



West Virginia  
**Kids Thrive**  
Collaborative

# Quarterly Meeting

April 13, 2023  
11:00 a.m. – 1:00 p.m.

# Agenda

1. Legislative Update
2. West Virginia Department of Health and Human Resources (DHHR) Semiannual Quality and Outcomes Report – January 2023
3. Children with Serious Emotional Disorder (CSED) Waiver Update
4. Bringing Our Children Home
5. Qualified Independent Assessment (QIA) Process Update
6. Discharge Planning Update
7. 30-Day Reauthorization Process Update
8. Transitioning Youth from Residential Mental Health Treatment Facilities (RMHTFs) update
9. Reducing the Reliance on Residential (R3) Stakeholder Subgroups Update
10. Updates from the U.S. Department of Justice (DOJ) and Subject Matter Expert (SME)



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# Legislative Update

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# DHHR Semiannual Quality and Outcomes Report

Published January 2023

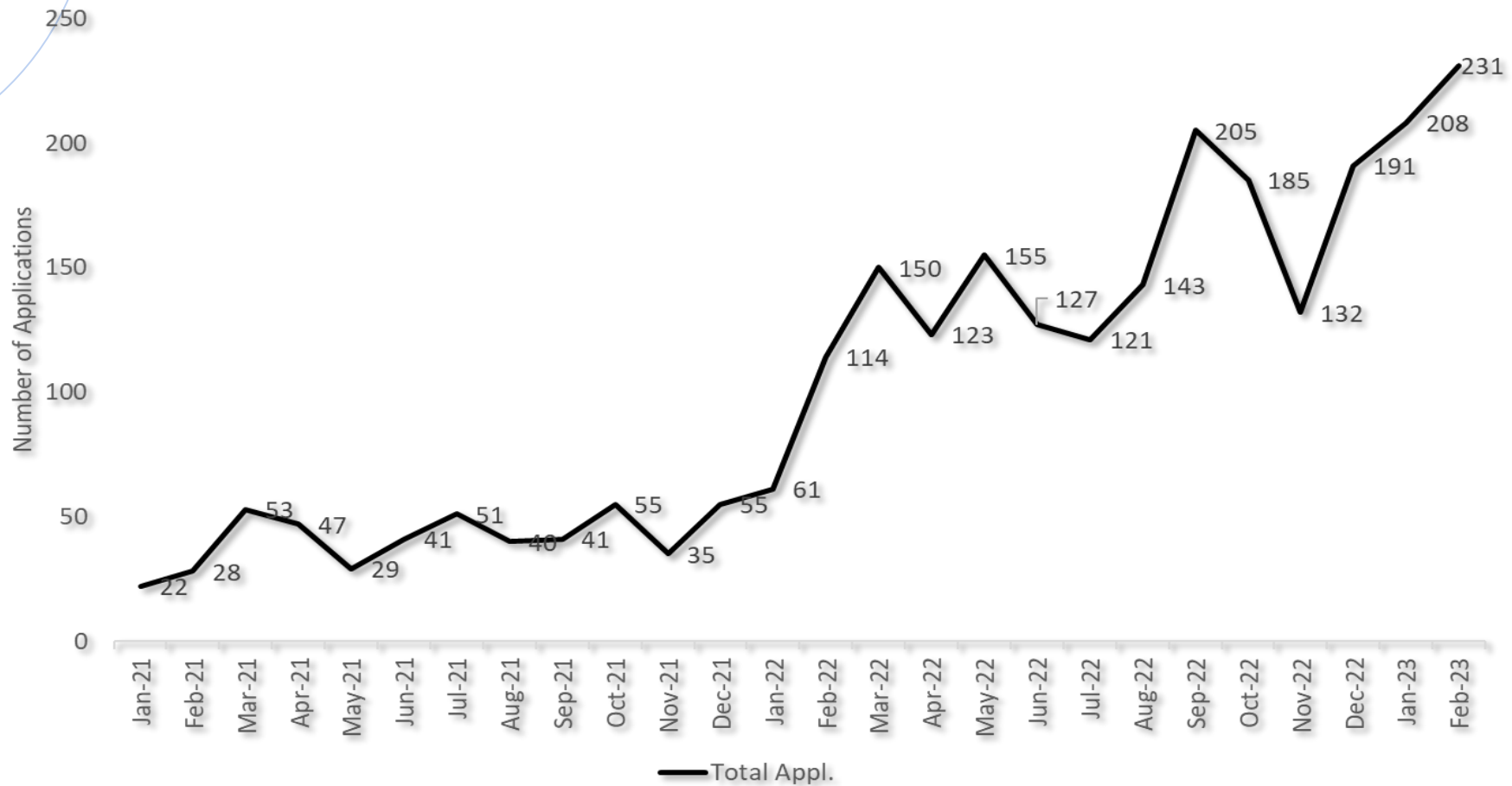
# 3. CSED Waiver Update

- Provider enrollment continues to be a focus
  - Increase from 12 to 19 Wraparound Facilitation agencies
  - Another 10 agencies are in the provider enrollment process
- Applications and the number of youth accessing services have continually increased

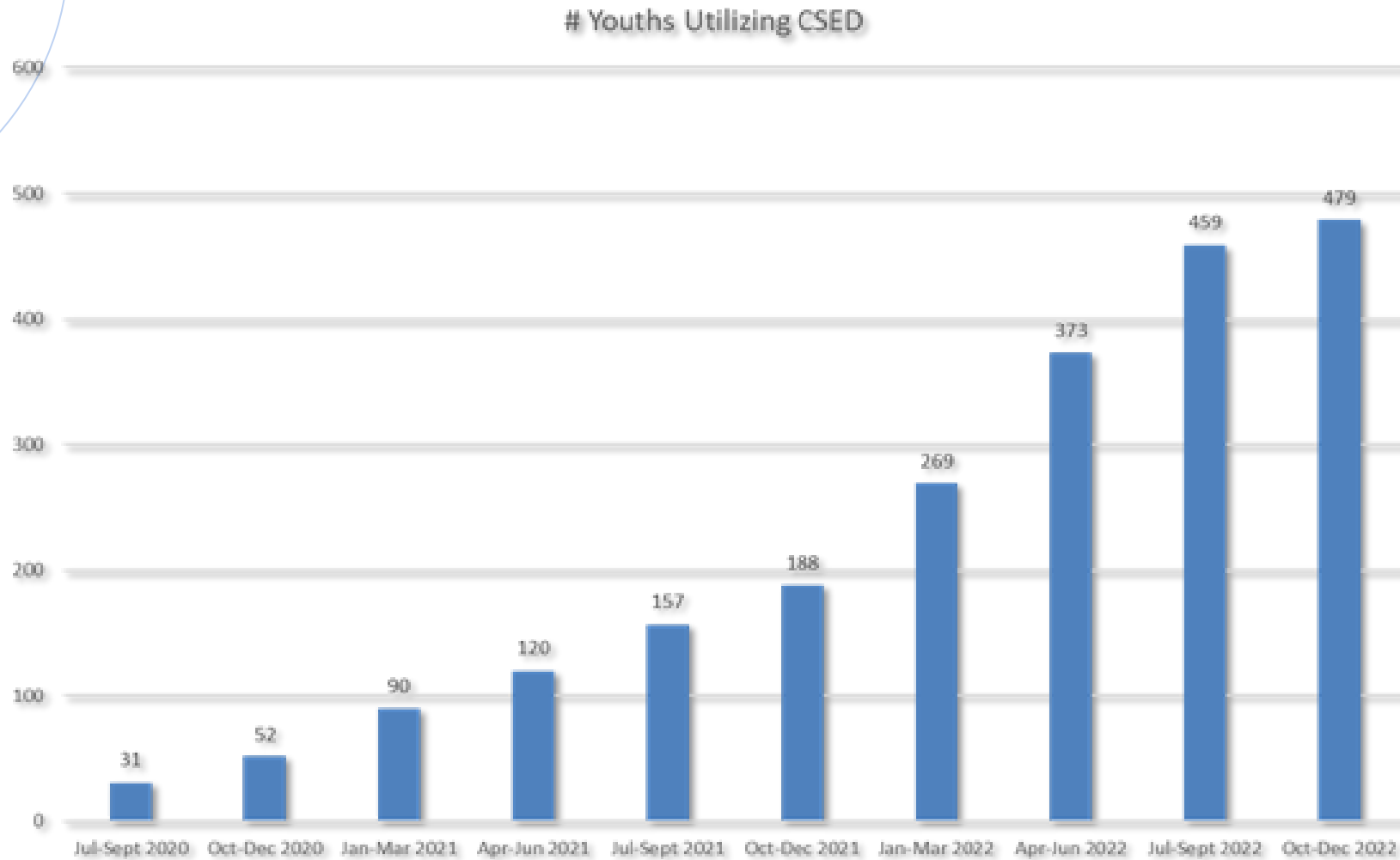


# CSED Waiver Applications

January 2021 – February 2023



# CSED Waiver Utilization



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# Bringing Our Children Home



# Report Highlights

- DHHR's Bureau for Social Services (BSS) engaged with Casey Family Programs to develop a plan that included meeting with partner agencies in other states that had accomplished similar goals and to learn from their successes and shortcomings.
- Through this process, we learned that we need to be realistic but aggressive, all the while working under a "Do No Harm" philosophy
- Our intent is to reduce the number of out-of-state placed children to 210 by December 31, 2023, and to 150 by December 31, 2024



# Steps to Get to Where We are Going

## **Marshall University, in coordination with Aetna, will:**

- Complete a Child and Adolescent Needs and Strengths (CANS) assessment and Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS) on every child
- Marshall started this process in February 2023 and is currently completing CANS assessments
- Develop and implement a viable discharge plan with out-of-state providers
- Complete any needed follow-up to allow the individual to overcome discharge barriers, including referrals to services, family finding, and diligent search activities



# 5. QIA Process Update

- The QIA process has continued to expand statewide for BSS-involved children.
  - Training and implementation were completed among 46 counties as of March 22, 2023
  - Statewide implementation for BSS-involved children is scheduled to be completed in May 2023
  - All children placed in an RMHTF to have the QIA by December 31, 2024
- Next Steps
  - Formalize the process for the recommendation report dissemination
  - Develop enhanced data collection, analysis and reporting
  - Refer children who were recently placed and not previously assessed through the QIA process



# 6. Discharge Planning Update

- **As of January 31, 2023, 76% of children with CAFAS/PECFAS score less than 90 have a discharge plan in place, up from 48% in September 2022.**
- **Work continues with Aetna to help ensure every child has a discharge plan, including the following:**
  - Meeting with residential providers to clarify expectations
  - Training focused on the quality of discharge plans
  - Monthly reauthorization process, including care manager follow-up with providers and escalation to leadership
  - Routine reporting to include reporting by provider and relevant discharge barriers
- **Current Statistics**
  - 199 children with CAFAS/PECFAS score less than 90 in placement as of January 21, 2023
  - 75.2% ages 13-17 and 13.1% ages 18-21
- **Next Steps**
  - Coordinate with Aetna, the Managed Care Organization (MCO), to begin formal periodic quality reviews of discharge plans
  - Continue with enhanced reviews and targeted action for youth with additional needs and who are ready or near ready for discharge, using data-informed strategies including specific focus and data review processes for youth in need of foster or kinship home



# 7. 30-Day Reauthorization Process Update

- **30-day reauthorization process continues**
  - Re-education has occurred as needed for BSS staff, Aetna case managers, providers, and new staff or when issues have arisen
- **Monthly meeting established among Aetna, providers, workers, and providers to finalize discharge plans**
  - Topics such as resources, medications, and appointments should be discussed. In addition, it should be noted if any new issues arise that are preventing discharge from occurring.
- **Next steps**
  - Aetna is developing a build-out of the CAFAS report and adding it to their QuickBase system



# 8. Transitioning Youth from Residential Mental Health Treatment Facilities (RHMTFs)

- **Primary discharge barriers:**
  - Appropriate and viable discharge plan is not in place (17.3%)
  - Child in need of foster or kinship home; none available currently (12%)
  - Parent/family not ready to have child return home but is making progress toward that goal (10%)
- **Foster care home capacity monitoring:**
  - On average, from July 2022 – March 2023, 102 of 301 (34%) newly certified foster homes statewide reported willingness to accept youth ages 13 and older
  - As of January 2023, 75% of children with a CAFAS/PECFAS score less than 90, with a discharge barrier related to no family to discharge to were ages 13 or older
  - Placement of children in kinship homes a strength in the State's system of care
    - West Virginia leads the nation in kinship placements. As of December 2022, 57% of youth placed in-state were in kinship homes
- **Focused recruitment of foster homes and family finding:**
  - Focused foster care recruiting
  - Work with child placing agencies (CPAs) on recruitment and retention efforts, as well as gain a more detailed understanding of home closures
  - Additional data analysis and review to determine districts with greatest need



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# R3 Stakeholder Subgroups Updates

# Subgroups Update

- **Prudent Parenting**
  - Prudent Foster Parent Standard looks different in different settings. Training to be updated to reflect that, and to trust that providers are doing the right thing
  - Drafting a Prudent Foster Parent Standard desk guide to use for training and support
  - DHHR to update the Prudent Foster Parent Standard video and training to be more concise
- **Family Connections**
  - Developed a child contact sheet that has approved contacts and no contacts
    - Approved contacts will also provide information on any known restrictions
    - No contacts will include specific reason not allowed
    - Allows providers to assist with family finding without getting approval from DHHR by following Prudent Foster Parent Standard guidelines and information on contact list
  - Developing a child contact desk guide to support the child contact sheet and family finding efforts





# Subgroups Update

- **Culture of Safety**
  - Children often in crisis or struggling with new placement and often not possible to apply current Prudent Foster Parent Standard guidance until stabilization has occurred
  - Providers need to be given authority to make Prudent Foster Parent Standard decisions as it relates to each child's specific needs at a point in time
  - Recommend proposing policy change for next legislative session
    - Varied levels of supervision (line of sight, arm's length, eyes on, etc.) while working to ensure safety
- **High Acuity**
  - Reviewed documentation and information on the following models of care:
    - ASCEND – Pressley Ridge
    - Specialized Delinquency Model (Iowa)
  - Completed Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of current, proposed, and reviewed models of care
  - Continue to develop service model for children with high level needs



# Subgroups Update

## Multidisciplinary Team (MDT)

- Provided feedback on the MDT desk guide updates including, but not limited to:
  - Encouraging courts to schedule MDT meetings while all parties are present at hearings
  - Helping to ensure that screenings and assessments are sent to MDT members in a timely manner
  - Helping to ensure family participation in meetings
  - Removing sections or language that was duplicative
- Suggest to develop a broad-based external MDT training that can be provided to the following groups:
  - Courts
  - Providers
  - Foster and kinship groups
  - Child Placing Agencies
  - Social workers association



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# Updates from the DOJ and SME



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**Thank you!**

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