

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Safe at Home West Virginia

Policy

Bureau for Children and Families:

07/22/2017

The following document is intended to serve as the policy for Department of Health and Human Resources child welfare workers in implementing Safe at Home West Virginia.

July 22, 2017

Definitions:

Aftercare	<p>Aftercare planning should occur with every child leaving out of home care. Aftercare planning refers to the planning that occurs following placement in an out of home setting. Aftercare involves a clearly delineated process that if followed, greatly improves the child's ability to remain in his home and community. It provides a child and family with a support structure and resources to deal with the stressors of daily living. Aftercare planning shall always include the family's involvement, thus it is unique and targeted to that child's needs. This improves the likelihood that the child will have the resources and desire to follow through. Aftercare planning should address every aspect of an individual's life so that when issues arise, they will have the support and guidance to handle the stressors in an appropriate and productive manner.</p>
Child and Family Team:	<p>Groups of people, chosen with the family and connected to them through natural, community and formal support relationships. Child and family teams develop and implement the family's plan, address unmet needs, and work toward the family's vision by monitoring the family's progress on the wraparound plan, revising and refining it as needed. The child and family teams are the forum through which the family's goals are identified and decisions on how to achieve the goals are made.</p>
Child Welfare Supervisors Role in Safe at Home West Virginia:	<p>Consult with child welfare workers to assist in identifying potential families for referral to Safe at Home West Virginia. Assure, through consultation with the worker, that all necessary steps are followed as described in the Safe at Home West Virginia policy and that they follow the correct protocol when referring the case for wraparound services. Schedule case staffing with worker to discuss the progress of each case receiving Safe at Home West Virginia and review each case to allow for effective feedback. Participate in meetings and MDT's as needed and appropriate. Participate in case staffing process and tracking of Safe at Home West Virginia Referrals and Cases.</p>
Child Welfare Worker Role in Safe at Home West Virginia:	<p>Identify children and families to refer to Safe at Home West Virginia, staff these cases with their Supervisor to get approval to present to child's current MDT if applicable.</p> <p>After a family has been identified as potentially appropriate for wraparound, the worker shall discuss this option with the family. If the family is in agreement, the worker would then initiate the referral process. It should be understood that although the worker will experience some relief assistance in service planning and safety</p>

	<p>management while a family is involved in the wraparound process, the child welfare worker remains the primary case manager responsible throughout the life of the case. Once the approval is given by the Program Manager the worker will have further discussion with the family to assure that they are educated on the process. The family must agree to participate in the all aspects of Safe at Home West Virginia. Once the decision is made to refer the family to Safe at Home West Virginia the worker should begin collecting all available information, which may require the family to sign consents to release the needed information to the worker and/or the Local Coordinating Agency.</p> <p>Once the referral is accepted and approval is given the worker will then complete the necessary screens in FACTS, submit the completed wraparound referral to the Local Coordinating Agency along with collected family history and work in conjunction with the Wraparound Facilitator to schedule an initial home visit. At this meeting it will be determined with family who will be invited to the first family team meeting.</p> <p>Participation by the worker in all child and family team meetings and the development of the wrap around plan is extremely important to the process. Once this plan is developed the worker will participate in monthly reviews which will include reviewing progress and making needed changes. When the family is approaching successful completion of the wraparound plan the worker will assist the team in the development of a transition plan. Transition planning will allow the family to move to the use of community supports and informal services and to have a plan in the event that a crisis would occur. The family will at this time be ready for formal discharge.</p> <p>The Child Welfare Worker will continue to support the family and the Local Coordinating Agency during the wraparound process. They will also continue to act in accordance with the DHHR child welfare policy and how it relates to casework, and work in collaboration with Wraparound Facilitator during every phase of the process.</p>
<p>Community Services Manager's Role in Safe at Home West Virginia:</p>	<p>The Community Services Manager is responsible for reviewing reports (Out of State, Kids in Care) to assist in identifying possible referrals. The Community Services Manager consults with Child Welfare Supervisors and Child Welfare Workers as needed. They oversee the accountability of the Local Coordinating Agency's and trouble shoots/intervenes as needed. They identify and address problems via the DHHR chain of command. The Community Services Manager tracks/oversees the completion of designated reports. They serve as a back up to the Child Welfare Supervisors when needed. They educate the community and create/sustain enthusiasm. Community Services Managers nurture the philosophic principles and ensure they are used in practice and provide oversight during all facets of the process from pre-referral to aftercare. The Community Services Manager acts as a</p>

	liaison, within and outside of Bureau for Children and Families. The Community Services Manager attends the Community Collaborative and Regional Children's Summit meetings.
Local Coordinating Agency:	The Local Coordinating Agency is a licensed behavioral health care agency. The Local Coordinating Agency will have staff members that are certified in the Child and Adolescent Needs and Strengths tool (CANS), and supervisory staff licensed as Masters prepared Social Workers, Counselors or Psychologists with at least two years of experience providing direct services to children and families. In addition, the Local Coordinating Agency will also have Wraparound Facilitators and Supervisors who have completed Wraparound training and certification. The Local Coordinating Agency will have Memorandums of Understanding developed between the Local Coordinating Agency and community service providers to provide the needed services within the families' communities. Local Coordinating Agencies are responsible for hiring and maintaining Wraparound Facilitators who are responsible for leading child and family teams that will develop individualized service plans through the wraparound process.
Program Manager Role in Safe at Home West Virginia:	Review all referrals made to Safe at Home West Virginia or assure that their designee reviews all referrals. Make determinations regarding the appropriateness of the referral. If the Regional Program manager approves the case for wraparound services they will notify the DHHR liaison to the WV System of Care with the case ID# and the county where the case resides. Once it is determined which Local Coordinating Agency will receive the case the RPM will notify the referring county supervisor that the case was approved and which Local Coordinating Agency will be assigned to the case. The Regional Program Manager is responsible for Regional Case Tracking.
Social Service Coordinator's Role in Safe at home West Virginia:	In districts with Social Service Coordinators many of the tasks of the Community Service Managers will be delegated to the Coordinator. The Social Service Coordinator reviews reports and consults with staff to identify youth meeting the criteria for referral for Safe at Home West Virginia and as needed regarding Safe at Home West Virginia cases. Social Service Coordinators solicit feedback from DHHR Child Welfare Staff and Safe at Home West Virginia Wraparound Facilitators to assure positive collaborative efforts continue on cases. They educate the community and create/sustain enthusiasm for the project and nurture the philosophic principles and ensure they are used in practice. Social Service Coordinators provide oversight during all facets of the process from pre-referral to aftercare and oversee progress/lack of progress on cases.
Wraparound Facilitator	The Wraparound Facilitator has a critical role with regard to fidelity to the wraparound model. The Wraparound Facilitator is responsible for coordinating seamless multi-agency service provision. This decreases frustration on the part of the family by making the system easier to

	<p>navigate. The Wraparound Facilitator engages community partners in the process and facilitates creative service delivery to fit the family's unique needs. An additional responsibility of the Wraparound Facilitator is to facilitate family joining. The wraparound process is designed to be family driven. It is important that the Wraparound Facilitator create an environment that focuses on the youth and family's strengths so that they feel comfortable enough to truly be engaged in the process and take an active role in the collaboration. It is critical that the Wraparound Facilitator set the tone of the family being the expert. The Wraparound Facilitator will guide this process from the beginning and be responsible for facilitating all child and family team meetings. The Wraparound Facilitator will be responsible for teaching the child and family team important skills such as brainstorming, conflict resolution and other skills designed to elicit full team collaboration. The Wraparound Facilitator will listen closely to the child and family to assist them in identifying strengths, needs, natural supports and other important components that are essential to the process. The Wraparound Facilitator will also guide the family in developing a crisis plan. The Wraparound Facilitator will act as a liaison, coach and support to the child and family team throughout the process.</p>
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Safe at Home West Virginia- A Demonstration Project

Introduction

The West Virginia Department of Health and Human Resources (DHHR), along with private partners, and community stakeholders, have collaborated efforts to launch "Safe at Home". Safe at Home West Virginia represents a paradigm shift in the way we empower and support our families and communities. West Virginia recognizes the need to reduce the numbers of children living in out-of-home facilities and increase the numbers of children who can remain safely in their homes and communities. Safe at Home West Virginia aims to make this possible by engaging families, whose child(ren)'s permanency, safety, and well-being are most jeopardized, in the wraparound process.

The Department of Health and Human Resources has established criteria for youth considered appropriate for the wraparound process. The targeted population is as follows:

- Youth, ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) currently in out-of-state residential placement and cannot return successfully without extra support,

linkage and services provided by wraparound; and within 90 days of expected discharge date.

- Youth, ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) currently in in-state residential placement and cannot be reunified successfully without extra support, linkage and services provided by wraparound; and within 90 days of expected discharge date.
- Youth, ages 12 to 17 (up to the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) at risk of out-of-state residential placement and utilization of wraparound can safely prevent the placement;
- Youth, ages 12 to 17 (up to the age of the youth's 17th birthday) with a diagnosis of a severe emotional or behavioral disturbance that impedes his or her daily functioning (according to a standardized diagnostic criteria) at risk of residential placement and they can be safely served at home by utilizing wraparound;
- In addition to the above criteria youth and families who participate in the wraparound process must be eligible for an open child welfare case with the West Virginia Department of Health and Human Resources, be in agreement to participate, and be involved in two or more child serving systems. An example of two or more child serving systems may be an open child welfare case and involvement in the juvenile justice system or having an Individualized Education Plan.
- Children currently in the custody of the Department of Juvenile Services are not considered eligible participants, once they exit DJS and establish an open child welfare case; they can then be eligible for wraparound.

The wraparound model is a process that follows a series of steps to help children and youth grow-up in their homes and communities. The power of wraparound is not in its discrete steps but instead in the connections between the steps of phases that makes the differences. Wraparound planning brings people together from the family's life and the community to help the family succeed. Regardless of the reasons a youth is identified as appropriate for beginning the wraparound process, it is the family unit, as a whole, who must be engaged in the process and responsible for making key decisions in their pathway to success. It is paramount to understand that the wraparound process

will look different from family-to-family and community-to-community, and it is this philosophy of individualized planning and treatment which is the foundation to wraparound success.

Safe at Home West Virginia Requirements:

Safe at Home West Virginia was developed to concentrate on children with emotional disturbance and their families. The philosophy used for Safe at Home West Virginia, is an evidenced based practice approach that focuses on family centered practice, and adds family engagement, and values into the framework of the wraparound model. The Safe at Home West Virginia model extends the empowerment idea of wraparound beyond the individual case level, and establishes a commitment to social justice by working toward engaging families during planning the assessment process and service delivery. Safe at Home West Virginia is an expansion of the service delivery process, which allows services to ensure safety and care of West Virginia's children. Safe at Home West Virginia establishes partnerships between families and professionals ensuring that each family's individualized needs are addressed.

Safe at Home West Virginia is currently a federal demonstration project which began in October 2015. The demonstration project was initially effective in eleven counties¹, and will be implemented statewide by the end of its five year demonstration. Safe at Home West Virginia has been made possible by a federal title IV-E waiver that allows the Department to redistribute title IV-E federal funding for services provided to keep children in their home and communities, rather than restricting the funding to only those services provided to children in foster care. While Safe at Home West Virginia is not specifically statutorily required, the Department is statutorily required to make reasonable efforts to prevent the removal of children from their homes and to make reasonable efforts to reunify children with their families. Safe at Home West Virginia has provided the Child Welfare Worker with another opportunity to meet these statutory requirements.

The Wraparound Process

As stated earlier the wraparound process will look different from family-to-family and community-to-community; however, there are ten principles and four phases that should guide every wraparound child and family team and plan implementation. This aligns with the [ten principles](#): The wraparound model is not a separate model, but an extension of the current child welfare policy. Safe at Home West Virginia is an extension of the current child welfare policy, which emphasizes family centered practice, individualization of plans, and building on existing resources and natural supports.

¹ Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam, and Wayne counties

Utilizing these concepts will help child welfare workers achieve safety, permanency and wellbeing of West Virginia children.

- Family voice and choice
 - Family perspectives are elicited and prioritized throughout all phases of the process.
- Team based
 - Individuals committed to the family through formal, informal, and community relationships
- Natural supports
 - Seeking out and engaging extended family and community stakeholders to create a network of supports for the family
- Collaboration
 - Cooperative team work, sharing in the responsibility for implementation and success
- Community-based
 - Services and support strategies that take place in the least restrictive setting and integrate the family into their communities
- Culturally competent
 - Demonstrate respect for and build on the values, presences, beliefs, culture, and identity of the child and family
- Individualized
 - Planning that is customized for the family engaged in the process
- Strengths based
 - Build on and enhance the families capabilities, knowledge, skills, and assets
- Persistence
 - Despite challenges, the team persists in lifting the family to meet their goals
- Outcome based
 - Goals and strategies are tied to observable or measurable indicators of success

The philosophical principles of wraparound have long provided the basis for understanding this innovative and widely-practiced service delivery mode, and provide an excellent starting point for social service workers to begin the dialogue with families regarding their involvement in the wraparound process. Workers should also advise

families of the other fundamental element of the wraparound process which is the four phases of the wraparound process. The [four phases](#) are:

- I. Engagement and Team Preparation
 - Wraparound Facilitator meets with family to discuss the wraparound process
- II. Initial Plan Development
 - The first official team meeting in which needs will be identified with the family and a plan developed
- III. Plan Implementation
 - Team members are committed to carrying out their roles in the plan and are actively participating
- IV. Transition
 - Formal supports begin utilized from the plan and replaced, when appropriate, informal supports are identified.

Aligning with the ten principles and following the four phases, the child and family team will create a wraparound plan/individualized service plan. The family plan will be an evolving plan, designed to change as the needs of the family change. The team is driven by a team mission, informed by a family's vision, with the intent to create a plan that ensures children/youth and their families experience success in their communities, homes, and schools, while maintaining **safety** and working towards permanency and well-being.

Worker Actions:

Referral Process:

After a family has been identified as potentially appropriate for wraparound, the worker should:

- Staff the family's case with the supervisor to determine if a referral for wrap around is appropriate.
- Discuss the wraparound process with the family and see if they are in agreement for wraparound services.

- If a client refuses to participate, worker should refer to the client refusal section of policy.
- The worker will advocate for what is in the best interest of the child, and family, keeping a clear commitment to social justice.

Court Cases:

If the family is involved with juvenile or abuse and neglect proceedings; the worker will need to obtain approval from the Multidisciplinary Team (MDT) prior to making the referral to the Local Coordinating Agency (LCA). It should be explained to the MDT that the wraparound plan will be developed after the wraparound process begins. That plan will include non-negotiables that the MDT will require for participation. **Safety will always be a non-negotiable.** If all necessary parties agree to the appropriateness of making a wraparound referral, the worker should:

- Collect all available information, which may require the family to sign consents to release information to the worker and/or LCA.
- Complete a Safe at Home West Virginia [Wraparound Referral](#) form. Complete a Safe at Home West Virginia Wraparound **Referral form when youth are identified and are within 90 days of discharge.**
 - This means discharge planning must begin as soon as the youth is placed, which must include assessing the youth's anticipated length of stay based on treatment needs. If the youth will not need 90 days in the placement, the wraparound referral would be made at the time deemed appropriate by the Child and Family Team and MDT. The referral must be made far enough in advance to allow for family preparation, arrangements for service provision and safety control. This will be individualized for each youth and family, based on their unique needs.
- The supervisor will scan and email the wraparound referral to the Regional Program Manager (RPM) or designee for approval. This should be done using proper chain-of-command protocol. **Supervisor and Worker signatures are required.**

Non-Court Cases:

For child(ren)/youth involved with two or more systems that are not currently involved with the court systems. The Child Welfare Worker will:

- Staff the case with their supervisor, and meet with the Regional Program Manager to discuss the case to determine if the case is appropriate for wraparound.
- Upon receiving the referral, the RPM (or designee) will log the referral and review immediately but not later than 5 business days, to approve, deny or place the referral on hold. If information is lacking, this may result in the referral being placed on hold until information can be received.

Placing a referral on hold may be deemed appropriate for court cases or non-court cases. Several reasons, including but not limited to:

- Lack of documentation provided.
- No record of conversation with family and/or MDT.
- Possibility of being court ordered in to placement within a few days.
- Additional charges or change in circumstances, etc.

A referral can be placed on hold up to 14 days. This may happen for several reasons, including but not limited to:

- Lack of documentation
- No record of conversations with family/MDT
- Possibility of being court ordered into placement within a few days
- Additional legal issues or change in circumstances

If the reason for the hold is not resolved within 14 days then it will be closed and the youth will need to be referred once the issue is addressed. (See closure procedure below)

- If the Referral Review team denies the referral, the RPM or designee will notify the supervisor and worker and provide recommendations.
- If the RPM approves the referral, the RPM or designee will notify West Virginia System of Care staff. West Virginia System of Care staff or designee will direct the RPM of which Local Coordinating Agency to send the referral. After, the RPM is aware of which available local coordinating agency will provide services, the process of implementing the Safe at Home West Virginia model should commence.
- RPM will notify supervisor and worker by email of the decision to initiate wraparound. The email will include, which coordinating agency to make the referral to, and the agency's contact information, and a reminder to link services in FACTS as soon as the referral is made.
 - Notification of the RPM must occur:

- Immediately if a child returns home;
 - Immediately if a family and/or youth is refusing to cooperate;
 - Immediately if after a case review is determined the case is making no progress;
 - Immediately if after a case review it is determine that that plan has been successful;
 - Within 14 days if a child remains on runaway status;
- West Virginia System of Care principals will serve to ensure services are family-driven, youth-guided, culturally and linguistically competent. West Virginia System of care will provide array of community-based services that are individualized and strength based.

Once the referral is accepted specific actions will be required of the worker during each of the four phases. The following actions should not be considered exhaustive requirements, but are the *minimum requirements* of the worker during each of the four phases. Additional actions of the Child Welfare Worker may be required and the Child Welfare Worker should make every attempt to fully cooperate and collaborate with the facilitator and family team to ensure the best possible outcomes for their families.

Phase 1: Team Preparation and Engagement:

The primary purpose of this phase will be for the Child Welfare Worker to help the facilitator orient the family to the wraparound process and begin work on the creation of a crisis plan. This meeting will also serve as time to begin discussing who the family may want on their wraparound team. During this phase the Child Welfare Worker will engage the family using a family centered practice approach and help the facilitator identify the family's strengths and needs.

Those strengths and needs can be utilized to create a plan that is sensitive to the family's culture while guiding them towards achieving their hopes and dreams.

Once the worker has collected as much information as is relevant and available, and obtained the approval of the Regional Program Manager or designee, the worker should then:

- Link the qualifying child to the Local Coordinating Agency in FACTS
In the event that the family is already receiving ASO services, the DHHR worker should notify ASO providers and the family that they will experience

service disruption temporarily while the wraparound process begins. The worker will also need to contact APS health care to request a rollback of authorized units for the ASO provider(s) after the referral has been accepted. After, contacting APS healthcare, the Child Welfare Worker should discontinue services in FACTS when appropriate.

- Notify the family that if they would like their services to continue with their current service provider they may do so once the wrap around process begins.
- Navigate to service log web screen in family case, choose the qualifying youth, and select wraparound as the service.
- Provide the Local Coordinating Agency with information releases to assist in securing any additional information requested.
- Provide the facilitator with necessary information such as; required assessments, visitation plans, court orders, transition plans, etc... (Faxing the entire case file should not be considered appropriate.)
- Ensure that the assigned Wraparound Facilitator is added to the list of MDT participants and invite to meetings accordingly.
- Work in conjunction with the Wraparound Facilitator to schedule an initial home visit to conduct the initial family team meeting.
- Child Welfare Workers shall lead the first family joining meeting in collaboration with the facilitator.
- Document in contact web screens time, date, and place the initial meeting will occur.
- Engage the family and help the family identify any potential providers, and informal supports/community resources they would utilize during the wraparound process.
- Document the community resources in FACTS, along with strengths, weakness and other protective capacities.
- Document in contact web screens a summary of information provided to the facilitator.

The importance of the Child Welfare Worker and the facilitator attending the family joining meeting cannot be overstated. During the family joining meeting it is important for the Child Welfare Worker to engage the family, help the family identify strengths and weakness, and discuss informal supports the family may have. Also, the worker will discuss the role of the Wraparound Facilitator and explain that a change in responsibilities will occur, but the DHHR Child Welfare Worker will remain involved in the casework process. A change in responsibilities is the process by which the DHHR worker shifts the primary responsibility of case planning and family contact to the wrap facilitator, but remains involved with the casework process. The Child Welfare Worker is required to follow the current policy in regards to casework process.

The Child Welfare Worker will play an integral role at the initial face-to-face meeting as they will introduce the family to the Wraparound Facilitator and the Child Welfare Worker will provide assistance to both parties in learning about the family. The Wraparound Facilitator will develop an initial safety plan that includes non-negotiables and address any safety concerns of the family members. This plan is in place until the last family team meeting and work plans are disabled. Child Welfare Workers can adjust the safety plan as needed in order to address new concerns that may arise. The Child Welfare Worker will assist the Wraparound Facilitator in determining who the family will invite to be part of their child and family team meetings.

The Child Welfare Worker may be a valuable asset at this juncture, as they are likely to know key figures in the child(ren) or other family members' lives that they may want to consider inviting. At the conclusion of the face-to-face meeting the group will schedule the first "child and family team meeting" which the Child Welfare Worker will also be required to attend.

Phase 2: Initial Plan Development:

During phase two the DHHR Child Welfare Worker will collaborate with the facilitator and the family team to begin developing procedures for the family team meeting(s), formalize the crisis plan, and begin to explore how the wrap plan will be structured and begin to discuss transition from the wraparound model. Child Welfare Workers should explain this is a seamless process. This process is to ensure family. Community resources and natural supports are successful. The DHHR worker will:

- Participate in the first child and family Team Meeting(s) and help identify ground rules for the meeting.
- Document the results of the face-to-face child and family team meeting, and identify the participants in the web screens.
- Collaborate with the family, team members, and facilitator to develop the crisis plan (existing safety plan elements may be included)
- Document identified crisis plan summary in the web screens, upload to the file cabinet when completed.
- Collaborate with the family, team members and wrap facilitator to develop the wraparound plan. **(This may take more than one meeting and the DHHR Child Welfare Worker should be involved with those meetings.)**
- Document each meeting with the family in the web screens.

It should be noted that the crisis plan, which may have elements of a safety plan, is not a separate plan and is part of the wraparound plan. These plans shall be updated as needed.

Due to the individualized nature of the wraparound process the Child Welfare Worker should remain flexible, and provide support to the family during family engagement and case management process

Phase 3: Implementation:

The implementation phase is characterized by regular child and family team meetings that occur over many months and a minimum of one time per month. It is also the phase in which people follow through with the commitments they have made to the team, outside of team meetings. Active communication between the Child Welfare Worker, facilitator, and team members will aid in ensuring successful outcomes.² Child Welfare Worker will:

- Collaborate with the wraparound facilitator and family to implement the wraparound plan.
- Document any face-to-face meetings with child and family (minimum monthly visits) as in child welfare policy. Child Welfare Worker along with the wraparound facilitator will identify participants and outcomes for the wraparound plan.
- Work with child and family team to identify progress and review the wraparound plan, monthly, or as needed.
- Continue to discuss transition, and update the wraparound plan as needed.
- Upload monthly summaries and add to document tracking.
- Work with wraparound facilitator and child and family team to identify changes needed to plan.
- Document any needed changes in the web screens.
- Celebrate Successes with the family.
- Document any crisis that occur and the results of those crises.
- Ensure the family and wraparound facilitators continue to be made aware of court hearings and MDT's if applicable.
- Continue to work to identify any unidentified informal supports and diligent searches for relatives if applicable. Document efforts in web screens.
- Collaborate with family team and wraparound facilitator to ensure continued cohesiveness and trust building.

² During the implementation phase the family team can actively brainstorm to come up with new strategies to meet old needs that have not successfully been met, or to address newly identified needs.

- Begin discussing transition planning and needs.
- Document identified transition planning needs in the Web screens.

Phase 4: Transition:

During this phase, plans serve a purposeful transition out of formal wraparound to a mix of community based and formal services. The focus on transition is continual during the wraparound process. This means, that the **preparation for transition should begin during team preparation and engagement phase**. During the transition phase the Child Welfare Worker will:

- Work collaboratively with the child, family team and facilitator to develop after-care and crisis plan.
- Document both plans in the web screens and upload all documents when received.
- Collaborate with family, wraparound facilitator to begin transitioning to use community supports and informal providers.
- Document informal supports, community providers and any other resources needed for a successful transition.
- Work collaboratively with wraparound facilitator and family to monitor actual transition out of care, and make changes as needed.
- Document any changes needed to the transition plan and/or crisis plan. Upload all documents.
- Work collaboratively with child and family teams and wraparound facilitator to develop the after-care plan.
- Formal discharge
- Document the family's final discharge in web screens.
- Document when transition to informal providers and community supports has been successful and sustained.³

It should be noted that transition and after care plans are developed within the individualized wraparound plan and are not separate plans. These plans shall be updated as needed.

On-Going Responsibilities:

The child welfare worker will continue to support the family and the Local Coordinating Agency during the wraparound process. The Child Welfare Worker will:

³ As the family agrees on an ending, plans for follow-up care and a response plan should be developed.

- Continue to act in accordance with the DHHR [child welfare policy](#) and how it relates to the casework process. This requires child welfare workers to continue to meet with children/youth at minimum monthly or as needed.
- It should be understood that although the worker will experience some relief assistance in service planning and safety management while a family is involved in the wraparound process, ***the child welfare worker remains the primary case manager responsible throughout the life of the case.***
- Work in collaboration with the Wraparound Facilitator to ensure the family's needs are addressed at every phase of the wraparound process, and that the family remains engaged in the process.

At any stage of the wraparound process, it may become evident the family's plan needs to be altered, which may include a brief stay in foster care⁴ when no other options are available for respite. Situations like this should not be viewed as a failure of the wraparound process or a failure of the current plan. The plan should be re-evaluated while stabilization occurs, and the necessary changes made. The Child Welfare Worker will be required to attend any meeting that is scheduled because of a disruption of the plan.

Due to the individualized nature of the wraparound process it is not possible to give further specificity as to the additional responsibilities the Child Welfare Worker may acquire while the family is involved in the wraparound process. The worker should remain flexible in their availability and the support in which they are able to provide the family.

Some children considered appropriate for wraparound may not have a "family" to return to. As an on-going piece of the casework process workers are to be conducting diligent searches for relatives that may be considered appropriate to place the youth with. This will be a critical piece in helping the wraparound facilitator build supports and permanency for this child. When fit and willing relatives cannot be found, it should be considered appropriate to locate a foster family willing to coordinate with the wraparound facilitator.

If children are state ward children or children in care that cannot return home, you will follow the Safe at Home West Virginia process. The Child Welfare Worker will help the facilitator identify an appropriate foster family, kinship relative provider, and continuously conduct diligent searches to assist the provider in creating a family for youth who do not have one.

⁴ Any placement lasting 24 hours-30 days should be considered a disruption of the plan and it should be reevaluated.

If termination of parental rights have occurred and the child(ren) are 16 or older and no safety concerns are present, a parent can petition the court and ask for a modification in the disposition. If there is disruption during an adoption, and the child(ren) want to return to the biological parents, and no safety concerns are present, the Child Welfare Worker will meet with the MDT and discuss what is the best course of action for the child(ren). According to West Virginia state code [§49-4-606](#) when a parent or guardian has a change in circumstance a modification of dispositional orders, hearings, and treatment teams of un-adopted children may occur if the modification is in the best interest of the child. A dispositional order may not be modified after the child has been adopted unless the child is removed or relinquished from an adoption or other permanent placement. The Child Welfare Worker shall convene a multidisciplinary treatment team within 30 days of receipt of disruption. If a child has not been adopted, the Child Welfare Worker may ask the court to place the child with a parent or custodian whose rights have been terminated and/or restore the parent's guardian rights. Rights shall only be restored when it is in the child's best interest. Child Welfare Workers should assess to ensure safety is not compromised during this time.

Worker Roles:

The Child Welfare Worker's participation throughout the wraparound process is critical. However, the role the Child Welfare Worker plays during the wraparound process may be slightly shifted from the tradition Child Welfare Worker role. In the wraparound process the worker will continue to facilitate the traditional role of the problem identifier, case manager, treatment provider and permanency planner, but how the worker plays the role will shift from plan to plan as each family's needs are different, and wraparound plans will be individualized to meet their needs. Some plans may require the worker to be more intensively involved in helping to identify informal supports, while another plan sees the worker taking a less involved presence and acting as an equal to the rest of the team. Workers should remain flexible in how, when and where they contribute to the plan's success.

Client Refusal:

A client may refuse to participate at any stage of the wraparound process, whether it is before the child and family team meeting or as late as the fourth phase of the process. Anytime a client vocalizes a discontent and/or refusal to participate the reasons for their refusal should be sought out and understood, and documented.

- Child Welfare Workers should exhaust all means necessary to provide families with a clear understanding of the wraparound model.
- If a worker has exhausted all possibilities and a client still refuses to participate or continue in the program, the worker should advise the appropriate members of

the family that their continued refusal to participate must be reported to the MDT, where the appropriate course of action will be discussed and brought before the court.

In many situations it may be a simple misunderstanding of a plan component which can easily be addressed with the team or clarification/changes to the plan made. Child Welfare Workers should encourage the family to meet with the wrap facilitator and the worker, together, to discuss refusals and clarify any questions the family may have. An appropriate course of action should be discussed.

If the client is currently not involved in the court system, the worker should inform the client that their refusal to participate will be discussed with the Child Welfare Supervisor to determine the appropriate action, which could include court action.

Case Closure:

Notification in changes of a case situation:

- After notification in changes of a case situation, a RPM may offer consultation, refer the case to the Advisory Team or determine that the case needs to be closed.
- If it is decided a case is to be closed, the RPM will notify the case specific worker, supervisor and Community Service Manager, the BCF Financial Unity, the Safe at Home Project Manager and the Local Coordinating Agency.
- If worker/supervisor is in need of technical support, they are to consult their Safe at Home Expert.
- The expert may refer the case to the Advisory Team if deemed necessary for barrier busing.
- Upon case closure the worker will end date services in FACTS.

Safe at Home West Virginia DHHR Worker Responsibilities and Timeframes

Phase	Worker Actions	Time Frame	Documentation Required
1. Team Preparation and Engagement	<p>1.Contact APS Healthcare and request roll back of services if other providers have been working with family</p> <p>2.Contact providers and inform authorized units have been rolled back</p> <p>3.Contact family and notify of service disruption</p> <p>4.Discussion with family about their involvement in Wrap should have been made prior to referral, however, additional information should be provided to educate family on next steps</p> <p>5.If child is in group residential placement and does not have an identified family to return to, the worker must help the facilitator identify and appropriate foster family, kinship/relative</p>	<p>Within 24 Hours of Referral Acceptance</p> <p>Within 24 Hours of Referral Acceptance</p> <p>Within 24 Hours of Referral Acceptance</p>	<p>Appropriate documentation in contacts web screens to document notifications to KEPRO, Providers, and Family required</p> <p>ASO service screens need to have appropriate wraparound service type entered and all active ASO services end dated and rolled back</p> <p>Document any and all potential kinship/relative providers and/or diligent searches that occur to aid in the development of a family for children who are in group residential and do not have an identified family</p>

	<p>provider, and continuously conduct diligent searches to establish permanency</p> <p>6.Add Wraparound to Services, non-ASO service screen in FACTS</p>		
	<p>7.Work with facilitator to schedule initial child and family team meeting</p> <p>8.Provide Wraparound facilitator with necessary and appropriate information <i>(required assessments, visitation plan, safety plan, discharge summaries, treatment plans, court orders, permanency plans, aftercare/transition plans, progress reports, court summaries, completed and attached information for SAH wraparound referral form, terms and conditions if applicable, etc.)</i> on child and family. Provided information should be deliberate. Faxing the entire case file should not be considered appropriate</p> <p>9.Notify wraparound</p>	<p>Within 72 Hours of Referral Acceptance</p>	<p>Document in contacts web screen time, date, and place the initial meeting will occur (within 14 days)</p> <p>Document in contact web screens summary of information provided to facilitator</p> <p>Ensure wraparound facilitator is provided MDT notifications as necessary (on-going)</p>

	<p>facilitator of any scheduled court hearings and MDT's, if applicable</p>		
	<p>10.Facilitate/lead first Family Joining meeting with family and wraparound facilitator</p> <p>11.Define Non-Negotiables with family and wraparound facilitator</p> <p>12.Help wraparound facilitator and family identify potential team members and informal supports</p> <p>13.Provide wraparound facilitator and family with known community resources and providers or areas in need of exploration</p> <p>14.Encourage family to share with wraparound facilitator providers that have been helpful, any current planning that has worked to provide safety, or any other information the family may want to share</p> <p>15.Help family to identify strengths and protective capacities</p>	<p>Within 5 business days of referral acceptance</p>	<p>Document Face-to-Face meeting with family and wraparound facilitator in contact web screen</p> <p>Document Non-Negotiables identified in contacts web screens</p> <p>Document any family team members determined and informal supports that have been identified in contact web screens</p> <p>Document identified community resources, providers that may be utilized in contact web screens</p> <p>Document any providers that the family identifies they would like to use in contact web screens</p> <p>Document the strengths the family identified, which includes those the worker helped the family identify</p>

<p>2. Initial Plan Development</p>	<p>1.Participate in first Child and Family Team Meeting(s) and help to identify ground rules for meetings</p> <p>2.Collaborate with family, team members, and facilitator to develop crisis plan (existing safety plan elements may be included)</p> <p>3.Collaborate with family, team members, and wraparound facilitators to develop wraparound plan (may take more than one meeting)</p> <p>4.Collaborate with child ,family, team members, and wraparound facilitator to resolve any conflicts as needed</p>	<p>Within 14 Days of Referral Acceptance</p> <p>Completion of plan must occur within 30 days</p>	<p>Document the results of Face-to-Face Child and Family Team Meeting(s) and identify participants in contact web screens</p> <p>Document identified crisis plan summary in web screens, upload to file cabinet when document is received, add to document tracking screens</p> <p>Document identified wraparound plan summary in web screens, upload to file cabinet when document is received, add to document tracking screens</p> <p>Document conflicts and resolutions in contact web screens</p>
<p>3. Implementation</p>	<p>1. Work collaboratively with wraparound facilitator and family to implement wraparound plan</p> <p>2. Work with child and family team to identify progress and review plan monthly, or as needed</p> <p>3. Work with wraparound facilitator and child and family team to</p>	<p>Within 30 days of referral acceptance and On-Going until discharge</p>	<p>Document any and all face-to-face meetings with child and family team (minimum monthly) and identify participants and outcomes</p> <p>Upload Monthly progress review documents and add to document tracking</p> <p>Document any changes to wrap plan in contact web screens, upload new document and add to</p>

	<p>identify changes needed to plan as needed</p> <p>4. Celebrate success with the family</p> <p>5. Ensure family and wraparound facilitator continue to be made aware of court hearings and MDTs, if applicable</p> <p>6. Continue to work to identify any needed unidentified informal supports and diligent searches for relatives, if applicable and as required by policy</p> <p>7. Collaborate with team and wraparound facilitator to ensure continued cohesiveness and trust building</p> <p>8. Begin discussing transition planning needs</p>		<p>document tracking</p> <p>Document any Crisis that occur and results, upload to filing cabinet any associated documents and add to document tracking</p> <p>Documentation for court hearings and MDTs as already established by standard policies and procedures</p> <p>Document efforts to identify informal providers and diligent search efforts in contact web screens as required and if applicable</p> <p>Document identified transition planning needs in contact web screens</p>
<p>4. Transition</p>	<p>9. Work collaboratively with child and family team and wrap facilitator to develop after-care crisis plan</p> <p>10. Work with family and wraparound</p>	<p>This phase does not have specified timelines but should be <i>on going</i></p>	<p>Document after-care crisis plan summary in contacts web screens, upload document when it is received</p> <p>Document community resources and informal</p>

	<p>facilitator to begin transitioning to the use of community supports and informal providers</p> <p>11. Work collaboratively with wraparound facilitator and family to monitor actual transition out of care, and make changes as needed</p> <p>12. Work collaboratively with child and family team and wraparound facilitator to develop after-care plan</p> <p>13. Formal discharge</p>	<p>from service beginning</p> <p>Transition should always be the goal and steps should always be taken with this phase in mind</p>	<p>supports identified as necessary and any resources or supports that are still needed for successful transition in contact web screens</p> <p>Document any changes made to transitioning plan and/or crisis plan, upload documents to filing cabinet, add to document tracking</p> <p>Document after-care plan summary in contact web screens, upload document to filing cabinet, add to document tracking</p> <p>Document in contact web screens the family's final discharge when transition to informal provider and community supports has been successful and sustaining</p>
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West Virginia Safe at Home West Virginia Facilitator Responsibilities and Timeframes

PHASE	GOAL	TASK	TIMELINE
Phase 1- Engagement and Team Preparation (30days)		Receive referral; schedule initial Family Joining meeting with the family that will include the DHHR worker.	72 hours
	I. Orientation to the Wraparound Process	Family orientation to the wraparound process (this will involve several face-to-face conversations with the family to explain the philosophy behind wraparound, build trust and rapport, describe the role of the wraparound facilitator, supports available to the family during the wraparound process, and alternatives to the wraparound process, should the family decide not to participate. (These meetings should occur at a time and place comfortable for the family.)	Orientation and engagement should begin during the very first contact and engagement should continue and be a primary focus during the wraparound process. The first Family Joining meeting should be <i>scheduled within 72 hours of referral and occur within 5 business days of referral acceptance.</i>
		<ul style="list-style-type: none"> ● <i>DHHR worker will introduce Wraparound Facilitator (WF) to 1st Family Joining meeting within 5 business days of referral acceptance.</i> ● WF initiates Family Joining ● WF Reviews and provides the family a copy of the Family Guide to Wraparound ● WF Explains & Reviews Client Rights and Responsibilities ● WF Explains & Reviews Grievance Policy ● WF Explains & Reviews Family Responsibilities ● WF reviews and obtains signatures for consent forms. ● WF explains confidentiality. 	Begins at the first contact with the family and orientation will involve several face-to-face conversations with <i>the family during the first 14 days after referral acceptance leading up to the first Child & Family Team Meeting.</i>
	II. Exploration of strengths, needs, culture and	<ul style="list-style-type: none"> ● Family story- family perspective on their strengths needs, culture and goals for 	Ongoing <i>during first 14 days of referral.</i>

	vision.	<p>improvement.</p> <ul style="list-style-type: none"> • Strengths Discovery • Identify Potential Team Members • Community Resource Bank • WV CANS (complete or check in on within 30 days) • Initial Psycho-Social 	
	III. Stabilization of crisis	<ul style="list-style-type: none"> • Address any immediate safety issues, current crisis or potential crisis in the immediate future. • Obtain safety concerns from referring professionals. • Develop Initial Crisis Plan 	**At first Family Joining meeting and ongoing during first 14 days.
	IV. Engagement of additional team members	<ul style="list-style-type: none"> • Gain commitment to participate from additional team members. 	Ongoing during first 14 days of referral acceptance.
	V. Arrangement of meeting logistics	<ul style="list-style-type: none"> • Agree upon meeting times and locations that are accessible and comfortable to all team members. • Discuss and arrange for supports such as child care, transportation, translators, etc.). • Plan for snacks 	Ongoing during first 14 days of referral.
Phase 2- Initial Plan Development		<p>During this phase, team trust and mutual respect are built while the team creates an initial plan of care. During this phase the youth and family should feel they are heard, their chosen needs are prioritized.</p>	<p>This phase should begin within 14 days of referral acceptance and be completed in one to two Child and Family Team meetings. All initial plans must be complete within 30 days of initial referral. Monthly summaries are due by the 5th business day of the month following the month of service provision.</p>
	I. Development of Initial Wraparound Plan	<ul style="list-style-type: none"> • Ground Rules -Brainstorm list of ground rules and how they will be followed during team meetings. WF assures they include confidentiality, mandatory reporting, and 	Should begin within 14 days of referral and be completed in one to two Child and Family Team meetings within one to two weeks of beginning.

		<p>creating a safe, blame-free environment for all team members.</p> <ul style="list-style-type: none"> • Description of Strengths- WF will introduce the youth and family using the summary of strengths developed during the engagement and orientation phase. All team members should be introduced by the strengths they bring to the team. Additional feedback on all team member strengths should be elicited. • Creation of Team Mission Statement- The WF reviews the family’s vision and leads the team in setting a team mission. All future activities and funding will be assessed by asking “How does this fit with our team mission”? From the team mission a “Bumper Sticker Version” is created that is easy to remember and can be written on all wraparound forms. • Description and Prioritization of Needs- WF guides the team in reviewing, identifying and prioritizing needs. Non-negotiables (safety and legal mandates) are defined. • Determination of Outcomes- WF guides the team in identifying outcomes that will represent success of each identified need. • Strategy Selection- WF guides the team in brainstorming to think of creative strategies to meet the identified needs and outcomes. • Assignment of Action Steps- The team assigns responsibility for undertaking actions steps for each strategy. 	<p>The wraparound plan should be typed and all members receive a copy within 5 business days of finalization from the Wraparound Facilitator.</p>
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	II. Development of Crisis/Safety Plan	The crisis plan should identify potential problems and crisis. The WF should guide the team in a discussion of how to maintain the safety of all family members. For each potential crisis, in order of priority, the team identifies any serious risks. This discussion should include potential triggers for each listed concern, strategies for preventing and possible responses for each. Specific roles and responsibilities are outlined, and all of the information is documented in a safety plan document that includes proactive and reactive plans.	Completed at first Child and Family Team Meeting (within 14 days of referral).
Phase 3- Implementation		During this phase the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect.	The activities of implementation phase are repeated until the team's mission is achieved and formal wraparound is no longer needed. This phase includes ongoing family team meetings (at least every 30 days) . Between family team meetings weekly staffings will occur.
	I. Implementation of the Wraparound Plan	<ul style="list-style-type: none"> • Implementation of Action Steps for each Strategy • Tracking Progress on Action Steps • Evaluation of Success of Strategies • Celebration of Success 	Ongoing
	II. Revisiting and Updating of the Initial Plan	WF assures that a collaborative approach is utilized to continually revisit and update the plan in response to success of the initial strategies. It is important that the WF guide the team in reconsidering new strategies and action steps using the same process as before.	Every 30 days or sooner as needed.

	III. Maintenance of Team Cohesiveness and Trust	The WF maintains awareness of team member's satisfaction with the wraparound process and takes steps to continue to build team cohesiveness and trust. This may involve managing conflict and assisting team members in the process of conflict resolution.	Ongoing
Phase 4- Transition		During this phase, plans are made for purposeful transition out of formal wraparound to a mix of formal and natural supports in the community. Several goals should be accomplished during this phase.	<i>Begins when team mission is met or close to being met.</i>
	I. Plan for Cessation of Formal Wraparound	<ul style="list-style-type: none"> • Creation of a Transition Plan • Creation of a Post-Transition Crisis Management Plan • Modification of the Wraparound Process to Reflect Transition 	
	II. Create a Commencement	Plan a ritual to celebrate the successes of the wraparound process, and thus cease the formal wraparound services.	
	III. Follow up With the Family	The team creates a plan for checking in with the family once wraparound ends. This provides opportunity to assess any new needs that require a formal response in assisting the family in accessing any needed services.	

Safe at Home West Virginia

Facilitator Responsibilities and Timeframe Matrix

PHASE	COORDINATION/FACILITATION	DIRECT	OTHER
Engagement & Team Preparation	WRAPAROUND Enrollment Contact Family <u>72</u> <i><u>hours/Schedule</u></i> Schedule Family Joining- <u>72</u> <i><u>hours</u></i> First Family Joining Meeting – <u>5</u> <i><u>business days from referral</u></i> Open Case file/Secure Info. Schedule appointments Schedule first Child & Family Team Meeting- <i>Must occur within 14 days</i> Arrange location, snacks, and logistics of Family Team Mtg. Define Non-Negotiables with DHHR/Court Community Analysis Linkage-Advocacy	Participate in Family Joining Initial Psycho-Social Assessments: CANS (within 30 days), Strengths Community Resource Bank Wraparound Orientation w/family-Forms Family Vision Identify Potential Family Team Members Consents/Authorizations Initial Crisis Plan- <i>Must occur within 5 days</i> Family Team Meeting- <i>Must occur within 14 days of initial referral.</i> Participate in case specific weekly staffing	Case Note Documentation, Review, and Logging. Case Notes Service Tracking

<p>Initial Plan Development</p>	<p>Develop Wraparound Plan- <u>Begin within 14 days of referral</u></p> <p>Finalize Wraparound Plan -<u>30 days</u></p> <p>Develop Pro-Active & Reactive Crisis Plan</p> <p>Creative Fund Request</p> <p>Community Building-Analysis</p> <p>Identify Team assignments</p> <p>DHHR communication</p> <p>Monthly Summary – <u>By the 5th business day of the month following the month of service provision</u></p> <p>Discharge planning</p>	<p>Wraparound Orientation w/child</p> <p>Participate in case specific weekly staffing</p> <p>Coordinate, Facilitate, Plan Family Team Meeting</p> <p>Continue to identify team strengths, Potential team members and add to community resource bank.</p> <p>DHHR/Court meetings as required</p> <p>Mobile Crisis response as needed</p>	<p>Case Notes</p> <p>Monitor Creative Funds</p> <p>Service Tracking</p> <p>CQI & Evaluation activities</p> <p>Service Utilization Report to Wraparound</p> <p>Model/Plan Integrity</p>
<p>Implementation</p>	<p>Review/update/monitor Wraparound Plan</p> <p>Coordinate Team services</p> <p>Finalize Community Entries</p> <p>DHHR communication</p> <p>Monthly Summary</p>	<p>Participate in case specific weekly staffing</p> <p>Family Team Meeting</p> <p>DHHR/Court meetings as required</p> <p>Mobile Crisis response as needed</p> <p>Monthly Family Team Meeting Facilitation, Coordination, and Planning</p>	<p>Case Notes</p> <p>Monitor any Basic Need Funds</p> <p>Service Tracking</p> <p>CQI & Evaluation activities</p> <p>Service Utilization Report to Wraparound</p> <p>Model/Plan Integrity</p>

Transition	Review/update/monitor Wraparound Plan Coordinate Team services Community Linkage/ Transitions DHHR communication Transition Planning Monthly Progress Report Transition to Natural Supports Disenrollment	Participate in case specific weekly staffing Family Team Meeting DHHR/Court meetings as required Mobile Crisis response as needed Assessment: CANS, Strengths Inventory	Case Notes Monitor Creative Funds Service Tracking Model/Plan Integrity CQI & Evaluation activities Service Utilization Report to Wraparound
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Safe at Home West Virginia

Wraparound Document Provision Guide

Document	Timeframe for Provision	Recipients
<p>Initial Crisis Plan</p> <p>If an immediate crisis concern exists, an initial crisis plan should be developed, in conjunction with the Family Joining Meeting, and provided to Child & Family Team Members and the DHHR Worker & Supervisor</p>	<p>Must be developed within 5 days of referral. Provided to recipients within 2 additional business days.</p>	<p>Child & Family Team Members</p> <p>DHHR Worker & Supervisor</p>

<p>Initial Wraparound Plan</p> <p>The Crisis/Safety Plan is developed within the Initial Wraparound Plan, and is updated as needed</p> <p>The utilization of informal supports begins with the development of the Initial Wraparound Plan. These efforts increase during the transition planning phase, and are reflected in Updated Wraparound Plans</p>	<p>Must be developed within 30 days of referral. Provided to recipients within 5 additional business days.</p>	<p>Child & Family Team Members DHHR Worker & Supervisor</p>
<p>Updated Wraparound Plans</p>	<p>Must be provided to recipients within 5 additional business days of the Child and Family Team Meeting where plan adjustments occurred.</p>	<p>Child & Family Team Members DHHR Worker & Supervisor</p>
<p>Monthly Summaries</p>	<p>Due by the 5th business day of the month following the month of service provision. Example: If the service month ends on October 31st, the Monthly Summary is due within 5 business days in November.</p>	<p>Child & Family Team Members DHHR Worker & Supervisor</p>
<p>Court Reports</p>	<p>Must be submitted no less than 10 calendar days prior to a scheduled hearing.</p>	<p>Child & Family Team Members DHHR Worker & Supervisor Court Counsel Prosecutor</p>

Discharge Summary	Must be provided to recipients within 14 calendar days of discharge from Safe at Home West Virginia.	Child & Family Team Members DHHR Worker & Supervisor
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