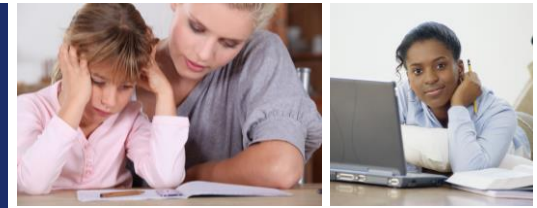


Children's Mental and Behavioral Health Services Quality and Outcomes Semiannual Report: Findings and Next Steps

Laura Hunt, Director
Office of Quality Assurance for Children's Programs
April 13, 2023



January 2023 Semiannual Report

The Semiannual Children's Mental Health and Behavioral Health Services Quality and Outcomes Report was published on January 31, 2023, on the Kids Thrive Collaborative website: <https://kidsthive.wv.gov/>.

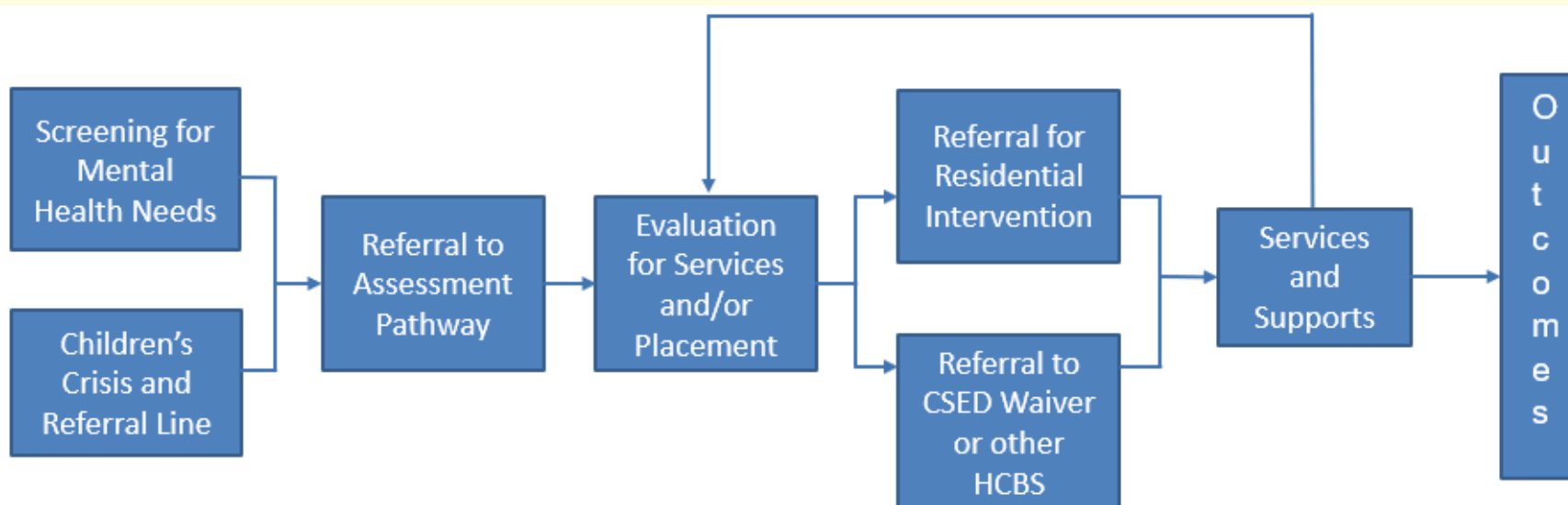
The report captures quality and outcome measures associated with children's mental and behavioral health services in order to:

- Identify strengths and opportunities for improvement.
- Identify any barriers or issues associated with the new processes and pathways so they can be addressed as implementation continues.

Primary Review Period: January 2022 – June 2022

- Trends reviewed range from January 2021 – June 2022.
- Expanded reporting and processes.
- Some newer reporting may fall outside of this period as data collection is established.

Children's Mental Health Services Process Overview



Data is collected throughout the process for use in calculating identified Key Performance Indicators (KPIs)

Capture at the child/encounter level in order to tie data together across the various programs and systems supporting the child.

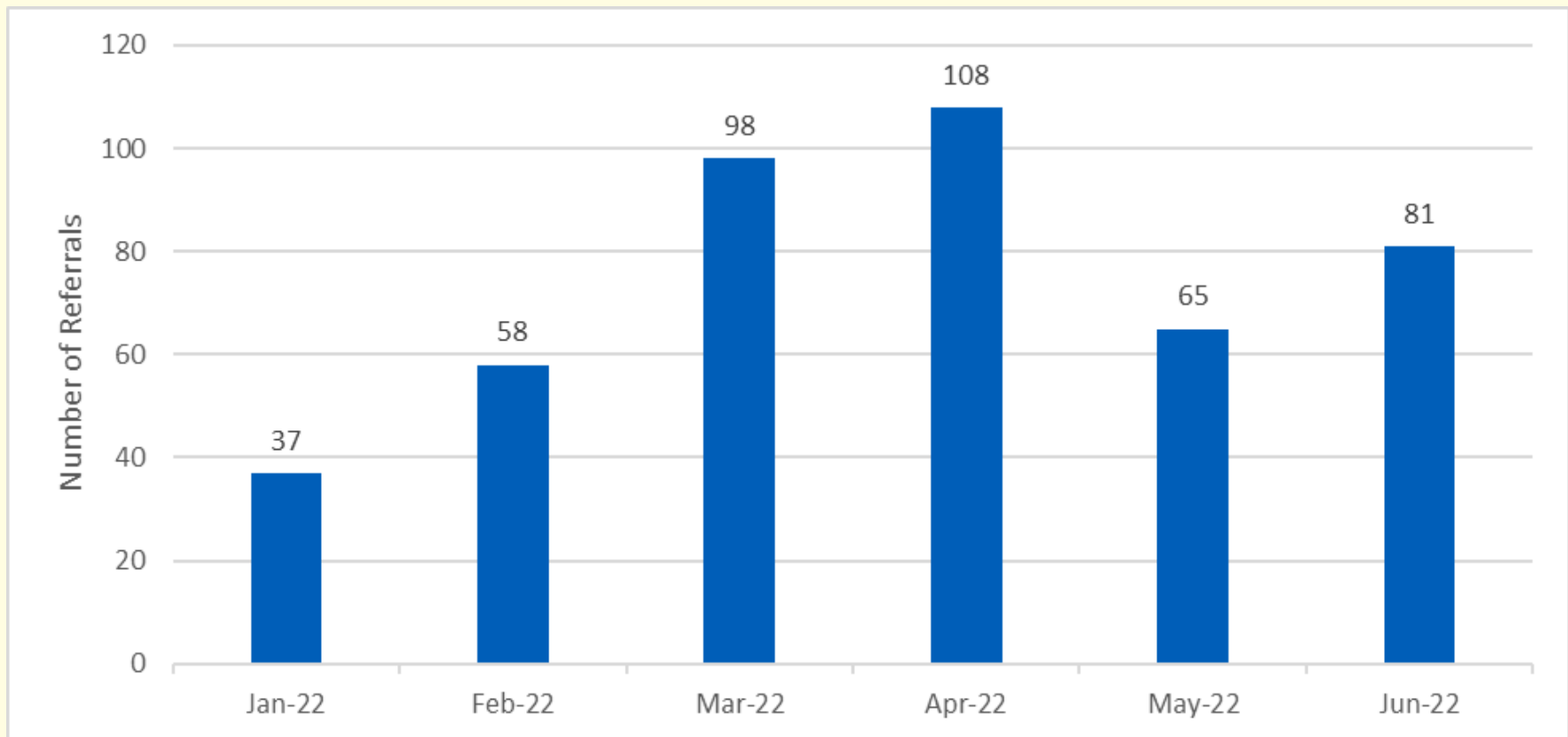
CSED Service Highlights

- Through screening, referral to the Assessment Pathway, and connection to the CSED Waiver application process, 496 children were approved for CSED Waiver services during the period of January – June 2022.
- Since program inception, at least one application has been submitted from every county across the state, which is a positive sign of the messaging and awareness of CSED services statewide.
- As of June 2022, 327 youth were utilizing CSED Waiver services compared to 190 in January 2022.
- The number of providers actively providing CSED Waiver services has increased from 12 to 18, as of January 2023. Four additional providers are in the process of becoming certified to offer CSED Waiver services. There is at least one CSED Waiver service provider offering services in each county across the state. Forecasting capacity needs and expanding the provider network remains a key focus with collaboration from the managed care organization (MCO).

Referrals to the Assessment Pathway

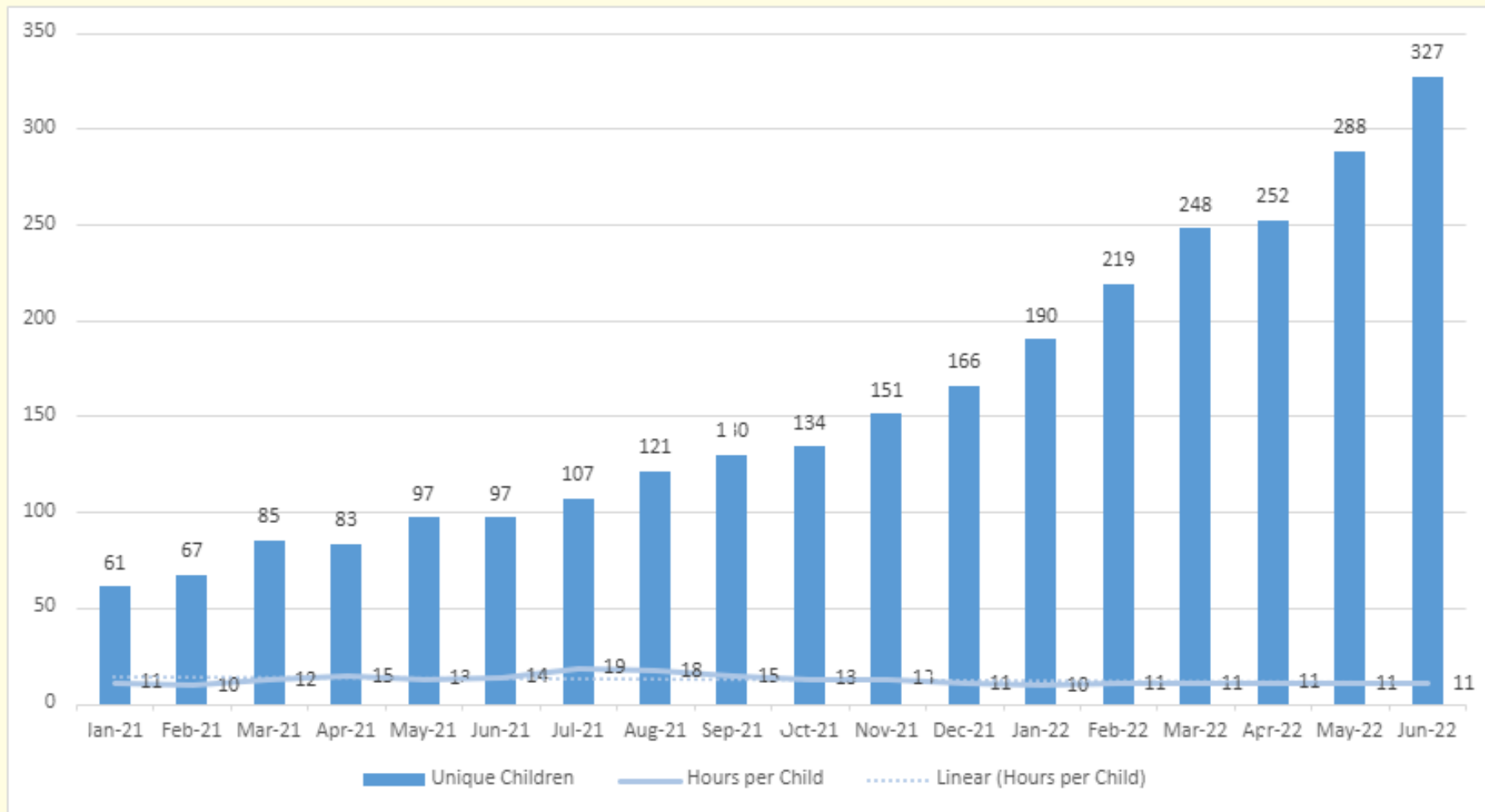
Referrals to the Assessment Pathway January – June 2022

Only eight counties had no referrals submitted during the total reporting period.

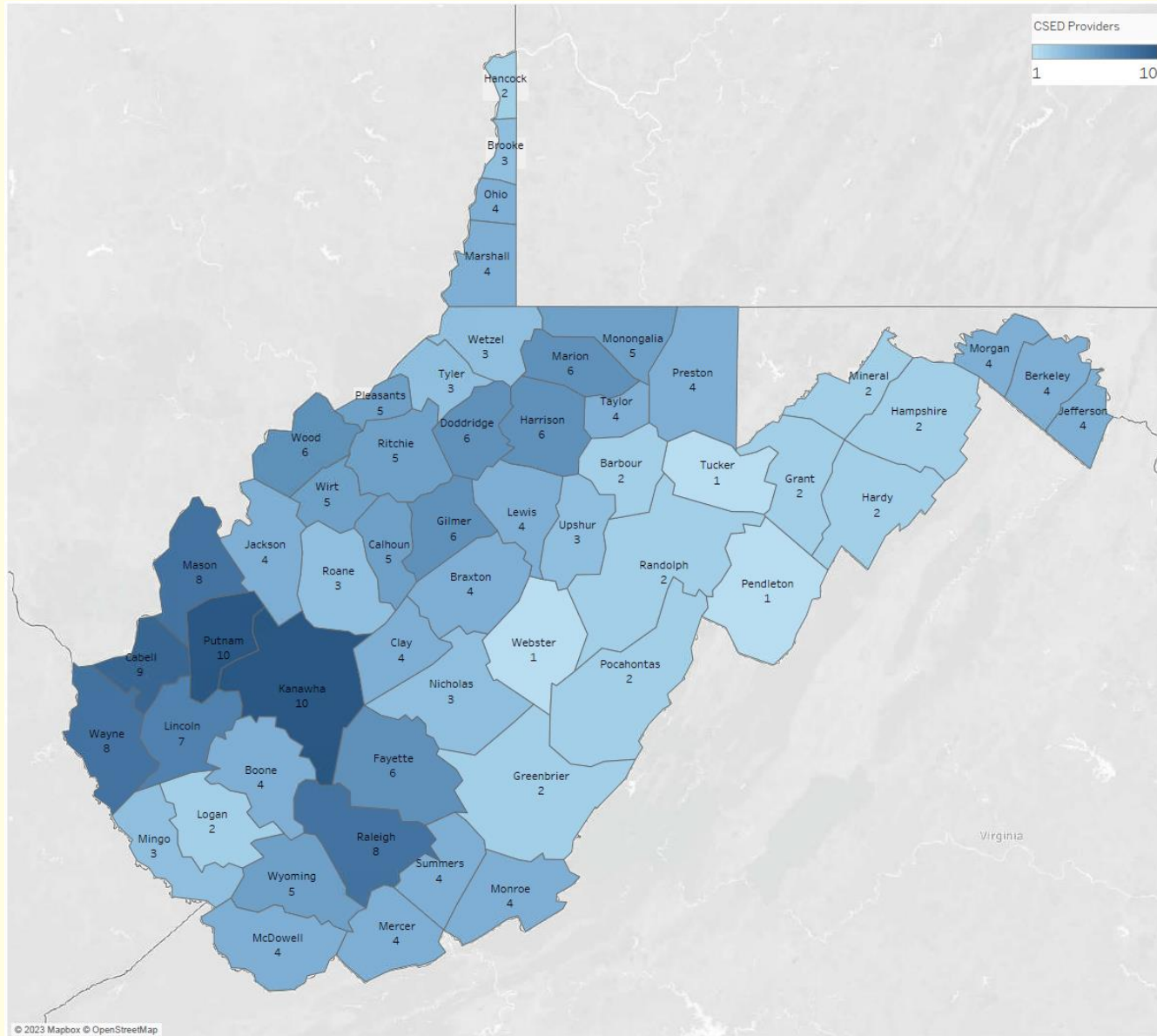


CSEDW Service Utilization

CSEDW Service Utilization for Hourly Services, January 2021 – June 2022 (Excluding Independent Evaluations)

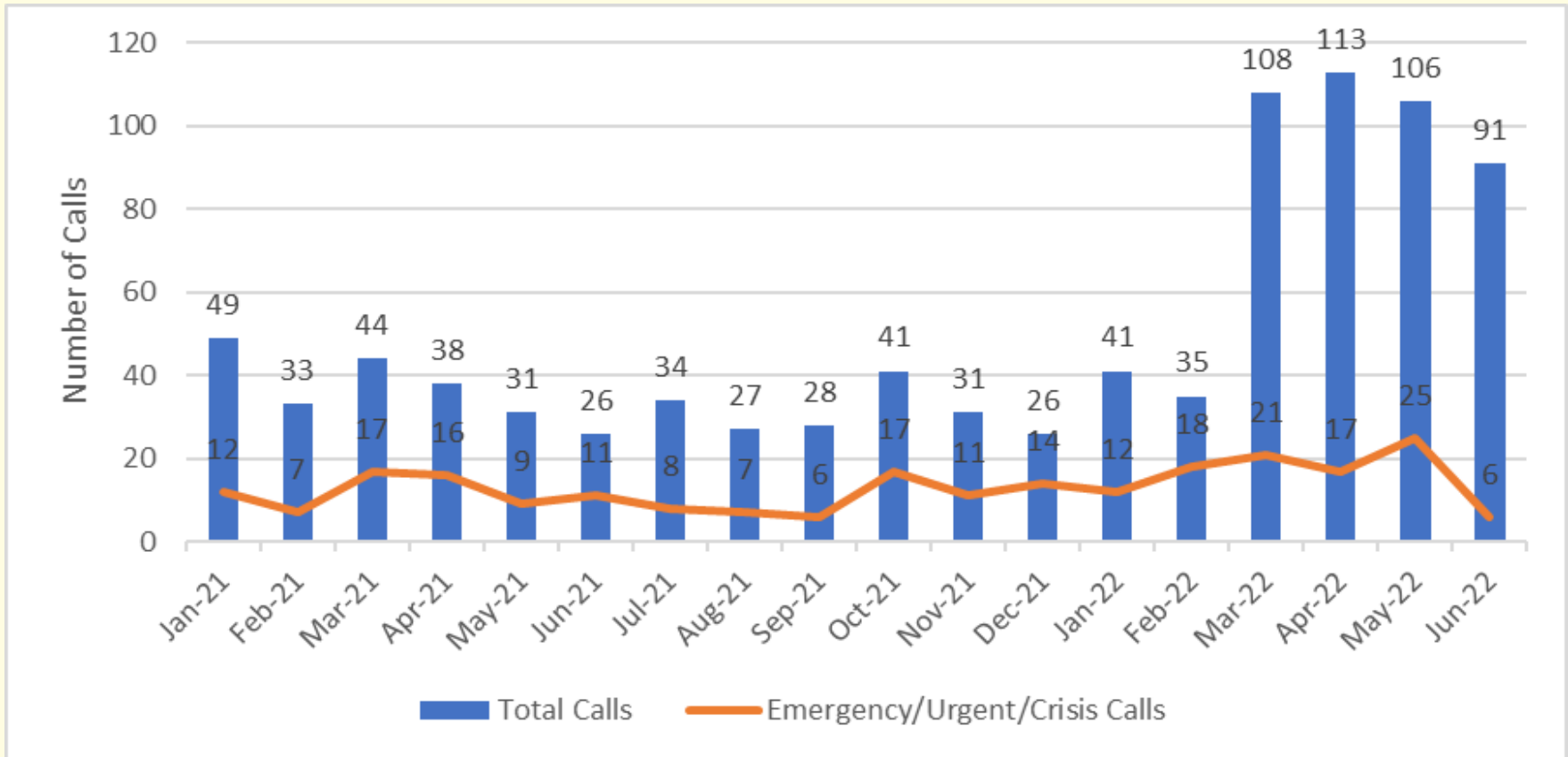


Number of Provider Agencies Offering CSED Services by County



CCRL Calls

CCRL Calls by Type of Acuity by Month, January 2021 – June 2022



Children’s Crisis and Referral Line (CCRL):

- There were more calls in the first half of 2022 (494) than in all of 2021 (408).
- The number of emergency/crisis/urgent calls have increased only slightly over the last 18 months, while total calls have increased significantly since March 2022.

Children’s Mobile Crisis Response and Stabilization (CMCR):

- Preliminary reporting indicated over 600 youth were served from January – June 2022.

Highlight of Topics Covered: RMHTF

Residential Mental Health Treatment Facility (RMHTF) Services:

- Goal by December 31, 2022: 822
- Preliminary census as of December 31, 2022: 781
- Sustained decreases have been observed in the number of children in out-of-state placements, with 249 individuals in out-of-state placement as of October 1, 2022, compared to 267 individuals as of October 1, 2021.

January 2023 Report Key Priorities and Next Steps

Priority Item	Next Steps
<p>Coordination across DHHR's Bureau for Public Health (BPH) and MCOs to help ensure EPSDT with mental health screens are conducted annually with Medicaid-eligible children. Finding: An estimated 38.5% of youth received an EPSDT with mental health screening in 2021.</p>	<ul style="list-style-type: none"> • Improve EPSDT screening rates to meet goal of 52%. • Coordination across DHHR's BPH and MCOs to help ensure EPSDT with mental health screens are conducted annually with Medicaid-eligible children. • Coordination with DHHR's Bureau for Medical Services (BMS) to enhance accountability and reporting of MCO outreach efforts to improve screening rates.
<p>Marketing activities have been successful in expanding referrals and service utilization across the state.</p>	<p>DHHR will shift to a county-level focus in 2023 to prioritize outreach to counties with lower rates of referrals to services, low use of CCRL/CMCRS, and higher rates of placements in RMHTFs. Additional impacting factors by service type will also be considered in the analysis planned for early 2023 to assess county-level prioritization.</p>
<p>Wraparound Fidelity Report findings included need for further alignment with NWI standards.</p>	<ul style="list-style-type: none"> • Standardize training and policies for Wraparound Facilitation to support fidelity to NWI standards (Wraparound Fidelity CQI Team). • The Wraparound PIP team was established in Jan. 2023 as part of the recommendation of the Office of QA and the Wraparound Fidelity Report with the purpose of addressing findings from the baseline fidelity report.
<p>CSED Waiver and Wraparound Facilitation (WF) services forecasting and provider network expansion in partnership with the MCO and providers. Finding: The number of children on the waitlist for CSED services for WF is 21 and 156 on the interim WF waitlist as of April 4, 2023.</p>	<ul style="list-style-type: none"> • Collaborate with BMS in assessing key forecasting indicators and related protocol to inform information sharing and use with the MCO and providers to inform capacity expansion. • Collect and understand FTE ratios for Wraparound Facilitators. • Continue monitoring and troubleshooting CSED Waitlist. • Continue work to assess and modify current rate structure.

January 2023 Report Key Priorities and Next Steps

Priority Item	Next Steps
<p>Continued efforts around prioritized discharge planning with focus on children with CAFAS/PECFAS less than 90, to include ensuring all children have discharge plans. Finding: As of December 31, 2022, 71% of children with CAFAS/PECFAS score <90 have discharge plan in place.</p>	<ul style="list-style-type: none"> • Continue, in coordination with the MCO, review of provider-specific results to address discharge planning needs. • Drive towards 100% of youth having a discharge plan in place. • Expand efforts to youth in out of state settings.
<p>Assessing and building foster and kinship care capacity to meet forecasted needs. Finding: 154 out of 494 (31%) newly certified homes statewide were willing to accept youth aged 13 and older. As of November 2022, 83% of children with a CAFAS/PECFAS less than 90 and with a discharge barrier related to no family to discharge to were ages 13 or older.</p>	<ul style="list-style-type: none"> • Using data and collaborative review to help with kinship and foster care home recruitment and retention to meet the needs of children ready for discharge from RMHTF or emergency shelters. • Will review current needs as well as longer term needs.
<p>Full implementation of the QIA process to help ensure children are assessed for appropriate levels of care and intervention.</p>	<ul style="list-style-type: none"> • Review of data at least monthly to identify strengths and gaps in rollout approach. • Will include review of individuals admitted without a QI assessment for follow-up and referral to process. • Rollout to youth remaining in RMHTF without assessment will be assessed in Summer 2023.
<p>Continued development of new models of care to support children with specialized needs, such as significant physical aggression, moderate to severe self-harm, ASD, and intellectual and developmental disability/borderline intellectual and developmental disabilities.</p>	<ul style="list-style-type: none"> • Bringing Our Children Home report expected in Feb. 2023 to include recommendations from CASEY Family Programs. • Additional supporting efforts include: Crisis Care Center development, QI Assessment process, and expansion of discharge planning to youth in out-of-state placements.
<p>Enhanced data quality, reporting, and need for cross-systems analysis.</p>	<ul style="list-style-type: none"> • Continued enhancement of quality infrastructure and processes within DHHR. • Expansion of the data store to allow synthesis of data across sources and systems. • Feedback for staff and partners. • Expand analysis around early-intervention opportunities.

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