

The West Virginia Intensive Clinical Care Coordination Team



June 2023-December 2023

The WV Intensive Clinical Care Coordination Team (WVICCC) focuses on youth who are out-of-state in group residential facilities and psychiatric residential treatment facilities. **The goal of the team is to bring youth back to WV from out-of-state into community level services that are effective in keeping the youth at home and not returning to a higher level of care.** The team reviews each case and makes recommendations, assist with the development of the discharge plan and implementation of that plan. When a residential treatment option is the most appropriate level of care, the WVICCC team will determine if an alternative in-state residential treatment provider within proximity to the child's community is available and, in the child's, best interest. This team collaborates with the out-of-state provider, DHHR case worker and community partners to accomplish this.

Data Sources

The information in this report is based on data from state PATH reports, databases from Marshall University and from the Office of Quality Assurance for Children's Programs. All of these databases are in development and changes have occurred throughout the year. Therefore, information may be missing or inaccurate due to these revisions.

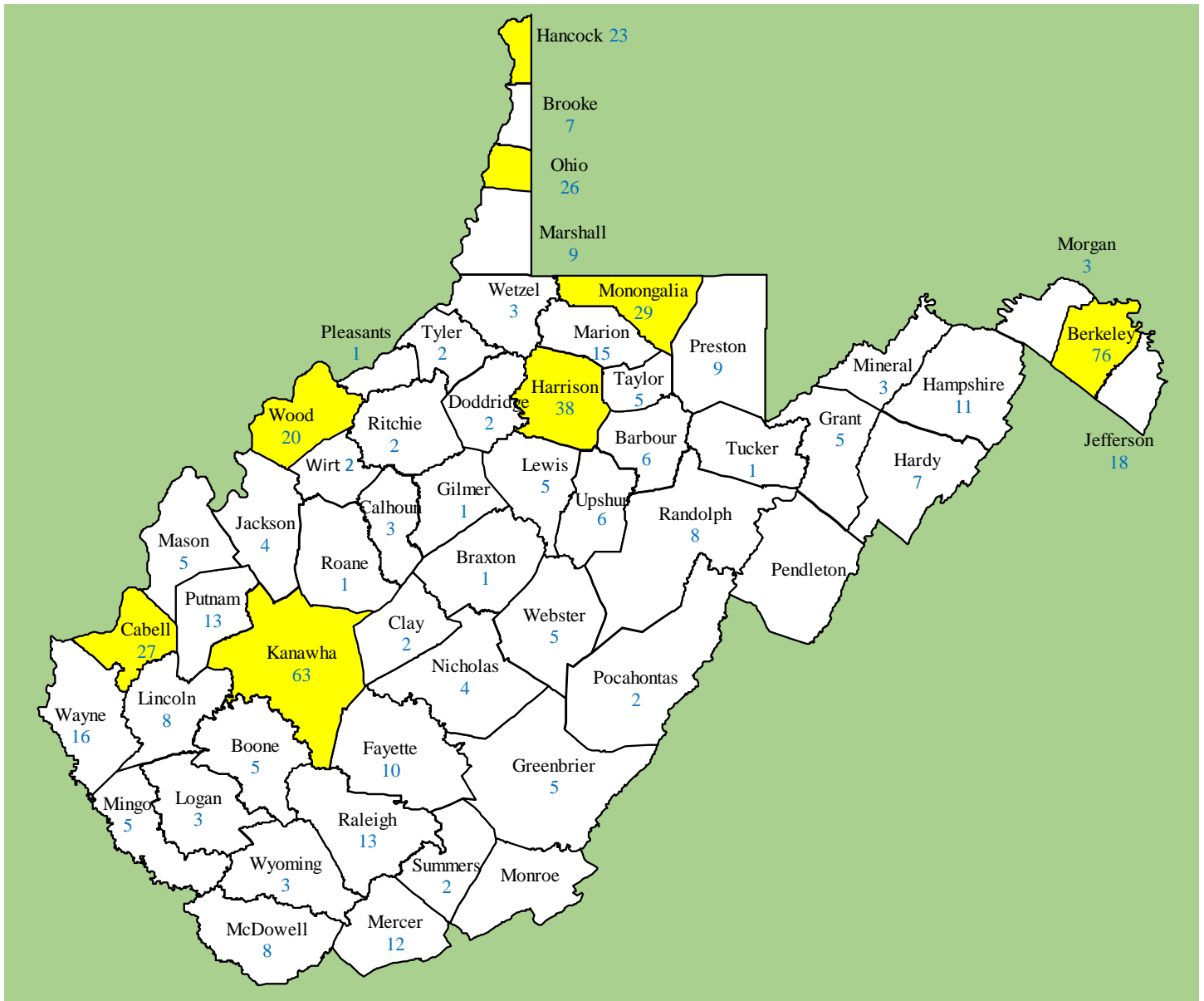
Number of Youth

The WVICCC started tracking youth in June 2023. Between June 2023 and December 2023, **563 youth** were in an out-of-state setting according to data available at the end of December 2023.



Demographics

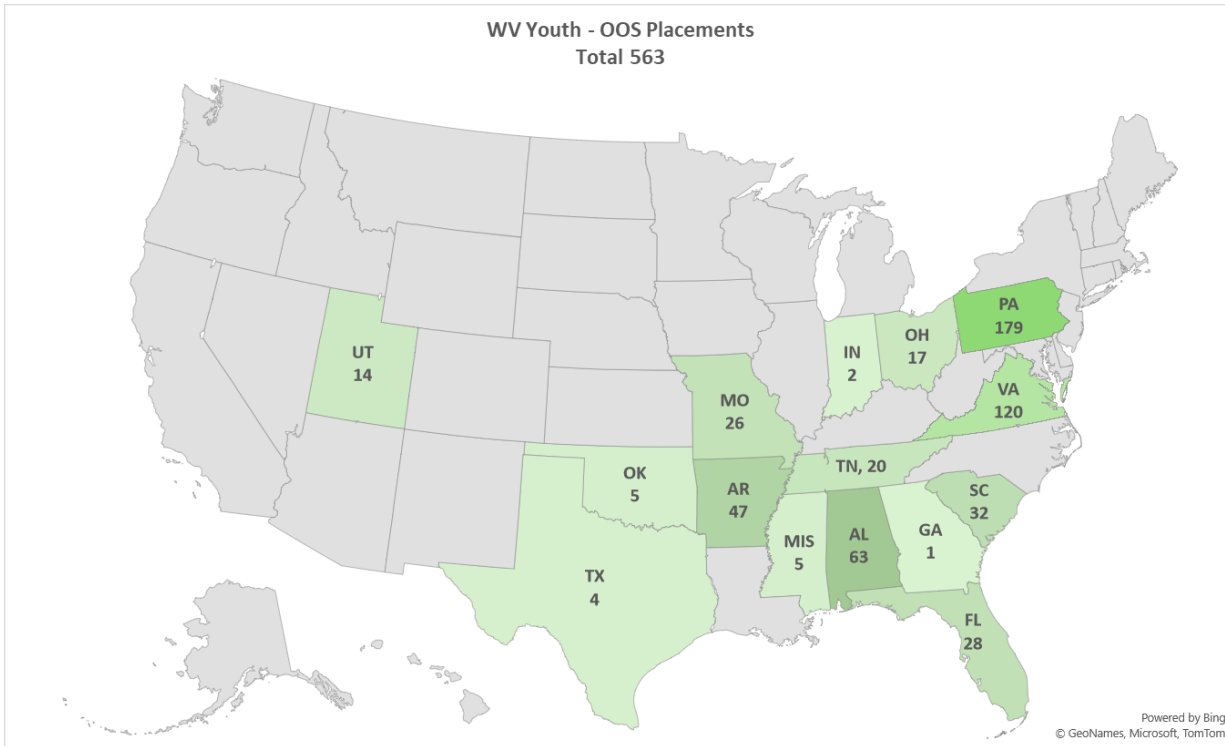
Counties of Residence



There are 237 cases without a county of residence indicated for the youth. In those cases, the worker's county was used. The counties hi-lighted in yellow indicate at least 20 youth were in an out-of-state placement between June 2023-December 2023.



Number of Out-of-State Placement by State



A little more than half of the youth placed OOS are in two states, Virginia, and Pennsylvania, which border West Virginia.

Out-of-State Placements by Agency/Facility

Current Provider or Provider at Discharge	State	# of Youth
Abraxas- Abraxas Youth Center	PA	16
Abraxas I	PA	32
Abraxas Leadership Development Program	PA	14
Abraxas Secure Treatment	PA	2
Adelphoi Village	PA	1
BHC Belmont Pines Hospital Inc dba Belmont Pines Hospital	OH	9
Cedar Crest Hospital	TX	4
Chestnut Hill Mental Health Center Inc dba Springbrook Behavioral Health System	SC	12
Childhelp Inc	VA	1
Community Specialists Corporation dba The Academy	PA	16
Community Specialists Corporation dba The New Outlook Academy	PA	13
COPPER HILLS YOUTH CENTER	UT	1
Cumberland Hospital	VA	4
Devereux Foundation-Florida-Medicaid	FL	6
Devereux Foundation-Florida-Non-Medicaid	FL	1



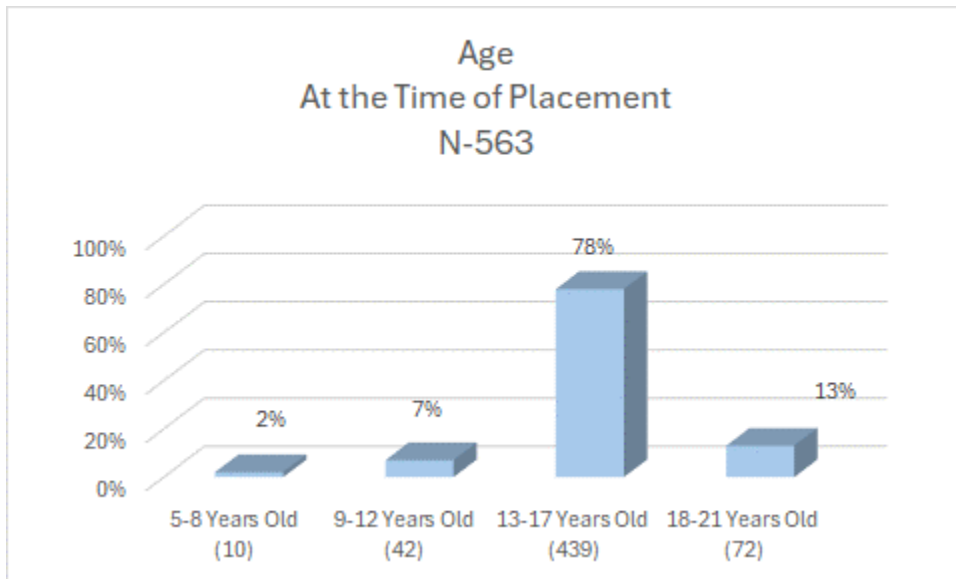
Current Provider or Provider at Discharge	State	# of Youth
DTAC of Ohio LLC DBA Hittle House	OH	1
Echoing Hills Village Inc	OH	1
Falcon Ridge Ranch	UT	1
George Junior Republic	PA	10
George Junior Republic-Diagnostics	PA	9
George Junior Republic-Drug & Alcohol	PA	6
George Junior Republic-Intensive Supervision	PA	3
George Junior Special Needs	PA	4
Grafton School Community Based Group Home	VA	5
GRAFTON SCHOOL RESIDENTIAL TREATMENT	VA	5
Gulf Coast Youth Services	FL	7
Habilitation Center LLC dba Little Creek Behavioral Health	AR	18
Habilitation Center LLC dba Millcreek of Arkansas	AR	23
Harbor Point Behavioral Health Center	VA	25
HHC Poplar Springs LLC	VA	2
Hill Crest Hospital	AL	21
Hughes Center	VA	12
KidsPeace National Centers	PA	41
LAKELAND BEHAVIORAL HEALTH SYSTEM	MO	26
Laurel Oaks Behavioral Health Center Inc	AL	26
Leary-Timber Ridge School	VA	36
Liberty Point Behavioral Healthcare	VA	8
Lighthouse Care Center of Augusta	GA	1
Millcreek of Pontotoc	MS	4
New Hope Carolinas - Triad	SC	19
Piney Ridge Treatment Center	AR	7
Rolling Hills Hospital	OK	5
RTC Resource Acquisition Corporation	IN	2
Southwood Psychiatric Hospital LLC	PA	2
SP Behavioral LLC dba Sandy Pines	FL	4
The Bradley Center	PA	1
The Village Network Level 3 boys Village Campus	OH	1
UHSK-AL Clinical Schools	AL	17
UHSK-Cedar Grove	TN	2
UHSK-Foundations for Living-Richland Center	OH	5
UHSK-Mountain Youth Academy	TN	6
UHSK-Newport News	VA	21
UHSK-TN Clinical-Hermitage Hall	TN	9
WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	PA	1



Current Provider or Provider at Discharge	State	# of Youth
White Deer Run	PA	6
WOODS SERVICES	PA	3
Youth Health Associates	UT	12
Youth Opportunity Investments LLC dba Bledsoe Youth Academy	TN	2
Youth Opportunity Investments LLC dba Brooksville Youth Academy	FL	10
Youth Villages	TN	1

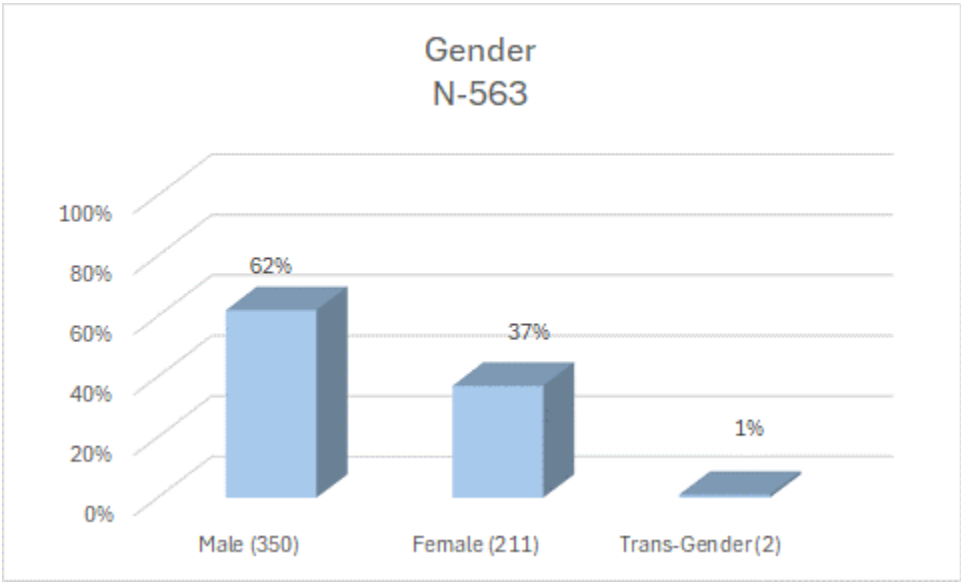
The information above represents where the youth was at on December 31, 2023, or where they were at the time of discharge, It does not take into account youth who moved from one placement to another. This year the state utilized 60 providers/programs for youth placed out-of-state. The facilities/programs that had 10-15 youth June 2023-December 2023 are hi-lighted in yellow; 16-25 youth hi-lighted in blue; and 26 or more youth hi-lighted in green. The facility with the most youth was KidsPeace.

Age, Gender, and Race

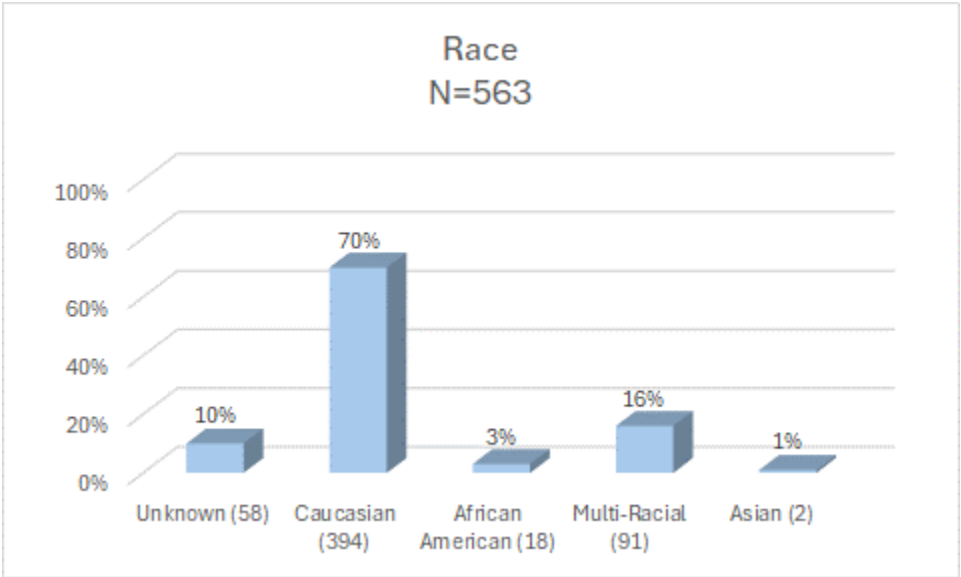


The majority of youth fall into the age range of 13-17 years old. Although the percentage of youth ages 5-12 is small it is important to look at the number of youth in this category. A total of 52 youth were placed out-of-state in this age range.





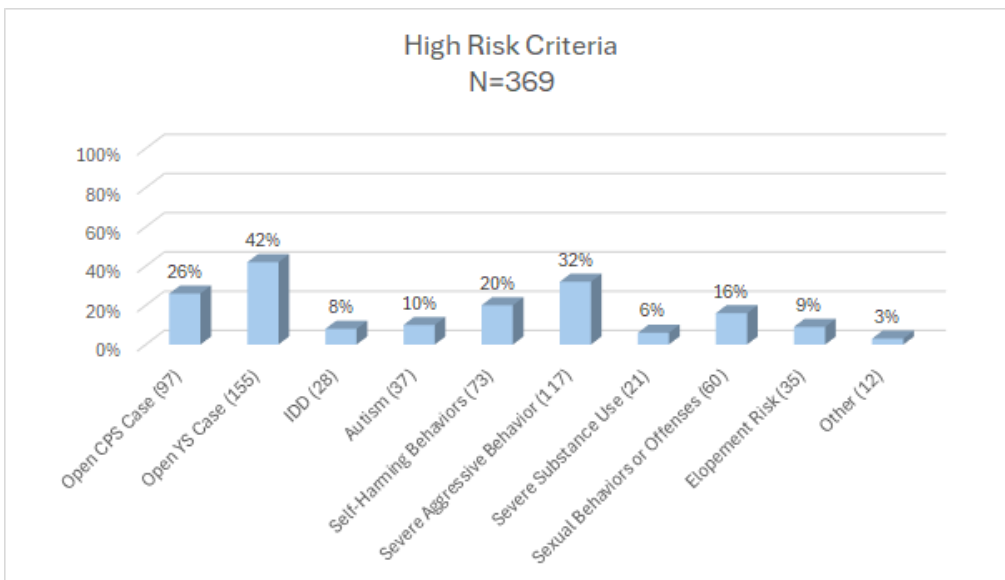
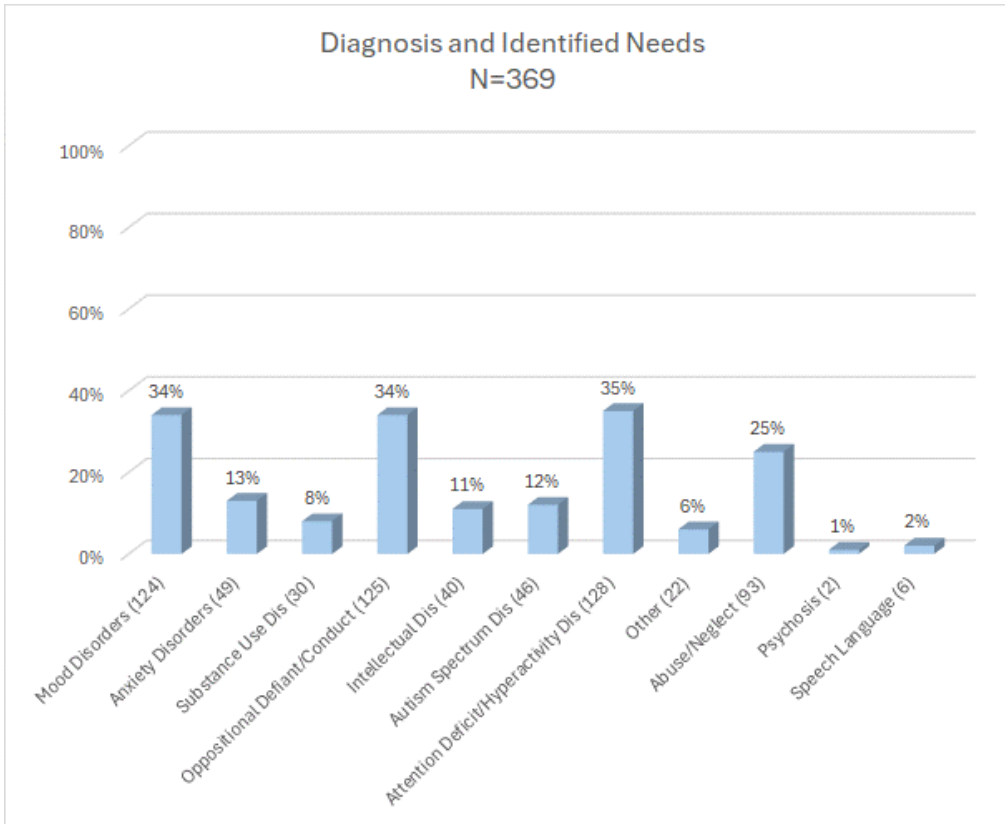
Gender distribution is the same as reported in the past with males representing almost 2/3rds of the population.



Race data should be reviewed with caution because the data in the PATH system may have flaws.

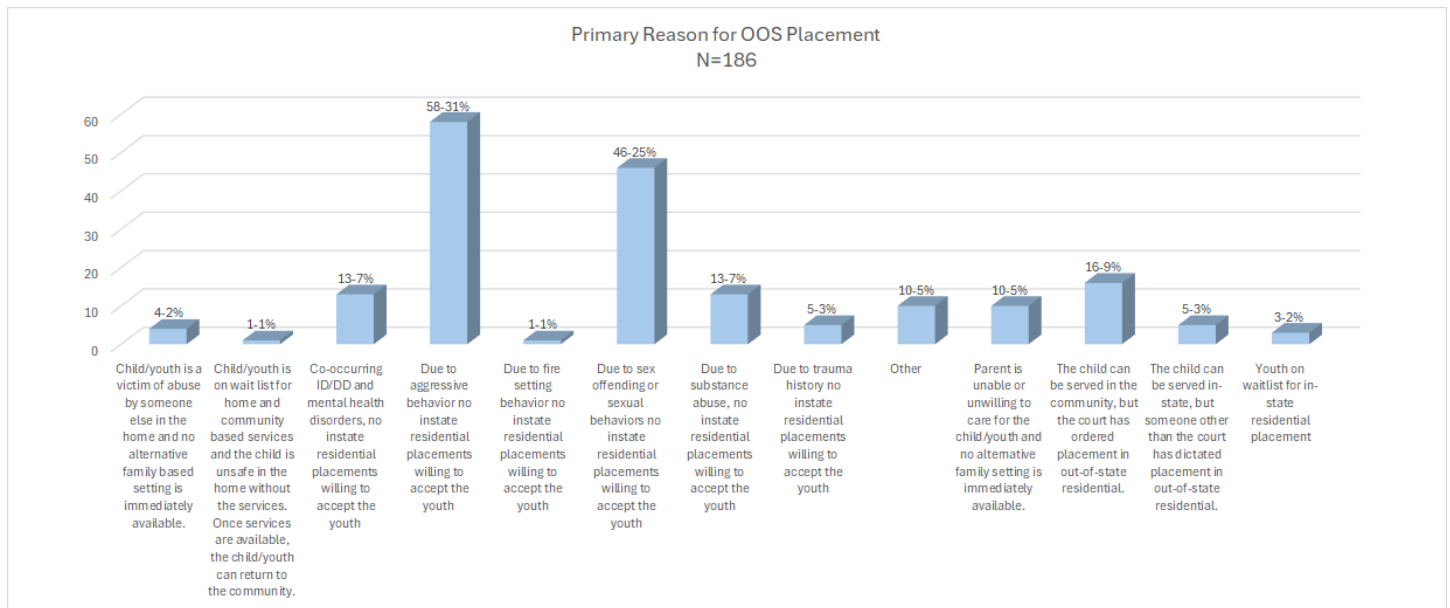


Diagnosis and Risk Factors



The one area that WV lacks services is for youth with an autism spectrum disorder diagnosis. Being a youth who has an open youth service case and severe aggression often leads to an out-of-state placement, along with diagnoses of Attention Deficit Hyperactivity Disorder, Mood Disorder and Oppositional Defiant Disorder.

Reason for Out-of-State Placement



There appear to be two main reasons that youth are placed out-of-state, the youth is aggressive or is a sex offender or has sexual behaviors and no in-state residential placement will accept the youth.

Assessments

Child and Adolescent Needs and Strengths Assessment (CANS)

	All Youth	Active Youth December 2023
Initial CANS	281/521=54%	222/333=67%

The Transformational Collaborative Outcomes Management (TCOM) staff began doing CANS for the Out-of-State Youth in February 2023. Due to the number of youth and number of staff youth were prioritized. Initially the CANS were completed by provider as requested by the state. In June, when more staff were trained the priority became youth who had been placed out-of-state for one year or longer. In September staff began to complete CANS also on any new youth placed out-of-state. Some of the active youth have just been assigned and data has not been received from the out-of-state provider. There are barriers with some out-of-state providers that are being addressed through repeated e-mails and assistance from the state. Now that both the TCOM and WVICCC are fully staffed, all Initial CANS for the active cases are to be completed by January 31st.



The Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Scale (PECFAS)

	All Youth	Active Youth December 2023
Initial CAFAS	223/521=67%	179/333=54%

The TCOM and WVICCC staff were not fully trained to complete the CAFAS until July 2023. This is why numbers are lower than for the CANS. Some of the active youth have just been assigned and data has not been received from the out-of-state provider. There are barriers with some out-of-state providers that are being addressed through repeated e-mails and assistance from the state. Now that both the TCOM and WVICCC are fully staffed, all Initial CAFAS and PECFAS for the active cases are to be completed by January 31st.

Discharge Planning

Discharge (DC) Plans

Youth were prioritized for discharge planning. The WVICCC Team started out with youth who had been out-of-state at least 1 year or if requested by the state for review. In November, the team decided to prioritize youth who had been out-of-state at least 6 months or longer, therefore increasing the number of plans to be developed.

A youth is assigned to a WVICCC Specialist and reviewed. If during that review the youth or the state indicate this youth does not need to be reviewed by the WVICCC team then is assigned to the state. One example of this is when a youth is transitioning to adult services or guardianship. The WVICCC team still assists with the cases if needed.

Youth who are in designated border facilities are not reviewed if the facility is close in proximity to their county. Currently Timber Ridge youth are the only ones that fall in this category. Border facilities status was included starting in December 2023.

Youth placed out-of-state for a diagnostic assessment are not assigned.

Cases Assigned

Total Number of Cases Assigned	WVICCC Team	State	Border Facility	Diagnostic
270/521=52%	228=84%	14=5%	25=9%	3=2%

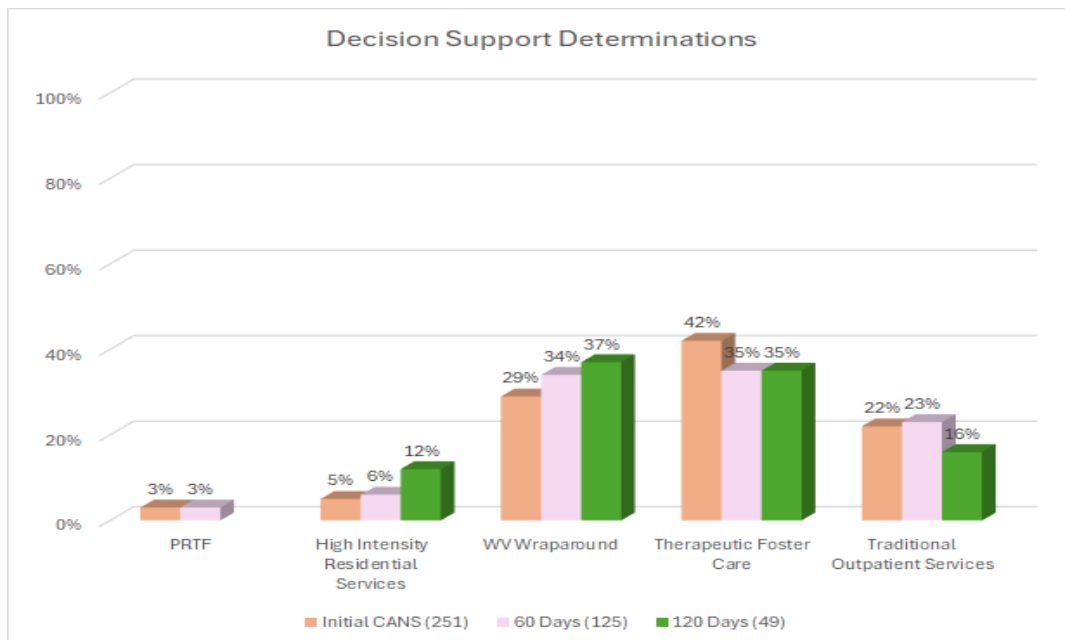
Discharge Plans Completed

WVICCC Team Assignments	Total # of DC Plans Completed	Total # of DC Plans Completed for Active Cases in December 2023
228	97/228=43%	114/332=34%

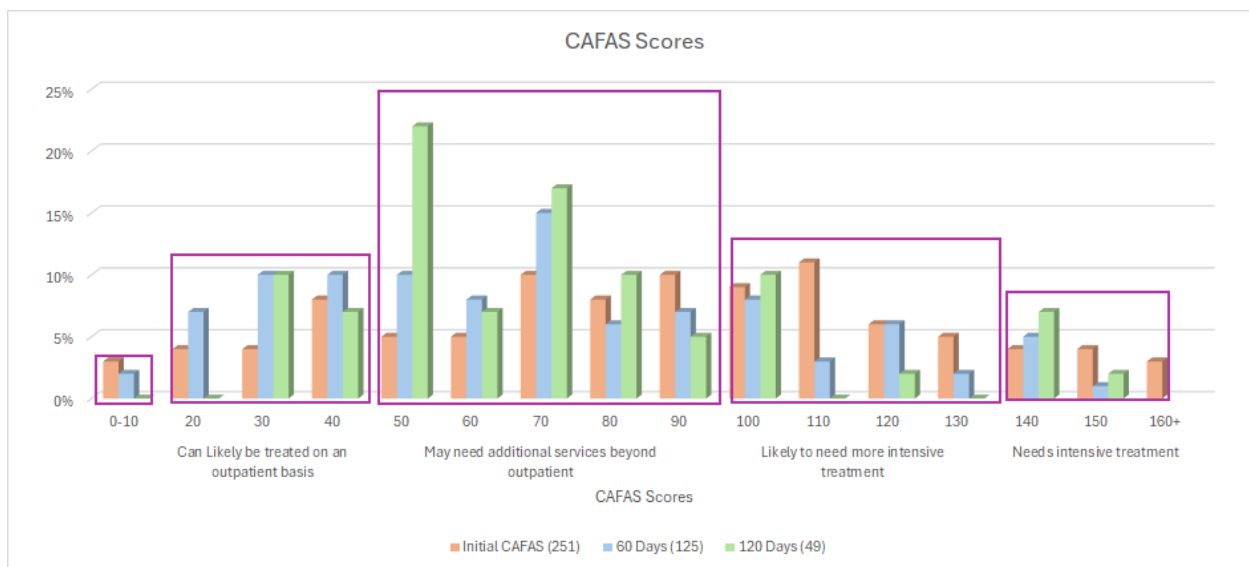
Discharge plans may have not been completed due to youth being discharged soon after assignment, no contact with DHHR, no information from out-of-state provider or recent assignment of the case. All cases that are active and have been assigned will have DC plans by January 31, 2024. Barriers to completion will be reported.



Decision Support Model Determinations/Child and Adolescent Functional Assessment Scale



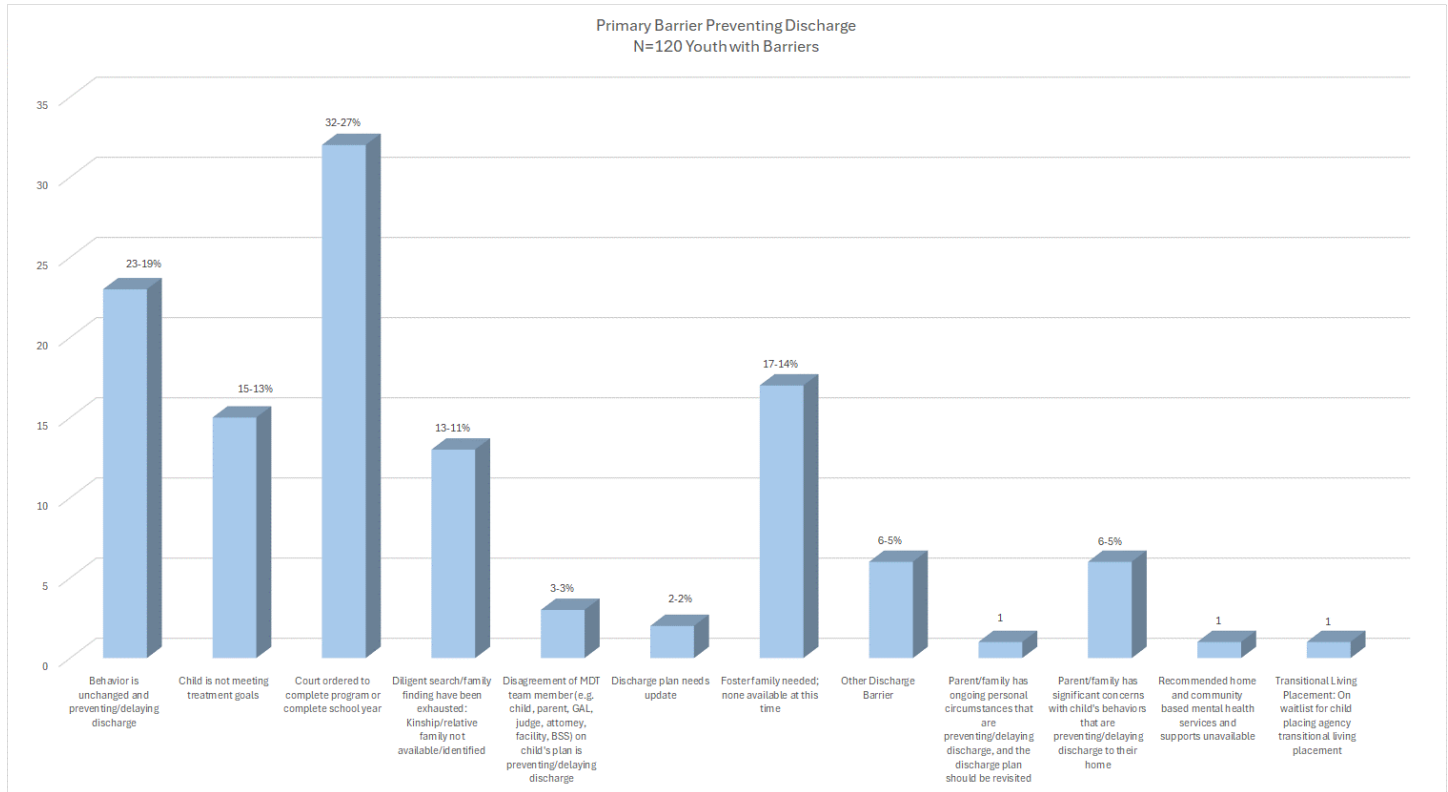
The above information should be viewed with caution. When the program first started the CANS were completed on identified youth who had been in placement for 1 year or longer. The initial CANS was completed based on current information for the youth. Some of the youth may have been moving toward discharge and the decision support determination would indicate that.



As with the CANS the information should be viewed with caution. The initial CAFAS was completed based on current information for the youth. Youth with scores of 40 or below can likely be treated in an outpatient/community setting. Youth with scores of 50-90 can be treated in the community in most case but may need additional support. Scores 100 or above likely need intensive treatment,



Barriers to Discharge Planning



Other Barriers to Discharge Planning

Communication

- Inability to reach DHHR worker after including Regional Program Managers. *Staff have started contacting us not only by e-mail but also by phone with some success. The team has started working with the state Child Welfare Consultant, which has improved communication.*
- Lack of communication between out-of-state providers and family. *The team encourages involvement with the family at OOS treatment teams.*
- Team not always invited to OOS treatment teams. *The team is sending out reminders to the OOS providers.*
- The use of 60 different out-of-state providers makes it difficult to set up communication in a timely manner.

Inappropriate Placement

- Youth referred to OOS placement but does not have clinical needs. An example of this is when a youth is placed OOS for truancy.
- Youth are being moved from one OOS placement to another even though decision support results and WVCCC team recommendations are for a lower level of care.
- Multi-disciplinary teams (MDT's), legal teams and DHHR case worker not accepting decision support results and WVCCC team recommendations are for a lower level of care.

In-State Residential and Community Services Barriers

- In-state facilities not accepting youth due to history of youth even if criteria for admission is met.

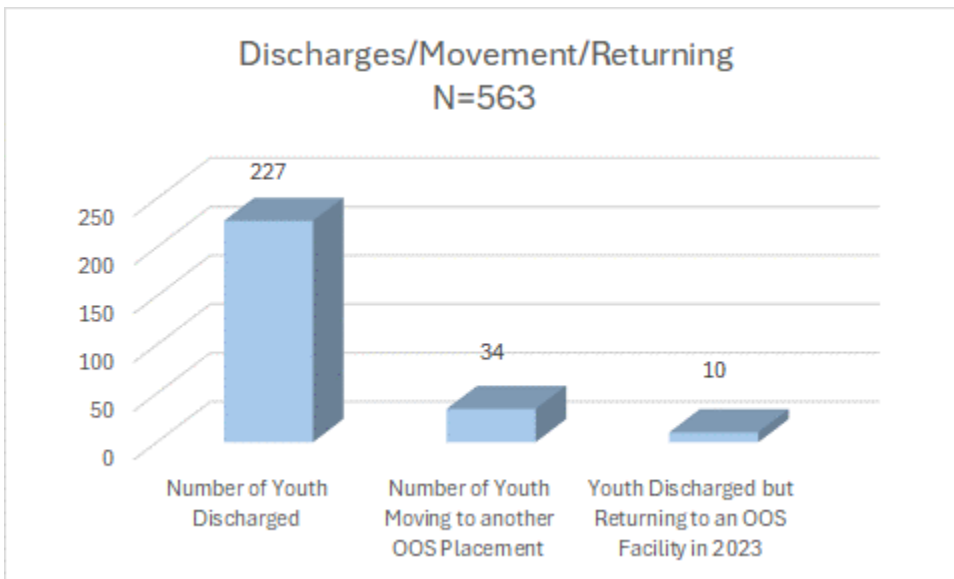


- Inability to get youth into a wraparound program before discharge because of waitlist.
- Capacity limitations for In-state providers, wraparound, autism services, etc.
- DHHR and Court system lack knowledge on in-state placements and community options.
- Potential foster families need to have the ability to build relationships with OOS youth, which may require transportation, lodging, etc. cost.

Timeliness

- DC planning not starting at beginning of youth’s placement due to caseloads. There are still a lot of youth placed OOS monthly making it difficult to address needs immediately. *Team is prioritizing but would like to eventually start working with youth immediately. At this time this would require additional staff.*
- Family-based permanency plans do not start immediately once youth is placed. *This can be worked on by the WVICCC team once DC planning is started immediately in the future.*
- Lack of response or delay in data uploaded by OOS providers. *The team is sending out reminders to the OOS providers.*

Discharges/Movement/Returning



Since June 2023, there have been 227 youth discharged with 10 youth returning to an OOS placement again in 2023. Another 34 youth were never discharged from an OOS placement but moved to another OOS placement.

