2021

Wraparound Ohio Tool Kit

DRAFT 1.1

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Tools for Wraparound Coordinators: Hello to Hope

Wraparound Review Form: Overview of Hello to Hope

This document was created to assist managers, funders, and program advocates to keep track of the detail of Wraparound practice. I envisioned using it as a tool to identify what practices were being followed by Wraparound staff. When Wraparound leaders who are either managers, supervisors or funders meet with staff to discuss challenging situations at the direct service level, they can get "lost in the family story" and forget to look at the Wraparound mileposts to assure that staff are practicing Wraparound with the family they are reviewing. This document can assist in making sure that Wraparound is reasonably being practiced when reviewing those situations. It should be used as a practice improvement tool that can be used in focusing the discussion. Managers can use it to assist staff in developing a "road map" for Wraparound practice. Additionally, funders or program monitors can use it to focus on program performance by either having the manager fill it out for one family in order to discuss and review practice or completing it themselves.

The Referral Accepted Stage

Description	**Activities**	**Tools (Bold are required practice tools)**	**Timing**	**Target Review**
When the referral is accepted the Wraparound staff begin the process of setting the stage for Wraparound to occur.	❑ Connect with the referral source about necessary details ❑ Identify primary worker ❑ Get required paperwork signed in order to review files ❑ Identify any upcoming events in scheduled for the next 30 days	❑ Agency Releases & Authorizations ❑ File Notes	❑ Contact with the primary worker to access details should occur within two working days	Should be focused on setting the stage for collaborative, creative and holistic planning to occur. Would expect that the practitioner would gather some information from the referring source in order to tailor their outreach to the family & other team members. Wraparound staff should be able to gather facts and concerns from the referring source and begin looking for connections, buried strengths and creative opportunities. Finally, Wraparound should move as quickly as urgency requires: faster for some, more measured for others.
Review: Use this space for notes & summary				

The Hello Stage

This stage involves reaching out and connecting with the family and other team members individually including the source of the referral. It is about gathering enough information and reflecting on various perspectives that are shared in order to make strategic decisions about how to seek and successfully solicit team membership, create a context for a successful initial team meeting and to start to set the stage for creativity in activities to occur. This stage involves connecting with the family & other team members to gather information about strengths, needs and team members.

Activities	Tools (Bold are required practice tools)	Timing	Target
❑ **Meet with the parent(s) individually to gather their perspective & permission to meet with their son/daughter** ❑ **Connect with young person individually to gather information about their experience which might include seeing the young person at home, school, or community rather than a face-to-face interview** ❑ **Connect with all team members individually (family, community, system, natural support) either by phone or face to face to gather their information or perspective** ❑ **Make strategic decisions about setting for the initial team meeting** ❑ **Complete strengths summary & prepare strengths list for presentation** ❑ **Complete needs statements across life domains for all family members in the household: prepare on big paper for presentation** ❑ **Schedule team meeting in appropriate amount of time: if significant issues go sooner**	❑ **Family Timeline** ❑ **Strengths Summary** ❑ **Strengths Inventory (presentation)** ❑ **Needs List** ❑ Team member contact list ❑ Team Timing list	❑ Can last from the point of Authorization being completed to up to 30 days but should go faster if issues are urgent	The results of this stage include welcoming the family & other team members, gathering & analyzing multiple perspectives, and framing those perspectives in strengths and needs. Wraparound Coordinators should be gathering the "wide" story in order to set the stage to empower the team to move forward together rather than searching for "the solution or answer" at this stage. Effective Wraparound Coordinators should avoid getting caught up in situations or decisions and should stay focused on their responsibility for setting the stage for Wraparound. This stage is completed by holding a series of individual meetings with family and stakeholders to gather perspectives. In some situations, the Wraparound staff may be called on to quickly react. This occurs when situations are immediately risky or when it appears that the situation is so stressful that family and team members will not able to plan. If the Wraparound Coordinator assigns an immediate response, it should be time limited (no more than two weeks) and designed to reduce risk or promote rest. Other requests should be held until the Help stage is entered.

Review: Use this space to identify your review.

The Help Stage

This stage involves the initial team meeting and will always include at least a person in a permanent parenting role, the referral source, and the Wraparound staff. Ideally other system representatives, community involvement and extended friends and family will also be present. A skilled Wraparound program will have staff who can distinguish between face-to-face meetings that take place during the Hello stage and are designed to gather information versus a team meeting in which the group is supported to generate a future oriented plan of care. The skilled Wraparound Facilitator will be able to make this distinction to team members and families so that individuals on a Wraparound team are clear about the difference.

Activities	**Tools (Bold are required practice tools)**	**Timing**	**Target**
❑ **Host a meeting that includes at least the family, Wraparound staff and one other person.** ❑ **Ideal team meeting will include team members from community, family, system, and informal support.** ❑ **Provide brief (less than 5 minutes) orientation to Wraparound** ❑ **Have team members introduce themselves and their role and goal in this situation** ❑ **Review strengths lists that are already posted on the wall & solicit additional information from the team** ❑ **Lead the team in creating a future oriented mission statement, seek commitment from each team member** ❑ **Pull out needs list (already prepared on big paper), post and review. Clarify, review & improve** ❑ **Ask team to choose top three needs that will address mission statement** ❑ **Brainstorm at least ten options for each need** ❑ **Match options to strengths, put aside others** ❑ **Identify potential results from strength-based options** ❑ **Seek volunteers or make assignments** ❑ **Schedule the next two meetings: location & timing**	❑ **Plan of care that details mission, prioritized needs & actions matched to strengths** ❑ **Task list distributed to all team members** ❑ Communication plan using telephone tree ❑ Address phone list distributed to all team members ❑	❑ The plan of care should take 1 or 2 90-minute meetings & the initial POC should be done within 1 week of the first meeting. ❑ Team members should be able doing something as arranged within the POC within 7-10 days of the Initial Plan of Care meeting. When the team member, does something as identified in the plan of care you're out of this stage.	Activities should lead to the creation of a creative plan that all team members feel they contributed to, are part of and empowers all team members to try something different. The plan should be completed by the 30th day the referral was received and a skilled Coordinator should be able to move at least one team member to try something different within 14 days after that. Targets include: facilitator held one or two meetings to develop the plan, Introduced strengths of the family (holistic) Presented needs Selected needs for action Brainstormed multiple ways to meet needs Selected those ways that are likely to produce result and build on strengths Assigned multiple team members with tasks rather than having tasks of the Plan of Care held by one or two sectors such as the family. In this stage Facilitators should be able to keep team members focused and moving to a creative plan rather than getting caught up in details.

Review: Use this space to record your review.

The Healing Stage

This stage involves ongoing team meetings designed to improve the Plan of Care through review of follow through and results. While the focus for Wraparound will involve ongoing team meetings, the real work will occur in between meetings. The Wraparound Facilitator will take on some tasks but must always be mindful of empowering team members to take on various tasks. A good plan of care will involve tasks for all team members rather than simply targeting one individual or segment. Additionally, the team should, over time, function as a "smart" team in that they should be analyzing what works and do more of it while reducing what isn't producing results.

Activities	**Tools (Bold are required practice tools)**	**Timing**	**Target**
Team Meetings ❑ **Host regular meetings at intervals between 3 to 5 weeks** ❑ **Communicate reminders of team meetings either through mail, text, or phone calls** ❑ **Welcome team members to meetings by reviewing good news or Accomplishments** ❑ **Redistribute tasks from Plan of Care and Assess follow through (did you do what you said)** ❑ **Assess results by reviewing outcome** ❑ **Discuss what tasks to keep, discard or modify (Adjust)** ❑ **Assign tasks or seek volunteers among team members** Between Team Meetings ❑ **Check in with family including youth & parent to assure that follow through is occurring** ❑ **Connect with team members to gather their perspectives about what should be included for team meeting agenda** ❑ **Follow up with team members to facilitate follow through & assist with problem solving** ❑ **Complete tasks aligned in the Plan of Care as agreed to in team meetings**	❑ **Team meeting minutes detailing date, location, attendance (including who is missing), and adjustments to the POC** ❑ **Updated communication telephone tree at least every quarter** ❑ List of interventions that have and haven't worked	❑ Team meetings can last up to 90 minutes but should begin to norm at around one hour by the third meeting. ❑ This stage will go on until outcomes are reliably being accomplished with an average LOS of 9 to 13 months ❑ Initial investment of time between meetings & completing tasks may be high from Wraparound staff initially but should taper off over time as other team members pick up responsibilities ❑	**Team Meeting Targets:** Team meetings should reflect a frequency of meeting that allows for plans to be adjusted but not so frequently that people confuse meetings with interventions. After completing the Initial Plan of Care by the 30th day, team meetings should occur on average between 3 and 5 weeks. *Attendance* at meetings should include family including household, extended family, other system representatives and community members. *Participation* by team members will either grow or stay the same from the initial Plan of Care meetings. **Plan of Care Targets:** Plan of Care should reflect a balance of existing, tailored and created interventions. No more than 1/3 of interventions should be from existing services, 1/3 should seek to adapt existing services and 1/3 should be made up for each individual youth/family. Plan of care should reflect tasks completed by all four team member sectors including family, community, natural supports & system. Effort should be shared equally with approximately 25%.

			Plan of care should reflect those interventions are changed based on information gathered in team meetings: keep, discard, adapt.
Review: Use this space to record your review & notes:			

The Hope Stage

This stage involves the Facilitator leading the team in working through the details of wrapping up Wraparound. During this stage, team meeting frequency will increase to as often as once per week for a 4 to 8-week period. This stage will increase demands for a focus on planning as the team should consider a life without the structure of Wraparound. These activities will include a focus on what can go right and what could go wrong that will be discussed during team meetings. Results of those discussions will lead to activities that must occur between team meetings including making contacts with forecasted resources and rehearsing and rating both planned and unplanned crisis "drills". Paperwork should follow forecasted needs and should be developed to assure that future helpers get a summary of what works and what doesn't as well as identify self-care and support needs for

Activities	**Tools (Bold are required practice tools)**	**Timing**	**Target**
❑ **Introduction of the concept of finishing Wraparound by asking team members to list their hopes and fears during a team meeting** ❑ **Post hopes on big paper** ❑ **Ask team members to select their top two fears** ❑ **Plan for time limited activities to address fears: match hopes to activities** ❑ **Assign responsibilities across all sectors of team membership (family, community, system & natural supports)** ❑ **Outline transition meeting schedule with targeted end date with no more than two weeks between meetings** ❑ **Identify resources and connect family members to local community & system resources including going with family members** ❑ **Set a schedule for crisis rehearsal including two planned & two unplanned events either using a team member or stepping in to complete rehearsals** ❑ **Implement crisis rehearsal & rate implementation of each event, review with the team each time for improvements.** ❑ **Schedule a culturally informed event to mark progress, accomplishment & ending**	❑ Crisis Review Form ❑ Parent Transition Planner ❑ **Complete a transition summary that identifies what worked, what didn't and future plans** ❑ Complete a letter of introduction to future school personnel ❑ **Develop family household calendar identifying strength, support, and self-care** ❑ Generate a list of resources with names, numbers and address that family members can call in the future after making personal contact with the family and a person at the resource	❑ Transition should be discussed with the team 30 to 60 days with a desired target of 45 days ❑ Face to face contact should increase outside of team meetings during this stage ❑ Team Meeting schedule should increase from 3 to 5-week schedule (in Healing) to as 1-2 week ❑ Transition activities and after care plan should be complete with no less than 4 and no more than 6 formal team meetings.	The transition stage should be time limited and purposeful. This stage should last no longer than 60 days with an ideal time of 45 days. Team member concerns should be discussed and addressed openly during a designated team meeting that includes all sectors of team membership. Activities should include developing a plan for the entire family to make sure that each family member is reflecting on strengths, identifying, and responding to personal support needs and has an outline for self-care activities. Crisis rehearsals should reflect the fears discussed as well as the concerns that brought the family to Wraparound in the first place. Everyone should have a job for when the crisis happens and rehearsals should reinforce each person in the household's responsibility during a crisis.

Review: **Use this space to record your review:**			

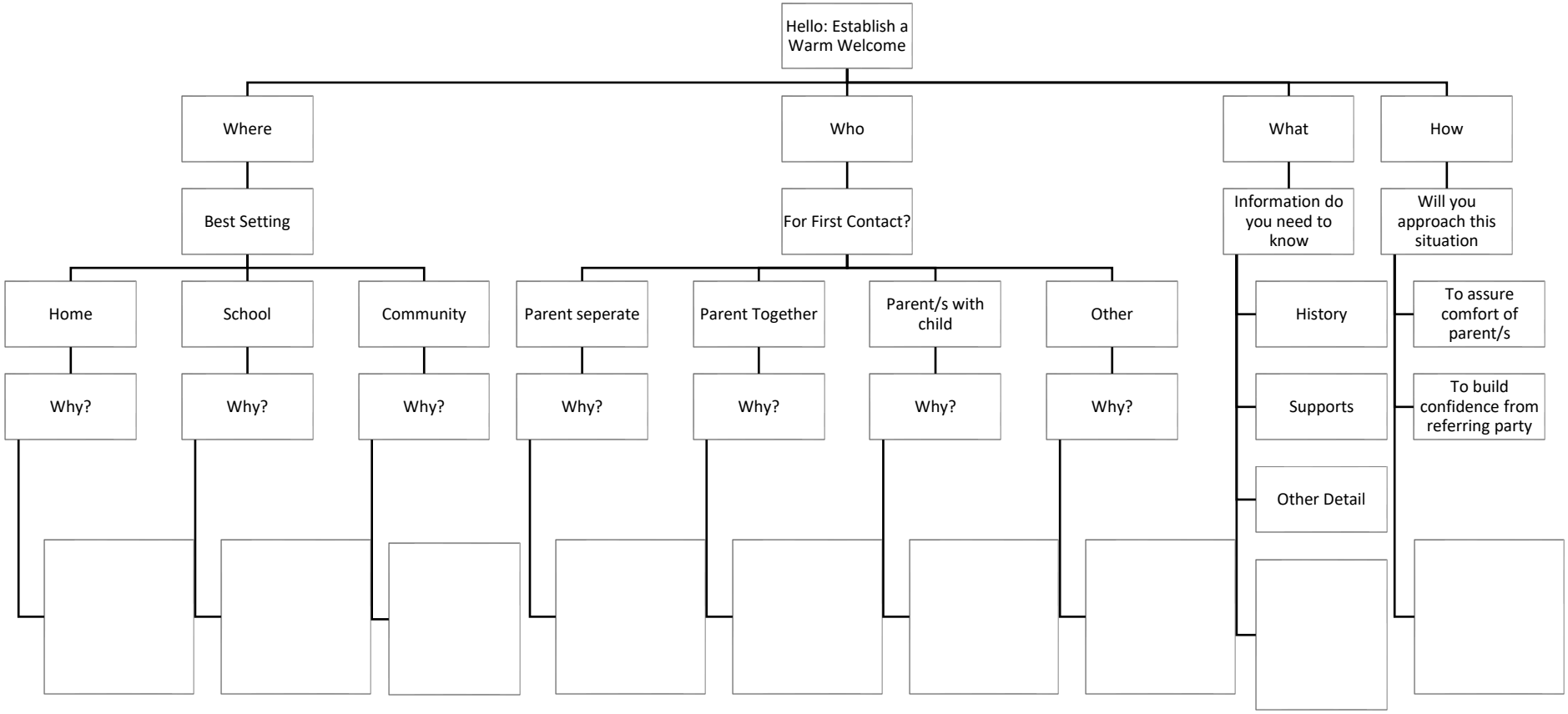
The Hello Stage

Event	Choose the Immediacy	Identify the Impact	What's Your Strategy to Manage Risk Until You Can Move Forward

Use This Space to identify follow up action steps that can be left with the family.		
Who Should Be Contacted	Contact Information	When Will This Be Arranged?

Planning Your Initial Meetings with the Family

Strategic Wraparound starts from the first point of referral. A skilled Facilitator will remember that the process will is always to be anchored in each family. This means the Facilitator should have enough information about what ideally should happen with all families in order to adapt the process for each family. The process of Wraparound is never more important than the family but if a Care Coordinator isn't thoughtful about the process, they run the risk of fitting families to the process rather than making the process work for each family. Take a few minutes and think about a referral. When you have finished with the review, identify your next steps to get started with a family in Wraparound. Consider details and be prepared to identify why you chose as you did.



Needs Egg


Generate Your Needs Statement
What Happened: Who, Where, When, What?
List 10 reasons why anyone would need to behave like that?
What happened next & how resolved?

Verbal Needs Worksheet

Family Member	What They Said to You	Driving Force (Why it Matters to this Person)	Needs Statement (Choose the start of the statement & complete it)
	Click or tap here to enter text.	Choose an item.	Choose an item. Click or tap here to enter text.
	Click or tap here to enter text.	Choose an item.	Choose an item. Click or tap here to enter text.
	Click or tap here to enter text.	Choose an item.	Choose an item. Click or tap here to enter text.
	Click or tap here to enter text.	Choose an item.	Choose an item. Click or tap here to enter text.

Strength Summary Outline

Family Name:	**Family Members:** Be aware that each family is unique so include a range of family members who are part of the family whether you anticipate their participation in Wraparound or not. **Household Family Members** Additionally, it's helpful to consider putting ages in the household family members	**Date of Conversation(s):** Put the dates that you met here.
	Extended Family Members It's also helpful to add location for extended family members	
Parent Partner:		

Summary:

In this section you would want to summarize several things. First what, when and where brought the family to your attention. Second, how long has the family been seeking help? Third what was their stated concern that brought them to your attention? This paragraph should be factual and you should take great pains to avoid any inflammatory statements but still use family self-report whenever possible.

The next paragraph should describe the family including a description of the household (who lives in it) and then the extended family (i.e., who is close on a regular basis). In this paragraph I would identify:

- Who are the parents?
- How long have they been together?
- Who are other family members? Within the household? Within the community?
- Who are far away but still are a presence?

The last paragraph in the summary should briefly describe when you met, where you met and what you're going to do next or the purpose of the report.

You can make the summary short: 1 to 4 paragraphs that really focus on facts of the situation.

Family

Use the paragraphs here to describe the family and family members. It's often helpful to start with family members who live in the household and their ages. In your case you should include extended family that are close or are likely to be part of any community-based plan.

Describe all the family members and get a sense of who is connected to who as well what is the good news about the family.

Some areas that can be helpful include these areas. **DO NOT TREAT THESE AS CHECKLISTS:**

- **Who is in this family, by their definition?**
- **Do all family members have appropriate access to each other?**
- **What do the members of the family need to stay together or in touch with each other?**
- **Are there serious, unmet needs for any family members that impair or worry the family about how things are happening?**
- **How does the family function as a collective?**
- **Are they a family that seems connected all of the time or only during a crisis?**
- **How do the big decisions get made within the family?**
- **Are there certain alliances within the family? How did the family get formed?**

A Place to Live

This should describe the physical layout of the family's home. This can be difficult if you haven't seen it. Ideally you would do these initial interviews at a place that is most comfortable for the family but it doesn't mean that you must force the family to submit to a home visit. One paragraph would describe the house including bedrooms kitchen etc. Another paragraph would describe where the family goes in the house i.e., kitchen, living room, outside. Describe this in strength-based terms: if the house is neat, say it. If the house is not, you might look for other strengths such as "the house is oriented towards children and communicates that relationship is more important than structure" (or something like that)

Some questions to consider are:

- **Do the current living arrangements meet the family's needs?**
- **Is there enough space for everyone? Is there too much space?**
- **Are there any unique supervision issues that are likely to arise due to the location or physical layout (busy street for little kids, small square footage for children with physical handicaps that need space for rehab)?**
- **Where is the heart of the home?**
- **How do things happen in the home? Meal time? Bed time? Etc.**

Safety

This section describes not only safety issues but protective capacities and ways that the family has coped with unsafe situations in the past. This area is tricky because you want to avoid judgment but still capture the real concerns of family members. Additionally, if there are concerns that are system based you must speak to the facts without judgment.

Some helpful questions to consider include:

- **Is everybody in the family safe?**
- **Are there dangers to individual family members?**
- **Is anybody potentially dangerous to themselves or to the community?**
- **Is there a history of violence? How has the family coped with that violence?**
- **How do they talk about those events?**
- **What does the family do to keep themselves safe?**
- **Are there hidden strengths associated with their ability to manage safety concerns?**
- **Is the house safe, are there any concerns (medications left out? Knives etc.?)**

Health

This section is where I would describe the health of family members. It is also where I would put the mental health diagnosis part. You can also put down health insurance information as well as any medical issues the family is dealing with…for small children, it's often helpful to identify any out of the ordinary health issues so that folks get a sense of what the family/parents are trying to juggle.

Some helpful questions to answer include:

- **Are health care needs met?**
- **Does the family have access to any specialist services they may need?**
- **What types of insurance exist?**
- **What types of diagnosis are they dealing with? Mental health or physical?**
- **If parents are older, do they have enough support physically to provide care?**
- **Are there medicines that family members are taking? What are they?**

Fun

This section is focused on what the family does socially and for fun. I would start with one paragraph that describes the entire family and then one paragraph that describes the interests and activities of each family member. I would also identify any community activities that the family has been involved with either in the past or currently.

- **Do family members have friends and access to their friends?**
- **Does this family have the opportunity to socialize with each other? As individuals?**
- **Do they have any fun?**
- **Do they have any way to relax?**
- **What is their best memory of fun together as a family?**
- **What would they each say about another family member's best recent time?**

School /Work

In this section you would want to identify the child's current educational placement, any concerns about learning as well as his/her strengths and interests. This is also the area where you would identify other family members schooling as well as the family's orientation about education and its value. A sentence or two about the adult's work experience or current vocation would also be helpful and important in building a balanced view of the entire family. Ways that the family manages a work/family life could also be helpful in this area.

Some questions to consider**:**

- **What will it take to ensure a viable education for the children, particularly the identified client?**
- **Do older children (especially transition age) have access to employment opportunities?**
- **For what sort of future are they being prepared?**
- **Are their rights intact in an educational setting?**
- **What value does the family place on education? Work?**
- **Are there unique learning styles associated with the child or his family?**

Legal

Use this section to list what you have learned about what's going on with the family legally. This is a hard life domain for a couple of reasons. First, if things were going well there would be nothing going on in this area i.e., no court issues, no legal issues. Additionally, court or system issue often come up here and when they do there is a tendency to put down what the court (or Child Welfare worker or Probation Officer) wants and call that a need or a strength. On the other hand, this is helpful as an area to raise concerns that can be addressed in supporting the whole family.

Some areas that can be considered include:

- **Are any family members involved in the judicial system, on probation or parole? Do they have representation?**
- **Are there issues around custody?**
- **Are there wills in place if anything happens to the caregiver?**
- **Who will legally take care of the children?**
- **Are there legal or court processes that are impacting the family and how they function?**
- **In the case of step parents do they have any rights?**

Feelings

This area is frequently referred to as the emotional, psychological, or behavioral domains. I like feelings better because we often can escape the stigma of mental health. This area can be where you identify any diagnosis (unless you've done that in the health domain) as well as provide a brief summary of services that have been provided. You can describe what is worrisome to the parents as well as the child and identify what services or interventions have been most effective. You can also use this area to identify linkages or strategies that are available to the family.

Some areas to consider in this area include:

- **Does the referred individual have any unmet needs in these areas? Other family members? Are there unresolved issues that impede normal interactions within the family or in the community?**
- **How does the family deal with mental health concerns? How do they talk about mental health issues? Are there special terms that the child or family uses when describing high emotional events ("one of his spells")? Does the family see some of the behaviors as a function of the child being willful or a function of an underlying illness? What is their orientation to recovery?**
- **How optimistic are they that things can get better? Do they see the person with the diagnosis as needing to be fixed or in some other way?**
- **What types of information do they have access to that would allow them to provide support to the person with the diagnosis?**

Culture

Use this area to paint a picture of the unique family culture associated with this household. Starting with big cultural assignments (race, ethnicity etc.) then start to move more specifically to a family focused description. Remember to consider values, orientation, beliefs, patterns, and associations. If

you are starting with ethnicity or race, make sure you describe what they describe rather than assigning a cultural significance because of your knowledge base.

Some questions to consider in this area include:

- **Who is this family ethnically? Racially? Nationality?**
- **What values do they hold in terms of parenting, role of children, and role of pets? How do they speak about themselves and other families?**
- **What does their home say about their world view?**
- **Are you aware of their stance relative to system intervention (a good thing, a necessary thing, a shameful thing, something else?)**
- **What is their concept of justice? Beauty? Good Manners?**

Wraparound Worksheet for Merging Perspectives During Help Stage

Facilitator Name Click or tap here to enter text.
Family Name Click or tap here to enter text.
Date Family Began Wraparound Click or tap to enter a date.

Date	Team Member	Sector	Concern for Future Planning	Tied to Need[1]
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement
Enter Date of Contact	List Team Member Name	Choose Team Member Sector	List the Concern	Match the Concern to Your Need Statement

[1] Use this form to link team member perspectives to needs statements that you plan to consider during the Team Meeting. If you can't link the concern to the needs statements you have prioritized consider developing additional Needs Statements. This form is to be used to prepare for the first Plan of Care meeting or if the process gets "stuck".

The Help Stage

Effective Plan of Care Meeting Checklist

Topics for Managing Effective Meetings

- *Constructing the Right **Setting***
- *Following a strong meeting **Process***
- *Attending to **Details** to assure a good Plan of Care*
- *Managing **Content** fairly and effectively*

Area	Live Meetings	Remote Meetings
Setting: This includes both the physical setting t for meetings. Space should always be directed at making sure the setting is most comfortable for the young person and their family. Additionally, Care Coordinators should also consider ways to assure that other attendees are supported to be creative. *This may not always be the family home.* Regardless of whether the Plan of Care Meeting occurs in the family home or in an office setting, Care Coordinators should attend to the issues of setting. If the Plan of Care meeting will be held in a virtual format, Care Coordinators should also consider issues of setting to assure maximum participation, sound decisions and comfort of all attendees to assure.	❑ Is the room large enough to comfortably accommodate participants? ❑ Is the setting free from distractions such as phone calls, loud noises? ❑ Is the location conveniently located to assure participation? ❑ Is the space adequately furnished for collective planning & decision making? ❑ Are there special needs that should be addressed including: o Translation/Interpretation o Ability to attend to detail o Literacy o Child care for younger children o Other areas	❑ What type of virtual meeting will you host? o Everyone remote o You & family together & everyone else remote ❑ Have you practiced the platform with the family? ❑ What is your back-up plan if the family can't sign on? ❑ How will you work to make sure the family is comfortable with the platform? ❑ Have you discussed how the family will handle distractions if you use this platform?
Process: An important part of the Care Coordinator's role involves managing a consistent & fair process. Care Coordinators must maintain a strengths-based & needs-driven focus, facilitate a fair decision-making process and promote creativity in crafting solutions. Care Coordinators should develop a set of reliable practices that assist them in running meetings with a focus on the family.	❑ Have you generated a clear goal statement/ purpose for the team meeting? ❑ Are you sure the family is clear about what you hope to produce in the Plan of Care meeting? Other attendees? ❑ Are your strengths lists already prepared to go over with everyone together? Are you using language that works with/for the family? ❑ Are you prepared to engage other attendees in adding to the strength list? ❑ Have you prepared your needs statements, in language that fits the family's culture & meaning? ❑ What steps will you take to assure the family can communicate their perspective? ❑ Have you clarified the decision-making process to be used before a decision is to be made?	❑ What visuals will you use to assure that the Plan of Care meeting is more than group of talking heads on the screen? ❑ Are you comfortable with the platform? Are you able to use participation tools to assure participants can join in? White boards, annotation? ❑ Do you have ways to engage young people through this platform especially very young children? Examples might include scavenger hunts for small children, engaging teen agers in the "tech specialist" role, use of games etc.

Area	Live Meetings	Remote Meetings
	❑ What modifications must you make in your regular process to assure this family is most comfortable?	
Details: Care Coordinators manage details that associate with well-run Plan Development meetings. Details include agenda/time management, responsibilities of various participants & strategies to assure those who attend Plan of Care meetings are engaged in the process.	❑ Have you completed your agenda for this meeting? Have you sent it out or are you prepared to post it? ❑ Have you established timelines including start & end times as well as estimates to time to allot to topics to complete the Plan of Care? ❑ Do you have a plan to use meeting visuals such as a flip chart or other visuals in a way that will allow you to direct the group process? ❑ How will you introduce attendees to each other even if they "know" each other? ❑ Are you managing participant rights? Do you have the required releases? ❑ Do you have a back-up plan if the youth or parent needs a break or time to process?	❑ Are you aware of distractions that may come up during meeting? If the family is calling in, do they have space that is free from traffic? ❑ Are you aware of how much time attendees are spending in virtual platforms? How can you prevent your meeting from becoming "just another zoom call"? ❑ Does the family share one device? If so, how will you manage so that each family member gets a chance to be heard?

Sample Plan of Care Agenda (Use this as a starting place and tailor to each family)	
I: Welcome & Introductions	Set expectations for meeting which is to come together around a common Plan of Care. Ask participants to introduce themselves by their name & relationship to the family. This can be supplemented with an ice breaker.
II: Start with Strengths	Identify & review the strengths you have identified. These should be prepared before the meeting & the Care Coordinator should have the lists prepared for review by the group. Use big paper/white boards for in-person meetings so that individuals can focus on those strengths. Use screen sharing for virtual meetings. Ask the group to add to your list rather than trying to use the time to have the group come up with strengths.
III: Set Goal	Start with the family to identify where they hope to go if the Plan of Care works perfectly. The Care Coordinator should have spent enough time to avoid being surprised by whatever the family might say. Write down the family's view and then ask other attendees to add to it. When everyone agrees with a common goal, summarize that verbally and in writing.

Area	Live Meetings	Remote Meetings
IV: Introduce Your Needs Statements & Prioritize	Review the needs statements that you have developed through conversations with the family. Remember these statements should be informed by other tools including CANS, interviews with other staff and file reviews. The Needs you post should be reflective of the family's language, culture & identity. When you've gone over those Needs Statements ask the family to *prioritize what needs should be address to accomplish the goal*. Seek consensus from other who are attending the meeting.	
V: Brainstorm Options & Finalize the Plan of Care	Ask the group to brainstorm strategies to meet the top three prioritized needs. Encourage the group to come up with a range of options for each need. Encourage everyone to consider support strategies, intervention strategies and community strategies for each need. Ask group to choose strategies that meet build on strengths. Complete this by asking for volunteers for each strategy.	
VI: End Meeting & Follow-Up	Finalize the meeting & set expectations for follow-up. Some	
Content: Content involves the actual situation and reality of what is causing the meeting to happen. If facilitating a meeting around a specific family content is likely to be personal and sensitive. If the meeting is more generic, strong emotions can also make the content feel very emotional. Managing content requires skill and preparation. Whether in-person or virtual, sitting down with others to develop a plan of care can often be emotional or stressful for both parents and their children.	❑ Have you set conditions to assure that attendees understand the family situation from their point of view? ❑ Have you clarified the difference between understanding & agreement? ❑ Do you know what topic areas are likely to be challenging for the child/youth? ❑ Do you know what are likely to be sensitive for the parent? ❑ Do you have a plan to address those sensitive areas? ❑ Are you aware of how other professionals may impact the family's experience of the Plan of Care meeting? Are you prepared to handle it? ❑ Have you established a blame free environment during the Plan of Care meeting? ❑ Have you set definitions and expectations about family friendly language to be used throughout the meeting process?	❑ Have you generated information about the family in a language that reflects how they refer to their experience with Behavioral Health? ❑ Have you established a way for both the parent & child to have their say? Have you normalized differences in perspective between them? ❑ Are you clear about topics that are sensitive and have prepared each family member for their discussion? ❑ What is your plan to handle items of conflict if they come up? This includes differences among team members as well as particularly sensitive subjects. ❑ Do you have a plan to check in on a family after the meeting to make sure they are doing okay? Don't wait for them to call you.

Initial Wraparound Plan of Care Worksheet[2]

Family Name: Click or tap here to enter text.		Date of Planned Meeting: Click or tap to enter a date.	
Topic	Detail	Specific Notes	Timing
Welcome & Overview	• Create inclusion: "we", "team", "our" • Assure the family doesn't feel on the "out" including seating arrangements or assuring that they aren't last to arrive • Set the expectation for the meeting: o To develop our first Plan of Care o To start the process of developing our first plan of care	Click & Add Specific Detail	Select the time
Introductions	• Use an ice breaker as a warm-up • Ask individuals to share detail about their relationship rather than role	Click & Add Specific Detail	Select the time
Strengths	• Have your strength list posted or use as a background • Leave space to have team members add to it • Review your strengths by assigning who you can attribute that strength to	Click & Add Specific Detail	Select the time
Mission[3]	• Warm up the group for creating a joint team mission • Options o Future Building: "It's a year from today & we have succeeded. What words come to mind?" o Normalizing: "A typical family that is doing "okay" …what's going on" • Start with family, create options for all team members to add to • Seek formal commitment for Mission when satisfied	Click & Add Specific Detail	Select the time
Needs Presentation	• Introduce needs you heard from the story, behavior descriptions or what people said • Summarize many needs statements from the view of all family members	Click & Add Specific Detail	Select the time
Needs Selection	• Lead the team in coming to agreement on the top <u>three</u> needs • Assure family perspective is respected • Assure all team member perspectives respected	Click & Add Specific Detail	

[2] Use this worksheet for the initial Plan of Care meeting that brings together a Child & Family Team for the first time to develop the initial Plan of Care.
[3] If you cannot complete the entire meeting within 90 minutes and have your Plan of Care completed, this is a natural place to stop. Don't go past this section if you can't get the Plan completed.

Family Name: Click or tap here to enter text.		Date of Planned Meeting: Click or tap to enter a date.	
Topic	Detail	Specific Notes	Timing
Action Planning	• Warm up the group with creativity exercise • Brainstorm at least ten options for each need	Click & Add Specific Detail	Select the time
Sort Your Actions	• Match actions to strengths • Discard ones that don't align with strengths • Choose those that will address the need from the remainder • Summarize the final list of actions	Click & Add Specific Detail	Select the time
Assignments	• Solicit volunteers to follow through with actions • Assign more than one person to action • Assure that all team members get an assignment • Ask team members to identify when they will start, record the date	Click & Add Specific Detail	Select the time

Review & Next Steps	• Summarize the results:
	  ○ Team mission
	  ○ Prioritized Needs
	  ○ Strategies that build on strengths
	  ○ Who will follow up?
	  ○ When things will start to happen
	• Set up the schedule for next team meeting
		Click & Add Specific Detail	Select the time

Closing	• Set expectations for ongoing meetings • Set expectations for when to hear from Wraparound Facilitator/Coordinator • Gather & share all team member phone/email distribute list	Click & Add Specific Detail	Select the time
Total Time	*The time spent in planning never be over 90 minutes for a single meeting. If you elect to break this across two meetings plan on approximately 120 minutes. Choose whether you will use 1 or 2 meetings and your total expected time.*	Number of meetings	

Plan of Care Tracking Sheet

Family Name:		**Youth Name:**		**Date of Meeting:**	
Commitments from Last Meeting	Keep It	Change It	Stop It		Type
					☐ Support ☐ Intervention ☐ Community
					☐ Support ☐ Intervention ☐ Community
					☐ Support ☐ Intervention ☐ Community
					☐ Support ☐ Intervention ☐ Community

Sample Completed Plan of Care Tracking Sheet

Family Name:		**Youth Name:**		**Date of Meeting:**	
Commitments from Last Meeting	Keep It	Change It	Stop It		Type
Enroll Mom in Job Training				1/1/20 Vocational Coordinator	☐ Support ☒ Intervention ☐ Community
		Help mom with her anxiety in job training		2/1/20 Peer Parent	☒ Support ☐ Intervention ☐ Community
		Got her a job.		3/1/20	☐ Support ☐ Intervention ☐ Community
		Business Cards		4/1/20	☐ Support ☐ Intervention ☒ Community

Team Member Scheduling Form

Team Member Schedule Worksheet							
	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
6:00	☐	☐	☐	☐	☐	☐	☐
7:00	☐	☐	☐	☐	☐	☐	☐
8:00	☐	☐	☐	☐	☐	☐	☐
9:00	☐	☐	☐	☐	☐	☐	☐
10:00	☐	☐	☐	☐	☐	☐	☐
11:00	☐	☐	☐	☐	☐	☐	☐
12:00	☐	☐	☐	☐	☐	☐	☐
1:00	☐	☐	☐	☐	☐	☐	☐
2:00	☐	☐	☐	☐	☐	☐	☐
3:00	☐	☐	☐	☐	☐	☐	☐
4:00	☐	☐	☐	☐	☐	☐	☐
5:00	☐	☐	☐	☐	☐	☐	☐
6:00	☐	☐	☐	☐	☐	☐	☐
7:00	☐	☐	☐	☐	☐	☐	☐
8:00	☐	☐	☐	☐	☐	☐	☐

The Healing Stage

Ongoing Wraparound Team Meeting Worksheet[4]

Family Name: Click or tap here to enter text.		Date of Meeting: Click or tap to enter a date.	Meeting Number Select how many meetings
Focus	Tips	Planning	Timing
Welcome	• Create environment of welcome for all team members • Arrive early enough to be prepared	Use this space to identify specific plans about this team.	Select the time
Accomplishments	• Start with good news: even if it's not directly related to the plan • Celebrate other family members (siblings, grandparents etc.) good news • Identify team member good news	Use this space to identify specific plans about this team.	Select the time

Assessment	• Post the needs with corresponding action steps
	  ○ Check for follow through: Did Team members do what they said they would? Chart it.
	  ○ Check for impact: Did it make a difference to the person with the need?
	  ○ Check for result: Did the behavior/condition change?
		Use this space to identify specific plans about this team.	Select the time

Adjustments	• Focus on the actions:
	  ○ Keep doing it: Either because you need more information about whether it works or because it shows promise
	  ○ Change it: Adjust the amount, time, location, or individuals assigned to make it work better
	  ○ Stop it: Either because you know it is not going to work or is not worth the effort
	• Match any changes to existing strengths. No strengths adjust the change
		Use this space to identify specific plans about this team.	Select the time

Assignments	• Review the modified actions • Seek, solicit, or assign responsibility for follow through	Use this space to identify specific plans about this team.	Select the time

[4] Use this worksheet for ongoing Team meetings after the initial Plan of Care is completed.

Family Name: Click or tap here to enter text.		Date of Meeting: Click or tap to enter a date.	Meeting Number Select how many meetings
Focus	Tips	Planning	Timing
Follow-Up	• Schedule at least two meetings out • Set expectations for communication among team members	Use this space to identify specific plans about this team.	[5] Select the time

[5] This agenda should be completed within 60 minutes give or take 5 minutes. If it consistently goes over, consider making changes in your content or agenda.

Individual Wraparound Team Member Form

Use this form to engage new team members as you are going through the process.

Name	Contacts	Dates
	Cell	Today
Email	Work	Date Wraparound Began
	Other	

Team Member Sector	Community	System	Family	Extended Support

Please check any times when you know you would not be available:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 AM 1:00 PM							
1:00 PM 5:00 PM							
5:00 PM 1:00 PM							
Any Other Notes About Your Availability							

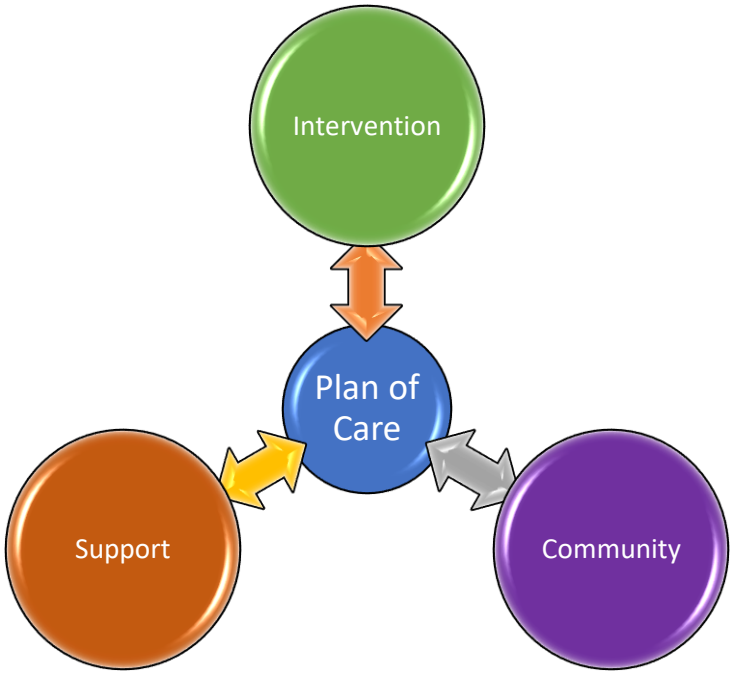
When Dealing With:	I'm Great	I'm Good	I'm Okay	Don't Expect This From Me
Team Meeting Strengths				
Active Listening				
Negotiating with Others				
Resolving Conflicts				
Sharing Information				
Summarizing				
Persuading				
Coordinating Details				
Delegating				
Note Taking				
Setting a Follow UP				
Other (Please List)				

When Dealing With:	I'm Great	I'm Good	I'm Okay	Don't Expect This From Me
Plan Strengths				
Organization				
Follow Through				
Communicating Between Meetings				
Creating New Strategies				
Working with Others on Task Completing				
Other (Please List)				
Use This Space to List Any Other Details				

Plan of Care Framework

A well-balanced Plan of Care balances three components which include:

- **Intervention**: These activities will accomplish a goal of either reducing an unpleasant thing or promoting a more desirable one.
- **Support:** Support strategies are those taken to hold up or share the weight or burden of a situation or thing. Support happens for support's sake rather than being implemented as an outgrowth of one of the other components. Good support increases a sense of connection.
- **Community:** These activities are designed to reinforce a person's sense of connection or belonging rather than simply referring to community resources or focusing on where you deliver services.



The diagram at the right identifies this balance. Each family will require a different balance between the three in finding the right response to their situation. This framework can be used to assess current Plans of Care to determine whether you have the right balance of these three sectors to produce the best results.

In addition to Intervention, Support & Community, there are two other areas to consider in reviewing Plans of Care. The first of these is customization which identifies how much an activity needs to be tailored to the needs of the family. This ranges from No Customization which involves linking existing resources to a situation to Moderate Customization which may involve modifying the time, amount, location or focus of activities to High which involves creating an activity for a specific circumstance. Finally, Sector should be considered in reviewing a Plan of Care. Sector involves who is involved with the implementation of the activity and what sector they are anchored in for the individual family.

Good Plans of Care will strike a balance in each of these areas. The form on the next page can be used to review your overall Plan of Care by sort strategies to see if you strike the right balance.

Quality Targets for Wraparound Plans

Use the form below to consider a balance with your Wraparound Plan of Care. In the first column, list the needed selected for review. In the second column identify the strategies. When all strategies have been listed use the check boxes to identify the type, customization level and sector for each strategy. Type includes whether the strategy is designed for support, intervention, or community. Customization includes a range from using existing services to completely creating a response. The sector columns identify who is involved in completing that strategy. When you have completed the checks identify what steps you can use to improve the balance in your Plan of Care.

Need	Activity/Strategy	Type			Customization			Sector			
		Support	Intervention	Community	None Existing Services	Moderate Time, Amount, Focus	High Created activities	Community	Family	System	Extended Support
Enter Need Selected for Action	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Total Your Answers Here											
Enter Need Selected for Action	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	List your strategy here.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Total in Each Column											
Steps for Improvement in Your Plan of Care											

Youth Name: Click or tap here to enter text.

Staff Name: Click or tap here to enter text.

Date Completed: Click or tap to enter a date.

Define the Situation

Based on the referral material and your follow up contacts, summarize what you think might be the key facts that describe the situation:	
What happened?	Click or tap here to enter text.
Who was involved in the situation?	Click or tap here to enter text.
When and where did it occur?	Click or tap here to enter text.
How did it get resolved?	Click or tap here to enter text.

Based on your answers to the detail above consider your top two strategies or approaches from the table below.		
Option	Description	Go to Page
Create new habits/behavioral options.	This activity involves analyzing the behavioral conditions that occur and considering the payoff for those behavioral responses. Responses will include figuring out an alternative behavior or habit to support & will include how much and how long the Behavioral Health Support Staff will need to establish that new habit.	2-4
Increase Coping	This activity should be selected if you believe the behavior is due to stress or crisis situations. The point of these activities is to help the youth create more options for managing their stress or crisis situations.	5-6
Social Networking	This section is focused on how to increase a sense of belonging and identity with the young person by hooking them up with places, organizations, activities, or people in their community.	7-9
Wellness Promotion	This activity is focused on building a whole personal wellness strategy. Activities involve working with the youth to identify strategies that can simply make them feel better.	10

Creating New Habits

Unlocking Larger Patterns

What habitual behavior is getting in the way of this young person having a better life? Is there a pattern that emerges?			
Context	In what situations does this behavior seem to occur?	Choose an item. Click or tap here to enter text.	
Cue	What sort of things seem lead the young person to this behavior?	Click or tap here to enter text.	
Content	Specifically, what does the habit consist of?	Click or tap here to enter text.	
Consequence	What pay-off does the young person get from the behavior? What negative impact occurs?	☐ Avoidance ☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	Click or tap here to enter text.

Describe the specific content of the current habit Click or tap here to enter text.		
List 5 alternatives that might be used instead when the context and cues occur:	What would the payoff be for using each alternative?	How might the young person practice this alternative?
	☐ Avoidance ☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	Click or tap here to enter text.
	☐ Avoidance ☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	Click or tap here to enter text.
	☐ Avoidance ☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	Click or tap here to enter text.
	☐ Avoidance	Click or tap here to enter text.

Describe the specific content of the current habit Click or tap here to enter text.		
	☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	
	☐ Avoidance ☐ Anxiety ☐ Attention ☐ Achievement ☐ Authority (control) ☐ Other Click or tap here to enter text.	Click or tap here to enter text.
Which alternative has the best payoff and can be easily practiced? Click or tap here to enter text.		

Coping Strategies & Behavioral Support

How does the young person experience stress? What is it like for them? Click or tap here to enter text.		
What do they do now to help relieve or manage their stress? Does it work for them? Click or tap here to enter text.		
Consider the following tools. What could you do to help the young person have more options in each of these areas?		
Recognizing	Pay attention to the physiological signs of stress. These might be early warnings that can alert you to do something sooner than later.	☐ Sweating ☐ Rapid Heart ☐ Feeling Nervous ☐ Dry mouth ☐ Racing Thoughts ☐ Other Click or tap here to enter text.
Relaxing	Use techniques to help your body calm when the pressure is mounting. Breathing, visualizing, etc.	Click or tap here to enter text.
Re-Labeling	Find ways for youth to increase their vocabulary about what they are experiencing. Examples may be emoji charts, naming feelings etc.	☐ Tired ☐ Frustrated ☐ Angry ☐ Pressured ☐Disappointed ☐ Lonely ☐ Worried ☐ Tense ☐ Other (please list) Click or tap here to enter text.
Re-Directing	The art of distraction may include finding ways to try something different or go somewhere different when things are building up. Examples may include a walk, calling friends, writing, drawing etc.	When this happens Click or tap here to enter text. I usually do Click or tap here to enter text. And I would rather do this instead Click or tap here to enter text.

Re-Thinking	Manage the message of negative self-talk which can cause stressful situations to become more stressful. Rather than “I’m a failure” to focus on “I’m a person dealing with…”	Identify at least two messages that the youth can use in coping with the aftermath of the stressful situation. 1. 2.

Activity Option in Your Community		How it matches with this young person's situation	How you could help the young person participate
Public	☐ Parks ☐ School ☐ College ☐ City or County Programs ☐ Youth Projects ☐ Police ☐ Other: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Private	☐ Youth Oriented Business ☐ Banks ☐ Local business ☐ Chamber of Commerce ☐ Hang-out Places ☐ Other: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Clubs/Groups	☐ Neighborhood Centers ☐ Community Centers ☐ Religious Institutions ☐ Rallies ☐ Cultural Organizations ☐ Dance/Music Group ☐ Other Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Activity Option in Your Community		How it matches with this young person's situation	How you could help the young person participate
People	☐ Artists & Musicians ☐ Mentors ☐ Neighbors ☐ Leaders ☐ Friends ☐ Relatives ☐ Chefs ☐ Other: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Action Plan

Use the space below to identify your top two strategies in building a social network.

Focus (Check All That Apply)	Who (List Who You Will Contact)	How (Identify Your Approach)	When (Choose Your Start Date)
○ Public ○ Private ○ Clubs/Groups ○ People	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
○ Public ○ Private ○ Clubs/Groups ○ People	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.

Wellness Promotion Worksheet

What are the facts about the young person's situation that leads you to a Wellness Promotion Strategy?			
How has the situation expressed itself in this youth's situation? (Pick 1)	○ Physical ○ Emotional ○ Spiritual ○ Thoughts & Ideas	Describe how it impacts the young person here: Click or tap here to enter text.	
Consider the possibilities List at least 5 wellness strategies that could be applied to this situation		Answer the Following Questions	Choose from the drop down
1. 2. 3. 4. 5.		What strategy is most collaborative & will create more involvement from the youth? *(Collaborative)*	Choose an item.
		What strategy most directly addresses the initial expression from the first line? *(Effective)*	Choose an item.
		Which strategy will get you to a solution in the shortest amount of time? *(Efficient)*	Choose an item.
		Which strategy is likely to create more options for the youth & family? *(Empowering)*	Choose an item.

Develop Your Strategy			
Action	Date	People Responsible	Expected Result
Click or tap here to enter text.	12/3/2020		Click or tap here to enter text.

Outcome Progress Form

Need Statement: (List the need statement that is being addressed here. This could be more than one statement if they share the same goal).														
Goal Statement: (Identify in specific behavioral terms what the change in behavior would be if the need were met.)														
Frequency of Measure (Check how often you will measure)	Time 1 Date:		Time 2 Date:		Time 3 Date:		Time 4 Date:		Time 5 Date:		Time 6 Date:		Time 7 Date:	
☐ Weekly ☐ **Monthly** ☐ **Quarterly**	Record the Team's assessment of progress and the recorded outcomes in each of the spaces below. The Team Assessment reflects a self-rating on progress that occurs at team meetings. The Result column identifies the county you have made by checking. These can be percentages, a number within a range of any other item agreed on by the team.													
	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team
Comments:														
Need Statement:														
Goal Statement:														
Frequency of Measure	Date:		Date:		Date:		Date:		Date:		Date:		Date:	
☐ **Weekly** ☐ **Monthly** ☐ **Quarterly**	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team
Comments:														

Outcome Progress Form (Sample)

Need Statement: (List the need statement that is being addressed here. This could be more than one statement if they share the same goal).
To feel that I deserve to belong
To know that I can be seen as worthy of respect

Goal Statement: (Identify in specific behavioral terms what the change in behavior would be if the need were met.)
Increase the number of days per week with no reports of conflict such as yelling or threats

Frequency of Measure (Check how often you will measure)	Time 1 Date:	Time 2 Date:	Time 3 Date:	Time 4 Date:	Time 5 Date:	Time 6 Date:	Time 7 Date:
☐ Weekly ☒ **Monthly** ☐ **Quarterly**	Record the Team's assessment of progress and the recorded outcomes in each of the spaces below. The Team Assessment reflects a self-rating on progress that occurs at team meetings. The Result column identifies the county you have made by checking. These can be percentages, a number within a range of any other item agreed on by the team.						

Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team

Comments: *Care Coordinator will call Ms. J each week to get her report the first month. After that, she and Care Coordinator will decide whether once monthly calls are enough.*

Need Statement: *To be reassured that others can see me as capable,*
To have a sense that I can be in charge even when things are emotional

Goal Statement: *Increase the number of days that Child attends school*
(Will gather that by checking with the clinician who is measuring that in his treatment plan)

Frequency of Measure	Date:		Date:		Date:		Date:		Date:		Date:		Date:	
☒ **Weekly** ☐ **Monthly** ☐ **Quarterly**	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team	Result	Team

Comments:

The Hope Stage

Wraparound Review Form									
Starting Point		Mission Statement		Strengths		Needs		Outcomes	
Use the space below to identify the initial conditions that were in place when the family first entered Wraparound. Describe this situation in no more than three sentences that describes what brought the family to Wraparound.		List the mission statement in the space below. Does the Mission Statement reflect an alignment with the initial conditions or starting point? Does the family and team refer to that Mission Statement when describing their work together?		: Use the space below to list the main strengths that are discussed in meetings and used in the Plan of Care. Do the strengths that are reflected in documentation and the Plan of Care include strengths that can be used to offset the initial conditions that brought the family to Wraparound in the first place?		Use the space below to identify the three to five needs that are the basis of the plan? Do the needs reflect underlying causes that can explain the initial conditions? What are the needs that have been the focus of team meetings and plan development?		Use the space below to identify the outcomes that you use with the Team & Family to measure progress? Do the outcomes that are the focus of the Plan address the initial conditions and chosen needs? Have the outcomes been used to manage the Team & to make modifications in the Plan of Care?	
Are the initial conditions better now than when the family entered?		Does the Mission address the Starting Point?		Strengths can be used to offset initial challenges?		Needs are consistent with the starting point?		Outcomes address initial conditions	
		Does the team use the Mission in discussions?		Increasing use of functional strengths in family life?		Need met rates measured & discussed throughout		Outcomes reflect result of addressing unmet need	

Choose an overall grade for each of the items: Add comments if necessary.								
Use the spaces below each input to identify an opportunity for improvement.								

Wraparound Hope Planning Steps

Use this worksheet to outline your anticipated plans for finishing Wraparound and reinforcing Hope.

Family Name Enter Todays Date	⇒⇒⇒⇒⇒⇒⇒ ⇓	Anticipated Last Date of Wraparound	
Confidence	**Competence**	**Connection**	**Capacity**
1. List at least three hopes here 2. 3.	*Choose at least four dates to set up practice sessions. Indicated whether they are planned or unplanned in the boxes below*	*Use the Space Below to identify name of individuals to work with in establishing the right type of landing.*	*Choose possible systems that the family may encounter. On the next line, identify messages that will help the youth and their parents to be able to manage responses.*
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Choose the System
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Enter information that will help this family navigate this system
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Choose the System
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Enter information that will help this family navigate this system
1. List at least two fears here 2.	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Choose the System
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Enter information that will help this family navigate this system
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Choose the System
	Choose an item. Click or tap to enter a date.	Click or tap here to enter text. Choose an item.	Enter information that will help this family navigate this system

Tools for Wraparound Managers

Are You Ready for Wraparound?

Draft 1.1

Introduction

Wraparound is a planning process based on a set of values that allow teams of people to come together to create a future oriented plan that integrates interventions, supports and community activities by building on strengths to meet needs. The process is an organizing approach and not a particular type of service and is extremely adaptable and sensitive to the context in which it's implemented. Within the Wraparound community, there are multiple variations of implementation. These variations reflect the flexibility of Wraparound implementation. It also speaks to the challenges of creating a reliable model that is adapted in a smart way to maximize results for all stakeholders including families, staff, funders, and community members.

Individuals who have been involved in implementing Wraparound recognize that building this capacity in any local System of Care requires more than simply hiring an individual. In many respects, implementing a Wraparound initiative can be seen as implementing a "disruptive technology" that is likely establish new patterns and products within the system. While this will yield improvements for people receiving services it is also likely to shake things up within the system. This readiness assessment was designed to function as a "think piece" for local leaders who will be involved in implementing Wraparound. In addition to shaking things up in the host environment, Wraparound must be nurtured to thrive. In order to keep the frame around the initial design of Wraparound, leaders must be thoughtful in establishing the service, hiring, and supporting the process and building the right host environment to support high quality implementation. This document is designed to assist local leadership in onboarding ore redesigning their Wraparound efforts in an organized and purposeful manner. We expect to do this not by providing an easy template but instead to ask a series of questions so that local leadership can develop their own solutions.

This document is divided into five sections that reflect the breadth of implementation of Wraparound. This document is not designed to be completed all at once. This document is also one that you can revisit often as you work on high quality implementation. These don't need to be done in order but you can choose any place to start when using this guide. Each of the sections are described below:

- People: This section is about the individuals associated with Wraparound including people being hired in critical staff roles and other staff within your system who will be working alongside these staff. Issues of recruitment, hiring, supervising will be reviewed as well as the impact of hosting wraparound staff on other individuals within your organization will be reviewed. *Start here if your concerns are mostly focused on staffing issues ranging from recruitment to supervision. If you're not sure where to start in terms of even finding people to do Wraparound this is a good place to begin.*

- Practice: This section covers areas with Wraparound and how it is delivered directly to families. These questions are focused on your clarity about the purpose, role, and function of Wraparound and how this option plays out with individuals. Additional issues will focus on introducing the components of Wraparound to colleagues, sponsors, new hires, and community members. This section will also focus on how to maintain a high-quality practice including steps you can take to keep practice drift from happening. *If you are interested and responsible*

for Wraparound implementation but still have questions about how Wraparound can enhance your system services, this is a good place to start.

- Process: This section covers all the process variables associated with personnel and practice. If the first two sections cover the "who and what" of Wraparound this section covers the "how". *You might consider starting here if you are bought into the concept and have the right people lined up to implement but still are struggling with the mechanics of rolling out Wraparound.*

- Program: This area is focused on the unit that is housing Wraparound. Any leader must decide where to house it within their organization. This decision should be strategic and considered rather than simply placing new hires where you have space. Issues of organizational culture including how change-hearty and accepting the host environment is will be considered along with issues of how well the host can incorporate a Wraparound perspective. Start here

- Policy: This section will cover areas of overall standards of operation within your organization. HR, Financing, Documentation are all areas that you may consider in this section. This is a good place to start if you have questions about how well the overall structure will work with Wraparound or if you've had some previous experiments that have not played out as you hoped.

This section asks you to consider the personnel issues for Wraparound beginning with recruitment through hiring as well as considering the personnel in other roles of your organization who are likely to be impacted by Wraparound. Answer the following questions to the best of your ability. Some questions will also help you to consider resources you'll need to successfully recruit and support both Wraparound and other staff to function as allies. Review the statements below and check your answer in each column. When you are done, total your checks in each column.

Item	Totally Disagree	Neither	Totally Agree
1. *I have considered and am clear on the personal characteristics that would make an individual a strong candidate (personality, temperament, etc.)*	☐	☐	☐
2. *I have identified champions for these roles within our programs.*	☐	☐	☐
3. *I have identified champions for this role within our administration.*	☐	☐	☐
4. *I have several youth and family members receiving services who can participate in interviewing Wraparound staff.*	☐	☐	☐
5. *I have developed a set of questions for interviews which will address the applicant's ability to imagine creative solutions, demonstrate positive relational stance towards families as well as identifying applications for key Wraparound concepts such as strengths and needs.*	☐	☐	☐
6. *I have identified those existing staff members who are likely to be most comfortable with these roles.*	☐	☐	☐
7. *I have identified those existing staff members who are likely to be challenged by these roles.*	☐	☐	☐
8. *I have strategies to assist other staff (both comfortable and challenged) in becoming active allies and supporters of Wraparound staff.*	☐	☐	☐
9. *I have considered what supervisor characteristics I should reinforce to assure that an appreciation of creativity*	☐	☐	☐
10. *I have identified strategies for assuring that the person hired in Wraparound roles are fully welcomed in the agency*	☐	☐	☐
11. *I have ways to orient newly hired individuals to our organization and culture.*	☐	☐	☐
12. *I have a sense of what values I'm looking for and how they would be demonstrated.*	☐	☐	☐

Item	Totally Disagree	Neither	Totally Agree
13. *I have definitions of what I want people to know about what Wraparound is or isn't*	☐	☐	☐
14. *I am prepared to support individuals hired to grow and develop in their role and as an employee*	☐	☐	☐
Total Checks in Each Column			

Next steps and plans. Review your answers and identify at least three action steps you can take to assure that the individuals you hire to work in Wraparound and other staff are well supported.

1.
2.
3.

Practice Readiness Review

This section is focused on the model of Wraparound including the purpose, function, and essential elements of effective Wraparound as it's designed. Consider that Wraparound can help who (target population), get to what point (goals) by doing what things (usual activities) for the following reasons (theory). As a champion for successful implementation, you should be well enough versed in your practice design to assure that implementation rolls out as smoothly as possible. Review these questions and total your answers.

Item	*Totally Disagree*	*Neither*	*Totally Agree*
1. *I am clear about the difference between Wraparound and other activities offered in our system.*	☐	☐	☐
2. *I can identify the key functions of Wraparound.*	☐	☐	☐

Item	Totally Disagree	Neither	Totally Agree
3. *I can identify the difference between supportive services and the Wraparound process.*	☐	☐	☐
4. *I have worked with my colleagues to build a common understanding about the difference between Wraparound and effective behavioral health intervention.*	☐	☐	☐
5. *I have reviewed the training materials that we are using for Wraparound implementation*	☐	☐	☐
6. *I have reviewed what is billable and allowable within our system and how that links with our design of Wraparound.*	☐	☐	☐
7. *I have developed and regularly use a set talking points that I can use in defining Wraparound to internal and external partners.*	☐	☐	☐
8. *I have developed supervision strategies to assure that Wraparound is supported rather than being caught up in other agency services.*	☐	☐	☐
9. *I have developed a method for identifying which youth and families should receive Wraparound.*	☐	☐	☐
10. *I have established a process for evaluating the Wraparound process in real time and can tell the difference between high quality and low-quality implementation.*	☐	☐	☐
11. *I can identify other staff and colleagues who are able to identify quality elements of Wraparound in daily interactions.*	☐	☐	☐
12. *I have established an expectation Wraparound will be expected to challenge our conventional thinking about families and problem-solving.*	☐	☐	☐
13. *I have methods in place to assist staff in refining and improving their engagement skills even with families and situations they find challenging.*	☐	☐	☐
Total Checks in Each Column			

Next steps and plans. Review your answers and identify at least three action steps you can take to that your implementation is delivered in a high-quality way that is faithful to the way it was originally designed.

Item	*Totally Disagree*	*Neither*	*Totally Agree*
1.			
2.			
3.			

Process Readiness Review

No organization or system is static. Local leadership invested in successful implementation of Wraparound must be aware of the "moving parts" associated with any system especially when it relates to an innovation. This section is focused on the hydraulics of your system including how referrals will be made, ongoing support activities from HR, Finance, billing, and Quality Assurance functions. Review these answers and check each column. Total at the bottom.

	ITEM	TOTALLY DISAGREE	NEITHER	TOTALLY AGREE
PERSONNEL PROCESSES	1. I have worked with HR to develop an efficient process for recruitment including posting ads and reaching out in nontraditional ways.	☐	☐	☐
	2. I have an effective method to complete interviews with a minimum of waiting time for the applicant.	☐	☐	☐
	3. I have considered the need for career ladders for Wraparound staff so they don't have to leave the Wraparound unit to advance.	☐	☐	☐

	ITEM	TOTALLY DISAGREE	NEITHER	TOTALLY AGREE
	4. I have methods to onboard new staff that include a blend of information review and field work.	☐	☐	☐
	Subtotal Personnel			
PRACTICE PROCESSES	1. I have established a method for staff to assess needs for Wraparound rather than waiting for youth being served to "fail into" it.	☐	☐	☐
	2. I have developed a method for families to be welcomed into Wraparound that increase the likelihood of engagement.	☐	☐	☐
	3. I have developed a range of youth oriented and family-oriented hand-outs that can be used in defining Wraparound.	☐	☐	☐
	4. I have worked with staff in other roles to assure that they are accepting, understanding, and reinforcing of high-quality Wraparound.	☐	☐	☐
	5. I have established continuing education opportunities to assure that Wraparound staff can continue to develop and refine their skills.	☐	☐	☐
	Subtotal Practice Processes			
BILLING & PAPERWORK PROCESSES	1. I have developed an efficient method for Wraparound to be documented in the health record.	☐	☐	☐
	2. I have set up practices to review and support ongoing implementation of documentation.	☐	☐	☐
	3. I have set up supervision of Wraparound to reinforce quality implementation through ongoing review of paperwork.	☐	☐	☐
	4. I have developed tools that will empower Wraparound staff to complete paperwork in a timely manner.	☐	☐	☐
	5. I have methods in place to assure that Wraparound can access information from the file.	☐	☐	☐
	Subtotal Billing & Paperwork			
	GRAND TOTAL IN EACH COLUMN			

Next steps and plan. Review your answers and identify at least three action steps of process elements you should address to assure a quality implementation. Include other departments you might reach out to before you implement as well as what steps you might put in place.

1.

ITEM	TOTALLY DISAGREE	NEITHER	TOTALLY AGREE
2.			
3.			

Program Readiness Review

This section covers where you will house your Wraparound staff. The first decision any local leader must make involves figuring out where to locate individuals hired to implement Wraparound. Once this decision has been made the next decision is to make sure the staff have the right tools. Areas will include the physical tools that they operate from including offices, waiting areas, desks, computers, and infrastructure as well as departmental options in terms of how Wraparound will be integrated in each department. Review the questions and check one box on each row. When finished, total your columns, and develop your action plan.

ITEM	*Totally Disagree*	*Neither*	*Totally Agree*
1. *This work group or unit provides services that are most compatible with Wraparound*	☐	☐	☐
2. *This work group includes a strong commitment of other workers to work collaboratively with Wraparound staff.*	☐	☐	☐
3. *Staff of this work group understand and can appreciate the unique role and responsibility of Wraparound staff.*	☐	☐	☐
4. *Staff in this unit are aware of how Wraparound can enhance their work and outcomes.*	☐	☐	☐
5. *Staff in this unit are prepared and supported to effectively collaborate with Wraparound staff and the Wraparound process.*	☐	☐	☐
6. *This unit is prepared to provide the Wraparound with adequate space including quiet space to complete paperwork.*	☐	☐	☐
7. *This unit or work group will assure the Wraparound has access to computers and other office supplies necessary for efficient communication.*	☐	☐	☐

ITEM	Totally Disagree	Neither	Totally Agree
8. *This unit will assure that Wraparound is treated as an equal partner and full colleague rather than an "assistant" class including participation in staffings, grand rounds or other agency activities.*	☐	☐	☐
9. *This unit will assure a regular schedule to assure that the Wraparound staff gets regular and reliable supervision about implementation of Wraparound.*	☐	☐	☐
10. *This unit has therapists that will welcome questions and concerns raised by Wraparound and be able to respond in a way that is accessible, understandable, and compatible with Wraparound*	☐	☐	☐
Total Checks in Each Column			

Review your answers. Develop up to three action to assure the unit or work group to establish Wraparound has the tools and resources to effectively high-quality practice.

1.
2.
3.

Policy Readiness Review

Successful implementation of Wraparound requires that administrative and policy level issues are aligned in all levels of the organization including HR, Finance and Governance. This section will focus on system issues with the host environment and ask that you consider how well your system is positioned to actively support, nurture, and grow Wraparound. When developing your action plan be specific in terms of concrete actions that are timely for where you are and where you expect to be with initial start-up. The more detailed you can be in developing concrete policy steps the greater the likelihood that you will build a coherent structure to support Wraparound. Review the statements and mark each column. When you have finished, total your columns, and develop next steps.

Item	*Totally Disagree*	*Neither*	*Totally Agree*
1. *There is commitment to Wraparound at the policy level of our organization.*	☐	☐	☐
2. *Our administration is actively working with other systems to assure their understanding and commitment to Wraparound.*	☐	☐	☐
3. *Our organization is working to assure that Wraparound is a fundamental feature of our system with an investment of time, money, and resources.*	☐	☐	☐
4. *We have established policies and procedures that reflect our commitment to quality Wraparound implementation.*	☐	☐	☐
5. *Our leadership demonstrates their commitment to Wraparound both verbally and behaviorally.*	☐	☐	☐
6. *Our executive leadership can gather data about successful implementation of Wraparound.*	☐	☐	☐
7. *Our leadership has developed a process to unique wraparound tools that are likely to associate with quality implementation including a range of creative community and system providers, flexible funding, flexibility in contracting etc.*	☐	☐	☐
8. *System leaders reflect a commitment to partnership with other organizations interested in Wraparound including state representatives, family organizations and other peer groups.*	☐	☐	☐
9. *Our leadership assures that those involved in implementing Wraparound have access to experts and allies within and outside of our community.*	☐	☐	☐

Item	Totally Disagree	Neither	Totally Agree
10. We can identify an administrative leader or policy maker who reflects a commitment to Wraparound.	☐	☐	☐
Total Check Marks			

Review your answers. Develop up to three action steps to implement to assure that your implementation of Wraparound is aligned with your administrative and policy level leadership.

1.
2.
3.

Use the table below to count and record your answers. Use the space at the bottom to identify overall themes including where your strengths seem to be and where the challenges may emerge. If you find it helpful compute the percentages in each column (see below). You can use this summary to host conversation and thoughtful discussion with other leaders.

Item	**Total Items This Section**	**Totally Disagree**	**Neither**	**Totally Agree**
People	14			
Practice	13			
Process	14			
Program	10			
Policy	10			
Totals in each column	**61**			
Percentage (total items divided by each column total)				

Themes and Impressions

Tools for Wraparound Supervisors

Some Interview Questions & Answers for Wraparound

The following questions can be used to identify how Intensive Care Coordinators can problem solve in certain situations. The questions address several the Wraparound values and the last column identifies areas to consider when interviewing new applicants.

Topic	Question	*What to Look For*
Needs Driven	We believe that all challenging behavior comes as a result of unmet need. When Johnny is scheduled to go to therapy sessions, he and his mom get in fights which end up in with Johnny hitting his mother. What do you think his unmet need is & what would you do to meet it?	*The answer we are looking for is first to avoid blaming the parent for the child's behavior and secondly to consider either another intervention or a modification of this intervention. Examples of modification could include increasing time but decreasing frequency of therapy sessions, moving the location of the sessions, engaging his mother in making sure she gets to do something fun with him either before or after sessions. Be concerned about someone who said something like that would imply that this was a signal of the mother's failings or inadequacies. The applicant who is able to demonstrate a frame around need-meeting and creativity in problem solving would be considered for the role of ICC.*
Strength Based	Tell me about a child that you have been frustrated with by describing what they were good at.	*Look for the ability to communicate strengths as if they really believed it & give examples that illustrate the strengths. This reflects the ability to incorporate a strength-based perspective even when it's challenging as well as being able to communicate strengths in the moment.*
Family Centered	Tell me about a family you have worked with and found challenging by describing what they did well.	*This applies the strength-based approach to a family focused context. Some practitioners are quite strong at identify child/youth strengths but aren't able to apply that to the*

Topic	Question	*What to Look For*
	• *Make this one or the one before it written.*	*entire family. Participants should be able to identify strengths of family members especially parents in order to build a strong alliance with the caregiver. Strong Care Coordinators will be able to demonstrate an authentic appreciation of family strengths including the caregiver as a person not just as a parent of a child receiving services. Avoid folks who describe strengths as compliance to the program, (i.e. "she showed up for all therapy appointments", "she was willing to accept services") but look for individuals who are able to communicate a sense of the caregiver's identity.*
Family Centered Continued	Scenario: Julie has a diagnosis of bipolar disorder. She has lived with her mother only since she was six months old. Julie has ended up in residential treatment and Robin, her mom, wants to come by the facility every day to see her. Line staff think this will interfere with the milieu program. What do you think should happen?	*The right answer is to let her come. The great answer is to welcome her every day.* *Bonus points for reasoning through how they can make this an opportunity to build capacity within the family. Additional bonus points if they indicate how they will keep both the parent and the milieu staff involved and working together so the child doesn't end up in the middle.*
Culturally Competent	The child has been in residential care for the past six months. The parents are concerned about the behavior and they would like to have their church come into residential care and pray for the child as a means to improve behavior.	*The answers we are looking for would include:* ▪ *Openness to the possibility of a family participating in this way. I would also look for the applicant to consider concerns about safety but to remain open to considering this possibility.* ▪ *If there is a different reaction to the two situations, we*

Topic	Question	*What to Look For*
	How do you handle that? My follow-up question might be to apply it to another cultural context. If the mother called and said the elders from her tribe have come to town and want to do a healing circle around the child in a cottage. Would you have a different reaction to this scenario?	*would hope that the interviewee would be able to "own" the difference and recognize each situation is culturally grounded on a family level.*
Reasoning	Respond to this statement: The worst home beats the best placement.	*Avoid anyone who simply agrees or disagrees with the answer. Instead, look for reasoning. On one hand, we don't want the applicant to be so focused on placing at home that they forgo safety. On the other hand, if they can't consider the possibility and simply disagree, they won't be very balanced towards family. We are looking for reasoning that will lead to the person indicating that steps can be taken to make this statement true. This shows good problem solving and creativity.*

Wraparound Staff Training Form

Use the form below to identify what you want your successful staff to demonstrate in knowledge, skill and understanding. You might find it helpful to consider how you want Wraparound staff to do their job and what you want them to know, demonstrate and understand perform to your expectations.

Knowledge Defining the concept and knowing what should be done	Skill Applying the action and knowing and demonstrating how to do something	Understanding Integrating knowledge, skills & information and identifying what it's important to both know and know how

Field Based Training Plan

Use the form below to complete a plan to implement field-based training. Place the staff name(s) in the first column and list the item you are training to in the next column. Then choose whether you want to introduce it by coaching or job shadowing. If it involves job shadowing identify what other staff you would use to demonstrate the task. If coaching, list whether it's you as the supervisor or another lead staff who will be doing the task. In the final column list when and where you would apply this task. The first line has been completed as a sample.

Staff Name	Knowledge, Skill, Understanding	Job Shadowing	Coaching	Identify when & where you would highlight this skill.
Abigail N	Ability to communicate a sense of interest in the perspective of each team member (even when they disagree)	Ben C	Me	Starting next week Abigail will go out with Ben 3 times when he is connecting with therapists or Juvenile Probation. When that is completed by week three, I will go out with Ben for his first three interviews with new referrals for the next 3 months.

Proactive Coaching Form

Use this form to break down concrete steps for introducing specific tasks to Wraparound staff.

Job Duty:		
Step	Key Considerations	What Worked Well? What could have been improved?
Introduce the Task	Was the task introduced in a clear manner? Did the supervisor check with the employee for understanding? Did the Supervisor compare this task with other tasks the worker might have done somewhere else?	
Explain Rationale Behind the Task	Did the rationale tie to the values base? Did the rationale tell the staff how it would make their work better?	
Demonstrate the Task	Did the supervisor give the worker a chance to practice the task or did they demonstrate how they would like it done? Did the supervisor allow the staff person to ask questions?	
Identify When to Use the Task	Was the Supervisor clear about how & when this task is used in the employee's job description? Did the Supervisor become specific & identify a situation within the next week to ten days?	
Set a Follow-up	Did the supervisor clarify when they would follow up? Did the supervisor clarify how they would follow up?	