WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 12/28/11 By: MJM/PE Last Revision: 12/28/11	Section: ADMINISTRATION	Policy No: 028	Pages: 1 of 5 (4 Attachments)
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/12	Subject: **PLAN OF CARE (POC)**			

I. POLICY

It is the policy of Wraparound Milwaukee that a Plan of Care (POC) be completed for every youth and family enrolled in Wraparound Milwaukee. The POC identifies the strengths and needs of the youth and family and is the guide for the course of care and services being provided by the Child & Family Team through Wraparound Milwaukee.

1. The initial POC, which includes the Reactive Crisis Plan, should be completed within the first 14 days after enrollment, or within 14 days after a permanent transfer to a new Care Coordinator at another Care Coordination Agency (*with the exception of High Risk youth – please refer to Policy #023 – High Risk Youth Review*). The POC, which includes the Reactive Crisis Plan must be completed within the first 30 days after enrollment.
2. Subsequent POC's, which include the Reactive Crisis Plan, should be completed every 60 days.
3. With extremely rare exceptions, the youth and parent (or primary caregiver) must be in attendance at the Plan of Care meeting. If the youth and family do not show for a scheduled POC meeting, the Team must reschedule the POC meeting – **POC meetings cannot be held without family members present**. POC meetings must be held face-to-face. Video conferencing is only permissible as a last resort and after all efforts have been exhausted to ensure the youth and caregiver are present.
4. All Team members must be given notification of upcoming POC meetings well in advance (at a minimum, a 2-week notice should be given). Optimally, the date of the next monthly Team meeting and Plan of Care meeting would be agreed upon by all Team members during each POC meeting. As with any client-related contact, the notification to Team members of each POC and Team meeting must be documented in the Progress Notes.
5. The following Domains must be addressed on the Initial Plan of Care. A Need statement may relate to one or more Domains:
   - Educational / Vocational
   - Legal (*Wraparound only*)
   - Safety / Crisis
   - Family
   - Mental Health

   All remaining Domains should be addressed based on the Team's Prioritized Needs identification.
6. The Plan of Care document must be entered and approved on Synthesis within two (2) weeks of the Plan of Care meeting date. A copy of the approved POC must be given to all Team members as well, within two (2) weeks of the Plan of Care meeting. If the team member has the ability to access the POC through Synthesis, they should be guided to do so upon final approval of the POC.
7. Subsequent Plans may address only those Domains in which a NEED is identified, with the exception of the Mental Health and Safety/Crisis Domain, which must be present in the Initial and all subsequent POC's.
8. A printed copy of the Plan of Care can be filed in the Agency chart or be maintained electronically in Synthesis. The Agency has the ability to print POC's with "All Needs" or with "Open Needs." If printing out the POC for the first and last POC's, the "All Needs" report must be kept in the chart; for all other POC's, the "Open Needs" report may be kept in the chart.
9. A final Plan of Care meeting must occur within the month prior to disenrollment.

Note: ***Failure to comply with these timeframes may result in administrative fee denials for the Care Coordination Agency.***

II. PROCEDURE

A. Strengths Discovery.

1. The Care Coordinator is responsible for meeting face-to-face with the youth and family within the

first week of enrollment. The Care Coordinator should assist the family in beginning a strengths list regarding their family and bring this list to the first Plan of Care meeting. The Care Coordinator will also assist the family in identifying and developing natural and informal supports who will become part of the Child & Family Team.

2. The Care Coordinator works with the Team to develop a Strengths list, and documents identified strengths (of the youth, the family, **other Team members, and community resources**) in the Strengths Discovery portion of the Plan of Care (POC) in Synthesis.
   a. An updated Strengths Discovery should be given to the Team at every POC meeting to assist in strategy development.
   b. Team members should be encouraged to add to the Strengths list at any time.
   c. Strengths should be "functional" – that is, they should be able to be utilized within the Plan of Care itself as part of strategies to meet Needs identified by the Team.
   d. Community Resources (community services or programs that are sustainable and will be available to the youth and family both during and after enrollment) should be included on the Strengths Discovery, and should be coded as "C.R." to allow the program to quantitatively look at sustainability of those Resources after disenrollment. The Team should constantly be working with the family to develop Community Resources (as well as natural supports) that will be available to the family post disenrollment.

B. Reactive Crisis Plan.

1. The Care Coordinator works with the family and other Team members to develop a Reactive Crisis Plan - a detailed plan of action for the Team to use to respond to a Crisis. The Reactive Crisis Plan "stands alone" – that is, although it does become part of the Plan of Care document, it can be edited, updated and printed outside of the Plan of Care. It should be written so that in an emergency, all Team members are aware of what needs to be done and what their role is. The elements of the Reactive Crisis Plan are:
   a. **What is the Child & Family Team's Definition of a Crisis -** The family guides the Team in determining what constitutes a Crisis for their family. What makes the parent, youth or caregiver feel unsafe?
   b. **Interests and Strengths of the Youth/Family Relevant to the Crisis Situation -** Looking at the functional Strengths identified in the Strengths Discovery, which ones can be tapped to intervene in a Crisis situation? Add any additional functional strengths that can be used in the crisis plan.
   c. **Special Risks or Other Factors Relevant to Crisis Prevention/Safety -** Describe any high-risk behaviors (such as firesetting, sexual or physical acting out history, etc.) or triggers that could lead to an unsafe situation or crisis for the youth, family and community.
   d. **Family and Community Supports -** List, in order of suggested use, any resources that can be tapped during a Crisis situation. Be specific. Include names, phone numbers, addresses and other relevant information regarding resources that are available to the family. Included here should be natural and informal supports, as well as community-based resources that are readily available to the family during times of crisis. **These supports should be listed in the order they should be contacted.**
   e. **What Places in the Community might Help –** List in order of suggested use, any community resources, programs, hotlines, etc., that may be accessed in time of crisis
   f. **What Helps the Caregiver** – Describe specific techniques that work in helping the caregiver deal with Crisis situations. As many as possible, but at least two techniques should be listed for each caregiver. Keep in mind the current placement of the youth – the caregiver will likely change if the youth's placement changes. Caregivers may be the youth's parents or foster parents, group home or residential staff, etc. **Whenever a youth's placement changes, you need to update the Reactive Crisis Plan to reflect the current caregiver(s).**

Also, address Crises that may occur in the school or other community settings; what helps the "caregivers" (i.e., teachers, etc.) in these settings?

g. **What Specific Steps should We use to Prevent a Crisis from Occurring** – List specific steps/strategies in order of suggested use (*least restrictive to most restrictive)* that assists in crisis prevention. Steps/strategies should be based on functional strengths and should address all identified possible crisis situations (*i.e., leaving home without permission, being aggressive towards siblings, threatening to harm self, etc.).*

h. **What Specific Steps should We use if a Crisis Occurs** – specific steps/strategies (*in order from least restrictive to most restrictive)* that assist in crisis intervention. Steps/strategies should be based on functional strengths and should address all possible crisis situations (*i.e., leaving home without permission, being aggressive towards siblings, threatening to harm self, etc.*

i. **Relevant Medical Information** - Describe any medical information that may be pertinent. This could include medications the youth is on, dosages, physical limitations, allergies, etc. If there is no relevant medical information specific to Crisis situations, list "none."

NOTE: Information entered here will also be copied to the youth's initial Plan of Care document, and will be able to be updated in the future either via the Plan of Care screen or the Reactive Crisis Plan screen.

2. A copy of the Reactive Crisis Plan should be shared with **ALL** Team members whenever it is updated. If the team member has the ability to access the Crisis Plan through Synthesis, then they should be guided to do so after all updates. At this time, the Mobile Urgent Treatment Team, Crisis Stabilization Providers and all Out-of-Home Care Providers have access to the electronic Crisis Plan. The current Reactive Crisis Plan will print as part of each youth's POC.
3. **The Reactive Crisis Plan must be updated every time a crisis occurs or youth's legal placement changes, or at a minimum of every 60 days.** The Reactive Crisis Plan should be reviewed in conjunction with every Team meeting as well.
4. Subsequent Reactive Crisis Plans "pull" information from the current Crisis Plan. Care Coordinators only need update the areas that have changed.

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

C. Family Plan.

1. The Family Plan provides the demographic data of the youth (address, court information – if any, diagnoses, primary healthcare provider/pediatrician and dentist, etc.), and includes the Family Vision and History and the Need statements. The PLAN OF CARE (POC) INSTRUCTION GUIDE (*see Attachment 2*) includes detailed information on how to enter and update a POC on Synthesis.
2. Plans of Care must contain all of the elements identified in the Instruction Guide. Particular attention must be paid to the following elements:
   a. **Permanency Plan** (*Wraparound only)* **-** This should match the permanency plan identified by the Bureau and/or Probation. It is important that this be reviewed and updated at each POC meeting.
   b. **DSM Diagnosis** - All five (5) Axes must be addressed, however it is acceptable to have "not given" or "deferred" listed for Axis III, IV or V. The Diagnosis should be available at the time of admission, as the existence of a DSM IV Diagnosis is one of the admission criteria.
   c. **Family Vision** - This one to two sentence statement is the guiding post of the Plan of Care and should drive the course of action for the Team toward the ultimate goal of disenrollment. It should be written to reflect the intent of the words of the family, and should be reviewed by the Team at each Plan of Care meeting.
   d. **Family Narrative** - This is the family's story, and should reflect what has lead up to the family seeking help. The following information must be included in the initial Family Narrative (if any areas are not relevant to this youth or family, this must be documented):

1) Family Background.
   - Describe family composition, including extended family members.
   - Ask the family to discuss what led them to this point, as well as the reason for referral.
   - Discuss the family's values, beliefs, traditions, daily routines and employment.
   - Describe any mental health history or concerns and other significant factors (i.e., incarcerations, abuse history, etc.) for family members.
   - Discuss any out-of-home placements for the enrolled youth or other family members.

2) Behavioral History/Concerns.
   - Describe the youth's past and present behavioral concerns.
   - Discuss interventions tried in the past – especially what worked, but also what did not.
   - Discuss any school-related issues.
   - Discuss any legal involvement, charges and offense history (including gang involvement or runaway history).
   - Describe any significant peer relationships.

3) Permanency Planning (*Wraparound only*).
   - Discuss the permanency plan for this youth, and any barriers or concerns in this area.

e. **Needs -** Needs are identified by the Family and Team as what the family needs help with to reach their Family Vision. Need statements include the following:

1) **Domain Identification** - Domains are areas of families' lives in which needs are identified to reach their Family Vision. Life domains include Safety/Crisis, Family, Mental Health, Medical, Legal, Education/Vocational, Cultural/Spiritual, Living Situation, Social/Recreational and Other.
   - For the Initial Plan of Care, the following Domains are required: Safety/Crisis, Mental Health, Legal (*Wraparound only)*, Educational/Vocational and Family. Other life Domains should be addressed as identified by the Team. Subsequent Plans must have, at minimum, the Mental Health and Crisis/Safety Domains.

2) **Need Statement -** This is a concise statement of the Need identified by the Team as to what the family needs help with toward reaching their Family Vision. A Need is NOT a service. A Need represents a barrier or underlying cause for a behavior getting in the way of the family reaching their vision.
   - The Team will list a start date for the Need, identify a target date for the Need to be met and assign an initial Ranking to each Need. The target date should be a realistic date by which the Need could be met – not necessarily coinciding with the next POC date. The Ranking is a 1-5 Scale of how well the family feels the Need is currently being met.

3) Benchmarks – this is a descriptive, measurable phrase that indicates how the team will know they are getting closer to the Need being met (*i.e., the ranking of the Need has moved from a lower number to a higher number*).

4) **Strengths** - The Team will identify which Strengths listed in the Strengths Discovery can be used to assist the family with the identified Need. The Team should look at the strengths of all Team members – family members, natural supports and community supports – and incorporate those into the Strategy.

5) Steps/**Strategies -** Strategies are the steps based on functional strengths that will be taken to achieve the Need. Within the Strategy, the "who, what, where, when and how" of how this Need will be met should be listed. Any paid services requested **for any member** of the family must be reflected in the Strategies within a Plan of Care.

6) In general, a Plan of Care should have no more than three (3) active Needs at any given time.

7) At subsequent Plan of Care meetings, all current and pending Needs should be reviewed.
   - If a Need will continue, an **Updated Note and Ranking** is required. The Update Note should comprehensively discuss how strategies are working to meet the Need and/or barriers to meeting the Need, any Team concerns, etc.
   - A Need can be "ended" at any time. Sometimes it is because the Need has been met, or it may be because the Need is no longer relevant. Also, a Need may not be met, but the Team decides to remove it from the list of active Needs, as there has been little progress made toward meeting the Family Vision and other Needs will be focused on.
   - A Need may be taken off the "Pending" list and added as an Active Need when pertinent to making progress toward the Family Vision.
   - In addition to entering an Update Note for each active Need, the Team can also modify the Strengths associated with the Need, enter or remove Strategies, and add or remove Domains to the Need.

8) At the final Plan of Care meeting, all Needs must be "closed out" and a final Ranking assigned to each Need. The Update Notes should discuss how the family, along with natural and community supports, will be able to continue to meet that Need after disenrollment. If the Team is not able to hold the final POC meeting, then the last POC that was finalized in Synthesis is the final POC.

f. Signature Sheet.

1) A Signature Sheet (*for Wraparound – see Attachment 3, for REACH – see Attachment 4)* must be turned in for each Plan of Care. It is submitted to cue Wraparound Milwaukee administrative staff that there is a POC requiring review. At a minimum, the Signature Sheet must include the following signatures:
   - Youth.
   - Parent/Guardian.
   - Care Coordinator.
   - Care Coordinator Supervisor.
   - Psychologist or Psychiatrist.

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

3) Other Attendees at the Plan of Care Meeting are encouraged to sign the Signature Sheet, to acknowledge their presence at the meeting.

4) The Signature Sheet must be filled out completely and accurately.

5) If the Care Coordinator is requesting that one of the Wraparound Milwaukee Child Psychiatrists sign off as the Psychiatrist, an attached note indicating that, what Psychiatrist and why the Wraparound Milwaukee Psychiatrist is being asked to sign should be attached.

6) The Signature Sheet should be forwarded to Wraparound Milwaukee when the POC is at the "Pending Program Approval" stage.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director

WRAPAROUND MILWAUKEE

Writer's Guide to Developing the Crisis Plan

1. <u>Crisis Plans should be written or revised when the following occurs</u>:

- Within 24 to 48 hours of a major crisis.
- Within 1 week of <u>initial</u> contact with the family, when no immediate crisis is evident.
- Whenever a youth or family moves to a new residence or placement.
- When new team members join the team.
- When the youth or family experiences a major life event, such as death of a loved one, divorce, witnessing or part of a violent act, etc.
- Reviewed and revised at each monthly team meeting.

2. <u>How do we define a Crisis</u>?

A Crisis is something that occurs when the youth or family doesn't know what to do and/or needs someone's help. Ask the family/youth to tell you about a situation where they were feeling scared or that they felt that they were losing control. Remember that perception of what is a crisis will vary from person to person and family to family.

3. <u>Crisis situations may be related to</u>:

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

4. <u>What "strengths" can we use</u>?

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

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

5. <u>Are there any special "risks" we should be aware of</u>?

Put information from all areas of the Plan of Care.

- Legal history/reason for referral.
- Scenarios or situations that may lead to a crisis – precipitating events.
- Triggers or warning signs that things may escalate (such as pacing, quiet, tapping foot, etc.).
- Life changing events (such as deaths, divorce/marriage, new home, new baby, etc.).
- History of specific concerns or safety issues (such as cruelty to animals, fire-setting, runaway, etc.).
- State the Court's order of supervision, if applicable.
- Psychiatric hospitalization history and reason.
- Intense fears (such as fear of dogs, being in the dark, closed spaces, etc.).
- Include concerns of caregivers that may limit their response in a crisis (such as physical disability – uses wheelchair, or does not speak the family's primary language, etc.).

6. <u>What family and community supports can we contact</u>?

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

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

7. <u>What places in the community might help</u>?

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

- May include a neighbor's, relative's or friend's home, Boys & Girls Club, etc.

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

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

Questions to ask the caregiver:

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

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

9. What specific steps should we use?

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

1. When youth becomes aggressive:
   a.
   b.
2. When youth comes home under the influence:
   a.
   b.
3. When youth is disruptive at school:
   a.
   b.

10. General guidelines:

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

11. Relevant medical information.

Medical information/concerns should be listed on youth and/or siblings and caregivers.

Be sure to include the following:

- Ongoing medical concerns or conditions and any prescribed drugs to treat them.
- Allergies (such as seasonal allergies, bee stings, certain foods, latex, cats, etc.) and indicate treatment, if necessary.
- Recent changes in medications and why.
- Recent injuries or current physical disabilities.
- If pregnant – indicate due date.
- History of any major surgery.
- Recent injuries.

WRAPAROUND MILWAUKEE

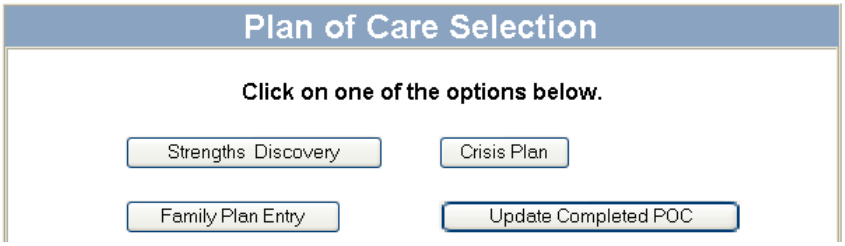
PLAN OF CARE INSTRUCTION GUIDE
(Updated: 9/22/10)

The Plan of Care consists of three distinct parts:

1. Strengths Discovery
2. Crisis Plan
3. Family Plan

Each section exists independent of the others, and so can be edited and printed separately. All three sections combine to form the Plan of Care.

You must begin the plan with the Strengths Discovery. When the Strengths Discovery is completed, proceed to the Crisis Plan and then the Family Plan. Synthesis will not allow you to create a Crisis Plan until the Strengths Discovery has been addressed; you can create a Family Plan when both the Strengths Discovery and Crisis Plan have been created. In Synthesis, the enrollee's name will appear on your enrollee list for each section only if the sections are completed in the proper sequence.



NOTE: You will use the "Update Completed POC" button if you want to update the Permanency Plan outside of the Plan of Care.

STRENGTHS DISCOVERY

Create A Strength Statement – Click on the hyperlink which states "Click here to create a new strength." A screen similar to the one below will be displayed.

Enter the strength statement. Click on the insert button to save the strength statement. If the strength is a community resource (something sustainable after disenrollment), check the "Community Resource?" box.

Update Strength Statement - Once a strength statement has been added to the *Strengths Discovery*, it can be updated by clicking on the link to the individual strength.

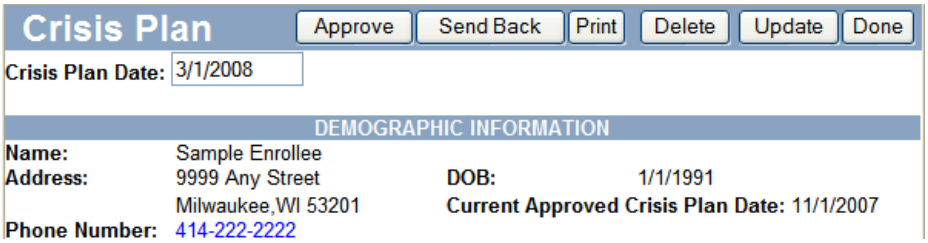
From this screen you can update the text or delete the strength. *Strengths already linked to Need Statements in the Family Plan cannot be deleted or edited.*

Inactivate Strength Statement - Once a strength statement has been added to the *Strengths Discovery*, it can be made inactive by clicking on the check box next to the strength text on the main screen. You would want to do this if you want to delete a Strength already used in a previous Plan of Care. Synthesis does not allow you to delete Strengths that have been used already, so you will need to Inactivate them.

CRISIS PLAN

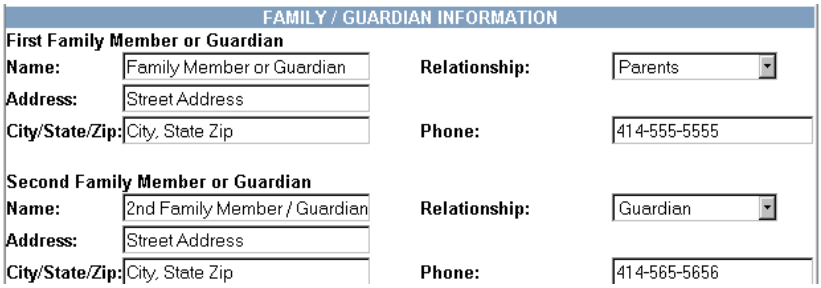
Create Crisis Plan - To create the first Crisis Plan, enter the date of the plan and click on insert.

Demographic Information - The Crisis Plan begins with demographic information about the enrollee, the parent and/or guardian and contact information related to the Care Coordinator and Care Coordinator Supervisor. This information is taken from other parts of Synthesis.



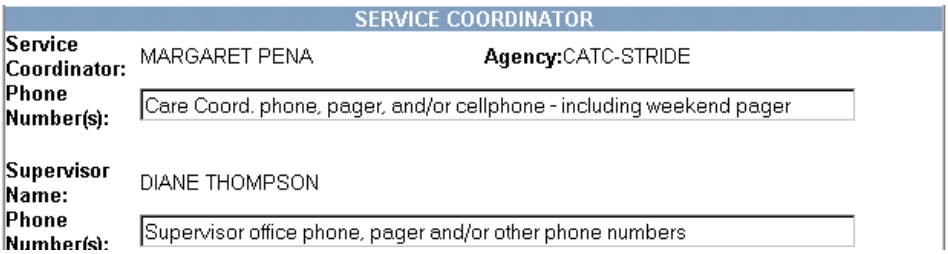
Mailing Label Address - Enter the name(s), mailing address, phone number(s) and relationship of **whoever should receive any mailings Wraparound generates.** All mailings will be sent to this address. Generally, only one contact will be listed. If there is a secondary caretaker involved, enter the data for that individual using the Second Family Member or Guardian section. Examples where a primary AND secondary contact would be listed include a child in foster care where both the foster parent and parent are involved; or a child where the mother and father have different addresses.
If the child resides with their parent(s), enter **only one** address in this section.

Sample View of Family/Guardian Information



If a mailing address is not known, leave the section blank until an appropriate address can be entered. Do not enter statements such as "unknown" in lieu of an address.
Information entered in the Family/Legal Guardian section also appears on the Main Page of the Family Plan. The most recently entered information is viewable from either the Crisis Plan or the Family Plan.

Care Coordinator and Supervisor Phone Numbers - Phone numbers for the Care Coordinator and Care Coordinator Supervisor can be entered in the space available at this time. To save the entry, click on the "update" button at the top of the screen. The Care Coordinator and Supervisor Phone Numbers that have been entered and saved will be saved throughout the system - this information will be updated for all youth assigned to the worker.

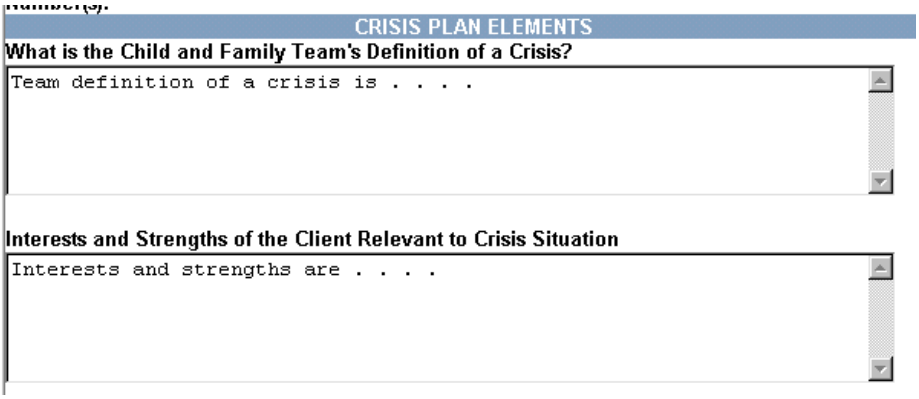


Crisis Plan Elements –

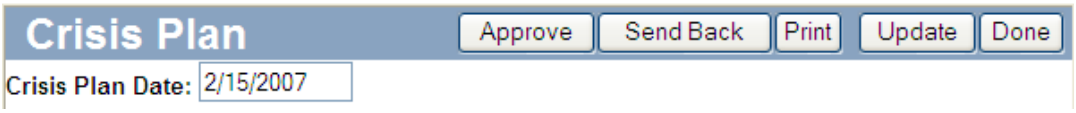
There are seven sections to each Crisis Plan. The care coordinator must complete each section. Click "Insert" to save your data.

NOTE: *Information under the Medical Information section will be copied into the next Family Plan created for the enrollee (see instructions for entering Family Plan information).*

Sample View of Crisis Plan Element Section



Supervisory Approval - After the Care Coordinator completes data entry for all of the above areas, the Crisis Plan needs to be submitted to the Supervisor or Lead for final approval by clicking on the "Get Supervisor Approval" button. Supervisory staff can either approve or send back a Crisis Plan. If sent back, a login message is generated to the Care Coordinator for corrections to be made. If approved, the Crisis Plan is marked as completed and is closed to editing.



Creating Subsequent Crisis Plans - Following the initial Crisis Plan, click on the "Click here to create a new Crisis Plan" link to create a new Crisis Plan. Enter the date of the new Crisis Plan in the appropriate box as previously illustrated.

Printing Crisis Plans - The Crisis Plan can be printed independently, and should be shared with **ALL** team members whenever updated. The most recent Crisis Plan will also print as part of each Plan of Care.

FAMILY PLAN

POC Date - Date that the Team Meeting occurred. This is NOT the date the POC was entered into Synthesis. **The POC date must reflect the date of the actual team meeting.**

Demographic Information - The enrollee's name, MA Number, DOB and current address will pull from other areas of Synthesis, and may not be edited within the POC. The enrollee phone number is the only field that can be updated here.

Note: Any changes to the enrollee's address must be made by submitting either a Legal Change of Placement form (for Wraparound Milwaukee youth) or a Temporary Change of Placement (for REACH youth).

Sample View of Demographic Information

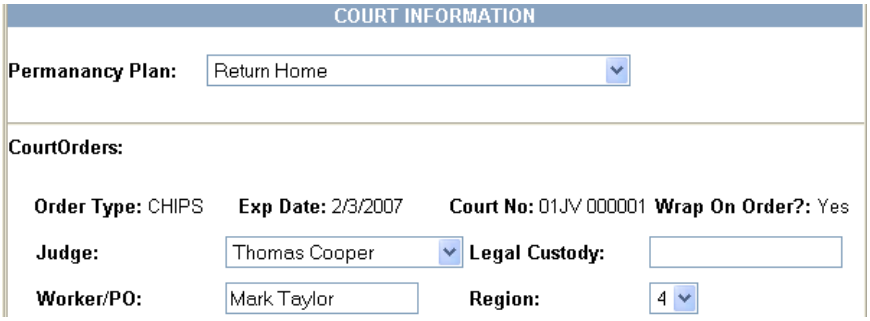
Mailing Label and Care Coordinator (These sections appear on both the Crisis and Family Plan Sections of the Plan Care) – See detailed description of these data elements in the Crisis Plan section of these Instructions.

Court Information (Wraparound Milwaukee only) - The court number, order type(s) and expiration date will be taken from the Court Order section in Synthesis. Any corrections to these items need to be reported to your Liaison.

Updates can be made to the Permanency Plan, Judge, Legal Custodian, Probation Officer or CHIPS Worker and Region. **Special attention should be made to update the Permanency Plan if it has changed since the time of the last POC.**

Note: Region refers to the BMCW Region and should only be entered if the name of a Bureau worker is entered.

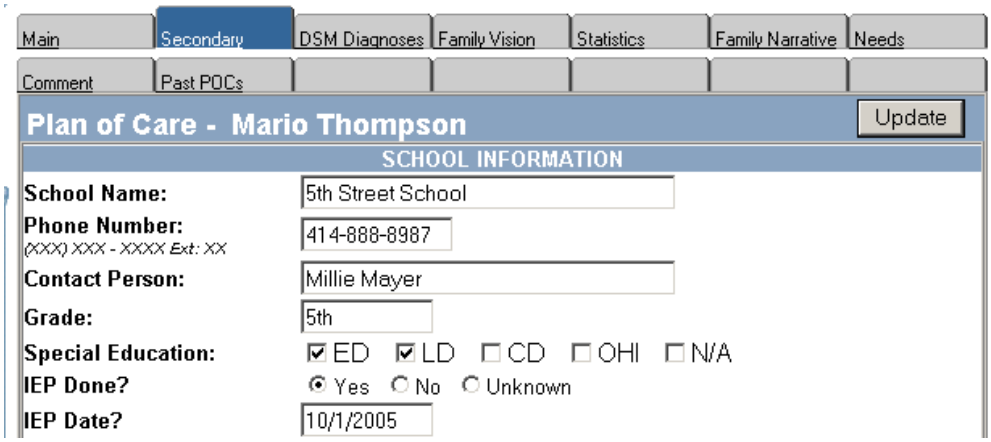
Sample View of Court Information Screen



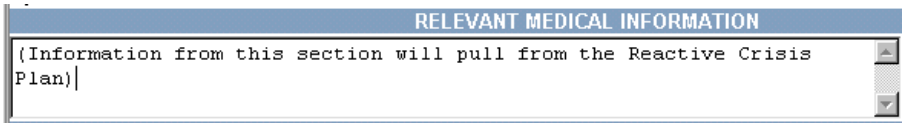
POC Secondary Tab –

School, Medical, Medication, Health Care Provider, Faith, Developmental History (including history of sexual activity), Psychiatric Hospitalization and Substance Use History information are entered on the "Secondary Page" of the POC.

School Information - Enter all available school data here. If an enrollee does not have any special education needs, check N/A under "Special Education". **You must make a selection under special education or the information will not print on the report.**

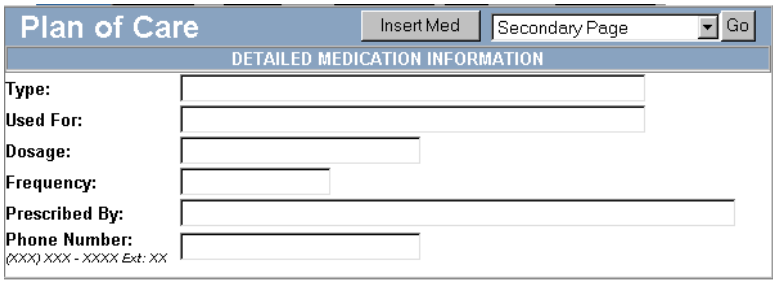


Relevant Medical Information – Information you entered under the "Relevant Medical Information" section of the **most recent APPROVED** Crisis Plan will appear here. If you need to make any changes to that information, make any corrections needed and click the "Update" button at the top of the page. If the medications, dosage and/or compliance with taking medications has changed since the last Plan of Care – that should be documented in the Relevant Medical Information section.



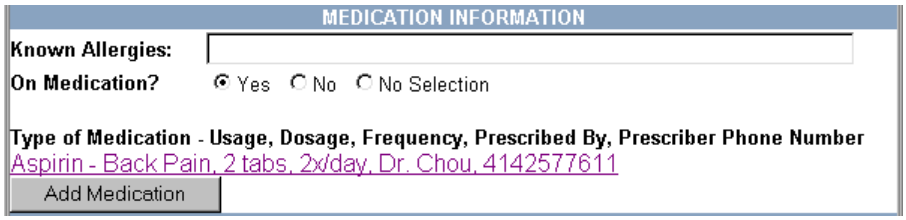
Medication Information – Enter any "Known Allergies" in the space provided. Select "Yes" or "No" to identify whether the child is currently on medication. If yes, click on the "Add Medication" button to add detailed information about each medication the youth is taking.

A screen similar to the one below will be displayed.



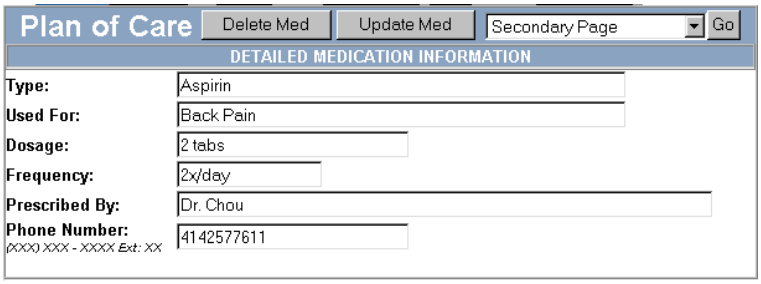
Enter detailed information about medication the enrollee is taking. Click on the "Insert Med" button at the top of the screen to save the entry.

A summary of the information will be displayed on the main screen.



Repeat this process for all medications.

Edit or Delete Medication Information – To edit or delete a medication entry, click on the hyperlink statement about the medication. The detailed information screen will be displayed. You may edit the information and save the entry by clicking on the "Update Med" button at the top of the screen. To delete the entry, click on the "Delete Med" button at the top of the screen. **Be sure to include information about these changes in the Relevant Medical Information section as well!**

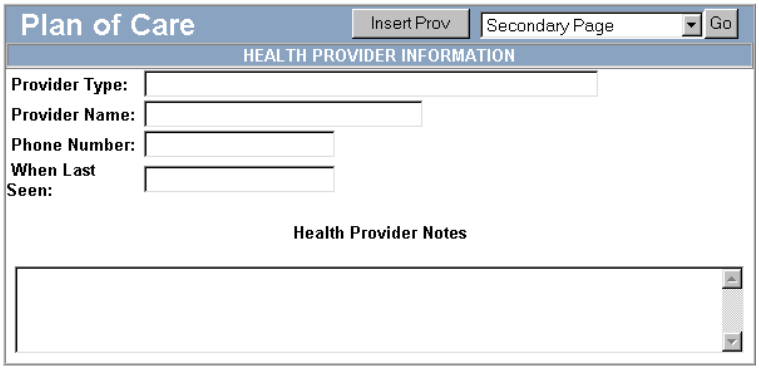


Health Care Provider – Use this section to enter information about health care providers. **It is required that you list the name, phone number, date last seen and next appointment date for the PRIMARY CARE PHYSICIAN and DENTIST.** You should also include information about other types of providers such as allergists, gynecologists, etc.

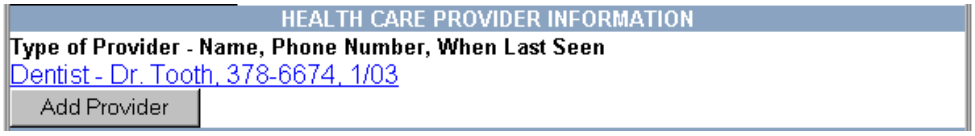
What if the enrollee doesn't have a primary care doctor and/or dentist?
All of the enrollee's we work with should have an identified physician and dentist. If they don't, this is one of the Needs the Teams should be addressing. For Plan of Care purposes, the need would be documented under a Medical domain. For the Dental and Primary Care Physician information on the POC secondary page, the care coordinator can initially enter "none at this time," but should also document in the Health Provider Notes the status of the referral to health and/or dental providers.

To make an entry, click on the "Add Provider" button.

A screen similar to the one below will be displayed.



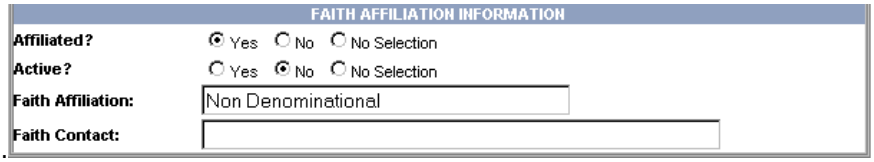
Enter detailed information about the health care provider. Click on the "Insert Prov" button at the top of the screen to save the entry.
A summary of the information will be displayed on the main screen.



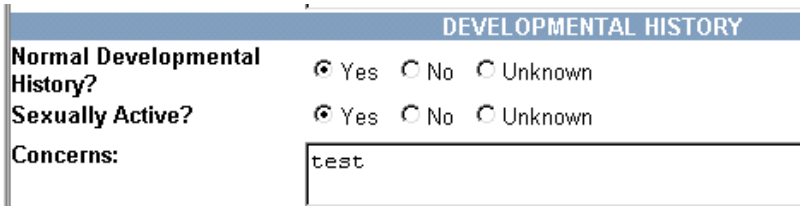
Repeat this process for all health care providers.

Edit or Delete Health Care Provider Information – The process for editing or deleting a provider is similar to the process for editing or deleting a medication. Simply click on the provider to be edited or deleted, and make your updates.

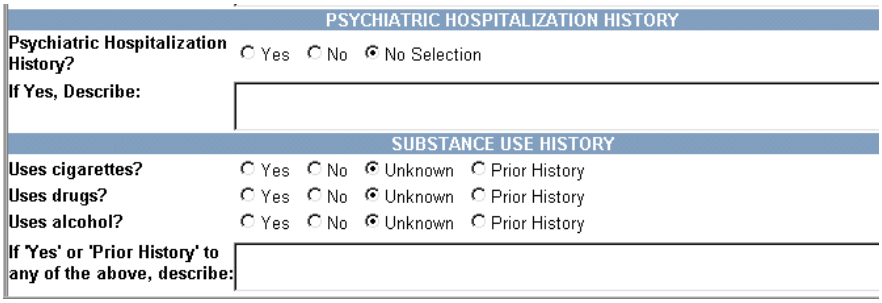
Faith Affiliation - This section is to be used to include any information on faith-based supports for this enrollee and/or family. The designations of 'Affiliated?' (i.e., does the family affiliate themselves with a specific religion) and 'Active?' (i.e., active or practicing with a specific faith community) are *per the family's report.*



Developmental History - This required section is to be used to report developmental history. Care Coordinators also must comment on the history of sexual activity. Any concerns should be explained in further detail in the box provided.



PSYCHIATRIC HOSPITALIZATION / SUBSTANCE USE HISTORIES – These required sections are to be used to report on the known history in these areas. Any "Yes" answers must be further explained in the text boxes below each section.



Note: The category of "Unknown" should be minimally used. The Care Coordinator should be asking the relevant questions as it relates to Developmental and Substance Use History, so as to obtain applicable information.

DSM-IV Diagnosis Tab –

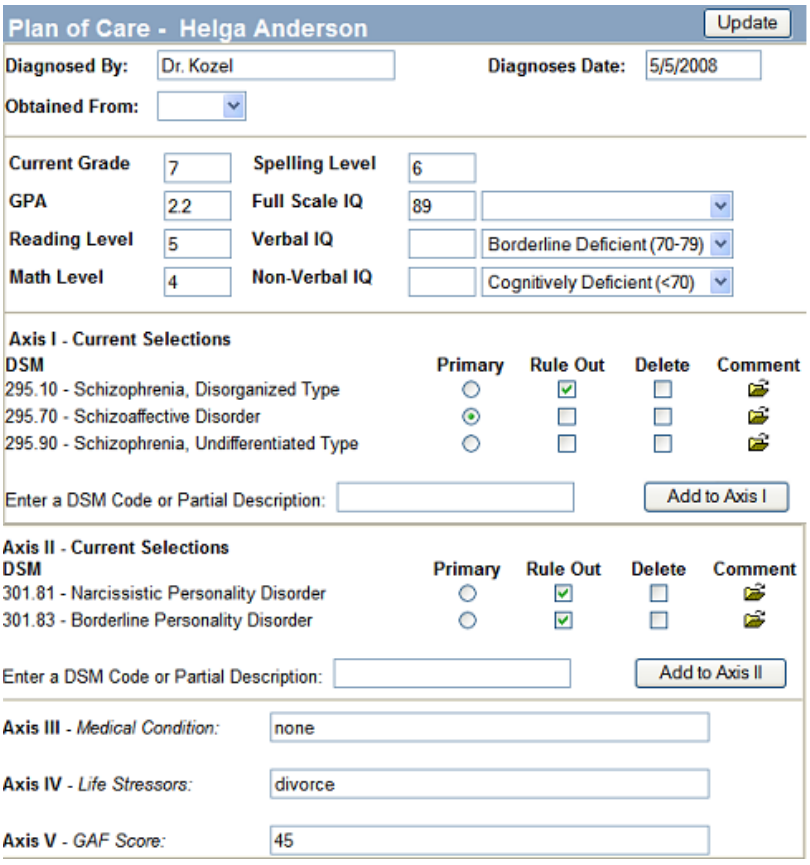
To view the DSM Diagnosis entry screen, select the "DSM Diagnosis" tab.

DSM Diagnosis Entry - Enter the name of the psychiatrist/psychologist providing the diagnosis, the date the diagnosis was made and the type of document you are using to confirm this information. If not entered already, enter the school/intellectual data at the top of the page from information within the psychological. For diagnoses, at a minimum, Axis I and Axis II diagnoses must be identified. Where

there are multiple diagnoses for Axis I and Axis II, indicate a primary designation if one was made by the diagnosing psychiatrist/psychologist. You can also identify the diagnoses as "Rule Out" if this designation applies. Axes III, IV and V must also be addressed; indicate "not listed" if these axes were not assessed. **It is critical that you do not enter the word "None" in these areas unless the psychiatrist / psychologist has specifically written down "None" on the report. If the psychiatrist / psychologist simply did not write anything down in these areas – you should write in "not listed"**

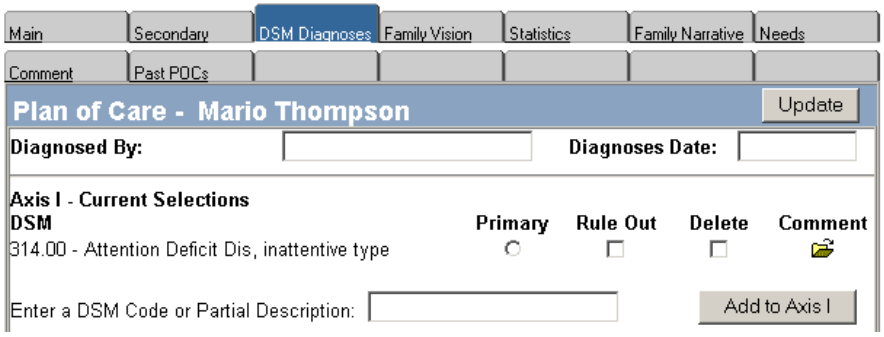
For REACH Only: There may be rare instances where written confirmation of the youth's diagnosis has not yet been received by the time of the first POC meeting. In those instances, the Care Coordinator should use the "Diagnosed By" box and write in "pending release from Roger's Hospital" (or whatever the name of the facility where the Release of Information Request was mailed to).

Sample View of DSM Diagnosis Entry Screen



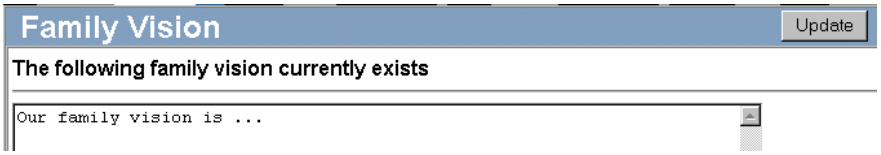
See note in bold above. Axis III designation of "none" was entered here only because the Psychologist / Psychiatrist specifically wrote that on the diagnostic assessment form. If nothing had been listed by the physician, the entry would be "none listed."

DSM Comments - Comments related to a diagnosis can be entered by clicking on the *"Comments"* folder to the right of the diagnosis. Enter the comments in the space provided. Save the entry by clicking on the "Update Comment" button at the top of the screen.



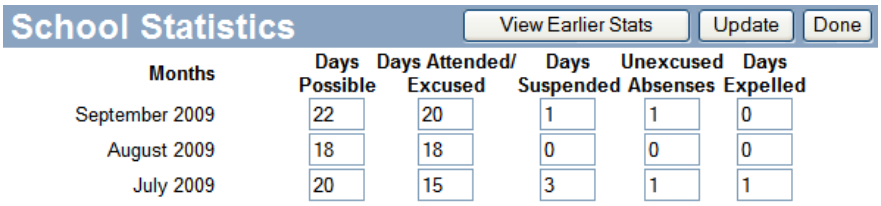
Vision Tab –

The Vision is a brief statement of what the enrollee/family hopes to achieve through involvement in Wraparound and beyond. As the vision will print on each page of the Plan of Care, the text is limited to 250 characters.



Statistics Tab

Click on the "Statistics" tab to view the school statistics screen. A screen similar to the one below will be displayed.



DEFINITION OF SCHOOL STATISTIC ELEMENTS

Days Possible: This number of days that school was actually in session that month.
Days Attended/Excused: The number of days the youth attended or was excused from school that month.
Days Suspended: The number of days the youth was suspended from school that month.
Unexcused Absences: The number of days the youth had an unexcused absence that month.
Days Expelled: The number of days the youth was expelled from school that month.

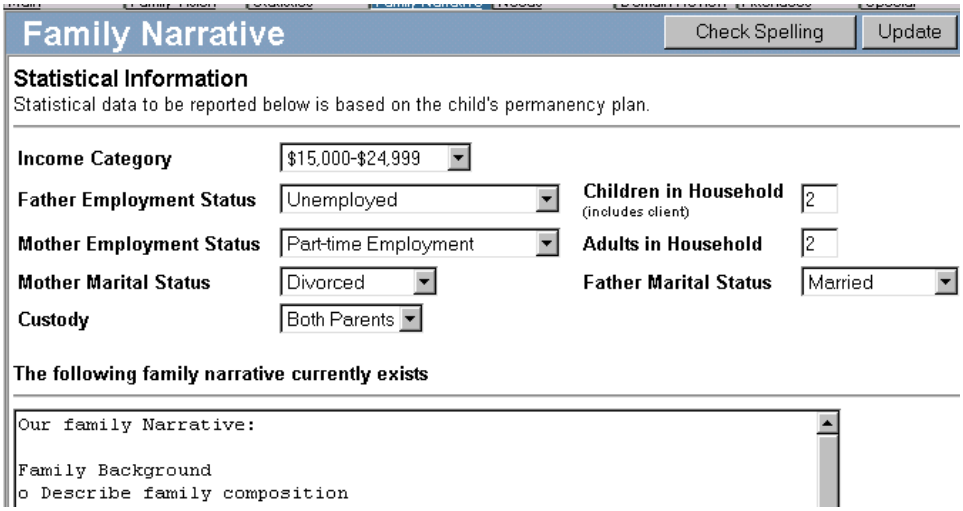
After completing the entry, click the "Update" button to save the entry.

School Statistics Display - Up to 12 months of school statistics will be displayed on the screen. To see additional entries on the "View Earlier Stats" or View Later Stats" buttons at the top of the screen.

Family Narrative Tab –

The family narrative includes information about the family and a written statement about family's history. The Family Statistical Information and Family Narrative Summary are shown below.

Sample View of Family Narrative / Statistical Information Screen



Save the family narrative entry by clicking on the “Insert” or “Update” button at the top of the screen.

Spell Check – Spell check is available as part of the Family Narrative feature.

After entering the family narrative text, you may use the Spell Check feature to look for spelling in the text entry. To activate the Spell Check feature, click on the “Spell Check” button at the top of the screen and follow the on-screen prompts.

After completing the spell check – **BE SURE TO SAVE THE FAMILY NARRATIVE BY CLICKING ON THE “UPDATE” BUTTON AT THE TOP OF THE SCREEN!**

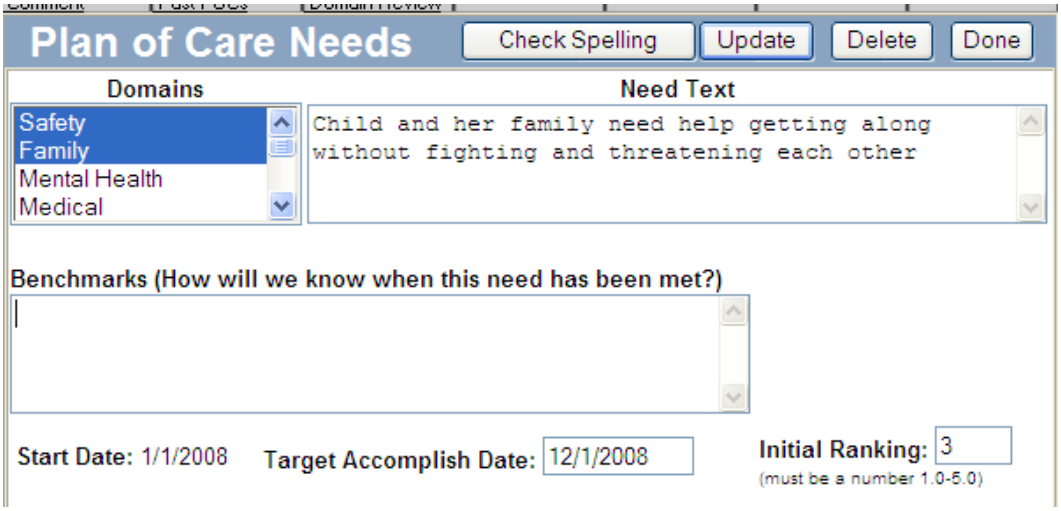
Needs Tab –

Development of a Needs Statement or Statements is generally a six-step process. The process includes:

1. Identifying the Life Domain(s) associated with the Need.
2. Establishing the Need Statement or text.
3. Setting Benchmarks for each Need (how will the Team know we are getting closer to meeting this need?)
4. Identifying Start and Anticipated Achievement dates, and an initial “Ranking” of the Need.
5. Associating Strengths from the Strengths Discovery with the Need Statement.
6. Entering a Strategy or Strategies associated with the Need Statement including the person(s) responsible for the Strategy.
7. Saving and finalizing the Need Statement.

**NOTE: A ‘Pending Need’ can be saved in Synthesis by entering only the Need Text and Life Domain(s) and checking the “Pending?” box. When the Team is ready to add that Need to the active Needs list, all you need to do is uncheck the “Pending?” box and add in the rest of the required elements.

Sample View of Needs Screen



Domain Identification - Select the domain or domains associated with the Need Statement. More than one domain may be selected as associated with a Needs Statement. To select a domain, click the check box in from of the domain statement.

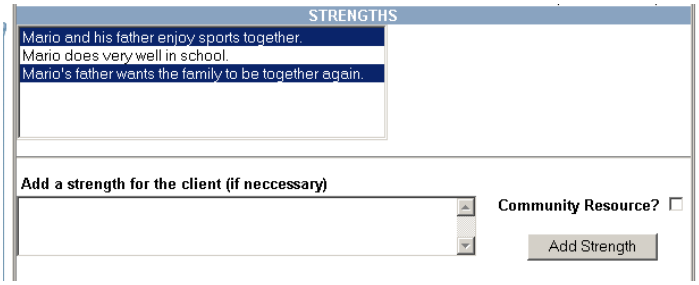
Need Statements - Needs Statements generally reflect the barriers to obtaining the vision, underlying reasons for behavior or what the enrollee/family would like help with to reach their vision.

1. A concise statement of the need.
2. The date the need was begun, the target date for meeting this need, and the initial “Ranking” of this need. The Ranking should be a number between 1 and 5 – and reflects how the Team feels this Need is being met currently. (1 means the Team feels the need has not been met at all; 5 means the Team feels the need has been fully met.)

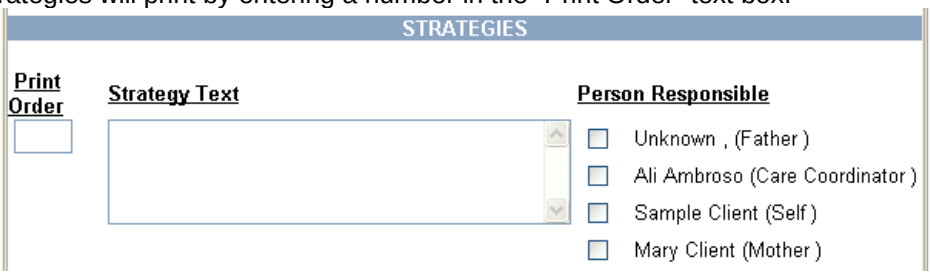
Benchmarks - State in descriptive and measurable terms how the team will know they are getting closer to need being met. Describe how the team will know that the ranking of the need has moved from one number to another..

Select Strengths - Select the appropriate strength or strengths that will assist with the identified need. More than one strength statement can be selected by pressing the CTRL key while selecting the strength.

If additional strength statements apply to the identified Need, the new strength statement(s) can be added. Enter the new strength text in the "Add a strength" box.



Identify Strategy or Strategies Associated with Need Statement, and the Person(s) Responsible for each Strategy- The next step involves identifying a strategy or strategies that will be used to assist with attainment of the identified need. One or more strategies may be identified for each Need Statement. The individual or individuals involved with implementing a strategy should also be identified. Strategies should reflect who, what, when, where and how a need will be met. You can determine the order in which Strategies will print by entering a number in the "Print Order" text box.



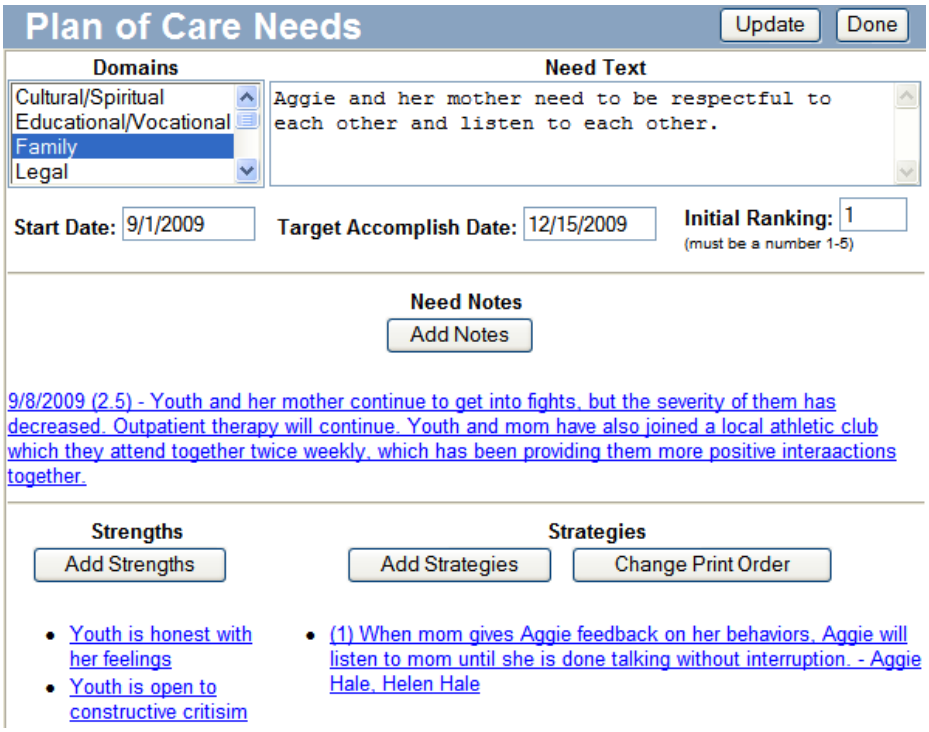
.

Save the strategy statement by clicking on the "Add Strategy" button at the bottom of the screen.

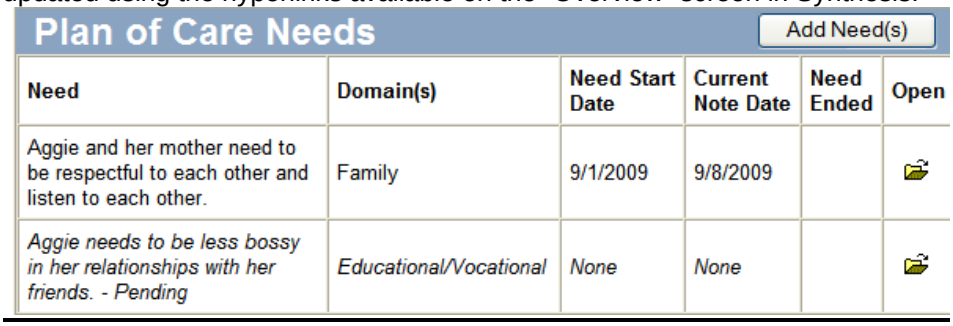
Changing Strategy Print Order- The print order for the strategies can be changed once the entire need statement has been saved (see instructions for editing the need statement below).

Save/Insert Need Statement – To save the Need Statement entry, click on the "Insert Need" button.

The Need Statement entry is now completed. A screen similar to the one below will be displayed.



POC Need Statement Update Screen - The component parts of the POC Need Statement(s) can be updated using the hyperlinks available on the "Overview" screen in Synthesis.

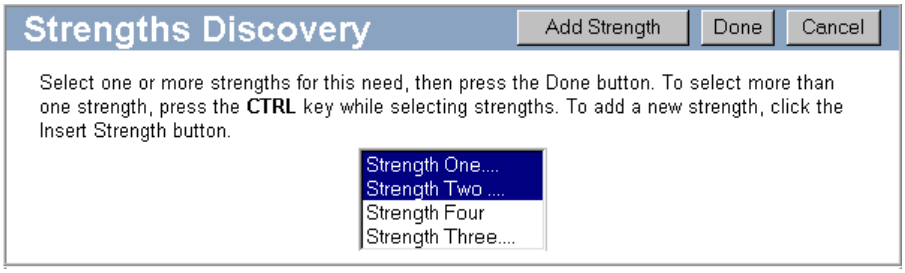


Updating or Revising Need Statement(s) - Each Need must be reviewed and updated at subsequent Plan of Care meetings.

The component parts of each Need can be updated from the "Need Overview" screen. (See the above sample view.)
The Need text can be modified by adding to or modifying the existing text and clicking on the "Update" button to save the new text.
A pending Need can be activating by unclicking the "Pending" checkbox and adding completing the rest of the Need entry screen (start and end dates / strengths / strategies / initial ranking, etc.).

Domain Update - The domain(s) related to this Need can be updated by selecting the new domain(s) and clicking on the "Update" button to save the change.

Strength/s Update - Strengths can be edited, added or deleted at each POC review. Click on the hyperlinks to the individual statements to update an existing statement. Click on the "Add" button to add new strengths or inactivate existing strengths. A screen similar to the one below will be displayed.



To add an existing strength statement, hold down the control key and click on the statement so that it is highlighted.

To inactivate an identified strength statement, hold down the control key and click on the statement so that it is no longer highlighted.

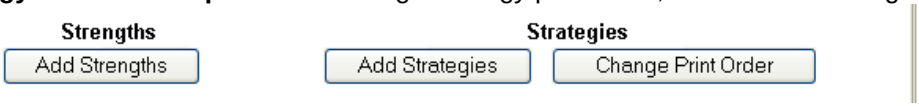
Add New Strength Text - To add a completely new statement, click on the "Add Strength" button at the top of the screen. The strengths discovery screen will appear. Enter the new strength text in the text entry box. Save the entry by clicking on the "Insert" button at the top of the screen.

After entering the new strength statement, click on the "Insert" button to save the entry.

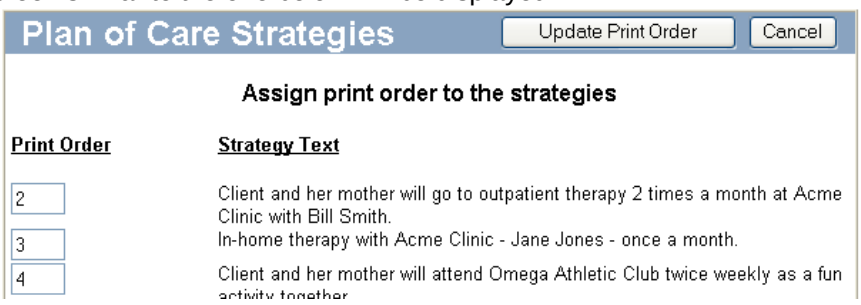
Strategy/s Update/ Delete / Addition - Strategies can be edited, added or deleted at each POC review. Click on the hyperlinks to the individual statements to update or delete an existing statement. A screen similar to the one below will be displayed.

Enter your new Strategy or update an existing one, and press Insert/Update.

Strategy Print Order Update - To change strategy print order, click on the "Change Print Order" button.

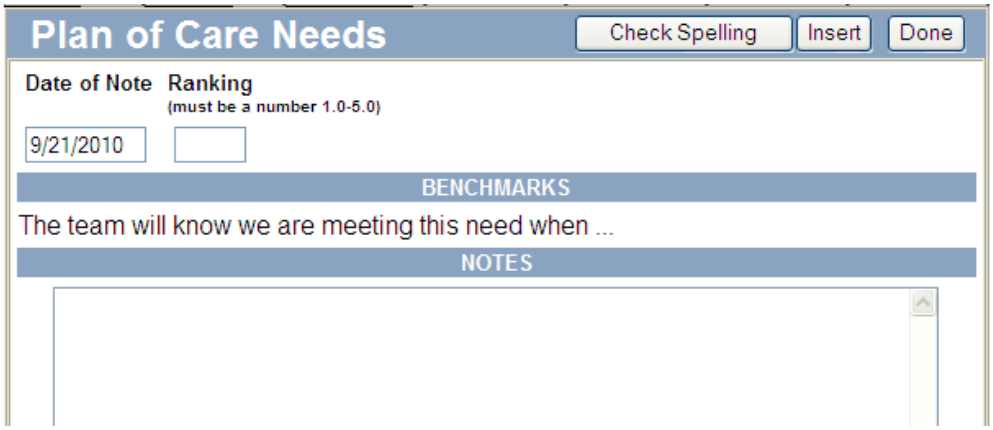


A screen similar to the one below will be displayed.

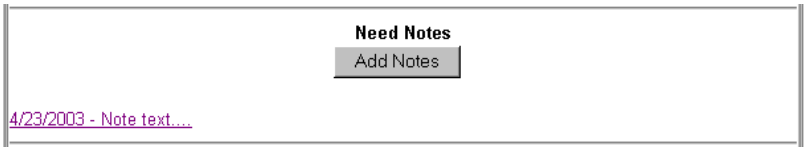


Enter numbers to reflect the new print order for the strategies. Save the changes by clicking on the "Update Print Order" button at the top of the screen.

Notes - A status Update Note must be entered for all active needs within a POC. The note should describe any changes to the need, and **provide a comprehensive update on the status of this need since the previous POC**. Reference the benchmarks and describe how these are being accomplished. In addition to the status note, you must update the Need Ranking for all active Needs at each POC; Need Rankings are NOT required for pending Needs. Again – the Need Ranking is a number between 1 and 5 reflective of how the Team feels this Need is being met. (1 means the Team feels the need has not been met at all; 5 means the Team feels the need has been fully met.)



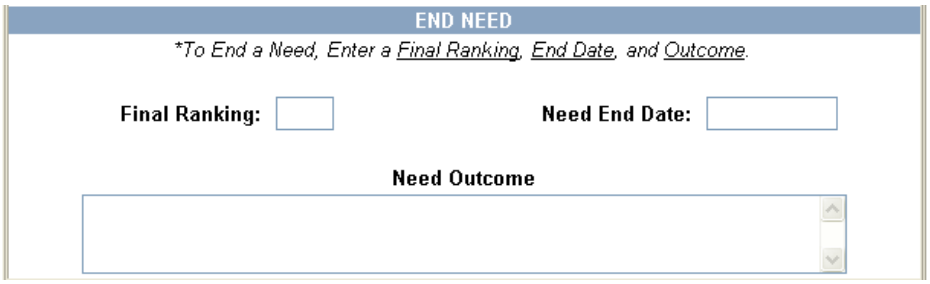
To add a status note, click on the "Add Note" button on the screen displayed above. You will see the following screen displayed. Enter the date of the note and note text Save the note by clicking on the 'Insert" button at the top of the screen.
You will be returned to the Need Statement Update Screen. The date of the note and a portion of the note statement is now viewable as a hyperlink to the note



Modify the Note Text – To modify or delete the note text, click on hyperlink text of the note (the underlined dated statement) and you will be returned to the "Add Note" screen. Modifications can only be made by the Care Coordinator prior to advancing the POC to the Supervisor's Level. Modification can only be made to the most recent note.

Ending a Need - Both pending and active Needs can be ended. To end a Need, return to the Need "Overview" screen. Enter the following:

- Need End Date – the date this Need was ended.
- Need Outcome – a comprehensive statement of the outcome.
- Final Ranking – Using a scale of 1 – 5, the Team ranks how well they feel this need has been met. A Final Ranking IS NOT required for needs that were never activated (i.e., for pending Needs).

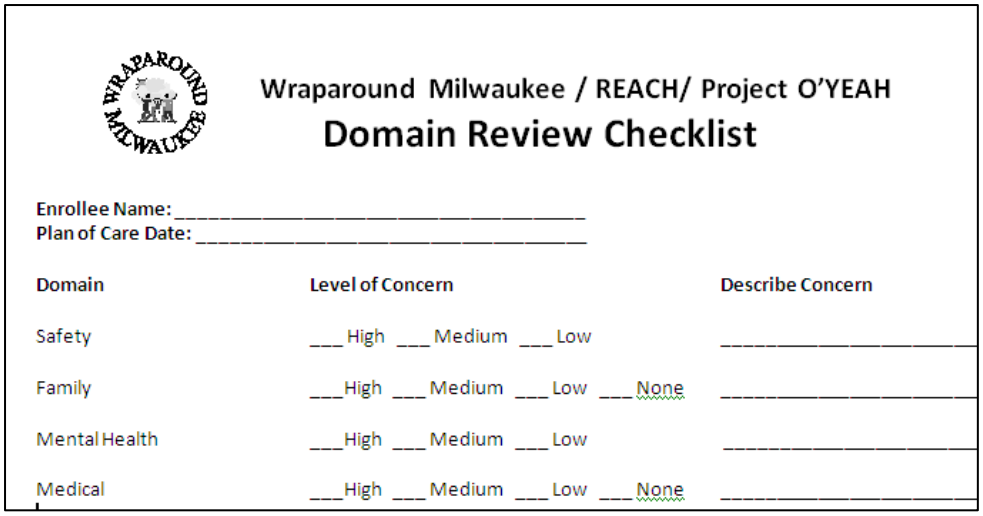


To "Save" the "End Need" entry, scroll back to the top of the screen and click on the "Update" button.

Domain Review Tab –

At each Plan of Care Meeting, the Team should complete a new Domain Review Checklist. The Domain Review allows the Team to see if new Needs have arisen and helps to prioritize those Needs. The Transition to Adulthood need is only required if the enrollee is age 16.5 or older.

Paper Domain Review Checklist done at POC Meeting:



Wraparound Milwaukee / REACH/ Project O'YEAH

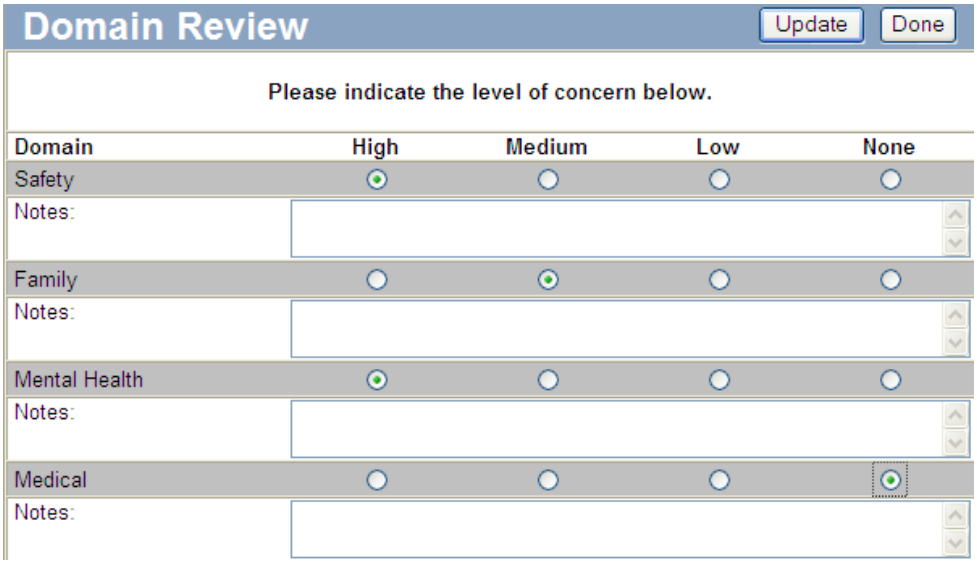
Domain Review Checklist

Enrollee Name: _____

Plan of Care Date: _____

Domain	Level of Concern	Describe Concern
Safety	___ High ___ Medium ___ Low	_____
Family	___ High ___ Medium ___ Low ___ None	_____
Mental Health	___ High ___ Medium ___ Low	_____
Medical	___ High ___ Medium ___ Low ___ None	_____

Data Entry Screen for Domain Review



Domain Review

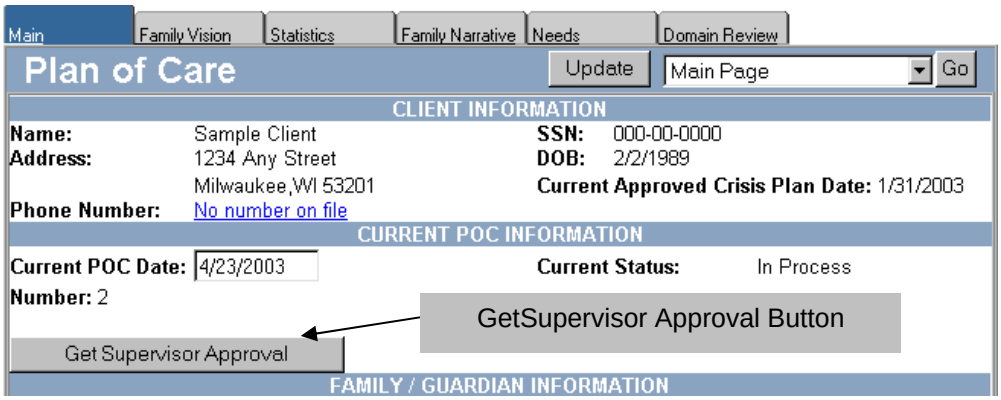
Update Done

Please indicate the level of concern below.

Domain	High	Medium	Low	None
Safety	◉	○	○	○
Notes:				
Family	○	◉	○	○
Notes:				
Mental Health	◉	○	○	○
Notes:				
Medical	○	○	○	◉
Notes:				

Submitting POC for Approval –

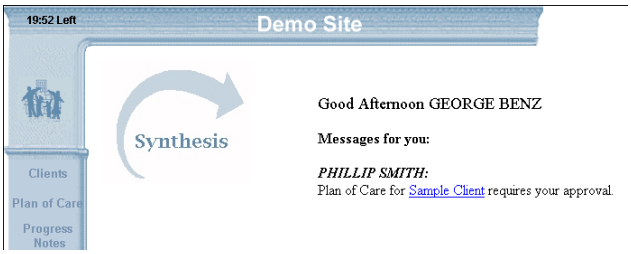
Upon completion of the POC, click on the "Get Supervisor Approval" button Main Page of the Family Plan. The plan is then transferred to the Supervisor level for review and if need be modification. An electronic message is sent to the Supervisor/Lead via Synthesis, notifying them that a Plan of Care for the enrolled child is "Pending Supervisor Approval". While in "Pending Supervisor Approval" status, only the Supervisor/Lead can update or modify the POC.



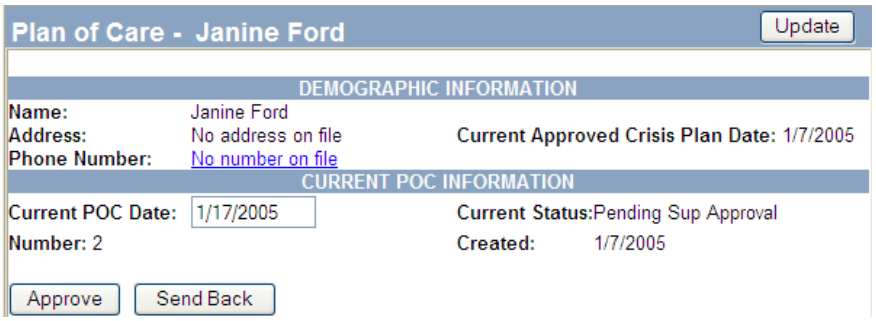
Supervisor POC Approval Message – Synthesis automatically notifies the agency supervisor/lead that a POC is awaiting approval.

A notice of a POC needing approval will appear on the supervisor's and lead worker's Login screen.

The enrollee's name serves as a hyperlink to the POC for quick access by the supervisor. Clicking on the hyperlink will take the supervisor/lead directly to the POC main screen.



Supervisor Approval – After reviewing the POC for completeness and quality, the Supervisor/Lead can return the POC to the Care Coordinator for update or modification by clicking on the "Send Back" button on the Main Page of the Family Plan. If the plan meets with the Supervisor/Lead's approval, he/she will submit to Wraparound Administration for final approval by clicking on the "Approve" button.

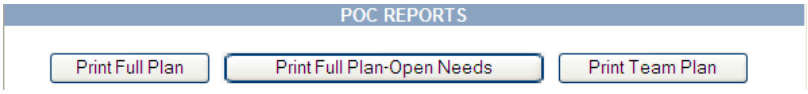


Wraparound Administrative Approval – Upon completion of the POC, **submit the POC Signature Sheet to Wraparound Administration to notify administrative staff that the POC is ready for administrative approval.**

Care Coordinator Notice of POC Approval or Denial – Care Coordinators will receive an electronic message upon login to Synthesis when the POC has received final approval.

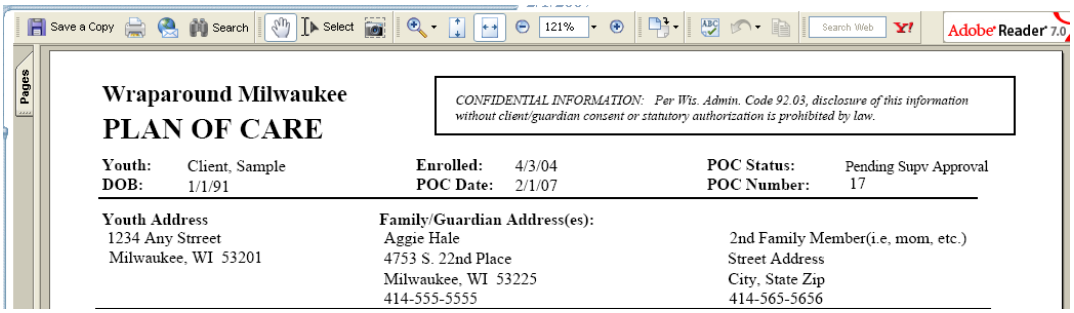
Printing POC – Care Coordination agencies are responsible for maintaining a printed copy of the Plan of Care including the Signature Sheet at the agency in the enrolled child's chart.

To print a plan of care that is "In Process", select one of the options on the Main Page of the data entry screens:



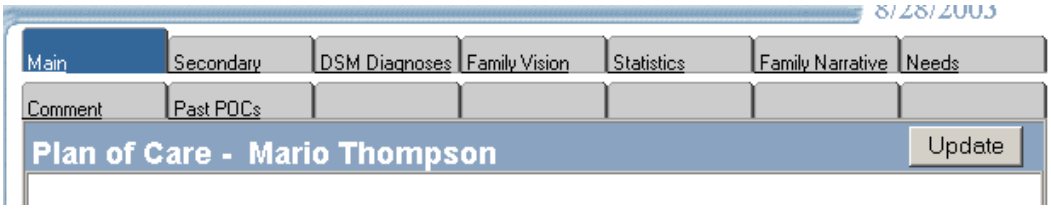
Select Print Full Plan to print the entire Plan of Care (active and ended needs). Select Print Full Plan–Open Needs to include only active need statements in the POC report. Select Print Team Plan if you want to print only the POC Need Statements.

Sample View of Report Screen

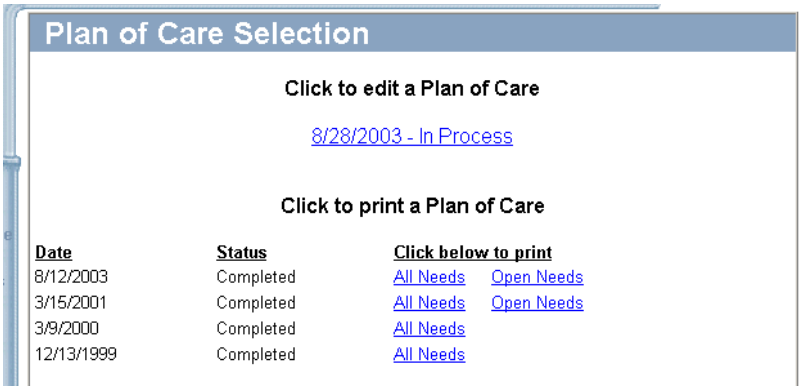


Select the printer icon to print the report;
Select Save a Copy to save the report

After viewing/printing the POC report, you can return to the POC by clicking on the Back button located on the browser menu at the top of the page.
Printing a "Past POC" - To print a previous POC, select the "Past POCs" tab at the top of the screens:



Select which POC you need to print from the option provided:



SIGNATURE SHEET

Include the enrollee's name, DOB and the POC date on the top of the page.

REQUIRED SIGNATURES are those of the Youth, Parent/Legal Guardian, Care Coordinator, Care Coordinator Supervisor, Team Psychologist/Psychiatrist and Prescribing Physician (if applicable). Attendance boxes (Yes or No) should be marked accordingly.

Team members should be encouraged to sign the signature sheet, as an indication that they were at the meeting. Indicate if the POC is being submitted as part of a Prior Authorization. If yes, mark the appropriate box.

WRAPAROUND MILWAUKEE
Plan of Care Policy
Attachment 3

SUBMIT FOR PRIOR AUTH REVIEW? _____ Yes _____ No
If yes, ____ Initial _____ Re-Authorization
If yes, _____ Day Treatment _____ RCCCY ____Foster Care
_____ Group Home _____ Independent Living

WRAPAROUND MILWAUKEE

POC/Child and Family Team Meeting Signature` Sheet

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

REQUIRED TEAM MEMBER SIGNATURES

			In Attendance?
Youth	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Care Coordinator	Phone	E-mail address	☐ Yes ☐ No
Care Coord. Supervisor	Phone	E-mail address	☐ Yes ☐ No

✓Client Rights Reminder

Enrollee/parent/ legal guardian:

By signing this form you do not give up your right to grieve or appeal what is written in this Plan or the services you are receiving.

Consulting Psychologist	Date	Phone	E-mail address	Yes ☐ No ☐
Consulting Psychiatrist	Date	Phone	E-mail address	Yes ☐ No ☐

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
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Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address

WRAPAROUND MILWAUKEE

REACH Program

POC/Child and Family Team Meeting Signature Sheet

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

REQUIRED TEAM MEMBER SIGNATURES

			In Attendance?
Youth	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Care Coordinator	Phone	E-mail address	☐ Yes ☐ No
Care Coord. Supervisor	Phone	E-mail address	☐ Yes ☐ No
Consulting Psychologist	Date	Phone / E-mail address	☐ Yes ☐ No
Consulting Psychiatrist	Date	Phone / E-mail address	☐ Yes ☐ No

✓Client Rights Reminder

Enrollee/parent/ legal guardian:

By signing this form you do not give up your right to grieve or appeal what is written in this Plan or the services you are receiving.

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
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