



Innovations to Further Reduce the Use of Residential Mental Health Treatment

**West Virginia Department of Health and Human Resources
Bureau for Social Services**

Call for Information

Overview

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Social Services (BSS), is releasing this call for information to collaborate with the community as the State continues to decrease its reliance on Residential Mental Health Treatment Facilities (RMHTF) and increase the availability of well-supported, home- and community-based options. BSS is requesting innovative ideas for serving youth who do not meet clinical diagnostic criteria for a RMHTF but are unable to be matched upon discharge with a foster or adoptive home for various reasons. The focus of this service must be to provide safe, stable, and family-like living arrangements while simultaneously searching for a permanent family setting.

DHHR seeks to create a bridge-to-family permanency strategy for youth placed in residential settings whose current clinical assessments suggest home and community-based services would best meet their needs. DHHR seeks to shift the current operating model from one centered on residential mental health treatment to one focused on supporting youth in least-restrictive, community-based settings that focus on holistic family-centered support and permanency.

The intention of this Call for Information is to energize stakeholders to provide creative suggestions and realistic input to drive solutions rather than expanding the number of available placements. Stakeholders, for this purpose, means a broad community of partners, including youth, families, current and potential foster care service providers and parents, community-based organizations, the judicial community, and others who desire to build infrastructure to the State's continued systemic improvements.

In addition to this requested information, the Bureau plans to conduct focus groups and other information-gathering activities directly with youth and families currently or recently residing in these settings. It is the goal of BSS to strengthen their alliance and partner with stakeholders to develop an outside-the-box approach to decreasing placement in facilities.

The Opportunity

West Virginia is committed to enhancing its continuum of care for youth in the child welfare system and to enable all youth to receive individualized services and support in the least-restrictive setting. As part of this commitment, BSS implemented the Pathway to Children's Mental Health Services to assess the clinical needs of children and youth in West Virginia, including youth in foster care. Youth who have clinical needs that indicate appropriateness for Residential Mental Health Treatment will be referred to the West Virginia Wraparound program.



Through this process, the Bureau is seeking to develop alternative placement settings where:

- Youth are connected to and nurtured by family.
- Youth have opportunities for age-appropriate independence.
- Youth have access to community based mental health services as needed.
- Youth can engage in age-appropriate community service and activities.
- Youth can attend a school setting that best fits their individual needs.
- Youth can engage with loved ones without interference of other youth or through a traditional visitation paradigm.
- Youth can live in a home-like structure as opposed to a facility.
- Youth can successfully bridge to family and transition to a permanent home.

The setting must provide opportunities for youth to develop healthy relationships with caring adults and provide services to find an appropriate permanent family setting.

Staffing may include approved community volunteers and mentors who have a desire to positively influence children and youth, and when appropriate, youth connections who have a positive influence but are unable to care for the youth on a full-time basis, such as Aetna Family Finding/Helping Everyone and Each Other Reach Out (HEERO) model.

Current State of West Virginia's Residential Foster Care Population

In a recent review of approximately 114 older youth, between the ages of 13-17, being served in RMHTF level of care who no longer meet the clinical diagnostic criteria the following information is available:

- 44% identify as female; 56% identify as male.
- The most common diagnosis for this group of older youth is Oppositional Defiant Disorder or Conduct Disorder. Mood Disorder and Anxiety Disorder are the second most common diagnoses among this group of older youth.
- There are several reported challenges or barriers to discharge; however, the most frequently reported challenge to discharge for this age group is not having an appropriate or viable discharge plan in place followed by no available foster family when the child does not have a family to discharge to or the family is not ready to have the child return but is making progress towards that goal.

Requested Information

While BSS is seeking comprehensive input from all interested parties, some of the key inquiries the Bureau is hoping to explore include:

For current residential providers participating in development and implementation of this opportunity:

1. What support, technical assistance and flexibilities would you need to shift your operating model from one centered on residential mental health treatment to one focused on supporting youth in least-restrictive, community-based settings?



2. What financial implications should the Bureau consider during this transition?
3. With the right supports, what is the anticipated timeline to be able to fully transition your current program to a least-restrictive, community-based model?
4. What is the current communication strategy with other child placing agencies to transition children and youth to a foster home and how do you envision improving that process?
5. For current providers of independent living or supportive housing settings, what support and resources might be needed to expand the availability of these settings for older youth transitioning out of residential mental health treatment?
6. What types of programming and services are well-suited to supporting this population?
7. What services or resources are valuable to your clients that are not accessible statewide?

Other stakeholders:

1. Would you like to share any research, innovations, or best practices, especially from other jurisdictions, that demonstrate success for this population?
2. How might BSS successfully recruit more kinship caregivers and foster parents for this population? What resources would help?
3. Are there any innovations in the field of decreasing residential care that you would like to share?
4. For child-serving agencies, what success stories can you share about recruiting foster families or community connections to support this population?
5. Are there any barriers to recruiting or providing the supports described above? If so, do you have any recommendations for overcoming these barriers?

Specifically for youth and youth advocates:

1. What types of living arrangements and resources would best support youth transitioning out of residential mental health treatment to community settings?
2. How can BSS best enhance family connections, natural supports, and friendships for this population of youth?
3. If you could assist with designing a program for children and youth who are placed in the child welfare system, what is most important information to share?
4. What services or resources have been most beneficial to you?

Guidance to Respondents

BSS may use the information gathered through this request to:

- Hold various stakeholder forums to further explore solutions and discuss the information provided.
- Gather additional information from respondents. This communication may be through email, phone or in-person discussions.
- Inform future programmatic decisions and/or procurements.



Submission of Ideas

DHHR requests responses to the questions above be submitted by Friday, September 30, 2022. Options to submit responses:

- Complete the online response form: <https://kidsthive.wv.gov>
- Submit written responses by email or U.S. Mail:
 - Email: Marilyn.L.Pearce@wv.gov
 - Mail: Marilyn Pearce
Assistant to the Cabinet Secretary
West Virginia Department of Health and Human Resources
One Davis Square
Suite 100, East
Charleston, WV 25301

Inquiries

All questions and requests for clarification may be sent to Marilyn Pearce, Marilyn.L.Pearce@wv.gov