

July 2024 Quality and Outcomes Report



West Virginia
KidsThrive
Collaborative

When kids and families thrive,
West Virginia thrives.



WEST VIRGINIA DEPARTMENT OF

**HUMAN
SERVICES**

Continuous Quality Improvement (CQI)



The July 2024 Quality and Outcomes Report demonstrates DoHS's commitment to:

- Sustain a comprehensive CQI approach
- Leverage cross-systems analyses to improve outcomes
- Improve home and community-based services system
- Help to ensure residential intervention is the most appropriate service when needed

This detailed report and previous reports can be found on the Kids Thrive website: [Semi-Annual Reports](#)

Highlights

- Increased mental health needs of children following the pandemic
- Improved HealthCheck screening and assessments
- Early connections to home and community-based services
- More children are using WV Wraparound services compared to residential treatment
- Prioritized discharge planning is in place to address discharge barriers
- Expansion of services for transitional age youth
- Enhancements for the Children with Serious Emotional Disorders (CSED) Waiver for workforce, provider reimbursement and sustainability, quality, and timely access to services
- Launched the “West Virginia Needs You Now” Campaign in March 2024 to improve recruitment efforts for foster homes

Evolving Mental Health Need

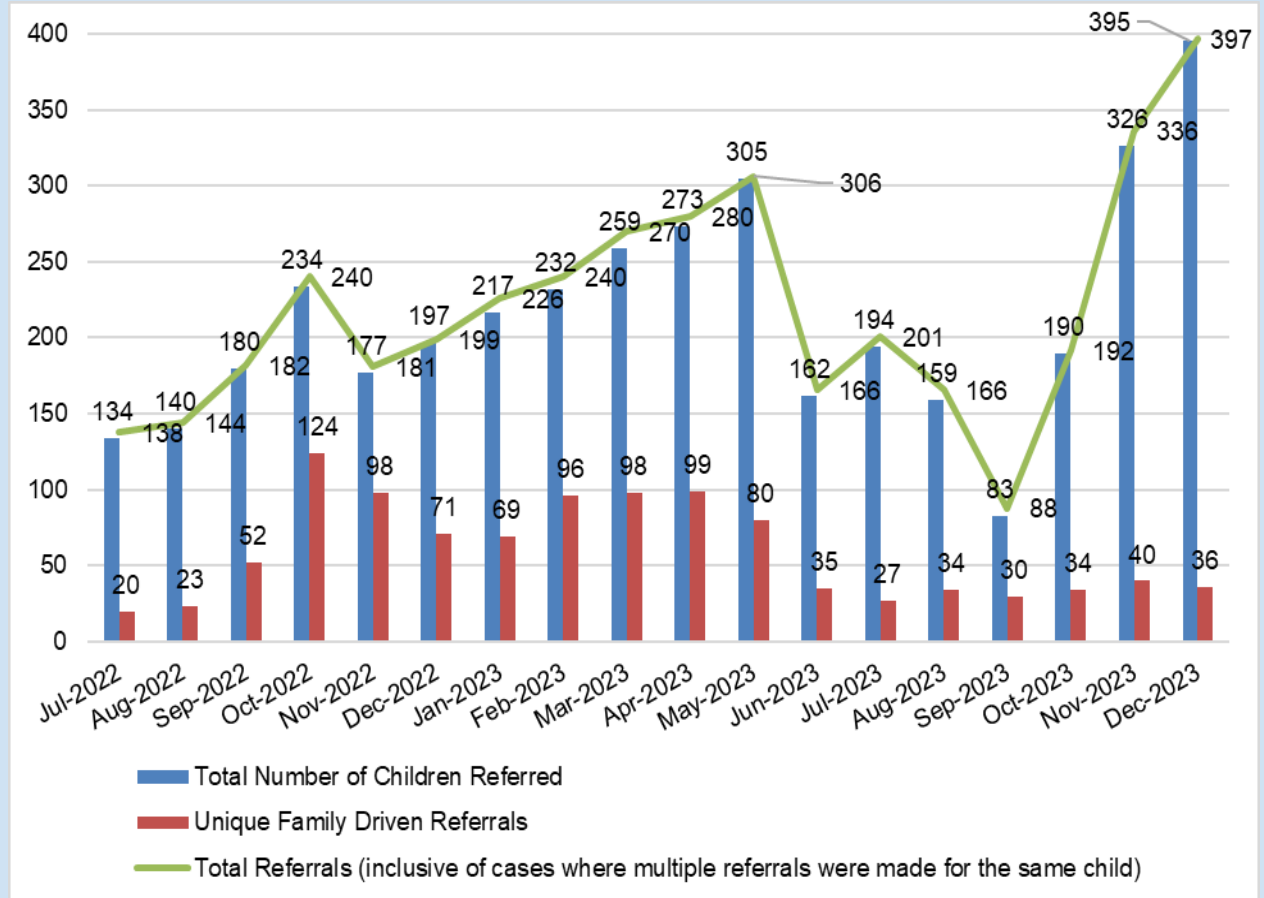
- Mental health visits to the emergency department increased by 37% in first half of 2023 compared to the last half of 2022
- Comparing pre-pandemic to post-pandemic periods, the increase was more gradual at 27%
- Anxiety disorder-related diagnosis appeared to be the biggest driver for the increase in the proportion of mental health visits to the emergency department
- Given the large increase in the percentage of emergency department mental health visits, it might be expected that the need for residential intervention services would increase
 - *The substantial efforts associated with expanded availability of home and community-based services have likely assisted with mitigating similarly sharp increases in residential intervention services*
 - *During this same assessment period, residential intervention saw an increase of only 5.3%*

- 47% of Medicaid-eligible children received a mental health screening as part of their annual HealthCheck
 - This is a 7% increase from March 2021
 - DoHS's goal is to achieve 52%
- Next Steps:
 - Outreach to providers with an emphasis on youth in the key age category of 9 to 17 years old
 - Collaboration with managed care organizations to assess impacts of outreach to families and adjust planning accordingly

Assessment Pathway

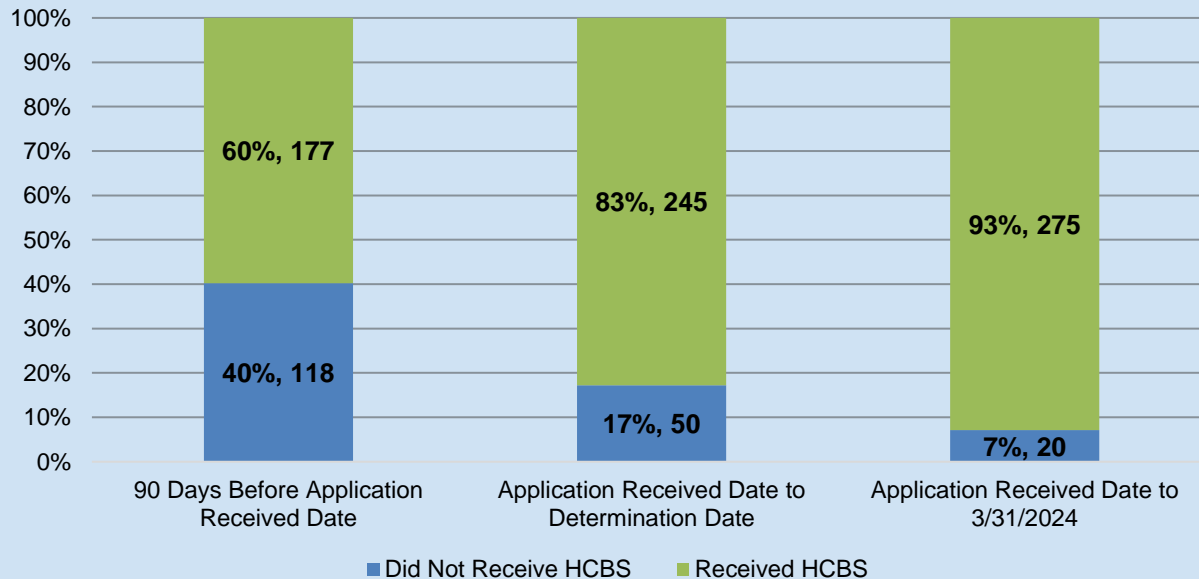
Referrals to the Assessment Pathway had a 99% increase year over year since December 2022

- December 2023 reached an all-time high of 397 referrals
- To drive early intervention, focus will be placed on outreach for family-driven referrals



Connection to Home and Community-Based Services

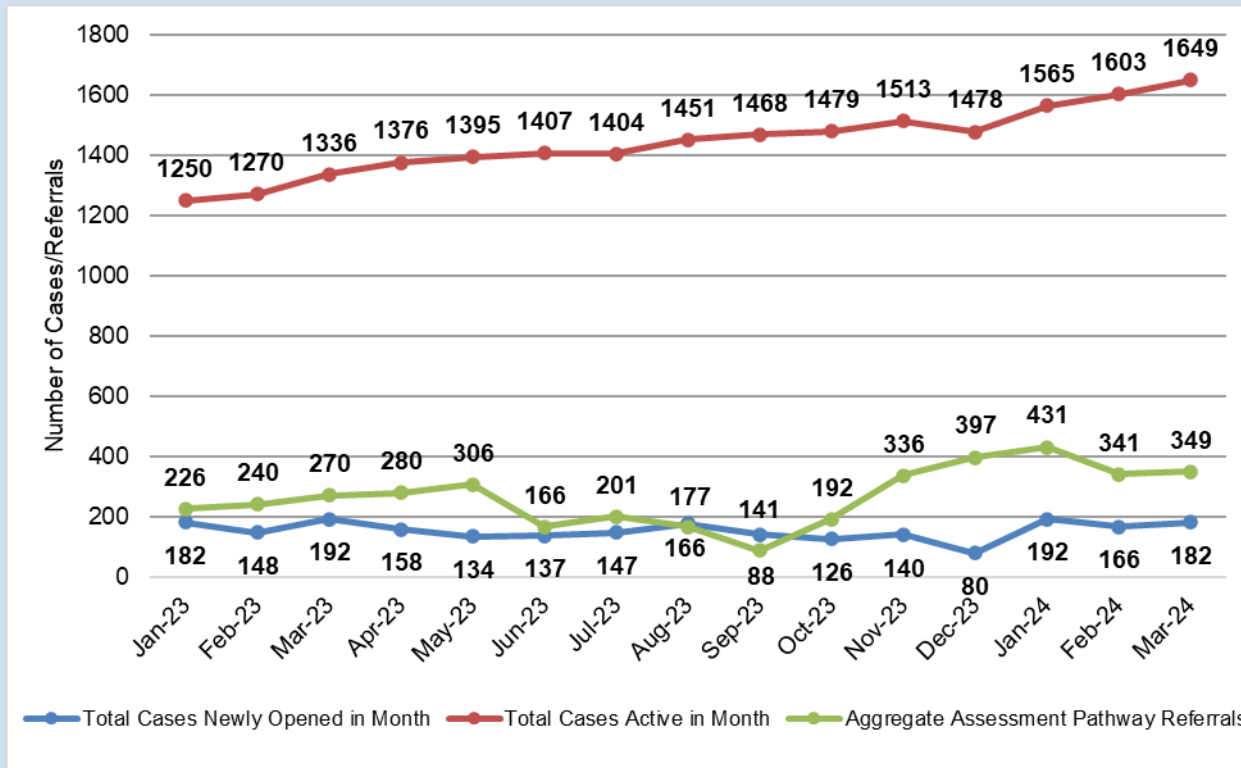
- Positive results demonstrate that the connections made to services and supports for families who access the Assessment Pathway allow children to remain in an appropriate level of intervention
- 93% of children with an approved CSED application received home and community-based services between their application date and March 2024



WV Wraparound

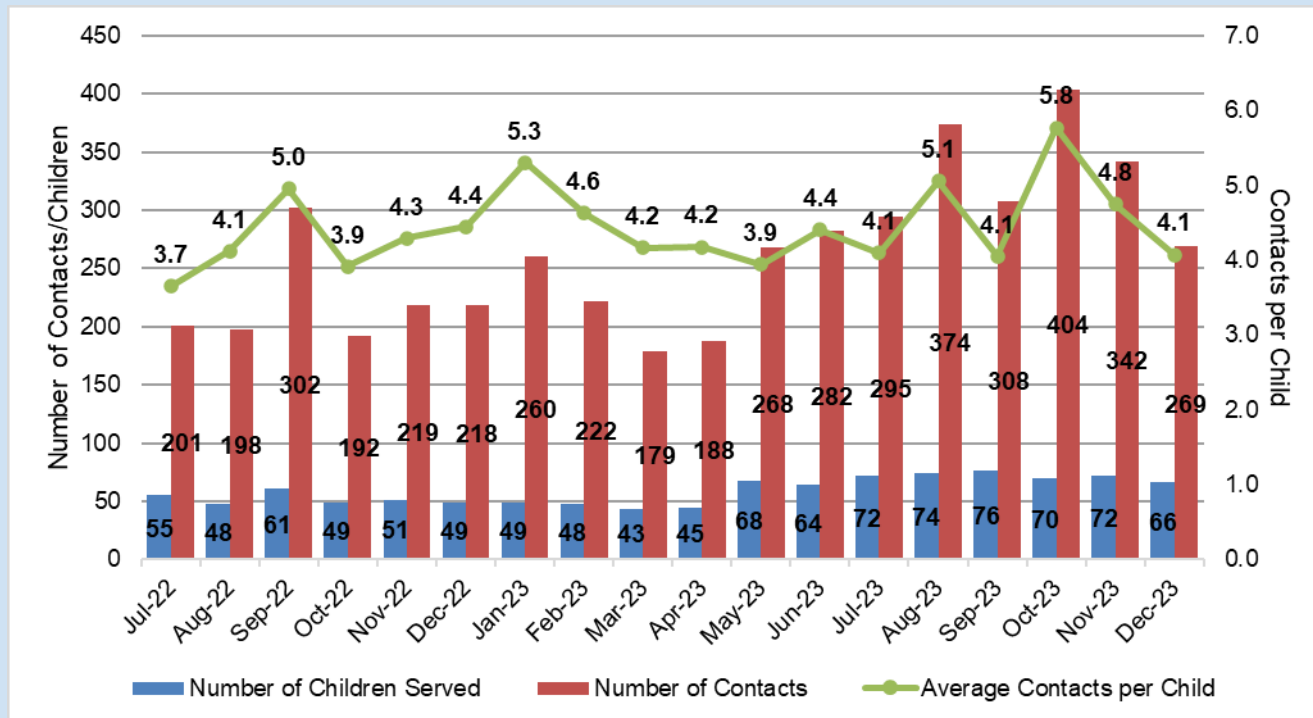
WV Wraparound service utilization is nearly double the service utilization of children receiving residential intervention services

- 1,649 children in WV Wraparound as of December 2023 compared to 851 in residential placement as of January 1, 2024
- The number of children using CSED Waiver services increased 6% in the second half of 2023



Behavior Support Services

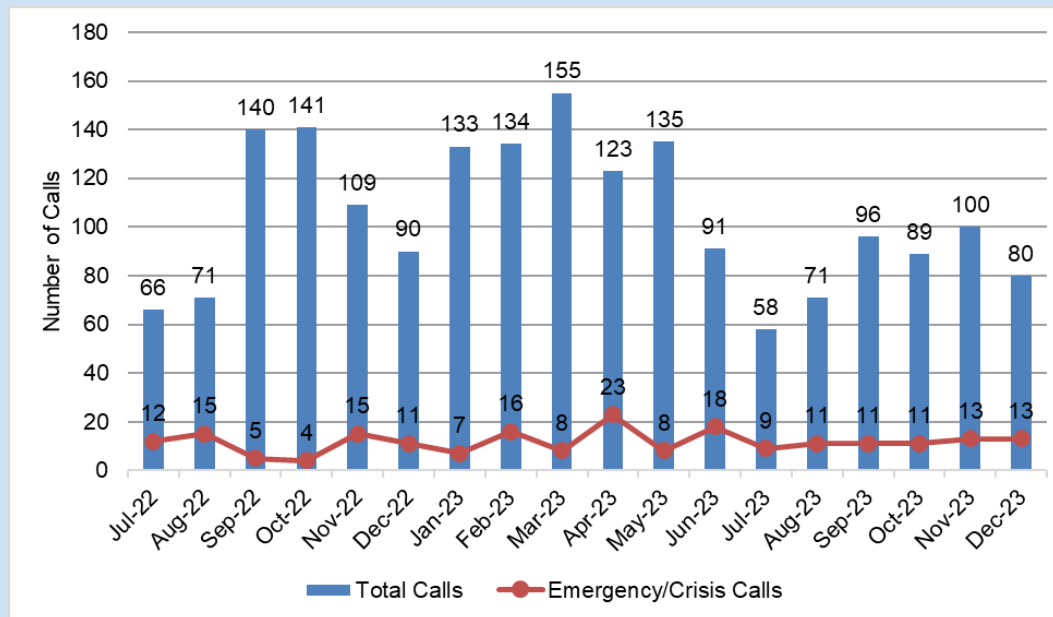
- Positive Behavior Support services were provided to 31% more youth in the second half of 2023 than the first half
- The Behavior Support Services certified provider network is expanding, allowing for an increased number of families to be served statewide
- Bureau for Medical Services plans to implement a modifier code to identify Positive Behavior Support services, which will allow for further data analysis in 2025 across a broader range of providers



Children's Crisis and Referral Line (CCRL)



- The CCRL is available 24 hours per day, seven days per week, with calls answered within 13 seconds, on average
- The Bureau for Medical Services implemented community-based mobile crisis services in February 2023
- With the implementation of the 988 lifeline, calls to the CCRL have decreased 36% in the last half of 2023 compared to the first half
 - The number of crisis calls compared to the overall calls remains low, which could indicate that the line is being used as a referral source

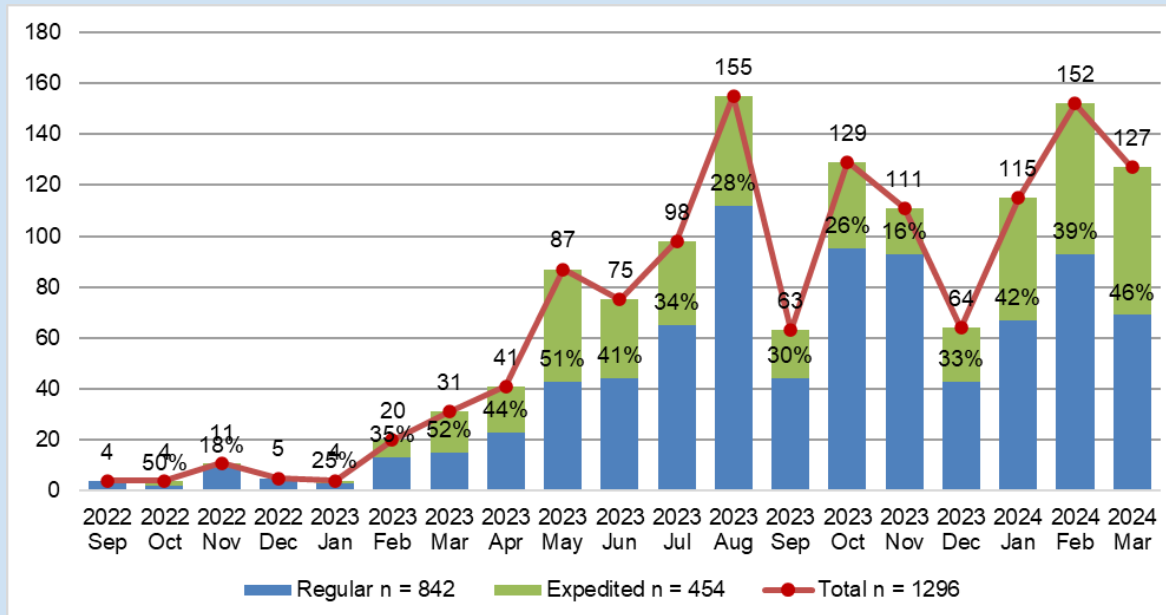


Qualified Independent Assessment (QIA) Process



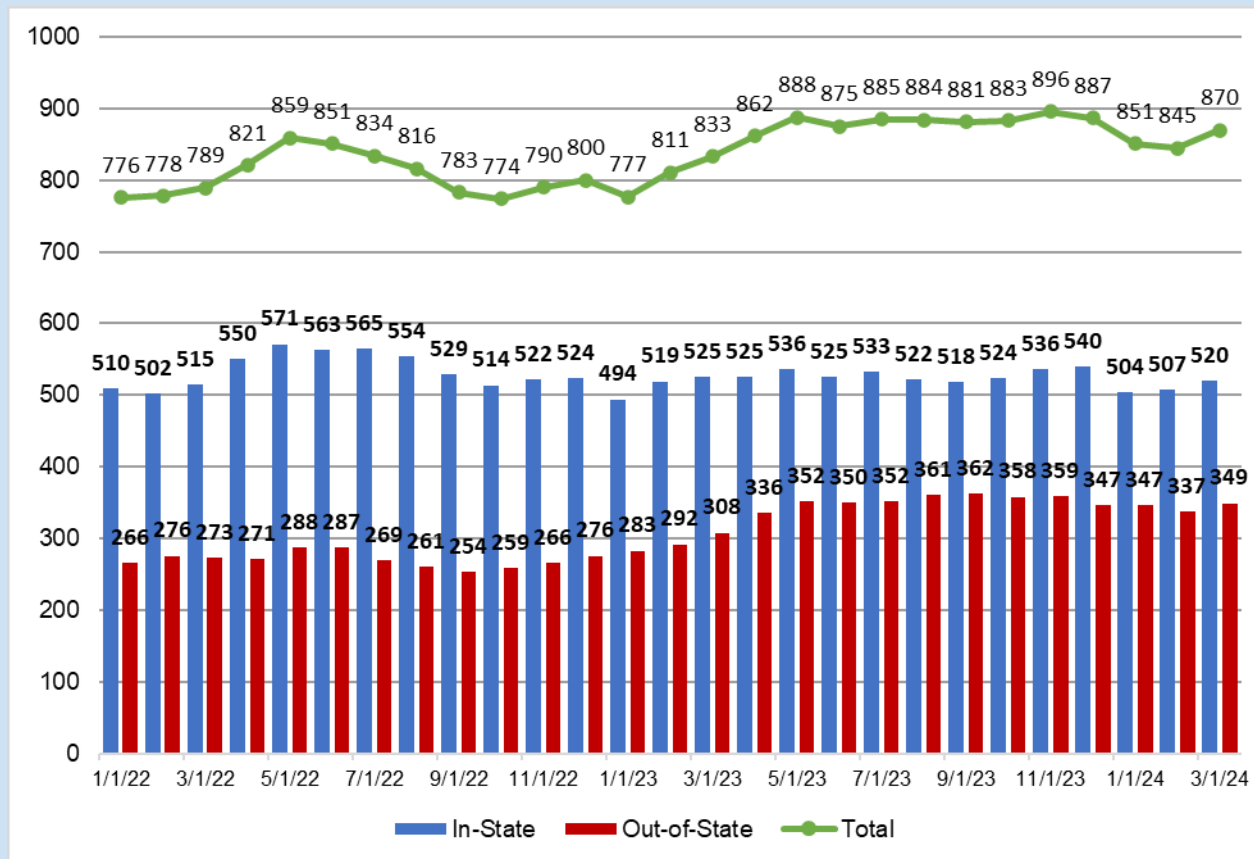
Children at imminent risk of residential placement are referred for a QIA to assess mental health acuity and provide a clinically based recommendation for appropriate level of intervention

- Since implementation in September 2022 nearly 1,300 children have been referred for a QIA
- QIA referrals for March 2024 (127) exceeded April 2024 residential admissions (79)
 - This reflects that efforts to refer and assess children for the appropriate level of care are exceeding placement numbers



Residential Placements

- Comparing year over year, there were 777 children in residential placement settings on January 1, 2023, compared to 851 on January 1, 2024
- The increase is expected, given increase in mental health demand; however, despite the increase in early 2023, the monthly census has stabilized



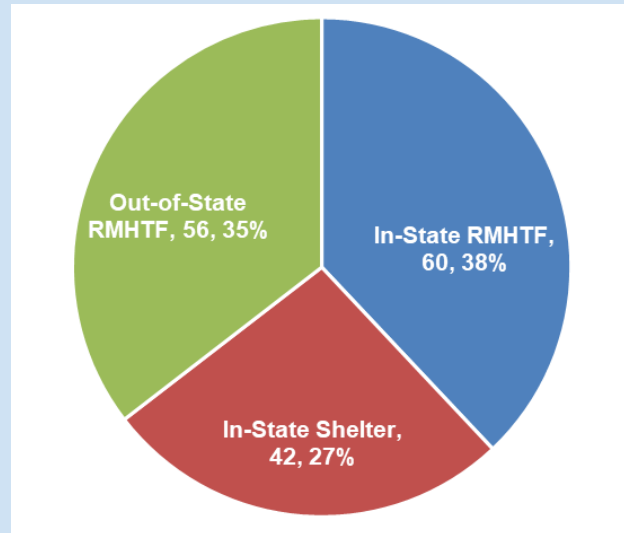
Prioritized Discharge Planning



- 117 children at in-state residential facilities were prioritized for discharge planning in March 2024
 - 79% were ages 13 – 17
 - 42% had no discharge barriers and actively working toward discharge
 - 19% were ordered to complete the program or school year before discharge
 - 18% needed a community placement option
 - 16% had behaviors impacting their discharge
- Marshall University continues to oversee the out-of-state prioritized discharge planning efforts including, but not limited to, coordination of family engagement, functional assessment, and services post discharge
- Transitional Living for Vulnerable Youth (TLVY) home services to support youth ages 18 – 20 have expanded
 - Initial capacity was 22 youth in September 2023
 - Current capacity as of July 1, 2024, is to serve 49 youth

Community-Based Placement Needs

- WV has a critical need for expansion of foster homes across the State, especially for foster homes willing to accept teenagers
- As of March 2024, a total of 158 children were in need of community-based placement, indicating a substantial need for additional foster and kinship homes



- DoHS, Aetna, and Mission WV are collaborating on foster family recruitment through the “WV Needs You Now” campaign
- Foster home inquiries have doubled to approximately 200 inquiries a month
- While there is clear need for foster families, WV continues to lead the nation in kinship placements with an average of 58% of in-state placements in kinship homes

DoHS has made considerable progress in analyzing data to address the needs and strengths of its children's mental and behavioral health system

DoHS will prioritize efforts believed to have a large impact on a child's ability to be served in the least-restrictive setting as relates to meeting mental health needs:

- Assessing timeliness to home and community-based mental health services
- Understanding key interactions and related outcomes for children with serious emotional disorders
- Continued focus on prioritized discharge planning and expansion of available community-based placement options (i.e., foster homes, kinship homes, non-treatment settings)

Next Steps (Continued)

Prioritized efforts, continued:

- Opportunities for diversion from unnecessary residential placements and potential systems involvement: increasing family-driven referrals to the Assessment Pathway
- Collaboration with and messaging to key stakeholders about unnecessary residential placements and available services and processes in place to offer home and community-based options for youth in need

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