West Virginia
Early Childhood Care and Education
Needs Assessment

PREPARED FOR

West Virginia Department
of Human Services
Bureau for Family Assistance

BY

Public Consulting Group LLC

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Contents

Executive Summary

Early childhood care and education (ECCE) is a mixed landscape in the US. Access and availability of quality ECCE services are a concern for many states, with disparities seen especially among vulnerable populations. Affordability is also a significant issue, with many families grappling with the high cost of such programs. Additionally, the workforce in early childhood education has experienced challenges, including low compensation and high turnover. Some states, like West Virginia, have made strides in expanding access through universal pre-K programs, but the COVID-19 pandemic has underscored the importance of early childhood education, revealing vulnerabilities and prompting increased advocacy and research into the sector's benefits.

In January 2023, West Virginia Department of Human Services (DOHS), Bureau for Family Assistance, Division of Early Care and Education (DECE) was awarded federal funding from Administration for Children & Families (ACF), Preschool Department Grant Birth through Five (PDG B-5). The goal of this funding is to support a comprehensive needs assessment and strategic plan for all ECCE programs in the state.

West Virginia DOHS contracted with Public Consulting Group LLC (PCG) to conduct a comprehensive needs assessment regarding the current state of ECCE services and to support strategic planning efforts for the state. This report reflects findings of the needs assessment and includes considerations for the next step of strategic planning.

Key Findings

The landscape of early childhood care and education in West Virginia is complex, with evidence indicating the state has already worked hard to address many needs and gaps. Some key findings of the assessment include:

- In 2022, there were approximately 88,997 children under the age of five and 96,539 children between the ages of five and nine years in West Virginia. For the 2022–2023 school year, approximately 13,520 children enrolled in preschool or pre-K and 68,199 children enrolled in K–3rd grade.
- Despite low rates of homelessness, West Virginia has substantially higher poverty rates than the national average. The state ranks sixth in the country for highest poverty rates.
- People with low income are less likely to enroll their child in preschool, and about half of students enrolled in public school are classified as low socio-economic status (SES).
- West Virginia has one of the smallest achievement gaps for race in the country, but SES tends to play a larger role in achievement.

- Mathematics and reading scores for 4th- and 8th-grade West Virginia students were significantly lower than the national average. Despite achievement gaps, the state boasts one of the highest high school graduation rates in the country.
- Nearly all children under the age of six have health insurance in West Virginia. However, many residents do struggle with access given the less than ideal ratios of medical and behavioral health providers to children.
- The average cost of child care in West Virginia is substantial, with some West Virginia families spending upwards of 17 percent of their annual income to privately pay for child care.
- West Virginia has the fourth-highest percentage of residents living in a child care desert among all states. More than one-half of West Virginia residents live in a census tract with more than 50 children under the age of five with either no child care providers or three times as many children as licensed child care slots.
- Coordination between ECCE services is less than ideal. Only 38 percent of surveyed caregivers indicated that coordination between ECCE programs was always or often occurring.
- Nearly one-third of the ECCE workforce survey respondents indicated that they plan to leave their current position within the next three years, citing low salary, lack of work/life balance, and lack of resources to do the job effectively as the top three challenges for their work.
- West Virginia childcare workers have a median hourly wage of $10.47 (or an annual salary of $21,778). In comparison, positions that require no to little education requirements have higher median incomes, such as food servers (at $12.62 per hour) and retail salespersons (at $12.64 per hour). Further, the poverty rate for early educators in West Virginia is 23.1 percent, more than twice as high as West Virginia workers in general and 7.8 times as high as K-8 teachers.

Strategic Plan Considerations

Based on ECCE needs assessment findings, PCG presents 16 considerations for West Virginia's strategic plan. Recommendations are organized into three priority areas: ***structural support***, ***support for the workforce***, and ***support for children and families***.

Structural Support

1. Create Integrated Data System for Child-Serving System

Reporting participation separately for each child-serving partner limits the ability of the state to monitor program usage and coordination. Integrated data systems can help the state to regularly assess student performance as well as availability and use of specific child-serving programs. In turn, this information can be used to identify issues and course-correct and tailor interventions accordingly.

2. Consider Opportunities for Braided and Blended Funding Between ECCE Entities

As funding for ECCE programs often overlaps but is siloed between departments and agencies, there may be opportunities to further collaborate to meet the needs of families in more comprehensive ways via the sharing of services or implementing joint purchasing. For example, the state may consider opportunities to reorganize the system of contracts for child care to braid funding for child care, Head Start, and universal pre-K programming to better support staff and families. Alternatively, the state may consider expansion of medical care and mental health services in schools for Medicaid-enrolled students to better address provider access and availability issues. Provision of health services at school sites in this way can further support the need for accessible services, especially in rural areas.

3. Consider Opportunities for Public-Private Partnerships to Fund Child Care

West Virginia is working hard to draw employers and businesses to the state, but limitations around access and availability of ECCE programming are a concern. With a high percentage of the West Virginia population living in child care deserts and having continued issues accessing preschool and kindergarten, the state may consider further maximizing funding for the ECCE system by exploring public-private partnerships. Pooling funding to create more child care and early education sites also means providing better access and availability of services in high-demand areas, decreasing the need for families to find transportation to travel long distances and improving availability of workers for employer recruitment. By partnering with businesses, the state can multiply financial investments and efforts to develop human capital essential for economic development in current and future generations.

4. Create Central Repository of Facility Inspection Results

Families rely on ECCE programming to care for their most valuable and vulnerable members: their children. It is expected and imperative that facilities are well-maintained, safe, and secure. DOHS health officers conduct routine inspections of child care facilities. Any violations found during the inspection can be grounds for suspension of an operating permit. However, there is currently no central repository for facility inspection results and only an expectation that child care facilities post inspection results within their facility. Therefore, there may be county reports, but no way to access them. This limits the ability of state officials to follow up on facility concerns and provide the opportunity for parents/caregivers to research and evaluate child care options for their family. Creation of a centralized repository could allow the state to better monitor facilities, provide technical assistance on accessing facility funding, and improve safety monitoring.

Support for the Workforce

5. Review Compensation Structures for ECCE Workforce

As inflation and cost of living increase, ECCE wages have remained stagnant, leaving ECCE jobs among the lowest paid in the US, with many in the workforce earning poverty-level wages. While the state has made some efforts to address behavioral health and child protection wages, this continues to be of particular concern for child care and Early Head Start/Head Start providers. Appropriate pay and incentivization for workforce longevity is critical for not only workforce development but also to ensure equitable access to early education programming as prescribed by Policy 2525.

6. Provide Adequate Support for ECCE Provider Overhead and Building Maintenance

With pandemic-related stabilization payments ending, the gap in funding is particularly concerning as there are estimates that the true cost of licensed child care is substantially more than what providers can be reimbursed through the child care subsidy program or what they currently charge families. West Virginia providers report that additional funds to maintain safe facilities and overhead expenses are critical for successfully serving children and families. Without adequate funding, providers will need to make decisions about closing classrooms, accepting fewer children, or shuttering their doors altogether, further contributing to issues of access and availability.

7. Provide Training Opportunities for ECCE Professionals to Prepare Them to Work with Persons from a Variety Cultural Backgrounds

Approximately one in three ECCE workforce members report no specific training to work with populations from various cultural backgrounds. Creation of a curriculum and learning environment that respects and reflects the diverse backgrounds and experiences of students and incorporates culturally relevant content and teaching methods is essential for engagement of all learners.

Support for Children & Families

8. Review Subsidized Funding Requirements for Families

Despite subsidy programs, the cost of child care is prohibitive for many West Virginia families. While the state has made substantial efforts in the last three years to support essential workers and low-income families through funding made available during the pandemic, recent roll-back changes to pre-COVID periods will have a negative impact on access to subsidy payments. Affordable, accessible child care is critical for the economic health of the state. Given the already low workforce participation, the state may consider re-expansion of child care subsidy access to decrease barriers for parental and caregiver employment. Instead of utilizing household income percentages of the Federal Poverty Level to establish pass or fail income eligibility, the state may consider sliding-scale options for assistance so that a broader range of families may qualify.

9. Expand Access to Routine Screening

Best practice dictates that children be screened early and continuously for special health care needs. Identifying needs early and providing targeted interventions such as tutoring, small-group instruction, therapies, or specialized support services is important for preventing learning gaps from widening. West Virginia prescribes that children between the ages of zero and three have a documented standardized screening for risk of developmental, behavior or social delays during well-child visits. However, only a little more than one-half of Medicaid and CHIP-enrolled children have documented screenings. Therefore, the state may consider community education campaigns for parents and physicians emphasizing the importance of early screening. Noting that healthcare access is also a major factor—if people can't get to the pediatrician, they can't be screened—it is important for the state to consider ways to coordinate and maximize access to families through existing avenues. For example, the state may provide opportunities to support partnerships between child care facilities and health care professionals.

10. Increase Behavioral Health Support for Children & Families

Reported increases in behavioral health needs and decreases in the behavioral health workforce retention have taxed the mental health system across the country. In West Virginia, providers and families report that children and families are forced to wait extended periods of time for evaluation and/or services. As rural geography, workforce retention, and insurance coverage affect access to services, West Virginia may consider partnerships with social work programs in universities and hospitals as well as state Medicaid partners to incentivize high-quality evidence-based training for current and future social work professionals.

Additionally, it is important to remember that behavioral health comes in two forms: treatment and prevention. To this end, the state may consider continuation of support and expansion of social emotional learning curriculum in West Virginia's schools to improve student self-awareness, self-management, relationship skills, and resiliency as a protective factor for mental health and promotion of academic success.

11. Expand Access to Early Education

Universal pre-K is a tremendous benefit to West Virginia children and families. States with universal pre-K models have been able to demonstrate improved student test scores, diminished behavior problems, increased reading and math skills in later grades, and improved school readiness. Early education also serves as a protective factor for communities and is associated with less vulnerability to poverty, unemployment, and crime. However, approximately one in three eligible West Virginia children were not enrolled in preschool or were unable to access Early Head Start/Head Start services.

Low-income eligibility limits, lack of transportation, and lack of subsidized alternatives as well as limited availability of providers are major barriers for families to access such services. Competing demands for the same workforce pool of applicants among DOE teachers, Head Start, and child care providers is also an issue for West Virginia. West

Virginia should consider exploring revisions to funding and training structures for collaborative teams to decrease the unintended competition for workers and increase attractiveness of the ECCE positions for potential recruits. Additionally, the state may review early education options to address the current gap in services for children birth to three years who may not qualify for low income or disability services but still may benefit from early education services.

12. Create or Coordinate Centralized Location for ECCE Resources

West Virginia has many state resources for caregivers and families, such as the Child Care Resource and Referral network, the West Virginia Department of Education, and specialized programs, like *Help Me Grow*. However, parents and caregivers are often short on time and may not have consistent access to search the internet at length to find resources they need. Additionally, most West Virginia ECCE providers view their role as more of list and referral provision rather than service coordination.

Therefore, the state should consider increased collaboration between existing child-serving entities or creation of a new centralized location for ECCE resources, if needed, to promote a no-wrong-door approach for families seeking information. Community education materials should provide service offerings in clear, concise ways to address specific areas of need. Further, ECCE entities should consider partnerships with non-traditional groups, such as churches, community centers, Big Brothers, Big Sisters, Girl and Boy Scouts, and community volunteer organizations, to drive information dissemination about available services in underserved communities.

13. Promote Strengths-based, Evidence-based Instruction

In addition to teacher instructional skill, high-quality teaching also necessitates development and dissemination of high-quality curriculum. Evidenced-based, strengths-based materials are essential for maximizing the impact of learning opportunities. With low reading and math for 4th- and 8th-graders, it is important for the state to offer appropriate guidance to county boards and educators responsible for choosing and approving curricula. Recognizing that students have different learning styles and paces also requires the ability of instructors to differentiate techniques to meet individual needs, offering additional support or enrichment as required.

ECCE entities should work to establish strong partnerships between schools, afterschool and summer programs, child care providers, and families. These relationships can create opportunities to encourage parents to be actively involved in their child's education and provide them with resources and guidance to support learning at home.

14. Provide Support for Concrete Needs of Children & Families

More than one-third of the ECCE workforce survey respondents and many of the interviewees report working with families who have a child who has experienced homelessness or extreme poverty. As West Virginia ranks sixth in the country for highest poverty rates, there is a clear need for concrete support of families. In addition to

continued support of Family Resource Networks that provide some concrete support via food, clothing, and diaper pantries, as well as West Virginia *Safe at Home* wraparound services, the state may consider opportunities for collaboration with community organizations, social services, and health providers to further address non-academic barriers impacting student readiness to learn, such as health issues or housing instability.

15. Expand Access to Extended Learning Opportunities

In addition to state efforts, like the Third Grade Success Act, an observed lag in reading and math proficiencies but comparatively high graduation rates suggest that there may be an opportunity to review access to extended learning opportunities. After school, summer enrichment activities and extended learning opportunities can serve to reinforce academic skills and provide a safe, supportive environment. However, the unmet demand of these programs is substantial in West Virginia. Dedicated effort and financial support to expand access to and availability of these programs is likely to have a positive impact of decreasing achievement gaps and improving proficiencies.

16. Provide Transparent Communication to ECCE Stakeholders

Fostering a culture of open and clear communication is essential not just between parents and schools, but also the state and West Virginia stakeholders. As change often requires buy-in from stakeholders at all levels, the ECAC should aim to keep key stakeholders, including parents, teachers, administrators, legislators, DOHS staff, child care providers, healthcare professionals, and students, informed about progress, challenges, and strategies being employed to address gaps and needs in the ECCE and improve safety, well-being, and care for children.

Introduction

The West Virginia Department of Human Services (DOHS), Bureau for Family Assistance, Division of Early Care and Education (DECE) was awarded federal funding from Administration for Children & Families (ACF), Preschool Department Grant Birth through Five (PDG B-5) to complete an in-depth needs assessment and strategic plan for all early childhood care and education (ECCE) programs in January 2023.[1] West Virginia seeks to use the PDG B-5 grant *"to evolve and maintain a high quality, coordinated system of early childhood care and education services and programs designed to support early learning and development, health and safety, family support and engagement."*

West Virginia DOHS contracted Public Consulting Group LLC (PCG) to complete an in-depth statewide needs assessment of ECCE programs. This comprehensive needs assessment identifies the current landscape of available resources, professional development needs, provider and program gaps in service, current provider capacity, and existing supports for children across programs.

The report begins with a definition of the West Virginia ECCE and description of the stakeholders involved in the system. It follows with an explanation of the methodology used to collect and analyze information for the assessment. Next, we discuss findings for the ECCE system based on criteria outlined by the PDG B-5 Technical Assistance Center, and the report concludes with considerations for the ideal "future" state of early child care and education programming and services to be used for strategic planning.

West Virginia ECCE Defined

The ECCE system in West Virginia is designed to provide a strong foundation for the holistic development of young children, ensuring their physical, cognitive, emotional, and social growth. With a focus on nurturing the potential of every child, the state has established a framework that includes a range of programs, services, and regulations to support families and promote early childhood education.

In West Virginia, ECCE provides critical components of a child's early years, with an emphasis on early intervention and learning experiences that set the stage for future academic success. The state offers several services, including:

1) **Pre-Kindergarten Programs:** West Virginia offers universal, public pre-kindergarten (pre-K) programs that focus on school readiness skills. These programs are often located within public schools and provide children with a structured learning environment to prepare them for kindergarten.

[1] West Virginia Department of Human Services. (2023). DOHS Awarded Grant to Support Early Childhood Services. Retrieved from DOHS Awarded Grant to Support Early Childhood Services.

2) **Head Start and Early Head Start:** Federally funded programs like Head Start and Early Head Start serve children from low-income families, providing comprehensive early education, health, nutrition, and family support services.

3) **Early Childhood Education Initiatives:** West Virginia has launched various initiatives to enhance the quality of early childhood education. These initiatives include professional development opportunities for early childhood educators, curriculum enhancements, and assessments to ensure children are meeting developmental milestones.

4) **Child Care Centers:** Licensed child care centers provide a safe and stimulating environment for children, offering age-appropriate educational activities, playtime, and social interaction. These centers follow state guidelines to ensure proper health and safety standards are maintained.

5) **Family Child Care Homes:** Family child care homes offer a smaller, home-like setting where children can receive individualized attention. These homes are often run by caregivers who provide nurturing care and early learning opportunities.

6) **Medical and Behavioral Health:** State insurance options help to fund necessary medical and behavioral health care for children and parents.

7) **Home Visiting Programs:** The state offers home visiting programs that connect trained professionals with families to provide guidance, support, and resources for child development and parenting.

8) **Child Protection:** Child welfare employees are charged with assessing and managing the safety of children when abuse or neglect is suspected.

9) **Regulations and Quality Standards:** The state enforces regulations to ensure that early child care and education settings meet certain quality standards, including staff qualifications, teacher-to-child ratios, safety measures, and curriculum guidelines.

10) **Partnerships and Collaboration:** West Virginia emphasizes collaboration between educators, communities, and government agencies to create a seamless continuum of care and education for young children. These partnerships aim to provide wraparound support that addresses the various needs of children and their families.

Together the system strives to create a nurturing, stimulating, and safe environment for children during their formative years. By investing in high-quality early education experiences, the state aims to give every child the opportunity to reach their full potential and lay the groundwork for lifelong learning and success.

Stakeholders

Early childhood care and education systems are generally comprised of agencies and programs that support the safety, well-being, and development of children from birth to eight years or third grade.[2] The West Virginia ECCE system is a collaborative network that operates across the arms of DOHS each with different leadership and sources of funding. For example, Divisions of Early Care and Education, Family Assistance, and Child & Adult Services as well as Head Start State Collaborative are housed under the Bureau for Children & Families. However, the Office of Maternal, Child, and Family Health is housed under the Bureau for Public Health, and the Divisions of Child & Adolescent Mental Health and Intellectual/ Developmental Disabilities are under the Bureau for Behavioral Health & Health Facilities.

Using a coordinated governance approach, ECCE programming is driven by the Early Childhood Advisory Council (ECAC). The ECAC is a legislated interagency group of early childhood care and education program representatives charged with improving the ECCE system for children. The council has members from several cross-sector organizations, including:

- The Division of Early Care and Education West Virginia
- The Department of Education
- The Department of Economic Development
- Local Education Agencies
- Institutions of Higher Education
- Local Child Care Providers
- Local ECCE Services and Program Staff
- The Head Start State Association
- The Head Start Office of Collaboration
- Early Head Start Programming
- West Virginia Birth to Three
- West Virginia Department of Education Office of Special Programs
- In-Home Family Education Community
- Early Childhood Advocate Community
- The Pediatric Medical Community
- The Family Child Care Community
- The Child Welfare Community
- The Governor's Office
- The Labor Community

[2] UNESCO. (2023). Early Childhood Care and Education: What you need to know about early childhood care and education. Retrieved from Early Childhood Care and Education.

In addition to ECAC members, there are multiple community-based organizations that support young children and families within the system. Examples include:

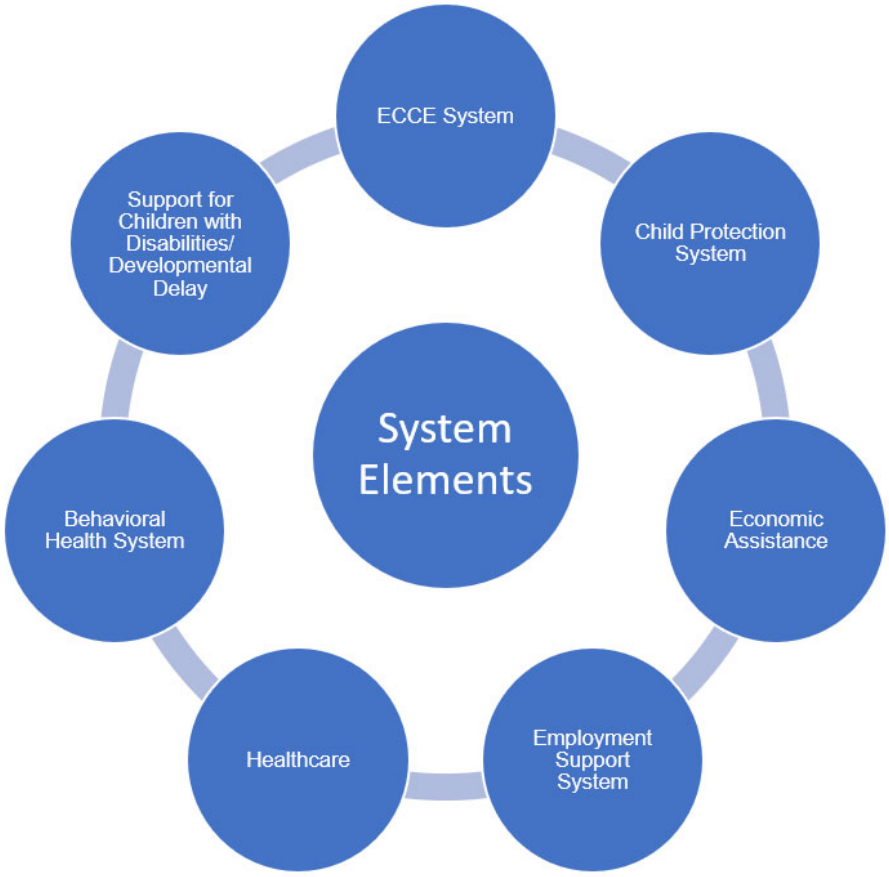
- **Partners in Community Outreach**, a coalition of research-based in-home family education programs;
- **Circle of Parents**, parenting support groups of parents and caregivers;
- **Our Babies Safe and Sound**, a group of parents and professionals dedicated to reducing and eliminating infant injuries and death;
- **Partners in Prevention**, local community teams working collaboratively on a grassroots level to improve the lives of children and families;
- **West Virginia Childcare Centers United (WVCCU)**, a nonprofit child care provider organization created to act as the "voice" for children, their families, and early care education professionals, and advocates across the state of West Virginia; and,
- **Family Support Centers**, a growing network of community-based flexible, family-focused, and culturally sensitive facilities that provide programs and services based on the needs of the families.

This multi-faceted group of stakeholders is charged with evolving and maintaining a high quality, coordinated system of ECCE services and programs designed to support early learning and development, health and safety, family support and engagement.

Methodology

PCG employed a mixed methods approach to collect data from both West Virginia's ECCE programs and the parents for whom the programs are designed to benefit, with a focus on vulnerable populations, collecting both quantitative and qualitative data. We worked with the DECE and the ECAC to provide guidance during the project and to assist in engaging stakeholders.

Figure 1. Early Childhood Care and Education System[3]



In alignment with PDG B-5 needs assessment guidance provided by the ACF, PCG collected information and feedback from partners across the ECCE system (Figure 1), including child care, education, child protection, behavioral health, and workforce assistance, as well as parents/caregivers.

[3] US Department of Health and Human Services, Administration for Children & Families. (2023). *Needs Assessment Guide for PDG B-5 Planning and Renewal Grantees.* Retrieved from Needs Assessment Guidance and Crosswalk.

Key Research Questions

The following key research questions, based on PDG B-5 grant requirements, were used to guide the assessment. They are arranged into three components: ***children and families***, ***structure***, and ***workforce***.

Table 1. Research Questions

Component	Research Question
Children & Families	1. Who is currently being served by West Virginia ECCE programs? 2. What are the major barriers or challenges for families using or trying to use ECCE programs? 3. To what degree are ECCE programs utilized by vulnerable populations (*e.g.,* children with disabilities, children affected by opioid epidemic, children experiencing homelessness, children in poverty, and children in foster or kinship placements) across the state? a. What barriers limit access/ usage for these populations? 4. To what degree do children have access to trauma-informed behavioral health care? a. How can families be better supported to access this kind of care? 5. What is the most efficient, preferred communication methodology for caregivers/parents receiving information from the state regarding ECCE programming? 6. To what degree are ECCE programs meeting the needs of parents and families in West Virginia?
Structure	1. How are ECCE programs currently funded in West Virginia? a. Are there other funding sources/ strategies that should be considered? 2. How well do ECCE programs and providers collaborate to facilitate smooth transitions between services (*e.g.,* from infant-toddler to preschool programs to elementary schools)? a. What can be done to further improve and coordinate these transitions for children and families? 3. How are comparable states implementing ECCE programming? a. What evidence-based programs or strategies should West Virginia consider?
Workforce	1. What is the capacity of the current workforce? a. To what degree are there geographic issues with provider capacity/access? b. What can be done to improve workforce recruitment/retention? 2. To what degree does the workforce utilize existing resources (*e.g.,* WV Early Childhood Training Connections and Resources (WV ECTCR), Early Care Share, Childcare Resource and Referral (CCR&R)) for training and technical assistance? 3. What are the current workforce training gaps and needs?

Data Sources

The following six data sources were utilized to collect a combination of qualitative and quantitative information.

Administration for Children and Families Demographics (ACF-801) Report

The West Virginia Child Care Resource & Referral (CCR&R) collects and reports monthly case-level data that describes child care providers and the population they serve in terms of age, race, income, household structure, as required by the Child Care and Development Fund (CCDF). Data are reported to the ACF within 90 days of the end of each quarter. At the time of this assessment, the most recent report was filed in March 2023.

Administrative Data Sets

PCG used US Census Bureau data to understand the needs of communities, including their demographic and socio-economic status, risk factors that make children and families vulnerable to maltreatment, or low rates of high school graduation. PCG also used data from the US Census, American Community Survey and other surveillance data sources, such as the Centers for Medicare and Medicaid Core Child Measurements and National Provider Index, West Virginia Department of Education enrollment and testing measures, West Virginia Child Welfare Dashboard, State Strategic Plans, Behavior Risk Surveillance System (BRFSS) Survey, and Community Health Needs Assessments (CHNAs) to inform analysis of early child care and education needs.

Document Review

PCG reviewed previous needs assessments, agency and legislative reports completed by ECCE providers, to identify current initiatives, capacities and gaps in programming, as well as any other supply and demand and cost information available.

Literature Review

PCG conducted a literature review to gather information on peer states and evidence-based ECCE programming that could benefit West Virginia. Methodology for determining ECCE similarities of states included eight different variables: statewide poverty rate, percent of population under five years old, poverty rate of children, cost of child care, cost of living, median income, racial and ethnic demography, and geographic rurality. The top five to eight most similar states to West Virginia were indicated in each category, and an aggregate score was calculated for each state. The higher the aggregate score for each state, the more similar to West Virginia. Using this approach, it was determined that Maine, Mississippi, Montana, and New Mexico operate ECCE systems in environments most similar to West Virginia (Table 2).

Table 2. Peer State Comparisons

Category	WV	ME	MS	MT	NM
Statewide poverty rate (18+)[4]	16.8%	11.5%	19.4%	11.9%	18.4%
% of population under 5 years[5]	4.8%	4.3%	5.7%	5.1%	5.1%
% of child population in poverty[6]	20.7%	15.1%	27.7%	14.1%	23.9%
Average annual cost of child care[7]	$8,736	$9,449	$5,436	$9,518	$8,617
Cost of living index[8,9]	90.5	115	83.3	100.7	91
Median household income[10]	$48,037	$59,489	$46,511	$56,539	$51,243
Demographic similarity to WV (includes race ethnicity, median age, education, household size, language, and education)[11,12]	—	27.0	57.6	30.9	76.6
Rural population ranking[13,14]	3	1	4	5	29

Workforce & Parent Surveys

Using the information gathered from the document and literature reviews, PCG developed a survey tool to collect additional information from child care, preschool, Head Start, and other child-serving providers to fully understand current resources, their training or professional development needs, as well as resources and supports provided to caregivers/parents to support their children's development.

Additionally, PCG developed a survey for parents/ caregivers to quantify what services are being used, how they are perceived, and what more is needed, including challenges parents face and remedies that might be considered to address those challenges. Both tools were submitted to and reviewed by the ECAC committee to assure that questions were inclusive and appropriate. In total 237 parents/caregivers and 472 workforce survey responses were received (Table 3).

[4] Center for American Progress. (2021). Poverty in the United States. Retrieved from Poverty in the United States Map Tool.
[5] United States Census Bureau. (2022) State Population by Characteristics: 2020–2022. Retrieved from State Population by Characteristics: 2020–2022.
[6] Center for American Progress. (2021). Poverty in the United States: Compare the States. Retrieved from Poverty in the United States: Compare the States.
[7] World Population Review. (2023). Child Care Costs by State. Retrieved from Child Care Costs by State.
[8] World Population Review. (2023). Cost of Living by State. Retrieved from Cost of Living Index by State.
[9] The ranking used 100 as the baseline average cost of living in the US. States were then measured against this baseline. For example, Maine's score of 115 indicates that the cost of living in the state is about 15 percent higher than the national average.
[10] World Population Review. (2023). Median Household Income by State. Retrieved from Median Household Income by State.
[11] Daily KOS. (2020). How similar is each state to every other? Retrieved from Daily KOS Elections State Similarity Index.
[12] The closer the number is to zero, the more similar the demography.
[13] World Population Review. (2022). Most Rural States. Retrieved from Most Rural States.
[14] States were ranked 1–51 (including DC) with one being the most rural and 51 being the least rural.

Table 3. Survey Respondents by Category

Category	Respondents
Parents/ Caregivers	**237**
Workforce	**472**
Child care providers (*e.g.,* child care centers/ facilities, out of school time programs, registered family child care, relative child care)	348
Early Head Start/ Head Start	30
Preschool/ Universal pre-K	10
Other (*e.g.,* WV Birth to Three, home visitors, early intervention)	84
Total	**709**

Interviews

Following conduct of the surveys, PCG worked with the ECAC committee to further identify child care, child protection, behavioral health, workforce assistance, and education professionals to collect more in-depth and direct knowledge. Interviews lasted approximately 30 to 45 minutes and asked about service provision, experience working with vulnerable populations, coordination and communication between child-serving organizations, workforce capacity, and training.

Table 4. Interview Respondents by Category

Category	Respondents
Behavioral health providers	1
Child care providers	2
Child Care Resource & Referral staff	2
Child protection staff	6
Head Start staff	3
Home visiting providers	2
Parents/ caregivers	5
West Virginia Birth to Three staff	2
Workforce assistance provider	1
Total	**24**

In addition, DECE staff were able to work with West Virginia CCR&R agencies to identify parents and caregivers to participate in interviews as well. Interviews with families asked about service usage and barriers, experiences of vulnerable populations (where applicable), communication with providers, and cultural responsiveness of child-serving agencies. In total, interviews were conducted with 24 people (Table 4).

Data Analysis Plan

Data were assembled to address each of the research questions. PCG began by conducting the document and literature reviews, analyzing the documents generated by similar states to describe their current practices as they relate to the research questions. Next, surveys were administered to collect quantitative and qualitative information directly from ECCE stakeholders, building on the first two sources. Finally, interviews were completed to gather details regarding service usage/ provision and experience.

SPSS statistical software was used for quantitative data and MS Excel for the qualitative components. Cross tabulations were used to analyze responses to determine, for example, if there were patterns for ECCE system usage across different populations.

Limitations

Despite best efforts to coordinate with system partners some limitations were still encountered in conducting the assessment. First, the West Virginia ECCE system is a coordinated system of funding sources, data systems, training and technical assistance partners, and leading agencies. As such, there is no one mechanism or list serv for accessing providers or families within the system. Instead, PCG relied on DECE leadership and the ECAC committee to disseminate surveys and recruit interviewees for each agency. As list servs were not shared, there is no way to calculate response rates.

It is also of note that the contract for this work did not start until May 2023, at the end of the West Virginia school year, and the bulk of data collection happened between June and August 2023. Therefore, the response rate from educators was likely lower than it would have been had surveys and interviews been conducted during the school year.

Assessment Findings

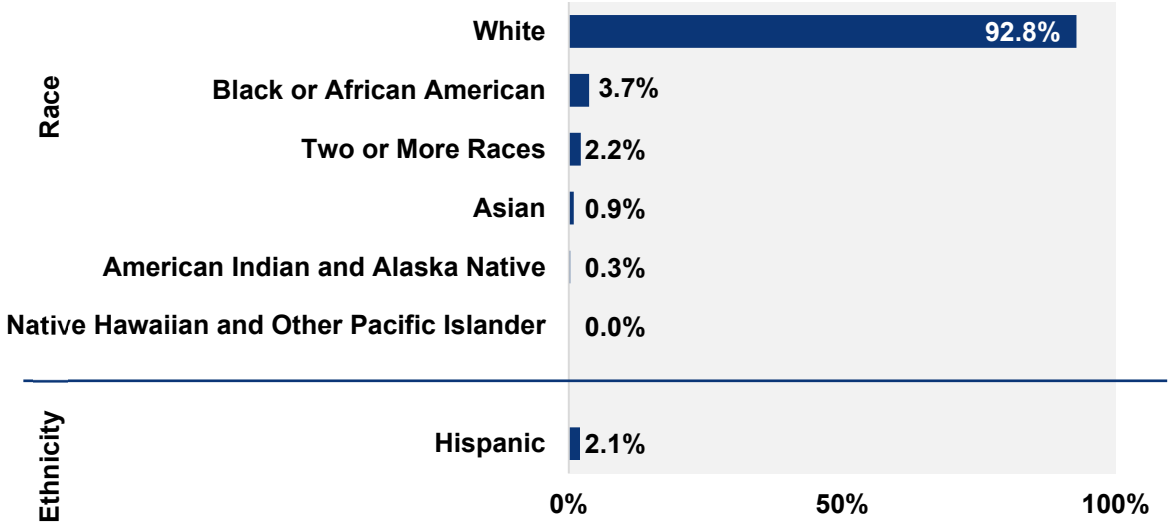
Assessment findings are organized to align with the 2023 PDG B-5 Needs Assessment Crosswalk for Needs Assessment Domain Requirements.[15] This section begins with an overview of ECCE service usage, including a discussion of how vulnerable populations are currently served. Next, we review access to and coordination between services, followed by an analysis of school readiness programs and ECCE funding. The section concludes with a discussion of workforce and ECCE facility support needs, as well as opportunities for long-term planning and continuous improvement.

Children & Families

Focal Populations

In 2022, the Census Bureau reported approximately 1,775,156 West Virginia residents, the majority of whom identified as White (93%) and Non-Hispanic (98%) (Figure 2).[16]

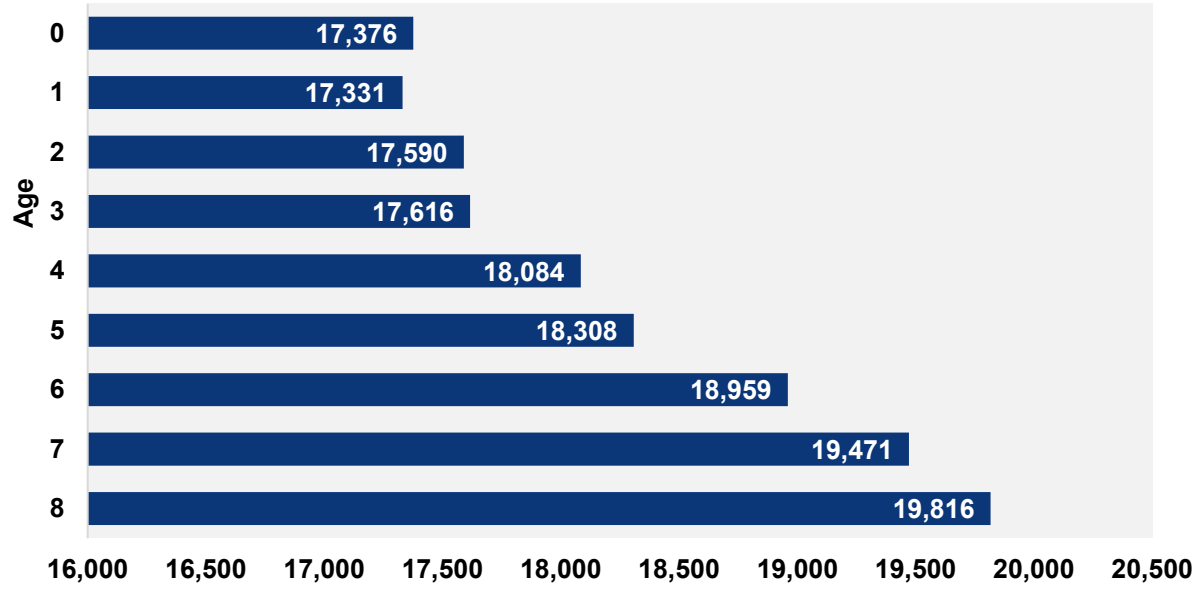
Figure 2. 2022 WV Population by Race & Ethnicity



Of the state's total population, there were 164,551 children between the ages of zero and eight years (the target population for ECCE services).[17] This accounted for about nine percent of the state's total population, with a near-even split of male and female children (50% and 49% respectively) (Figure 3).

[15] US Department of Health and Human Services, Administration for Children & Families. (2023). *Needs Assessment Guide for PDG B-5 Planning and Renewal Grantees.* Retrieved from Needs Assessment Guidance and Crosswalk.
[16] United States Census Bureau. (2022) State Population by Characteristics: 2020–2022. Retrieved from State Population by Characteristics: 2020-2022.
[17] United States Census Bureau. (2022) State Population by Characteristics: 2020–2022. Retrieved from State Population by Characteristics: 2020-2022.

Figure 3. 2022 WV Population by Age



In 2023, West Virginia was reported as having the fifth lowest median household income ($51,615) with the fifth highest poverty rate (14.6%) in the nation.[18] According to the US Department of Housing and Urban Development, approximately 7.7 out of 10,000 people in West Virginia experienced homelessness in 2022, with the majority (71%) residing in a sheltered location such as emergency shelters, safe havens, or transitional housing programs. Since 2007, West Virginia has seen an 82 percent decrease in individuals experiencing chronic patterns of homelessness, and the state is ranked eighth for the lowest number of person's experiencing homelessness per capita in 2022.[19] Despite the marked improvement in reducing homelessness in West Virginia, 37 percent of ECCE workforce survey respondents reported that they work with families who have a child who has experienced homelessness or extreme poverty.

Although the state maintains a website called the Homeless Shelters Directory with an up-to-date list of shelters in West Virginia, multiple providers reported that families experiencing homelessness are often hard to track down, making it a challenge to connect them with needed resources. Sometimes families do not have service on their phone or access to wireless internet, so they are unable to call, access the internet, or make an appointment. Furthermore, according to the state's website and provider

[18] World Population Review. (2023). Median Household Income by State. Retrieved from Median Household Income by State.
[19] US Department of Housing and Urban Development. (2022). The 2022 Annual Homelessness Assessment Report (AHAR) to Congress. Retrieved from The 2022 Annual Homelessness Assessment Report.

interviewees, limited capacity at existing shelters creates waitlists for the already strapped system.[20]

West Virginia has also been substantially affected by the opioid pandemic. In 2021, the Centers for Disease Control and Prevention (CDC) reported that more than 1,500 deaths in West Virginia were caused by drug overdoses, with approximately 84 percent attributed to opioids.[21] According to the CDC National Vital Statistics System, West Virginia is one of six states to report a decline (3.63%) in fatal drug overdoses from March 2021 to March 2022, which marks the first drop in overdose deaths in the state since the start of the COVID-19 pandemic.[22] However, West Virginia currently has the highest drug overdose rate among all of the states, at 90.9 deaths per 100,000 people.[23] According to the workforce survey administered to providers across the state, almost one-half (44%) of respondents indicated that they work with families who have a child affected by the opioid pandemic. Approximately eight percent of caregivers in West Virginia who participated in the survey indicated that they have at least one child who has been affected by opioids, and 10 percent indicated that they have at least one child who has been affected by alcohol or other drugs. When asked if they work with families who have a child affected by the opioid pandemic, all but one interviewed provider indicated that they do, with the children's exposure frequently resulting in developmental and behavioral challenges.

Furthermore, West Virginia is also a predominantly rural state with limited concentrated urban areas. While counties across the entire state have experienced shortages in child care, medical, and behavioral health services, there is a considerable impact on rural populations. Interviewed providers indicated that rural areas of the state have more limited access to child care and healthcare centers, and when small communities lack one resource, they often lack others. Additionally, the lack of public transportation in West Virginia makes it difficult for families and children to receive the care that they need, especially given the need to travel for a wide array of specialties. The geographical layout, limited wealth, and access to services significantly impacts the type and accessibility of resources that communities receive, especially in-person services.

Children Being Served and Awaiting Service

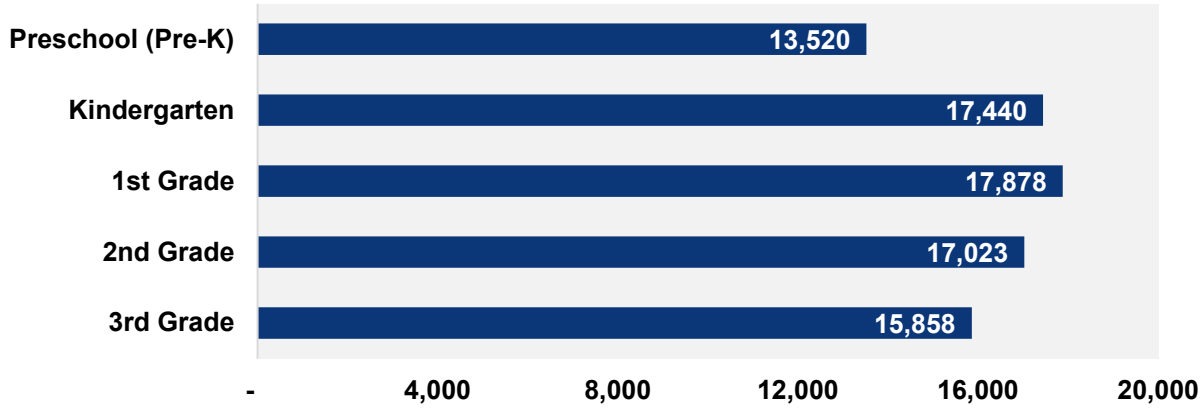
Children can access the ECCE system via education, child care, medical/ behavioral health services, home and community-based services, or the child protection system. This section outlines state rules for accessing and receiving services by ECCE entry point.

[20] Homeless Shelters Directory. (2023). West Virginia Homeless Shelters. Retrieved from Homeless Shelter Directory - West Virginia Shelters.
[21] US Centers for Disease Control and Prevention. (2022). Drug Overdose Mortality by State. Retrieved from Drug Overdose Mortality by State.
[22] West Virginia Department of Human Services. (2022). WV Overdose Deaths Showing Improvement. Retrieved from West Virginia Overdose Deaths Showing Improvement.
[23] US Centers for Disease Control and Prevention. (2022). Drug Overdose Mortality by State. Retrieved from Drug Overdose Mortality by State.

Education

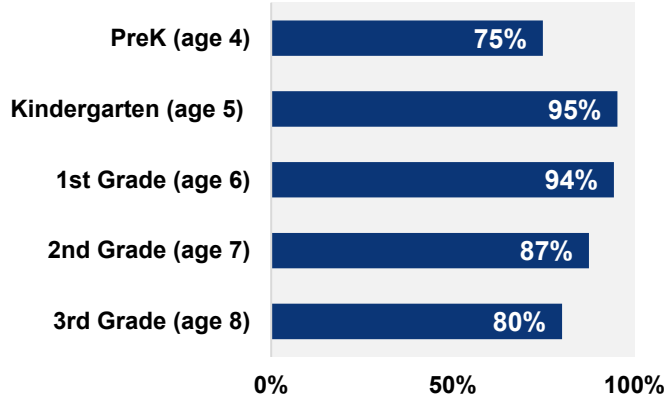
Children are eligible to enroll in public school programs if they meet the age requirements by June 30th that year. Families can enroll children in preschool programs if they are four years old and Kindergarten if the child is five years old. The West Virginia state legislature authorized universal pre-K services in 2002 and amended the legislation for universal access to quality early education in July 2022 with West Virginia Board of Education Policy 2525.[24,25]

Figure 4. School Enrollment by Program/Grade for 2022–2023[26]



In the 2022–23 school year, there were approximately 13,520 children enrolled in preschool or pre-K and approximately 68,199 children enrolled in K–3rd grade (Figure 4).

Figure 5. Percent of Population Enrolled by Grade



Comparing enrollment to the available population, it is estimated that between 75 and 95 percent of the available population was enrolled in school depending on grade level (Figure 5).

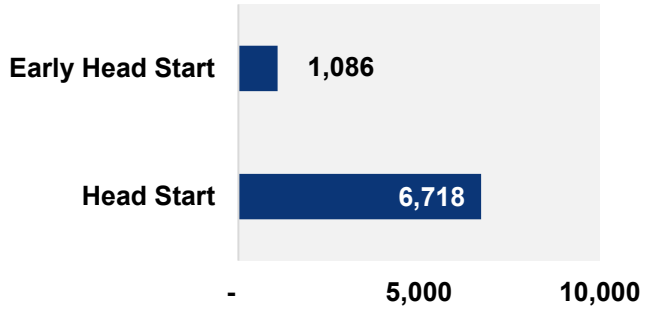
Despite universal pre-K availability, five percent of caregivers with a child age-eligible for public preschool indicated that they were not able to enroll their child in the program.

[24] West Virginia Department of Education. (n.d.) WV Universal Pre-K. [Website] Retrieved from West Virginia DOE Universal Pre-K Page.
[25] West Virginia Secretary of State. (2022). Notice of Final Filing and Adoption of a Legislative Exempt, Interpretive, or Procedural Rule: West Virginia's Universal Access to a Quality Early Education System (2525). Retrieved from Legislative Rule: West Virginia's Universal Access to a Quality Early Education System.
[26] West Virginia Department of Education. (2023). Enrollment/Headcount Enrollment Summary. Retrieved from ZOOM WV K-12 Dashboard.

Further, 10 percent of surveyed caregivers with a kindergarten-age child reported wanting to enroll their child but not receiving the service. Twelve percent of caregivers in West Virginia reported that they were not able to find a kindergarten or preschool program that met the needs of their child. One-quarter (25%) of caregivers indicated that long waitlists were also an issue. Although public school programs are available, one in four parents indicated that cost was a barrier to enrolling their child in preschool or kindergarten.

Children from low-income families,[27] children in foster care, homeless children and children receiving Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) who are also aged birth to age five can access educational services through the federal Head Start program. Children under the age of three and pregnant women are served by Early Head Start, while children ages three to five are served by Head Start. In 2023, there are 400 Head Start and Early Head Start facilities across the state serving 7,804 annual funded slots for children with 1,086 dedicated to Early Head Start (Figure 6).[28]

Figure 6. Early Head Start or Head Start Enrollment

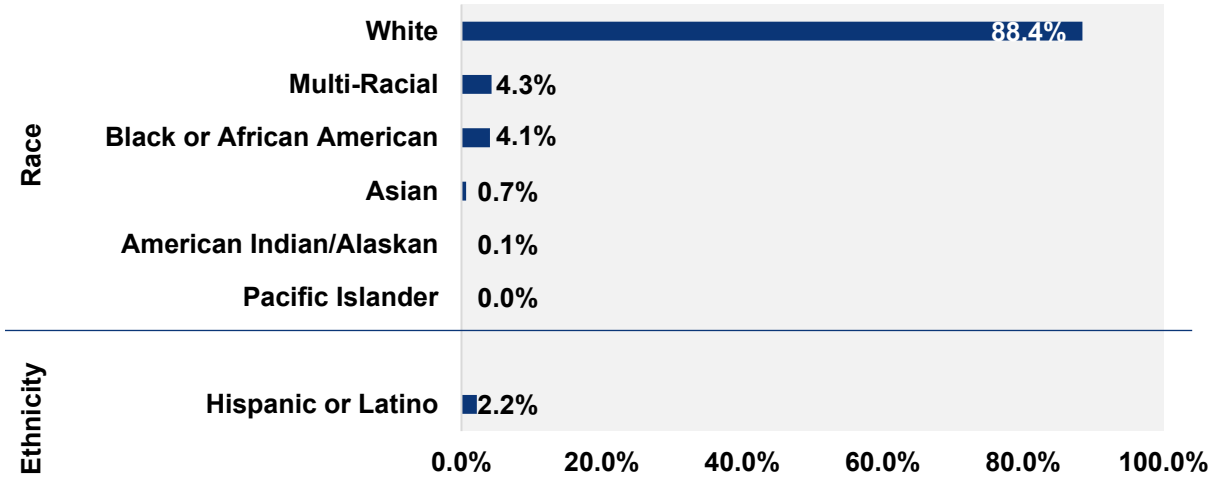


Despite the existence of these programs, 39 percent of West Virginia caregiver survey respondents indicated that they needed Head Start services but could not access them. Similarly, 38 percent of families indicated they would like to use Early Head Start services but did not receive the service.

Similar to the larger state population, the majority of students enrolled in West Virginia public schools are white (88%), while just over four percent of students identified as Black/African American (4.1%) or as multiracial (4.3%) (Figure 7).

[27] Families are considered low-income based on Federal Poverty Guidelines.
[28] National Head Start Association. (2023). *West Virginia 2023 Head Start & Early Head Start Profile.* Retrieved from: NHSA State Profile Reports.

Figure 7. Race & Ethnicity of All WV Schools for 2022–2023[29]



Additionally, about half of the students enrolled in West Virginia's public school system (49%) were classified as low socio-economic status (SES).[30] A higher percentage of students that identified as Black/African American (72%) or multiracial (65%) also qualified as low SES compared to white individuals (50%). Research has shown that families with a low SES correlate to lower early education enrollment. In other words, families that make less than $25,000 in annual income are less likely to enroll their child in preschool (35% vs 63%).[31]

Child Care

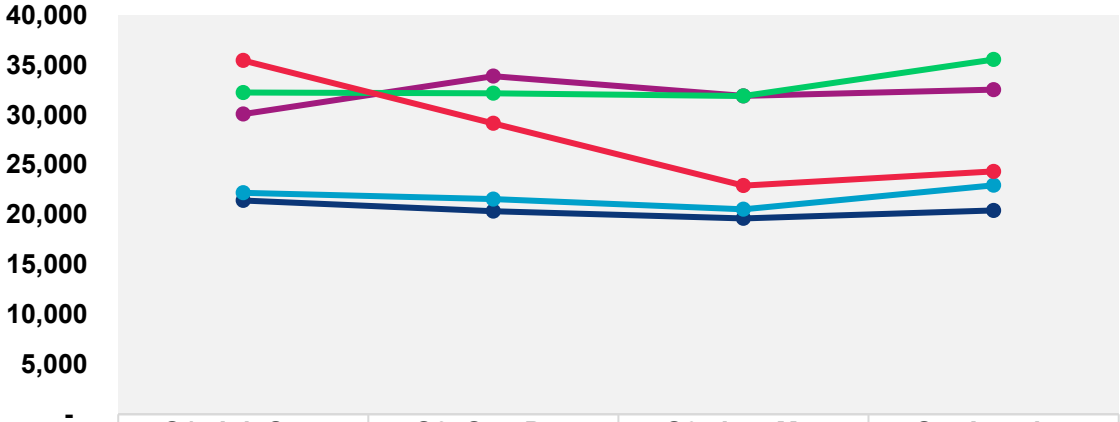
Housed under the West Virginia DOHS, Bureau for Family Assistance, the West Virginia CCR&R is responsible for ensuring access and affordability of high-quality child care services throughout the state. The West Virginia CCR&R is a network of regional nonprofits that provide licensing, training, and technical assistance to child care providers, as well as community education and resources for families.

One way the West Virginia CCR&R promotes accessibility of child care services is through child care subsidy payments. Subsidy specialists enroll, track, and discharge families in the subsidized child care program. At the start of the COVID-19 pandemic, West Virginia DOHS made immediate policy changes to support families and providers in unprecedented circumstances. For parents/caregivers, one of the most notable policy changes early in the pandemic was the waiver of income criteria for people who were classified as essential workers to increase program eligibility. Waiver of this eligibility requirement substantially changed the CCR&R program. As a result, FY2021 saw a 42

[29] West Virginia Department of Education. (2023). Enrollment/Headcount Enrollment Summary. Retrieved from ZOOM WV K-12 Dashboard.
[30] West Virginia Department of Education. (2023). Enrollment/Headcount Enrollment Summary. Retrieved from ZOOM WV K-12 Dashboard.
[31] Barnett, W. S., & Jung, K. (2023). Preschool Participation in Fall 2022: Findings from a National Preschool Learning Activities Survey. New Brunswick, NJ: National Institute for Early Education Research.

percent increase in subsidy enrollments, which reflected nearly 10,000 additional families receiving services since June 2020; FY2022 continued to observe high levels of enrollments. However, subsequent changes to eligibility—such as rolling back income exemptions in November 2022—have caused enrollments to decrease to 24,000 families as of June 2023 (Figure 8).

Figure 8. Families Receiving Child Care Subsidy[32]

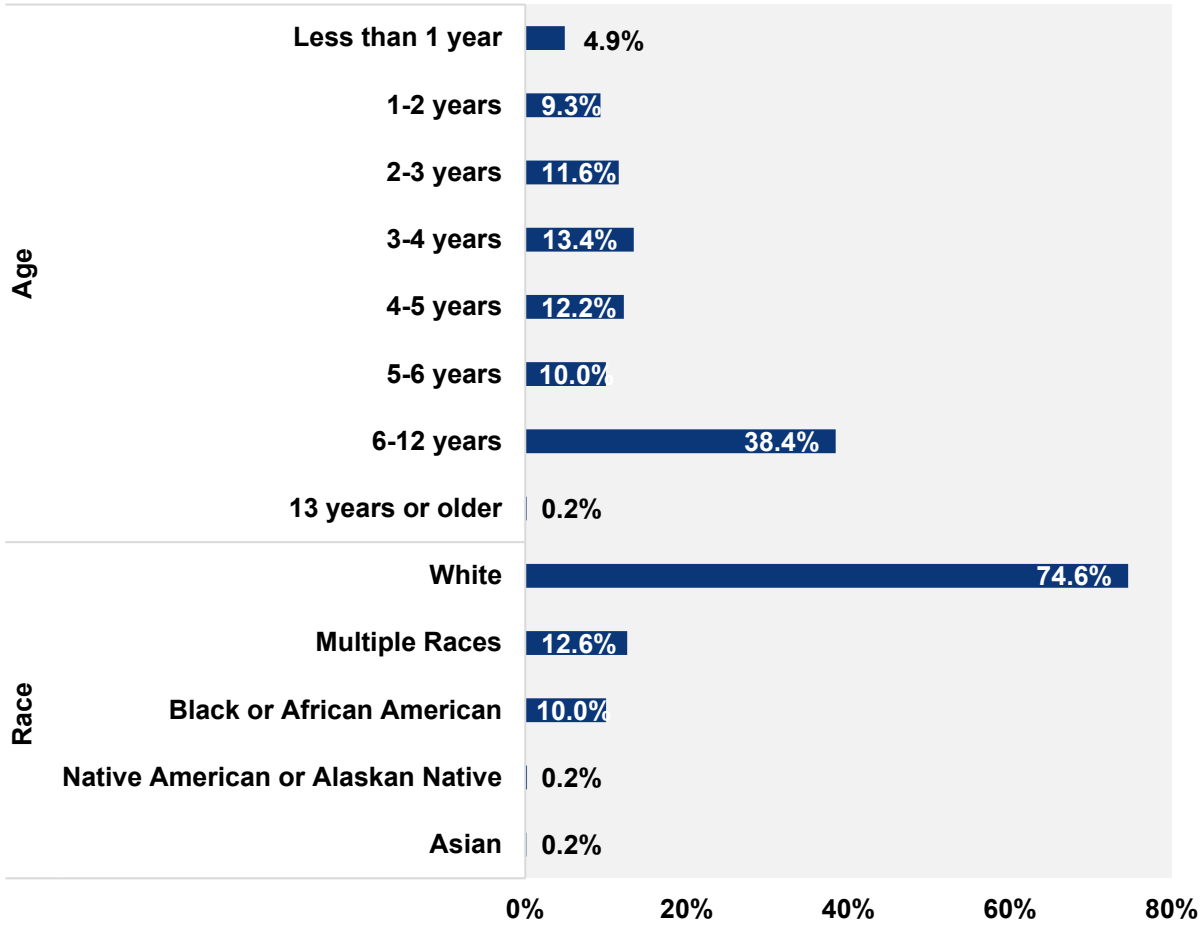


	Q1. Jul- Sept	Q2. Oct- Dec	Q3. Jan- Mar	Q4. Apr- Jun
FY 2019	21,434	20,351	19,636	20,423
FY 2020	22,202	21,566	20,547	22,953
FY 2021	30,090	33,896	31,916	32,543
FY 2022	32,252	32,181	31,916	35,568
FY 2023	35,477	29,163	22,930	24,343

The majority of children who received subsidized child care (61%) are zero to six years old (Figure 9). Black/African Americans and persons identifying as two or more races are also disproportionately represented in the West Virginia CCR&R compared to the most recent US Census population estimates, which indicate less than four percent of West Virginians are Black/African American and only two percent identify as two or more races.[33] However, people identifying as White, non-Hispanic were still the primary recipients of this subsidy.

[32] West Virginia Child Care Resource & Referral. (2023). Active Families Report. Provided to PCG by the West Virginia Department of Human Services.
[33] United States Census Bureau. (2021). 2017–2021 American Community Survey Public Use [Excel File]. Retrieved from ACS WV Age by Insurance Status.

Figure 9. Age and Race of Children in Subsidized Child Care as of March 2023[34]



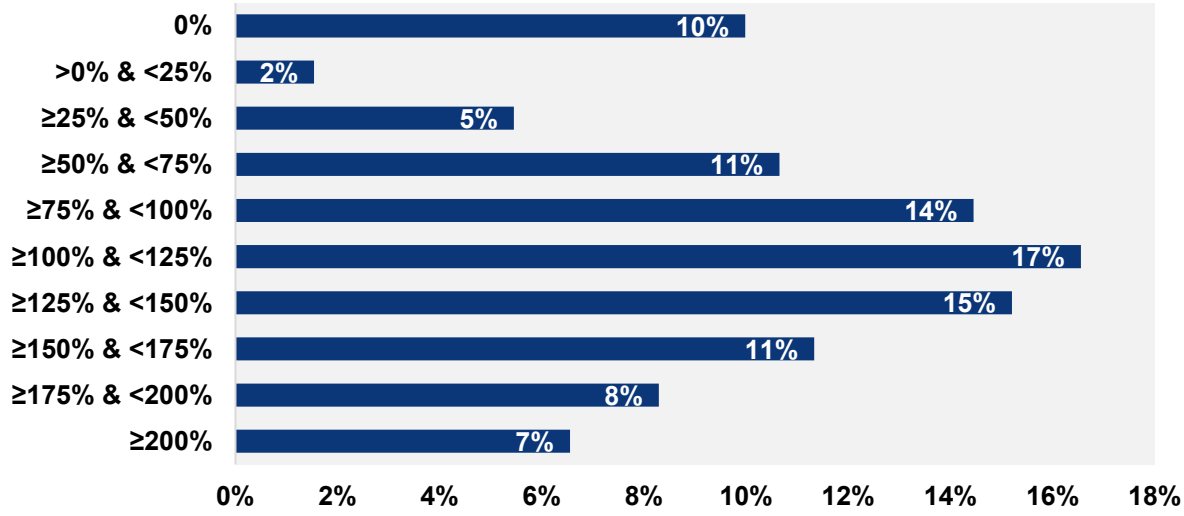
The proportion of families falling below the Federal Poverty Level (FPL) also changed as a result of the revised subsidy criteria. Without the essential worker exemption, DOHS regulation stipulates that a family's income must be no greater than 150 percent of the FPL upon first application for child subsidy, but could increase up to 185 percent of the FPL once services are established. Prior to the pandemic (March 2020), only five percent of subsidy recipients made more than 175 percent of the FPL. However, this percentage rose to 61 percent by March 2021, and by March 2022, 48 percent of recipients made more than 175 percent of the FPL (Figure 10).

On November 1, 2022, West Virginia changed its eligibility criteria to enable families earning up to 85 percent of the state median income to qualify for a subsidy payment to optimize subsidies for those facing the most significant financial challenges.[35]

[34] West Virginia Department of Human Services. (2023). *Child Care and Development Fund: Child Profile.* Provided to PCG by the West Virginia Department of Health and Human Resources.
[35] West Virginia Department of Human Services. (2022). Announcement. Retrieved from Announcement.

Due to the new income requirements, there was a substantial decrease in the number of families receiving subsidies during the second quarter of FY2023 as families became ineligible. There is concern among providers that the August deadline will further negatively impact the ability of families to afford child care and may force people out of the workforce, if they must choose between a second income and the care of their child.[36] Multiple providers who were interviewed indicated that taking away the essential worker exemption and changing the subsidy income requirements are going to hurt a lot of families in West Virginia. Additionally, almost one-half of the families interviewed indicated that the income qualifications make eligibility difficult because they make too much to qualify for a subsidy, yet they do not have a high enough income to afford child care.

Figure 10. Family Income As a Percent of Federal Poverty Level[37]



Despite the availability of subsidy programs, the cost of child care is prohibitive for many West Virginia families. The US Department of Health and Human Services (DHHS) recommends that families should allocate no more than seven percent of their income towards child care expenses.[38] According to Child Care Aware of America, the average cost for one infant in center-based child care in West Virginia is $7,680 per year. For a married couple family, this cost represents an estimated nine percent of their median income.[39] However, for single-parent families, the child care cost is significantly higher, accounting for approximately one-third (33%) of a household's median income. In West Virginia, 25.47 percent of children under the age of six were in a one-parent household

[36] Mountain State Spotlight. (2023). Child care crisis looms in West Virginia as subsidy change could force low-income parents out of workforce. Retrieved from Mountain State Spotlight.
[37] West Virginia Department of Human Services. (2023). *Child Care and Development Fund: Poverty Profile*. Provided to PCG by the West Virginia Department of Human Services.
[38] Federal Register. (2016). Child Care and Development Fund (CCDF) Program. Retrieved from Child Care and Development Fund Program.
[39] Child Care Aware® of America. (2022). West Virginia 2022 Price Fact Sheet. Retrieved from West Virginia 2022 Price Fact Sheet.

with a working parent.[40] Additionally, in comparison to other household expenses, child care frequently stands out as being the most expensive. The average annual cost of child care for two children in a West Virginia center is $14,400, while the annual cost of housing is $13,212 and the annual cost of college tuition is $8,944.[41] It is estimated that about 29 percent of West Virginia families spend about 17 percent of their annual income to privately pay for child care.[42] About two-thirds of the families interviewed indicated that they use their family members for child care, or stay at home to take care of their children because other forms of child care are too expensive. Additionally, 38 percent of surveyed caregivers also indicated that child care costs were too expensive for their family.

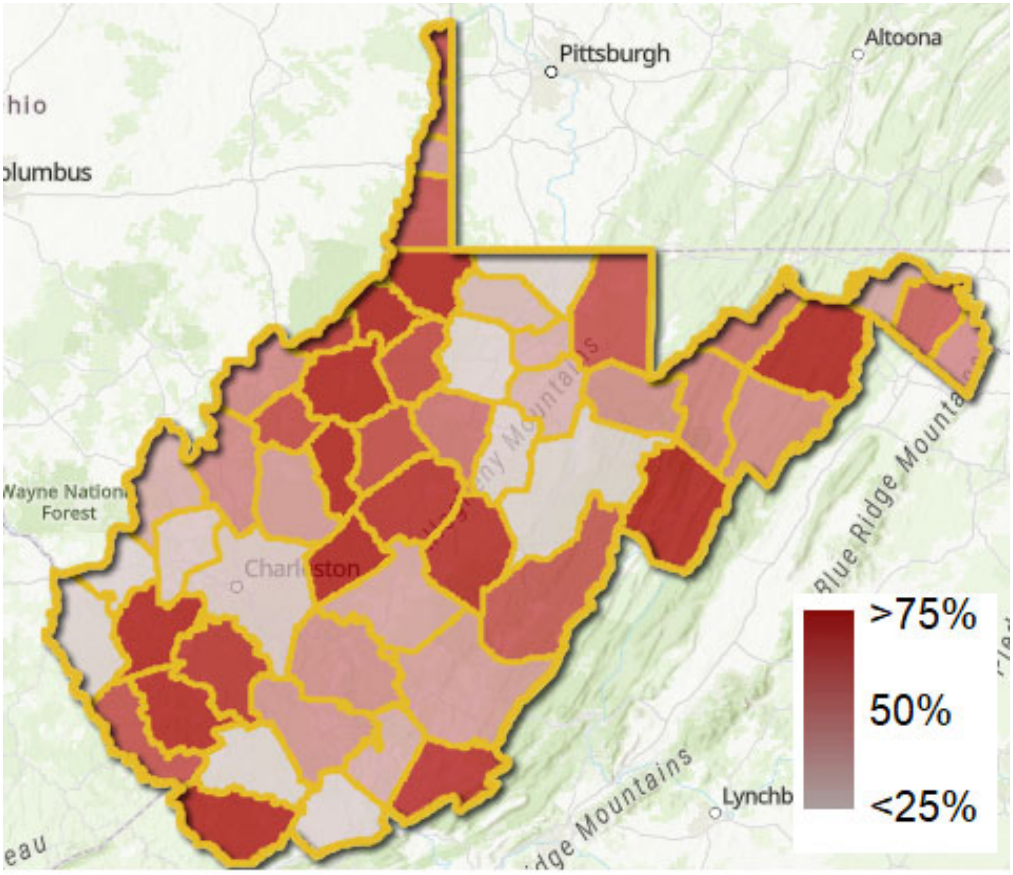
It should be noted that child care costs are not equal across the state, either; for example, in Mason County, the cost per month for child care is $845, which is more than $3,000 over the state average per year. Many providers across the state who were interviewed also mentioned that it is difficult for families to afford day care. One provider stated that they sometimes have to get a court order to pay for child care when a family is in need.

Limitations in child care access can be further visualized by Figure 11. Child Care Aware estimates that, with some variation between counties, 42 percent of children under the age of six need but cannot access child care as of June 2023.[43] This accounts for over 26,000 children being unable to access child care. One in four caregivers reported that they could not find a child care that met their needs (23%).

Caregivers reported that the biggest barriers to accessing child care were cost (38%), long waitlists (29%), and hours that do not align with their schedules (28%). Other concerns included poor quality of care (7%), too far from home/work (5%), or inability to accommodate behavioral or physical health needs (6%). Interviewed families spoke about similar barriers including cost, waitlists, lack of child care centers that offer “nontraditional” hours, trust in providers, and the ability of providers to work with children with special needs.

[40] Child Care Technical Assistance Network. (2023). Data Explorer & State Profiles. Data Explorer and State Profiles.
[41] Child Care Aware of America. (2022). West Virginia 2022 Price Fact Sheet. Retrieved from West Virginia 2022 Price Fact Sheet.
[42] Lending Tree. (2022). Families Who Pay for Child Care Spend an Average of 17.8% of their Income On It – Here’s Where It Costs Them the Most. Retrieved from Lending Tree Child Care Income Study.
[43] Child Care Aware. (2023) ECE Access in WV. Retrieved from Child Care Aware Dashboard.

Figure 11. Percentage of Children Under 6 Years Who Need but Cannot Access Child Care



Sixty four percent of people in West Virginia live in a census tract with more than 50 children under the age of five with either no child care providers or there being three times as many children as licensed child care slots.[44] West Virginia has the fourth highest percentage of residents living in a child care desert among all states, with 13 percent more people living in child care deserts compared to the national average. Unsurprisingly, rural and suburban residents are the most impacted by lack of child care access.

Medical Health

Appropriate and accessible health care is a key component of ensuring that children may fully thrive and remain healthy. Children need regular well child visits to receive immunizations to remain free from illness and ensure appropriate physical, social and emotional development. Having a medical home enables families to discuss medical concerns and seek acute treatment for their children. Across West Virginia there is one

[44] Center for American Progress. (2020). *Do you live in a child care desert?* Retrieved from: US Child Care Deserts Interactive Tool.

primary care physician per 1,273 citizens.[45] To put this into perspective, the World Health Organization suggests that there should be a 1 to 1,000 ratio of doctors to patients.[46]

Families can obtain insurance through their employer or another private insurance company through the Insurance Marketplace, or, if the family meets income requirements, through Medicaid or the Children's Health Insurance Program (CHIP). CHIP is a joint federal and state program that bridges the gap in insurance between those that do not qualify for Medicaid, but who would struggle to afford private insurance costs. In April 2023, the Center for Medicare and Medicaid reported that 246,824 children were enrolled in Medicaid or CHIP across the state.[47] According to the 2021 US American Community Survey, 97.5 percent of children under the age of six have health insurance in West Virginia.[48] This still left almost 3,000 children uninsured across the state.

CMS reports statewide quality of care performance measures as a part of the Core Set of Children's Health Quality Measures. Measures are reported for children enrolled in Medicaid and CHIP. CMS reported that in 2020 almost 70 percent of Medicaid and CHIP West Virginia participants have six or more well-child visits during the first 15 months of life (69.3% of Medicaid enrollees and 68.5% of CHIP enrollees).[49] For Medicaid-enrolled participants ages three to six, the percentage of enrollees that had a well-child visit was higher, with 77 percent of children having a visit; however only 63 percent of children on CHIP had a well-child visit.

During well-child visits for children between the ages of zero to three a child should have a documented standardized screener for risk of developmental, behavior or social delays. This screener was only documented for 53 percent of Medicaid and 61 percent of CHIP enrollees. This puts West Virginia slightly better than middle of the road for reporting as it is in the 69th percentile of reporting states for completing the screener.

Throughout the pandemic, children remained enrolled in Medicaid and CHIP through the emergency pandemic continuous enrollment requirement.[50] The requirement allowed families to remain covered despite changes in qualification. Families enrolled in the program as of March 2020 also did not have to undergo eligibility reviews. However, in April 2023 that requirement was lifted, and families now must complete paperwork and an eligibility review to remain enrolled in the program. This change has impacted the

[45] University of Wisconsin Population Health Institute.(2023). County Health Rankings & Roadmaps 2023. County Health Rankings Website.
[46] World Health Organization. (2006). Density of physicians per 1000 population. [Data] Retrieved from The Global Health Observatory Indicator Metadata Registry List.
[47] Center for Medicare and Medicaid. (2023). Medicaid & Chip Enrollment Data Highlights. Retrieved from State Medicaid Enrollment Summary.
[48] United States Census Bureau. (2021). 2017–2021 American Community Survey Public Use [Excel File]. Retrieved from ACS WV Age by Insurance Status.
[49] Center for Medicare and Medicaid. (2020). 2020 Child and Adult Health Care Quality Measures Quality. Retrieved from :CMS Core Child Set.
[50] McVey, A.L. (2023). Medicare Supplement Guaranteed Issue Eligibility. Retrieved from Continuous Enrollment.

number of families and children receiving Medicaid; however, exact figures are still unknown.

West Virginia also offers children with considerable health conditions additional medical and care coordination services. Children meeting the requirements defined by the state to be considered Children with Special Health Care Needs (CSHCN) receive additional medical care coverage and are eligible to receive care coordination. Care coordination is provided by a nurse or social worker who organizes services across medical and social services. These are children that are under 21, live in West Virginia (unless in the custody of DOHS in out-of-state placements), have an eligible diagnosis, and meet the income eligibility requirement.[51] About 22 percent of children under the age of seventeen met the definition of a CSHCN, which is 2.4 percent higher than the national average.[52]

Beyond insurance, families also encounter additional barriers to providing health care to their children. Families that completed the survey reported additional barriers to accessing routine medical care including the health care provider hours not aligning with when they are able to take their child to the clinic (17%), long waitlists to get an appointment or clinics not accepting new patients (15%), health care being too expensive or not being covered by insurance (8%), and being too far from their home or work (8%). Additionally, 20 percent of the interviewed families reported that getting into specialists for medical care is challenging because of the limited resources available.

Behavioral Health

In addition to medical health, behavioral health is important to promote behavioral health through primary prevention and specialized services for mental health, substance use and intellectual and developmental disabilities. In West Virginia, the Bureau for Children and Families is responsible for providing supportive behavioral programming. Table 5 outlines the programs that the Bureau supports both statewide and at a county level.[53]

Table 5. Bureau for Behavioral Health Programs[54]

Program	Administration	Description	Eligibility
Regional Clinical Coordinator (RCC)	Statewide	RCCs build review teams across specialties to provide a comprehensive plan for families and children. Services can be provided to families with any custodial status.	Involvement with CPS

[51] West Virginia Office of Maternal Child and Family Health. (2023). Children with Special Health Care Needs. Retrieved from: CSHCN Program Website.
[52] U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). (2023). National Survey of Children's Health, 2020–2021. Retrieved from National Survey of Children's Health.
[53] West Virginia Department of Human Services, Bureau for Behavioral Health. (2023). Office of Children, Youth and Families. Retrieved from Children, Youth and Families Page.
[54] West Virginia Department of Human Services, Bureau for Behavioral Health. (2023). Office of Children, Youth and Families. Retrieved from Children, Youth and Families Page.

Program	Administration	Description	Eligibility
Children's Mental Health Wraparound (CMHW)	Statewide	CMHW provides resources from birth to 21 for individuals with a mental health or intellectual disability diagnosis and a serious behavioral health/mental health concern. Services aim to keep families in their homes and communities through comprehensive support.	Individuals birth to 21 with a mental health diagnosis or intellectual disability AND a serious behavioral or mental health concern.
Children's Mobile Crisis Response & Stabilization Team (MCRS)	Statewide	This team provides assistance with de-escalating crises either over the phone or in person. The team is available 24 hours a day, seven days a week.	Individuals experiencing an emotional or behavioral health crisis up to age 21.
Prevention Lead Organizations (PLO)	Statewide	PLOs are located across six regions in the state. These organizations that provide substance use prevention efforts across the state.	This program served everyone across the state.
Family Advocacy Support and Training (FAST)	Statewide	FAST is a network of professionals that assist families with the planning, management and evaluation of their child's special education services.	School age children with special education needs are eligible for services
Positive Behavior Support (PBS)	Statewide	PBS are a set of evidence-based strategies to reduce challenging behaviors and improve quality of life for those with serious emotional disturbances who are at risk of out of home placement.	Individuals with serious emotional disturbance at risk of out-of-home placement
Family Coordinators (FC)	Statewide	Families can contact FCs to receive referrals for services, parental training, and assistance creating family support groups.	Families with a child 0-25 years old with a mental health disorder and/or a substance-use disorder
Expanded School Mental Health (ESMH)	County	ESMH is a behavioral health curriculum that includes prevention, early intervention and treatment for youth at the school. This program is a collaboration between West Virginia Department of Education and the Bureau of Behavioral Health.	Select schools in 30 counties are grant funded by DOHS to implement the program.
Trauma Informed Elementary Schools (TIES)	County	TIES provides assessments and interventions for students pre-K through first grade. The program aims to build trauma-informed schools. Program liaisons provide assessments and intervention for the students.	TIES is currently only in Hancock County and Ohio County across eight schools.

Program	Administration	Description	Eligibility
Advancing Wellness and Resiliency in Education (AWARE)	County	AWARE is funded by the Substance Abuse and Mental Health Administration (SAMHSA) grant to create comprehensive plans for creating healthy development for school-aged children by addressing trauma, building resilience and increasing positive experiences. AWARE is a demonstration project where schools are funded to employ one mental health professional, provide mental health training to staff and create a comprehensive plan for mental health services for students	AWARE is working in six counties at 18 schools across the state.

In 2019, the US Department of Justice entered into an agreement with West Virginia to improve the system of services provided to children in the state with serious mental health conditions.[55] The agreement involves revising aspects of the mental health service system and contracting with subject matter experts to provide two reports each year that outline the progress the state has made on their implementation plan. The Agreement outlines focused improvements on screening and assessment, Wraparound Facilitation, Children's Mobile Crisis Response, Behavioral Support Services, Therapeutic Foster Care, Assertive Community Treatment, reductions in placement, outreach and education, and Quality Assurance and Program Improvement. Since the establishment of the Agreement, West Virginia has made strides to enhance these services across the state and documented these steps in an Implementation Plan.

West Virginia has achieved improvements for their Children's Mental Health Wraparound (CMHW) program. CMHW provides children with mental health services through in-home and community services. Primarily, families can access services through a Children with Serious Emotional Disorder (CSED) waiver through Medicaid. However, West Virginia also operates a program that focuses on young children through the Children's Behavioral Health (BHH) program that targets young children to address their behavioral concerns and thus avoid further involvement in the social services system.

Once enrolled, the family is provided with a Child and Family Team that follows the National Wraparound Initiative's model to coordinate services. Children are screened with the Child and Adolescent Needs and Strength's (CANS) assessment to inform their individualized service plan that is shared among their multidisciplinary team. In FY 2023, 206 children had active cases open through BHH. The number is on track to increase in FY 2024 with 105 open BHH cases in the first quarter (7/1/23–9/30/23). At least one child was enrolled in the program in 56 percent of the state's counties (n=31). Based on FY

[55] West Virginia Department of Human Services. (2023). Implementation Plan for the Memorandum of Understanding Between the State of West Virginia and the U.S. Department of Justice, Year Four. Retrieved from: West Virginia's Year 4 Implementation Plan.

2021 application data for CMHW, 49 percent of applicants were under the age of 13.[56] Only three percent of applicants were under the age of five. West Virginia continues to focus on refining procedural documentation and outreach to increase service capacity.

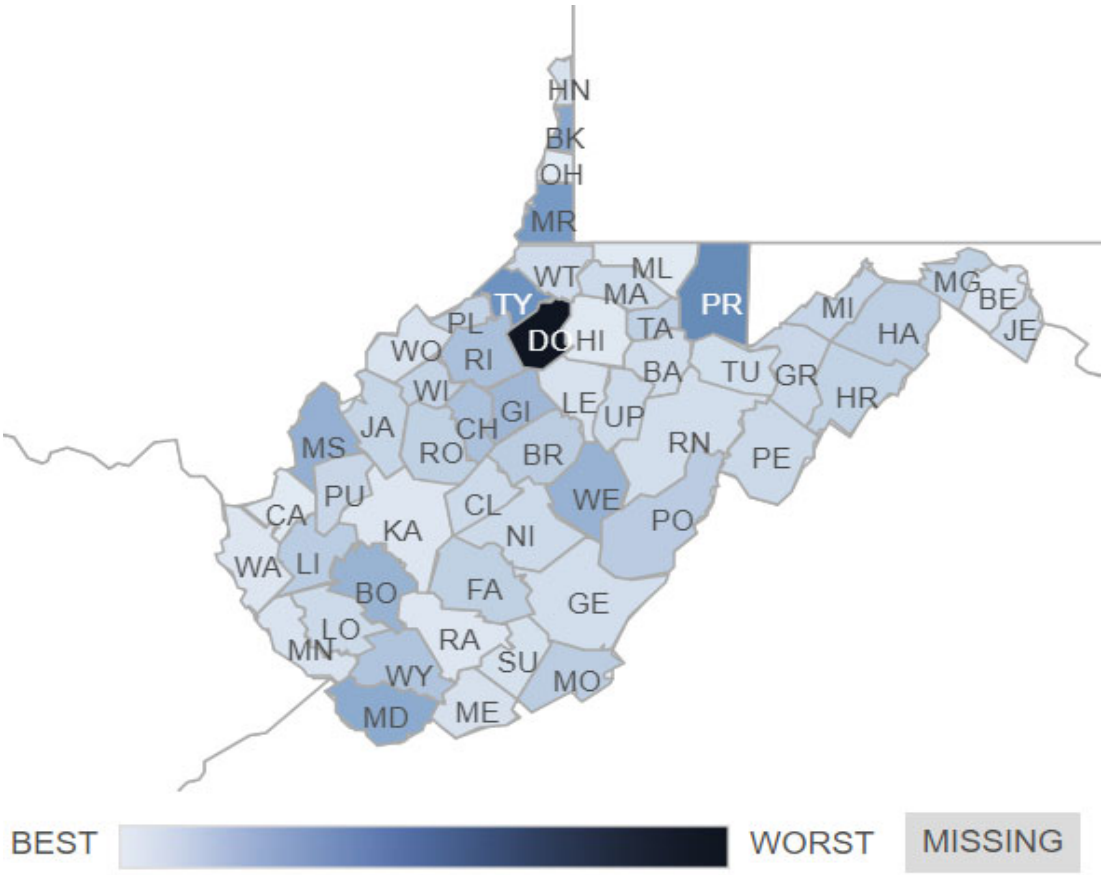
Services provided at the state level primarily focus on children that have either a mental health diagnosis or an intellectual disability diagnosis. Additional statewide services support families through crisis intervention or referral services. County-level services are focused more heavily on prevention efforts and building natural supports and resilience in children. These county-level services are only provided in select counties and through select schools across the state, limiting access for children to participate.

According to the Center for Medicare and Medicaid National Provider Identification file, there were 620 mental health care providers in West Virginia in 2022.[57] This translates to one mental health provider per 616 residents, which is the third worst provider-to-resident ratio among states. Further, providers are not evenly distributed across the state (Figure 12). For example, in Doddridge County there is only one mental health provider per 7,735 residents while in Ohio County there is one mental health provider per 286 residents. Even in counties where there *are* mental health providers, not all providers see adolescents under the age of 12 and not all providers accept all types of insurance.

There are 86 agencies across the state that are certified to provide services to adolescents under the age of 12 and only 24 that can treat children with severe emotional disturbance. Most counties have at least one mental health provider; however, not all providers serve children under the age of 18 years, which can mean families must travel to access mental health services for their children. Substance Abuse and Mental Health Administration (SAMHSA) reported in 2019 that 95 percent of agencies providing mental health services accept Medicaid and 73 percent accepted other state insurance, such as CHIP; only 72 percent accept state welfare or child and family service funds.[58]

[56] University of Maryland School of Social Work. (2021). Agreement between the State of West Virginia and the United States Department of Justice. Retrieved from West Virginia SME Semi-Annual Report.
[57] University of Wisconsin Population Health Institute. (2023). County Health Rankings & Roadmaps 2023. Retrieved from County Health Rankings.
[58] Substance Abuse and Mental Health Services Administration. (2020). National Mental Health Services Survey (N-MHSS): 2019. Data on mental health treatment facilities. Retrieved from National Mental Health Services Survey.

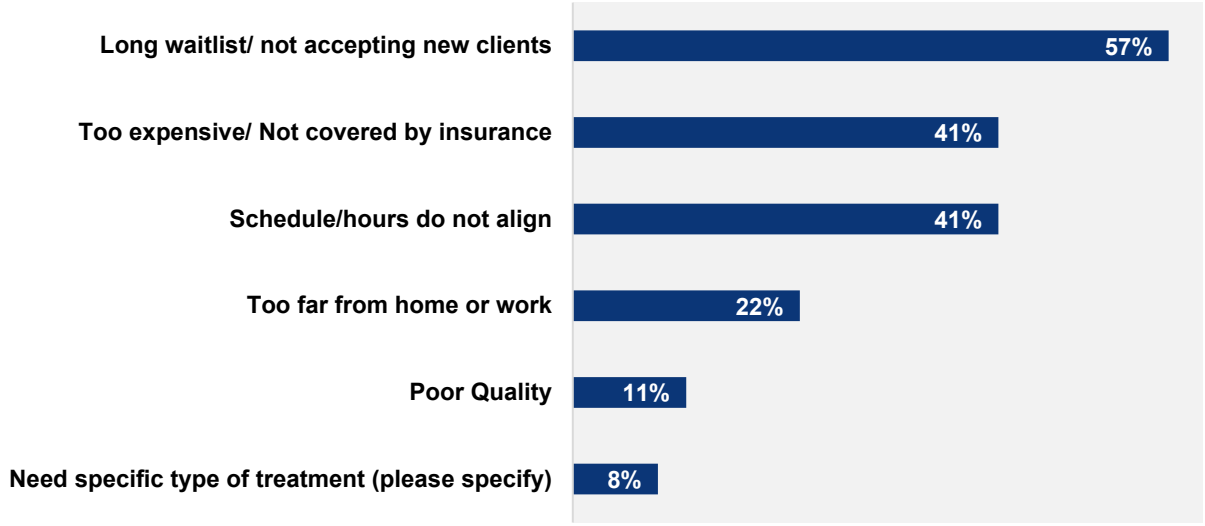
Figure 12. Map of Ratio of Mental Health Providers to Population[59]



Based on the 2021 National Survey of Children's Health, one in ten children (10.3%) aged three to 17 received some counseling or treatment from a mental health professional.[60] Despite the proportion served, based on survey responses, 42 percent of caregivers that reported their children needed behavioral health services did not receive those services. **This was the highest reported unmet need from caregivers for their children**. The most commonly cited barrier to accessing services reported by families were that agencies were not accepting new clients or that the waitlists were too long (57%), others indicated that the services were too expensive or that the services were not covered by insurance (41%), or the hours services were available made it difficult to participate (41%). This is of particular concern for families needing to obtain a behavioral health assessment within a 30-day time period to complete the requirement for SSI and a waiver to help cover the costs of special education preschool.

[59] University of Wisconsin Population Health Institute.(2023). County Health Rankings & Roadmaps 2023. County Health Rankings Website.
[60] KFF. (2022, December 2). Percent of children (ages 3-17) who received any treatment or counseling from a mental health professional. Retrieved from KFF: Access to Mental Health.

Figure 13. Barriers to Accessing Behavioral Health Services



Interviewed providers shared similar challenges regarding access to behavioral health services, with 29 percent reporting long waitlists for mental health services. One provider reported that they have had kids sitting in juvenile detention centers for extended periods of time while waiting for a mental health evaluation because there is nowhere else for them to go until they receive an evaluation.

Home and Community-Based Services

To assist families and the health care system to proactively identify families that may need services for their child, West Virginia has implemented the *Help Me Grow* program. *Help Me Grow* is a statewide referral program for children birth to five that works to identify children with developmental delays and connect them with the resources they need to thrive. This program provides a referral line to which families can reach out with questions about their child's development or other concerns for their child. The *Help Me Grow* staff assesses a child's development with the Ages and Stages Questionnaire and connects the family with appropriate resources based on the results.

The state also uses West Virginia Community Based Child Abuse Prevention (CBCAP) to coordinate resources and provide evidence-based and evidence-informed services to prevent child abuse and maltreatment. These programs include behavioral health programs, home visiting, services for individuals with disabilities, peer support groups and community grants. CBCAP also supports families and communities with concrete needs via food, clothing, and diaper pantries, as well as parent education and community baby shower and education events.

For younger children, West Virginia provides the opportunity for families to participate in evidence-based home visiting programs. Home Visitation has implemented voluntary programs for families that provide support, coordination and education. Home visitors provide services to families directly in their home. Programs across the state include:

- Parents as Teachers (PAT)
- Healthy Families America (HFA)
- Maternal, Infant and Health Outreach Worker (MIHOW)
- Early Head Start (in-home)
- Right from the Start

Families are eligible for different home visiting programs based on their child's age, Medicaid enrollment, family income, involvement with child protective services, and geography.

Individuals with intellectual or developmental disabilities are also eligible to receive additional support in the community or at their home through the Intellectual/Developmental Disabilities Waiver (IDDW). To qualify for services, individuals must be more than three years old with an intellectual disability that creates difficulties in functioning across three of six domains, and be financially eligible. Individuals are provided a host of services including behavior support, case management, professional services (speech therapy, physical therapy, occupational therapy, or dietary therapy), respite services, and transportation services, among others.

Additional support for parents can be found through peer support. In West Virginia, Circle of Parents provides caregivers a space to share their experiences through bimonthly meetings. Led by a trained facilitator or peer leader caregivers use the mutual self-help model to discuss parenting successes and challenges. Parents do not have to meet any specific criteria to participate in the Circle of Parents.

West Virginia also funds grants to local organizations and communities through Partners in Prevention. Organizations receive grants funded by the West Virginia Children's Trust Fund and the West Virginia DOHS. The program is a network of 42 community teams that conduct community projects that focus on creating family support, distributing resources, providing educational workshops, and creating referrals to additional services. Through these projects, the Partners in Prevention help parents build resilience and social connections, improve parent knowledge of parenting and child development, provide concrete supports and increase social and emotional competence in the children. The program has reached over 57,565 people and organizations in the past year.[61]

Child Protection

As of August 2023, there were 6,298 West Virginia children in foster care.[62] More than one-half of placements were with kinship/relatives (37% certified kinship/relative home and 18% kinship/relative placement) (Figure 14). An additional one in four placements

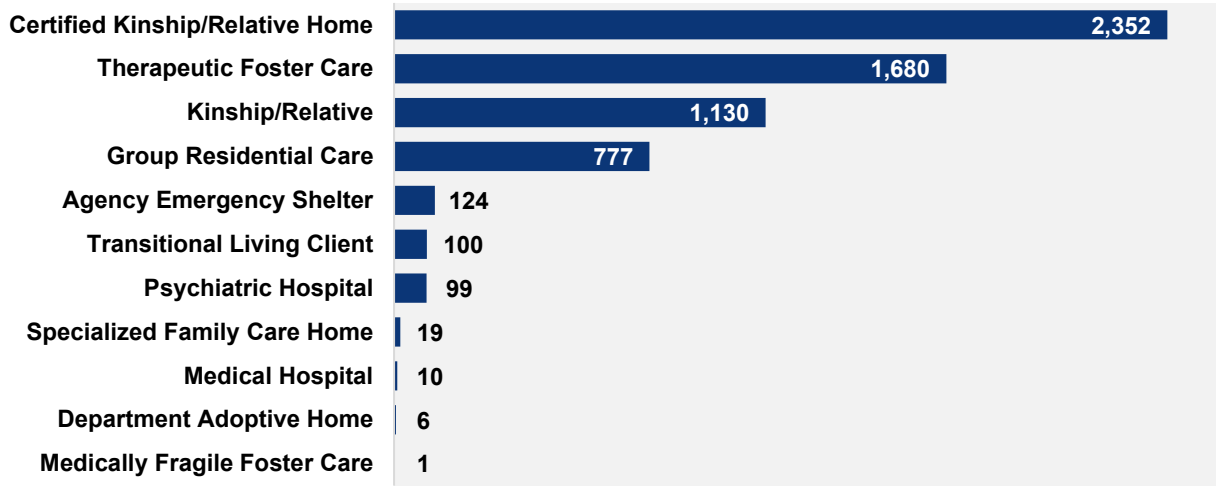
[61] *Partners in prevention*. TEAM for West Virginia Children. (2023, July 18). Retrieved from: Team WV Partners in Prevention

[62] West Virginia Department of Human Services. (2023, August 15). West Virginia Child Welfare Dashboard. Retrieved from: West Virginia Child Welfare Dashboard.

involved children in foster care who were placed in therapeutic foster care (27%), while one in eight placements were in group residential care (12%). Other placements including agency emergency shelter, transitional living client, psychiatric hospital, specialized family care home, medical hospital, department adoptive home, and medically fragile foster care, which accounted for the remaining six percent of placements. Among children placed in foster care, 461 (7%) were placed out of state.

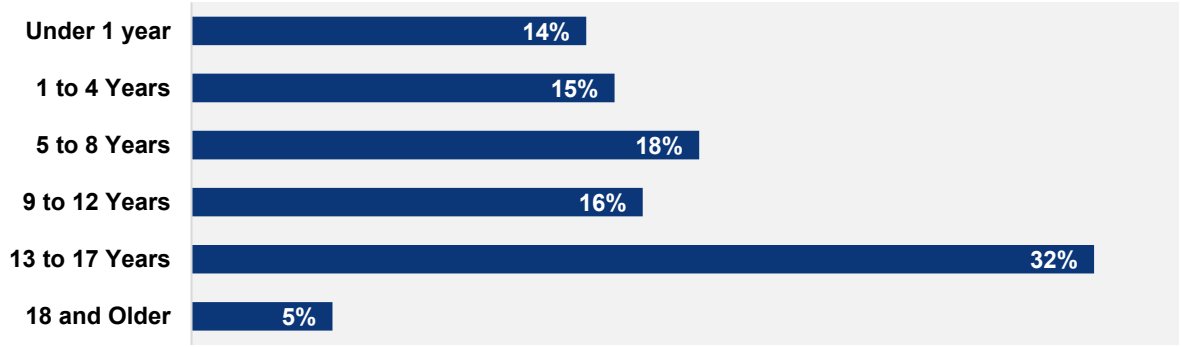
Approximately 14 percent of interviewed providers indicated a need for more foster care services within the state, as they are chronically short on foster care placements. Additionally, one provider reported the need for more oversight within the foster care system because children are being removed from foster families for the same circumstances of removal from their original homes.

Figure 14. Foster Care Placements



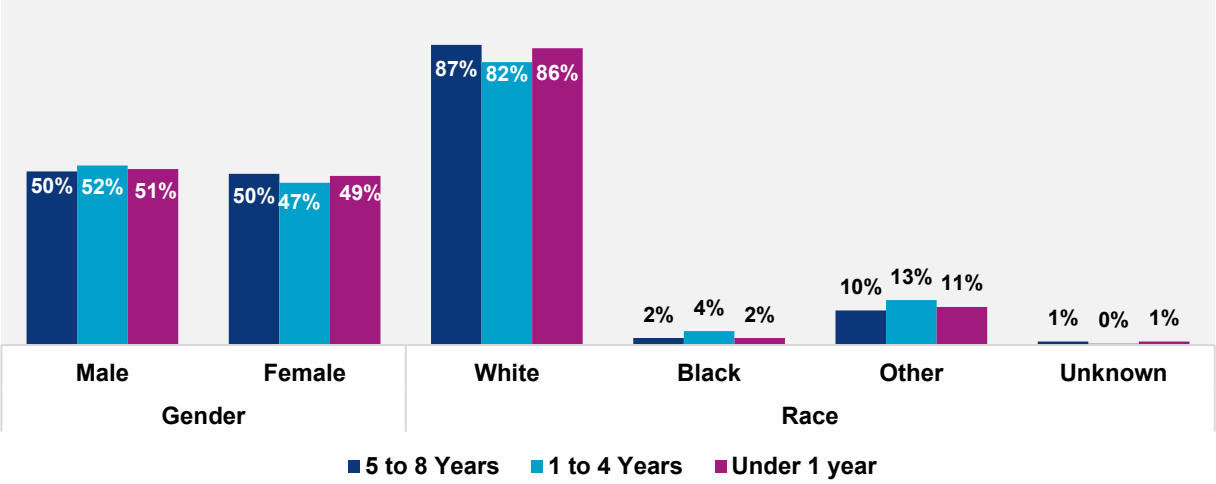
Almost 3,000 children (47%) in foster care are under the age of nine. This accounts for about 1.6 percent of all children under the age of nine in West Virginia (Figure 15).

Figure 15. Age of Children in Foster Care



In general, there were an even number of male and females under the age of nine in foster care (51% vs 49%). The majority of children identified as white (85%), three percent as Black, and 11 percent as another race (Figure 16). Similar to subsidized child care, minority races are over represented in foster care. This highlights the need to ensure that Family Service Workers are well trained in inclusive approaches and diversity in their work.

Figure 16. Gender and Race of Children in Foster Care



About two-thirds (63%) of the providers who participated in the workforce survey and almost all (95%) of the interviewed providers indicated that they work with families who have a child who has been in foster or kinship placement. All interviewed child protection providers acknowledged that cultural needs are identified during the investigation process and conversations with families. During this assessment process, Family Service Workers will ask families specific questions about their cultures and try to identify what is most meaningful to them. All surveyed child protection staff indicated that cultural awareness training was provided to them, albeit brief and broad. A need was indicated for more regular cultural awareness training. In general, only 71 percent of West Virginia workforce survey respondents stated that they had been offered specific training on working with populations from a variety of cultural backgrounds.

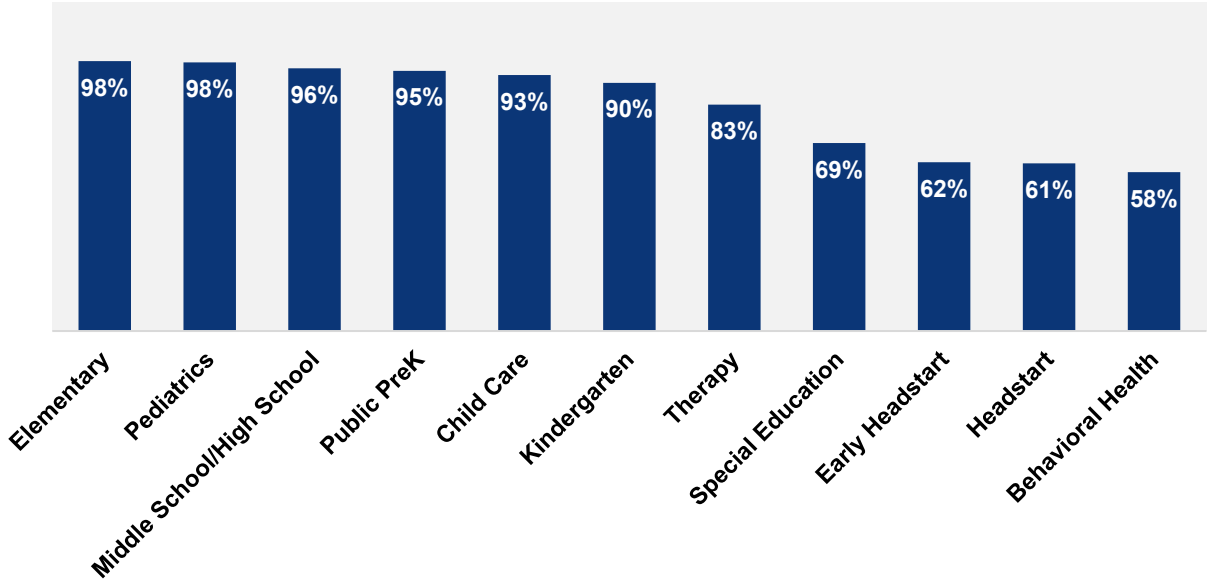
Structure

Easing Access to Services Through Family Choice and Knowledge of and Engagement with Existing Services

Often child and family participation in the ECCE system overlaps with more than one service. As West Virginia does not have an integrated data system for child-serving systems, there is no way to cross-reference enrollment or participation of different services within the system without asking families to self-identify. Therefore, part of the family survey asked about the services children use for ECCE and the social services in which they are enrolled.

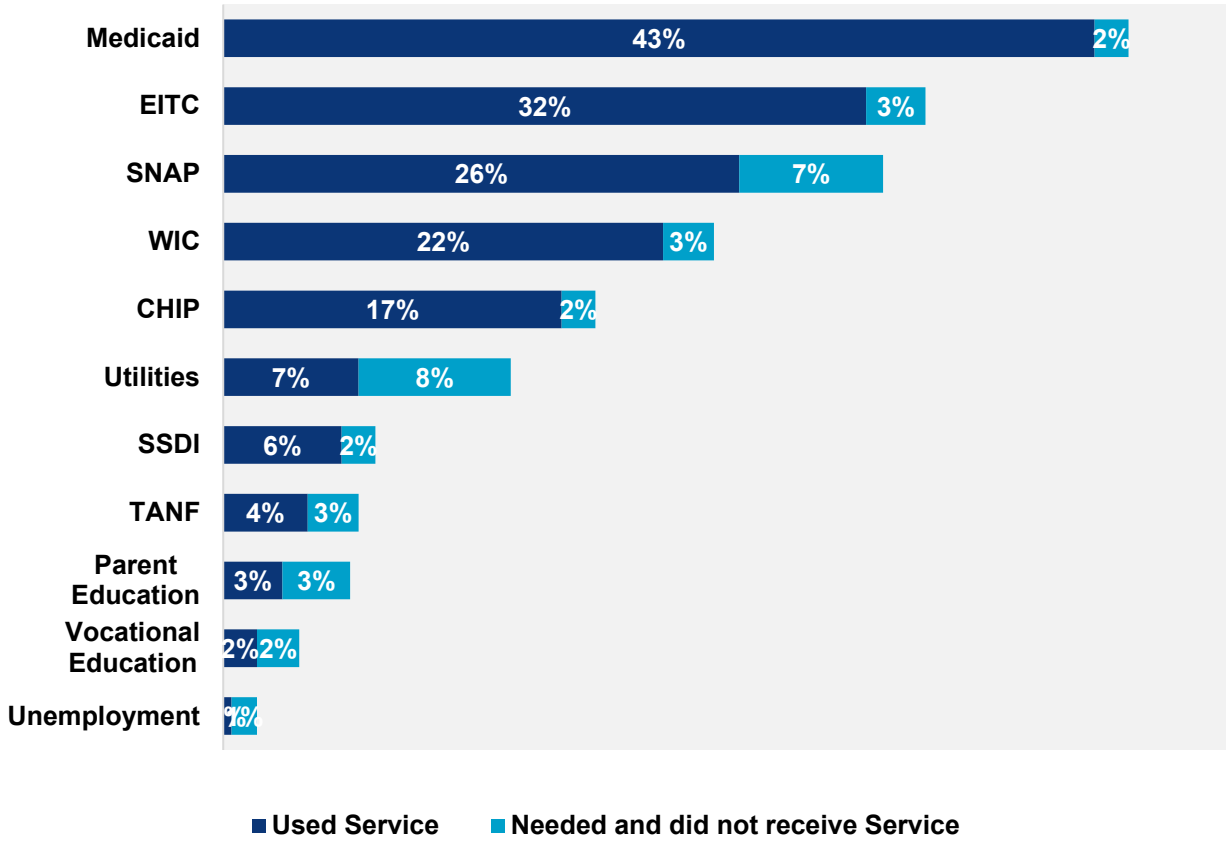
The majority of parents/ caregivers reported having children in school (elementary, middle/high school, and public pre-K), using pediatric medical care, using child care services, and/or therapy services (Figure 17). On average, caregivers reported their child(ren) used 2.63 services. The most common combination of services reported were child care and pediatric services (16%) followed by child care, Early Head Start and pediatrics (5%).

Figure 17. Percent of Eligible Children Enrolled



The most common social services that families indicated were needed (based on responses from families that received services as well as those that did not), were Medicaid (45%), Earned Income Tax Credit (EITC) (35%) and Supplemental Nutrition Assistance Program (SNAP) (33%). The largest unmet need by percentage of respondents that needed but did not receive the service was unemployment support, with three in four caregivers indicating they had such a need but did not receive the service. Similarly, about one in two caregivers (56%) reported a need for vocational training, parent education (53%) and assistance with utilities (53%) but no receipt of these services.

Figure 18. Services Caregivers Reported Needing



Among the families surveyed, 42 percent indicated that they used two or more social services; on average, families used 1.7 social services. Caregivers that used more than one social service often used both WIC and Medicaid services. Looking across both child and social service needs, the most common services needed in combination were child care, Medicaid and WIC.

However, access to and provision of services is not always straightforward. It is important to consider the ability of providers to address cultural/linguistic needs. In fact, interviewed providers spoke about the lack of culturally tailored services, especially in rural counties. While 19 percent of providers indicated that they have translators/interpreters for families who do not speak English, other providers reported that these services are lacking in rural areas compared to the Eastern Panhandle. One child care provider stated that non-English speaking families tend to stay away from child care in the rural areas because it is hard for them to communicate with providers. However, statewide providers reported various ways in which they engage culturally with families, including asking parents questions about their culture, focusing on culture in classroom materials, and asking parents to come in and share their culture in the classrooms.

With families using multiple ECCE and social services, communication of and coordination between services is critical for continuity of care. According to caregiver interviews, local child care and education providers seem to provide more information and education regarding services and support than state entities. All caregiver interviewees reported that they receive little information from the state about ECCE. If information is received, it is usually about health plan access. None of the surveyed or interviewed caregivers reported receiving any information from the state about the meaning of "high quality services."

While there is still a demonstrated need for continued resource development, West Virginia already has many ECCE options. However, community education of these service offerings in clear, concise ways appears to be an area of need. Surveyed caregivers were asked how they preferred to receive information from the state about ECCE and were able to select all options they preferred. Three in four families (77%) reported that they would like to receive information through email. The state can utilize list servs to send emails to caregivers about opportunities and services. The next most preferred method of communication was text messaging. One-half of the caregivers (51%) indicated that they would prefer to receive information through text. Fewer than one in four caregivers preferred direct mail (20%), telephone calls (15%), social media messages (13%), or in-person meetings (10%)

Peer states like Maine that have many existing resources for parents and families have also struggled to educate and connect families. To improve parent knowledge of and engagement with Maine ECCE services, the state hosted a community forum with stakeholders in September 2023 to discuss development of a coordinating website. The vision for the website is to offer "one-stop shopping" for parents and caregivers interested in a variety of parenting, child care, and education topics without duplicating resources that are elsewhere. To minimize duplication, the state is also seeking to work with ECCE entities to align existing materials so that the system as a whole adheres to a "no wrong door approach" for families. As Maine, like West Virginia, is a very rural state, forum participants also discussed non-traditional engagement strategies, particularly for rural areas; these included promotion of materials via community centers, religious groups, YMCAs, day care centers, Big Brothers and Big Sisters clubs, as well as volunteer community organizations, like Lions and Rotary Clubs.

Coordinating Instructional Alignment and Developmentally Appropriate Learning from Birth through Third Grade

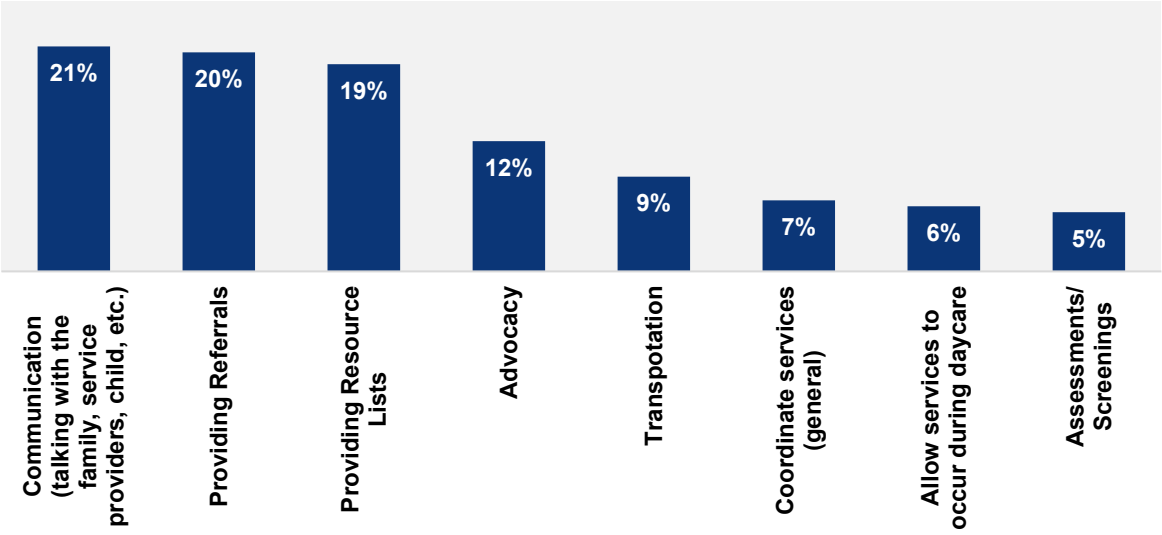
Following access to and engagement with services, we examine the coordination between services. Only 38 percent of surveyed caregivers indicated that coordination between ECCE programs was always or often occurring, 23 percent indicated that coordination sometimes occurred, and 39 percent said that coordination rarely or never occurred. Interestingly, caregivers of children who had identified disabilities were more likely to say that coordination between services often or always occurred compared to caregivers of children without disabilities (54% compared to 35%). This suggests that the

nature of programs like Head Start, West Virginia Birth to Three, and other special education services may have a positive effect on cross agency coordination.

Surveyed caregivers who found care coordination to be lacking expressed that providers needed to communicate or have meetings more regularly to share information and create coordinated plans. Others suggested designated care coordinators would be beneficial to organize the exchange of information. Additionally, caregivers said that even when the information is shared by other providers, the documents are not read by receiving organizations leading to service disconnect. One family who was interviewed reported that they have to provide answers to the same questions repeatedly with different providers, and communication between providers is lacking. This family indicated that it would be helpful for providers to share screenings and scheduling with each other to prevent duplication of services.

From a different point of view, surveyed ECCE workers see their role in service coordination to primarily be one of providing resources or referrals to families. About 21 percent of respondents described their role for coordinating services as a communicator for service options, mediator for concerns with providers, or conduit for information sharing information between the family and providers. A small percentage of workers indicated they provide advocacy for children (12%) or transportation to assist with accessing services (9%).

Figure 19. Providers role in coordinating services



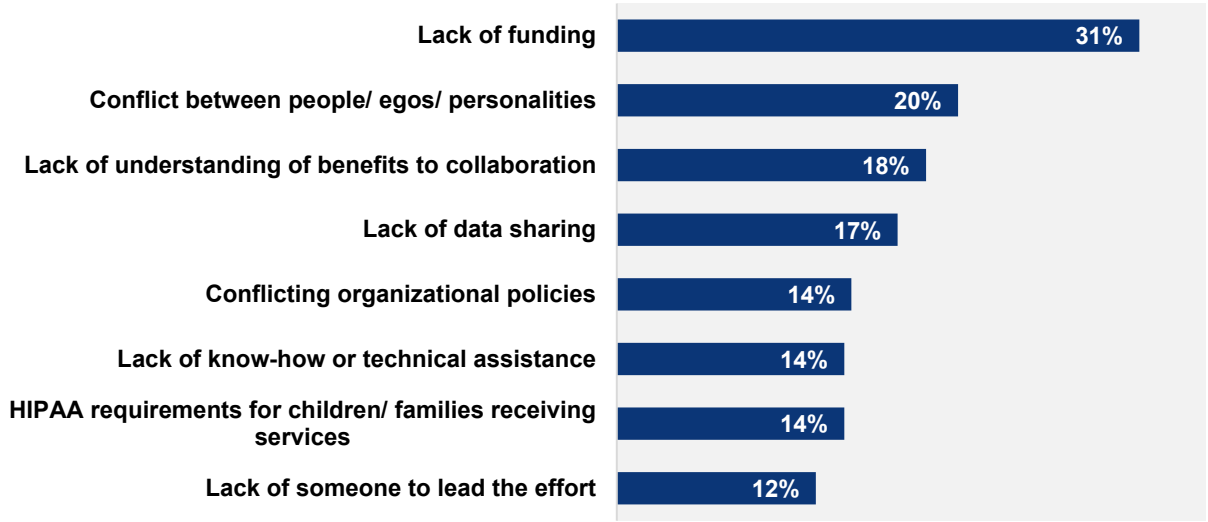
Workers elaborated to describe what coordination and communication looked like from their perspective. Respondents often indicated that when coordination and communication happened, it involved calling or emailing families or providers (34%) or talking with the family about concerns or options for services (31%). Workers referenced talking with the family during child care drop off or pick up to describe how they communicate with families. Seven percent of workers said they participated or hosted

team meetings or meetings with the family to discuss services or concerns, six percent provided assessments or forms for the families, and five percent indicated they helped with paperwork for services.

Most providers who were interviewed reported that they help connect families to resources by providing information to the families or making direct referrals to meet their needed services. Additionally, providers indicated that they occasionally help families obtain documents needed to apply for services, initiate handoffs between providers, and take them to appointments when transportation is unavailable.

Survey respondents were also asked what they thought was the biggest barrier to communication and coordination for children. Workers indicated that the lack of funding is the biggest barrier to coordination and communication of services (31%), followed by conflict between people including egos and personalities (20%), lack of understanding about the benefits of collaboration (18%), and a lack of data sharing (17%). One in seven workers said that conflicting organizational policies, a lack of know-how or technical assistance, and information privacy requirements all made it difficult to coordinate services (14%). Interviewed providers reported siloed communication as the biggest barrier to coordination with other service providers. They indicated that different systems do not always work together, and that sometimes providers only know what happens in their own world. Additionally, providers across child-serving systems acknowledged that staff are often extremely busy and have large caseloads, so it is difficult to find time to communicate with each other.

Figure 20. Biggest Barriers to Communication and Coordination



Care coordination is especially important for children with developmental or intellectual challenges. For children under the age of three, West Virginia Birth to Three can make a determination for a child, when they enter school, if they are eligible for special education services. If children over the age of three have not been assessed, they are evaluated for

vision, hearing, speech, and language. While there is no state-required Kindergarten Entry Assessment to measure a child's knowledge or skills, school boards are required to provide developmental screening upon parental request. Special education needs may be identified at this time.[63] Two of the three families interviewed, who had a child with a disability, reported a smooth coordination of services with West Virginia Birth to Three and their preschools. Both families were referred to West Virginia Birth to Three from their preschools and their children now receive weekly speech and occupational therapy services.

Like West Virginia, Maine, Mississippi, and Montana operate coordinated governance ECCE systems. This means that coordination between ECCE entities is overseen by a mix of governor- and board-appointed advisory councils rather than one department or agency. Stakeholders included in this governance vary from state to state. For example, the Maine Children's Cabinet Early Childhood Advisory Council is responsible for overseeing coordination with members entirely appointed by the governor, legislative leadership, and agency heads. By contrast, in addition to traditional ECCE partners, Montana's ECAC includes representatives from the business industry as well as tribal representatives.[64]

Other states have chosen different ways to manage ECCE services. In 2019, New Mexico created the Early Childhood Education and Care Department (ECECD) to serve as a single department with responsibility for overseeing early child education and child care. The ECECD provides services for child care, food and nutrition programs, and education for children from zero to five years old.[65] The goal of the new department is to streamline services for families by creating a cohesive and unified department.

Obviously, there are pros and cons to assorted styles of governance. Even though change is on the horizon for West Virginia DOHS to reorganize into Departments of Health, Human Services, and Health Facilities as of January 1, 2024, it appears unlikely that this organizational change will result in changes to the ECAC governance style. Therefore, the ongoing challenge for West Virginia's coordinated system is likely to remain communication and shared funding across agencies.

Given the reported lack of coordination between agencies/services, there may be an opportunity for the ECAC to better define provider roles and expectations for facilitating cross-system child and family service coordination. Additionally, there may be opportunity for the ECAC to consider additional non-traditional partners to drive information dissemination about available services in communities as well as workforce development and shared funding models (discussed in more depth later in this report).

[63] West Virginia Secretary of State. (2023). Notice of Final Filing and Adoption of a Legislative Exempt, Interpretive, or Procedural Rule. Regulations for the Education of Students with Exceptionalities. Retrieved from Legislative Rule: Regulations for the Education of Students with Exceptionalities.
[64] Montana Department of Public Health & Human Services. (2023). Montana Early Childhood Advisory Council. Retrieved from Montana Early Childhood Advisory Council.
[65] New Mexico Early Childhood Education & Care Department. (2023). About ECECD. Retrieved from About ECECD.

Improving School Readiness for Children in the Largest Achievement Gaps

In West Virginia, school readiness is defined as "a process of assuring children have access to the best available resources prior to entering first grade. School readiness entails the capacity of schools and programs to welcome families and be prepared to serve all children effectively within the developmental domains of health and physical development, social and emotional development, language and communication, cognition and general knowledge, and individual approaches to learning."[66]

The National Center for Education Statistics conducts annual assessments of 4th-, 8th-, and 12th-grade students in each state to benchmark readiness metrics, known as the National Assessment of Education Progress (NAEP). The achievement gap in education refers to disparity between two or more groups of students. For example, mathematics and reading scores for 4th- and 8th-grade West Virginia students were significantly lower than the national average in 2022.[67] This is not a new trend, however. The average mathematics score for 4th-grade students in West Virginia in 2022 (226) was lower than the average score in 2019 (231), but it was not significantly different from the state's average score in 2000 (223). Further, the average reading score for students in West Virginia in 2022 (205) was lower than the average score in 2019 (213) and the score in 1998 (216). Only about one-quarter of 4th-grade students were at or above proficiency levels in either subject.

Historically, when discussing national achievement gaps, the focus has also been on the gap between test scores for White versus non-White students, more specifically between White and Black/African American students. For peer states, like New Mexico and Mississippi, race is a significant factor. However, West Virginia has one of the smallest achievement gaps for these two groups in the country.[68] For West Virginia, SES tends to play a larger role in achievement than race or ethnicity. The Annie E. Casey Foundation reports that children who live in financially unstable housing are more likely to be maltreated and to move frequently, both factors shown to impede school readiness. Additionally, children who live in or near substandard housing or foreclosed housing are more likely to experience lead poisoning, also a negative indicator of readiness.[69]

As previously noted in this report, in the 2022–23 school year, about half of all enrolled students qualified as low SES (49%). In West Virginia, the difference between students who qualify for the National School Lunch program[70] versus those that don't seems to be

[66] West Virginia Secretary of State. (2022). Notice of Final Filing and Adoption of a Legislative Exempt, Interpretive, or Procedural Rule: West Virginia's Universal Access to a Quality Early Education System (2525). Retrieved from Legislative Rule: West Virginia's Universal Access to a Quality Early Education System.
[67] The Nation's Report Card. (2022). West Virginia Overview. Retrieved from The Nation's Report Card: West Virginia Overview.
[68] District Administration. (2023). Racial equality in education: Why These States Are in the Top 10. Retrieved from District Administration.
[69] The Annie E. Casey Foundation. (2018). Using Integrated Data to Identify and Solve Housing Conditions that Harm School Readiness. Retrieved from The Annie E. Casey Foundation.
[70] Qualifying for the National School Lunch program implies a certain level of poverty to compare populations with more or less income/socioeconomic stability.

a predictor of academic divide. Though there was some improvement between 2019 and 2022, the gap between these two groups was still apparent.[71]

English proficiency and disability status can also be indicators for achievement gap. Like SES but unlike race or ethnicity, students can move in and out of these groups as circumstances change. For English Language Learners (ELL), West Virginia DOE reports that only one percent of enrolled students identify as ELL. No recent data were available for achievement discrepancies for this population. However, the state has more extensive documentation for students with disabilities.

The Convention on the Rights of Persons with Disabilities defines children with disabilities as those who experience long-term physical, mental, intellectual, or sensory limitations that may impede their complete and effective engagement in society in equal ways.[72] In 2019, more than three million children under the age of 18 in the U.S. were reported as having a disability.[73] In 2022, the CDC's National Center on Birth Defects and Developmental Disabilities reported that one in six children in the U.S. have a developmental disability, a condition that can affect a child's physical, learning, language, or behavioral development.[74] Nationally, children and youth who have special health care needs are nearly four times as likely to have unmet care needs, usually related to cost or appointment availability, and more than 85 percent do not receive services in a well-functioning system of care.[75]

According to the PCG workforce survey, 60 percent of providers in West Virginia reported that they work with families who have a child with a cognitive or intellectual disability, and 38 percent reported working with children with a physical disability. Additionally, almost all (95%) interviewed providers indicated that they work with families who have a child with a disability. Approximately 60 percent of interviewed caregivers and 17 percent of caregivers who participated in the survey reported that they care for at least one child who has been diagnosed with a cognitive or physical disability.

West Virginia has multiple supports in place to serve as resources for families that have children with disabilities. The Individuals with Disabilities Education Act (IDEA) establishes at a federal level that states provide free and appropriate public education services to children with disabilities.[76] There are two main components to this act, IDEA

[71] The Nation's Report Card. (2022). West Virginia Overview. Retrieved from The Nation's Report Card: West Virginia Overview.
[72] United Nations Human Rights Office of the High Commissioner. (2006). Convention on the Rights of Persons with Disabilities. Retrieved from Convention on the Rights of Persons with Disabilities.
[73] Young, N. A. (2022). Childhood disability in the United States: 2019. *ACSBR-006*. Retrieved from US Census Library Publications.
[74] National Center on Birth Defects and Developmental Disabilities. (2022). NCBDDD Fiscal Year 2022: Making a Difference Across the Lifespan. Retrieved from NCBDDD Annual-Report FY2022.
[75] The Annie E. Casey Foundation. (2023). The State of Children with Disabilities and Special Health Care Needs. Retrieved from The Annie E. Casey Foundation.
[76] US Department of Education. (2022, May 10). Individuals with Disabilities Education Act – West Virginia IDEA. Retrieved from: IDEA State Results for West Virginia.

Part C which applies to children with disabilities from birth to age three (also known as early intervention) and IDEA Part B, which applies to children aged three to 21.

To enact this legislation, every school in West Virginia has an agreement with West Virginia DOHS regarding West Virginia Birth to Three for early intervention services, and the state is required to provide appropriate resources for students with exceptionalities.[77] Children are provided services under IDEA Part B through the state's public school system.

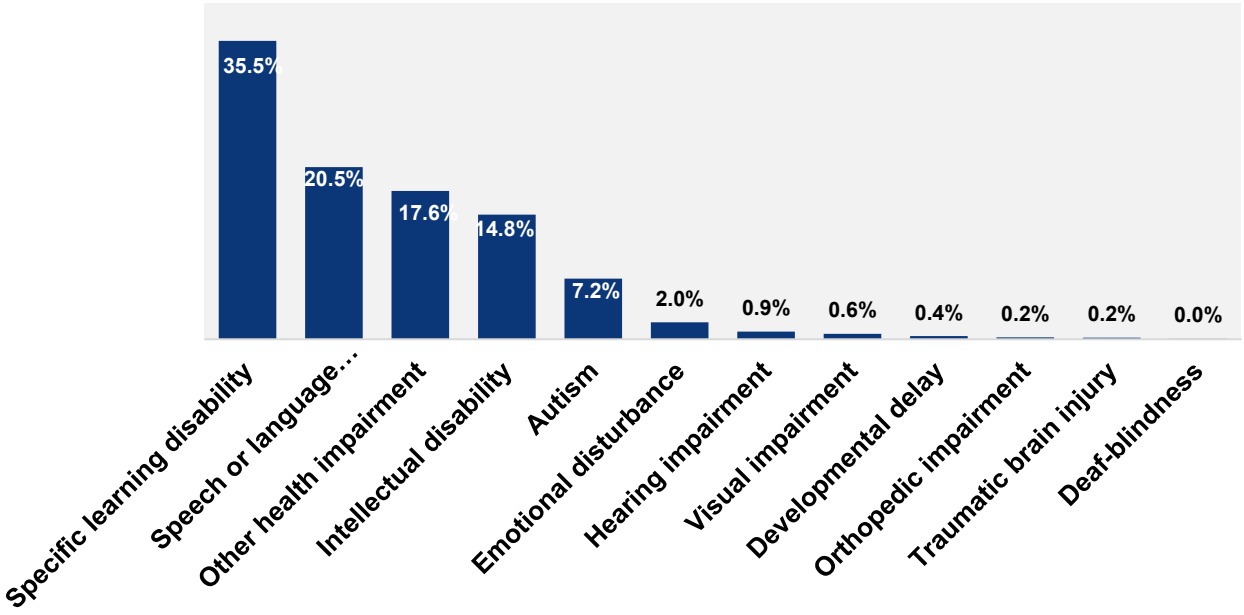
West Virginia Birth to Three provides free services to families to support the development of the child. Children under the age of three qualify for free services if the child has a current delay or is at risk of a delay in any of the following areas: cognitive, physical, social/emotional, adaptive, or communication. In addition, children are eligible if they were born with an established condition (*e.g.,* hearing or visual impairments), a condition associated with developmental delays (*e.g.,* Autism, Down Syndrome), or a combination of social and biological risk factors.

In West Virginia Birth to Three, families and providers create an Individualized Family Service Plan (IFSP) which outlines the services and supports the family will receive. The services are delivered in the child's natural environment, which could be their home, day care, clinic, or community. Once children reach the age of three, they are no longer eligible for services under IDEA Part C and instead transition to services provided by West Virginia under IDEA Part B. IDEA Part B services are provided to the child through the public school system rather than being directed towards the family. In West Virginia in FFY 2020, 3.2 percent of children under the age of one had an individualized family service plan through West Virginia Birth to Three, and 6.8 percent of children under the age of three did.[78]

In the 2021–2022 school year, there were over 14,000 children between the ages of five and nine that were being served under IDEA Part B. Under Part B, eligible children receive special education services and additional services such as speech therapy, school aids, and adaptive equipment among others. Children have an Individualized Education Plan (IEP), similar to the IFSP. In West Virginia, one in five children in public schools were enrolled in special education (18%), which accounted for over 43,000 children in the 2021-2022 school year.[79] According to the IDEA Section 618 Public Reporting (Figure 21), the most common disability among qualifying children was a specific learning disability (36%), speech or language impairment (20%), other health impairment (18%), and intellectual disability (15%).

[77] West Virginia Secretary of State. (2023). Notice of Final Filing and Adoption of a Legislative Exempt, Interpretive, or Procedural Rule. Regulations for the Education of Students with Exceptionalities. Retrieved from Legislative Rule: Regulations for the Education of Students with Exceptionalities.
[78] West Virginia Department of Human Services. (2022). Annual Performance Data: WV DOHS. Retrieved from: West Virginia DOHS 2020 APR Local Reporting Data.
[79] West Virginia Department of Education. (2022). IDEA Section 618 Public Reporting. Retrieved from: Section 618 Public Reporting.

Figure 21. IDEA Section 618 Reporting: Students with Disabilities by Disability Category



Curricula requirements vary across states. Some specify only general criteria that schools or districts must meet, while others stipulate curricula from a list or board-approved curricula. A relatively new piece of legislation, the West Virginia House Bill 3035, Third Grade Success Act supports literacy in early education and components are still being phased into classrooms.[80] According to the code, each county board must adopt their own high-quality instructional materials grounded in scientifically based reading research that aligns to state standards.

While West Virginia does not have specific requirements for reading curricula, as prescribed by best practice,[81] the state does have specified interventions (such as reading plans, group instruction, tutoring) for children in grades K–3 who are identified as reading below grade level, as well as required parental notification for identification of deficiencies in reading and specialized training for teachers on evidence-based reading instruction. West Virginia DOE reports that beginning in 2023 the state planned to implement revised ratios for classroom aides and interventionists, submit reading and math literacy reports to the Legislative Oversight Commission for Education Accountability by November 2023, and require retention of third grade students not meeting proficiencies by July 1, 2026.[82]

[80] West Virginia Department of Education. (2023). Third Grade Success Act. Retrieved from West Virginia Third Grade Success Act.
[81] Education Commission of the States. (2023). State K-3 Policies. Retrieved from Education Commission of the States K-3 Policies.
[82] West Virginia Department of Education. (2023). Third Grade Success Act. Retrieved from West Virginia Third Grade Success Act.
[82] Education Commission of the States. (2023). State K-3 Policies. Retrieved from Education Commission of the States K-3 Policies.

In addition, the state provides some resources for student support and well-being around social emotional learning (SEL).[83] The consolidated list on the West Virginia DOE website offers a variety of evidence-based and non-evidence-based programming, with minimal guidance for teachers in how to choose what may work best for their needs. Improving access to and guidance around the importance of utilizing evidence-based, strengths-based curricula may be an opportunity for the state.

Afterschool and summer programming is critical for academic growth and overall child well-being. Participating children benefit from safe, supervised environments that promote physical activity and provide homework support. Despite remarkably high caregiver satisfaction (97%) with afterschool programming in the state, the Afterschool Alliance estimates that the unmet demand for afterschool and summer programming in West Virginia is high. In West Virginia, approximately 12,661 children in 172 communities are served via the 21st Century Community Learning Center (CCLC). CCLC grants are the only dedicated federal funding sources in West Virginia that support local communities' afterschool and summer programs;[84] however, a percentage of TANF, CCDF, and National School Lunch funds may also support this programming. Demand for programming in West Virginia is so great that for every one child in afterschool programming, four more are on a waitlist.[85]

Caregivers report high levels of satisfaction (99%) with summer school programs in West Virginia. It is estimated that families pay between $565 and $725 per child to send them to a summer program for four to five weeks,[86] which is comparative to the cost of one month of child care services in the state. Like afterschool programming, there are also substantial unmet needs with limited availability. It is estimated that an additional 77,700 children are eligible and would enroll in summer programming if it were available to them. Parents reported the top three barriers to child enrollment as expense, lack of transportation, and lack of available programs.

With the institution of Early Head Start and Head Start, universal pre-K, and the HOPE Scholarship program to expand access to public charter schools,[87] West Virginia has put considerable resources toward closing the achievement gap for all students. Despite gaps in achievement, the state boasts one of the highest high school graduation rates in the country (91% in 2023)[88] and strong enrollment in universal pre-K (68% of eligible West Virginia four-year-olds in 2020), compared to only one-third of four-year-olds

[83] West Virginia Department of Education. (2023) Social and Emotional. Retrieved from Social and Emotional.
[84] Afterschool Alliance. (2023). *This is Afterschool in West Virginia.* Retrieved from West Virginia Afterschool Fact Sheet 2023.
[85] Afterschool Alliance. (2023). Afterschool in West Virginia. Retrieved from Afterschool Policy State Facts: West Virginia.
[86] Afterschool Alliance. (2023) Summer Enrichment Programs Came be a Game Changers for Young People. But Unmet Demand Remained High. Retrieved from Afterschool Alliance.
[87] Herbert Henderson Office of Minority Affairs. (2021). Equalizing Access for West Virginia's Students. Retrieved from Equalizing Access for West Virginia's Students.
[88] Public School Review. (2023). Top 10 Best Graduation Rate Public Schools in West Virginia. Retrieved from Public School Review Graduation Rate Stats: West Virginia.

nationwide.[89] Therefore, the lag in reading and math proficiencies but comparatively high graduation rates suggest that there may be an opportunity to review education requirements more broadly and access to extended learning opportunities, such as before and after-school programming.

Peer states have addressed school readiness and achievement gaps in a variety of ways. For example, in 2013, Mississippi passed the Early Learning Collaborative Act, which established the state's first state-funded pre-K initiative. Every year since, children enrolled in the program show a readiness for kindergarten that is twice as high as the average Mississippi child.[90] In New Mexico, the state is focused on reducing achievement gaps and improving overall school readiness through additional financial investments in education.[91] At sites throughout the state, they are piloting extended learning programs for all grade levels. Families are also receiving additional family tax credits increasing family income for low-income families. In Montana, House Bill 352 aims to increase child achievement in reading and math by tasking the Board of Education with development of assessment criteria to screen children and identify those under five who may struggle with math and reading.[92] Children identified through the assessment will be provided additional early education support. While Maine does not currently offer universal public pre-K for all four-year-olds, the state recently proposed a significant investment of $10 million from the federal American Rescue Plan Act (ARPA) funds for public pre-K infrastructure to boost the enrollment of four-year-olds in public pre-K programs across the state.[93]

Funding for High-Quality ECCE Services and Supports

West Virginia ECCE services are funded through a mix of federal and state dollars, sometimes with overlapping sources. In West Virginia, state agencies and organizations operate with siloed funding to meet the needs of children and families. Sources include:

1) **State Funding:** The West Virginia DOHS and DOE allocate funds for early education programs through their budgets. This funding can be used for various initiatives such as pre-K programs, early intervention services, and other early childhood education initiatives. The state legislature typically appropriates funds for these programs as part of the overall state budget.

2) **Federal Funding:** The federal government provides funding to West Virginia for early education programs through various grants and programs. Some significant

[89] National Institute for Early Education Research. (2021). The State of Preschool in 2020. Retrieved from The State of Preschool in 2020.
[90] Mississippi First. (2023). About Early Learning Collaboratives. Retrieved from Mississippi First Early Learning Collaboratives.
[91] New Mexico Children's Cabinet. (2021). The New Mexico Early Childhood Strategic Plan 2021–2024. Retrieved from New Mexico Early Childhood Strategic Plan.
[92] Montana 68th Legislature. (2023). House Bill 352. Retrieved from Montana Legislature.
[93] Maine Department of Education. (2023). Public Preschool. Retrieved from Public Preschool.

sources of federal funding include ARPA, Head Start, IDEA, Social Security Act, Child Care and Development Block Grant (CCDBG), and TANF.

3) **Local Funding:** Local school districts and communities may also contribute to funding early education programs. In some cases, local tax revenue or community initiatives can supplement state and federal funding to provide additional resources for early childhood education.

4) **Grants and Foundations:** Early education programs in West Virginia also receive funding from private grants and foundations that are dedicated to improving education and child development outcomes. These funds usually support specific projects, research, or initiatives aimed at enhancing the quality of early education.

The allocation and distribution of funds vary based on factors such as the specific program, the target population (*e.g.*, low-income families, children with disabilities), and the priorities set by state and local education authorities. While there are several sources of funding for each facet of the ECCE system, major sources for each are explored in the following sections.

Education

Funding for education programming is primarily up to the state, and federal dollars are allocated through a mixture of formulas and grants. West Virginia Code, Chapter 18, Article 9a outlines state and county funding requirements for public schools. Foundational support is calculated based on the number of educators, service personnel, fixed charges, transportation, administration, other expenses (such as substitute employees), and instructional improvement programs. Federal Title I, Part A of the Elementary and Secondary Education Act also provides formula-based funding to states based on poverty estimates and the cost of education.[94] As previously noted, public schools also receive funding for the provision of services to children with disabilities under IDEA.

According to the West Virginia DOE, in FY2021–2022 the state allocated approximately $4,525 per student from elementary to high school with a total budget of $3.75 billion from state ($1.9 billion) and federal ($1.7 billion) funds.[95] This equates to about a 55 percent to 45 percent split in funding for state and federal sources, respectively. However, this level of federal funding is not typically available. Prior to the pandemic, in combination with the US DHHS Head Start program and the Department of Agriculture's School Lunch program, the US DOE estimates that they fund on average only eight percent of a state's education budget; this varies state by state[96] with additional funds set aside for West Virginia rural and low-income schools, special education preschool services,

[94] US Department of Education. (2018). Improving Basic Programs Operated by Local Educational Agencies (Title I, Part A). Retrieved from US Department of Education Title I Part A.
[95] West Virginia Department of Education. (2022). FY 2023 Budget Request for West Virginia Public Schools. Retrieved from West Virginia Department of Education.
[96] US Department of Education. (2021). Federal Role in Education. Retrieved from Federal Role in Education.

improvements in teacher quality, individual with disabilities, and education for homeless children and youth.[97]

In March 2020, the federal government released Coronavirus Aid, Relief, and Economic Security (CARES) Act, which includes the Education Stabilization Fund (ESF). [98] The ESF provided three funding streams to address the impact of COVID on education: Governor's Emergency Education Relief Fund, Elementary and Secondary School Emergency Relief Fund, and Higher Education Emergency Relief Fund. This funding ended in September 2022 and was supplanted by the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act. CRRSA enhanced funding for ESF and added funding for Emergency Assistance to Non-public Schools (EANS) Fund and Child Nutrition Emergency Operational Costs Programs (EMOP). This funding ended in September 2023; however, the federal government approved ARPA to continue funding for ESF and EANS, and to add support for IDEA and Homeless Children and Youth (HCY) Funds.

This enhanced level of federal support has been of great importance during the last three years. Together these funds have allowed the state to make grants and allocate funding to municipalities, county boards of education, private schools, and higher education institutions to support emergency response efforts, virtual school set ups and other pandemic-related needs.[99] However, this funding is set to end September 2024. In total, West Virginia anticipates receiving $1.2 billion via CARES, CRRSA, and ARPA. Services provided under these grants should be further examined to identify what should be sustained due to their programmatic benefit and how they might be funded.

Head Start

Head Start and Early Head Start services are funded via a federal to local model. The US DHHS awards block grants to states and local public/ private agencies through an application process to administer preschool programs to children.[100] The most recent report states that West Virginia received $75.2 million in grants from DHHS in FY2021.[101]

However, the application of funding for education isn't straightforward. Policy 2525 mandates that county DOE schools, Head Start agencies, and child care providers must work together to ensure equitable access to early education programming. [102] This means

[97] West Virginia State Budget Office. (2020). West Virginia Consolidated Report of Federal Funds FY2022. Retrieved from West Virginia State Budget Office.
[98] West Virginia Department of Education. (2022). FY 2023 Budget Request for West Virginia Public Schools. Retrieved from West Virginia Department of Education.
[99] State of West Virginia Open.Gov. (2023). State of West Virginia: COVID-19 Expenditures. Retrieved from West Virginia Open.Gov COVID-19 Expenditures.
[100] US Department of Health and Human Services. Office of Head Start. (2023). Head Start Services. Retrieved from Head Start Services.
[101] US Department of Health and Human Services. Head Start, Early Childhood Learning & Knowledge Center. (2021). Head Start Program Facts: Fiscal Year 2021. Retrieved from Head Start Program Facts FY2021.
[102] West Virginia Secretary of State. (2022). Notice of Final Filing and Adoption of a Legislative Exempt, Interpretive, or Procedural Rule: West Virginia's Universal Access to a Quality Early Education System (2525). Retrieved from Legislative Rule: West Virginia's Universal Access to a Quality Early Education System.

that county level teams must collaborate to ensure that all qualifying children have access to early education that meets state and Head Start curriculum and staffing standards and is inclusive of all children regardless of their ability. Program specifications for Head Start, Policy 2525, and West Virginia Child Care Center Licensing must all be used to determine the cost per classroom. Because partners in each county often have different funding sources and program costs, it can be complicated to establish collaborative contracts and classrooms.[103]

Child Care

As the primary source for licensing, training and technical assistance for child care providers in the state, the West Virginia CCR&R is primarily funded via the federal CCDBG.[104] As of 2023, the state reported receiving approximately $54.4 million in CCDBG and mandatory funds, $1.8 million in CCDBG state match, and $350.5 million in COVID-Relief Allocations via the CARES Act, CRRSA, and ARPA. As previously noted, not all of these funds are ongoing.

West Virginia child care providers are primarily funded through a combination of state reimbursement for enrolled children[105] and private payments from families. In October 2021, West Virginia DOHS also began using funding from ARPA to provide monthly child care stabilization payments, based on provider type and tier, to eligible child care providers. Child care providers have been able to use these funds to purchase personal protective equipment and health-related supplies and coordinate trainings related to health and safety practices.[106] This financial support was helpful to child care providers continuing to face challenges resulting from the pandemic. However, the child care stabilization payments ended as of September 30, 2023, and ARPA pandemic relief funding expires in September 2024. This gap in funding is particularly concerning as there are estimates that the true cost of licensed child care for an infant is 43 percent more than what providers can be reimbursed through the child care subsidy program and 42 percent more than the price programs currently charge families.[107] Therefore, West Virginia facilities will be left to find alternative funding sources for equipment, supplies, facility improvements, and staff wages.

Medical & Behavioral Health

Medical and behavioral health services for children are generally funded through Medicaid, which is a federal/state partnership, Children's Health Insurance Program

[103] West Virginia Department of Education. (2023). Funding, Collaborative Contracts, and Classroom Budgets. Retrieved from Funding, Collaborative Contracts, and Classroom Budgets.
[104] First Five Years Fund. (2023). Child Care & Development Block Grant in West Virginia. Retrieved from 2023 Child Care & Development Block Grant Fact Sheet: West Virginia.
[105] As previously noted, reimbursement based on enrollment instead of attendance has only been the case since the COVID-19 pandemic.
[106] West Virginia Department of Human Services. (2022). Announcing – West Virginia Child Care Stabilization Payments. Retrieved from West Virginia Child Care Stabilization Payments Announcement.
[107] American Progress.org (2021). The True Cost of High-Quality Child Care Across the United States. Retrieved from The True Cost of High-Quality Child Care Across the United States.

(CHIP), or via private insurance/private pay. For Medicaid, the Centers for Medicare and Medicaid Services (CMS) establishes a Federal Medical Assistance Percentage (FMAP) rate each year for every state. This formulaic rate includes the average *per capita* income for each state relative to the national income average. States like West Virginia, with lower median incomes, receive larger federal reimbursement rates for Medicaid programs. In FY2021, the rate was 74.99 percent, but has been as high as 82.49 percent during COVID.[108] This means that for every $1 that West Virginia spends on Medicaid, the federal government matches $0.7499 in funding. In FY2023, DOHS was allocated $264.7million in medical services (Medicaid) from the Governor's state budget.[109]

Another source of medical and behavioral funding for the state comes in the form of CHIP. If youth under the age of 19 are not eligible for state Medicaid, they may still meet requirements for CHIP to offset the cost of their healthcare needs. CHIP is a really important tool for keeping healthcare costs affordable for families as the program limits premiums, copays, and deductibles based on household income. Like Medicaid, CHIP is also jointly funded by federal and state governments. To encourage states to expand coverage for children, the federal government matches state CHIP spending at a rate that is about 15 percentage points higher than the Medicaid matching rate.[110] DOHS requested $7 million in CHIP support from the state legislature in FY2023.[111] It is estimated that 2.7 percent of children under the age of six are uninsured in West Virginia, which means they would need to be able to privately pay for any care received.[112]

To supplement state reimbursements, West Virginia also receives federal Mental Health Block Grant funding. Most recently, the state was awarded $12.5 million in funding from March 2021 to September 2025.[113] Though used for multiple initiatives, at least part of this funding supports Community Engagement Specialists (CES) in high-commitment counties to help leverage resources across the continuum of care. Additionally, some funding is used to support Comprehensive Behavioral Health Centers and offices in rural counties and collaborate with the West Virginia Interagency Council on Homelessness.[114] The state also acknowledges in more recent block grant applications that some ARPA monies are also be used to support substance use/mental health needs for families.

[108] West Virgnia Department of Human Services, Bureau for Medical Services. (2021). West Virginia Medicaid. Retrieved from West Virginia BMS MHT Annual Report 2021.
[109] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[110] Medicaid.gov., Children's Health Insurance Program (CHIP). (2023). Financing. Retrieved from Medicaid.gov CHIP Website: Financing.
[111] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[112] Georgetown University. (2022). Children's Health Care Report Card: West Virginia. Retrieved from Georgetown Children's Health Care Report Card: West Virginia.
[113] West Virginia Department of Health and Human Resources. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[114] West Virginia Department of Human Services. Bureau for Behavioral Health. (2021). FY2021 Mental Health Block Grant Report. Retrieved from FY2021 Mental Health Block Grant Report.

Home and Community-Based Services

As previously discussed, West Virginia provides multiple avenues for HCBS support of children, including child abuse prevention programming, parenting education, community outreach, and waiver services for children with intellectual/ developmental disabilities. Each of these avenues for service is funded a little differently.

For West Virginia CBCAP, West Virginia DOHS works with the Office of Maternal Child and Family Health on the Maternal Infant Early Childhood Program (MIECHV) designated by the Governor as the agency to receive the Affordable Care Act home visitation.[115] In May 2021, the state was awarded $1.6 million in MIECHV funds (through September 2024).

West Virginia CBCAP has, historically, been mostly funded by federal CBCAP, MIECHV, and state appropriation dollars. However, in FY2022, the program expanded funding sources to include TANF, Safe & Sound, and West Virginia Children's Trust Fund. Increased funding has allowed the department to fund more grantees for FY2023 and at a greater level, beginning July 1, 2023. However, increased demands of funders have expanded the scope and expectations of grantees to provide services not just to a community but to a whole county. In FY2023, DOHS requested $1.8 million in state funds for Family Support Centers, $1 million for in home family education, $25.8 million for TANF, and $220,000 for Children's Trust Fund.[116]

As another source of HCBS for a specialized population, the West Virginia Bureau for Medical Services supports the IDD Medicaid Waiver program through a combination of state and federal monies. As the waiver program is a 1915c Medicaid Waiver approved by the federal CMS, services provided to qualifying waiver candidates can often be reimbursed via Medicaid at set rates per service. ARPA enhanced funding has also provided about a 50 percent increase to direct care rates for home and community-based providers, through March 2025.[117] In FY2023, DOHS requested $108.5 million in state funds to support IDD waiver programming.[118]

Child Protection

Just as child welfare programming varies from state to state, so does the mix of federal, state, and local funding sources. In general, states are expected to bear the largest portion of child welfare funding. The Congressional Research Service reports that state welfare agencies spent approximately $31.4 billion in FY2020 with about 51 percent of the total coming from state funds, 30 percent by the Social Security Act (SSA), 18 percent

[115] West Virginia Department of Human Services, Bureau for Family Assistance. (2023). Child Abuse Prevention. Retrieved from Child Abuse Prevention.
[116] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[117] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[118] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.

from other federal programs, like Social Services Block Grant and TANF, and less than one percent from private or local supports.[119]

For FY2024, West Virginia DOHS requested $515.5 million from the state legislature for the Bureau of Social Services to support and maintain funding for child foster care services as well as adult residential services and home and community-based services.[120] To further localized support and multidisciplinary response to child abuse cases, the state awarded $2.1 million in grant program funds to 22 nonprofit child advocacy centers across the state in June 2023.[121]

The largest federal source of child welfare funding comes from Title IV-E of the SSA, which supports foster care, adoption assistance, and guardianship assistance. In 2018, Family First Prevention Services Act (FFPSA) was enacted as part of Public Law (P.L.) 115–123 and authorized new, optional funding for time-limited prevention services for mental health, substance misuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin-caregivers of those children and youth.[122] FFPSA has fundamentally changed how the federal government funds child welfare programs and for the first time states have been able to use federal Title IV-E funds for foster care prevention services and programs.[123] In addition to home visitation programming already reimbursable by the state Medicaid partners, West Virginia also began implementing FFPSA in October 2019 to support Family Functional Therapy (FFT) and supplement funding for HFA and PAT for qualifying children and families referred by the Bureau for Social Services.[124]

In addition, states and tribes receive grant funding from Title IV-B Child and Family, which includes the Stephanie Tubbs Jones Child Welfare Services (CWS) and the MaryLee Allen Promoting Safe and Stable Families (PSSF) programs. In FY2023 funding for CWS, PSSF and related research and training totaled $710 million.[125] To utilize these grants, states must be able to match every $3 in federal funds with $1 in non-federal funding. However, unlike some other federal sources, Title IV-B does not have rules for eligibility, which means that children may be served in the home or in foster care as long as the intent is to protect, support, preserve, and/or reunite families or promote adoption.

[119] Congressional Research Service. (2023). Child Welfare: Purposes, Federal Programs, and Funding. Retrieved from Child Welfare: Purposes, Federal Programs, and Funding.
[120] West Virginia Department of Human Services. (2023). Budget Presentation to the West Virginia State Finance Committee. DOHS Budget Presentation to the West Virginia State Finance Committee.
[121] WVVA. (2023). Gov. Justice Announces W. Va. Child Advocacy Center Grant Funds. Retrieved from WVVA.
[122] Children's Bureau. An Office of the Administration for Children & Families. (2023). Title IV-E Prevention Program. Retrieved from Title IV-E Prevention Program.
[123] FamilyFirstAct.Org. (2022). Prevention Services Clearinghouse Website. Retrieved from Prevention Services Clearinghouse Website.
[124] West Virginia Bureau for Social Services. (2023). IV-E Preventative Services. Retrieved from IV-E Preventative Services.
[125] Congressional Research Service. (2023). Child Welfare: Purposes, Federal Programs, and Funding. Retrieved from Child Welfare: Purposes, Federal Programs, and Funding.

States may receive child welfare funding from the Chafee Program for Successful Transition to Adulthood, to support children ages 14 and older in foster care, Child Abuse Prevention and Treatment Act (CAPTA) grants for state or community-based efforts to prevent child abuse/ neglect, and Adoption/ Legal Guardianship Incentive Payments for increasing permanency rates.[126]

Barriers & Opportunities

While multiple aspects of the West Virginia ECCE system use similar sources for funding and there is legislation (*e.g.*, Policy 2525) to promote collaboration between entities, balancing the goals, resources, and workforce across agencies can still be a difficult practice. Child care, Head Start, and education interviewees specifically talked about disparity between employee pay rates. Although Policy 2525 mandates that entities should not compete for resources, large differences in pay rates and benefits create a scenario in which staff leave child care and Head Start programs to work for the DOE. In turn, the shortage of Head Start and child care staff, which is discussed further later in the report, means that entities are limited in the number of children they can serve and still maintain staff to child ratios. This issue with fragmented funding is not unique to West Virginia.[127]

Peer states have expanded sources of funding for ECCE programs which West Virgnia may wish to consider. New Mexico created the New Mexico Early Childhood Trust fund in 2020 through House Bill 2.[128] This fund was initially supported with $320 million from the general fund surplus. In FY2022, $20 million is provided to the ECECD to support programming with the expectation that each year five percent of the three-year average of the fund (about $30 million) will be provided to the ECECD to support their programming. In addition, New Mexico recently passed a constitutional amendment, which further financially supports the ECECD through a portion of the Land Grant Permanent Funds.[129] Each year the ECECD will receive 1.25 percent of the five-year average of the fund. The state passed the legislative amendment through a ballot measure. The additional funding will be used by the ECECD to support $3 an hour raises for the early childhood workforce and maintain COVID-19 implemented eligibility changes for child care assistance. Families will be eligible for subsidized child care up to 400% FPL without any copay. New Mexico is also looking into conducting new cost studies to modify child care rate to reflect current costs.

In 2020, the Early Childhood Consultation Partnership (ECCP) expanded services in Maine, providing infant and early childhood mental health consultations across the state. ECCP is a high-quality, evidence-based model that offers strategies, support, and training

[126] Congressional Research Service. (2023). Child Welfare: Purposes, Federal Programs, and Funding. Retrieved from Child Welfare: Purposes, Federal Programs, and Funding.
[127] National Institute for Early Education Research. (2021). How states can support parent choice for early learning. Retrieved from How states can support parent choice for early learning.
[128] New Mexico Legislature. (2023). House Bill 2. Retrieved from New Mexico Legislature House Bill 2.
[129] New Mexico Legislature. (2020). Permanent Fund Distributions. Retrieved from New Mexico Legislature Permanent Fund Distributions.

to enhance the capacity of ECCE providers as they work with children with challenging behavior or social-emotional concerns. The program offers its services at no cost to child care programs and families with children who experience challenging behaviors or social-emotional concerns. Maine has effectively used a sustainable braided funding approach to introduce this valuable service to the state, including block grant, CCDF, ARPA, and general funds.[130]

As a requirement of the CCDBG Act, states have been encouraged to expand public-private partnerships.[131] Blending funding in this way with large employers and economic development partners can help offset the cost for child care providers and improve availability of services. For West Virginia, this could be particularly beneficial in addressing access for rural populations.

There may also be an opportunity for West Virginia to take advantage of federal changes as well. For example, proposed changes to IDEA–Part B would allow schools to claim payment for services prior to obtaining parental consent, allowing for more reimbursement overall.[132] Further, US DHHS is amending guidance to make it easier for schools to bill Medicaid. Peer state New Mexico has already had a plan approved to expand health care services in schools for Medicaid-enrolled students.

Workforce

Investing in and Supporting the Early Childhood Workforce

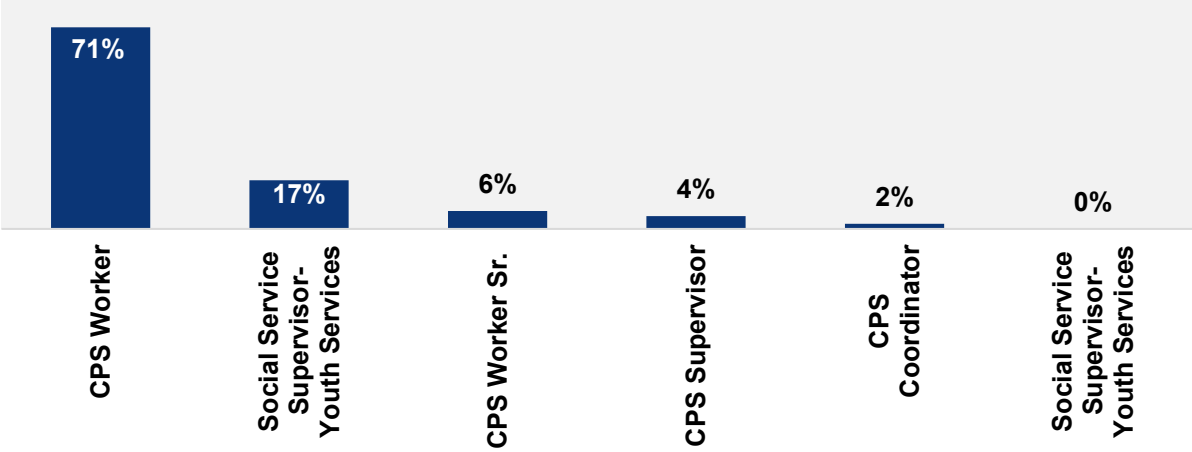
Mirroring trends across the nation, the West Virginia ECCE workforce has faced challenges related to hiring, staff retention, and sustainability. West Virginia also has one of the lowest workforce participation rates in the country, with only 55 percent of the eligible workforce employed.[133] These challenges have only been exacerbated in the wake of the COVID-19 pandemic. According to a 2021 report, 160,000 ECCE workforce vacancies were projected annually prior to the pandemic, with 115,000 additional ECCE workforce jobs lost as a direct result of the pandemic that have remained unfilled.[134]

The West Virginia child protection workforce is one example. Only 83 percent of child protective service positions are currently filled, leaving over 110 positions empty.[135] The majority of the open positions are for Child Protective Service Workers (71%), followed

[130] US Department of Health and Human Services, Office of Child Care. (2023). ARP Success Story: Maine's Early Childhood Consultation Partnership Implementation. Retrieved from ARP Success Story: Maine's Early Childhood Consultation Partnership Implementation.
[131] Child Care Technical Assistance Network. (2023) Public–Private Partnerships. Retrieved from Public–Private Partnerships.
[132] US Department of Education. (2023). Biden Harris Administration Takes Action to Help Schools Deliver Critical Health Care Services to Millions of Students. Retrieved from US Department of Education Press Releases.
[133] FRED Economic Research. (2023). Labor Force Participation Rate. Retrieved from Labor Force Participation Rate: West Virginia.
[134] First Five Years Fund. (2021). Early Childhood Education in West Virginia. Retrieved from Early Childhood Education in West Virginia.
[135] West Virginia Department of Human Services. (2023, August 15). West Virginia Child Welfare Dashboard. Retrieved from: West Virginia Child Welfare Dashboard.

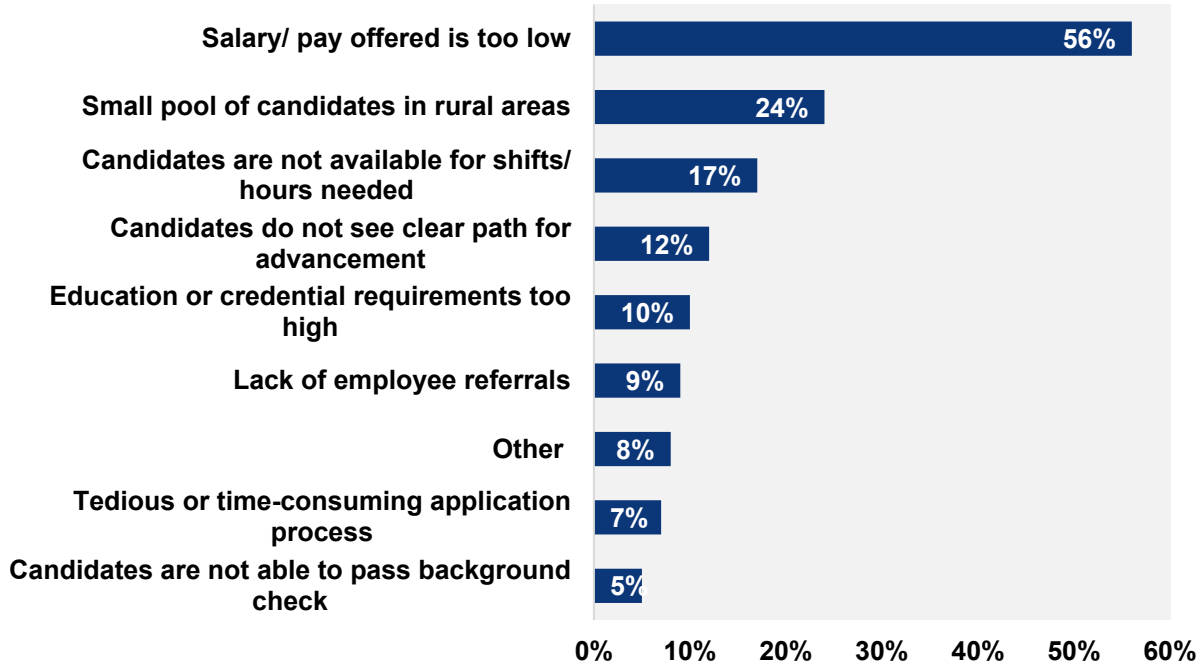
by Social Service Worker 3 – Youth Services (17%) positions and Child Protective Worker Senior (6%) positions (Figure 22). The open positions are also not evenly distributed across the state. Among the 23 child protective service districts, four districts had 25 percent or more of their positions open. For example, Gilmer County has two positions filled and three that are currently open (40% staffed) serving 29 children in foster care, while Kanawha County currently has 29 open positions, meaning only seven in ten positions in that county are filled. Kanawha County is currently serving 1,455 children in foster care.

Figure 22. Percent of Positions That Are Currently Open



More generally, two-thirds of interviewed providers indicated that recruitment and/or retention have been challenging in the past six months, with 62 percent citing low pay as a key factor. This finding aligns with more than one-half of survey respondents (56%) indicating that low salary or pay was a primary barrier for recruitment (Figure 23). Small pools of candidates in rural areas and other issues with compatibility were also noted as barriers. “Other” responses included people “not wanting to work,” stress or burnout of positions, lack of passion for caring for children, and ability of persons to find higher paying jobs with better benefits. Interviewees also cited that child care providers often do not receive benefits, and there is limited room for career advancement which also causes issues with retention.

Figure 23. Barriers for Staff Recruitment



Additionally, availability of and access to training in rural counties is another barrier for providers across the state. Multiple interviewed providers indicated that access to training can be challenging for staff located in rural areas, and one provider reported that a particular training could be a six-hour drive for some staff members. Most providers moved to virtual trainings during the COVID-19 pandemic; but recently, many providers have shifted to hybrid training that includes in-person opportunities and online modules. When asked about training preference, interviewed providers had mixed feelings about the types of preferred training platforms. While several providers indicated that virtual trainings are more flexible and work better with their busy schedules, others reported that in-person trainings are better for engagement and learning.

Approximately 28 percent of workforce survey respondents indicated that they plan to leave their current position within the next three years, citing low salary, lack of work/life balance, and lack of resources to do the job effectively as the top three challenges for their work. More than one-third (38%) of interviewed providers also spoke about the mental health challenges associated with working in the ECCE field, as well as the long and often difficult workdays. These providers reported a need to prioritize staff mental health through self-care policies and improve overall morale and work culture. For the people who have stayed in the field, most survey respondents (78%) indicated that it was attributable to their passion for the families and children they work with, belief in the mission (29%), and relationships with their co-workers (22%).

As inflation and cost of living increases, ECCE wages have remained stagnant, leaving ECCE jobs among the lowest paid in the entire US, with many in the workforce earning

poverty-level wages. For example, West Virginia child care workers have a median hourly wage of $10.47 (or annual salary of $21,778). This is only a $0.52 increase per hour since 2017. Had wages only been adjusted for inflation since 2017, wages would be $11.52 per hour. Therefore, the purchasing power of child care workers' salaries in 2022 was actually less than in 2017 due to the lack of adequate wages coupled with high rates of inflation.[136] A child care worker in 2022 that is a single parent with one child makes less than 125 percent of the Federal Poverty Line.

In comparison, positions that require no to little education requirements have higher median incomes in West Virginia, such as food servers at $12.62 and retail salespersons at $12.64 per hour. Even child care administrators in West Virginia only have a median hourly income of $17.00 an hour or approximately $39,450 per year. National estimates report that the median hourly wage for child care workers is $13.71 and $23.89 for administrators.[137]

Further complicating the issue of staffing, West Virginia DOE early education workers (preschool/kindergarten) make a median annual income of $46,360 or more than double child care workers. As previously noted, this creates tension and issues with staffing under the Policy 2525 collaborative team design. The poverty rate for early educators in West Virginia is 23.1 percent, much higher than West Virginia workers in general (11.4 percent) and 7.8 times as high as K-8 teachers (3 percent).[138]

Approximately one-quarter of surveyed workers pointed to additional funding (25%) and higher wages or benefits (20%) as ways that DOHS could better support them. Other respondents reported that they wanted more communication from DOHS (9%), a team approach to services (8%) and data sharing (2%). Workers said that additional communication and coordination from the top down would also be helpful. To this end, West Virginia and peer states have already made some efforts to better support the workforce. For example, in January 2023, Governor Jim Justice announced the authorization of $10 million to improve recruitment, retention, and support the child welfare workforce.[139] In December 2022, 26 counties became eligible for a $2,500 sign-on bonus for CPS workers and Social Service Workers 3 (Youth Services) positions, requiring a one-year employee commitment.[140] An interviewed CPS case manager indicated that this incentive helped improve recruitment within the past six months.

[136] Bureau of Labor Statistics. (2022). May 2022 State Occupational Employment and Wage Estimate. Retrieved from Bureau of Labor Statistics: West Virginia Results.
[137] Bureau of Labor Statistics. (2022). May 2022 State Occupational Employment and Wage Estimate. Retrieved from Bureau of Labor Statistics: West Virginia Results.
[138] Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2020). *Financing Early Educator Quality: A Values-Based Budget for Every State.* A series of state-by-state reports produced by the Economic Policy Institute and University of California Berkeley's Center for the Study of Child Care Employment. Retrieved from Financing Early Educator Quality: A Values-Based Budget for Every State.
[139] WSAZ3 News Channel. (2023). West Virginia Boosting Pay, Support for Child/Adult Welfare Workers. Retrieved from WSAZ.
[140] West Virginia Department of Human Services. (2023). DOHS Unveils Major New Initiative to Strengthen Protective Services. Retrieved from West Virginia DHHS News.

States are also looking towards retired teachers to help fill vacancies across the nation. West Virginia, like Montana and New Mexico, is allowing recently retired teachers to assist in filling open positions as long-term substitutes.[141] In a state code that lasts until 2025, West Virginia retirees can become long-term substitutes for positions where there are no other appropriate applicants or certified staff.

Montana is allowing staff that have recently retired to accept full-time open teaching positions and simultaneously collect 49 percent of their retirement benefits.[142] Montana is also allowing more teachers to be qualified for student loan forgiveness. Teachers are no longer required to teach in a critical educator shortage area. New Mexico also passed a law in May 2023 allowing retired teachers to return without losing their retirement benefits.[143]

Additionally, Maine enacted a bill in June 2023 that aims to alleviate that state's shortage of educators by streamlining the recertification process for retired teachers and education technicians.[144] In July 2023, the governor of Maine signed a historic budget into law that includes numerous child care investments. The new budget doubles the previous salary stipends for child care workers from $200 to $400 on average, aiming to retain qualified professions in the industry.[145]

Issues Involving ECCE Facilities

The School Building Authority (SBA) of West Virginia was established in 1989 by the Legislature to oversee the creation and maintenance of school facilities across the state.[146] The SBA, consisting of citizens, state officials and members of the construction industry, operates the funding mechanism for building and renovating local education agency (LEA) facilities. In 2020, the SBA worked with LEAs to develop long-term Comprehensive Educational Facilities Plans. The plans outline a 10-year projection of the capacity of the buildings to accommodate projected enrollment and address the current and future building and maintenance needs. These plans ensure that long-term planning is done prior to beginning individual projects. LEAs can amend their plan to include updates once the plan is approved. The plans provide a guide to new school construction and major maintenance investments.

[141] Snyder, Shepherd. (2023). Efforts to Bring Retired Teachers Back Sees Some Success, but Many Positions Still Unfilled. West Virginia Public Broadcasting. Retrieved from West Virginia Public Broadcasting.
[142] Montana 68th Legislature. (2023). House Bill 117. Retrieved from Montana Legislature.
[143] New Mexico Office of the Governor, Michelle Lujan Grisham. (2022). Education Retirement Board Now Accepting Return to Work Applications. Retrieved from Education Retirement Board Now Accepting Return to Work Applications.
[144] Maine Senate Democrats. (2023). Senate Enacts Sen. Rafferty Bill to Streamline the Process for Qualified Educators to Rejoin Teacher Workforce. Retrieved from Senate Enacts Sen. Rafferty Bill to Streamline the Process for Qualified Educators to Rejoin Teacher Workforce.
[145] State of Maine, Office of Governor Janet T. Mills. (2023). Governor Mills Signs Historic Budget Into Law. Retrieved from Governor Mills Signs Historic Budget Into Law.
[146] West Virginia Legislature. (2019). Legislative Session 2019. Senate Bill 672. Retrieved from: West Virginia Legislature Senate Bill 672.

The SBA reviews and provides grant funding twice a year for Needs grants, Major Improvement Project (MIP) grants, Multi-County/Statewide grants, and emergency grants. Needs grants are intended for major capital improvements and are funded through the General Construction Fund. MIP grants provide funding for large-scale projects ($50,000–$1,000,000) to existing buildings to supplement local facility maintenance budgets. Multi-County/Statewide grants focus on large-scale projects that apply to larger regions and account for up to 10 percent of the distributable funds. In addition, the Emergency grants provide funding for projects where there has been an "Act of God" such as flooding, fires, or high wind damage.

While there is no overseeing agency for child care facilities, licensed child care facilities across West Virginia are subject to on-site inspections that are conducted with or without warning every six months.[147] These inspections cover facility requirements outlined by the West Virginia State Board of Health and are conducted by the local health departments. During the inspection the operator must allow full access to the facility and any other information asked for by the health officer. Health officers may conduct additional inspections if they deem it necessary. The child care facilities post the inspection results within their facility and any violations found during the inspection can be grounds for suspension of an operating permit. There is no centralized publicly available report about the findings from the child care facility inspections across the state.

Respondents to the workforce survey indicated that they used part of the child care stabilization payments issued by DOHS in 2021 to make building improvements or repairs. Twenty-four percent of workers that indicated they received this funding used some or all of it on their facilities. With the funding ending in September 2023, 18 percent indicated that they still needed funding to cover building repairs or improvements. Additionally, staff reported continued funding needs for general overhead expenses related to facilities, such as the building rent or mortgage, or utilities such as electricity, heat, and water. Providers who were interviewed raised similar concerns around funding for facility upkeep and renovations. Approximately 19 percent of the interviewed providers stated that they need additional funds to maintain safe facilities to successfully serve children and families in West Virginia.

Quality Improvement through Early Childhood Standards and Professional Development Alignment for Birth through Age 8

When asked about resources that are utilized for training and technical assistance, approximately 73 percent of workforce survey respondents indicated that they have used the West Virginia State Training and Registry System (WV STARS) for training. The STARS program is charged by the Governor's office to collaborate with local, state, and national partners to implement comprehensive curriculum for professional development

[147] West Virginia Department of Health. (2023). Child Care Center Regulations. Retrieved from: Child Care Center Regulations.

of early child care and education providers.[148]

About one-third of survey respondents reported that they have used West Virginia Early Childhood Training Connections and Resources (WV ECTCR) and the WV CCR&R. Only 10 percent of providers indicated that they have used Early Care Share, a website designed to serve as a resource for procedures, handbooks, and other information to support early childhood students and professionals.

Six of ten survey respondents (59%) and interviewees (62%) indicated that the training they received adequately prepared them for their role in meeting ECCE needs of children in their community. Conversely, five percent of survey respondents and 19 percent of interviewees reported that their training did not adequately prepare them. Providers indicated that while the training was helpful, they ultimately had to learn on the job.

Providers reported a need for additional online and in-person training options, more in-depth training on special needs and behavior management, and training on court work. Additionally, multiple providers indicated a desire to have differentiated training for new and advanced professionals so that experienced professionals can continue to advance while new professionals learn the basics. Furthermore, providers reported a need for more training for supervisors to serve as mentors for new providers.

Assisting ECCE Programs in Identifying and Accessing Resources for Long-Term Stability

A quality rating and improvement system (QRIS) is a comprehensive method for evaluating, enhancing, and communicating quality standards in early childhood and school-age care and education programs across states. QRIS assigns quality ratings to early childcare and education programs that meet a set of predefined standards as a form of continuous quality improvement. QRIS consists of five elements:[149]

1) **Program Standards**
2) **Supports for Programs and Practitioners**
3) **Financial Incentives**
4) **Quality Assurance and Monitoring**
5) **Consumer Education**

Although West Virginia does not currently have a cohesive QRIS, the state has been working on the development of a comprehensive system to measure quality for several years. In 2008 West Virginia legislation established a tiered reimbursement system for licensed childcare programs, with three quality tier levels. This tiered reimbursement

[148] West Virginia State Training and Registry System. (2023). West Virginia STARS. Available at West Virginia STARS Training and Registry Portal.
[149] National Center on Early Childhood Quality Assurance. (2023). About QRIS. Retrieved from About QRIS.

system incorporates similar components to a QRIS, such as the establishment of quality standards and required documentation to verify compliance. In 2009, state legislation was passed to mandate the implementation of a QRIS. However, this legislation did not include the funding to support its development and implementation.[150] The current system lacks the full range of supports and incentives for programs and practitioners, as well as consumer education and awareness, to be considered a QRIS. There is currently no name for the QRIS system or detailed information available to caregivers. [151]

Separate from a formal, comprehensive system, West Virginia has several information sharing, technical assistance, and quality assurance initiatives focused on providing the support necessary for providers to maintain a high level of quality care for families and children. These initiatives include:

- **Early Care Share West Virginia:** A free, web-based resource to share information, cost savings, and management resources to assist providers, professionals, students, and families access up-to-date information at both the state and national levels.
- **West Virginia Infant/Toddler Specialists Network (ITSN):** The network provides technical assistance and professional development opportunities to caregivers of infants and toddlers. There are currently twelve specialists across the state.
- **West Virginia Breastfeeding Friendly Child Care Designation:** A voluntary program to support families' infant breastfeeding plans.
- **West Virginia ECTCR:** A statewide program that provides professional development opportunities for the early care and education community through information sharing, training and technical assistance, access to resources, and collaboration.
- **West Virginia CCR&R:** A professional development team, comprised of six CCR&R agencies, that offers training and technical assistance to providers. [152]

In a 2022 Annual Performance Report to the US DOE discussing performance of the West Virginia Birth to Three program, West Virginia DOHS reported that an integrated management data system "provides an important infrastructure to support the implementation, monitoring and evaluation of the early intervention system."[153] However, this same report also indicates that this data system requires modernization to improve functionality, efficiency, and effectiveness.

[150] Quality Compendium. (2023). View State Profiles: West Virginia. Retrieved from View State Profiles: West Virginia.
[151] Quality Compendium. (2023). View State Profiles: West Virginia. Retrieved from View State Profiles: West Virginia.
[152] West Virginia Department of Human Services, Division of Early Care and Education. (2023). Quality Initiatives. Retrieved from Quality Initiatives.
[153] West Virginia Department of Human Services. (2022). *State performance plan/annual performance report: Part C for State Formula Grant Programs under the Individuals with Disabilities Education Act.*

Legislation has been repeatedly proposed related to the establishment of an official QRIS system in the last decade to incorporate a process for easier updating of the state's quality standards to efficiently adapt to changing best practices in the field and covering of early childhood education sectors and settings. The QRIS Advisory Council has also proposed to develop a new, four-tier reimbursement system that includes 1) technical assistance, 2) on-site monitoring, 3) multiple pathways to quality, and 4) inclusion of all early childhood and school-age care programs.[154] However, there is no approved funding for this work to date. However, West Virginia ECCE leaders have committed a tremendous amount of effort and resources into establishing the building blocks necessary for the successful implementation of a robust, cohesive QRIS and ECIDS. This leaves a solid foundation to be leveraged, with the support of additional resources, to accelerate the establishment of these statewide systems.

[154] Quality Compendium. (2023). View State Profiles: West Virginia. Retrieved from View State Profiles: West Virginia.

Strategic Plan Considerations

Virginia's strategic plan. Recommendations are organized into three priority areas: ***structural support***, ***support for the workforce***, and ***support for children and families***.

Structural Support

1. Create Integrated Data System for Child-Serving System

Reporting participation separately for each child-serving partner limits the ability of the state to monitor program usage and coordination. Integrated data systems can help the state to regularly assess student performance as well as availability and use of specific child-serving programs. In turn, this information can be used to identify issues and course-correct and tailor interventions accordingly.

2. Consider Opportunities for Braided and Blended Funding Between ECCE Entities

As funding for ECCE programs often overlaps but is siloed between departments and agencies, there may be opportunities to further collaborate to meet the needs of families in more comprehensive ways via the sharing of services or implementing joint purchasing. For example, the state may consider opportunities to reorganize the system of contracts for child care to braid funding for child care, Head Start, and universal pre-K programming to better support staff and families. Alternatively, the state may consider expansion of medical care and mental health services in schools for Medicaid-enrolled students to better address provider access and availability issues. Provision of health services at school sites in this way can further support the need for accessible services, especially in rural areas.

3. Consider Opportunities for Public-Private Partnerships to Fund Child Care

West Virginia is working hard to draw employers and businesses to the state, but limitations around access and availability of ECCE programming are a concern. With a high percentage of the West Virginia population living in child care deserts and having continued issues accessing preschool and kindergarten, the state may consider further maximizing funding for the ECCE system by exploring public-private partnerships. Pooling funding to create more child care and early education sites also means providing better access and availability of services in high-demand areas, decreasing the need for families to find transportation to travel long distances and improving availability of workers for employer recruitment. By partnering with businesses, the state can multiply financial investments and efforts to develop human capital essential for economic development in current and future generations.

4. Create Central Repository of Facility Inspection Results

Families rely on ECCE programming to care for their most valuable and vulnerable members: their children. It is expected and imperative that facilities are well-maintained, safe, and secure. DOHS health officers conduct routine inspections of child care facilities. Any violations found during the inspection can be grounds for suspension of an operating permit. However, there is currently no central repository for facility inspection results and

only an expectation that child care facilities post inspection results within their facility. Therefore, there may be county reports, but no way to access them. This limits the ability of state officials to follow up on facility concerns and provide the opportunity for parents/caregivers to research and evaluate child care options for their family. Creation of a centralized repository could allow the state to better monitor facilities, provide technical assistance on accessing facility funding, and improve safety monitoring.

Support for the Workforce

5. Review Compensation Structures for ECCE Workforce

As inflation and cost of living increase, ECCE wages have remained stagnant, leaving ECCE jobs among the lowest paid in the US, with many in the workforce earning poverty-level wages. While the state has made some efforts to address behavioral health and child protection wages, this continues to be of particular concern for child care and Early Head Start/Head Start providers. Appropriate pay and incentivization for workforce longevity is critical for not only workforce development but also to ensure equitable access to early education programming as prescribed by Policy 2525.

6. Provide Adequate Support for ECCE Provider Overhead and Building Maintenance

With pandemic-related stabilization payments ending, the gap in funding is particularly concerning as there are estimates that the true cost of licensed child care is substantially more than what providers can be reimbursed through the child care subsidy program or what they currently charge families. West Virginia providers report that additional funds to maintain safe facilities and overhead expenses are critical for successfully serving children and families. Without adequate funding, providers will need to make decisions about closing classrooms, accepting fewer children, or shuttering their doors altogether, further contributing to issues of access and availability.

7. Provide Training Opportunities for ECCE Professionals to Prepare Them to Work with Persons from a Variety Cultural Backgrounds

Approximately one in three ECCE workforce members report no specific training to work with populations from various cultural backgrounds. Creation of a curriculum and learning environment that respects and reflects the diverse backgrounds and experiences of students and incorporates culturally relevant content and teaching methods is essential for engagement of all learners.

Support for Children & Families

8. Review Subsidized Funding Requirements for Families

Despite subsidy programs, the cost of child care is prohibitive for many West Virginia families. While the state has made substantial efforts in the last three years to support essential workers and low-income families through funding made available during the pandemic, recent roll-back changes to pre-COVID periods will have a negative impact on access to subsidy payments. Affordable, accessible child care is critical for the economic health of the state. Given the already low workforce participation, the state may consider

re-expansion of child care subsidy access to decrease barriers for parental and caregiver employment. Instead of utilizing household income percentages of the Federal Poverty Level to establish pass or fail income eligibility, the state may consider sliding-scale options for assistance so that a broader range of families may qualify.

9. Expand Access to Routine Screening

Best practice dictates that children be screened early and continuously for special health care needs. Identifying needs early and providing targeted interventions such as tutoring, small-group instruction, therapies, or specialized support services is important for preventing learning gaps from widening. West Virginia prescribes that children between the ages of zero and three have a documented standardized screening for risk of developmental, behavior or social delays during well-child visits. However, only a little more than one-half of Medicaid and CHIP-enrolled children have documented screenings. Therefore, the state may consider community education campaigns for parents and physicians emphasizing the importance of early screening. Noting that healthcare access is also a major factor—if people can't get to the pediatrician, they can't be screened—it is important for the state to consider ways to coordinate and maximize access to families through existing avenues. For example, the state may provide opportunities to support partnerships between child care facilities and health care professionals.

10. Increase Behavioral Health Support for Children & Families

Reported increases in behavioral health needs and decreases in the behavioral health workforce retention have taxed the mental health system across the country. In West Virginia, providers and families report that children and families are forced to wait extended periods of time for evaluation and/or services. As rural geography, workforce retention, and insurance coverage affect access to services, West Virginia may consider partnerships with social work programs in universities and hospitals as well as state Medicaid partners to incentivize high-quality evidence-based training for current and future social work professionals.

Additionally, it is important to remember that behavioral health comes in two forms: treatment and prevention. To this end, the state may consider continuation of support and expansion of social emotional learning curriculum in West Virginia's schools to improve student self-awareness, self-management, relationship skills, and resiliency as a protective factor for mental health and promotion of academic success.

11. Expand Access to Early Education

Universal pre-K is a tremendous benefit to West Virginia children and families. States with universal pre-K models have been able to demonstrate improved student test scores, diminished behavior problems, increased reading and math skills in later grades, and improved school readiness. Early education also serves as a protective factor for communities and is associated with less vulnerability to poverty, unemployment, and crime. However, approximately one in three eligible West Virginia children were not enrolled in preschool or were unable to access Early Head Start/Head Start services.

Low-income eligibility limits, lack of transportation, and lack of subsidized alternatives as well as limited availability of providers are major barriers for families to access such services. Competing demands for the same workforce pool of applicants among DOE teachers, Head Start, and child care providers is also an issue for West Virginia. West Virginia should consider exploring revisions to funding and training structures for collaborative teams to decrease the unintended competition for workers and increase attractiveness of the ECCE positions for potential recruits. Additionally, the state may review early education options to address the current gap in services for children birth to three years who may not qualify for low income or disability services but still may benefit from early education services.

12. Create or Coordinate Centralized Location for ECCE Resources

West Virginia has many state resources for caregivers and families, such as the Child Care Resource and Referral network, the West Virginia Department of Education, and specialized programs, like *Help Me Grow*. However, parents and caregivers are often short on time and may not have consistent access to search the internet at length to find resources they need. Additionally, most West Virginia ECCE providers view their role as more of list and referral provision rather than service coordination.

Therefore, the state should consider increased collaboration between existing child-serving entities or creation of a new centralized location for ECCE resources, if needed, to promote a no-wrong-door approach for families seeking information. Community education materials should provide service offerings in clear, concise ways to address specific areas of need. Further, ECCE entities should consider partnerships with non-traditional groups, such as churches, community centers, Big Brothers, Big Sisters, Girl and Boy Scouts, and community volunteer organizations, to drive information dissemination about available services in underserved communities.

13. Promote Strengths-based, Evidence-based Instruction

In addition to teacher instructional skill, high-quality teaching also necessitates development and dissemination of high-quality curriculum. Evidenced-based, strengths-based materials are essential for maximizing the impact of learning opportunities. With low reading and math for 4th- and 8th-graders, it is important for the state to offer appropriate guidance to county boards and educators responsible for choosing and approving curricula. Recognizing that students have different learning styles and paces also requires the ability of instructors to differentiate techniques to meet individual needs, offering additional support or enrichment as required.

ECCE entities should work to establish strong partnerships between schools, afterschool and summer programs, child care providers, and families. These relationships can create opportunities to encourage parents to be actively involved in their child's education and provide them with resources and guidance to support learning at home.

14. Provide Support for Concrete Needs of Children & Families

More than one-third of the ECCE workforce survey respondents and many of the interviewees report working with families who have a child who has experienced homelessness or extreme poverty. As West Virginia ranks sixth in the country for highest poverty rates, there is a clear need for concrete support of families. In addition to continued support of Family Resource Networks that provide some concrete support via food, clothing, and diaper pantries, as well as West Virginia *Safe at Home* wraparound services, the state may consider opportunities for collaboration with community organizations, social services, and health providers to further address non-academic barriers impacting student readiness to learn, such as health issues or housing instability.

15. Expand Access to Extended Learning Opportunities

In addition to state efforts, like the Third Grade Success Act, an observed lag in reading and math proficiencies but comparatively high graduation rates suggest that there may be an opportunity to review access to extended learning opportunities. After school, summer enrichment activities and extended learning opportunities can serve to reinforce academic skills and provide a safe, supportive environment. However, the unmet demand of these programs is substantial in West Virginia. Dedicated effort and financial support to expand access to and availability of these programs is likely to have a positive impact of decreasing achievement gaps and improving proficiencies.

16. Provide Transparent Communication to ECCE Stakeholders

Fostering a culture of open and clear communication is essential not just between parents and schools, but also the state and West Virginia stakeholders. As change often requires buy-in from stakeholders at all levels, the ECAC should aim to keep key stakeholders, including parents, teachers, administrators, legislators, DOHS staff, child care providers, healthcare professionals, and students, informed about progress, challenges, and strategies being employed to address gaps and needs in the ECCE and improve safety, well-being, and care for children.