West Virginia
KidsThrive
Collaborative

When kids and families thrive, West Virginia thrives.

Quarterly Meeting

June 25, 2026

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Kids Thrive Collaborative Agenda

1. Children's Mental Health Evaluation (CMHE)
2. Children's Mental and Behavioral Health Services
3. "A Home for Every Child" Initiative
4. Coordination with Faith-Based Organizations
5. U.S. Department of Justice (DOJ)

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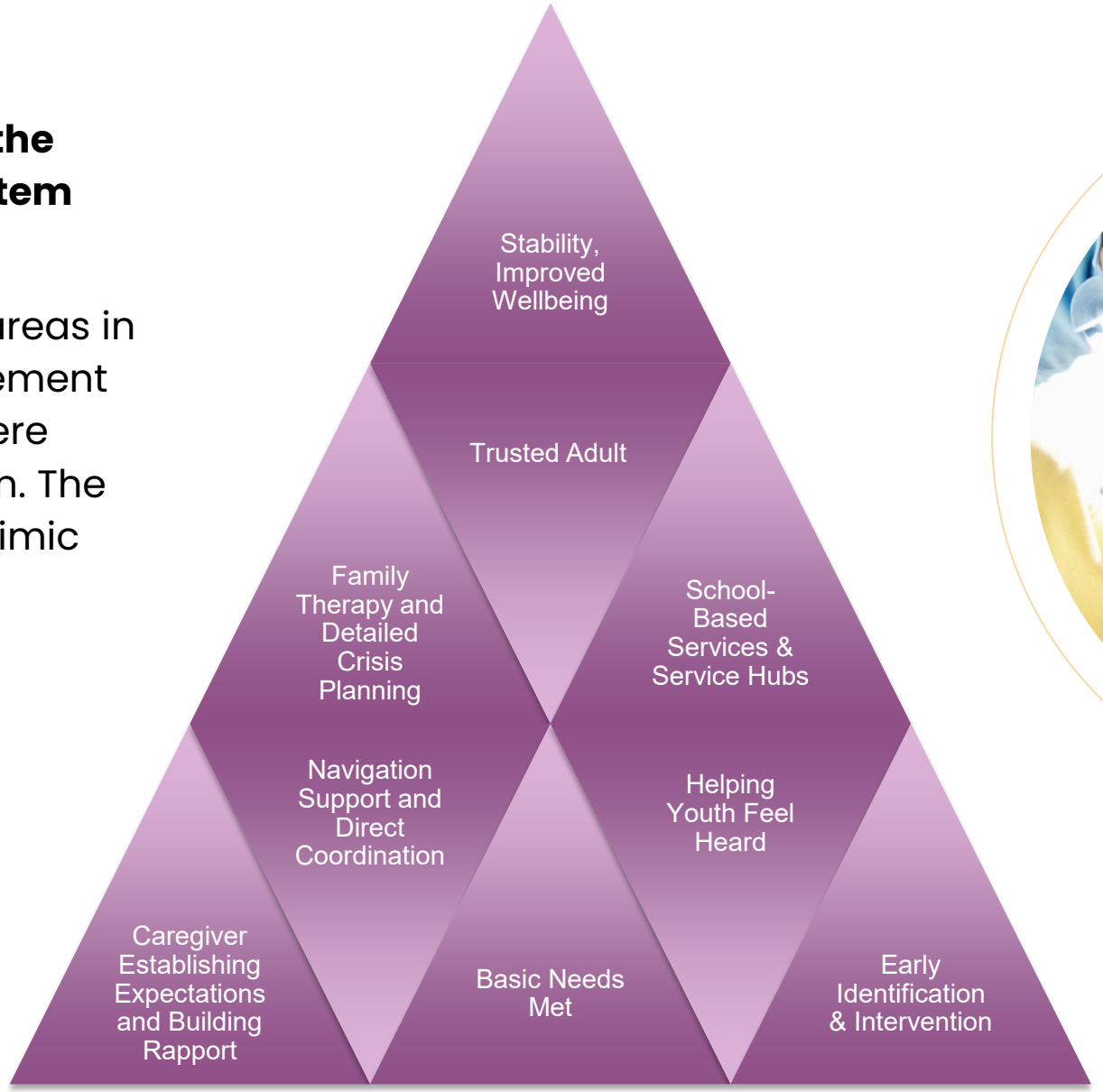
West Virginia Department of Human Services

1. Children's Mental Health Evaluation

Key Areas of Impact Within the Children's Mental Health System

- The Children's Mental Health Evaluation (CMHE) identified areas in mental health system engagement and child-level outcomes where greatest impact could be seen. The emerging concepts loosely mimic Maslow's Hierarchy of Needs.



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1. Children's Mental Health Evaluation, Continued

CMHE Methods

- Interviews and focus groups conducted between February and September 2025 were driven by evaluation question topics including:
  - Youth wellbeing
  - Decisions about care
  - Needed training and resources
  - Capacity
  - Awareness
  - Engagement
  - Communication and coordination
  - Crisis services
  - Interactions with adjacent social systems
- 129 interviews were conducted with youth and caregivers.

1. Children's Mental Health Evaluation, Continued

Summary of Populations

Population	Definition	Level of Service Utilization	Dates
Child and Adolescent Functional Assessment Scale (CAFAS) ≥90 but no Wraparound	Identified need (CAFAS ≥90) but did not receive Wraparound	Low	Between July 2023 and March 2025
Wraparound	Received Wraparound between 7/1/23 and 3/18/25 and were not in residential mental health treatment (RMHT)	Moderate	Between July 2023 and March 2025
RMHT	In RMHT at the time of data collection, or discharged within the last six months	High	Between October 2024 and July 2025

1. Children's Mental Health Evaluation, Continued

Critical Times for Intervention

- Oftentimes, mental or behavioral health needs started to arise during the 5-8 age range. Nearly all children had been diagnosed prior to high school.

0 – 4 Years

- Needs somewhat easy to identify (missing developmental milestones)
- Mostly identified by caregivers and primary healthcare providers

5 – 8 Years

- Mental and behavioral health needs somewhat harder to identify, some hesitance to diagnose
- Mostly identified by caregivers, primary healthcare providers, and schools

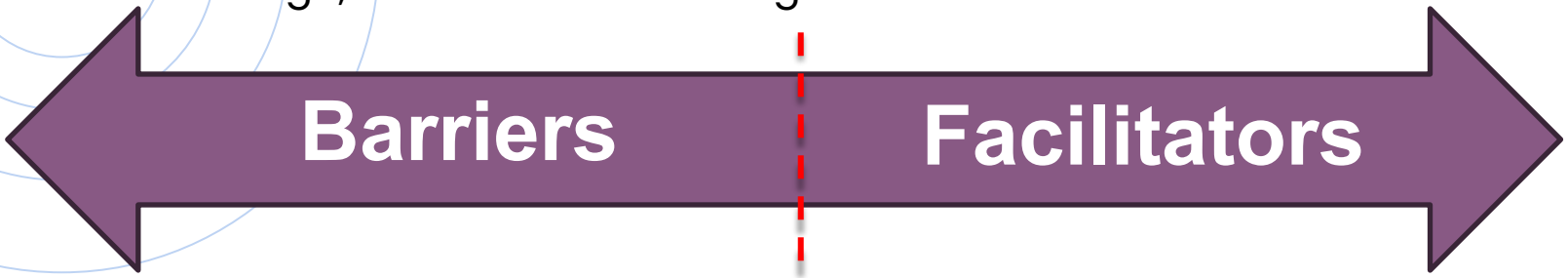
9 – 13 Years

- Critical opportunity to identify and address needs before entering high school (when youth are more open to change)
- Mostly identified by caregivers, primary healthcare providers, and schools

1. Children's Mental Health Evaluation, Continued

Early Identification/Intervention: Facilitators and Barriers

- Facilitators and barriers are heightened for ages 5 – 8 years old. As children age, the hesitance to diagnose declines.



- Some primary healthcare provider **hesitance to diagnose** (not being eligible for services)
- **Perceived lack of age-appropriate services** for ages 5 – 8
- Caregiver **difficulty finding and navigating** mental and behavioral health services and providers

- **Primary healthcare providers** were easy to access
- **School staff help** identify youth's needs after they enter the education system
- **Getting timely diagnoses and connection to services**

1. Children's Mental Health Evaluation, Continued

Barrier to Early ID/Intervention: Diagnosis and Perceptions at Ages 5 – 8

- Ages 5 – 8 represent a critical time for all populations:
  - New needs are emerging
  - Wait and see approach
  - Mention of substance use as young as 7 – 9
  - Lack of awareness of services for ages 5 – 8
    - Caregivers report being told there are not a lot of services for youth under age 8
    - When they did access services, caregivers had mixed knowledge and perceptions about what was age-appropriate

- Schools are a critical resource to help with identification of needs once a child starts school.

1. Children's Mental Health Evaluation, Continued

CMHE Findings, Meaningful Connection to Services: Facilitators and Barriers

Barriers

- Lack of caregiver **awareness and difficulty finding and navigating services and providers**
- Youth not ready and/or **engaged**
- Lack of youth and caregiver **knowledge about mental and behavioral health** (lack of expectation setting)

Facilitators

- **Engaging** youth and caregivers
- **Easy access to services** (service hubs, schools)
- Services that **focus on skill building** (coping skills, resilience, social skills)

1. Children's Mental Health Evaluation, Continued

Caregiver Needs, System Navigation, and Engagement: Barriers

- Children's Mobile Crisis Response (CMCR) and Children's Crisis Referral Line (CCRL) awareness and use is low, did not understand when to use these services, felt hospital emergency response was needed to stabilize needs, but when used did not meet their expectations.
- Caregivers not understanding or having realistic expectations around how mental health needs "present", treatment, identifying progress, timelines, and family involvement in treatment.
- Delays in starting services due to back and forth and intake process.
- Difficulty finding resources online.
- Felt burden of responsibility for finding the right provider without knowing how to navigate the system.
- Navigating provider turnover and finding a good fit.
- Family and caregiver capacity and unmet needs.
- Lack of respite services.
- Fear of state involvement.

1. Children's Mental Health Evaluation, Continued

Caregiver Needs, System Navigation, and Engagement: Facilitators

- Case coordination, direct service and appointment setup, connection for siblings, discharge planning and after care, ease of communication, empathy, availability of services outside traditional hours.
- Meeting caregivers' informational and emotional needs:
  - Empathy and feeling heard
  - Sharing, reiterating, and reenforcing information, expectations, and encouragement
- Service hubs and ease of access to services:
  - Use of family therapy
  - Parenting classes and supports
  - Availability of services outside of traditional business hours
  - School settings

2. Children's Mental and Behavioral Health Services

Celebrating Successes

- **Waitlist reductions**
  - Weekly WV Wraparound waitlist has maintained less than 15 youth per week for 16 consecutive weeks!
  - 97% of entry need met in February 2026 compared to 69% in February 2025.
- **Increase in Freedom of Choice (FOC) form completion rates**
  - In January 2026, 85% of FOCs were completed, allowing youth to move forward with starting services (compared to 65% in December 2024).
- **Timeline to services improvements**
  - As of September 2025, the median days to service start was 63 (down from 102 days in January 2025).
- **Increase in reunification upon exit from foster care**
  - Children exiting child welfare custody with reunification as the outcome increased from 2023 to 2025, going from 44% to 50%.

2. Children's Mental and Behavioral Health Services, Continued

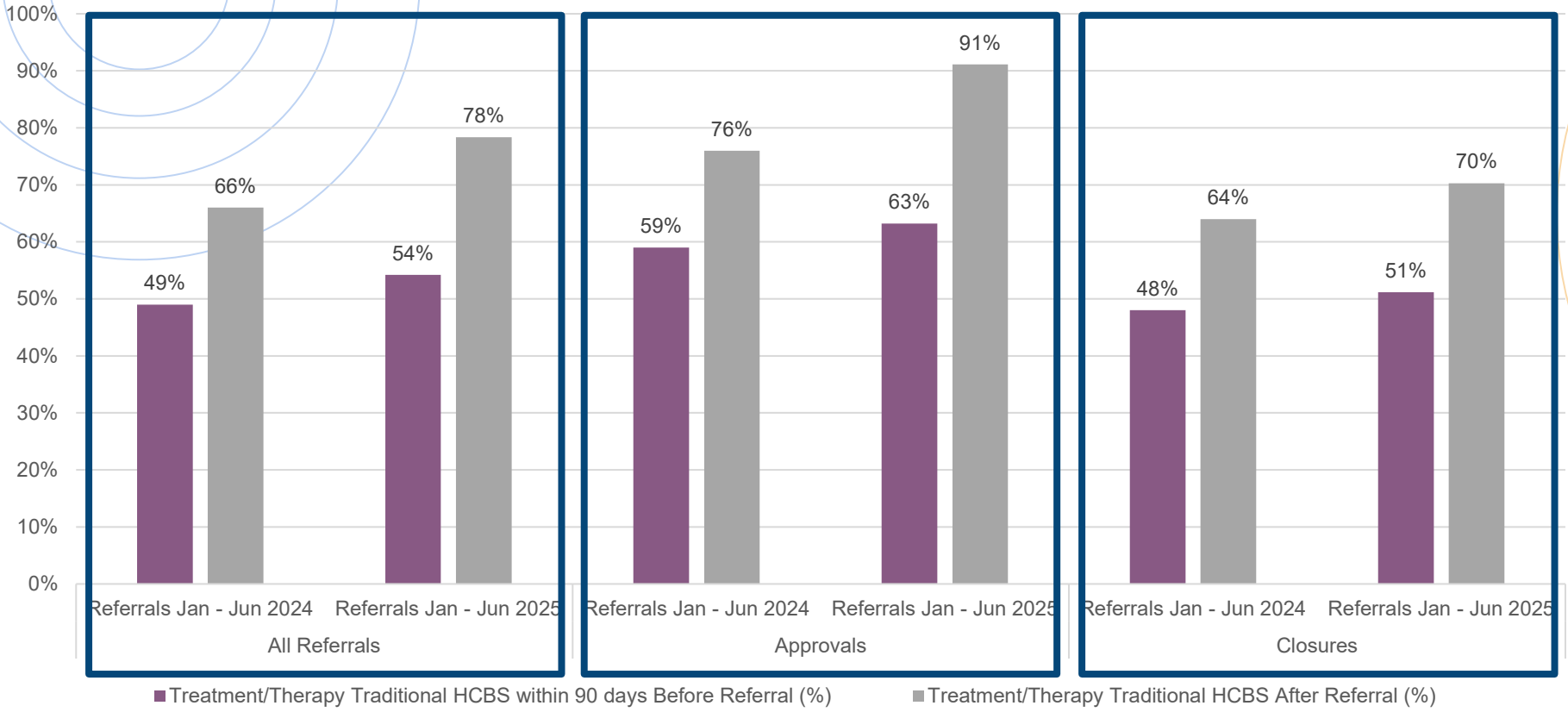
Celebrating Successes, Continued

- **Children entering foster care has decreased**
  - Entries into the system decreased year over year (1,011 youth in Q42024 vs 882 in Q42025).
- **Continued increase in Wraparound utilization**
  - 2,092 children are utilizing WV Wraparound as of March 2026, compared to 1,609 in March 2025.
- **Decreased foster care recidivism**
  - 21% of youth who entered child welfare (removals) in Q42025 had a prior entry, a decrease from 25% in Q32025.

2. Children's Mental and Behavioral Health Services, Continued

Children Receiving Treatment/Therapy Traditional Home and Community Based Services (HCBS) Excluding Wraparound Before and After Referral, Jan - Jun 2024 vs. Jan - Jun 2025

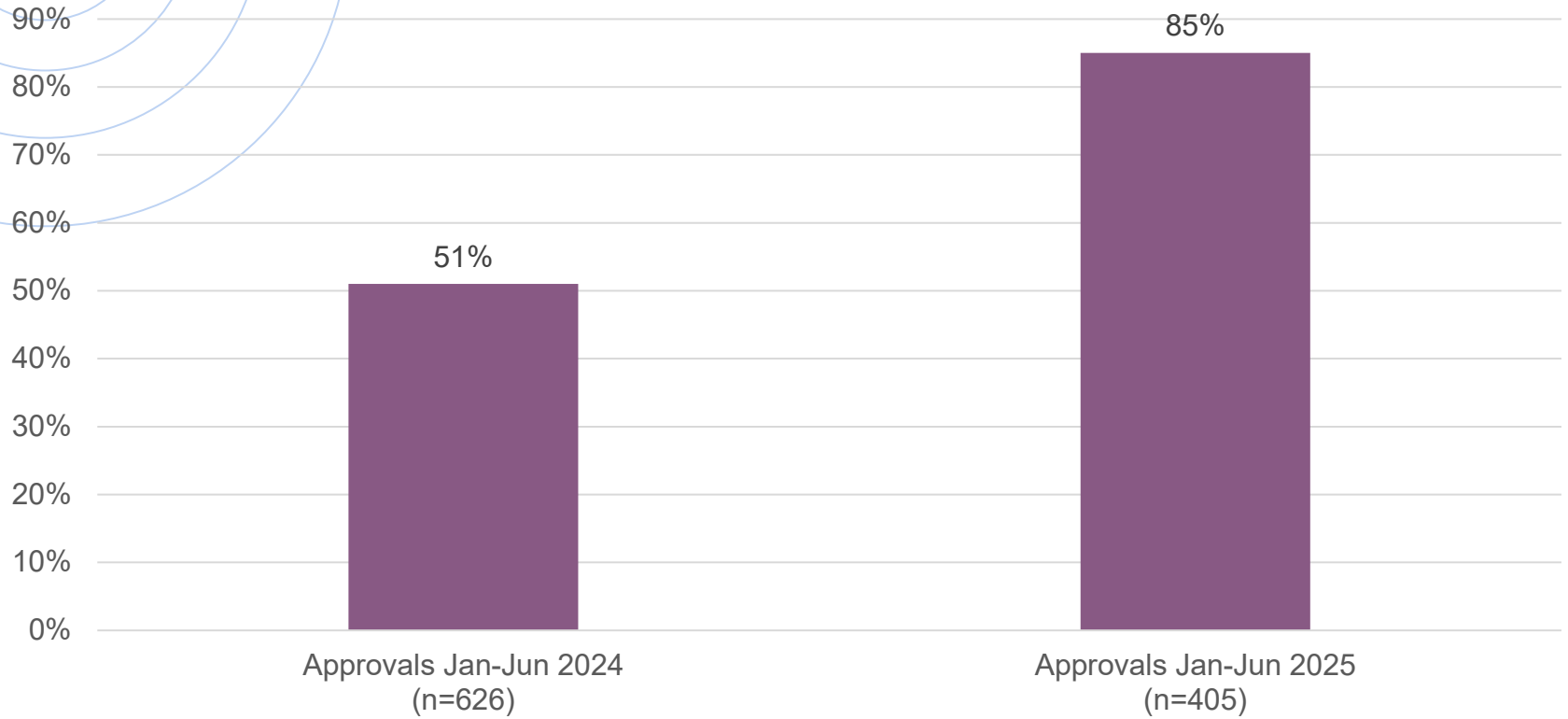
- Data listed below reflects a year-over-year increase in service connections.



2. Children's Mental and Behavioral Health Services, Continued

WV Wraparound Utilization After Referral for Children Approved (%)

- Data listed below reflects a year-over-year increase in connection to WV Wraparound services.



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2. Children's Mental and Behavioral Health Services, Continued

Next Steps

- West Virginia Department of Human Services (DoHS) plans to share results of the CMHE with partners including Certified Community Behavioral Health Clinics (CCBHCs,) Family Support Centers, and WV Wraparound providers.
- DoHS will share results of the CMHE with schools and consider opportunities to expand school/provider partnerships.
- DoHS will continue to review information in the context of current processes and policies and identify pathways and collaborate with key partners to improve outcomes.

3. “A Home for Every Child” Initiative

- DoHS aims to leverage “A Home for Every Child” initiative to expand and strengthen placement capacity, to help ensure that children who must remain in care have access to stable, supportive home environments.
- In parallel, DoHS strives to reduce the overall number of children in out-of-home care through strengthened prevention and permanency efforts.

4. Coordination with Faith-Based Organizations

- Support is being coordinated for WV families between DoHS and faith-based organizations through CarePortal.
- Launched in April 2025, DoHS is carrying out a phased CarePortal rollout over the course of five years.
- Participating organizations support families by responding to real-time needs within their communities, providing resources, services, and support that can help stabilize households and prevent children from entering foster care.

5

DOJ Update

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Thank you!

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