

Discharge Training Tool

The following is required for discharge from the High Fidelity Wraparound program:

- Updated Plan of Care (POC)
- Updated SNCD
- Last CANS
- Including the following information in the provider portal:

Natural/Informal Supports and Formal Services to Continue

Enter the last CASII or ECSII score, the last CANS

Please indicate the first and last scores for the CASII, ECSII and CANS. What have been the family's successes? Do the assessment scores give evidence that the family made improvements? What lessons has the family learned? Has the family moved toward or achieved their vision?

Further Recommendations for Natural/Informal Supports and Formal Support

Enter the last Transition Readiness Scores

- How will the family move forward after HFWA?
- Have they already demonstrated accessing natural and formal supports? Do they know how to bring "their team" together for the support they might need after formal HFWA ends?

Triggers

List how this family belongs in their community

- Who in their family and friends will continue to support them?
- Who in their community, both formally and informally, will support them after HFWA?

Potential Crisis

HFWA has been discontinued for the reason(s). Please pick one and write it into the POC.

- *Most of the goals of the family/participant have been met. (Family and team feel like they are ready to leave HFWA)*
- *No evidence of service plan in place or engagement with the family for care coordination*
- *Lack of cooperation by family/participant in plan development, plan implementation, refusal to sign or abide by service plan, including the refusal of critical services.*
- *Out of home placement of the participant (group home, residential treatment, psychiatric hospital or similar program) for longer than 120 days.*
- *Relocation of family/participant outside the state of Wyoming.*
- *Incarceration of participant (custody of a state, local or federal law enforcement agency).*
- *Death of participant.*
- *Enrollment with an alternate State Waiver/ Program (DD Waiver).*
- *Family/participant's choice to terminate waiver services. (Family for any reason other than goals being met or one of the other choices)*

Action Steps for Home/School

Celebrate!

- How will the family and/or the CFT celebrate the family's discharge from HFWA