

## West Virginia (WV) Commission to Study Residential Placement of Children and the Kids Thrive Collaborative (KTC) Meeting

**Date:** Thursday, April 24, 2025

**Time and Location:** 10:30 a.m. to 1:00 p.m. / Virtual Only

**Meeting Information:** Zoom link: <https://berrydunn.zoom.us/j/97732317514>  
Dial in: (646) 876-9923; Meeting ID: 977 3231 7514

### Agenda Items

Item #	Topic and Description	Responsible
1	Welcome	DoHS Deputy Secretary Christina Mullins
2	Commission to Study Residential Placement of Children <ul style="list-style-type: none"> <li>Approval of December 2024 Meeting Notes</li> </ul>	Deputy Secretary Mullins
3	Commission Legislature Responsibility and Goals <ul style="list-style-type: none"> <li>GOAL 1: Transformational Collaborative Outcomes Management (TCOM) §49-2-125 (e)(3)</li> <li>GOAL 2: Provider Input at Multidisciplinary Team (MDT) and Court §49-2-125(d)(4)</li> <li>GOAL 3: Implementation of Every Student Succeeds Act (ESSA)</li> </ul>	Linda Gibson  Brenda Hoylman  Jacob Green
4	West Virginia (WV) Wraparound	Deputy Secretary Mullins
5	Bureau for Social Services (BSS)	DoHS Cabinet Secretary Alex Mayer
6	Office of Quality Assurance (OQA) for Children's Programs	Laura Hunt
7	Legislative Update	Deputy Secretary Mullins
8	U.S. Department of Justice Update	Beth Kurtz
9	Meeting Conclusion	Deputy Secretary Mullins

## Meeting Notes

Item #	Topic and Description
1	<b>Welcome</b>
2	<b>Commission to Study Residential Placement of Children</b> <ul style="list-style-type: none"><li>Deputy Secretary Christina Mullins explained she has taken over some of Cammie Chapman's responsibilities after Cammie's departure from DoHS and will facilitate this meeting moving forward.</li><li>Cindy Largent-Hill made a motion to approve the December 2024 meeting notes. Susan Fry made a second motion to approve. There were no objections.</li></ul>
3	<b>Commission Legislature Responsibility and Goals</b> <ul style="list-style-type: none"><li><b>GOAL 1: TCOM §49-2-125 (e)(3)</b><ul style="list-style-type: none"><li>Linda Gibson provided the following information:<ul style="list-style-type: none"><li>TCOM is a communication model including multiple tools (Child and Adolescent Needs and Strengths [CANS], Family Advocacy Support Tool [FAST], and the Adults Needs and Strengths Assessment [ANSA]).</li><li>These tools are used internationally.</li><li>TCOM tools are utilized by:<ul style="list-style-type: none"><li>Youth Services (YS)</li><li>Adult Protective Services (APS)</li><li>WV Wraparound</li><li>Wraparound Fidelity report</li><li>Children's Mobile Crisis Response (CMCR)</li><li>School-based mental health</li><li>In-state residential facilities</li><li>Emergency shelters</li><li>Child Placing Agencies (CPAs)</li><li>Positive Behavior Support (PBS)</li><li>WV intensive clinical care coordination</li><li>Aetna</li><li>Acentra</li><li>Mental health providers.</li></ul></li><li>Marshall University (MU) provides oversight of TCOM, but many players support the model.</li><li>MU just completed their annual fidelity report, and the final draft will be ready for dissemination soon.</li><li>The intensive clinical care coordination team completes the CANS and Child</li></ul></li></ul></li></ul>

Item #	Topic and Description
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and Adolescent Functional Assessment Scale (CAFAS) for out-of-state (OOS) children.

- MU assists the state with discharge planning on designated youth, family finding, and crisis planning with families.
- MU supports school systems and community services.
- MU assists families applying for the Children with Serious Emotional Disorders (CSED) and Intellectual and Developmental Disorders (IDD) waivers.
- MU participates in OOS treatment teams, assists the state with data collection, and is a part of the Reducing the Reliance on Residential (R3) initiative.
- MU is part of the trauma-sensitive workforce in WV.
- A total of 329 individuals have attended FAST training since 2019, with 47 trainees in 2024.
- A total of 698 individuals have attended CANS training since 2019, with 84 trainees in 2024.
- MU provides technical assistance (TA) for CANS users.
- Susan Fry thanked MU for their efforts.

- **GOAL 2: Provider Input at Multidisciplinary Team (MDT) and Court §49-2-125(d)(4)**

- Brenda Hoylman provided the following update:
  - A subcommittee is being developed. Brenda emailed those who stated they were interested in participating, and she will soon schedule a meeting to determine next steps. Anyone interested in joining the meeting should reach out to Brenda at [Brenda.Hoylman@courtsww.gov](mailto:Brenda.Hoylman@courtsww.gov).

- **GOAL 3: Implementation of ESSA**

- *Please see the attached summary from Jacob Green, who was unable to attend.*

#### 4 WV Wraparound

- WV Wraparound is a critical component of children's mental health system and is in place to help prevent unnecessary residential treatment placements.
- DoHS is concerned about growing waitlists.
- DoHS is tracking and monitoring the waitlist on a weekly basis to reduce numbers.
- DoHS is working to actively onboard new providers.
- DoHS is working to stabilize billing procedures across WV Wraparound programs to create a more seamless experience for providers.
- The Bureau for Medical Services (BMS) goal is to onboard six new providers and is currently in communication with five providers

Item #	Topic and Description
5	<p><b>BSS</b></p> <ul style="list-style-type: none"> <li>• DoHS is working on recruitment strategies to lower staff vacancies.</li> <li>• DoHS is making structural changes to enhance oversight across the state.</li> <li>• DoHS is preparing for listening sessions that will occur throughout the state.</li> <li>• The business process redesign work is kicking off within the next week.</li> <li>• DoHS is working to revise foster care and kinship licensing processes to improve efficiency and effectiveness and create consistency.</li> <li>• DoHS is undergoing a practice model overhaul to help ensure fidelity. The teams are working to develop a model.</li> <li>• DoHS aims to work to ensure the system can sustain itself without the dependency of a single person(s).</li> <li>• To improve accountability, managers and supervisor trainings are being offered and should be completed by the end of May.</li> <li>• Secretary Alex Mayer and Deputy Secretary Christina Mullins are visiting various providers in the coming weeks.</li> </ul>
6	<p><b>OQA for Children's Programs</b></p> <ul style="list-style-type: none"> <li>• The OQA team works to provide data to influence continuous quality improvement (CQI) across programs.</li> <li>• WV's goal is for 52% of children with Medicaid to be provided with Early and Periodic Screening Diagnosis and Treatment (EPSDT) screening with a mental health component. DoHS has surpassed this goal and reached an average of 53%.</li> <li>• The number of children in WV accessing WV Wraparound is nearly double the number of children accessing residential treatment.</li> <li>• DoHS is working to train staff and providers on the importance of referring children to receive a Qualified Independent Assessment (QIA). Training is also ongoing to encourage the utilization of recommendations. The team is seeing improvement over time but is still making efforts to complete QIAs to aid in diversion. Many children can be served in the community.</li> <li>• The residential census was 996 in 2019. Decreases were seen due to COVID-19. DoHS has increased outreach efforts and continued strategic and data-driven planning, which has helped keep numbers lower. More children are utilizing community-based services. There has been a 15% decrease in residential census since 2019.</li> <li>• DoHS continues its in-state prioritized discharge process.</li> <li>• The Transitional Living for Vulnerable Youth (TLVY) was operationalized in September 2023, and the current statewide capacity is 49.</li> <li>• <b>ACTION ITEM: Laura Hunt will follow up to determine if other states track seasonal trends in residential placements and length of stay.</b></li> </ul>
7	<p><b>Legislative Update</b></p>

Item #	Topic and Description
	<ul style="list-style-type: none"> <li>• HB2042: Relating to allowing a guardian-ad-litem (GAL) to request the appointment of a court appointed special advocate (CASA).</li> <li>• HB2029: Creating the Parents Bill of Rights.</li> <li>• HB2880: Relating to parent resource navigators.</li> <li>• SB128: Preventing courts from ordering services at higher rate than Medicaid (adults).</li> <li>• HB2402: Relating to providing access to medical records; providing access to a minor's medical record.</li> <li>• HB2123: Modifying the criminal penalties imposed on a parent, guardian or custodian for child abuse.</li> <li>• SB8: Providing additional sites and devices for newborn safe surrender.</li> <li>• <i>Please see the attachment for further information.</i></li> </ul>
8	<b>U.S. Department of Justice Update</b> <ul style="list-style-type: none"> <li>• Beth Kurtz highlighted the partnership with DoHS and years of effort WV has put into improvement of the children's behavioral health system.</li> <li>• A modification to the Agreement was made at the end of 2024 and is available on the Kids Thrive Collaborative website <a href="#">here</a>.</li> <li>• There is no longer a Subject Matter Expert (SME) involved with the State.</li> <li>• Beth thanked DoHS and BerryDunn for their work to transform WV's child welfare system.</li> </ul>
9	<b>Meeting Conclusion</b> <ul style="list-style-type: none"> <li>• Secretary Alex Mayer and Deputy Secretary Mullins thanked everyone for attending the call and the teams for their updates.</li> <li>• Feedback can be sent to DoHS via email at <a href="mailto:kidsthive@wv.gov">kidsthive@wv.gov</a>.</li> </ul>

West Virginia Commission to Study Residential Placements of Children  
GOAL 3: Implementation of Every Student Succeeds Act (ESSA) Report

Re: Combined Commission and Kids Thrive Collaborative Meeting held April 24, 2025

The Education of Children in Out-of-Home Care Advisory Committee convened to discuss updates on several initiatives, including the Bridge Project, Education Recovery Specialists, and Middle College. The group also welcomed a speaker who presented the latest McKinney-Vento data for the state. Currently, there are over 15,000 youth identified under McKinney-Vento—a rise of 1,800 from the previous year. Among these youth, 86% are doubled up, 5.67% are living in shelters, 3.99% are staying in hotels, and 3.8% are classified as unaccompanied.

The Education Recovery Specialists shared the latest program updates, reporting 150 referrals so far this year, bringing the total number of youth assisted to over 400. The program has also expanded with the hiring of a new Education Recovery Specialist, along with two additional staff members for Middle College. These new staff will support both Middle College and collaborate with the Foster Care Education Specialist to enhance services for foster youth across the state.

Additionally, the committee received an update on recent out-of-state education placement site visits to KidsPeace, Grafton Integrated Health, and Abraxas I. The team reported that no concerns were identified at any of the facilities visited.

Bill	Title	Lead Sponsor	Summary
HB 2042	Relating to allowing a guardian ad litem to request the appointment of a court appointed special advocate	Burkhammer	<p>Amendments: Expands authority to allow the Department, guardian ad litem, or parent to request Court Appointed Special Advocates (CASA) in applicable circuits for enhanced child representation.</p> <p>Removes the provision requiring petitions to name all parents, guardians, custodians, and persons standing in loco parentis while specifying if each individual is alleged to have abused or neglected the child.</p> <p>Adjusts legal representation rules. Specifically, representation for parents, legal guardians, and those standing in loco parentis may continue only if they cannot afford legal counsel after their first court appearance. Additionally, the bill eliminated the requirement for courts to sua sponte appoint counsel for unrepresented parties at any stage of the proceedings, rather counsel for other parties shall only be appointed upon request for appointment of counsel. If the requesting parties have not retained counsel and cannot pay for the services of counsel, the court shall appoint an attorney to represent the other party(ies).</p> <p>Continuation of current law: If the DoHS or a reputable person believes a child is neglected/abused, they may file a petition in circuit court where the child resides, where the custodial respondent or named abuser resides (if filed by DoHS), or where the abuse/neglect occurred. Prohibits filing the same petition in multiple counties based on the same facts.</p> <p>Mandates 8+ hours of CLE on child abuse/neglect for attorneys, plus specialized training for child representatives; courts may appoint competent attorneys if trained ones are unavailable.</p> <p>Specifies alternative notification methods (certified mail or publication) when personal service fails, with clear hearing details and rights.</p>
HB 2129	Creating the Parents Bill of Rights	Butler	<p>Codifies the Parents Bill of Rights.</p> <p>Establishes parents' fundamental right to direct their minor child's upbringing, education, and medical care.</p> <p>Specifies that parental rights do not extend to actions constituting abuse/neglect or decisions that would end life.</p> <p>Authorizes parents to bring an action for injunctive relief for violations, or use the acts as a defense in court. Applies to all state/local laws unless explicitly exempted.</p> <p>Clarifies that the article does not prohibit a court of competent jurisdiction, law enforcement officer, or employee of a government agency that is responsible for child welfare from acting in his/her official capacity within the reasonable and prudent scope of his/her authority.</p>
HB 2880	Relating to parent resource navigators	Burkhammer	<p>Requires that specific information be provided at the initiation of a child protective services investigation, including contact being made with the individual and provide a copy of A Parent's Guide to Working with Child Protective Services "Guide".</p> <p>Adds "Parent Resource Navigator" definition and adds Parent Resource Navigators to multidisciplinary teams.</p> <p>Requires disclosure of information to the Foster Care Ombudsman, when requested, in cases of child fatalities or near fatalities (excluding identity of the person making a referral). Also requires the Department to provide electronic access to adoption-related information to child-placing agencies to complete adoptions.</p> <p>Requires updates to the child welfare dashboard.</p> <p>Modifies reporting procedures, requires a 24/7 hotline and web-based reporting system with immediate provisions of specific case identifiers upon reporting. Mandates an annual report by July 1, submitted electronically via the legislative webpage, detailing call statistics per county and the time from referral to investigation per county. It requires that records must be retained for at least 12 months in the Comprehensive Child Welfare Information System.</p> <p>Establishes the Critical Incident Review Team and sets forth the compositions, responsibilities, reporting requirements and confidentiality of information. <b>§61-12B-1: Establishes the Critical Incident Review Team, described as being within the Department of Human Services. §61-12B-3: States that the Critical Incident Review Team operates under the Office of the Inspector General, creating an inconsistency with §61-12B-1 regarding which entity it properly falls under.</b></p> <p>Specifies the reporting requirements for the Critical Incident Review Team, by requiring the Team to: submit an initial report within 75 days, provide updates every 90 days, and submit a final report by December 1 annually to the Legislative Oversight Commission on Health and Human Resources Accountability.</p> <p>Mandates cooperation with the Critical Incident Review Team from relevant agencies and individuals involved in child welfare cases.</p>
SB 128	Preventing courts from ordering services at higher rate than Medicaid	Tarr	<p>Sets reimbursement rates for socially necessary services provided to a child or other party to the proceedings and aligns payments with Medicaid rates or rates established by DoHS, unless services are not rendered to a child within 30 days, in which case the court may order a service to be provided to the child at a rate higher than the Medicaid rate/DoHS established rate. Current law does not explicitly state that the service must be for a child to qualify for a higher rate.</p> <p>Modifies the referenced compliance section from §9-2-6(21) to §9-2-6(20) for entities providing socially necessary services.</p>
HB 2402	Relating to providing access to medical records; providing access to a minor's medical record	Burkhammer	<p>Provides access to medical records, including a summary of medical records, access to a minor's medical records, and access to the medical records of children in state custody.</p> <p>Removes exemptions for records governed by the AIDS-related Medical Testing and Records Confidentiality Act and establishes exemptions for access to a minor's medical records.</p>
<b>Impacts Child Welfare but not related to DoHS:</b>			
HB 2123	Modifying the criminal penalties imposed on a parent, guardian or custodian for child abuse	Smith, D.	Modifies criminal penalties for child abuse and neglect, including cases resulting in bodily injury, serious bodily injury, or creating a substantial risk of death or injury.
SB 8	Providing additional sites and devices for newborn safe surrender	Thorne	<p>Expands designated safe-surrender locations to include emergency medical service facilities, police departments, 911 call centers, and sheriff detachments.</p> <p>Permits these sites to take possession of a child voluntarily delivered within 30 days of birth and to perform any act necessary to protect the child's physical health or safety.</p> <p>Allows for installation and operation of newborn safety devices at these designated sites.</p>



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When kids and families thrive, West Virginia thrives.

# Quarterly Meeting

April 24, 2025

# Kids Thrive Collaborative Agenda

1. WV Wraparound
2. Bureau for Social Services (BSS)
3. Office of Quality Assurance for Children's Programs
4. Legislative Update
5. U.S. Department of Justice (DOJ) Update



# 1. WV Wraparound

- **Current priorities**
  - Reduce the waitlist
  - Onboard one additional provider per month
  - Standardize billing



## 2. Bureau for Social Services

- Weekly Call-to-Action provider meetings initiated in early March 2025
- Children in hotels and emergency shelters are prioritized
- Weekly small group meetings held to focus on action plans for a subset of children
- Listening tour planned this spring/summer to focus on improving the child welfare system
  - [West Virginia Launches Comprehensive Listening Tour And Advisory Committee to Improve Child Welfare System](#)

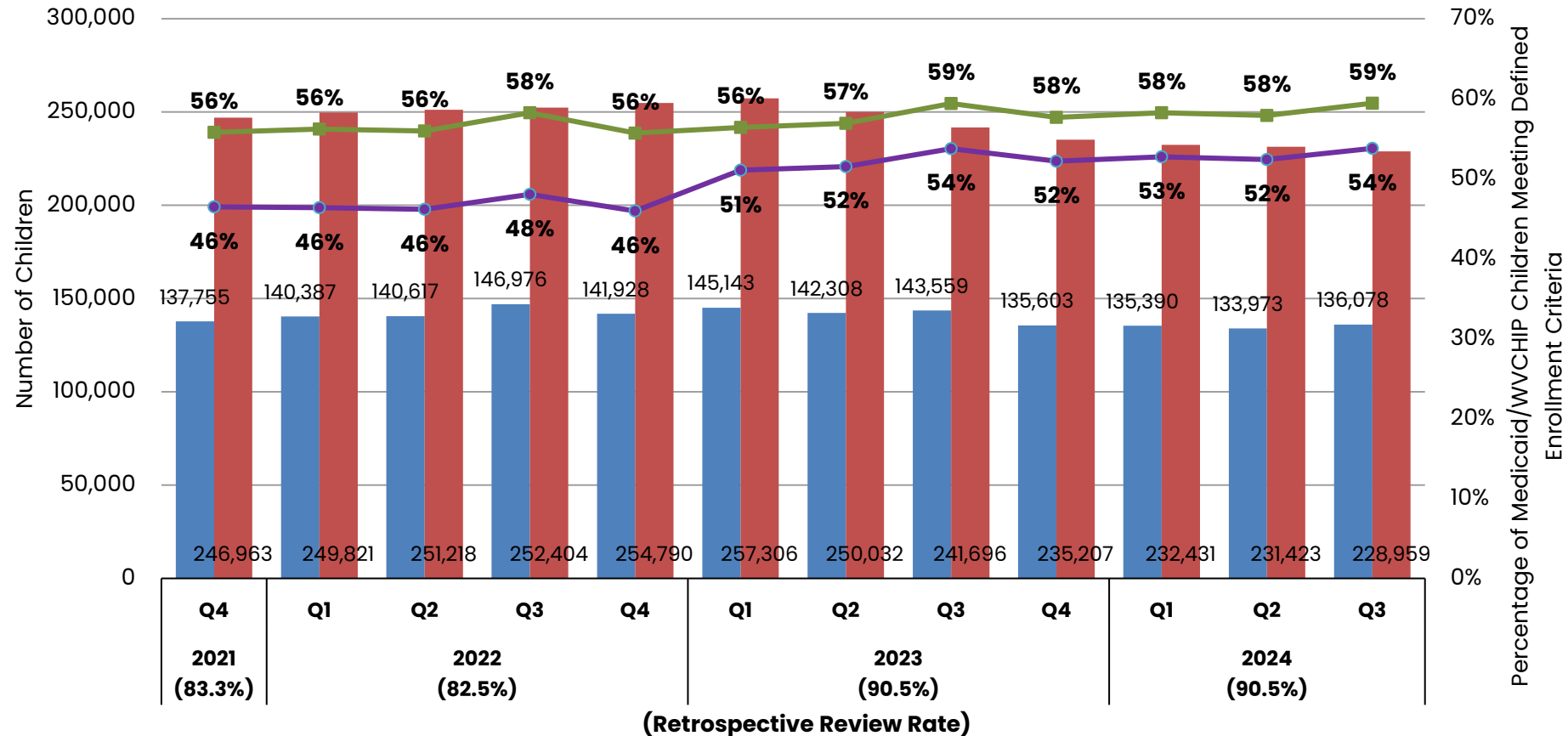


# 3. Office of Quality Assurance for Children's Programs

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Screening Rates
- WV Wraparound Compared to Residential Placement
- Qualified Independent Assessments (QIAs)
- Residential Treatment Census and Trends
- Prioritized Discharge Planning



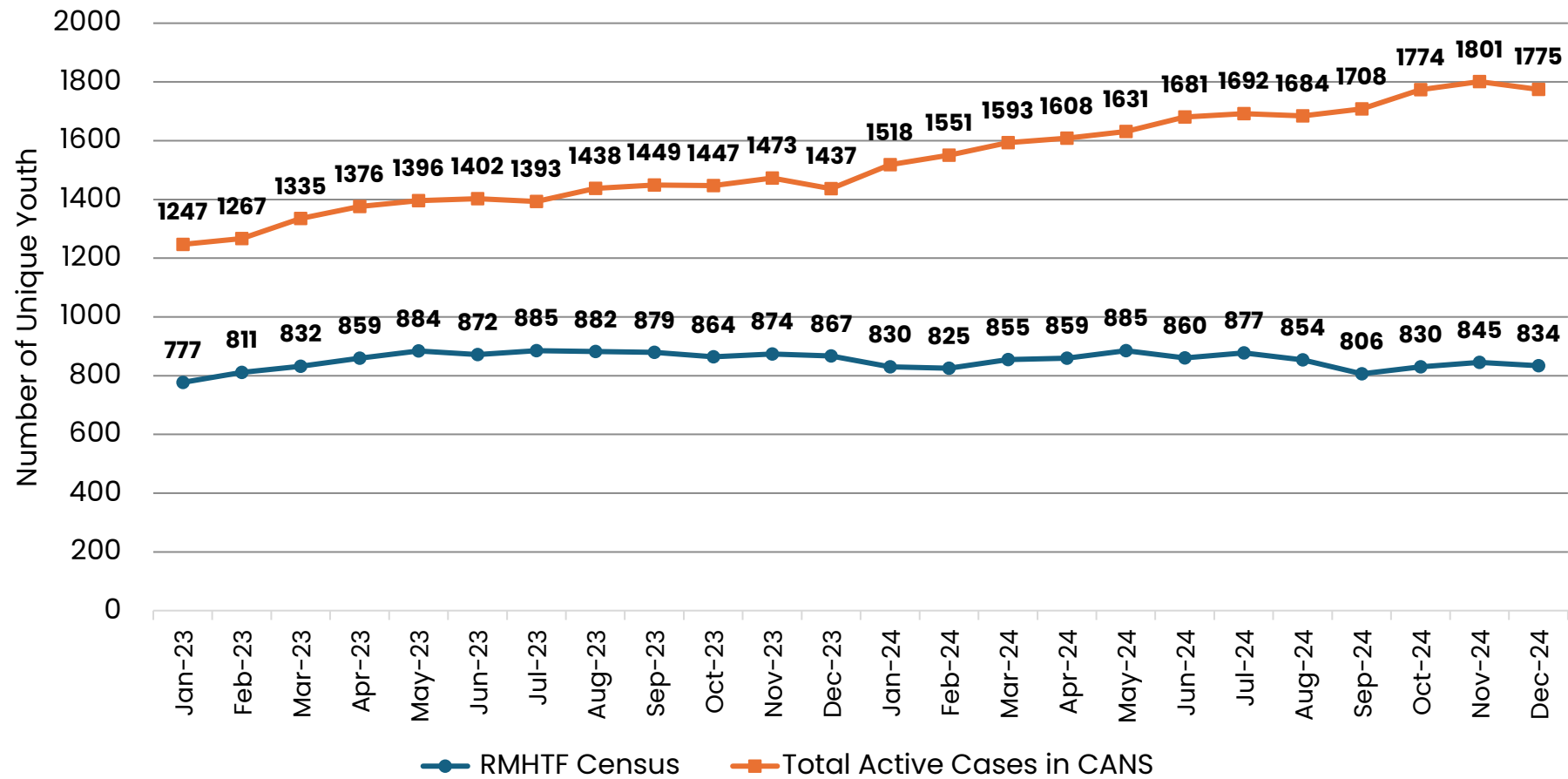
# EPSDT Screenings by Quarter: Q4 2021 to Q3 2024



## HIGHLIGHTS

- **Average 53% mental health screening rate Q1 – Q3 2024**
- The 2023 retrospective chart review results indicate 90.5% of EPSDT include a mental health screen.
- Q3 tends to see the highest screening rates that are likely associated with back-to-school-related wellness visits.

# Children Utilizing WV Wraparound Compared to Residential Census: January 2023 to December 2024

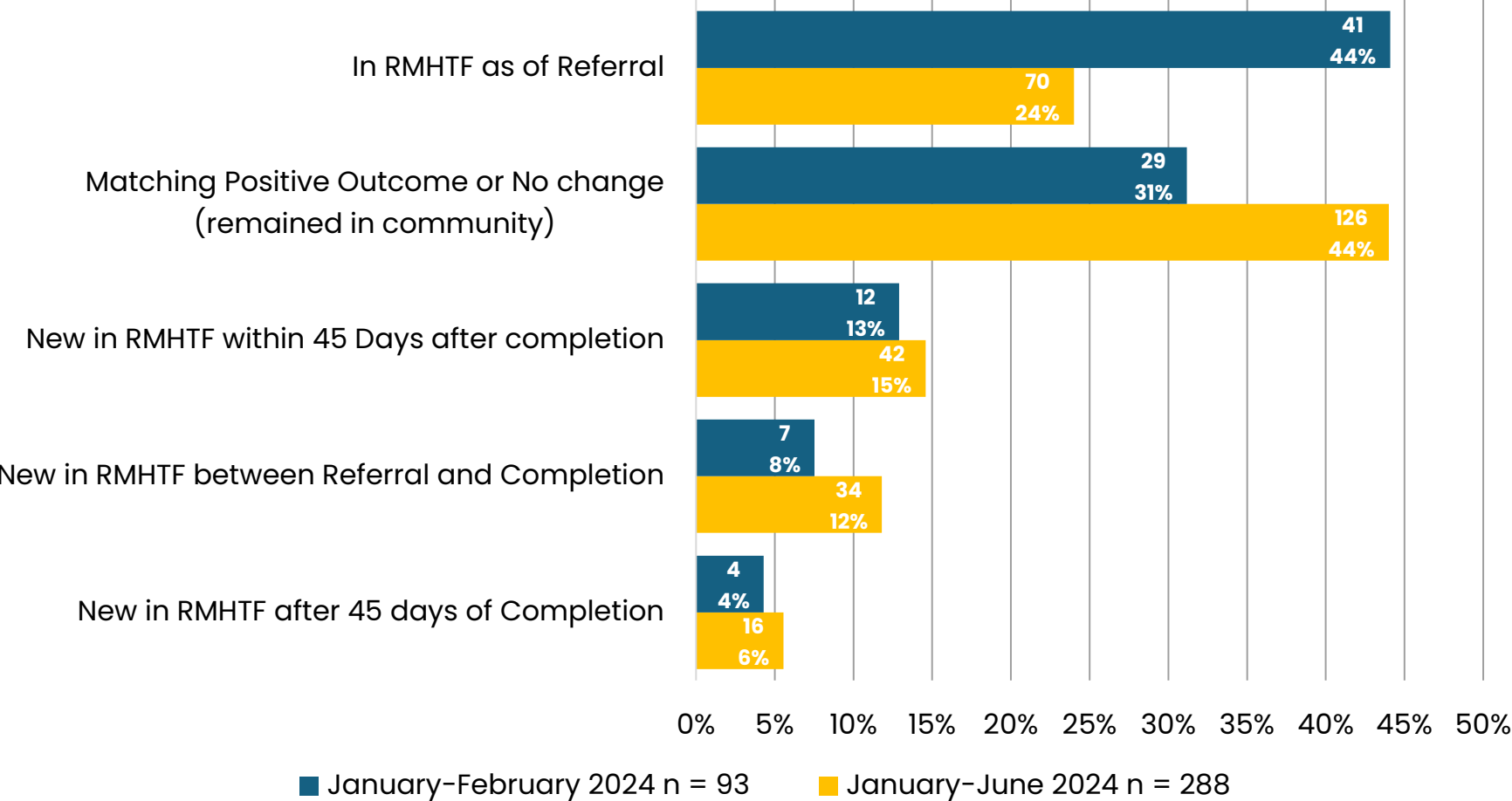


**HIGHLIGHT**

The number of children accessing WV Wraparound is more than double those accessing residential treatment.

Note: Unique, active cases in the Child Assessment of Needs and Strengths (CANS) Database are used to count the number of youth utilizing CSED, Safe at Home, and Bureau for Behavioral Health (BBH) Wraparound services. Residential Mental Health Treatment Facility (RMHTF) census in this context is also inclusive of psychiatric facilities.

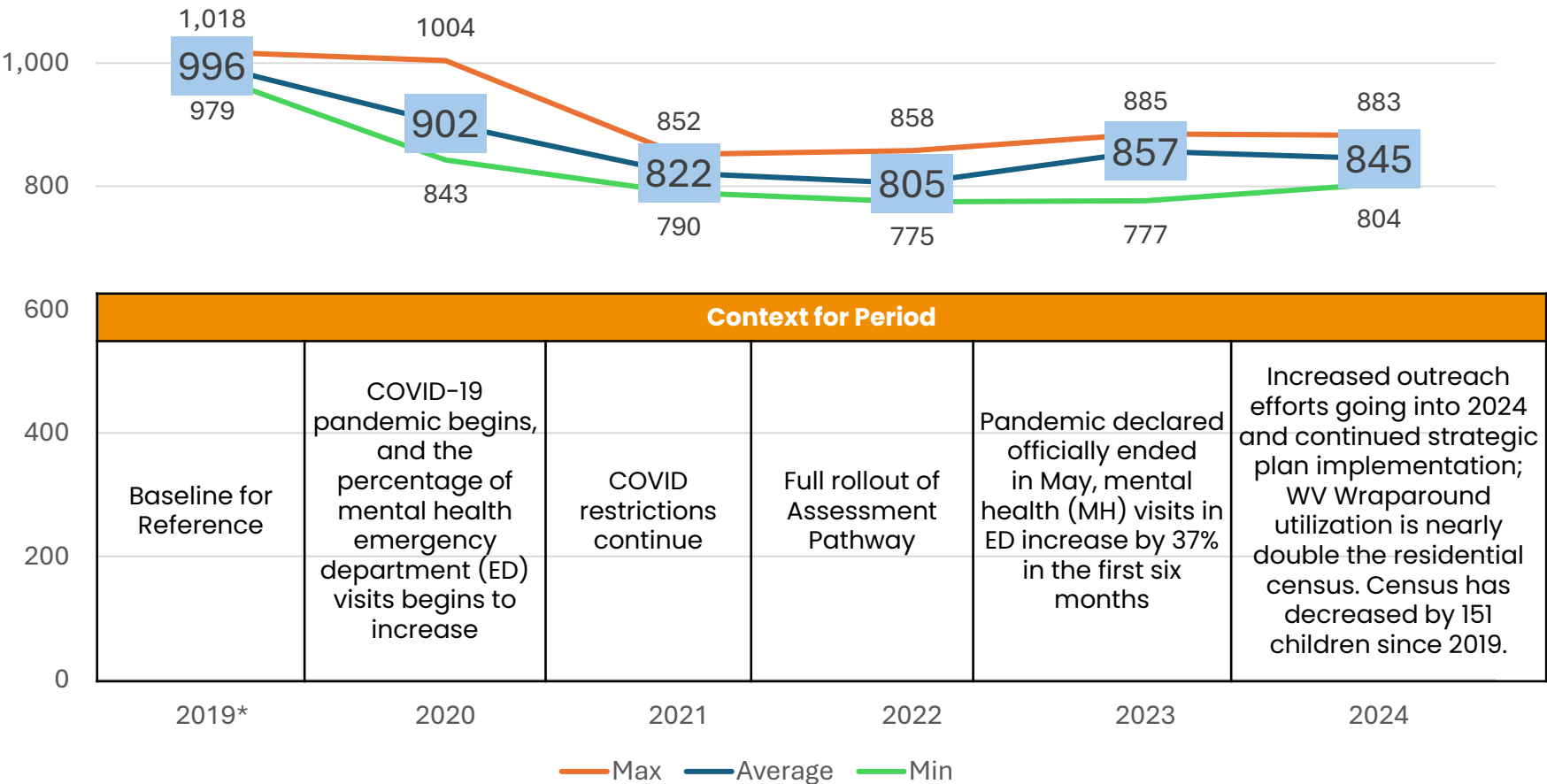
# Qualified Independent Assessment (QIA) Outcomes January to June 2024 for Children Recommended for Home- and Community-Based Services (HCBS)



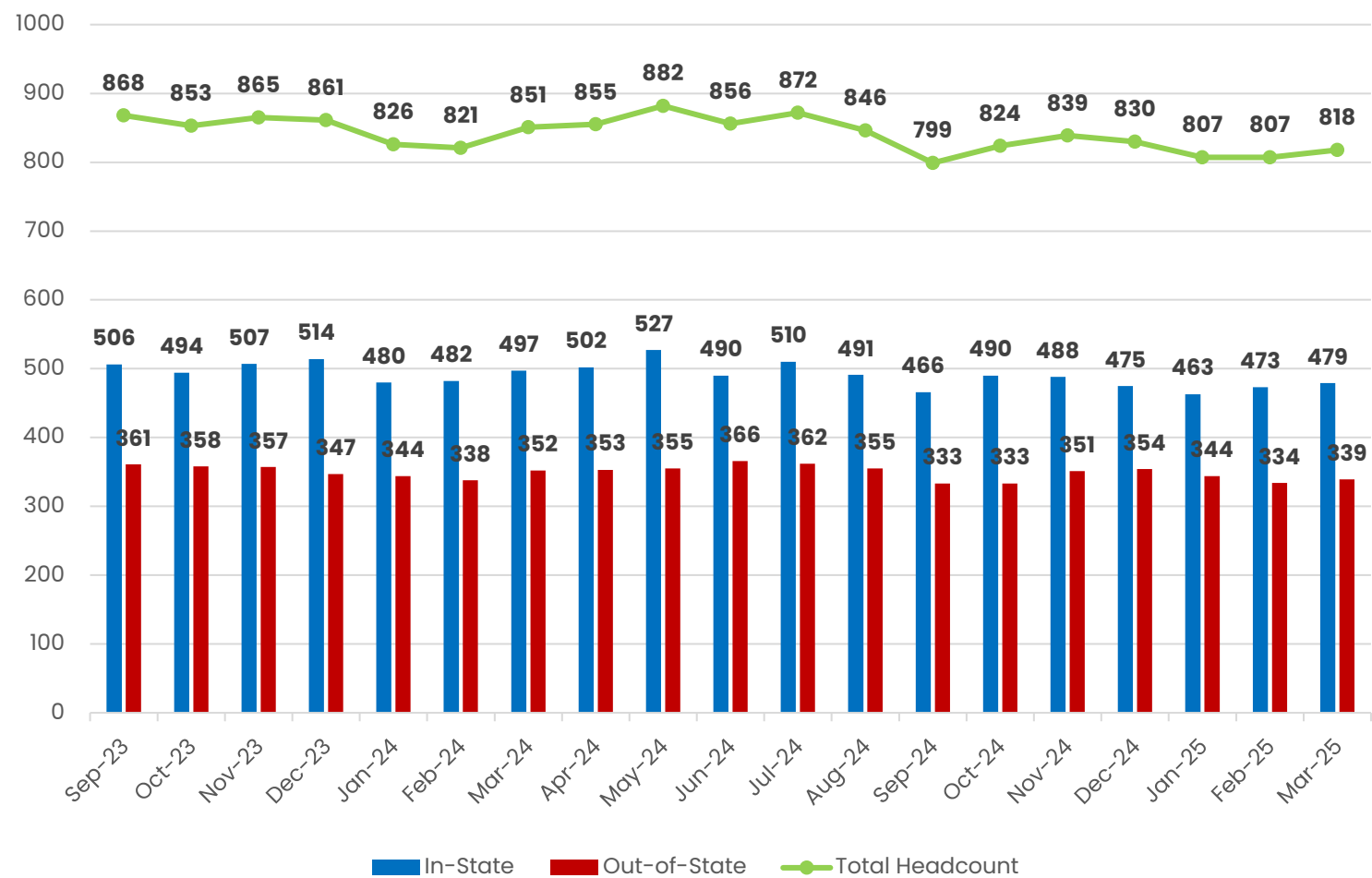
### HIGHLIGHTS

- Percentage decrease of children in RMHTF as of the QIA referral (24% versus 44%)
- Percentage increase of children who remained in the community (44% versus 31%)

# Residential Psychiatric and Mental Health Treatment Facility Average Census Trend Comparison and Major Events: 2019 – 2024

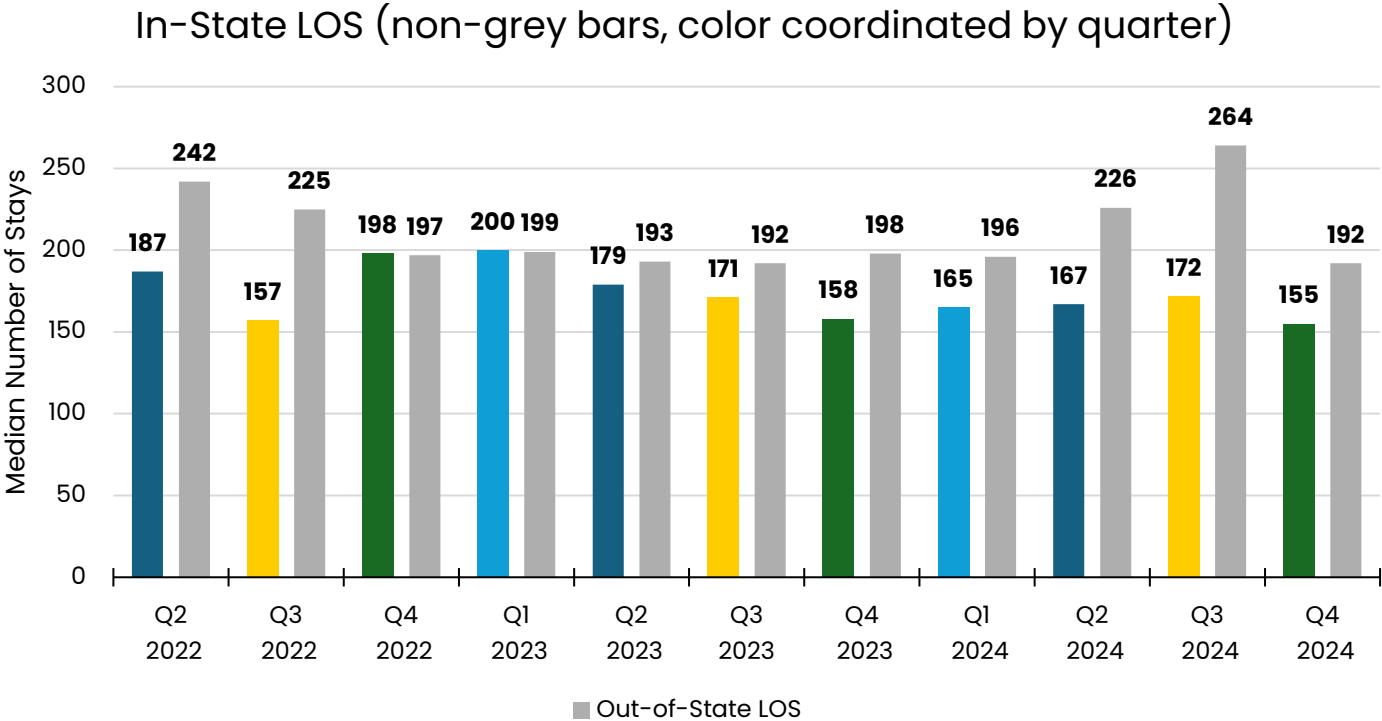


# Residential Treatment Monthly Point In Time Census: September 2023 to March 2025



Note: March 2025 census is considered preliminary.

# Residential Median Length of Stay (LOS) by Quarter



## HIGHLIGHTS

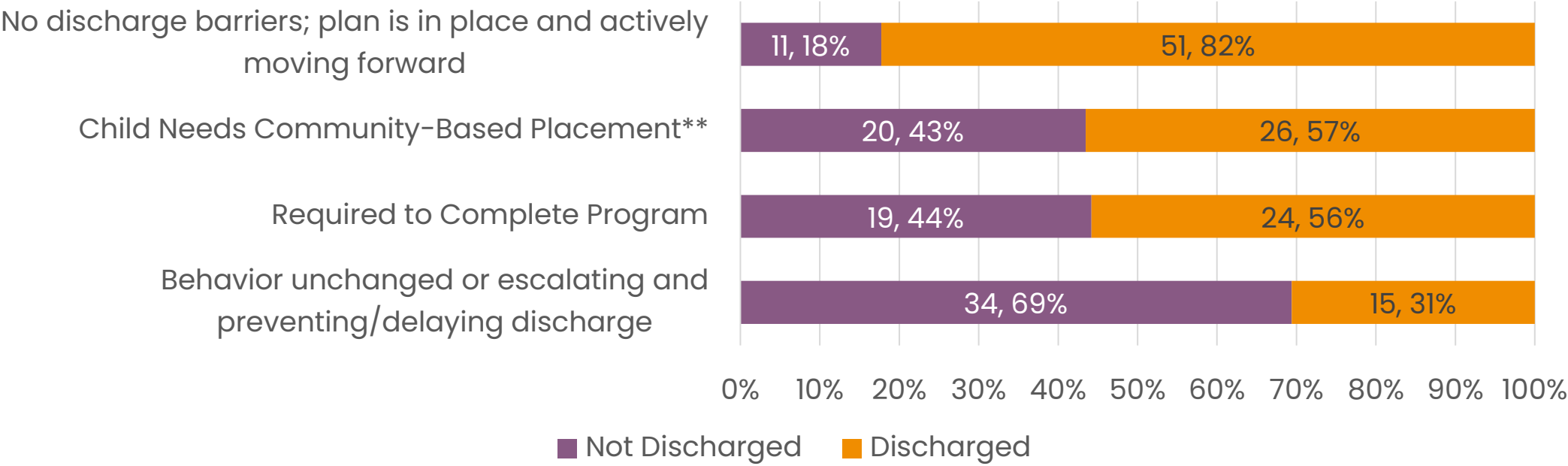
- Out-of-state (OOS) length of stay (LOS) began increasing in Q2 2024 (226 days), increasing by 33 days compared to Q2 2023 (193 days).
- OOS LOS increased further to 264 days in Q3 2024, an increase of 72 days compared to Q3 2023 (192 days).
- Q4 2024 OOS LOS returned to prior levels observed in 2023.
- OOS LOS and admissions have steadily replaced discharges, resulting in a maintained OOS census that has maintained at approximately 40% of the total census.
- In-state LOS shows some improvement, including maintaining LOS lower than 180 days (six months) for the past seven quarters.

## In-State Prioritized Discharge Planning: July – December 2024

- Of the 1,227 total residential placements active during the period, 792 were placed in-state at some point during the period.
- Of the 792 children placed in-state, **33% (n=260) were prioritized for discharge** based on meeting the following criteria:
  - Recent CAFAS/PECFAS score <140
  - Anticipated discharge date in the next 60 days
- **55% (n=143) of children prioritized were discharged to the community or transitional living\***

\*Data pulled as of Feb 28, 2025

# Top Discharge Barriers by Discharge Status for Prioritized Youth: July to December 2024 (n=247\*)



\*247 children have a discharge barrier status reported; 13 children (5%) had missing data. Fifty children (20%) have multiple discharge barriers listed. Any discharge barriers that were reported for less than 10% of youth were excluded from this figure.

\*\*The “Child Needs Community-Based Placement” barrier is inclusive of children whose discharge barrier data indicates there is no foster family available, no kinship family available, or the child does not have a family to return to.

## TLVY Community-Based Placement Expansion

- TLVY services were operationalized in September 2023.
- Currently, TLVY has **capacity to serve 49 youth**.
- During July to December 2024, **39 youth utilized TLVY services**, up from 28 youth during January to June 2024.



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# Legislative Update





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# DOJ Update





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**Thank you!**

[kidsthive.wv.gov](http://kidsthive.wv.gov)  
[kidsthive@wv.gov](mailto:kidsthive@wv.gov)



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WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

# Contacts

**Christina Mullins**, DoHS Deputy Secretary of  
Mental Health and Substance Use Disorders

West Virginia Department of Human Services  
One Davis Square, Suite 100 East  
Charleston, WV 25301

304-352-5837  
[christina.r.mullins@wv.gov](mailto:christina.r.mullins@wv.gov)

**Lorie Bragg**, Interim Commissioner  
Bureau for Social Services

West Virginia Department of Human Services  
350 Capitol Street  
Charleston, WV 25301

304-352-4427  
[lorie.l.bragg@wv.gov](mailto:lorie.l.bragg@wv.gov)

**Alex Mayer**, DoHS Cabinet Secretary

West Virginia Department of Human Services  
One Davis Square, Suite 100 East  
Charleston, WV 25301

304-558-0684  
[dohssecretary@wv.gov](mailto:dohssecretary@wv.gov)