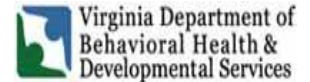


# Bringing Systems of Care to Scale in Virginia



A Systems of Care (SOC) is a sustainable coordinated network that supports children and youth at-risk for mental health and other family challenges and families to comprehensively achieve better outcomes (Stroul, B., Blau, G., & Friedman, R., 2010). In 2016, through a federal grant from the Substance Abuse and Mental Health Services Administration (SAMSHA), the Department of Behavioral Health and Developmental Services (DBHDS) was awarded a 4 year grant for 2016 through 2020 to expand Systems of Care to 42 localities to include community service boards and private organizations within the Commonwealth through services such as High Fidelity Wraparound and/or Family Support Partner (FSP) Services. The New River Valley CSB, Blue Ridge Behavioral Health, Mount Rogers CSB, Middle Peninsula Northern Neck CSB, and United Methodist Family Services in three regions provide High Fidelity Wraparound Services to youth and families. Wraparound is a family-centered, strength-based process which assists families in building the tools needed to develop an individualized plan of care to achieve positive outcomes for their family (Bruns, EJ. 2004).

**Table 1. Demographics for youth served**

Characteristic	Number*	Percent
<b>Gender (n=260)</b>		
Female	97	37%
<b>Male</b>	<b>159</b>	<b>61%</b>
Transgender	1	.3%
Other (prefers male)	1	.3%
Missing Data	2	.7%
<b>Age (n=260)</b>		
Birth to 4 years	10	4%
5 to 9 years old	58	22%
10 to 12 years	59	23%
<b>13 to 15 years</b>	<b>74</b>	<b>28%</b>
16 to 25 years	51	20%
Missing Data	8	3%
<b>Race/Ethnicity (n=260)</b>		
American Indian	6	2%
Asian	12	5%
Black	61	23%
Hispanic	38	15%
Native Hawaiian	17	6%
Two or more races	21	8%
<b>White</b>	<b>123</b>	<b>47%</b>

Approximately 260 youth have received HFW services during federal fiscal year 2019. Table 1 provides a breakdown of demographic characteristics for youth/young adults who were surveyed using the National Outcomes Measures Survey (NOMs) for Federal Fiscal Year 2019. The majority of youth were male (61%), between ages 13-15 (28%) and white (47%).

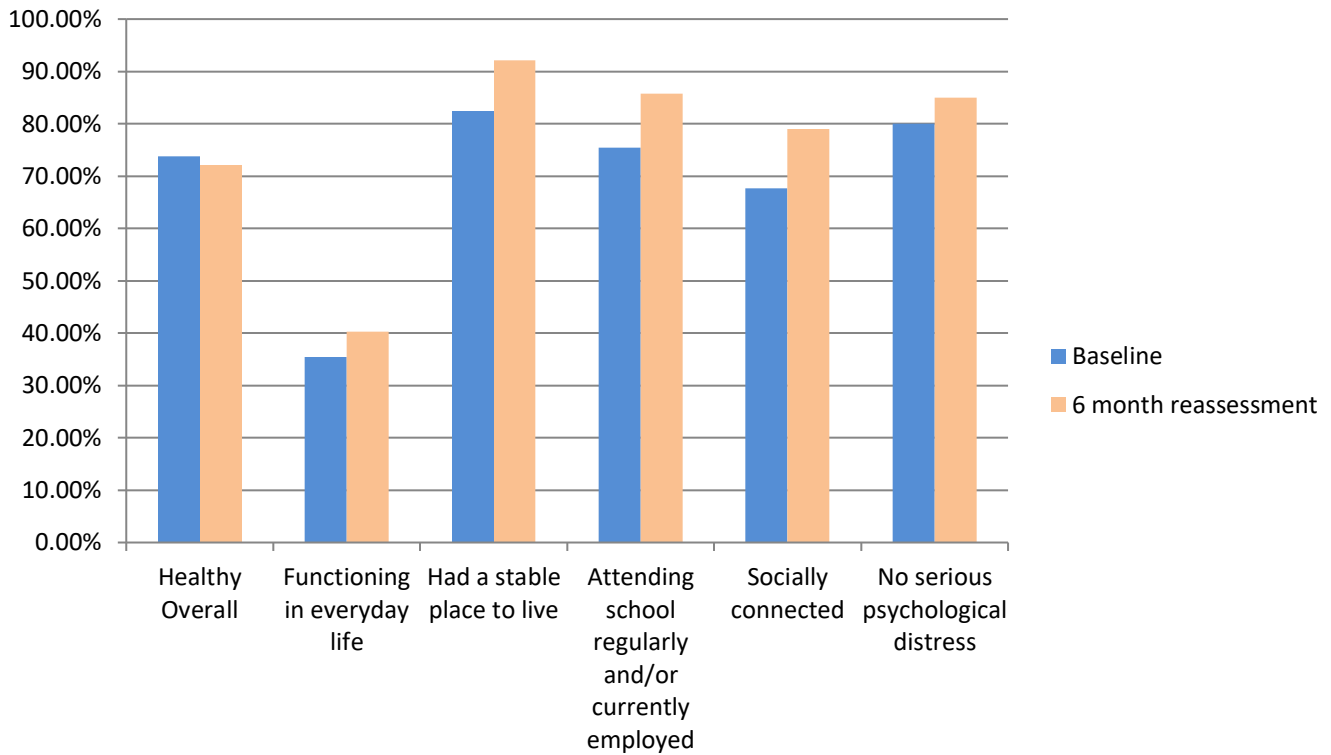
**Table 2. : Baseline overview of involvement in juvenile justice, service utilization and housing status of youth**

	Number	Percent
<b>Nights spent in jail</b>		
<b>0 nights</b>	<b>204</b>	<b>78%</b>
3-10 nights	1	.3%
Greater than 10 nights	5	2%
NA	48	18%
<b>Nights spent in detox</b>		
<b>0 nights</b>	<b>208</b>	<b>80%</b>
5-10 nights	1	.3%
Greater than 10 nights	1	.3%
NA	50	19%
<b>Nights spent in the hospital for mental health care</b>		
<b>0- 10 nights</b>	<b>190</b>	<b>73%</b>
5-10 nights	5	2%
12-30	15	6%
NA	50	19%
<b>Nights spent homeless</b>		
<b>0 nights</b>	<b>208</b>	<b>80%</b>
1-30	3	1%
NA	49	19%
<b>Housing</b>		
<b>Caregiver</b>	<b>163</b>	<b>63%</b>
Other living arrangement*	83	32%
Hospital (Psychiatric)	14	5%

*\*Other living arrangement includes (but not limited to) living with someone else, group home, foster care, transitional living, correctional facility, detox/inpatient and other.*

At baseline the majority of youth did not have any involvement with the juvenile justice system (78% not having spent any nights in jail in the past 30 days before the baseline interview). In terms of housing, the majority of youth did not experience homelessness in the past 30 days. Most youth (63%) lived with a caregiver during the past 30 days.

**Figure 1. Service Level Outcomes**



The table above (**Figure 1.**) provides an overview of the differences in service level outcome measures between the baseline interview and the 6 month reassessment interview. Every measure had an improvement except for overall health. Functioning in everyday life improved by 13.6%. Had a stable place to live improved by 11.5%. Attending school regularly and/or currently employed improved by 13.5%. No serious psychological distress improved by 6.3%. Lastly, socially connected had the largest improvement at 16.7%.

**Points to consider/Next steps**

The demographics and involvement in the juvenile justice system/housing graphic is an overview of baseline interview information for youth receiving HFW services at various grant locations in Virginia. The last figure shows the improvement from the baseline interview to the 6 month reassessment interview. To get more information like this, we must continue to improve our reassessment rate and to collect and enter the data diligently. There are also a lot of missing data in the demographics alone. We must ensure that every question is being answered to achieve the highest quality data. The overall health aspect of the interview had a decrease in the amount of youth that said they were healthy from baseline to 6 month reassessment. This should be an area we work on as we give HFW services to youth.