



Safe at Home West Virginia

Policy

Bureau for Social Services:

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Purpose

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

Introduction

SAH West Virginia 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 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.

Safe at Home (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, Department of Human Services (DoHS), and Local Coordinating Agencies (LCAs).
- Fidelity to the wraparound model requires flexibility to address needs of each family.

Eligibility

SAH Eligibility Definition

QUALIFYING CRITERIA: System involved youth, ages 5 – 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 age 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.

AND

The family/caregiver demonstrates significant need(s) in at least one of the following areas:

- 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 SAH 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*
 - . 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*
 - a. has returned from a foster care placement and is residing with their parent or a non-paid kinship relative caregiver; *or*
- c. 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 exists:

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;
0. The child is a runaway or homeless youth;
 1. The child is, or will be born, to a youth residing in foster care;
 4. 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 SAH Program. In this scenario, the SAH 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 SAH Program. In this scenario, the SAH 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 SAH program 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 SAH program to best avoid entry into foster care.

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

- 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

SAH is a state-funded program subject to the limitations of appropriated funding. If funding levels restrict enrollment, BSS shall implement a managed intake protocol and may limit access to the program based on the above Focus Groups. Priority for enrollment shall first be given to applicants in Focus Group A.

Appendix B

Presumed Eligibility

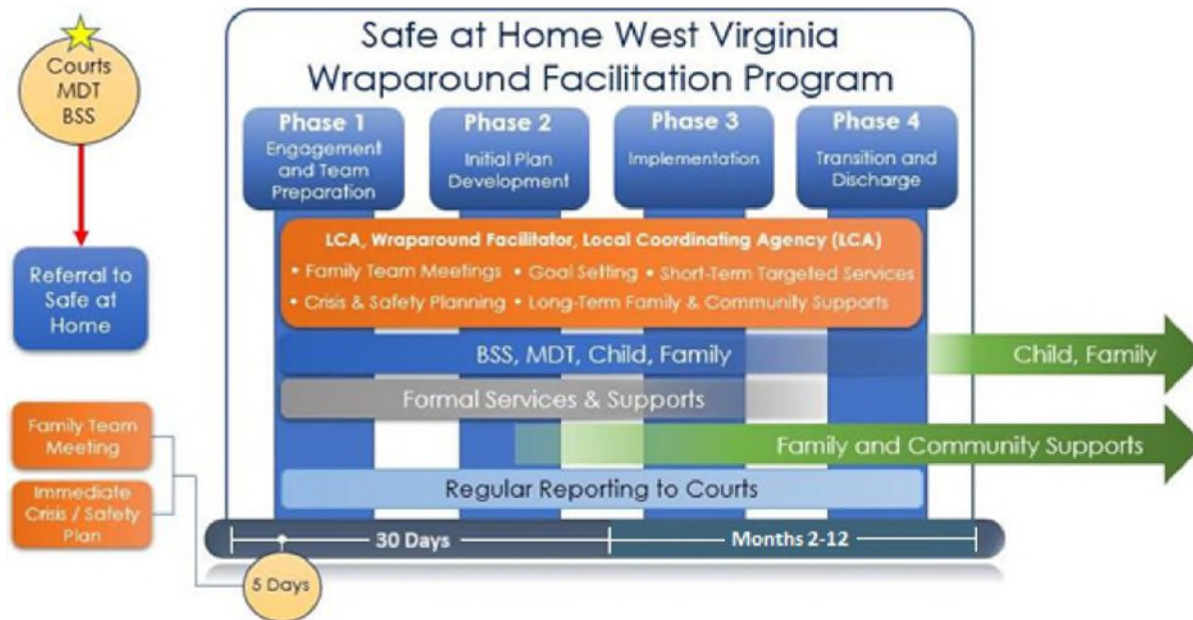
A SAH applicant shall be eligible for provisional enrollment to the program if the following three (3) requirements are met:

- 1) In the professional judgment 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 SAH 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
- 0) The youth is qualified as a Focus Group that is currently eligible for program enrollment.

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, Marshall University's clinical team 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 screens in the CANS system within 7 days.
- The BSS Supervisor will review and either deny or approve the referral within 3 days of receiving the referral from the BSS Worker. Once a SAH referral has been approved by the BSS Supervisor, Marshall University SAH Assignment Staff will approve or deny the referral.
- Marshall University SAH Assignment Staff will assign approved referrals to an LCA.
- LCAs assign a Wraparound Facilitator (WF) who quickly begins coordination with the family, the Multidisciplinary Team (MDT), the Child and Family Team (CFT), and community partners. LCA will make reasonable efforts to complete case staffing within one business day.
- The WF works with the family to create a crisis plan and wraparound plan of care (POC), which are actively followed through regular contact. LCA will complete an initial Crisis Plan at the first family meeting. LCA will develop the full Crisis/Safety Plan within 30 calendar days of referral.
- 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 12 months. As the family becomes increasingly successful over the course of approximately 12 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 POC, the team develops and implements a customized set of strategies, supports, and services.
3. **Strengths-Based** – The wraparound process and the POC 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 POC 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 POC. The plan reflects a blending of team

members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work toward meeting the team's goals.

6. **Persistence** – Despite challenges, the team persists in working toward the goals included in the POC 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 POC to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Definitions

CFT – Groups of people chosen with the family and connected to them through natural, community, and formal support relationships. CFTs 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 POC, revising, and refining it as needed. The CFT is the forum through which the family’s goals are identified and decisions on how to achieve the goals are made.

LCA – The LCA is a licensed behavioral healthcare agency. LCAs will have:

- Staff members who are certified in the CANS tool.
- Supervisory staff who have a master’s degree plus two years relevant experience providing direct services to children and families. A master’s degree can be substituted for a minimum of four years of facilitator experience
- 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 CFTs that will develop individualized POCs.

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 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 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 is 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 - 12
4	Transition and Discharge	

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 CFT 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 CFT 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 SAH referral. The BSS Worker will explain to the MDT that the POC 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 SAH West Virginia wraparound referral in the CANS database.
 - If SAH is court ordered you must indicate this by checking the box on page three of the referral and provide a detailed description of the court-ordered services.

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 30 days prior to the expected discharge date to allow for adequate planning for the wraparound process. All other BSS Worker responsibilities outlined above continue to be required.

- Complete a SAH West Virginia Wraparound Referral in the CANS database when youth are identified and are within 30 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 30 days in the placement, the wraparound referral should be made when the youth is determined appropriate for SAH by the CFT 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.

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 Marshall University Wraparound Staff will log the referral and review immediately but not later than five business days to approve, deny, or place the referral on hold. If the Marshall University Wraparound Staff 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 Marshall University SAH Assignment Staff denies the referral, they will explain to the BSS Caseworker why the referral was denied and relay any information to how the decision was made.
- If Marshall University SAH Assignment Staff approves the referral, ticklers are sent to the BSS Caseworker that made the referral and that Caseworker's Supervisor to notify them the referral has been approved.

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 CFT to work 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 CFT 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.
- Approve or deny referrals within 3 days of receipt.
- 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 the Program Manager for their area of WV (previous called Regional Program Manager) 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: Law enforcement must be notified immediately if a child is missing, abducted, or is on runaway status. See DoHS – 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 completed SAH referrals in the CANS database within 7 days
 - Staff cases with BSS Supervisor for approval to present to MDT if applicable
 - Remain the primary caseworker throughout SAH participation
 - Once SAH is approved by the Marshall University SAH Assignment Staff, educate the family on the SAH process and philosophy
 - Collect all necessary information including signatures on consent forms as appropriate
 - Complete necessary screens in PATH
 - Complete referral in the 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 CFT in development of the Transition Plan, including a Crisis Plan

If a client/family refuses 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 ongoing 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, 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.

Social Services Manager (SSM)

Throughout the course of an SAH case, the SSM 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
- Identifies and addresses problems via DoHS chain of command
- Serves as backup to BSS Supervisors as needed
- 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

Program Manager for the North/South

- Provides support to the field when they have questions or concerns regarding referrals
- Assist Marshall University with issues related to difficult 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 CFT 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 CFT throughout the process

SAH Activities and Time Frames

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 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,	BSS Worker	Within 72 hours of referral acceptance date

Phase 1 Activities	Description	Responsible	Timeline
	<p>describe the role of the Wraparound Facilitator, and support available to the family during the SAH process.</p> <p>Family Joining meeting is scheduled.</p>		
Initial Crisis Plan	<p>When the BSS Worker or other stakeholder indicates a referral is being made with a need to address a crisis, WF will complete a First (Initial) Crisis Plan.</p> <p>Initial Crisis Plan must include:</p> <ul style="list-style-type: none"> ● Description of any further assessments or referrals that may need to be performed ● A listing of immediate interventions to be provided along with objectives for the interventions ● A date for development of a master POC. The designated date must be appropriate for the planned length of service but at no time will that exceed 30 calendar days from the date of waiver enrollment ● The signature of the member and/or parent/legal representative, Wraparound Facilitator, and other people participating in the development of the initial plan, each person's credentials, and start/stop times in ink or in an electronic documentation system 	Wraparound Facilitator	In no more than seven calendar days of referral acceptance date
Initial Crisis Plan Submission and Distribution	WF will provide Initial Crisis Plan to all CFT Members and BSS Worker's supervisor.	Wraparound Facilitator	Within two business days of plan development

Phase 1 Activities	Description	Responsible	Timeline
CFT Meeting	<ul style="list-style-type: none"> ● Accomplishments – share/discuss positive accomplishments ● 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 ● Adjustments – identify any needed changes to the plan. Utilize brainstorming ● Assign – once the team decides actions to take, team members assign and take responsibility for tasks. ● Gather relevant information necessary for First POC 	Wraparound Facilitator	Within seven calendar days of referral acceptance and a minimum of every 30 calendar days thereafter
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"> ● Family story, family perspective on their strengths, needs, culture and goals for improvement. ● Completion of CANS and related assessments, approved by LCA supervisor. 	Wraparound Facilitator	Family completed within 20 calendar days after Family Joining meeting Initial CANS determination completed and entered 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 calendar 90 days from last CANS determination
Crisis Stabilization	<ul style="list-style-type: none"> ● Address any immediate safety issues, current crisis, or potential crisis in the immediate future ● Obtain safety concerns from referring professionals 	Wraparound Facilitator	Within 14 calendar days of the referral acceptance date
Full Crisis/Safety Plan	The goal is to develop and	Wraparound Facilitator	Within 30 calendar days of

Phase 1 Activities	Description	Responsible	Timeline
	<p>complete a full Crisis/Safety Plan approved by the BSS Worker (updated monthly, see Phase 2).</p> <p>The crisis/safety plan will identify triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitated the referral for wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.</p> <p>The crisis/safety plan will identify specific actions and interventions and assign specific responsibilities for who will take these actions.</p>		referral acceptance date

Upon Referral Approval, the BSS Worker should:

- Link the qualifying child to the LCA in PATH.
- If the family is already receiving Socially Necessary Services (SNS), the BSS Worker will:
 - Notify Acentra and the Community Partnership Unit to determine what services should stop and which services could continue.
 - Work with the assigned SNS provider and LCA to determine when SNS services should stop after SAH is established. There should not be a disruption of services.
 - Work with Acentra to request a rollback of authorized units for SNS as determined above
 - Discontinue services in PATH when appropriate.
- In PATH, navigate to the service log screen in the 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 PATH 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 PATH.

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 they may want to consider inviting.

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 WF and the family team to begin developing procedures for the CFT meetings, formalize the crisis plan, begin to explore how the POC 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 youth and family should feel they are heard, and their chosen needs are prioritized.		
Initial Wraparound POC Development	POC includes: <ul style="list-style-type: none"> ● Ground Rules ● Description of Strengths. <ul style="list-style-type: none"> • An inventory of the entire team’s (youth, family, and team members) strengths will be present. • At least two strategies included in the POC will be linked to each team member’s identified strengths. • Detailed and specific examples of the youth’s and family’s culture, values, and beliefs are provided, especially as they relate to the reasons the family enrolled in wraparound. ● There should be a clearly articulated, positively worded, long-range vision for the entire 	Wraparound Facilitator	Within 30 calendar days of referral to LCA

Phase 2 Activities	Description	Responsible	Timeline
	<p>family.</p> <ul style="list-style-type: none"> ● Create Team Mission Statement <ul style="list-style-type: none"> • Identify the youth’s and family’s natural, or community supports and explains how they might be part of the team or involved in implementing the POC. ● Description and Prioritization of Needs <ul style="list-style-type: none"> • Needs statements for the youth and family will be included in every POC and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs. • No POC will include more than three needs statements. ● Determination of Outcomes <ul style="list-style-type: none"> • The outcomes outlined in the POC should be specific and measurable using objective and verifiable measures, not just general or subjective feedback. ● Strategy Selection <ul style="list-style-type: none"> • The strategies in the POC will be clearly individualized and can be logically expected to meet the youth’s and family’s needs. • The POC should represent a 		

Phase 2 Activities	Description	Responsible	Timeline
	<p>balance between informal (natural and community) and formal strategies, services, and supports.</p> <p>Assignment of Action Steps</p> <p>Must be uploaded to the CANS system and approved by LCA Supervisor and BSS Worker.</p>		
Initial POC Approval	BSS Worker shall review and accept/reject the plan.	BSS Worker	Within five calendar days of receiving from LCA
Initial POC and Update(s) Submission and Distribution	Provide updated plan(s) to all CFT Members and BSS Worker's supervisor after any adjustments made during a CFT Meeting.	Wraparound Facilitator	Within five calendar days of adjustments made in meeting
Progress Summaries	<ul style="list-style-type: none"> Prepare and provide monthly progress summaries to all CFT Members and BSS Worker's supervisor. <p>Include any BSS Court summary as requested by BSS Worker and/or Court.</p>	Wraparound Facilitator	Within five calendar days of the month following the month of service
Ongoing Crisis/Safety Plan	<p>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 approved by LCA Supervisor and BSS Worker.</p> <ul style="list-style-type: none"> After each crisis event, the crisis/safety plan should be updated within 24 hours. After each crisis event, a CFT Meeting should be held within 72 hours. 	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 POC and Crisis Plan.</p> <p><i>NOTE: BSS Worker submits Court summary five 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 PATH.
- Collaborate with the family, team members, and WF to develop the POC. 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 the 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 POC 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, WF, and team members will aid in ensuring successful outcomes. **This phase includes ongoing family team meetings (at least every 30 days). Between CFT meetings, weekly staffings will occur.**

Phase 3 Activities	Description	Responsible	Timeline
	During this phase, the initial POC 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.		
POC Implementation	<ul style="list-style-type: none"> ● Implementation of Action Steps for each Strategy ● Tracking Progress on Action Steps ● Evaluation of Success of strategies ● Celebration of Success 	Wraparound Facilitator with support from BSS Worker	Ongoing
Revisiting and Updating POC	<p>Update POC 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 approved by LCA Supervisor and BSS Worker.</p> <p>Quarterly update of inventory of strengths for all team members.</p>	Wraparound Facilitator	Every 30 calendar days
CFT meetings	<p>BSS Worker attends CFT meetings.</p> <p>The youth should attend every CFT Meeting if the youth is age 11 or older.</p> <p>At least one family member and one natural support (e.g., extended family, friends, and community supports) for the family should attend nearly every CFT Meeting.</p> <p>All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) and key representatives from school, child welfare, and juvenile justice agencies who seem integral to the POC should attend nearly every CFT Meeting.</p> <p>If natural supports are not consistently attending CFT meetings, there should be ongoing and persistent efforts to identify and engage them.</p>	BSS Worker 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 nine 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 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 POC.
- Document in-person meetings with child and family (minimum monthly visits) in accordance with BSS policy.
 - Identify participants and outcomes for the POC.
- Work with CFT to identify progress and review the POC monthly or as needed.
- Continue to discuss transition and update the POC 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 the family team and WF to help 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"> ● Create a Transition Plan that identifies needs, services, and supports that will continue after formal wraparound ends. ● Create Post-Transition Crisis Management Plan. ● Modify Wraparound Process to Reflect Transition. 	Wraparound Facilitator with support from BSS Worker	Normally begins during month six or seven, targeting case closure and accomplishment of Team Mission within nine months from inception.
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 an 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"> ● Complete LCA Discharge Summary Report. ● In CANS system, LCA marks case for closure. BSS Worker approves or denies request. <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 two business days of request
Case Extension	LCA submits a request to BSS for case extension at least 14 days prior to the end of the 12 month period.	Local Coordinating Agency	

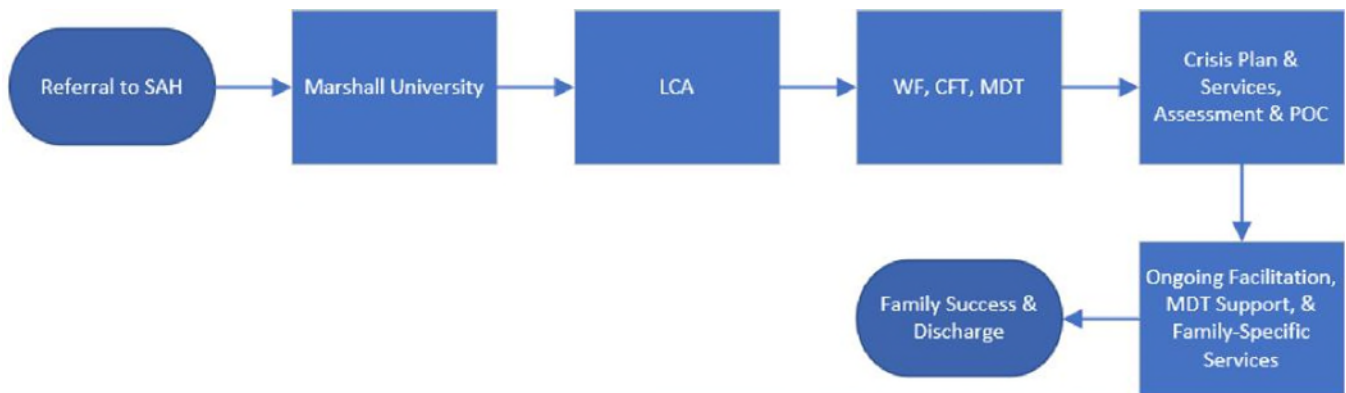
The focus on transition is continuous throughout the wraparound process. In Phase 4, plans serve a purposeful transition out of formal wraparound to a mix of community based and formal services. This means the preparation for transition should begin during the team preparation and engagement phase.

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 the Court.
 - Attend Court hearings as required.
 - Ensure WF has no less than 10 days’ notice of hearing.
 - Maintain proper documentation in PATH, 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, CFT, and WF to develop aftercare and crisis plans as part of the POC.
- 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:

- If it is decided a case is to be closed, the BSS Worker will notify the BSS Supervisor and the LCA.
- Upon case closure, the BSS Supervisor will end date services in PATH.
- If the BSS Worker/Supervisor are in need of technical support, they should send an email to wvtcc@optum.com
- SAH cases are closed in the CANS Management System separately, by both the BSS Supervisor and the LCA Wraparound Supervisor.

Additional Resources

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

SAH forms: <https://dhhr.wv.gov/bss/services/Pages/Safe-At-Home-Policies,-Resources-and-Forms.aspx>

SAH Judicial Bench

Card: https://dhhr.wv.gov/BSS/Services/Documents/SAH_Judicial_Bench_Card20200828_FINAL.pdf

SAH Program Manual:

https://dhhr.wv.gov/bss/services/Documents/SAH_Program_Manual_2021.pdf

SAH Quick Reference Guide:

https://dhhr.wv.gov/BSS/Services/Documents/SAH_QuickReferenceGuide_092020FINAL.pdf