Lessons We Have Learned & Preliminary Recommendations

WV System of Care Collaborative

Interim Report
September 2002

"Building on Family Strengths and Community Partnerships"

The 2001 West Virginia Policy Academy Delegation on **Developing Systems of Care for Children with Mental Health Needs and Their Families** represented by 19 individuals comprised from stakeholders in both the public and community sector, met in Annapolis, Maryland from December 10 to 14, 2001, in response to an invitation issued by the National Technical Assistance Center for Children's Mental Health, Georgetown, University. In January 2002 these stakeholders signed letters of intent to form the System of Care Collaborative, in order to examine systemic issues and policies which affect the well-being of children and families who have behavioral health needs in West Virginia.

Support for this initiative has been provided by the West Virginia Community Voices Partnership, a Project of the W.K. Kellogg Foundation.

In developing the rationale and expected impact of a system of care approach, the System of Care Collaborative has reviewed both existing information and has collected additional information as part of the planning phase of the initiative.

Members reviewed current and past plans in relation to resources, care coordination, redirection of funds and stakeholder involvement, along with a survey of current planning groups and lessons learned from other related projects. In addition, a key stakeholder survey was conducted in preparation for the Academy to identify priority issues regarding state-level collaboration, service delivery, fiscal issues and service development in West Virginia.

Similar themes emerged across all of the background information collected, and have impacted the formation of our preliminary recommendations.

STATE-LEVEL CHILDREN'S SERVICES PLANNING GROUPS SURVEYED BY SYSTEM OF CARE COLLABORATIVE (April 2002):

Child Welfare/Juvenile Justice Coordinating Council

Children's Services Task Force

Court Improvement Board

Behavioral Health Planning Council

Mountain State Family Alliance

Governor's Early Childhood Implementation Committee

Developmental Disabilities Council

Behavioral Health Advisory Council

Statewide Advisory Council for the Education of Children with Exceptionalities

West Virginia Families First Council

PAST PLANNING: COMMON THEMES

- Over the past twenty years, a number of good faith planning efforts have consistently documented the behavioral health needs of children and families, along with recommended solutions.
- Lack of a shared vision, along with lack of leadership and commitment to work on long-term solutions at the state-level continue to be identified as reasons for lack of progress and implementation of needed changes.
- Child-focused and family involvement approaches in policy development, service delivery and funding priorities are not being followed consistently.
- Planning efforts are duplicative, and parallel systems continue to be developed in isolation. Accountability continues to be identified as a key issue that needs to be addressed.
- Early identification and intervention services are not supported to a level that is needed to positively impact other parts of the system.

Preliminary Recommendations:

The design team identified eight component areas and specific issues to address:

- Outcomes
- Assessment
- Multidisciplinary team
- Meaningful family involvement
- Financial
- Continuum of care services
- Care coordination
- Education

As part of this analysis, current status, preferred practices, and barriers were identified in developing short-term recommendations. Approximately 30 recommendations were developed and further prioritized using the following criteria:

1. Will have a positive impact on the needs of the children in out-of state placement
2. "Fits" System of Care values and principles
3. Begins to bridge the gap between current practice and the ideal
4. Will require cross system collaboration to be successful
5. Is "do-able"
6. Can be implemented using existing resources or a reinvestment of resources

Using a System of Care Approach to Reduce the Number of Children in Out-of-State Placements:

- **Strengthen and enforce legislation to give DHHR full responsibility and accountability** for development and implementation of the child youth and family service plan, including out-of-home options. *Note: In Fiscal Year 2002, WV-DHHR/Bureau for Children & Families had expenditures in excess of $22.5 million for 772 children & adolescents placed in out-of-state care.*
- **Create a single planning approach** along with an agreed-upon set of child and family focused outcomes across systems. This needs to be based on stakeholder input, along with a review against federal regulations across agencies.
- **Develop a uniform assessment & planning process to better serve the needs of children and families.**
- **Formalize a multidisciplinary team approach built upon:**
  - Revising statutes and policies
  - Engaging families
  - Providing training & staff support
  - Establishing consistent practice guidelines
  - Mandating cross-system participation
- **Create cross-system funding strategies which support a System of Care.**

West Virginia System of Care Collaborative

Nancy Adkins, Commissioner
Bureau for Medical Services,
WV Department of Health & Human Resources

Linda Anderson, Consultant
School-Based Health Center Initiative
Marshall University School of Medicine

Nancy Bazzle, Director
Division of Primary Care
Office of Community & Rural Health,
WV Department of Health & Human Resources

Dr. Dee Bodkins, Executive Director
Office of Special Education
WV Department of Education

Fred Boothe, Commissioner
WV Bureau for Children & Families,
WV Department of Health & Human Resources

Richard Brennan, Director
Office of Audit, Research & Analysis,
WV Department of Health & Human Resources

Susan Coghill, General Counsel
West Virginia State Senate

Sue Hage, Director
Division of Community Organization
Office of Social Services,
WV Department of Health & Human Resources

Dr. Karen Huffman, Assistant Director
Office of Special Education
WV Dept. of Education

Vickie James, Executive Director
West Virginia Child Care Association

Cindy Largent-Hill, Deputy Director
WV Division of Juvenile Services

Jerome Lovrien, Commissioner
Bureau for Behavioral Health & Health Facilities,
WV Department of Health & Human Resources

Phillip A. Lynch, Deputy Secretary
WV Department of Health & Human Resources

Dave Majic,
Director of Children's Mental Health
Bureau for Behavioral Health & Health Facilities, WV Department of Health & Human Resources

Beth Morrison, Consultant
Governor's Cabinet on Children & Families

Betty Anne Smith, Chair
WV Community Voices Mental Health Task Force

Teri Toothman, Executive Director
Mountain State Parents, Children & Adolescents Network

Linda Watts, Project Director
Mountain State Family Alliance

Karen Yost
WV Behavioral Healthcare Providers Association

Collaborative Process Facilitator:
Becky King

VALUES AND PRINCIPLES FOR THE SYSTEM OF CARE*

CORE VALUES

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community based, with the locus of services as well as management and decision making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

GUIDING PRINCIPLES

Children with or at risk of social-emotional or behavioral health needs should:

- Have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
- Receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Receive services within the least restrictive, most normative environment that is clinically appropriate.
- Be included as full participants in all aspects of the planning and delivery of services
- Receive services that are integrated, with linkages between child-servicing agencies and programs and mechanisms for planning, developing, and coordinating services.
- Be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Receive early identification and intervention in order to enhance the likelihood of positive outcomes.
- Be assured of smooth transitions to the adult service system as they reach maturity.
- Have their rights protected and receive effective advocacy efforts.
- Receive services without regard to race, religion, national origin, gender, disability, and services should be sensitive and responsive to cultural differences and special needs.

*From Stroul, B. & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances.* Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.