

West Virginia Department of Health and Human Resources

# Pathway to Children's Mental Health Services

Bureau for Social Services

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## SECTION 1 - INTRODUCTION

West Virginia is committed to improving the state’s mental health system to ensure that children can receive mental health services in their homes and communities. The Pathway to Children’s Mental Health Services is designed to improve access to, and the quality of in-home and community-based services for children with serious emotional disorders and serious mental illness. Utilizing the Pathway to Children’s Mental Health Services supports this commitment and includes screening children involved with child welfare services for mental health needs. The Pathway to Children’s Mental Health Services is intended to maximize in-home and community-based services and facilitate the appropriate transition of children in residential facilities to a less restrictive placement. It safeguards children in residential mental health treatment facilities from experiencing unnecessary lengths of stays while promoting the most appropriate levels of treatment.

## SECTION 2 - DEFINITIONS

<b>Term</b>	<b>Definition</b>
<b>Aetna</b>	Aetna is the Managed Care Organization for most West Virginia foster children with the exception of children on the IDD Waiver. Through the Mountain Health Promise Contract, Aetna manages all children in foster care, including finalized adoptions and legal guardianship children.
<b>Child and Adolescent Needs and Strengths (CANS) Assessment</b>	The CANS provides a structured assessment of children’s needs and strengths along a set of dimensions relevant to service planning and decision-making.
<b>Child and Adolescent Functional Assessment Scale (CAFAS)</b>	The CAFAS is an assessment used to assess a child’s day to day functioning across critical life subscales and for determining whether a child’s functioning improves over time. It is commonly used to assess children ages five to 19.
<b>Case Plans</b>	The case plan is a comprehensive document which directs the provision of all casework services including the services provided to the child and family.
<b>Children with Serious Emotional Disorders (CSED) Waiver</b>	The CSED Waiver is for children with a serious emotional disorder who are age three to 21 and who currently have or any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the diagnostic DSM that is current at date of evaluation and results in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, and/or community activities.
<b>Family Advocacy Support Tool (FAST)</b>	An assessment tool used to understand the complex needs of families and to identify safety threats. This assessment will be completed by the child welfare worker assigned to the Youth Service’s case.

<b>Term</b>	<b>Definition</b>
<b>Kepro</b>	West Virginia's Administrative Services Organization (ASO) who provides comprehensive healthcare management services for the West Virginia Department of Health and Human Resources (DHHR).
<b>Managed Care Coordinator</b>	A managed care coordinator is assigned through Aetna, the managed care organization, to assist with the development, review, and execution of service plans by working with the wraparound facilitator to help identify service providers, natural supports, and other community resources to meet the child's needs.
<b>Managed Care Organization</b>	A health care company, often called a "health plan," that is comprised of a group of doctors, hospitals, and health care providers that work together to meet a person's health care needs.
<b>Ongoing Assessment</b>	A structured, interactive process that is intended to build partnerships with caregivers to identify and seek agreement regarding what must change related to child safety. This allows for the meaningful development of family case plans that will effectively address caregiver protective factors and meet child needs. This Assessment will be completed by the child welfare worker assigned to the Child Protective Service's case.
<b>Preschool and Early Childhood Functional Assessment Scale (PECFAS)</b>	An assessment of the child's day to day functioning across critical life domains and determines whether a child's functioning improves over time. It can be used for children as young as three, through children in full-time kindergarten but can be used for children up to age seven depending on their developmental level.
<b>Residential Mental Health Treatment Facility (RMHTF)</b>	Facilities licensed to provide psychiatric and/or behavioral health care on an acute or long-term basis for children.
<b>Safe at Home</b>	The Bureau of Social Service's primary diversion tool for non-CSED and non-DOJ population children. It is extensive services used in CPS and Youth Service cases for children at risk of removal or ready to return to their family and home community; children transitioning from out of state residential placements; and children transitioning from in state residential placements when returning to their family and home community.
<b>Wraparound Facilitator</b>	The wraparound facilitator is the leader of the Child and Family Team and is responsible for coordinating provision of services, who have knowledge of in-home and community-based services and experience serving children with serious emotional behavioral disorders or disturbances.

<b>Term</b>	<b>Definition</b>
<b>Wraparound Services</b>	Wraparound is a process of working with children with serious mental health diagnoses and their families. During the wraparound process, community based services and supports “wrap around” a child and their family in their home, school, and community in an effort to help meet their needs.

## **SECTION 3 - SCREENING FOR MENTAL HEALTH NEEDS**

### **3.1 Service Population**

When children and families become involved with child welfare, through CPS or Youth Services, it is imperative to screen **every child** in the home for mental health needs. This can be done during the Initial Assessment, Ongoing Assessment, or the FAST. This includes:

1. All children in the home and the child involved in an open Youth Services case due to a juvenile delinquency charge, status offense charge, or at the request of the caregiver.
2. Children, at any point during a CPS Initial Assessment, who have an identified mental health need once the child welfare worker provides information about CSED waiver application.
3. Children in CPS cases opened for Impending Safety Threats.
4. Children who a caregiver requests placement for in a residential mental health treatment facility, except in situations when a child is an immediate danger to themselves or others.
5. Children who are placed directly into residential settings without an assessment.

### **3.2 Children’s Crisis and Referral Line and Mobile Mental Health Crisis**

When child welfare workers have contact with families involved with CPS or Youth Services and a child is having a mental health crisis, the child welfare worker must assist the family by providing information for the [Children’s Crisis and Referral Line](#), if that service is available in the family’s area.

The Children’s Crisis and Referral Line connects families and children with crisis and non-emergency behavioral health services in their communities. In crisis situations, the line links families with regional Mobile Crisis Response and Stabilization Teams who can help de-escalate the behavioral health crisis by phone or respond in person in most areas of the state if the family chooses. It aims to help prevent out-of-home placements and emergency room visits due to mental health concerns. Families and children can call, text, or chat with the Children’s Crisis and Referral Line 24 hours a day, 7 days a week, at 844HELP4WV or 844-435-7498.

## **SECTION 4 – CHILD WELFARE ASSESSMENTS TO IDENTIFY NEEDS**

### **4.1 Identifying Mental Health Needs**

When children and families are involved with child welfare, an Initial Assessment, Ongoing Assessment or FAST will be completed. If the child welfare worker identifies that a child has a mental health need through Initial or Ongoing Assessment, or the child scores between a 2 and 3 in the Youth’s Mental Health section of the FAST, or the child is receiving mental health

treatment but is still displaying the need for more intensive treatment or the caregiver requests additional services, the child welfare worker will discuss the [CSED Waiver application](#) and Pathway to Children's Mental Health Services process with the family.

The child welfare worker will discuss why the application is necessary and the benefits of the Pathway to Children's Mental Health Services process. This provides an opportunity for assessing the appropriate treatment needs of the child by an independent qualified professional. The child welfare worker will:

- Assist the family in completing the CSED Waiver application and submit it to Kepro at [wvcsew@kepro.com](mailto:wvcsew@kepro.com).
- Have the family complete releases of information for Kepro to share evaluations and information with the Department.
- If the Department has placement responsibility and the child screens with a mental health concern, the child welfare worker will complete the CSED Waiver application and process.
- Document the mental health need in the Initial Assessment, Ongoing Assessment, or FAST as well as document in their contacts that an application for CSED Waiver has been made.

In child welfare cases with children between the ages of three and 21 who have screened with an identified mental health need or children who have been court ordered without an assessment to be placed in an emergency shelter or a residential mental health treatment facility, the child welfare worker must complete an application for CSED Waiver and submit to Kepro. Children ages three and under must be referred to West Virginia Birth to Three for an assessment.

If a mental health need is identified in a child and the caregiver does not want to do an application for CSED Waiver and the caregiver has custody of the child, the caregiver has the right not to complete the application. If they would like a second opinion, they may be directed to have the child seen by their primary health care provider and they can request an Early Periodic Screening and Diagnostic Treatment (EPSDT) Health Check. If there is an open CPS case, the caregiver may provide additional information or request that their child be screened for mental health needs at any time during the case.

## **4.2 When a Child Does Not Have Mental Health Needs**

If the child screens with no mental health needs that need to be addressed but the child is still at high risk of residential placement, the child welfare worker will initiate a referral to [Safe at Home](#) through their Regional Program Manager and communicate to the court when applicable. Some indicators of risk for residential placement are listed below, but these are not all inclusive:

- MDT or court indicates the child may need residential care or request residential placement.
- Child is not cooperative with the court's requests.
- Child disrupts other arranged placements such as kinship/relative home, foster home, or less intensive community supports are not available to meet the child and family's needs.
- Child's family requests removal from the home.
- Child's home is unsafe.

- No alternative family setting is available.
- Child requests placement in residential mental health treatment facility or emergency shelter.
- Child is disrupting from legal guardianship.
- Child has been previously adopted from foster care.
- The child has been adjudicated as a status or delinquent offender and the DHHR has been requested to provide services.

*Note: If a child is placed in a foster home licensed by a Child Placing Agency (CPA) and the child needs services to maintain the placement so as not to be placed in a residential mental health treatment facility, the child welfare worker will work with the CPA, who will ensure the child has access to appropriate services.*

When a child is referred to Safe at Home, or another agency for wraparound services, a wraparound facilitator will be assigned by the Wraparound agency to work with the child and family. The wraparound facilitator will ensure a CANS, crisis plan, and wrap plan are completed and needed services are quickly implemented to help maintain the child in the home. If the wraparound facilitator determines through the assessment process that the child has mental health needs that are not being addressed, the child welfare worker will engage the family to complete and submit a CSED Waiver Application to Kepro for eligibility determination and enrollment in the CSED Waiver.

The wraparound facilitator and the child welfare worker will determine the type of diversion services needed to maintain the child in the home. The child welfare worker will maintain open communication with the court and any other individuals involved in the court process (i.e., MDT) on the child and family's progress with services in the home. The diversion services being provided or that can be provided that can maintain the child in the home will be explained to the court to reduce the risk of residential placement.

### **4.3 If Child is in Placement and Screening for Mental Health Needs Has Not Occurred**

When a child is placed immediately in an emergency shelter or directly into a residential mental health treatment facility (RMHTF) prior to the completion of the FAST/Ongoing Assessment or any screening for mental health needs, the child welfare worker will immediately complete a CSED Waiver Application for the child (within 24 to 48 hours of placement) and submit to Kepro for a thorough assessment of needs. The child welfare worker should continue to make diligent efforts to identify a kinship/relative home for the child, while continuing to work with the MDT to identify the most appropriate and least restrictive placement.

#### **4.4 After the CSED Waiver Application is Submitted**

After the application for the CSED Waiver is sent to Kepro, Kepro will make an eligibility determination for CSED Waiver and initiate a referral to the Pathway for Children's Mental Health Services.

As eligibility is determined and services are initiated through the Pathway process, the child welfare worker will engage the family and wraparound facilitator in the development of the case plan and document the services, as well as participate in the family joining meeting to develop a crisis plan and wraparound plan. If the caregiver refuses to complete the CSED Waiver application, then the progress evaluation of the case plan will reflect no progress has been made and the child welfare worker and caregiver will discuss other services to meet the child's mental health needs.

If a determination is made by the independent evaluator that a child needs mental health services in a residential mental health treatment facility, the assessment information is provided to the wraparound facilitator, the Aetna managed care coordinator, and the child welfare worker, who will make a recommendation on placement options. The placement options will be presented to the MDT who will use the assessment results and other information to identify the most appropriate, least restrictive placement. Once the MDT has made the determination, the child welfare worker will make a referral through the Automated Placement Referral to the residential mental health treatment facility **identified by the MDT**.

## **SECTION 5 - REASSESSMENT OF MENTAL HEALTH NEEDS AND SERVICES**

### **5.1 Progress Evaluation**

The Ongoing Assessment, FAST, and case plan will be reviewed every 90 days or sooner when significant change in the family circumstance occurs. The progress evaluation tool can be used to help determine any progress with the case plan. Engagement with the child and family during frequent visits, that must occur at least monthly by the child welfare worker as well as any new reports or documentation should be reviewed to determine if the child and family have new needs that must be addressed in the case plan. Screening can be done with each child using multiple tools:

- Interviews.
- Observations.
- FACTS record reviews.
- Mental health records.
- Mandatory mental health screening tools (Ongoing Assessment, FAST).
- BSS Mental Health Screening Job Aid Ages 0-4 (optional job aid).
- BSS Mental Health Screening Job Aid Ages 5-18 (optional job aid).
- School records.



*Note: This is not an exhaustive list of screening tools and none of these tools are individually mandatory to use in screening and assessing children for mental health needs.*

If a mental health need is identified for a child or has changed at any point in the case, the following must be documented:

- Appropriate contacts in the case record that include the face-to-face interviews with child and family, collateral contacts, any new reports, or documents received regarding the child's mental health needs, uploading the reviewed Ongoing Assessment/FAST and case plan to CCWIS.
- FAST/Ongoing Assessment and uploaded to file cabinet.
- Mental health needs addressed in the case plan and linked to appropriate services.
- Documents or tools used to screen for mental health needs and uploaded to filing cabinet.
- Application to CSED Waiver and any consents for release of information and uploaded to the filing cabinet.

## **5.2 Children in Placement and Reassessments of Mental Health Needs and Services**

Once the child is accepted for placement in the identified RMHTF, the facility, the Aetna managed care coordinator, and the child welfare worker will begin developing a plan for transition and discharge. The child welfare worker will communicate with the court and the family concerning the child's placement and discharge plans.

During the child's placement, the RMHTF staff, the Aetna managed care coordinator, and the child welfare worker will provide continuous ongoing transition and discharge planning. The provider will engage the family and the child and provide ongoing communication about the treatment and discharge plan. The provider will provide any ongoing communication with the court as needed concerning the child's placement, treatment, and discharge plan. While the child is in placement, the provider will complete monthly evaluations until the child is discharged. The CANS will be revisited monthly and other appropriate instruments and documentation will be utilized for the monthly evaluations of the child's progress in treatment. This information and documentation will be submitted to the Aetna managed care coordinator for their review for medical necessity for the level of care and for a review of the child's progress and possible discharge to less restrictive placement. The residential staff will update the monthly CANS data into the CANS database.

After the residential provider notifies and provides all relevant data from the monthly evaluation to the managed care organization, the Aetna managed care coordinator will ensure that the child welfare worker has access to all relevant data to be reviewed and will schedule a meeting to occur within seven business days with the Aetna managed care coordinator, the child welfare worker, and the residential provider. The Aetna managed care coordinator and the child welfare worker will review the results of the CANS, CAFAS/PECFAS, Monthly Progress Report, treatment plan, and any other relevant data. The Aetna managed care coordinator will discuss whether there is or is not medical necessity for the child to continue in the current RMHTF placement.

### 5.3 Discharge Planning

Discharge planning is the process involving the transition of a child from their existing placement into a placement that best fits the child's emotional and treatment needs. The goal is to place the child in the least restrictive level of care in which their needs can be met. Discharge planning should begin immediately upon placement into a restrictive level of care.

Once it has been determined that the child should be discharged to a more appropriate, less restrictive placement the child welfare worker will schedule an MDT that must include the Aetna managed care coordinator and the residential staff. The MDT will discuss and consider all placements in the following order:

- Reunification with caregiver.
- Placement in the home of appropriate kinship/relative.
- Placement into a foster care placement.
- Placement into a treatment foster home placement
- Another less restrictive residential facility, such as transitional living
- Independent living.

If a child can function in a family setting, the CAFAS or PECFAS will be reviewed. Family setting includes biological/adoptive, relative/kin, foster home setting. If CAFAS or PECFAS score is greater than 90, then the child would need to be referred to the Pathway to Children's Mental Health Services. The child welfare worker would do this by completing and submitting the CSED Waiver application if an initial application was not completed and submitted to Kepro, or if the initial application was submitted over 180 days ago.

A previously approved CSED Waiver enrollment can be placed on hold for 180 days while a child receives treatment in a RMHTF. Notification needs done when the child is ready to discharge to a family setting. The child will be referred to the Pathway to Children's Mental Health Services to initiate CSED Waiver and services. This will also engage wraparound services for the child and family to assist the child in transitioning to a family setting. The child welfare worker will maintain contact with the wraparound facilitator to ensure services are meeting the needs of the child and family.

If the child is discharging from a RMHTF, wraparound services will also include preparing the child for a community setting; facilitating placement in a foster care setting, including treatment foster care when appropriate.

The wraparound facilitator, residential placement staff, and child welfare worker will work with the child and family to prepare for discharge and transitioning the child to the family home or community setting. The wraparound facilitator will coordinate the needs of the family and the child as they prepare for discharge. This could involve visits, engaging in community therapy, or other supports.

If a family setting is not appropriate for the child, the MDT will evaluate available options to ensure the child is in the optimal least restrictive setting. Once the setting is determined, the child will be referred to the placement selected through the APR, the current and selected facilities will begin developing a plan for transition.

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