

# Children's Mental and Behavioral Health Services

## Strategic Plan



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## Executive Summary

The WV (State) Department of Human Services (DoHS) is committed to improving West Virginia’s mental and behavioral health system for youth to help ensure all children receive the appropriate level of mental or behavioral health services in their homes and communities. This strategic plan provides an overview of the State’s approach to achieving its long-term goals and objectives of serving children and families in need of home- and community-based services (HCBS) in West Virginia.

This plan is updated annually and is structured in parallel with two additional documents that help outline DoHS’s goals and objectives. They are:

### **Continuous Quality Improvement (CQI) Plan<sup>1</sup>**

The CQI plan is updated annually in December and available on the WV Kids Thrive Collaborative (KTC) website (<http://kidsthive.wv.gov>). The CQI plan outlines the processes and overall structure utilized by DoHS to gather, review, and work from program-level data. DoHS has a cross-bureau Quality Committee that meets on a recurring basis to review data, identify strengths and opportunities for improvement to continue to inform policy and practice, and develop action plans as warranted.

The December 2025 update to the CQI plan further strengthened DoHS’s commitment to data-driven decision-making and collaborative system improvement. Plans for 2026 include the expansion of data systems and reporting capabilities, including the development of self-service dashboards and enhanced cross-system analysis. Quality Committee reviews continue to drive transparency and accountability, while new pilot initiatives—such as enhanced quality sampling reviews—are being introduced to improve program evaluation rigor and assist with understanding the stories behind the numbers. Findings and priorities resulting from DoHS CQI review processes are captured in the annual publication of the WV DoHS Children’s Mental Health and Behavioral Health Services Quality and Outcomes Report (Outcomes Report).

### **Children’s Mental Health and Behavioral Health Services Quality and Outcomes Report (Outcomes Report)<sup>23</sup>**

The Outcomes Report is published on the KTC website (<http://kidsthive.wv.gov>) 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.

The Outcomes Report highlights considerable progress in DoHS’s efforts to improve access, quality, and outcomes for children and families. Post-pandemic demand for mental health

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<sup>1</sup> The State of West Virginia (State) Department of Human Services (DoHS). December 31, 2024. “Continuous Quality Improvement Plan for Children’s Programs”. Charleston, WV.

<sup>2</sup> Since January 2022, DoHS has published the Outcomes Report semiannually in January and July. In October 2025, DoHS began publishing the Outcomes Report annually.

<sup>3</sup> The State DoHS. October 31, 2025. “Children’s Mental Health and Behavioral Health Services Quality and Outcomes Report”. Charleston, WV.

services has risen, and effective diversion strategies have limited growth in residential placements, with more children receiving care in home- and community-based settings. The Assessment Pathway continues to connect eligible children to services, and referrals reached record highs due to targeted outreach and collaboration. Enrollment in WV Wraparound has nearly doubled compared to residential treatment, demonstrating the impact of intensive HCBS programs. Recent amendments to the Children with Serious Emotional Disorders (CSED) Waiver have strengthened workforce capacity, provider reimbursement, and service quality, while early intervention and data-driven CQI processes continue to drive system improvement. These achievements reflect DoHS’s commitment to building a sustainable, accessible, and high-quality mental health system for children and families in West Virginia. Figure 1 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 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**



## 1. Background

The State published an annual implementation plan through 2023 describing the State's actions to help ensure HCBS are available statewide, sustainable, and accessible to children with mental or behavioral health needs. The specific services and programs of focus are:

- WV Wraparound, including 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 since 2023, allowing the shift from an implementation plan to a strategic plan. This second annual strategic plan focuses on key initiatives for continuous monitoring that will help make programs and the aforementioned services available statewide, help ensure timely access for children and families, and help maintain service sustainability.

In 2026, DoHS plans to advance its strategic initiatives by piloting enhanced quality sampling reviews, expanding self-service data dashboards, and strengthening cross-agency collaboration.

## **2. WV DoHS Values**

The West Virginia Department of Human Services (DoHS) upholds a commitment to promoting a thriving and healthy West Virginia through providing access to critical health care, essential social services, and benefits, with a special emphasis on vulnerable populations. The DoHS values include:

### **Empowerment**

Working with strategic partners to advance access and quality of statewide behavioral health.

### **Family Bonds**

Promoting and enhancing the social, emotional, and financial bonds between children and their parents.

### **Stability and Self-Sufficiency**

Providing services and supports that help West Virginians overcome barriers to stability and self-sufficiency.

### **Health and Well-being**

Committing to ensuring access to quality, innovative, and sustainable services that advance the health and well-being of West Virginians through the administration of Medicaid and CHIP.

### **Safety and Well-being**

Promoting the safety, permanency, and well-being of children and vulnerable adults, supporting individuals to succeed and strengthening families.

These values reflect the DoHS's dedication to serving the community and ensuring that all West Virginians have access to the resources and support they need to thrive.

### 3. 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 Disorders (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.
- Transition children with SED who have utilized residential intervention back to their family homes or family-like settings as quickly and safely as possible.

The strategic plan includes more intensive approaches to discharge planning and aftercare, including but not limited to increasing the intensity of family engagement. Improvement of family engagement while children are in residential settings is anticipated to address needs related to family dynamics and support a smooth transition home to help prevent readmission to the residential facility.

To support these goals, DoHS continues to enhance HCBS so all children and youth can remain in their homes and communities when clinically appropriate. 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 illustrates the focus on statewide, accessible, and sustainable services in this strategic plan.

**Figure 2: DoHS's Commitment to Enhancing HCBS**



### 3.1 Initiative 1: Statewide

 <span style="font-size: 1.2em; font-weight: bold; margin-left: 10px;">INITIATIVE 1: STATEWIDE</span>		
<p><b>GOAL:</b> Children’s mental and behavioral health services are available statewide</p>		
<p>Screenings, assessments, and referrals to the Assessment Pathway—along with utilization of HCBS—continue to show a steady upward trend. This reflects growing awareness and engagement among youth, families, and service providers across the state.</p> <p>As utilization increases, it is essential to help ensure DoHS programs and services remain adequately resourced and accessible statewide. Continued county-level and program-specific data analysis is critical to understanding and addressing resource needs, supporting equitable access to care.</p>		
OBJECTIVE	ACTIVITY	OUTCOME
<b>1.1</b>	<p>Focus on early intervention (prior to systems involvement) and increasing family-based referrals to the Assessment Pathway to support the long-term success of children and families in the home and community through ongoing collaboration with Family Service Centers, managed care organizations (MCOs), Primary Care Physicians (PCPs), the Hospital Association, and the WV Department of Education (WVDE).</p>	<p>Increased earlier access to intervention of home and community-based services, including behavior intervention, children’s mobile crisis response and stabilization and WV Wraparound services for children and families statewide; improved diversion from higher levels of care; greater awareness and engagement among youth, families, and providers statewide.</p>
<b>1.2</b>	<p>Expand community-based placement options and support to meet growing mental health acuity needs and available options for children who have completed residential treatment and are ready to discharge to the community.</p>	<p>Increased availability and diversity of local, family-like placement settings; improved stability and permanency outcomes for youth; reduced reliance on residential intervention; smoother</p>



## INITIATIVE 1: STATEWIDE

	<ul style="list-style-type: none"><li>• Foster homes, kinship homes, transitional and independent living programs</li><li>• Foster home recruitment with special consideration for families willing to support youth 13 and older</li><li>• Leverage and maximize available TLVY capacity.</li></ul>	transitions to adulthood for vulnerable youth.
<b>1.3</b>	Increase outreach and implement other strategies to promote awareness and utilization of CMCR to support children remaining with their families and help drive diversion and stabilization efforts.	Increased utilization of children's mobile crisis response and stabilization services to support children to remain in their homes and communities.

### 3.2 Initiative 2: Accessible



## INITIATIVE 2: ACCESSIBLE

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

OBJECTIVE	ACTIVITY	OUTCOME
2.1	<p>Provide increased support for families to complete the Assessment Pathway and improve understanding of what to expect during the application process to help decrease the number of closed applications and increase the number of children approved for services going on to utilize HCBS.</p> <ul style="list-style-type: none"> <li>Facilitate collaboration between the managed care organization (MCO) and the administrative services organization (ASO) to improve communication and support families throughout the application and approval process.</li> <li>Simplify and streamline the Assessment Pathway process to support increased connection to services, including addressing BSS worker processes.</li> </ul>	<p>Higher rates of successful assessment completion and service approval; reduced administrative burden for families and staff; increased family engagement and empowerment; fewer cases closed due to process barriers.</p>



## INITIATIVE 2: ACCESSIBLE

2.2	<p>Maximize available WV Wraparound capacity and resources to increase opportunities for children and families to access WV Wraparound services through utilization of the WV Wraparound Facilitator capacity tool, accountability through Children and Adolescent Needs and Strengths (CANS) assessment provider-level reports, monitoring WV Wraparound length of services, and ensuring transition to CSED Waiver funded services once a child is approved for CSED.</p>	<p>Increase access to WV Wraparound services for children and families.</p>
2.3	<p>Promote timely access to services through the following:</p> <ul style="list-style-type: none"><li>• Services and support in place within 30 days of placement to help reduce the number of children disrupted from placement.</li><li>• Continued waitlist reduction efforts.</li><li>• Implementation of strategies to improve Freedom of Choice completion rates and timeliness of completion.</li></ul>	<p>Improve timeliness of access to services to better support children remaining in their homes and communities and improve the long-term outcomes for children and families.</p>



## INITIATIVE 2: ACCESSIBLE

2.4	Implement strategies to increase awareness of utilization of the QIA process, including focused improvements on the timeliness and quality of the QIA and associated reporting through routine quality checks and BSS managers using monthly reports to complete targeted county-level outreach and education of BSS workers.	Improved assessment processes to ensure children are supported in the least restrictive setting and receive the services and supports to promote improved outcomes for children and families.
2.5	Increase in-state residential treatment capacity to support youth with higher acuity/specialized needs and significant behavioral challenges (e.g., aggressive behavior, substance use, sexualized behaviors) to help ensure children have access to services and can be served closer to home and reduce the number of children being placed out-of-state.	Youth remain close to home and connected to family and community; reduced need for out-of-state residential placements.
2.6	Continue the implementation of standardized discharge planning process to promote thoughtful and timely discharge plans, expanding plans for aftercare services, including but not limited to more intensive family engagement to help ensure timely access to services post-discharge and support success in the community to prevent readmission.	Well-supported transitions from residential care to home or community settings including involvement from the parent/caregiver; support for the parent/caregiver the child will be returning to; reduced risk of readmission or crisis; improved outcomes for youth and families.

### 3.3 Initiative 3: Sustainable

 <b>INITIATIVE 3: SUSTAINABLE</b>		
<p><b>GOAL:</b> Children’s mental and behavioral health services will be continually reviewed and enhanced or modified to help ensure long-term sustainability.</p>		
<p>DoHS, in collaboration with community partners, stakeholders, and vendors, continues to provide an array of children’s mental and behavioral health services. To support sustainability and improve outcomes, DoHS is prioritizing collaborative efforts focused on funding strategies, data system enhancements, and ongoing analysis. These efforts are designed to strengthen service delivery, inform decision-making, and promote long-term success for children and families across the state.</p>		
OBJECTIVE	ACTIVITY	OUTCOME
3.1	Expand and maintain DoHS dashboards and integrated data platforms; continue to hold recurring program-specific data analysis; use data to inform outreach, resource allocation, policy and practice, and continuous improvement initiatives (including strategic planning).	Improved transparency, accountability, and effectiveness of service delivery; data-driven identification of trends, gaps, and opportunities; enhanced ability to track progress and guide strategic improvements across programs and service areas.
3.2	Complete a pilot of the enhanced DoHS quality sampling review process.	Improved understanding of the stories behind the numbers to further inform policy and practice decisions and improve outcomes for children and families.
3.3	Provide enhanced training and resources for kinship foster families to help support children with high acuity needs.	Increased placement stability of children with high acuity with kinship placements; reduced reliance on residential care.



## INITIATIVE 3: SUSTAINABLE

<b>3.4</b>	Evaluate strategies for increased awareness and utilization of peer support and peer parent support.	Improved stability for youth and their families through community connection of peer support from individuals with lived experiences.
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## 4. Resource Roles and Responsibilities

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

**Table 1: List of External Stakeholder Roles by Organization**

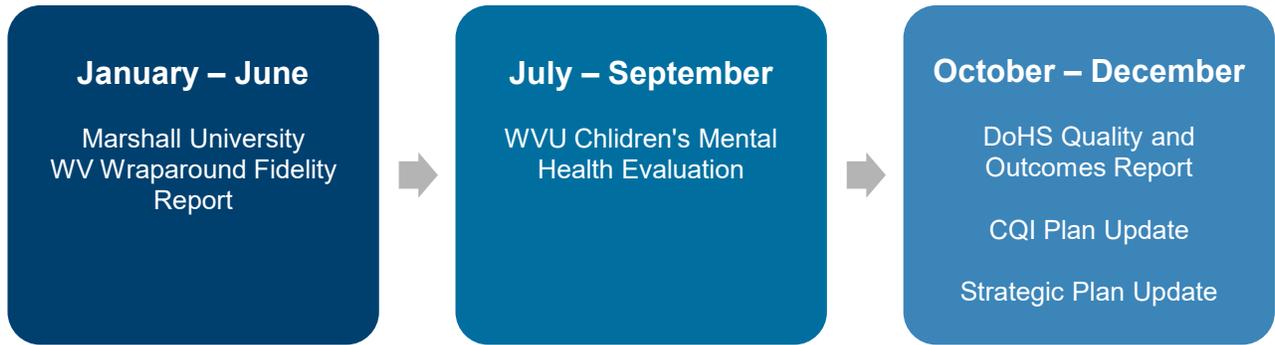
Organization	Role
<b>Acentra</b>	Acentra, the State’s Administrative Service Organization (ASO), supports the CSED Waiver application process, QIA, and BBH Assessment Pathway referrals.
<b>Aetna Better Health® of West Virginia</b>	Aetna is the MCO for children in foster care throughout the State. Aetna 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.
<b>First Choice</b>	First Choice is contracted to operate the Children’s Crisis and Referral Line (CCRL) through (844)HELP4WV or (844)435-7498.
<b>West Virginia Division of Corrections and Rehabilitation, BJS</b>	BJS supports youth and families to help prevent placement, help deter/prevent additional juvenile status and delinquency behaviors, and help ensure safe transition back into homes and communities (as needed).
<b>Marshall University (MU)</b>	MU supports WV Wraparound fidelity evaluation efforts, out-of-state discharge planning efforts, trauma support for kinship foster families, and assignment of Safe at Home West Virginia (SAH) Wraparound cases.
<b>Mission WV</b>	Mission WV collaborates with the State on a statewide marketing campaign to recruit new foster families.
<b>Myers and Stauffer LC</b>	Myers and Stauffer support the State with rate setting methodology.
<b>WV DoHS Office of Quality Assurance for Children’s Programs</b>	WV DoHS Office of Quality Assurance for Children’s Programs provides internal oversight and acts as a data quality resource.
<b>Public Consulting Group (PCG)</b>	PCG supports WV Wraparound by maintaining and updating the electronic CANS system.
<b>University of Connecticut (UConn)</b>	UConn supports WV Wraparound as the training vendor for Wraparound facilitators and supervisors.

Organization	Role
<b>Supreme Court of Appeals of WV</b>	The Supreme Court of Appeals helps ensure children and families' rights are upheld. DoHS collaborates with Probation Services to help ensure youth are screened and referred to the Assessment Pathway for connection to services.
<b>West Virginia University (WVU)</b>	WVU conducts the Children's Mental Health Evaluation. WVU also supports DoHS with contracted embedded analysts to help support the DoHS Office of Quality Assurance for Children's Programs.
<b>WVU Center for Excellence in Disabilities</b>	WVU Center for Excellence in Disabilities provides PBS, funded through a grant with BBH.
<b>West Virginia Child-Care Association (WVCCA)</b>	WVCCA represents providers who offer residential treatment to children and families in foster care, through advocacy and policy changes through collaboration with DoHS.
<b>WVDE</b>	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.

## 5. 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<sup>4</sup> to see various reports published on the KTC website (<http://kidsthive.wv.gov>).

**Figure 3: Key Reports**



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<sup>4</sup> Timelines are subject to change based on programmatic needs to collect and report on accurate and comprehensive information.

## 6. Conclusion

This strategic plan outlines DoHS's commitment to enhancing the mental and behavioral health services system for children and families statewide. By focusing on the initiatives in this plan, DoHS aims to build on and enhance its child welfare system to meet the needs of all children and families served, ideally to prevent court and social service-related involvement (i.e., Child Protective Services, Youth Services, Probation Services). DoHS is dedicated to CQI and ongoing collaboration with its internal and external partners and stakeholders to achieve its vision to make significant impact and build a brighter future for the children and families in West Virginia.

## Appendix A: Definitions of Terms and Acronyms

Appendix A provides the definitions of terms and acronyms found throughout this strategic plan. Table A provides a list of the terms, acronyms, and definitions in alphabetical order.

**Table A: Definitions of Terms and Acronyms**

Term or Acronym	Definition
ACT	Assertive Community Treatment
ASO	Administrative Service Organization
BBH	Bureau for Behavioral Health
BJS	Bureau for Juvenile Services
BMS	Bureau for Medical Services
BSS	Bureau for Social Services
CANS	Child and Adolescent Needs and Strengths
CCRL	Children’s Crisis and Referral Line
CED	WVU Center for Excellence in Disabilities
CMCRS	Children’s Mobile Crisis Response and Stabilization
CQI	Continuous Quality Improvement
CSED Waiver	Children with Serious Emotional Disorders Waiver, a 1915(c) Medicaid waiver administered by BMS
DoHS	West Virginia Department of Human Services
HCBS	Home- and Community-Based Services
KTC	West Virginia Kids Thrive Collaborative
MCO	Managed Care Organization
Outcomes Report	WV DoHS Children’s Mental Health and Behavioral Health Services Quality and Outcomes Report
PBS	Positive Behavior Support
PIP	Program Improvement Plan
QIA	Qualified Independent Assessment
SAH	Safe at Home West Virginia
SED	Serious Emotional Disorder
State	State of West Virginia
WV	West Virginia
WVDE	Department of Education