Subject: High-Fidelity Wrap/BHSA Referral Process
Scope: SLO Behavioral Health Department — Mental Health Services
Effective Date: 7/1/2026

Purpose: Referral process between SLO Behavioral Health Department-Mental Health Services & Family Care Network's High-Fidelity Wrap/BHSA Program

Procedure:

1. Complete or update CANS.
2. Compare the client's CANS ratings to the Decision Support Criteria (DSC).
3. If the client meets criteria for High-Fidelity Wrap (HFW), notify the program supervisor by email and document in SmartCare.
    i. In limited circumstances, a clinician may still recommend HFW as medically necessary and clinically appropriate even if the youth does not meet the HFW DSC. In these situations, discuss with your program supervisor and document in SmartCare.
4. Discuss the recommendation with the family.
    i. If the family agrees, proceed to Step 5.
    ii. If the family doesn't agree, document in SmartCare.
5. Clinician adds the relevant referral information to a targeted case management (TCM) Service Note in SmartCare using the Favorite Phrases templates provided for HFW.
    i. Clinician adds a co-signature request for their Program Supervisor, Health Information Technician (HIT), and the associated FCNI Program Supervisor to the targeted case management (TCM) Service Note in SmartCare.
    ii. Clinician sends an email to their Program Supervisor, Health Information Technician (HIT), and the associated FCNI Program Supervisor, noting the referral being made.
6. Clinician ensures a CANS is completed within 30 days of referral being made.
7. County Health Information Technician (HIT) opens the referral program in SmartCare, status as "requested" and assigns the FCNI Program Supervisor as "assigned staff" to that program.
    i. HIT adds in the "comments" section the date of the Service Note that has the referral information in it.
    ii. FCNI Program Supervisor to assign to the requested referral programs as "assigned staff": Dylan Hunt

iii. HFW programs to assign as "requested":
    a. FCN High-Fidelity Wraparound Engagement BHSA
iv. If a client does not have Medi-Cal, add HFW BHSA No Medi-Cal Coverage Plan with a start date of referral date.

    a. The client number should be used as the Insured ID when adding the plan.

    b. If client has private insurance and no Medi-Cal, the plan COB Order should have the private insurance listed before the HFW BHSA No Medi-Cal coverage plan.

    c. FCNI HIT will check insurance coverage monthly to ensure client coverage is set up correctly for billing.

8. County HIT sends a SmartCare message to the associated FCNI Program HIT to inform them that the client has been opened to the Referral program as "requested". Receiving FCNI Program HIT will change the client's Referral program from "requested" to "enrolled", upon acceptance into HFW program.

    i. FCNI HIT will open ICC/IHBS Special Population as of enrollment date
    ii. Open other Special Populations as appropriate

9. The associated FCNI Program Supervisor adds client to an internal tracking sheet. County uses a report in SmartCare to track clients currently on referral/waitlist.

10. Once accepted, FCNI Supervisor will notify Clinician, Program Supervisor and clinic HIT for next steps for engagement.

11. When accepted into program FCNI Supervisor will notify Clinician, Program Supervisor and clinic HIT that case can be transferred.

    i. Clinician will enter Transfer Summary progress note.
    ii. Clinic HIT will close clinic program 30 days from transfer date. Clinic can take case back within 30 days as a cancelled transfer if HFW is not a good fit.
    iii. County HIT updates flags for Annual Assessment or CANS and FCNI HIT assigns Treatment Team.

HFW Referrals for youth with commercial insurance:
Families with commercial insurance who are interested in receiving HFW can be referred directly to FCNI. Provide them with the following contact information:

Dylan Hunt, LCSW
(805) 994-6979
DHunt@fcni.org

HFW (High Fidelity Wraparound) Referral Progress Note Template

Reason for Referral (Describe the reason for the referral):

Comments/Special Considerations (Describe any additional factors the receiving program should consider, such as current potential for violence or self-injury):

Will a bilingual team be needed? (Answer Yes or No):

Does this youth have an open Child Welfare or Juvenile Probation case? (Answer Yes or No):

Is this an Adoptions Assistance Program (AAP) case? (Answer Yes or No):

CANS Domain/Decision Support Criteria (DSC):

- Behavioral Emotional Needs - at least one rating of 2 or 3 (Yes or No):
  AND
- Caregiver Needs - at least one rating of 2 or 3 (Yes or No):

AND AT LEAST ONE OF THE FOLLOWING
- Risk Behavior - at least one rating of 2 or 3 or three or more ratings of 1 (Yes or No):

OR
- Life Functioning - one rating of 3 or two or more ratings of 2 or 3 (Yes or No):

OR
- Strength Indicators - five or more ratings of 2 or 3 (Yes or No):