



**West Virginia
System of Care**

“A partnership empowering children and families”

Progress Report

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Submitted to

**The Commission to Study
Residential Placements of Children**

Submitted by

West Virginia System of Care Implementation Team
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NOTE: This report reflects work for the period July 1, 2006, through June 30, 2007, and serves to provide an update on the status of the West Virginia System of Care Implementation Team's work relevant to the implementation of Commission recommendations.

SYSTEM OF CARE FOUNDATIONS

Mission

The West Virginia System of Care is a public/private/consumer partnership dedicated to building the foundation for an effective continuum of care that empowers children at risk of out-of-home care and their families.

The West Virginia Commission to Study Residential Placements of Children was created by an act of the 2005 Legislature (HB 2334 – Section 49-7-34 of WV Code) to achieve systemic reform for youth at risk of out-of-home residential placement, and to establish an integrated system of care for these youth and their families.

In 2006, the Commission designated the West Virginia Department of Health & Human Resources (WV-DHHR) to provide oversight and implement the recommendations of the Commission – as outlined in the report *Advancing New Outcomes* (downloadable on the web from www.wvsystemofcare.org) – and to develop a statewide System of Care Implementation Team in order to direct, oversee and monitor all activities related to developing a System of Care for children and their families.

A Comprehensive Community-Based Service System Approach



A System of Care is about change.

The system of care is about agencies, families, and communities interacting intentionally to create the best possible access to care for children and their families. It is about changing the way that agencies in communities regard the families with children who face emotional, social and behavioral challenges. It is about changing the way that schools, juvenile courts, child welfare programs, and mental health agencies work together, in concert with children and their families, to ensure that there is no “wrong door” through which they may pass in order to receive needed service. It is about changing the way that agencies and individuals provide the money to pay for the needed services so that the process appears “seamless” to parents and their children. This is known as a System of Care.

Value Based & Outcome-Driven

“The Commission embraces the principles developed as part of the System of Care project as guideposts to frame its work” (*Advancing New Outcomes*). The principles are:

- **Support required by children with emotional, social and behavioral challenges must be found in the community.**
- **Services and care must be available regardless of ability to pay.**
- **Families must be viewed as equal partners and colleagues.**
- **Children are best served in their own homes, schools and communities.**

- **Child serving systems and agencies must collaborate to create a seamless system.**
- **Services must be individualized to meet the needs of each child and family.**
- **Services must focus on strengths and competencies, rather than deficiencies.**
- **Interventions and services must be available to “wrap” services around the child and family.**
- **Services must be culturally sensitive and respect family differences.**

Children and youth in Systems of Care are less likely to engage in self-harmful behaviors, demonstrate fewer emotional and behavioral problems and do better in school than before enrollment, according to national data released by the Substance Abuse and Mental Health Services Administration (SAMHSA). In West Virginia, a SAMHSA-funded System of Care demonstration project in the southwestern counties (*WV-DHHR Region 2 Mountain State Family Alliance, 1999-2006*) replicated the national findings, and in addition demonstrated decreased out-of-state placement, decreased psychiatric hospitalization, and an increase in children who remained with their families in the community.

OVERALL WORK FOR YEAR ONE

Piece by piece, building the statewide “infrastructure” to support care that exemplifies System of Care values, has been the overarching goal of the West Virginia System of Care Implementation Team. Moving from institution-based to community-based care for West Virginia’s “at risk” children and families requires something different than traditional “bricks and mortar” construction.

Building a system of care requires strategic change among all West Virginia’s interdependent child serving systems, from child welfare and mental health, to the education and justice systems, and beyond. Similar to building a house, The Implementation Team has put into place foundational elements that will lead to the changes West Virginia seeks:



Readiness: Educating & Bringing More Child-Serving Partners into the Circle

Taking on the sweeping changes that are necessary to fulfill the recommendations in *Advancing New Outcomes* also meant helping people get ready to move forward on the System of Care journey.

It would be essential to identify key professional and family partners at the state, regional and community levels. It would be vital for potential partners around West Virginia to be educated on the elements and the “how-to” of building a successful community based System of Care for West Virginia. It was equally important to listen and gather perspectives from stakeholder representatives, to identify areas of greatest need, potential challenges, as well as community and partner strengths, for sound long-term planning.

WV System of Care Learning Opportunity Participation July 2006 through June 2007	
WV System of Care Presentations at Statewide Meetings & Conferences—Total Participants	555
“Community Conversations” in Northwest WV/Region 1	111
“Community Conversations” in Southwest WV/Region 2	92
“Community Conversations” in Northeast WV/Region 3	106
“Community Conversations” in Southeast WV/Region 4	115
Core System of Core Training Modules	272
Overview of WV System of Care, Community Based Teams & Regional Clinical Review Process	141
Advanced Community Based Team Skills Training (Wrapping Resources Around Families, Circling Youth with Courage & Resiliency)	148
Statewide Presentation on Service Array Process (June 8, 2007)	95
TOTAL PARTICIPATION IN SYSTEM OF CARE LEARNING OPPORTUNITIES	1,635

From December 2006 through June 2007, West Virginia System of Care “Community Conversations” took place in 13 cities and towns throughout the state. Hosted by the Community Collaboratives, these shared learning opportunities were attended by a total of 494 participants. (A total of 1,300 stakeholders received invitations to events in their area)

The objectives of “Community Conversations were to:

- Orient community stakeholders to System of Care history, values, components and developments
- Engage participants in understanding systems change & how a system of care connects to each child-serving system
- Stress the perspective of families in system development
- Gather information & perspectives from key stakeholders
- Establish relationships with community leaders
- Foster community partnerships & networking

Governance: Implementation Team Formed to Provide Statewide Focus

The leadership, planning, assessment, collaboration and communication involved in building a System of Care depends on the full involvement of West Virginia's child-serving bureaus, divisions, agencies, service providers, and representatives of those youth and families who receive services.

The Implementation Team was created, through a Memorandum of Understanding with the West Virginia

Commission to Study Residential Placements of Children, to represent all the above stakeholders, to direct, oversee and monitor all related activities in building a West Virginia System of Care.

The System of Care Implementation Team began meeting monthly on July 31, 2006. The membership represents state child-serving agencies, provider organizations and families (*see list page 7*).

On April 18, 2007 the System of Care Implementation Team met in Charleston with national System of Care consultants to learn how other states across the nation are redesigning their child serving systems to build integrated, outcome-based Systems of Care. The guidance received at this day-long retreat helped further prepare the team for developing both short-term and long-term strategies to move the System of Care forward.

The Implementation Team will draw upon the strengths & diversity of existing geographic planning teams – the four Regional Summits, thirteen Community Collaboratives, and 47 Family Resource Networks - to develop the System of Care. Three existing tasks teams, Service Development & Service Delivery, Training, and the Multi-disciplinary Team (MDT) Process, continue their work related to reducing the reliance on out-of-state placement of children and youth. Their activities and tasks play an integral part in accomplishing the work of the Implementation Team and implementing the recommendations of the Commission.

Clinical Coordination: Because Every West Virginia Child Deserves the Best Treatment, as Close to Home as Possible

A new clinical review process has begun through the West Virginia System of Care. This is a coordinated effort designed to provide a comprehensive, objective, clinical review of designated youth.

Beginning in 2005, the Out of State Service Development Delivery Task Team was charged by the Commission to Study Residential Placements of Children to obtain an accurate profile to define the clinical needs of children in out-of-state care, and to report the results of this review to the Commission. A variety of behavioral health and family organizations donated many hours of time and expertise toward this unprecedented effort.

One of the results was refinement of a permanent clinical review tool with a uniform statewide structure and protocols. The System of Care Implementation Team adopted the review tool on February 28, 2007 with recommendations for changes that were completed by the task team in May. This tool will guide the Regional Clinical Review Teams when assessing youth at risk or in out of state/region placements.

Regional Clinical Coordinators have been hired through the West Virginia System of Care to facilitate the Regional Clinical process. The role of the Regional Clinical Coordinator will include recruiting, facilitating and supporting the clinical review teams. They work with child welfare, families, behavioral health, education, probation, and other individuals in the community to ensure that the needs are being met for children/youth that are at risk of going out of state, and for those children/youth that are returning.

The training curriculum for the Regional Clinical Teams has been developed, with training on target to be completed in all four regions by July 23, 2007.

Family Involvement: Authentic Partnership with—and Accountability to—Parents and Youth

The West Virginia System of Care Implementation Team has, from its formation, conveyed strong support for a statewide system of care that is family centered.

The Implementation Team sought consultation from national and West Virginia family representatives about how System of Care communities and states work with families: families are no longer just recipients of information or passive partners. Instead, families are team members involved in evaluation, quality assurance boards, as partners and independent trainers, providing advocacy and peer support. Biological,

foster and adoptive parents and caregivers are involved at the policy, management and service levels.

The role of a full-time Parent Coordinator in developing and maintaining the family/provider partnership, is an important component which will be phased in during the next year (from one region currently to four regional positions statewide). This will provide an invaluable resource in navigating through multiple and complex service systems to parents and caregivers of children at risk of out-of-state care. The Parent Coordinators will provide training for families and professionals, as well as informed family advocacy at the policy/system level.

West Virginia families are an integral component of the System of Care:

- **Parents that have experience dealing with state and local child-serving systems currently provide assistance and support to other families in need.**
- **Family organizations provide training to individuals that wish to mentor other families.**
- **Families are regularly represented on the Implementation Team and Commission-charged task teams.**
- **Each Regional Clinical Review Team is required to include a family representative as a trained, standing team member.**
- **To stress the family perspective and model family-professional partnership, parents have co-trainer roles in the West Virginia System of Care orientation and clinical learning opportunities.**
- **To extend the reach of the family perspective, the System of Care technical assistance office recorded the "before" and "after" stories of five families, to share with state and community leaders through the audio CD, "Families on the Line."**

Evaluation: Measuring Shared Outcomes for Better Allocation of Resources, and Better Lives for Children & Families

The Implementation Team, after consultation with Robert Friedman of the federal Research & Training Center, is utilizing resource staff from Marshall University School of Medicine's Center for Rural Health to develop a statewide evaluation plan for the System of Care, as well as a data management system for the targeted population.

Priorities include system measures (such as community readiness), as well as measures of child & family functioning for children out of state and at imminent risk of going out of state.

Workforce & Service Development: Assessing and Improving the Capacity of our Communities to Meet the Individualized Needs of Children, Youth & Families

On June 7 & 8, 2007 consultants from the National Child Welfare Resource Center for Organizational Improvement (NRCOI) visited West Virginia in response to the Commission to Study Residential Placement of Children/Out of State Service Development/Delivery Work Group; this group was charged with developing protocols, planning and support to implement community assessment of service systems in all four Health & Human Resources service regions.

NRCOI presented an overview of this process to over 100 state and community leaders in children's services, including the leadership of each of the 13 Community Collaboratives. The selected tool helps states, communities and regions accomplish a number of goals relevant to System of Care infrastructure development, including: assisting West Virginia in preparing for the Fall 2008 Child and Family Service Review (CFSR); conducting the Statewide Assessment of the Service Array Systemic Factor; and developing a Program Improvement Plan (PIP) around the Service Array.

For the full process to result in improved outcomes in a given state, region or community jurisdiction, community stakeholders must be involved throughout all steps in the process. Community stakeholders can include: public and private sector providers of child welfare services; behavioral health service providers; educators; health care providers; court, legal and law enforcement officials; consumers of services and their families; other key providers (e.g., housing and transportation); representatives of business, faith and labor communities; and elected officials.

On June 25, 2007 the Implementation Team took the first steps in the extensive process, agreeing to serve as

the State Service Array Steering Committee, and designating a point person/coordinator for the process. Existing assessment information from the Collaboratives, Family Resource Networks and the West Virginia System of Care “Community Conversations” will be taken into account as the work plan is developed.

CONCLUSION

This past year the West Virginia System of Care took the first steps needed to construct the key components of a new value-based and outcome-driven infrastructure for West Virginia: building up readiness, planning teams, clinical coordination, family involvement, evaluation, workforce and service development. The progress of this first year sets the stage for further progress in putting these foundational elements together. The partnership will continue to work toward the long-term vision of an effective, integrated, outcome-based spectrum of care for children, youth and families.

Current Membership of the West Virginia System of Care Implementation Team

- Debra Barthlow, Children’s Home Society
- John Bianconi, Bureau for Behavioral Health & Health Facilities, WV Department of Health & Human Resources
- Lynn Boyer, Office of Special Programs, Extended and Early Learning, WV Department of Education
- Ardella Cottrill, Mountain State Parent Child & Adolescent Network
- Denny Dodson, WV Division of Juvenile Services
- Pat Varah, Youth Academy
- Susan Fry, Stepping Stones
- Sue Hage, Division of Children & Adult Services, WV Department of Health & Human Resources
- Angie Hamilton, Pressley Ridge
- Laurel A. Haught, Region 2 Family Network
- Sheila Kelly, Bureau for Behavioral Health & Health Facilities, WV Department of Health & Human Resources
- Kathie King, Division of Children & Adult Services, WV Department of Health & Human Resources
- Frank Kirkland, Division of Developmental Disabilities, WV Department of Health & Human Resources
- Michael Lacy, WV Supreme Court of Appeals
- Rose Lowther-Berman, Behavioral Health Facility Licensure & Certification, WV Department of Health & Human Resources
- David Majic, Division of Children’s Mental Health, WV Department of Health & Human Resources
- Steve Mason, Division on Alcoholism & Drug Abuse, WV Department of Health & Human Resources
- Jason Najmulski, Bureau for Children & Families, WV Department of Health & Human Resources
- Dave Plowright, Potomac Center
- Jean Sheppard, Division of Accounting & Reporting, Bureau for Children & Families
- Linda Watts, Director, West Virginia System of Care
- Pat Winston, Behavioral and Alternative Health Care Policy, Bureau for Medical Services, WV Department of Health & Human Resources

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- Jeanette Rowsey, Technical Assistance Coordinator, West Virginia System of Care
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