

## Safe at Home Update

By Lisa McMullen, Project Director, Safe at Home West Virginia

When [Safe at Home West Virginia](#) launched in October of 2015, program director Lisa McMullen had high hopes for its success. A little more than two years later, she sees the tremendous impact the program has made on thousands of youth and their family members across the State.

Through DHHR's Bureau for Children and Families' collaboration with courts, schools, behavioral health providers, residential providers, state and local lawmakers and community leaders, this program has revolutionized the child welfare system. As of March 23, 2018, 1,720 youth have been referred to Safe at Home West Virginia. Of those, 73 have returned to West Virginia from out-of-state residential placement; 219 have returned to their communities from in-state residential placement; 1,071 have been prevented from entering residential placement; and 25 have returned to their community from shelter placement.

Lisa retired effective April 28, 2018, and explained that working on Safe at Home West Virginia was one of the greatest achievements of her 27-year mission in the child welfare field: "Leaving the Safe at Home West Virginia project was the hardest part of my decision to retire. Through Safe at Home, I had the opportunity to be a part of one of the greatest collaborative processes in my career. As the next generation steps up, I look forward to watching the program grow."

Several success stories have resulted from this project. Lisa recalls a young woman with extreme school-related anxiety. With the supports of Safe at Home West Virginia, not only did she attend her classes, but she went to her first school dance. "That may not seem like a large success to most, but we celebrate every small achievement that changes a youth's life," Lisa added.

Another heart-warming story is a young man who spent a great deal of his life in residential care. With Safe at Home West Virginia, he found his forever family and is currently moving towards adoption. "Not only does he have a loving home, he also now has a voice," explained Lisa. "He and his foster parents attended the probation conference and he shared his story. I can't wait to see what else he accomplishes."

Currently, the Safe at Home West Virginia team is working on sustainability planning to allow a continuation of wraparound services for the current population and expansion to all children with severe emotional disturbances.

To learn more, visit <http://safe.wvdhhr.org>.

## What are our Successes? What are our Challenges?

*By Hornby Zeller Associates, independent evaluator for Safe at Home West Virginia*

Safe at Home West Virginia has yielded a number of positive results, and there is more to be done. The population has become increasingly prevention based as time goes on, with more youth referred to the program who are in their home and less who are in congregate care. While outcomes for Safe at Home youth are generally better within six months of referral than those of youth in a comparison group, the successes dissipate by the end of the 12 month mark. However, youth are demonstrating marked improvement in their educational and family functioning. When CANS is used to measure well-being of Safe at Home youth, over half of the youth with at least one actionable item on the CANS initially completed at the time of referral show improvement within 6 months, with the rate increasing to 75 percent by the end of 12 months.



Building on the successes and challenges from the first phase of implementing Safe at Home, processes were modified to better prepare caseworkers and wraparound facilitators. Training was improved, which also helped to foster better communication between caseworkers and facilitators. Stakeholder buy-in has increased overall, including that of judges. While youth and their families are encouraged from the start to assist in planning, that involvement has increased over time as wraparound facilitators, the youth and families become more actively involved.

Planning efforts will soon change from an implementation focus to that of sustainability. One step in that process has been to identify the characteristics of youth for whom the program is more successful. To start, youth with an Axis 1 diagnosis are at higher risk of unfavorable outcomes compared to youth without a diagnosis. Conversely, Safe at Home appears to be working well for youth with juvenile justice involvement. Likewise, formal services provided to Safe at Home youth, such as counseling or education services, are promoting better outcomes when compared to the results of comparison group youth who received similar services.

While improvements can be made to any program, the successes West Virginia has achieved through Safe at Home are a testament to the commitment of all partners – state and regional directors and managers, local caseworkers and their supports, wraparound facilitators and their local coordinating agencies, judges, attorneys, probation, schools, behavioral health, service providers, and others.

