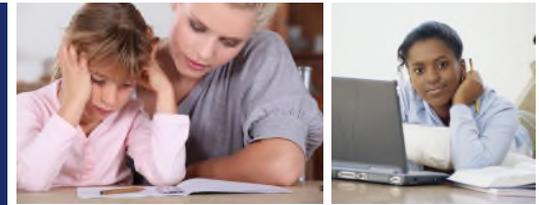


Office of Quality Assurance for Children's Programs

Laura Hunt, Director
August 18, 2022



Office Purpose

- **U.S. Department of Justice (DOJ) Agreement – May 2019**
- **House Concurrent Resolution (HCR) 35**
 - “Requesting the Department of Health and Human Resources to continuously evaluate the child welfare system. “
 - *“Further Resolved*, the Department of Health and Human Resources should **establish a continuous evaluation and improvement system that measures outcomes for children and families in the child welfare system and outcomes for children with serious emotional disorders served by the department across the bureaus of the department and other state agencies serving children, in collaboration with existing divisions or units within the department that measure and evaluate performance...**”
- Reporting to the Legislative Oversight Commission on Health and Human Resources Accountability during regular Legislative Sessions and when requested.
- Established in May 2022 within the West Virginia Department of Health and Human Resources’ (DHHR) Office of the Cabinet Secretary.
 - Continuous Quality Improvement (CQI) Efforts – Long-Term.

Expansion of Data Culture

- Regular use of data as a tool in the toolbelt and throughout implementation of new processes.
- Continued refinement of Key Performance Indicators and Continuous Quality Improvement Plan.
- Long-term planning and movement for data needs and utilization to improve outcomes for children and families.
 - Quarterly DHHR-level Quality Review Meetings.
 - Build out of monthly reviews.
 - Discussion from reviews used to inform the narrative of the semi-annual report.
 - Information sharing through stakeholders such as the Kids Thrive Collaborative or Commission to Study Residential Placement of Children.

July 2022 Semiannual Report

The Semiannual Children's Mental Health and Behavioral Health Services Quality and Outcomes Report was published on July 29, 2022, on the Kids Thrive Collaborative website: <https://kidsthive.wv.gov/>.

The report captures quality and outcome measures associated with children's mental and behavioral health services in order to:

- Identify strengths and opportunities for improvement.
- Identify any barriers or issues associated with the new processes and pathways so they can be addressed as implementation continues.

Primary Review Period: July 2021 – December 2021

- Trends reviewed range from July 2020 – December 2021.
- Expanded reporting and processes.
- Some newer reporting may fall outside of this period as data collection is established.

Highlights of Topics Covered: Screening

- **HealthCheck Screening including Mental Health Screening during Well-Child visits**
- **Youth Services (YS) and Child Protective Service (CPS) Screening**
- **Bureau for Juvenile Services (BJS) Screening:**
 - There was an average of 111.5 unique screenings each month, with 381 total screens from January – April 2022.
 - During the prior reporting period of July 2020 to June 2021, there were an average of 81 unique screenings each month; a monthly screening increase of 37.7%.
 - 81.4% of unique children who were screened had a positive screen.
- **Division of Probation Services Screening:**
 - Intakes completed for children adjudicated as status offenders or delinquent was 107 for March 2022 and 60 for April 2022. Seventy-nine of these children had a positive screening.

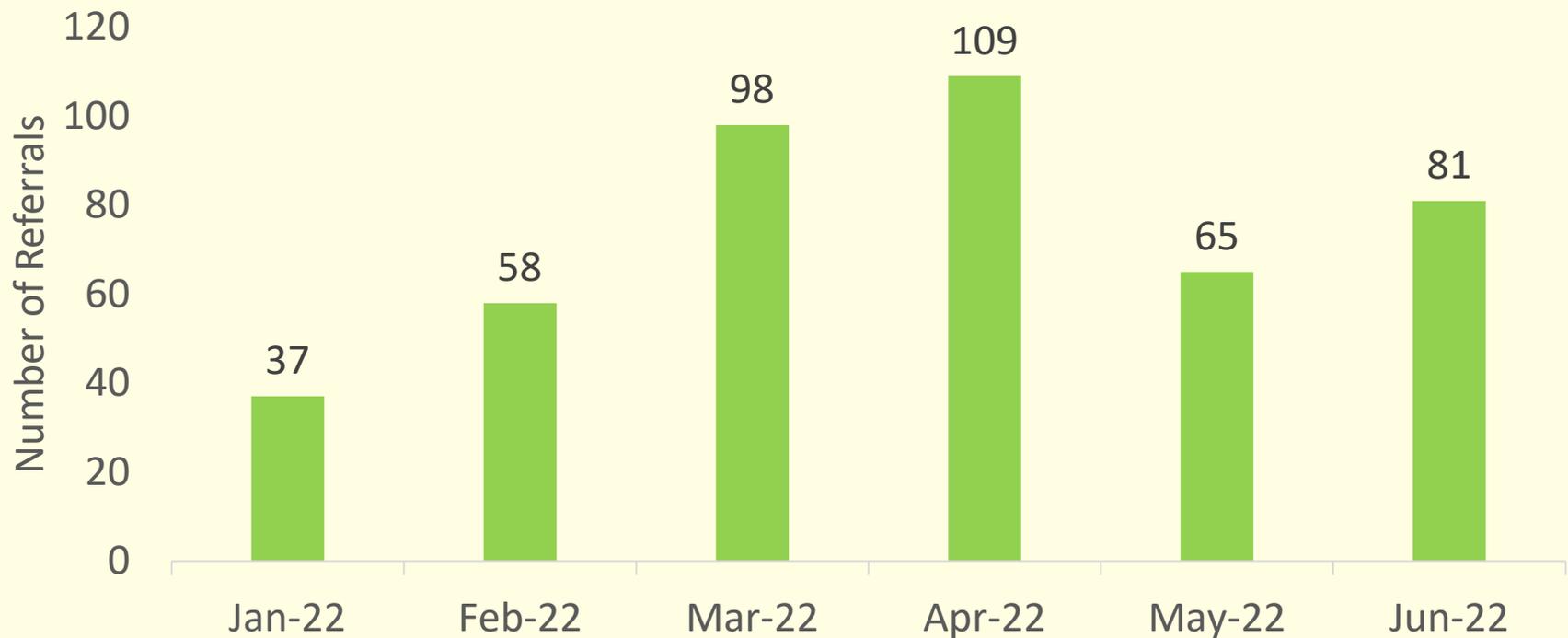
Home and Community-Based Services:

- **Assessment Pathway/Interim Services:**
 - 193 children referred in January – March 2022
- **BBH Children’s Mental Health Wraparound:**
 - 117 served October – December 2021
- **CSED Services (including Wraparound):**
 - Through screening, referral to the Assessment Pathway, and connection to the CSED Waiver application process, 233 kids were approved during the period of July – December
 - Applications to CSED Waiver increased by approximately 70% from the last six months of 2021 compared to the first half of 2021. 205 children received services July – December 2021

Highlights of Topics Covered: Services (cont.)

- **Behavioral Support Services:**
 - PBS services provided by WVU CED were provided to 102 youth from July – December 2021. This does not include services provided by all Medicaid providers.
- **Assertive Community Treatment (ACT):**
 - 11 total enrollments, average of 3.6 youth served from July 2020 – December 2021.
- **Stabilization and Treatment Homes (STAT Homes):**
 - Not yet established, but in progress.
- **Children’s Crisis and Referral Line (CCRL):**
 - From July – December 2021, there were 187 total calls, an average of 31 calls per month—an increase from the previous reporting period, which averaged 27 calls per month.
- **Children’s Mobile Crisis Response and Stabilization (CMCR):**
 - 502 youth from October to December 2021.

Assessment Pathway Referrals (Jan-June 2022)



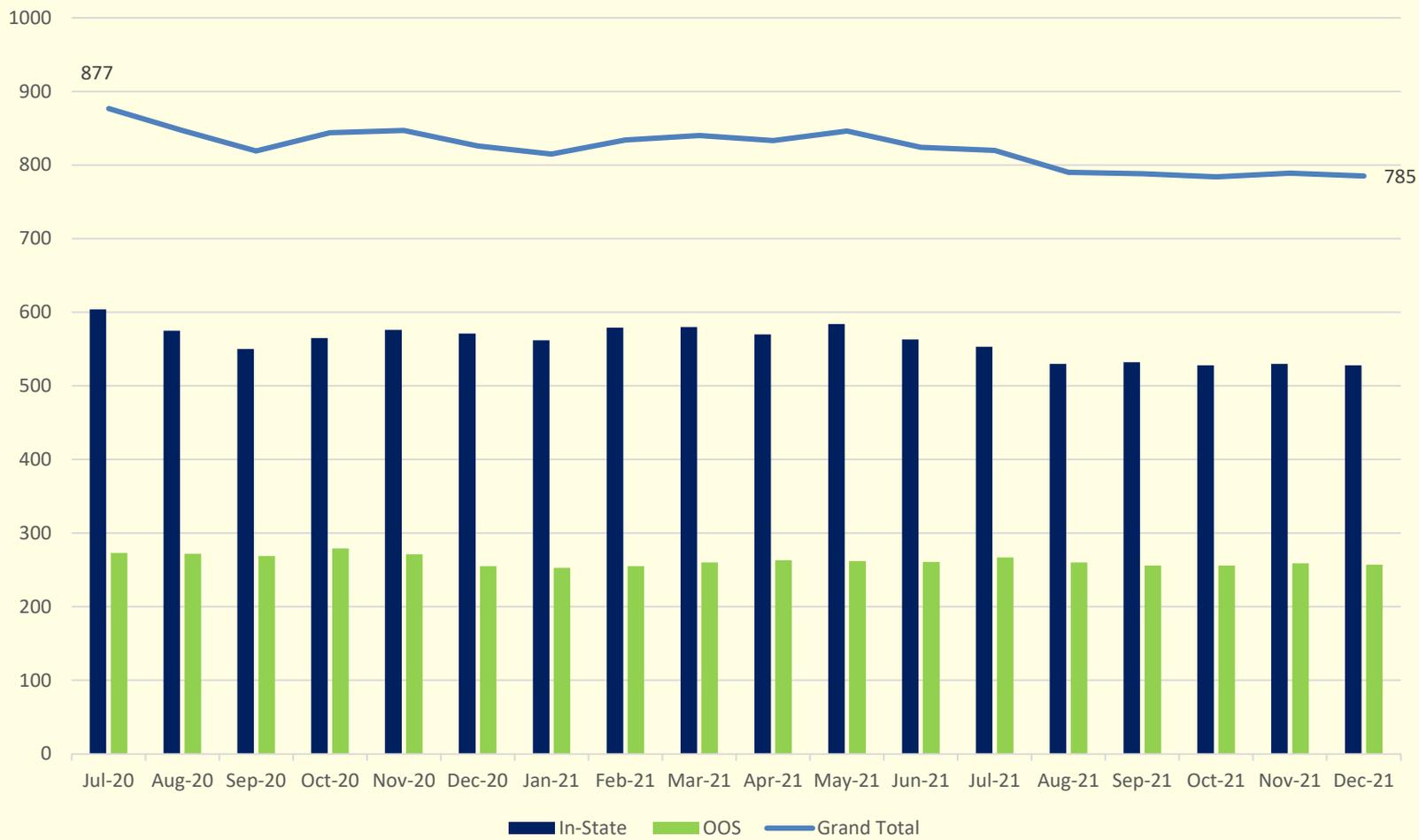
- Continued influx of referrals with some leveling as of summer 2022 .
- Most individuals (65%) with a qualifying CAFAS/PECFAS score are assigned a facilitator within 30 days of referral to the assessment pathway.
 - Includes both time for assessment and for the family to gather materials and correspond with coordinators that help connect them to both the application process and services while the application is processed such as mobile crisis response and stabilization.
- This process started in October 2021; data will continue to be monitored for changes.

Residential Mental Health Treatment Facility (RMHTF) Services:

- Goal by December 31, 2022: 822
- Census as of July 15, 2022: 814
- Discharge Planning: For January – April 2022, 133 children were identified in in-state residential settings with a Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS) score less than 90.
- At the time data was reviewed, 26.3% of the children were discharged to community-based settings who may not have otherwise been discharged without this new prioritized discharge planning process in place.
 - Barriers to discharge
 - Out-of-state placements

RMHTF, continued

Average Monthly RMHTF Bed Utilization, July 2020– December 2021



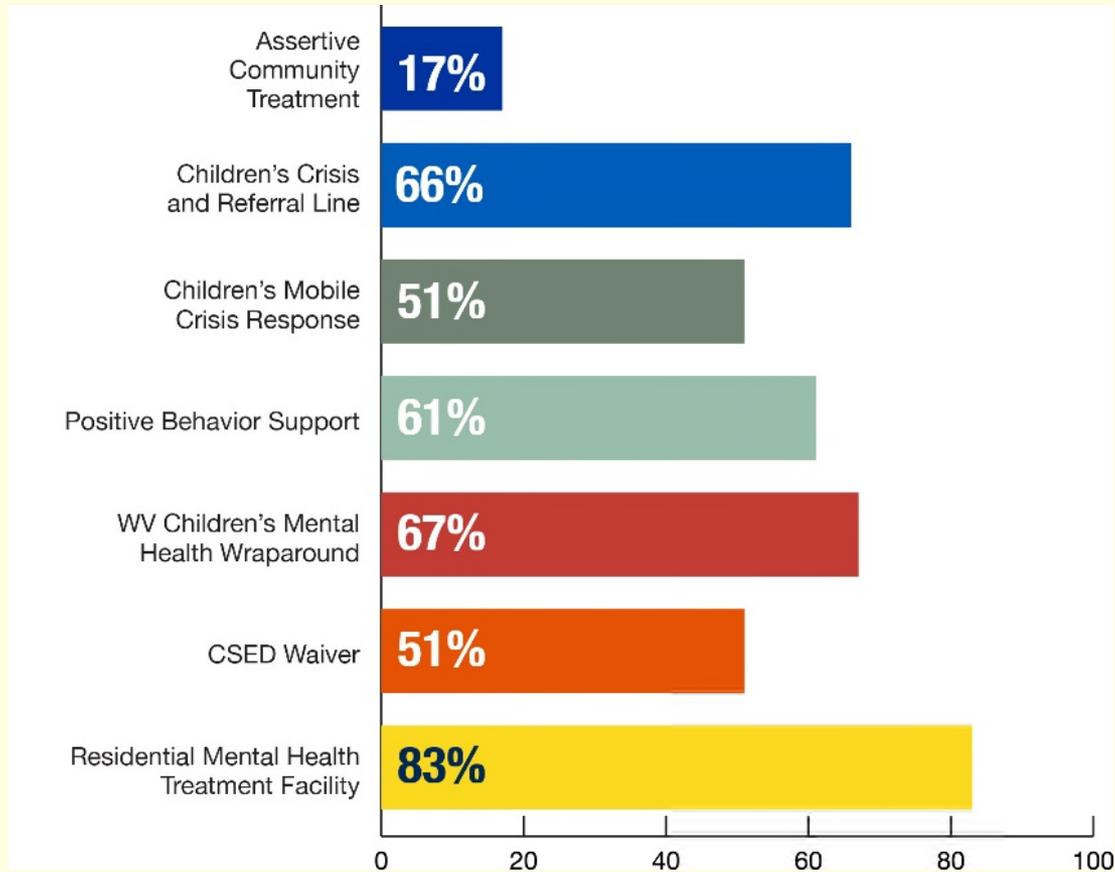
RMHTF, continued

Rolling Average Length of Stay for In-State and Out-of-State: Average Length of Stay for a Rolling 12 Months of Discharges, July 2020 – December 2021, by In- or Out-of-State Provider Status at Discharge



Highlights of Topics Covered

- Partner Evaluations
- Outreach and Education



Next Steps

- Further assess workforce capacity.
- Conduct further outreach to families and providers:
 - Kids Thrive Resource Rundown
 - Training/Education development for HealthCheck Providers
 - Continued lunch and learns with judicial community
- Continue expanding awareness efforts with focus on:
 - Emergency departments
 - Medical offices
 - Schools
 - Rural areas
 - Families and/or children exiting foster care, whether through adoption or aging out of the foster care system
 - Areas with low utilization and high rates of RMHTF placement
- Collaborate with Bureau of Juvenile Services (BJS) and the Administrative Service Organization (ASO) to develop a process for BJS to make referrals to the ASO in advance of a child's discharge from detention
- Implement the qualified independent assessment process in the second half of 2022 to assist with diverting children from out-of-home placement and ensuring children are placed in the level of care appropriate for their needs
- Continue and expand regularly scheduled Continuous Quality Improvement (CQI) reviews
- Expand data reporting, review, and data quality improvement, as processes are further established
- Explore outcomes data to identify strengths and opportunities

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