

## WRAPAROUND DEFINITIONS

**Child and Adolescent Functional Assessment Scales (CAFAS)** shall be defined as a rating scale, which assesses a child's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance abuse problems.

**Child and Adolescent Needs and Strengths (CANS)** shall be defined as the universal assessment tool to identify the strengths and needs of children in their school, home, and community environments. The CANS evaluates the child's functioning in terms of school performance, conduct and behavior, social relationships, moods and emotions, substance use, thinking, aggressive and self-harmful behaviors. The CANS also assesses the child's primary and substitute caregivers' ability to provide a safe and emotionally nurturing environment, including their ability and willingness to participate in recommended services. The CANS will help inform the decision about the level of intensity of services and/or the level of placement.

**Child and Family Plan of Care (POC)** shall be defined as the written document developed by the Child and Family Team that lists the: (1) vision and mission statement; (2) Life Domains; (3) strengths of the Family and child; (4) needs that must be addressed to achieve goals for both the Family and the lead public agency; (5) Family and community safety and crisis response plan(s); (6) type, frequency, duration, and financial responsibility for the components of the POC; (7) interventions/strategies based on the strengths and needs identified; (8) Family's signatures; and (9) desired outcomes of the Wraparound services.

**Child and Family Specialist (CFS)** shall be defined as the CONTRACTOR's employee who works with the Wraparound Facilitator and Parent Partner and participates in the Child and Family Team to provide direct services to the child and Family as identified in the POC. The CFS is responsible for working with children and their families in their home/out-of-home placements and their respective communities.

**Child and Family Team (CFT)** shall be defined as the group that is dedicated to develop and complete the POC that includes the: (1) child and parents or selected Family; (2) appropriate representative of the primary jurisdictional agency [social worker, probation officer, mental health worker, etc.]; (3) appropriate educational representative; (4) relevant counseling or mental health representative; and (5) any other persons influential in the child's and/or Family's lives who may assist in developing effective services and/or whomever the Family wants to participate. In order to ensure the Family's voice and ownership in the POC, the Family and the Family's designated community support should constitute at least fifty percent (50%) of the CFT.

**Community** shall be defined as the people, businesses, organizations, and adjacent business districts within a Service Planning Area (SPA), that are active or potential stakeholders in many issues and activities affecting their neighborhood(s) and business(es) in the SPA.

**Community-Based Services** shall be defined as a service delivery approach within the Family's Community that emphasizes strengthening the Family's ability to access traditional, non-traditional, and informal services and that: (1) supports the Family in meeting their needs; and (2) utilizes no-cost and low-cost methods of meeting their needs.

**Continuous Quality Improvement** shall be defined as a method of quality assurance and improvement that takes the results of periodic reviews and monitoring and immediately modifies processes and procedures as needed.

**Critical Incident Report** shall be defined as documentation of an incident including, but not limited to: (1) death or injury of a child; (2) occurrence of an open case of maltreatment against the caregiver; (3) hospitalization of a child; (4) violation of any licensing regulation by the service provider; or (5) a delinquent act of violence/property damage by the child.

**Disenrollment** shall be defined as when the Family, CONTRACTOR and ISC agree to terminate services after exhausting all possible ways to continue Wraparound. The Family must sign the Notice of Intent signifying their wish to end participation in Wraparound. CONTRACTOR shall continue to provide Wraparound services until the ISC signs the Notice of Intent, unless the Family refuses services.

**Early Periodic Screening, Diagnosis and Treatment (EPSDT)** is a federal health program for the screening, diagnosis and treatment of children. In order to utilize EPSDT funds and draw down Medi-Cal dollars, a County match is required.

**Facilitator** shall be defined as CONTRACTOR's employee who leads the individual CFT by: (1) following the four phases of Wraparound and all the activities identified; (2) ensuring the principles of Wraparound are adhered to by all team members; (3) ensuring that all the strengths and needs are identified; (4) ensuring all the identified services are provided in a timely and appropriate manner; (5) being the contact point for children, families, service providers, and the Community; and (6) ensuring the County representative(s) has adequate opportunities for input and access to the team and planning process.

**Family** shall be defined as the adults committed to a child, who are able to meet, or support the child's needs in their Community, and may include birth, step, blended, adoptive, extended, or foster families, or legal guardians.

**Family Safety and Crisis Plan** shall be defined as the part of the POC that provides the child and Family with actions, contacts, responses and responsibilities to any crisis the child or Family may encounter while in Wraparound. Each POC shall have a proactive and reactive Family Safety and Crisis Plan that shall be periodically updated and reviewed by the end of the next business day following a crisis to ensure that it is accurate with respect to the child's and/or Family's needs.

**Freedom of Choice** shall be defined as local Mental Health Programs informing clients receiving services under the Rehabilitation Option, including parents or guardians of children/adolescents, verbally or in writing, that:

- Acceptance and participation in the mental health system is voluntary and shall not be considered a prerequisite for access to other community services.
- They retain the right to access other Medi-Cal or Short-Doyle/Medi-Cal reimbursable services and have the right to request a change of provider and/or staff person/therapist/case manager.

**Graduated** shall be defined as successful completion of meeting the Family's goals and needs as defined by the Family and the POC. The Family and the responsible County representative must sign the Intent to Graduate form. The provider must continue to provide Wraparound until the Intent to Graduate is signed by the ISC, unless the Family refuses services.

**Individualized Services** shall be defined as the services in the POC relating to the specific strengths and needs of a child and/or Family including, but not limited to: (1) traditional services such as therapy, housing, educational assistance, etc.; and (2) non-traditional services such as recreation, social assistance, and naturally occurring support systems.

**Interagency Screening Committee (ISC)** shall be defined as an interagency screening/review team for DMH and Probation referrals, which also assigns all referrals to providers and reviews all POCs. The ISC is comprised of representatives from the Departments of Children and Family Services, Mental Health and Probation. There is at least one (1) ISC in each SPA that is responsible for screening all DMH and Probation referrals and assigning all DCFS referrals. The ISC is also responsible for reviewing all enrollment, disenrollment, and graduation decisions regarding Wraparound cases. Responsibility for the timely review and processing of these Wraparound documents shall rest with the DCFS liaison(s). The ISC shall refer children to a CONTRACTOR to receive Wraparound, and the CONTRACTOR shall accept any child referred by the ISC without exception. The ISC shall further review all Wraparound POC reports, as well as providing support to and monitoring of the Wraparound Agencies in its SPA.

**Life Domains** shall be defined for Wraparound children and families as referring to the areas of safety; family; legal; emotional/behavioral; school/educational; money matters; housing/living environment; social relationships; fun/recreational; health/medical; work/vocational; and cultural/spiritual on the POC.

**Open Episode** shall be defined as an open case in DMH's Integrated System (IS).

**Parent Partner** shall be defined as an employee of a Wraparound Agency who is, or has been, the parent or primary caregiver (not foster parent) of a child who received services from one of the following COUNTY Departments: DMH, Probation Department, and/or DCFS; or from Regional Center. A Parent Partner must, at the time of hire, no longer have an open case in either the Probation Department or DCFS.

**Perseverance** shall be defined as a commitment to a Wraparound child and Family to successfully complete the Wraparound process without ejection by adjusting the plan and/or services to accommodate changes, crises, or new circumstances, as needed.

**Resources Management Process (RMP)** shall be defined as an interagency review team comprised of representatives from DCFS and DMH that is responsible for making/reviewing all enrollment decisions regarding all intensive mental health services. The RMP shall identify DCFS children that are appropriate to receive Wraparound services, and shall provide the ISC with the approved referral for provider assignment. The RMP shall work closely with the ISC and the Wraparound Administration regarding enrollment and ongoing quality assurance. The RMP ISC liaison shall report to the Wraparound Administration for regional tracking and problem solving.

**Respite Care** shall be defined as the provision of child care, designed to provide a needed brief period of relief or rest, either in-home or out-of-home, to parent(s), foster parent(s), or foster care eligible relatives.

**Self-Sufficiency** shall be defined as the Family's ability to secure the services and supports it needs to keep the child in the Community and thriving without the assistance of Wraparound, or supervision from DCFS or Probation.

**Service Planning Area (SPA)** shall be defined as one (1) of the eight (8) geographical regions or Children's Planning Councils in COUNTY in order to plan and promote collaboration among residents, private agencies, and public agencies to better support families.

**Single Case File** shall be defined as a single unified record maintained by the CONTRACTOR that includes the POC, documentation of all services and supports provided to the Family, and all other relevant child and Family information.

**Single Fixed Point of Responsibility (SFPR) Coordinator** shall be defined as a mental health staff person or a team designated by COUNTY who coordinates and approves: Mental Health Services; Targeted Case Management and Medication Support; Day Treatment and Day Rehabilitation; Residential; Socialization; and Vocational Services. The Coordinator shall further assist the client in accessing community-based services directed toward enhancing the quality of the client's life and provide Short-Doyle/Medi-Cal utilization control through authorization of services while maintaining a comprehensive overview of the client's mental health services. The Coordinator also ensures client services at each specific Provider site are medically necessary and appropriate to minimize psychiatric dysfunction and maximize

community functioning and ensures that, whenever possible, services are driven by the client's needs and desires in order to empower the client to take charge of his/her life through informed decision-making.

**Suspension** shall be defined as a temporary curtailment of service as approved by the ISC. The CFT will continue to make at least monthly contact with the child and Family throughout the Suspension, unless the Family refuses services. Whenever the CFT notifies the ISC that a Probation youth active in the Wraparound program is placed on suspension, the CFT shall present to the Probation liaison their recommendation regarding continuation of the Wraparound program.

**Tier I** shall be defined as Wraparound for children residing in, or at imminent risk of entering residential care RCL 10 and above and who are within 60 days of returning to the Community.

**Tier II and Tier II-FSP** shall be defined as Wraparound for children who have an open DCFS case, qualify for EPSDT and have an urgent and/or intensive mental health need which causes impairment at school, home and/or in the community.

**Transfer** shall be defined as when: (1) a child and/or their Family moves from one SPA to another SPA; and (2) the Wraparound provider is not contracted for the new SPA, and the new location is farther than 30 miles outside of the contracted SPA; and (3) it reflects the best interest of the child. The provider will work with the ISC to complete a Transfer to another Wraparound provider. The sending provider will continue to provide full Wraparound until the receiving provider enrolls the child and/or their Family.

**Wraparound Agency (WA)** shall be defined as an agency that has been granted a Wraparound contract with the County of Los Angeles Department of Children and Family Services. The WA shall assume responsibility for the organization, financing and delivery of Wraparound. WAs will provide and/or secure the services/supports as identified by each POC.

**Wraparound Fidelity Index, Version 4 (WFI-4)** shall be defined as a tool used in a multi-method approach to assess the quality of individualized care planning and management for children with complex needs and their families. The WFI-4 consists of interviews with Wraparound Facilitators, caregivers/parents, children, and/or team members. The WFI-4 shall be administered every six months by trained staff of the WA to a statistically valid random sample of at least 35%. The sample size shall be based upon the prior year's annual program census (unduplicated child count in a fiscal year) and determined by using the free Raosoft (<http://www.raosoft.com/>) sample size calculator with the following settings: 5% margin of error; 95% confidence level; annual program census; and 85% response distribution. The WFI-4 results shall be compiled and included in the individual WA's annual report to COUNTY.