

Youth Services

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Introduction

Youth Services, a subdivision of the Bureau of Social Services (BSS) within the West Virginia Department of Human Services (DoHS) is a specialized program that is part of a broader public system of services to children and families. Requirements originate from various sources including, but not limited to:

- Social work standards of practice.
- Chapter 49 of the West Virginia Code.
- Opinions entered by the Supreme Court of Appeals of West Virginia.
- The Adoption and Safe Families Act; and
- The Family First Prevention Services Act.

Pursuant to W. Va. Code §49-2-1006(a), the DoHS and the Bureau of Juvenile Services (BJS) shall annually review their programs and services and submit a report by December 31 of each year to the Governor, the Legislature, and the Supreme Court of Appeals.

In order to have complete and accurate data for this report, BSS is using data analytics and information that was valid during the time frame of July 1, 2024, through June 30, 2025.

This year's annual report includes:

- An overview of DoHS's Youth Services program, including the origin, casework process, and target population.
- Descriptions of community resources as well as services and programs facilitated by DoHS.
- Data relative to removals and out-of-home placements.
- A listing of the residential facilities in West Virginia.
- A section on the "Safe at Home West Virginia" program.
- A section on "Children with Serious Emotional Disorders Waiver" (CSEDW).
- The array of in-home socially necessary services available to families in the youth services program, and those that have been discontinued;
- An analysis of caseloads for youth services social workers over recent state fiscal years.

Youth Services Program

Youth Services operations consist of several basic steps. These steps can vary depending on whether there is involvement with the court. In general, the process is as follows:

- Intake
- Youth Services Assessment (i.e., FAST) and Immediate Safety Threat Assessment
- Youth Services Safety Plan, if necessary
- Multidisciplinary Treatment Team recommendation for court-involved youth
- Youth Services Case Plan and Service Provision
- Case Plan Evaluation/Case Closure

Youth services uses the Transformational Collaborative Outcomes Management (TCOM) framework that includes the Child and Adolescent Needs and Strengths (CANS) assessment and the Family Advocacy

Support Tool (FAST). The FAST tool remains the primary assessment tool for youth services workers statewide.

To be certified in the FAST, caseworkers must demonstrate proficiency testing on a case vignette of 0.70 or greater after completing training. Recertification is on an annual basis to ensure reliability.

Rehabilitation, not punishment, remains the overarching aim of the Youth Services program, as well as the juvenile justice system. The most notable difference between the original model and current juvenile law is that juveniles now have more procedural rights in court, including the right to an attorney and the right to be free from self-incrimination. Additional legislative actions have helped to mold the framework of youth services since its inception.

In February 2018, federal legislation known as the Family First Prevention Services Act was enacted, increasing federal funding for foster care prevention services. States can be reimbursed for prevention services that the Title IV-E Prevention Services Clearinghouse has listed as approved intervention strategies.

W. Va. Code §49-4-727 through §49-4-734 requires certain actions be taken in delinquency cases in which the issue of juvenile competency is raised. Rule 26 of the Rules of Juvenile Procedure provides guidance in such circumstances. The purpose of state and federal statutes is to establish procedures for determining juvenile competency to stand trial, mandate juvenile attainment services when applicable, and designate a disposition alternative for incompetent juveniles. Both *W. Va. Code* and the *Rules of Juvenile Procedure* explicitly prohibit placement in BJS custody for children presumed, or determined, to be incompetent or those whose competency has not yet been established through an evaluation. The workgroup previously formed at the time code changed remained in place throughout SFY 2026, and continues to have representation from BSS, Bureau for Behavioral Health (BBH), and the Department of Health Facilities (DHF). Various other individuals have also taken part in the work completed by this group. The workgroup continues to meet weekly and has updated the materials used in training for BSS staff, circuit court judges, prosecutors, public defenders, competency evaluators, and attainment services providers. Policies have also been updated as has the curriculum for the Attainment Services Providers to utilize which continues to be a focus of this group's efforts. Data collection has continued, and the group collectively fields inquiries and provides assistance to BSS staff, attorneys, providers, and judges.

The ***Rules of Juvenile Procedure*** are a standardized, fair, and consistent way of disposing of juvenile delinquency and status offense cases statewide. DoHS's involvement in the development of the West Virginia Rules of Juvenile Procedure brought knowledge of service needs, advocacy, ethics, and best practices to the process. When a question arises regarding how a case should be dispositioned, the court refers to these rules. The ***Rules of Juvenile Procedure*** were modified in 2025 in order to align with the code changes in relation to Juvenile Competency. These modifications have led to clearer instructions drafted into BSS's Youth Services (YS) Policy.

General Casework Flow

Intake for "Received Services": Intake is a distinct step in the Youth Services decision-making process which begins with receipt of a referral. Referrals come to Youth Services from a variety of sources. Intake

involves all the activities and functions that lead to a decision to either open a YS case or make a referral to appropriate community resources that are better suited to meet the families' identified needs.

Youth Services Initial Assessment: The Youth Services Initial Assessment is completed on all open Youth Services Cases. BSS partnered with Marshall University for training in order to utilize the Family Advocacy and Support Tool (FAST) to complete this assessment. The purpose of the FAST is to identify safety threats as well as the strengths and treatment needs which may exist within families. The information gathered with the FAST is used to support families in meeting needs through effective interventions and reduce safety threats. This assessment ensures appropriate safety planning as well as case planning. The FAST is designed to be continuously modified based on new information learned throughout the life of the case hence its use for both the initial assessment as well as ongoing assessments every 90 days.

Immediate Safety Threat Assessment: An Immediate Safety Threat Assessment is performed on all open Youth Services cases to determine if the safety of a youth, their family, or their community is at immediate risk of severe harm. Immediate safety threats are defined as observable and presently occurring.

Youth Services Safety Plan: The safety plan is a temporary strategy to control or mitigate immediate and impending safety threats when applicable. Families should be engaged in the safety planning process so they can understand how the identified threats cause unsafe conditions and to gain acceptance and ownership of the developed plan. If an in-home safety plan is not feasible, then an out-of-home placement may be necessary. Additionally, if a safety threat is perpetrated by the caregivers or caused by the living environment, a child protective services referral must be made.

Multidisciplinary Treatment Team (MDT): When a YS case entails court involvement, state statutes and federal regulations require that an MDT convene and submit a report to the court before the hearing for all youth involved with the court. There is also a requirement for an "Individualized Service Plan" (ISP) to be developed. The YS Case Plan meets this requirement and should be developed with the MDT. Multidisciplinary Treatment Team meetings must be held at least once every 90 days to review and revise, if needed, service and treatment plans until permanency has been achieved for the child.

Youth Services Case Plan/Case Closure: The Youth Services assessment process involves conducting interviews with all members of the family, which helps to evaluate either the presence or absence of safety threats and family members' needs. The information gathered guides the development of the case plan. Working with the family to develop the case plan assures that the caregiver understands DoHS's role in providing services to address issues relating to troubled youth. In facilitating the discussion of the plan, the worker assists the family to address their strengths and needs, and to prioritize goals related to the conditions that are the basis for Youth Services involvement. Services are provided to assist the family and youth in achieving their goals to ultimately allow them to disengage from Youth Services and have their case closed.

Youth Services Family Eligibility

The target population for Youth Services includes juveniles under the age of 18, or between the ages of 18 and 21 if under the jurisdiction of the court beyond the age of 18.

Each of the following circumstances describes some of the presenting problems which may bring juveniles into contact with Youth Services:

- The youth is experiencing problems in the home, at school, and/or in the community to such an extent that the resulting behavior has the potential to become the basis for status offense or delinquency proceedings. Intervention may be requested by the parent(s), guardian(s), custodian(s), or by the court to resolve the problem(s) without formal involvement in the juvenile justice system.
- The youth is under the auspices of the juvenile justice system (e.g., awaiting disposition or adjudication as a delinquent, adjudication as a truant status offender, on probation, etc.) and has been referred to DoHS for services.
- The youth is an alleged delinquent who has been referred for services or placed in the temporary legal and/or physical custody of DoHS as an alternative to detention.
- The youth has been adjudicated as a status offender before turning 18, and the court case has not been resolved and dismissed from the court's docket.

Status Offenses and Youth Services

Status offenses are acts that cannot be charged to adults, according to the Juvenile Justice and Delinquency Prevention Act. See 34 U.S.C. § 11103(42). At the State level, the definition is not as broad. Under [W. Va. Code §49-1-202](#), a status offense is defined as any of the offenses listed below:

- ***Incorrigibility*** - Habitual and continual refusal to respond to the lawful supervision by a parent, guardian, or legal custodian such that the behavior substantially endangers the health, safety, or welfare of the juvenile or any other person.
- ***Runaway*** - Leaving the care of a parent, guardian, or custodian without consent or good cause.
- ***Truant*** - Habitual absence from school without good cause.

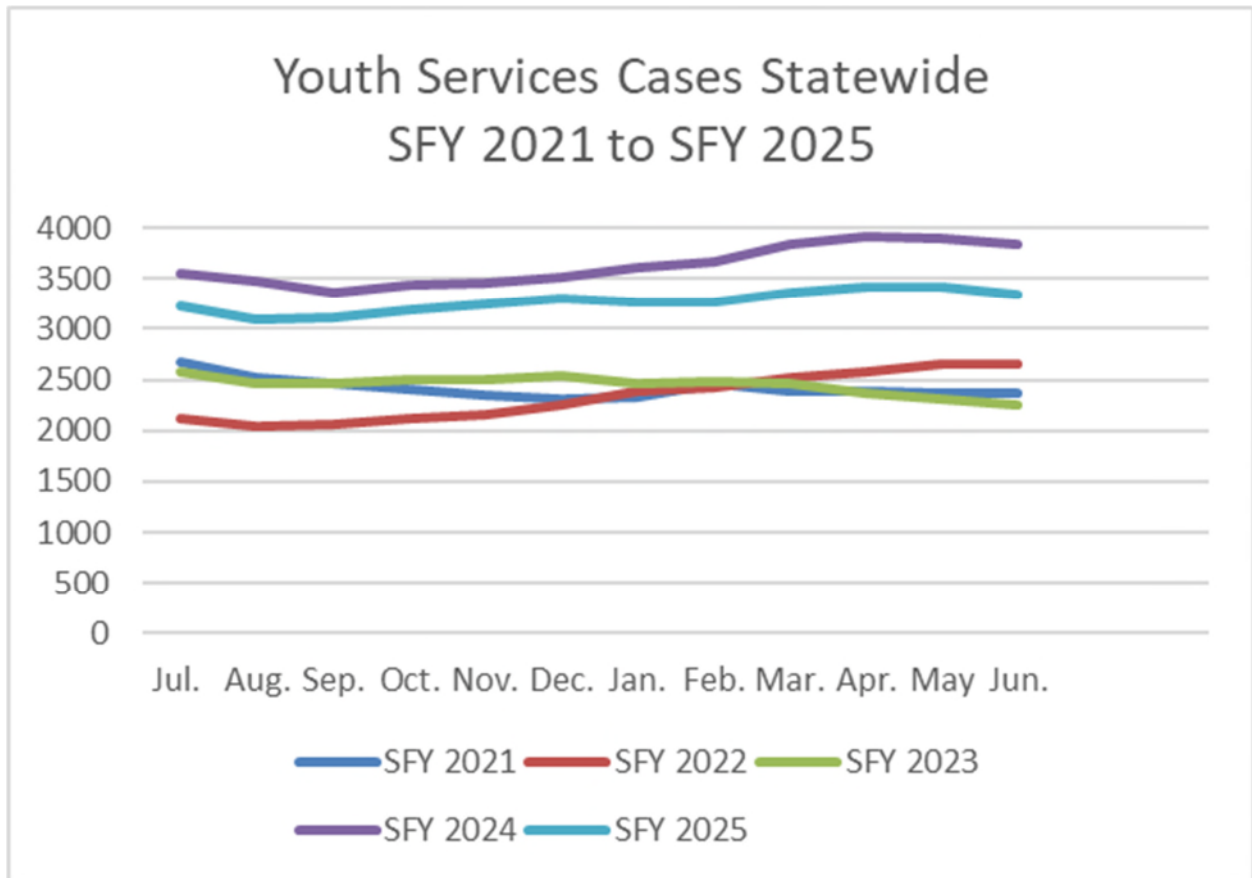
Families often need assistance dealing with teens who do not follow the rules at home, break curfew, or run away. Truancy is often a symptom of deeper problems in the lives of children and families. Parent education and parent support groups in communities are great resources. Families may use local Family Resource Networks and the West Virginia 211 website and hotline (www.wv211.org and 2-1-1 or 1-833-848-9905) to obtain services and advocate for themselves. These resources and the services offered continue to expand statewide.

Youth and Families Served

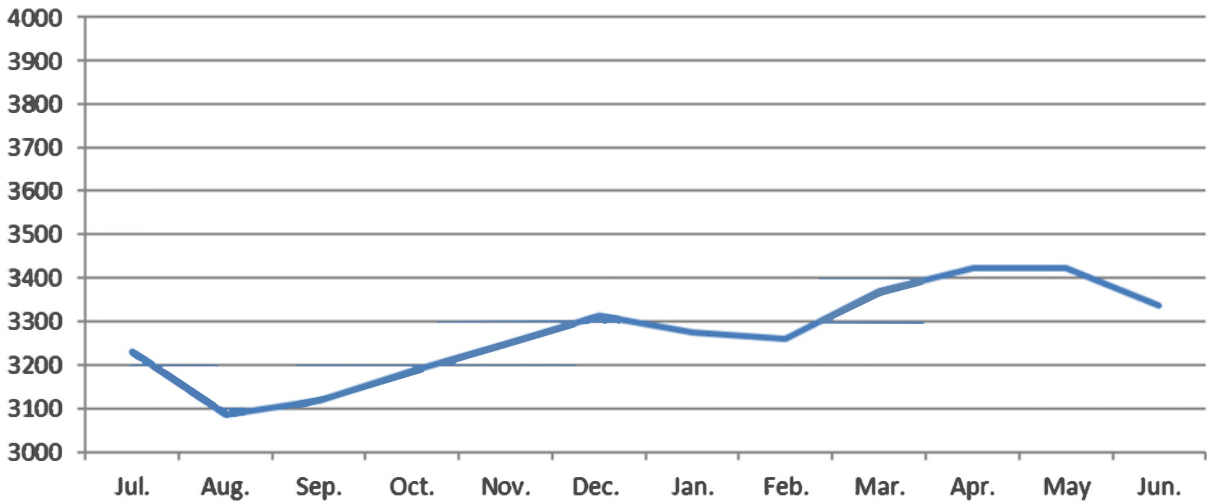
Bureau for Social Services employees deliver child welfare services to families and children in all 55 West Virginia counties. Families and children enter the child welfare system either through Child Protective Services (CPS) or Youth Services (YS). Child Protective Services serves families whose children are determined to be unsafe due to abuse or neglect or the identification of impending or immediate safety threats by their parent(s), guardian(s), or custodian(s). Youth Services serves families of youth who are referred by the courts for placement and/or services for status offenses or juvenile delinquency, or who are referred by families or schools for services to prevent delinquency.

The following charts demonstrate the total count of YS cases each month during SFY 2025 as well as the previous four years with the inclusion of individual SFY charts to demonstrate the common trends. Also a breakdown of the count of new cases received each month for the same reporting period is included. It is noteworthy that the data for the following charts has been provided by varied sources throughout the years, and the conversion between FACTS to PATH altered the manner of collection, likely creating discrepancies reflected in previous YS Annual Reports. The new PATH report (PSS-CMG0110) is now readily available and should provide more consistent data moving forward. Additional data points were pulled to clearly reflect the full SFY data in 2023 and 2024.

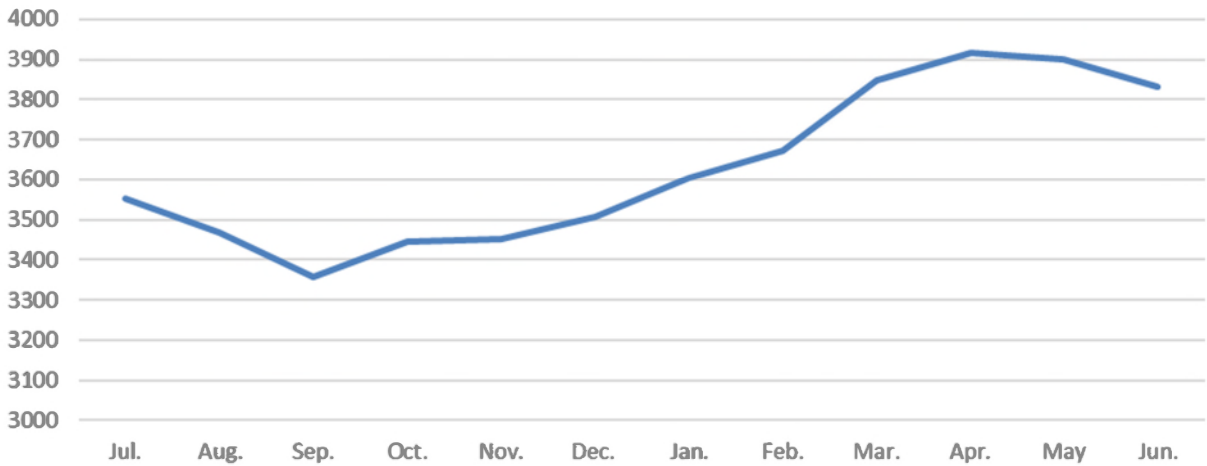
As has often been reported, YS caseloads for SFY 2025 tend to be lowest in the late summer months into early fall with a gradual increase throughout the school year and a spike in the spring. Referrals from school personnel and truancy issues are the most likely reason for this pattern.



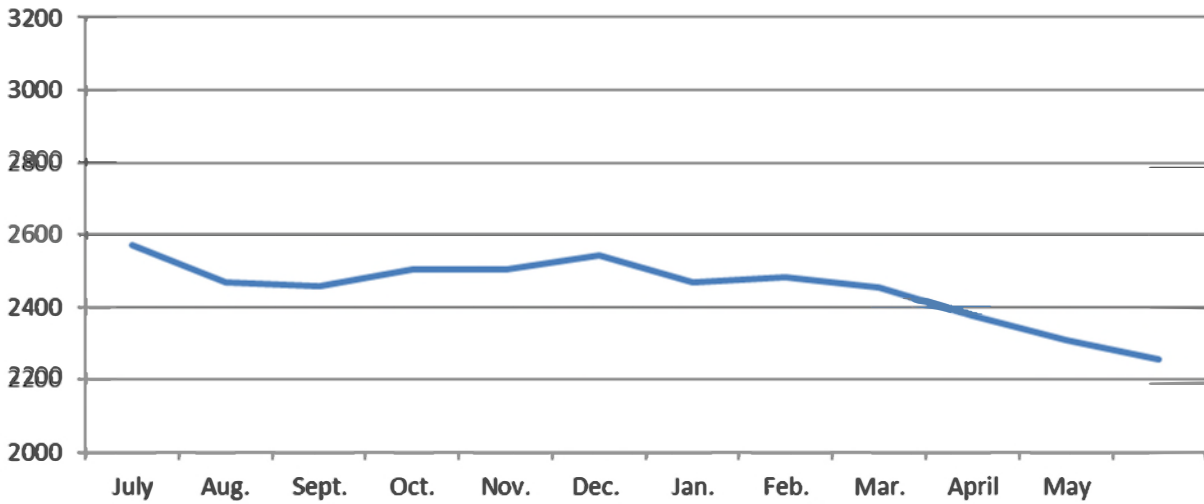
Youth Services Cases Statewide July 1, 2024 to June 30, 2025



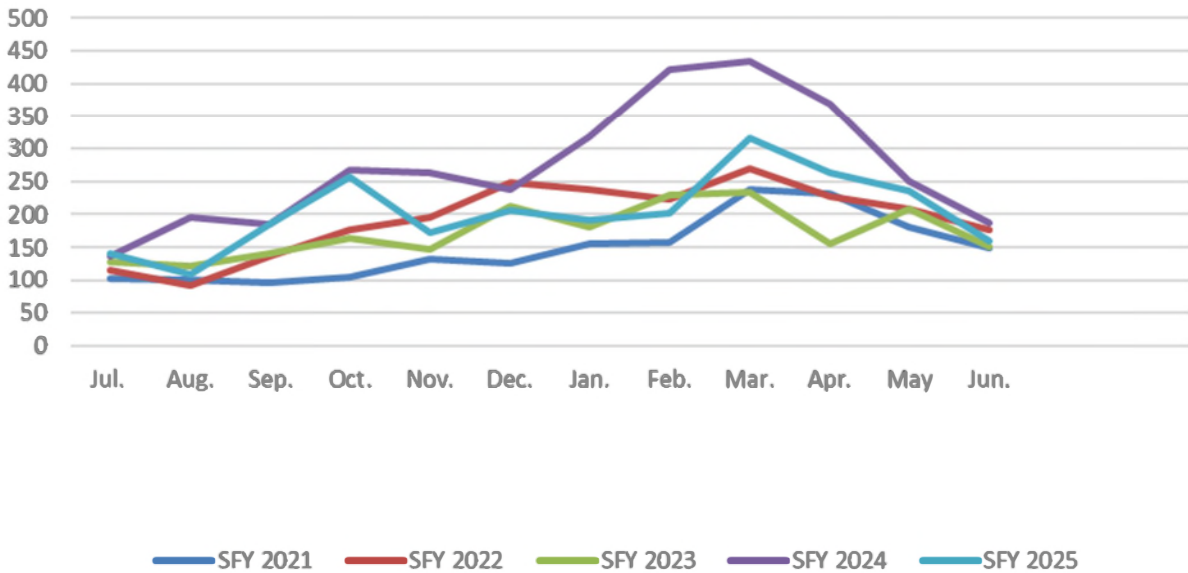
Youth Services Cases Statewide July 1, 2023 - June 30, 2024



Youth Services Cases Statewide July 1, 2022 to June 30, 2023



New Youth Services Cases Statewide SFY 2021 to SFY 2025



Youth Services Caseworkers and Caseworker Grant Program Allocations and Vacancies

The caseload standard established for Social Service workers with ongoing cases is approximately 12 cases per worker. BSS continues to utilize this standard in reviewing actual cases against allocated positions. The previous reporting charts showed the number of total youth services workers allocated against the number of cases per region for SFY 2022. For SFY 2023, 2024, and 2025 data is separated into the north and south. For SFY 2025, statewide data regarding allocations and vacancies is being provided by the Child Welfare Dashboard combined with the quarterly reports submitted by the agencies receiving the YS Caseworker Grants. The total case count is derived from the same PATH report referenced previously (PSS-CMG0110) with a manual hand count separating North vs. South.

Per the dashboard, in total, at the end of SFY 2025: DoHS employed 16 YS supervisors, 116 YS workers, and 10 YS senior workers. The only vacancies reflected were 10 YS workers and 3 YS senior workers. There were three agencies that received the YS Caseworker Grants during SFY 2025: Youth Services Systems, Braley and Thompson, and Pressley Ridge. Those agencies reported collectively having 27 allotted positions with 7 vacancies at the conclusion of SFY 2025.

SFY 2025 Total Youth Services Workers and Case Allocation

Region	Total Allocated Positions	Number of Active Cases (end of SFY 2025)	Average Number of Cases per Allocated Position
North	70	1503	21
South	83	1833	22

BSS continues to break down barriers that prevent filling caseworker vacancies. BSS has implemented a rigorous training plan that requires competency testing after the completion of pre-service training for those individuals hired through the service worker registry to ensure their comprehension of the tenets of social work, as well as their readiness and ability to perform in this critical position.

BSS also created a task force that took a more in-depth look at caseworker retention to develop a strategic plan to reduce costly turnover. Not only will a reduction in turnover decrease hiring and training costs for BSS, but it will also create a social service workforce with high competency and well-developed skills in the field of professional social work.

BSS maintains contracts with two agencies, Youth Services Systems, and Braley and Thompson, to provide contracted YS workers to further assist with case management. The following graphs depict the allocated positions of contracted and DoHS direct staff, respectively, which include vacancies as of June 30, 2025.

SFY 2025 Contracted Caseworkers

Region	Allocated Positions	SFY Year-End Vacancies	Vacant Percentage of Workforce
North	13	4	31%
South	14	3	21%

SFY 2025 DoHS Caseworkers

Region	Allocated YS Positions (Both YS workers and YS Senior Workers)	Year-End Vacancies	Vacant Percentage of Workforce
North	57	8	14%
South	69	5	7%

Services for Prevention and Mitigation

Programs and services have been created and implemented to assist in both preventing court involvement with youth as well as mitigating the problems contributing to court involvement.

Centralized Intake (CI) for Abuse and Neglect

DoHS CI receives referrals via the CI 24-hour hotline, seven days a week (1-800-352-6513). The CI has enabled the streamlining of child abuse and neglect and Adult Protective Services referrals, creating consistency in how the referrals are documented and received. Though DoHS county offices may occasionally continue to enter YS petition referrals directly, CI handles most referrals, as well as all after-hours emergency calls for YS and contacts the appropriate DoHS district supervisor when necessary.

Centralized Intake also accepts referrals from prosecutors for pre-petition diversion (PPD). Utilizing CI simplifies the referral process; prosecutors can fax the referral containing all necessary information that a DoHS worker needs to initiate contact with the referred youth and family. This process ensures prosecutors receive feedback regarding the acceptance of the referral and the assignment to the local office. Since its inception in August 2015, CI has received 1,752 total referrals, five occurring during SFY 2024. It is noteworthy that these referrals continue to also be called into the local offices, and are therefore not always relayed to CI for data tracking purposes. Efforts are being made to ensure reporting becomes consistent to ensure all PPD referrals are counted.

Throughout SFY 2025, additional barriers have been identified that may be contributing to a lapse in data collection. It was noted that PATH does not provide a specific indicator for this referral type. The CI staff

have been educated on other means to track this. Other court personnel are making these types of referrals as opposed to strictly prosecutors (i.e. truancy officers and probation officers). Policy is currently being modified to clarify the same acceptance requirements when these other individuals make the referrals. In response to these barriers, efforts were made to manually track the cases that entail PPD circumstances within the district’s monthly case plan charts beginning in January 2025. This data produced an approximate count of cases each month that entail PPDs. A collective count from this data source shows a range of 255-282 of the reported open cases involving PPD throughout each month of data collection.

Truancy Diversion

Delinquency prevention often begins with truancy diversion. Truancy diversion specialists not only help keep youth in school but also prevent many adolescents from becoming formally involved with the juvenile justice system. In some counties, YS receives referrals to open cases when truancy diversion efforts are being made for further support and additional service provision. Other counties allow truancy diversion specialists to handle the cases without agency involvement until formal petitions are filed.

The National Youth Advocate Program (NYAP), through Juvenile Victim Offender Mediation (JVOM) , among other services, provides a resource to truant children within their Victim Offender Mediation Program. More information on JVOM can be found in the subsection “Evidence-Based Services”.

In further efforts to address adolescents’ school attendance problems, DoHS and the West Virginia Department of Education have developed a collaborative relationship to share educational reporting information for children living in foster care. This collaborative effort will allow BSS to better ensure children’s academic progress and provide a more accurate record of children’s educational history.

Runaway and Homeless Youth Programs

Children’s Home Society (CHS) provides services through the federal Transitional Living grant to homeless youth ages 16 to 22 in the Parkersburg area. During SFY 2025, the CHS Transitional Living outreach program served a total of 142 youth/young adults with either full services or with their Gateway and Outreach services programs. Full services, which includes housing and case management rather than strictly resource and referral services, were received by 42 of those individuals..

The Child Locator Unit in BSS consists of three positions responsible for receiving reports of and locating missing foster youth. Child locators collect data related to the youth’s history and their experiences on the run. They then complete a child trafficking screen. These positions are filled, and the unit is fully operational. The following data is provided in the Child Locator Unit’s annual reporting.

Calendar Year	Total Run Events	Number of youth who ran	Number of youth who ran more than once	Number of youth still missing from care 12/31.
2024	344	259	31	15

2023	450	275	96	16
2022	517	293	233	26

The noted increase in run events is not believed to be an indication of more runs but rather an improvement in reporting and documenting the events. This is a direct result of the creation of a dedicated Runaway Social Worker to assist CI and the Child Locator Unit to accurately track and record this data. It is also a result of a heightened awareness of the need for proper documentation to help ensure runaway youth are found and brought back into proper supervision to ensure their safety.

Incorrigible Behavior Responses

A young person who habitually and continually refuses to respond to the lawful supervision of parents, guardians, or legal custodians, especially when the young person’s behavior substantially endangers the health, safety, or welfare of the young person or any other persons, meets the definition of incorrigible. Youth Services attempts to provide families with resources and educational programs to increase family communication, set expectations of behaviors, and establish enforceable consequences. All interventions are aimed at diversion of the family from filing formal incorrigibility petitions in the court system.

Referrals to community programs are often the best resource for families. Some of these resources include:

- The Boys & Girls Clubs
- AmeriCorps
- YMCA
- Family Resource Networks

The Boys & Girls Clubs’ mission is “to enable all young people, especially those who need them most, to reach their full potential as productive, caring, responsible citizens.” Through several community programs, AmeriCorps members work to meet some of the most critical needs in West Virginia, including poverty and illiteracy. YMCA centers in West Virginia provide support and opportunities to empower children, youth, and adults to learn, grow, and thrive.

DoHS’s Bureau for Family Assistance (BFA) Family Resource Networks bring together existing services in a single location such as a school or other neighborhood building. This comprehensive approach increases the accessibility of services, provides family support and education, and allows the centers to meet the community’s needs. Family Resource Networks serve children from prenatal care through age 18. Each center offers a variety of services to reflect the diversity of the community’s needs.

Community Services Linkage

Youth Services strives to connect families and youth to services in their communities to maintain permanent family connections. Community services are the link families need in their neighborhoods to cope with the unique situations that come with raising teens and young adults. These local services work to ensure children’s optimal development by assisting parents with support groups, enhancing the quality

of relationships among family members, and helping them manage the challenges and stresses of child-rearing.

West Virginia 211 provides a descriptive catalog of juvenile and family-strengthening programs and services that are available in local communities and funded by The United Way, a member of the Service Array Workgroup. The catalog can be accessed through the West Virginia 211 website, www.wv211.org, or by calling 2-1-1. Additionally, HELP4WV, www.help4wv.com or 1-844-HELP-4WV, provides immediate assistance and referrals for West Virginians struggling with an addiction or mental health issue.

DoHS, Bureau for Behavioral Health (BBH) Clearinghouse is also available at <https://clearinghouse.helpandhopewv.org/>. This resource offers an online database of programs to help individuals, families, providers, schools, communities, and other partners make informed decisions about selecting effective prevention, early intervention, treatment, and recovery programs. The purpose of this virtual Clearinghouse is to ensure that children, youth, and young adults in West Virginia receive culturally appropriate, evidence-based prevention, treatment and recovery/maintenance services in their homes, schools, and communities. The ultimate purpose of the Clearinghouse is to enhance the health and well-being of families and communities in West Virginia by ensuring the provision of high-quality mental health services.

Socially Necessary Services

While Family Resource Networks and other collaborative efforts have created or expanded programs to serve residents, gaps still exist. Private agencies can fill gaps in services according to the Uniform Guidelines Manual established to define and regulate service delivery.

Socially Necessary Services (SNS) are services provided to children and families which are necessary to provide for the child's safety, permanency, and well-being, but are not covered through Medicaid. Socially Necessary Services are provided in CPS, YS, and Adoption cases for the following service categories: Family Support, Family Preservation, Foster Care, Independent Living, Reunification, and Adoption Preservation.

Throughout SFY 2024 BSS worked with the Capacity Building Center for States to redesign the SNS program. This program had not been revised since its inception in 2005. As part of this process, surveys were conducted with families, providers, and BSS staff. Workgroups were developed to address areas to be addressed. These groups incorporated representatives from BSS leadership, field staff, policy, and program staff, as well as staff from Acentra, Aetna for Better Health, and the Capacity Building Center for States. Additional input was also sought regarding finance, documentation, and information on specific services. Implementation of the revised SNS program occurred during SFY 2025.

The redesigned SNS categories utilized in YS cases include the following: Family Support, Family Preservation, Foster Care, Chafee Foster Care Independence Program, and Reunification services.

- Family Support - This category only includes of two services: Needs Assessment/Service Plan and Case Management.
- Family Preservation - This category of services is used when children are still in the home with the parent/caregiver. These services are utilized to ensure the children are safe while residing with

their caregivers. The state does not have custody of the child, but the family must be monitored by BSS as either an investigation or open case.

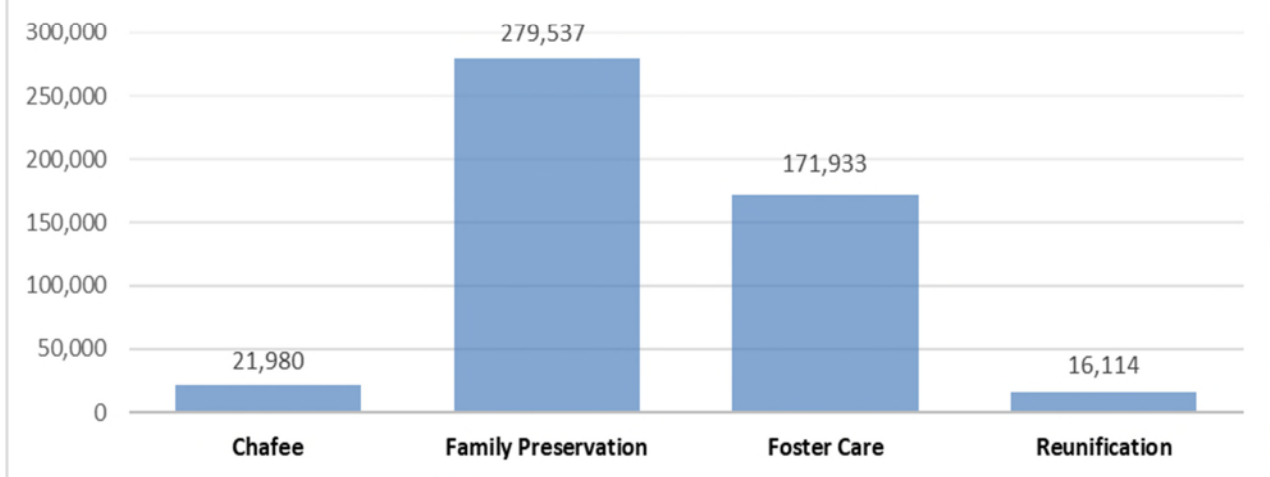
- Foster Care Services - This service category is to be used when the youth is in state's custody and placed in any out-of-home placement. This could be a relative/kinship placement, BSS foster home, therapeutic or specialized foster home, residential group home, psychiatric residential treatment facility, etc. These services are offered to assist families working toward reunification.
- Chafee Foster Care Independence Program - This category of services is used for youth classified as State Wards (between the ages of 17 to 23) who are participating in a transitional living program, are likely to remain in foster care, and wish to practice living semi-independently prior to final discharge from the foster care system.
- Reunification Services - This category of services is used when the youth has been removed from the home and has since returned to the parents/guardians from whom they were originally removed.

The specific services offered under each category with descriptions can be found within the [UM Guidelines](#).

These agencies provide four areas of expertise: Family Reunification, Family Preservation, Chafee (which is a federal program), and Foster Care in youth services cases. As with previous years, YS cases utilized family preservation services most often, as illustrated in the following table.

Please note the charts provided in previous submissions of the YS Annual Report include data available at the time of report publication through Cognos. Following the transition to the new CCWIS system, the ASO services financial data could no longer be collected with the breakdowns of the four categories of services. Although the payments cannot accurately be calculated at this time, the following graph shows the total number of authorizations for services in YS cases as submitted by Acentra throughout the calendar year, which is the same reporting mechanism used in the SFY 2024 report. During SFY 2025, modifications have been implemented to resume calculating the financial data by the end of calendar year 2025.

Administrative Services Organization Units Authorized for Payment for Youth Services Calendar Year 2024



Source – Headcount of Authorizations Provided by Acentra

Evidence-Based Services

In addition to the available SNS, BSS funded two evidence-based/evidence-informed services, including Functional Family Therapy (FFT) and Victim-Offender Mediation (VOM).

Family Functional Therapy (FFT)

The Family First Prevention Services Act identified preventive services authorized for reimbursement for children at risk of entering foster care including FFT. The FFT service is a high-intensity, short-term program that requires providers to work with the entire family to alleviate the issues of the youth. The YS program expects to see an increase in FFT availability throughout the state and an increase in positive outcomes for Youth Services’ clients and families.

During SFY 2025, FFT opened 81 new cases. Referrals were made by DoHS staff, Safe at Home case managers, wraparound facilitators, probation officers, courts, psychiatrists, schools, and families. Of the 81 opened cases, 43 families successfully completed services thus far. Only 13 of the youth receiving FFT entered an out-of-home placement. Fifty-nine participants successfully utilized the service as a diversion mechanism and avoided court involvement. Those families who ceased services did so for various reasons (i.e. refusal to participate, MDT opting out, detention, hospitalization, etc.)

Victim-Offender Mediation (VOM)

Victim-Offender Mediation is a restorative justice program. The program gives an opportunity for the victims to voluntarily come face-to-face with their juvenile offenders. The conversation is guided by a trained mediator in an attempt to find resolution and creative restitution agreements.

DoHS funded one VOM program during SFY 2025: JVOM through the National Youth Advocate Program (NYAP). During SFY 2025, the NYAP's JVOM program received 119 new referrals. They discharged 122 youth, with only 11 of the 122 being considered "unsuccessful or placed outside of the home."

WV Wraparound Services

West Virginia offers Wraparound to children with Serious Emotional Disorders (SED) or Serious Mental Illness (SMI). West Virginia Wraparound provides supports to "wrap" around the child and family to help them be successful in the home and community and avoid out-of-home placement. Common services include family therapy and in-home support. West Virginia Wraparound is funded through three sources, ensuring uniform service delivery regardless of the funding source. To maintain consistency, trust, and rapport, children and families may choose to keep the same Wraparound Facilitator when transitioning between funding sources.

Regardless of the funding source, WV Wraparound can help connect children and families to an array of Home and Community Based Services (HCBS) that enable children who may otherwise require institutionalization to remain in their homes and communities. West Virginia Wraparound services are available statewide, and children have been served in all of WV's 55 counties.

The agencies funding Wraparound services strive to:

- Help children and families thrive in their homes, schools, and communities.
- Implement a seamless system of care that includes statewide Wraparound services available through a "no wrong door" approach.
- Provide consistently trained Wraparound Facilitators and high-fidelity Wraparound services consistent with the National Wraparound Initiative model.
- Reduce the number of children removed from their homes due to SED or SMI.
- Improve quality of life as evidenced in school, living situation, interpersonal relationships, and employment stability.

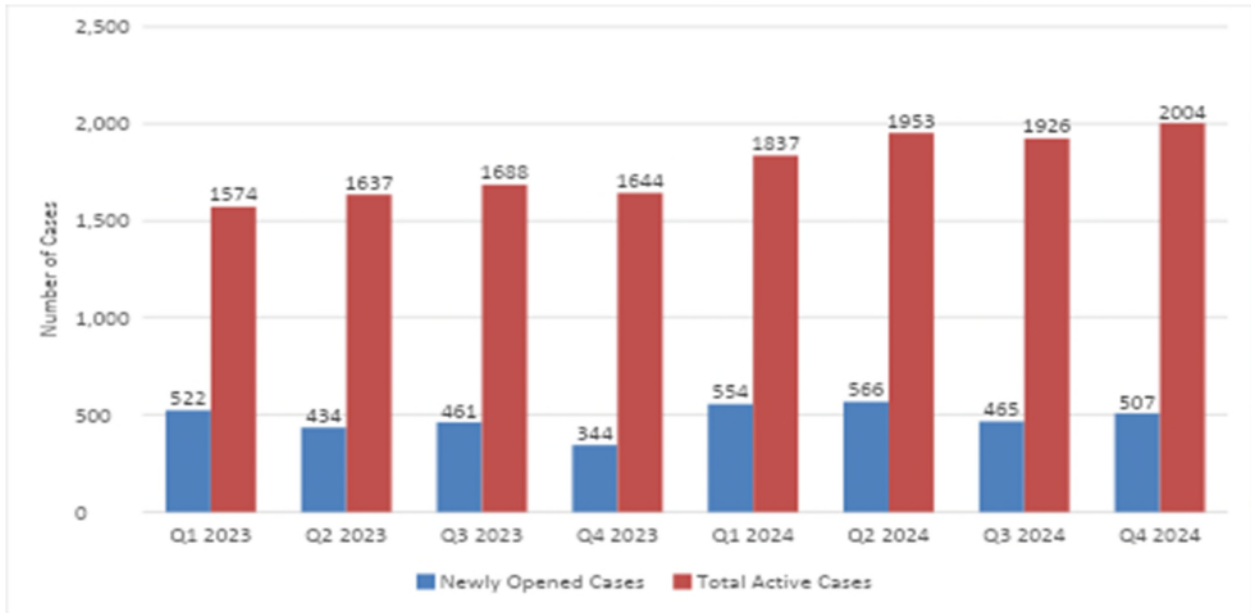
DoHS continues efforts to improve the quality and fidelity of WV Wraparound services. Highlights include the following:

- Per the 2024 MU Wraparound Fidelity Report recommendation, DoHS hired a statewide Wraparound coordinator in September 2024. The WV Wraparound coordinator is tasked with aiding in the alignment between wraparound funding sources, monitoring, and reporting on progress toward fidelity, and identifying needs and next steps to work toward improved service delivery with wraparound providers, DoHS Wraparound program leadership, and external wraparound subject matter experts.
- DoHS updated Wraparound programmatic and policy documents across the applicable bureaus in 2024 to incorporate key elements from the Document Assessment Review Tool (DART), to help

ensure these documents provide guidance that leads to the provision of high-fidelity Wraparound. The DART is the tool used by Marshall University to complete reviews that lead to the recommendations captured in the fidelity report and is recognized as a standard fidelity tool by the National Wraparound Initiative (NWI).

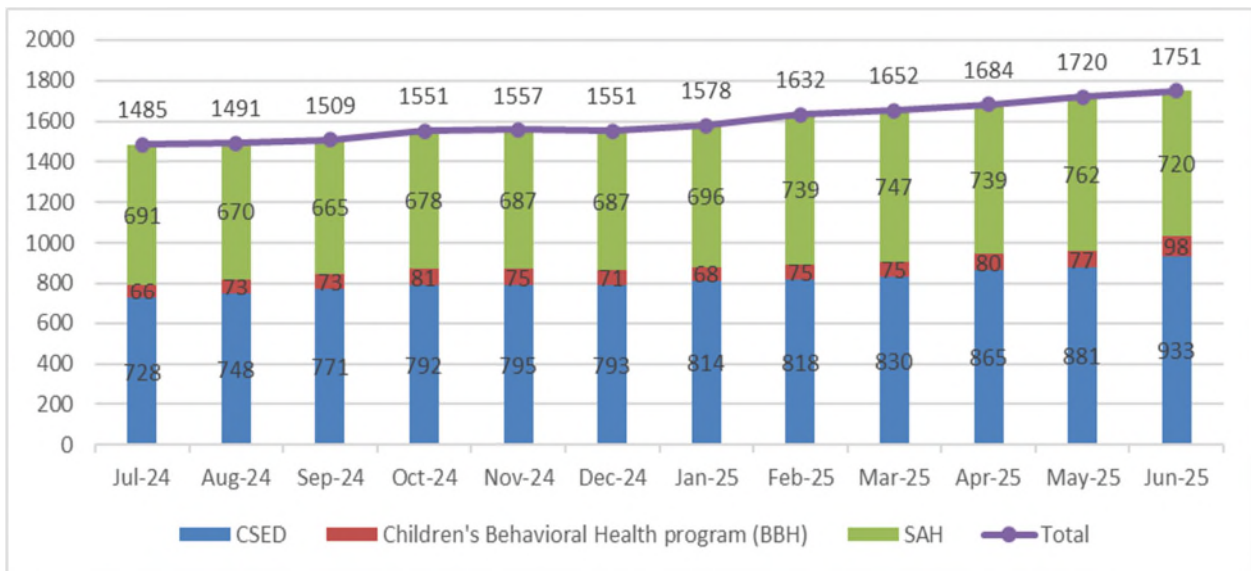
- Marshall University completes fidelity reviews annually to provide input to the extent to which Wraparound services are being implemented to fidelity.
- Marshall established a Fidelity Team in 2025 to provide continuous, targeted feedback to Wraparound providers. A Transformational Collaborative Outcomes Management and Fidelity Expert is assigned to each agency to provide support toward reaching high fidelity.
- A Wraparound Fidelity and Child and Adolescent Needs and Strengths (CANS) Performance Improvement Project (PIP) team meets regularly to discuss progress on implementation of prioritized recommendations from the annual fidelity report and also to review key indicator trends produced by DoHS to advance quality improvement efforts for Wraparound services.
- Wraparound facilitators and supervisors are required to participate in training on the wraparound process, including leading the child and family team. These trainings are offered to wraparound providers on a recurring basis through DoHS's contract with the University of Connecticut.
- West Virginia Wraparound achieved high fidelity status in outcomes measures and an overall score of adequate in fidelity to the National model, showing overall adherence to the integrity of the program.
- Continuous Quality Improvement analyses showed children utilizing WV Wraparound for at least three months were 46% less likely to experience residential placement compared to those without the service. This is a positive finding of the efficacy of this program.

Statewide utilization of WV Wraparound services has continued to expand with active cases increasing 27% from 1,574 children in Q1 2023 to 2,004 children in Q4 2024. The ongoing demand for Wraparound services maintains a steady and slight increase most quarters with a year-over-year 18% increase in newly opened case totals (2,092 cases in 2024 compared to 1,761 cases in 2023). This progression is noted in the following graph:



Source - The Office of Quality Assurance for Children's Programs via WVCANS database

The following graph demonstrates the total number of youth with an active WV Wraparound case with a designation of type of wraparound service at the conclusion of each month through SFY 2025 per the WVCANS database.



Source - The Office of Quality Assurance for Children's Programs via WVCANS database

Children with Serious Emotional Disorders Waiver (CSEDW)

DoHS implemented the CSED Waiver effective March 1, 2020, as the primary means to ensure Wraparound services are available for children with SED. The CSED Waiver services are funded through a federal match, significantly expanding funding resources and sustainability of Wraparound services. The five-year waiver renewal was approved in early 2023, extending waiver services through January 2028.

The CSED Waiver provides additional services to Medicaid State Plan coverage for members aged three to twenty who meet eligibility criteria. The use of CSED Waiver Wraparound services is encouraged for children who meet eligibility criteria to best utilize WV's available resources, including federal matching funds. West Virginia is the only state in the nation to include the 217-Medicaid eligibility group in the CSED Waiver, which helps remove financial barriers to access HCBS if the applicant meets medical eligibility for the waiver. This expansion allows children who would not typically be eligible for Medicaid services to receive the necessary support to help them remain successful in their home and community.

Given the sustained demand for WV Wraparound services, DoHS and its partners have taken steps to continue to manage available capacity and expand service providers as follows:

- The CSED Waiver services were further expanded through the addition of Certified Community Behavioral Health Clinics (CCBHC) which were established in WV effective October 2024. All CCBHC providers in WV must provide CSED Waiver services.
- The number of CSED Waiver service providers expanded in all 55 counties between March 2024 and December 2024
- Effective October 2024, CSED Waiver Wraparound services transitioned to a per-member, per-month payment rate structure. Two service levels, high and moderate, were implemented to provide comprehensive support and coordination to address the complex needs of each member more effectively.

DoHS maintains ongoing efforts and outreach to raise awareness of the Assessment Pathway and connection to WV Wraparound services. Recent examples of DoHS representatives delivering formal presentations related to the Assessment Pathway, WV Wraparound, and DoHS CQI practices to inform these processes and services include the following conferences:

- Every Child Now Conference, February 2025
- WV School Counselors Association Conference, March 2025
- All In Foster Care Summit, May 2025
- Connections have been made with educators, counselors, and social workers, all of whom have regular opportunities to engage with children and families and share information on resources and connections to services.

According to the CANS system, there were 1,343 unique youth with an active CSED case at some point during SFY 2025. There were 670 unique youth with a case that opened during SFY 2025

Wraparound services are also offered through the Bureau for Social Services' (BSS) Safe at Home WV (SAH) program and through the BBH CMHW to provide Wraparound services while children are going through the CSED Waiver eligibility determination process and to meet the needs of children who may not qualify for CSED Waiver services. The SAH program primarily serves children who are child welfare involved, while BBH CMHW serves children who are not child welfare involved.

Safe at Home West Virginia

Safe at Home West Virginia uses a high-fidelity wraparound model designed to serve youth ages 5 to 18. These youth are either in foster care placement or at imminent risk of foster care entry. They may also be

adopted or in a legal guardianship arrangement that is at risk of disruption. West Virginia has universalized the use of the CANS assessment across child-serving systems.

Recognizing that traditional practices may not always result in the best possible outcomes for children and families, West Virginia is engaging in a process that creates a new perspective. In partnership with youth and families, BSS is collaborating with both public and private stakeholders, including service providers, school personnel, behavioral health services, probation, and the judicial system to demonstrate that children currently in residential group care can be safely and successfully served within their communities. By providing a full continuum of support to strengthen families and fortify community-based services, West Virginia can demonstrate that youth currently in residential group care can achieve the same or higher outcomes for safety and well-being while remaining in their home communities.

BSS intends to expand the served population to encompass all children served by the DoHS who are in jeopardy of being removed from the home, experiencing a placement disruption, or require extra support to be reunified with their families. Safe at Home West Virginia is a high-intensity family engagement model of service delivery that not only empowers families to find solutions to their disruptive problems but also fosters an environment of community connectedness vital to individual and family success.

Safe at Home West Virginia is designed to accomplish the following:

- Help improve identification of a youth's and family's strengths and needs.
- Reduce the reliance on residential group care and length of stay in group care.
- Reduce the reliance on out-of-state residential care.
- Improve the functioning of youth and families, including educational attainment goals for older youth.
- Improve timelines for family reunification; and
- Reduce re-entry into out-of-home care.

Safe at Home is a totally state-funded program. BSS continues to work on sustainability and redesign of Safe at Home with partner providers from 17 Lead Coordinating Agencies (LCAs) and through the WV Court Improvement Program (CIP) to streamline efforts, enhance practice, and improve oversight and accountability. Marshall Research Corp. now completes the referral assignments and tracking data for BSS.

Ongoing BSS objectives for Safe at Home (SAH) are:

- Long-term sustainability of the SAH program.
- Support BSS staff and improve coordination.
- Strengthen alignment with the courts.
- Support a healthy LCA provider network.
- Adhere to the budget authorized for SAH.
- Align SAH policies and procedures with statewide child welfare initiatives and other WV Wraparound programs; and

- Increased transfer of children to CSED Waiver services once/if eligible to allow use of federally matched funding.

During SFY 2025, 1542 youth were referred to the SAH program. Of those referred, 1439 were opened for SAH. Staff with Marshall utilize the WV CANS System to review SAH referrals, determine eligibility, assign cases to agencies, or deny referrals and track the data, by county, for the entire state.

Out-of-Home Placement

All children need a safe environment and caring adults to thrive. Youth Services is statutorily charged with the responsibility to make a reasonable effort to prevent the placement of youth outside the home. A thorough YS assessment with detailed documentation is integral to that responsibility. An in-depth interview and completed assessment will help the family and social worker assess the needs and strengths of youth and the presence and level of safety threats that could affect the safety and stability of the youth, his or her family, or the community. The process assures that the caregivers understand youth services' role in providing services to address issues relating to at-risk youth. If any safety threats are present, the worker must develop a safety plan.

In some cases, the worker will identify safety threats that preclude the development of an in-home safety plan. The reasons that an in-home plan will not be feasible will vary from case to case. In some instances, either the parent(s) or the youth may not agree to cooperate with the plan. In other instances, the home may be chaotic and the level of conflict between the family members prevents the use of an in-home plan.

It may be advisable for YS to insist the family make arrangements for an adolescent to stay with friends, family, or even an emergency shelter for a period of time until the home situation is calm enough for the implementation of an in-home Safety Plan. Removal from one's home is a traumatic event, but out-of-home care placements and social services can help ease the transition for children and families. The YS worker will discuss the arrangements with the family, the child, and the alternate caregivers, so that everyone understands their responsibilities. It is important to have all parties recognize the conditions surrounding these arrangements, including time frames, and the conditions under which the arrangement will end resulting in the child returning home.

The YS worker may choose to discuss the filing of a petition with the parents, depending on the needs and behaviors of the young person. The court may place the youth in a temporary out-of-home situation either through DoHS or BJS.

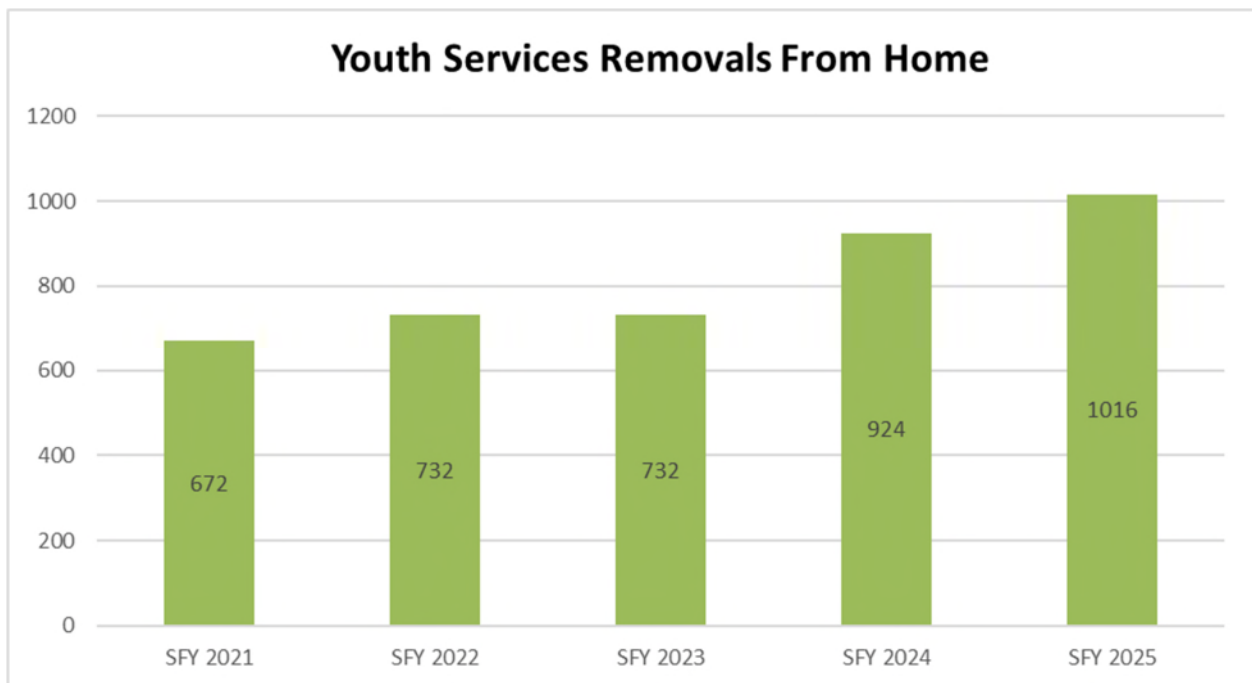
A listing of juvenile residential facilities is provided in Appendix A. Additionally, current bed availability can be found through the West Virginia Child Placing Network at www.wvdhhr.org/wvcpn/.^{1dohs}

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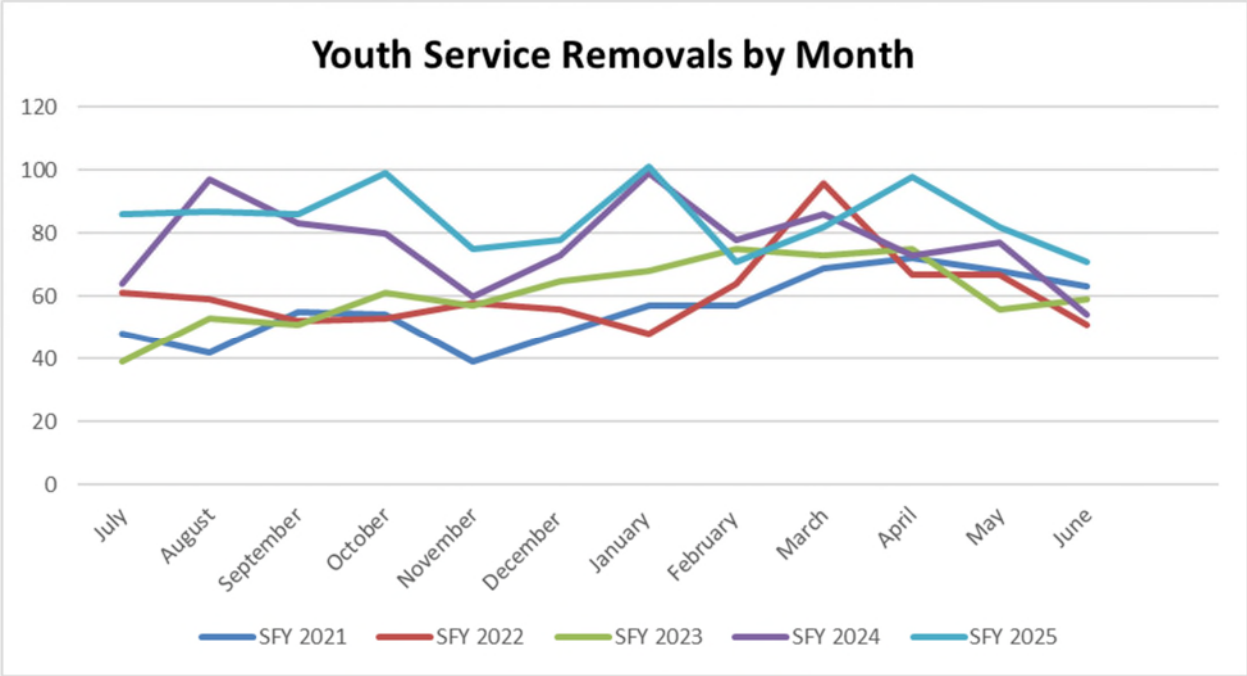
The West Virginia Child Placing Network is a cooperative website with DoHS and the WV Alliance for Children (<http://www.alliance4children.org>) and can be accessed at www.wvdhhr.org/wvcpn/. For assistance using the Network without internet access, contacting the West Virginia Alliance for Children at 304-342-8477.

Removals from the Home

The following graphs represent the number of Youth Services clients removed from their homes annually and monthly for the current and previous four state fiscal years. Removal from the home does not always result in foster care entry. It is noteworthy that while the removal data shows significant increases, this may again be relative to accuracy of reporting data. To elaborate, the graphs depicted below include the data previously reported within this report from previous years. However, pulling prior years' data directly from PATH at the present time (rather than referencing strictly this report), a discrepancy can be noted in comparison to what was previously available in July of 2024. PATH currently shows higher counts for all applicable SFY's data.



Source – Removal Petition Trends by Month Report from PSS-PLA0010; PATH

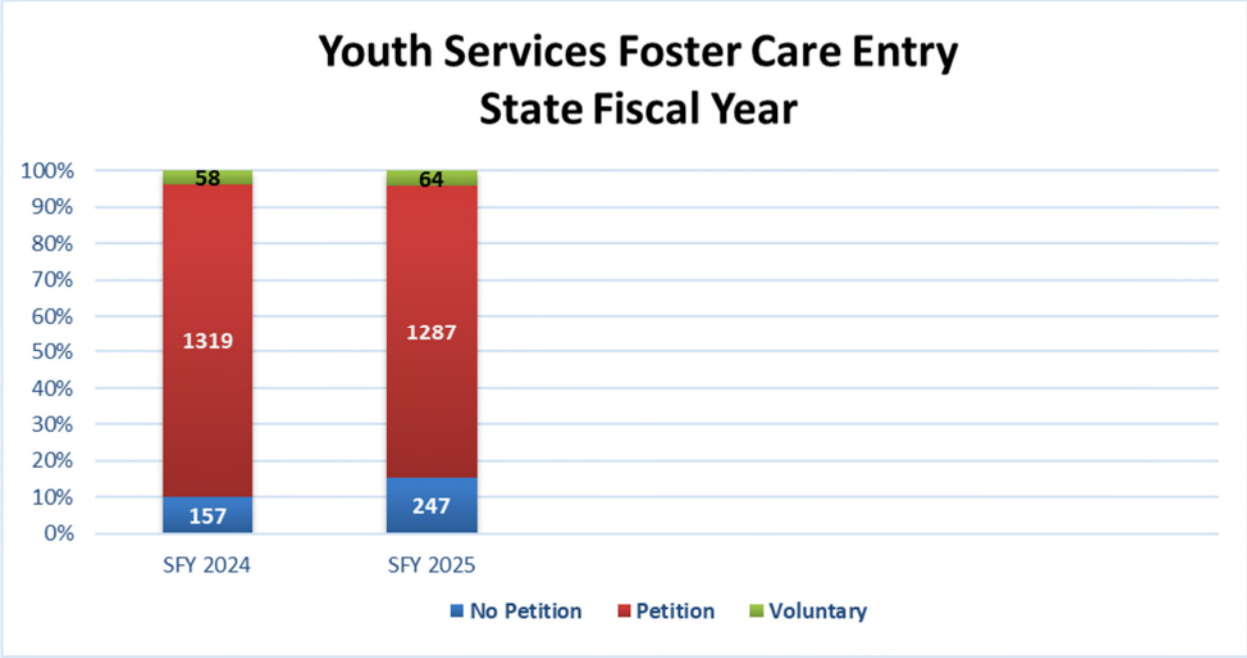


Source – Removal Petition Trends by Month Report; PATH

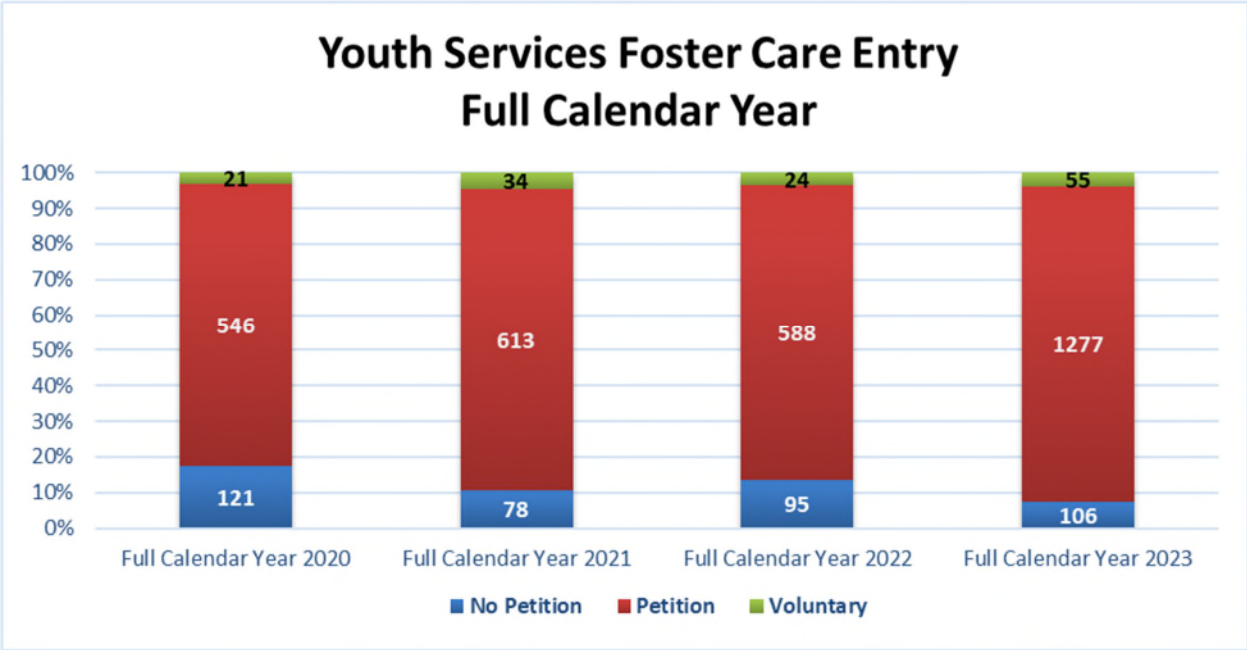
Foster Care Entry

The following graph shows foster care entry by source. The removal figures will not exactly match the entry figures because not every child removed from their home is placed in foster care. The first placement attempt is with family or friends of the family, which would not necessarily constitute a foster care entry. Also, the specific PATH report used currently (unlike the previous reports) includes a count of “not determined,” which is omitted from this graph as both YS and CPS clients are counted without designation. As with previous years, the primary source of entry for YS is through a petition to the court. In SFY 2025, the total decreased slightly from SFY 2024, while those youth entering foster care without a petition increased significantly.

It is noteworthy to elaborate that the data in the previous years’ charts is per calendar year based on the Cognos reports data pull. Following the updates to the CCWIS system, the data collection within PATH can now be pulled for SFY, hence the inclusion of two charts.



Source – Removal Episode Summary from PSS-PLA0010; PATH



Source – Removal Petition Report; Cognos

Reunification

When an adolescent is placed in foster care, planning immediately begins with the family and a youth services worker to provide a permanent living situation, preferably back with the family. Reunification is the first plan of action.

Reunification is more than the return of a child to their family. Reconnecting a child to their community, school, and positive friends and adults is equally as important as returning to the family home. Increasing the protective factors and removing the negative behavioral influences for a child is the ongoing work of the caring adults in every child's life. Through youth services, minors are encouraged to develop interests and talents in sports, music, art, and extracurricular activities because these connections can be fundamental to the success of every young person and can provide support to deter youth from experimenting with alcohol, tobacco, and other drugs. Coaches, teachers, spiritual leaders, and neighbors are crucial members of the support network outlined in family meetings who will aid the family as they overcome obstacles, achieve maximum potential, and improve their quality of life.

BSS has continued to work on several provisions to improve reunification efforts and family stability. One such provision is the continuation of Safe at Home West Virginia, which was detailed in a previous section. A wraparound facilitator is responsible for engaging the member and family in a partnership of shared decision-making regarding the Plan of Care development and implementation throughout the youth's case. They help ensure and coordinate a comprehensive set of supports, resources, and strategies for each member and family to help the youth stay in the home or return home safely.

Transitioning Adults

A child who “ages out” of foster care is considered a “transitioning adult.” These terms are used to describe former children in foster care who remain in the care and custody of the state upon reaching their 18th birthday, who may request additional support until age 21. Generally, children who age out of foster care due to being under the auspices of the court are the population of focus for youth services. [W. Va. Code §49-4-110\(b\)](#) states:

For each transitioning adult who remains in foster care, the Circuit Court shall conduct a status review hearing once every three months until permanency is achieved. For each child or transitioning adult who remains in foster care, the Circuit Court shall conduct a permanency hearing no later than twelve months after the date the child or transitioning adult is considered to have entered foster care, and at least once every twelve months thereafter until permanency is achieved. For purposes of permanency planning for transitioning adults, the Circuit Court shall make factual findings and conclusions of law as to whether DoHS made reasonable efforts to finalize a permanency plan to prepare a transitioning adult for emancipation or independence or another approved permanency option such as, but not limited to, adoption or legal guardianship, pursuant to the West Virginia Guardianship and Conservatorship Act.²

To help transitioning adults, their families, and agencies who provide services to them, the BSS Transitional Living and Permanency Support Unit serves as a resource and referral source to facilitate

² The Supreme Court of Appeals of West Virginia provides a guardian/conservator online training program that can be accessed at <https://www.courtswv.gov/public-resources/mental-hygiene-and-guardian/mh-guardian-online-training>. The Guardianship/Conservatorship What Do I Need to Know Guide can be downloaded at <http://www.wvlegalservices.org/guardcon.pdf> or requested by calling Appalachian Legal Services at 304-343-4481.

providers helping to address their needs and navigate them through the process of transitioning into adulthood. The providers can further assist transitioning youth/adults by obtaining stable housing, post-secondary education, and/or job placement.

DoHS provides grant funding to provider agencies for the Transitioning Adult Program (TAP). These agencies provide oversight, guidance, life skill training, and other various types of assistance to young adults to help them navigate their transition into adulthood. Presently the following agencies provide TAP services in the designated Counties:

- Children's Home Society (CHS): Berkeley, Fayette, Greenbrier, Jackson, Jefferson, Marion, Monongalia, Monroe, Morgan, Raleigh, Summers, Wood
- NECCO: Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne
- Youth Service Systems (YSS): Ohio, Wetzel

From July 1, 2024, through June 30, 2025, CHS served 86 total youth. NECCO served 40 total youth. YSS served 19 total youth.

Additionally, DoHS maintains a partnership with the U.S. Department of Housing and Urban Development (HUD), their local affiliated Public Housing Authorities (PHAs), Continuums of Care (CoCs), and BJS to launch the Foster Youth Initiative (FYI) program. The FYI is a federally funded housing voucher program for individuals aged 18 to 24 who have or will leave foster care within 90 days and are at risk of homelessness. Applicants verify their eligibility status with local DoHS offices for a referral to a local PHA for rent vouchers, which are provided to participating landlords. Accepted applicants are also eligible for aftercare services such as life skill building, but do not need to accept these services to receive FYI vouchers.

During SFY 2025, one PHA has been added to the FYI program: the Mingo County Housing Authority (MCHA). This brings the total to 7 PHAs. The MCHA joined Southern WV Housing Authority, Clarksburg/Harrison Housing Authority, Charleston/Kanawha Housing Authority, Housing Authority of the City of Fairmont, Housing Authority of the City of Point Pleasant, and the Housing Authority of Randolph County. These agencies collectively serve the following counties: Barbour, Braxton, Clay, Fayette, Greenbrier, Harrison, Kanawha, Lewis, Logan, Marion, Mason, McDowell, Mingo, Monroe, Monongalia, Nicholas, Pocahontas, Preston, Pendleton, Putnam, Raleigh, Randolph, Summers, Taylor, Tucker, Upshur, Wayne, Webster, and Wyoming.

**Appendix A: List of Juvenile Residential Facilities and Residential Emergency Crisis Support Facilities
Licensed by the West Virginia Department of Human Services**

Region 1 - Brooke, Calhoun, Clay, Doddridge, Gilmer, Hancock, Jackson, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Roane, Tyler, Wetzel, Wirt, and Wood.	
<p>Children's Home of Wheeling</p> <p>Residential Intensive Treatment (RIT) Level 3.5</p> <p>12 Bed Capacity, Males</p> <p>Ohio County</p> <p>http://www.chowinc.org/</p> <p>(304) 233-2585</p>	<p>Family Connections</p> <p>Brooke Place, Level II</p> <p>12 Bed Capacity, Females</p> <p>Brooke County</p> <p>www.familyconnectionsinc.org</p> <p>(304) 527-3303</p>
<p>Florence Crittenton Home</p> <p>Pregnant and Adolescent Mothers/ Residential Treatment</p> <p>Level II</p> <p>32 Bed Capacity, 10 Infants, Females</p> <p>Ohio County</p> <p>https://www.crittentonwv.org/</p> <p>(304) 242-7060</p>	<p>Highland Hospital</p> <p>PRTF</p> <p>24 Bed Capacity, Coed</p> <p>Kanawha County</p> <p>www.highlandhosp.com</p> <p>(304) 926-1696</p>
<p>Monongalia County Youth Service Center</p> <p>Crisis Support</p> <p>8 Bed Capacity, Coed</p> <p>Monongalia County</p> <p>www.MonCountyYouthServicesCenter.org</p>	<p>Yale Academy</p> <p>Co-occurring Disorders, Level II</p> <p>24 Bed Capacity, Coed</p> <p>Marion County</p> <p>http://academyprograms.org/</p>

**Region 1 - Brooke, Calhoun, Clay, Doddridge, Gilmer, Hancock, Jackson, Marion, Marshall,
Monongalia, Ohio, Pleasants, Ritchie, Roane, Tyler, Wetzel, Wirt, and Wood.**

(304) 599-2293	(304) 363-3341
<p>Stepping Stone, Inc. Transitional Living for Vulnerable Youth Home 14 Bed Capacity, Males Marion County http://www.steppingstoneinc.org/ (304) 366-8571</p>	<p>Yore Academy, Inc. Co-occurring Disorders, Level II 24 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>
<p>Youth Academy, LLC Level II 22 Bed Capacity, Coed Marion County http://academyprograms.org/ (304) 363-3341</p>	<p>St. John’s Home for Children Level II 10 Bed Capacity, Males Ohio County www.stjohnshomeforchildren.org/ (304) 242-5633</p>
<p>Children’s Home Society Arthur N. Gustke Shelter, Crisis Support 10 Bed Capacity, Coed Wood County http://www.childhswv.org/ (304) 424-5244</p>	<p>Youth Service System Helinski Shelter, Crisis Support 18 Bed Capacity, Coed Ohio County www.youthservicessystem.org (304) 233-9627</p>

Region 1 - Brooke, Calhoun, Clay, Doddridge, Gilmer, Hancock, Jackson, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Roane, Tyler, Wetzel, Wirt, and Wood.

<p>Youth Service System</p> <p>Samaritan House, Crisis Support</p> <p>8 Bed Capacity, Male</p> <p>Ohio County</p> <p>www.youthservicessystem.org</p> <p>(304) 233-9627</p>	<p>Youth Service System</p> <p>Tuel Center, Transitional Living for Vulnerable Youth home</p> <p>8 Bed Capacity, Coed</p> <p>Wetzel County</p> <p>www.youthservicessystem.org</p> <p>(304) 233-9627</p>
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Region 2 - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne.

<p>Braley & Thompson</p> <p>ACTT House Co-existing Disorders,</p> <p>Level II</p> <p>6 Bed Capacity, Males</p> <p>Kanawha County</p> <p>www.btkids.com</p> <p>(304) 744-2155</p>	<p>Cammack Children's Center</p> <p>Level II</p> <p>32 Bed Capacity, Coed</p> <p>Cabell County</p> <p>www.cammackchildrenscenter.org/</p> <p>(304) 523-3497</p>
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Region 2 - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne.

<p>Daymark Turning Point I, Level I 5 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>	<p>Daymark Turning Point II, Level I 6 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3675</p>
<p>Pressley Ridge Ascend I at Grant Gardens Level 3.5 6 Bed Capacity, Male Cabell County www.pressleyridge.org (304) 743-4439</p>	<p>Pressley Ridge Grant Gardens Level III 20 Bed Capacity, Male Cabell County www.pressleyridge.org (304) 743-4439</p>
<p>Pressley Ridge Ascend II at Grant Gardens Level 3.5 6 Bed Capacity, Male Cabell County www.pressleyridge.org (304) 743-4439</p>	<p>Golden Girls Level II 20 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401</p>

Region 2 - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne.

<p>Golden Girls Transitional Living for Vulnerable Youth Home 6 Bed Capacity, Females Cabell County www.gggh.org (304) 453-1401</p>	<p>ResCare of WV Woodward I, ICF/IDD 4 Bed Capacity, Coed Kanawha County www.rescare.com (304) 720-6902</p>
<p>River Park Barboursville School, PRTF 22 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 736-0915</p>	<p>River Park B.R.I.D.G.E Program, PRTF 21 Bed Capacity, Coed Cabell County www.riverparkhospital.net (304) 526-9114</p>
<p>River Park Roundtable Program, PRTF 15 Bed Capacity, Males Cabell County www.riverparkhospital.net (304) 526-9114</p>	<p>Stepping Stones Level II 10 Bed Capacity, Males Wayne County www.steppingstonesinc.org/ (304) 429-1354</p>
<p>Stepping Stones Transitional Living for Vulnerable Youth Home 12 Bed Capacity, Males Wayne County</p>	<p>Children’s Home Society Hovah Hall Underwood, Crisis Support 15 Bed Capacity, Coed Cabell County</p>

Region 2 - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Putnam, and Wayne.

<p>www.steppingstonesinc.org (304) 429-2297</p>	<p>www.childhswv.org (304) 743-2345</p>
<p>Children’s Home Society Davis Child Shelter, Crisis Support 10 Bed Capacity, Coed Kanawha County www.childhswv.org (304) 255-0408</p>	<p>Children’s Home Society June Montgomery Harless Children’s Shelter Crisis Support 10 Bed Capacity, Coed Logan County www.childhswv.org (304) 239-2470</p>
<p>Daymark Patchwork, Crisis Support 10 Bed Capacity, Coed Kanawha County www.daymark.org (304) 340-3673</p>	

Region 3 – Barbour, Berkeley, Braxton, Grant, Hampshire, Hardy, Harrison, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, and Upshur.

<p>Burlington United Methodist Family Services (BUMFS) Pathways Program, Transitional Living for Vulnerable Youth Home 9 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Mill Meadows, Level II 7 Bed Capacity, Males Mineral County www.bumfs.org (304) 289-6010</p>
<p>BUMFS Brenda’s House, Level III 10 Bed Capacity, Coed program Mineral County www.bumfs.org (304) 289-6010</p>	<p>BUMFS Rees Headlee and Kitzmiller Cottages Level III 20 Bed Capacity, Coed Mineral County www.bumfs.org (304) 289-6010</p>
<p>BUMFS Keyser Group Home 7 Bed Capacity, Females Mineral County www.bumfs.org (304) 289-6010</p>	<p>Elkins Mountain School Residential Intensive Treatment 40 Bed Capacity, Males Randolph County www.emtns.org (304) 637-8000</p>

Region 3 – Barbour, Berkeley, Braxton, Grant, Hampshire, Hardy, Harrison, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, and Upshur.

<p>Potomac Center Main Campus, IDD/ICF 24 Bed Capacity, Coed Hampshire County www.potomaccenter.com (304) 822-3861</p>	<p>Home Base Level II 5 Bed Capacity, Males Upshur County www.homebaseinc.org (304) 746-2918</p>
<p>Elkins Mountain School Oak Ridge Program, Residential Intensive Treatment 12 Bed Capacity, Males Randolph County www.emtns.org (304) 637-7400</p>	<p>Home Base Level II 5 Bed Capacity, Males Lewis County www.homebaseinc.org (304) 746-2918</p>
<p>ResCare of WV Terra Alta Children’s Home, IDD/ICF 5 Bed Capacity, Coed Preston County www.rescare.com (304) 789-5873</p>	<p>Genesis Youth Crisis Center, INC Alta Vista Shelter, Crisis Support 10 Bed Capacity, Coed Harrison County www.genesiswv.org (304) 622-1907</p>
	<p>Genesis Ridgeline Children’s Shelter Crisis Support 15 Bed Capacity, Coed Harrison County</p>

Region 3 – Barbour, Berkeley, Braxton, Grant, Hampshire, Hardy, Harrison, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, and Upshur.

	<p>www.genesiswv.org</p> <p>(304) 709-7020</p>
<p>Genesis Emergency Crisis Center</p> <p>Crisis Support</p> <p>15 Bed Capacity, Coed</p> <p>Harrison County</p> <p>www.genesiswv.org</p> <p>(304) 622-1907</p>	<p>Genesis Diagnostic</p> <p>Diagnostic</p> <p>18 Bed Capacity, Coed</p> <p>Harrison County</p> <p>www.genesiswv.org</p> <p>(304) 709.7020</p>
<p>Genesis Opal’s House</p> <p>Short Term (Max 14 day) Hotel Diversion Shelter</p> <p>7 bed Capacity, Coed</p> <p>Harrison County</p> <p>www.genesiswv.org</p> <p>304-622-1907</p>	

Region 4 - Fayette, Greenbrier, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming.	
<p>BUMFS</p> <p>Beckley Center, Level III</p> <p>20 Bed Facility, Coed</p> <p>Raleigh County</p> <p>www.bumfs.org</p> <p>(304) 252-8508</p>	<p>BUMFS</p> <p>Beckley Center, Level II</p> <p>10 Bed Facility, Males</p> <p>Raleigh County</p> <p>www.bumfs.org</p> <p>(304) 252-8508</p>
<p>BUMFS</p> <p>Daniels Co-existing Disorders Home, Level II</p> <p>8 Bed Capacity, Coed</p> <p>Raleigh County</p> <p>www.bumfs.org</p> <p>(304) 720-1904</p>	<p>Davis-Stuart</p> <p>Lewisburg Group Home, Level II</p> <p>44 Bed Capacity, Coed</p> <p>Greenbrier County</p> <p>www.davis-stuart.org</p> <p>(304) 647-5577</p>
<p>Davis-Stuart</p> <p>Alicia McCormick House, Level I</p> <p>8 Bed Capacity, Females</p> <p>Greenbrier County</p> <p>www.davis-stuart.org</p> <p>(304) 497-3544</p>	<p>Davis-Stuart</p> <p>Princeton Group Home, Level I</p> <p>8 Bed Capacity, Males</p> <p>Mercer County</p> <p>www.davis-stuart.org</p> <p>(304) 425-6835</p>
<p>Greenbrier Valley Children's Home</p> <p>14 Bed Capacity, Coed</p> <p>Greenbrier County</p> <p>www.childhswv.org</p>	<p>New River Ranch</p> <p>Level I</p> <p>26 Bed Capacity, Coed</p> <p>Fayette County</p>

Region 4 - Fayette, Greenbrier, McDowell, Mercer, Mingo, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming.	
(304) 645-1302	www.newriverranch.org (304) 574-1058
Children's Home Society Faltis Shelter, Crisis Support 14 Bed Capacity, Coed Nicholas County www.childhswv.org (304) 872-8190	Children's Home Society Southern WV Exceptional Youth Emergency Shelter, Crisis Support 5 Bed Capacity, Coed Raleigh County www.childhswv.org (304) 255-0408