

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>9/1/98</b>	Date Revised: <b>10/28/08</b>	Section: <b>ADMINISTRATION</b>	Policy No: <b>004</b>	Pages: <b>1 of 2</b> (3 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: <b>1/1/09</b>	Subject: <b>OUT-OF-HOME CARE AUTHORIZATION</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee to preauthorize all new placements in Residential Care Centers for Children & Youth (RCCCY's) and Group Homes (which includes Phase 1 of Supported Independent Living), as well as review requests for placement extensions to ensure adherence to providing quality care to youth in the safest, least restrictive setting. The purpose of the Out-of-Home Care Authorization Process is to document expected placement outcomes and to ensure quality collaboration between families, community agencies and out-of-home care facilities.

## II. PROCEDURE

### A. Placements Initiated by Child & Family Team.

1. If a youth's needs rise to the level of a possible Out-of-Home placement, as identified by a member of the Child & Family Team, a Child & Family Team meeting must occur. The Child & Family Team must once again review all Strengths, Needs, Strategies and Resource options to determine the appropriate action to be taken by the Team members. Options of alternate resources, supports and/or consultations must be considered. If all possible resources have been exhausted, and out-of-home placement is going to be requested, the Care Coordinator must update the youth's Plan of Care (POC) to reflect this.
2. The POC must be approved by the Supervisor/Lead, as usual.
3. The Care Coordinator submits the POC SIGNATURE SHEET (*see Attachment 1*) for final POC approval from Wraparound Milwaukee, checking the "Submit for Prior Auth Review" box. This will cue Wraparound staff that the POC contains a request for out-of-home care, and the POC and a Cover Sheet will be forwarded to the appropriate Wraparound Manager for review.
4. The Wraparound Manager will review the form for authorization. More information or documentation may be requested prior to authorization being considered.
5. **A decision to approve or deny the request will be made within four (4) days of receipt of a COMPLETE request.** Care Coordinators will be notified as to whether or not the request has been approved via a login message in Synthesis.
6. **If Approved**, the Care Coordinator should determine which facilities have openings appropriate to the youth's needs. **The Care Coordinator should then arrange for child and family tours of these facilities to assist the family in choosing a placement.**  
*Note: ALL YOUTH PLACED IN RESIDENTIAL OR GROUP HOME CARE MUST HAVE OUT-OF-HOME CARE PRIOR AUTHORIZATION UPON ADMISSION. For the first Out-of-Home Authorization, Care Coordinators should print off a copy of the approved Authorization form from Synthesis and give to the placement Provider to confirm authorization for placement/payment.*
7. **If Denied**, alternative recommendations will be provided to the Care Coordinator to consider with the Child & Family Team. If the Child & Family Team disagree, the Care Coordinator may appeal the decision by contacting the Deputy Director of Wraparound Milwaukee at (414) 257-7521.

### B. Court-Ordered On or During Enrollment.

1. If a youth is court-ordered into an Out-of-Home placement upon enrollment, the Care Coordinator will be notified of this on assignment. The Care Coordinator must confirm this per the Docket Sheet and Court Order **as soon as possible**.
2. If youth is court-ordered into an out-of-home placement during enrollment, the Care Coordinator must submit the Docket Sheet, showing this to their Liaison as soon as possible. Highlight on the Docket Sheet that you are submitting the Docket because the youth has been ordered into out-of-home care.



<b>SUBMIT FOR PRIOR AUTH REVIEW?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Day Tx. <input type="checkbox"/> RCCY <input type="checkbox"/> Grp. Home <input type="checkbox"/> Indep Living, Phase 1
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**Youth Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_    **POC Date:** \_\_\_\_\_

***REQUIRED TEAM MEMBER SIGNATURES***

			<u>In Attendance</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Youth	Phone	E-mail address	
_____	_____	_____	
Parent/Legal Guardian	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Parent/Legal Guardian	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Care Coordinator	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Supervisor	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Consulting Psychologist	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	
Prescribing Physician	Phone	E-mail address	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p align="center"><b>✓ Client Rights Reminder</b></p> <p><b>Youth/parent/ legal guardian:</b></p> <p><b>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.</b></p>
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***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
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address





Wraparound Milwaukee  
**Out of Home Care Progress Report**

Date of Report: 8/1/08  
Youth's Name: Client, Sample  
Name of Facility: Wraparound Milwaukee

**PLACEMENT HISTORY**

Placement Date	Discharge Date	Placement Type	Placement Name
3/1/05		Foster, Pre-adoptive	Foster Home

**Service Month**  
July

**In the past month, what needs from the POC have been addressed by your facility?**

Needs addressed from the POC have been...

**What strengths/skills have been obtained to date through this youth's stay?**

Strengths we are building on are...

**How have safety concerns been addressed and what needs to be put into the crisis/safety plan to prevent further harm?**

Safety concerns have been addressed by...

**What methods of treatment have been utilized this past month to assist this youth in returning to his/her community?**

Treatment methods used are the following:

**Recognizing that community passes are an integral part of youth's treatment, describe how your facility has prepared this youth and family for passes, as well as incorporated skills during and after to assist in successful transition out of your facility.**

Community passes have been used to...

**For the Youth: What do you need at this time to be successful in your home, school and community?**

I need help with...

**For the Youth: What skills have you gained to date to assist you in being successful outside of your current placement?**

I feel I'm getting better at...

**For the Family: What have you seen from your child recently that you would like to see more of?**

We have seen positive changes in our child exhibited by...

**For the Family: What do you need help or support with from your Child and Family Team to have your child return home?**

We still need help...

**Date discussed with youth and family.**

7/29/08

**Names of those present on that date.**

Bob Jones, James Smith, Erim Habril, Jimmy Apna

Progress Report Prepared by: Linda Bichler



## J.S.O. Treatment Progress Report

This form is to be completed by the **Treatment Provider** along with the Out-of-Home Care Progress Report for all youth receiving **Sexual Offense Specific Treatment**. A copy should be forwarded to the youth's Probation Officer. Thank you.

Date of Report: 8/1/08  
Youth's Name: Client Sample  
Name of Facility: Wraparound Milwaukee

SAMPLE

**Service Month**  
February

**For the victim(s) – please describe how your work has addressed the victim's needs and what planning is taking place to insure safety during home passes and at the point of reunification.**

Strategies that work with the victim have been...

**What strengths/resources of both the youth and family have been discovered that might assist in movement toward a safe and healthy family reunification?**

Strengths / resources discovered are...

**If family reunification is not seen as the next least restrictive step for the youth, what resources are you imagining will be necessary to continue the work you have begun?**

Reunification steps...

**What remaining treatment objectives for the youth and family do you see as requiring continued stay within your treatment facility?**

Remaining objectives are...

**What activities/opportunities have been provided by your program to assist the parents(s) / caretakers in preparing for a safe return home/reunification?**

Activities offered are...

**Victim's relationship to the offender**

Sibling

**Age and gender of known victim(s)**

6 year old female

**Youth accepts responsibility for the referring sexual offense(s)**

Never

*Evidenced by*

Youth's acceptance of responsibility is evidenced by...

**Youth acknowledges harm done to victim(s) and the community.**

No

*Evidenced by*

Youth acknowledgement of harm is evidenced by...

JSO Progress Report

Date of Report: 5/5/08

Youth's Name: Client, Sample

Name of Facility: Wraparound Milwaukee

**Youth's parent(s) have been actively involved in family treatment aimed at preventing further abuse/exploitativeness.**

Yes

**If true, how many FACE-TO-FACE family treatment sessions have occurred since treatment began in your program?**

5 Face-to-Face sessions have occurred

**If there have been inter-familial victims, their needs have been identified and prioritized by the treatment team and their safety is at the core of treatment efforts within your program.**

Yes

**If true, this is evidenced by**

Familial needs have been addressed...

**Youth and family have established a WRITTEN contract with treatment team providers, probation officer and others that specifies rules and expectations for insuring the SAFETY of all when youth is in the community (at home, in school, on the bus, etc.).**

Yes

**Youth demonstrates empathy for the victim(s).**

Rarely

*Evidenced by*

Empathy is evidenced by...

**Youth demonstrates remorse for the referring offense.**

Rarely

*Evidenced by*

Remorse is evidenced by...

**Youth demonstrates an increase in taking responsibility for his/her behavior, in general.**

Rarely

**Youth demonstrates an understanding of all the elements of the referring sexual offense(s).**

Rarely

**Youth demonstrates an awareness of warning signs and risky situations.**

Often

*Evidenced by*

Awareness of warning signs is evidenced by...

**Youth has a personal history of having been maltreated sexually or otherwise.**

Yes

**If true, this history has been explored within treatment.**

No

JSO Progress Report  
Date of Report: 5/5/08  
Youth's Name: Client, Sample  
Name of Facility: Wraparound Milwaukee

**Youth's parent(s) (and intrafamilial survivors, as appropriate) have been educated regarding warning signs and risky situations and this is part of the family Safety Plan.**

Yes

**If true, these warning signs, risky situations and Safety Plans are written down and in the parent or supervising caretaker's, siblings' and youth's possession.**

Yes

**Youth demonstrates an ability to identify problems**

Sometimes

**Youth demonstrates an awareness of his/her personal strengths.**

Rarely

**Youth requests help from appropriate sources when confronted with a problem.**

Sometimes

**Youth demonstrates an increased understanding of how to meet his/her sexual needs without hurting others or engaging in illegal behavior.**

Sometimes

*Evidenced by*

Increased understanding is evidenced by...

**Youth demonstrates an increased understanding of how to meet his/her social needs without hurting others.**

Rarely

**Youth demonstrates knowledge of how to have healthy and non-victimizing relationships.**

Rarely

**Youth demonstrates the ability to communicate anger in an appropriate, non-abusive manner.**

Always

**Youth demonstrates an awareness of and respect for the rights of others.**

Never

**Has youth been exposed to a 'healthy sexuality' or 'healthy relationships' curriculum?**

Yes

Report Prepared by: Janet Bunder