HEALTH AFFAIRS INSTITUTE

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Collaboration & Referrals

Children's In-Home and Community-Based Services Improvement Evaluation: Phase 4

Prepared by

WVU Health Affairs Institute

Prepared for

West Virginia Department of Human Services

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Introduction

Evaluation Overview

Mental and behavioral health of children and youth is critical to the well-being of West Virginia (WV). In partnership with the WV Department of Human Services (DoHS), West Virginia University Health Affairs Institute is evaluating the State's mental and behavioral health system for children and youth. The multi-year, mixed method Evaluation captures perspectives and experiences of stakeholders at all levels of the mental and behavioral health system: organizations and facilities; providers, including cross-sector partners; caregivers; and youth with mental and/or behavioral health needs.

The Evaluation offers insight into the experiences of people who interact with the mental and behavioral health system at specific points in time. During and after data collection, WV DoHS and stakeholders across the system are actively engaged in making changes to policies and practices that are not reflected in the presented data.

This report is focused on Collaboration and Referrals, and highlights data collected between August 2023 and June 2024; more than 1,000 stakeholders participated in surveys, interviews, and/or focus groups. Comparisons are made to previous years of data from this Evaluation when appropriate.

SURVEYS INTERVIEWS FOCUS GROUPS

The services of interest to the Evaluation include:

- Assertive Community Treatment (ACT)
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Wraparound Facilitation Services: West Virginia Children's Mental Health Wraparound (CMHW) and Children with Serious Emotional Disorders (CSED) Waiver Wraparound (Wraparound)
- CSED Waiver Mobile Response
- Behavioral Support Services, including Positive Behavior Support (PBS)
- Residential Mental Health Treatment (RMHT)
- Children's Crisis and Referral Line (CCRL)

Findings Overview

Findings are highlighted to provide insight into stakeholder perspectives, share suggestions from respondents for expanding on what's working, and to inform dialogue around opportunities for system improvements. Quotes are used to illustrate themes and/or to highlight unique perspectives.

Evaluation reports and additional information about WV's work related to youth mental and behavioral health can be found online at https://kidsthrive.wv.gov.

In this Evaluation:

- ***Providers*** include stakeholders who deliver youth mental and behavioral health services, healthcare providers, law enforcement officers, judges, attorneys, probation officers, DoHS workers, and school administrators. When findings are unique to a provider type, that is specified.
- ***Caregiver*** is used to refer to biological parents, foster parents, or kinship care providers.
- ***Organizations*** refer to community mental health centers, hospitals, RMHT facilities, and other entities that provide the mental and behavioral health services and interventions of interest to the Evaluation, as reported by organizational leaders and administrators in the Organization and Facility Survey.
- ***Youth*** is used to refer to the continuum of children, youth, and young adults, ages 0-21, who receive or are eligible for the services outlined above.

Collaboration

Spotlight on Policy

Cross-sector partners reported that their organizational policies (including school-based policies and court policies) are well-aligned with State policies in that they encourage collaboration among youth-serving entities. This included mental health, behavioral health, healthcare, and social service providers, as well as probation officers; little variation was observed over time.

Collaborative Activities

More mental and behavioral health organizations engaged in collaborative activities in 2023 than in previous years.

87%
participated in multidisciplinary meetings to discuss youth cases.

76%
participated in multiagency meetings at least once a month.

75%
consulted on cases and released information between agencies.

Care Coordination

Youth in the population of interest will often interact with the healthcare system, the children's mental and behavioral health system, and in some cases, juvenile justice. One of the goals of this Evaluation is to examine how these systems interact and how they collaborate to provide care to WV youth with mental and behavioral health needs.

82%
of organizations coordinated youth care and helped with service scheduling in 2023, a 44% increase since 2022.

53%
of providers coordinated youth care in 2023, which has doubled since 2021.

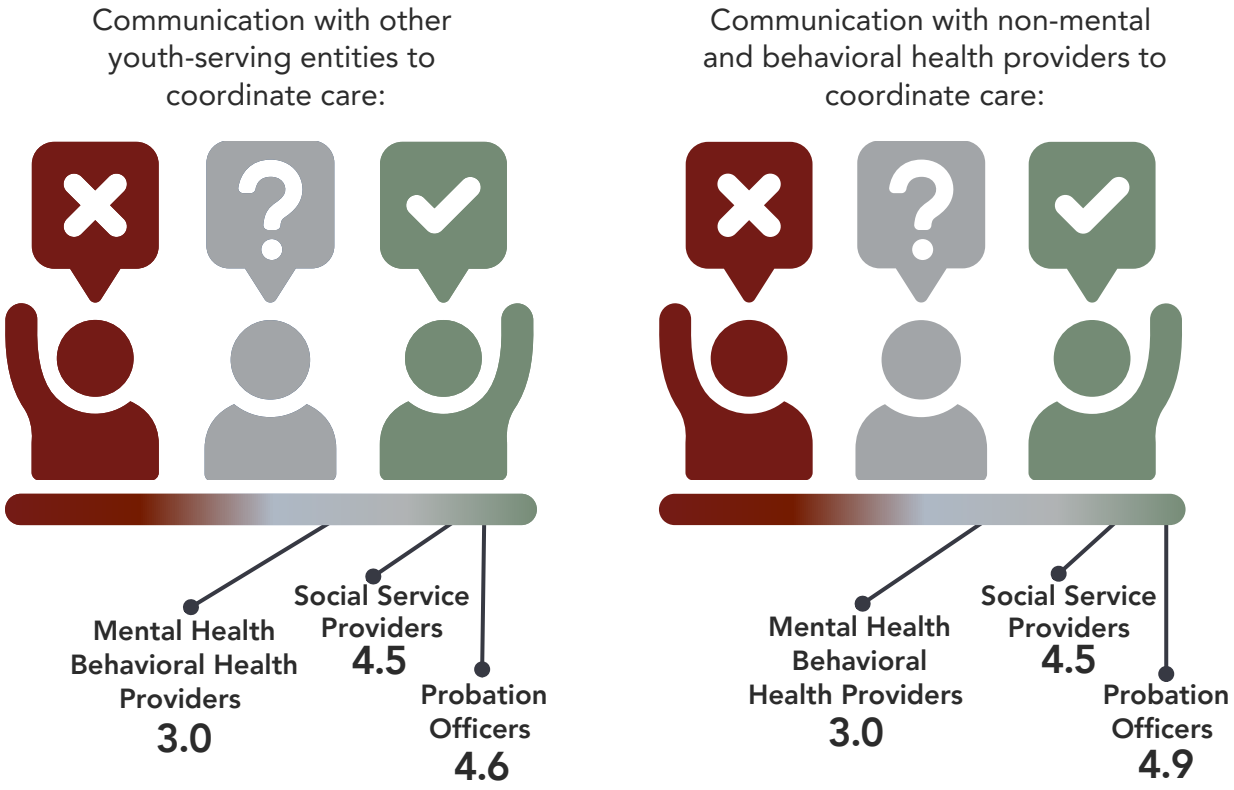
39%
of providers said they have additional capacity to coordinate care in an average week in 2023, with little variation over time.

Communication is an important aspect of care coordination. Providers were asked whether they communicate with others to help coordinate youth's care. Little variation was observed in provider-reported communication with other youth-serving entities to coordinate mental and behavioral health services over time, but findings varied by provider type.

THINGS TO CONSIDER:

Social service providers, attorneys, and judges indicated that opportunities exist for more care coordination across different agencies.

Levels of agreement about coordinating care



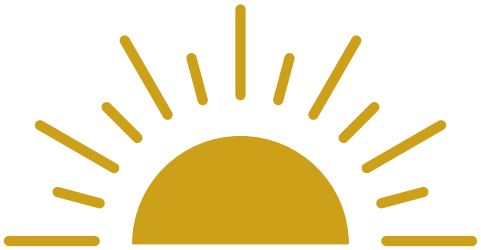
*The agreement scale ranges from **1** (Disagree) to **5** (Agree)*

THINGS TO CONSIDER:

Although caution must be taken when interpreting findings at the level of the provider role due to small sample sizes, trends in the data suggest that mental and behavioral health providers had higher levels of agreement than healthcare providers when asked about communication with other youth-serving entities. Future work will continue to tease out meaningful differences in provider perceptions and experiences by role and discipline.

Collaborations Between Law Enforcement and Mental and Behavioral Health Crisis Services

Law enforcement officers are sometimes asked to respond to calls involving youth with mental and behavioral health needs. Mobile response services (CMCRS, CSED Waiver Mobile Response) and the CCRL (844-HELP4WV) are available to help assist law enforcement when engaging with youth who have mental and behavioral health needs in general, as well as with youth experiencing mental health crises.



BRIGHT SPOT

87% of law enforcement officers who had heard of mobile response services know how to access them, an **8%** increase since 2021.

26% of law enforcement officers received training on how to collaborate with CMCRS and CSED Waiver Mobile Response teams in 2023, which is a considerable increase compared to previous years.

78%

of law enforcement officers would like more training in this area.

More law enforcement officers collaborated with CMCRS, CSED Waiver Mobile Response, and called the CCRL (844-HELP4WV) in 2023 than in previous years.

THINGS TO CONSIDER:

Only **23%** of law enforcement officers collaborated with mobile response teams in the last 12 months, and **16%** utilized the CCRL (844-HELP4WV).

More information is needed to determine whether this corresponds with the number of police encounters involving youth with mental and behavioral health needs, or whether opportunities exist to further build relationships and expand law enforcement's use of these resources.

For example, it might be helpful to identify law enforcement officers who utilize community-based crisis services who can serve as champions. Additional information about law enforcement training needs can also be found in the Workforce, Capacity, and Resources report (July 2024).

Collaborations Between Judges and Multidisciplinary Teams (MDTs)

Mental and behavioral health providers make recommendations but are oftentimes not the ultimate decision-makers when there is juvenile justice involvement. In fact, judges often are the ones making important treatment decisions, such as mandating participation in community-based services that can help reduce the rates of out-of-home placements when it is clinically feasible to do so.

MDTs

Multidisciplinary teams (MDTs) comprised of stakeholders from across both the children's mental health and juvenile justice systems, including attorneys, probation officers, school personnel, mental and behavioral health providers, and State case managers facilitate systems-level collaborations by providing judges with information, updates, and recommendations to help ensure that youth (and their families) receive needed services in the appropriate setting.

Judges were asked about their experiences with MDTs in 2021 and again in 2023. **Many judges received timely and complete information from MDTs and appreciated court policies that help them implement their recommendations.** Judges valued MDT members who work closely with youth, such as probation officers and caseworkers, and the clinicians who conduct psychological evaluations.

However, collaborations with MDTs varied across jurisdictions, namely because of high caseloads, staff turnover, and scheduling difficulties with MDT members. Judges reported that these challenges interrupt the feedback loop wherein they do not receive the most up-to-date information regarding the youth's status. More information about provider staffing and capacity can be found in the Workforce, Capacity, and Resources report (July 2024).

Referrals

Referrals are an important part of care coordination, to help ensure that families and youth are connected with providers who offer needed services. However, referrals are complicated because they are impacted by many factors, including the availability, accessibility, and capacity of services and programs, as well as provider awareness of said resources.

Spotlight on Referral Policies

Some providers might need more guidance for following up after a referral for RMHT has been made.

- Mental health, behavioral health, and healthcare providers neither agreed nor disagreed that their places of employment have clear policies and procedures for following up after they refer youth to RMHT.

More data are needed to better understand variation observed by provider type over time. There might also be a gap in policy and practice with regard to the timing of follow ups after referrals to RMHT have been made. Most providers follow up within one to two weeks of making a referral to RMHT, but it may take up to a month or more to find a bed at a facility that offers the services that youth need.

The need for screenings and assessments can prolong the placement process as well. Providers would likely benefit from policies that provide guidance around the timing and need for repeat follow ups after referrals to RMHT are made. See the Use of Mental and Behavioral Health Services report (July 2024) for more information about RMHT and other out-of-home placements.

Referral Pathways

Referrals are a priority for DoHS and the system, but the mechanisms for making, processing, and following up on referrals vary within the state. System-Level Focus Group and Provider Focus Group participants indicated that warm referrals are effective (when a provider makes a referral to a specific agency or service while caregivers and youth are present). However, they often have difficulties identifying other local providers to whom they can send referrals.

Where are referrals being made?

Mental and behavioral health organizations were asked which youth-serving entities they send referrals to. **In 2023, most of the youth referrals were to healthcare providers, other community-based mental and behavioral health services (including CSED Waiver services), and to the Department of Human Services.** Organizations only "sometimes" referred youth to crisis services, school-based programs, or recommended out-of-home placements. They "rarely" referred youth to juvenile justice. Little variation was observed over time.

Which services are youth being referred to?

The State launched the CCRL (844-HELP4WV) in 2015, and phased implementation of the Assessment Pathway began in 2021, both of which are mechanisms that can help streamline referrals. There was an overall 14% increase in awareness of the CCRL between 2021 and 2023 (see the Service Awareness report (July 2024) for a breakdown by provider type). Community partners and professionals (including providers) also represented 36% of calls to the CCRL in the first two quarters of 2023. Many providers also continued to make referrals directly to other care providers. **More providers referred youth to in-home and community-based mental and behavioral health services in 2023 than in previous years.**

88% of mental health, behavioral health, and healthcare providers indicated that they "often" or "sometimes" referred youth to community-based services; only **8%** said "rarely" and **4%** said "never."

THINGS TO CONSIDER:

Providers often have their own electronic health records or other systems for tracking youth information, but they vary in the amount and types of information captured. Providers and systems administrators recommended the implementation of a statewide care coordination system to share client information and track referrals across the system. Existing systems, such as the Assessment Pathway and the West Virginia Health Information Network, are systems that might be scaled to meet these needs. It is worth noting, though, that while providers were able to describe the CSED Waiver referral process, they did not associate it with the "Assessment Pathway" (i.e., when the "Assessment Pathway" was mentioned specifically, they said they had not heard of it).

DoHS has worked to expand community-based mental and behavioral health services throughout the Evaluation, especially those offered under the CSED Waiver. Referral data suggest that these efforts are working. Overall, a greater percentage of stakeholders referred youth to the community-based mental and behavioral health services of interest to the Evaluation in 2023 than in previous years. There was some variation by service and provider type over time:

The greatest percentage of mental health, behavioral health, healthcare, and social service providers, as well as probation officers, referred youth to CSED Waiver Wraparound in 2023 than any other service of interest to the Evaluation.

- Reported by more than 50% of mental health, behavioral health, and healthcare providers. This represents a 29% increase compared to the previous year.
- Reported by more than 60% of social service providers and probation officers.

Judges were also more likely to require participation in CSED Waiver Wraparound than any other community-based service of interest to the Evaluation in 2023.

More mental health, behavioral health, and healthcare providers, as well as probation officers, referred youth to the CCRL (844-HELP4WV) in 2023 than in previous years.

- The percentage of mental health, behavioral health, and healthcare providers who referred youth to the CCRL increased 24% between 2021 and 2023.
- There was a 10% increase in the percent of probation officers who referred youth to the CCRL between 2021 and 2023.

THINGS TO CONSIDER:

There was a 22% decrease in the percentage of social service providers that referred youth to the CCRL between 2021 and 2023. This highlights the importance of ongoing outreach and marketing to the public, and to providers, specifically social service providers.

Referrals to RMHT vary by provider type

- The percentage of providers who refer to RMHT remained relatively stable across Evaluation years, with the exception of social service providers. **Between 2021 and 2023, there was a 16% decrease in the percentage of social service providers who refer youth to RMHT**. Approximately half of social service providers referred youth to RMHT in 2023.
- Approximately one third of mental health, behavioral health, and healthcare providers have referred youth to RMHT.
- Referrals to RMHT were highest among probation officers. Approximately 60% of probation officers refer to RMHT. This is likely due to the fact that probation officers are working with youth who are also part of the juvenile justice system, meaning they might have higher intensity needs. When out-of-home placements are necessary, it may be preferrable for youth with mental and behavioral health needs who are involved in juvenile justice to go to a RMHT facility rather than a detention center, which might be contributing to higher referral rates among probation officers.

Referral Reach

Ideally, youth and families receive referrals to providers within their communities. As detailed in the Workforce, Capacity, and Resources report (July 2024), West Virginia includes urban, rural, and extremely rural communities, which can make it difficult to provide service coverage in some counties. Fortunately, some of the county-level difficulties with service coverage appear to be offset with regional referral networks, according to the data collected from mental and behavioral health organizations in 2023.

BRIGHT SPOT

Few organizations are referring youth to out-of-state providers.

- 58% "often" made referrals within their region.
- 74% "often" received referrals within their region.
- 35% "rarely" or "never" made referrals outside of their region.
- 69% "rarely" or "never" made referrals out-of-state.

Some opportunities still exist to strengthen referral networks throughout the state: 41% "often" and 48% "sometimes" received referrals from outside of their region.

THINGS TO CONSIDER:

- Only 32% of mental and behavioral health organizations reported that there were other nearby youth-serving entities that they could refer to in 2023 (see the Workforce, Capacity, and Resources report (July 2024) for more information). This corresponds with youth and family experiences; as reported in the Barriers and Engagement report (July 2024), many expressed difficulties finding local mental and behavioral health providers, especially those who provide specialized care.
- While opportunities exist to further expand service coverage and strengthen local referral networks, perceptions about distance are also relative, in that those in more rural communities might expect to travel further for services than those residing in more urban communities. In some parts of the state, some services might be "closer" in other nearby states, but because WV Medicaid is often not accepted out-of-state, some families are faced with paying out-of-pocket or having to travel longer distance to receive that same service in state. Given the financial situations and transportation issues faced by some families, this can result in delayed access, interruptions, and/or discontinuation of needed services.

Impact of Screenings and Assessments on Referrals

Providers and judges reported that the lack of available professionals qualified to conduct psychological evaluations and assessments is a major barrier to the referral process. Screenings and assessments are entry points into the system and facilitate access to needed mental and behavioral health services but can lead to a referral "bottleneck." Judges perceived that access points for services and resources, such as the CSED Waiver and DoHS case workers, are overburdened and lack the capacity to make timely connections to services. One judge described this process as impacting "already strained" DoHS workers.

Judges noted that they rely on DoHS to make referrals to mandated and/or recommended mental and behavioral health services. They recommended expanding referral capabilities to attorneys and guardians ad litem who might help make and follow up on referrals.

Following Up After Referrals are Made

An increasing number of providers are following up with youth, families, and other youth-serving entities after referrals have been made.

In 2023, 66% of mental health, behavioral health, and healthcare providers indicated that they "often" or "sometimes" follow up after referrals; 20% said they "rarely" and 14% said they "never" follow up.

When asked about barriers to accessing mental and behavioral health services, caregivers and youth consistently reported difficulties reaching the people who could initiate services.

THINGS TO CONSIDER:

Opportunities exist to expand upon policies and practices regarding follow-ups to ensure that youth get connected to the services they need. Additional details can be found in the Barriers to Accessing Mental and Behavioral Health Services report (July 2024).

Probation officers were asked in the Year 2 (2022) and Year 3 (2023) Provider Survey to indicate which of the following best describes their follow-up practices:

Probation Officer Follow-Up Practices	2022	2023	Trend
Regularly follows up with youth and/or family	34%	52%	↑
Regularly follows up with referral organization	59%	23%	↓

Many youth and families indicated that they rely on probation officers to help navigate the mental and behavioral health system. It is encouraging that an increasing number of probation officers are following up to make sure that youth and families get the support that they need.

Conclusion

Collaboration and referrals are important components of the children's mental and behavioral health system. Evaluation results indicated that providers recognize the value and challenges associated with communication and care coordination. Bright spots include:

- Providers had positive responses to DoHS communication activities. Additional opportunities for list serv groups and formal or informal meetings were of interest.
- Training and resources were valued by juvenile justice partners. Judges expressed an interest in increasing their knowledge about available resources. Law enforcement officers expressed interest in training focused on community-based mental and behavioral health crisis services.
- Multidisciplinary teams (MDTs), when available and working well, are valued by judges. Finding ways to increase consistency across jurisdictions may be worthwhile.
- Probation officers are valuable system navigators for many caregivers and youth.
- Many referrals are provided within the state (i.e., few are sending referrals out-of-state). Opportunities exist to further integrate the Assessment Pathway or other existing mechanisms such as West Virginia Health Information Network to help streamline referrals, and track follow ups.

Lastly, providers expressed the need for more qualified professionals who can conduct psychological evaluations to help facilitate and streamline access to mental and behavioral health services.

When taken together, the Evaluation captured snapshots of the system across years. Findings suggest there is positive momentum, as well as opportunities for further improvement. Perspectives of stakeholders within the children's mental and behavioral health system, and adjacent systems such as healthcare and juvenile justice, provided valuable insights.

Appendix A: Glossary

This page defines the acronyms used and/or other key terms used throughout the report.

Acronym	Definition
ACT	Assertive Community Treatment
CCRL	Children's Crisis and Referral Line (844-HELP4WV)
CMCRS	Children's Mobile Crisis Response and Stabilization
CMHW	WV Children's Mental Health Wraparound
CSED	Children with Serious Emotional Disorders
DoHS	WV Department of Human Services
MDT	Multidisciplinary Team
PBS	Positive Behavior Support
RMHT	Residential Mental Health Treatment

Appendix B: Data Collection Overview

This report includes data collected throughout the Evaluation. Reports from previous years can be found on the KidsThrive website: https://kidsthrive.wv.gov/Pages/default.aspx.

The table below provides a description of all data collected as part of this Evaluation. Findings in this report are summarized by year for ease of interpretation. References to specific groups at specific points in time in previous reports (e.g., "youth in RMHT at Baseline"), data collection dates, and number of participants are displayed below.

Year [1]	Project Phase	Stakeholder Group	Data Collection Tool	Reference in Previous Reports	Data Collection Dates	Number of Stakeholders
2021	2a	Service Provider Organizations	Organization and Facility Survey	"Baseline"	8/16/2021 – 11/19/2021	102
2021	2a	Service Providers	Provider Survey	"Baseline"	8/16/2021 – 11/19/2021	1,215
2021	2a	Service Providers	Provider Focus Groups	"Baseline"	11/29/2021 – 1/31/2022	71
2021	2a	Service Provider Organization Key Informants	Organization and Facility Key Informant Interviews	"Baseline"	11/3/2021 – 1/13/2022	14
2021	2a	System-Level Stakeholders	System-Level Focus Groups	"Baseline"	10/7/2021 – 11/1/2021	22
2021	2b	Caregivers of Youth in RMHT	Caregiver Survey	"Baseline"	10/28/2021 – 2/17/2022	108
Ongoing [2]	Ongoing [2]	Caregivers of Youth in RMHT	Case Series Interviews	"Rounds 1-5"	2/21/2022 – 4/29/2024	9
2021	2b	Youth in RMHT	Youth Survey	"Baseline"	11/16/2022 – 4/18/2023	115
Ongoing [2]	Ongoing [2]	Youth in RMHT	Case Series Interviews	"Rounds 1-5"	2/17/2022 – 5/3/2024	10
2022	3	Service Provider Oragnizations	Organization and Facility Survey	"Year 2"	11/16/2022 – 3/7/2023	56
2022	3	Service Providers	Provider Survey	"Year 2"	11/9/2022 – 2/28/2023	1,141

Year [1]	Project Phase	Stakeholder Group	Data Collection Tool	Reference in Previous Reports	Data Collection Dates	Number of Stakeholders
2022	3	Caregivers of Youth in RMHT	Caregiver Survey	"Year 2"	11/4/2022 – 1/13/2023	180
2022	3	Youth in RMHT	Youth Survey	"Year 2"	11/2/2022 – 2/17/2023	156
2022	3	Community-Based Caregivers	Caregiver Survey	"Baseline"	12/22/2022 – 3/31/2023	174
Ongoing [2]	Ongoing [2]	Community-Based Caregivers	Case Series Interviews	"Rounds 1-3"	3/14/2023 – 5/1/2024	6
2022	3	Community-Based Youth	Youth Survey	"Baseline"	1/9/2023 – 3/31/2023	51
Ongoing [2]	Ongoing [2]	Community-Based Youth	Case Series Interviews	"Rounds 1-3"	3/13/2023 – 5/1/2024	5
2023	4	System-Level Stakeholders	System-Level Focus Groups	"Phase 4"	12/12/2023 – 1/9/2024	10
2023	4	Service Provider Organizations	Organization and Facility Survey	"Year 3"	8/1/2023 – 11/10/2023	33
2023	4	Service Providers [3]	Provider Survey	"Year 3"	8/28/2023 – 11/30/2023	722
2023	4	Service Providers	Provider Focus Groups	"Phase 4"	3/11/2024 – 3/28/2024	36
2023	4	System-Level Stakeholders	System-Level Focus Groups	"Phase 4"	12/15/2023 – 1/9/2024	10
2023	4	Community-Based Caregivers	Caregiver Survey	"Year 2"	2/21/2024 – 4/26/2024	213
2023	4	Community-Based Youth	Youth Interviews	"Year 2"	6/3/2024 – 6/21/2024	6

Notes: RMHT = residential mental health treatment.
[1] Represents the year used to reference the data in Phase 4 reports.
[2] Case Series participants were recruited from "Baseline" Caregiver Surveys and Youth Surveys. Case Series Interviews were conducted with the same individuals approximately every six months; participants completed up to five interviews over the course of the Evaluation.
[3] Judge interviews were conducted after the Phase 4 Provider Survey was closed for other provider types. Phase 4 judge interviews were conducted between December 2023 and February 2024; of these 722 providers, 20 were judge interviews.