



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). 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 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 prevent re-entries.
- Safely reunify youth with their families and home communities.

SAH 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 Human Services (DoHS), and LCAs.
- h. Fidelity to the wraparound model requires flexibility to address needs in each family.

Eligibility

FY22 SAH Eligibility Definition

QUALIFYING CRITERIA: System-involved youth age 5 to 18 years 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.

Bureau for Social Services (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
- 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 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;
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 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 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 SAH program in order 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. 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 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
- 3) The youth is qualified as a Focus Group that is currently eligible for program enrollment.

Referrals 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 form in the CANS system.
- 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.

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.

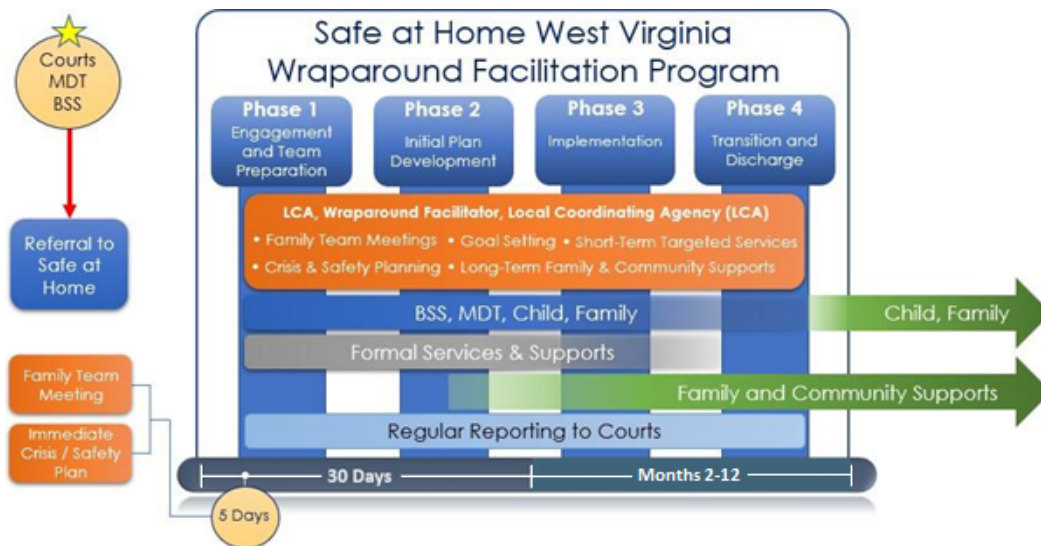
Referral Denial/Acceptance

- 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.

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 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 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. **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.

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.

SAH TEAM MEMBERS

The Child and Family Team (CFT) is an essential part of the wraparound model. A CFT is a group of individuals the family has agreed upon who is committed to the family through informal, formal, and community support and service relationships. The CFT collaboratively develops an individualized POC, implements this plan, and evaluates success over time. The CFT convenes frequently to measure the plan’s components against agreed upon outcomes.

CFT Members

CFT 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 Coworkers
- 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 POC. 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 (WV).

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 POC 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 therapists, doctors, teachers, and other professionals.
- Include your activities and interests 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.

Roles and Expectations

BSS Supervisor

- Consult with BSS Worker to assist in identifying potential families for SAH referral.
- Ensure through consultation with BSS Worker that all necessary steps are followed as described in SAH Manual and Policy.
- Schedule case staffing with BSS Worker to discuss case progress.
- Participate in meetings and Multi-Disciplinary Team (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 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 manual.

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 WF 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 WF.

If the child(ren) are in state custody and cannot return home, the BSS Worker will follow the SAH process and will help the WF 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.
- Oversees accountability of the LCA and troubleshoot/intervene 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.

LCA

The LCA will be a licensed behavioral healthcare provider, a licensed child placing agency, or a licensed residential program. The LCA will have staff members who 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 WFs 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 returning from out-of-home placements.

TEAM PROCESS

Stages of CFT Development

CFTs 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 CFT development, as service professionals, is to assist the family in finding informal community supports to replace us.

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

Stage 2: Members of the community, whom the family identified with other team members' support, join the team.

Stage 3: As the process moves into the implementation phase, the composition of the CFT transitions to more family members and friends and fewer professionals.

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

CFT Meetings

The initial CFT meeting will occur during the first phase of the wraparound process. This initial CFT 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:** CFT 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 used to decide on any new strategies for needs that have not been successfully met and 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, CFT meetings will happen more frequently. Eventually, the team will be able to identify that fewer and fewer adjustments to the plan are needed, and CFT meetings may begin to occur less frequently, but at least the minimum of every 30 days.

CRISIS SUPPORT

Initial Crisis Plan

- When the BSS Worker indicates that a referral is being made with a need to address a crisis, the WF will complete an initial crisis plan within no more than seven calendar days of the referral acceptance date.
- The WF will provide the initial crisis plan to all CFT 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.

Children's Mobile Crisis Response and Stabilization Teams

Children's Mobile Crisis Response and Stabilization (CMCRS) is a home and community-based crisis intervention service designed to support and stabilize child(ren), youth, and families who are experiencing emotional or behavioral health crises by interrupting the family-defined crisis and ensuring youth and their families are safe and supported. Interventions are designed to de-escalate and stabilize the crisis event, return the child(ren) and youth to routine functioning, provide support and services, and prevent out-of-home placement.

Regardless of funding eligibility, CMCRS teams shall be available to youth up to age 21 in their homes and communities to prevent the unnecessary out-of-home placements of children and youth with serious behavioral health crises. CMCRS services are voluntary and available statewide, 24 hours a day, 7 days a week. CMCRS providers will offer support and stabilization services to children, youth, and families, which can take place in family homes, schools, group care settings, emergency rooms, and any other settings that are natural to the youth and family.

The target population for CMCRS services is children and youth between the ages of 0-21 who are living in the home or community, experiencing emotional or behavioral health crises as defined by the youth or family, and requesting services to help de-escalate and stabilize the situation. CMCRS services are not

available to youth living in an inpatient facility.

Children’s Mobile Crisis Response and Stabilization

CMCRS services can be accessed using the Children’s Crisis and Referral Line (CCRL). The CCRL is a 24 hour, 7 days a week, statewide toll-free hotline that serves as a single point of entry for individuals that need help with a crisis event or a referral to community-based resources. The following process is followed with each call:

- Individuals can call, text, or chat the call line at 844-Help4WV or 844-435-7498
- A Call Line Specialist (CLS) will answer the call, assess the caller’s needs, and refer them to appropriate services.
- If a child/youth and family are in crisis, as defined by the family, and agree to an Initial Response from a CMCRS provider, the CLS will provide a warm transfer for the youth and/or family to a CMCRS provider in the youth’s area.
- Callers will remain on the line while the CLS gets a CMCRS provider agency on the phone. Once connected, the CLS will introduce the individual calling and then leave the call. This is also known as a warm transfer.
- Upon connection to the provider, the caller will speak to a trained mental health professional with experience in crisis management or a mental health professional who has successfully completed competency-based training in working with youth in crisis. Intensive support and stabilization services will be offered and delivered in person within an average of one hour of the call and can last up to 72 hours to stabilize the crisis event.
- If the caller is a community provider of any type, the CLS will contact the CMCRS provider agency to speak to the individual who is calling from the community, and the CMCRS Team will go on location if the caller requests a response

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 WF 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 - 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 WF 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 WF 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 whom they may want to consider inviting. At the conclusion of the in-person meeting, the group will schedule the first CFT meeting, which the BSS 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 WF having several face-to-face conversations with the family to explain the philosophy behind wraparound, build trust and rapport, and 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 the family easily understands. Since family participation is essential to the process working, it is crucial that the family be given as much information as possible so they can make a truly informed choice about participating. If the family chooses to participate in the wraparound process, all needed consents are obtained, and the family’s 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 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 they 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 family accomplishments.
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, and potential CFT 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.

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, they can identify the strengths that were used to accomplish each of these things, the individuals who were helpful, and how the strengths were activated.

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 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 WF 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., child care arrangements for children who are too young to participate in the process, translators).

(Bruns et al, 2008a)

Phase 1 Activities	Description	Responsible	Timeline
Orientation to the Wraparound Process	<p>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, and describe the role of the WF and supports available to the family during the SAH process.</p> <p>Family Joining meeting is scheduled.</p>	BSS Worker	Within 72 hours of referral acceptance date
Initial Crisis Plan	<p>When the BSS Worker or other stakeholder indicates that a referral is being made with a need to address a crisis, WF will complete a First (Initial) Crisis Plan.</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, WF, 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 	WF	Within 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.	WF	Within two business days of plan development
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 	WF	Within seven days of referral acceptance, and a minimum of

Phase 1 Activities	Description	Responsible	Timeline
	<p>working to accomplish plan goals, and review outcomes as identified by the family.</p> <ul style="list-style-type: none"> 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. 		every 30 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, <u>approved by LCA Supervisor.</u> 	WF	<p>Family completed within 20 calendar days after Family Joining meeting</p> <p>Initial CANS determination completed and entered in CANS System within 30 calendar days of referral to LCA</p>
CANS Redetermination	To determine family improvements and/or needs.	WF	At a minimum, every 90 days from last CANS determination

Phase 1 Activities	Description	Responsible	Timeline
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. 	WF	Within 14 days of the referral acceptance date
Full Crisis/Safety Plan	<p>Goal is to develop and 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 assigns specific responsibilities for who will take these actions.</p>	WF	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 POC 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 POC

The first major goal of the Initial Plan Development phase of the wraparound process is to develop the initial POC. 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 WF 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 WF 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 WF reviews the family’s vision and leads the team in setting a team mission. The WF 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 WF. From the Team Mission Statement, a “bumper sticker version” is created that is easy to remember and can be written on all POCs.

Description and Prioritization of Needs: The WF guides the team in reviewing needs identified during the initial phase and including any additional needs. The WF 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 WF 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 WF 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 WF guides the team in a brainstorming process to assist the team in thinking of creative strategies for meeting needs and achieving outcomes. The WF 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 POC 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.

Examples: Services	Needs
Positive Peer Socialization	“good friends for Joey”
Parenting Classes	“help setting rules that make sense for my teen”

Conflict is Normal: When developing the POC, 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 WF 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 defusing 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 WF 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 an ongoing 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.

Phase 2 Activities	Description	Responsible	Timeline
	<p>During this phase, team trust and mutual respect are built while the team creates an initial POC. The youth and family should feel they are heard, and their chosen needs are prioritized.</p>		
Initial POC Development	<p>The POC includes:</p> <ul style="list-style-type: none"> • Ground Rules • Description of Strengths • 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 will be a clearly articulated, positively worded, long-range vision for the entire family • Create Team Mission Statement • Identify the youth’s and family’s natural or community supports and explain how they might be part of the team or involved in implementing the POC • Description and Prioritization of Needs • 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 	WF	Within 30 calendar days of referral to LCA

Phase 2 Activities	Description	Responsible	Timeline
	<ul style="list-style-type: none"> • Determination of Outcomes • The outcomes outlined in the POC should be specific and measurable using objective and verifiable measures, not just general or subjective feedback • Strategy Selection • 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 balance between informal (natural and community) and formal strategies, services, and supports <p>Assignment of Action Steps</p> <p>Must be uploaded to the CANS System <u>and approved by LCA Supervisor and BSS Worker.</u></p>		
Initial POC Approval	BSS Worker shall review and accept/reject 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.	WF	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 • Include any BSS court summary as requested by BSS Worker and/or court. 	WF	Within five calendar days of the month following the month of service
Ongoing Crisis/Safety Plan	The crisis plan should identify potential problems and crises. The WF should guide the team in a discussion of how to maintain	WF	Updated every 30 calendar

Phase 2 Activities	Description	Responsible	Timeline
	<p>the safety of all family members. Any changes are <u>approved by LCA Supervisor and BSS Worker</u>.</p> <ul style="list-style-type: none"> • After each crisis event, the crisis/safety plan should be and updated within 24 hours. • After each crisis event, a CFT meeting should be held within 72 hours. 		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 5 days prior to court hearing and every MDT meeting.</i></p>	WF, 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.
- o Make in-person visits at least monthly to the family home.
- o Continue to monitor the safety of the child as well as the safety plan.
- o Continue to monitor identified providers to ensure they are meeting with family as recommended.
- o 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 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 when appropriate.
- Continue to attend any meetings scheduled by the WF.
- Ensure placement provider is abiding by licensing regulations and provider agreements and requirements.

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. **This phase includes ongoing CFT meetings (at least every 30 days). Between CFT meetings, weekly staffing will occur.**

Goal One: Implementation of the Initial POC

The first major goal of the implementation phase is to implement the initial POC. 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's and family's needs.

Celebration of Successes: The WF 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 WF 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 WF 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
	<p>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.</p>		
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 	WF 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 <u>approved by LCA Supervisor and BSS Worker.</u></p> <p>Quarterly update of inventory of strengths for all team members.</p>	WF	Every 30 calendar days
CFT Meetings	<ul style="list-style-type: none"> ● BSS Worker attends CFT meetings. ● The youth should attend every CFT meeting, if the youth is age 11 or older. ● 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. ● All peer partners (e.g., family advocates, family support partners, youth support partners) and key representatives from school, child welfare, and juvenile justice agencies who seem integral to the POCs should be invited to all, and attend nearly 	BSS Worker WF	Every 30 calendar days

Phase 3 Activities	Description	Responsible	Timeline
	every CFT meeting. <ul style="list-style-type: none"> ● If natural supports are not consistently attending CFT meetings, there should be ongoing and persistent efforts to identify and engage them. 		
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 BSS Worker should remain flexible in their availability and the support 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 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. 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.

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 WF 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 WF 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 WF 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 WF 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.

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 Create a Commencement Follow Up with the Family	<ul style="list-style-type: none"> ● Create 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 <p>Plan a ritual to celebrate the successes of the SAH Wraparound process and thus cease the formal SAH Wraparound services.</p> <p>The team creates a plan for checking in with the family once SAH wraparound ends. This provides opportunity to assess any new needs that require a formal response in assisting the family in accessing any needed services.</p>	WF 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
Case Closure	<ul style="list-style-type: none"> ● Complete LCA Discharge Summary Report ● In CANS System, LCA marks case for closure. <u>BSS Worker approves or denies request</u> <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>	WF	Within two business days of request

Phase 4 Activities	Description	Responsible	Timeline
Case Extension	LCA submits a request to BSS for case extension at least 14 days prior to the end of the 12 month period.		

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 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 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.
 - 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.

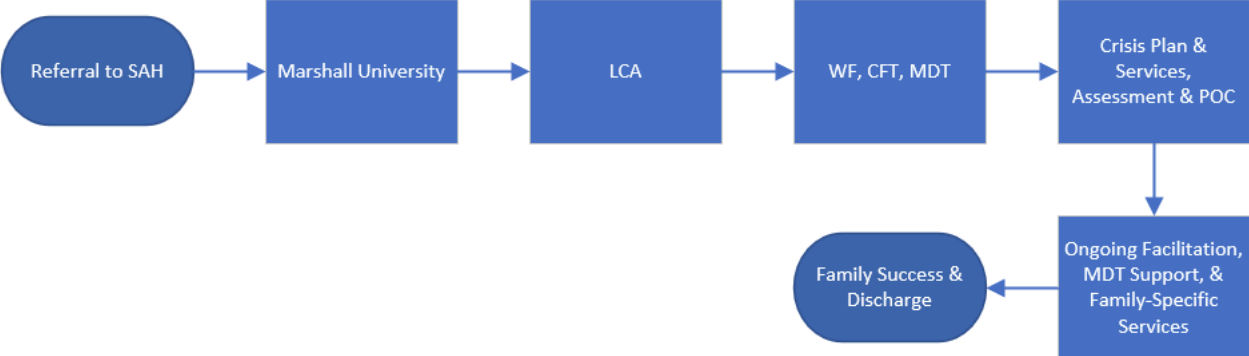
In cases in which wraparound is suggested for youth residing in long-term placement facilities, the BSS Worker should seek MDT/court approval prior to the expected discharge of the child. The BSS Worker will need to submit the referral for wraparound within 30 days prior to the expected discharge date to allow for adequate planning for wraparound process. All other BSS 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. Any time 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 that can easily be addressed with the team and changes to or clarification of the plan made.

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 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



SAH West Virginia Wraparound Key Features Working with the MDT

When the youth or family is currently involved in the court system, through Youth Services 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 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 POC. The BSS Worker will also ensure that the assigned WF 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 DoHS to collaborate with child serving agencies, communities, and families to provide flexible opportunities to aid families in achieving the goals of their individualized POC. This flexibility also provides for development and achievement of improved integration into their community and its resources.

Wraparound and Natural Supports

The POC 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 DoHS 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 comprised of family, friends, neighbors, and other community members. Families may not know how to access these supports or may have family members who 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 POC because they are habitually truant from school would be required to attend school regularly as part of the POC. 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 WF 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 DoHS 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 POC 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.

POCs for Crisis

When a family is identified as in need of wraparound services, it should be expected that this is a family who may experience episodic crises. The WF 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 for additional information.

Confidentiality

It is important to understand the boundaries of confidentiality during the wraparound process. In general, information 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

SAH 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

DoHS's BSS and service provider partners work to provide opportunities to youth and their families through SAH West Virginia for greater integration into their communities with a vision toward 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 DoHS website, <https://dhhr.wv.gov/BSS/Services/Pages/Safe-At-Home-West-Virginia.aspx>.

Appendix A: DoHS – 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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