



# Safe at Home West Virginia

---

## Policy

Bureau for Social Services:

October 2021

# Table of Contents

PURPOSE .....	3
INTRODUCTION .....	3
MISSION .....	3
SAH INCLUDES .....	3
ELIGIBILITY .....	4
REFERRAL AND PROCESS .....	6
WRAPAROUND MODEL .....	7
<i>The Ten Principles of Wraparound serve as the philosophical base of the process and include: .....</i>	8
DEFINITIONS .....	9
Child and Family Team .....	9
Local Coordinating Agency (LCA).....	9
Transition Planning .....	9
THE WRAPAROUND PROCESS.....	9
<i>SAH in Court Cases.....</i>	10
<i>SAH for Youth in Long-Term Placement Facilities.....</i>	11
<i>SAH in Non-Court Cases.....</i>	11
<i>Referral Denial/Acceptance.....</i>	12
<i>Client Refusal.....</i>	12
ROLES AND EXPECTATIONS – ADDITIONAL INFORMATION SPECIFIC TO EACH PHASE OF WRAPAROUND CAN BE FOUND UNDER EACH PHASE. ....	13
<i>BSS Supervisor .....</i>	13
<i>BSS Worker - Throughout the course of a SAH case, the BSS Worker is responsible for maintaining consistent communication with all stakeholders. The BSS Worker remains responsible for oversight of the case and the progress of the case. ....</i>	13
<i>Community Services Manager (CSM) – Throughout the course of an SAH case, the CSM should maintain consistent oversight of the case and good communication with LCA leadership. ....</i>	14
<i>Regional Program Manager (RPM) .....</i>	14
<i>Social Service Coordinator .....</i>	15
<i>Wraparound Facilitator .....</i>	15
SAH ACTIVITIES AND TIMEFRAMES .....	15
<i>Phase 1: Engagement and Team Preparation .....</i>	15
<i>Phase 2: Initial Plan Development .....</i>	18
<i>Phase 3: Implementation.....</i>	21
<i>Phase 4: Transition .....</i>	24
CASE CLOSURE.....	27
HISTORY OF WEST VIRGINIA SAFE AT HOME.....	27
ADDITIONAL RESOURCES .....	28

## **Purpose**

This document is intended to establish a uniform statewide process for West Virginia Department of Health and Human Resources (DHHR), Bureau for Social Services (BSS) staff implementing of Safe at Home West Virginia (SAH).

***Note: The August 2021 update of the SAH Policy is limited to updated eligibility and transition of the Bureau's name from Bureau for Children and Families (BCF) to Bureau for Social Services (BSS).***

## **Introduction**

Safe at Home West Virginia (SAH) is a publicly funded wraparound facilitation program providing temporary support to youth and their families. SAH is designed as a strengths-based service delivery system that is child- and family-driven and founded on an ongoing, outcome focused planning process. It is a multi-agency collaboration intended to offer flexible assistance through local coordinating agencies (LCAs). Regardless of the reasons a youth is identified as appropriate for the wraparound process, it is the family unit as a whole who must be engaged in the process and responsible for making key decisions on their path 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 the philosophy of individualized planning and treatment which is the foundation to wraparound success.

## **Mission**

SAH is a team-based approach to:

- Ensure youth remain in or return to community settings whenever safely possible.
- Reduce reliance on out-of-home settings and to prevent re-entries.
- Safely reunify youth with their families and home communities.

## **SAH Includes:**

- Help for youth with complex behavioral health needs.
- Provision of individualized, coordinated care planning that helps to integrate youth into their community while increasing the family's social support network.
- Trauma-informed assessments for youth and their families to identify needs.
- Trauma-informed wraparound services.
- Best practice services and supports which may include evidence-based or evidenced-informed interventions when appropriate.
- Opportunities to provide services early and often, aligned with the identified needs and strengths of youth and their families.
- Collaboration among the courts, DHHR and LCAs.
- Fidelity to the wraparound model requires flexibility to address needs of each family.

## Eligibility

### FY22 Safe at Home Eligibility Definition

**QUALIFYING CRITERIA:** System involved youth, age 9 to 18 years of age either in foster care placement or at imminent risk of foster care entry (*see below guideline for determining imminent risk and foster care candidacy*); or for a child aged 5 and older who is an adopted child or is in a legal guardianship arrangement which is at risk of disruption

#### **AND**

The applicant demonstrates dysfunctional patterns of behavior due to exposure to trauma as indicated in the Child and Adolescent Needs and Strengths (CANS) assessment tool.

#### **AND**

The family/caregiver demonstrates significant need(s) in at least one of the following areas, as indicated in the CANS assessment tool:

- a) Knowledge of needs and service options;
- b) Discipline; or
- c) Family stress.

#### **BSS Definition of Imminent Risk of Foster Care Placement and Foster Care Candidacy Status:**

As part of the eligibility review for imminent risk of foster care placement, all BSS Workers will evaluate a likely Safe at Home referral for designation of Foster Care Candidacy Status.

**Foster Care Candidate:** A foster care candidate is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry, and who:

- a. has not been removed from their home and placed in foster care; *or*
- b. is not under the placement and care of the Title IV-E agency and is residing with a relative or an individual with whom the child has an emotionally significant relationship characteristic of a family relationship (fictive kin); *or*
- b. has returned home on a trial home visit; *or*
- c. has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; *or*
- d. has been adopted or is in a legal guardianship arrangement.

**These children are considered at imminent risk of foster care entry, or re-entry, if at least one of the following conditions exist:**

1. The child has been abused or neglected or has been identified as unsafe and without intervention is likely to be removed;
2. The child suffers a serious emotional, behavioral or mental disturbance and without intervention will be unable to reside in their home;
3. The child has committed a prosecutable offense in which the state has filed, or is considering filing, a juvenile petition and the planned out of home living arrangement is a foster care setting;
4. The child is a runaway or homeless youth;
5. The child is, or will be born, to a youth residing in foster care;
6. The child is an adopted child or in a legal guardianship arrangement which is at risk of disruption.

**Applicant Classification:** All qualifying applicants will be classified as A thru D Focus Levels

**Focus Group A:** Youth in out-of-state residential placement who is identified as a transition candidate who cannot return to a community setting successfully without the extra support, linkage, and services enabled by the Safe at Home Program. In this scenario, the Safe at Home program may be serving as a bridge service to help facilitate the setting transition process.

**Focus Group B:** Youth in in-state residential placement who is identified as a transition candidate who cannot return to a community setting successfully without the extra support, linkage, and services enabled by the Safe at Home Program. In this scenario, the Safe at Home program may be serving as a bridge service to help facilitate the setting transition process.

**Focus Group C:** Youth at imminent risk of 1) foster care re-entry, and 2) residential placement; and therefore, as a diversion candidate requires the interventions of the Safe at Home program in order to best avoid re-entry into foster care and a residential placement.

**Focus Group D:** System Involved Youth at imminent risk of foster care entry; and therefore, as a diversion candidate requires the interventions of the Safe at Home program in order to best avoid entry into foster care.

**Exclusionary Criteria:** The following exclusionary criteria are used to identify youth that the Safe at Home program is not designed to serve. A youth with any of the following criteria is not eligible for Safe at Home:

- Youth eligible for the West Virginia Intellectual/Developmental Disabilities Waiver, *unless* the youth is on a waitlist for waiver participation
- Youth eligible for the West Virginia Children with Serious Emotional Disorder Waiver, *unless* the youth is on a waitlist for waiver participation
- Youth placed in specialized foster care (Tier 2/Tier 3) *unless* the youth has recently transitioned from a residential placement and has been receiving specialized foster care services for less than 60 days.

### Appendix A

#### **Managed Intake Protocol**

Safe at Home is a state-funded program subject to the limitations of appropriated funding. In the event that funding levels restrict enrollment, BSS shall implement a managed intake protocol and may limit access to the program on the basis of the above Target Groups. Priority for enrollment shall first be given to applicants in Target Group A.

### Appendix B

#### **Presumed Eligibility**

A Safe at Home applicant shall be eligible for provisional enrollment to the program if the following three (3) requirements are met:

- 1) In the professional judgement of the BSS Worker, the youth is in foster care placement or at imminent risk of foster care placement;
- 2) the BSS worker has a reasonable expectation that the Safe at Home service interventions may produce a transition from a residential care setting; or a diversion from a residential care setting; or a diversion from entry into foster care; or an avoidance of an adoption disruption; and
- 3) the youth is qualified as a Target Group that is currently eligible for program enrollment.

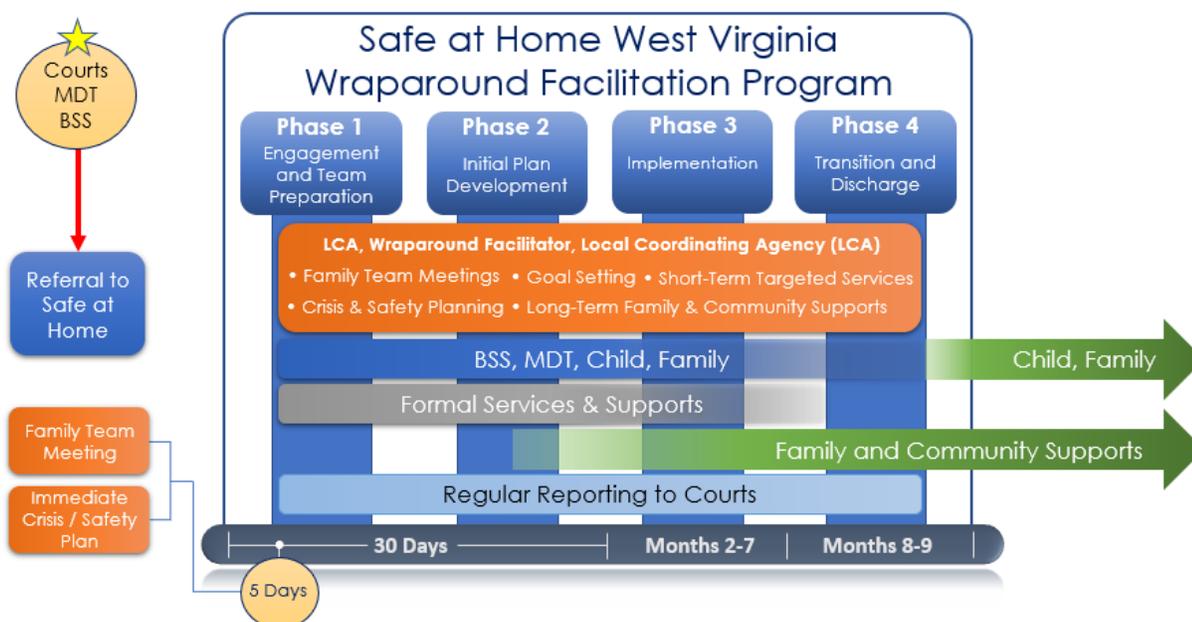
**Safe at Home provisional program enrollment is limited to no more than forty-five (45) days after the date of the initial BSS Worker determination. It is expected that during the provisional enrollment period, the LCA will have completed a CANS assessment in addition to having gained clinical insight on the case file which will serve as the basis for the full enrollment to the Safe at Home program.**

#### **Referral and Process**

- Referrals are made by BSS Workers. A variety of community members, which may include BSS staff, members of the judicial system, healthcare providers, educators, probation agencies, and law enforcement may contact BSS Workers about making referrals.
- When a case has been identified as a possible SAH referral, the BSS Worker will:

- Staff potential family's case with a BSS Supervisor to recommend a referral for SAH.
- Discuss SAH with the family and see if they are in agreement.
- Collect all available information, which may require the family to sign consents to release the needed information to the BSS Worker and/or the LCA.
- Complete and submit the SAH referral form.
- BSS Regional Program Managers determine eligibility and refer eligible cases to Local Coordinating Agencies (LCAs) providing SAH wraparound services.
- LCAs assign a Wraparound Facilitator (WF), who quickly begins coordination with the family, the Multidisciplinary Team (MDT), the Child and Family Team, and community partners.
- The WF works with the family to create a crisis plan and wraparound plan, which are actively followed through regular contact.
- Formal and informal services and supports are arranged after a thoughtful planning process based on the family's specific needs.
- The expected case length for SAH involvement is up to 9 months. As the family becomes increasingly successful over the course of approximately 9 months, formal supports and services are replaced with informal supports (community-based and family). The guiding goal in SAH wraparound is to be a temporary support that encourages and enables empowering growth and development of the family's ability to independently problem solve as well as set and achieve goals.

## Wraparound Model



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 the connections between the steps of phases that make the differences. Wraparound planning brings people together from the family's life and the community to help the family succeed.

**The Ten Principles of Wraparound serve as the philosophical base of the process and include:**

- 1. Family Voice and Choice** - Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspective, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- 2. Individualized** - To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
- 3. Strengths-Based** - The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- 4. Natural Supports** - The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
- 5. Collaboration** - Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
- 6. Persistence** - Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
- 7. Community-Based** - The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible and that safely promote child and family integration into home and community life.
- 8. Culturally Competent** - The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- 9. Team-Based** - The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

**10. Outcomes-Based** - The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.<sup>1</sup>

## Definitions

**Child and Family Team** - 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 Team are the forum through which the family's goals are identified and decisions on how to achieve the goals are made.

**Local Coordinating Agency (LCA)** - The LCA is a licensed behavioral healthcare agency. LCAs will have:

- Staff members that are certified in the Child and Adolescent Needs and Strengths tool (CANS).
- Supervisory staff licensed as master's level social workers, counselors or psychologists with at least two years of experience providing direct services to children and families.
- Wraparound Facilitators and Supervisors who have completed wraparound training and certification.
- Memorandums of Understanding developed between the LCA and community service providers to provide the needed services within the families' communities.

LCAs are responsible for hiring and maintaining Wraparound Facilitators who are responsible for leading Child and Family Teams that will develop individualized wraparound plans.

**Transition Planning** - Refers to planning occurring for youth transitioning from out-of-home placement back into their home community. Transition planning involves a clearly outlined process that if followed, greatly improves the child's ability to successfully remain in their home and community. It provides a child and family with a support structure and resources to deal with the stressors of daily living. Transition planning shall always include the family's involvement and 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. Transition 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.

## THE WRAPAROUND PROCESS

Wraparound differs from many service delivery strategies in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center. With support

---

<sup>1</sup> Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

from a team of professionals and natural supports, the family’s ideas and perspectives about what they need and what will be helpful drive all of the work in wraparound.

The young person and their family members work with a Wraparound Facilitator to build their wraparound team, which can include the family’s friends and people from the wider community, as well as providers of services and supports.

With the help of the team, the family and young person take the lead in deciding team vision and goals, and in developing creative and individualized services and supports that will help them achieve the goals and vision. Team members work together to put the plan into action, monitor how well it’s working, and change it as needed (NWI, 2019).

Phase	Description	Timeline
1	Engagement and Team Preparation	30 Days
2	Initial Plan Development	
3	Implementation	Months 2 through 6 or 7
4	Transition and Discharge	Months 7 or 8 through 9

The BSS Worker will play an integral role at the initial in-person meeting as they will introduce the family to the Wraparound Facilitator and aid both parties in learning about the family. This will also present an opportunity to discuss any safety issues and other non-negotiables that may be required of the family.

At the initial in-person meeting, the family and Wraparound Facilitator will also be determining who the family will invite to be a part of their family team meetings. The BSS Worker is a valuable asset at this juncture as well, as they are likely to know key figures in the child(ren)’s or other family members’ lives that they may want to consider inviting. At the conclusion of the in-person meeting the group will schedule the first “family team meeting” to which the BSS Worker will also be required to attend.

**SAH in Court Cases**

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

- Collect all available information, which may require the family to sign consents to release information to the BSS Worker and/or LCA.

- Complete a Safe at Home West Virginia [wraparound referral](#) in the CANS database.

### **SAH for Youth in Long-Term Placement Facilities**

For cases in which wraparound is suggested for youth residing in long-term placement facilities, the BSS Worker should seek MDT/court approval prior to the expected discharge of the child. The BSS Worker will need to submit the referral for wraparound within 60 days prior to the expected discharge date to allow for adequate planning for wraparound process. All other BSS Worker responsibilities outlined above continue to be required.

- Complete a Safe at Home West Virginia Wraparound Referral in the CANS database when youth are identified and are within 60 days of discharge.
  - Discharge planning must begin as soon as the youth is placed in the custody, care, and control of the state of West Virginia and must include assessing the youth's anticipated length of custody/stay based on treatment needs.
  - If the youth will not need 60 days in the placement, the wraparound referral should be made when the youth is determined appropriate for SAH 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.
  - Guidance for Wraparound Facilitators can be found in the SAH policy titled, *SAH Transition from out of State Residential Care to Home with the Support of SAH*.

### **SAH in Non-Court Cases**

For child(ren)/youth who are not currently involved with the court system, the BSS Worker will:

- Staff the case with their supervisor for discussion and determine if the case is appropriate for SAH.
- Upon receiving the referral, the Regional Program Manager (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 the RPM deems the information to be lacking, this may result in the referral being placed on hold until information can be received.

The review team may place a case on hold status for no more than 14 days. This may happen for several reasons, including but not limited to lack of documentation provided, no record of conversations with family and/or MDT, possibility of being court ordered into placement within a few days, additional charges or change in circumstances, etc.

Referrals may be delayed due to the same reasons as a case being on hold (see above). If a pending referral is not resolved within 14 days, it will be closed, and the youth will need to be referred once the issue is addressed.

### **Referral Denial/Acceptance**

- If the Referral Review team denies the referral, the RPM (or designee) will notify the Supervisor and BSS Worker and provide recommendations.
- If the RPM approves the referral, the RPM (or designee) will refer the case to an LCA.
- RPM (or designee) may notify supervisor and BSS Worker by email of the decision to initiate wraparound.

Once the referral is accepted, specific actions will be required of the BSS Worker during each of the four phases. The following actions should not be considered exhaustive requirements but are the ***minimum requirements*** of the BSS Worker during each of the phases. Additional actions of the BSS Worker may be required, and the BSS 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.

### **Client Refusal**

Clients may refuse to participate at any stage of the wraparound process, whether before the Child and Family Team meeting or as late as the fourth phase of the process. If a client vocalizes a discontent and/or refusal to participate, the reasons for their refusal should be sought out and documented.

- BSS Workers should exhaust all options and provide families with a clear understanding of the wraparound model and its benefits.
- In court-involved cases, if a BSS Worker has exhausted all possibilities and a client still refuses to participate or continue in the program, the BSS 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.
- If the client is currently not involved in the court system, the BSS Worker should inform the client that their refusal to participate will be discussed with the BSS Supervisor to determine the appropriate action, which could include court action.

In many situations, a client refusal may be a simple misunderstanding of a plan component which can easily be addressed with the team or clarification/changes to the plan made. BSS Workers should encourage a joint meeting with the family, BSS Worker, and Wraparound Facilitator to discuss refusals, clarify any questions the family may have, and make a plan to move forward.

**Roles and Expectations – additional information specific to each phase of wraparound can be found under each phase.**

### **BSS Supervisor**

- Consult with BSS Worker to assist in identifying potential families for SAH referral.
- Ensure through consultation with BSS Worker that all necessary steps are followed as described in SAH Manual and Policy.
- Schedule case staffing with BSS Worker to discuss case progress.
- Participate in meetings and MDTs as necessary and appropriate.
- Consult with RPM or Child Welfare Consultant (CWC) if:
  - A family and/or youth are refusing to cooperate after LCA believes they have exhausted all efforts to engage family
  - If after a case review, it is determined the case is making no progress
  - If after a case review it is determined that that plan has been successful

*Note: The RPM must be notified immediately if a child is missing, abducted, or is on runaway status. See DHHR – BSS Foster Care Policy 5.20 for more detailed information.*

**BSS Worker** - Throughout the course of a SAH case, the BSS Worker is responsible for maintaining consistent communication with all stakeholders. The BSS Worker remains responsible for oversight of the case and the progress of the case.

- Identify youth and families appropriate for SAH referral and discuss SAH with the family. If the family agrees to participate in SAH:
  - Submit SAH referrals in the CANS database
  - Staff cases with BSS Supervisor for approval to present to MDT if applicable
  - Remain the primary case worker throughout SAH participation
  - Once SAH is approved by BSS Regional Program Manager (RPM), educate the family on the SAH process and philosophy
  - Collect all necessary information including signatures on consent forms as appropriate
  - Complete necessary screens in FACTS
  - Complete referral in CANS system and send LCA relevant additional information (family history, consents, etc.)
  - Schedule Family Joining Meeting
  - Participate in monthly reviews and attend meetings as appropriate
  - Participate in Transition
    - Assist the Child and Family Team in development of the Transition Plan, including a Crisis Plan
- If a client/family refuse to participate in SAH, the BSS Worker should refer to the Client Refusal section of this policy

## **Exceptions**

Some children considered appropriate for wraparound may not have a “family” to whom they can return. As an on-going piece of the casework process, BSS Workers are to be conducting diligent searches for relatives that may be considered appropriate with whom to place the youth. This is a critical action in helping the Wraparound Facilitator build supports and permanency for these children. This includes utilizing any services available through Mountain Health Promise and Aetna Better Health. When fit and willing relatives cannot be found, it should be considered appropriate to locate a foster family willing to participate in SAH and coordinate with the Wraparound Facilitator.

If the child(ren) are in state custody and cannot return home, the BSS Worker will follow the SAH process and will help the Wraparound 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.

**Community Services Manager (CSM)** – Throughout the course of an SAH case, the CSM should maintain consistent oversight of the case and good communication with LCA leadership.

- Responsible for reviewing any reports that may assist in identifying possible SAH referrals
- Consults with BSS Supervisors and Workers as needed
- Oversees accountability of the LCA and troubleshoot/intervene as needed
- Identifies and addresses problems via DHHR chain of command
- Tracks/oversees completion of designated reports
- Serves as back-up to BSS Supervisors as needed
- Educates community and creates/sustains program enthusiasm
- Nurtures the philosophic principles and ensure they are used in practice while providing oversight during all facets of the SAH process from referral to aftercare
- Liaison within and outside of BSS
- Attends Community Collaborative and Regional Children’s Summit meetings

## **Regional Program Manager (RPM)**

- Reviews SAH referrals or ensure their designee reviews referrals
- Determines appropriateness of referral
- When a referral is approved, RPM will assign the case to an LCA
- Notifies referring County Supervisor of approvals and name of the LCA assigned
- Responsible for Regional Case Tracking

### Social Service Coordinator

- In districts with Social Service Coordinators, many of the tasks of the CSM will be delegated to the Coordinator
- Reviews reports and consults with staff to identify youth appropriate for SAH referral
- Solicits feedback from DHHR BSS staff and SAH Wraparound Facilitators to ensure positive collaborative efforts are maintained on cases
- Educates the community and creates/sustains enthusiasm for SAH
- Nurtures the philosophy and principles of SAH while ensuring they are in practice
- Provides oversight during all Phases of SAH wraparound from pre-referral to aftercare
- Oversees progress of SAH cases

### Wraparound Facilitator

- Maintains fidelity to the wraparound model
- Responsible for coordinating seamless multi-agency service provision
- Engages community partners in the SAH process and facilitates creative service delivery to fit the family's unique needs
- Facilitates Family Joining Meeting
- Creates and maintains an environment focused on the youth and family's strengths in order to facilitate active engagement by the youth and family
- Guides the wraparound process from beginning to end
- Responsible for teaching the Child and Family Team important skills, including brainstorming and conflict resolution
- Listens closely to the child/youth and family to assist them in identifying strengths, needs, natural supports, and other important components essential to the process
- Guides the family in developing a crisis plan
- Acts as liaison, coach, and support to the Child and Family Team throughout the process

### SAH Activities and Timeframes

#### Phase 1: Engagement and Team Preparation

During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established so people are prepared to come to meetings and collaborate. During this phase, the tone is set for teamwork and team interactions that are consistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the process and their preferences are prioritized.

Phase 1 Activities	Description	Responsible	Timeline
Orientation to	First post-enrollment family	BSS Worker	Within 72 hours of

<b>Phase 1 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
the Wraparound Process	<p>contact, which begins family orientation to the SAH process. This will involve several in-person conversations with the family to explain the philosophy behind SAH, build trust and rapport, describe the role of the Wraparound Facilitator, and supports available to the family during the SAH process.</p> <p>Family Joining Meeting is scheduled.</p>		referral acceptance date
Family Joining Meeting	BSS Worker will introduce SAH Wraparound Facilitator (WF) at Family Joining Meeting. WF becomes the lead once introduced. Crisis support and safety planning begins in this first meeting.	BSS Worker and Wraparound Facilitator	Within 5 business days of referral acceptance date
Initial Crisis Plan	When the BSS Worker or other stakeholder indicates that a referral is being made with a need to address a crisis, WF will complete a First (Initial) Crisis Plan.	Wraparound Facilitator	In no more than 5 calendar days of referral acceptance date
Initial Crisis Plan Submission and Distribution	WF will provide Initial Crisis Plan to all Family Team Members and BSS Worker's supervisor.	Wraparound Facilitator	Within 2 business days of plan development
Initial Crisis Plan Approval	Confirms the Initial Crisis Plan is approved by BSS supervisor.	BSS Worker	No more than 14 calendar days from referral acceptance date
Initial CANS assessment, exploration of strengths, needs, culture and vision	<ul style="list-style-type: none"> <li>Family story, family perspective on their strengths, needs, culture and goals for improvement.</li> <li>Completion of CANS and related assessments, <u>approved</u></li> </ul>	Wraparound Facilitator	First family story/strengths/needs and cultural discovery completed within 20 calendar days after Family Joining Meeting

Phase 1 Activities	Description	Responsible	Timeline
	<u>by LCA supervisor.</u>		Initial CANS determination fully completed in CANS System within 30 calendar days of referral to LCA
CANS Redetermination	To determine family improvements and/or needs.	Wraparound Facilitator	At a minimum, every 90 days from last CANS determination
Crisis Stabilization	<ul style="list-style-type: none"> <li>Address any immediate safety issues, current crisis, or potential crisis in the immediate future.</li> <li>Obtain safety concerns from referring professionals.</li> </ul>	Wraparound Facilitator	Within 14 days of the referral acceptance date
Full Crisis/Safety Plan	Goal is to develop and complete a full Crisis/Safety Plan, approved by the BSS Worker (updated monthly, see Phase 2).	Wraparound Facilitator	Within 30 calendar days of referral acceptance date

**Upon Referral Approval**, the BSS Worker should:

- Link the qualifying child to the LCA in FACTS.
- If the family is already receiving ASO services, the BSS Worker will:
  - Notify ASO providers and the family that they will experience service disruption temporarily while SAH services begin.
  - Contact APS healthcare to request a rollback of authorized units for the ASO provider(s) after the referral has been accepted.
  - After contacting APS healthcare, discontinue services in FACTS when appropriate
- In FACTS, navigate to service log screen in family case, choose the qualifying youth, and select wraparound service.
- Provide the LCA with information releases to assist in securing any additional information requested.
- Provide the WF with necessary information such as: required assessments, visitation plans, court orders, transition plans, etc. *Note: faxing the entire case file is not appropriate.*
- Ensure the assigned WF is added to the list of MDT participants and invited to meetings accordingly.

- Work in conjunction with the WF to schedule initial home visit to conduct the Family Joining meeting.
- BSS Workers will lead the first meeting in collaboration with the WF.
- Document in FACTS the time, date, and location the initial meeting will occur.
- Engage the family and help identify any potential providers and informal supports/community resources they would utilize during the wraparound process.
- Document resources, strengths, weaknesses, and other protective capacities in FACTS.

The importance of the BSS Worker and the Wraparound Facilitator attending the Family Joining Meeting cannot be overstated. During the Family Joining Meeting the BSS Worker will:

- Engage the family
- Help the family identify strengths and weaknesses
- Discuss natural/informal supports the family may have
- Discuss the role of the WF and explain that a shift in responsibility to the WF will occur; however, the BSS Worker will remain involved in the casework process
- Follow all current BSS policies regarding the casework process

The BSS Worker is a valuable asset during Phase 1, as they are likely to know key figures in the child(ren) or other family members’ lives who 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 BSS Worker will also be required to attend.

**Phase 2: Initial Plan Development**

During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the wraparound principles. Youth and family should feel that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs.

During Phase 2, the BSS Worker will collaborate with the Wraparound Facilitator (WF) and the family team to begin developing procedures for the Family Team Meetings, formalize the crisis plan, begin to explore how the wraparound plan will be structured, and begin to discuss transition from the wraparound model. This should be a seamless process and ensure family, community resources, and natural supports are identified and are successful.

Phase 2 Activities	Description	Responsible	Timeline
	During this phase, team trust and mutual respect are built while the team creates an initial plan of care. During this phase, the		

Phase 2 Activities	Description	Responsible	Timeline
	youth and family should feel they are heard, and their chosen needs are prioritized.		
Child and Family Team Meeting	<ul style="list-style-type: none"> <li>• Accomplishments – share/discuss positive accomplishments.</li> <li>• Assess – review each member’s assigned tasks to determine level of follow-through, evaluate if steps are working to accomplish plan goals, review outcomes as identified by the family.</li> <li>• Adjustments – identify any needed changes to the plan. Utilize brainstorming.</li> <li>• Assign – once the team decides actions to take, team members assign and take responsibility for tasks.</li> </ul>	Wraparound Facilitator	Within 30 calendar days of Family Joining Meeting and a minimum of every 30 days thereafter
Initial Wraparound Plan Development	<p>Wraparound Plan includes:</p> <ul style="list-style-type: none"> <li>• Ground Rules</li> <li>• Description of Strengths</li> <li>• Create Team Mission Statement</li> <li>• Description and Prioritization of Needs</li> <li>• Determination of Outcomes</li> <li>• Strategy Selection</li> <li>• Assignment of Action Steps</li> </ul>	Wraparound Facilitator	Within 30 calendar days of referral to LCA

Phase 2 Activities	Description	Responsible	Timeline
	Must be uploaded to the CANS System <u>and approved by LCA Supervisor and BSS Worker.</u>		
Initial Wraparound Plan Approval	BSS Worker shall review and accept/reject plan.	BSS Worker	Within 5 calendar days of receiving from LCA
Initial Wraparound Plan and Update(s) Submission and Distribution	Provide updated plan(s) to all Family Team Members and BSS Worker's supervisor after any adjustments made during a Family Team Meeting.	Wraparound Facilitator	Within 5 calendar days of adjustments made in meeting
Progress Summaries	<ul style="list-style-type: none"> <li>• Prepare and provide monthly progress summaries to all Family Team Members and BSS Worker's supervisor.</li> <li>• Include any BSS Court summary as requested by BSS Worker and/or Court.</li> </ul>	Wraparound Facilitator	Within 5 calendar days of the month following the month of service
Ongoing Crisis/Safety Plan	The crisis plan should identify potential problems and crises. WF should guide the team in a discussion of how to maintain the safety of all family members. Any changes are <u>approved by LCA Supervisor and BSS Worker.</u>	Wraparound Facilitator	Updated every 30 calendar days from initial plan approval or last updated date
Communication with Courts (if applicable)	<p>For every case referred through a Court, report back to the Court on progress, including communication of Wraparound Plan and Crisis Plan.</p> <p><i>NOTE: BSS Worker submits Court summary 5 days prior to Court hearing and every MDT meeting.</i></p>	Wraparound Facilitator, MDT and BSS Worker	Within 30 business days after referral assignment and ongoing reporting

**Ongoing Responsibilities** - The BSS Worker will continue to support the family and the LCA during the wraparound process. The BSS Worker will:

- Continue to act in accordance with BSS policy and how it relates to the casework process.
  - Make in-person visits at least monthly to the family home.
  - Continue to monitor the safety of the child as well as the safety plan.
  - Continue to monitor identified providers to ensure they are meeting with family as recommended.
  - Complete and maintain all appropriate web screens in FACTS.
- Collaborate with the family, team members, and WF to develop the wraparound plan. This may take more than one meeting, and the BSS Worker should be involved in these meetings.
- Continue to ensure the WF is meeting with family as identified in case plan.
- Work in collaboration with the WF to ensure the family's needs are addressed at every phase of the wraparound process, and that the family remains engaged in the process.
- Participate in monthly family meetings with the WF or more frequently as needed.
- Make referrals for foster care if needed.
- Complete paperwork for foster care placement as appropriate.
- Ensure placement provider is abiding by licensing regulations, provider agreements, and requirements.

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

### **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 this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed. Several major goals should be accomplished during the implementation phase, each of which has several important tasks.

Active communication between the BSS Worker, Wraparound Facilitator (WF), and team members will aid in ensuring successful outcomes. **This phase includes ongoing family**

team meetings (at least every 30 days). Between family team meetings, weekly staffings will occur.

Phase 3 Activities	Description	Responsible	Timeline
	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.		
Wraparound Plan Implementation	<ul style="list-style-type: none"> <li>• Implementation of Action Steps for each Strategy</li> <li>• Tracking Progress on Action Steps</li> <li>• Evaluation of Success of strategies</li> <li>• Celebration of Success</li> </ul>	Wraparound Facilitator with support from BSS Worker	Ongoing
Revisiting and Updating Wraparound Plan	<p>Update Wraparound Plan and upload to CANS System. WF assures that a collaborative approach is utilized to continually revisit and update the plan in response to success of the initial strategies and action steps using the same process as before.</p> <p>All updates are <u>approved by LCA Supervisor and BSS Worker</u>.</p>	Wraparound Facilitator	Every 30 calendar days
Family Team Meetings	BSS Worker attends Family Team Meetings.	BSS Worker in support of Wraparound Facilitator	Every 30 calendar days
Case Review	At least every 30 days, conduct case review, confirm appropriateness for continued Wraparound enrollment and progress toward meeting Team Mission	BSS Worker	Every 30 calendar days

Phase 3 Activities	Description	Responsible	Timeline
	and case closure within 9 months of inception.		

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 care when no other options are available for respite. Situations like this should not be viewed as a failure of the wraparound process but a failure of the current plan. The plan should be re-evaluated while stabilization occurs, and the necessary changes made. The BSS 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 BSS Worker may acquire while the family is involved in the wraparound process. The BSS Worker should remain flexible in their availability and the support in which they are able to provide the family.

The BSS Worker’s participation throughout the wraparound process is critical. However, the “role” the BSS Worker plays during the wraparound process may be slightly shifted from the traditional BSS Worker’s roles. In the wraparound process the BSS Worker will continue to facilitate the traditional roles of problem identifier, case manager, treatment provider, and permanency planner, but how the BSS Worker plays the role will shift from plan-to-plan. Some plans may require the BSS Worker to be more intensively involved in helping to identify informal supports, while another plan sees the BSS Worker taking a less involved presence and acting as an equal to the rest of the team. BSS Workers should remain flexible.

**Ongoing Responsibilities – the BSS Worker will:**

- Collaborate with the WF and family to implement the wraparound plan.
- Document in-person meetings with child and family (minimum monthly visits) in accordance with BSS policy.
  - 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.
- Celebrate successes with the family.
- Document any crises that occur.
- Ensure the family and WF continue to be made aware of court hearings and MDTs if applicable.
- Continue to work to identify additional informal supports.
- Continue diligent searches for relatives if applicable.

- Collaborate with family team and WF to ensure continued cohesiveness and trust building.

**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 (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities. Several goals should be accomplished during this phase, which begins when the team’s mission is met or very close to being met.

Phase 4 Activities	Description	Responsible	Timeline
Transition and Discharge	During this phase, plans are made for purposeful transition out of formal SAH to a mix of formal and natural supports in the community. Several goals should be accomplished during this phase.		
Plan for Cessation of Formal SAH Wraparound	<ul style="list-style-type: none"> <li>• Create Transition Plan.</li> <li>• Create Post-Transition Crisis Management Plan.</li> <li>• Modify Wraparound Process to Reflect Transition.</li> </ul>	Wraparound Facilitator with support from BSS Worker	Normally begins during month 6 or 7, targeting case closure and accomplishment of Team Mission within 9 months from inception.  Every 30 calendar days
Create a Commencement	Plan a ritual to celebrate the successes of the SAH Wraparound process and thus cease the formal SAH Wraparound services.		
Follow up with the Family	The team creates a plan for checking in with the family once SAH Wraparound ends. This provides opportunity to assess any new needs that require a		

Phase 4 Activities	Description	Responsible	Timeline
	formal response in assisting the family in accessing any needed services.		
Case Closure	<ul style="list-style-type: none"> <li>Complete LCA Discharge Summary Report.</li> <li>In CANS System, LCA marks case for closure. <u>BSS Worker approves or denies request.</u></li> </ul> <p>When a case is approved for closure, the BSS Worker will coordinate with the WF and other stakeholders to set a commonly understood closure date.</p>	Wraparound Facilitator	Within 2 business days of request
Case Extension	LCA submits request to BSS for case extension beyond 9 months from inception	WF for approval	Requirement on Hold (August 2020)

The focus on transition is continual throughout the wraparound process. In Phase 4, plans serve a purposeful transition out of formal wraparound to a mix of community based and formal services. This means that the preparation for transition should begin during team preparation and engagement phase.

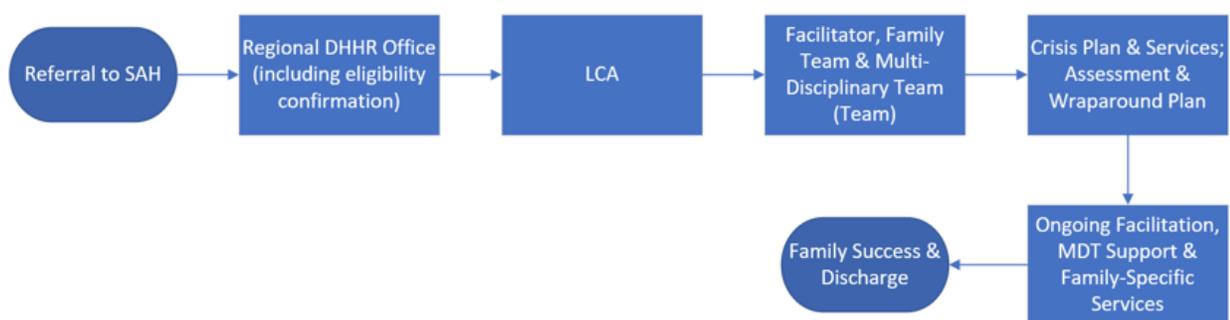
**Ongoing Responsibilities – the BSS Worker will**

- Continue to act in accordance with BSS child welfare policy and how it relates to the casework process.
  - Make in-person visits at least monthly to the family home.
  - Continue to monitor safety plan.
  - Continue to monitor identified providers to ensure they are meeting with family as recommended.
  - Continue to ensure WF is meeting with family as identified in case plan.

- Conduct MDTs as required by policy.
  - Prepare appropriate reports for Court.
  - Attend Court hearings as required.
  - Ensure WF has no less than 10 days' notice of hearing.
  - Maintain proper documentation in FACTS, CANS, and in case file.
- 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.
  - Participate in monthly family meetings with the Wraparound Facilitator or more frequently as needed.
  - Work collaboratively with the child, family team, and WF to develop aftercare and crisis plans as part of the wraparound plan.
  - Collaborate with family and WF to begin transitioning to use community and informal supports.
  - Work collaboratively with WF and family to monitor actual transition out of care and make changes as needed.
  - Document formal discharge from SAH.

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

### Wraparound Process Flow Chart



## **Case Closure**

Notification in changes of a case situation:

- RPMs should be made aware of cases that are not progressing towards achieving goals and/or discharge from SAH.
- After notification in changes of a case situation, the 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 BSS Worker will notify the BSS Supervisor and the LCA.
- If BSS Worker/Supervisor is in need of technical support, they are to consult their RPM or Child Welfare Consultant (CWC).
- Upon case closure, the BSS Worker will end date services in FACTS and CANS.

## **History of West Virginia Safe at Home**

West Virginia has been providing wraparound services since the 1990's. At that time, a grant funded project called Next Step Community Based Treatment in Region II of the state was implemented. In 2000-2007, West Virginia began implementing wraparound during the West Virginia System of Care grant. Most recently the state implemented Safe at Home through the Bureau for Social Services (BSS) and Children's Mental Health wraparound through the Bureau for Behavioral Health (BBH).

In 2015, the DHHR, BSS along with private partners and community stakeholders launched SAH as a five-year federal demonstration project. Though initially piloted in eleven counties across the state, SAH is now fully implemented in all 55 counties in West Virginia. Funding has been provided through Title IV-E federal funding, which allows DHHR to redistribute funding for services provided to keep children in their homes and communities rather than restricting the funding to only those services provided to children in foster care.

SAH represented a paradigm shift in the way we empower and support our families and communities. DHHR recognized the need to reduce the number of children living in out-of-home facilities and to increase the number of children who can remain safely in their homes and communities. SAH made this possible by engaging families, collaborative agencies, and community supports to better integrate youth and families into their communities. DHHR is required by law to make reasonable efforts to prevent the removal of children from their homes and to make reasonable efforts to reunify children with their families. SAH provides BSS Workers with another opportunity to meet these requirements while providing individualized services to ensure safety and care of the children of West Virginia.

## **ADDITIONAL RESOURCES**

BSS Safe at Home webpage/resources: <https://dhhr.wv.gov/BSS/Services/Pages/Safe-At-Home-West-Virginia.aspx>

Safe at Home forms: <https://dhhr.wv.gov/BSS/Services/Pages/Safe-at-Home-Forms.aspx>

Safe at Home Judicial Bench

Card:[https://dhhr.wv.gov/BSS/Services/Documents/SAH Judicial Bench Card20200828 FINAL.pdf](https://dhhr.wv.gov/BSS/Services/Documents/SAH_Judicial_Bench_Card20200828_FINAL.pdf)

Safe at Home Program

Manual:[https://dhhr.wv.gov/BSS/Services/Documents/Safe At Home WV Manual 2020 approved.pdf](https://dhhr.wv.gov/BSS/Services/Documents/Safe_At_Home_WV_Manual_2020_approved.pdf)

Safe at Home Quick Reference Guide:

[https://dhhr.wv.gov/BSS/Services/Documents/SAH QuickReferenceGuide 092020FINAL.pdf](https://dhhr.wv.gov/BSS/Services/Documents/SAH_QuickReferenceGuide_092020FINAL.pdf)