Summary of Changes to the 2009 Wraparound Statement of Work

3.0 Definitions		
Section #; Page #	**Summary of Changes**	**Position**
3.1.2, Pg 5	Added new definition for Child and Adolescent Needs and Strengths (CANS). "*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.*"	**[Should only apply to Tier 1 population.]**
3.1.9, Pg 7	Added new definition for Disenrollment, which is different than the contract amendment language. "*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.*"	Recommend revising the paragraph to state: "*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 **Wraparound** services until the ISC signs the notice of Intent**, unless the Family objects**.*" **[Should only apply to Tier 1 population.]**
3.1.11, Pg 7	Revised the Facilitator definition by adding several sections and deleting some language as noted below.	Recommend revising the paragraph to state:

	"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 strengths and needs are identified; (4)* ~~convening the team, ensuring continuity of care, and~~ ensures ~~that~~ all identified services are provided *in a timely and appropriate manner*; ~~(2) ensuring the application of Family-centered practice by the whole team;~~ (3) being the contact point for children, families, service providers, and the community; and (4) ensuring ~~there is continuous~~ *the County representative(s) have adequate* input and *access to the team and planning process* ~~feedback from the Family and service providers~~.	"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 strengths and needs are identified; (4)* ~~convening the team, ensuring continuity of care, and~~ ensures ~~that~~ all identified services are provided *in a timely and appropriate manner*; ~~(2) ensuring the application of Family-centered practice by the whole team;~~ (3) being the contact point for children, families, service providers, and the community; and (4) ensuring ~~there is continuous~~ *the County representative(s) have adequate* ***opportunities for*** input and *access to the team and planning process* ~~feedback from the Family and service providers~~.
3.1.15, Pg 8	Revised the definition for Graduated by adding the following sentence at the end, "*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.*"	Recommend revising the paragraph to state: "*The Family and the responsible County representative must sign the intent to graduate form. The provider must continue to provide* ***Wraparound*** *services until the Intent is signed by the ISC****, unless the Family objects***." **[Should only apply to Tier 1 population.]**
3.1.16, Pg 8	Revised the definition for Interagency Screening Committee as noted below. "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	**[Should only apply to Tier 1 population.]**

	reviewing all enrollment, disenrollment, ~~suspension~~ 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 ~~and Family exit plans~~, as well as providing support to and monitoring of the Lead Wraparound Agencies in its SPA.	
3.1.19, Pg 9	Revised the definition for Parent Partner by adding some language as noted below. "Parent Partner shall be defined as an employee of a Lead Wraparound Agency Contractor who is the parent or *immediate* caregiver of a child who was/is 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.*"	Recommend revising the paragraph to state: "Parent Partner shall be defined as an employee of a Lead Wraparound Agency Contractor who is the parent or ***~~immediate~~*** caregiver of a child who was/is 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."~~*** **[Should only apply to Tier 1 population.]**
3.1.22, Page 9	Added a new definition for Tier I as noted below. "*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.*"	Recommend revising the paragraph to state: "*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* ***a rate based on average cost to provide Wraparound services, which is currently set at*** *the rate of $4,184 per month, per child/youth,* ***plus EPSDT,*** *less any placement costs.*"

3.1.23, Page 9	Added a new definition for Tier II as noted below. "*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.*"	Recommend revising the paragraph to state: "*Tier II shall be defined as Wraparound for DCFS children and youth who are* ***not in a RCL 10 or above placement*** ~~***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,* ***plus EPSDT****, without any placement costs deducted.*"
3.1.25, Page 9	Added a new definition for Wraparound Fidelity Index, version 4 (WFI-4) "*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 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.*"	Recommend revising the paragraph to state: "*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***~~ ***semi-annually for Tier 1 children and families*** *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.*" **[Should apply only to Tier 1 population.]**
3.2.9, Page 10	Revised the definition for Crisis/Action Plan by changing the title from Crisis/Response Plan and modifying language	Recommend revising the paragraph to state:

	as noted below. "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. ~~Any Crisis Response Plan that is created for a child or Family~~ *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.	"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. ~~Any Crisis Response Plan that is created for a child or Family~~ *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****, or by the end of the next business day if the crisis occurs on a weekend,*** to ensure that it is accurate with respect to the child's and/or Family's needs.
3.2.14, Page 11	Added a new definition for Resource Management Process (RMP) as noted below. "*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*."	Recommend revising the paragraph to state: *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*." **[Should only apply to Tier 1 population.]**
3.2.15, Page 11	Added a new definition for Respite Care as noted below.	Recommend revising the paragraph to state:

	"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."	*"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."*
3.2.19, Page 12	Added a new definition for Transfer as noted below. *"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."*	Recommend revising the paragraph to state: *"Transfer shall be defined as when a child/youth and/or their family move from one SPA to another SPA****, and the child/youth and/or family desire to transfer to another Wraparound provider.*** ~~***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."*
4.1.5, Page 12	Added a new staffing requirement regarding Tuberculosis (TB) Screening Tes as noted below. *"Tuberculosis (TB) Screening Test: Contractor shall ensure that all personnel performing services under this Contract are administered 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*	Recommend revising the paragraph to state: *"Tuberculosis (TB) Screening Test: Contractor shall ensure that all personnel performing services under this Contract are administered a Mantoux PPD Test/chest x-ray not more than one year prior to commencing work under this Contract, and* ~~***annually***~~ ***every three years*** *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."*

	Contract."	
4.1.5.4, Page 13	Revised the language for Facilitator as noted below. "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."	Recommend different Facilitator ratios for Tier 1 and 2 populations: ***"…a maximum ratio of one (1) Facilitator for every ten (10) active Tier 1 Wraparound children (1:10), and one (1) Facilitator for every fifteen (15) active Tier 2 Wraparound children (1:15)…***"
4.1.5.6, Page 14	Revised the language for Parent Partner as noted below. "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."	Strongly object to required Parent Partner ratio. Recommend revising paragraph to state: "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."
4.2, Page 15	Revised the language regarding Days/Hours of Operation as noted below. "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	Recommend revising the paragraph to state: "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

	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."	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."
6.2, Page 18	Revised the language regarding Target Population for Tier I as noted below. "Children eligible for *Tier I* Wraparound must fall into at least one (1) of the following categories: ~~6.2.1 A child currently in placement at Metropolitan State Hospital pursuant to Government Code Section, 7572.5~~; 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; ~~6.2.4 A Probation child current placed at a Probation camp where there are extensive mental health treatment services;~~ 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;	Recommend revising the paragraph to state: "Children eligible for *Tier I* Wraparound must fall into at least one (1) of the following categories: ~~6.2.1 A child currently in placement at Metropolitan State Hospital pursuant to Government Code Section, 7572.5~~; 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; ~~6.2.4 A Probation child current placed at a Probation camp where there are extensive mental health treatment services;~~ 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 ***and***

	~~6.2.6 A child who has a history of multiple (i.e., three (3) or more) psychiatric hospitalizations~~."	***who are within 60 days of returning to the community*** ~~6.2.6 A child who has a history of multiple (i.e., three (3) or more) psychiatric hospitalizations~~."
Part C County's Performance Measure Summary/Goals Regarding Safety, Page 21	Added language at the top of the table in Target Group row to state, "Children receiving *Tier I and Tier II* Wraparound." However, this Tier I and Tier II Target Population language was not consistently added to the Permanency and Well-Being tables on pages 26 and 31 respectively.	**Recommend that performance measures on pages 26 and 31 apply only to Tier 1 population.**
7.1, Page 22	Revised the language regarding Referral and Authorization for Services as noted below. "The ISC shall refer children to the Contractor to receive Wraparound services and Contractor shall accept any child referred by the ISC without exception. Contractor shall not disenroll, or attempt to disenroll, from Wraparound care any child or Family until all Child and Family Plan of Care goals are met and the Family and child request Graduation ~~or disenrollment~~. *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."	**[Should only apply to Tier 1 population]**
7.4.2, Page 23	Revised the language regarding Assessment for Family Safety as noted below. "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.*	Recommend revising the paragraph to state: "In Phase Two (Exhibit A-1), Contractor and Family shall develop two (2) separate Crisis Plans***, which can be integrated into single document*****.** *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

	The CFT members will further develop a mission statement that discusses what they will be working on together…"	CFT members will further develop a mission statement that discusses what they will be working on together…"
7.6.2, Page 24	Revised the language regarding Child and Family Plan of Care as noted below. "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*."	Recommend revising the paragraph to state: "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.***"~~
7.6.4, Page 25	Revised the language regarding Child and Family Plan of Care as noted below. "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 biweekly 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."	Recommend revising the paragraph to state: 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 biweekly** support, the*~~ ***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."
8.2.1.6, Page 28	Added the CANS as a new reporting instrument for Contractors. "*Child and Adolescent Needs and Strengths (CANS), Exhibit A-8. Contractor shall conduct the CANS every six (6) months after enrollment*."	Recommend revising the sentence to state: "*Child and Adolescent Needs and Strengths (CANS), Exhibit A-8. Contractor shall conduct the CANS every* ~~***six (6) months***~~ ***year*** *after enrollment*." **[Should only apply to Tier 1 population]**
8.2.1.7, Page 28	Added the Wraparound Fidelity Index as a new evaluation instrument for Contractors.	Recommend revising the paragraph to state: "*Wraparound Fidelity Index, version 4 (WFI-4), Exhibit A-*

	"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."	*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**~~ **semi-annually** 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."* **[Should only apply to Tier 1 population]**
8.2.3.1, Page 29	Revised the language regarding the Contractor's Annual Report as noted below. "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)	Recommend revising the paragraph to state: "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* **for Tier 1 cases**; (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."

	an analysis of performance measures."	
County's Performance Measure Summary/Goals Regarding Well-Being/Education, Page 31	1. Revised the third performance measure target from 90% to "*100%* of children have no unmet medical/physical needs." 2. Added a method of data collection in the last column that states, "Wraparound analysis on a quarterly basis using end-of-month data for September, December, March and June of each calendar year."	1. **Recommend maintaining the performance measure target at 90%.**
9.4.1, Page 33	Added a component to the Training Program for Wraparound Staff as noted below. "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…"	**Recommend applying the current comprehensive four-day training module only for staff working with the Tier 1 population. Recommend a shorter modified training module for staff working with Tier 2 population.**

Here are our comments regarding the Wrap SOW:

I will begin with the WFI4. In the ______ _______ Project which Dr. _____ has been assisting with, we have done the Index every 6 months. It takes us a month to complete and is time consuming as all the interviews need to be completed if possible. We do youth, caregiver, team member and facilitator interviews. In 8.2.1.7 you have **and/or** team members. I would suggest taking out the or as you do not want to replace the team member interview with any other interview. It was up to our discretion if we did 3 or 4 interviews with the team member being the lease important. We did decide to do all 4. I would suggest it as well. We do 30% survey per agency. It looks as if your requirement is 35% and I wonder if it would be per SPA? All interviewers in our agency are certified to do the interviewing. Very important aspect of the sample is the length of time in the program for each family. Dr. _____ and ____ _______ suggest that the families currently are in the 3-9 month period in Wrap. We have increased it to 3- 12 months time period and find that it works out well. The families still remember the engagement phase for example so the information is more pertinent and clear. We like using this outcome tool as it helps with our model fidelity. Thanks for including it.

8.2.3.2 on August 15th or **after** as requested by DCFS. Some years, the deadline is delayed from your staff and we abide by your request as we await the report requirements.

3.1.19 This topic has arisen at LWA meetings and parents of **Regional Center special needs children** have been included in addition to DMH, DCFS and Prob. WE would like to suggest that Regional Center parents also have had to learn the advocacy and compassion that we need in our PPs. Our agency would prefer a 1:12 caseload for Parent Partners. This would give us a bit more room if PP would leave the agency as we are hiring and could be useful if there are many families on a PP caseload who are in Phase 4 transitional phase.

7.1 The ISC will review the POC within a 30 day period from referral but should be from date of **enrollment.**

Thank you for your attention to these issues and for the opportunity to do our work in LA County.

Comments for Wraparound Statement of Work
RE: Draft of Exhibit A – Dated 9-1-08

Section	Comment/Question
3.1.17 Life Domains	Could this list be corrected to be consistent with the actual Plan of Care list of Domains (as seen in the POC Template)? Some of the domains in the SOW list don't exist on the POC template (e.g. interests and activities, alcohol/drugs).
3.1.19 Parent Partner	Trends across the country are leaning toward **Family Partner** being the title, and serves to be more inclusive for families for whom the primary caregiver is not the parent of the enrolled child.
3.1.23 Tier II	If a DCFS child is not MediCal eligible, does this mean they are therefore not eligible for enrollment in a Tier II Wraparound slot?
3.2.9 Crisis/Action Plan	1) The template for this form was not included as an exhibit online. 2) Could the heading of this section be changed to be consistent with the name of the Wraparound document: **Family Safety and Crisis Plan**
3.2.12 Multi-Agency County Pool (MCP) Fund Request	Is there a time limit or duration by which MCP requests for Graduated Wraparound clients must be submitted?
4.1.1 Criminal Clearances	Is an Exemption Approval notice for an employee provided by CCL equivalent to a letter indicating a clear criminal record—i.e., do both documents constitute a "…criminal clearance waiver.." as noted in this section?
4.1.5.4 Facilitator(s) *and* 4.1.5.6 Parent Partner(s)	Does the ratio 1:10 apply regardless of the Tier of the assigned children?
4.1.7 Single Fixed Point of Responsibility (SFPR)	In most cases, it is logical to have the Wraparound Provider agency be assigned the SFPR. However, could this section be amended to allow some flexibility at the discretion of the Wraparound provider? E.g., That the wording in the first sentence could be modified to something like "…(SFPR) shall be transferred to the WA, *at the WA agency prerogative,* within one (1) month…" (italics indicate new text)
6.3 (Tier II eligibility)	Is there any other criteria besides EPSDT eligibility?
7.4.2 (Crisis Plans)	The description of the documents to be produced in this sections suggested that two, distinctly separate crisis plans are produced: one proactive, one reactive. The template currently used is a single document with space for both proactive/preventative and reactive strategies to be noted by the CFT. Could this section be amended to accurately reflect the current practice?

8.2.1.1 (CLESP) *and* 8.2.1.3 (SARES)	In recent years, LA County has not asked for the data collected by these instruments. They may be remnants from the original list of data collection instruments used under the UC Berkeley/Title IV-E waiver study conducted years ago. Should they be removed from this list? If not, will the County be gathering this data?
8.2.1.7 Wraparound Fidelity Index, version 4 (WFI-IV)	It may be advisable to include in this section a reference to the source whereby Wraparound Providers would secure license and training materials to administer the WFI-IV. Users must pay fees and be registered with the Wraparound Evaluation and Research Team (WERT) out of the University of Washington to use the WFI-IV. (http://depts.washington.edu/wrapeval)

3.1.3, Pg 6	Vision and Mission Statement is Standard and reflects the Families overall goal/mission/vision
3.1.7, Pg 7	A TDM is NOT necessary to disenroll a child. There are too mnay circumstances involved and it also takes to long to schedule TDMs. Services will be delayed.
3.1.11, Pg 7	Family Centered SHOULD NOT be removed from this, as CFTs area main decision making group which includes the family.
3.1.16, Pg 8	SUSPENSIONS are apart of the ISC' duties to review. It SHOULD be in here. The other cross out [Family exit Plan] is appropriate to remove
3.1.19,Pg 9	Should also say that PPs should be graduated from Wrap/Speciailized programs for 6 months before employed in Wrap.
3.2.9, Pg 10	Should state updated quarterly and reviewed within 24 hours or the NEXT Business Day of a crisis.
4.1.5.5, Pg 13	Needs to reflect that the CFS is apart of the CFT and works in conjunction with all team members and within the framework of the participatory decision making process
4.1.5.6, Pg 14	We like the 1:10 Ratio for PPs. It helps with Fidelity. Needs to reflect that the PP is apart of the CFT and works in conjunction with all team members and within the framework of the participatory decision making process.
6.2, Pg 18	We want the Camp placement in there. This is an increase in the referral pool and quicker access to services appropriately before they get into trouble in the community. Also the Psychiatric hospitalizations is good as well. DMH has hesitated and not referred
7.4.2, Pg 23	ONE Safety Crisis Plan throughout the program and is appropriate with proactive and reactive plans listed. Two types of Crisis Plans is impractical and too fragmented for families.
7.6.4, Pg 25	CFTs Should occur minimum <u>twice</u> per month through Engagement, Plan Development and Implementation Phases. In Transition, it should be less or minimum of once per month
8.2.3.1, Pg 29	Should actually be September 1

OTHER ITEMS	A specific template for the Child and Family Team Meeting Minutes which includes an ACTION PLAN will be required for all Wraparound agencies
	Facilitation Training for all Staff. This is specific best practices training on HOW to facilitate/conduct CFT meetings, the structure, etc. for all positions. This is key to good outcomes.
	All agencies should have an internal Plan of Care/Safety Crisis Plan Supervisory Review Committee. This is crucial to good POCs/SOCs. It should occur before submitting to the ISC for approval.
	Plan of Care/Safety Crisis Plan needs to be in the threshold language of the client/family AND in English all in one document.

Questions regarding Wraparound SOW

1. Section 3.1.22 & 3.1.23: Tier I and II require more explanation. What would be the difference in service between Tier I and Tier II? How will the County assure that an agency won't be assigned all Tier II cases and that the Tier II cases are equally distributed between agencies?

2. Section 3.1.25: Who is supposed to administer WFI? Who determines the random selection of cases to sample?

3. Section 4.1.5.5: Paragraph does not specify if CFS can be assigned to Tier II case. What is the expectation?

4. Section 7.6.4: This statement sounds as if the requirement has been changed to at least week or biweekly at the onset of services. Is this correct?

5. Section 8.2.3.1: Who collects the CANS data?

6. General: What are the ramifications of not meeting performance measures?