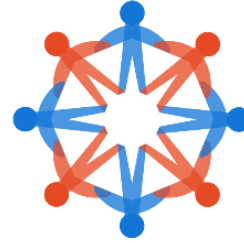


CARE COORDINATION OVERVIEW

Illinois Systems of Care



SYSTEMS OF CARE
Wraparound Training

Sponsored by:



HFS

Illinois Department of
Healthcare and Family Services

Administered by:



PATH

PROVIDER ASSISTANCE
AND TRAINING HUB

I School of Social Work
UNIVERSITY OF ILLINOIS SPRINGFIELD

All materials related to TCOM (CANS, ANSA, CAT, etc.) are provided in collaboration with:



COURSE ITINERARY



Welcome & Introductions

Unit 1: The Illinois System of Care

Unit 2: Roles within Wraparound

Unit 2: Wraparound Processes

Unit 3: The Phases of Wraparound

Closing

COURSE GOALS

1

Lay the foundation for Wraparound in Illinois.

2

Present the roles and processes of Wraparound.

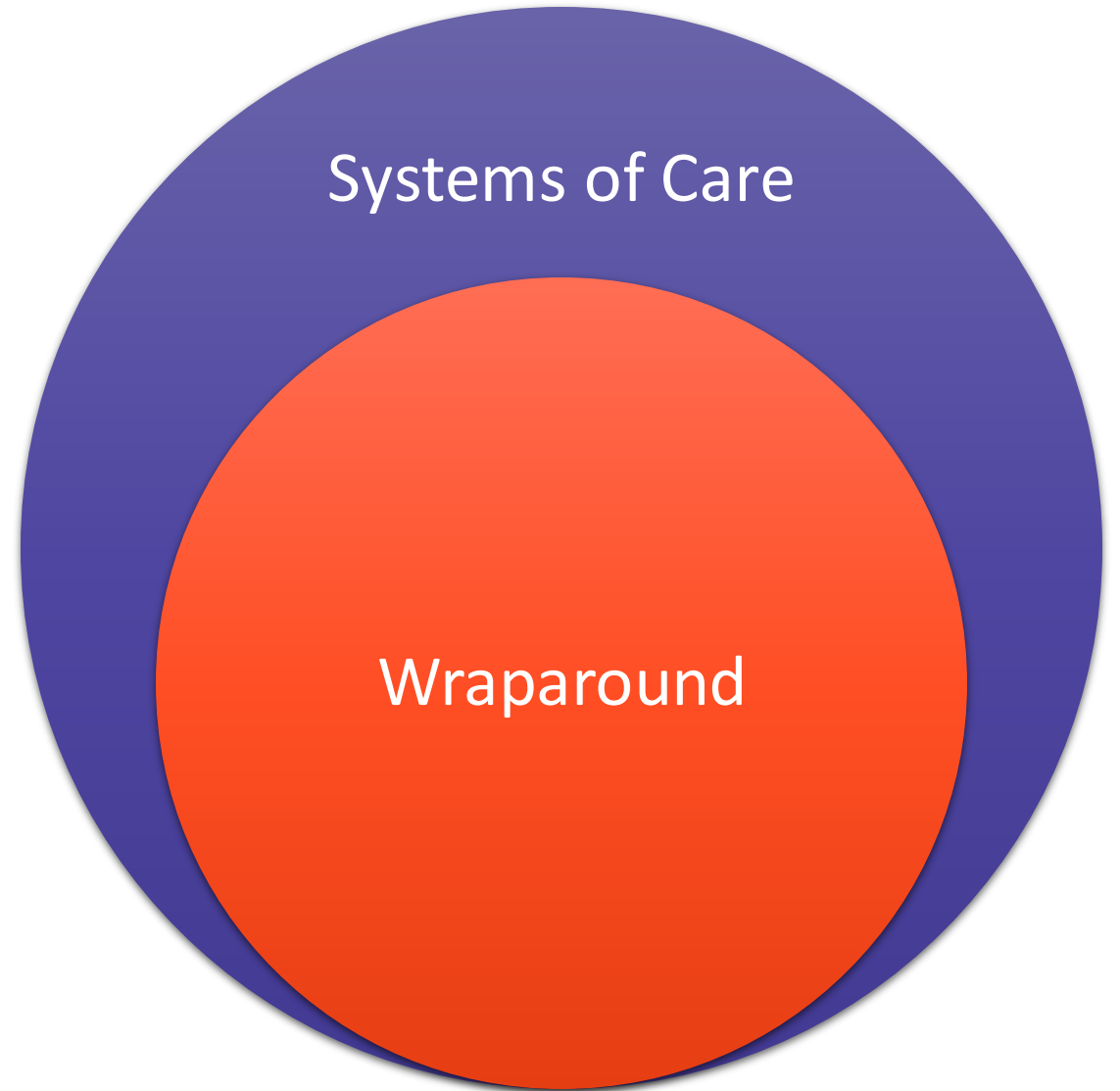
3

Introduce the phases of Wraparound.

UNIT 1:

THE ILLINOIS SYSTEM OF CARE

**WHAT IS THE RELATIONSHIP
BETWEEN SYSTEMS OF CARE
& WRAPAROUND?**



PURPOSE OF WRAPAROUND



- Identify and address unmet needs
- Recognize and develop strengths
- Develop skills for youth and family through team-based approach
- Emphasize building familial and natural supports for sustainability
- Coordinate and communicate across community systems

GUIDING PRINCIPLES





Eligible Youth

- Under age 21
- Enrolled in Illinois Medicaid
- Have a completed IM+CANS
- Stratified into Tier 1 (HFW) or Tier 2 (ICC) of the Illinois Behavioral Health Decision Support Criteria

UNIT 2:
ROLES WITHIN WRAPAROUND

Facilitators (1:10) & Care Coordinators (1:25)

- Facilitate and contribute to the process
- Coordinate different services & supports
- Assist the team in the development of the Individualized Plan of Care & the Crisis Prevention Plan
- Value, understand & practice the Wraparound Guiding Principles

CCS Supervisors (1:8)

- Provide strength-based coaching
- Help build coordination skills
- Ensure accurate documentation
- Support teams in understanding available resources & options
- Develop & articulate effective practices

Clinical Manager

- A full-time, dedicated LPHA employed by the CCSO.
- Responsible for the clinical oversight of CCS services.
- May also provide oversight for MCR services.

CCSO Program Manager

- Responsible for administrative oversight of the CCSO functions.
- Serves as the primary contact for HFS.
- Helps support the Care Coordination team in relationship development, community engagement, explain program policies and procedures, and other executive leadership functions.

ADDITIONAL FORMAL ROLES



Managed Care
Coordinator



Formal Supports (DCFS,
Probation, Therapist)



Family Peer Support

UNIT 3:
WRAPAROUND PROCESSES

CHILD & FAMILY TEAM PROCESS: DOCUMENTATION



STRENGTHS, NEEDS & CULTURAL DISCOVERY



Strengths, Needs, and Cultural Discovery



This story belongs to: _____

Throughout the SNCD process, we get to know the family and identify who they are in terms of their strengths, culture, and family vision. During the process, we explore the family's strengths and needs across life domains and build on the information gathered in the IM+CANS to help introduce their family story.

1. FAMILY VISION

What do you want your family life to look like after Wraparound?

Prompt: "Life will be better when..."

2. FAMILY & RESIDENCE

What is your home like? What is your neighborhood like? Who lives with you? What do you like about your home?

What do your relationships and interactions look like with the people you call family? What does your family do well? How do you support one another?

3. SOCIAL

In what community activities are you and your family involved (church, NA/AA, scouts, sports, etc.)? What activities do you find to be supportive to you? Who do you and your family spend time with outside of the home? What do you do with them?

What is it?

- Communication & empowerment tool
- Strengths-based discovery
- Culturally-inclusive
- Family-driven

How is it used?

- Captures family's perspective
- Follows journey through Wraparound
- Provides deeper understanding
- Identifies underlying needs

CRISIS PREVENTION AND SAFETY PLAN

What is it?

- Plan to manage crisis
- Preventative Tool
- Addresses underlying needs

How is it used?

- Every youth in Wraparound gets a CPSP
- Informs response to crisis
- Includes all team members

Building a Crisis Prevention Plan

Crisis can be a result of repeated behaviors and responses. In order to build a crisis prevention plan that best matches your definition of crisis and what is useful to you, we need to consider your unique needs and resources and work on common goals and then actions to help achieve these goals. Consider all support systems and local community.

CRISIS CONCERN 1		
Description of Triggers & Warning Signs:		Location: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community <input type="checkbox"/> Other:
Action Steps	Person Responsible	Contact Information
1.		
2.		
3.		
4.		
5.		
Description of Behavior During Crisis:		
Action Steps	Person Responsible	Contact Information
1.		
2.		
3.		
4.		
5.		
Description of Post-Crisis Activity & Response:		
Action Steps	Person Responsible	Contact Information
1.		
2.		
3.		
4.		
5.		

CHILD & FAMILY TEAM MEETING AGENDA



Child & Family Team Meeting Agenda



GENERAL INFORMATION				
First Name:	Last Name:	Preferred Name:	RIN:	
Facilitator / Care Coordinator:		Family Peer Supporter:		
Date:	Location:	<input type="checkbox"/> Initial Team Meeting		
Time:		<input type="checkbox"/> Ongoing Team Meeting		
TEAM MEMBERS				
<i>List and introduce all team members. Please check all in attendance.</i>				
Name	Role	Preferred Contact Information	Present	Absent
1. GROUND RULES				
<i>List the agreed upon ground rules and include any necessary modifications.</i>				
2. SUCCESSES				
<i>List any recent youth/family/team successes.</i>				

What is it?

- Guide for Child and Family Team Meetings
- Record of CFTM content

How is it used?


- Sets the pace for CFTMs
- Provides structure
- Ensures essential Wraparound processes are discussed
- Captures CFTM content

What is it?

- Tool to document Needs and Strengths
- Inclusive of the IPOC

How is it used?

- Measures Progress
- Helps guide and inform the IPOC
- Identifies family preferences and Family Vision


 ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

Initial
 Update
 Re-assessment

Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)

1. GENERAL INFORMATION

Client First and Last Name: _____		Date of Birth: _____	RIN: _____	Gender: _____	Referral Source: _____	Date First Contact: _____
Phone Number: _____	Primary Language: _____	Interpreter Services: <input type="checkbox"/> None required <input type="checkbox"/> TDD/TTY <input type="checkbox"/> Spoken Language: _____ <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____				
Address: _____		City: _____	State: _____	Zip Code: _____	County: _____	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian Native/Other Pacific Islander <input type="checkbox"/> Multi-Race	<input type="checkbox"/> White <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Insurance Coverage and Company: <input type="checkbox"/> N/A		Household Size: _____	Household Income: _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Widowed		
Guardianship Status: <input type="checkbox"/> Own guardian <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Youth in Care <input type="checkbox"/> Other court appointed <input type="checkbox"/> Other: _____	Employment Status: <input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Employed full-time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Employed part-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work <input type="checkbox"/> Unemployed			
Living Arrangement: <input type="checkbox"/> Lives alone <input type="checkbox"/> Independent Living <input type="checkbox"/> Lives with parent(s), relative(s), or guardian(s) <input type="checkbox"/> State operated facility (mental health/dev. disability) <input type="checkbox"/> Jail or correctional facility		<input type="checkbox"/> Residential/Institutional Setting (residential, nursing home, shelter) <input type="checkbox"/> Community integrated living arrangement (CILA) <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____				
Education Level: <input type="checkbox"/> Never attended <input type="checkbox"/> Grade 4-5 <input type="checkbox"/> H.S. diploma/GED <input type="checkbox"/> Trade/technical training <input type="checkbox"/> Master's/Doctoral degree <input type="checkbox"/> Pre-K/Kindergarten <input type="checkbox"/> Grade 6-8 <input type="checkbox"/> Some college <input type="checkbox"/> Professional certificate <input type="checkbox"/> Grade 1-3 <input type="checkbox"/> Grade 9-12 <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree						
Parent, Guardian, or Significant Other Info.		First and Last Name: _____	Relationship to Client: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Significant Other		Phone Number: _____	
		Address: _____	City: _____	State: _____	Zip Code: _____	County: _____
Emergency Contact Information		First and Last Name: _____	Relationship to Client: _____		Phone Number: _____	
		Address: _____	City: _____	State: _____	Zip Code: _____	
Members of Family Constellation	Name	Age	Relation to Client	Living in Home <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Established Supports		Agency	Contact Name	Phone	Email	
Physician						
School/Day care						
Counselor/Therapist						
Child Welfare Worker						
ISC/PAS Agent						
Probation Officer						
Other: _____						
Other: _____						
Other: _____						

IM+CANS - Lifespan Version 1.1 - 9/24/2018 1

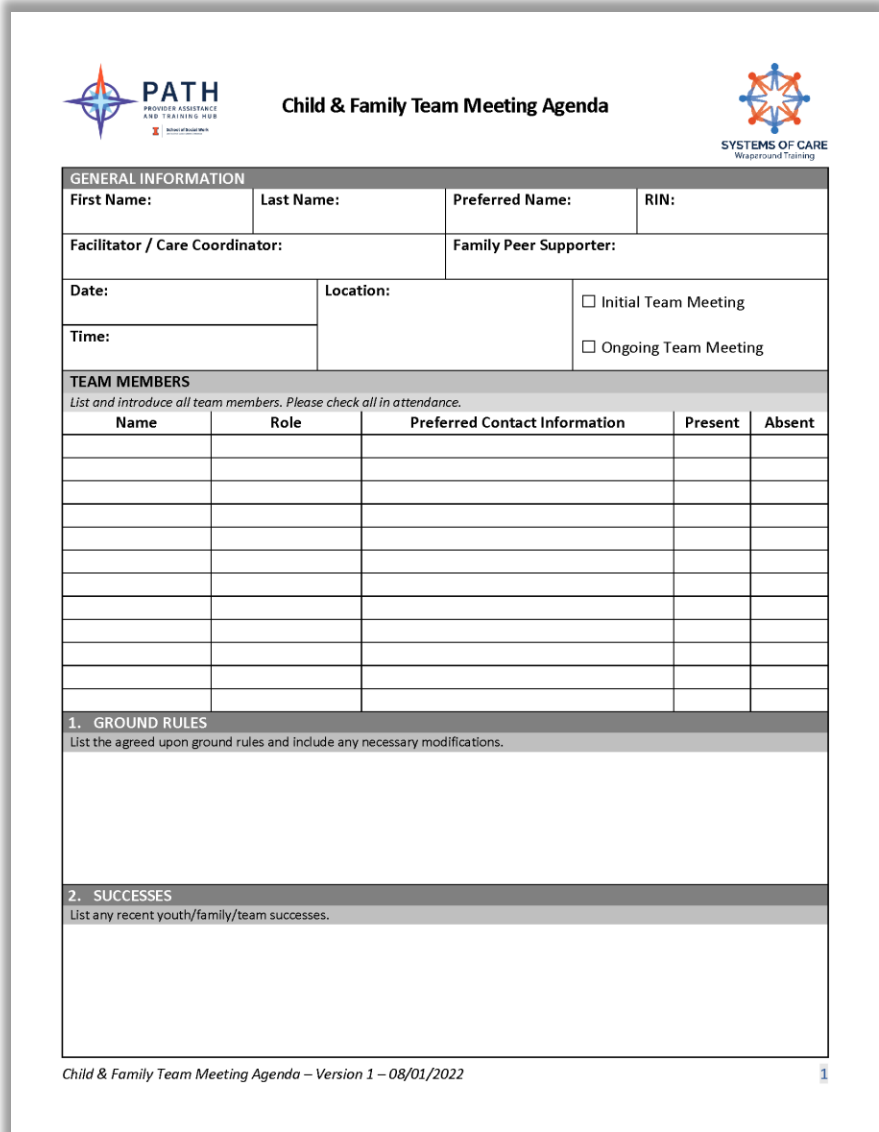
TRANSITION PLAN

What is it?

- Preparation tool for life after Wraparound
- Identifies ongoing services and support

How is it used?

- Sets future goals
- Addresses unmet & ongoing needs
- Supports sustainability of family progress



The form is titled "Child & Family Team Meeting Agenda" and includes logos for PATH (Provider Assistance and Training Help) and SYSTEMS OF CARE (Wraparound Training). It is divided into several sections:

- GENERAL INFORMATION:** Fields for First Name, Last Name, Preferred Name, RIN, Facilitator / Care Coordinator, and Family Peer Supporter.
- Meeting Details:** Fields for Date, Location, and Time. Includes checkboxes for "Initial Team Meeting" and "Ongoing Team Meeting".
- TEAM MEMBERS:** A table with columns for Name, Role, Preferred Contact Information, Present, and Absent. Below the table is the instruction: "List and introduce all team members. Please check all in attendance."
- 1. GROUND RULES:** A section with the instruction: "List the agreed upon ground rules and include any necessary modifications."
- 2. SUCCESSES:** A section with the instruction: "List any recent youth/family/team successes."

At the bottom left, it says "Child & Family Team Meeting Agenda – Version 1 – 08/01/2022" and at the bottom right is a small number "1".

UNIT 4:

THE PHASES OF WRAPAROUND

Engagement Phase



Planning Phase

Implementation Phase

Transition Phase

ENGAGEMENT PHASE

THE PHASES OF WRAPAROUND

PURPOSE OF ENGAGEMENT PHASE

- Build relationships and establish trust
- Explain the Wraparound process
- Prepare youth and family for Initial Child and Family Team Meeting

Duration: up to 30 days



INITIAL ENGAGEMENT & OUTREACH EFFORTS

Referral
Received

- 3x varied attempts (phone, in-person, mail) within 7 days
- Continue 3x attempts per week until successful

Successful
Contact

- Obtain Pathways to Success Program consent

NOTE: Document all attempts of making contact. If unable to make contact within 60 days of referral, contact HFS.

CARE COORDINATOR RESPONSIBILITIES

Before Initial Face-to-Face

- Contact (email, phone, letter, in person) family within 7 days to introduce Wraparound and schedule initial face-to-face meeting(s)
- Utilize IM+CANS and review family's needs and strengths
- Prepare Forms: consents, authorizations, CPSP, SNCD, and any agency-specific forms

During Initial Face-to-Face

- Explain Wraparound roles, phases, and Child & Family Team
- Obtain Pathways to Success Program Consent form from minimally one guardian
- Explain confidentiality, consents, and release of information forms; gather signatures
- Collaborate with family to prioritize identified needs and strengths
- Initiate processes
 - Explain utility of SNCD within 21 days of enrollment
 - Develop initial CPSP within 10 days of enrollment
- Create Family Vision statement
- Examine familial and natural supports
- Schedule initial Child & Family Team Meeting

After Initial Face to Face Meeting(s)

- Secure location for initial Child & Family Team Meeting
- Contact potential Child & Family Team members
- Prepare agenda, needed documents, and facilitation aids
 - Update IM+CANS prior to initial CFTM
- Maintain phone contact with family to gather additional information and build relationships
- Review agenda with youth and family
- Send out agenda prior to CFTM

INITIATE PROCESSES



SNCD



Family
Vision



Initial CPSP

PLANNING PHASE

THE PHASES OF WRAPAROUND

PURPOSE OF PLANNING PHASE



- Facilitate initial Child and Family Team Meeting(s)
- Build Processes
- Develop Team Relationships and Trust

Duration: until IPOC is developed & reviewed

CARE COORDINATOR RESPONSIBILITIES

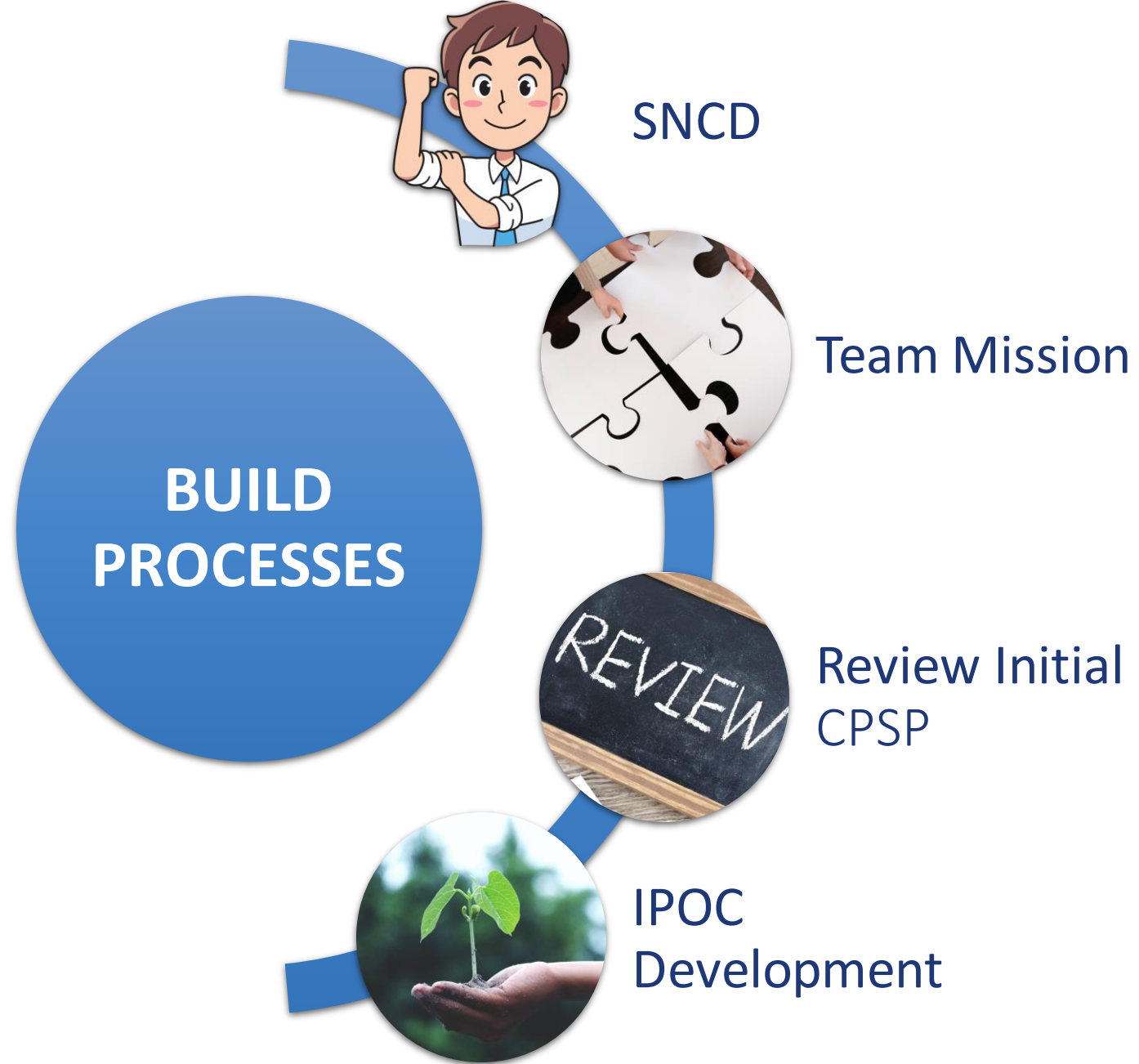
Conduct Initial CFTM(s)

Timeframes: must be held within 30 days of effective enrollment date within 1-2 weeks if multiple CFTM needed.

- Introduce and orient new team members
- Review Wraparound roles, phases, and responsibilities
- Establish ground rules
- Gather team successes
- Share Family Vision and gather baseline
- Create measurement scale for progress (Family Vision, Team Mission, and Individualized Plan of Care)
- Develop Team Mission and baseline
- Elicit team strengths
- Utilize SNCD to communicate family's story
- Creation of Individualized Plan of Care and gather baseline
 - Exploration of IM+CANS
 - Identify potential supports and services
- Build on Crisis Prevention Plan
- Identify and summarize tasks
- Review potential team members
 - Gather release of information(s)
- Schedule next meeting
- Obtain team signatures

After Initial CFTM(s)

- Update the following:
 - SNCD
 - IM+CANS/ IPOC
 - CPP
 - CFTM Agenda
- Send Updated Forms to Team Members



IMPLEMENTATION PHASE

THE PHASES OF WRAPAROUND

PURPOSE OF IMPLEMENTATION PHASE

- Provide ongoing support, interventions and assistance
- Strengthen Team Relationships and build natural supports

Duration: usually 9-12 months



CARE COORDINATOR RESPONSIBILITIES

Facilitation of Ongoing CFTMs

Timeframes: every 30 days for HFW and every 60 days for ICC, as well as 48 hours after MCR event

- Measure plans – review, monitor, and update
 - SNCD
 - IPOC
 - Crisis Prevention and Safety Plan
 - Family Vision
 - Team Mission
 - IM+CANS

After CFTMs

- Update the following:
 - SNCD
 - IM+CANS
 - IPOC
 - CPSP
 - CFTM Agenda
- Send updated forms to team members

Consistent Communication w/ Family

Timeframes: in-person contact 2x a month, telephonic 1x a month for HFW & in-person contact 1x a month, telephonic 3x a month for ICC

- Phone calls
- Face-to-face visits
- Gather information
 - Needs & Strengths
 - Potential Crisis Concerns
- SNCD
- Progress
- Follow-up on tasks

Contact w/ Team Members

- Gather updates
- Follow-up on tasks
- Gather input around CFTM

Managing & Responding to Crisis Events

- Contact Family and CFT
- Schedule CFTM within 48 hours of crisis event
- Communicate and collaborate with MCR and inpatient hospital (if applicable) on crisis event and plan for discharge
- Review and update CPSP
- Explore additional services

**MAINTAIN
PROCESSES**



SNCD



Family Vision
& Team
Mission



CPP



IM+CANS/IPOC

TRANSITION PHASE

THE PHASES OF WRAPAROUND

PURPOSE OF TRANSITION PHASE



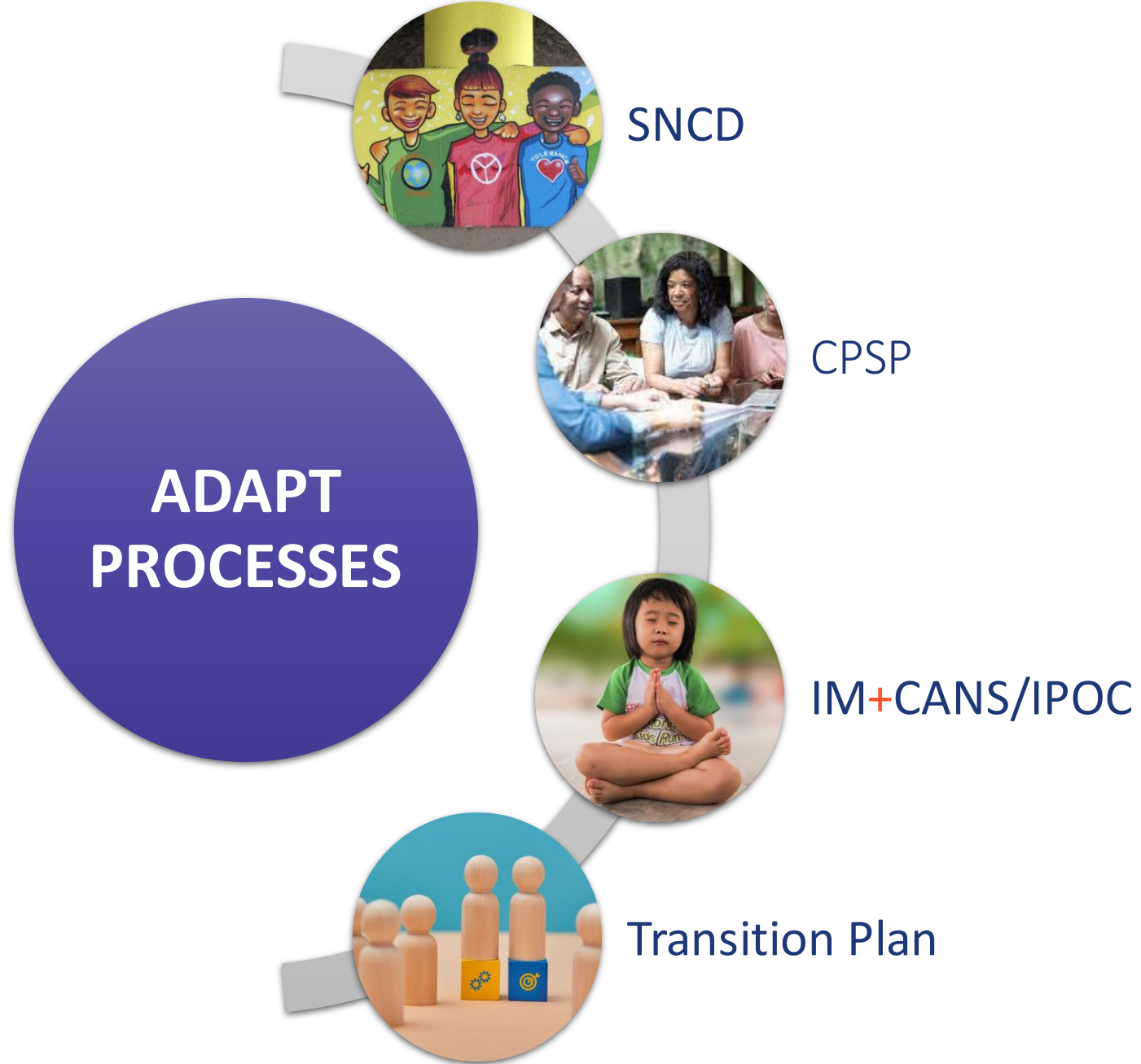
- Finalize preparations for the family to transition out of formal wraparound

Duration: 30-60 days

CARE COORDINATOR RESPONSIBILITIES

Conduct Transitional CFTM(s)

- Facilitate Child & Family Team Meeting(s)
- Adapt plans for transition
 - Crisis Prevention and Safety Plan
 - IM+CANS/IPOC
 - Strengths, Needs & Cultural Discovery
- Complete Transition Plan
- Conduct warm hand-off
- Celebration



CLOSING

I ILLINOIS SOCIAL WORK

NEXT STEPS

FACILITATORS & CARE COORDINATORS

1. Care Coordination Core
2. Child & Family Team Facilitation
3. Crisis Prevention Planning

WRAPAROUND SUPERVISORS

1. Care Coordination Core
2. Care Coordination Supervisory Core
3. Child & Family Team Facilitation
4. Effective Coaching for Care Coordination Supervisors
5. Crisis Prevention Planning

ADDITIONAL REQUIREMENTS:

IM+CANS Certification
Quarterly Boosters

QUARTERLY BOOSTERS

- Family Voice & Choice
- Integrating Multiple Perspectives
- Building Natural Supports
- Consensus Building
- IM+CANS in Wraparound
- Ethics in Home & Community-Based Settings



QUESTIONS?

Provider Assistance & Training Hub

 PATH-BH@Illinois.edu

 (217)300-7812

 hfs.pathways@illinois.gov