



Safe at Home West Virginia
Strengthening Families & Children
Within Their Home Communities

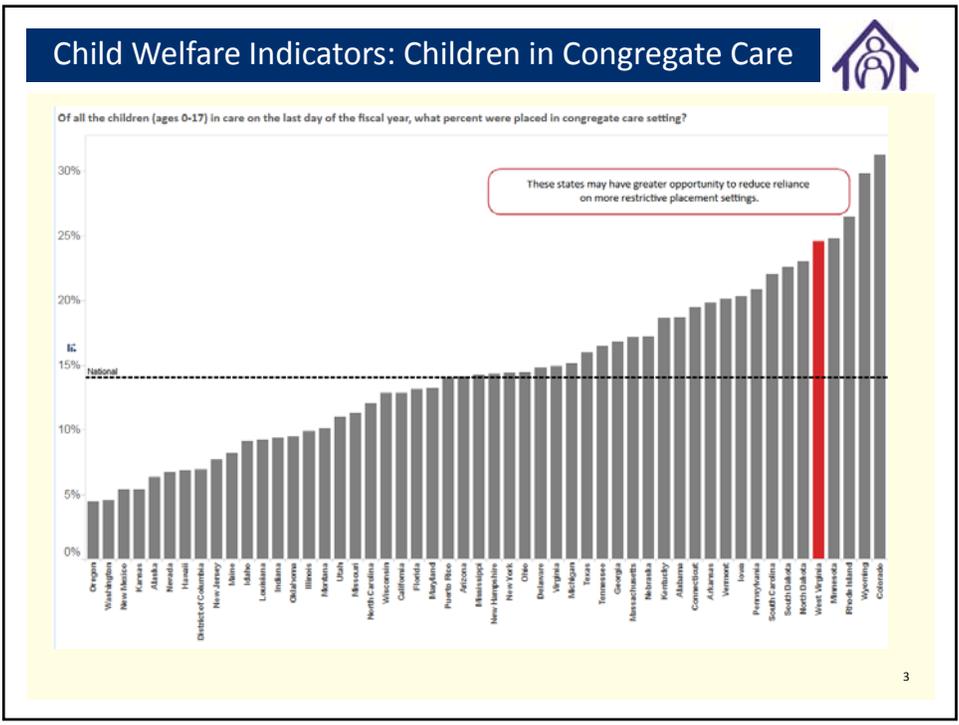
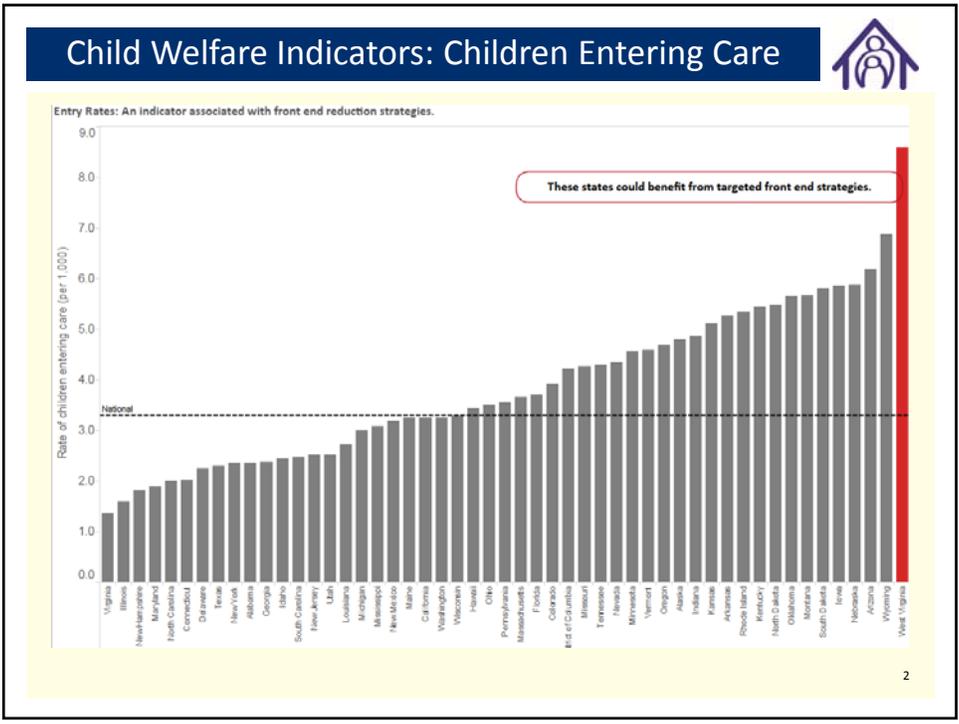
Presenter's Name, Title, Date, and Location



A New Approach

- The Department of Health and Human Resources (DHHR) Bureau for Children and Families (BCF) has an opportunity to change how we use federal funds designed to support certain aspects of West Virginia's child welfare system.
- In October 2014, BCF was granted a federal Title IV-E Waiver by the U.S. Department of Health and Human Services Administration for Children and Families to conduct a child welfare demonstration project.
- West Virginia's Title IV-E Waiver demonstration project, *Safe at Home West Virginia*, aims to provide wrap-around behavioral health and social services to identified 12-17 year olds.

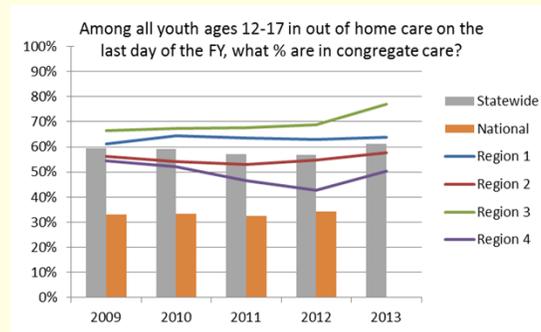
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Congregate Care in West Virginia



- Among youth ages 12-17 in care across the state, about 60% are placed in congregate care, nearly twice the national proportion.



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Safe at Home West Virginia



Our Vision:

A collaborative, family-driven system of services and supports for youth and their families provided within their home communities.

Our Mission:

Successful implementation of Safe at Home West Virginia through engaging our partners to identify service needs and gaps and build formal and informal services for youth and their families within their own homes and communities whenever safely possible.

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Safe at Home West Virginia



Philosophical Principles:

- Our children and families will be safe.
- Our children and families will be successful. We want all families to be successful in their lives and have enhanced well-being.
- Our children will be mentally and physically healthy.
- Our children and families will be supported in their own homes and communities.
- Our child-serving systems will be transformed to meet the needs of children and families.

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Target Population



- *Safe at Home West Virginia* will initially target youth ages 12-17 years old in congregate care settings.
- Implementation will begin by October 2015 in 11 counties:
 - Berkeley
 - Boone
 - Cabell
 - Jefferson
 - Kanawha
 - Lincoln
 - Logan
 - Mason
 - Morgan
 - Putnam
 - Wayne
- Implementation plan will expand to the target population of 12-17 year old youth and their families statewide by the end of the demonstration project.

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Initial Implementation



- Trauma-informed assessments used to identify needs of youth 12-17 in congregate care with the goals of:
 - Improved identification of strengths and needs; and
 - Better alignment with appropriate interventions.
- Trauma-informed wraparound services in the community for youth 12-17 in congregate care with the goals of:
 - Reduced use of congregate care, as measured by both proportion and duration of stay;
 - Reduced reliance on out-of-state congregate care facilities;
 - Improved youth and family functioning;
 - Improved timeliness and likelihood of reunification for youth in congregate care; and
 - Reduced re-entry into out-of-home care.

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Measuring Success by Results



- The State will conduct an evaluation of Title IV-E funds to test the hypothesis that conducting a comprehensive assessment of youth and families' strengths and needs, and providing intensive community services using a wraparound service model, will reduce congregate care placements, and improve youth and family functioning and well-being.
- The evaluation will consist of three components:
 - a process evaluation,
 - an outcome evaluation, and
 - a cost analysis.
- The State is required to engage a third party to conduct an evaluation of the demonstration program.

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Wraparound Service Model



- Based on the National Wraparound Initiative model.
- Strongly rooted in **family engagement** and **engaging community support** to provide services individually designed to meet the complex needs of children and families.
- Elements include:
 - assessments,
 - care coordination,
 - planning and implementation, and
 - transitioning families to self-sufficiency.
- Focused on a single coordination plan for the child and family.

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Wraparound Service Model-The Basics



- A collaborative, team based approach to service planning;
- Plans of care are developed by child & family teams following a series of steps toward obtaining the team's mission
- Child & family teams develop plan of care;
- Family team members should include:
 - Parents/child/relatives/neighbors
 - Community members
 - Professionals
 - 80% should be informal supports
 - Certified wraparound facilitator

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Wraparound Service Model-Care Coordination Components



Administered by local coordinating agencies through wraparound facilitators:

- Coordinate seamless multi-agency service provision (invisible to family);
- Family joining and engagement;
- Family orientation to wraparound process;
- Consents/authorizations for confidentiality of team members;
- Initial/ongoing assessments (CANS, continued safety);
- Minimum of monthly family team meetings;
- Weekly case staffings;
- Wraparound plan development.

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Wraparound Service Model-Wraparound Facilitator



Primary responsibilities include:

- Identify family's natural supports;
- Community resource building;
- Meet on evenings/weekends;
- Skill building;
- Crisis planning/stabilization;
- Immediate response to crisis/available 24/7;
- Link, liaison & transfer to parent liaison/youth coach/peer support and other services that are needed.

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Safe at Home West Virginia and the Department of Justice Investigation



A wraparound service model was identified by the Bureau for Children and Families in **2013** as a way to address our over-reliance on congregate care, nearly two years prior to the concerns voiced by the Department of Justice report. The “critical services for expansion” outlined in the report have been in development since January 2014:

- Intensive Care Coordination is the foundation of wraparound;
- Crisis Response is an important role for Wraparound Facilitator;
- In-home and community-based services, including development of new supportive services for youth and their families, such as youth coaching and peer support;
- Therapeutic Foster Care Pilot in effect since November 2014.

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Wraparound Service Model



Ten principles of the wraparound process:

1. Family voice and choice
2. Team-based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths-based
9. Persistence
10. Outcome-based

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Additional Information



National Wraparound Initiative (NWI) Website
<http://nwi.pdx.edu/>

WV DHHR/Bureau for Children & Families
Safe at Home West Virginia Website
<http://www.wvdhhr.org/bcf/safe/>

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Contact



Name
Title
DHHR address
Phone:
Fax:
Email:

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