

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 937

By Senator Willis

[Introduced February 12, 2026; referred
to the Committee on the Judiciary]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section,
 2 designated §49-2-1007, relating to community-based child welfare systems; providing
 3 legislative findings and purpose; establishing a community-based child welfare system
 4 program; and requiring evaluation and reporting.

Be it enacted by the Legislature of West Virginia:

ARTICLE 2. STATE RESPONSIBILITIES FOR CHILDREN.

§49-2-1007. Community-based child welfare phased implementation.

1 (a) Legislative findings and purpose. – The Legislature finds that:

2 (1) Child Protective Services within the Bureau for Social Services performs a critical
 3 governmental function in receiving reports of abuse and neglect, conducting investigations, and
 4 determining immediate child safety.

5 (2) National evidence demonstrates that community-based child welfare systems improve
 6 child safety, permanency, and well-being by engaging local providers, reducing time in care, and
 7 maintaining children’s connections to families and communities.

8 (3) A phased and geographically limited approach allows the state to evaluate outcomes,
 9 fiscal accountability, and operational readiness before broader implementation.

10 (b) Initial Implementation Regions. – The Community-Based Child Welfare phased
 11 implementation shall commence in:

12 (1) Berkeley County and Jefferson County; and

13 (2) Bureau for Social Services Region IV.

14 (3) Further expansion beyond these regions require legislative authorization.

15 (c) Roles and responsibilities. –

16 (1) The Bureau for Social Services shall retain exclusive authority for:

17 (A) Intake of abuse and neglect referrals;

18 (B) Child Protective Services investigations;

19 (C) Safety assessments and determinations;

- 20 (D) Emergency custody decisions during investigation; and
- 21 (E) Court responsibility during investigation and emergency removal.

22 (2) Case transfer. —

23 (A) Upon completion of the Child Protective Services intake investigation and a
24 determination that a case requires ongoing court supervision or services, the department shall
25 transfer responsibility for case management, service coordination, and court-related functions to a
26 contracted community-based provider.

27 (B) No case shall be transferred to a provider prior to the completion of the Child Protective
28 Services intake investigation, and no case shall remain with the department solely by reason of
29 removal or placement status once the case has been opened for ongoing services.

30 (3) Nothing in this section shall be construed to delegate or privatize Child Protective
31 Services investigative authority.

32 (d) Contracted Community-Based Providers. —

33 (1) Provider Participation. -- The department may contract with one or more qualified
34 private providers, including the designation of a lead or managing agency where appropriate, to
35 deliver Community-Based Child Welfare services within each implementation region. The
36 department may alternatively contract directly with multiple qualified private providers within a
37 region without designating a lead or managing entity, as determined by the department to best
38 meet regional needs.

39 (2) Provider Qualifications. — Contracted providers shall:

40 (A) Be organizations in good standing with state and federal regulatory authorities;

41 (B) Hold relevant national accreditation or demonstrate equivalent capacity;

42 (C) Demonstrate financial solvency and operational readiness; and

43 (D) Maintain sufficient staffing and local presence to serve assigned cases.

44 (e) Case Assignment and Service Delivery. — The department shall establish a case
45 assignment methodology that:

46 (1) Allows multiple providers to operate concurrently within a region;

47 (2) Promotes, capacity balancing, and continuity of care; and

48 (3) Avoids exclusive service territories or monopolization.

49 Providers shall deliver services directly or through subcontractors.

50 (f) Contract Structure and Financing. –

51 (1) Case-Rate Payment Model. – Contracts shall utilize a negotiated case-rate structure

52 including anticipated start-up costs covering the full continuum of care from case opening through

53 permanency and aftercare. Rates shall reflect the provider’s assumption of:

54 (A) Case management responsibilities;

55 (B) Court-related obligations post-case opening; and

56 (C) Service coordination and placement oversight.

57 Case Rates shall be actuarially sound, fiscally responsible, and mutually agreed upon, and

58 shall be reviewed periodically to ensure alignment with service utilization and outcomes.

59 (2) Risk-Based Contracting. – Contracts shall include shared-risk provisions whereby:

60 (A) Providers may retain savings achieved through improved outcomes; and

61 (B) Providers assume responsibility for costs exceeding the case rate, subject to defined

62 risk corridors.

63 (g) Workforce and Practice Standards. – Contracts shall define required functions and

64 outcomes, rather than prescriptive staffing models, and shall:

65 (1) Establish caseload expectations consistent with best practices;

66 (2) Require training aligned with department standards; and

67 (3) Promote workforce stability and professional judgment.

68 (h) Oversight and Accountability. – The department shall retain oversight authority for:

69 (1) Contract compliance;

70 (2) Performance measurement;

71 (3) Fiscal accountability; and

72 (4) Data reporting and audits.

73 (5) A contracted community-based provider, and its officers, employees, and agents, shall
74 not be liable for civil damages arising from acts or omissions undertaken in good faith and within
75 the scope of responsibilities delegated pursuant to this section and the applicable contract with the
76 department, except in cases of gross negligence, or willful misconduct.

77 The department shall not assume day-to-day operational or court case management
78 functions once a case has been transferred to a provider.

79 (i) Evaluation and Reporting. –Within 18 months of implementation, the department shall
80 submit a report to the Joint Committee on Government and Finance which shall contain
81 evaluations on:

82 (1) Child safety, permanency, and well-being outcomes;

83 (2) Fiscal performance and cost trends;

84 (3) Provider performance and system capacity; and

85 (4) Recommendations for continuation or expansion.

86 (j) The department shall pay for the costs associated with this implementation of this
87 legislation out of its existing appropriation.

NOTE: The purpose of this bill is to establish a community-based child welfare system program.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.