full-time employee (FTE) capacity considerations to help bureaus respond to capacity and assignment needs as they arise.	Improve understanding of provider capacity and assist in provider retention and recruitment efforts to help ensure adequate wraparound facilitator capacity to meet needs.
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4.3 Initiative 3: Sustainable



INITIATIVE 3: SUSTAINABLE

GOAL: Children’s mental and behavioral health services will be continually reviewed and enhanced or modified to help ensure long-term sustainability.

DoHS, along with community partners, stakeholders, and vendors, provides a robust array of children’s mental and behavioral health services. To help make programs sustainable and achieve the intended outcomes, DoHS will collaborate with community partners and other stakeholders on funding, data system improvements and analysis to help support long-term success and positive outcomes for children and families.

OBJECTIVE	ACTIVITY	OUTCOME
3.1	Continue to leverage the data store to help enable DoHS to better understand the child and family journey and related outcomes, along with opportunities and strengths in the current system as it is built out, with more sophisticated analysis.	Analysis of outcomes will help inform DoHS of needed changes to policy or process to help ensure children are served in the most appropriate setting.
3.2	Collaborate with the call-line vendor to upgrade the platform for the CCRL to create more functionality for real-time connection between callers and providers, along with improving transfer processes between the CCRL and 988 call-line.	Improve connection times for children and families when they utilize the crisis call-line and are connected to mobile crisis teams.
3.3	Transition the DoHS’s Bureau for Behavioral Health (BBH) Assessment Pathway process to Acentra Health to help streamline the process.	Improve the time from CSED application to first date of service.



INITIATIVE 3: SUSTAINABLE

3.4	Plans to implement an electronic referral system for foster placement needs. This system is anticipated to provide more timely data, including report and dashboard visualization to Child Placing Agencies (CPAs) and DoHS's Bureau for Social Services (BSS) staff.	Improve the referral process for children that need a foster home placement to help ensure timely identification of homes and placement with families.
3.5	Continue work to improve Child and Adolescent Needs and Strengths (CANS) data quality and completion through provider training, TA, and data system revisions. Review will focus on timely reporting of CANS data quality, which will expand to outcomes reporting over time through the enhanced data store.	Improve the CANS data collection which is used to help inform DoHS of the youth's outcomes throughout their services journey.
3.6	Complete BMS policy update and provider training for implementation of State plan behavioral support services modifier code for PBS services.	Understand current PBS service utilization and help to build PBS provider capacity to meet needs.
3.7	Continued implementation and monitoring of the CSED Waiver amendment changes that were effective October 1, 2024, including the wraparound reimbursement rate change to per member per month.	Increased wraparound provider capacity.
3.8	Continue prioritized residential discharge planning efforts in partnership with Aetna and Marshall University to include a focus on helping to ensure aftercare services are in place following the child's discharge from residential treatment.	Enhance successful transitions to a home or community settings and reduce the possibility of readmission.

5. Resource Roles and Responsibilities

Table 1 describes a list of groups or organizations that are external to DoHS and their role that helps impact DoHS's systems improvements.

Table 1: List of External Stakeholder Roles by Organization

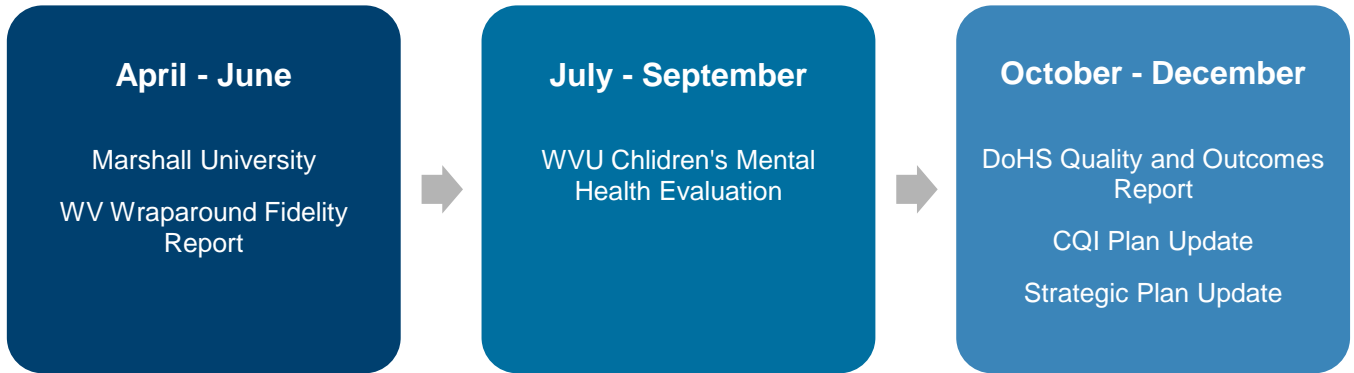
Organization	Role
Acentra	Acentra, the State's Administrative Service Organization (ASO), supports the CSED Waiver application process, QIA, and BBH Assessment Pathway referrals.
Aetna Better Health® of West Virginia	Aetna is the MCO for children in foster care throughout the State of West Virginia. Aetna assists with data collection and reporting for children in residential treatment, provides oversight of the CSED waiver program, and works with the State on prioritized discharge planning efforts.
Building Bridges Initiative (BBI)	BBI supports the State with their residential redesign and collaboration with providers.
West Virginia Division of Corrections and Rehabilitation, Bureau of Juvenile Services (BJS)	BJS supports youth and families to help ensure their safe transition back into homes and communities (as needed).
Casey Family Programs	Casey Family Programs provides child welfare expertise to the State.
Concord University	Concord University is the training and certification vendor for PBS services.
Findhelp	Findhelp is supporting BSS to explore an electronic data solution that will coordinate referrals to CPAs for children in need of community-based placement.
Marshall University (MU)	MU supports Wraparound fidelity evaluation efforts, out-of-state discharge planning efforts, and assignment of Safe at Home West Virginia (SAH) Wraparound cases.
Mission WV	Mission WV collaborates with the State on a statewide marketing campaign to recruit new foster families.
Myers and Stauffer LC	Myers and Stauffer LC support WV with rate setting methodology.
Public Consulting Group (PCG)	PCG supports WV Wraparound by maintaining and updating the electronic CANS system.

Organization	Role
University of Connecticut (UCONN)	UCONN supports WV Wraparound as the training vendor for Wraparound facilitators and supervisors.
Supreme Court of Appeals of WV	The Supreme Court of Appeals ensures that children and families rights are upheld.
West Virginia University (WVU)	WVU conducts the Children's Mental Health Evaluation.
WVU Center for Excellence in Disabilities	WVU Center for Excellence in Disabilities provides PBS, funded through a grant with BBH.
West Virginia Child-Care Association (WVCCA)	WVCCA represents providers who offer residential treatment to children and families in foster care, through advocacy, policy changes through collaboration with DoHS.
West Virginia Department of Education (WVDE)	WVDE is a government agency that oversees the public school system in West Virginia. WVDE assists with improving educational outcomes and seeks to help children in foster care achieve stability and success in their academic lives.

6. Roadmap

This roadmap in Figure 3 visually demonstrates the key reports that guide DoHS's efforts throughout the year and when community stakeholders can expect to see various reports published on the [Kids Thrive Collaborative](http://kidsthive.wv.gov) (kidsthive.wv.gov).

Figure 3: Key Reports



7. Conclusion

This strategic plan outlines DoHS's commitment to enhancing the mental and behavioral health services system for children and families. By focusing on the initiatives in this plan, DoHS aims to build on and enhance its child welfare system to meet the needs of children and families served. DoHS is dedicated to CQI and ongoing collaboration with its internal and external partners to achieve its vision to make significant impact and build a brighter future for the children and families of West Virginia.

Appendix A: Definitions of Terms and Acronyms

Appendix A lists the definitions of terms and acronyms found throughout this plan. Table A provides the definitions.

Table A: Definitions of Terms and Acronyms

Acronym	Description
ACT	Assertive Community Treatment
Aetna	Aetna Better Health® of West Virginia
ASO	Administrative Service Organization
BBH	Bureau for Behavioral Health
BBI	Building Bridges Initiative
BIPOC	Black, Indigenous, and people of color
BJS	Bureau of Juvenile Services
BMS	Bureau for Medical Services
BSS	Bureau for Social Services
CAFAS	Child and Adolescent Functional Assessment Scale
CANS	Child and Adolescent Needs and Strengths
CCBHC	Certified Community Behavioral Health Clinic
CCRL	Children’s Crisis and Referral Line
CED	WVU Center for Excellence in Disabilities
CFT	Child and Family Team
CIP	Court Improvement Program
CMCRS	Children’s Mobile Crisis Response and Stabilization
CMHS	Children’s Mental Health Services
CMS	Centers for Medicare & Medicaid Services
CPA	Child Placing Agency
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CSED Waiver	Children with Serious Emotional Disorders Waiver, a 1915(c) Medicaid waiver administered by BMS
DH	West Virginia Department of Health
DoHS	West Virginia Department of Human Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment

Acronym	Description
FTE	Full-time Employee
HCBS	Home- and Community-Based Services
KPI	Key Performance Indicator
KTC	West Virginia Kids Thrive Collaborative
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MRSS	Mobile Response and Stabilization Services
MU	Marshall University
OQA	DoHS's Office of Quality Assurance for Children's Programs
Outcomes Report	<i>Children's Mental Health and Behavioral Health Services Quality and Outcomes Report</i>
PBS	Positive Behavior Support
PCG	Public Consulting Group
PCP	Primary Care Provider
PATH	People's Access to Help
PECFAS	Preschool and Early Childhood Functional Assessment Scale
PIP	Program Improvement Plan
QA	Quality Assurance
QIA	Qualified Independent Assessment
RIT	Residential Intensive Treatment
RMHTF	Residential Mental Health Treatment Facility
SAH	Safe at Home West Virginia
SED	Serious Emotional Disorder
SRIT	Specialized Residential Intensive Treatment
State	State of West Virginia
TA	Technical Assistance
TFC	Therapeutic Foster Care
TLVY	Transitional Living for Vulnerable Youth
UCONN	University of Connecticut
WF	Wraparound Facilitator
WV	West Virginia
WVCCA	West Virginia Child-Care Association

Acronym	Description
WVDE	West Virginia Department of Education
WVU	West Virginia University
YS	Youth Services