Continuous Quality Improvement

Plan for Children's Programs

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1.0 Introduction

Quality measurement is a key factor in continuing to transform the child welfare system and child mental and behavioral health programs toward increased use of evidence-based practices and high-quality care that achieves good clinical outcomes, improves quality of life, and helps ensure safety, permanency, and well-being for children and their families.

The Continuous Quality Improvement (CQI) Plan for Children's Programs describes the goals, objectives, tools, resources, and processes used by the West Virginia Department of Human Services (DoHS), formerly a part of the West Virginia Department of Health and Human Resources (DHHR), to assess, manage, and improve the availability, quality, and sustainability of behavioral health and socially-necessary services for children.

West Virginia's Office of Quality Assurance for Children's Programs (Office of QA) is responsible for driving the strategic vision, mission, and scope for quality improvement and data-driven practice across DoHS. The director for this office reports to DoHS's cabinet secretary. DoHS leadership and the Office of QA prioritize the alignment of quality improvement efforts across bureaus in tandem with ongoing cross-bureau collaboration to streamline programmatic work to provide a seamless system of care for children and families.

The CQI Plan builds upon existing quality assurance and improvement efforts in place across DoHS, and is expected to evolve in response to increased data availability, new information, experience, and best practices.

1.1 Mission of DoHS Children's Programs and Services

DoHS promotes a thriving and healthy West Virginia by providing access to critical healthcare, essential social services and benefits, and trusted information with a special emphasis on vulnerable populations. Programs will be conducted in an effective, efficient, and accountable manner, with respect for the rights and dignity of the employees and the public served.

1.2 Purpose of the CQI Plan

The purpose of the CQI Plan is to take a continuous and proactive approach to improving child welfare services and services for children with mental and behavioral health needs, including serious emotional disorders. Ongoing quality improvement will help ensure all eligible children, youth, and families are provided timely, effective, high-quality, and individualized care that is appropriate in scope, intensity, and duration to meet their needs.

Quality improvement activities will include two complementary approaches, as follows:

(1) Quality Assurance (QA) helps ensure programs and services comply with minimum regulatory and quality standards. QA activities are typically retrospective and, therefore, are more reactive in approach.

(2) CQI is the ongoing evaluation of systems and processes for the purpose of identifying problem areas and opportunities for improvement. This approach is proactive and data-driven. People at all levels across the service system (e.g., staff, youth, families, providers, etc.) are involved in planning and implementing ongoing proactive improvements. Everyone involved is encouraged to ask continuously, "How are we doing?" and "How can we do it better?"

1.3 CQI Guiding Principles

The following principles will guide West Virginia's quality improvement activities:

(1) CQI is prominent in DoHS's culture. DoHS recognizes that positive system change occurs when people at all levels are working together to improve the outcomes for children, youth, and families.

(2) CQI training, tools, and resources are provided with support from the top to promote the involvement of staff at all levels.

(3) DoHS uses data to make policy and practice decisions and guide day-to-day work.

(4) DoHS focuses on systems and processes rather than individuals. The emphasis is on identifying system gaps rather than blaming individuals.

(5) DoHS seeks input from employees and stakeholders at all levels within the organization and service delivery system.

(6) DoHS collaborates with stakeholders, including grantees and vendors, to incorporate these guiding principles into their practices as well.

(7) DoHS establishes key performance indicators (KPIs) with defined targets or benchmarks and measures progress toward performance goals.

(8) DoHS facilitates cross-bureau, cross-system collaboration to achieve positive outcomes for children, youth, and families.

(9) Transparency and accountability are essential to our stakeholders and to each other.

2.0 Scope

Quality improvement is integrated into the array of child welfare and mental and behavioral health services, including home- and community-based services and group, short-term, and long-term residential services. Home- and community-based services are prioritized to build and maintain success at home and in the community for children and their families/caretakers, and to minimize out-of-home placements. Home- and community-based services include, but are not limited to:

- Wraparound Facilitation

- Children with Serious Emotional Disorder (CSED) Waiver Enrollment and Services

- Mental Health Screening and Assessment

- Traditional and Treatment/Therapeutic Foster Care Homes

- Behavioral Support Services

- Children's Crisis and Referral Line

- Mobile Crisis Response and Stabilization

- Residential Mental Health Treatment Facility (RMHTF) Services

- Assertive Community Treatment

- Other behavioral and mental health supports as agreed to during the continued evolution of the CQI Plan

Areas for evaluation to drive quality improvement and goal setting may include but are not limited to the list displayed in Table 1 below.

Table 1: Areas for evaluation

Evaluation of screening and intake processes	Timely access to services
Care management	Provider capacity
Assessment and individualized service planning	Workforce availability
Caseworker caseloads	Workforce training and certification
Availability and stability of placement options	Family and stakeholder engagement
Permanency	Outreach
Fidelity to evidence-based practices	Child/youth outcomes

3.0 Goals

The overarching goal across West Virginia's child welfare and mental and behavioral health services is to help children, youth, and families thrive in their homes, schools, and communities through a seamless system of care. To that end, the quality improvement framework and processes are guided by the following goals:

- Eligible children, youth, and families are screened, assessed, and provided timely access to appropriate services.

- Barriers are minimized for children, youth, and families, decreasing the burden on accessing treatment.

- Children, youth, and families receive services in their homes and communities when clinically appropriate, and continue to be linked to services to maintain success over time.

- When out-of-home residential intervention is required to help ensure a child's safety, children are placed in or near their community of origin to keep the child connected to their family and support systems.

- Residential intervention is reduced, as is the length of stay per episode of need.

- Residential interventions engage the family and community providers throughout care, to help ensure rapid reintegration into home and community settings.

- Care provided is aligned with the strengths, needs, and goals of children, youth, and families.

- Children, youth, and families experience positive outcomes, including improved clinical and functional outcomes.

- Services are experienced as collaborative, engaging, effective, and of high quality.

4.0 Quality Governance, Leadership, and Infrastructure

The quality infrastructure outlined below provides the framework for carrying out CQI activities across the DoHS bureaus and programs providing child welfare and mental and behavioral health services for children, youth, and families.

4.1 Office of QA for Children's Programs

The Office of QA for Children's Programs has a direct line of reporting to DoHS's cabinet secretary and is responsible for:

- Developing and maintaining the CQI Plan, including an annual review of the plan

- Involving executive leadership to help ensure resources and tools are available to support CQI processes and promote the involvement of staff at all levels in the quality improvement process

- Helping to ensure implementation of CQI-related mentoring, modeling, and support across DoHS, to include, but not limited to:
  - Data-driven decision-making
  - Identification of data and planning needs
  - Integration of key staff at the bureau level, which includes verification that appropriate program-level training and policy is monitored
  - Day-to-day multilevel involvement with bureaus and staff at all levels, including integration of data culture into processes at all levels
  - Involvement of vendors, contractors, and providers in supporting quality improvement activities
  - Tracking recommended action from Quality Committee reviews in the CQI Action and Recommendations Tracker (reference Appendix B)

- Partnering with DoHS leadership to promote a culture of ongoing quality improvement

- Communicating/supporting awareness of the CQI Plan throughout DoHS children's services including, but not limited to:
  - Sharing updates at DoHS quarterly meetings, monthly workgroup leads, and monthly bureau-level CQI meetings
  - Continuing involvement of bureau staff in development and updates of KPIs related to their work

- Sharing themes and highlights of CQI plans and results/updates with stakeholders

- Including CQI tracking as part of collaborative activities to establish clear responsibilities and timelines for prioritized tasks

- Encouraging and providing guidance to program/bureau leadership on establishing expectations and holding vendors, contractors, and providers accountable for data collection, data quality, reporting, and quality improvement to support DoHS's overall quality improvement efforts

- Coordinating an overall data plan to include streamlining of data collection, development and maintenance of the data store and associated dashboards, and reporting to support CQI processes in partnership with respective bureaus and the information technology team

- Defining required data to be tracked, monitored, and reported to the Office of QA

- Providing guidance in defining performance benchmarks and targets

- Helping to ensure aggregation of data across DoHS programs and services for children, which includes data from DoHS's internal systems as well as from third-party systems (i.e., vendors, contractors, providers, and other child-serving entities)

- Assisting with data analysis as requested by bureau-level leadership and quality functions

- Collaborating with bureau leadership and bureau-level quality functions to help ensure the formation and implementation of Quality Committees with interdisciplinary, cross-bureau membership, who meet on a routine basis to review and analyze data, outline findings to include strengths and opportunities for improvement, and document and follow up on recommended actions

- Prioritizing quality opportunities and chartering performance improvement projects

- Outlining the format, frequency, and expectations for Quality Committee meetings to include associated report format, tracking of action, and planning

4.2 Bureau-Level Quality Functions

Bureau commissioners (or their designees) are responsible for the following:

- Helping to ensure implementation of the CQI Plan and guidance from the Office of QA within their respective bureaus

- Working to ensure program-level quality reviews are carried out as outlined in Section 4.3 below, including ensuring relevant program managers are facilitating data review and discussion for their respective programs and services, following up on recommended actions, and monitoring for improvements

- Maintaining updates to program and policy manuals and contracts to communicate clearly the expectations and requirements for vendors and providers associated with data collection and reporting and quality improvement activities

- Overseeing and monitoring vendor contracts, to include Managed Care Organizations (MCOs) and service providers, to help ensure expectations and accountability for required data collection and reporting, performance measures, quality standards, quality reviews and audits, customer satisfaction, and outreach to support DoHS's overall quality improvement efforts

- Helping to ensure implementation of quality sampling reviews, fidelity reviews, and other mechanisms for feedback which may include surveys, focus groups, or other methods

- Establishing a regular cadence of meetings with MCOs and/or providers as relevant to address performance and quality issues, data quality issues, systems issues, provider capacity, and workforce challenges

- Overseeing and monitoring bureau staff to help ensure fidelity to policies and processes

- Helping to ensure staff from a variety of levels within each bureau participate in Quality Committees

- Helping to ensure CQI is incorporated in bureau culture and mentorship is supported for new and tenured employees

- Facilitating ongoing partnership, collaboration, and communication with the Office of QA and interdepartmentally to assist with continued enhancements and streamlining of quality improvement data, reporting, and associated activities

- Ensuring data collection and reporting are in compliance with all applicable laws, regulations, and standards relevant to bureau programs and services

Bureau-level quality units will continue their current quality and compliance functions in collaboration with the Office of QA.

4.3 Quality Committee Functions

Quality Committees may be implemented at a variety of levels, including program and service level, bureau level, and department level. Quality Committees may be appointed by the cabinet secretary, deputy secretaries, bureau commissioners, or director of the Office of QA. DoHS will have two main types of Quality Committees with multiple levels of reviews. The first are standard Quality Committees which occur on a regular basis (monthly at the program, service, and workgroup lead levels; and quarterly at the department level). The second type of Quality Committee is considered a Performance Improvement Project (PIP) Team. The PIP team is formed based on identified opportunities and needs from established data review processes, when routine review, discussion, and action items are not sufficient to understand and/or work through addressing identified needs. The PIP team members will work collaboratively to establish plans and expectations for when the PIP need can be resolved, and the team adjourned.

Quality Committee membership is expected to be cross-functional with the involvement of people at multiple levels. Membership may include staff, providers, contracted vendors, other child-serving entities, and children, youth, and families with familiarity with the subject matter (as appropriate). Additional requirements will be considered when building membership teams based on relevant subject matter expertise.

Quality Committees are expected to meet on a formal, scheduled basis and have a responsibility to:

- Complete a documented review of data and information, both quantitative and qualitative, to evaluate performance

- Help ensure baselines are established and performance targets or benchmarks are defined as relevant

- Identify strengths, problem areas, and opportunities for improvements based on data review

- Capture Quality Committee review meeting notes on the standardized template provided by the Office of QA

- Identify recommended actions and set goals for improvement, where appropriate, and document them in the Quality Committee review meeting notes

- Submit completed Quality Committee review meeting notes to the Office of QA following each review

- Monitor progress toward meeting goals, incorporating problem solving and making course corrections based on new information or lack of progress

- Communicate quality plans and progress updates to leadership to help ensure accountability

- Assist with identifying the relevant KPIs as the CQI process continues to evolve, to help ensure meaningful measures are in place to track progress toward the goals for children's services

- Make recommendations for improvement to data collection and reporting as needed to facilitate quality improvement efforts

- Make recommendations for increased frequency of monitoring of any KPIs where focused need for improvement is identified

5.0 Feedback, Data Systems, and Monitoring

Data and information to evaluate and monitor services and outcomes are drawn from a variety of sources, including multiple data systems, quality sampling reviews, fidelity reviews, and feedback from staff, children/youth, families, providers, caregivers, and other stakeholders. The process for defining KPIs and the associated reports and dashboards utilized for monitoring are outlined below.

5.1 Data Collection/KPIs

KPIs to monitor progress toward DoHS's overall goals for child welfare and behavioral and mental health services are outlined in Appendix A. Individual bureaus, and programs within each bureau, may identify and adopt additional KPIs as relevant for their programs and services. At all levels, KPIs are anticipated to require revision as more data becomes available. These KPIs will be reviewed at least annually to help ensure the metrics are meaningful and capture the information needed to assess DoHS's progress toward the goals for children's programs and services.

5.2 Data Reporting and Dashboards

A data store is under development 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 all child-serving bureaus. Data is collected from a variety of sources, including DoHS's internal systems, MCOs, providers, other contracted vendors, and other stakeholders. Data and information are gathered through a variety of methods such as quality sampling reviews, chart reviews, adverse event reporting, quality audits, surveys, and focus groups.

Each bureau is responsible for working to ensure that data collection and reporting requirements associated with quality improvement efforts, and agreed-upon KPIs are specified in vendor contracts and other agreements, including frequency and format of collection and reporting. Data is requested to be captured at the child- and encounter-level using unique child identifiers in order to allow data tracking and comparison across systems and programs. Bureau-level quality functions are responsible for oversight and monitoring of each contract to help ensure accountability. With guidance from the Office of QA, the bureaus are responsible for developing policies and procedures outlining formalized oversight and monitoring processes, to include documenting and reporting of results. This process will be reflective of bureau-level time frames, but additional needs will be assessed at least annually.

A Quality Assessment and Performance Improvement (QAPI) dashboard was launched to assist Quality Committees and DoHS staff in assessing and monitoring children's services, systems, and outcomes. The QAPI dashboard utilizes data from the data store to facilitate the creation of charts and graphs to assist with data analysis and identification of patterns or trends over time. The QAPI dashboard system will continue to expand as more data and information is captured in the data store. Additionally, a standardized suite of reports is published on a recurring basis by analytical staff with consideration for identified Quality Committee needs and requests. This process will continue while the data store and the dashboard system are being further developed and expanded for future automated processes and reporting.

DoHS utilizes the expertise of community partners for support in quality initiatives, evaluation, and training.

- West Virginia University (WVU) is contracted to complete an ongoing evaluation of children's in-home and community-based services. Routine reports of the evaluation will be provided to DoHS.

- Marshall University is contracted to complete an ongoing evaluation of service fidelity processes, including utilization of the Child and Adolescent Needs and Strengths (CANS) Assessment, to the National Wraparound Initiative standards. Marshall University will provide routine reports to DoHS.

Reports from these contracted vendors will be included in the Quality Committee review cycle for review and incorporation in quality improvement recommendations and associated action.

6.0 Systematic Analysis and Action

Consistent and collaborative review and analysis of data with associated action based on findings must take place across multiple levels of the system in order to continuously improve quality. This section outlines the expectations for a regular cadence of Quality Committee reviews and action based on the data and reports described above.

6.1 Data Analysis/Identification of Strengths and Opportunities for Improvement

Quality Committees are expected to meet quarterly, per the agreed-upon schedule established by the Office of QA in collaboration with the bureau commissioners (or designees). Activities will be documented and monitored via the CQI Actions and Recommendation Tracker (reference Appendix B), with check-ins occurring via Quality Committee meetings and formal updates published in each semiannual report. Performance metrics may be reviewed on varying frequencies (i.e., weekly, monthly, quarterly, and annually) as relevant to each metric and factoring in any lag time associated with the data; Quality Committees will meet a minimum of quarterly.

During each Quality Committee meeting, the following will be completed:

- Documented review and analysis of performance data against targets/benchmarks and recommendation of new targets, as relevant

- Review of progress on quality improvement activities in follow-up to action identified in prior review meeting

- Identification of strengths and opportunities for improvement

- Prioritization of opportunities for improvement

- Identification of any new action(s) based on findings

- Identification of any issues, resources needed, recommendations for policy and/or practice changes that should be communicated to leadership, up to and including the Executive Steering Committee, which is made up of deputy secretaries, commissioners, and the chief information officer

- Documentation and assignment of responsibility and next steps

During review processes, consideration should be given to differences, patterns, and/or trends associated with important child-level characteristics, including, but not limited to, diagnoses, age, gender identification, race/ethnicity, region/county, sexual orientation, service utilization profile, and service provider.

Within each bureau and at the program/service level, more frequent reviews may be warranted and may include regular review meetings with MCOs, Administrative Service Organizations (ASOs), provider groups, other contracted vendors, other child-serving agencies, and/or children, youth, and families. More frequent reviews may be determined as needed during early implementation periods, process changes, or when monitoring for Rapid Cycle Improvement. These reviews may be based on identified opportunities related or in addition to criteria captured in the guidance for review information in the

related KPI tables. Documentation of the review meetings will be maintained and provided to the Office of QA upon request.

Figure 1 below depicts the expected flow of communication and reporting between the levels of the quality improvement infrastructure to help ensure recommended action, policy and practice changes, resource needs, etc., are considered and acted on.
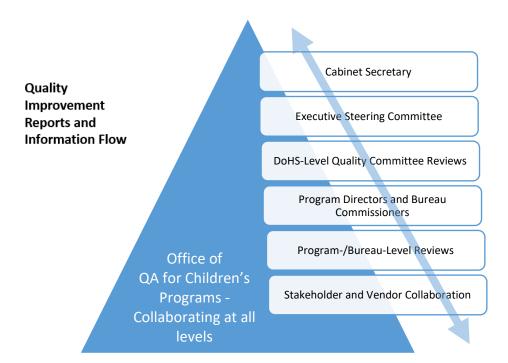
Figure 1: Communication Flow Within the Quality Improvement Infrastructure

6.2 Performance Improvement Plan Quality Committees

A key purpose of the quality review process is to identify areas needing improvement and make recommendations for action to achieve those improvements. In some cases, a formal PIP team may need to be commissioned.

Based on reports and recommendations from Quality Committees, the bureau commissioners (or designees) in partnership with the Office of QA will prioritize any opportunities for improvement that warrant a formal PIP.

The PIP team is expected to have a leader identified along with interdisciplinary team members (i.e., representing each of the areas of expertise affected by the project) and may include other stakeholders such as youth, families, vendors, providers, etc.

PIP teams meet on a frequency agreed upon by the team, based on the activities to be completed and the associated timelines. If key stakeholders or staff are unavailable, meetings are rescheduled to help ensure appropriate representation is available for discussions.

As part of the CQI process, additional data collection and analysis needs will be identified by the Quality Committee and/or PIP team, who will create a plan in conjunction with the Office of QA. Analytical staff (i.e., embedded analysts, epidemiologists) will help support mentoring and discussion of best analytical practices to better understand data and needs. Larger system and process changes may be identified for items with a high likely impact on outcomes or ability to access appropriate services. DoHS tracks findings, discussion, and action plans via program-, department-, and workgroup-lead-level meetings. This or similar approaches may also be tracked or expanded to a PIP team. All tracking is completed via the CQI Actions and Recommendation Tracker (reference Appendix B) to help ensure accountability to identified actions and activities. Discussion, additional analysis, increased frequency of data collection/monitoring, and programmatic next steps should typically be driven by identifying vulnerabilities, determining action plans, sorting data for common themes, discussing results with leadership/stakeholders, and using results or themes to shape priorities for future action.

6.3 Measuring Success/Impact

A key function of the quality infrastructure is to set and attain meaningful performance goals collaboratively at all levels of the system. Quality Committees are responsible for making recommendations for performance benchmarks or targets for relevant KPIs with support from the Office of QA. Performance targets will be agreed upon by the Office of QA and relevant program staff. Targets should include consideration for baseline findings and a goal to improve or sustain indicator levels. In cases where a benchmark is not available or where a target is not appropriate—due to measures new to collection or not having an expected threshold yet due to unprecedented influences (e.g., COVID-19 pandemic) or implementation-related impacts—Quality Committees will monitor for changes in patterns or trends. The Office of QA will provide guidance to Quality Committees and bureau/program leadership in performance measurement, including assisting with establishing targets and benchmarks. Guidance and recommendations may be provided based on existing program or state policy and recent literature or statistics. The Office of QA is embedded in this work by participating in program-level reviews and relevant meetings. The Quality Committees and Executive Steering Committee may influence guidance and support, and stakeholders also have opportunities to provide feedback in commission/collaborative meetings.

Required performance measures may be included in vendor contracts and may also include incentives or penalties related to performance outcomes. Additionally, where more formal intervention is needed, PIP teams may be required in collaboration with vendors. As with the process described above, the Quality Committee and/or relevant program leads will determine when a PIP is needed related to vendor activities.

7.0 Communication of Results

DoHS aims to foster transparency and accountability through interdepartmental collaboration and enhanced communication with stakeholders, including children, youth, and families. To that end, the Office of QA in partnership with bureau leadership, bureau-level quality functions, and DoHS's Office of Communications collaborate to enhance CQI processes and associated reporting. Data sharing and feedback occur via routine meetings with stakeholders, evaluation activities, direct feedback to and from staff, and family and youth outreach. Communication of results includes meetings and data sharing with the following groups:

- DoHS Executive Steering Committee

- Internal DoHS staff at all levels

- External stakeholders, such as other child-serving entities, MCOs, providers, children, youth, and families

- Partners at the West Virginia Department of Education, West Virginia Department of Homeland Security, and Supreme Court of Appeals of West Virginia

- Others as recommended by the Office of QA and Quality Committees

DoHS publishes a comprehensive report semiannually on the quality and outcomes for children's mental and behavioral health services. Additionally, monthly data indicators are published on the Kids Thrive Collaborative website.

8.0 Plan Review

The director for the Office of QA is responsible for ensuring the CQI Plan is reviewed annually, with updates considered when relevant. Any significant changes will be shared for feedback with the Executive Steering Committee. The plan will continue to evolve in response to increased data availability, new information, experience, and best practices as DoHS seeks to support the success of children, youth, and families across West Virginia.

Appendix A: KPIs

The bullets below outline the KPIs associated with systems, processes, and outcomes for children's mental and behavioral health services. As DoHS has continued implementing CQI processes and learning from these processes, updates have been made to the KPIs. The KPIs can be expected to change and evolve for a variety of reasons, including but not limited to additional data and information becoming available; recognition that indicators are not providing meaningful and relevant information needed to measure progress toward goals as determined through regular Quality Committee reviews and feedback; and/or new learning that indicates the need for additional or modified KPIs. DoHS is partnering with WVU to capture additional outcome measures as outlined in the DoHS Children's In-Home and Community-Based Services Improvement Project Evaluation Plan. DoHS is also partnering with Marshall University to capture an evaluation of Wraparound Fidelity. Recurring evaluation reports are provided by WVU and Marshall University and incorporated into DoHS's quality review processes.

Regular discussions between the Office of QA, program teams, and vendors/contractors clarify data needed, data sources, as well as format and process for submitting the data on a routine basis. Efforts continue to help ensure data is captured at the child- and encounter-level with unique child identifiers so that data can be tracked and compared across programs and systems. Frequency of review, who is responsible for review, and guidance for review associated with the indicators are subject to change based on recommendations from the director of the Office of QA for Children's Programs, program-level Quality Committees, and DoHS's cross-functional, cross-bureau Quality Committees.

KPIs may be disaggregated by demographics and other characteristics such as age, gender identification, diagnosis, sexual orientation, race/ethnicity, county/region, and child-serving entity (i.e., provider). Any KPIs associated with "timeliness" will be evaluated against the timelines defined by policy or contract where applicable. Measures of timeliness of service engagement may include comparisons to screening dates, dates of mobile response encounters, referral dates, eligibility determination dates, etc.

Program teams, in partnership with the Office of QA, continue to evaluate which comparison populations may be most relevant for each data set. Comparison populations in discussion include West Virginia's general child population, Medicaid-eligible children, children considered at risk of residential placement, children in DoHS custody, children in Bureau of Juvenile Services (BJS) custody, and children formally adjudicated as status offenders or delinquent, among others.

Note: The highlighted (bold) KPIs are proposed indicators to assist with evaluating the impact of the programs and services on children and families and determining the efficacy of the programs and services. Some indicators and data sets are still in development and may not yet be available for evaluation until the initial data store build-out and analysis prototyping is completed.

Mental Health Screening Indicators

- Number/proportion of screenings by screening entity (Youth Services, CPS, primary care physician, Probation Services, BJS)
- Number/proportion of positive screens
- Number/proportion of negative screens
- Number/proportion of referrals to Assessment Pathway

- Timeliness of referral to the Assessment Pathway
- Number/proportion of positive screenings declining referral to Assessment Pathway, and reason for decline

Assessment Pathway (Interim Wraparound Services) Indicators

- Number of referrals received by the Assessment Pathway via DoHS's Bureau for Behavioral Health (BBH) by month
- Number of referrals received by the Assessment Pathway via DoHS's BBH by source
- BBH referrals to other services by service type
- Status of client's progression through the Assessment Pathway
- Timeliness of first family contact by BBH for referrals from the Children's Crisis and Referral Line or Mobile Response teams
- Number/proportion of families declining to complete CSED Waiver applications, and reason for decline
- Number/proportion of families failing to respond during the CSED Waiver application process
- Timeliness of referral to the ASO for completion of Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS) (Step 2)
- Timeliness of completion of the CAFAS/PECFAS (Step 3)
- Interim Wraparound Facilitator status for approved youth
- Timeliness of assignment of Wraparound Facilitator or other interim services (Step 4)
- Number/proportion on waitlist for assignment of interim Wraparound Facilitator
- Average time on interim Wraparound waitlist
- Reason for removal from the interim Wraparound waitlist
- Timeliness of initial family engagement meeting by Wraparound Facilitator (Step 5)
- Overall timeline from referral to assignment of a Wraparound Facilitator
- **Timeliness of engagement in behavioral health services by service type**

RMHTF Referral Indicators (Qualified Independent Assessment [QIA] Process)

- Number of referrals to QIA process for RMHTF placement (in-state versus out-of-state), by referral source
- Count/proportion of referrals by system the individual is entering from (i.e., Youth Services, CPS, BJS, Probation Services)
- Reason individual was considered high risk for residential placement
- Reason why the referral was expedited

- Reason why the referral source believes the individual cannot be served in the community (per drop down list)

- Reason for request of out-of-state placement (per drop down list)

- Number/proportion of QIA placement recommendations by placement type

- Number/proportion of QIA recommendations that are followed

- Number/proportion of QIA recommendations that are not followed and the corresponding reason why (per drop down list)

- Number/proportion of approvals for out-of-state placement

- **Number/proportion of diversions of out-of-state placement and associated alternative service/placement**

- **Number/proportion of diversions from in-state RMHTF placement and services child is receiving in place of residential treatment**

- Number/proportion of admissions by RMHTF placement/facility type (level of care)

- Number/proportion of RMHTF admissions who completed the QIA process and number/proportion of children in RMHTF who have completed the QIA process

RMHTF Service Indicators

- Basic characteristics (e.g., age, gender, race/ethnicity, region/county, diagnosis)

- Census by RMHTF placement/facility type

- **Length of stay by RMHTF placement/facility type**

- **Length of stay for in-state placements and out-of-state placements**

- **Length of stay by age**

- Number of prior RMHTF stays

- Timeliness and completion of CAFAS/PECFAS (at admission and every 90 days)

- **Changes in CAFAS/PECFAS scores (child functional ability)**

- Proportion of monthly CANS completed

- **Changes in CANS domain scores (child functional ability)**

- Number/proportion of individuals recommended for transition to lower level of residential care

- Number/proportion of individuals recommended for discharge to community-based setting

- Residential provider capacity

RMHTF Transition/Discharge Indicators

- Number/proportion of individuals with discharge plans

- Quality and appropriateness of discharge plans

- Recommended setting per discharge plan versus actual placement setting
- Number/proportion of individuals with a discharge barrier, by type of discharge barrier (per drop down list)
- Distribution of CAFAS/PECFAS scores for individuals ready for discharge to the community
- **Timeline to discharge following CAFAS/PECFAS score less than 90**
- Number/proportion of individuals transitioned to lower level of residential care, by level of care
- **Number/proportion of individuals discharged to family/kinship setting**
- **Number/proportion of individuals discharged to adoptive setting**
- **Number/proportion of individuals discharged to foster care by type/level of foster care**
- Number/proportion of individuals where a community-based setting is not available, and reason community-based setting is not available (per drop down list)
- **Number/proportion of readmissions following discharge to the community and timeline to readmission following discharge to the community**

Children's Crisis and Referral Line Indicators

- Number of crisis line calls received by the Children's Crisis and Referral Line
    - Call acuity
- Referral source for call
- Caller relation to individual in need
- Referral source by caller relation to individual in need
- Presenting need for crisis call
- Type of contact (call, chat, or text)
- **Number/proportion of calls connected via warm transfer to mobile response team, including by call acuity**
- Timeliness of warm transfer to mobile response team
- Number/proportion of referrals to other services and supports by service type
- Number/proportion of occupied crisis line staff positions

Children's Mobile Crisis Response Indicators

- Number of youth served per month
- Number of referrals to mobile response from crisis hotline
- Number of initial mobile crisis response encounters (overall and per youth served)
- Number of follow-up calls
- Response type (in-person versus telehealth)

- Timeliness of mobile crisis response
- Number/proportion of occupied mobile response staff positions
- Number/proportion of referrals to other services by service type
- Number/proportion of repeat mobile response encounters
- Number/proportion of initial crisis plans completed

CSED Waiver Enrollment Indicators

- Number of CSED Waiver applications (initial versus resubmissions)
- Proportion by source of applications submitted (e.g., CMCR, PCP, BSS)
- Timeliness of ASO notification to the BBH Assessment Pathway following completion of the CAFAS/PECFAS
- Timeliness of CAFAS/PECFAS screening following receipt of the CSED Waiver application
- CAFAS/PECFAS assessor capacity (by geography)
- Distribution of CAFAS/PECFAS scores
  - Number/proportion of CAFAS/PECFAS scores greater than or equal to 90
  - Number/proportion of CAFAS/PECFAS scores below 90
- Timeliness of Independent Evaluation
- Timeliness of eligibility determination
- Number/proportion of applications approved
- Number/proportion of applications denied and reason for denial
- Number/proportion of applications closed and reason for closure
- Number/proportion of applications pending
- Timeliness of notice of decision to families
- Timeliness of completion of Freedom of Choice forms
- If denied for CSED Waiver, number/proportion of referrals to other services by service type
- Number/proportion of families choosing not to participate in the enrollment process and associated reason
- Number/proportion of appeals following denial of eligibility
- Timeliness of appeal process
- Outcome of eligibility appeals

CSED Waiver Services Indicators

- Number of children actively enrolled in CSED services

- Number/proportion of children on hold for CSED services, time on hold, and reason for being on hold
- Number of children on waitlist for CSED services, time on waitlist, and reason on waitlist
- CSED service utilization overall and by service type (number of children and average hours per child)
- Average utilization through life cycle of CSED services (by quarter)
- CSED length of service distribution
- **Timeliness of CSED service engagement (from date of eligibility determination)**
- CSED services provider capacity by service type

Foster Care Home/Community Placement Indicators

- Number of active, certified foster homes
- Number of active, certified foster homes with a placement
- Number of newly certified foster homes (with breakout of homes willing to accept children ages 13 and older)
- Number of foster home closures and associated reason
- Ratio of children in placement compared to number of certified homes
- Number of youth placed in an emergency shelter
- Length of stay in emergency shelter
- Number of youth placed in a hotel when no other placement option is available

Assertive Community Treatment (ACT) Indicators

- Number of ACT referrals by referral source
- ACT length of service
- Number/proportion of youth eligible for ACT services
- Number of youth discharged from RMHTF who are offered ACT services and the number of youth who chose ACT services
- Number of youth enrolled in ACT services
- ACT service utilization

Indicators Associated with Services and Child/Youth Outcomes

- Child population and associated demographics (gender, age, race, and others as available)
- **Concurrent service utilization (currently in development)**
  - **Comparison of CSED Waiver applications, CSED Waiver application approvals, CSED Waiver service utilization, RMHTF utilization, CCRL calls, and CMCR utilization by county**
- **Cross-system involvement and outcomes (currently in development)**
  - **Emergency department visits comparison across populations (e.g., at-risk population, children utilizing CSED Waiver services, children ceasing participation in the Assessment Pathway process, etc.)**
  - **RMHTF admissions comparison across populations (e.g., at-risk population, following CSED Waiver services utilization, children ceasing participation in the Assessment Pathway process, etc.)**
- Timeliness of completion of the initial and subsequent CANS assessment
- **Changes in functioning levels as measured by CANS Decision Support Model results, which are determined based on CANS Domain Scores over time (may include measures associated with reductions in level of need)**
- **Commitments to custody of DoHS**
- **Commitments to custody of BJS**
- Number/proportion of children prescribed three or more psychotropic medications
- **Emergency department visits for psychiatric episodes**
- **Acute psychiatric stays**
- **Involvement with law enforcement**
- **Performance at school**

Workforce and Training Indicators

- Services/provider capacity
- Number of wraparound facilitators and associated caseloads
- Wraparound Facilitator training
- Mobile crisis response training
- Number of CANS-certified staff
- Number of credentialed PBS providers

Outreach Measures

- Number/proportion of outreach events by month and purpose
- Number/proportion of outreach events by bureau
- Number/proportion of outreach events by method
- Number/proportion of outreach events by audience type
- Number/proportion of outreach events by audience size
- Number/proportion of outreach events by location

Quality Sampling Reviews and Fidelity Evaluations

Note: This section captures quality and fidelity information that may not be data-related but is important for DoHS's evaluation of quality processes and outcomes.

- WVU Evaluation – System and Community Level
- WVU Evaluation – Child and Caregiver Level
- National Wraparound Initiative Fidelity Reviews

Wraparound Facilitation Indicators

- Number of children receiving Wraparound Facilitation services (interim and by funding source)
- Wraparound utilization (quantity of services over time per child)
- Number/proportion of Wraparound Facilitation services by type (in person versus telehealth)
- **Timeliness of Wraparound Facilitation Services**
- Wraparound Facilitation length of service
- Wraparound provider capacity and caseload analysis
- Wraparound Facilitator waitlist, the reason for being on the waitlist, and average time on the waitlist
- Service Plans are individualized and aligned with CANS results (per Marshall University review)

Behavioral Support Services Indicators

- Number of children engaged in behavioral support services
- Behavioral support services utilization
- Behavioral support services length of stay
- Behavioral support services provider capacity (number of credentialed providers)
- Total monthly outreach
- Monthly training participants

Appendix B: CQI Actions and Recommendations Tracker

Date Added to Tracker	Classification (Data/Analysis, Programmatic, Other)	Program/ System	Finding/ Recommendation	Priority Level	Progress Point	Barrier Encountered, Problem Solving Needed, or ESC/Leadership Decision Needed	Owner	Target Completion/ Implement-ation Timeline	Status Update

Appendix C: Glossary of Acronyms and Abbreviations

Table 2: Glossary of Acronyms and Abbreviations

Acronym	Description
ACT	Assertive Community Treatment
BBH	Bureau for Behavioral Health
BJS	Bureau of Juvenile Services
BMS	Bureau for Medical Services
BPH	Bureau for Public Health
BSS	Bureau for Social Services (formerly Bureau for Children and Families)
CAFAS	Child and Adolescent Functional Assessment Scale
CANS	Child and Adolescent Needs and Strengths
CMCR	Children's Mobile Crisis Response
CMS	Centers for Medicare & Medicaid Services
CSED	Children with Serious Emotional Disorder
CPS	Child Protective Services
CQI	Continuous Quality Improvement
DACTS	Dartmouth Assertive Community Treatment Scale
DHHR	Department of Health and Human Resources
DHS	Department of Homeland Security
DoHS	Department of Human Services
DOJ	United States Department of Justice
DSM	Diagnostic and Statistical Manual of Mental Disorders
ESC	Executive Steering Committee
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
MAYSI-II	Massachusetts Youth Screening Instrument
MCO	Managed Care Organization
MDT	Multidisciplinary Team
NWI	National Wraparound Initiative
OMCFH	Office of Maternal, Child and Family Health
OMIS	Office of Management Information Services
PBS	Positive Behavioral Support
PCP	Primary Care Provider
PECFAS	Preschool and Early Childhood Functional Assessment Scale

Acronym	Description
QA	Quality Assurance
QAPI	Quality Assurance and Performance Improvement
RMHTF	Residential Mental Health Treatment Facility
R3	Reducing the Reliance on Residential
SED	Serious Emotional or Behavioral Disorder or Disturbance
SME	Subject Matter Expert
SMI	Serious Mental Illness
SOP	Standard Operating Procedure
STAT Home	Stabilization and Treatment Home
TFC	Therapeutic Foster Care
WV	West Virginia
WVU	West Virginia University
WVDE	West Virginia Department of Education
YS	Youth Services