Children's Mental and Behavioral Health Quality and Outcomes Semiannual Report Overview







West Virginia Department of Health and Human Resources (DHHR)

March 30, 2022



Agenda



- 1. Purpose/Background
- 2. Report Development
- 3. Report Format
- 4. Positive Trends
- 5. Areas for Improvement
- 6. Next Steps
- 7. Future Data Queries
- 8. Stakeholder Feedback

Purpose/Background



- Purpose: To capture quality and outcome measures associated with children's mental and behavioral health services:
 - To identify strengths and opportunities for improvement
 - To identify any barriers or issues associated with the new processes and pathways so they can be addressed as implementation continues
 - To use data to drive policy and practice decisions
- Report Frequency: Twice annually in January and July each year
- Initial Report Review Period: First report published in January 2022 capturing data from July 2020 to June 2021, unless otherwise noted
- Background on Initial Report:
 - Early stages of implementation, therefore data is initial and emerging
 - Pandemic impact is recognized
 - Primarily meant to establish baselines

Report Development



Development of Quality and Outcome Measures:

- DHHR program teams identified the Key Performance Indicators and associated data sources for children's mental health pathways, processes, and services
- Developed a Continuous Quality Improvement (CQI) Plan that went into effect in December 2021 with implementation to continue over a period of years
- Initiated data collection and analysis, which continues to evolve

Data Review and Reporting:

- Cross-functional, cross-bureau quality committee reviews occur on a quarterly basis
- Discussion from reviews is used to inform the narrative of each semiannual report

Report Format

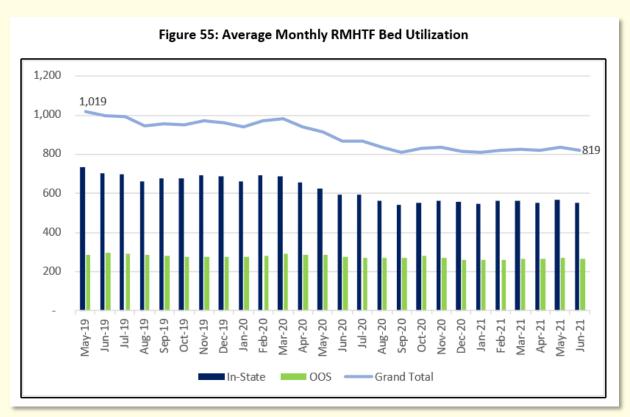


- Organized by service and pathway sections covering the following:
 - Review period, data sources and limitations, and population measured
 - Review summary
 - Provider capacity/statewide coverage
 - Strengths, opportunities, barriers, and recommendations
- **Data** limited for some sections, although efforts continue to expand data availability
- Casts the vision for where DHHR is headed to more fully evaluate quality and outcomes

Positive Trends: RMHTF Census Reductions



- Census as of March 17, 2022 is 788, which is below the December 2022 target (812). Reductions continue based on the educational campaigns underway as the assessment pathway is implemented.
- Focus on discharge planning and tracking underway, in partnership with Aetna.



Positive Trends: Screening



- Per DHHR's medical chart review of a sample of children in calendar year 2020, 80% received an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening during the well child check.
- Of the children screened, 215 (34%) received mental health services within 90 days of the EPSDT screen.

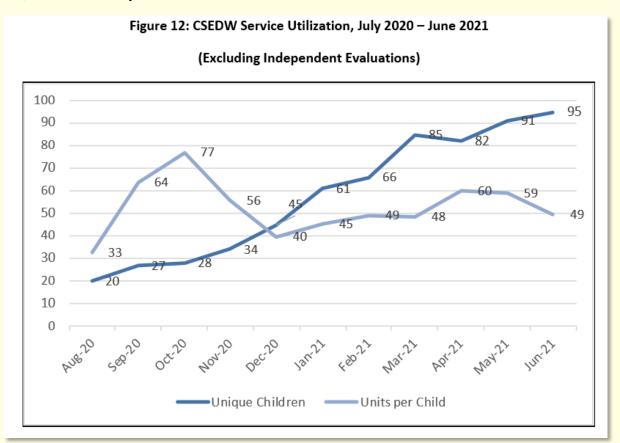
Figure 4: Medical Chart Review Summary

Screened			Not Screened		
	n	%	n	%	n Total
0 – 5 years old	264	70.2%	112	29.8%	376
6 – 8 years old	84	80.8%	20	19.2%	104
9 – 18 years old	271	90.3%	29	9.7%	300
19 – 20 years old	10	90.9%	1	9.1%	11
Total	629	79.5%	162	20.5%	791

Positive Trends: CSED Waiver



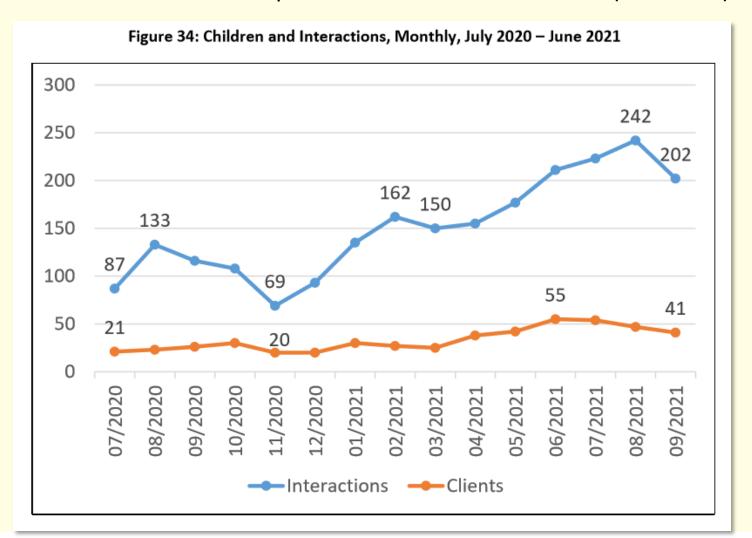
- Continued increase in number of children accessing Children with Serious Emotional Disorder (CSED) Waiver
- Most accessed services being In-Home Family Therapy, In-Home Family Support, and Wraparound Facilitation



Positive Trends: Positive Behavior Support



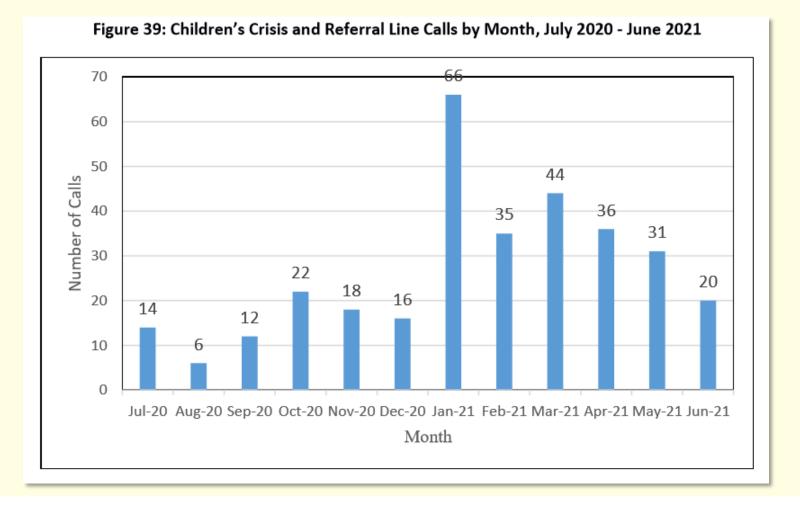
- Number of children served per month doubled (21 to 41)
- Number of child interactions per month more than doubled (87 to 202)



Positive Trends: CCRL



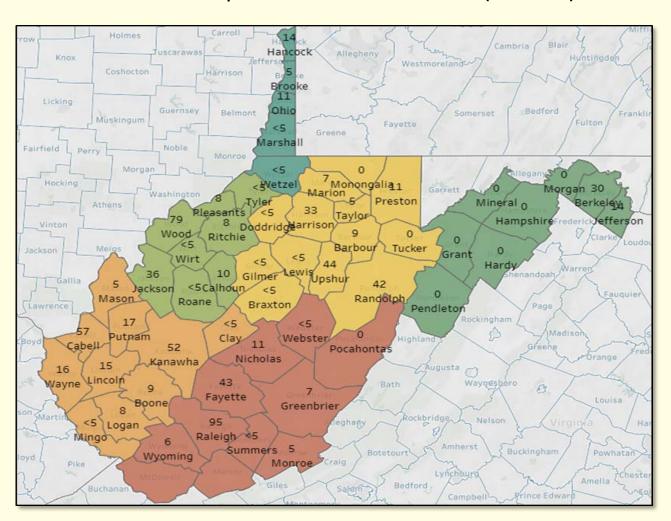
Increase in number of calls to Children's Crisis and Referral Line (CCRL): 88 calls in the first half of the period, and 232 calls in the second half following December 2020 press release



Positive Trends: CMCRS



More than 800 children served by Bureau for Behavioral Health's (BBH's) Children's Mobile Crisis Response and Stabilization (CMCRS)



Areas for Improvement



- Capture data at the child/encounter level to tie data together across systems and service entities
- Continue to partner with relevant vendors to expand data elements needed to more effectively evaluate:
 - CSED Waiver enrollment and services
 - Residential Mental Health Treatment Facility (RMHTF) services
 - Discharge planning
- Capture outcomes data such as Child and Adolescent Needs and Strengths (CANS) results, school performance, and involvement with law enforcement

Next Steps



- West Virginia University (WVU) evaluation of children's home and community based services (HCBS): First report due March 31, 2022
- Marshall University's National Wraparound Initiative (NWI) fidelity review: First report anticipated in Summer 2022
- Continued Continuous Quality Improvement (CQI) process implementation:
 - Expand data collection, establish formalized schedule and process for submission of data to be added to the staging database out of which reports can be issued monthly for use in program level quality reviews.
 - Quarterly cross-functional, cross-bureau quality committee reviews:
 Next round of reviews anticipated for May 2022
 - Publish next semiannual report in July 2022

Future Data Queries



- Evaluation of services children receive:
 - Prior to entering residential services
 - Upon exiting residential services
- Elements driving residential placements such as court orders counter to recommendations of treatment team, lack of family home, failed foster placements, etc.
- Evaluation of trends/patterns by:
 - County
 - Delivery system
 - o Provider

Stakeholder Feedback



- DHHR seeks your feedback on the following:
 - O Who are the relevant audiences that might be interested in data and information from the semiannual report?
 - O How can we best communicate the information to these audiences?
 - What other data or information may be helpful to child serving entities or other stakeholders to better inform and improve services?
- Email your feedback to: childwelfare@wv.gov.