

# Safe at Home West Virginia



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## **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).

*Note: The August 2021 update of the SAH Manual 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).*

### **Mission**

Safe at Home West Virginia 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 Provisions**

Safe at Home West Virginia includes:

- a. Help for youth with complex behavioral health needs.
- b. Provision of individualized, coordinated care planning that helps integrate youth into their community while increasing the family's social support network.
- c. Trauma-informed assessments for youth and their families to identify needs.
- d. Trauma-informed wraparound services.
- e. Best practice services and supports which may include evidence-based or evidenced-informed interventions when appropriate.
- f. Opportunities to provide services early and often, aligned with the identified needs and strengths of youth and their families.
- g. Collaboration among the courts, West Virginia Department of Health and Human Resources (DHHR) and LCA providers.
- h. Fidelity to the wraparound model requires flexibility to address needs in 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.

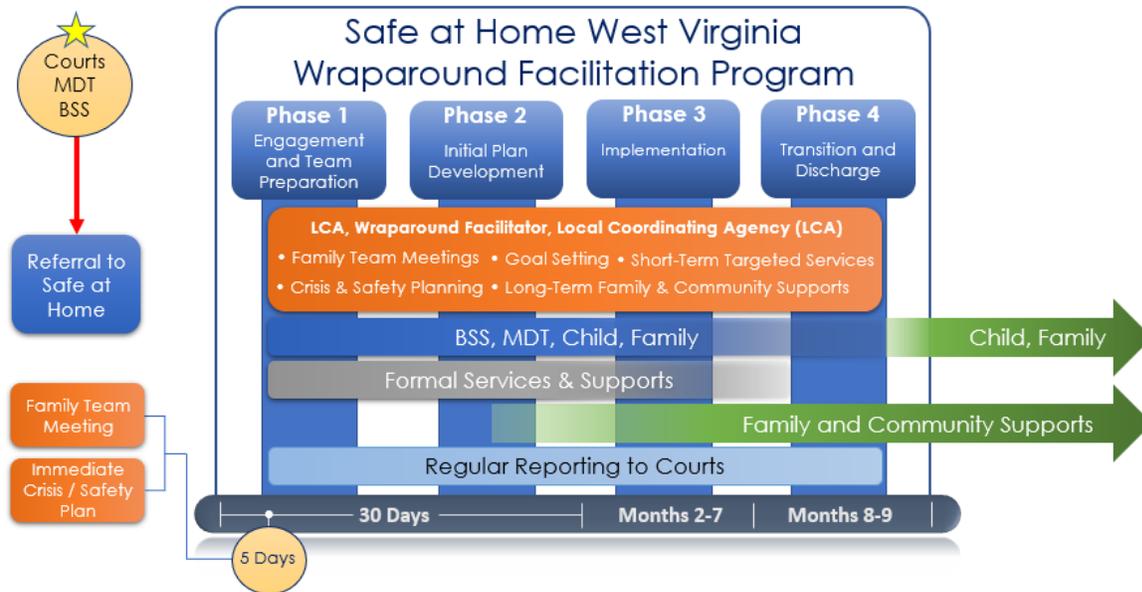
**Safe at Home provisional program enrollment is limited to no more than forty-five (45) days after the date of the initial BSS Worker determination. It is expected that during the provisional enrollment period, the LCA will have completed a CANS assessment in addition to having gained clinical insight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

### **Referrals and Process**

- Referrals are made to Bureau for Social Services (BSS) Workers and can be made by a variety of community members, which may include BSS staff, members of the judicial system, healthcare providers, educators, probation agencies, and law enforcement.
- 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 Multi-Disciplinary Team (MDT), the Child and Family Team, and community partners.
- The Wraparound Facilitator 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.
- As the family becomes increasingly successful over the course of approximately 9 months, formal supports and services are replaced with informal (community-based and family) supports.

## Wraparound Model



## CORE COMPONENTS

SAH West Virginia is a wraparound model program based on and following the principles of wraparound as identified by the National Wraparound Initiative (NWI). The following core components are utilized to allow a family’s needs to truly be met by building skills and capacity within the family and the family’s community to empower the family with the tools necessary to sustain change. The wraparound process is built on family strengths, guided by interagency collaboration, rooted in the family’s community, created by and for the family, and a path to natural community supports.

- **Family teams** are identified by the family and are encouraged to think creatively in order to drive the process and support the family through the process.
- **Creative methods** are utilized to develop services that address needs identified by the family.
- **Interagency collaboration** is relied upon to guide the family to develop a path toward natural community supports composed of community resources that are identified or

developed in the family's community.

- **Family-driven, strength-based planning and facilitation** assist the family to create a plan to meet family-identified needs.

## **Ten Principles of Wraparound**

Wraparound principles serve as the philosophical base of the process and include:

**1. Strength-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. This principle recognizes that all team members come to the process with skills, knowledge, and insights to meet challenges they have faced in life. The result is a process that validates existing strengths and builds on them to solve problems, resulting in the family developing the tools they need to resolve future problems.

**2. Family-Centered (voice, choice, and preference):** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences. This principle recognizes that the likelihood of successful outcomes increases when the youth and family have ownership of the wraparound plan, and the process reflects the youth and family's priorities and perspectives. Wraparound is a collaborative process; however, within the collaboration, family members' perspectives must be the most influential.

**3. 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. In accordance with the principle of a family-centered process, the family's perspective about potential team members should be the driving force in selecting team members. At times, due to conflict, practical or legal issues, family members may be reluctant to invite potential team members that could have a positive impact on the process. In such situations, family members should be provided with support to make the best-informed decision possible and to manage any conflicts that could arise related to negative emotions attached to certain individuals. All along the way, the family should be provided with as much choice as possible.

**4. 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. This principle recognizes that youth thrive when they have the opportunity to participate fully in their families and communities. Teams should work together to ensure all needed services are easily accessible to the family and located within the community that the family chooses as their own.

**5. 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. This principle recognizes that a family's traditions, values, and heritage are sources of great strength that must be respected. The perspectives that people express and the manner in which they express them are shaped by their culture and identity. For successful collaboration to occur, youth and families must be afforded respect for diversity in expression, opinion, and preference.

**6. 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. This principle recognizes that the wraparound team must be accountable to the family and all team members, as well as any participating organizations and agencies, for achieving the goals laid out in the plan.

**7. 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. This principle recognizes that the family is more likely to reach its goals when team members approach decision making in an open-minded manner, prepared to listen and be influenced by other team members' perspectives. In addition, central to this principle is a commitment from each team member to voice his or her own perspectives and ideas.

**8. Individualized:** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services. This principle recognizes that when the wraparound process occurs in accordance with all of the principles of wraparound, the plan that results will be uniquely tailored to fit the needs and desires of the family, in consideration of their strengths and culture.

**9. 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. This principle recognizes that natural sources of support, i.e., those that occur in the community outside of the formal service system, are sustainable long after formal supports have left the family's life. It is critical that as many natural supports as possible be identified and included in the process. Generally, the primary source of natural support is the family's existing network of interpersonal relationships, including, family, neighbors, co-workers, church members, etc. This also may include individuals the family is connected to through community institutions, clubs and other entities the family meets through daily life.

**10. Persistent:** 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. This principle recognizes that at times, setbacks will be part of the process, and should serve as an indication that the wraparound plan needs revision, not an excuse to blame the family, or label them as a "failure."

(Miles et al, 2006)

## Goals of Wraparound

Successful markers of SAH engagement include but are not limited to:

- Youth remain in school and progress academically.
- Continued lack of contact or a reduction in contact with law enforcement.
- Youth remain at home and/or in their home community.
- Youth are in a stable living environment.
- Youth are improving or maintaining functioning.
- Improved parental functioning resulting in the family's proven ability to manage youth behaviors in the home.

## SAFE AT HOME TEAM MEMBERS

Child and family teams (CFTs) are an essential part of the wraparound model. CFTs are a group of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships. The CFT collaboratively develops an individualized plan of care, implements this plan, and evaluates success over time. The CFT convenes frequently to measure the plan's components against agreed upon outcomes.

### Child and Family Team Members

Child and Family Team members may be chosen from informal, formal or community groups. Some possible team members from each of the groups are as follows:

#### Informal

Family  
Friends  
Family's Co-workers  
Neighbors  
Child's Friends  
Relatives

#### Formal

Wraparound Staff  
Therapists  
Behavioral Support Professionals  
Social Workers  
Probation Officer  
Agency Staff  
Police

#### Community

Parks and Recreation Staff  
Regional Youth Service Centers  
School Staff  
Library Staff  
Local Merchants  
Church Members  
Social Club Members  
Community Organization Staff  
and Volunteers

### The Family

Families have a responsibility to their child and play a vital role in the success of their wraparound plan. It is important for families to understand their role and responsibilities in the SAH process.

## **Client (Consumer) Rights**

As a consumer, you have the following rights:

- The right to refuse treatment.
- The right to receive services that do not discriminate based on race, religion, color, sex, sexual orientation, disability, age, national origin, or marital status.
- The right to a humane treatment environment that promotes personal dignity and self-esteem and affords reasonable protection from harm, appropriate privacy, and freedom from verbal, sexual, psychological or physical abuse or punishment.
- The right to treatment and services under conditions that support your personal liberty and result in positive outcomes in the maximum extent possible.
- The right to confidentiality of records and information. Records may only be released with written consent of the client's guardian or parents.
- The right to an individual, written service plan to be developed after acceptance in order to gain the most benefit from services provided.
- The right to a grievance, orally or in writing, including the right to have such grievance considered in a fair, timely and impartial procedure and with respect.

## **Parent and/or Caregiver Responsibilities**

During or after your enrollment in wraparound, parents/guardians are encouraged to join in different meetings and activities. Families can participate in a variety of ways, including providing feedback in surveys, focus groups, and mutual support groups. All give wraparound very important information on improving our services to families and youth in West Virginia.

Tips for parents/guardians that will make wraparound successful for their family:

- Be open.
- Be honest with the team as well as with your child.
- If you do not understand, ask for clarification.
- Ask questions.... lots of questions.
- Be respectful.
- Tell the team what has been tried in the past.
- Tell the team what you like and do not like.
- Keep the lines of communication open.
- Feel free to call the staff about good things that happen.
- Trust the team that has come together for you and your family.
- Ask about discharge plans.
- Tell the team how you resolve conflict. How do you handle disagreements? How does your family discipline the youth?

## **Youth Responsibilities**

The purpose of the wraparound process is to help the youth make positive life choices. Wraparound provides support through a team created for the youth. Some team members will be people who provide support, such as counselors and therapists. Others will be people chosen because they care about the family - for example, family members, a good friend, or a favorite teacher. Team members support youth as they figure out what is working and what is not.

Together, youth and their team create a plan based on the youth's unique challenges, dreams, and life. The wraparound plan is unique to each youth and their situation. While no two plans look alike, youth seem to want the same thing: to feel loved and safe in their families, friendships, and communities. They want to find ways to express themselves to others. Wraparound can help with that.

## **Tips and Expectations for Youth**

There is no getting around the age requirement: if you are under 18, adults have legal responsibility for your decisions. With that said, the point of wraparound is to involve you as much as possible in choices that affect your life. For example, in wraparound you will:

- Help pick your support team.
- Create your plan with input from all team members - not just the therapists, doctors, teachers, and other professionals.
- Includes things you like to do, what activities and interests you have and to include those in your plan.

If you want to strengthen a relationship with someone in your family, your team will help you do that. If you have done something illegal or unsafe for you or others, you will have fewer choices. As your actions become safer, you will likely get more choices and make more decisions for yourself.

For wraparound to be successful, here are a few things you may want to keep in mind:

- Be open.
- Be honest with the team as well as your family.
- If you do not understand, ask for clarification.
- Ask questions.... lots of questions.
- Tell the team what has been tried in the past.
- Tell the team what you like and do not like.
- Keep the lines of communication open.
- Feel free to call the staff about good things that happen.
- Trust the team that has come together for you and your family.
- Ask about discharge plans.
- Know that you are the most important part of the team.

- Do not be afraid to tell someone if the plan is not working or you would like to change something.
- Be respectful.

### **Bureau for Social Services (BSS) Worker Role**

After a family has been identified as potentially appropriate for wraparound, the BSS Worker should discuss this option with the family. If the family agrees, the Worker will then initiate the referral process. Although the Worker will experience assistance in service planning and safety management while a family is involved in the wraparound process, the BSS Worker remains the primary case manager responsible throughout the life of the case.

Worker actions for new cases prior to placement:

- Staff the family's case with a supervisor to recommend referral to the wraparound process.
- Ensure the safety plan is in place and all appropriate formal and informal supports are in agreement.
- Gain family's consent and begin collecting all available information. Obtain necessary signatures on all consent forms, including consents to release information necessary to the BSS Worker and/or LCA.

Once it is decided that wraparound may be appropriate, the Worker will:

- Within one (1) business day of receiving family's consent:
  - Seek supervisor approval.
  - Complete a SAH referral form (<http://www.wvdhhr.org/BSS/safe/documents.asp>)
  - Seek the approval of the Regional Program Manager (RPM) through the appropriate supervisory protocol.
- Within one (1) business day of Worker's request for approval:
  - RPM will review the case, the referral form, and if approved, refer the case in the Child and Adolescent Needs and Strengths (CANS) System to an LCA, following applicable protocols including the rules for assignment to the next eligible LCA.  
*NOTE: In some regions, System of Care will log the referral, determine which LCA will be assigned the referral, and notify RPM of such.*
- Within one (1) business day, RPM notifies District CPS or Youth Services Supervisor and Worker of approval for wraparound and which LCA is assigned to the case.
- BSS Worker actions in cases involving the court:
  - When the youth or family is currently involved in the court system, the BSS Worker should make the initial recommendation to the Multi-Disciplinary Team (MDT) and the court. Any safety plan requirements of the family that may be imposed by BSS, MDT members, and/or the court must be provided to the LCA to be included in the wraparound plan.

Once the Worker has obtained the approval of the RPM, the Worker will:

- Within one (1) business day of obtaining approval:

- Link the qualifying child to the assigned LCA in the Families and Children Tracking System (FACTS).
- Navigate to “service log” web screen in the FACTS case, choose the qualifying youth and select Non-ASO Service: “Wraparound.”
- Provide the LCA with information releases to assist in securing any additional information requested.
- The LCA will assign a Wraparound Facilitator within one (1) business day of receiving the referral.
  - BSS Worker will ensure that the assigned Wraparound Facilitator is added to the list of MDT participants and invited to meetings accordingly.
- Throughout the life of the SAH enrollment, the BSS Worker will monitor progress and participate in management of the case through the CANS System.
- Work in conjunction with the Wraparound Facilitator to schedule an initial home visit with the family.

### **Wraparound Facilitator**

The Wraparound Facilitator is employed by an LCA via grant agreements with the DHHR-BSS and has a critical role regarding fidelity to the wraparound model. Wraparound Facilitator responsibilities:

- Facilitate Family Joining Meeting
- Coordinate seamless multi-agency service provision
- Engage community partners in the process
- Facilitate creative services delivery to fit the family’s unique needs
- Create an environment that focuses on the youth and family’s strengths, so they feel comfortable enough to truly be engaged in the process and take an active role in the collaboration
- Set the tone of the family being the expert
- Facilitate all Child and Family Team Meetings
- Teach the CFT skills such as brainstorming, conflict resolution and other skills designed to elicit full collaboration
- Listen closely to the family to assist them in identifying strengths, needs, natural supports and other important components essential to the process
- Guide the family in developing a crisis plan
- Act as a liaison, coach, and support to the CFT throughout the process

### **Local Coordinating Agency (LCA)**

The Local Coordinating Agency (LCA) will be a licensed behavioral health care provider, a licensed child placing agency, or a licensed residential program. The LCA will have staff members that are certified in the CANS tool, and supervisory staff licensed as master’s prepared Social Workers, Counselors or Psychologists with at least two years of experience providing direct services to children and families. In addition, the LCA will also have Wraparound Facilitators and Supervisors who have completed wraparound and CANS training and certification.

LCAs will also develop relationships with community resources, supports, and service providers in order to empower families through better integration into their community with the goal of

family stability following completion of wraparound services. The LCA will be identified as having proven experience working with high-risk youth who are at risk of out of home placement, or who are returning from out-of-home placements.

## **TEAM PROCESS**

### **Stages of Child and Family Team Development**

Child and Family Teams go through four stages of development during which the family's reliance on formal supports decreases while their reliance on natural supports in the community increases. Our role in the Child and Family Team development, as service professionals, is to assist the family in finding informal community supports to replace us.

**Stage 1:** The Child and Family Team is developed as one of the first tasks of the wraparound process. Initially, the team is composed mostly of family and wraparound staff. The Wraparound Facilitator assists the family in identifying potential Child and Family Team members by eliciting information from the family about individuals who have been important in the child and family's life.

**Stage 2:** Members of the community that are identified by the family with the support of other team members join the team.

**Stage 3:** As the process moves into the implementation phase, the composition of the Child and Family Team transitions to more family members and friends and less professionals.

**Stage 4:** The family relies on the community for support as the family transitions from the wraparound program into after care.

(Bruns et al, 2008b)

### **Child and Family Team Meetings**

The initial Child and Family Team meeting, also known as the Family Joining Meeting, will occur during the first phase of the wraparound process. This initial Child and Family Team Meeting will focus on engaging the family, building genuine rapport, identifying strengths and needs and engaging additional team members. After this initial meeting, Team Meetings will occur at a minimum of every 30 days throughout the wraparound process and follow a predictable format.

- **Accomplishments:** Child and Family Team Meetings will begin with team members sharing any accomplishments since the last meeting. This allows the focus of the wraparound process to remain positive.
- **Assess:** After celebrating accomplishments, team members will assess whether the plan is working. This process involves reviewing each individual's assigned tasks to determine the level of follow through, identifying whether each action step worked to accomplish the strategy it was designed for and reviewing outcomes identified by the family.
- **Adjustments:** After reviewing the plan, the facilitator will lead the team in identifying any needed changes to the plan. Adjustments may be made to any current action steps, or new ones might be added. Brainstorming will be utilized to decide on any new strategies

for needs that have not been successfully met, as well as for newly identified needs.

- **Assign:** After the team has decided on actions to be taken, team members will assign and take responsibility for specific actions.

Initially, Child and Family Team Meetings will happen more frequently. Eventually, the team will be able to identify that fewer and fewer adjustments to the plan are needed, and Child and Family Team Meetings may begin to occur less frequently, but at least the minimum of every thirty days.

(Miles et al, 2006)

## **CRISIS SUPPORT**

### **Initial Crisis Plan**

- When the BSS Worker indicates that a referral is being made with a need to address a crisis, the Wraparound Facilitator will complete an initial crisis plan in no more than five calendar days of the referral acceptance date.
- The Wraparound Facilitator will provide the Initial Crisis plan to all Family Team Members and the BSS Worker within two business days of plan development.
- The initial crisis plan will be developed with a goal of attaining initial stabilization within 14 calendar days from the referral acceptance date.

### **Full Crisis Plan**

The LCA will develop a full Crisis/Safety Plan within 30 calendar days of referral acceptance date and provide it to all Family Team Members and the BSS Worker's supervisor within five (5) calendar days of plan development.

### **Mobile Crisis Response and Stabilization Teams**

Mobile Crisis Response and Stabilization Teams are a rapid response team for short-term (usually less than 72 hours) crisis intervention and stabilization when family, the BSS Worker, nor the Wraparound Facilitator have successfully deescalated a crisis.

The Children's Mobile Crisis services are funded by DHHR's Bureau for Behavioral Health. This team of crisis specialists within the community provides the necessary care when children, youth, and young adults up to age 21 are experiencing a serious emotional or behavioral crisis. Teams help by interrupting the crisis and making certain youth and their families are safe and supported. They provide resources and skills needed to return youth and families to their normal routines and keep children in their home whenever possible

An emotional or behavioral crisis is:

- A situation in which a person's behaviors put themselves or others in danger
- When a young person can no longer care for themselves or function normally

## Mobile Crisis Response Care Process

- **Step 1: CALL\*** the phone number for your region if your child is experiencing a crisis.  
*\*See Appendix A for current contacts at the time of this manual's publication.*
- **Step 2: EXPLAIN** your need to the partner in care and decide if you would like to talk on the phone or have someone respond in person.
- **Step 3:** A crisis specialist will talk with you and recommend referrals as needed for other services
  - OR
- An individual or team will arrive to **DEESCALATE** the situation and provide needed services.
- **Step 4:** Once the crisis is stabilized, the team and family will **DECIDE** what other services are necessary.
- **Step 5:** Extra services and resources are determined and provided as agreed to **SUPPORT** the continued stabilization of the family.

## Post-Transition Crisis Management

LCA will provide the Post-Transition Crisis Management Plan within the Transition Plan.

## PHASES OF 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 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 its 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 worker will also be required to attend.

### **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 and 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.

### **Goal One: Orientation to the Wraparound Process**

The first major goal of the Engagement and Team Preparation phase is to orient the family and youth to the wraparound process. Achieving this goal involves the Wraparound Facilitator having several face-to-face conversations with the family to explain the philosophy behind wraparound, build trust and rapport, describe the individuals who will be involved in the process, supports available to the family during the wraparound process, and alternatives to the wraparound process, should the family choose not to participate. It is important that the process be clearly explained in language that is easily understood by the family. Since family participation is essential to the process working, it is crucial that the family be given as much information as possible so that they can truly make an informed choice about participating. If the family chooses to participate in the wraparound process, all needed consents are obtained, and the family and youth's rights and responsibilities are clearly outlined.

**Family Responsibilities:** In addition to the rights they are afforded, families who participate in the SAH program have a responsibility to not only their youth, but also to the success of the wraparound process. The following is a brief list of what is expected of families:

1. To be honest
2. To not agree if you are not willing and able to follow through
3. To keep the lines of communication open
4. To remember they are the most important part of the team

5. Not to be afraid to tell someone if the plan is not working or would like to change something
6. To be respectful
7. To ask questions for clarification as well as understanding
8. To meet with the team on a regular basis (dates, places and times are agreed upon by the team with preference to the family's recommendations)
9. To inform the team of all of the accomplishments of the family
10. To CELEBRATE their successes

**Goal Two: Exploration of Strengths, Needs, Culture, and Vision**

The second major goal of the Engagement and Team Preparation phase of the wraparound process is to hear the family's story to gather their perspective on their strengths, needs, culture, and goals for improvement. During this phase, the family also learns about natural and formal supports. By carefully listening to the family's story, the facilitator assists the family in identifying strengths of each individual, strengths of the family as a whole, as well as potential family team members to join the process. The facilitator prepares a summary of the initial conversations with the family that is strength-based and highlights important points about strengths of individual family members and the family unit, and identifies the family's perspective on needs, culture, and vision. The document is shared with and approved by the family.

## **Additional Points to Consider**

### **The importance of using strengths-based approach:**

By capitalizing on the capabilities of children and adolescents, wraparound providers create a sense of hope for the future and enhance motivation for change. The rationale for focusing on strengths rather than deficits is that this shift in focus results in a number of benefits:

1. A therapeutic relationship is likely to have a stronger foundation when a family experiences the provider as recognizing and valuing positive aspects of the family members' personalities, life histories, accomplishments, and skills.
2. It will be easier for the family to develop improved coping skills for dealing with challenges in their lives if the process begins with using the family's existing competencies and characteristics as a foundation.
3. Since families who arrive at the wraparound process often lack a natural support network, focusing on strengths will make it easier to identify potential points of attachment that can grow into informal sources of friendship and support.
4. To help families with complex needs transition from service dependence to social interdependence, focusing on eliminating negative characteristics without focusing on developing existing strengths will be less likely to be successful.

(Franz, 2008)

### **Ways to Identify Strengths:**

**Observation/Behaviors:** If families are closely observed, strengths will be revealed in the ways they interact with each other, activities they participate in together, and values they display. Observant SAH staff might notice trophies, pictures, magazines, or books that identify interests and areas of talent.

**Vocabulary:** Strengths often reveal themselves when SAH staff listen for words that imply success, happiness, coping, getting ahead, and accomplishing. Usually these words are expressed with a sigh of relief, a smile, or a chuckle.

**Family Treasures:** Strengths can be found in family photos, descriptions of regular family gatherings, best friends, explanations of how past problems were solved, family affiliations, family belief systems, hobbies, and projects.

**Stories:** When families are sharing stories, listen for when things went right, when obstacles were overcome, and when times were happy. When SAH staff listen closely and engage appropriately, the strengths that were used to accomplish each of these things, the individuals who were helpful, and how the strengths were activated can be identified.

### **Goal Three: Stabilization of Crises**

The third major goal of the Engagement and Team Preparation phase of the wraparound process is to address any pressing needs and concerns related to immediate safety issues, current crises or any potential crises the family anticipates might occur in the very near future if they are not addressed immediately. It is important that the referring professional and others close to the family be given the opportunity to share safety concerns. If any immediate concerns are identified, the family works with the Wraparound Facilitator to develop a plan to provide immediate relief.

*See the Crisis Support section of this manual for additional information on crisis management.*

### **Goal Four: Engagement of Additional Team Members**

The fourth major goal of the Engagement and Team Preparation phase of the wraparound process is to gain a commitment to participate from additional team members who care about the child and family and can support them through the wraparound process.

### **Goal Five: Arrangement of Meeting Logistics**

The final major goal of the Engagement and Team preparation phase of the wraparound process is to agree upon meeting times and locations that are easily accessible and comfortable to all team members. Any additional supports needed for meetings to occur should be discussed at this time as well, (i.e. childcare arrangements for children who are too young to participate in the process, translators, etc.).

(Bruns et al, 2008a)

<b>Phase 1 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
Orientation to the Wraparound Process	First post-enrollment family 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).  Family Joining Meeting is scheduled.	BSS Worker	Within 72 hours of referral acceptance date
Family Joining Meeting	BSS Worker will introduce SAH Wraparound Facilitator at Family Joining	BSS Worker and Wraparound	Within 5 business days of referral acceptance date

<b>Phase 1 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
	Meeting. WF becomes the lead once introduced. Crisis support and safety planning begins in this first meeting.	Facilitator	
Initial Crisis Plan	When the BSS Worker or other stakeholder indicates that a referral is being made with a need to address a crisis, Wraparound Facilitator 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> </ul> Completion of CANS and related assessments, <u>approved by LCA supervisor</u>	Wraparound Facilitator	First family story/strengths/needs and cultural discovery completed within 20 calendar days after Family Joining Meeting.  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

## **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.

### **Goal One: Development of an Initial Wraparound Plan**

The first major goal of the Initial Plan Development phase of the wraparound process is to develop the initial wraparound plan. The plan should be created through a collaborative team process that elicits multiple perspectives and builds trust and a shared vision among team members. The process must be consistent with the principles of the wraparound philosophy. Development of the plan involves several important tasks.

**Ground Rules:** The Wraparound Facilitator guides the team in developing a list of ground rules and how the rules will be followed during the team meetings. The facilitator should ensure that the ground rules address confidentiality, mandatory reporting, and creating a safe, blame-free environment for all team members. The ground rules should be recorded, and all team members should receive a copy.

**Description of Strengths:** The Wraparound Facilitator will present the summary of strengths developed during the initial phase and elicit feedback and additional strengths from team members who have been added. These should include strengths of the additional team members, and the family's community.

**Creation of a Team Mission Statement:** The Wraparound Facilitator reviews the family's vision and leads the team in setting a team mission. The Wraparound Facilitator introduces the idea that this will be the overarching goal that will guide the team. This task is especially important, as all future activities will be assessed by asking, "How does this fit with our team mission?" The Team Mission Statement is created through a process of brainstorming that is guided by the Wraparound Facilitator. From the Team Mission Statement, a "bumper sticker version" is created that is easy to remember and can be written on all wraparound plans.

**Description and Prioritization of needs:** The Wraparound Facilitator guides the team in reviewing needs identified during the initial phase and including any additional needs. The Wraparound Facilitator then guides the team in prioritizing the identified needs. Non-negotiables (safety and legal mandates) should be defined during this process.

**Determination of Outcomes:** The Wraparound Facilitator guides the team in a discussion designed to identify outcomes that will represent success in meeting each need on which the team has chosen to work. The Wraparound Facilitator assists the

team in determining how they will assess outcomes, including specific indicators for each need, and how often they will be measured.

**Strategy Selection:** The Wraparound Facilitator guides the team in a brainstorming process to assist the team in thinking of creative strategies for meeting needs and achieving outcomes. The Wraparound Facilitator then assists the team in considering how likely the strategies are to be effective in reaching the desired outcomes, the extent to which they are community based, the extent to which they build on identified strengths, and the extent to which they are consistent with the family’s culture, values and preferences.

**Assignment of Action Steps:** The team assigns responsibility for undertaking action steps associated with each strategy to specific individuals to be completed in specific time frames.

**Additional Points to Consider:**

**Needs Versus Services:** Traditionally, service plans for families were often based on available services, rather than identified needs. It was not uncommon for service plans for different families to have similar components, such as “parenting.” Parenting is traditionally a service offered with rigid guidelines as to what may be taught. There was very little tailoring of the service to meet a given family’s specific need which might be something like, “Mr. and Mrs. Jones have difficulty setting age appropriate limits for their teenage son, Joey.” They may not get what they need from a traditional parenting class that focuses on child development and parenting toddlers and young children. The wraparound plan is different in that the plan is based on identified needs, and strategies built on existing strengths to meet those needs. Each plan should be unique to the specific family it is designed to assist.

<b>Examples: Services</b>	<b>Needs</b>
Positive Peer Socialization	“good friends for Joey”
Parenting Classes	“help setting rules that make sense for my teen”
Support Group	“to know other people have been through this”

**Conflict is Normal:** When developing the initial wraparound plan, and throughout the wraparound process, conflict should be anticipated as normal. Often, team members will be very passionate about their opinions, and opinions will vary. It is essential for each team to develop the ability to manage conflict without it deteriorating into something that will be damaging to the wraparound process.

**Ways to Manage Conflict:** When conflict arises, the Wraparound Facilitator should schedule a meeting with all parties present at the same time. All parties should be asked to come prepared to address their concerns and provide potential solutions. It is often helpful to ask team members to bring their concerns and

solutions in writing. This will ensure all points are shared, and it may assist in diffusing the emotion behind the conflict.

**Finding Solutions the Team Can Live With:** All concerns and solutions should be addressed using a problem-solving tool such as brainstorming or storyboarding. If no potential solutions are presented, the Wraparound Facilitator should ask questions that will guide the team toward discovering their own solutions. Team members should be assisted in identifying the underlying concerns for each perspective provided. Team members should come up with a solution that addresses the underlying concerns of each perspective.

### **Goal Two: Development of a Crisis/Safety Plan**

The second major goal of the Initial Plan Development phase of the wraparound process is to develop a crisis/safety plan. The plan should identify potential problems and crises and prioritize them according to seriousness and likelihood of occurrence. The plan should be an effective, clear, and specific crisis prevention and response plan that is consistent with wraparound principles. To accomplish this goal, the facilitator guides the team in a discussion of how to maintain the safety of all family members. The facilitator then guides the team in a process of prioritization. For each potential crisis, in order of priority, the team identifies any serious risks. The discussion includes potential triggers for each listed concern, strategies for preventing each potential crisis and possible responses for each. Specific roles and responsibilities are outlined, and all the information is documented in a safety plan document that includes proactive and reactive plans.

### **Additional Points to Consider:**

**Creating an Effective Crisis Plan:** When creating an effective crisis plan, it is important to listen carefully as the family describes “the worst that has ever happened” as it relates to the identified family problems. The best predictor of a future crisis is the past. When the family is sharing about past crises, the wraparound staff should be listening for details of crises that have happened, including what triggered the crisis, what was tried that worked to ameliorate the crisis, and what was tried that didn’t work. To develop a thorough plan, all members of the team should have input into their concerns about potential crises. Crisis plans should plan for the worst-case scenario. By planning for crises to occur, and predicting that they will, the family is reassured that crisis is a normal part of the process at times, and that they can develop the tools to address them. When a crisis plan is developed, a copy should be given to each team member, and each team member should be clearly aware of what role he/she will play in a crisis.

**Reactive Versus Proactive Crisis Plans:** Reactive crisis plans focus on how to respond when a crisis occurs. Clear goals are developed for each team member. Proactive crisis plans focus on preventing crises from occurring. It is important to develop both, as both will likely be needed.

(Bruns et al, 2008a)

<b>Phase 2 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
	During this phase, team trust and mutual respect are built while the team creates an initial plan of care. The 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> <p>Must be uploaded to the CANS System <u>and approved by LCA Supervisor and BSS Worker.</u></p>	Wraparound Facilitator	Within 30 calendar days of referral to LCA
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</li> </ul>	Wraparound Facilitator	Within 5 calendar days of

<b>Phase 2 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
	summaries to all Family Team Members and BSS Worker's supervisor Include any BSS court summary as requested by BSS Worker and/or court		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)	For every case referred through a court, report back to the court on progress, including communication of Wraparound Plan and Crisis Plan. <i>NOTE: BSS Worker submits court summary 5 days prior to court hearing and every MDT meeting.</i>	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 safety plan.
  - Continue to monitor identified providers to ensure they are meeting with family as recommended.
- Continue to ensure the Wraparound Facilitator is meeting with family as identified in case plan.
- 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.
- Make referrals for foster care if needed.
- Complete paperwork for foster care placement when appropriate.
- Continue to attend any meetings scheduled by the Wraparound Facilitator.
- Ensure placement provider is abiding by licensing regulations and provider agreements and requirements.
- Continue to make monthly in-person visits with the child in placement.

- Continue to monitor safety of child and monitor safety plan to ensure it is maintaining safety.

### **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. This phase includes ongoing family team meetings (at least every 30 days). Between family team meetings, weekly staffings will occur.

#### **Goal One: Implementation of the Initial Wraparound Plan**

The first major goal of the implementation phase is to implement the initial wraparound plan. This goal involves several important tasks.

**Implementation of Action Steps for Each Strategy:** Team members undertake the action steps they were assigned. The facilitator aids completion of this process by checking in with team members to follow up on progress, educating providers and other community supports, and identifying and obtaining needed resources.

**Tracking Progress on Action Steps:** The team monitors progress on action steps for each strategy in the plan and tracks information related to timeliness of completion of action steps, fidelity to the plan, and completion of requirements for any intervention.

**Evaluation of Success of Strategies:** Using the outcomes/indicators the team identified for each need, the facilitator guides the team in evaluating whether the chosen strategies are helping the team meet the youth and family's needs.

**Celebration of Successes:** The Wraparound Facilitator encourages the team to acknowledge and celebrate successes such as progress on action steps, achievement of outcomes, and other positive events or achievements, no matter how seemingly small.

#### **Goal Two: Revisiting and Updating of the Initial Plan**

The second major goal of the implementation phase of the wraparound process is to ensure that a collaborative team approach is utilized to continually revisit and update the plan in response to success of the initial strategies. It is important that when the team determines that strategies for meeting needs are not working or when new needs are identified or prioritized, the Wraparound Facilitator guides the team in considering new strategies and action steps using the same process as before.

### Goal Three: Maintenance of Team Cohesiveness and Trust

The third major goal of the implementation phase of the wraparound process is to maintain awareness of team members’ satisfaction with the wraparound process and to take steps to continue to build team cohesiveness and trust. The Wraparound Facilitator is responsible for continually assessing team members’ satisfaction with the process and sharing observations when appropriate to maintain cohesiveness and “buy in.” This may involve managing conflict and assisting team members in the process of conflict resolution.

(Bruns et al, 2008a)

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> </ul> Celebration of Success	Wraparound Facilitator with support from BSS Worker	Ongoing
Revisiting and Updating Wraparound Plan	Update Wraparound Plan and upload to CANS System. Wraparound Facilitator 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. <u>All updates are approved by LCA Supervisor and BSS Worker.</u>	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 and case closure within 9 months of inception	BSS Worker	Every 30 calendar days

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 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 Worker plays during the wraparound process may be slightly shifted from the traditional BSS Worker's roles. In the wraparound process, the Worker will continue to facilitate the traditional roles of problem identifier, case manager, treatment provider, and permanency planner, but how the Worker plays the role will shift from plan to plan. 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.

#### **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.

#### **Goal One: Plan for Cessation of Formal Wraparound**

The first major goal of the Transition phase of the wraparound process is to create a plan for cessation of formal wraparound services. This phase of the process should reflect adherence to the key principles of wraparound and should result in a supporting the youth and family to be positioned to maintain positive outcomes through reliance on informal supports developed in the community. There are several tasks related to achieving this goal.

**Creation of a Transition Plan:** The Wraparound Facilitator guides the team in reviewing strengths and needs, identifying services and supports that will continue to meet needs and persist past termination of the formal wraparound process.

**Creation of a Post-Transition Crisis Management Plan:** The Wraparound Facilitator guides the team in creating a plan that includes action steps, specific responsibilities, and communication protocols to address any crises that may occur after the Transition phase of the wraparound process is complete.

**Modification of the Wraparound Process to Reflect Transition:** New members may be added to the team to reflect identified post-transition strategies, services and supports. The team discusses responses to any potential crises and defines each team member’s role with the family after transition.

**Goal Two: Create a “Commencement”**

The second major goal of the Transition phase of the wraparound process is to plan a ritual to celebrate the successes of the wraparound process, and thus cease the formal wraparound services. To meet this goal, the Wraparound Facilitator guides the team in creating a document that describes the strengths of the youth and family as well as other team members, lessons learned about what worked well and what did not, and successes of the process. The Wraparound Facilitator also encourages the team to create a culturally appropriate “commencement” celebration that is meaningful to the youth, family and team and recognizes their accomplishments.

**Goal Three: Follow Up With the Family**

The final goal of the Transition phase of the wraparound process is to create a plan for checking in with the family once the formal wraparound process ends. This will allow the facilitator or other team members the opportunity to assess any new needs that require a formal response, and aid team members in assisting the family in accessing any needed services.

(Bruns et al, 2008a)

<b>Phase 4 Activities</b>	<b>Description</b>	<b>Responsible</b>	<b>Timeline</b>
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> </ul> Modify Wraparound Process to Reflect Transition	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 team creates a plan for		

Phase 4 Activities	Description	Responsible	Timeline
the Family	checking in with the family once SAH Wraparound ends. This provides opportunity to assess any new needs that require a 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 Wraparound Facilitator 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)

### BSS Worker Responsibilities

- 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 Wraparound Facilitator is meeting with family as identified in case plan
  - Conduct MDTs as required by policy
  - Prepare appropriate reports for the court
  - Attend court hearings as required
  - Assure Wraparound Facilitator has no less than 10 days' notice of hearing
- 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.

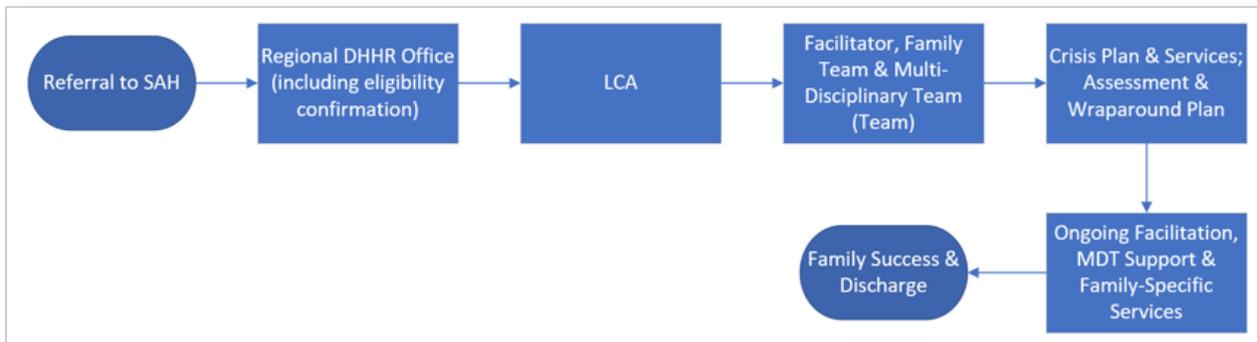
Cases in which wraparound is suggested for youth residing in long-term placement facilities, the Worker should seek MDT/court approval prior to the expected discharge of the child. The

Worker will need to submit the referral for wraparound within 90 days prior to the expected discharge date to allow for adequate planning for wraparound process. All other Worker responsibilities outlined above continue to be required.

A client may refuse to participate at any stage of the wraparound process, whether it is before the family meeting occurs 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. In many situations it may be a simple misunderstanding of a plan component which can easily be addressed with the team and changes to or clarification of the plan made.

If a 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 Worker should inform the clients that their refusal to participate will be discussed with the BSS supervisor to determine the appropriate action, which could include court action.

### Wraparound Process Flow Chart



### Safe at Home West Virginia Wraparound Key Features

#### Working with the MDT

When the youth or family is currently involved in the court system, through youth services (YS) or child protective services (CPS), the BSS Worker should staff these cases with their Supervisor for approval to present to the child's MDT, if applicable. The BSS Worker should then make the initial recommendation to the Multi-disciplinary Team (MDT) and the court. Any safety plan requirements of the family that may be imposed by BSS, MDT members, and/or the court must be provided to the LCA to be included in the wraparound plan. The BSS Worker will also ensure that the assigned Wraparound Facilitator is added to the list of MDT participants and invited to meetings accordingly. Wraparound and crisis plans should be provided to the MDT in order to support the MDT decision making process for the best interest of the youth.

### **Wraparound and Client Purchased Services**

SAH enables the DHHR to collaborate with child serving agencies, communities, and families to provide flexible opportunities to aid families in achieving the goals of their individualized wraparound plan. This flexibility also provides for development and achievement of improved integration into their community and its resources.

### **Wraparound and Natural Supports**

The wraparound plan will often begin with formal (paid) service providers but will immediately begin to develop and implement natural supports that allow the family to sustain support after the DHHR and court system have left their lives. The focus of the plan's success will be driven by the idea of "what will the situation look like after we are gone." An introspective look will often reveal an intricate support system that is comprised of family, friends, neighbors, and other community members. Families may not know how to access these supports or may have family members that want to help but do not know how. Wraparound will enhance the family's ability to discover and utilize these supports.

### **Wraparound Non-Negotiables**

"Non-negotiables" are those items that must be included in the plan to account for safety and legal requirements. For example, a youth who is involved in a wraparound plan because they are habitually truant from school would be required to attend school regularly as part of the wraparound plan. This allows the court to ensure that the reasons they were brought to the court's attention in the first place are addressed. However, the "non-negotiables" should focus on the "what" and not the "how," meaning that instructing the Wraparound Facilitator in how they will address the matter of truancy is counterproductive to the wraparound process and should be avoided.

### **Reasonable Efforts**

W. Va. State Code requires DHHR to make reasonable efforts to prevent the removal of a child from their home and to make reasonable efforts to reunify children with their families. W. Va. Code §49-4-105 requires the court to make a finding of reasonable efforts. Wraparound is one more process that has been a proven effective tool in preventing the removal of children from their homes. It is the least restrictive alternative to residential placement and keeps children in their communities.

### **Wraparound Evolves**

The wraparound plan is designed to immediately address the safety needs of the family, but also to continually change as the family's needs change. It should be expected that family needs will change through the process and that an effective plan will need to consistently be re-evaluated for needed changes to be implemented.

## **Wraparound Plans for Crisis**

When a family is identified as in need of a wraparound plan, it should be expected that this is a family who may experience episodic crises. The Wraparound Facilitator will develop, with the family, a crisis plan intended to provide and control for safety when these episodes occur. Examples of crisis may be severe emotional disturbance, thoughts of harming self or others, or substance abuse related issues. Please see the Crisis Support section of this manual (page 15 and Appendix A) for additional information.

## **Confidentiality**

It is important to understand the boundaries of confidentiality during the wraparound process. In general, information that is shared in team meetings will stay within the confines of the team. However, there are some exceptions to this confidentiality.

If the family is involved in judicial proceedings, monthly summaries are required to be provided to the court to be made part of the permanent record. Monthly summaries will be provided to the family showing overviews of progress and continuing goals and plan objectives. Concern for the safety of children and requirements of state law require two additional exceptions to the release of confidential information. As Mandated Reporters, professional providers are obligated to report any suspicion or knowledge that a child has been hurt, is in danger, or is being hurt. Additionally, professional providers are obligated to report any specific plan to harm another person under the Duty to Warn law, W.Va. Code §27-3-1. Confidentiality is a valued and important part of the process and unless the information is required to be shared, it will not be.

## **Grievance Policy**

Safe at Home West Virginia is committed to providing quality services to children and families. Feedback from referral agencies, parents and youth is used to improve and upgrade programming. In addition, a grievance procedure is in place for addressing concerns, disagreements, and complaints. If a referral agency, parent, or youth desires to file a grievance, please contact a BSS Supervisor.

## **Conclusion**

DHHR's Bureau for Social Services and service provider partners work to provide opportunities to youth and their families through Safe at Home West Virginia for greater integration into their communities with a vision towards empowerment. This empowerment seeks to aid youth and families in achieving sustainable stability even when the family has completed their SAH wraparound program. SAH is a temporary service that actively engages youth, families, and communities to achieve the best possible outcomes for all through collaboration and a unified vision for problem solving. Additional resources and guidance can be found on the DHHR website, <https://dhhr.wv.gov/BSS/Services/Pages/Safe-At-Home-West-Virginia.aspx>.

## **Appendix A: DHHR – BBH Children’s Mobile Crisis Response & Stabilization Teams**

### **Brooke, Hancock, Marshall, Ohio and Wetzel Counties**

Genesis: 866-897-8959

### **Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan and Pendleton Counties**

Genesis: 866-897-8959

United Summit Center: 844-985-4371

### **Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood Counties**

Westbrook: 304-485-1725 or 800-579-5844

### **Barbour, Randolph, Tucker and Upshur Counties**

Appalachian Community Health Care Center: 304-636-3232 or 888-357-3232

### **Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston and Taylor Counties**

United Summit Center: 844-985-4371

### **Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mingo, Mason, Putnam and Wayne Counties**

Pretera: 800-642-3434

### **Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster and Wyoming Counties**

FMRS: 304-256-7100 or 888-523-6437

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