

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 West Virginia foster children except those 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>	Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
<b>Child and Adolescent Functional Assessment Scale (CAFAS)</b>	Child and Adolescent Functional Assessment Scale (CAFAS), assesses the degree of impairment in youth with emotional, behavioral, psychiatric, or substance use problems. The CAFAS provides an objective, comprehensive assessment of a youth’s needs that is sensitive to change over time and is done for eight life domains: At School, At Home, in the Community (delinquency), Behavior Toward Others, Moods/emotions, Self-Harm, Substance Use, and Thinking (assessing irrationality).
<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. It may be referred to as the child welfare case plan.
<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>Comprehensive Child Welfare Information System (CCWIS)</b>	A Comprehensive Child Welfare Information System (CCWIS) is a case management system designed to support social workers’ needs to organize and record quality case information about the children and families receiving child welfare services.
<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>Term</b>	<b>Definition</b>
<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 healthcare organization, often called a “health plan,” is 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>Qualified Independent Assessment</b>	An assessment by an independent entity that is done for children who are determined to be at high risk of being placed in a residential mental health treatment facility (RMHTF) placement or at risk for being considered for RMHTF placement. The assessment helps to determine or recommend the intensity of intervention services a child needs in the most appropriate integrated setting. The QI Assessment is obtained by submission of Intensity of Intervention Services Assessment form to Kepro.
<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 for Social Service’s primary method of diversion for non-CSED children. Extensive services used in Child Protective Services (CPS) and Youth Service (YS) cases for children at risk of removal; children transitioning from out of state and in state residential placements who are ready to return 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>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.

<b>Term</b>	<b>Definition</b>
<b>Youth Services Assessment (Family Advocacy Support Tool – FAST)</b>	An assessment completed by child welfare workers in Youth Services cases. Currently the assessment being utilized is the Family Advocacy and Support Tool (FAST). The FAST is a communications tool designed to understand the complex needs of the family and identify safety threats.

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

### **3.1 Service Population**

When children and families become involved with child welfare, through Child Protection Services (CPS) or Youth Services (YS), 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 Youth Services Assessment Family Advocacy Support Tool (FAST). This includes:

1. All children in the home and the child involved in an open YS 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 Children with Serious Emotional Disorders (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 (CCRL) and Children’s Mobile Crisis Response and Stabilization Teams (CMCRS)**

The [Children’s Crisis and Referral Line \(CCRL\)](#) is available statewide and connects families and children with crisis and non-emergency behavioral health services in their communities. In crisis situations, the line links families with regional [Children’s Mobile Crisis Response and Stabilization Teams \(CMCRS\)](#) who can help de-escalate the behavioral health crisis by phone or respond in person, if the family chooses. It aims to help prevent out-of-home placements

When a child welfare worker has contact with a family involved in CPS or YS and a child is having a mental health crisis or need, the child welfare worker must assist the family by providing information for the CCRL. Families and children can call, text, or chat with the CCRL 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 Youth Services Assessment (FAST) will be completed. The Ongoing Assessment and Youth Services Assessment (FAST) are required to be completed to help identify a child’s mental health needs. If the child welfare worker identifies that a child has a mental health need through Initial or Ongoing Assessment, the child scores between a 2 and 3 in the Youth’s Mental Health section of the Youth Services Assessment (FAST) , 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 a qualified independent professional. The child welfare worker will:

- Assist the family in completing the CSED Waiver application and submit it to Kepro at [wvcsedw@kepro.com](mailto:wvcsedw@kepro.com).
- Have the family complete releases of information for Kepro to share evaluations and information with the department child welfare worker.
- 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. The child welfare worker will also determine if the child is at high risk of receiving residential mental health treatment (see Pathway to Children's Mental Health Services policy Section 4.2) and if so, submit both the CSED waiver application and the Intensity of Intervention Services Assessment form to Kepro. The Intensity of Intervention Services form allows a Qualified Independent (QI) Assessment to be completed.
- The child welfare worker will document the mental health need in the Initial Assessment, Ongoing Assessment, or Youth Services Assessment (FAST) as well as document in the case contacts that an application for CSED waiver has been made.

In child welfare cases with children who are in placement 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.

## **4.2 High Risk of Residential Mental Health Treatment Facility (RMHTF)**

### ***High Risk Criteria***

If a child is being considered for placement in an RMHTF and/or meets any of the criteria listed below, they are considered high risk for RMHT services and/or placement and must be referred for a Qualified Independent (QI) Assessment:

- Judicial involvement that indicates the child may need residential care or requests residential placement options and/or requests referral made to residential treatment facilities.
- The child is not cooperative with the court's requests.
- The child has disrupted other arranged placement such as a kinship/relative home or foster home and no other options are available.
- The child's family requests removal from the home, or the home is unsafe and no alternative family settings are available.
- The child has no stable family home or other living arrangement.
- The child requests placement in a residential mental health facility.
- The child has been adjudicated as a status or delinquency offender.
- The child has a previous YS or open CPS case with history of removal within the last 24 months.
- The child has been previously adopted and the adoption is at risk of disruption.
- The child is a danger to themselves or others.

If a child has an identified mental health need and is in the custody of their caregiver, the caregiver has the right to not complete a CSED Waiver application. If the caregiver would like a second opinion, they may be directed to have the child seen by their primary health care provider and 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.

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

If a child is in the custody of the department and the child screens with no mental health needs but the child is still at high risk of residential placement, the child welfare worker will complete the CSED Waiver application and the Intensity of Intervention Services Assessment form and submit the application and form to Kepro. It is possible that these children are eligible for community-based services, including Safe at Home.

*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 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 Child and Adolescent Needs and Strengths assessment (CANS), crisis plan, and wraparound plan of care are completed and needed services are quickly implemented to help maintain the child in the home. The child welfare worker and their supervisor must sign the wraparound plan of care and return it to the wraparound facilitator within seven business days of the plan of care meeting.

If the wraparound facilitator determines through the assessment process that the child has mental health needs that are not being addressed, they will work with the child welfare worker and family to determine the type of diversion services needed to maintain the child in the home. This could include reviewing the need to apply for CSED Waiver. The child welfare worker will maintain open communication with the court and any other individuals involved in the court process (i.e., Multidisciplinary Team-MDT) on the child and family's progress with services in the home. The diversion services being provided or that can be provided, to maintain the child in the home will be explained to the court to reduce the risk of residential placement.

### **4.4 Children in Placement when 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 Youth Services Assessment (FAST)/Ongoing Assessment or any screening for mental health needs, the child welfare worker will immediately complete a CSED Waiver application and an Intensity of Intervention Services Assessment form for the child (within 24 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.

## 4.5 After the CSED Waiver Application is Submitted

After the application for the CSED Waiver is submitted, Kepro will make an eligibility determination 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 child welfare case plan and document the services, as well as participate in the child and family team meetings to develop a crisis plan and wraparound plan of care. If the caregiver refuses to complete the CSED Waiver application, then the progress evaluation of the child welfare case plan, done as a result of the needs identified by the Ongoing Assessment or FAST, 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 mental health need is identified in a child and the caregiver does not want to submit an application for CSED Waiver and has custody of the child, the caregiver has the right not to complete the application**

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 (APR) 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, Youth Services Assessment (FAST), and child welfare case plan will be reviewed every 90 days or when a 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 monthly visits 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. The following strategies and/or resources, although not all mandatory, can be used to supplement the Ongoing Assessment or Youth Services Assessment (FAST):

- Interviews.
- Observations.
- CCWIS record reviews.
- Mental health records.
- 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 strategies and/or resources.*

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 CCWIS 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, completing or uploading the approved Ongoing Assessment/Youth Services Assessment (FAST) and case plan.
- 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 CCWIS case.
- Application to CSED Waiver and any consents for release of information and uploaded to CCWIS case.

## **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. Also, if an Intensity of Intervention Services Assessment form has not been completed, one should be completed within 24 hours of placement.

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, including identifying and managing barriers to discharge. 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 assess if the placement is still medically necessary. If it is not, 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. They can meet to discuss this information and/or schedule an MDT to address and modify the existing discharge plan.

## **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 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 placements based on the results of the Qualified Independent Assessment, in the following order, where appropriate:

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

If a child is being discharged to a family setting such as a biological/adoptive, relative/kinship or foster home setting and still has a mental health need, the child welfare worker should complete a CSED Waiver application and submit to Kepro if an initial application was not completed. If an application was submitted over a year ago, it may need to be done again prior to discharge of the child. A child may have previously been found eligible for CSED Waiver but cannot be enrolled until discharge. Discharge should not occur until services to transition are in place.

A previously approved CSED Waiver enrollment can be placed on hold for one year while a child receives treatment in a RMHTF. The Aetna managed care coordinator will be working with the child welfare worker on discharge and discussion regarding eligibility for CSED Waiver needs to occur. If necessary, the child will be referred to the Pathway to Children's Mental Health Services to initiate CSED Waiver and services. The referral process will help connect the youth with appropriate mental health services, which may include the CSED Waiver. If eligible, the CSED Waiver or interim wraparound services will 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.

Residential placement staff, MCO, 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. As the child transitions back into the community, the wraparound facilitator will coordinate the needs of the family and the child. 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 Automated Placement Referral (APR), the current and selected facilities will begin developing a plan for transition.