

Wraparound Orange
Community Coordinated Mental Health Services
Youth and Family Care

Section: 2

Subject: Assessment Tool- CANS-C

Effective Date: 1/24/2011

Revised Date: 9/15/2013, 10/01/2015

PROCEDURES:

It is the procedure of Wraparound Orange to provide an evidence based assessment tool designed to meet the widest array of our youth and families as is possible. To this end Wraparound Orange has chosen the Child and Adolescent Needs and Strengths – Comprehensive (CANS-C).

I. PURPOSE

Wraparound Orange will use the CANS-C to collect data to evaluate and analyze changes in domains (Living situation, Caregiver strengths and Needs, Youth strengths and needs, etc.), which is representative of the care/services provided, and to provide compelling evidence of enrollment of a particular youth and family to wraparound services as well as document ongoing progress.

II. PROCEDURE

1. The following forms are included in the initial Wraparound enrollment packet of every enrollee:
 - CANS-C Florida Version
2. 3. All evaluation forms are due as indicated below:
 - Required: At Intake from the referral source if applicable, after completion of the Strengths, Needs and Cultural Discovery, every 3 months as part of Family Team Meetings and at transition.
4. The forms must then be placed in the Wraparound Orange Client Case File and scanned into the Management Information System, IRIS.
5. Forms are in the public domain and can be duplicated.

REMINDERS:

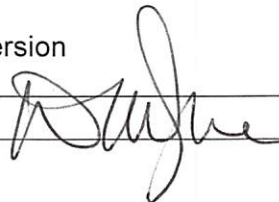
1. For transition, if the CANS-C was completed within 60 days prior to transition, no closing CANS-C is needed.
2. Wraparound staff are to assure that the forms are filled out as indicated with all necessary information.

REFERENCE: None

ATTACHMENTS:

- CANS-C Florida Version

DIVISION APPROVAL:



DATE:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Case Notes

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURE:

It is the policy of Wraparound Orange that all family/youth-related activities/contacts provided by Wraparound Staff are documented.

Requirements:

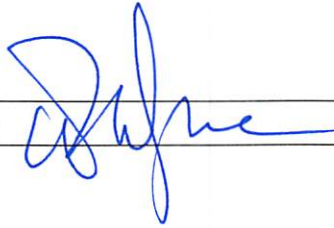
- A. A Case Note is completed to document the time spent in all Wraparound Orange activities such as home visits, phone calls, completion of the CANS-C, attendance at Family Team Meetings, etc., including unsuccessful attempts,
- B. All Case Notes must be typed and submitted into the Management Information System, "IRIS" preferably on the same day but no longer than forty-eight hours after the contact. **Spelling and grammar are to be fully checked for accuracy before finalizing the Note.**
- C. The Case Note consists of the date of the note (should be same day as the activity/contact), start time and end time of the activity/contact, description of the activity/contact and the writer's signature with credentials. The actual start and end times are to be used, with no rounding of minutes.
- D. On average, biweekly Case Notes documenting phone or face-to-face contacts (or attempts) with the family and the youth is required. If a family/caregiver indicates that they desire more or less than biweekly contact, this must be referenced in a Case Notes. Additionally this shall be a discussion item at the next Family Team Meeting and evidence of the discussion reflected in the Family Team Meeting Minutes by the Wraparound Specialist.
- E. When a Wraparound Specialist or Family Partner is on vacation, sick leave or a planned absence, a family contact providing the following information and referenced in the Note is required. The family contact and resulting Case Note should indicate the dates the Wraparound Staff will be gone, the name(s) of the person(s) who will be covering for him/her, and the coverage person's phone number. This Case Note should be entered **prior** to the Wraparound staff going on leave, vacation, etc. (See Family Contact Policy for additional information.)

- F. Case Notes must provide a description of what occurred during the course of the activity/contact (who was present and/or spoken to and their relationship to the youth, the content of the interaction/discussion, where the activity/contact occurred, the type of contact (i.e., phone, face-to-face, written) an impression (if any) that the writer may have regarding the contact, and the outcome of the contact.
- G. Case Notes must be written in a strength-based and professional manner and reflect the utilization of the wraparound principles. The note should also identify the progress or lack of progress toward the Family Care Plan Need Statements, Family Vision and movement toward stability/disenrollment.

REFERENCE: None

ATTACHMENT: None

DIVISION APPROVAL:



DATE: 10/1/15

Wraparound Orange Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Confidentiality

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURES:

All individual youth/family records shall be handled as confidential according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and/or as required by law or rules of the Department of Children and Families (DCF) and Juvenile Justice (DJJ), Veterans Affairs (VA) and other agencies.

REFERENCE:

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

ATTACHMENT:

Release of Information Form

Division Approval:



Date:

10/1/15

Wraparound Orange Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Consent for Treatment

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURES:

Wraparound Orange obtains written consent for treatment for all youth and families of Wraparound Orange on the first day of enrollment.

The purpose of the Consent/Acknowledgement Form is to receive permission from the youth and parent or legal guardian for the following:

- Consent / Acknowledgement Form- to allow Wraparound Orange personnel and/ or providers/ identified persons to transport youth, to acknowledge receipt of the Client Rights and Complaint/Grievance Procedure handout, and to acknowledge receipt of the Wraparound HIPPA Statement.

A Consent Form that permits the Agency to serve a youth must be in each youth/family file. The "CONSENT FOR SERVICE FORM" must be signed and dated by the parent/legal guardian **prior to** the provision of services.

Information about a youth may be released to other individuals or organizations only upon presentation of an authorized "AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION" form, appropriately signed by the parent/legal guardian.

The Wraparound Specialist will receive the necessary Consent/Acknowledgement and Authorization for Release of Information Forms in the enrollment packet when they are assigned to work with a family

The Wraparound Specialist is responsible for getting the necessary signatures during the enrollment visit with the youth/family.

If a youth's signature cannot be obtained for any reason then the parent's/ or legal guardian's signature will suffice and the reason for inability to obtain the youth's signature will be identified on the form.

The Forms must then become a permanent part of the youth's file. Copies must be shared with identified parties as information needs to be shared/given/received.

All Consent/Acknowledgement and Authorization forms expire at the end of an episode of care or at one year. Consents and Authorizations can be canceled/revoked by the parent/guardian at any time. This may be done verbally or in writing.

Verbal or written requests to revoke and refusals to sign Consent or Authorization forms are to be immediately forwarded for review to the Wraparound Clinical Director.

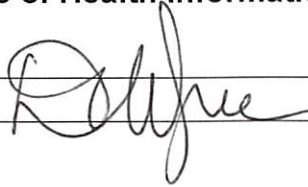
Exchange of information and formal Wraparound services cannot legally occur without the above forms being signed.

REFERENCE: None

ATTACHMENT:

**Consent for Service Form
Authorization for Release of Health Information Form**

DIVISION APPROVAL:

A handwritten signature in black ink, appearing to read "R. Alford", is written over a horizontal line.

DATE:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Crisis Intervention and Mandated Reporting

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURE:

All Wraparound Orange staff will correctly evaluate, utilize and implement the wishes of youth and family members as identified in the Family Crisis Plan.

A Family Crisis Plan is utilized with every youth and family enrolled in Wraparound Orange. The primary goal of this plan is for enrolled youth who, due to their emotional and/or mental health needs are in need of assistance to prevent and/or ameliorate a crisis that could result in an inpatient psychiatric hospitalization, residential placement, arrest, or removal from the home.

In cases of where there is an IMMINENT RISK OF DANGER TO THE YOUTH AND/OR FAMILY, Wraparound Orange staff will contact Mobile Crisis Services, vial 211, or Law Enforcement via 911, immediately after becoming aware of the situation. (See High-Risk Cases Procedure).

The following procedure refers to situations in which IMMINENT RISK does not exist.

A. Definitions and Descriptions.

Crisis – For purposes of Wraparound Orange is defined as a situation which results in a high level of stress or anxiety for the youth or family that cannot be resolved by the available coping methods of the individual or by the efforts of those caretakers providing care or support for the individual.

Crisis Intervention and Stabilization is a short-term or ongoing intervention provided in or outside of the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's wellbeing and appropriate behavior consistent with the Family Crisis Plan. The Wraparound Specialist helps to insure adherence of the youth and caregiver to the Family Crisis Plan, including helping the family to recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, and identifying and assisting the youth with accessing community resources that will aide in crisis planning and includes:

- Initial Assessment and Planning.
- Crisis Linkage and Follow-up services.

Family Crisis Plan - a plan prepared for a youth at high risk of experiencing a crisis so that, if a crisis occurs, team members responding to the situation will have the information and resources they need to meet the person's individual service needs.

B. Responsibilities.

Wraparound Specialist

1. Every family enrolled in Wraparound Orange will have a Family Crisis Plan completed with the family and updated by the Family Team as facilitated by the Wraparound Specialist. All team members will be assigned specific roles as part of the Plan. The Wraparound Specialist will provide each member a copy of the plan once it is completed.
2. Youth and Families will have the contact information of the Wraparound Specialist and Family Partner if they are in need of assistance in facilitating the Family Crisis Plan. Additionally, information about Mobile Crisis Services and how to access utilizing the 211 call line will be provided.
3. Once a family has indicated to the Wraparound staff that they are in a crisis and in need of assistance with facilitation of the Family Crisis Plan (i.e examples of but not limited to include: school suspension/ expulsion, death in the family, domestic violence, teen pregnancy, arrest of youth or primary caretaker, or youth substance abuse), the staff member will speak to the youth and/or family via phone and provide verbal assistance in facilitation of the crisis plan. A home visit by the Wraparound staff may be necessary. Additionally, families may be prompted to call for Mobile Crisis Services.
4. The Wraparound staff will inform their assigned Wraparound supervisor of the severity of the situation.
5. The Wraparound staff will work with the Family Team and establish a team meeting within the same week if necessary to make any changes or updates to the Crisis plan.

Wraparound Supervisor

1. The Wraparound Supervisor will provide daily programmatic oversight and will be available for on-call staffing with the Wraparound Specialists and Family Partners. Once notified by the Wraparound Specialist that a family or youth is in the middle of a crisis situation, a briefing will be held to determine the severity of the situation. This may occur via phone and the Supervisor will assist the Wraparound Specialist in determining the necessary steps for follow-up.
2. If it has been determined that it is warranted the Wraparound Supervisor will have a face to face contact with the family and youth to further ensure and assess stability.
3. The Wraparound Supervisor will inform the Clinical Director **immediately if the incident was critical** or during the next business day for non-critical incidents. This information can be given via phone.

*****Critical incidents are those in which there was imminent risk to the safety and well-being of the youth and/or family and law enforcement was contacted.***

Clinical Director

1. The Clinical Director will provide daily programmatic oversight and will be available for on-call staffing of critical incidents.
2. The Clinical Director will monitor the outcome of the situation.

C. Touching.

Use the following guidelines related to touching a child/youth:

- Touching should be in response to the need of the child and not the need of the Wraparound Orange worker.
- Touching should be with the child's/youth's permission - resistance from the child/youth must be respected.
- Touching of private parts is prohibited.
- Avoid touching that might be seen as being provocative.
- Touching or other physical contact should be governed by the age and developmental stage of the child/youth. For example, hugging may be appropriate for a three-year-old, but less so for a teenager.
- Touching should consist of a handshake, a hug from the side or a touch on the arm. Full body contact hugs are to be avoided.

It is always better to error on the side of caution regarding physical contact.

D. Documentation

Documentation must either reflect that the recipient is in need of supervision OR is in a crisis OR in a situation that may develop into a crisis if support is not provided, and that the Wraparound Specialist can expect to reduce the need for institutional care (inpatient or residential) or improve the recipient's level of functioning. Documentation must include the following:

1. If the contact with the youth and/or caregivers was a face-to-face, phone, or written contact.
2. The time, place and nature of the contact and the person initiating the contact.
3. The staff person or persons involved and any non-staff persons present or involved.
4. The assessment of the youth's need for supervision OR emergency mental health services and the response plan developed based on the assessment.
5. The supervision OR emergency mental health services provided to the youth and the outcomes achieved.
6. Any Provider, Agency or Individual to whom a referral was made on behalf of the youth experiencing the crisis/being supervised (Service Referrals must go through the Wraparound Specialist).
7. Follow-up and linkage of services provided on behalf of the youth.
8. Amendments to the Plan of Care/Crisis Plan in light of the results of the response to the request for services as approved by the Family Team.
9. If it was determined that the youth was not in need of supervision/emergency mental health services, any suggestions or referrals provided on behalf of the youth.

E. Mandatory Reporting of Abuse.

All Wraparound Orange staff are mandated by law to immediately report to the Abuse Hotline any suspected or observed neglect or any physical, sexual and/or emotional abuse. The family will be made aware of the mandatory reporting laws on the first day of enrollment. The telephone number of the Abuse Hotline is 1-800-96-ABUSE (See policy Mandated Reporting).

REFERENCE:

None

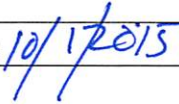
Attachments:

Wraparound Orange Writer's Guide to Crisis Planning
Wraparound Orange High Risk Cases Procedure

Division Approval:



Date:



Wraparound Orange Writer's Guide to Developing the Crisis Plan

The Wraparound Specialist works with the youth and family and other Team Members to develop a Crisis Plan - a detailed plan of action for the Team to use to respond to a Crisis. The Crisis Plan "stands alone" – that is, although it does become part of the Family Care Plan document, it can be edited, updated and printed outside of the Plan. It should be written so that in an emergency, all Team members are aware of what needs to be done and what their role is.

1. Crisis Plans should be written or revised when the following occurs:

- Within 24 to 48 hours of a major crisis.
- Concurrent with an enrollment with the family, when no immediate crisis is evident.
- Whenever a youth or family moves to a new residence or placement.
- When new team members join the team.
- When the youth or family experiences a major life event, such as death of a loved one, divorce, witnessing or part of a violent act., etc.
- Needs related to the Crisis Plan should be implemented, reviewed and revised at each monthly team meeting.

2. What is the Youth & Family Team's Definition of a Crisis?

A Crisis is something that occurs when the youth or family doesn't know what to do and/or needs someone's help. The family guides the Team in determining what constitutes a Crisis for their family. What makes the youth, parent or caregiver feel unsafe?

Ask the family/youth to tell you about a situation where they were feeling scared or that they felt that they were losing control. Remember that perception of what is a crisis will vary from person to person and family to family.

3. Crisis situations may be related to:

- Reason for referral.
- Legal history.
- Behavioral or Physical Health concerns stated in the Family History (such as runaway behavior, drug and alcohol concerns, violence in the home, Baker Acts, etc.).
- Crisis may stem from other family or community members (not only the youth).
- Include Crisis situations that occur in all environments (home, school, community).

4. What "strengths" can we use?

Be sure to state Functional Strengths (not attributes) that can actually be used in the Plan.

- Identified strengths must directly correlate to a specific strategy.
- Include strengths of all team members that will be assisting to diffuse a crisis.

5. Are there any Risky Situations or Other Factors Relevant to Crisis Prevention/Safety ?

Describe any high-risk behaviors (such as fire setting, sexual or physical acting out history, etc.) or triggers that impact on the safety of the youth, family and community.

Put information from all areas of the Plan of Care.

- Legal history/reason for referral.
- Scenarios or situations that may lead to a crisis – precipitating events.
- Triggers or warning signs that things may escalate (such as pacing, quiet, tapping foot, etc.).
- Life changing events (such as deaths, divorce/marriage, new home, new baby, etc.).
- History of specific concerns or safety issues (such as cruelty to animals, fire-setting,

runaway, etc.).

- State the Court's order of supervision, if applicable.
- Psychiatric hospitalization history and reason.
- Intense fears (such as fear of dogs, being in the dark, closed spaces, etc.).
- Include concerns of caregivers that may limit their response in a crisis (such as physical disability – uses wheelchair, or does not speak the family's primary language, etc.).

6. What family and community supports can we contact?

This section can act as the family "Phone Book" for the many users of the crisis plan (such as family members, friends, Providers, Mobile Urgent Treatment Team & on-call Care Coordinators).

- List the team members and extended family and friends that support the family.
- State the full name, role or relationship, contact number and address.
- List names in descending order of use in a crisis.
- May want to include Psychiatrist, Pediatrician, Transport Service name/number.
- List the Mobile Urgent Treatment Team and number.

7. What places in the community might help?

List places in the community where the youth can go to help diffuse a crisis situation:

- May include a neighbor's, relative's or friend's home, Boys & Girls Club, etc.
- Team members must agree on where the youth can go.
- The intention is to allow/provide alternatives for the youth to cool off and feel safe.
- Can be used as a place to go for several hours or overnight, if necessary.
- May include formal respite (it is best to introduce the family to the place before the crisis occurs).
- Include address and phone contact, if not listed in #4 above.

8. How can we help the caregiver? (What helps the caregiver?)

Questions to ask the caregiver:

- What's helpful for you to do, or not do, when a specific crisis occurs?
- When past crisis situations have occurred, what has worked for you?
- When your child is acting out of control, what do you normally do? Have you noticed if that makes the situation better or worse?
- What helps you stay calm in a crisis? (If we can manage to stay calm, we will have more control of the situation.)

These ideas can be used as reminders for the caregivers, and to help other Crisis Plan users gently remind caregivers when they call for assistance.

Whenever a youth's placement changes, you need to update the Crisis Plan to reflect the current caregiver(s). Also, address Crises that may occur in the school or other community settings; what helps the "caregivers" (i.e., teachers, etc.) in these settings?

9. Specific Strategies Based on Strengths to Resolve Crises – List specific Strategies in order of suggested use (least restrictive to most). Include who, what, when, where and how strategies should be implemented. Strategies should be based on functional strengths of the Team. Include Community Partners and techniques to keep all parties safe.

What specific steps should we use?

Clear steps to take for each specific crisis situation identified in question #1:

1. When youth becomes aggressive:
 - a.
 - b.
2. When youth comes home under the influence:
 - a.
 - b.

3. When youth is disruptive at school:
 - a.
 - b.

10. **General guidelines in regards to action steps:**

- List steps in order, with the least restrictive strategies first.
- Steps have to be realistic in a crisis situation – state who will be doing what steps.
- Include steps for caregivers/adults in all environments – school, home, placement and community. This provides accountability and helps clarify individual responsibility.
- Family and team members must agree to the steps – be careful not to list steps that sound right to you. (*Note: It won't help to list "Call Police", if the police don't respond quickly in their neighborhood*).
- You may find that these steps overlap with ideas listed in Question #4 and #5 above.
- All steps should be based on functional strengths of the family and team.

11. **Relevant medical information.**

(Medical information/concerns should be listed on youth and/or siblings and caretakers)

Be sure to include the following:

- Ongoing medical concerns or conditions and any prescribed drugs to treat them.
- Allergies (such as seasonal allergies, bee stings, certain foods, latex, cats, etc.) and indicate treatment, if necessary.
- Recent changes in medications and why.
- Recent injuries or current physical disabilities.
- If pregnant – indicate due date.
- History of any major surgery.
- Recent injuries.
- If there is no relevant medical information specific to Crisis situations, list "none."

12. **After the Care Plan is developed**

- A printed copy of the **Crisis Plan** should be shared with **ALL** Team members whenever it is updated. The current Crisis Plan will also be a part of each Family Care Plan.
- The Crisis Plan must be updated every time a crisis occurs or the youth's placement changes, or at a minimum of every 90 days. Subsequent Crisis Plans "pull" information from the current Crisis Plan.
- The Crisis Plan should be reviewed in conjunction with every Family Team meeting as Well

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Enrollment Criteria

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURES:

Wraparound Orange sets the standards for enrollment criteria for all wraparound services.

Enrollment Criteria

1. Residency – The child and family (parents or guardians) are residing in Orange County, Florida.
2. Age – Eligible youth are ages 0-21.
3. Severe Emotional Disturbance – Eligible youth will be determined to have a severe emotional disturbance, defined as children or youth with an emotional, socio-emotional, behavioral, or mental disorder diagnosable under the DSM-V, with the exception of substance use disorders, and developmental disorders (unless they co-occur with another diagnosable and allowable emotional disorder).
4. Children showing significant impairment in functioning in their home, school, and/or social-settings and are in need of cross-agency and/or cross-systems care.
5. Children meeting criteria for one of the priority populations below.

Priority Populations – Priority for enrollment in wraparound services is based on the following.

1. Youth/children that have been arrested, received a Civil Citation, have had recent law enforcement contact, or are at documented risk of arrest due to their behaviors in the past twelve months.
2. Youth transitioning from the child welfare system as a young adult.
3. Youth referred by Mobile Crisis Services.
4. Exceptions can be made by the Project Director or Clinical Director of Wraparound Orange.

REFERENCE: None

Attachments: None

Division Approval:



Date:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Youth and Family Contact/Wraparound Staff

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURES:

It is the procedure of Wraparound Orange that all youth and families are seen on a regular basis to facilitate the team process. Wraparound staff will follow the following guidelines for care.

Regular contact is made for the purpose of:

- Monitoring the provision of services.
- Monitoring the youth and family's satisfaction with these services
- Reviewing the status of the youth and family
- Reviewing any safety concerns
- Identifying new concerns and/or unmet needs

A. Wraparound Specialists must:

- Provide a **minimum of 10 hours per month of family service and a minimum of 2-4 hours of face-to-face contact** for each youth and family for the duration of enrollment (excluding the transition phase) in Wraparound Orange (travel time is not included in contact hours).
- Provide a **minimum of one face-to-face contact per month** (and/or documented attempts) with the youth and family, (excluding the transition phase) for Wraparound Specialists.
- Ensure contacts with the youth and family are preferably within the home or community. Contacts may be provided to the youth or family together or separately. Exceptions shall be documented in progress notes.
- Will document service time with each youth/family or collateral contact in Case Notes.
- Maintain phone contact with families on a bi-weekly basis, opposite the weeks of face-to-face contact.
- Document all service time in a Progress Note.

B. Service time includes:

- Phone contacts (by Wraparound Specialist to client, family members/caregivers or collaterals).
- Home visits or other community contacts that are face-to-face with the family and or youth.

- Family Team meetings, youth-specific staffings, court appearances with the youth/family.
- Consultations (with supervisor, Wraparound staff or other Providers) that pertain to the youth/family.
- Documentation time (including note writing, developing Family Care Plans/Court documents, etc.).
- Crisis Time (assessment and planning, linkage and follow-up, crisis stabilization).

B. If two Wraparound Specialist are going out to see a youth or family together (i.e., when the family is being transitioned from one Wraparound Specialist to another, when there are safety concerns, or a seasoned Wraparound Specialist is mentoring a new Wraparound Specialist), both Wraparound Specialists shall document the contact in a progress note.

SPECIAL SITUATIONS:

A. Youth on Runaway Status.

1. Required face-to-face contact with the families is still required unless otherwise requested by the family.
2. In addition, the Wraparound Specialist must document any attempts to engage the youth (i.e., if the youth contacts the Wraparound Specialist via phone, shows up for an activity or meeting, etc.) while he or she is on Runaway Status.

B. Youth Remanded to Corrections.

1. Required face-to-face contact with the families is still expected unless otherwise requested by the family.
2. A Family Team meeting must be held with the family to develop a transition plan with sustainable resources.

C. No-Shows for Scheduled Appointments or Home Visits.

1. If contact with the youth or family is unsuccessful (i.e., the youth is not at home at the time of a scheduled bi-weekly visit, the family is not at home when the Wraparound Specialist arrives for an appointment, etc.), the Wraparound Specialist must follow up with the youth and/or family and attempt to reschedule those bi-weekly contacts. At least two attempts to contact the family must be documented.
2. If the youth or the family is a no-show two consecutive scheduled visits, the Wraparound Specialist needs to consult with the Lead Wraparound Specialist regarding the situation. This consultation must be documented in the youth's Progress Notes along with the notes documenting attempts made at rescheduling.
3. If the youth or the family has two consecutive no-shows, the Wraparound Specialist must document what alternative strategies have been employed to engage the youth and family. Documentation must show what the Wraparound Specialist is trying to do differently in an attempt to reconnect with the youth and/or the family.

D. Scheduled or Unscheduled Wraparound Specialist Absence.

1. If the Wraparound Specialist is on vacation, sick leave or planned absence, the youth, family and team are to be informed of the dates of the Wraparound Specialist's absence and who is covering for him or her. The option of required contacts (phone/face-to-face) with the covering Wraparound Specialist should be given to the family and documented in the Progress Notes.

2. If the Wraparound Specialist's absence exceeds two weeks, expected face-to-face contacts and corresponding documentation with the youth and with the family are then required of the covering Wraparound Specialist as referenced in this Policy.
3. If the Wraparound Specialist is on an emergency leave or other unscheduled absence of more than one week, it is the responsibility of the Lead Wraparound Specialist or Clinical Director to ensure that youth, families and teams are informed of the Wraparound Specialist's absence and coverage plan. Contact requirements are the same as outlined for covering during a scheduled leave of absence.

Note: There must be a corresponding note in the youth's chart for every contact made and/or for any activity that Wraparound Specialists are utilizing toward service hours/crisis time.

REFERENCE: Case Note Policy

ATTACHMENT:

DIVISION APPROVAL:

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DATE:

10/1/15

Wraparound Orange Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Family Engagement

Effective Date: 11/3/2011

Revised Date: 10/01/2015

PROCEDURES:

Wraparound Orange works with every family that is referred to the program to ensure that staff make every attempt possible to meet and engage the families in services. It is important that staff reach out to families utilizing phone calls, mailings and home visits and vary the contact attempts if contact with a new family has not been made. The following is a recommended protocol for staff to utilize in reaching out to families. Both Wraparound Specialists and Family Partners will work together in this process.

Steps for New Client Engagement – includes business days, not holiday or weekends.

Day 1 – Phone Contact is attempted - leave message if applicable.

Day 2 – Home visit - Staff person leaves note and business card.

Day 3 – Staff person contacts other workers (Diversion Prevention Specialist, Probation officer, TASC case manager, Protective Investigator, etc.) to ask for assistance in engaging family.

Day 4 - Home visit - Staff person leaves note and business card.

Day 5 – Send handwritten card to family.

Day 7 – Phone Contact is attempted - leave message if applicable.

Day 8 – Case closed/placed on hold and reopened if family contacts the program.

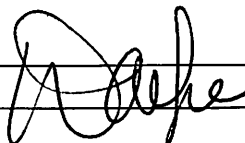
30 days – Phone call is attempted – leave message that we will no longer contact, however can be reached if family decides they want services in the future.

Once the first contact has been made, and engagement established, staff will defer to other procedures for providing services to the family.

REFERENCE: None

ATTACHMENT: None

DIVISION APPROVAL:



DATE:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: High-Risk Cases

Effective Date: 05/20/2013

Revised Date: 12/02/2014, 10/01/2015

PROCEDURES:

Wraparound Orange works with families that may have extensive safety and risk factors evident in the home that by nature of those symptoms or factors has the potential to cause risk to other persons both within the home and outside of the home. As the cases are identified the Wraparound Specialist and Family Partner will work within the supervisory structure of Wraparound Orange to ensure proper plans are in place that addresses these areas. Specific supervisory staff will be identified and responsible for the support, oversight and monitoring of these cases. The following protocol is utilized for cases identified as high-risk.

Factors considered high-risk.

There is an adult or child in the home that is exhibiting the following behaviors:

- Physical, sexual or emotional abuse of family members, (suspected domestic violence)
- Threatening, hostile and/or aggressive behaviors towards family members or it has been established that a domestic violence situation is occurring in the home,
- Self-mutilation (cutting or carving on self),
- Threats to harm self, prior attempts to harm self,
- Threats to harm others, prior attempts to harm others,
- Psychosis, (hearing voices),
- Running away,
- Sexualized behavior inappropriate for developmental age,
- Substance use
- Gang Involvement
- Human trafficking or concern of human trafficking involvement
- Any other behaviors that have the potential to cause harm or place a family member in harm's way if untreated

Identification and Monitoring

All staff within Wraparound Orange has a responsibility to identify that a case has high-risk factors.

Once identified

- The record will be flagged as high-risk: an alert will be entered into IRIS
- The following persons will be informed of the high-risk status within 2 hours:
 - Clinical Director
 - Agency Supervisor
 - Lead Wraparound Specialist.

- The Project Director will then assign one of the above listed staff to provide support, oversight and monitoring of the case and will keep the Project Director apprised of changes in the family situation or any crisis that may occur in the family.

Immediate Notification

Immediate notification to the following persons will occur if the Wraparound staff witnesses any of these behaviors or factors during a visit. Phone support will be provided by the person called and the staff will receive guidance on how to manage the situation. Attempts to contact supervisory staff will occur in this order:

- Agency supervisor
- Clinical Director
- Wraparound Supervisor
- Project Director

REFERENCE: None

ATTACHMENT: None

DIVISION APPROVAL:

A handwritten signature in black ink, appearing to be 'W. D. H.', written over a horizontal line.

DATE:

10/1/15

Wraparound Orange Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

**Subject: Youth/Family Rights & Responsibilities and
Complaint/Grievance Procedure Form**

Effective Date: 1/24/2011

Revised Date: 10/01/2015

PROCEDURES:

Wraparound Orange ensures that the rights of every youth/family be honored and respected regarding their personal well-being and the provision of services.

Rights and Responsibilities

All youth/families will be informed of their rights verbally and in written form.

Wraparound Specialists are responsible for completion of the following steps on the first day of enrollment:

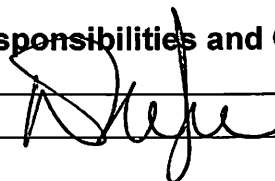
- Explain and distribute the CLIENT RIGHTS & RESPONSIBILITIES STATEMENT AND COMPLAINT/GRIEVANCE PROCEDURE form to the youth and family
- Ensure complete understanding of the form by the youth and family.
- Obtain the signature of the youth and legal guardian on the CLIENT RIGHTS STATEMENT FORM.
- To ensure Cultural and Linguistic Competency, this form is provided in both Spanish and French-Creole to families with Limited English Proficiency and are the most common languages of families enrolled in Wraparound Orange. The Cultural and Linguistic Competence Committee will monitor the language needs of families enrolled in Wraparound Orange and if it is determined other languages are needed, forms will be translated within a reasonable amount of time.

REFERENCE: None

ATTACHMENT:

Client Rights & Responsibilities and Complaint/Grievance Procedure Form

Division Approval:



Date:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Service Delivery Flow

Effective Date: 01/24/2011

Revised Date: 08/03/2011, 10/01/2015

PROCEDURES:

Wraparound Orange ensures that the services delivered to each client will be efficient, effective and sensitive to the needs of every client.

- **Service Entry**

- When a child who meets enrollment criteria has contact with the Juvenile Assessment Center, the TASC (Treatment Alternatives for Safer Communities) case manager from Aspire Health Partners will complete an intake assessment and CANS.
- The TASC case manager will determine if the child from the target population is appropriate for Wraparound Orange
- If appropriate, the TASC case manager will contact the family and obtain a release of information for the referral to Wraparound Orange
- Upon obtaining consent, the TASC case manager will submit a referral to Wraparound Orange by submitting the referral in IRIS, including the providing intake sheet (demographic info), the TASC intake assessment, the CANS assessment and the release of information form for Wraparound Orange
- The Clinical Director or designee will enter the case into IRIS and assign the Wraparound Specialist and Family Partner to initiate services

- **Service Process**

1. Engagement Phase (See Policy Family Engagement)

- During the first two appointments (completed within 7 days of assignment) the Wraparound Specialist and Family Partner will:
 - Orient the family and youth to the Wraparound Process
 - Obtain required Consent and Release of Information forms
 - Address any immediate crisis concerns
 - Begin Strengths and Needs Discovery
 - 'Schedule a follow-up face to face visit within a week to: continue/complete Strengths and Needs Discovery; develop a vision statement; establish the Youth and Family Team members.

2. Team Preparation Phase

- The Wraparound Specialist will begin to solicit participation/orient team members identified by the family and youth via phone
 - Make necessary Family Team Meeting arrangements (1st Family Team Meeting to occur within the 30 days of enrollment):
 - Family, Youth and Team member availability
 - Location and time should be accessible and comfortable for the family
 - Identify necessary supports or adaptation such as translators or child care
 - Prepare meeting materials
3. Initial Plan Development
- The Family Care Plan and Family Crisis Plan are to be completed within the first 30 days of enrollment.
 - The Family Care Plan and Family Crisis Plan will be developed by the team during the 1st Family Team Meeting (SEE FAMILY CARE PLAN AND FAMILY CRISIS PLAN POLICY)

- **Service Changes**

- The team will continually track progress throughout Implementation:
 - The Wraparound Specialist will maintain ongoing contact with the family and youth (SEE FAMILY CONTACT POLICY-SECTION 2)
 - Team members will maintain ongoing contact with the family as outlined in the Family Care Plan and Family Crisis Plan.
 - Team members will report any concerns to the Wraparound Specialist assigned to the family
- Subsequent Family Team Meeting's to review and update the Family Care Plan and Family Crisis Plan will occur at a minimum of every 30 days

- **Service Exit**

- (SEE DISCHARGE/TRANSITION PLANNING POLICY-SECTION 2)

REFERENCE:

Wraparound Orange DISCHARGE/TRANSITION PLANNING POLICY

Attachments:

None

Division Approval:



Date:

10/1/15

Wraparound Orange Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Transition (Discharge) Planning

Effective Date: 1/24/2011

Revised Date: 10/01/2015

Wraparound Orange provides guidelines and assistance to the Wraparound Staff and to youth and families regarding transition criteria with the appropriate procedures and expectations.

PROCEDURES:

A. Guidelines for Transition Planning.

1. Transition planning begins at the onset of service delivery and will continue during the entire wraparound process.
2. Family Care Plans must systematically define the end of the need for formal wraparound services based on the Family Team Mission Statement.
3. Transition planning will include linkages to community supports or formal services that are desired by the family to meet any unmet and ongoing needs.

B. Transition (Discharge) Criteria.

1. Youth/family has made substantial progress and needs have been met
OR some needs remain and continuing services have been arranged.
2. Youth/family moved out of county.
3. Youth/family no longer desire Wraparound services.
4. Other reasons with approval by the Clinical Director for instances where decisions need to be made on a case-by-case basis.

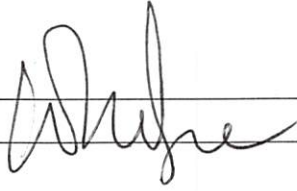
C. Guidelines for Transition.

1. Youth meeting any of the above criteria will be scheduled for a Transition Family Team Meeting with the entire youth and family team a minimum of 30 days prior to transition. At the team meeting the Transition Planning Form will be completed and signed by the youth and guardian.
2. Discharge progress must be reflective of the Family Team's progress toward meeting needs identified on the Family Care Plan.
3. After all transition materials have been completed, a copy of the Transition Plan and a Confirmation Letter will be sent to the family. The Wraparound Specialist will be responsible for notifying all formal and informal Team members of the Discharge.

REFERENCE: None

ATTACHMENT:

Transition Summary

DIVISION APPROVAL:  DATE: 10/1/15

Wraparound Orange

Collaborative Community Mental Health Services

Youth and Family Care

Section: 2

Subject: Wraparound Fidelity in Documentation

Effective Date: 1/1/2011

Revised Date: 10/01/15

PROCEDURE:

It is the procedure of Wraparound Orange that high-fidelity Wraparound services are provided using the elements of the model as established by the National Wraparound Initiative. A Family Care Plan must be completed for every youth and family enrolled in Wraparound Orange. The Family Care Plan identifies the strengths and needs of the youth and family and is the guide for the course of care and services being provided by the Family Team through Wraparound Orange.

A. Strengths and Needs Discovery

1. The Wraparound Specialist is responsible for meeting face to face with the youth and family within the first week of being assigned. During this visit the Wraparound Specialist should assist the youth and family in beginning a strengths list regarding their family and bring this list to the initial Family Team meeting. The Wraparound Specialist will also assist the youth and family in identifying and developing Natural (informal) and Community Partner (formal) supports who will become part of the Family Team.
2. The Wraparound Specialist works with the Team to develop a Strengths list and documents identified strengths (of the youth, the family, **other Team members, and community partners**) in the Strengths section of the Family Care Plan.
 - a. An updated Strengths Discovery should be reviewed and updated by the Team at every Family Team meeting to assist in strategy development.
 - b. Team members should be encouraged to add to the Strengths list at any time.
 - c. Strengths should be "functional" – that is, they should be able to be utilized within the Plan itself as part of strategies to meet Needs identified by the Team.
3. Community Partners (community services or programs that are sustainable and will be available to the youth and family both during and after enrollment) should be included on the Strengths Discovery. The Team should constantly be working with the family to develop Community Partners (as well as natural supports) that will be available to the family post disenrollment.

B. Crisis Plan.

1. The Wraparound Specialist works with the youth and family and other Team Members to develop a Crisis Plan - a detailed plan of action for the Team to use to respond to a Crisis. The Crisis Plan "stands alone" – that is, although it does become part of the Family Care Plan document, it can be edited, updated and printed outside of the Plan. It should be written so that in an emergency, all Team members are aware of what needs to be done and what their role is. The elements of the Crisis Plan are:

- a. **What is the Youth & Family Team's Definition of a Crisis** - The family guides the Team in determining what constitutes a Crisis for their family. What makes the youth, parent or caregiver feel unsafe?
 - b. **Interests and Strengths of the Youth/Family Relevant to the Crisis Situation** - Looking at the functional Strengths identified in the Strengths Discovery, which ones can be utilized to intervene in a Crisis situation? Add any additional functional strengths that can be used in the crisis plan.
 - c. **Risky Situations or Other Factors Relevant to Crisis Prevention/Safety** - Describe any high-risk behaviors (such as fire setting, sexual or physical acting out history, etc.) or triggers that impact on the safety of the youth, family and community.
 - d. **Youth, Family and Community Supports** - List, in order of suggested use, any resources that can be utilized during a Crisis situation. Be specific. Include names, phone numbers, addresses and other relevant information regarding resources that are available to the family. Included here should be natural and formal supports, as well as community-based resources that are readily available to the family during times of crisis. **These supports should be listed in the order they should be contacted.**
 - e. **What Helps the Caregiver** – Describe specific techniques that work in helping the caregiver deal with Crisis situations. As many as possible, but at least two techniques should be listed for each parent/caregiver. Caregivers may be the youth's parents or other legal guardian caring for the child. **Whenever a youth's placement changes, you need to update the Crisis Plan to reflect the current caregiver(s).** Also, address Crises that may occur in the school or other community settings; what helps the "caregivers" (i.e., teachers, etc.) in these settings?
 - f. **Specific Strategies Based on Strengths to Resolve Crises** – List specific Strategies in order of suggested use (least restrictive to most). Include who, what, when, where and how strategies should be implemented. Strategies should be based on functional strengths of the Team. Include Community Partners and techniques to keep all parties safe.
 - g. **Relevant Medical Information** - Describe any medical information that may be pertinent. This could include medications the youth is on, dosages, physical limitations, allergies, etc. If there is no relevant medical information specific to Crisis situations, list "none."
2. A printed copy of the **Crisis Plan** should be shared with **ALL** Team members whenever it is updated. The current Crisis Plan will also be a part of each Family Care Plan.
 3. **The Crisis Plan must be updated every time a crisis occurs or the youth's placement changes, or at a minimum of every 90 days.** The Crisis Plan should be reviewed in conjunction with every Family Team meeting as well.
 4. Subsequent Crisis Plans "pull" information from the current Crisis Plan. Wraparound Specialist only need update the areas that have changed.

See Attachment 1 – Writer's Guide to Developing the Crisis Plan regarding additional expectations/info.

C. Family Plan.

1. The Family Care Plan provides the demographic data of the youth (address, primary Caregiver(s), diagnoses, primary healthcare/mental health providers etc.), and includes the Family Vision, History and the Need statements.
See Attachment 2 Family Care Plan INSTRUCTION GUIDE
2. Family Care Plans must contain all of the elements identified in the Instruction Guide. Particular Attention must be paid to the following elements:
 - a. **Family Vision** - This one to two sentence statement is the guiding post of the Family Care Plan, and should drive the course of action for the Team toward the ultimate goal of stability/disenrollment. It should be written to reflect the intent of the words of the family, and should be reviewed by the Team at each Family Team meeting.
 - b. **Needs** - Needs are identified by the Youth, Family and Team as what the

youth and family needs help with to reach their Family Vision. Need statements include the following:

- 1) **Domain Identification** - Domains are areas of families' lives in which needs are identified to reach their Family Vision. Domains include Safety/Crisis, Family, Mental Health, Medical, Legal, Education/Vocational, Cultural/Spiritual, Living Situation, Social/Recreational, and Other. For the Initial Plan of Care, the following Domains are required: Safety/Crisis, Mental Health, Educational/Vocational and Family. Other Domains should be addressed as identified by the Team.
- 2) **Need Statement** - This is a concise statement of the Need identified by the Team as to what the family needs help with toward reaching their Family Vision. A Need is **NOT** a service. A Need represents a barrier or underlying cause for a behavior getting in the way of the family reaching their vision. The Team will list a start date for the Need, identify a target date for the Need to be met and assign an initial Ranking to each Need. The target date should be a realistic date by which the Need could be met – not necessarily coinciding with the next Family Team meeting date. The Ranking is a 1-5 Scale of how well the family feels the Need is currently being met.
- 3) **Strengths** - The Team will identify which Strengths listed in the Strengths Discovery can be used to assist the family with the identified Need. The Team should look at the strengths of all Team members – family members, natural supports and community supports – and incorporate those into the Strategy.
- 4) **Strategies** - Strategies are the steps based on functional strengths that will be taken to achieve the Need. Within the Strategy, the “who, what, where, when and how” of how this Need will be met should be listed. Any paid services requested **for any member** of the family must be reflected in the Strategies within a Plan of Care.
- 5) In general, a Family Care Plan should have no more than three (3) active Needs at any given time.
- 6) At subsequent Family Team meetings, all current and pending Needs should be reviewed. If a Need will continue, an Update Note and Ranking is required. The Update Note should comprehensively discuss how strategies are working to meet the Need and/or barriers to meeting the Need, any Team concerns, etc. A Need can be “ended” at any time.
 - Sometimes it is because the Need has been met
 - It may be because the Need is no longer relevant
 - Also, a Need may not be met, but the Team decides to remove it from the list of active Needs, as there has been little progress made toward meeting the Family Vision and other Needs will be focused on
 - A Need may be taken off the pending list and added as an Active Need when pertinent to making progress toward the Family Vision
 - In addition to entering an Update Note for each active Need, the Team can also modify the Strengths associated with the Need, enter or remove Strategies, and add or remove Domains to the Need.
- 7) At the final Family Team meeting, all Needs must be “closed out” and a final Ranking assigned to each Need. The Update Notes should discuss how the family, along with natural and community supports, will be able to continue to meet that Need after disenrollment.

e. **Signature Sheet-**

- 1) A Signature Sheet (*See Attachment*) must be attached to each

Family Care Plan. At a minimum, the Signature Sheet must include the following signatures:

- Youth
- Parent/Guardian
- Wraparound Specialist
- Family Partner
- All Family Team Members/Attendees

- 1) There are rare occasions when a Wraparound Specialist may be unable to obtain the youth's or parents' signature. In these instances, an explanation for this should be referenced on the Signature Sheet and a copy of the Family Care Plan should be sent to that individual via certified mail and/or given to them in person at the next contact, if that contact is to occur within the week after the final approval of the Plan. In either of these instances, this should also be documented in a Progress Note.
- 2) The Signature Sheet must be filled out completely and accurately.

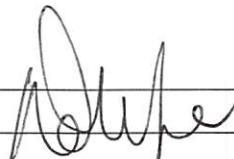
D. Additional Information – Family Care Plan

1. The initial Family Care Plan, which includes the Strengths and Needs Discovery and Crisis Plan, must be completed within the first 30 days after enrollment.
2. Subsequent Family Care Plan's must be reviewed/updated a minimum of every 30 Days at the Family Team Meeting which must occur every 30 days after the initial Team meeting. Exceptions are documented in a case note.
3. The parent (or primary caregiver) must be in attendance at the Family Team Meeting. It is also recommended that the child/youth also be in attendance. Rare exceptions for youth that chronically run away, are in a residential program or detention may result in a situation in which they cannot or will not attend. In this instance the Family Team should discuss and create as part of the Family Care Plan, strategies for ensuring youth attendance in the future. If the parent/family does not show for a Family Team meeting, the Team must reschedule – **Family Team meetings cannot be held without the parent (or primary caregiver) present.**
4. All Team members must be given notification of upcoming Family Team meetings well in advance (at a minimum, a 1-week notice should be given). Optimally, the date of the next Family Team meeting would be agreed upon by all Team members during each Family Team meeting. As with any youth/family-related contact, the notification to Team members of each Family Team meeting must be documented in the Family Case Note.
5. The Family Care Plan must address the needs identified by the family as a priority and reflected in CANS scores of 2's or 3's.
6. The Family Care Plan must be typed in the management information system IRIS and sent (via mail/email) to all Team Members within one (1) week of the Family Team meeting date.
7. A transition/discharge Family Team meeting must occur within the month prior to disenrollment.

REFERENCE:

ATTACHMENT: **Writer's Guide to Developing the Family Stabilization Plan**

DIVISION APPROVAL:



DATE:

10/1/15

Wraparound Orange

Community Coordinated Mental Health Services

Youth and Family Care

Section: 2

Subject: Wraparound Teams

Effective Date: 05/13/2013

Revised Date: 10/01/2015

PROCEDURES:

Wraparound Orange provides high-fidelity wraparound services to the youth/children and families that are enrolled in services. High-fidelity wraparound requires representation from various child-serving systems be a member on each wraparound team. It is the duty of both the Wraparound Specialist and Family Partner to ensure these members attend team meetings and are an integral part to developing every aspect of the family care plan. Wraparound Specialists focus much of their work on formal supports and Family Partners focus much of their work on informal supports. All attempts to engage supports are to be documented in the record. Staff that are having difficulty obtaining these supports and/or ensuring attendance at meetings are to discuss with their supervisor and assigned wraparound coach.

The following is a list of members that are required to be present for team meetings.

Required Formal Supports

- Representative from the school system when the child/youth receives special education services (has in individualized education plan) OR has significant deficit areas at school, based on academics or behavior. The representative may be a teacher, social worker, guidance counselor etc., and is chosen based on the wishes and desires of the family.
- Probation officer when the child/youth is on probation.
- Representative from the public defender's office when the child has pending court issues.
- Representative from mental health (counselor, behavior specialist, case manager).
- Representative from child welfare (case manager, protective investigator, etc.) when the child/youth is under the care of the state or has an open case with investigations.
- Any formal support member that is working with the child (paid mentors).

Informal Supports – It is the goal of Wraparound Orange to work towards a team composition of 51% informal supports.

- Teachers, coaches, neighbors, family friends, co-workers, other parents in the program, extended family, parents, and any others that are involved in the life of the youth/family.

REFERENCE: None

ATTACHMENT: None

DIVISION APPROVAL:

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DATE:

10/1/15