



Cynthia A. Persily, Ph.D.
Cabinet Secretary

Jeffrey Pack
Commissioner

Family Engagement Desk Guide

Please note: *This guide is a suggested best practice. Not everything in this guide can be found in policy or West Virginia Code.*

Helping a child and their family or friends remain engaged when circumstances are not ideal is a large responsibility, and a critical one. Each child's situation is unique to them and their family, and no two situations should be compared. Engaging a family or others to participate in a child's life while they are not in the home is critical for successful treatment and reunification. Building a solid network of contacts for children helps them to feel safe and loved.

The long-term goal of family finding, and engagement is to find permanency for the child whether that be with their biological family or someone else who can provide support to the child.

There are four distinct goals to family engagement:

- To reduce entry, lengths of stay, and placement changes in foster care
- To decrease disconnectedness and isolation for children
- To increase placement stabilization
- To increase assistance to families to meet the child's needs

It is important that each caregiver has an identified team member who can spend their time working to make connections, gather background information, complete records reviews, follow up on leads, and facilitate successful visits. It is equally important to work in tandem with the West Virginia Department of Health and Human Resources' (DHHR) Bureau for Social Services (BSS) caseworker, Aetna, and the multi-disciplinary team (MDT) to ensure that communication remains open and fluid. When everyone is on the same page and working toward a common goal, it provides a rich benefit to the child.

Purpose

This desk guide provides Multi-Disciplinary Teams (MDT's) with a comprehensive overview of the best practices related to family engagement for Child Protective Services (CPS) and Youth Services (YS).

Discovery

When a child is referred for placement out of the home, the BSS caseworker must complete the child contact sheet. It is important for the BSS caseworker to gain as much insight into who in the child's life is important to them, who is safe for them, and whom they can count on to follow through. It is equally important to understand who cannot have contact with a child and why. Giving specific examples of why something is not allowed is easier for a child to comprehend and come to terms with rather than just saying "no" or "it's not allowed."

The child contact sheet also acts as a consent for the caregiver to make decisions on behalf of the child without having to seek prior approval and permission from DHHR or the child's guardian ad litem for



engagement to occur and aligns with the Prudent Foster Parenting Standards (<https://dhhr.wv.gov/bss/policy/Documents/Prudent%20Parenting%20%286.2.23%20MS%29.mp4>) and W. Va. Code §49-2-128.

The child contact sheet is a living document that will follow the child from the time of removal from the home to discharge and be updated in real time to reflect changes. The child contact sheet must be shared with the caregiver and Aetna so they can continue to fill in the information that is relevant and discovered. The child contact sheet will be maintained by the caregiver as part of the intake and discharge plan.

The child's MDT will remain in regular and routine contact, set up follow-up meetings, and assign any necessary tasks for team members to complete.

Engagement

The MDT will create an engagement strategy for each team member, including the child and family. The following are examples of key strategies that need to be developed:

- Identify roles and responsibilities of each team member.
 - Rights for children and families
<https://dhhr.wv.gov/bss/policy/Documents/Foster%20Care%20Policy%20June%202023.pdf>
- Schedule routine visits using Prudent Foster Parent Standards as guidance.
- Clarify expectations of each team member.
 - Potential consequences when expectations are not met.
 - Rescheduled visits, etc.
- Define support and resources available.
 - Who and where they can reach out to with questions, needs, etc.

Exploration and Planning

Planning will be completed with other MDT members to create a collaborative environment. The main goal of case planning is to ensure it is a family-centered practice. As a part of the planning process, an assessment should be completed, and a case plan developed.

The BSS caseworker will work with the family to complete a Family Advocacy and Support Tool (FAST) Assessment for those involved with YS or an ongoing assessment for those involved with CPS. This will help identify strengths, weaknesses, and resources needed to support the family and child.

Each child will also have a case plan that identifies needs, goals, preferences, and outcomes as it relates to family reunification and involvement. The contact sheet will be included as part of the plan to ensure that appropriate and safe relationships are identified and supported.

Another part of the exploration and planning phase is to offer the child the opportunity to participate in the Helping Everyone and Each Other Reach Out (HEERO) program that is offered by Child Placing Agencies (CPAs) and sponsored by Aetna. This program allows the child to help identify who is important to them and why.

Child Participates in HEERO Program

- Should a child choose to participate in the HEERO program and has completed the necessary training, it is required for the child to submit their network support list to their BSS caseworker for approval and update of the Child Contact Form.

- The updated network support list will only be submitted for approval in the event the no-contact list has not been completed as the provider has the responsibility to follow the Prudent Foster Parenting Standards that are already in place.
- For consistency purposes, the best practice is to submit the request list when and if required to the child's BSS caseworker through an email, but to also include the following participants on the email to ensure succinct and timely communication:
 - BSS case worker
 - Cc: Supervisor
 - Social Services Manager
 - Aetna Case Manager
- The expectation is that all emails will be followed up within two business days.
- If communication is not received within two business days, a follow-up email will be sent to the same recipients as the first email.
 - Note: The best practice is to use the original email as the primary source of correspondence to show the prior request.

If the child chooses not to participate in the HEERO program, and they are above the age of 17, the following should be used to help the child engage with those who are important to them:

Child 17 or above and aging out of foster care system and is not participating in HEERO program

- In the event a child has not chosen to participate in the HEERO program, but is 17 years of age or older, it is in the child's best interest to begin to establish and/or expand their network to have safe and positive experiences prior to leaving care. Prudent Foster Parenting Standards will be followed by the provider in assisting the child with family engagement efforts. The following is a list of contacts that should be explored:
 - Family
 - Friends
 - Neighbors
 - Teachers
- As part of the family engagement effort, it would be in the child's best interest if the caregiver could begin collaborating with them to explore what they may know about people from their history. Such things may include:
 - Where someone is currently living
 - Person's history and why they may have not had or been allowed contact
 - Current phone number or email
- Once information has been acquired, the child needs to submit their network support list to their BSS caseworker for approval and update of the Child Contact Form.
 - The updated network support list will only be submitted for approval in the event the no-contact list has not been completed as the provider has the responsibility to follow the Prudent Foster Parenting Standards that are already in place.
- For consistency purposes, it is a best practice to submit the request list to the child's BSS caseworker through an email but to also include the following participants on the email to ensure succinct and timely communication:
 - BSS case worker
 - Cc: Supervisor
 - Social Services Manager
 - Aetna Care Manager
- It is expected that all emails will be followed up within two business days. If communication is not received within two business days

Evaluation and Follow-Up

Ongoing evaluations will be conducted while the child is in care. It is important to routinely assess and readjust goals and outcomes based upon a variety of factors including compliance, court orders, etc., and there are appropriate resources available to youth and families when reunification occurs.

As part of the evaluation process, there are some key things to consider as it relates to families and connections.

- If the biological parent's rights were terminated and they are on the "no-contact" list, but the child wants to initiate contact again, that should go to the MDT for a decision and approval. The provider would need DHHR/MDT permission in this instance.
- If there is a court order that prevents contact with the biological parent, that court order would need to be changed. This could happen through the MDT process.
- The child could be placed with the biological parent even though rights were terminated if appropriate and not prohibited by the court order. This placement would require court approval.
- The child, through their GAL (Guardian Ad Litem), or DHHR could file a motion for modification of the dispositional order to place the child with the parent whose rights have been terminated or to restore the parent's rights, pursuant to W.Va. Code §49-4-606(c).

Follow-up needs to occur for six months after the child leaves care to ensure that the child and family's needs are being met and that they are continuing to engage in the process.