



High Fidelity Wraparound

Transition/Discharge Plan template

*This document is simply a template to help you gather the necessary information to complete a holistic discharge plan for High Fidelity Wraparound and the required information to enter into the provider portal. This is **not** a form that can be filled out and emailed to the clinical staff for entry.*

Name of youth:

Date of first transition plan:

**completed with the POC*

Family Care Coordinator:

Date of discharge plan meeting:

Family Support Partner:

Current Plan of Care authorization date:

Youth Support Partner:

Waiver discharge effective date:

Reason for discharge

- All goals of the family/participant have been met
- Lack of cooperation by family/participant in plan development, plan implementation, refusal to sign or abide by plan of care, 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
- Family/participant's choice to terminate waiver services
- Relocation of family/participant outside the state of Wyoming
- Incarceration of participant
- Death of participant
- Enrollment with an alternate state waiver/program (e.g. DD waiver)
- Other (please specify): _____

Transition/Discharge plan wrap-up

Family vision:

What part of the family strengths/culture will help them continue to move forward?

What did the team do to celebrate the family's commencement?

Highlights from successes during High Fidelity Wraparound:

Lessons learned from the High Fidelity Wraparound process:

Needs identified by family in transition planning:

Community supports established

Mental health professional: _____
Date of next visit: _____
Primary care physician: _____
Date of next visit: _____
Natural support: _____
Date of next visit: _____
School representative: _____
Date of next visit: _____
Other (please specify): _____
Other (please specify): _____
Other (please specify): _____
Other (please specify): _____

Team's prognosis for successful youth/family discharge

Excellent Good Fair Poor

Rationale:

Further recommendations:

Crisis Plan

Prevention Signs <i>Baseline Phase of Crisis Cycle- what are the triggers?</i>	Action Steps <i>Include: What needs to be done, how often</i>	Responsible Person
Signs or Behavior that Crisis is Beginning <i>Do you know the triggers – Midway up the cycle</i>	Action Steps <i>De-escalation</i>	Responsible Person
Plan to Respond to the Crisis <i>Safety is the most important thing to remember</i>	Action Steps <i>How often and when should be identified</i>	Responsible Person
Follow Through <i>How to take care of yourself and your family afterwards</i>	Action Steps	Responsible Person

Team members present:

Guardian signature (sign)*: _____ Date: _____

Family Care Coordinator (sign): _____ Date: _____

Assigned Agency Program Director (sign): _____ Date: _____

Reviewed by Magellan: _____ Date: _____

*The only time a signature from the guardian can be skipped is when the family moves or leaves the program unexpectedly and the FCC can no longer contact them.