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Date Issued	9/1/1998	Owner	Dana James
Last Approved Date	8/23/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Care Cord.
Effective	9/1/2022		
Last Revised Date	8/23/2022		
Next Review	12/31/2024		

#028: Plan of Care (POC) Documentation

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I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) that a Plan of Care (POC) be completed for every youth and family enrolled. 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.

*NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound, REACH, and CCS Care Coordinators. T*he term "Youth" is used in *this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult. It also uses the term "Child and Family Team" - which applies to any group of people that may be working with a family or youth.*

A. The initial POC meeting, including the Crisis Plan, must be held within 30 days of enrollment.
    1. Initial Crisis Plans must be completed within the first week of meeting the youth/ family.

B. Subsequent POC's, including the Crisis Plan, must be completed at a minimum of every 90 days.

C. The POC document must be entered and approved in Synthesis and distributed to the youth, family, and team members within fourteen (14) days of the Plan of Care meeting.
    1. 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.
    2. The Full POC must be shared with the youth and family; the Team Plan is to be shared with other team members per the youth and family's directive.

Note: Failure to comply with these time frames may result in penalties for the Care Coordination Agency.

II. PROCEDURE

Please refer to the **PLAN OF CARE INSTRUCTION GUIDE** (see Attachment #1).

Please refer to the **Writer's Guide for Developing Crisis Plans and Life Story- Writer's Guide** for additional information (Care Coordination Frequently Used Forms).

A. Confirm youth and family's address(es) and phone numbers are accurate.

B. Review Team List (under Demographic Tab in Synthesis) – ensure all current team members are listed and coded appropriately. For legal guardian and all formal team members, a phone number is added to the Team List. If Care Coordinator (CC) has phone numbers for other team members, add to Team List as well. Remove/inactivate individuals who are no longer a part of the team.

C. Insert/Review "Strengths Discovery" –

   1. confirm that all strengths are functional (definition: Strengths that outline how characteristics, attributes, or interests are helpful and can be used in action).
   2. All team members must have a corresponding identified functional strength that is about them as a person, not their position.
   3. Youth and family members' strengths are numerous/pervasive.
   4. At least one Community Resource (CR) must be identified within the Strengths List. A CR is a community service or program that is sustainable and will be available to the youth and family both during and after enrollment.

D. Psych Assmt (Assessment) – Review diagnostic information. Diagnostic information must be within the past 365 days. Upload the corresponding documentation to support the diagnosis (i.e. psychiatrist report, therapist report, etc).

E. Insert/Update Life Story/Plan Update: Life Story is comprehensive, describes the youth and family's evolution, and is written in the youth and family's language. Initial Life Story must include, but not limited to, the following life domains about the youth and family background:

   1. **Family**: who they identify as family, significant losses, who they are as a family /individuals, what experiences shaped their identity and relationships, traditions, routines, and values held as a family.
   2. **Cultural/Spiritual**: describe factors, context, and/or connections to cultural/spiritual influences. Can include: tribal, religious, heritage, ethnicity, civic involvement.
   3. **Safety**: experiences and/or immediate safety concerns (Commercial Sexual Exploitation, Domestic Violence, running away, sexualized behavior, etc.), ACEs/ Trauma exposure and impact, how the person/family protects self and others.
   4. **Health/Wellbeing**: relevant medical conditions, relevant developmental history and experiences, Alcohol and Other Drug Abuse (AODA) history across generations, life satisfaction.
   5. **Mental Health**: includes mental health history of child (diagnosis, medication,

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hospitalization, past/current treatment, etc). Diagnostic and mental health history of family. Include relevant attitude/perception.

6. **Educational/Vocational**: history and concerns (past school concerns, current placement and grade, what type of classes, IEP, what they like about school, any work history). How basic needs are met (employment of enrollee/family, income, food).
7. **Social/Recreational**: activities the individual/family enjoy or would like to get involved in, current social skills and success, and friendships.
8. **Living Situation**: fully describe housing stability, affordability, quality, safety (including community), and placement history.
9. **Transition to Adulthood (must address if 17 or older)**: feelings, preparedness, and trajectory towards/around adulthood.
10. **Legal/Restoration**: history for youth and family- current/past court orders and conditions, gang affiliation, custody, visitation, and guardianship.

F. Following the initial POC, Plan Updates are to be completed every time a subsequent POC is updated. Update must include reflection on all areas of the POC (which includes Needs, Goals, Actions Steps, and Crisis Plan) and an update to all domain areas.

G. Insert/Review Family/Youth Vision - The Vision is fully inclusive of all family members, expresses hope/purpose for the future, is clear and concise, and is in the youth/ family's language. If the youth is age 17 or older and the POC is focused on independence, the Vision may primarily reflect the youth.

H. Medical Providers – All of the youth's most recent medical providers are listed with provider type, name of provider, clinic name, phone number, the date of the last appointment, and the date of the next scheduled appointment. For medical appointments, date should be reflective of the last physical. It is expected that CC's ensure youth receive an annual medical and dental checkup.
Note: if no medical/primary care or dental care within last year and/or no scheduled next appointment date, add a dated note in the comment section explaining steps being taken.

I. Medical Info – Insert/Review for accuracy. All sections must be complete.

1. "Relevant Medical Information: Enrollee": Sexually Active, Parenting, and Pregnant – Answer Yes/No/Unknown –. If any questions are answered "Yes" or "Unknown", further explanation must be provided in the corresponding section.
2. "Medical Information- Enrollee": Provide details related to any other medical concerns of the enrolled youth. If none are indicated, enter "None known". Medical concerns may include, but not limited to asthma, obesity, seizure activity, diabetes.
3. "Relevant Medical Information – Family": List any medical information for other members of the immediate and extended family. If nothing indicated, enter "None known".
4. "Known Allergies?": List any allergies for the youth. If nothing indicated, enter "None known".
5. "Substance Use History": Answer Yes/No/Unknown/Prior History for cigarettes, drugs, and alcohol. If any questions are answered "Yes", "Unknown" or "Prior

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History", further explanation must be provided in the corresponding section.

J. Medication List – Any medications the youth is taking. This should include all prescribed medications and any over-the-counter medications. Each medication is entered separately and must include the following information: type, used for, route of administration, start date, dosage, frequency, prescribed by, and the prescriber's phone number. If a medication is discontinued, this should also be updated with an end date, and an explanation for why must be provided. If there are side effects experienced by the youth, list these concerns in the comment section.
Note: If a youth is not prescribed medication, select 'No medication ordered' versus keeping blank.

K. Educational – Youth's current school placement, grade level, IEP and/or 504 status (include Special Education qualifier for IEP and the date of the last update), and school contact's name and phone number.

L. Statistics – School statistics must be entered for the entirety of the enrollee's enrollment period. Most up-to-date statistics must be entered at each POC update.

M. Employment History Tab – Current employment status drop-down of the youth is mandatory and updated if/when it changes. If youth is employed, information can be entered to track employment dates, reason for departure (if applicable), company name, wages, and average hours worked per week.

N. Domain Review – The Domain Review Checklist Form (found on the website under Care Coordination Frequently Used Forms) is required for all initial POC's, but not for subsequent POC's. However, the Domain Review can and should be used by the Child and Family Team as it is a good facilitation tool and should be used when it can be helpful to guide the Team in identifying underlying needs in various aspects of wellbeing. For the initial POC, each domain is ranked per the Child and Family Team, and a short explanation must be provided for all domains. The initial Domain Review Checklist Form must be uploaded with the signature sheet/attendance roster for the initial POC meeting. Domain areas are defined above in the Life Story section.

O. Needs, Goals, and Action Steps – Each youth must have at least one active Need. A Need statement is a concise statement of the Need identified by the Team reflective of barriers to the Family/Youth Vision and/or underlying cause of the behavior. A Need is NOT a goal or service. In general, a POC should have no more than three (3) active Needs at any given time.

    1. Under each active Need, the required and relevant domains are marked. In addition, all identified domains are addressed under that Need within the Goals and/or Action Steps.

        a. **For all POCs**: under each active Need, the associated domains must be checked. Required domains, at minimum, must be addressed in at least one Need.

            i. For initial POC: Any Domains that are ranked high or medium concern on the Domain Review must be addressed.

            ii. Health and Well-Being Domain must be addressed if psychotropic medication is prescribed.

            iii. The Transition to Adulthood Domain must be addressed if the

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youth is age 17 or older.

b. **For Wraparound and REACH:**

i. The initial POC must have Need(s) related to the following Domains: Family, Mental Health, Educational/Vocational and Safety Domains.

ii. 2nd+ POC's, at a minimum, must include Need(s) related to the Mental Health and Safety Domains.

iii. Legal/Restoration is required for the 1st POC, at minimum, **if** youth is involved in the legal system.

c. **For CCS**:

i. Mental Health Domain is required for all POC's.

2. Each Need must have identified at least one Goal. All of the Goals are measurable, observable and attainable. Goals must be written from a positive frame of reference; what we want vs. don't want. Goals can be in reference to any team member.

a. To be "Measurable" speaks to being able to numerically quantify an outcome.

b. To be "Observable" means to be visible, evident, or noticeable.

c. To be "Attainable" means to be realistic, developmentally appropriate, and achievable.

NOTE: Only one goal per text box can be listed.

3. Each Goal must have at least one identified Action Step to meet that specific Goal, and aides in moving towards meeting the Need.

a. All of the Action Steps reflect a comprehensive detail of who will do what, where, when, how they will do the what, and why are they doing the what (relation to the Need/Goal), and reflect progression towards the Goal.

b. Action Steps are specific to what is being worked on from this current POC to the next POC.

c. Action Steps reflect task shifting and movement towards sustainability. For all Action Steps that involve a paid provider who will not continue, a plan is clearly outlined to replace the paid provider with a natural/informal support, Community Resource (CR), or other team member. The plan includes identifying, supporting, and coaching that person(s) by the provider sharing knowledge, skills, and collaborating with the person who will replace them in addition to the other team members.

4. Rankings (1-5) must be entered for each active Need based on the Team's determination of progress at each POC Meeting. Goals must be considered within the ranking. Ranking Scale: "1" means this need is not met and "5" means this need is met to our satisfaction.

a. A Need can be "ended" because the Need has been met, the Need is no

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longer relevant, or is not a current priority per the Child and Family Team. When ending a Need, a final ranking and marking the "Need has ended" is done.

P. Insert/Review Crisis Plan – All sections must be complete. Crisis Plan is written in the youth's language and their perspective. The Crisis Plan addresses all relevant areas (i.e. home, school, placement, community, etc) for every identified crisis and is a reactive plan. Prevention of the crisis is addressed within the POC through the Needs, Goals, and Action Steps.

1. "What helps me relax": helps inform strategies, what the youth uses for coping skills or relaxation techniques.
2. "It helps the people who support me when": support people can include parents/ guardians, partners, friends, teachers, placement staff, CC etc.
3. "People need to know that I don't like it when": list of triggers and/or concerns that the youth feels others should know about.
4. "Specific Crisis Situations":
    a. "I need support when I feel/experience ___ and react by ___": addresses the unmet need (feel/experience ___) and the specific behavior seen (react by___). Do not label the behavior, identify what the behavior is.
    b. "Who will do what to support me (name, number, action statement)?": action steps are written in order of use and includes how individuals will respond and what they will do when responding.
5. Crisis Plans can be updated at any time without holding a full POC meeting. Crisis Plan must be written, reviewed, or revised:
    a. Within the first week of meeting a youth and/or family; sooner if needed.
    b. Within 48 hours of major crisis.
    c. Whenever a youth moves to a new residence, placement, or school.
    d. When a new team member joins the team and will be part of the crisis intervention plan.
    e. When the youth or family experience a major life event; such as the death of a loved one, divorce, witnesses or is part of a violent act, pregnancy, birth, etc.
    f. When a youth has run away.
    g. What youth has had new charges filed against him/her.
    h. When new safety concerns arise (even if a crisis hasn't occured).

Q. All sections of the POC must be verified prior to approval.

R. Team Attendance Sheet (also known as the POC Signature Sheet) must be obtained at every POC meeting. CCS will use Attendance Roster.

1. Signature Sheet/Attendance Roster must include the signature of the youth, legal guardian, Care Coordinator, and team members who were in attendance.
2. Care Coordinator **must never** sign for anyone else.

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3. When the Department of Milwaukee Child Protective Services (DMCPS) is the legal guardian, indicate that they are the legal guardian on the "Parent/Legal Guardian" signature line. The DMCPS representative must then sign their name under the "Signatures of Additional Team Members" area.

S. Disenrollment Summary – A Disenrollment Summary Team Meeting must be held the month prior to the planned disenrollment date to allow for effective transition planning. If disenrollment occurs unexpectedly, the Team Meeting must be held as soon as possible to ensure the youth and family have a understanding of continuing supports (Reference the **GUIDE TO WRITING A DISENROLLMENT SUMMARY** in Care Coordination Frequently Used Forms for additional information).

Attachments

1: POC Instruction Guide

Approval Signatures

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Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/23/2022
	Brian McBride: ExDir2 – Program Administrator	8/23/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/22/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/22/2022

CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND WRAPAROUND MILWAUKEE PLAN OF CARE INSTRUCTION GUIDE (Updated: 8.2022)

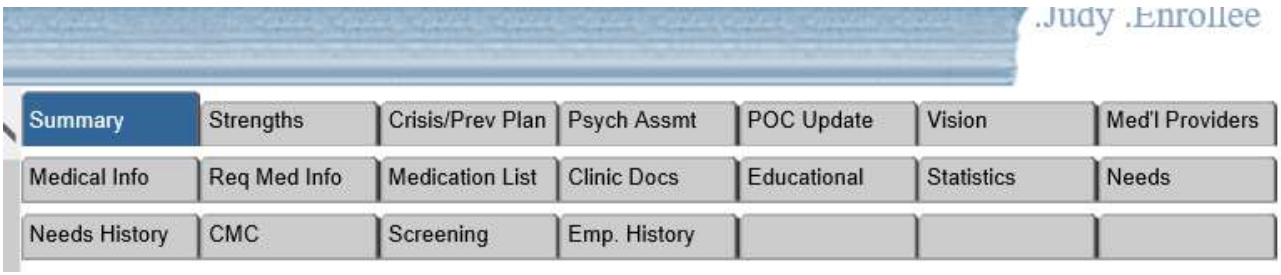
The term Care Coordinator (CC) references: Wraparound, REACH, and CCS Care Coordinators.

Children's Community Mental Health Services and Wraparound Milwaukee is hereby referenced as Wraparound Milwaukee.

The Plan of Care contains the following elements:

1. Strengths Discovery
2. Crisis Plan
3. Psychological / Psychiatric Assessment
4. POC / Narrative
5. Family Vision
6. Medical Provider List
7. Medical Information
8. Medication List
9. Educational Information
10. School Attendance Statistics
11. Domain Review (Checklist is required for initial POC's only)
12. Needs
13. Employment History

Each section exists independently. Other than the POC/Narrative and Needs tabs, you can update information on all tabs at any time. The Narrative, Domain Review and Needs are created/revised/updated when a new Plan of Care is done, and, along with information from all the other tabs, combine to form the Plan of Care document.



SUMMARY TAB

All information on this tab is in view-only format. The following is displayed:

1) Comments written by Leads, Supervisors, Wraparound Milwaukee Staff/Consultants/Coaches, relating to the Plan of Care document itself, and/or suggestions for future POCs.
2) A numerical count of formal/informal supports who attended the POC Meeting.
3) A count of Team Members that are used in the Action Steps.
4) A listing of CANS (Child and Adolescent Needs Assessment) elements that are rated 2 and 3. (Wraparound /REACH only)
5) A listing of CBCL (Child Behavior Checklist) and YSR (Youth Self Report) elements that are in the Borderline and Clinical range. (Wraparound/REACH only)

You should review information on the Summary page to be sure relevant areas are addressed in the Plan of Care.

STRENGTHS DISCOVERY

Strengths Discovery Print Full List | Print Active List

Add Strength

	Comm Res?	Strength	Inactive	Del
		Zoe is creative and loves to draw and write as a way to express herself and clear her head when she is overwhelmed or filled with big emotions she can't talk about.		
		Zoe finds strength in taking care of her brother; their relationship keeps her moving forward because she wants him to have a good life.		
		Benaiah responds well to Zoe, he trusts her and is calmed when she sings to him.		
		Mary has been attending her parenting classes and is committed to learning how to keep her children safe so they can be together again.		
		Dave wants to have his family back and recognizes that he needs to learn other ways to cope for that to happen, so he has been participating in treatment with the hope of staying sober.		
		Kyra is patient and compassionate, and uses these qualities to show Zoe that she is trustworthy and help Zoe to feel safe.		
		Leanne is an artist and has connections in the art community that can help Zoe to explore her talents.		
	✔	The church supports families by offering fellowship and a food pantry, as well as individual support if members want to talk.		

The Strengths tab will show a complete list of all existing Strengths. You can update existing strengths to inactivate them, delete them or code them as community resources all from this page.

To create a Strength, click "Add Strength." The following box will appear. Type each Strength individually in the text box, indicate if the Strength is a Community Resource or not, and then press **Save.** You will remain on the same screen and repeat the same process until all Strengths are entered. Press Cancel/Done when complete to return to the main Strengths page.

Add Strength

Strength description:

Community Resource: ○ Yes ◉ No

Save | Cancel/Done

To edit a Strength in the current POC you are working on, just click on the folder next to the Strength, and the box above will appear and allow you to update the Strength text.

To print the Strengths Discovery, select one of the Print Report buttons at the top of the screen (to print a Full List of All Strengths or only to print only Active Strengths).

CRISIS PLAN

Current Crisis/Prevention Plan

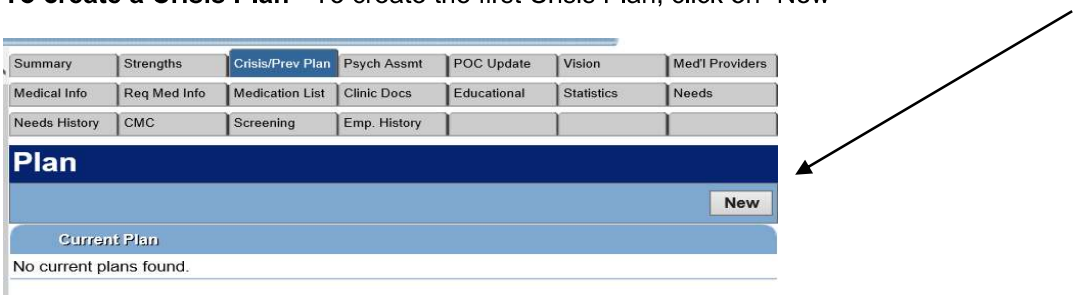
O	C	Plan Date	Status	Date Created	By	Supv Approved	By
		7/11/2012	In Process	7/11/2012	GEORGE BENZ		

Previous Crisis/Prevention Plan

O	C	Plan Date	Status	Date Created	By	Supv Approved	By	Prgm Approved	By
		5/1/2012	Completed	5/1/2012	MANUELA EVANS	5/17/2012	GEORGE BENZ		
		3/6/2006	Completed	3/6/2006	MANUELA EVANS				

The Crisis Plan tab will show a complete listing of all Crisis Plans entered.
--The folder under "O" next to the Plan Date for Previous Crisis Plans will Open up the Report for that date. You cannot make changes to a Plan that has been completed.
--The folder under "C" next to the Plan Date displays any Comments entered by the Supervisor/Lead when that Plan was approved.
--The folder next to the Plan Date for Current Crisis Plan will allow you to edit an existing Crisis Plan and then follow the approval steps to sign off on the Plan.

To create a Crisis Plan - To create the first Crisis Plan, click on "New"



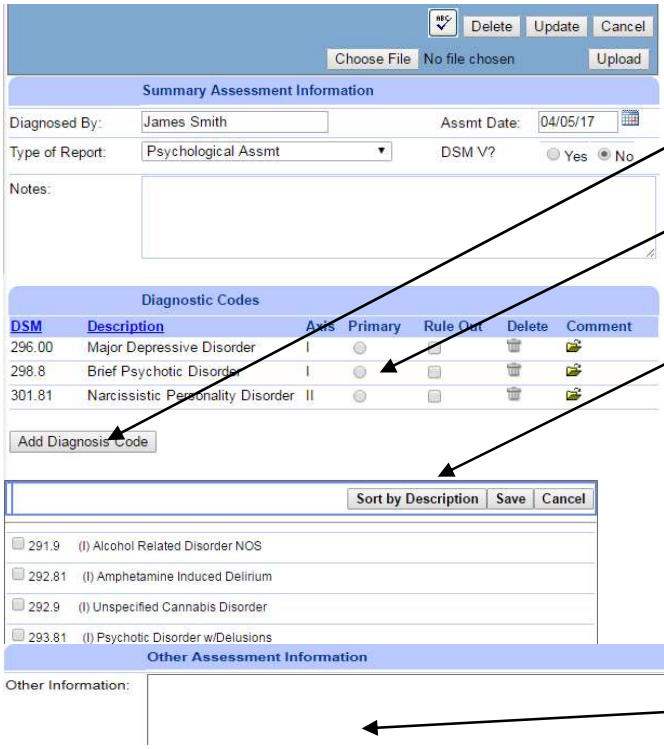
Supervisory Approval - After the Care Coordinator completes data entry for all of the above areas, the Crisis Plan needs to be submitted to the Supervisor or Lead for final approval by clicking on the "Get Supervisor Approval" button. Supervisory staff can either approve or send back the Crisis Plan. 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.

Printing Crisis Plans – Previous Crisis Plans are printed from the main page by clicking on the folder next to the Plan Date. Crisis Plans that are currently in process or awaiting Supervisory Approval are printed by opening up the Crisis Plan and using the "Print Report" button. Crisis Plans should be shared with **ALL** team members whenever updated. If the Team Member has access to the updated Crisis Plan through Synthesis then that Team member should be informed that the new Crisis Plan is ready for their viewing. The most recent Crisis Plan will also print as part of each Plan of Care.

PSYCHOLOGICAL/PSYCHIATRIC ASSESSMENT

All previous assessment data appears on the main tab page. At enrollment, Wraparound Milwaukee Options Counselor enters information from the existing psychological or psychiatric report. If a new assessment is done during enrollment, the Care Coordinator will need to enter that assessment/data, i.e. – make sure the new diagnosis is identified in the POC and upload the new assessment (psychological, neuropsychological or psychiatric evaluation) into the youth's file.

To add Assessment Information – Click Add Diagnosis. Indicate who made the diagnosis/who was the assessment completed by, the assessment date, choose what type of assessment/report it was and indicate (Yes/No) if it is a diagnosis specifically referenced in the DSM - V Manual.

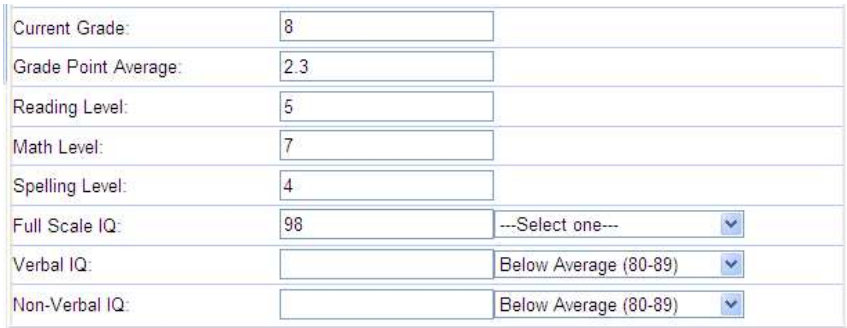


To add a Diagnosis, click the "Add Diagnosis Code" button and a pop-up list of all available codes will appear.

If listed on the document, be sure to indicate if the diagnosis is a Primary one or is listed as "Rule Out."

You can choose to sort the list by numeric code or by description (alphabetically) by clicking on the box. Check the codes to add, and then press Save.

Include any other relevant Assessment information in this area.



Not all Assessments will include this information. If it is included on the assessment, however, document the information here. **All entries must be numeric in this section.**
For the IQ section – you only need to enter the IQ number or select the range from the drop-down boxes, not both

POC Update

Active Plan of Care

Plan Date	Status	Date Created	Created By
7/1/2012	In Process	7/11/2012	GEORGE BENZ

Completed Plans of Care

T	F	S	Plan Date	Create Date	Created By	Agy Appr Date	Agy Appr By	Wrap Appr Date	Wrap Appr By
			5/1/2012	5/17/2012	Phillip SmiTh	5/17/2012	GEORGE BENZ	5/17/2012	Aggie Hale

The screen above is where you begin to "build" your Plan of Care. Previous Plans can also be printed from this page – just click on the folder next to the Plan Date. "T" displays the "Team Plan," "F" displays the Full Plan, and "S" displays the Signature Page. The Full Plan includes information from all of the Plan of Care tabs; The Team Plan includes only basic demographics, the Crisis Plan and Need statements.

To create a new Plan of Care –click "New POC" and the following screen will appear:

New Plan of Care

Insert

To create a new plan of care, press Insert.

Please do not press any other buttons until the Plan of Care screen appears

Enroll Date	07/01/2021
Plan of Care Date	

POC Date - Date that the POC Meeting occurred. This is NOT the date the POC was entered into Synthesis.

Press "Insert" when done and the following screen appears:

Life Story & Plan Updates Print Team Plan Print Full Plan

Approve Send Back Update

Choose File No file chosen Upload

PLAN OF CARE INFORMATION

Enroll Date	07/01/2021
Plan of Care Date	08/22/22

Get Supervisor Approval: When you are ready for your supervisor or lead to review the POC, press this button and a login message will be sent to them.
Browse… / Upload: These buttons are used to upload the signature sheet.
Verifications: Since you can enter information on all POC tabs at any time, you need to go to each tab, review and verify that the information is current prior to submitting the POC for review.
Narrative / Faith Affiliation/ Employment: Enter these as per the POC Policy and Procedure.

Press Update to save your entries.

VERIFICATIONS	
Vision Verified?	Not yet verified.
Providers Verified?	Not yet verified.
Psych Assmts Verified?	Not yet verified.
Medical Info Verified?	Not yet verified.
Medications Verified?	Not yet verified.
Education Verified?	Not yet verified.
Signature page?	No signature page has been uploaded.
Screening Verified?	Screening verification completed.
Employment Verified?	Not yet verified.
Statistics Verified?	Not yet verified.

Life Story & Plan Updates

Initial Life Story: This is the youth/family's story and should reflect what has lead up to the family seeking help. The following information must be included. If any areas are not relevant/applicable to this youth or family, this must be indicated thus acknowledging that the Care Coordinator inquired about the area.

Family: who they identify as family, significant losses, who they are as a family /individuals, what experiences shaped their identity and relationships, traditions, routines, and values held as a family.

Cultural/Spiritual: describe factors, context, and/or connections to cultural/spiritual influences. Can include: tribal, religious, heritage, ethnicity, civic involvement.

Safety: experiences and/or immediate safety concerns (Commercial Sexual Exploitation, Domestic Violence, running away, sexualized behavior, etc.), ACEs/Trauma exposure and impact, how the person/family protects self and others.

Health/Wellbeing: relevant medical conditions, relevant developmental history and experiences, AODA history across generations, life satisfaction.

Mental health: includes mental health history of child (diagnosis, medication, hospitalization, past/current treatment, etc). Diagnostic and mental health history of family. Include relevant attitude/perception.

Educational/Vocational: history and concerns (past school concerns, current placement and grade, what type of classes, IEP, what they like about school, any work history). How basic needs are met (employment of enrollee/family, income, food).

Social/Recreational: activities the individual/family enjoy or would like to get involved in, current social skills and success, and friendships.

Living situation: fully describe housing stability, affordability, quality, safety (including community), and placement history.

Legal/Restoration: history for youth and family- current/past court orders and conditions, gang affiliation, custody, visitation, and guardianship.

Transition to adulthood (must address if 17 or older)**:** feelings, preparedness, and trajectory towards/around adulthood

Plan Updates: Plan Updates are to be completed every time a subsequent POC is updated. Update must include reflection on all areas of the POC (which includes Needs, Goals, Actions Steps, and Crisis Plan) and an update to all domain areas.

VISION

Enter the Family/Youth Vision in this area and press Update. The text is limited to 250 characters.

MEDICAL PROVIDERS

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 Physician and/or Dentist?
All of the enrollees we work with should have an identified physician and dentist. If they do not, this is one of the Needs the Team should be addressing. On this screen under the "Provider Name" area, you would click on "None at this Time" for either one or both and you would use the "Comments" section to describe the status of the referral to a physician and/or dental provider**. If the Provider or Clinic name does not appear in the Drop Down list, you should call the Synthesis Help Desk to get the name/clinic added.**

Medical Provider

Update

Provider Type:	Medical/Primary Care
Provider Name:	Albright, Lori
Clinic Name:	Alto Enhancements
Phone:	(414) 555-5555 Ext: ___
Fax:	(___) ___-____
When Last Seen:	7/1/20 ○ Estimated ◉ Actual
Follow-up Needed?	◉ Yes ○ No
Next Appt Date:	12/15/20 ○ Estimated ◉ Actual
Status	◉ Active ○ Inactive
Med'l Provider Comments:	

All date fields in the POC require an actual date entry. If the family is unable to provide the actual appointment date, they would estimate when it occurred and you would document that date and indicate it is an Estimated date.

MEDICAL INFORMATION

Current and relevant medical information about the youth and family as well as information about allergies, and substance abuse are all entered on this page. If medication, 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 with the date of the note being added.

Medical Information

Update Verify

Display the 2 files attached to this page

Relevant Medical Information - Enrollee

Sexually Active?	◉ Yes ○ No ○ Unknown
Is the youth parenting?	◉ Yes ○ No ○ Unknown
Is the youth pregnant?	◉ Yes ○ No ○ Unknown

Parenting/Pregnancy Notes

fllbhn test1

Medical Information-Enrollee

gtpnbn test2 gfsnfg

Relevant Medical Information - Family

notes here test3 dtf

Known Allergies?

notes here test4 dftnhdrb

Substance Use History

Uses Cigarettes?	○ Yes	◉ No	○ Unknown	○ Prior History
Uses Drugs?	○ Yes	◉ No	○ Unknown	○ Prior History
Uses Alcohol?	○ Yes	◉ No	○ Unknown	○ Prior History

If 'Yes' or prior history, describe:

test5 thdr

NOTE: Within this section, there is an expectation that every area, i.e. - Yes, No, Unknown, Prior History, be marked accordingly. This is an assurance that the questions were asked by the Care Coordinator. If there is a prior history or the area is marked with a Yes, a comment must be included further detailing that response.

REQUEST FOR MEDICAL INFORMATION

This tab is to be used by Wraparound Milwaukee Administrative staff **ONLY.**

MEDICATION LIST

All medications the enrollee is on – including those for medical conditions – should be included on the medication list. If a youth is not prescribed medication, please select 'No medication ordered' versus keeping blank.

Medication List

New Verify

	Medication Name	Used For	Start Date	End Date
	Claritin	allergies	5/15/2011-E	
	Ritalin	restlessness	2/1/2011-E	

Start and End Dates: If specific dates are unknown, the enrollee / family would estimate these dates and you would indicate that the date is Estimate

Used For:	Anxiety	
Start Date:	03/01/2018	◉ Estimated ○ Actual
End Date:		○ Estimated ○ Actual
Dosage:	1mg	
Frequency:	1 in the morning	
Route of Administration (oral or injectable)	oral	
Prescribed By:	Dr. Spiering	
Phone Number:	(555) 555-5555 Ext: ____	

Comments: Include here any changes in the medication dosage, compliance with taking the medication, side effects, and, if ended, the reason for discontinuing the medication.

CLINIC DOCS

This tab is to be used by Clinic Staff **ONLY.**

EDUCATIONAL INFORMATION

Enter all available school data here. Over time, you will have a history of the enrollee's school attendance. Report cards, IEP's and educational information upon enrollment can be uploaded into the youth's chart through the Educational Tab. This info is then accessible from the POC Educational tab only.

Educational Info

New

There are no files currently attached to this page

Upload feature

Open	School Name	Grade Level	Contact Name	Most Recent?
	Carmelite	9th	Mike Chmielewski	Yes
	Right Step Inc	9th		No
	Bradley Tech	9th		No

Educational Information

Update Done

School Name: Amery High School

Phone Number: 888-8888

Most recent? ◉ Yes ○ No

Contact Person: Mary Jamison

Grade: 12th

Special Education: ☐ ED ☐ LD ☐ CD ☐ N/A ☐ OHI

IEP Done? ○ Yes ◉ No ○ Unknown

IEP Date? ○ Actual ◉ Estimated

504 Done? ◉ Yes ○ No ○ Unknown

504 Date? ○ Actual ◉ Estimated

Notes:

Select the name of the school the youth is attending. If the enrollee has graduated or is not attending school, there is an option for those in the School Name and Grade drop-down boxes.

For those youth that may change schools during the year you can indicate what is the "most recent" school they are attended.

If an enrollee does not have any special education needs, check N/A under "Special Education".

Check if an IEP and/or a 504 was done and indicate the date and if the date is actual of estimated.

STATISTICS

This is where school attendance is reported.

School Statistics

Insert Update Verify

Months	Days Possible	Days Attended/Excused	Days Suspended	Unexcused Absences	Days Expelled	Del
Apr 2020	20	15	0	5	0	
Mar 2020	18	18	0	0	0	
Feb 2020	15	15	0	0	0	
Month Year						

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 that month.
Days Suspended: The number of days the youth was suspended 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 that month.

DOMAIN REVIEWS

At the initial Plan of Care Meeting, the Team must complete a new Domain Review Checklist, this is optional for subsequent Plan of Care Meetings. The Domain Review allows the Team to see if new Needs have arisen and helps to prioritize those Needs. Identify if the Level of Concern is High, Medium or Low. The initial Domain Review Checklist must be uploaded with the signature sheet.

Hard copy Domain Review Checklist Completed at POC Meeting:

Children's Community Mental Health Services and Wraparound Milwauk
Wrap/ REACH / O-YEAH / CCS / CORE
Domain Review Checklist

Enrollee Name: _____ **Plan of Care Date:** _____

Domain	Level of Concern	Describe Concern
Safety	___ High ___ Medium ___ Low ___ None	_____
Family	___High ___ Medium ___ Low ___ None	_____
Mental Health	___High ___ Medium ___ Low	_____
Health/ Well Being (*Required for enrollees on psychotropic medication*)	___High ___ Medium ___ Low ___ None	_____
Legal / Restoration	___High ___ Medium ___ Low ___ None	_____
Educational/Vocational	___High ___ Medium ___ Low ___ None	_____
Cultural/Spiritual	___High ___ Medium ___ Low ___ None	_____
Living Situation	___High ___ Medium ___ Low ___ None	_____
Social / Recreational	___High ___ Medium ___ Low ___ None	_____
Transition to Adulthood (*Required for enrollees 16 years old and older*)	___High ___ Medium ___ Low ___ None	_____

NEEDS TAB

Entering of a Needs Statement or Statements is generally a six-step process based on information generated from the POC meeting. The process includes:

1. Identifying the Life Domain(s) associated with the Need.
2. Establishing the Need Statement or text.
3. Establishing Goals for each Need (how will the Team know we are getting closer to meeting this need?). One Goal per statement entry.
4. Identifying Start date, and an initial "Ranking" of the Need.
5. Entering Action Steps (s) associated with the Goal Statement including the person(s) responsible for the Action Step.
6. Saving and finalizing the Need Statement.

Main **Needs Screen**

Needs List

New

Need	Domains	Need Start Date	Current Note Date	Need End Date
Zoe deserves to know that the adults in her life will keep her and her brother safe.	Family, Safety, MentalHealth, LivingSituation	1/1/2017	3/14/2017	-None-
Mary needs support to believe that she can take care of herself and her children.	Family, Safety, Legal/Restoration, MentalHealth, LivingSituation	1/1/2017	3/14/2017	-None-

Needs Data Entry Screen

Plan of Care Needs

Back

DOMAINS

Select the domains this need is addressing

☐ Safety	☐ Family	☑ Mental Health	☑ Health and Well Being
☐ Legal / Restoration	☐ Educational / Vocational	☐ Cultural / Spiritual	☑ Living Situation
☐ Social / Recreational	☐ Transition to Adulthood	☐ Other	

NEED TEXT

What are the barriers to achieving the vision? What are the underlying issues or root causes of the behavior?

New Need 1 Update Button ' test

Ranking: 4 ○ Need has not ended ◉ Need has ended

Update Need

Start Date 07/01/20 Need End Date 08/02/2020

GOALS

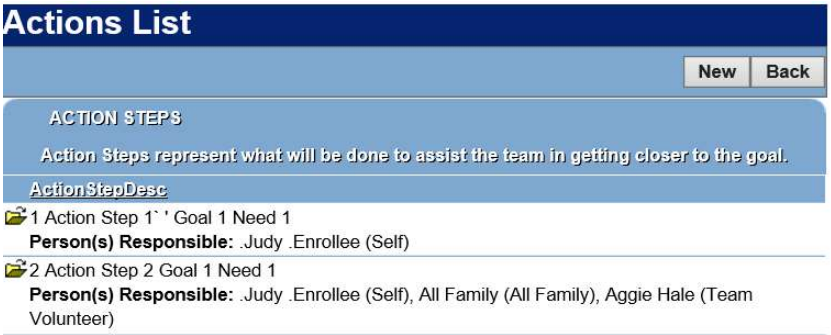
Goals must be observable, descriptive, and measurable.
We will know we are close to getting this need met if we see the following:

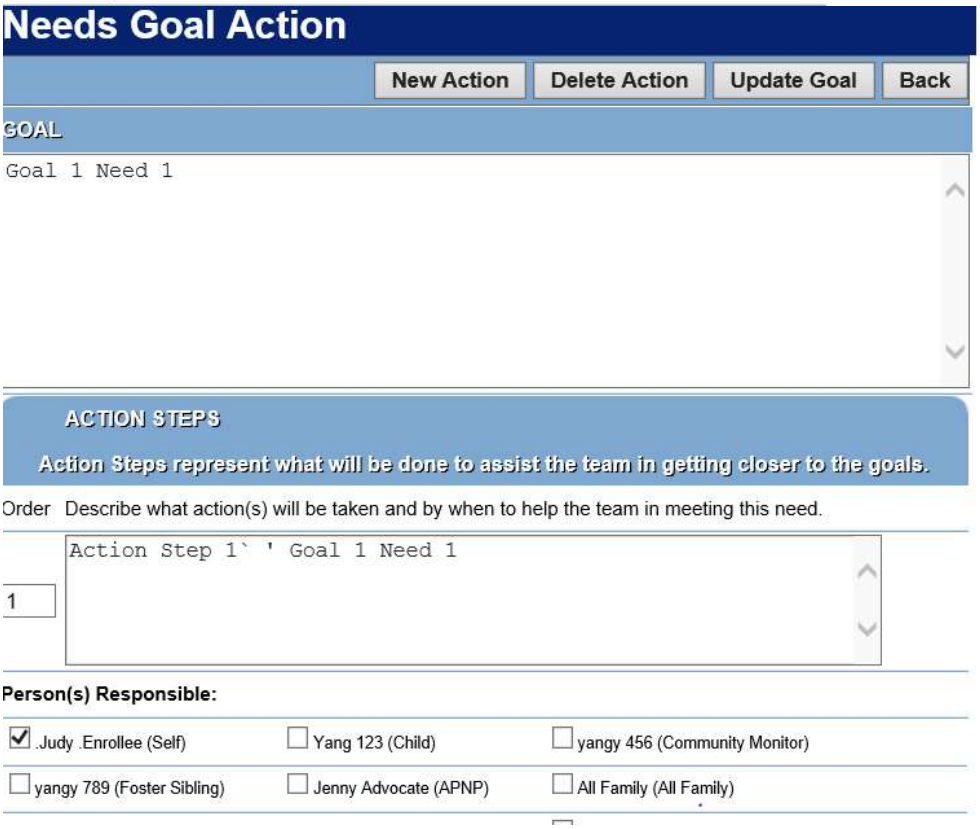
Goal 1 Need 1

Update Goal Text | Add New Goal

Existing Goals

Goal 1 Need 1	Switch to this Goal
Goal 2 Need 1	Switch to this Goal





You often have more than one Acton Step, and you will enter each **separately**. After each entry, click "New."

If the Person Responsible is not shown here, you can enter a new Team Member by adding the person's name and role by clicking on the "Add Team Member" button.

Entry of New Needs

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.

Need Statements - Needs Statements 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 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 currently met. (1 means the Team feels the need has not been met at all; 5 means the Team feels the need is met to their satisfaction.)

Goals - State in descriptive, observable, measurable, and attainable terms. How will the Team know they are getting closer to the Need being met.

Identify the Action Step(s) Associated with the Goal, and the Person(s) Responsible for each Action Step- One or more Action Steps may be identified for each Goal Statement. The individual or individuals involved with implementing the Action Step must also be identified. Action Steps should reflect who, what, when, where, why and how a Goal will be met. You can determine the order in which Action Steps will print by entering a number in the "Print Order" text box.

You need to save each Action Step individually by clicking on the “Add Action to Goal” button at the bottom of the Screen.

Updating or Revising a Need

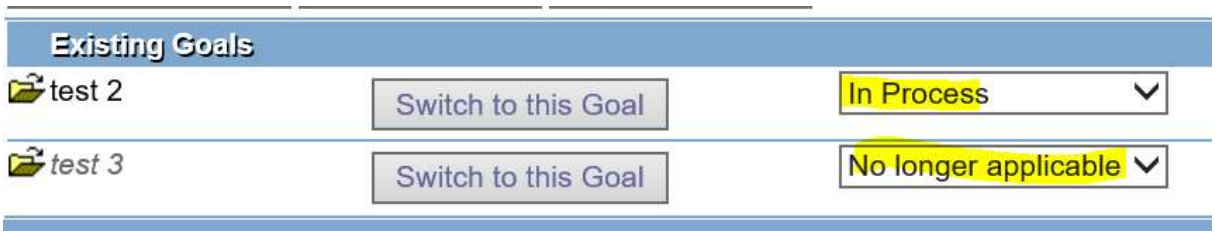
Each Need must be reviewed and updated at all subsequent Plan of Care meetings.

At each Plan of Care meeting, each Need is reviewed and updated:

1) Domains linked to this Need are reviewed
2) Goals are reviewed and updated as needed.
3) Complete a Need Ranking at each POC meeting (on a scale of 1-5).
4) The Action Steps are reviewed, edited, added and deleted as needed.

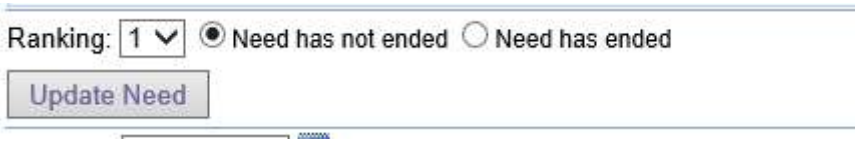
Goal Status

As Goals are meant to be shorter term than the Need, their status may change. Goals will automatically default to “In Process”. If a Goal is met, change the status to ‘Met’. If a Goal is no longer applicable (i.e. no longer a goal being worked on, Provider no longer on team, etc), change the status to ‘No Longer Applicable’.



Ending a Need

When a Need is ended click Need has ended with a final ranking. Your Plan Update will reflect why the Need is closing.



SCREENING TAB

This tab is to be entered and updated by Wraparound Milwaukee Staff ONLY. Care Coordinators review this tab to see helpful information obtained about history, Needs, etc. through the intake process.

PLAN OF CARE TEAM ATTENDANCE SHEET (SIGNATURE SHEET or ATTENDANCE ROSTER)

The Team Attendance Sheet can be uploaded to the POC at any time prior to sending the Plan to Wraparound Milwaukee for approval. This MUST be uploaded prior to sending for approval.

--Click on “Choose File”
--Find the file on your PC or server
--Click Upload

ALL UPLOADS OF DOCUMENTS TO SYNTHESIS MUST BE IN PDF FORMAT.

On the hard copy Team Attendance Sheet (Signature Sheet or Attendance Roster):

The Team Attendance Sheet must be **completely** filled out, i.e. – Enrollee name, DOB, POC date and attendance boxes marked (Yes or No).

REQUIRED SIGNATURES are those of the Youth, Parent/Legal Guardian, and Care Coordinator.

Team members are encouraged to sign the Team Attendance Sheet, as an indication/verification that they were at the meeting. If a signature is missing for any reason, explain the reason why on the signature sheet itself.

If unable to obtain youth/legal guardian signature write reason why on the Team Attendance Sheet, i.e. – missing, corrections, attach any certified mail receipts that efforts have been made to contact/that the Plan was sent to them (rare occasions).

If the DMCPS is the Legal Guardian, write that on the "Parent/Legal Guardian" line. The DMCPS representative should then sign below under the "Signatures of Additional Team Members" area. In the rare circumstance when they are not in attendance the CC must get their signature and then indicate "Not in attendance" next to their signature and initial.

Never sign anyone else's name but your own. If you do not know what to do, please contact the Quality Assurance Manager to discuss next steps.

PLAN OF CARE APPROVAL PROCESS

Care Coordinator level: Prior to submitting the Plan of Care for approval to the Supervisor/Lead, be sure to review each tab to make sure the information is up-to-date. The POC Update tab will show whether or not each section has been verified:

When a new POC is created in Synthesis, a "Verify" button is generated on each of the component screens to ensure that the Care Coordinator verifies all information prior to sending the POC on for approval. Go to each tab in the POC section, review the information, and click "Verify" when done. Synthesis will not allow the POC to be submitted for Supervisory approval unless all sections have been verified.

REQUIREMENTS FOR VERIFICATION:

Psych Assessment Tab

1) There must be **at least one** Assessment entered that has a diagnosis listed that is then correspondingly reflected in the "Diagnostic Codes" area.

Vision

1) Some text must be present.

Providers

1) You must have both a Medical/Primary Care provider and a Dental/Orthodontist provider entered.

2) Both must have a Date Last Seen Entered.
    a. If the Date Last Seen is more than 1 year ago, you must have text in the Comments section describing what steps are being taken to get these appointments scheduled.
3) If there is no Primary Care Physician or Dentist, you would select "None at this Time." You will still need to enter an Estimated Date Last Seen. You would then make a notation on that entry as to what is being done to connect the youth and family to these providers, and this likely would be a Need on the Plan of Care under the Health and Well Being Domain.
4) If there is a Psychiatrist/APNP, please ensure they are added as well.

Medical Information

1) You must have a response in each section.
2) For the Substance Abuse, if 'Yes' or 'Unknown' is selected, text must exist in the Notes box for that section.

Medication List

1) The Verification step simply ensures that this screen is viewed and updated if needed.

Educational

1) The Verification step simply ensures that this screen is viewed and updated if needed.

Signature Sheet/Attendance Roster

1) Verify that the Signature Sheet/Attendance Roster was uploaded, that it contains all required signatures and is completely filled out.

Screening

1) Verify that the Screening information was completely and thoroughly reviewed and incorporated into the POC needs as determined by the Child and Family Team. Follow-up with any directives provided by the Screener. This is only applicable during the initial POC.

Employment

1) The Verification step ensures that at minimum the dropdown box- Current Employment Status is completed.

Statistics

1) The Verification step simply ensures that this screen is viewed and updated if needed in relation to school attendance.

Supervisor level: Synthesis automatically notifies the agency Supervisor/Lead that a POC is awaiting approval. After reviewing the POC for completeness and quality, the Supervisor/Lead can return the POC to the Care Coordinator for updates or modifications by clicking on the "Send Back" button. If the Plan meets with the Supervisor/Lead's approval, they will submit to Wraparound Milwaukee Administration for final approval by clicking on the "Get Program Approval" button.

Before the Supervisor/Lead can approve the POC:

1) All areas must be Verified
2) An approved Crisis Plan – dated within 30 days of the POC date – must exist.
3) A signature sheet/attendance roster must be uploaded.

Wraparound Milwaukee Administrative Approval – When the POC is approved at the agency level, a login message is automatically generated notifying Administration that a Plan needs review. **(NOTE: POCs may be forwarded for CC Certification- however, Agency must identify this in their approval note).**

PRINTING PLANS OF CARE

You print Plans of Care and Signature Sheets from the POC/Narrative screen.

For POCs that are still in process, you click on the folder next to the Plan Date and can print the Team or Full Plan or the Signature Sheet from the data entry screen on the next page.

For POCs that are Completed, you can print the Team or Full Plan directly from the main page by clicking on the folder under "T" or "F", or the Signature Page by clicking on the folder under "S."

Active Plan of Care			
Plan Date	Status	Date Created	Created By
7/1/2012	In Process	7/11/2012	GEORGE BENZ

Completed Plans of Care								
T	F	S	Plan Date	Create Date	Created By	Agy Appr Date	Agy Appr By	Wrap Appr Date	Wrap Appr By
			5/1/2012	5/17/2012	Phillip SmiTh	5/17/2012	GEORGE BENZ	5/17/2012	Aggie Hale

ow appears. Click on the Printer icon to print the

Sample View of Report Screen

Youth: .Enrollee, Dana **Enrolled:** 6/11/14 **POC Date:** 8/4/20
DOB: 11/16/05 **POC Status:** In Process

Children's Community Mental Health Services and Wraparound Milwaukee

PLAN OF CARE **(Full Plan)**

CONFIDENTIAL INFORMATION: Per Wis. Admin. Code 92.03, disclosure of this information without client / guardian consent or statutory authorization is prohibited by law.

Select the printer icon to print the report.

Select Save a Copy to save the report.

H:\CATC\WRAPCMN\Policies & Procedures\2020 Policies\028- POC\028- Plan of Care\PlanofCarePolicy-Instruction Guide
Rev. 9.2021