Consultants for Children, Inc.

Client Handbook for ABA, High Fidelity Wrap and Mental Health Services with CFCI

Mission, Vision and Guiding Principles

Consultants for Children, Inc. is a unique company striving to meet the individual and varying needs of children with autism and other developmental disabilities, as well as their families.

Our mission is to provide the best possible treatment plan for children diagnosed with Autism and/or other developmental disabilities by providing comprehensive direct service to the children in the home, in the community, during social skills clubs and by collaborating with schools.

Our philosophy is based on the belief that children have the capability to function independently within their home and school environments. To ensure each child's independence, an effective treatment plan must be established. Consultants for Children, Inc. consults with parents and schools to develop treatment plans that target the needs of each child. We are dedicated to creating effective plans that promote independence and academic success for each child. We believe that with effective help, each child can have a happy and fulfilling life.

We are **Client Centered** – This means we have Empathy for the client and make decisions in the clients' best interest and look at things from their perspective and experience.

We exhibit **Integrity** - This means we are Responsible; we show up on time; we are thoughtful before committing to cases; we treat others respectfully; our clients and team members can trust us.

We are **Data Driven -** Using the well-established principles of Applied Behavior Analysis, we help people to achieve their full potential. We believe that through training, collaboration, and guided, person centered instruction, all people can achieve their goals and lead enriching lives. Our mission is to empower people; our clients, families, and

employees alike. We provide high-quality therapeutic services based on decades of behavior analytic research.

We **Communicate** effectively – This means we provide and receive feedback in a positive manner; we provide quality critique when we can and offer encouragement and kudos when noticed; we listen to our clients and we provide the correct avenues for communication.

We are **Flexible** - We exhibit Ingenuity and creativity with resources, respecting personal, client and company budgets while still meeting client needs and we can move with change.

We are **Disciplined** – This means we provide Consistent quality services even when dealing personal matters; we are self-driven to stay on task and provide quality services when supervised and when alone and we are organized.

We engage in **Teamwork** – This means we provide Consistent communication in a multi-disciplinary team atmosphere.

Chapter 1

What to Expect When Engaging with Applied Behavior Analysis

Parent/Guardian involvement and what to expect:

Session Attendance Requirements Caregivers will provide a schedule of availability for their child that meets the recommendations outlined in the diagnostic assessment and recommended Individualized Treatment Plan (ITP). Clients and families are expected to attend at least 60% of their scheduled hours per calendar month. If attendance, on-time arrival or end of the day departure falls below 60% in a given month, an interim ITP meeting will be held with caregivers in person or via telemedicine to review the treatment package. During the meeting, staff and caregivers will work together to achieve an agreed-upon schedule to best meet the child's prescribed behavioral treatment hours. With behavioral intervention, every treatment hour is an hour of progress made. Child vacations should not exceed more than one week beyond CFCI's calendar during the service year. The schedule is published by the second Friday of the month prior. Caregivers must notify the center at least 14 days in advance of a planned child absence so that proper staffing may be achieved. If there is no communication from caregivers of late arrival, the client's session will be canceled after 15 min of their scheduled session time. The RBT will be reassigned to another client for the session.

Caregiver Participation Family and caregiver engagement is a vital component of behavioral intervention. ABA requires family members to be active in the child's treatment to make the best progress. Family and caregivers are crucial components in the evaluation, planning and treatment processes, and must agree to participate at the medically recommended intensity and as agreed upon in the child's ITP. Based on the diagnostic assessment and the medically recommended ITP, caregiver participation generally includes:

- Minimum of 1.5 hours per week of caregiver coaching at the clinic. Siblings will not attend unless specified in the ITP and proactively scheduled.
- 30-minute weekly or bi-weekly clinical review at the clinic or via telemedicine. Siblings will not attend unless specified in the ITP and proactively scheduled.
- Caregiver coaching at home via telemedicine at the prescribed and recommended level.
- Caregiver implementation of effective schedules of reinforcement that result in progress in developmental skills and behavior reduction programming.
- Data collection, completion of client-related surveys, and weekly phone or email communication in timely fashion In order to achieve optimal progress, CFCI requires caregivers to implement the agreed-upon recommended treatment procedures consistently in the home and community settings. Caregivers receive ongoing behavior

skills training to achieve a level of competency that allows the successful implementation of procedures in order to achieve their child's best progress. If caregivers refuse to participate in the treatment plan services may be interrupted or terminated. From: https://www.swsc.org/cms/lib/MN01000693/Centricity/Domain/130/Caregiver%20Handbook%2020-21%209.24.20v2.pdf

What parent/guardian involvement looks like within session *(15-60 minutes per week?)*:

- Early stages of therapy (4-12 weeks):
    - Discussing fundamental teaching strategies and interventions most commonly utilized within ABA sessions with BCBA and which ones specifically will apply to your child
    - Reviewing and discussing contexts during which strategies and interventions will be applied
        - Review videos
        - Discussion of recent behaviors observed during or outside of session
    - Hands off observation of previously discussed teaching strategies and interventions during session
- Progression of parent involvement (12+ weeks):
    - Application of teaching strategies and interventions discussed in specific contexts set up by BCBA
- More advanced/later stages of parent involvement (12+ weeks):
    - Application of teaching strategies and interventions discussed for extended durations of time across activities as appropriate/necessary ("running session" for specified increments of time with BCBA guidance and support)
- *If you are looking for more specific scenarios/contexts:*
    - Practicing teaching and reinforcing expectation that child asks for items or interactions that they want or need (mand training)
    - Practicing how to appropriately and effectively consequate less desirable/inappropriate behaviors
    - Facilitating social interactions with others (peers, siblings/other family members, community members, etc.)
    - Establishing expectations prior to situations, prompting correct responding, and providing feedback afterwards
    - Facilitating independent play and leisure skills
    - Implementing teaching strategies and interventions to increase/expand functional daily living skills
        - Toileting
        - Chores
        - Dietary restrictions/food preferences
        - Initiation, independence, and self-management
        - Hygiene/self-care
        - Completing morning/evening routines

What parent/guardian involvement looks like outside of session:
- Collect videos or samples of information for BCBA to review/discuss with caretakers
- Relay pertinent health information/changes
- Relay pertinent information from school
- Implement recommended interventions to improves specific routines
- Applying feedback/suggestions to address behavioral needs

What parent/guardian involvement looks like within team meetings:
- Active engagement
- Open-minded to recommendations and encouragement
- Professional interactions with all team members
- Asks questions as uncertainties present themselves

How can ABA help?

Behaviors that ABA can help increase:
- Language (i.e., requesting, tact/expressive, listening responder/receptive, following directions)
- Imitation skills
- Gross/fine motor skills
- Visual/perceptual skills (e.g., puzzles, matching, sorting)
- Activities of daily living (e.g., toileting, dressing, and brushing teeth)
- Social and independent play skills
- Community skills (e.g., crossing the street safely, grocery shopping and cooking)
- Reading
- Writing
- Group instruction

Behaviors that ABA can help decrease:
- Hitting
- Biting
- Screaming
- Hand flapping
- Non-compliance
- Scripting
- Any repetitive/stereotypic behaviors

Teaching strategies:

- Verbal behavior (VB)
- Discrete trial teaching (DTT)
- Prompting and fading
- Shaping and chaining
- Natural environment teaching (NET)
- Errorless learning
- Reinforcement

Focused ABA Treatment

Focused ABA Treatment Focused ABA generally ranges from **10-25 hours per week of direct treatment (plus direct and indirect supervision and caregiver training)**. However, certain programs for severe destructive behavior may require more than 25 hours per week of direct therapy (for example, day treatment or inpatient program for severe self-injurious behavior).

Focused ABA refers to treatment provided directly to the client for a limited number of behavioral targets. It is not restricted by age, cognitive level, or co-occurring conditions.

Focused ABA treatment may involve increasing socially appropriate behavior (for example, increasing social initiations) or reducing problem behavior (for example, aggression) as the primary target. Even when reduction of problem behavior is the primary goal, it is critical to also target increases in appropriate alternative behavior, because the absence of appropriate behavior is often the precursor to serious behavior disorders. Therefore, individuals who need to acquire skills (for example, communication, tolerating change in environments and activities, self-help, social skills) are also appropriate for Focused ABA.

Focused ABA plans are appropriate for individuals who (a) need treatment only for a limited number of key functional skills or (b) have such acute problem behavior that its treatment should be the priority. Examples of key functional skills include, but are not limited to, establishing instruction-following, social communication skills, compliance with medical and dental procedures, sleep hygiene, self-care skills, safety skills, and independent leisure skills (for example, appropriate participation in family and community activities).

Examples of severe problem behaviors requiring focused intervention include, but are not limited Focused ABA treatment may involve increasing socially appropriate behavior ... or reducing problem behavior. 13 to, self-injury, aggression, threats, pica, elopement, feeding disorders, stereotypic motor or vocal behavior, property destruction, noncompliance and disruptive behavior, or dysfunctional social behavior.

Behavior that threatens the health or safety of the client or others or that constitutes a barrier to quality of life (for example, severe aggression, self-injury, property destruction, or noncompliance); • Absence of developmentally appropriate adaptive, social, or functional skills that are fundamental to maintaining health, social inclusion, and increased independence (for example, toileting, dressing, feeding, and compliance with medical procedures). When the focus of treatment involves increasing socially appropriate behavior, treatment may be delivered in either an individual or small-group format. When conducted in a small group, typically developing peers or individuals with similar diagnoses may participate in the session. Members of the behavior-analytic team may guide clients through the rehearsal and practice of behavioral targets with each other. As is the case for all treatments, programming for generalization of skills outside the session is critical. When the focus of treatment involves the reduction of severe problem behavior, the Behavior Analyst will determine which situations are most likely to precipitate problem behavior and, based on this information, begin to identify its potential purpose (or "function"). This may require conducting a functional analysis procedure to empirically demonstrate the function of the problem behavior. The results enable the Behavior Analyst to develop the most effective treatment protocol.

When the function of the problem behavior is identified, the Behavior Analyst will design a treatment plan that alters the environment to reduce the motivation for

problem behavior and/or establish a new and more appropriate behavior that serves the same function and therefore "replaces" the problem behavior.

The ABA services delivered in these settings typically require higher staff-to-client ratios (for example, two to three staff for each client) and close on-site direction from the Behavior Analyst. In addition, such treatment programs often have specialized treatment environments (for example, treatment rooms designed for observation and to keep the client and the staff as safe as possible).

Comprehensive ABA Treatment

Comprehensive ABA Treatment often involves an intensity level of **30-40 hours of 1:1 direct treatment to the client per week, not including caregiver training, supervision, and other needed services.** However, very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits. Treatment hours are subsequently increased or decreased based on the client's response to treatment and current needs. Hours may be increased to more efficiently reach treatment goals. Decreases in hours of therapy per week typically occur when a client has met a majority of the treatment goals and is moving toward discharge.

Comprehensive ABA refers to treatment of the multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning.

Maladaptive behaviors, such as noncompliance, tantrums, and stereotypy are also typically the focus of treatment. Although there are different types of comprehensive

treatment, one example is early intensive behavioral intervention where the overarching goal is to close the gap between the client's level of functioning and that of typically developing peers.

Comprehensive treatment may also be appropriate for older individuals diagnosed with ASD, particularly if they engage in severe or dangerous behaviors across environments. Initially, treatment is typically provided in structured therapy sessions, which are integrated with more naturalistic methods as appropriate. As the client progresses and meets established criteria for participation in larger or different settings, treatment in those settings and in the larger community should be provided.

Training family members and other caregivers to manage problem behavior and to interact with the individual with ASD in a therapeutic manner is a critical component of this treatment model.

Discharge Services

Should be reviewed and evaluated and discharge planning begun when:

- the client has achieved treatment goals OR
- the client no longer meets the diagnostic criteria for ASD (as measured by appropriate standardized protocols) OR
- the client does not demonstrate progress towards goals for successive authorization periods OR
- the family is interested in discontinuing services OR
- the family and provider are unable to reconcile important issues in treatment planning and delivery

Additionally, we provide eLearning opportunities. Your Analyst will review pertinent opportunities with you. Although, many wonderful opportunities exist at this site https://health.ucdavis.edu/mindinstitute/centers/cedd/cedd_adept.html

Talk to your case manager now!

720-272-1289
casemanagement@cfcico.com

What to Expect as the Process of ABA Initiates

Thank you for choosing Consultants for Children, Inc. We have developed a short explanation of what you will be seeing in the months to come as you start ABA.

The first step is to have a Google clinical video meet with the Regional Supervisor and the Case Manager. This is required and all requirements for the family if they would like to start ABA are reviewed in this meeting and document requests and timelines are reviewed in this meeting as well.

All ABA clients start in the center.

The biggest component to review regarding having services with Consultants for Children, Inc. is that parent/guardian participation is a requirement. Parents/guardians are one of the most integral parts of a successful ABA program. Parents/guardians will be asked to take data, participate in program implementation and become an informed consumer of ABA.

Client Attendance Policy

Attendance and Schedule

Consistency in attendance is a key component of success. It is essential that schedules are designed for when families can be on time, come consistently and are picked up on time. Please read and sign the following document regarding attendance. If inconsistent attendance is an issue, Consultants for Children and caregivers develop individualized parent contracts based on reason and make a plan with criteria. Consistency increases the effectiveness of a program that is uniquely designed for your child. A client's treatment session schedule is set for each authorization period (typically 6 months). At the end of each authorization period, your child will undergo a re-evaluation or reassessment and your provider will give their recommendations for frequency and duration of treatment sessions. The schedule agreed upon between you and your provider at the onset of your child's treatment authorization period will be in effect for the next 6 months at minimum. Any requests for permanent schedule changes may be taken into consideration, however, will not be guaranteed. At any point within the treatment authorization period, your provider reserves the right to modify their recommendations for frequency or duration based on progress or lack thereof. For ABA therapy, Consultants for Children requires at least 80% commitment to the clinical recommendation, and a minimum of 6 hours a week, and across at least 2 days a week. *Exceptions to this would be families in the discharge process, in a parent coaching model only and Wraparound services.

Arrival at CFCI Clinics

Parents are asked to arrive at the clinic at least 5 minutes prior to the session start time to ensure we can start promptly to not interfere with insurance billing requirements. Caregivers must accompany their child into the building and wait with them in the waiting area until it is their scheduled session time. Children must stay in the waiting area until their therapist comes to start their session with them, to not disturb other

sessions that are in progress. Staff will not be responsible for transporting clients to and from vehicles, with the exception of CFCI vehicles and medical transports. Exceptions include walking back to the restrooms, if the child is accompanied by an adult. If you know you will be late for drop- off, please communicate with your providers so they are aware and can adjust sessions as needed. ***Please note**, if there is no communication from caregivers of late arrival, the client's session will be canceled after 15 minutes of their scheduled session time. The RBT will be reassigned to another client for the session.

Departure at CFCI Clinics

A caregiver is expected to arrive a minimum of 5 minutes before the scheduled end time of the session. Staff will not be responsible for transporting clients to and from vehicles, with the exception of CFCI vehicles and medical transports. If you know you will be late for pickup, please communicate with your providers so they are aware and can adjust sessions as needed. Your child's provider(s) will contact you if there is potential to schedule a makeup session.

Please be aware that multiple missed sessions have a detrimental effect on the consistency of your child's program and make it difficult to maintain therapists' schedules. Your session is reserved for you. We are rarely able to fill a missed session unless we know about the cancellation in advance. If a child misses 2 consecutive weeks of therapy and/or more than 25% of scheduled sessions are missed in a three-month period, a face-to-face meeting will be required with your child's provider to find a solution. If the issue cannot be resolved, Consultants for Children reserves the right to discharge the child from therapy. Exceptions may be made on a case-by-case basis as determined by the BCBA for your child.

Extended Leave Specific to Applied Behavior Therapy

Consultants for Children will hold a client's therapy spot for a maximum of two weeks. This must be approved by the BCBA for your child and the BCBA Supervisor and/or Clinical Director and may be due to insurance coverage issues or medical issues. Makeup sessions are encouraged in an attempt to not regress or lose any progress. A family may request a leave of absence from treatment if needing to be gone longer than two weeks (e.g., going out of the country), and a decision will be made by the BCBA for your child and the BCBA Supervisor and/or Clinical Director on a case-by-case basis.

- If a client attends a previously scheduled doctor's appointment, this will not count as an unexcused absence - please communicate at least 1 week in advance.
- If a client attends vacations, this will not count as an unexcused absence - please communicate at least 2 weeks in advance.

<u>What Our and Your Expectations are as We Engage in ABA</u>

Declaration of Professional Practices and Procedures
Consultants for Children, Inc

For CFCI's Clients and Client Caregivers

This document is designed to inform the parents and caregivers about CFCI and its framework of professional practices and procedures.

1. AREAS OF EXPERTISE
The BCBA's, BCaBA's and RBT's have a variety of areas of expertise.

2. PROFESSIONAL RELATIONSHIP, LIMITATIONS AND RISKS

What We Do
Behavior analysis is a unique method of treatment based on the idea that most importantly human behavior is learned over time and that it is currently maintained by consequences in the environment. The job as a lead behavior therapist if to work with behavior you would like to change. With your input, we can help you discover what is maintaining a behavior, discover more appropriate replacement behaviors, and then set up a plan to teach those behaviors. We can also develop a plan to help you acquire a new behavior or improve your skill level. Some of the time we will be treating you directly and at other times we may be training significant others as well.

How We Work
As a behavioral therapist we do not make judgments about behavior. We try to understand behavior as an adaptive response (a way of coping) and suggest ways of adjusting and modifying behaviors to reduce pain and suffering and increase personal happiness and effectiveness.
You will be consulted at each step in the process. We will ask you about your goals, and we will explain our assessments and the results of our assessments. We will describe the plan for intervention or treatment and ask for your approval of that plan. If at any point you want to terminate our relationship, we will cooperate fully.
Please know that it is impossible to guarantee any specific results regarding your goals. However, together we will work to achieve the best possible results. If we believe that our consultation has become non-productive, we will discuss terminating it and/or providing referral information as needed.

3. CLIENT RESPONSIBILITIES
We will need your full cooperation as we try to understand the various behaviors that are problematic for you. We will be asking a lot of questions and making a few suggestions and we need your total honesty with us at all times. We will be showing you data as a part of my ongoing evaluation of treatment and expect that you will attend to the data and give me your true appraisal of conditions.
If at any time and for any reason you are dissatisfied with our professional relationship, please let us know. If we are not able to resolve your concerns we will make a referral to obtain services elsewhere or seek guidance from our Clinical Director.

4. CONFIDENTIALITY
We do not disclose anything that is observed, discussed or related to clients. We will seek written consent to release information to other relevant parties. We follow all HIPAA protocols. When a change occurs in services or schools or funding, the release of information (ROI) must be updated.

5. ENVIRONMENTAL CONSIDERATIONS
We have expectations of the environment we are in. Our expectations are below but not limited to:

- Temperature in the working area should be kept at a comfortable level.
- The working areas should be free of smoke, working areas should be free of offensive odors.
- Lighting should be kept at an adequate level during intervention hours and clinic meetings.
- Exits should not be blocked.
- A clean, functional bathroom should be made available at all times to staff in accordance with U.S. Department of Labor, Occupational Safety and Health Administration requirements.
- Garbage receptacles in the working area should be clean and odor-free.
- Tables and chairs should be wiped down as needed, carpets and floors should be kept clean.
- All weapons kept in the home will be inaccessible during the hours that staff is in the home.
- First-aid supplies should be immediately accessible to the program provider and staff members.

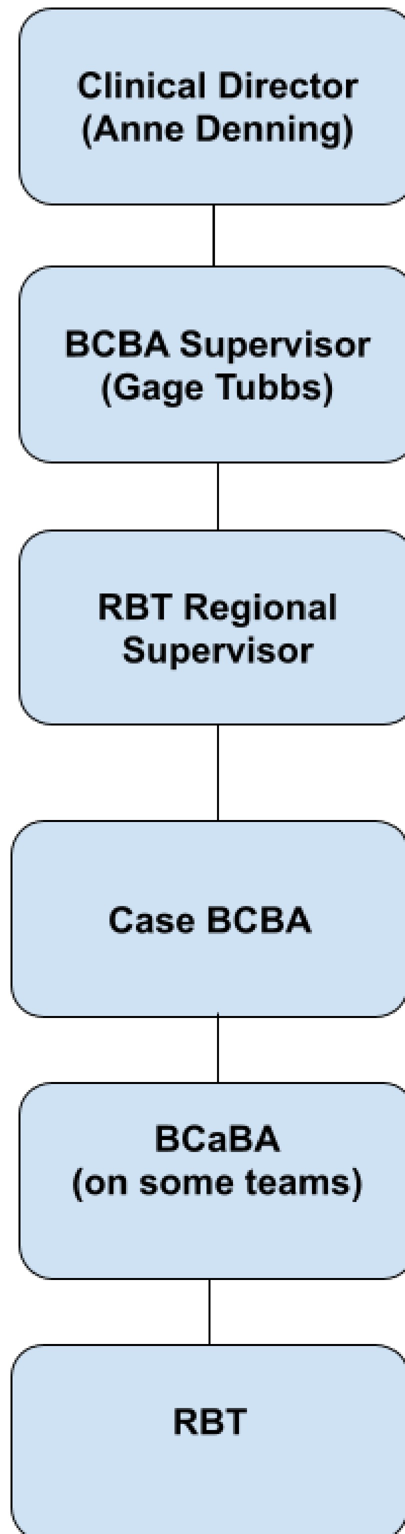
6. PARENTS/CAREGIVERS PARTICIPATION
Treatment is a collaborative effort among providers and parents/caregivers. Contributions of parents/caregivers are critical to the effectiveness of intervention. Therefore, parents/caregivers are asked to participate in the intervention process with the following expectations:

- Fulfillment of the parent/caregiver supervision agreement and all contracts/agreements signed at intake.
- Parents/Caregivers Participation.
- Attend staff/clinic meetings and provider training workshops, work in a collaborative manner with the program coordinator and clinical director, attend a behavior training course, remain informed about the child’s program status and participate as a tutor/instructional assistant during intervention hours, when requested, to ensure generalization and maintenance of intervention effects.

- For generalization and maintenance programming, programming will be directed by the BCBA.
- Implement recommendations and intervention components as specified by the ABA provider, such as conducting programs outside of regular intervention sessions, conducting generalization and maintenance tests and performing data collection.
- Actively participate in the child's therapy including collaboration with all service agencies involved and attendance at meetings.
- Dress appropriately during intervention hours.
- Abuse of alcohol and/or drugs will not be tolerated.
- Provide a safe environment to and from vehicle to living space.
- Parents and/caregivers shall keep scheduled appointments made and make every effort to reschedule appointments if canceling is needed at a rate of 100% of the time. It is imperative that families meet what is recommended by the BCBA and/or BCaBA as it is a medically necessary treatment protocol.

Service Delivery Model and Operations

Supervision Structure for an ABA (RBT/BCBA) client team



Case BCBA directly manages the implementation of the treatment programs delivered by the Registered Behavior Technician.

Case BCBA Responsibility:
• Assessment
• Develop the Treatment Plan
• Develop the data collection system
• Oversee the treatment integrity and provide direction on implementation of the plan.
• Regularly review the data with the staff and family, interpret the results and modify the plan accordingly.
• Supervise by observing and having team meetings with the staff and the family.
• Consult with the family regarding any concerns related to treatment, behavior modification or staff.

Registered Behavior Technician Expectations: The Behavior Technician provides one-to-one applied behavior analysis treatment as prescribed by Case BCBA. Treatment is based on a behavioral consultation assessment and is required prior to the start of direct intervention. The Registered Behavior Technician assigned to your case will receive direct training and supervision by the Case BCBA and the RBT Regional Supervisor and other supervisors at CFCI. Registered Behavior Technicians are held to all ABA CFCI policies and procedures.

Behavior Technician Responsibility:
• The Behavior Technician will follow the treatment plan developed by the Case BCBA to implement the one-to-one treatment.
• Behavior Technicians are not consultants on behavior programming and/or behavior modification.
• Behavior Technicians will not accept any other duties assigned by the family outside of the treatment plan including but not limited to; working with additional children, additional staff, cleaning, babysitting, meal preparation, going out into the community.
• Behavior Technicians will be responsible for providing direct service only during the scheduled time.
• The treatment environment must be left in the same condition as received.
• Behavior Technicians must document on the progress note and inform the family of any concerns or additional needs including reinforcers.
• Behavior Technicians will be required to sign in and out for therapies by requesting family members or family representatives' initials for verification.

Family Responsibility: In order for any child or adult to acquire specific skills, exhibit less problem behavior, and experience generalization, active parent and family participation is absolutely necessary.

Family Responsibility:
• The family will follow the treatment plan as requested by the Case BCBA.
• Family Representatives that are caring for the patient at any given time during therapy will be considered "in charge" and can make decisions or direct therapy implementation.

• The family or family representative at the time will provide a safe and appropriate environment for the therapy.
• All materials per the treatment plan will be provided by the family (unless arrangements have been made).
• Attend and actively participate in periodic meetings with staff.
• Work with staff to establish and maintain reasonable expectations for their child.
• Implement specific strategies when guided by staff to do so.
• The family will communicate all concerns (therapy, staff or child) immediately to the Qualified Clinician Coordinator and will refrain from discussing these concerns with the Behavior Technician.
• The family will refrain from assigning duties to the Behavior Technician implementing programming that are not included in the treatment plan.
• The family will refrain from seeking consultation advice from Registered Behavior Technician regarding behaviors, concerns about programming, and/or treatment rationale.
• The family will seek consultation from the Case BCBA for the above concerns to help with consistent and effective communication between team members and the treatment integrity.
• The family will avoid calling the Behavior Intervention Specialists to discuss the program, schedule or concerns. Calls should be directed to the Case BCBA.
• Families must complete all required documentation.
• Families will be cognizant of the schedule and respectful of the Behavior Technician's time as they will not be paid for additional time not on the schedule.

Parents who do not meet these expectations will almost certainly experience a child with a limited repertoire of skills, which are not functional for everyday living, and which do not occur at home or elsewhere in the community. With their child, there will also be a significant risk of continuing or beginning to exhibit problem behavior.

Waiting List

Children are enrolled on a first come, first available space basis, as spaces open in the program, we intake them.

Hours of Operations

CFCI operates year-round, open Monday through Friday and some Saturdays from approximately 8:00 AM to 6:30 PM. When providing treatment in the home, a family member, caregiver, etc. 18yrs or older, is required to be present. We will be closed on *January 1st, New Year's Day, Memorial Day, July 4th, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving,* December 25th

Admission Criteria

● Diagnosis:
o Any Developmental Disability or Autism Spectrum Disorder

● Medical Status:
o Information about medical status will be obtained from the patient and/or physician;
o patients must be medically stable to be able to attend and participate in a safe and effective manner;
o Information about past and current prescription medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Program supervisor of any changes or updates in medication;
o Information about past and current over the counter medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Program supervisor of any changes or updates in medication;
o If there are concerns about the patient's medical stability for safe and effective treatment, a letter from the patient's physician will be required stating that the patient is able to attend and fully participate in treatment;
o Proof of current immunization is required.

● Parent/Family Involvement:
o Patients admitted to the center must have active involvement by their parents, families, or caregivers in order to maximize the benefits of the program, to prepare for discharge, and to carry out any home program given during and/or after the active phase of treatment;
o Families may be required to observe/participate in treatment in order to establish home programming;

● Financial Arrangements:
o Patients will receive contracts for appropriate arrangements for payment before being admitted to treatment.

Enrollment in the ABA Program

Inquiries and referrals are accepted over the phone, via email, fax, email or mail at CFCI.

Confidentiality

All information received and/or obtained through CFCI is confidential. No one is permitted to share any information obtained at the CFCI with any person(s) outside of Center staff. Anyone who has knowledge of any person(s) who has violated this confidentiality agreement is required to report that to the BCBA immediately. Any willful misrepresentation or failure to comply and follow any policy and procedures at any time is cause for denial or dismissal of service. Your child's information is kept in a secure, locked location and monitored to ensure the preservation of confidentiality. CFCI will only release patient information upon receipt of an original, duly signed and

facially valid Release of Information form or a facially valid subpoena. Patient information may be shared internally with Insight staff for training, development or business purposes. This information will only be shared on a need-to-know basis and in a secure manner. This means, patient's names will not be used via text message or unsecure email or voicemail.

HIPPA

Breach Policy HIPAA's Breach Notification Rule requires CFCI to notify patients when their unsecured protected heath information (PHI) is impermissibly used or disclosed—or "breached,"—in a way that compromises the privacy and security of the PHI. Upon discovery that a breach of PHI has occurred, CFCI has an obligation to notify the relevant parties "without unreasonable delay" or up to 60 calendar days, following the date of discovery, even if upon discovery CFCI was unsure as to whether PHI had been compromised.

Professionalism

CFCI is committed to creating a safe, respectful environment that is patient-centered and based on Person-Centered practices. Relationships between CFCI staff members and patients are intended to set limits and clearly define a safe, therapeutic connection, putting the needs, goals and program of the patient first. Professional boundaries will be maintained at all times between staff members and patients so that appropriate services are provided. Without professional boundaries it becomes difficult to remain objective in programming decisions and patients may not receive appropriate treatment. These boundaries will be maintained during treatment and after discharge.

Dual relationships are not allowed with current or former patients. Dual relationships occur when a therapist has some form of interaction with a patient outside of the treatment environment. Any personal information revealed will be relevant to the patient's treatment. Staff members may only be contacted through Insight phone numbers, emails or in person at Insight. If a family needs to contact an Insight staff member during enrollment or after discharge, they must use the main CFCI contact information.

CFCI Restraint Policy

CFCI's use of restraint is to help ensure that every client is safe and protected and is a therapeutic approach based on the principles of both ABA and Handle with Care (HwC). Restraint used as a therapeutic support can increase success of staff in assisting children with the most complex behavioral needs, thus reducing the instances that require intensive interventions. Handle With Care's entire program is dedicated to the reduction of violence through:

- Tension Reduction
  Staff's use of preventative actions that result in a decrease in the need for the use of physical restraint

- The use of prompt, skillful and appropriate intervention when physical restraint is necessary, in order to minimize injuries to clients, children & staff

HwC teaches staff how to recognize signs for each level of behavior/aggression so that (1) staff can appropriately calibrate their level of response, and (2) recognize the signs of increasing tension/conflict so that they can intervene earlier in the tension/conflict cycle.

Restraint and seclusion should not be used except when necessary to protect a child or others from imminent danger of serious physical harm. In cases where a client has a history of dangerous behavior for which restraint or seclusion was considered or used, CFCI will have a Behavior Intervention Plan for: (1) teaching and supporting more appropriate behavior; and (2) determining positive methods to prevent behavioral escalations that have previously resulted in the use of restraint or seclusion.

CFCI defines physical restraint as: personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

CFCI defines mechanical restraint as: The use of any device or equipment to restrict a student's freedom of movement. This term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, such as: Adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle; Restraints for medical immobilization; or Orthopedically prescribed devices that permit a student to participate

CFCI defines seclusion as: The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming.

Every effort should be made to prevent the need for the use of restraint and for the use of seclusion as discussed in the Hwc tension-reduction cycle and offering supports and

limiting setting before restraint . This includes having a BIP in place outlining all supports and reactive interventions including restraint if needed.

Fourteen Principles

1. Every effort should be made to prevent the need for the use of restraint and for the use of seclusion.

2. CFCI should never use mechanical restraints to restrict a child's freedom of movement, and should never use a drug or medication to control behavior or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).

3. Physical restraint or seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.

4. A behavior intervention plan that incorporates contingent restraint must (a) incorporate reinforcement-based procedures, (b) be based on a functional behavior assessment, (c) be evaluated by objective outcome data, and (d) be consistent with the scientific literature and current best practices. Procedures describing the use and monitoring of this type of procedure should be designed by a Board Certified Behavior Analyst, or a similarly trained and licensed professional who is trained and experienced in the treatment of problem behavior.

5. Any behavioral intervention must be consistent with the child's rights to be treated with dignity and to be free from abuse.

6. Restraint or seclusion should never be used as punishment or discipline (e.g., placing in seclusion for out-of-seat behavior), as a means of coercion or retaliation, or as a convenience.

7. Restraint or seclusion should never be used in a manner that restricts a child's breathing or harms the child.

8. The use of restraint or seclusion, particularly when there is repeated use for an individual child, multiple uses within the same setting, or multiple uses by the same individual, should trigger a review and, if appropriate, revision of strategies currently in place to address dangerous behavior.

9. Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.

10. Clinical Staff and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion.

11. Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and safety of the child, other children, teachers, and other personnel.

12. Parents should be informed of the policies on restraint and seclusion at their child's school or other educational setting, as well as applicable Federal, State, or local laws.

13. Parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child.

14. Policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate. Policies regarding the use of restraint and seclusion should provide that each incident involving the use of restraint or seclusion should be documented in writing and provide for the collection of specific data that would enable teachers, staff, and other personnel to understand and implement the preceding principles.

As used in this document, the phrase "dangerous behavior" refers to behavior that poses imminent danger of serious physical harm to self or others.

CFCI follows Ethical Guidelines and practices as outlined in the BACB ethical guidelines document and also consistent with ABAI's 1989 Position Statement on the Right to Effective Behavioral Treatment, which asserts numerous rights, including access to the most effective treatments available, while emphasizing extensive procedural safeguards.

GUIDING PRINCIPLES from ABAI

1. *The Welfare of the Individual Served is the Highest Priority-* Clinical decisions should be made based on the professional judgment of a duly formed treatment team that demonstrates knowledge of the broad research base and best practice.
2. *Individuals (and Parents or Guardians) Have a Right to Choose-* ABAI supports the U.S. Supreme Court ruling that individuals have a right to treatment in certain contexts, and that many state and federal regulations and laws create such rights.
3. *The Principle of Least Restrictiveness-* ABAI supports the position that treatment selection should be guided by the principle of the least restrictiveness. The least restrictive treatment is defined as that treatment that affords the most favorable risk- to-benefit ratio, with specific consideration of probability of treatment

success, anticipated duration of treatment, distress caused by procedures, and distress caused by the behavior itself.

4. *Use of Restraint as Part of a Behavior Intervention Plan-* The use of restraint in a behavior intervention plan is done as part of an integrated effort to reduce the future probability of a specified target behavior or to reduce the episodic severity of that behavior.
5. *Use of Time-Out (or in Rare Cases, Seclusion) as Part of a Behavior Intervention Plan-* Time-out may be used as part of an integrated behavior intervention plan designed to decrease the future probability of a prespecified target behavior or to reduce the episodic severity of that behavior.
6. *The Necessity for the Use of Emergency Restraint and Seclusion Emergenc*y-restraint involves physically holding or securing a person to protect that person or others from behavior that poses imminent risk of harm. These procedures should be considered only for dangerous or harmful behaviors that occur at unpredictable times, that make the behavior not amenable to less restrictive behavioral treatment interventions, and that place the individual or others at risk for injury, or that will result in significant loss of quality of life.
7. *Informed Consen*t As members of the treatment team, the individual and parents or guardians must be allowed the opportunity to participate in the development of any behavior plan. Interventions that involve restraint or seclusion should be used only with the full consent of those who are responsible for decision making.
8. *Oversights and Monitoring* Restraint or seclusion (not including brief time-out) for both treatment and emergency situations should be made available for professional review consistent with prevailing practices

Chapter 2

What to Expect When Engaging in the High Fidelity Wraparound Services

Parent/Guardian Involvement and What to Expect:

Wraparound is an integrated planning process that helps youth and families with complex needs by prioritizing and meeting goals for everyone involved. The High Fidelity Wraparound Service is a voluntary program that supports the family in navigating and coordinating systems. A Wraparound Facilitator guides the process by helping the youth and family develop a vision and create a team who can help achieve that vision.

Attendance Requirements In the event a CFCI client has more than 10% of scheduled sessions in a month that are canceled either by no-shows, late shows, or last-minute cancellations, a meeting will be held with the team lead and other applicable team members to discuss the barriers to treatment. No-shows are defined as not showing up for a scheduled session or meeting. Last-minute cancellations are defined as canceling less than 24 hours before a scheduled session. If there is no communication from caregivers of late arrival to a meeting or scheduled phone call, the meeting will be canceled after 15 min of their scheduled time.

Parent/Guardian Participation Family and caregiver engagement is a vital component of the Wraparound process which requires family members to be active in the planning and working towards goals to make the best progress.
Parent/caregiver/guardian participation generally includes:

- Have a willingness to actively participate in all the steps throughout the Wraparound process.
- Have a willingness to be open-minded to the process and how goals will be accomplished.
- Help identify areas of concern/needs where I would like help from my team.
- Meet with my Wraparound Facilitator at least once a week.
- Create a Strengths, Needs, and Culture Discovery. Which tells others the successes and challenges that my family and I have gone through to help them learn how best to work with us.
- Develop my Wraparound team with my Facilitator, made up of professionals and natural supports (family members, friends, neighbors, etc.).
- Meet with my team at least once monthly for at least 6-18 months in order to plan action steps that will help me reach my goals.
- Complete action steps in between meetings with the help of my team members and the Wraparound Facilitator.

- Create a Crisis Prevention Plan that will help address concerning behaviors to support long term success

What is High Fidelity Wraparound?

Wraparound is a facilitation/planning model of team meetings guided by the families needs and focused on family voice and choice. Team meetings are run by wraparound facilitators and attended by the family and a team of their choice (Parents, youth, friends/natural supports, and professionals). The facilitator then helps the team create a plan to make step by step progress to meet a larger need identified by the family. The facilitator then keeps the team accountable to the plan and to make sure progress is made.

What wraparound **is**:

- Wraparound is about team meetings to work on needs with the family
- Bringing a team together to collaborate and improve communication and accountability
- Family driven process in which they have priority decision making (voice and choice)
- A temporary service and is focused on empowering a family to become independent and able to manage their own team and needs

What wraparound **is not**:

- An emergency or crisis service, we can help to create plans on how the family and their team will work through a crisis, but the facilitator is not a part of the steps on these plans
- A Case Management service, we do not provide the family with any services outside of our agency and instead rely on the team to support the family find any needed resources/services

The Wraparound Process and Timeline

Engagement Phase-

- The facilitator meets with the family and creates a **Discovery,** which is a detailed story of the families past successes and challenges
    - This discovery will help the future team identify strengths and needs for the family
- The facilitator works with the family to create a team
- A first team meeting happens at the end of this phase
    - Takes approximately 1-2 months to complete this phase

Implementation Phase-

- Involves regular monthly meetings to work on needs that continue until the family and facilitator feel that the family has the skills within themselves to continue to independently manage their team.
    - Takes approximately 6 months to 2 years to complete this phase

Planning Phase-

- Regular monthly meetings begin
- This phase ends with the creation of a **Crisis Prevention Plan**
    - This plan acts as a safety net to prevent a particular crisis behavior/situation identified by the family and team
    - It takes approximately 1-3 months to complete this phase.

Transition Phase-

- The last phase of wraparound focuses on how the family will transition from formal wraparound support to managing their team on their own
- A final celebration meeting where the team reviews the successes accomplished through the wraparound process and identify goals to work towards after the transition is finalized
    - Takes approximately 1-2 months to complete this phase

What are Team Meetings?

A team meeting is focused on creating a plan with specific action steps and short-term goals to make progress toward larger needs and long-term goals.

- Team members are able to participate with a multidisciplinary team where every person's voice is valued and you bring in your expertise to support the team.
- Plans are created and facilitators monitor the steps and help the team

Example of an Action Plan

Below is a generic example of an action plan and what it may look like.

Need Addressed by Team:			
The parents need to know how to support their youth's emotional regulation			
Short Term Goal for Action Plan: (SMART)			
The youth will use coping skills 4/7 days a week with parental/teacher support			
ACTION PLAN:			
WHO?	**WHAT?**	**WHEN?**	**STATUS?**
Parent	Support youth with coping skills learned in therapy	Youth is showing signs of dysregulation	
Teacher	Start using the coping skills shared by the therapist in class to help the youth	Youth is showing signs of dysregulation	
Therapy	Show parents how to use skills learned in therapy	During this months sessions	

How can Wraparound help?

Wraparound is a process that brings the teams of professionals working with a client and their family together and holds meetings to work on goals to meet needs that a family self-identifies.

Benefits that families often see while working with wraparound can be:

- Having a supportive person to organize concerns of a youth and their family
- Helping coordinate the professionals and supports around a family
- Ensuring that families and their teams have the support they need to accomplish their goals and action steps
- Supporting a family in gaining the skills to best take advantage of the services they are working with and to be self-sufficient in achieving their goals

Transition and Discharge

Wraparound is focused on helping families learn to manage their own needs and teams to achieve long term success

- The family and facilitator both decide that the family is ready for transition when they feel the family can demonstrate these transition skills:
  - Able to advocate for their needs and take charge of the services they are receiving
  - Able to identify needs and able to break them down into smaller goals
  - Knowing how to build a natural support system and how to build reciprocity in these relationships
  - Is able to utilize a team of professionals and able to create plans and feel confident in following up with steps
- The transition or discharge process may also begin when the client or family or provider;
  - Does not demonstrate progress towards goals for successive authorization periods
  - Expressed interest in discontinuing services
  - Is unable to maintain consistency with team meetings and/or check-ins with the facilitator

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casemanagement@cfcico.com

What to Expect During the Wraparound Intake Process

The intake consists of vital information gathering including parents/guardians, and clients' names, contact and funding information and what services you are looking for. This initiates the process.

We will then send the parent/guardian an intake packet. The Case Management department then begins the process to match a Wraparound Facilitator for your family. We currently have a waitlist that is up to 12 months and could be shorter or longer. The variables surrounding the waitlist revolve around Facilitator and direct support staff availability, client availability, geographical location and changing schedules.

If the parents/guardians are interested in receiving the CYM or Child and Youth Mentor services, the family is also required to be working with a Wraparound Facilitator. The Wraparound Facilitator will create a plan based on the goals, skills, or needs the family has identified and the CYM would implement the direct services with the client to address those needs.

The biggest component to review regarding services with Consultants for Children, Inc. is that parent/guardian participation is a requirement. Parents/guardians are one of the most integral parts of a successful Wraparound process. Parents/guardians will be asked to communicate and work with the Facilitator, participate in Wraparound meetings, and become an informed participant in the Wraparound Process.

If there are 5 or more cancellations of services in a month or 10% of total monthly services/meetings canceled or more than 10 cancellations in a 3-month period, all not due to illness or family crisis, then services will be put on hold until a barrier is determined and a plan of action is created.

<u>What Our and Your Expectations are as We Engage in Wraparound</u>

Declaration of Professional Practices and Procedures

Consultants for Children, Inc

For CFCI's Clients and Client Caregivers

This document is designed to inform the parents and caregivers about CFCI and its framework of professional practices and procedures.

1. AREAS OF EXPERTISE

The Wraparound Coaches, Facilitators, and Child and Youth Mentors have a variety of areas of expertise.

2. PROFESSIONAL RELATIONSHIP, LIMITATIONS AND RISKS

What We Do

High Fidelity Wraparound is a process led by a facilitator where multiple systems, natural supports and providers come together with the youth and family to create a highly individualized plan to address complex needs. The process is designed to help the family and youth achieve their goals and family vision, while ideally remaining in their home community. The team honors the strength, voice, and culture of the family to build confidence and experience success at home, in school, and in the community.

How We Work

The first step in the process is that in collaboration with your facilitator you will identify the youth and family needs as well as who you would like on your team. Next, the team of professionals, natural supports, and family come together to address potential challenges and create related action steps. This is followed by regular team meetings with the family to check in on progress and provide support to meet the actions steps in the plan. From there, using services, tools, and skills from the team, the family moves toward achieving their goals and is increasingly self-sufficient in their communication with their team.

3. CLIENT RESPONSIBILITIES

We will need your full cooperation as we try to understand the various challenges you and your family are facing. We will be asking a lot of questions and need your total honesty with us at all times. If at any time and for any reason you are dissatisfied with our professional relationship, please let us know. If we are not able to resolve your concerns we will make a referral to obtain services elsewhere or seek guidance from our Operations Manager.

4. CONFIDENTIALITY

We do not disclose anything that is observed, discussed or related to clients. We will seek written consent to release information to other relevant parties. We follow all HIPAA protocols. When a change occurs in services or schools or funding, the release of information (ROI) must be updated.

5. PARENTS/CAREGIVERS PARTICIPATION
Treatment is a collaborative effort among providers and parents/caregivers. Contributions of parents/caregivers are critical to the effectiveness of intervention. Therefore, parents/caregivers are asked to participate in the intervention process with the following expectations:

- Fulfillment of the parent/caregiver supervision agreement and all contracts/agreements signed at intake.
- Ability to join virtual team meetings with your phone or computer.
- Attend staff/clinic meetings and provider training workshops, work in a collaborative manner with the wraparound Facilitator and any other providers.
- Actively participate in the team meetings including collaboration with all service agencies involved and attendance at meetings.
- Parents and/caregivers shall keep scheduled appointments made and make every effort to reschedule appointments if canceling is needed at a rate of 100% of the time.
- **Attendance Requirements** In the event a CFCI client has more than 10% of scheduled sessions in a month that are canceled either by no-shows, late shows, or last-minute cancellations, a meeting will be held with the team lead and other applicable team members to discuss the barriers to treatment. No-shows are defined as not showing up for a scheduled session or meeting. Last-minute cancellations are defined as canceling less than 24 hours before a scheduled session. If there is no communication from caregivers of late arrival to a meeting or scheduled phone call, the meeting will be canceled after 15 min of their scheduled time.
- **Parent/Guardian Participation** Family and caregiver engagement is a vital component of the Wraparound process which requires family members to be active in the planning and working towards goals to make the best progress. Parent/caregiver/guardian participation generally includes:
  - Have a willingness to actively participate in all the steps throughout the Wraparound process.
  - Have a willingness to be open-minded to the process and how goals will be accomplished.
  - Help identify areas of concern/needs where I would like help from my team.
  - Meet with my Wraparound Facilitator at least once a week.
  - Create a Strengths, Needs, and Culture Discovery. Which tells others the successes and challenges that my family and I have gone through to help them learn how best to work with us.
  - Develop my Wraparound team with my Facilitator, made up of professionals and natural supports (family members, friends, neighbors, etc.).

- Meet with my team at least once monthly for at least 6-18 months in order to plan action steps that will help me reach my goals.
- Complete action steps in between meetings with the help of my team members and the Wraparound Facilitator.
- Create a Crisis Prevention Plan that will help address concerning behaviors to support long term success.

Roles and Responsibilities of Wraparound Facilitator

Case Facilitator directly manages the creation of the Wraparound or Crisis plan.

Case Facilitator Responsibility:

The facilitator will meet with the family at least once a week while in the engagement phase of the Wraparound process. Once the family has completed their first team meeting and move to the planning phase the weekly meetings can move to bi-weekly; this is as long as the family completes their action steps and consistently communicates with their Wraparound facilitator through email on the weeks where no meeting takes place. The facilitator will write a Discovery in collaboration with the family and team during the first 4-6 weeks leading up to the first team meeting. The facilitator sends the Discovery to the team prior to the first team meeting with the permission of the family.

To prepare the first team meeting the facilitator meets with the family and goes over all the details of the agenda.

Following the first team meeting the facilitator will create the Wraparound plan and send it out to the team within 3 business days. The facilitator also follows up with the team to gather feedback on their experience of the team meeting. The facilitator addresses any concerns that the family or team members have in a way that identifies the underlying need and helps the team member recommit to the team mission. One week to 3 days prior to the applicable dates for each action step documented in the Wraparound plan the facilitator will follow-up with the identified team member to check-in on the progress or identified barriers for the action step. The facilitator will offer support as appropriate to increase forward movement toward achieving the action step.

Prior to the next team meeting the facilitator utilizes at least one of the family meetings to identify which need the family would like to address in the upcoming team meeting and gathers new strength & culture around this.

Family Expectations:
In order for any child or adult participating in the wraparound process to fully experience the potential benefits of the process. The family must be engaged and participating in the process.

Family Responsibility:
For a family to gain the maximum possible benefits of the wraparound process they must be held to certain responsibilities. The wraparound process is a voluntary process and does not enforce itself on families.

The family must:
- Be interested in making change and interested in participating in the process.
- Meet with a facilitator at least once a week and expect to have team meetings with their team at least once a month.

- Be open to having necessary team members present for team meetings.
- Be open to brainstorming creative solutions and open to the ideas of their facilitator and team members.
- Be active and engaged members of their team both in and out of team meetings.
- Be open to having action items on plans and willing to complete them as they are required.
- Be open to gaining skills to be an effective advocate for themselves and their youth and open to gaining skills necessary to become their own teams facilitator.
- Be willing to communicate concerns with their facilitator about their work or the team meetings or the team members present at those meetings.
- A facilitator is not a counselor or crisis service and will have set hours that they can be contacted specific to that facilitator.

Waiting List:
Children are enrolled on a first come, first available space basis, as spaces open in the program, we intake them.

Hours of Operations:
- CFCI operates year-round, open Monday through Friday and some Saturdays from approximately 8:00 AM to 6:30 PM.
- When providing treatment in the home, a family member, caregiver, etc. 18yrs or older, is required to be present.
- We will be closed on *January 1st, New Year's Day, Memorial Day, July 4th, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving,* December 25th

Admission Criteria

Diagnosis:
- Any Developmental Disability or Autism Spectrum Disorder

Medical Status:
- Information about medical status will be obtained from the patient and/or physician
- Information about current prescription medication/supplements, including frequency and dosage must be provided and patient/family must inform case Facilitator or Case Manager of any changes or updates in medication
- Proof of current immunization is required.

Parent/Family Involvement:
- Wraparound requires active involvement by parents, families, or caregivers in order to maximize the benefits of the program, to prepare for discharge, and to carry out any home program given during and/or after the transition from services

Financial Arrangements:
- Patients will receive contracts for appropriate arrangements for payment before being admitted to treatment.

Documentation:
Prior to starting treatment, patients must provide the following-
- Proof of current immunizations, or affidavit of the reason why these cannot be given
- Consent to treat and release information
- Information about the patient's current medical status, including the name of the patient's primary care physician
- Authorization for services through funding
- Arrangements for payment of services including any third-party reimbursement and any self pay arrangements

Enrolling in Wraparound Services:
- Inquiries and referrals are accepted over the phone, via email, fax, email or mail at CFCI.
- Enrollment forms include:
    - Disclosure Statement and Notice of Privacy Practices
    - Written Notice of Home Care Consumer Rights
    - Policy and Procedure: Client Rights
    - Policy and Procedure: Consumer Dispute Resolution Policy
    - Policy and Procedure: Consumer Grievance Policy
    - Policy and Procedure: Consumer Rights
    - Agency Disclosure Notice
    - Parent Caregiver Agreement

- Release of Liability
- Contract for Services - Third Party Payment or Private Pay
- Statement of Client Financial Responsibility
- Release of Information
- Mandatory Reporter
- Photo Media Telehealth Release

Inclement Weather:
The Receptionist and the Operations Manager may determine it is proper to consider a delayed, early dismissal, or reschedule of services during inclement weather. All communication regarding inclement weather will be communicated to families by the Case Facilitator.

Confidentiality:
All information received and/or obtained through CFCI is confidential. No one is permitted to share any information obtained at the CFCI with any person(s) outside of Center staff. Anyone who has knowledge of any person(s) who has violated this confidentiality agreement is required to report that to the BCBA immediately. Any willful misrepresentation or failure to comply and follow any policy and procedures at any time is cause for denial or dismissal of service. Your child's information is kept in a secure, locked location and monitored to ensure the preservation of confidentiality. CFCI will only release patient information upon receipt of an original, duly signed and facially valid Release of Information form or a facially valid subpoena. Patient information may be shared internally with Insight staff for training, development or business purposes. This information will only be shared on a need-to-know basis and in a secure manner. This means, patient's names will not be used via text message or unsecure email or voicemail.

HIPPA:
Breach Policy HIPAA's Breach Notification Rule requires CFCI to notify patients when their unsecured protected heath information (PHI) is impermissibly used or disclosed—or "breached,"—in a way that compromises the privacy and security of the PHI. Upon discovery that a breach of PHI has occurred, CFCI has an obligation to notify the relevant parties "without unreasonable delay" or up to 60 calendar days, following the date of discovery, even if upon discovery CFCI was unsure as to whether PHI had been compromised.

Professionalism:
CFCI is committed to creating a safe, respectful environment that is patient-centered and based on Person-Centered practices. Relationships between CFCI staff members and patients are intended to set limits and clearly define a safe, therapeutic connection, putting the needs, goals and program of patient first. Professional boundaries will be maintained at all times between staff members and patients so that appropriate services are provided. Without professional boundaries it becomes difficult to remain objective

in programming decisions and patients may not receive appropriate treatment. These boundaries will be maintained during treatment and after discharge.

Dual relationships are not allowed with current or former patients. Dual relationships occur when a therapist has some form of interaction with a patient outside of the treatment environment. Any personal information revealed will be relevant to the patient's treatment. Staff members may only be contacted through Insight phone numbers, emails or in person at Insight. If a family needs to contact an Insight staff member during enrollment or after discharge, they must use the main CFCI contact information.

Chapter 3

What to Expect When Engaging with Counseling Services

To ensure a good fit of counselor and client you will engage in a meet & greet with your counselor first. During this meeting the counselor will share about their area of expertise and listen to your concerns to determine if engaging in collaborative counseling sessions could be of benefit to you or if a referral is needed. All counseling services will be remote.

If both parties decide that it is a good fit, the counselor will inform the case manager to begin the intake process. Once all documents are signed and insurance is approved the first counseling session will be scheduled.

During your initial session you and the counselor will explore and clarify the concerns that prompted you to seek counseling. The counselor will also begin to take a detailed inventory of your medical, mental health and social history which may take up to two sessions. If the mental health counseling is for your child the counselor will communicate with the parent/guardian in addition to talking to the child to ensure accurate, and complete information is being documented. Next, the counselor completes the initial diagnosis and collaborates with you on your treatment plan goals and objectives.

Over the course of your treatment you can expect a safe, compassionate and empathetic therapeutic environment. Through this supportive environment you are encouraged to become an active participant in your own mental health journey as its success depends on your personal commitment and investment.

Parent/Guardian Involvement for Treatment of Children:

As your child engages in learning about themselves and how to improve their mental health they will need your direct support in implementing newly learned strategies and coping skills in their natural environment with you. As the child spends most of their time with you this support is essential to ensure progress and generalization of their newly learned skills. A new skill takes about 30 days of continued practice to become a new, healthy habit. Additionally, your child's counselor will engage in at least monthly phone calls with you to discuss progress and updates for treatment. If the counselor determines that joint sessions with your child are needed you are expected to be open minded to respectfully engage in these sessions with your child and their counselor.

Attendance Requirements In the event a CFCI client has more than 10% of scheduled sessions in a month that are canceled either by no-shows, late shows, or last-minute cancellations, a meeting will be held with the counseling supervisor and other applicable team members to discuss the barriers to treatment. No-shows are

defined as not showing up for a scheduled session or meeting. Last-minute cancellations are defined as canceling less than 24 hours before a scheduled session. If there is no communication from caregivers of late arrival to a meeting or scheduled phone call, the meeting will be canceled after 15 min of their scheduled time.

CONFIDENTIALITY

We do not disclose anything that is observed, discussed or related to clients. We will seek written consent to release information to other relevant parties. We follow all HIPAA protocols. When a change occurs in services or schools or funding, the release of information (ROI) must be updated.

HOW CAN COUNSELING HELP?

Professional counseling is a process that supports self-exploration of your relationships, current ways of coping with emotional experiences as well as evaluating and changing current behavioral patterns. We specialize in supporting individuals living with Autism, Attention Deficit Hyperactivity Disorder and/or intellectual disability as living with these conditions can often lead to more severe or common experiences of symptoms of anxiety, depression, and intense irritability/anger. This can be due to sensory sensitivity, different cognitive processing and existing social norms that can be difficult to attain.

We also support individuals who experience anxiety or depression symptoms primarily as well as individuals who have had traumatic experiences in their past either as specific events or as an ongoing experience growing up in their home environment.

Through counseling and treatment we aim to support you in different ways such as:

- Finding your voice and advocating for yourself in an assertive manner
- Setting appropriate boundaries
- Calming your nervous system to allow you to effectively manage difficult situations and emotions
- Improving the parent-child relationship
- Increased functioning at work or school and in the community
- Processing of past traumatic experiences to reduce the emotional impact they have on you today
- Learning new coping skills to calm anxiety symptoms and reduce depression
- Grief work

Transition and Discharge

Counseling is focused on helping individuals learn to manage their own mental health needs to achieve long term success

- The individual and counselor both decide that they are ready for transition when the original reason for seeking mental health treatment has become manageable in a way that it does not impair the individual's functioning in the home, community or workplace/school anymore.

- The transition or discharge process may also begin when the individual or provider;
    - Does not demonstrate progress towards goals for successive authorization periods
    - Expressed interest in discontinuing services
    - Is unable to maintain consistency with counseling sessions

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Chapter 4

Sick Children, When to Cancel

SICK CHILDREN… when to cancel?

Guidelines for parents

Deciding when a child is too sick can be a difficult decision for parents to make. When trying to decide, use the guidelines below and seek the advice of your health care provider.

No need to cancel – If your child has any of the following symptoms, they should probably go to their session/appointment.

Sniffles, a mild runny nose with minimal drainage, mild cough without a fever

Vague complaints of aches, pains, or fatigue

Need to cancel – If your child has any of the following symptoms, please cancel your child's session/appointment and possibly make a doctor's appointment. There may be many more health issues which would merit exclusion but these are the most common.

CHICKEN POX (Varicella)	Chicken pox blisters appear in crops and are infectious until ALL blisters are dried and crusted over (usually 5-6 days after start of rash). Keep child home until no longer contagious.
COLDS	A runny nose is not necessarily cause to keep your child home. Keep them home with a runny nose AND fever, bad cough, headache, or nausea, or if the child is too tired or too uncomfortable to function.
DIARRHEA	Keep children home for persistent watery stools especially if the child looks or acts ill. Persistent diarrhea, especially if accompanied by fever and cramps, should be evaluated by your health care provider.
EARS	Drainage from the ear and/or ear pain should be evaluated by your health care provider. Untreated ear infections can cause temporary and/or permanent

	hearing loss.
EYES	Thick mucus, pus, or clear liquid draining from the eye may be contagious. One or both eyes may also appear extremely red and feel irritated, itchy, or painful. The eyelid may be swollen ad the eye may be sensitive to light. Wait until the drainage and symptoms have cleared. You may need to get a prescription for eye drops from your health care provider.
FEVER	A child must be fever free for 24 hours. Cancel your appointment for a temperature of 100 degrees Fahrenheit or higher within the last 24 hours.
FRACTURES OR SURGERY	Please notify your team if your child needs any modifications to physical activity, length of appointment, or mobility needs. You may be asked to provide written information from your health care provider regarding limitations and special needs.
LICE OR SCABIES	Please notify Consultants for Children if your child has head lice. For a noted infestation of lice and nits (eggs), your child may not attend an appointment until he/she has been treated.
NASAL DISCHARGE and/or CHRONIC COUGH	These conditions may be contagious and may require treatment. You child should be seen by your health care provider for evaluation especially if symptoms also include fever and a large amount of mucous drainage.
RASH	Any skin rash of an unknown cause may be contagious or require medical treatment, especially with fever and itching. Consult with your health care provider. You may be asked to present a medical excuse from your physician stating that the rash is not contagious (or no longer contagious).

SORE THROAT	A sore throat, especially with fever or swollen neck glands may be contagious. If infected, please notify Consultants for Children reschedule.
VOMITING	An ill child who is vomiting should remain home for 12 – 24 hours after the episode and until child has tolerated at least two normal meals. If related to a head injury, a vomiting child should be seen by a physician or in an emergency room. Please report to Consultants for Children.