Implementation Plan for the Memorandum of Understanding Between the State of West Virginia and the United States Department of Justice

Year Five

Cammie L. Chapman
Deputy Secretary

February 14, 2024

Table of Contents

1. **Introduction** ... 3
2. **Time Frames and Working Documents** ... 5
3. **Statement of Principle** ... 6
4. **Agreement Goals** ... 7
5. **Definitions** ... 9
6. **WV Wraparound and Pathway to Children's Mental Health Services** ... 11
6.1 Expected Goals ... 11
6.2 Accomplishments ... 12
6.3 Open Tasks and Ongoing CQI ... 13
7. **Children's Mobile Crisis Response and Stabilization (CMCRS)** ... 15
7.1 Expected Goals ... 16
7.2 Accomplishments ... 16
7.3 Open Tasks and Ongoing CQI ... 17
8. **Behavioral Support Services** ... 19
8.1 Expected Goal ... 19
8.2 Accomplishments ... 19
8.3 Open Tasks and Ongoing CQI ... 20
9. **TFC Homes** ... 20
9.1 Expected Goal ... 21
9.2 Accomplishments ... 21
9.3 Open Tasks and Ongoing CQI ... 22
10. **ACT** ... 23
10.1 Expected Goal ... 23
10.2 Accomplishments ... 23
10.3 Open Tasks and Ongoing CQI ... 24
11. **Mental Health Screening Tools and Processes** ... 26
11.1 Expected Goals ... 26
11.2 Accomplishments ... 27
11.3 Open Tasks and Ongoing CQI ... 27
12. **Quality Assurance and Performance Improvement (QAPI) System** ... 29
12.1 Expected Goals ... 29

12.2 Accomplishments....30
12.3 Ongoing CQI....31
13. Outreach and Education for Stakeholders 33
13.1 Expected Goal 33
13.2 Accomplishments....33
13.3 Open Tasks and Ongoing CQI....35
14. Reducing Reliance on RMHTFs....37
14.1 Expected Goals 37
14.2 Accomplishments....37
14.3 Open Tasks and Ongoing CQI....40
15. Workforce Development and Provider Capacity 42
15.1 Expected Goals 42
15.2 Accomplishments....42
15.3 Open Tasks and Ongoing CQI....43
16. Appendix A: Glossary of Acronyms and Abbreviations i

1. Introduction

On May 14, 2019, West Virginia (WV) entered an agreement (the Agreement) with the United States Department of Justice (DOJ) to address the DOJ's allegations regarding WV's service system for children with serious mental health conditions, as operated by the WV Department of Human Services (DoHS).[1] The DOJ recognized the reform efforts underway in WV, and the Agreement reflects DoHS's commitment to improving WV's mental health system to help ensure children can receive mental health services in their homes and communities.

Pursuant to the Agreement requirements, WV must develop an Implementation Plan (the Plan) that describes the actions WV will take to help ensure programs memorialized in the Agreement are sustainable, statewide, and accessible to children in the target population, as defined in Section 3. The Plan describes WV's efforts to uphold its obligations by outlining the steps to realize each program, including working to ensure statewide access and services, as listed in the Agreement:

- WV Wraparound
- Children's Mobile Crisis Response and Stabilization (CMCRS)
- Children with Serious Emotional Disorder (CSED) Waiver Services
- Therapeutic Foster Family Care (TFC)
- Behavioral Support Services
- Assertive Community Treatment (ACT)
- Mental Health Screening Tools and Processes
- Evaluation, Quality Assurance, and Performance Improvement
- Outreach and Education to Stakeholders
- Workforce Development and Provider Capacity
- Reducing the Reliance on Residential Mental Health Treatment Facilities (RMHTFs)

Since 2019, DoHS, in collaboration with various community partners and stakeholders, has built upon existing system frameworks and established new processes and pathways to identify children's mental health needs, to provide families with timely and smooth connections to services, and to transition children currently placed in residential settings back to their family homes or other least restrictive settings. The implementation of the Children's Crisis and Referral Line (CCRL) in October 2020 created a resource for children and families in crisis to access needed support, and created an avenue for anyone seeking information on available services and

[1] During the 2023 legislative session, House Bill 2006 divided the Department of Health and Human Resources (DHHR) into three separate departments, effective January 1, 2024. Of note to the Agreement, the Bureaus for Social Services (BSS), Medical Services (BMS), Behavioral Health (BBH), Child Support Enforcement, and Family Assistance encompass DoHS. The Bureau of Public Health (BPH) is part of the Department of Health. Beginning in 2024, DHHR will be referred to as DoHS.

supports. The CCRL is available 24 hours per day, seven days per week. In October 2021, DoHS implemented the Assessment Pathway[2], creating a *No Wrong Door* approach to streamline and facilitate access to assessment and connection to home and community-based services (HCBS) for children and families. As part of this process, children and families are assessed for and given the option of applying for the CSED Waiver, which offers treatment and supportive services in home and community-based settings and includes Wraparound Facilitation services for children with serious emotional disorders (SED). In early 2023, the five-year CSED Waiver renewal was approved, extending the Waiver through January 2028. These significant enhancements to the children's mental health system remain in the implementation phase and continue to be monitored by DoHS through continuous quality improvement (CQI) efforts.

Given that DoHS has developed and implemented the large majority of programs and interventions as outlined in the Agreement, the primary focus of the Plan shifted to the ongoing CQI efforts and activities as outlined in the DoHS CQI Plan. Since January 2022, DoHS has published comprehensive semiannual Children's Mental Health and Behavioral Health Services Quality and Outcomes Reports (Quality and Outcomes Reports). The Quality and Outcomes Reports provide detailed information on data analyses, accomplishments, and identified focus areas for future improvement to continue to enhance programs and services and improve outcomes for children and families. As such, throughout each program section of the Plan, an infinity circle indicates DoHS's ongoing CQI focus to help ensure availability, access, and sustainability of services.

---

[2] The Assessment Pathway is the term used to describe the Pathway to Children's Mental Health Services, which connects children and families to additional evaluation and referral to HCBS.

2. Time Frames and Working Documents

Pursuant to the Agreement, DoHS may revise the Plan annually and submit the revisions to the DOJ and the public for comments before finalizing amendments. Prior to finalizing the Plan, DoHS will accept public comments for a minimum of 15 days. All comments will be considered. Although there is no requirement that DoHS provide formal responses to any public comment, DoHS may do so at its sole discretion.

Once the revised Plan is finalized, it will supersede any previous Plan. For archival purposes, all finalized Plans are available on the WV Kids Thrive Collaborative (KTC) website (https://kidsthrive.wv.gov/).

Recommended actions and activities resulting from DoHS CQI processes and quality reviews are tracked by DoHS's Office of Quality Assurance for Children's Programs (Office of QA) in partnership with executive and program leadership. Through recurring CQI processes, plans, timelines, and priorities are reviewed and updated. This information is summarized in the semiannual Quality and Outcomes Reports. Program-level work plans further describe the priority and focus area for process- and policy-specific tasks.

These documents are subject to change as implementation continues, are not "supplements" or "schedules" to the Plan, shall not be considered "supplements" or "schedules" to the Plan, and therefore are not enforceable provisions of the Agreement. Only documents specifically labeled "supplements" or "schedules" shall become enforceable provisions of the Agreement.

3. Statement of Principle

DoHS's mission is to promote and provide appropriate health and human services for the people of WV to improve their quality of life. DoHS will conduct programs in an effective, efficient, and accountable manner with respect for the rights and dignity of employees and the public served.

DoHS is committed to:

- Working to prevent children with serious mental health conditions from being needlessly removed from their family homes to obtain treatment.
- Helping to prevent children from unnecessarily entering RMHTFs.
- Transitioning children who have been placed in residential settings back to their family homes and communities.
- Providing HCBS, including Wraparound Facilitation, driving individualized plans of care, CMCRS, TFC, and ACT to children in the target population.

Through these programs, children receive services in the most integrated setting appropriate to their needs. DoHS works to ensure that children covered by the Agreement receive sufficient HCBS to help prevent unnecessary institutionalization.

4. Agreement Goals

The overarching goal of the Plan, as outlined in the Agreement, is to reform WV's children's mental health services and system to help ensure children can receive mental health services in their homes and communities. Each year, the Plan helps lead WV to successful reform in a timely manner to reduce the number of children unnecessarily placed in RMHTFs, and to reduce the length of stay for children at these facilities, when appropriate. Specifically, the goal is threefold:

1. Prevent children with serious mental health conditions from being needlessly removed from their family homes to obtain treatment.
2. Prevent children with serious mental health conditions from unnecessarily entering RMHTFs.
3. Transition children with serious mental health conditions who have been placed in an RMHTF back to their family homes.

To support these goals, DoHS is committed to providing HCBS to children in the target population. These programs will be family-driven, youth-guided, culturally and linguistically competent, and trauma-informed. They will include a broad and diverse array of HCBS that are individualized along with strength- and evidence-based. Through CQI efforts, DoHS will work to ensure statewide access to timely services to prevent crises and promote stability in the home. Key priorities in the coming year, as identified through quality improvement reviews, are captured in the Open Tasks subsection of each section of the Plan.

The target population of these services, as defined in the Agreement, includes all children under the age of 21 who:

1. Have a serious emotional or behavioral disorder or disturbance that results in a functional impairment, and (i) who are placed in an RMHTF, or (ii) who reasonably may be expected to be placed in an RMHTF in the near future; and
2. Meet the eligibility requirements for mental health services provided or paid for by DoHS.

DoHS successfully met the expected goal by December 31, 2022, which was a 25% reduction from the number of children living in RMHTFs as of June 1, 2015.[3] The expected goal by December 31, 2024, is a 35% reduction in the number of children living in RMHTFs as of June 1, 2015. Additionally, any children residing in an RMHTF on December 31, 2024, will have been assessed by a qualified professional and determined to be in the most integrated setting appropriate to their individual needs.

---

[3] The number of foster children living in RMHTFs as of June 1, 2015, was 1,030 children, as reported by DoHS Foster Care Placements Report. This number includes children placed in Group Residential Care, Psychiatric Facilities (long-term), and Psychiatric Hospitals (short-term). The number of children in a RMHTF placed by their parents as of June 1, 2015, was 66.

WV is and has been committed to its long-term goals regarding the reduction of children placed in RMHTFs that will not be recognized during the life of this Agreement. All long-term goals shall not create any new requirement for DoHS to exit the Agreement.

5. Definitions

1. **Assertive Community Treatment (ACT)** is a treatment model for individuals at least 18 years old in which a multidisciplinary team assumes accountability for a small, defined caseload of individuals and provides the majority of direct services to those individuals in their community environment and which operates with high-fidelity to an assessment tool, such as the Dartmouth Assertive Community Treatment Scale (DACTS).

2. **Assertive Community Treatment (ACT)** is a treatment model for individuals at least 18 years old in which a multidisciplinary team assumes accountability for a small, defined caseload of individuals and provides the majority of direct services to those individuals in their community environment and which operates with high-fidelity to an assessment tool, such as the Dartmouth Assertive Community Treatment Scale (DACTS).

3. **Behavioral Support Services** are services that address a child's behaviors that interfere with successful functioning in the home and community. These services include mental health and behavioral assessments; development and implementation of a Positive Behavioral Support (PBS) plan as part of the treatment plan; modeling for the family and other caregivers on how to implement the behavioral support plan; and skill-building services.

4. **Child and Family Team (CFT)** is a group of people, chosen with the family and connected to them through natural, community, and formal support relationships, which develops and implements the Individualized Service Plan (ISP), otherwise referred to as the Wraparound Plan of Care (POC). The CFT is led by the assigned Wraparound Facilitator (WF).

5. **Children's Mobile Crisis Response and Stabilization (CMCRS)** is a crisis response program for children that includes a hotline and mobile crisis response teams that assess and evaluate the presenting crisis, provide interventions to stabilize the crisis, and provide timely support and skills necessary to return children and their families to routine functioning and maintain children in their home, whenever possible. These services are delivered in a non-clinical community setting.

6. **Children with a Serious Emotional Disorder (CSED)** is defined by WV as children who, currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Disease (ICD) equivalent that results in functional impairment substantially interfering with or limiting the child's role or functioning in family, school, and/or community activities.

7. **Home- and Community-Based Services (HCBS)** or **Home- and Community-Based Mental Health Services** are mental health services provided in the child's family home (or foster or kinship care home, where applicable) and in the community.

8. **Individual Service Plan (ISP)** is the comprehensive plan developed by the CFT that is person-centered and includes the child's treatment goals and objectives, methods of measurement, the timetables to achieve those goals, a description of the services to be

provided, the frequency and intensity of each service, and which service providers will provide each service. This term is synonymous with the WV Wraparound POC.

9. **Residential Mental Health Treatment Facility (RMHTF)** is a structured 24-hour group care treatment and diagnostic setting for children with serious emotional or behavioral disorders or disturbances. These facilities include the following provider types as listed on the DoHS Legislative Foster Care Placement Report: Group Residential Care, Psychiatric Facilities (long-term), and Psychiatric Hospitals (short-term). The names and/or functions of these provider types may change as the requirements of the Family First Prevention Services Act are implemented in WV.
10. **Serious Emotional Disorder (SED)** is the presence of a diagnosable mental, behavioral, or emotional disorder that results in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
11. **Serious Mental Health Condition** is a serious emotional or behavioral disorder or disturbance.
12. **Therapeutic Foster Care (TFC)** is a trauma-informed clinical intervention that is an alternative to residential placement for children who have severe emotional and behavioral needs. This service is provided to children who exhibit mild to significant levels of trauma or behavioral or emotional issues, and this service includes placement of a child in a home with specially trained foster parents.
13. **Wraparound Facilitation** is a service that facilitates care planning and coordination for children in the target population. The core components of the service are:
    a.) CFT meetings that drive the service delivery process,
    b.) Interagency collaboration to develop the supports that help the child succeed in the community, and
    c.) Strengths-based planning and facilitation to assist the CFT in meeting the child's needs.
14. **Wraparound Facilitator (WF)** is the leader of the CFT and is responsible for the coordination of services for children under the Agreement. WFs are trained for the Wraparound model and have knowledge of HCBS and experience serving children with a SED.
15. **WV Department of Human Services (DoHS)** includes BSS, BMS, and BBH that have responsibility for providing services to the target population outlined in the Agreement.

6. WV Wraparound and Pathway to Children's Mental Health Services

West Virginia has improved access to and quality of children's mental health services by implementing an Assessment Pathway. The Assessment Pathway emphasizes HCBS for children with mental health or behavioral health issues, disorders, or illnesses. Instead of requiring families to navigate these services themselves, the Assessment Pathway streamlines access to assessment for children's mental or behavioral health needs and helps connect children and families to services while the assessment process is underway. This includes services when children are transitioning back to their home or community after any out-of-home placement.

Children who enter the Assessment Pathway are referred to the most appropriate HCBS for their needs. The primary mode of delivering intensive care coordination to these children and their families is through WV Wraparound. Once a child is referred to the Assessment Pathway, BBH works with the family to assign a WF.

WV Wraparound operates with the goal of high-fidelity to the National Wraparound Initiative (NWI) model. A key method of funding and delivering WV Wraparound is the CSED Waiver. The CSED Waiver is a Medicaid HCBS waiver program authorized under §1915(c) of the Social Security Act and was implemented effective March 1, 2020. In early 2023, WV's five-year CSED Waiver renewal was approved, extending the Waiver through January 2028. The CSED Waiver permits DoHS to provide an array of HCBS that enables children who would otherwise require institutionalization to remain in their homes and communities. Service planning and coordination on the CSED Waiver is conducted through the WV Wraparound model.

While the CSED Waiver is a primary mode of access to HCBS, some children will not be eligible for Waiver services or will choose not to participate. DoHS is committed to ensuring equal access to WV Wraparound for children who are eligible and not eligible for the CSED Waiver. Thus, WV Wraparound can also be accessed through other funding sources for children not eligible for the Waiver, such as through BBH and the BSS.

The goal across DoHS's bureaus is to help children and families thrive in their homes, schools, and communities through a seamless system of care that includes statewide WV Wraparound services available through a *No Wrong Door* approach, with consistently trained WFs and high-fidelity Wraparound. The intended result is a reduction of children removed from their homes due to an SED and increased quality of life as evidenced in school, housing, interpersonal relationships, and employment stability.

6.1 Expected Goals

- **Goal 1:** WV Wraparound will be available statewide, accessible to children in the target population who have been identified as needing HCBS, including children for whom placement in an RMHTF is recommended or who have received mental health crisis intervention services.
- **Goal 2:** WV Wraparound will operate with high-fidelity to the NWI model.
- **Goal 3:** The Child and Adolescent Needs and Strengths (CANS) tool will assess the child and assist the CFT, led by the WF, in the development of WV Wraparound POCs for each

child within the target population who has been identified as needing HCBS. The CANS tool will be conducted by a qualified individual, which is defined as a trained, independent professional or licensed clinician who is not a DoHS employee and does not directly support an RMHTF.

- **Goal 4:** For children in RMHTFs, discharge planning will include a Wraparound Facilitation referral to help ensure a seamless transition to community-based services.
- **Goal 5:** For children with a Multidisciplinary Team (MDT), the children's screening, assessments, and WV Wraparound POCs will be provided to the MDT.

6.2 Accomplishments

The DoHS semiannually publishes the Quality and Outcomes Report, which provides updated data related to the Assessment Pathway process and associated behavioral health services. Quality and Outcome Reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

DoHS created a WV Wraparound Program Improvement Plan (PIP) team to focus on program enhancements, using the DoHS CQI framework to drive and improve Wraparound quality and fidelity. The PIP team worked collaboratively with BBH to release an Announcement of Funding Availability (AFA) in September 2023. The AFA was intended to solicit a WV Wraparound training vendor to support high-fidelity Wraparound training. The vendor that responded did not meet the required qualifications. The PIP team will continue to meet in 2024 to focus on strategies to improve Wraparound fidelity.

As stated previously, the five-year CSED Waiver renewal was approved in early 2023, extending the Waiver through January 2028. Additional focus on outreach and education occurred in December 2023. Nearly 9,000 CSED Waiver information packets were distributed to all public and private schools, day care facilities, Family Resource Centers, YMCA, physician offices, hospital settings, and county DoHS offices throughout WV. The outreach material explained the CSED Waiver Assessment Pathway, services, and steps to become enrolled as a CSED Waiver participant. BMS also sent out information on how to become a CSED Waiver provider/Independent Evaluator to social workers, psychiatrists, psychologists, Licensed Behavioral Health Centers (LBHCs), and other stakeholders.

The open tasks in the Year 4 Plan were primarily focused on CQI, data analysis, and reporting of the Assessment Pathway and Wraparound processes.

Table 1 below represents the completed tasks from the Year 4 Plan.

Table 1: WV Wraparound Summary of Completed Action

Outcome	Action	Completed
Reports are available to DHHR staff to monitor, analyze, and drive decisions to improve services.	Establish data collection to allow for aggregation of Wraparound utilization data across funding sources.	✓
	Formalize CANS data analysis and outcomes reporting.	✓

6.3 Open Tasks and Ongoing CQI

Continued work will focus on ensuring children receive WV Wraparound services statewide, in a timely manner, and at an intensity level that fits their needs. Primary focus areas include:

- Increase WF provider capacity statewide
- Provide WV Wraparound that meets NWI high fidelity standards, including appropriate training and monitoring
- Ensure timely statewide access to WV Wraparound and connection to services identified on the POC

Table 2 represents the project tasks to help make continued enhancements to the program and system statewide.

Table 2: WV Wraparound Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Clear operating procedures	6.3.1	Add language to Chapter 503 Appendix F on how RMHTFs will offer the child and family information on ACT (vs. Wraparound), particularly when the child is being discharged from a residential setting.	BMS	Spring/ Summer 2024
Statewide training	6.3.2	Finalize an updated plan for upcoming trainings for practitioners/supervisors in key Wraparound principles and roles. Track trainings and participants.	PIP Team	April 2024
	6.3.3	Align DoHS policy with NWI standards.	PIP Team	April 2024
CQI on Capacity and Accessibility	6.3.4	Continue data analysis of WF capacity needs and efforts to expand the provider network and reduce waitlists in partnership with managed care organizations (MCOs) and providers.	QA, Bureaus	

Outcome	No.	Action	Owner	Projected Timeline
	6.3.5	Continue data analysis for all assessments (i.e., qualified independent assessment [QIA], CANS, Child, and Adolescent Functional Assessment Scale [CAFAS]/Pediatric and Early Childhood Functional Assessment Scale [PECFAS]), to determine any needed interventions and program changes. Implement and monitor such interventions and program changes.	QA, Bureaus	
	6.3.6	Continue to monitor the BSS case sample process to help ensure that multidisciplinary teams (MDTs) are provided with assessment and evaluation documents prior to the MDT meeting, as outlined in the MDT desk guide.	BSS	
	6.3.7	Monitor the Marshall University report related to identified needs in CANS and services outlined on the POC. The Wraparound Fidelity PIP team may develop improvement plans as determined by the 2024 fidelity report.	PIP Team, Bureaus	
	6.3.8	Continue data review and strategic decision-making by the Wraparound Fidelity PIP team to help ensure WV Wraparound is implemented with fidelity.	PIP Team, QA, Bureaus	

7. Children's Mobile Crisis Response and Stabilization (CMCRS)

Crisis response services help children experiencing emotional or behavioral crises by interrupting the immediate emergency and helping to ensure they and their families are safe and supported. Stabilization services provide children an opportunity to return to routine functioning and help ensure they can remain in their homes or current living arrangements, schools, and communities whenever possible. CMCRS staff are available 24 hours a day, seven days a week (24/7). CMCRS services have been available statewide since May 2021.

Services were designed to align with the following criteria:

a) Criteria for how the crisis line staff will assist with the caller's immediate needs and provide warm transfers to regional CMCRS teams.

   The CCRL is an entry point for children's crisis and non-crisis referral services. The statewide, 24/7 CCRL connects families in crisis immediately with a regional CMCRS team. The CCRL process and protocol are outlined in vendor referral guidance and in the DoHS CMCRS manual.

   To streamline access to services, BBH launched the CCRL in late 2020. In consultation with regional CMCRS teams and the CCRL vendor, BBH agreed that families who contacted the CCRL and were interested in CMCRS would be quickly connected to the nearest regional team to help de-escalate the crisis and provide stabilization services. It is still possible for families to contact the regional CMCRS teams directly, particularly if they have previous experience with the regional agency, but the DoHS prefers CCRL as the first point of contact. The CCRL contact information is promoted statewide. The regional CMCRS team responds, de-escalates, and provides stabilization services to the child and family, with family consent, and has access to needed information including any existing CANS, Wraparound POCs, and crisis plans.

b) Guidelines for hotline staff to assess the crisis to determine whether it is appropriate to resolve the crisis through a phone or a face-to-face intervention.

c) CCRL and CMCRS staff are trained to fully understand the child or family determines if they are experiencing a crisis and whether the CMCRS team responds in person. This is consistent with the *National Guidelines*[4], page 22. The CMCRS team will speak with the child or family member and respond in person in the home, school, or community, based on the child's or family's preference. Each of the BBH regions has sufficient crisis response team(s) to serve the entire state and to respond in person within an average time of one hour.

CMCRS services have been available statewide since May 2021. BBH provided grant funding to the regional teams to support additional staffing to help reduce average response times.

[4] https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep-22-01-02-001.pdf

d) Data is collected to assess and improve the quality of crisis response, including the timeliness of the crisis response and subsequent intake process, and effectiveness of engaging families in HCBS following the crisis.

Program staff, in partnership with the Office of QA, collect data to measure and report response times, whether children and families call the CCRL or the CMCRS team directly.

7.1 Expected Goals

- **Goal 1:** CMCRS services are available to all children, regardless of eligibility. BBH helps ensure there are sufficient crisis response teams to respond in person to a call within an average time of one hour.
- **Goal 2:** CMCRS services continue to help ensure that families will be connected with longer-term services, as needed, and help them navigate the process to access those services.
- **Goal 3:** As part of CMCRS services, WV maintains a toll-free hotline called the CCRL that is staffed 24 hours per day, seven days per week. Callers will be directly connected by a warm transfer to a CMCRS team of mental health professionals with competency-based training and experience working with children in crisis. BBH developed warm transfer protocols with the CCRL and CMCRS teams, which allow the caller to define the crisis and choose whether they prefer in-person or phone intervention. The CCRL stays on the line with the caller until they are connected with the CMCRS team. The CMCRS team has access to needed information regarding the child and family when the family provides consent (including any existing plans and/or the ISP).

7.2 Accomplishments

The Quality and Outcomes Report provides updated data related to CMCRS and associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

Statewide CMCRS coverage creates opportunities to offer crisis relief and plans for stability to support families and children in need. As noted in data presented in the Quality and Outcomes Report, the number of individuals utilizing these services has increased over time, demonstrating increased awareness and acceptance of these critical services. Data for the CCRL and CMCRS is reviewed quarterly, at the program level at a minimum, and in DoHS Quality Committee reviews.

DoHS has established provider training and is one of several states working with the University of Connecticut on technical assistance in implementing the *National Guidelines for Child and Youth Behavioral Health Crisis Care*. DoHS is coaching teams on adherence to national best practice standards and the provision of services for children and families in need.

On September 5, 2023, CMS approved a State Plan Amendment to allow BMS to provide coverage for Community-Based Mobile Crisis Intervention Services. BMS policies were finalized with an effective date of February 1, 2024. Currently, CMCRS is provided through BBH and/or

the CSED Waiver funding. Once the BMS coverage is in place, CMCRS can expand to other Medicaid providers, which will improve access for children statewide and help ensure the sustainability of services. Children who are not Medicaid-eligible will continue to receive CMCRS funded through BBH.

Table 3 represents the completed tasks from the Year 4 Plan.

Table 3: CMCRS Summary of Completed Action

Outcome	Action	Completed
Trained and equipped workforce	Centralized core training for CMCRS providers and other stakeholders or system providers to begin/continue delivery of training	✓
	Developed oversight plan for training content delivered by contracted CMCRS providers	✓

7.3 Open Tasks and Ongoing CQI

This open task section identifies continued work to help ensure CMCRS is consistently provided to children. DoHS has identified key priorities to help ensure mobile crisis teams and other stakeholders receive the training needed to improve outcomes for children who access children's mobile crisis services, including:

- Increasing community awareness of CCRL and CMCRS services
- Improving data quality to support mobile response quality improvement efforts, including timeliness of response
- Improving timely and in-person response

Table 4 represents the project tasks to help make continued enhancements to the program and system statewide.

Table 4: CMCRS Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Policies and procedures	7.3.1	Update the CMCRS and BMS manuals.	BBH, BMS	February 2024
	7.3.2	Update the CCRL desk guide.	BBH	February 2024
Increase the number of children and families aware	7.3.3	Add specific outreach to *Resource Rundown* or other resource to provide communication with families.	Marketing	March 2024

Outcome	No.	Action	Owner	Projected Timeline
of CMCRS and connected to the Assessment Pathway as needed	7.3.4	Continue raising awareness of services to diverse communities, including Black, Indigenous, and people of color (BIPOC), children identifying as LGBTQ+, and adoptees.	BBH, BMS	
	7.3.5	Expand data to include referrals from schools and "other" sources, to better understand connections made to the CCRL and outreach opportunities.	QA, BBH	
Trained and equipped workforce	7.3.6	Continue to enhance the oversight plan for training content delivered by contracted CMCRS providers.	BBH, BMS	
Data-driven enhancements	7.3.7	Continue to align DoHS mobile response indicators with the national TA network mobile response indicators and use the results to support additional ongoing training and technical assistance to CMCRS providers to improve quality of services and timeliness of response.	QA, BBH, BMS	
	7.3.8	Establish data collection to allow aggregation of mobile response data across funding sources, to include timeliness of mobile response.	QA, BBH, BMS	

8. Behavioral Support Services

Behavioral Support Services provide prevention and intervention supports for children who demonstrate significant maladaptive behaviors, are at risk of out-of-home placement or involuntary commitment at a psychiatric hospital or psychiatric residential treatment facility; or are transitioning to the community from an out-of-home placement. PBS is an evidence-based strategy to improve independence, decrease behavioral challenges, teach new skills, and improve overall quality of life for children experiencing significant maladaptive behavioral challenges.

PBS embraces the system of care approach of WV Wraparound or person-centered planning for children with challenging behavioral needs requiring intensive support to help them demonstrate competencies to participate in community life, develop satisfying relationships, make choices, and gain personal dignity and respect. Services are designed to assist individuals to remain in or return to their homes or communities or to facilitate returning from residential treatment programs, psychiatric hospitals, or residential crisis response units. PBS services can be accessed through a variety of methods such as self-referral, provider referral, community agency referral, MDT recommendation, WV Wraparound POC recommendation, or some other treatment team recommendation.

WV's current PBS program coordinator is the West Virginia University (WVU) Center for Excellence in Disabilities (CED), which receives referrals and offers resources online at www.pbs.cedwvu.org and by email at pbs@hsc.wvu.edu. WVU CED's goals are to build both PBS workforce and systemic capacity and to provide PBS services to individuals through trainings, PBS brainstorming telehealth sessions, person-centered planning, and intensive services.

Behavior Support Services are also available via Medicaid providers who are PBS-certified. DoHS contracts with Concord University to oversee and train on PBS certifications. Find more information about this training at https://www.concord.edu/academics/college/department-of-education/behavior-support.

8.1 Expected Goal

- **Goal:** DoHS will help ensure statewide, timely access to PBS services for children in the target population who need those services. Services will be provided to help prevent crises, enable children to remain with or return to the family, where possible, and promote stability in the family home. DoHS will utilize mental health and behavioral assessments; a PBS plan as part of the treatment plan; modeling for the family and other caregivers on how to implement the behavioral support plan; and skill-building services to help ensure timely PBS services meet the needs of the children in the target population.

8.2 Accomplishments

The Quality and Outcomes Report provides updated data related to Behavioral Support Services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

Table 5 represents the completed tasks from the previous Year 4 Plan.

Table 5: PBS Summary of Completed Actions

Outcome	Action	Completed
Trained and equipped Behavior Support Services workforce	Finalized PBS training plan. Implemented online courses.	✓
	Finalized PBS credentialing plan.	✓

8.3 Open Tasks and Ongoing CQI

Continued work includes helping to ensure PBS services are consistently provided to children. DoHS identified the following key priorities to help ensure PBS providers and other stakeholders receive the necessary training to improve outcomes for children who access PBS services:

- Finalize revisions to Chapter 503 of the Medicaid state plan
- Implement the Medicaid billing modifier code
- Expand the certified provider network

Table 6 represents the continued project tasks.

Table 6: PBS Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Clear operating procedures	8.3.1	Finalize Chapter 503 revisions regarding the PBS modifier code.	BMS	Spring/ Summer 2024
Monitoring to help ensure Behavior Support Services are available and accessible	8.3.2	Implement and train providers on the PBS modifier code to allow additional monitoring of service utilization.	BMS, BBH	Summer 2024
CQI monitoring and data enhancements	8.3.3	Assess PBS state plan services capacity, utilization, and access, and institute needed program improvements or changes as needed.	QA, BMS, BBH	↻
	8.3.4	Continue work with Concord University to enhance training and certification data collection.	BBH, QA	↻

9. TFC Homes

DoHS continued collaborating with all stakeholders to identify barriers to STAT Home implementation. In 2022, the STAT Home model was designed to enhance the current

Therapeutic Foster Care (TFC) home model. Child-placing agencies (CPAs) initiated active recruitment strategies to identify potential STAT Homes and provide additional training. Several families were interested in and completed training in early 2023; however, certification to become a STAT Home was not completed by any family for various personal reasons (e.g., the family had a current placement or a personal conflict that prevented the family from moving forward). DoHS continued regular meetings with CPAs to help ensure open communication and feedback on successes and barriers related to the recruitment process. Recent conversations focused on exploring another path forward with TFC as the STAT Home approach has not resulted in recruited homes. DoHS currently has a tiered foster care model with TFC homes in place. DoHS will meet regularly in 2024 to explore a different approach to TFC services to meet the needs of children in WV.

9.1 Expected Goal

- **Goal:** The WV TFC model will be accessible and sustainable statewide for all eligible children in the child welfare population in need of out-of-home placement and can be safely served in a foster family care setting.[5] The goal of TFC services is to help ensure that children are timely placed in a home, in their own community, with specially trained treatment foster parents who act as resource parents to the child's family of origin and will provide children with high-quality treatment services in a foster family home setting in conjunction with WV Wraparound.

9.2 Accomplishments

The Quality and Outcomes Report provides updated data related to DoHS's community-based placement array. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

Table 7 represents the completed tasks from the Year 4 Plan.

Table 7: STAT Home Summary of Completed Action

Outcome	Action	Completed
Services are available and accessible statewide	Implemented the phase-in plan to initiate STAT Home services.	✓
Sufficient provider capacity to meet needs	Developed foster care and STAT Home forecasted needs based on profiles of children identified through the prioritized discharge planning process and profiles of children with placement disruptions. Completed review, as reflected in DoHS CQI Plan, of foster home provider capacity compared to forecasted needs.	✓

[5] The parties acknowledge there is a disagreement as to whether therapeutic foster family homes must be available to children outside of the child welfare population. Nevertheless, WV's goal is to expand this service to be accessible statewide for the child welfare populations. When the parties reach an agreement, this goal will be modified, if needed.

9.3 Open Tasks and Ongoing CQI

DoHS's key priority in the upcoming year is to determine a path forward on the TFC services, and to focus on CPA partnerships in recruiting qualified families statewide.

Table 8 represents the open project tasks.

Table 8: TFC Home Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Sufficient capacity to meet needs	9.3.1	Determine path forward on TFC services and coordinate with CPAs to recruit qualified families statewide.	BSS	Summer 2024

10. ACT

ACT is an inclusive array of community-based rehabilitative mental health services for WV Medicaid members who are at least 18 years old with serious and persistent mental illness, who have a history of high use of psychiatric hospitalization and/or crisis stabilization requiring a well-coordinated and integrated package of services provided over an extended duration to live successfully in the community of their choice. Eligible members will have a primary mental health diagnosis and may have co-occurring conditions, including mental health and substance use disorder or mental health and mild intellectual disability. ACT is a specialized model of treatment/service delivery in which a multidisciplinary team assumes ultimate accountability for a small, defined caseload of individuals. ACT is a unique treatment model in which the ACT team provides the majority of direct services in the member's community environment.

ACT combines clinical, rehabilitation, supportive, and case management services, providing direct assistance for symptom management, as well as facilitating a supportive environment with direct assistance in meeting basic needs and improving social, family, and environmental functioning.

ACT is a recovery-oriented program. Because ACT is a community-focused treatment modality, a minimum of 75% of services must be delivered outside program offices. The team must develop an initial service plan for the ACT member within seven days of admission into the program that authorizes the services for the member until the comprehensive plan for the member is complete. BMS offers ACT services to Medicaid members with no limitation on length of services. Individuals receiving ACT services are currently required to have an ISP, and BMS uses DACTS to help ensure that fidelity is met for this evidence-based practice.

10.1 Expected Goal

- **Goal:** DoHS will increase capacity and address any related ACT provider workforce capacity issues to help ensure ACT is available statewide and services are delivered in a timely manner.

10.2 Accomplishments

The Quality and Outcomes Report provides updated data related to ACT and associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

DoHS had an agreement with a provider to implement ACT services in the eastern panhandle that ultimately was not able to meet the ACT staffing requirements. BBH has now contracted with a different provider that is in the final process of hiring qualified staff to become operational. Services in the eastern panhandle are anticipated to begin in 2024, which will make ACT services available statewide.

To improve oversight and monitoring of ACT services, DoHS made the following updates to the retrospective review process effective January 2023:

- Modify review cycle to occur every 12 months instead of every 18 months.
- Review every ACT recipient between the age of 18 to 21, rather than a sample of children.
- Update the retrospective review process to include required technical assistance for any ACT team that falls below a 70% threshold during their retrospective review.
- Add the retrospective review results to the standing monthly meeting between BMS and the Administrative Services Organization (ASO).

Table 9 represents the completed tasks from the Year 4 Plan.

Table 9: ACT Summary of Completed Action

Outcome	Action	Completed
Clear operating procedures	Completed updates to Chapter 531 and Psychiatric Residential Treatment Facility (PRTF) Provider Agreements to require the choice of ACT vs. Wraparound for eligible children discharging from PRTFs.	✓
	Completed updates to Chapter 503 Appendix F for group residential to require the choice of ACT vs. Wraparound for eligible child discharging from group residential.	✓
Quality monitoring and oversight	Finalized and implemented changes to the retrospective review tool and process.	✓
Reports are available to DoHS staff to monitor, analyze, and drive decisions to improve services	Implemented program-level data collection, review, and reporting of ACT KPIs, as outlined in the CQI Plan.	✓

10.3 Open Tasks and Ongoing CQI

This section identifies the open tasks that are helping to ensure ACT is available to children statewide. DoHS's key focus areas for the coming year include:

- Ensuring ACT is operational in the eastern panhandle
- Ensuring eligible children are offered the choice of ACT versus Wraparound

Table 10 represents the continued project tasks.

Table 10: ACT Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
ACT services available statewide	10.3.1	Operationalize ACT in eastern panhandle.	BBH, BMS	Spring 2024

Outcome	No.	Action	Owner	Projected Timeline
Trained workforce	10.3.2	Complete residential provider and stakeholder training related to the changes in Chapters 503 to help ensure children are offered a choice of ACT or Wraparound at discharge.	BMS	Summer 2024

11. Mental Health Screening Tools and Processes

Screening for possible mental health needs is a critical first step in identifying children for further evaluation to determine treatment needs, with subsequent referrals to appropriate HCBS. To help ensure broad reach to children statewide who may benefit from behavioral and mental health services, the following entities complete screenings:

- **Primary Care Providers (PCPs):** Provide screening for Medicaid and WV Children's Health Insurance Program eligible children through the HealthCheck program within the West Virginia Department of Health's Bureau for Public Health (BPH).
- **BSS, Youth Services and Child Protective Services (CPS):** Provides screening for children in-state custody through HealthCheck, WV's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program within BPH. The child's PCP conducts the screening within 30 days of foster care placement. To support the identification of a child's possible mental health needs, a child's BSS worker also conducts screening using the Family Advocacy and Support Tool (FAST) if the child is involved in Youth Services, or the Ongoing Assessment if the child is involved in CPS. The BSS worker conducts the appropriate screening within 15 days of establishing the case for the child.
- **WV Division of Corrections and Rehabilitation, Bureau of Juvenile Services (BJS):** Provides screening utilizing the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) for children in juvenile detention and commitment facilities.
- **WV Judiciary, Division of Probation Services:** Provides screening utilizing the MAYSI-2 for children on probation.

Children with an identified potential mental health need (i.e., positive screen) are then referred to the Assessment Pathway for additional evaluation and referral to HCBS. Referrals may also come from calls filtered through the CCRL, although this is not considered a primary screening activity.

11.1 Expected Goals

- **Goal 1:** WV will help ensure that a mental health screening using an approved screening tool is completed for any child not already known to be receiving mental health services when the child enters BSS Youth Services, the child welfare system, or the juvenile justice system; or when the child or family requests mental health services or that a screen be conducted.
- **Goal 2:** WV will help ensure that HealthCheck forms are available for PCPs and that PCPs are trained and have access to HealthCheck age-appropriate screening forms. This is to ensure that WV Medicaid-eligible children are screened to determine if they should be referred for further mental health evaluation or services. WV's goal is that no less than 52% of WV Medicaid-eligible children who are not in the BSS Youth Services, child welfare, or juvenile justice system will receive annual trauma-informed psychosocial screening.

11.2 Accomplishments

The Quality and Outcomes Report provides updated data related to mental health screening and assessment and associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

Data collection associated with screening has been established across all screening entities, while efforts associated with data quality and expanded reporting are in varying stages. As data quality and reporting efforts continue, the information may be used to support provider capacity forecasting needs for Wraparound Facilitation and other HCBS, and provide a targeted approach for outreach, education, and training of providers who might have lower screening rates and/or underutilization of community-based referrals.

The Office of QA has continued to meet with BMS throughout 2023 to discuss strategies to further engage the broader group of MCOs under Mountain Health Trust (MHT), in the efforts to improve screening rates and move toward the goal of at least 52% of Medicaid-eligible children receiving an EPSDT with mental health screening. As a further step toward meeting this goal, the Wellness Screening PIP team began internal and routine review of preliminary claims data to expand understanding of children in need of screening and common characteristics. The team is collaborating with the West Virginia Department of Education (WVDE) and MHT to explore opportunities for additional outreach to children and families directly, along with indirect outreach via school handouts, as avenues to expand awareness of the importance of wellness visits.

For further information, please see the 7.0 Screening section of the Quality and Outcomes Report on the KTC website (https://kidsthrive.wv.gov/).

Table 11 represents the completed tasks from the Year 4 Plan.

Table 11: Mental Health Screening Summary of Completed Action

Outcome	Action	Completed
Clear operating procedures	Developed and implemented process for BJS referral of children who screen positive to the Assessment Pathway.	✓
Trained and equipped workforce	Implemented the technical assistance plan for Youth Services and CPS staff for completing screening, making referrals to the Assessment Pathway, and completing associated data collection.	✓
Trained and equipped workforce	Completed PCP training and implemented survey of PCPs to evaluate their understanding of referring to the Assessment Pathway and the availability of HCBS.	✓

11.3 Open Tasks and Ongoing CQI

This section identifies continued work in helping to ensure mental health screening is consistently conducted and monitored and that 52% of Medicaid-eligible children are screened annually.

Table 12 represents the continued project tasks.

Table 12: Mental Health Screening Action Items and Related Outcomes

Outcome	No.	Action	Owner	Ongoing
Increased screening for all eligible children	11.3.1	Establish routine screening analysis and reporting across all entities responsible for providing screening, to help ensure 52% of Medicaid-eligible children who are not in Youth Services, child welfare, or Juvenile Justice will be screened annually with the mental health screening tool.	QA, BJS, Probation Services, BSS, BPH	
	11.3.2	Establish accountability with MCOs reporting on use of data to drive screening outreach efforts and to evaluate the effectiveness of outreach efforts.	BMS	

12. Quality Assurance and Performance Improvement (QAPI) System

The Office of QA is responsible for driving the strategic vision, mission, and scope for quality improvement and data-driven practice. The director of this office reports to the DoHS Deputy Secretary for Children and Adult Services. DoHS leadership continues to prioritize the alignment of quality improvement efforts across bureaus, with other child-serving partners, and with stakeholders, in tandem with the cross-bureau collaboration currently underway to streamline programmatic work and provide a seamless system of care for children and families. A summary of the data analysis, review, and findings are published semiannually in DoHS Quality and Outcomes reports.

DoHS draws data and information from various sources to evaluate and monitor mental and behavioral health services and outcomes. Data sources include multiple data systems, quality sampling reviews, fidelity reviews, and feedback from staff, children, families, providers, caregivers, and other stakeholders.

DoHS continues the phased build-out and implementation of a data store to house data from multiple sources across DoHS's child welfare and mental and behavioral health services systems, with the goal of aggregating data from child-serving bureaus to review and improve outcomes over time. As the mental health system and programs in the state continue to grow and evolve, so do the data systems that support these activities. DoHS is working toward system changes that will allow increased data collection at the child and encounter level.

In addition to internal data systems, DoHS uses the expertise of community partners for support in quality and evaluation initiatives, including:

- **WVU:** Contracted to complete ongoing evaluation of WV's children's HCBS. Reports can be found on the KTC website (https://kidsthrive.wv.gov/).
- **Marshall University:** Contracted to complete ongoing evaluation of service fidelity to the NWI model and provide routine reports to DoHS.

DoHS's comprehensive CQI Plan was established in December 2021 and updated annually. Since that time, DoHS has continued to implement and expand CQI processes and activities.

12.1 Expected Goals

- **Goal 1:** DoHS will develop a QAPI system, including a data dashboard that provides data and analytic capability necessary to assist with the assessment of service delivery and support the development of semiannual reports in alignment with the goals and objectives of the Agreement. To support QAPI of the Agreement goals, WV will focus on the collection, synthesis, and analysis of various known DoHS data sources in the following areas:
    - Examination of the quality of mental health services funded by the State, measured by improved positive outcomes, including remaining with or returning to the family home; and decreased negative outcomes, including disrupted foster home

placement, institutionalization, arrest, or involvement with law enforcement and the juvenile or criminal courts, suspension or expulsion from school, commitment to the custody of BJS or DoHS, or being prescribed three or more antipsychotic medications

  - All children receiving services under the Agreement, including the types and number of services they are receiving
  - All children screened pursuant to the Agreement, including the dates of screening and the dates of engagement in services
  - All children placed in an RMHTF, including admission dates, length of stay, and number of prior placements in RMHTFs
  - Changes in functional ability of children in the target population, both statewide and by region, including data from the CANS assessment and the quality sampling review process
  - The fidelity of CFTs to the NWI model
  - Data from the crisis response team encounters, including timelines of response and data on connection to services

- **Goal 2:** DoHS will conduct annual quality sampling reviews of a statistically valid sample of children in the target population.

12.2 Accomplishments

Since January 2022, DoHS has published semiannual Quality and Outcome reports that reflect the status, accomplishments, and ongoing efforts of children's behavioral and mental health services. The January 2024 Quality and Outcomes Report provides comprehensive information on the goals and objectives as outlined in the Agreement.

DoHS has continued to develop a data store to house data from multiple sources across the department's child welfare and mental and behavioral health services systems. The goal of this data store is to capture child-level and interaction-level data from child-serving entities to enable aggregation, cross-system analysis, and reporting for use in DoHS CQI processes. The data store's phased build-out is scheduled to continue throughout 2024. To date, the data store captures child-level data associated with RMHTF services and CSED Waiver services and was expanded in early 2023 to capture RMHTF discharge planning data along with CAFAS/PECFAS history.

Table 13 represents the completed tasks from the Year 4 Plan.

Table 13: QAPI Summary of Completed Action

Outcome	Action	Completed
Data is available to DoHS staff to	Implemented the CANS data analysis plan.	✓

Outcome	Action	Completed
monitor, analyze, and drive decisions to improve services	Established data collection process for additional child outcomes, including involvement with law enforcement and school performance.	✓
	Implemented formalized tracking for follow-up on findings and recommendations from semiannual reports and Quality Committee reviews.	✓
Quality infrastructure for children's services	Completed annual update of CQI Plan.	✓
	Further defined roles, responsibilities, relationships, and reporting between the Office of QA and QA/compliance functions within each bureau.	✓
Ongoing stakeholder education and involvement	Established ongoing collaboration with the WVDE, Department of Homeland Security, and Court Systems.	✓
	Expanded public-facing indicators on the KTC website.	✓

12.3 Ongoing CQI

As outlined in DoHS's CQI Plan, data collection and associated reporting are established. Recurring program-level reviews occur monthly, with cross-bureau, cross-functional quality committee reviews occurring quarterly. Data, analyses, and discussions from these reviews are used to inform the semiannual Quality and Outcomes Reports. For areas needing specific, time-limited focus on improvement, PIP teams are formed and meet on an increased frequency to review data and take action to influence the results. DoHS currently has PIP teams focused on the following areas: Wraparound fidelity, QIA, discharge planning, and EPSDT with mental health screening for Medicaid-eligible children. DoHS routinely meets with providers and vendors to expand data collection, improve data quality, and provide reporting associated with quality improvement efforts. Providers, vendors, and other stakeholders are regularly involved in and contribute to DoHS quality improvement activities. DoHS CQI processes and activities continue to evolve with efforts now focused on improving data quality and completion, county and provider level analyses, and cross-systems analyses to gain a better understanding of the child and family journey within the service system.

Table 14 identifies the continued work related to DoHS's ongoing quality improvement efforts.

Table 14: Ongoing CQI, Data Analysis, and Reporting

CQI	No.	Action	Owner	Ongoing
Continued CQI focus	12.3.2	Continue annual quality sampling reviews through the WVU evaluation. Refine the approach for the evaluation in 2024.	QA and external partners	⟳

CQI	No.	Action	Owner	Ongoing
	12.3.3	Based on the projected QAPI-CQI data store road map, continue the data store build-out and associated dashboards, including cross-systems analysis using child-level data.	QA	

13. Outreach and Education for Stakeholders

DoHS has instituted a more unified, department-wide approach to engaging stakeholders in its services and programming for children. DoHS hosts a public association, the WV KTC, for external independent stakeholders with participation from the DOJ and the SME. This platform allows DoHS to share information, ideas, and feedback regarding statewide child welfare initiatives. In July 2023, DoHS partnered with Mission WV to publish the first KTC newsletter. This quarterly newsletter is a tool to provide consistent and timely information for WV foster parents, adoptive parents, and kinship caregivers. The newsletter includes helpful parenting information, important dates, and available resources. Families and stakeholders can find and subscribe to the quarterly newsletters on the KTC website newsletter webpage. (subscribepage.io/KidsThrive)

DoHS facilitates public KTC meetings at least three times a year on average (https://kidsthrive.wv.gov/calendar/Pages/default.aspx). Attendees include representatives of the legislative, judicial, and executive branches of state government; foster and adoptive families; residential care providers; socially necessary service providers; educational institutions; social work organizations; advocacy organizations; law enforcement; and interested community members. Representatives of press organizations have also attended meetings.

DoHS continues to focus on children and families as important stakeholders. DoHS and its vendors and grantees also continue to look for opportunities to solicit feedback from children and families in the implementation and monitoring of services, programs, and activities under the DOJ Agreement, including through information from the WVU evaluation and survey process, along with enhancements to the KTC website.

DoHS continues to encourage a streamlined approach to outreach and education so that other helping professionals in roles outside mental health service provision—including caseworkers, teachers, or judges—will streamline their outreach and education materials to emphasize screening and assessment; encourage use of the crisis line and mobile response teams to assist with stabilization and de-escalation of potential crisis situations while children and families are getting connected to services; and work to ensure families are aware of available HCBS to meet their child's mental health needs.

13.1 Expected Goal

- **Goal:** Maintain the information contained in the KTC website as the primary source for DOJ-related communications about program- and service-specific materials regarding HCBS.

13.2 Accomplishments

The Quality and Outcomes Report provides updated data related to outreach and education efforts and associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

The State continues to utilize the KTC website as a primary hub for stakeholder communication

as it moves forward with its broader child welfare reform efforts and implementation of the Agreement. DoHS finalized a standard operating procedure (SOP) in September 2022 that governs the scheduled website monitoring, maintenance, and enhancements.

For data collection on DoHS outreach and education efforts, a web-based Outreach Tracker was launched in 2022, for which ongoing training across bureaus occurs to help increase tracking of external outreach to stakeholders. In August 2023, DoHS completed training among BSS supervisory program staff. The tracker allows all relevant DoHS staff across bureaus to enter public-facing and community-based outreach activities. Examples of data elements tracked include the date outreach was completed, purpose/message of outreach, method, audience, county, and number of participants. The goal is to be able to correlate outreach efforts at the county level with service utilization trends, residential placement rates, and other data at the county level. Understanding these relationships will assist DoHS with knowing where to target outreach efforts and understand if and when current outreach efforts are making the intended impact.

The Kids Thrive Resource Rundown continued through June 2023 to provide children and families with a periodic (weekly or biweekly) webinar designed to walk them through the Assessment Pathway process, explaining available service options, defining an SED, and providing a step-by-step explanation of what to expect when an individual accesses the CCRL. Participants were invited to submit questions and receive a written response. Participants may also request a phone call to discuss their questions. There is a recorded option available on the website for those unable to attend a live session. A survey was sent to participants at the end of each live session to rate their experience and capture additional feedback. In spring 2023, the Resource Rundown changed focus to the ACT program. Also, DoHS created a short video called, *Did You Know?* geared toward teens. Each topic is demonstrated on the KTC website and publicized on DoHS's social media platforms each month.

DoHS has continued to partner with the WV Commission to Study Residential Placement of Children and the WV Court Improvement Program (CIP). Additionally, effective December 2022, quarterly recurring meetings have been established with leadership from the WVDE, Department of Homeland Security, and the WV Court System to collaborate on sharing data, information, and strategies aimed to improve and expand HCBS and improve outcomes for children and families. Judicial outreach and education remain a top priority.

Table 15 represents the completed tasks from the Year 4 Plan.

Table 15: Outreach and Education Summary of Completed Action

Outcome	Action	Completed
Data is available to DoHS staff to monitor, analyze, and drive decisions to improve services	Completed broader DoHS rollout of the Outreach Tracker.	✓

Outcome	Action	Completed
Improved communication and collaboration among child-serving agencies (DoHS, WVDE, and Department of Homeland Security)	DoHS met with key leadership from WVDE and Department of Homeland Security to establish formal processes, communication, and buy-in from key partners for routine data collection and review.	✓

13.3 Open Tasks and Ongoing CQI

This section identifies continued work to help ensure outreach and education efforts are prioritized. DoHS identified key priorities that include:

- Monitoring and tracking MCO outreach efforts for children's behavioral health services and screening, as identified in contract requirements
- Continued focus on outreach to the judicial community
- Continued interactive communication and feedback among children and families

Table 16 represents the open tasks and anticipated timelines. There is overlap in many of the workgroup tasks related to outreach and education.

Table 16: Outreach and Education Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Improved communication and collaboration among child-serving agencies	13.3.1	Finalize the data use agreement (DUA) with WVDE.	QA, Marketing Leadership	Spring 2024
Informed judicial community	13.3.2	Continue outreach with judicial community throughout 2024.	BSS	
Families and stakeholders have information regarding available services	13.3.3	Make annual updates to the DoHS Outreach and Education Plan and supplemental SOP as necessary.	QA, Office of Communications	
Data is available to DoHS staff to monitor, analyze, and drive	13.3.4	Continue to enhance MCO outreach and education for a more unified marketing approach.	QA, Marketing Leadership, BMS, BSS	

Outcome	No.	Action	Owner	Projected Timeline
decisions to improve services				
Families and stakeholders have information regarding available services and have a means to provide feedback	13.3.5	Revise the WV Kids Thrive Resource Rundown periodically to include priority programs.	BBH, BMS, BSS, Marketing Leadership	
Families and stakeholders have information regarding available services and have a means to provide feedback	13.3.6	Continue enhancements to the KTC website.	QA, Marketing Leadership	

14. Reducing Reliance on RMHTFs

The overarching goal to improve outcomes for children in WV is to reduce the reliance on RMHTFs and to increase HCBS available to children with SED. In addition to increasing availability of HCBS, DoHS is focused on RMHTF models of care to help ensure children placed in care are served in the least restrictive setting and for a length of time that meets their needs.

14.1 Expected Goals

- **Goal 1:** Assess the strengths and needs of children in and entering residential placement, identify services those children need to return to their communities, and develop a plan to address barriers to accessing those services.
- **Goal 2:** Ensure that children have access to the mental health services they need in their communities to avoid placement in RMHTFs.
- **Goal 3:** Reduce the number of children living in RMHTFs to 822 or fewer by December 31, 2022.[6]
- **Goal 4:** Reduce the number of children living in RMHTFs to 712 or fewer by December 31, 2024.[7]
- **Goal 5:** Use data to enhance strategic planning for reduction of children living in RMHTFs in years beyond the Agreement.[8]
- **Goal 6:** Ensure that any child residing in an RMHTF on December 31, 2024, is in the least restrictive setting appropriate to meet their individual needs, as determined through an assessment by a qualified professional.

14.2 Accomplishments

The Quality and Outcomes Report provides updated data related to RMHTF placements and associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

DoHS is actively collaborating with the MCO Aetna Better Health® of WV (Aetna) through the Mountain Health Promise (MHP) program to prioritize discharge planning for children currently placed in residential settings. To assist with this effort, collection of data elements associated with discharge planning has been in place since January 2022. A discharge planning report is published monthly for use by the BSS field staff, supervisors, and managers, as well as the Aetna

[6] This number is calculated by reducing by 25% the number of children who were living in an RMHTF as of June 1, 2015.
[7] This number is calculated by reducing by 35% the number of children who were living in an RMHTF as of June 1, 2015.
[8] The goals established for years beyond December 31, 2024, do not create additional requirements to the Agreement and are not binding in order for WV to exit the Agreement.

MHP care managers, to prioritize focus on finding community placements and services for these individuals.

Reducing the overall census in RMHTFs continues to be a primary focus for DoHS. DoHS surpassed the initial goal of reducing the census to 822 by December 31, 2022, with a census of 781 children as of the end of that year. DoHS has a further goal to decrease the census to 712 by December 31, 2024. DoHS leadership monitors the census on a weekly basis. The Quality Review Committee and program teams continue to monitor census, admissions, and discharges over time to better understand seasonal trends associated with holidays and schools being in and out of session.

In addition to overall census reductions, other areas of focus include:

- Helping to ensure children currently placed in RMHTFs are appropriately placed
- Reducing the average length of stay for children after residential placement occurs
- Reducing the number of children placed out-of-state to allow children to receive treatment closer to their homes and communities

In 2022, DoHS expanded its contract with an ASO to perform a QIA of children who are at high risk of residential intervention or referred to residential intervention or shelter care as a part of the Assessment Pathway process. The QIA identifies the child's needs and provides a recommendation on the appropriate level of intervention and least restrictive service setting to meet those needs. DoHS completed its phased implementation of the QIA process in May 2023. The decision support model assists with making level of care recommendations that are based on treatment need and complexity. The QIA is a key component to ensuring that DoHS places children in the least restrictive setting while best addressing their needs and assists with diverting children from unnecessary residential intervention. Between now and the end of 2024, all children in residential interventions will complete the QIA process. As a first step, DoHS and Aetna are prioritizing children in an in-state residential placement with multiple stays for referral to the QIA process.

DoHS contracted Marshall University in April 2023 to complete a child's CAFAS/PECFAS, CANS assessments, and discharge plans for all children in out-of-state residential placement.

DoHS, in partnership with Aetna and residential providers, has continued to focus on prioritized discharge planning. DoHS is making progress toward creating additional community-based placement options, including Transitional Living and development of a new model of care to support children with complex mental and behavioral health needs.

DoHS continued to meet monthly with an external provider stakeholder workgroup. Several sub-workgroups were formed in late 2022 and worked toward implementing a new model of care continuum, aimed to be operational in July 2024. The subgroups included Culture of Safety, Family-Community Connections, High Acuity Level of Care, MDT, Prudent Parenting, and Statutes. Moving forward, the teams along with DoHS bureaus are focusing on rate structure for the new model.

In the third quarter of 2022, BSS licensing and Aetna partnered with residential providers to focus on discharge plans for in-state residential placements. As a result of increased accountability, including the monthly reauthorization process, additional training, and licensing visits with increased focus on discharge plans, 97% of children in active placement have discharge plans in place as of the end of May 2023.

Out-of-state discharge planning began in late June 2023. Biweekly meetings among DoHS, Aetna, and Marshall University were initiated and continue as these processes are implemented. As part of this process, the State is establishing data collection to help ensure results can be incorporated into future reporting.

Aetna continues to hold specialized reviews for children experiencing a crisis or placement disruption, and monthly Faces to Cases meetings with CPAs. BSS and Aetna continue to work toward alignment of these processes with the data available to help stay focused on children prioritized for discharge to community settings, and to continue to look for opportunities to improve these processes to support timely transitions to the community.

BSS released a request for proposal (RFP) in the spring of 2023 to solicit interested residential providers in offering non-treatment residential services for youth ages 17 to 21, the age group that qualifies for Transitional Living services. In September 2023, BSS finalized provider agreements for Transitional Living for Vulnerable Youth (TLVY). These placements are intended for youth whose needs cannot be met in the youth's own home, community, or foster family care, and who are not yet able to live independently. Youth in these settings will receive community-based treatment services as appropriate.

Table 17 represents the completed tasks from the Year 4 Plan.

Table 17: Reducing the Reliance on RMHTF Summary of Completed Actions

Outcome	Action	Completed
Children are evaluated and appropriately placed	Collaborated with facilities, caseworkers, and other stakeholders to continue the prioritized discharge planning process for children with a CAFAS/PECFAS score under 90 in an RMHTF. If children in this population remained in RMHTFs after May 2023, developed and implemented a revised approach.	✓
	Completed full implementation of the monthly clinical review and reauthorization process for children in in-state residential placement.	✓
	Collaborated with the MCOs on a strategy to help ensure all children in in-state residential and out-of-state PRTFs with a CAFAS/PECFAS under 90 have discharge plans.	✓
	Completed statewide implementation of the QIA process for referrals for out-of-home placement and high risk of out-of-home placement.	✓
	Collaborated with the MCO to develop and implement a quality oversight plan to ensure discharge plans are maintained and individualized to meet needs.	✓

Outcome	Action	Completed
	Developed process and policy requiring children in out-of-state placements to have routine CAFAS/PECFAS assessments, CANS reviews, and discharge plans.	✓
	Established tracking and reporting of CAFAS/PECFAS and CANS scores for all children in in-state residential facilities.	✓
	Revise and finalize the QIA SOP.	✓

14.3 Open Tasks and Ongoing CQI

This section identifies continued work in helping to ensure children are appropriately placed in residential interventions only when necessary. DoHS identified key priorities that include:

- Complete the Residential Intensive Treatment (RIT) and Specialized RIT model design, including revision to base and add-on rates for effective treatment.
- Continue to focus on ensuring children placed in both in-state and out-of-state residential intervention are discharged as soon as possible and in accordance with discharge plans.
- Use the QIA process as a tool to prevent the unnecessary placement of children in residential treatment facilities.
- Ensure all children placed in residential treatment settings have a completed QIA that identifies the appropriate level of intervention.
- Continue outreach and communication efforts with the court community.

Table 18 represents the continued project tasks.

Table 18: Reducing the Reliance on RMHTF Action Items and Related Outcomes

Outcome	No.	Action	Owner	Projected Timeline
Reports available to DoHS staff to monitor, analyze, and drive decisions to improve services	14.3.1	Expand data collection to include out-of-state group residential providers, to include completion of CAFAS/PECFAS, CANS assessments, and discharge plans for all children in out-of-state placements.	QA, BSS, BMS	Spring 2024
Effective discharge plans for all children placed in	14.3.2	Complete CAFAS/PECFAS, CANS assessments, and discharge plans for all children in out-of-state residential placement.	BSS	Spring 2024

Outcome	No.	Action	Owner	Projected Timeline
residential interventions	14.3.3	Work with the BSS licensing and MCO to develop and implement formalized, recurring quality reviews of discharge plans.	BSS	April 2024
New residential continuum of care model	14.3.4	Implement the model for residential continuum of care that supports the needs of children.	BSS, BMS	July 2024
	14.3.5	Develop and/or amend residential provider contracts that support the residential continuum of care model, once established.	BSS	July 2024
All children placed in residential intervention received a QIA	14.3.6	Complete the QIA for all children placed in residential intervention who did not have a QIA prior to admission. Conduct data analysis based on QIA recommendations and placement decisions. Use data to drive future efforts to reduce residential placements.	BSS	December 2024

15. Workforce Development and Provider Capacity

The State is working to identify and address healthcare resources and behavioral health provider needs to fulfill the Agreement. DoHS has identified multiple issues impacting workforce, the array of services WV is implementing, and department staff's limited bandwidth.

The State has begun work to focus on workforce-related requirements, which include preparedness of providers to deliver services.

The following list identifies the State's ongoing work to improve provider capacity for services under the Agreement. The State has:

- Initiated training and coaching contracts for CMCRS, Wraparound, and Behavior Support Services.
- Continued to focus on requirements for training for existing services incorporated under the Agreement, such as ACT, screening, and CANS assessment.
- Awarded a competitive grant to Marshall University in 2021 to implement a workforce training center named the WV Behavioral Health Workforce and Health Equity Training Center. The initial contract with Marshall University expanded to incorporate a focus on Wraparound and CMCRS. Trauma-Sensitive Workplace training was conducted in December 2023.
- Continued to contract with the West Virginia University (WVU) Centers for Excellence in Disabilities PBS Program. Concord University has finalized its PBS training and certification program. An initial cohort of PBS training began in October 2022. Additionally, the State reviews comparison data of WF capacity and availability of Wraparound services by provider, WF, county, and region.

15.1 Expected Goals

- **Goal 1:** Assess the provider capacity needed to comply with the Agreement.
- **Goal 2:** Develop programs to increase provider capacity for the programs outlined in the Agreement to help ensure statewide access to children in the target population.
- **Goal 3:** Evaluate the outcomes of the State's efforts to increase provider capacity and the mental health workforce, and make changes where necessary.

15.2 Accomplishments

The Quality and Outcomes Report provides updated data related to provider workforce and capacity for each of the associated behavioral health services. The full reports can be reviewed on the KTC website (https://kidsthrive.wv.gov/) and each report highlights additional accomplishments and progress in reaching expected goals.

In March 2023, all WFs began utilizing the CANS data system to track all active Wraparound Facilitation cases across each of the bureaus. Prior to implementing this new process, it was challenging to analyze the data from disparate data sources. DoHS is finalizing the data analysis

and reports, which will include the full-time equivalent status for each WF to help determine accurate caseload ratios.

In September 2023, Aetna finalized Phase III of their Partner Provider Investments. Investments in workforce included the development and statewide expansion of CSED Waiver services, staff positions to support additional pediatric psychiatric and diagnostic residential services, provider support to provide care for higher acuity children, and start-up funding to develop residential support for adolescent males with significant behavioral health challenges and autism spectrum disorder.

WVU began the third phase of its project to support the integration and sustainability of a Person-Centered Trauma-Informed Care (PCTIC) approach for Medicaid HCBS frontline health staff and training additional certified trainers throughout WV as part of the American Rescue Plan Act (ARPA) funded initiatives. These initiatives are an important investment to support home and community-based workers. WVU reported in September 2023 the PCTIC program trained 45 HCBS personnel as trainers in PCTIC practices. WVU will continue this work through September 2024, with a focus on training up to 500 direct care workers and up to 50 new PCTIC-certified trainers.

Statewide Therapist Loan Repayments were established to incentivize mental health providers to work in WV. By the end of fiscal year 2023, BBH will have awarded approximately 60 providers. The incentives provide $35,000 to master-level therapists and $100,000 to psychiatrists and psychiatric nurse practitioners. The third round of awards prioritized applicants whose clinical interests include children’s mental health.

15.3 Open Tasks and Ongoing CQI

The Ongoing CQI section identifies continued work in helping to ensure workforce capacity is consistently monitored. DoHS’s key priority for this area is to ensure CSED Waiver provider capacity forecasting analysis is prioritized and completed. Capacity forecasting will be shared with relevant vendors/contractors, such as MCOs, to better inform provider network capacity and focused recruiting efforts.

Table 19 represents the primary CQI and reporting efforts.

Table 19: Ongoing CQI, Data Analysis, and Reporting

Outcome	No.	Action	Owner	Ongoing
Sufficient provider capacity to meet needs	1	Continued implementation of provider capacity analysis as outlined in the Workforce project plan.	QA, BBH, BMS, BSS	

16. Appendix A: Glossary of Acronyms and Abbreviations

Table 20: Glossary of Acronyms and Abbreviations

Acronym	Description
ACT	Assertive Community Treatment
Aetna	Aetna Better Health® of West Virginia
AFA	Announcement of Funding Availability
ARPA	American Rescue Plan Act
ASO	Administrative Service Organization
BBH	Bureau for Behavioral Health
BIPOC	Black, Indigenous, and people of color
BJS	Bureau of Juvenile Services
BMS	Bureau for Medical Services
BPH	Bureau for Public Health
BSS	Bureau for Social Services
CAFAS	Child and Adolescent Functional Assessment Scale
CANS	Child and Adolescent Needs and Strengths
CCRL	Children's Crisis and Referral Line
CED	WVU Center for Excellence in Disabilities
CFT	Child and Family Team
CIP	Court Improvement Program
CMCRS	Children's Mobile Crisis Response and Stabilization
CMS	Centers for Medicare & Medicaid Services
CPA	Child-placing agency
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CSED	Children with Serious Emotional Disorders
DACTS	Dartmouth Assertive Community Treatment Scale
DHHR	West Virginia Department of Health and Human Resources
DoHS	West Virginia Department of Human Services
DOJ	United States Department of Justice
DSM	Diagnostic and Statistical Manual of Mental Disorders
DUA	Data use agreement

Acronym	Description
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FACTS	Family and Children Tracking System
FAST	Family Advocacy and Support Tool
HCBS	Home and Community-Based Services
ICD	International Classification of Disease
ISP	Individualized Service Plan
KPI	Key Performance Indicator
KTC	Kids Thrive Collaborative
MAYSI-2	Massachusetts Youth Screening Instrument – Second Version
MBH	Mountaineer Behavioral Health
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MHP	Mountain Health Promise
MHT	Mountain Health Trust
NWI	National Wraparound Initiative
Office of QA	Office of Quality Assurance for Children's Programs
OMCFH	Office of Maternal, Child and Family Health
OMIS	Office of Management Information Services
PBS	Positive Behavioral Support
PCP	Primary Care Provider
PCTIC	Person-Centered Trauma-Informed Care
PECFAS	Preschool and Early Childhood Functional Assessment Scale
PIP	Program Improvement Plan
POC	Plan of Care
PRTF	Psychiatric Residential Treatment Facility
QA	Quality Assurance
QAPI	Quality Assurance and Performance Improvement
QIA	Qualified Independent Assessment
R3	Reducing the Reliance on Residential
RFP	Request for proposal
RIT	Residential Intensive Treatment

Acronym	Description
RMHTF	Residential Mental Health Treatment Facility
SBHC	School-based Health Center
SED	Serious Emotional or Behavioral Disorder or Disturbance
SME	Subject Matter Expert
SOP	Standard Operating Procedure
STAT Home	Stabilization and Treatment Home
State	State of West Virginia
SLTR	Statewide Therapist Loan Repayment
TA	Technical Assistance
TFC	Therapeutic Foster Care
TLVY	Transitional Living for Vulnerable Youth
WF	Wraparound Facilitator
WV	West Virginia
WVDE	West Virginia Department of Education
WVU	West Virginia University