

A Valuable Investment



Nelson Mandela once said, “Safety and security don’t just happen, they are the result of collective consensus and public investment.” If you are receiving this newsletter, it is because you are a valuable partner in West Virginia’s initiative to achieve better outcomes for children and families through the Safe at Home project.

Just as all of us work to ensure youth receive education and health care, we must also focus on their overall well-being and ability to develop in a safe and familiar setting. This is what Safe at Home aims to achieve through enhanced wraparound community based services.

Although we are still in development stages, I look forward to hearing the life-changing experiences that will result from the state’s continued commitment to improving child welfare through the Safe at Home project.

Thank you for joining us in this pursuit to keep children in their home communities and promote family engagement so that parents and guardians have the resources they need. Through our combined efforts, we can provide children and families the opportunity to lead safe, healthy and successful lives.

A handwritten signature in blue ink that reads "Karen L. Bowling".

Karen L. Bowling, Cabinet Secretary

Wraparound Model

Trauma can have life-long negative effects on an individual’s functioning. The Adverse Childhood Experiences Study indicates a clear relationship between chronic, multiple stressors with complex manifestations of trauma, including deficits in emotional management, impaired interpersonal relationships, as well as physical health symptoms and impaired cognitive competencies.

The Safe at Home West Virginia wraparound services intervention will help improve identification of a youth’s and family’s strengths and needs; reduce the reliance on congregate care and length of stay in congregate care; reduce the reliance on out-of-state residential care; improve the functioning of youth and families, including educational attainment goals for older youth; improve timelines for family reunification; and reduce re-entry into out-of-home care.



The benefits of a wrap-around approach to children and families include:

- Supports one child and family team across all service environments;
- Allows the family’s wrap-around plan to unify residential and community treatment;
- Helps families build long-term connections and supports in their communities;
- Provides concurrent community work while the youth is in residential care for a smooth transition;
- Reduces the occurrence and negative impact of traumatic events in a child’s life;
- Provides access to mobile crisis support, 24 hours per day, seven days per week;
- Supports crisis stabilization without the need for youth to enter/re-enter residential care.

continued

WRAPAROUND, continued

The achievement of the West Virginia Safe at Home wraparound model depends on the support and understanding from the entire system's stakeholders. Support will be evidenced through receptive attitudes and the welcoming of a different way to serve youth and families. Understanding who we are serving and what will meet their needs is key as we move forward in developing Safe at Home wraparound and its service array.

Community Based Treatment

The State of West Virginia has long had an interest in reducing the number of children in congregate care both in state and out-of-state. In conjunction with that interest, West Virginia has a history with wraparound services. More than 20 years ago, the State adopted the System of Care Values. From October 1999 through 2006, the Community Mental Health Services for Children and their Families Program (SAMHSA) funded the Mountain State Family Alliance/Region II System of Care initiative. The evidence gathered through this research led to the development of the Region II Community Based Treatment (CBT) team.

CBT, similar to Safe at Home West Virginia, is a customer driven intervention practice. After identification of a potential customer, the CBT team begins the process of customer/family engagement and rapport building. Once rapport is established, the Child and Adolescent Functional Assessment Scale (CAFAS) is administered to determine the level of intervention needed. With CAFAS scores in hand, the team plans an intervention using formal and informal services within the community to ensure the youth's safety while maintaining them in their own home.

Southwestern West Virginia experienced tremendous success through the CBT program in reducing congregate placements and providing services that kept children with their families. Studies conducted on the CBT program yielded results showing that 89% of children were able to remain in their homes after six months in the program and 83% at the one year mark. This means that after one year, 83 children out of 100 were still in a family unit within their community.



Josh and his family received community based treatment to strengthen their family unit.

Rhonda McCormick was chosen to take part in the CBT process to help her son, Josh, remain in her home. Rhonda's son was diagnosed at eight years old with a traumatic brain injury which occurred at birth and, at the age of 15, his behavior was causing serious stress and disruption of their family unit. Below is Rhonda's testimony of the success she and her family obtained with help from the CBT program. Rhonda was so impressed with the progress of her son through this process that she took a job that would allow her to become part of the CBT team for other families.

"When I was first introduced to the CBT process, I was reluctant but I was also at the end of my rope. I had no idea how to help my child, but I did know that I knew my child better than anyone else and I was not going to send him away. The CBT team provided services that allowed me time to be with my other children and even complete errands while helping my son learn how to control his behaviors. Before the team gradually transitioned out of my home, they taught me the skills to help Josh. The team allowed my family to change their behaviors so that the stress was lessened and our strengths were increased, leaving us a stronger family unit. No parent should have to give up custody of their child to be able to access the services that they need," said Rhonda.

Much like CBT, Safe at Home West Virginia is based on the National Wraparound Initiative which is firmly grounded in the 10 principles of the wraparound process. These principles include focus on family engagement and individualizing services to meet the identified needs of each youth and their family.

