

CHILDREN'S WRAPAROUND SERVICES		CommuniCare Health Centers	Melissa Marshall, Chief Executive Officer										
Program Purpose	Provide Wraparound services for children and youth to reduce symptoms and improve functioning, increase caregiver resources and ensure at home placement.												
Program Information	Services are provided at school, home, in the community or provider site to, in order to reduce involvement with the juvenile justice system, reduce out-of-home placements, increase school success and facilitate the transition to adulthood. The goal is to ensure services and supports provided to the child or youth and his or her family are tailored toward maintaining a stable permanent family within the Continuum of Care Reform (CCR) framework.												
PM1: How much did we do?													
1.1	Total FTEs: <table border="1" data-bbox="667 663 1216 884"> <thead> <tr> <th>FTE</th> <th>CLASSIFICATION</th> </tr> </thead> <tbody> <tr> <td></td> <td>Manager/Supervisor</td> </tr> <tr> <td></td> <td>Clinicians</td> </tr> <tr> <td></td> <td>Office Support</td> </tr> <tr> <td></td> <td>Family/Peer Support Specialists</td> </tr> </tbody> </table>			FTE	CLASSIFICATION		Manager/Supervisor		Clinicians		Office Support		Family/Peer Support Specialists
FTE	CLASSIFICATION												
	Manager/Supervisor												
	Clinicians												
	Office Support												
	Family/Peer Support Specialists												
1.2	# of open and authorized clients												
1.3	# of intakes												
1.4	# of discharges												
1.5	# of discharges to a lower level of care												
1.6	# of referrals received												
1.7	# of children meeting ICC or IHBS criteria												
1.8	# of children served who are non-English speakers												
PM2: How well did we do it?													
2.1	% of clients who received an intake assessment within 14 days of referral												
2.2	% of clients assessed with Child and Adolescent Needs and Strengths (CANS)												
2.3	% of clients with completed authorization packet within 60 days of admit												
2.4	% of authorization requests completed within 30 days of renewal												
2.5	% of open clients with submitted 6 months progress report												
2.6	# of clients per clinician												
2.7	# of days to successful discharge (quarterly average)												
2.8	% of discharge dispositions submitted within 14 days of discharge date												
2.9	% of ICC and IHBS eligible clients with facilitated CFT every 90 days												
2.10	% of clients who successfully met treatment plan goals												
2.11	% of clients who received 1 st clinical appointment within 7 days post psychiatric hospitalization												
2.12	% of clients who received 1 st psychiatric follow up within 30 days post psychiatric hospitalization												
2.13	# of provider changes per client												
PM3: Is anyone better off?													

3.1	# of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge % of clients with decrease in # of items needing action on Child Behavioral/Emotional Need section of CANS from intake to discharge
3.2	# of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge % of clients with decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge
3.3.	# of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge % of clients with decrease in # of items needing action on Caregiver Resources and Needs section of CANS from intake to discharge
3.4	# of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement % of clients who remained in their home (without jail or psychiatric hospital admits) or maintained foster home placement