

Request for Proposal Cover Sheet

1. Eligibility:

West Virginia

2. Applicant's name:

WV Department of Health & Human Resources/ Bureau for Children & Families
Susan M. Richards; Brenda C. McPhail

3. Applicant's mailing address:

350 Capitol Street Room 730
Charleston, West Virginia 25301

4. Applicant's email address:

Susan.M.Richards@wv.gov
Brenda.C.McPhail@wv.gov

5. Applicant's phone number:

(304) 558-5732; (304) 558-2932

6. Name and organization/agency of person(s) who completed the Application:

Susan M. Richards, WV DHHR Bureau for Children & Families
Brenda C. McPhail, WV DHHR Bureau for Children & Families

7. Project title:

West Virginia Safety and Management System (WV SAMS)

8. Round one cycle preference: July 2009

9. Duration of the project: 27 months

10. Agreement to Sign Required Certifications and Assurances (see Appendix F): Yes

Table of Contents

Project Abstract.....	3
Project Description	4
Resource Plan Request and Justification.....	11
3b. Past, Current, and Planned Training, Technical Assistance (T/TA) & Grant Chart	12

Project Abstract

The purpose of this project is to implement a new Child Protective Services (CPS) safety assessment and intervention system in West Virginia, utilizing a change management approach to fully implement the new system and permanently change practice in West Virginia, resulting in better outcomes for children and families.

West Virginia is in the process of implementing its new system for CPS safety assessment and intervention, called the WV Safety and Management System (SAMS). The implementation of SAMS will result in an improved system of safety intervention based on consistent standards; focused and efficient information collection; and a family centered approach that will improve caregiver and family functioning and increase child safety, permanency, and well being. This new system will fundamentally change how child protective services are provided in West Virginia by focusing services more on safety and the protective capacities of caregivers. In addition, we believe that the SAMS system will improve family engagement. This project was chosen for West Virginia's ACCWIC submission because of its large scope and its ability to positively impact multiple outcomes throughout the case process for children and families.

A detailed Implementation Plan including goals, activities, and tasks has been finalized and approved in West Virginia, and a SAMS pilot project for the new intake and Family Functioning (initial) assessment is slated to begin in August 2009 in six targeted districts across the state. Various committees have been formed and tasked to complete initial activities associated with the pilot, such as transition policies, communication plans, Special Forces (subject matter experts on the SAMS model), and the training plan. Additional districts will be added according to a schedule that will be finalized as soon as information is received from West Virginia's SACWIS system (FACTS) regarding timelines for implementation of SAMS documentation in the system. When FACTS is ready to "turn on," the rest of the state will have to implement at that time. Immediately following the implementation of the intake and Family Functioning assessments, work will begin to complete the same process for the Protective Capacities (ongoing) assessment and case plan evaluation.

The SAMS system will impact how child welfare workers perform all aspects of their jobs, and will involve systems change in West Virginia in order for it to be successful. Implementation of the project will take two to three years or more because the goals are to build lasting commitment to the change, thereby positively impacting outcomes for children and families. Because of its large scope and timeframes for implementation, a coordinated and strategic approach to receiving technical assistance from the national resource centers will greatly impact our ability to successfully implement this project.

Project Description

A. *Problem Statement and Need for Assistance*

Problem to be addressed.

The problem to be addressed by this project is that West Virginia's children are not safe, as indicated by its performance on its past two Child and Family Services Reviews (CFSRs). To address this problem, West Virginia is applying for assistance from the Atlantic Coast Child Welfare Implementation Center to work with West Virginia for the successful implementation of the West Virginia Safety and Management System (SAMS), which is a complete redesign of its current safety assessment and intervention process. SAMS will result in an improved system of intervention based on consistent standards; focused and efficient information collection; and a family centered approach that will improve caregiver and family functioning and increase child safety, permanency, and well being. Full successful implementation of SAMS will require a change management approach over a period of 2-3 years so that improved practice will become fully ingrained in staff and the change will be permanent. Our plan is to utilize this change management approach to fully implement the new SAMS system and permanently change practice in West Virginia, resulting in better outcomes for children and families.

Goals and Relevance to CFSR.

We project that this project will have a ripple effect that will positively impact every CFSR Outcome. However, the primary goal of this project is to improve West Virginia's CFSR Safety Outcomes in order to make West Virginia's children safer and to be in substantial conformity with the federal requirements around safety. In the past several years West Virginia has performed poorly on its safety outcomes, as indicated through both CFSR and internal quality assurance reviews. In the past two CFSRs, West Virginia was not in substantial conformity with Safety Outcome 2; in fact, West Virginia's performance fell in both Safety Outcome 1 and 2 in the last review completed in September 2008.

A secondary goal is to improve Permanency Outcome P1 by reducing the risk of harm to children through the identification and provision of appropriate services and appropriate placement. Implementation of the SAMS system will improve family engagement; allow for more appropriate and stable placements; improve safety of children in foster care; and move children to permanency quicker through the more targeted SAMS assessment and intervention process. In addition, we believe that SAMS will prevent foster care reentries through its more accurate assessment and intervention process. We project that Permanency Outcome P2 as well as Well-Being Outcomes 1,2 and 3 will also be impacted through improvements to practice and placing emphasis on the value of family centered practice.

West Virginia also expects to improve its Systemic Outcomes through the implementation of this project. SAMS will impact systemic factors on multiple levels. Thorough and complete implementation will impact the service array by looking at how services to families are identified and selected, making sure they are relevant to safety, and linking the correct services through improved assessment of the SAMS process. We will have to work with communities and families in West Virginia to ensure that the appropriate services are available across the state, which may require changes on the part of service providers. West Virginia's SACWIS system, FACTS, is moving to a web-based application with this project, which will completely change documentation in the FACTS case record. Quality assurance will need to change its procedures in order to target reviews to measure this initiative. In addition, training will need to change the way new workers are trained on safety services and make training more skill-based and positively impact worker turnover if change management efforts are successful.

Relationship to Strategic Planning Efforts.

Redesigning Child Protective Services has been a central theme in all West Virginia's strategic planning efforts since 2003. It was a part of the 2003 Child and Family Services Plan (CFSP) and the 2003 CFSR Program Improvement Plan. As a part of those plans, West Virginia implemented a new safety assessment process called Safety First and implemented supervisor competency testing. There were plans to redesign the family assessment, but multiple obstacles were encountered in the design of the new assessment. As a result the family assessment process was not completed and Safety First was not fully implemented in the SACWIS system, leaving a fragmented child protective services system. West Virginia has been receiving technical assistance on the SAMS model from the National Resource Center for Child Protective Services since 2007, and the new safety system is now poised to be implemented.

SAMS will be a major component of the 2008 Child and Family Services Plan (CFSP), which West Virginia is in the process of completing for submission on June 30, 2009. It will also be one of the major strategies on West Virginia's Program Improvement Plan (PIP) for its CFSR that was completed in September 2008. West Virginia received its final CFSR report on April 15, 2009, and will submit its PIP on July 15, 2009. The West Virginia Department of Health & Human Resources/Bureau for Children & Families (BCF) is also in the process of completing a new five year strategic plan, of which SAMS will one of the major goals for strategic change.

SAMS is integrally tied in to various reform initiatives that are going on in the state. West Virginia has been working the National Resource Center for Organizational Improvement on the development of its service array, and is continuing to work on developing and refining socially necessary services (ASO). Both of these initiatives were part of the 2003 PIP and are anticipated to be part of the 2009 CFSP and Program Improvement Plan, as well as the new BCF five year Strategic Plan.

A variety of baseline and trend data can be used to measure improvement in the problem/condition. Because this project is directly tied into the federal outcome measures, West Virginia already reports on the required safety indicators through its

SACWIS system including AFCARS and NCANDS. In addition, the BCF Office of Planning and Quality Improvement (OPQI) performs yearly CFSR-type reviews that can be used to measure performance improvements, and will be performing reviews on the new SAMS system.

Evidence and Data to Support Need.

West Virginia failed Safety Outcome 2 in the first round of CFSR reviews. Safety Outcome 1 was found to be in substantial conformity but the data was suspect (NCANDS). As a result of the CFSR, West Virginia decided to redesign CPS as part of the 2003 Program Improvement Plan. West Virginia implemented a new safety assessment called Safety First. However, the family assessment was never completed, which was where the majority of problems were identified. A series of problems were encountered in the redesign and so the complete system was never fully implemented.

Part of the issue related to the need to change staff practices and attitudes, which was never successfully accomplished. Other initiatives were attempted to address the Safety Outcomes and overcome backlogs and turnovers, such as the implementation of regional crisis teams. The regional crisis teams contributed greatly to the elimination of intake backlogs; however, those backlogs build up again once the crisis team departs. Then the districts once again have to manage on their own, often with new and inexperienced staff – both workers and supervisors. The crisis mentality also does not necessarily depart. Staff feels overwhelmed and leaves, workloads increase, and supervisors lack the skills and experience to cope with the results. As a result of the backlogs, on-going workers may be drafted to investigate referrals and their own cases are neglected. Repeat maltreatment begins to increase and crisis pervades the entire CPS process as a result. Cases are opened and not worked. Cases that do make progress do not get closed, and the districts find themselves with backlogs in both intake and ongoing CPS services. With SAMS, West Virginia has an opportunity to directly intervene and stop this cycle of crisis that has pervaded its child protective services system and directly impact practice and outcomes in a positive way.

Trend data in West Virginia clearly demonstrates the need for a change. As stated earlier, OPQI performs CFSR-type reviews yearly across the state. Data trend analysis indicates that in 2003-2004, Safety Outcome 1 (S1) was 46% achieved; in 2004-2005 41% achieved; and in 2005-2006 36% achieved. In other words, the state's performance on S1 fell by 10% over three rounds of reviews. West Virginia just received its final from its 2008 review which indicated 36% on S1, so the state's performance on S1 will need to improve by 64% to achieve the 95% federal standard. The state will also need to make substantial improvements on Safety Outcome 2 (S2). While the state was in substantial conformity with S2 in the 2003 review, the 2008 CFSR indicates a score of 56% on S2. As a result, the state's performance on S2 will need to improve by 39% to achieve 95% compliance.

West Virginia's trend data on Permanency 1 (P1) also indicates a need for strong intervention. The 2002 CFSR indicated that P1 was 38% achieved; OPQI CFSR-type

reviews in 2003-2004 indicated 46% achieved; 2004-2005 47% achieved; and 2005-2006 65% achieved. However, the 2008 CFSR indicates only 30% achieved on P1.

It is also expected that SAMS will influence the referrals that are accepted for investigation in West Virginia. Data indicates that West Virginia accepts a high percentage of referrals as compared to other states, causing increased burden on worker caseloads with a direct impact on turnover. In addition, there is a great deal on inconsistency between districts related to referral acceptance rates, indicating inconsistencies in practice. Data also indicates that West Virginia's response time on referrals is not always in compliance, which has the effect of increasing workloads for staff and potentially leaving children in dangerous situations. It is expected that SAMS will improve response times on referrals through a more streamlined assessment and intervention process.

Agency Capacities and Strengths.

West Virginia has many capacities and strengths that can be drawn on to address the problem and that support readiness for change, many of which were identified in the 2008 Child and Family Services Review. These include a strong training system, quality review system, and SACWIS system, as well as a dedicated workforce and supportive leadership. West Virginia also has good relationships with external stakeholders and a strong partner in the West Virginia Court Improvement Project. Most importantly, West Virginia recognizes the need for change and the fact that the agency must change to improve outcomes for children and families, and has a strong desire to change. This is one of the most important factors to be present if a change management effort is to be successful.

B. *Past/Current/Planned Training, Technical Assistance, & Grants*

Please refer to the chart on Page 11 .

C. *Approach*

Activities and Estimated Timelines.

A SAMS Implementation Plan has been developed and approved that includes goals, activities, and tasks with timelines for implementation. The goals and activities are reflected in the Logic Model on Page 22 .

Leadership Commitment.

The West Virginia Safety Assessment and Management System (SAMS) is fully supported by the Bureau for Children & Families' Commissioner and Deputy Commissioner for Field Operations, and has been officially sanctioned by the Bureau's Leadership Team. It is also supported by the Secretary of the West Virginia Department of Health & Human Resources. A full-time Project Manager will manage implementation tasks for at least the first two to three years of implementation.

Readiness for Change.

West Virginia has implemented a variety of strategies to change practice over the past several years, but those strategies were not successful. The agency is crisis-driven; we must look to break the cycle of dysfunction in which we find ourselves by utilizing a change management approach in order for positive change in practice to occur. We plan to use SAMS to drive change in practice at all levels of the agency. The agency also fully understands that we must improve practice around family/youth engagement, as evidenced by the last CFSR and the inability to see results from the last Program Improvement Plan. BCF has committed resources at all levels to implement the SAMS project, including staff time and financial resources. The agency has worked and continues to work with the National Resource Center for Child Protective Services to design and implement this project. West Virginia requested involvement from the NRC because of its readiness for change and understanding of the need to change practice.

Staff and Stakeholder Involvement.

The SAMS Implementation Plan includes goals, activities, and tasks around the involvement of stakeholders and collaborators in the project. Staff has participated in the design of SAMS from the beginning, including Program Managers, supervisors, OPQI staff, and training staff. An Implementation Committee has been formed and implemented that includes Assistant Commissioners; Directors; Program Managers; supervisors; front-line workers; and policy, OPQI, and training representatives. One of the goals of the SAMS Implementation Plan is to ensure that staff at all levels understand the need for change and the level of effort necessary for effective implementation, and work collaboratively to implement SAMS. A comprehensive communication plan is being developed to facilitate effective collaboration and teamwork on the project.

It will also be imperative for external stakeholders to understand the need for change and the level of effort necessary for effective implementation. BCF plans to work closely with the Court Improvement Project to ensure good relationships with the courts. Plans are being implemented to provide cross-system information sharing with providers, the education system, the health care system, and other relevant parties including the families that are receiving services. In addition, several groups have been formed around the development of the CFSP and the CFSR PIP that include key internal and external stakeholders and those groups are being involved in SAMS implementation.

In order to be successful, this project must link with other relevant child welfare initiatives such as the service array and system of care, as discussed previously in this proposal.

Desired Change and Its Impact.

The desired change is for the SAMS project to improve the provision of safety services in West Virginia and ensure that children are protected since it clearly defines safety and targets caregiver protective capacities to address threats to safety. Another desired

change is to improve permanency outcomes for children. Systemic factors will be improved as a result of SAMS. The SAMS system is based on consistent standards that are well defined, measurable, time limited by statute, and can be quantified through a well-developed QA system. The SAMS Implementation Plan includes a series of goals, activities, and tasks that define how successful implementation will occur.

SAMS has a set of philosophical principles that encompass the desired changes in practice. These principles include that 1) child safety is paramount; 2) permanency is an integral part of child safety; 3) children and caregiver rights are protected; 4) respect for families is demonstrated and acted upon; 5) services are child centered and family focused; and 6) services are based on the least intrusive intervention possible. The overall vision of SAMS implementation is for staff attitudes and behaviors to revolve around these principles, thereby positively impacting practice and child and family outcomes.

Integration with Strategic Plans.

As discussed earlier in this proposal, SAMS Implementation will be a key component of West Virginia's Child and Family Services Plan, which will be submitted on June 30, 2009. It will also be a key component of the state's CFSR Program Improvement Plan due to its capacity to address multiple outcomes. West Virginia is in the process of developing its service array, and will utilize this process to better define and implement safety services across the state. BCF is in the process of writing a new five year strategic plan, and SAMS has been identified as one of the main objectives of this plan.

Technical Assistance.

1. National Resource Center for Child Protective Services (NRCCPS) will be requested to be utilized on all aspects of SAMS implementation as outlined in the SAMS Implementation Plan, including finalization of policy and procedures; development of materials; Transition Plan; and Special Forces, supervisor, and worker training. NRCCPS has been providing T/TA on this project since 2007, and worked with West Virginia on designing supervisor competency testing on safety as part of West Virginia's last PIP from 2003-2005.
2. National Resource Center for Family Centered Practice and Permanency Planning (NRCFCPPP) will be required to work with West Virginia to improve family engagement in the assessment and case planning process, and to educate families about the change.
3. National Resource Center for Youth Development (NRCYD) will be requested to work with West Virginia to develop youth and family groups throughout the state to provide input on services; and to develop, plan, and implement opportunities for engagement of youth and families in case planning and services.
4. National Resource Center for Organizational Improvement (NRCOI) will be requested to continue with the development of the service array with emphasis on how SAMS implementation will impact the entire system of care; to design and implement a system of quality assurance that measures indicators, as well as qualitative and quantitative outcomes; to work with West Virginia to implement a general supervisory skills curriculum that is comprehensive; to assist with the

development of a Communication Plan; Leadership Development and Supervisor/Manager Development; and to work with West Virginia on community education. NRCOI has been working with West Virginia on its service array since 2007.

5. National Resource Center for Data and Technology (NRCDT) will be requested to work with West Virginia to develop a design for the measurement of indicators and use of data, as well as qualitative and quantitative outcomes for the SAMS project. NRCDT has worked with West Virginia in the past on AFCARS and on the Statewide Data Profile and its practical application in practice.
6. National Resource Center for Legal and Judicial Issues (NRCLJI) will be requested to work with West Virginia on engaging the court system with the SAMS model and ensuring that the courts understand how SAMS will impact practice. NRCLJI has worked closely with West Virginia in the past on collaboration between the courts and BCF and exposing child welfare professionals to innovative multidisciplinary approaches to child welfare.
7. National Quality Improvement Center for Non-Residential Fathers and the Child Welfare System Resource Center for Fatherhood will be requested to work with West Virginia on building a culture that values the contributions of non-residential fathers to safety and permanency.
8. National Child Welfare Workforce Institute will be requested to work with West Virginia on building its capacity to recruit, train, supervise, manage, and support the workforce in order to improve staff retention.

Please refer to the T/TA & Grant Chart on Page 11 and the Resource/TTA chart on Page 28 for more information.

Challenges and Barriers.

Several challenges and barriers to successful implementation have been identified. First, SAMS is a large-scale project impacting multiple systems statewide. It will be a challenge to identify sufficient resources to fully implement SAMS due to the current fiscal environment. ACCWIC can assist with this challenge by bringing additional resources into the state and working with West Virginia to manage the resources for this project, if selected. A huge challenge will be redefining roles for staff, providers, and stakeholders as well as redefining terminology related to safety and risk. ACCWIC can assist with this challenge by working with West Virginia to implement its change management strategies. In addition, staff turnover is an issue in West Virginia as it is in the rest of the nation; we expect that SAMS will reduce turnover by increasing buy-in by staff and helping with worker caseloads. Referral backlogs have been a continuing issue in West Virginia. If implemented correctly, SAMS will eliminate backlogs by more targeted identification of safety issues at intake.

The FACTS system presents a set of challenges and barriers on its own. There have been contract issues that have held up the development of SAMS in FACTS, with no timeframes for when they will be resolved. Because West Virginia's assessment and case plans are in FACTS, the project must implement statewide when FACTS is ready to implement the SAMS application. The unknown factor of when FACTS will be ready to "turn on" may cause additional delays and confusion to this project, or cause the

project to have to implement statewide before it is ready. ACCWIC can assist by working with West Virginia to help plan for these contingencies.

Lastly, although West Virginia recognizes the need for change and is poised for the change, there is skepticism among staff due to multiple delays on the CPS redesign that will have to be overcome. But many staff are excited about implementing this change because they see it as a positive step for children and families. ACCWIC can work with West Virginia to build buy-in and support for this new system.

Institutionalization and Sustaining the Effort.

Systemic change will be institutionalized and project efforts sustained by utilizing a change management approach that builds commitment to change and solidifies changes to practice over time. In fact, the recognition of the need to institutionalize systemic change is one of the main incentives for responding to this RFA.

Infrastructure for Data Collection.

West Virginia has a Tier 1 SACWIS system to utilize and support data collection. In addition, the Office of Planning and Quality Improvement will be conducting on-site reviews and peer reviews to measure implementation change and outcomes.

D. *Logic Model*

Please refer to the Logic Model on Page 22 .

Resource Plan Request and Justification

Please refer to the chart on Page 28. Please also reference the *Technical Assistance* section of the narrative on Page 8.

3b. Past, Current, and Planned Training, Technical Assistance (T/TA) & Grant Chart

Insert any related past (3-5 years) and all current and planned training and/or technical assistance, grants, or initiatives from any public or private entity, including private foundations. . Please include relevant T/TA and/or grants received by stakeholders/collaborators, and any other relevant local, state or federal funded initiatives that could be linked to help achieve goals and objectives identified in the Implementation Project application.

Project/Initiative Title and Issue Addressed	T/TA or Grant Resource/Provider (Include Names of Consultants)	Target Population(s)	Lead Agency	Stakeholders/Partners	Begin/End Dates (actual or projected)	Outcomes/Products (actual or projected)
Demonstrate services are provided to the family to protect children in their own home and to prevent removal by providing training for CPS workers and Management	National Resource Center for Child Protection	CPS Workers and Management	Bureau for Children and Families		10/03-7/06	<ol style="list-style-type: none"> <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.
Develop a System of Care for the Seriously Emotionally Disturbed Child and their Family	SAMSHA	Children ages 5-18 with a serious emotional disturbance; or needing at least one year of mental health services, or; is involved in two or more systems, or; is at risk of out of home care.	Bureau for Health and Health Facilities	Bureau for Children and Families, Education, Juvenile Services Probation, Private providers, Families, Medicaid	10/99-9/06	<ol style="list-style-type: none"> <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.

Present at the WV first annual statewide conference for attorneys, judges, social workers, providers mental health and CASA	National Resource Center for Legal and Judicial Issues	Attorneys, judges, social workers, providers, mental health providers and CASA	Court Improvement Board	Bureau for Children and Families	4/08	1. <u>Well Being Outcome3:</u> Children receive adequate services to meet their physical and mental health needs.
Collaborate between Courts and the Bureau for Children and Families	National Resource Center for Legal and Judicial Issues	Courts and Bureau Regional Middle Management	Court Improvement Board	Bureau for Children and Families	2/08	1. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.
Assist with AFCARS	National Resource Center for Data and Technology	Management Information System Staff	Office of Management and Technology		6/07	1. <u>Systemic Factor:</u> <u>Statewide Information System</u>
Demonstrate an understanding of the Statewide Data Profile and it's practical application in practice	National Resource Center for Organizational Improvement and the National Resource Center for Data and Technology	Leadership, Middle Management			4/08	1. <u>Systemic Factor:</u> <u>Quality Assurance</u> To effect a change in performance on the local level through the use of data.
Assess and Enhance the Service Array System in West Virginia	National Resource Center for Organizational Improvement	Children and Families	Bureau for Children and Families	Bureau for Children and Families, Private providers, families	6-07 and ongoing	1. <u>Systemic Factor :</u> <u>Service Array and Resource Development</u> To assess and enhance the service array and system of care.

<p>Demonstrate an understanding of the Statewide Data Profile and it's practical application to understanding practice</p>	<p>National Resource Center for Data and Technology</p>	<p>The Office of Planning and Quality Improvement and MIS staff</p>	<p>Bureau for Children and Families</p>		<p>4/09</p>	<p>1. <u>Systemic Factor: Quality Assurance</u> To improve the skill level of the QA and Program managers in the data profiles.</p>
<p>Development and Implementation of the SAMS West Virginia Safety Assessment and Management System</p>	<p>National Resource Center for Child Protective Services</p>	<p>BCF Leadership, Middle Management, Special Forces, Supervisors, and all Child Welfare Staff</p>	<p>Bureau for Children and Families</p>		<p>7/09- 9/11</p>	<p>1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. 2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. 3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p>
<p>Develop a practice of family engagement that is child-centered and family focused that will engage families in the assessment and case planning process while maintaining the</p>	<p>National Resource Center for Family Centered Practice and Permanency</p>	<p>Policy, Middle Management, Special Forces, Supervisors, Child Welfare Staff, and Provider Stakeholders</p>	<p>Bureau for Children and Families</p>		<p>7/09-9/11</p>	<p>1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. 2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. 3. <u>Permanency Outcome 1:</u> Children have</p>

<p>safety focus, whether the child is placed in the home or out of the home, engaged in Child Protective Services or Youth Services</p>						<p>permanency and stability in their living situations.</p> <p>4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p> <p>5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.</p>
<p>Continue with the Development of the Service Array with the emphasis on how the SAMS implementation will impact the entire system of care</p>	<p>National Resource Center for Organizational Improvement</p>	<p>Middle Management, Supervisors, Special Forces, Child Welfare Staff, and Service Providers, Legal Community, Education, Mental Health Providers</p>	<p>Bureau for Children and Families</p>		<p>Continue to 9/11</p>	<p>1. <u>Systemic Factor : Service Array and Resource Development</u> To assess and enhance the service array and system of care.</p>
<p>Develop youth and family groups throughout the state to provide input on services</p>	<p>National Resource Center for Youth Development</p>	<p>Bureau for Children and Families Middle Management and Regional Staff</p>	<p>Bureau for Children and Families</p>		<p>4/10-9/11</p>	<p>1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p>2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p>

						<ol style="list-style-type: none"> 3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. 4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. 5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.
Maintain family and youth groups within other workgroups to develop, plan and implement opportunities for engagement for families in youth in case planning and services	National Resource Center for Youth Development	Bureau for Families and Children Leadership and Middle Management			4/10-9/11	<ol style="list-style-type: none"> 1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. 2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. 3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. 4. <u>Permanency Outcome 2.</u> The continuity of family relationships and connections is preserved for children.

						5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.
Create a partnership with the Legal and Judicial Community that will assist the Bureau in keeping children safe in an educated fashion with the SAMS model.	National Resource Center for Legal and Judicial	Legal Stakeholders, Provider Stakeholders, and Child Welfare Staff	Court Improvement Board		7/09-9/11	<ol style="list-style-type: none"> 1. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. 2. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. 3. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. 4. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.
Develop a general supervisory skills curriculum that is comprehensive.	National Resource Center for Organizational Improvement	Middle Management, Supervisors and Child Welfare Staff	Bureau for Children and Families		7/09-9/11	<ol style="list-style-type: none"> 1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. 2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and

						<p>appropriate.</p> <p>3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p> <p>4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p> <p>5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.</p> <p>6. <u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational needs.</p> <p>7. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health needs.</p>
Build in a culture that values the contribution of non -resident fathers to safety and permanency.	National Quality Improvement Center for Non-resident Fathers and the Child Welfare System Resource Center for Fatherhood	Leadership Middle Management Supervisors and Child Welfare Staff	Bureau for Children and Families		7/09-9/11	<p>1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p>2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and</p>

						<p>appropriate.</p> <p>3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p> <p>4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p> <p>5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.</p>
Develop a design for the measurement of indicators, as well as qualitative and quantitative outcomes for the SAMS project.	National Resource Center for Data and Technology and the National Resource Center for Organizational Improvement	Office of Planning and Quality Improvement and Data and Technology Staff	Bureau for Children and Families		7/09 -9/11	<p>1. <u>Systemic Factor:</u> <u>Quality Assurance</u></p>
Develop child welfare training to build the capacity to recruit, train, supervise manage, support and support the workforce.	National Child Workforce Institute		Social Work Education Consortium	Bureau for Children and Families	1/10-9/11	<p>1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p>2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p>

						<ol style="list-style-type: none"> 3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. 4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. 5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs. 6. <u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational needs. 7. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health needs.
Educate the community on the impact of abuse and neglect as well as the role of the Bureau and the SAMS project in keeping children	National Resource Center for Organizational Improvement				7/09-9/11	<ol style="list-style-type: none"> 1. <u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect. 2. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.

<p>safe.</p>					<ol style="list-style-type: none"> 3. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. 4. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. 5. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs. 6. <u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational needs. 7. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health needs. 8. <u>Systemic Factor:</u> <u>Case Review System</u> 9. <u>Systemic Factor:</u> <u>Service Array and Resource Development</u> 10. <u>Systemic Factor:</u> <u>Agency Responsiveness to the Community</u>
--------------	--	--	--	--	--

Problem statement. West Virginia lacks a systematic and effective continuum of safety assessment and intervention decision-making from receipt of referral to case closure, resulting in decreased safety and permanency outcomes for children and families.

Implementation Project Goals. Successful implementation of SAMS resulting in an improved system of safety intervention based on consistent standards; focused and efficient information collection; and a family centered approach that will improve caregiver and family functioning and increase child safety, permanency, and well being.

Resources	Activities	Outputs	Organizational Outcomes	Child/Family Outcomes
<p>1A.-Project planning -Implementation/action planning -Project management</p> <p>1B. -Project management -Communication planning/management -Leadership development</p> <p>1C. -Implementation/action planning -Project management -Communication planning/management</p> <p>1D.- Implementation/action planning -Project management -Training/curriculum development -Train the trainer -Leadership development</p> <p>1E. -Project management -Communication planning/management</p>	<p>1A.Execute SAMS Implementation Plan.</p> <p>1B. Engage DHHR and BCF management.</p> <p>1C. Conduct regional/local staff discussions.</p> <p>1D. Implement Special Forces.</p> <p>1E. Develop and execute Communication Plan.</p>	<p>1A. SAMS implementation</p> <p>1B. DHHR and BCF Management engagement</p> <p>1C. Staff engagement</p> <p>1D. Resources for SAMS implementation</p> <p>1E. Communication Plan</p>	<p>1. Staff ownership of and commitment for effective SAMS implementation</p>	<p><u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p><u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p> <p><u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p> <p><u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p> <p><u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.</p> <p><u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational</p>

<p>2A. -Project management -Communication planning/management -CW subject matter: court/legal 2B. -Community assessment/service array -Project management -Communication planning/management -CW related subject matter: interagency coordination; systems of care 2C. -Project management -Communication planning/management -CW subject matter: family engagement; youth engagement -Individualized resources: family/youth participation support; outreach materials/supplies; meeting/forum space rental</p>	<p>2A. Educate court personnel. 2B. Provide cross-system information sharing. 2C. Educate families about the change.</p>	<p>2A. Court system engagement 2B. Provider and cross-system engagement 2C. Family awareness of the change and its impact</p>	<p>2. External stakeholder collaboration for effective implementation</p>	<p>needs. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health needs. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs. <u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational needs. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health <u>Systemic Factor:</u></p>
--	--	---	---	--

<p>3Aa/b/c. -Project management -Policy development -Individualized assessment -Practice model development -Safety screening</p> <p>3Ba/b/c. -Project management -Data management</p> <p>3Ad/e. -Project management -Policy development -Individualized assessment -Case planning -Practice model development -Safety screening</p> <p>3Bd/e.- Project management -Policy development -Practice model development -Data management</p> <p>3C.- Implementation/ action planning -Project management -Policy development</p>	<p>3Aa/b/c. Finalize SAMS policies, procedures, protocols for intake, Family Functioning assessment, continuing safety assessment.</p> <p>3Ba/b/c. Develop FACTS documentation to support SAMS for intake, Family Functioning assessment, continuing safety assessment.</p> <p>3Ad/e. Finalize SAMS policies, procedures, protocols for Protective Capacities Family Assessment, Case Plan, Case Plan Evaluation.</p> <p>3Bd/e. Develop FACTS documentation for Protective Capacities Family Assessment, Case Plan, Case Plan Evaluation.</p> <p>3C. Develop paper forms and documentation for SAMS pilot.</p>	<p>3Aa/b/c. Policies, procedures, protocols for intake, Family Functioning assessment, continuing safety assessment</p> <p>3Ba/b/c. Finalized FACTS documentation for intake, Family Functioning assessment, continuing safety assessment</p> <p>3Ad/e. Policies, procedures, protocols for Protective Capacities Family Assessment, Case Plan, Case Plan Evaluation</p> <p>3Bd/e. Finalized FACTS documentation for Protective Capacities Family Assessment, Case Plan, Case Plan Evaluation</p> <p>3C. Completed pilot forms and procedures</p>	<p>3. Consistent structures for practice and safety decision-making</p>	<p><u>Agency Responsiveness to the Community</u></p> <p><u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p><u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p> <p><u>Systemic Factor:</u> <u>Statewide Information System</u></p> <p><u>Systemic Factor:</u> <u>Quality Assurance</u></p>
--	--	---	---	---

<p>-Practice model development -Safety screening 3D. -Project management -Quality assurance -Data management -Program/project evaluation 3E. -Project management -Quality assurance -Data management -Program/project evaluation</p> <p>4A. -Project management -Training curriculum development -Leadership development -Supervisor/manager development -Peer to peer learning -Coaching/mentoring -Safety screening 4B. -Project management -Practice model development -Safety screening -Outreach materials 4C. -Project management -Leadership development -Supervisor/manager development -Peer to peer learning -Coaching/mentoring -Project-related travel</p>	<p>3D. Develop quality assurance case review process.</p> <p>3E. Develop Implementation Progress Evaluation to measure success of implementation.</p> <p>4A. Develop and implement intensive training/TA on SAMS for supervisors.</p> <p>4B. Develop and distribute SAMS supervisory desk guides.</p> <p>4C. Develop and implement consultative process for supervisors.</p>	<p>3D. Case review process including peer reviews, supervisory reviews, CFSR-type reviews</p> <p>3E. Implementation Progress Evaluation</p> <p>4A. Curriculum development Supervisor training/TA</p> <p>4B. SAMS supervisory desk guides</p> <p>4C. Consultative process for supervisors</p>	<p>4. Consistent, focused, consultative, structured staff supervision</p>	<p><u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p> <p><u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p> <p><u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p> <p><u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p> <p><u>Well being Outcome 1:</u> Families have enhanced capacity to provide for</p>
--	--	--	---	---

<p>4D. –Project management -Training curriculum development -Leadership development -Supervisor/manager development -Coaching/mentoring</p>	<p>4D. Develop and implement transfer of learning packages for supervisors.</p>	<p>4D. Transfer of learning curriculum packages</p>	<p>5. Competent, knowledgeable CPS and other child welfare staff.</p>	<p>their children’s needs.</p>
<p>5A. –Project management -Training curriculum development -Train-the-trainer -Peer to peer learning -Project related travel</p>	<p>5A. Develop and implement competency-based training for CPS staff.</p>	<p>5A. CPS staff training</p>		<p><u>Outcome Safety 1:</u> Children are, first and foremost are protected from abuse and neglect.</p>
<p>5B. –Project management -Training curriculum development -Train-the-trainer -Peer to peer learning -Project related travel</p>	<p>5B. Develop and implement competency-based training for child welfare and other staff.</p>	<p>5B. child welfare and other staff training</p>		<p><u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate.</p>
<p>5C. –Project management -Policy development -Safety screening -Outreach materials</p>	<p>5C. Develop desk reference guides for workers on SAMS.</p>	<p>5C. Desk reference guides for workers.</p>		<p><u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations.</p>
<p>5D. Project management -Training curriculum development -Train the trainer</p>	<p>5D. Develop and implement training for Child Abuse Hotline staff.</p>	<p>5D. Child Abuse Hotline training</p>		<p><u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children.</p>
<p>5E. -Project management -Training curriculum development -Practice model development</p>	<p>5E. Make revisions to child welfare new worker training to include SAMS and required aspects of CPSS.</p>	<p>5E. Revised child welfare new worker curriculum.</p>		<p><u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs.</p>
<p>6A. –Project planning</p>	<p>6A. Develop and</p>	<p>6A. CPSS/SAMS Transition</p>	<p>6. Consistent operation of</p>	<p><u>Outcome Safety 1:</u></p>

<p>-Implementation/action planning -Project management -Policy development -Practice model development 6B. -Implementation/ action planning -Project management -Policy development -Practice model development 6C. -Project planning -Implementation/action planning -Project management -Safety screening -Practice model development</p>	<p>implement Transition Plan for working with old and new models until full SAMS implementation.</p> <p>6B. Develop and implement plan to eliminate investigation backlog.</p> <p>6C. Re-evaluate and close open cases that do not meet SAMS criteria.</p>	<p>Plan implementation</p> <p>6B. Elimination of investigation backlog.</p> <p>6C. Appropriate SAMS caseloads.</p>	<p>SAMS model</p>	<p>Children are, first and foremost are protected from abuse and neglect. <u>Outcome Safety 2:</u> Children are safely maintained in their homes whenever possible and appropriate. <u>Permanency Outcome 1:</u> Children have permanency and stability in their living situations. <u>Permanency Outcome 2:</u> The continuity of family relationships and connections is preserved for children. <u>Well being Outcome 1:</u> Families have enhanced capacity to provide for their children’s needs. <u>Well Being Outcome 2:</u> Children receive appropriate services to meet their educational needs. <u>Well Being Outcome 3:</u> Children receive adequate services to meet their physical and mental health needs. <u>Systemic Factor:</u> <u>Statewide Information System</u> <u>Systemic Factor:</u></p>
---	--	--	-------------------	---

				<p><u>Case Review System</u> <u>Systemic Factor:</u> <u>Quality Assurance</u> <u>Systemic Factor:</u> <u>Staff and Provider Training</u> <u>Systemic Factor:</u> <u>Service Array and</u> <u>Resource Development</u> <u>Systemic Factor:</u> <u>Agency Responsiveness to</u> <u>the Community</u></p>
--	--	--	--	--

4. Resource Plan Request and Justification Chart

The following is a menu of resources that may be made available to your project in order to support implementation. Please check all those that are anticipated to be needed. For each identified need, provide a brief description of how you envision each resource being utilized in your project.

<i>Category</i>	<i>Need (Yes/No)</i>	<i>Brief Description/Justification (It may be helpful to reference and/or incorporate your response to the 7th bullet under the Project Description in 3c.)</i>
1. Organizational Assessment		
2. Community Assessment/Service Array	x	NRCOI- Continue with the development of the service array with emphasis on how SAMS implementation will impact the entire system of care.
3. Strategic Planning		
4. Project Planning	x	NRCOI, NRCCPS - Execute SAMS implementation plan; evaluate and close cases that do not meet SAMS criteria.
5. Implementation/Action Planning	x	NRCOI, NRCCPS- Execute SAMS implementation plan; conduct regional and staff discussions; implement special forces; develop forms and documentation for SAMS pilot; develop and implement transition plan; develop and implement plan to eliminate investigation backlog; reevaluate and close open cases that do not meet SAMS criteria.

6. Project Management		x	NRCOI, NRCCPS – manage all aspects of SAMS implementation project.
7. Communication Planning/Management		x	NRCOI – develop and implement communication plan; engage DHHR and BCF management and staff; engage stakeholders and families.
8. Workforce Development	a. Training Curriculum Development	x	NRCCPS – develop special forces, supervisor, and CPS and other staff, hotline staff curriculum; transfer of learning packages for supervisors. NRCOI – design and implement general supervisory curriculum.
	b. Train the Trainer	x	NRCCPS – train trainers for special forces, supervisors, staff training.
	c. Leadership Development	x	NRCOI – engage DHHR leaders, special forces in leadership activities.
	d. Supervisor/Manager Development	x	NRCOI, NRCCPS – intensive training/TA on supervisor practices with staff.
9. Peer Resources	a. Peer-to-Peer Learning	x	NRCCPS – implement peer to peer learning around SAMS model for supervisors and staff.
	b. Coaching /Mentoring	x	NRCCPS – implement coaching/mentoring around SAMS model for supervisors and staff.
10. Policy Development		x	NRCCPS – finalize policy, procedures, protocols on all aspects of the SAMS model.
11. Evaluation	b. Quality Assurance	x	NRCOI, NRCDT – develop quality assurance case review process; progress evaluation on implementation

	c. Data Management	x	NRCDT – SAMS development in FACTS system; data and reporting on SAMS.
	d. Program/Project Evaluation	x	NRCOI – develop quality assurance process; progress evaluation on implementation.
12. Child Welfare Related Subject Matter Technical Assistance	e. Family Engagement	x	NRCFCPPP, NRCYD, NOICNRF, CWSRCF – educate families about change; build family engagement and family centered practice model.
	f. Youth Engagement	x	NRCYD – build youth groups for feedback.
	g. Systems of Care		
	d. Interagency Coordination	x	NRCOI – engage stakeholders, cross system information sharing.
	e. Court/Legal	x	NRCLJI – engage court system.
	f. Individualized Assessment	x	NRCCPS – SAMS policies, procedures, protocols.
	g. Case Planning	x	NRCCPS – SAMS policies, procedures, protocols.
	h. Practice Model Development	x	NRCCPS – SAMS policies, procedures, protocols.
	i. Safety (specify i.e. Screening. Risk Assessment)	x	NRCCPS – SAMS practice model and implementation.

	j. Permanency (specify i.e. Kinship, Adoption)	x	NRCLJI, NRCFCPPP, NRCYD – ensure family centered practice and permanency is embedded in processes.
	k. Well Being (specify i.e. Health, Mental Health, Substance Abuse, Education)		
13. Individualized Project Resources	h. Local Project Coordination		
	i. Project Related Travel (i.e. Peer-to-Peer learning)	x	Travel for peer to peer networking for supervisors and staff.
	j. Family/Youth Participation Support (i.e. Stipends)		
	k. Outreach Materials/Supplies	x	Supervisor and worker desk guides and references; materials for families about SAMS, materials for community education.
	l. Meeting/Forum Space Rental	x	For family, youth, and community meetings.
	m. Other (specify)		
14. Other (specify)	a.		