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EXHIBIT A

**STATEMENT OF WORK
WRAPAROUND**

MAY 2009

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**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

WRAPAROUND

STATEMENT OF WORK

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**STATEMENT OF WORK
PART A – INTRODUCTION**

1.0 PREAMBLE

For over a decade, COUNTY has collaborated with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that COUNTY's contracting partners share COUNTY's and community's commitment to provide health and human services that support achievement of the COUNTY's vision, goals, values, and adopted outcomes. Key to these efforts is the integration of service delivery systems and the adoption of the Customer Service and Satisfaction Standards.

COUNTY's Vision is to improve the quality of life in COUNTY by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, business and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

- Responsiveness
- Professionalism
- Accountability
- Compassion
- Integrity
- Commitment
- A Can-Do Attitude
- Respect for Diversity

These shared values are encompassed in COUNTY's Mission to enrich lives through effective and caring service and COUNTY's Strategic Plan's eight goals: 1) Service Excellence; 2) Workforce Excellence; 3) Organizational Effectiveness; 4) Fiscal Responsibility; 5) Children and Families' Well-Being; 6) Community Services; 7) Health and Mental Health; and 8) Public Safety. Improving the well-being of children and families requires coordination, collaboration, and integration of services across functional and jurisdictional boundaries, by and between COUNTY's departments/agencies, and community and contracting partners.

The basic conditions that represent the well-being we seek for all children and families in COUNTY are delineated in the following five (5) outcomes, adopted by the Board of Supervisors in January 1993.

- Good Health;
- Economic Well-Being;
- Safety and Survival;
- Emotional and Social Well-Being; and
- Education and Workforce Readiness.

Recognizing no single strategy - in isolation - can achieve COUNTY's outcomes of well-being for children and families, consensus has emerged among COUNTY and community leaders that making substantial improvements in integrating COUNTY's health and human services system is necessary to significantly move toward achieving

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these outcomes. COUNTY has also established the following values and goals for guiding this effort to integrate the health and human services delivery system:

- ✓ Families are treated with respect in every encounter they have with the health, educational, and social services systems.
- ✓ Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- ✓ There is no “wrong door”: wherever a family enters the system is the right place.
- ✓ Families receive services tailored to their unique situations and needs.
- ✓ Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- ✓ The COUNTY service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- ✓ The COUNTY service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- ✓ In supporting families and communities, COUNTY agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- ✓ COUNTY agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable.
- ✓ COUNTY agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- ✓ COUNTY agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.
- ✓ COUNTY agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.
- ✓ COUNTY human service system embraces a commitment to the disciplined

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pursuit of results accountability across systems. Specifically, any strategy designed to improve COUNTY human services system for children and families should ultimately be judged by whether it helps achieve COUNTY's five (5) outcomes for children and families: good health, economic well-being, safety and survival, emotional and social well-being, and education and workforce readiness.

COUNTY, its clients, contracting partners, and the community will continue to work together to develop ways to make COUNTY services more accessible, customer friendly, better integrated, and outcome-focused. Several departments have identified shared themes in their strategic plans for achieving these goals including: making an effort to become more consumer/client-focused; valuing community partnerships and collaborations; emphasizing values and integrity; and using a strengths-based and multi-disciplinary team approach. COUNTY departments are also working to provide the Board of Supervisors and the community with a better understanding of how resources are being utilized, how well services are being provided, and what are the results of the services: is anyone better off?

COUNTY's health and human service departments and their partners are working together to achieve the following ***Customer Service And Satisfaction Standards*** in support of improving outcomes for children and families.

Personal Service Delivery

The service delivery team – staff and volunteers – will treat customers and each other with courtesy, dignity, and respect.

- Introduce themselves by name
- Listen carefully and patiently to customers
- Be responsive to cultural and linguistic needs
- Explain procedures clearly
- Build on the strengths of families and communities

Service Access

Service providers will work proactively to facilitate customer access to services.

- Provide services as promptly as possible
- Provide clear directions and service information
- Outreach to the community and promote available services
- Involve families in service plan development
- Follow-up to ensure appropriate delivery of services

SERVICE ENVIRONMENT

Service providers will deliver services in a clean, safe, and welcoming environment, which supports the effective delivery of services.

- Ensure a safe environment

- Ensure a professional atmosphere
- Display vision, mission, and values statements
- Provide a clean and comfortable waiting area
- Ensure privacy
- Post complaint and appeals procedures

The basis for all COUNTY health and human services contracts is the provision of the highest level of quality services that support improved outcomes for children and families. COUNTY and its contracting partners must work together and share a commitment to achieve a common vision, goals, outcomes, and standards for providing services.

2.0 OVERVIEW

- 2.1 Wraparound started as a pilot project in Santa Clara County in response to a Title IV-E Waiver of the Social Security Act that permitted flexibility in the use of AFDC-FC (Aid to Families with Dependent Children, Foster Care) funds for eligible children. Senate Bill 163 (October 8, 1997) extended this pilot project to all of the counties in California. The State regulations for Wraparound are contained in the Welfare and Institutions Code, Sections 18250-18257. They are available on-line at <http://www.leginfo.ca.gov/> at no cost.
- 2.2 Wraparound is a Family-centered, strengths-based, needs-driven planning process. Wraparound supports Family voice, choice and ownership of strategies to return or maintain youth in their community with normalized and inclusive community options, activities and opportunities. Wraparound includes a commitment to create and provide a highly individualized planning process and to persevere until the desirable outcomes for the child(ren) and Families are achieved.
- 2.3 Private, community-based Wraparound agencies facilitate the Wraparound process, which includes a Child and Family Team for each child and Family enrolled in Wraparound. The Child and Family Teams develop, implement, monitor and revise, as needed, uniquely tailored Child and Family Plans of Care that include the strengths, needs and related strategies, services, and supports to provide *whatever it takes* to address the needs of the child and Family in order to maintain the child in a safe, nurturing, permanent, community-based setting.¹ The Wraparound process incorporates four phases as stated in Exhibit A-1, *Phases and Activities of the Wraparound Process*: Phase One Engagement and Team Preparations, Phase Two Initial Plan Development, Phase Three Plan Implementation and Phase Four Transition. *Phases and Activities of the*

¹ CWS Manual 0100-525.41, Wraparound Approach

Wraparound Process is also available online at <http://www.rtc.pdx.edu/nwi/>.

- 2.4 DCFS has established the following priorities for their children: (1) safety; (2) permanency; and (3) well-being.
 - 2.4.1 Safety: Safety is defined as freedom from abuse (non-accidental injury) and neglect (unwilling or unable to meet the child's needs). The Performance Measure Summary and Service Tasks addressing this priority are found in PART C, Section 7.0, of this Statement of Work (SOW).
 - 2.4.2 Permanency: Permanency is defined as a safe and stable nurturing relationship achieved through maintaining the child in the home, reunification, adoption, relative guardianship, or other legal guardianship. The Performance Measure Summary and Service Tasks addressing this priority are found in PART C, Section 8.0, of this SOW.
 - 2.4.3 Well-Being: This priority in the SOW refers to overall well-being of foster children and youth including, but not limited to, educational opportunities, opportunities for psychological and social growth, as well as a number of other items especially relevant to foster children and youth. The Performance Measure Summary and Service Tasks addressing this priority are found in PART C, Section 9.0, of this SOW.

3.0 DEFINITIONS

- 3.1 The following words in this SOW shall have the meanings given below, unless otherwise apparent from the context in which they are used.
 - 3.1.1 **Child and Adolescent Functional Assessment Scales (CAFAS)** shall be defined as a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance abuse problems.
 - 3.1.2 **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 or youth'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.

- 3.1.3 **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 Child and Family Plan of Care; (7) interventions/strategies based on the strengths and needs identified; (8) family's signatures; and (9) desired outcomes of the Wraparound services.
- 3.1.4 **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 Plan of Care. The Child and Family Specialist is responsible for working with children and their families in their home/out-of-home placements and their respective communities.
- 3.1.5 **Child and Family Team (CFT)** shall be defined as the group that is dedicated to develop and complete the Child and Family Plan of Care 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 Child and Family Plan of Care, the Family and the Family's designated community support should constitute at least fifty percent (50%) of the Child and Family Team.
- 3.1.6 **Community** shall be defined as people, including children and families participating in Wraparound, businesses, and organizations within a neighborhood or group of neighborhoods and adjacent business districts that are active or potential stakeholders in many issues and activities affecting their neighborhood(s) and business(es) in a Service Planning Area (SPA).

- 3.1.7 **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.
- 3.1.8 **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.
- 3.1.9 **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. The provider must continue to provide services until the ISC signs the notice of Intent.
- 3.1.10 **Early Periodic Screening, Diagnostic and Treatment (EPSDT)** is a federal health program for the screening, diagnosis and treatment of children and youth. In order to utilize EPSDT funds and draw down Medi-Cal dollars, a County match is required.
- 3.1.11 **Facilitator** shall be defined as Contractor's employee who leads the individual Child and Family Team by: (1) following the four phases of Wraparound and all the activities identified; (2) ensures the principles of Wraparound are adhered to by all team members; (3) ensures that all the strengths and needs are identified; (4) ensures 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 input and access to the team and planning process.
- 3.1.12 **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.

- 3.1.13 **Family/Youth Satisfaction Survey** shall be defined as the evaluation tool used to measure parent/caregiver satisfaction with Wraparound.
- 3.1.14 **Freedom of Choice:** Local Mental Health Programs shall inform 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.
- 3.1.15 **Graduated** shall be defined as successful completion of meeting the Family's goals and needs as defined by the Family and the Child and Family Plan of Care. The Family and the responsible County representative must sign the intent to graduate form. The provider must continue to provide services until the Intent is signed by the ISC.
- 3.1.16 **Interagency Screening Committee (ISC)** shall be defined as an interagency screening/review team 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 reviewing all enrollment, Disenrollment, and graduation decisions regarding Wraparound cases. The ISC shall refer children to a Contractor to receive Wraparound services, and the Contractor shall accept any child referred by the ISC without exception. The ISC shall further review all Wraparound Child and Family Plan of Care reports, as well as providing support to and monitoring of the Wraparound Agencies in its SPA.
- 3.1.17 **Life Domains** shall be defined for Wraparound children and families as referring to the areas of safety; legal; medical/health; emotional/behavioral; educational/vocational; cultural/religious interests and activities; social/life skills; and alcohol/drugs on the Plan of Care.
- 3.1.18 **Open Episode** shall be defined as an open case in the Department of Mental Health's Integrated System (IS).

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- 3.1.19 **Parent Partner** shall be defined as an employee of a Wraparound Agency Contractor who is the parent or immediate caregiver of a child who was involved in one of the referring Departments (Department of Mental Health, Probation Department, and/or Department of Children and Family Services) and has successfully reunified and is no longer involved in either Probation or DCFS.
- 3.1.20 **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.
- 3.1.21 **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.
- 3.1.22 **Tier I** shall be defined as Wraparound for children and youth 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 I shall be paid at the rate of \$4,184 per month, per child/youth, less any placement costs.
- 3.1.23 **Tier II** shall be defined as Wraparound for DCFS children and youth who are residing in the community and who are EPSDT eligible (see definition for EPSDT). Tier II shall be paid at the case rate of \$1,300 per month, per child/youth, without any placement costs deducted.
- 3.1.24 **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 Child and Family's Plan of Care.
- 3.1.25 **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 and youth with complex needs and their families. The WFI-r consists of interviews with Wraparound Facilitators, caregivers/parents, youth, and/or team members. The WFI-r shall be administered quarterly 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

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annual program census (unduplicated child/youth 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.

3.2 The following defined words are conceptual terms commonly used in the Wraparound services community, which may or may not be used in the final SOW.

3.2.8 **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.

3.2.9 **Crisis/Action Plan** shall be defined as the part of the Child and Family Plan of Care 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 Plan of Care will have both a proactive and a reactive Crisis/Action plan that shall be periodically updated and reviewed within 24-hours of a crisis to ensure that it is accurate with respect to the child's and/or Family's needs.

3.2.10 **Individualized Services** shall be defined as the services in the Child and Family Plan of Care 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.

3.2.11 **Multi-Agency County Pool (MCP)** shall be defined as a pool of dedicated funds to support children and families in, or Graduated from, Wraparound and/or to develop contractor's ability to access specialized services and training for Wraparound youth.

3.2.12 **Multi-Agency County Pool (MCP) Fund Request** shall be defined as the form designed to request funding for specific needs of current or Graduated Wraparound clients whose cost cannot be handled through the regular Wraparound Agency flex-fund procedures without constituting a financial hardship for the Wraparound Agency. All MCP Fund Requests must be accompanied by the latest POC.

- 3.2.13 **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.
- 3.2.14 **Resources Management Process (RMP)** shall be defined as an interagency review team comprised of representatives from the Departments of Children and Family Services and Mental Health. There is at least one (1) RMP in each SPA that is responsible for reviewing all enrollment decisions regarding all intensive mental health services. The RMP shall identify DCFS children that are appropriate to receive Wraparound, and the selected Contractors shall accept any child referred. The RMP will work very closely with the Interagency Screening Committee (ISC) and Wraparound Administration regarding enrollment and ongoing quality assurance. The RMP ISC liaison will report to the Wraparound administration for regional tracking and problem solving.
- 3.2.15 **Respite Care** shall be defined as the provision of pre-arranged 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.
- 3.2.16 **Single Case File** shall be defined as a single unified record the Contractor maintains that includes the Child and Family Plan of Care, documentation of all services and supports provided to the Family, and all other relevant child and Family information.
- 3.2.17 **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; and Socialization 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.

3.2.18 **Strength-based Team Supported Approaches** to planning for children and youth range from the intensive services of Wraparound to a variety of less intensive yet collaborative approaches.

3.2.19 **Transfer** shall be defined as when a child/youth and/or their family moves from one SPA to another SPA and the Wraparound provider is not contracted for the new SPA, and/or the new location is farther than 30 miles outside of the contracted SPA. 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/youth and/or their family.

4.0 STAFFING

4.1 Contractor shall ensure that the following staff and volunteer requirements are met:

4.1.1 Criminal Clearances: Contractor shall ensure that criminal clearances and background checks are conducted and maintained for all of Contractor's staff and volunteers, in accordance with all applicable local, state, and federal laws and regulations. A criminal clearance waiver received from the California Department of Social Services Community Care Licensing Division (CCL) will be accepted. The cost of such criminal clearances and background checks is the responsibility of Contractor, regardless of whether Contractor's staff/volunteers pass or fail the background and/or criminal clearance investigation.

4.1.2 Professional Licenses: Contractor shall obtain and maintain copies of professional licenses for applicable staff.

4.1.3 Entitlement to Work: Contractor shall obtain and maintain evidence of entitlement to work in the United States in accordance with the provisions of the Immigration Reform and Control Act.

4.1.4 Language Ability: Contractor shall ensure that all personnel performing services under this Contract are able to read, write, speak, and understand English.

4.1.5 Tuberculosis (TB) Screening Test: Contractor shall ensure that all personnel performing services under this Contract are administered

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a Mantoux PPD Test/chest x-ray not more than one year prior to commencing work under this Contract, and annually thereafter for the duration of the Contract. Contractor shall maintain copies of TB test results in each employee's personnel folder. Any employee who is skin test positive must be examined by a physician and found to be free of communicable tuberculosis (i.e., chest x-ray) prior to commencing work under this Contract.

- 4.1.6 Contractor shall secure and maintain staff in adequate numbers with sufficient education, experience and expertise to successfully operate the program in compliance with the requirements of this SOW, including, but not limited to, the following:
- 4.1.5.1 Executive Director: Contractor shall have an Executive Director who shall provide overall management and coordination of the program provided under this Contract.
 - 4.1.5.2 Program Manager(s): Contractor shall have one (1) or more program manager(s) who shall manage all daily operations and supervise all staff except for the Executive Director.
 - 4.1.5.3 Psychiatrist: Contractor shall directly provide outpatient mental health services and provide that a contracted psychiatrist is on-call and available to Wraparound children/youth within twenty-four (24) hours.
 - 4.1.5.4 Facilitator(s): Contractor shall assign a SPA specific Facilitator to every Tier I and Tier II Wraparound child/Family at a maximum ratio of one (1) Facilitator for every ten(10) active Wraparound children (1:10). The Facilitator shall be the leader of the Child and Family Team and is responsible for: (1) convening the team and ensuring continuity of care and that all identified services are provided; (2) ensuring the application of Family-centered practice by the whole team; (3) serving as the contact point for child(ren), families, service providers and the community; and (4) ensuring there is continuous input and feedback from the Family and service providers.
 - 4.1.5.5 Child and Family Specialist(s): Contractor shall assign a SPA specific Child and Family Specialist to every Tier I Wraparound child/Family to work directly with the child(ren) and Family in their respective environment to help them achieve a permanent placement.

4.1.5.6 Parent Partner(s): Contractor shall assign a SPA specific Parent Partner to every Tier I and Tier II Wraparound child/Family at a maximum ratio of 1 to 10 (1:10). The Parent Partner is to work closely with the Wraparound child's parent/caregiver in order to represent their best interests and shall participate as a member of the Child and Family Team.

4.1.7 Single Fixed Point of Responsibility (SFPR): When a child/youth is enrolled in Wraparound, the responsibilities of the Mental Health Services coordination (SFPR) shall be transferred to the WA within one (1) month of the child/youth's first contact with Wraparound. Representatives from the ISC will provide referring parties with a clear description of this requirement when a referral is received. The Department of Mental Health Liaison on the ISC can assist the WA if the SFPR is not transferred in a timely matter. Once the Service Coordination has been formally transferred to the WA, the agency will assume all of the service coordination responsibilities for the child/youth as the designated Single Fixed Point of Responsibility. The child/youth and Family will continue to have the Freedom of Choice of qualified providers for medically necessary services.

When an Open Episode exists, the responsibilities that the WA shall assume from the SFPR are:

- Meet face-to-face with the child/youth and Family at least every six (6) months. This contact must include verification of Medical Necessity.
- Ensure the completion of the initial assessment. If multiple programs/agencies are providing services, the Coordinator must ensure a single assessment and evaluation to support the need for all services delivered.
- Ensure that the child/youth and Family have been informed of his/her Freedom of Choice.
- Discuss with the child/youth and Family his/her needs and desires and document this information in the Client Care/Coordination Plan.
- Involve significant support persons at the request of the child/youth and Family receiving mental health services.
- Develop the Client Care section of the Plan with the child/youth and Family (and other support persons/agencies when applicable).
- Authorize the period of service for Mental Health Services, Targeted Case Management and Medication Support; Day

Treatment and Day Rehabilitation; Residential; and Socialization and Vocational Services.

- Monitor the child/youth's progress toward meeting the Personal Milestones outlined in the Client Care section of the Plan.
- Approve initial, revised and subsequent (every six (6) months) Client Care/Coordination Plans.
- Document coordination in the Progress Notes.
- Obtain the signature of a Licensed Practitioner on the Client Care/Coordination Plan if the Coordinator does not meet these qualifications.
- Re-write the Client Care/Coordination Plan every six (6) months to make sure it is up to date and accurate according to the child's and Family's current service needs, progress, goals, etc.
- Send a copy of the Client Care/Coordination Plan to each current provider of service.
- Obtain Client Care section of the Plan from each current provider of service.

4.1.7 Contractor shall advise COUNTY's Program Manager in writing of any changes in key personnel or their designees at least twenty-four (24) hours before proposed change(s), when possible, or immediately following the change(s). Contractor shall ensure that no interruption of services occurs as a result of the change in personnel. Contractor shall immediately provide name, address, and telephone number of the new personnel to COUNTY.

4.2 Days/Hours of Operation

Wraparound staff shall be available twenty-four (24) hours per day, seven (7) days per week. At least one CFT team member for each team is available for after hour emergencies. Contractor shall provide the name and telephone number of the contact person(s) for after crisis response and after hour services. Contractor's service delivery sites listed in Section 5.0, Service Delivery Sites, of this SOW, shall be open Monday through Friday, from 8:00 A.M. until 5:00 P.M. In addition, Contractor's Program Manager or COUNTY approved alternate shall have full authority to act for Contractor on all matters relating to the daily operation of this Contract, and shall be available during COUNTY's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to COUNTY's inquiries and to discuss any problem areas. Contractor shall inform COUNTY's Program Manager, in writing, of its annual schedule of holidays.

5.0 SERVICE DELIVERY SITE(S)

Contractor's services described hereunder shall be provided through specific sites as described in PART D, SOQ COMPONENTS AND REQUIRED FORMS, Form 2, of the RFSQ. Contractor shall maintain a Wraparound service delivery site in each SPA they have contracted with COUNTY to serve, throughout the term of this Contract.

Contractor shall submit to COUNTY's Program Manager for review and approval a COUNTY-approved subcontract for each subcontractor site the Contractor proposes to utilize for the provision of the services specified in this Contract, in accordance with the Contract, Part II, Standard Terms and Conditions, Section 49.0, Subcontracting. Contractor shall request approval from COUNTY's Program Manager in writing a minimum of thirty (30) days prior to terminating services at any location(s) listed in Required Form 2, Proposed Service Delivery Sites, and/or before commencing services at any other location(s) not previously approved in writing by the COUNTY Program Manager. Contractor shall adhere to the subcontractor approval process described in this section before commencing services at any new subcontractor sites. All service delivery sites listed in Required Form 2, Proposed Service Delivery Sites, shall be fully operational at the commencement of the Contract.

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PART B – TARGET POPULATION

6.0 TARGET POPULATION

- 6.1 Children receiving Wraparound have multiple unmet needs for stability, continuity, emotional support, nurturing, and permanence. They need intervention and advocacy for behavioral improvement and educational stabilization. These needs are evidenced by substantial difficulty functioning successfully in the Family, school and community. Most are diagnosable under the *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM IV) or the *International Classification of Disease, 9th Revision, Clinical Modification* (ICD-9-CM) equivalents. Many have had a history of psychiatric hospitalizations; one (1) or more incarcerations in a juvenile facility; one (1) or more probation violations; and/or a prior history of multiple placements or emergency shelter care placements.
- 6.2 Children eligible for Tier I Wraparound must fall into at least one (1) of the following categories:
 - 6.2.1 A child currently placed in a Community Treatment Facility (CTF);
 - 6.2.2 A child currently placed at the Dorothy Kirby Center;
 - 6.2.3 A child who has been adjudicated as either a dependent or ward of the Juvenile Court pursuant to the Welfare and Institutions Code, Sections 300, 601, or 602 or is qualified under Chapter 26.5 of the Government Code (AB 3632) and who is currently placed in, or at imminent risk of placement within the next thirty (30) days in a group home at a Rate Classification Level 10 or above;
- 6.3 Children eligible for Tier II Wraparound must be identified as DCFS youth that are not in a RCL 10 or above placement, and who are EPSDT eligible.

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PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS

Contractor shall ensure a safe environment, which provides for the well-being of each child receiving Wraparound and leads to permanence for each Wraparound child. Specifically, Contractor shall provide all deliverables and tasks described in this Contract and SOW, including, but not limited to, the service tasks described in this Part C, Sections 7.0, 8.0 and 9.0. In addition, Contractor shall meet or exceed the performance targets described on each “Performance Measure Summary” which follows (i.e., Performance Measure Summary/Goals Regarding Child/Youth Safety, Performance Measure Summary/Goals Regarding Child/Youth Permanency, and Performance Measure Summary/Goals Regarding Child/Youth Well Being/Education). Throughout the term of this Contract, DCFS will monitor Contractor’s performance. Any failure by Contractor to comply with any of the terms of this Contract, including any failure to meet or exceed the performance targets described on each of the three (3) “Performance Measure Summary/Goals Regarding Child/Youth” or not fulfilling the obligations required by the service tasks in sections 7.0 through 9.0 of this SOW, may result in COUNTY’s termination of the whole or any part of the Contract, at COUNTY’s sole discretion.

COUNTY’S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING SAFETY		
PROGRAM: WRAPAROUND SERVICES		
TARGET GROUP: Children receiving Tier I and Tier II Wraparound		
OUTCOME GOAL: Children receiving Wraparound shall remain safe and free of abuse and neglect.		
COUNTY’S OUTCOME INDICATORS	PERFORMANCE TARGETS²	METHOD OF DATA COLLECTION
Substantiated allegations of child abuse and/or neglect for any child while receiving Wraparound services and one (1) year after graduating from Wraparound.	<p>90% of the children in COUNTY who are receiving Wraparound services do not have another substantiated allegation within one (1) year of starting Wraparound services under this Contract.</p> <p>94% of the children in COUNTY who are receiving Wraparound services do not have another substantiated allegation within one (1) year after graduating from Wraparound.</p>	<p>CWS/CMS</p> <p>Wraparound analysis on a quarterly basis using end-of-month data for September, December, March and June of each calendar year.</p> <p>Corrective Action Plans</p> <p>Auditor Controller Reports</p>

² While each incident of substantiated abuse or neglect that occurs must be evaluated on a case-by-case basis, COUNTY will assess the factors that led to the abuse/neglect and make a determination whether the incident is isolated or demonstrates a pattern and practice of abuse/neglect. COUNTY will exercise all available remedies, including but not limited to, requiring a corrective action plan and/or providing a child services through alternative sources. Repeated incidences that increase the rate above state-wide averages for abuse/neglect will be used as a performance evaluator and may result in COUNTY’s termination of the Contract, in whole or in part, at COUNTY’s sole discretion.

Contractor shall cooperate with COUNTY in the collection of data by DCFS related to the safety goals specified herein. The data to be collected should evaluate the link between the performance of the Wraparound provider, the recommendation of DCFS/Probation/DMH, the stability of the Family setting, and the utilization of community-based services and supports. The data analysis should include consideration of barriers that may have interfered with the performance and outcome goals that would have otherwise improved them.

7.0 SAFETY

PERFORMANCE OUTCOME GOAL: Children receiving Wraparound shall remain safe and free of abuse and neglect.

SERVICE TASKS:

7.1 Referral and Authorization for Services:

The ISC shall refer children to the Contractor to receive Wraparound and Contractor shall accept any child referred by the ISC without exception. Contractor shall not disenroll, or attempt to disenroll, from Wraparound any child or Family until all POC goals are met and the Family and child request Graduation. For situations that are beyond the provider's control (termination of jurisdiction, etc.), the provider may submit to the ISC a notice for Disenrollment. The ISC will perform a Plan of Care review within thirty (30) days from referral and every six (6) months thereafter.

7.1.1 The Children's Social Worker (CSW), the Deputy Probation Officer or the Department of Mental Health Worker assigned to the Family will be responsible for providing the Contractor with an authorized Wraparound Child and Family Enrollment Agreement form via the ISC team.

7.1.2 The Contractor shall maintain copies of authorized Wraparound Child and Family Enrollment Agreement forms in each respective Family's case file.

7.2 Care Management

The Contractor shall provide comprehensive, individualized care management for each child and shall monitor the resources as defined by the Family in the POC, and link the child to the community. Success for this initiative is highly dependent upon active management of both the financial and operational implementation of a POC.

The ISC will review the POC exit plans and the Wraparound Quality Assurance/Improvement Section will monitor the WA's longitudinal tracking of families over time to ensure sustained Self-Sufficiency post-Wraparound.

7.3 Engagement and Strengths Inventory:

7.3.1 Contractor shall have a written policy on an engagement process that promotes and supports the use of a non-blaming, Family-

centered approach that acknowledges the families' strengths, avoids the use of technical psychological and diagnostic language.

- 7.3.2 Contractor shall have a written policy that mandates Family access and participation in creating their Plan of Care and ensures the Plan of Care is not created without the family's participation.
 - 7.3.3 Contractor shall engage the family and their team members in a strengths conversation within the first thirty (30) days in the Wraparound process. Contractor shall ensure that the Wraparound Program Manager oversees the Child and Family Team (CFT) and Plan of Care process to verify that the Family's strengths are: (1) identified; (2) updated regularly; (3) communicated to the CFT; (4) utilized in action plans; and (5) analyzed in the risk assessment information and in the formulation of an effective crisis plan.
 - 7.3.4 Contractor shall ensure that all four (4) phases of the Wraparound process as stated in the attached *Phases and Activities of the Wraparound Process* (Exhibit A-1) are incorporated into their written policy and actually performed.
 - 7.3.5 It is noted that the use of numbering for the phases and activities as stated in the *Phases and Activities of the Wraparound Process* is not meant to imply that the activities must invariably be carried out in a specific order, or that one (1) activity or phase must be finished before another can be started. Instead, the number and ordering is meant to convey an overall flow of activity and attention.
- 7.4 Assessment for Family Safety, Need for Crisis Support, and Development of the Crisis Response Plan:
- 7.4.1 As explained in Phase One (Exhibit A-1), Contractor shall assess the immediate safety, stabilization, and crisis support needs from both the case worker and the Family's perspective. The assessment shall also determine the need for community protection for a child(ren) with a history of violence, sexual acting out, or delinquency with in-depth evaluations of the behaviors involved and their causes.
 - 7.4.2 In Phase Two (Exhibit A-1), Contractor and Family shall develop two (2) separate Crisis Plans. One for proactive actions to prevent a crisis and a reactive crisis plan to provide timely and appropriate response to address the crisis. Both crisis plans need to be signed by the entire CFT to document the team and Family's approval of the plan. The CFT members will further develop a mission statement that discusses what they will be working on together. All CFT member's responsibilities shall be clearly defined, and Contractor shall: (1) be able to and actually respond to each child's or Family's crisis on twenty-four (24) hours per day basis; and (2)

document the child's and Family's participation in resolving each crisis and the child's and Family's assessment of the resolution. For a child with a history of violence, sexual acting out, or delinquency, Contractor shall inform all those providing services of the Crisis Response Plan, the crisis management strategies, and how to access the crisis team. The Crisis Response Plan shall be updated as needed. If such a child has been in an out-of-home placement, Contractor shall develop specific plans with the child and Family on how to mitigate and control these behaviors before re-introducing the child to the Family and community.

7.5 Child and Family Team

In Phase Two (Exhibit A-1), Contractor shall ensure that a CFT, comprised of formal (e.g. public and private service providers) and informal (e.g. immediate and extended Family, friends, and community) supports, is configured to develop and actively participate in the provision, monitoring, and evaluation of the individualized POC. Every attempt shall be made to have at least fifty percent (50%) of the CFT members consisting of Family members and their supports or designees. (Sufficient time allowance is made for the development of such a ratio, as collaboration may be necessary to assist the Family in identifying available informal supports.) Documentation of the attempt to obtain a fifty percent (50%) ratio of informal supports shall be documented in the POC, Exhibit A-2. The child and Family shall sign and date the CFT roster to show their agreement for the members to be involved with their Family.

7.6 Child and Family Plan of Care (POC)

7.6.1 Contractor shall ensure that families have a high level of decision-making power in all aspects of planning, delivery and evaluation of services and supports. Every domain in the POC should be addressed, by the first 6-month POC review, as evidenced by documentation identifying each domain as either a need or a strength. For those domains identified as a need, the team must document sufficiently to demonstrate the need is being addressed.

7.6.2 In Phase Three (Exhibit A-1), Contractor shall have a written POC for ensuring effective partnerships with families. CFT members shall sign the POC and revisions to show their partnering on its creation and endorsement of its provisions. The plan language shall be in the language of the family.

7.6.3 Contractor shall ensure that individualized Family plans (POC) are comprehensive and cover all the Life Domains of the child and Family.

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- 7.6.4 Contractor's CFT shall meet at a frequency that is appropriate to the needs of the family, team members and situation. Once the family, team members, and/or situation do not require weekly or bi-weekly support, the CFT may meet less frequently but at a minimum of once a month to: (1) develop the POC; (2) review and update the POC due to changes within the Family and changes needed in the supports and services provided; and (3) track outcomes for the child(ren) and Family.
- 7.6.5 Contractor shall include in every POC and update: (1) the strengths inventory; (2) assessment of the immediate safety, stabilization, and crisis support needs; (3) crisis response plan; (4) parent support/training and education plan; and (5) mission statement.
- 7.6.6 Contractor shall provide Family supports and services tailored to the individual child's and Family's needs that are accessible, affordable, well coordinated, and available in the communities in which the children and Family live, work, and play. Contractor shall maximize the use of informal Family and community resources and seek no cost and/or low cost Family and community supports and services prior to identifying fee-for-service resources to meet the child's and Family's needs.
- 7.6.7 The POC, Exhibit A-2, shall be in a format prescribed by COUNTY.
- 7.6.8 Contractor shall maintain a single, unified record that includes the POC, documents all supports and services provided to the Family, and records all other relevant child and Family information. All flexible funding expenditures shall be recorded in the POC.
- 7.6.9 Contractor shall, at a minimum, ensure that a POC is completed within thirty (30) days of enrollment and every six (6) months thereafter for each child and Family that Contractor serves as an obligation under this Contract.
- 7.6.10 Contractor shall ensure that the Program Manager/supervisor thoroughly reviews and approves each POC, as evidenced by their signature.
- 7.6.11 In Phase Four (Exhibit A-1), Contractor shall ensure that transition and transitional planning as stated in *Phases and Activities of the Wraparound Process* is incorporated in their written policy and Plan of Care.

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COUNTY PERFORMANCE MEASURE SUMMARY/GOALS REGARDING PERMANENCY		
TARGET GROUP: Children receiving Wraparound services.		
GOAL AND OUTCOME: Permanency – Children in Wraparound shall achieve permanency through outcomes of the Wraparound process.		
COUNTY'S OUTCOME INDICATORS	PERFORMANCE TARGETS³	DATA COLLECTION METHOD
Graduation from Wraparound consistent with POC.	85% of children that Graduated from Wraparound are with their parents or legal guardians or relative placements.	CWS/CMS Wraparound analysis on a quarterly basis using end-of-month data for September, December, March and June of each calendar year.
Stability of children in the Family.	75% of children remaining with their families six (6) months after Graduation from Wraparound. 80% of children remaining with their Families while receiving Wraparound services.	Follow-Up Reports collected bi-annually in December and June of each calendar year. POC Child's Case File
Families utilizing Community-Based Services and supports.	85% of Families whose children Graduated from Wraparound continue using community based services and supports six (6) months after graduation.	

³ Contractor shall cooperate with COUNTY in the collection of data by DCFS related to the permanency goals specified herein. The data to be collected should evaluate the link between the performance of the Wraparound provider, the recommendation of DCFS/Probation/DMH and the stability of the Family setting and the utilization of community-based services and supports. The data analysis should include a consideration of barriers that may have interfered with the performance and outcome goals that would have otherwise improved them.

8.0 PERMANENCY

PERFORMANCE OUTCOME GOAL: Children in Wraparound shall achieve permanency through outcomes of the Wraparound process.

SERVICE TASKS:

8.1 Transitional Planning and Services (Phase Four) (Exhibit A-1)

In Phase Four (Exhibit A-1), Contractor shall provide transitional planning and services to assist each Wraparound child and Family to whom they provide Wraparound shift from dependence on Wraparound to informal services and supports in the community and (where appropriate for older youth/parents) to the adult service system. The transitional plan shall be part of the POC and shall include the following:

- 8.1.1 The child's and Family's vision and mission statements regarding the outcomes the child and Family ultimately wish to achieve;
- 8.1.2 Benchmarks or major turning points with timeframes for transitioning each child and Family to less restrictive, intrusive, formal services that reflect the child's and Family's preferences and capabilities for change;
- 8.1.3 The specific steps required to reach each benchmark;
- 8.1.4 Documentation of progress through the specific steps and benchmarks; and
- 8.1.5 Transition plans that address all the needs of each child and Family (housing, independent living skills, employment, etc.) that demonstrate the services they are receiving at the time of transition rely heavily on Family and community supports.

8.2 Data Collection and Reports

Contractor shall submit on at least an annual basis all reports in the appropriate COUNTY formats as specified by COUNTY's Program Manager. Contractor shall retain copies of all reports and the back-up data summarized in the reports as specified in current law for record keeping.

8.2.1 Contractor shall use the following data collection and reporting instruments:

- 8.2.1.1 Child Living Environment Stability Profile (CLESP) [*Children's Performance Outcome Technical Work Group*], Exhibit A-3;

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- 8.2.1.2 Child and Adolescent Functional Assessment Scales (CAFAS), Exhibit A-4;
 - 8.2.1.3 Scale to Assess Restrictiveness of Educational Settings (SARES), Exhibit A-5;
 - 8.2.1.4 Youth Services Survey for Families (YSS-F), Exhibit A-6; and
 - 8.2.1.5 Youth Services Survey (YSS), Exhibit A-7.
 - 8.2.1.6 Child and Adolescent Needs and Strengths (CANS), Exhibit A-8. Contractor shall conduct the CANS every six (6) months after enrollment.
 - 8.2.1.7 Wraparound Fidelity Index, version 4 (WFI-4), Exhibit A-9, is a tool used in a multi-method approach to assess the quality of individualized care planning and management for children and youth with complex needs and their families. The WFI-4 consists of interviews with Facilitators, caregivers/parents, youth, and/or team members. The WFI-4 shall be administered quarterly 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/youth 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.
- 8.2.2 Contractor shall send the following additional reports to COUNTY's Program Manager.
- 8.2.2.1 Written Critical Incident Reports as defined in PART A, Section 3.8 of this SOW, on the same day, if they occur before 5:00 P.M., and by 9:00 A.M. the following day, if they occur after 5:00 P.M.;
 - 8.2.2.2 Grievances and appeals by Families within five (5) working days of receipt;
 - 8.2.2.3 Involvement of children and Families, community stakeholders (including service providers and schools), and public agency staff in the evaluation and monitoring of the quality and effectiveness of the program on a quarterly basis;

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- 8.2.2.4 Client and provider profiling and tracking systems which include client characteristics, demographics, and all of the components of the POC by the 25th day of January, April, July, and October;
- 8.2.2.5 Wraparound Monthly Enrollment Capacity and Status Reports on the fifth (5th) business day of each month for the proceeding month;
- 8.2.2.6 Data on the outcomes and objectives listed in this SOW by the 25th day of January, April, July, and October;
- 8.2.2.7 Surveys on consumer satisfaction by 25th day of January and July; and
- 8.2.2.8 Procedures for selecting providers, monitoring performance, and criteria for terminating subcontractors annually by July 25th.

8.2.3 Contractor's Annual Report:

- 8.2.3.1 Contractor's annual report shall include: (1) a breakdown of demographics (e.g., age, ethnicity; the number of males vs. females; the number children referred each by DMH, Probation and DCFS; the number of children that are in each DSM-IV category; and the number of Wraparound new enrollments, graduations and Disenrollments); (2) CANS data; (3) the average length of services broken out by referring Department for those who are currently enrolled, graduates and disenrollees; (4) the average flexible funding expenditures per child, per life domain; (5) the average DMH expenditures (EPSDT) per child; and (6) an analysis of performance measures.
- 8.2.3.2 Contractor shall submit the Annual Report to COUNTY's Program Manager by August 15th of each calendar year for the duration of the Contract.

8.2.4 Evaluation Plan:

Contractor shall have a plan for evaluating and interpreting their data that includes families served and other key stakeholders to develop an evaluation plan to improve performance across time. The evaluation plan shall: (1) delineate the review process, the draft data analysis, and analytical reports; and (2) specify who reviews the draft reports. This evaluation plan is to be submitted annually to COUNTY's Program Manager by August 15th of each

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calendar year for the duration of any Contract resulting from this RFSQ.

8.2.5 Long-Term Tracking:

8.2.5.1 Contractor shall track fiscal reports, service delivery reports, outcome reports, and the Family and child measurements/scales required by the State Wraparound Standards and submit annual accumulated trends that show performance over a period of at least three (3) years to COUNTY's Program Manager.

8.2.5.2 Contractor shall develop a plan with COUNTY to determine the long-range outcomes for Wraparound participants after Graduation from Wraparound.

COUNTY'S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING WELL-BEING/EDUCATION		
PROGRAM TARGET GROUP: Children receiving Wraparound services.		
PROGRAM GOAL AND OUTCOME: Well-being – Children in Wraparound will improve their level of functioning and overall well-being through participation in Wraparound Services.		
COUNTY'S OUTCOME INDICATORS	PERFORMANCE TARGETS⁴	METHOD OF DATA COLLECTION
Child's academic performance.	50% of children function at grade level or improved grade-level functioning from previous quarter.	Wraparound analysis on a quarterly basis using end-of-month data for September, December, March and June of each calendar year. Well-being Assessments completed by each Family at the end of each quarter.
Child's school attendance rate.	75% of children maintain at least an 80% school attendance rate or improved attendance rate from previous quarter.	
Child's medical/physical status.	100% of children have no unmet medical/physical needs.	

⁴ Increased educational performance includes improved grades and/or improved test scores and/or promotion to the next level and/or high school graduation.

Contractor shall cooperate with COUNTY in the collection of data by DCFS related to the well-being/educational goals specified herein. The data to be collected should evaluate the link between the performance of the Wraparound provider, the recommendation of DCFS/Probation/DMH, the stability of the Family setting, and the utilization of community-based services and supports. The data analysis shall include a consideration of barriers that may have interfered with the performance and outcome goals that would have otherwise improved them.

9.0 WELL-BEING

PERFORMANCE OUTCOME GOAL: Children in Wraparound will improve their level of functioning and overall well-being through participation in Wraparound Services.

SERVICE TASKS:

9.1 Administration

Contractor shall adopt the Wraparound philosophy as summarized in PART A, Section 2.2 of this SOW, and develop a plan of operation with policies and procedures consistent with this philosophy that include the following:

- 9.1.1 System-wide Family-centered flexible services practices that support Family decision making;
- 9.1.2 Agency boards/advisory councils include consumers, Family advocates, service providers, and community leaders;
- 9.1.3 Support of the CFT as the primary decision body for planning services, including a reporting mechanism to ensure that members are satisfied with Contractor's support of CFT decisions;
- 9.1.4 Collaboration with public agencies, community service providers, and community members for Family support and implementation of the POC;
- 9.1.5 Participation in the ISC including: (1) providing Child and Family Plans of Care for their review; and (2) providing for them reports on program, services, progress, fiscal data, and outcome data;
- 9.1.6 Development of and participation in a consortium of Wraparound agencies to: (1) coordinate efforts, share information and problem solve; (2) develop strategies to promote community understanding and support for the Wraparound process; (3) set goals and review outcomes; (4) maintain standards of quality for training, planning, and service delivery; and (5) plan quality improvements.

9.2 Parent-Advocacy and Support Group

Contractor shall have a written plan for a volunteer parent-run advocacy and support group that identifies how they can provide: (1) input into Contractor's program development, service planning and implementation, and quality improvements; and (2) parent-to-parent support. Contractor's organization chart shall delineate how this advocacy group is related to the organization as a whole.

9.3 Program Training Components

Contractor shall utilize parents, youth, extended Family members, and community providers, and public agencies in planning, implementing, and evaluating all training programs and content. Contractor shall administer participant evaluations at the end of each training session and use the findings from these evaluations for continuous improvement

9.4 Staff Training, Job Descriptions, and Appraisal

CONTRACTOR shall have a staff training program for Administrator(s), Program Manager(s), Facilitator(s), and Supervisor(s) that reflects the philosophy and values in PART A, Section 2.2 of this SOW and provides written job descriptions for each position.

9.4.1 Training Program for Wraparound Staff: The training program for Wraparound staff shall include: (1) Wraparound Orientation, Elements of Wraparound and role definitions/skills before they see families or attend other advanced Wraparound Trainings; (2) assessments, including time-frames for assessments, for Family safety, need for crisis support, development of crisis plans, and Family strengths; (3) use of services that are directly linked to child and Family preferences, choices, values, and culture; (4) examining extended Family systems to identify Family supports and services that can be obtained or purchased from within the Family structure (day care, mentoring, tutoring, recreation, transportation, financial counseling, respite, house repairs/maintenance, homemaking, etc.); (5) specific methods for helping children and families build the skills needed to meet their specific needs and result in greater Self-Sufficiency; and (6) provision monitoring, timely consultation, and on-going coaching to promote skill acquisition and enhancement by experienced supervisors/program managers or subject matter experts.

9.4.2 Appraisal Process for Wraparound Staff: Contractor's staff appraisal process for Wraparound Staff shall include, but not be limited to: (1) responsiveness to the families' identified needs; (2) development of Family-centered help-giver skills; (3) achievement of professional and Family partnerships; (4) incorporation of informal supports, natural Family helpers, and other community resources; (5) outcomes for children and Families; and (6) feedback from children and Families community service providers.

9.5 Parent Training and Education

Contractor's plan of operation shall include a parent training and education component that: (1) is accessible; (2) meets the parent's needs; (3) utilizes parents who have successfully participated in Wraparound as advocates and trainers for other families in the program; and (4) invites providers experienced in delivery of Wraparound services to participate as trainers. The parent training and education plan shall include, but is not limited to:

- 9.5.1 Understanding the child(ren)'s special needs;
- 9.5.2 Becoming informed advocates for their child(ren) to meet his/her needs, including educational needs;
- 9.5.3 Understanding the child(ren)'s educational rights;
- 9.5.4 Negotiating the system of care;
- 9.5.5 Participating on cross-disciplinary teams; and
- 9.5.6 Assuming leadership positions in service design and delivery.

9.6 Public Agency and Potential Service Providers' Training

Contractor shall form training teams that include providers experienced in delivery of Wraparound services and selected Wraparound families to help train public agency staff and potential service providers on Wraparound values and service delivery methods.