**CHILDREN’S WRAPAROUND TEAM (CWT)**

**INFORMATION SHEET**

CWT PURPOSE

This is a multidisciplinary consultation team that convenes to assist families in connecting to services/supports that help keep their child in the home and community, whenever possible. This team works in partnership with the family to create a list of strategies and resources that may help address the needs expressed by the family.

This team also functions as the first step for families pursuing a Children’s Long-Term Inpatient (CLIP) intervention, when that level of care is medically necessary. If a CLIP intervention is being pursued, the family will be linked to the appropriate Managed Care Organization (MCO) or Administrative Service Organization CLIP liaison for assistance throughout the voluntary CLIP application process. See additional information below regarding CLIP Application Process.

CWT CORE VALUES

Following are the Core Values that guide the CWT process:

* Immediate support to families of children/youth with complex needs
* Strengths, Needs, Resources focused
* Family-focused vs. marketing individual programs
* Balanced meeting structure (respectful to family and time to provide meaningful recommendations)
* Avoid out-of-state referrals
* Transparency/education regarding hospitalizations and placements
* Staying on schedule
* Opportunity for all members to participate – collective expertise
* Belief in recovery and resilience
* Solution-focused – open, respectful, and ongoing dialogue

ACCESS TO CWT CONSULTATION

The referent/caregiver must complete and submit 1) the CWT Referral, which includes a Release of Information section that must be completed, and signed, and 2) the Intensive Behavioral Health Screening Form to schedule a CWT meeting. Meetings are held the first Monday and third Thursday of each month in Thurston County and the first Wednesday of the month in Mason County.

**For more information or to receive the required forms, please call 360-763-5828 or email** **cwt.referrals@tmbho.org****. The completed forms must be submitted to Thurston Mason Behavioral Health Administrative Service Organization (TMBH-ASO) via secure email at** **cwt.referrals@tmbho.org** **or faxed to 360-489-1435. The caregiver/referent will be contacted to coordinate the scheduling of the CWT meeting.**

Note: All confidential information sent by email must be sent securely (encrypted). If you do not currently have an encrypted email system set up, contact TMBH-ASO and they will initiate a secure email that you can reply to with the confidential information.

MEETING LOCATION

All meetings are currently held via a confidential ZOOM platform.

CWT MEMBERS & ATTENDEES

The CWT team is comprised of representatives from local community and administrative organizations, state agencies, community stakeholders, and parents/youth with lived experience (see the CWT Authorization for Release and Exchange of Information for a comprehensive list).

Families may also invite other individuals to the meeting for support and/or to provide additional information.

**The caregiver must attend the meeting and the referent must also attend or have a representative attend.**

Note: If for some reason, the caregiver is unable to attend a scheduled CWT meeting, please send an email message to cwt.referrals@tmbho.org as soon as possible, so that we can schedule another family for that time slot.

CHILD/YOUTH PARTICIPATION

Your child/teen is welcome to attend the meeting; however, parent/caregiver participation is key to a successful meeting and parents/caregivers are responsible for the supervision of their children that attend. Therefore, please plan accordingly.

WHAT TO EXPECT/MEETING STRUCTURE

Scott Hanauer or a backup facilitator will lead the meeting, which will last for one hour. Following introductions, the caregiver or a family support member will have an opportunity to share information about the family’s strengths and needs.

It is important to keep this information sharing time brief with concise descriptions of the family and youth’s strengths and specific needs being targeted. This is necessary to allow time for the CWT to progress through the following steps and to be most helpful to the family.

After the brief description of the family strengths and needs, the facilitator will open the discussion up to the team to ask clarifying questions. The question and answer time must also remain brief with adherence to the facilitator’s guidance in order to allow sufficient time for the final phase.

During the final portion of the meeting, the focus will transition to identifying potential strategies and resources that may be helpful to the family. This will be a time that the team provides ideas and information about local resources and partner with the family to create a list of strategies and resources.

If the family is pursuing Children’s Long-Term Inpatient (CLIP) services, the family will also be linked to the appropriate Managed Care Organization (MCO) or Administrative Service Organization (ASO) CLIP liaison for assistance throughout the voluntary CLIP application process. See additional information below regarding CLIP Application Process.

A designated team member will take notes of all recommendations and contact information.

 FOLLOW UP

Following the meeting, The CWT team will provide the family and current service provider with a list of potential resources and contact information to address the needs expressed by the family. It is the caregiver’s decision whether to access the support/service identified by the team.

CLIP APPLICATION PROCESS (if applicable)

As mentioned previously, the CWT is the first step in the voluntary application process for those pursuing CLIP. While the CWT will not make a recommendation about a CLIP intervention, they will provide information about CLIP services, locations, the application process, and link the family to the appropriate MCO/ASO CLIP liaison for assistance, if that has not already occurred prior to the meeting.

The voluntary CLIP application is a two-step process:

1. The CWT meeting is focused on the family’s immediate needs and identification of community-based strategies and resources. This is important because the waitlist for CLIP admission can be 6-12 months and during that time, community-based resources are crucial. This also allows time for the family, CLIP liaison, and others to thoughtfully gather all necessary information to accurately determine if CLIP is the appropriate level of care.
2. Once the CLIP application is complete and reviewed by the MCO/ASO liaison, the completed application and all supporting documents is sent to the Thurston Mason Behavioral Health – Administrative Service Organization (TMBH-ASO). TMBH-ASO then convenes the CLIP Application Review Team meeting within 10 days to carefully consider if CLIP is the medically necessary level of care. Following that review, the MCO/ASO liaison notifies the family in writing of the local team’s recommendation.
	1. If CLIP is supported, the CLIP liaison provides a written recommendation along with the completed application packet to the CLIP Administration. The CLIP Administration will review and determine certification when there is an anticipated bed available within 30 days.
	2. If CLIP is not supported at the local level, the family will be provided with written recommendations and information regarding how to appeal the recommendation directly through the CLIP Administration.
	3. The MCO/ASO liaison is responsible for communicating with the CLIP Administration throughout the process.

Note: The maximum timeline from the initial CWT meeting to the date the CLIP Application Review Team makes their recommendation is 90 days.

PRIVACY

Families have the right to receive confidential supports. You have authorized the CWT to discuss confidential information shared during the CWT meeting with other participants by completing and signing a Release of Information. All CWT members have signed an Oath of Confidentiality ensuring that information shared during the meeting is not divulged, published, or otherwise made known to anyone outside of the CWT without written consent from the family.

Note: There is one important exception. If someone discloses child abuse/neglect or identifies a plan to harm themselves or others, as mandated reporters, we will report this to proper authorities.