

West Virginia Department of Health and Human Resources
Bureau for Children & Families

Strategic Plan for Implementation:
**West Virginia Safety Assessment & Management
System (SAMS)**

Prepared by:
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And
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FINAL
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West Virginia Safety Assessment & Management System (SAMS)

SAMS Implementation Vision:

A systematic and effective continuum of safety assessment and intervention decision-making from receipt of referral to case closure.

SAMS Implementation Mission:

The successful implementation of SAMS resulting 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.

SAMS Philosophical Principles:

Child Safety is Paramount.

The mission of CPS is to assure that children are protected. SAMS is directed toward determining who CPS should serve based on the existence of threats to a child's safety, and insufficient caregiver protective capacities to protect against the threats.

Permanency is an Integral Part of Safety.

Permanency refers to the restoration or establishment of stable living environments for children. It exists in tandem with child safety and well-being as the primary outcomes that SAMS is designed to achieve. When CPS identifies children who are not safe, the issue of the child's permanency is automatically considered. The issue of permanency continues until the caregiver demonstrates all necessary protective capacities to ensure child safety, or a permanent out-of-home living arrangement is established for the child.

Rights of Children and Caregivers.

Children and caregivers possess human and civil rights, and SAMS interventions are respectful of those rights. Children have rights to be safe and secure, to be with their families, to be associated with their culture, and to experience the least trauma or interference in their lives as possible. Caregivers have rights related to privacy and due

process. These rights include being informed and involved, receiving prompt responses, having their confidentiality respected, and experiencing the least amount of interference with their families.

Respect for Families.

Respect for families is essential for effective intervention. It is a value that is demonstrated by staff communication, behavior, and interaction with children and caregivers throughout the SAMS process.

Child-Centered and Family-Focused Practice.

Child centered and family focused practice promotes interventions and skills that emphasize the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource.

Least Intrusive Intervention.

CPS is a non-voluntary government intervention that represents interference in a family's life under the best of circumstances. CPS intervention should only be at the level required to 1) determine if children reported to DHHR are maltreated, and 2) protect children from impending danger while attempting to restore the protective capacities of their caregivers.

History of SAMS Implementation

In 2007, the West Virginia Department of Health & Human Resources/Bureau for Children & Families (BCF) and the National Resource Center on Child Protective Services (NRCCPS) began conceptualizing and designing the WV Safety Assessment and Management System (SAMS). A considerable amount of effort related to creating statewide safety intervention constructs occurred over several years prior to this effort, including the development and implementation of the Safety First assessment. This initial work on safety constructs significantly contributed to the development of foundational components for the SAMS practice model. Major SAMS implementation activities that have been completed or are in process of being completed include:

- In December 2007, the concepts of Impending Danger and Caregiver Protective Capacities were introduced as the focus for change and service provision in the context of Ongoing CPS;
- In January 2008, the WV Safety First constructs were reviewed and edited for consistency with SAMS;
- In January and February 2008, a Present Danger Protection Plan was created and edited;
- In March and April 2008, the Family Functioning Assessment and Safety Evaluation process and form was developed and finalized;
- In April and May 2008, the revised version of SAMS Impending Danger Threats were considered and finalized;
- In May and June 2008, the SAMS implementation fidelity criteria was determined and reviewed;
- In July 2008, the WV SAMS Implementation Leadership Team (SAMS ILT) was formally convened;
- In July and August 2008, the SAMS ILT obtained the endorsement from WV DHHR/BCF Leadership Team to proceed with planning for the statewide implementation of SAMS;
- In September and October 2008, a draft of the Protective Capacity Family Assessment was developed and submitted to the SAMS ILT for review;
- In September 2008, work began on developing SAMS policy and intervention standards; and
- In October 2008, West Virginia completed the second round of the CFSR, which provides a baseline for current practice that can be used to inform implications for SAMS implementation efforts.

WEST VIRGINIA SAFETY ASSESSMENT AND MANAGEMENT SYSTEM (SAMS) IMPLEMENTATION GOALS

IMPLEMENTATION GOAL 1:

DHHR/BCF staff at all levels understand the need for change and the level of effort necessary for effective implementation, and demonstrate ownership of and commitment to the successful implementation of SAMS including changes to organizational culture.

Implementation Activities:

- A. Develop and finalize the strategic plan for SAMS implementation to provide a comprehensive and detailed plan for advancing and directing SAMS implementation, including timeframes for rollout of the entire SAMS system.
- B. Hold an Executive Summit with DHHR and BCF Statewide Management regarding SAMS design and implementation plan to engage leadership in the implementation effort and to gain endorsement for SAMS.
- C. Conduct meetings and discussions in each region/district/county office to identify and discuss questions and clarify information about SAMS design and implementation.
- D. Authorize and implement regional Special Forces staff, including the commitment of time and resources, to provide training and technical assistance and to serve as a resource for SAMS implementation. Special Forces staff are trainers, Child Welfare Consultants, Program Managers, and identified Social Services Coordinators and supervisors.
- E. Develop and implement a Communication Plan as a means of engaging staff and providing support and clarification on SAMS design, implementation, and practice issues, including feedback process for staff questions, ideas, and experiences to openly share concerns and suggestions about SAMS.

IMPLEMENTATION GOAL 2:

External stakeholders understand the need for change and the level of effort necessary for effective implementation, and work collaboratively with department staff to implement SAMS.

Implementation Activities:

- A. Educate court personnel on the intent and operation of SAMS and how it will inform the judicial process; and collaborate with judiciary to make sure both court and BCF needs are met.
- B. Provide cross-system information sharing regarding SAMS with medical personnel, educators, providers, and other target audiences to increase understanding of SAMS and awareness regarding CPS efforts to improve practice and decision-making.
- C. Educate families served by BCF of changes brought about by SAMS to ensure that they understand the process and to protect their rights.

IMPLEMENTATION GOAL 3:

Structures assure consistent practice and decision making, and support successful implementation for all parts of the SAMS model.

Implementation Activities:

- A. Finalize SAMS intervention policies, procedures, and protocols for the:
 - a. Intake Assessment;
 - b. Family Functioning Assessment, Protection Plan, and Safety Plan;
 - c. Continuing Safety Assessment;
 - d. Protective Capacities Family Assessment and Case Plan; and
 - e. Protective Capacities Case Plan Evaluation.
- B. Develop documentation in FACTS to support SAMS practice and decision making for the:
 - a. Intake Assessment;
 - b. Family Functioning Assessment, Protection Plan, and Safety Plan;
 - c. Continuing Safety Assessment;
 - d. Protective Capacities Family Assessment and Case Plan; and
 - e. Protective Capacities Case Plan Evaluation.
- C. Develop and implement a hybrid system that includes paper forms and documentation in FACTS for required reporting to implement SAMS prior to the completion of FACTS system changes, if necessary.
- D. Develop a quality assurance case review process for all parts of the SAMS model including peer reviews, supervisory reviews, and CFSR reviews.

- E. Develop an Implementation Progress Evaluation to measure success of the implementation plan that includes required changes in organizational attitudes and practices.

IMPLEMENTATION GOAL 4:

Supervision across CPS functions is consistent, consultative, and structured; based on the casework intervention process; and focused on the key areas of decision making.

Implementation Activities:

- A. Implement intensive training and technical assistance for county supervisors on all aspects of the SAMS model.
- B. Develop supervisory desk guides for all functions of the SAMS model that include consultation guidelines.
- C. Implement a consultative process to build the in-house capacity of supervisors to assure that SAMS functions are occurring as designed.
- D. Develop and implement a package for supervisors to use with their staff to structure transfer of learning as a method of assuring that SAMS functions are occurring as designed.

IMPLEMENTATION GOAL 5:

CPS casework staff is competent in all aspects of the SAMS model, and possess the knowledge, skills, and attitudes necessary to conduct SAMS assessments; achieve fundamental practice objectives; and make accurate decisions.

Implementation Activities:

- A. Develop and implement competency-based training on all functions of the SAMS model for tenured CPS staff.
- B. Develop and implement competency-based training for all other child welfare staff that provides an overview and understanding of the SAMS model.
- C. Develop desk reference guides for workers on all functions of the SAMS model.

- D. Develop and deliver training for Child Abuse Hotline staff on the SAMS model and collecting appropriate information.
- E. Change new worker training to include SAMS functions and required aspects of the CPSS system.

IMPLEMENTATION GOAL 6:

WVDHHR/BCF will implement SAMS with fidelity to the intent, process, and operation of the SAMS model.

Implementation Activities:

- A. Develop and implement a Transition Plan with interim policies, procedures, and protocols for using the new Family Functioning Assessment with the old CPSS Family Assessment and the old Safety First assessment until the entire SAMS system is in operation.
- B. Develop a statewide plan to eliminate the backlog of investigations using consistent standards so BCF is only operating under the SAMS system (not old CPSS).
- C. Re-evaluate open cases and close those cases that do not meet the SAMS system criteria for safety to ensure that BCF is serving the appropriate population.