

## **GUIDE TO WRITING A DISENROLLMENT SUMMARY**

**See Disenrollment Request Protocol and Policy for timelines and requirements. This document will help guide you in writing the disenrollment summary.**

**Form Date:** Date the form is being entered.

**Enrollment Date:** Date the youth/young adult was enrolled

**Disenrollment Date: CCS-** Date agreed upon by the team to disenroll **Wrap and REACH-** Last day of the month.

CCS Disenrollment Reasons and Type	Wrap/REACH Disenrollment Reasons
<ol style="list-style-type: none"><li>1. Program Completed- Voluntary</li><li>2. Services no longer desired- Voluntary</li><li>3. Corrections- Voluntary</li><li>4. Long-Term Residential- Voluntary</li><li>5. Moved out of County- Voluntary</li><li>6. Unable to Contact- Involuntary</li><li>7. Medicaid Eligibility Ended- Voluntary</li><li>8. Disenrolled to Adult Programming- Voluntary</li><li>9. Functionally Not Eligible- Voluntary</li><li>10. Disenrolled to Higher Level of Care- Voluntary</li><li>11. Runaway/missing- Involuntary or Voluntary depending on the circumstances.</li><li>12. Other- Involuntary or Voluntary depending on the circumstances.</li></ol>	<ol style="list-style-type: none"><li>1. Corrections</li><li>2. Disenrolled to Adult Programming</li><li>3. Disenrolled to CCS</li><li>4. Long Term Residential</li><li>5. Medicaid Eligibility Ended</li><li>6. Moved out of County</li><li>7. Other</li><li>8. Pre-Enroll Only</li><li>9. Program Completed</li><li>10. Runaway/Missing</li><li>11. Services no longer desired</li><li>12. Unable to Contact</li></ol>

**Status with Court Order:** Ended, Not Ended, N/A, if Not ended is selected provide explanation in the comment box.

### **Summary of Youth and Family Progress since Enrollment:**

- This section should include the reason for the referral and enrollment into the program, including any services in place throughout enrollment, overall progress, significant life events, court involvement, placements, diagnosis upon enrollment, as well as any new diagnoses or changes to the diagnosis while enrolled in the program.

### **Current Status and Justification/Reason for Disenrollment:**

- This section should reflect progress related to the current Plan of Care. It should address the progress and/or barriers towards the need(s) and the goal(s) listed within the plan. We should be able to clearly identify which need(s) have been achieved and/or which need(s) are still being worked on. If the family is disenrolling due to “unable to contact” for Wrap/REACH dates and methods of attempts should be outlined in this section. For CCS- a summary of attempts should be outlined in this section.

### **Transition plan/Outline of continued support post disenrollment:**

- This section should include the date of the disenrollment team meeting with a summary of the meeting

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- Address the strategies within the Plan of Care. It should reflect the sustainable plan discussed at the Disenrollment Team Meeting, all natural, community, informal, and continuing paid providers must be incorporated. If paid providers are remaining with the family, there must be a clear outline of how that service will be paid for without Wrap/REACH/CCS. For youth taking medications, the plan must be clearly identified, including the date of the next scheduled medication appointment. It is expected that this section center on transition planning and preparedness, as well as clearly state the last date services will be available to the Child and Family.
- For those 18 or over, and living independently, this section must clearly spell out how the youth will support themselves (what their income will be), how their basic needs will be met (money/insurance coverage, food, rent, supervision) after disenrollment.
- For youth or young adults in a correctional placement, this section must outline how the family will stay in contact with the youth or young adult by phone and in person, as well as who their contact person at the facility is. This section must state what services and supports will be offered by that facility. It should also indicate what potential resources have been provided to the youth and/or family that may be useful upon their return to the community.

\*All disenrollment's should be discussed with the Supervisor/Mental Health Professional, with clear documentation of this in Progress/Provider Notes.

\*Disenrollment Summary, Disenrollment Letter, and the most recent POC/crisis plan will be mailed to the family by Wraparound Administration at the beginning of each month.

### **For CCS ONLY:**

\*Voluntary Disenrollment's: Disenrollment Summaries need to be signed by the Care Coordinator, Mental Health Professional, youth, Parent/Guardian and uploaded to the Referral Tab, saved as "Disenrollment Summary." If for whatever reason you couldn't meet with the family for a signature, a provider note should be written that clearly describes the barrier to meeting, the discharge summary should be mailed with a self-addressed and stamped envelope including clear instructions for the family to sign the copy and send it back to you.