

Emergency Shelter Care Coordination

Standard Operating Procedure

I. Purpose

The purpose of this procedure is to establish a process by which emergency shelter providers will assist in the expedited transition of children in emergency shelter care to a more permanent placement setting through assessment, referral, and advocacy.

II. Scope

This procedure applies to foster children residing in emergency shelter care, who will require an alternative placement setting which has not yet been identified or secured. This procedure is a supplement to other existing procedures.

III. Definitions

Clinical Case Manager	Independently licensed staff of the Managed Care Organization (MCO) who lead the process of assessment, planning, facilitation, care coordination, evaluation, enhanced care planning and advocacy for options and services to meet an individual's and family's comprehensive health care and wellness needs.
Family Finding	Family Finding is a service provided to foster children through the Managed Care Organization (MCO), designed to identify family members of foster children. Family Finding works to engage, invite, and welcome participation with family and natural networks of support for placement/permanency, as well as relational health through buffering relationship (connection, visit, time spent with supportive people who are constant in the lives of children). This framework utilizes a variety of engagement, network building, and network catalyzing tools that can be completed between networks, young people and professional teams.
Emergency Shelter	Substitute care provided in a facility setting which provides short term care, limited to 90 days, for children entering foster care or transitioning placements and no permanent option is currently available. Emergency shelter providers complete assessments and assist in the coordination of care to facilitate expedited transitioning from shelter care to a more permanent placement setting.
Emergency Shelter Provider Network (ESPN)	A network consisting of five child serving organizations which provide emergency shelter care services across the state of West Virginia that work collaboratively to locate placements for children referred for emergency shelter care.
Automated Placement Referral (APR)	An automated system for generating child-specific referrals to residential mental health treatment facilities and transitional living programs in the state of West Virginia.

IV. Roles

Emergency Shelter Placement Network (ESPN)	The ESPN will assist the Bureau for Social Services Caseworker in identifying appropriate in-state placement options and making referrals to placements on behalf of the Caseworker. The ESPN will communicate with the worker regarding placements referred to and the response.
Bureau for Social Services Caseworker	The Bureau for Social Services Caseworker will be responsible for the placement decision of the child, based on accepted referrals.
Clinical Case Manager	The Clinical Case Manager is responsible for enhanced case planning and identifying the appropriate services based on the child's completed assessments, including the child's clinical and physical health history, and recommending the appropriate level of care.
Qualified Independent Assessment	A set of assessments completed by a qualified third party to identify and recommend an appropriate level of care for children with mental health needs. (Applicable only to youth from Raleigh and Fayette counties. Additional counties will be added at a later date)
Assessment Pathway	A pathway designed to ensure children who are identified through a screening process to have the presence of mental health needs receive an independent assessment and treatment recommendation.

V. Procedure

When a referral is made to an emergency shelter, the shelter will accept or deny the child based on bed availability. If the child cannot be accepted into the shelter being referred to, the shelter intake worker will coordinate with the Emergency Shelter Placement Network (ESPN), to secure shelter placement for the child. If a shelter placement is located at another shelter, the shelter worker will notify the child's worker of the shelter location available and provide the contact information so the child's worker may make the necessary arrangements for placement. If a shelter bed is not secured, the child's worker will be required to resubmit the referral each day shelter may be needed until a bed is available. When a youth is placed in an emergency shelter the intake worker must obtain the below information in addition to information already requested upon intake:

- The youth's permanency plan;
- Barriers to discharge;
- Existing referrals for services or placements;
- The name and contact information of the child's Clinical Case Manager;
- Anticipated discharge date;
- Date and outcome of referral to the Assessment Pathway via the submission of the Children with Serious Emotional Disturbances (CSED) waiver application; *provided that*, if a referral to the Assessment Pathway has not yet occurred, the shelter provider will obtain the signature of the child's caseworker and complete the referral process. The completed application will be emailed securely to wvcsw@kepro.com.

- Existing court orders directing specific services, placement settings, or prohibited activities such as communication with specified relatives;
- The date of the next MDT and court hearing; and,
- Reason for removal from the home and barriers to reunification. For youth who are coming to shelter upon first removal, the shelter case manager will contact the Aetna Care Manager to notify of the admission.

If the above information is not readily available upon intake, the worker must supply the information to the emergency shelter within five business days, *provided that* referrals to the Assessment Pathway must be made within 48 hours of placement in an emergency shelter. If information is not obtained by the fifth business day, the agency shelter worker will send an email reminder to the child's worker, supervisor, Social Service (District) Manager, and Regional Program Manager requesting the additional information. The Social Service Manager will be responsible for ensuring the information is provided to the emergency shelter. If assistance is needed, the Social Service Manager may request assistance from the Regional Program Manager.

Within the first 72 hours of placement, shelter staff will ensure the child is able to contact their family, unless prohibited by court order, and schedule a team meeting with the child, their family and child's caseworker. The shelter will engage the family in an attempt to reunify the child and prevent subsequent placement whenever possible. These efforts may include identifying services in the child's community that are needed to support the family such as Safe at Home, Children with Serious Emotional Disturbances (CSED) waiver, and Mobile Crisis Response.

Within the first 15 days of placement the agency shelter will coordinate activities with the child's Clinical Case Manager (Aetna), complete the needed assessments and ensure Family Finding is completed. Family Finding is critical to identify possible kinship placements but also to identify additional supports and lasting connections for the child. If a CANS assessment has not been completed within the last 90 days, the shelter will immediately update the CANS. The shelter staff will ensure the CANS is updated every 30 days thereafter and entered into the CANS database. The CAFAS must be updated by shelter staff every 90 days from the initial completion if child remains in shelter. The agency shelter will ensure the child's caseworker receives, at minimum, weekly updates regarding the child's wellbeing and the outcome of assessments and any needed services. If no placement and discharge date has been identified by the child's caseworker within 15 days of placement the shelter staff will prepare a recommendation for a placement setting based on the recommendations from the Qualified Independent Assessment, if completed, and needed services and notify the child's worker and supervisor by email; *provided that* a referral for placement may occur prior to the 15 days if a foster home has been identified and a delay in referral may compromise the placement. The shelter staff will begin the process of making referrals on behalf of the DHHR and prepare a discharge plan. The shelter will also contact providers who have already been referred to obtain updates regarding the referral or to request a reconsideration of a denial.

The emergency shelter staff will ensure a court report is written to be provided to the MDT and court. The court report will include the child's current needs, any recommended services, identified kin, referrals for placements and services made and the response, and the child's behaviors while in shelter. The shelter will advocate on the child's behalf to reside in the least restrictive setting as possible that will meet the child's needs. The child's caseworker must invite the shelter case manager to the

scheduled MDT to discuss the child's observed behaviors while in placement and discuss their recommendations for placement.

If the child requires referrals to a foster family home or residential placement, the shelter will ensure Aetna is involved and that all providers within the state who can meet the child's needs are referred to and that follow-up with referrals that have not responded occurs. The shelter will ensure that all providers willing to take the child are shared with the DHHR worker and supervisor. The DHHR worker and supervisor will complete an Automated Placement Referral (APR) for those residential providers willing to accept the child and select the provider that is the best match for the child, based on proximity to the child's home community and available services to meet the child's needs. If the child's case worker and the shelter staff disagree on the most appropriate placement, the shelter case manager will notify the Regional Program Manager. The Regional Program Manager will schedule a review of the placement options with the child's worker, supervisor, shelter case manager, and Aetna Care Manager to occur within one week of notification to the Regional Program Manager. A decision will be rendered by the end of the meeting. If additional information is required to make a decision, an agreement with the group will be made on the time frame for a decision to be rendered. If the referral is made to residential placements requiring the worker to complete an Automated Placement Referral (APR) then the worker will make a referral to the placement that accepts the child for placement. If multiple in-state providers have agreed to take the child, the worker must prioritize the placement which can accept placement of the child in the shortest timeframe. An APR to the providers the shelter refers to will not be needed until a placement has agreed to accept the child. If multiple placements agree to accept the child but no placement can accept the child immediately and the child must be waitlisted, all placements that will accept the child must be referred to in the APR. The assistance provided by the shelter is not intended to be in lieu of the staff's efforts to locate a placement and make referrals.

If despite efforts by the caseworker and shelter, a placement is unable to be located in the state within 60 days, the shelter provider will notify the Regional Program Manager and the Aetna Care Manager for assistance. The Regional Program Manager will assign the case to a Child Welfare Consultant who will staff the case with the shelter, the child's worker, and the supervisor. The Child Welfare Consultant will determine if additional placement options may exist that have not yet been attempted and if not, proceed with coordinating a special review with Aetna and identifying appropriate out-of-state placement options. If out-of-state placement is determined necessary and the most appropriate option to meet the child's needs, the worker will proceed with following existing policies and procedures to obtain an out-of-state placement. If a placement within West Virginia has accepted the child but placed them on a waitlist and the wait is expected to be longer than 60 days, the Child Welfare Consultant will determine whether an out of state placement should be sought. The Deputy Commissioner of Field Operations and Policy and Programs will be notified when children have extraordinary needs and placement is not likely to be secured by day 90.