

Individual Care Planning Manual

A Handbook

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for the

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Chapter One: Manual Overview

Purpose of the Manual

This manual was developed to describe the Individual Care Plan (ICP) Process and related documentation for wraparound. The process begins with engaging the youth and family in the process and doing an initial safety plan. This process is described in Chapter Two. During this initial engagement and in follow-up meetings with the youth and family, wraparound staff gather information for the Comprehensive Assessment which includes a mental health diagnosis, the CANS and a strengths, needs and culture discovery. During this process the youth and family articulate their long-range vision of how life would be better if their needs were met and prioritize these needs. If their priority needs include a behavior reduction or prevention goal, a functional assessment is completed to prepare for prevention focused planning. Once this has been completed the youth and family select the people they want to help them achieve their vision (their wraparound Care Planning Team). This process is described in detail in Chapter Three and samples are included in Appendix A.

The next stage in the process is preparing the family and engaging and preparing the team for the first and subsequent team meetings. Successful ICP meetings directly reflect the quality of family and team preparation. This process is described in Chapter Four.

The first Care Planning Team (CPT) meeting brings the identified team members together, sets the stage for a strengths-based process, identifies the process the team will use to develop, monitor and update ICPs and develop a specific plan for the highest priority needs. One of the primary strengths of the wraparound process is the experience, integration and support provided by the team. Initial safety plans are an “in-community, in-the-moment tool.” Wraparound provides a much more comprehensive approach to crisis, safety and behavior reduction priorities based on this team process and the functional assessment. Crisis, safety and behavior reduction goals in wraparound focus on preventing these situations or responding quickly to de-escalate them before they become severe. These prevention and early intervention strategies are developed based on a format structured to build on the functional assessment. These plans focus on prevention and early intervention. This process is described in Chapter Five and a sample of an initial ICP is included in Appendix B. Chapter Six provides line by line instructions for completing the initial ICP and tracking progress.

Chapter Seven discusses the need to monitor the use of psychotropic medications for youth in wraparound and a sample psychotropic medication plan is included in Appendix C.

Chapter Eight describes the action steps and functions related to implementation and updating the ICP throughout the wraparound process including instructions and options for updating, communicating and maintaining the ongoing ICP. The ICP documentation for a sample wraparound process with progress notes is included in Appendix D. The full documentation of the wraparound process can be an unwieldy document for families and team members. Methods for streamlining information sharing are described in Chapter Eight and sample agendas, minutes and working ICPs from this process are included in Appendix E.

The final phase of wraparound is transition. This phase can only be successful when the wraparound staff, family and CPT have focused on the goal since the first day of the process. Successful transition in wraparound is preparing the family to move forward to meet the many needs that they will face in the future with the confidence, skills and supports to manage their own services and supports successfully. A major part of this process is determining the family's culture of support and moving the wraparound team process to the methodology the family will use after wraparound. This process is described in Chapter Nine and sample transition documents are included in Appendix F.

Acknowledgements

The development of the process to implement high fidelity wraparound through the Individual Care Plan Process in Massachusetts has been a joint effort of many people. The staff and supervisors of the wraparound pilot sites and the Community Services Agencies (CSAs) have continually assessed the functional utility of the process and resulting documents about the ICC service and provided much feedback and practical advice about how to make it work. Much of this feedback has come directly from and through the reactions of families receiving Intensive Care Coordination and Family Support and Training and the members of the teams involved in the process. The quality review work led by the “Rosie D.” Court Monitor has kept the effort focused on quality outcomes for youth and families. The Partnership between EOHHS, Mass Health and its Managed Care Entities has created a special environment in which the good of the children and families has defined priorities for decision-making within the confines of state and federal bureaucracy and federal litigation for youth with severe emotional disturbance and their families.

Chapter Two: Initial Engagement and the Initial Safety Plan

The Intensive Care Coordination (wraparound) process begins with engagement. A primary principle of wraparound is family voice and choice which means we listen to the family and really get to know them (voice), provide them with information about available resources and services, and let them decide the course of services and supports (choice). The National Health Survey (2009) found that more than 70% of families, who include a child with severe emotional disturbance (SED), did not access or complete behavioral health services because they were not fully engaged in the process. Research has identified specific barriers to engagement for families. First, it is important to understand that parents and primary caregivers have more influence on entering and completing services than the youth themselves. Failure to fully engage parents in the process significantly decreases the chance of follow through and any meaningful changes in the family systems to support these children. Parents often have poor perceptions and expectations of behavioral health services. For parents and youth who already have reduced motivation, impersonal entry to the system, long waiting times and extensive assessment and paperwork can be further barriers to services. Research has shown that lack of culturally acceptable and individualized services (Kazdin, 2000; and McCabe, 2002), past bad experiences with providers (Nock & Kazdin, 2002), therapeutic disregard for parental priorities (Dakof, Tejada & Liddle, 2001), and lack of engagement with youth (Deci & Ryan, 2008), are all associated with lack of engagement of families, retention in services, and successful outcomes.

Five basic strategies help the Wraparound Staff (Care Coordinators and Family Partners) more consistently engage people in the process. The first is **active listening**. Active listening requires the Wraparound Staff to focus on what people are saying and what they mean. The second is **genuineness**, which is being you and following through on what you say. The third is **respect**. Youth and families in wraparound may have many challenges but, to partner with them, we must value who they are and who they can and who they want to be. The fourth general strategy is **empathy**, in which we try to understand the other's point of view. Respect and empathy are equally important in engaging other team members. For longer term engagement **trust** is essential, youth and families need to know they can count on us and that we follow through on our promises. These five basic skills are general skills that all helping professionals should use in engaging other people.

In addition to these basic strategies for engagement, wraparound focuses on four components of a theory of change that specifically address the perceived barriers to engagement. Wraparound not only listens to the opinions and preferences of the youth and family (voice), but also within legal mandates the process supports them to decide what they want to work on and how they want it done (choice). Wraparound is organized to teach families the skills to manage their own plan and to build confidence that they can be successful. Encouraging and supporting them to involve their long-term supports in the process further enhances engagement by providing more support for their voice, individualization based on their culture and self-confidence and thus engagement in sustaining gains after ICC ends. Bringing all of the people working with the family together to develop an integrated plan decreases competing plans, improves planning through team brainstorming and focuses goals to a manageable number for the family. All of these aspects of wraparound directly address the barriers to family engagement in behavioral health services.

Wraparound is about helping families to meet their own need so one important engagement strategy is to really get to know the family so we can make the process about them. The time to really listen, understand and support the family's dreams for their future can be very engaging. Through the whole process we are supporting them to take over the process and meet their own needs. Educating and supporting them to do this while celebrating their successes strengthens engagement.

Successful wraparound focuses on multiple strategies to gain engagement and trust at the start and strengthen engagement throughout the process. The concept of engagement between a player and coach to learn a new skill describes a very near parallel to "engagement" in wraparound. People come together to be partners committed to work together toward common goals. The relationship is based on trust, respect and belief that the goals can be accomplished. The Wraparound Staff coaches the family to learn to meet their own needs based on their own goals and over time the youth and family become less dependent on the coach. In the end, the youth and family are the players in their own life, Wraparound Staff can only coach and the more they build the skills, confidence and empowerment of the youth and family to make and implement the decisions, the more successful the youth and family will be over a lifetime.

For youth and families who have had many negative experiences with helping professionals or non-collaborative systems, the engagement process may be slow and lengthy. This engagement process is often best accomplished by a Family Partner who may spend hours helping the family believe that wraparound is different, that the family will be in charge, and providing them the optimism to give this a good try. Consistent and mindful attention to engagement with the youth and family over several weeks and throughout the course of the process will help to establish and maintain a needed level of trust. Mandated timelines were developed to ensure that the CSA meets with the youth and family and quickly begins the processes of engagement, assessment and planning. They are not excuses for skipping or minimizing engagement. Pushing families through the process too fast to meet artificial deadlines can defeat these engagement strategies. When the CSA is moving as fast as the family is willing to engage, these timelines should be viewed as guidelines. Supervisors must monitor that only a few families fall outside the timelines and only because of family voice and choice.

Youth Engagement

Engaging young people in the creation of their own future by genuinely involving them in planning, encouraging them to advocate for themselves, and empowering them to make choices and assume earned responsibility is critical to long term success and sustainability. By offering meaningful participation for youth and opportunities to take leadership and responsibility, youth are more likely to feel support and even passion for their plans. Why is it important to engage youth individually (not just through their parents) in the process? First, it is their life and their plan. Even if they are not legally responsible for it now, they will assume responsibility for it some time in the future. We should use the opportunity of wraparound to prepare them for that future. Second, youth who are truly engaged are much more likely to follow through and work to accomplish the goals listed on their plan. Third, truly engaged youth will have ideas of what will work for them and they will be able to judge if the plans match their strengths and culture.

This process must begin during initial engagement and the Comprehensive Assessment to be successful.

The type of engagement and involvement in the process will vary as the child ages. For very young children their only choices may be between two similar options. For young adults they are legally responsible for all of the decisions. In between is a continuum of independence that should gradually give the youth more and more voice and choice tied to more and more responsibility. This growth is seen in both age and developmental level. It is important to understand stages of youth development to understand how to involve youth in the process. This must be done in partnership with their parents and different cultures may have different ideas about youth involvement. As Wraparound Staff, we should not impose our cultures on others. At the same time helping parents understand the benefits of youth involvement is part of the work to be done.

In many respects, the strategies for engaging youth and parents are the same. Often this requires separate time with the youth to actively listen, be genuine, respectful, provide empathy and establish trust. Understanding the youth and the youth's point of view is critical to establish engagement. Taking the time to identify and focus on the youth's strengths and building things into the plan that the youth wants to do can all be effective in engaging them in the process. It is important that the youth feel that their opinions are respected and that there is a strengths-based balance to the discussions and plans.

During the first meeting with the family, it is important to ensure the family has a safety plan in place if they choose to have one. Wraparound Staff should have communicated with the referral prior to meeting with the family to determine if they have safety concerns. With the family, Wraparound Staff asks about the family's concerns early in the session and if any of these are safety related or urgent needs, these will be addressed during this meeting with the family before the meeting ends. Because wraparound is not primarily a crisis service, it has been found that doing more engagement and more fully investigating their interest in a long-term comprehensive service should be done at the beginning of the meeting. Family circumstances and the level of distraction caused by the safety situation will be primary determinants of when to do the safety plan.

The Safety Plan

Is an "in-community, in-the-moment" tool used by children, young adults or parents to reduce or manage worsening symptoms, promote wanted behaviors, prevent or reduce the risk of harm or diffuse dangerous situations.

It is very important to do this during the first meeting with the family or at any time a serious safety issue emerges prior to the first team meeting.

Advance Communication. If the family has decided they want and need a safety plan, this tool provides a great platform to learn about the families understanding of their priorities, their experience and their culture around treatment in crisis/safety situations. All of this information

should be a valuable part of the Comprehensive Assessment. It is also very helpful to continue to build family voice and choice.

Summary of Prior Treatment If the family decides to do a safety plan about a youth who has had multiple prior services for related behavioral health issues, the summary of prior treatment can be a good way to organize the experiences the family and youth have had with services to this point. It can be a good way to explore what has worked and not worked and what about the past services was effective or not. This can help immediately to develop a more effective safety plan and is also information for the Comprehensive Assessment. This can be important in working with the family to develop and maintain good records to use with future providers. A Family Partner could use a “do for, do with, cheer on” strategy to have the family complete, update and maintain this record.

Summary of Medical Information. If the family decides to do a safety plan and the youth is currently or has had a history of serious health concerns or has or is taking psychotropic medication, the summary of medical information can be helpful to complete. It may inform the initial safety plan, can be important for future providers and is thus another example of the type of documentation families should create and maintain to manage their own services. This tool will also be very helpful in developing a psychotropic medication plan if one is needed.

Summary of Current Services and/or Work. This form can help inform the safety plan and if you have a family who is willing to fill out multiple forms to do a safety plan, this tool is a great jump start on multiple sections of the Comprehensive Assessment and team formation.

Caution

The initial safety plan is an “in-community, in-the-moment” tool and was designed to be used throughout and across behavioral health services. ICC and IHT are comprehensive services and more detailed and focused work is done with youth and families in these programs. The safety plan portrays the initial part of wraparound (initial crisis/safety plan) very well, but in wraparound this is only a temporary patch. It is not based on a full understanding of the strengths, needs and culture of the family, it is done at a time the wraparound staff have not fully engaged the family, can thus not be truly individualized and is not team-based. In addition, filling out all the forms at this point in engagement may not be engaging to the family. Doing a simple safety plan and waiting until the family and team is truly engaged is often the most effective strategy.

Team Engagement

Engagement in wraparound describes not only the relationship between youth, family and Wraparound Staff, but also the relationship between team members. Wraparound is a team-based process and engagement means developing this trusting relationship with all team members.

Team Engagement begins early when referral sources and agencies with court ordered legal mandates around the child or family are contacted as part of the intake process. Listening to their concerns and valuing their input can enhance engagement. During the Comprehensive Assessment the Care Coordinator and Family Partner, with parental consent, will reach out to

service providers and others who know and care for the youth and family. The same engagement strategies used with youth and families are effective with team members. Team members will include people who attend meetings as well as others who are not present at the meetings, but are helping the youth and family accomplish the goals written in their plans. Team engagement and preparation is described in much greater detail in Chapter Four. It is very important that each of these people be engaged in the wraparound process and that families learn how and take over this engagement process before transition.

Chapter Three: Comprehensive Assessment

One focus of the engagement process is building trusting partnerships that support doing wraparound. The other is gathering enough information about the youth and family to start the planning process. This is done through a Comprehensive Assessment. The Comprehensive Assessment includes the following components:

- A five axis DSM IV R diagnosis that documents that the child meets the eligibility criteria for ICC services which is severe emotional disturbance (SED).
- A review of all life domains to identify areas of need (this is documented through the CANS).
- A clear description of strengths for the youth, family and their support system especially related to areas of significant need.
- A clear description of the culture of the family to guide planning and to ensure the plan and overall wraparound process matches the culture of the youth and family.
- A vision of how the family would like life to be, if needs were met and they were doing better. This is not what the assessor thinks the youth and family should want.
- A prioritized list of identified needs that the family believes will help them achieve their vision.
- A list of the people they want to help them with the plan. This will be their team even though some of these people may never attend team meetings.

The Comprehensive Assessment is both an event and an ongoing process. It is an ongoing process in that the Wraparound Staff will continue to discover family strengths, important aspects of family culture and emerging needs until the Wraparound Staff is no longer working directly with the family. The Comprehensive Assessment is an event in that the initial version is developed through several planned meetings and information-gathering sessions with the family and others who are providing services for the family and/or know and care for them.

Timelines. The initial diagnosis and preliminary CANS scores must be recorded in the first ten days of service. This diagnosis and CANS scores may change as we know more about the youth and family. The Comprehensive Assessment will evolve over the time of services and often significant information on details of strengths, needs and culture and concerns and information from team members will be added between the ten day mark and the first team meeting. In wraparound the full initial comprehensive assessment should be complete prior to this meeting.

We pursue the Comprehensive Assessment with the same zeal that we used to use in pursuing the deficits of the family. A superficial strengths discovery leaves the Wraparound Staff and youth and family team with deficits and maybe a short list of strengths but not the detailed understanding of strengths and culture to develop a truly individualized plan. Just as important is the act of actively listening to the youth and family. Truly trying to find out their vision of a good future and focusing on their strengths and culture can be one of the most engaging activities of the wraparound process. A Comprehensive Assessment is the basis to develop strength-based options for meeting the needs of the youth and family that reflect the culture of the family. Such a discovery supports a plan that is highly individualized. In other words, the plan is “one of a

kind” and is designed to fit the unique needs of the family rather than a more traditional service system, in which a family is offered only available categorical services with little regard for fit.

There are eight overall objectives of the Comprehensive Assessment process:

1. Determine if the child is clinically appropriate (meets eligibility criteria) for ICC services.
2. Identify youth and family concerns and needs across life domains.
3. Help the family articulate and believe a long-range vision for their family and to prioritize the first needs to achieve this vision.
4. Identify strengths, assets, and resources that may be mobilized and built on to support the family to meet these needs.
5. Learn about and understand the culture of the family, so the eventual wraparound plan “looks like” and “feels like” the family (i.e., is culturally competent and therefore more likely to be a plan the youth and family will buy into and participate in).
6. Support the family to select a team to help develop and implement their plan.
7. Continually update the Comprehensive Assessment as new information is identified and as conditions change to serve as a continual basis for planning.
8. Near the end of the process the Comprehensive Assessment is edited a last time and summarizes accomplishments and lessons learned.

The Comprehensive Assessment begins with the initial engagement meeting. The whole process is done in a conversational format in which we are building a relationship and gathering information at the same time. Following the first one to three meetings with the family, they should be ready for a more in-depth discussion. This initial Comprehensive Assessment interview(s) generally take between one and a half and three hours and may be split between multiple meetings depending on the needs and availability of key family members and other individuals who provide the family with support. The interview is conducted in a safe place of the family’s choosing, at a time convenient to the family. The interview may be done by the Care Coordinator, Care Coordinator and Family Partner and generally it is best to do it together. The clinical diagnosis and CANS must be completed by the Care Coordinator and reviewed by someone qualified to do mental health diagnosis if the care coordinator is not. No matter who writes sections of the document, the Care Coordinator is responsible for the overall product. Often there will need to be separate initial meetings with the parents and the youth. For divorced or separated parents this may require three initial conversations. The person engaging and interviewing the youth should be a person who the youth chooses. Once the separate discussions have been held all of the family members should meet to develop consensus on the vision and prioritized needs.

It is useful whenever possible to encourage as many family members and other individuals who know the youth and family well to participate in the Comprehensive Assessment interview. Extended family members, friends and neighbors, and other natural supports may all be potential participants in the discovery process. It is always easier to engage individuals outside the immediate family early in the wraparound process rather than later. However, the family has the final say in determining whom to include in the Comprehensive Assessment interview.

Identifying Primary Concerns and Strengths, Needs, and Culture across Life Domains

The Comprehensive Assessment discussion should feel like a “coffee chat”. Instead of a formal assessment with a series of questions this should be more of a getting to know you discussion. During this “chat” Wraparound Staff will want to cover the major life domains finding the current status of that life domain, discovering strengths and needs related to the life domains and continually finding out about other people ranging from natural supports, to service providers to agencies managing legal mandates for the family involved in the youth and family’s life. You will also want to explore the culture of the family as you go. The basic strategy of the “strengths chat” is to have a natural sounding conversation in which you guide the topics through branching questions to go deeper or to move to a new but related area.

Concerns. Primary concerns are areas of life that are very much on the minds of the family or youth. Concerns can be minor or major. Many families find it easier to begin conversations by talking about their concerns. Often families report that Wraparound Staff actively listening to and validate their concerns and build on trust and engagement of the process. A concern is not a judgment or a fault finding statement – it is just a concern.

Needs. Individuals and families have an objective interest in achieving their own vision of a good life. Often for families with complex needs this vision focuses on having fewer challenges and pursuing preferred activities. Needs are the aspects of life that must be changed to achieve this vision. Services and supports are not needs but may be the means to address them. Needs are defined by the youth and family since they are experiencing them. Needs can be elicited by asking the youth and family: “What should be different to have a better life?” However, if a youth has legal mandates, a caseworker or other representative of the government may also define youth and family needs. Life domains may be used as a tool to categorize and discuss areas of need with the youth and family.

Once a youth and family have identified an area of need, it is crucial to find out why the need is important. Two families may have the same need but in exploring the need more deeply it is revealed that they have similar needs for entirely different reasons. Understanding the “why” of the need will permit planning that is competent to the culture of the youth and family. Needs are organized into life domains and most are covered in the CANS.

Life Domains

We can conceptualize the lives of families according to universal areas of life called life domains. Life domains can be used to facilitate the identification of areas of priority need for a child and family. Wraparound Staff might show the family a list of life domains followed by a brief explanation of each area. Life domains may be used by the Wraparound Staff as a roadmap for the Comprehensive Assessment discussion. Inquiring about strengths, needs and culture in each life domain helps ensure the discovery is comprehensive (i.e., all areas of life are explored). A list of life domains follows. It can be added to or modified to fit the culture of the family or community.

Residence and Family. Who is in this family by their own definition? What do the members of the family need in order to stay together or keep in touch with each other? Are there serious,

unmet needs for any family members that impair family functioning? What is their sense of family relationships and support for each other? How does organization impact their functioning as a family? How do the parents/caregivers support and supervise the children? What is their level of stress and what are major stressors? Where does the family live? What is the neighborhood like? Does the family feel safe in their current neighborhood? Do the current living arrangements meet the family's needs? How do they get around (transportation)? How stable is their housing and community setting? What connections do they have in the community?

Extended Family and Natural Supports. One of the primary values of the wraparound process is the identification and involvement of natural supports on the youth and family's team. Natural supports might include: extended family, friends, neighbors, or colleagues at work. We believe a good transition wraparound plan is composed of not more than 25% formal services and supports and 75% natural and universal supports.

This section of the Comprehensive Assessment should identify extended family, friends, neighbors, co-workers, spiritual groups and others who are or could be important to the family. It should define the nature of these relationships and needs related to having a strong natural support system.

Many families may have either lost their own natural supports or never had them in the first place. Families lose natural supports for many reasons: addiction, mental illness, family violence, relocation, etc. At times, certain family cultures focus on family independence and frown on outsiders, even if they are extended family. Vroon VanDenBerg (VVDB) staff have found that almost "everyone has someone" but, at times family members will not trust the Wraparound Staff enough to let them know who their people are. In addition, due to shame or historical feud, families may be reluctant to share names of natural supports.

For this reason the wraparound process begins for many families with few natural supports. It can be better to get started than to wait until natural supports are identified and engaged. In these cases it remains a top priority of all Wraparound Staff to help the family identify and connect or reconnect with natural supports.

Legal. Are any family members involved in the child welfare or judicial system, on probation or parole? Do they have representation? Are there issues around custody? What are these issues and needs?

Cultural Identity. What is the family's cultural identity? Are there different identities of different family members? What are important cultural practices and rituals? Do their cultural beliefs diverge from the culture of the people helping them? Does their expression and expectation of need or distress diverge?

What is family culture? Webster's defines culture as a particular form of civilization, especially the beliefs, customs, arts, and institutions of a society at a given time. Family culture is the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture.

Other families are no longer tied to the cultural norms of their ethnic or racial group. Every family is different; every family has its own culture. Children and youth with complex needs may also form a culture on the street as they make street connections. Culture has many different influences. Our culture may be influenced by the group(s) we belong to, our history, our beliefs, our traditions and our preferences among other factors.

What is cultural competence in the area of family culture? As helping professionals, we are frequently asked to assist families. Often, because we do not learn the unique culture of a family, our interventions effectively ignore how *this* family operates. We are then sometimes puzzled when the family does not respond to services, or why their buy-in or cooperation is low. Culture is about *differences*: legitimate, important differences. Cultural competence in the area of family culture occurs not only when we discover what the individual family culture is, but also when we appreciate the cultural differences of the family and use this information to individualize our wraparound process and plan.

People may identify with groups of people who have common beliefs and values. These may be racial or ethnic groups, they may be faith-based groups or they may be groups organized around any beliefs and values. The social influences of association and identification with these groups can have a pervasive impact on the beliefs and values of the individual and family. Many individuals associate and identify with multiple groups which produce a unique and rich cultural view. Individual family members may associate with different groups so that various family members may have different cultures.

Culture may also be influenced by family and personal history. Trauma can alter culture for a lifetime or beyond. Experiences can be a primary determinant of self-efficacy. People often come to believe that life will repeat itself and what has happened in the past is the most likely predictor of the future.

While social groups may influence our beliefs and values attributing beliefs to families because of group affiliation may be short sighted. Individual and families may have beliefs and values that differ from their groups. It is important to understand these beliefs and values from this family's perspective and to understand it in relation to the life domains of prioritized needs.

Traditions often define what is important to individuals and families. The traditions of their groups and elders may define values and goals.

Health and Development. How is the health of family members? Are healthcare needs of all family members met? Does the family have access to specialized medical services they may need? Are there developmental issues? Does the child take medicine for health concerns? If so what are the health concerns and what is the medication? Does the family have access to a Primary Care Physician? Has the youth seen the Primary Care Physician recently for a well child care visit?

Behavioral and Emotional. Are any problem behaviors blocking a family member's chances of having a good life? Does the referred individual or any other family member have any unmet needs in these areas? This would be the section to describe any mental health or substance use

issues of any family members. We should also explore behavior issues at home, school or in the community. Are there unresolved issues that impede normal interactions within the family or in the community?

Independence. How optimistic and resilient are family members? Are there strengths or needs around daily living skills or independent living skills? How well can the family advocate for itself and access needed resources? How well do they follow through on plans?

Educational/Vocational. What is the current educational status of the youth (attendance and achievement)? What are his or her goals and preferred school activities and people? What will it take to ensure a viable education for the youth? Do older children have access to employment opportunities? For what sort of future are they being prepared? Are their rights intact? Do parents, caregivers, older youth work? What are strengths and needs in this area?

Social. Do family members have friends and access to their friends? Does this family have the opportunity to socialize with each other? Do individuals socialize outside the family? Do they have any fun? Do they have any way to relax? Are their strengths or needs around social skills or interpersonal relationships? Is sexuality an issue?

Psychotropic Medication. Does the child take medication for behavior, attention management, or emotional control? If so, what is being taken (drug name and amount) and who is prescribing and managing the medication? What is the medication intended to do and how well does it seem to be working? Does it seem to be having any other effects or side effects?

Safety. Are there dangers or safety issues for individual family members? Is anybody potentially dangerous to themselves or to the community? This would include decision-making behaviors around safety issues. It would also include ensuring that youth were not being bullied or exploited.

Spiritual. What are the family's spiritual beliefs and how important are they to them individually and socially? Are the family's spiritual needs being met?

Financial. What is the current financial status of the family? Are there strengths or needs in this area?

Using a set of open-ended, respectful questions that reflect the focus of each CANS section, such as, “How does your child show his/her emotions?” and “How does your child get along with other members of your family?” the staff engage the family in conversation. From that conversation, the Care Coordinator is able to both complete the CANS ratings and provide sufficient narrative to support the ratings. The CANS narrative and ratings supply all the evidence that the Care Coordinator needs to formulate a working diagnosis and establish medical necessity for the service. ICC staff not trained to do diagnosis should consult with their supervisor or a qualified mental health diagnostician on this. As with any assessment, follow up discussion with the family and input gathered with the family’s consent from other stakeholders relative to the family’s well-being, should be gathered prior to the initial Care Planning Team meeting. The assessment is a living document that evolves as new information becomes available or different life situations develop. CANS reassessments at 90-day intervals help keep the assessment up-to-date.

Once the life domain conversation is completed, the Wraparound Staff and family should have a list of needs identified by the family and legal mandates if applicable. These will generally be the CANS items with scores of 2 and 3 but may also cover life domain questions not covered by CANS items. The Wraparound Staff and family should review the list together and then develop a long-range vision of how life would look if it was better. This will mean that some, not necessarily all of the needs are met.

Long-Range Vision and Needs

A long-range vision is where the family wants to be at the end of the formal part of the wraparound process, or at some point in the future. The long-range vision can be identified and modified at any point in the wraparound process. For example, a parent or youth’s long-range vision may be identified to the Wraparound Staff and preliminarily discussed with the family during engagement or the Comprehensive Assessment. The long-range vision is further prioritized, clarified and defined in measurable terms during the initial child and family team meeting.

A long-range vision statement can be elicited by asking, “If you could imagine a better future, what would be different about your family’s life?” One family might say, “The kids would be home and doing well in school.” Another might say, “The family would get along without anger, we could do activities and have fun together.” These are long-range visions that could be the focus of wraparound plans. These vision statements, however, may be overly general and long-range vision that more specifically address what life would look like if needs are met can better guide the planning process. A more specific long-range vision might be “As parents we better understand Marie’s behavior and mental illness and are able to support her to succeed at school and have friends without aggressing toward them. As a family we are able to communicate and do the community activities we want to do.”

After the family has identified the long-range vision, they choose the needs from the list that they want to address first. Generally families prioritize 2 to 5 needs. A single need might encompass multiple CANS items.

Team Identification. Once the family has developed their vision and prioritized needs, they select the people they want to help them achieve this vision. If the youth or family has a court ordered legal mandate, a representative from the agency monitoring this mandate is a team member. The Care Coordinator must also be a team member for the youth and family to receive ICC services. All other team members are optional. In thinking about team composition, the first goal should be to identify people who care about and are important to the youth and family and will be there to sustain them when formal wraparound and professional services end. The second goal should be to engage service providers who are working with the youth and family in an area of need. If for example, a youth was experiencing no needs related to school, school personnel would not be needed on the team. On the other hand, a child may still not have any school needs but have someone at the school that really cares about the child who the family wanted on the team. Therapists can be valuable members of teams but you are not required to be in therapy to receive ICC services.

Family Review and Revision. Once the information on the Comprehensive Assessment is gathered it should be compiled into a single integrated documented and reviewed with the family. CANS scores and the diagnosis are the responsibility of the Care Coordinator and/or Clinician. The final narrative should be the description of the family described by the family. In cases where the family and Care Coordinator have differing formulations of the assessed needs, strengths, and diagnosis the Care Coordinator should explore this with the family and document. During the review families should have the right and be encouraged to make changes as needed in the narrative. A sample integrated Comprehensive Assessment is presented in Appendix A.

For most youth who are receiving ICC services one or more of the top priority needs will relate to behavior management or crisis type situations. In these cases the ultimate goal is to prevent the behavior or crisis from occurring and planning based on understanding the triggers, setting events, signs the behavior or crisis is beginning and understanding of why the behavior occurs is the basis for wraparound planning for these goals. This requires two changes in the way planning proceeds. First, a functional assessment is completed to identify the setting events, signs the behavior is beginning and functions of the behavior. Then the plan itself is focused around preventing the setting events from leading to the behavior or crisis, developing strategies to intervene early and de-escalate behaviors or crisis situations before they become severe, teaching alternative responses to meet the functions of the behaviors, and developing a plan that keeps everyone safe and responds to the behavior or crisis if it occurs. The experience in developing and using the initial safety plan should be used and built on as the team develops a more informed and comprehensive approach to these priority needs.

Functional Assessment

Functional Behavioral Assessment is a professional service that is done by professionals trained in the procedures and sometimes, teams run into difficult behavioral challenges that benefit from the addition of a behavioral analyst on the team. Functional assessment in wraparound uses a simplified version of the formal functional behavioral assessment as a way of thinking about behavior and crisis management with a primary goal of teaching families a different way to view such challenges for the rest of their lives. The behavior management and crisis situations addressed during wraparound are a small fraction of the number and variety of these a family

will face across the youth's life. Our primary goal is to give them the tools to deal with a lifetime of behavior or crisis situations by working through the process of the ones prioritized during the time the youth is in formal wraparound.

Functional assessment is an investigation process for understanding challenging behavior and crisis situations. It uses multiple methods to identify the conditions that trigger and lead to (setting events), and the purposes (functions) of, the behaviors or crisis situations. This information is then used to help youth and family teams develop prevention, early intervention and intervention options to directly address the problem behavior or crisis situation. Functional assessment should be integrated, throughout the process of developing, reviewing, and, if necessary, revising a child and family's Comprehensive Assessment and Individual Care Plan.

The functional assessment is an ongoing investigation that identifies potential triggers and functions of the behavior or crisis situation, combines these into a hypothesis (reasoned guess) that is the basis for developing a plan. Once the plan is developed and implemented, it tests the hypothesis to revise the plan as necessary. For wraparound, the functional assessment is used to prevent and minimize behavior and crisis situations and to teach youth and families how to prevent and solve future problems. Thus, in each step of the process the Wraparound Staff should work with the family to complete the activities and learn how to do them for future use. The steps in the crisis planning process have been organized in different ways by different authors and we describe them as follows for wraparound:

1. Identify and engage the people who know the crisis or behavior best.
2. Define and specify the behavior.
3. What happens before the behavior or crisis situation and how can we early intervene to stop the crisis before it happens or to shorten the length and severity of the crisis if it starts to happen? What signals that the behavior or crisis is beginning?
4. What happens during the crisis situation? Is there a way to stop the chain of events unfolding in the crisis and prevent further crisis?
5. What happens after the behavior?
6. What is the best guess (hypothesis) as to why it happens (function)?
7. Identify strengths, culture and resources and create a positive option to replace the problem behavior.
8. Develop the behavior/crisis plan.
9. Implement the plan and see if the plan works.

Step One: Identify & Engage the People who know the Crisis Situation best. Wraparound is a team-based process and it is important to involve critical team members in the functional assessment process. These would be the team members (and possibly others) who know the child and family best and are aware of the behavior or crisis situations first hand. These people have personal experience with the situation that is the focus of the functional assessment and may have important information to aid in developing the correct hypothesis to guide the crisis planning process. This does not require them to all be present for all parts of the functional assessment process, but would mean that they provide meaningful input through interviews or other methods and would generally be present to help develop the plan as a team.

Steps two through five involve gathering information for the functional assessment.

Step Two: Define and Specify the Behavior. The first step in conducting a functional assessment is to identify and agree upon the behavior or crisis situation. Youth and families can exhibit a spectrum of difficult behaviors and may face a number of potential crisis situations. If there is more than one prioritized crisis or behavior, it is important to develop a prioritized list, so that the most important behaviors or crisis situations can be addressed first. Define the problem behavior should be defined in concrete terms. It is important that the behavior be defined in enough detail that different people witnessing the behavior will know if it meets the criteria.

The problem specification phase enables us to explore relationships among behaviors. Attacking another person, despite its significance and safety risk, may occur too infrequently for effective observation and intervention. Identifying lower intensity, higher frequency behaviors that predict the occurrence of the physical aggression may make it easier to do the functional assessment. This will provide us with information that will support early intervention in the crisis plan. For example, parents often report that the aggressive youth does things (e.g., mutters under his breath, stares into space, or begins to argue) prior to getting physically aggressive. If these “antecedent” behaviors can be identified, it is often possible to intervene early and de-escalate the behavioral sequence before it reaches a higher level of aggression.

Information about response relationships may also aid in selecting target behaviors. For example, if saying “no”, ripping up one's schoolwork and swearing are all part of the response class of *non-compliance*, it makes better sense to work on the entire problem chain rather than developing an intensive program to decrease swearing.

Part of specifying the behavior is to collect data and information on the occurrence of the targeted behavior or crisis situation, identifying not only its frequency and intensity, but examining the context (the when, where and how) of the behavior. There are multiple examples of interview, checklist and observational formats reported in the literature for collecting this information. For the initial functional assessments, youth and family teams often have limited time and resources for this type of data collection and abbreviated versions of these tools have been developed to support the first round of functional assessment. Most of the time these abbreviated versions will provide sufficient information to develop workable hypotheses and crisis/behavior plans. If this does not result in sufficient information to develop a good hypothesis or if the plan does not work, it may require a more extensive functional assessment and most communities have specialists who can help with this.

We always discuss antecedent behaviors during this part of functional assessment. Most Wraparound Staff use the term antecedent if it is appropriate but if needed, the staff can substitute terms like “What happens just before X crisis occurs?” We also look for times when the antecedent behaviors do not happen – this examination might produce important strengths to build from.

Step Three: What Happens Before the Behavior: Identifying Setting Events. As the investigation continues we want to identify the setting events (triggers) that lead to the behavior. Setting events are things that happen that increase the chance of a crisis occurring. Setting events are often categorized as physiological, environmental or special. We might ask questions such as the following to identify setting events.

- Are there physiological conditions that occur before the behavior or crisis?
- In what settings does the behavior occur most often and where did it occur most recently? Are there places in which it does not occur?
- Is it more often to occur at certain times or days? And are there times or days when it never or rarely occurs?
- Who is often present when the behavior or crisis situation occurs? And who is never or rarely present?
- What is unique about the environment where the behavior occurred? (lighting, temperature, number of people, distractions, academic/behavioral expectations, structure)
- What other behavior occurred just before the targeted behavior? (Interaction with another youth, change in tasks, parent request, etc.) This also includes behaviors that signal the start of the target behavior.

Physiological setting events are physical stimuli that impact the person. For example, we might find that Johnny only steals food from others when he is hungry. Hunger would be a physiological setting event. Physiological setting events might include:

- hunger, thirst, and metabolism problems
- lack of sleep, fatigue, and discomfort
- headaches, earaches, and toothaches
- arthritis, menstrual cramps, and pains
- gastritis, constipation, and stomach problems
- sinus headaches, hay fever, and allergies
- mood swings and seizures
- reactions to food and medication

Environmental setting events might include impacts of the physical environment such as: place and location; temperature and humidity; lights, sounds, and colors; events and activities; and changes in schedules, times, days, and seasons. Social setting events may also include aspects of the social environment such as: who is present, interactions with others, the number of people, and the behaviors of others.

Step Four: What Happens During the Behavior or Crisis. The investigation continues by determining what happens during the behavior or crisis. Our view of behavior is that it is more than the final behavior of the individual but a chain behaviors and the context of what happens around the behavior. The setting events set the stage for the crisis or behavior.

In the beginning phase, the behavior or crisis begins. Individuals often do things (antecedent behaviors) that signal the behavior or crisis is beginning. For example, the behavior might be that Carl throws objects and hits the wall, often breaking things and putting holes in the drywall. Before Carl “goes off” family members report that he will mutter in a certain tone of voice and becomes very negative and argumentative. Carl reports he feels tightness in his jaw and arms. The muttering, argumentativeness and physical sensations are antecedent behaviors.

In another example, Debbie is a hard worker but has been fired from four jobs in the last two years. The crisis is getting fired. Her family reports that for several weeks before getting fired, she complained a lot about co-workers and her bosses. Debbie says she got to the point she hated going to work and seeing “those people.” The antecedent behavior is complaining a lot about people at work and her feelings about being at work.

In addition, we need to know what happens in the environment as the crisis or behavior begins. How do other people react? Do some reactions accelerate the behavior or crisis? Do others serve to reduce it or slow it down? During the peak crisis, how did people respond? What has been tried in the past to respond to the crisis? What has worked or not worked? What lessons from past incidents can we build on?

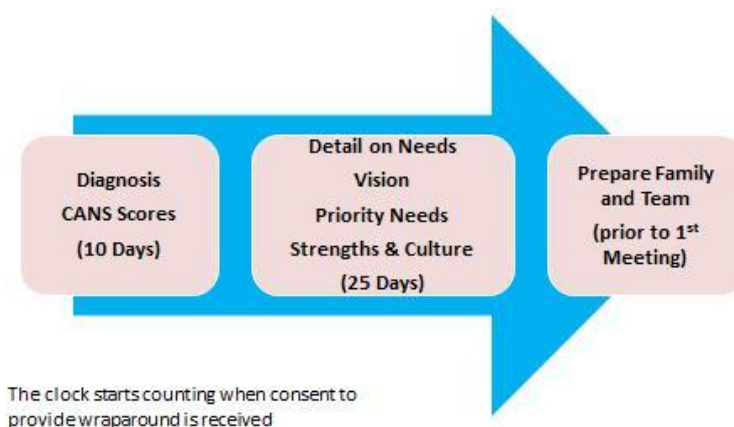
Step Five: What Happens After the Behavior or Crisis? The final part of the investigation of the behavior or crisis is to determine what happens immediately after the behavior. We do this to determine why the behavior may be occurring. As we discussed earlier, the function of the behavior is often appropriate but the behavior is not acceptable. Some basic functions of behavior are to get attention, get something, or get access to an activity. Similarly the function may be to avoid an interaction, or non preferred task. As we investigate what happens after the behavior, we are gathering information that will help us understand this function.

Step Six: Develop a Hypothesis, or Potential Reason Why the Behavior Occurs The process of functional assessment is a process of developing and testing hypotheses. Rather than simply telling the youth or family to stop having a behavior or crisis, or developing punishments or rewards to “make” the person change, the functional assessment provides information to guide a change in the environment to support alternative ways to meet the functions of the behavior. Typically, data from interviews, observations and checklists are used to generate hypotheses about maintaining causes and conditions. Other ways to conceptualize this question includes perceived “payoff” for the person, or needs that may be expressed by the behavior. Throwing a tantrum may signal a need for a more consistent schedule for a young child, attention from the teacher and peers, or control of the home situation so the youth knows what to expect. On the other hand, it may serve to avoid a task the child does not want to do. Understanding the correct function is essential in choosing an appropriate intervention.

Step Seven: Identify Strengths and Resources and a Positive Replacement Behavior(s)

Traditionally crisis planning often focused on problem behaviors and descended into a “search for pathology,” focusing on the weaknesses of the youth and family. A strength-based approach (VanDenBerg & Grealish, 1996) will identify potential resources in planning and facilitating an integrated plan. Building from the strengths, needs and culture discovery (SNCD) we search for strengths and resources related to the crisis situation or behavior that can be a foundation for planning. In addition, the SNCD should identify resources for the youth and family from family and community to help establish a climate conducive to problem-solving. Information about individual preferences can help identify potential reinforcers or guides for programming. Information provided by the people who know the youth well concerning previous interventions provides data on the types of strategies that may work or be acceptable. Perhaps most importantly, a strengths-based approach significantly aid the problem-solving process.

Time Line. The Comprehensive Assessment is an ongoing process with some expected completion dates. The line drawing below shows these dates:



In the first ten days of service enough of the Comprehensive Assessment should be completed to score the CANS (narrative not needed at this point) and a five axis diagnosis and SED determination made.

Over the next ten days, additional conversations and outreach to potential team members will continue to flesh out the information for the Comprehensive Assessment. Around Day 20 a complete rough draft should be presented to the family as part of preparing them for the first team meeting.

The final revised Comprehensive Assessment must be complete prior to the first team meeting. Taking extra time to get family ownership of the document and sharing all parts of it with team members will lead to much better initial meetings. A CANS reassessment is completed every 90 days and the Comprehensive Assessment is updated as needed and likely to coincide with the CANS.

Chapter Four: Preparing the Family and Engaging and Preparing the Team

One of the most important predictors of how well the first and future wraparound (ICP) meetings will go is how well the family and all other team members are prepared. Wraparound team meetings are engaging for team members when each person feels heard and valued, feels safe and believes that the meeting will result in improved outcomes and supports for youth and families. Part of feeling valued and heard is that each team member's point of view is considered and the other part is that the team meetings are concise and productive. This chapter addresses the process for preparing the family and engaging and preparing the other team members for the first team meeting. One of the goals of preparing the family is to begin to support the family to manage their own team process. An important component in this goal is engaging and preparing team members. For this reason the process of fully preparing the family is presented first and then the process of engaging and preparing team members.

Preparing the Family

As we prepare the family for the first team meeting, we are partnering with the family to plan the first meeting and building their self-efficacy to run their own meetings in the future. During the Comprehensive Assessment the family has developed their vision of the future, listed and prioritized the needs that must be met to achieve this vision and selected the people they want to help them achieve this vision and address these needs. Preparing the family for the first team meeting begins with reviewing these decisions and ensuring that the family is committed to each decision. Then Wraparound Staff work with the family to develop the agenda for the first meeting, help them understand why each part of the meeting is important and prepare them to be full participants and in some cases, leaders of parts of the meeting.

Reviewing and Finalizing the Comprehensive Assessment: Prior to completing the draft of the Comprehensive Assessment, Wraparound Staff will have engaged agency staff who monitor court ordered legal mandates for the family and determined the terms of the legal mandates and safety concerns. If the family has not included these within their vision (e.g., Johnny has met the terms of his probation plan or our children have been reunified with us and DCF has closed our case), the Wraparound Staff work with the family to consider including these in the vision and prioritized needs.

The Wraparound Staff and family should review the entire Comprehensive Assessment and come to agreement on how the family wants to present themselves to the team. Taking time to help the youth and family work through the process of establishing their own long-range vision of what the future could and should be is one of the most important parts of voice and choice. Taking the time to do this before the meeting and ensuring they fully endorse the developed vision, helps focus on developing an individual care plan that works the best for this family. Without the richness of good information from the Comprehensive Assessment, brainstorming options may be limited and more generic.

The Comprehensive Assessment process helps identify the individuals who provide support for the youth and family. These are the individuals who care about and know the family well. Friends, extended family, neighbors, individuals from the faith community, teachers, social

workers, therapists, and others may be identified by the family as important sources of support or potential support. Some families who have lost their natural supports may only have professionals on their team to start. For small teams and teams composed mostly of professionals, it is the goal of the Care Coordinator and Family Partner to work with the family to increase the team size and recruit more natural supports over time. Experience has shown that teams composed primarily of professionals can serve to discourage family voice and choice, and the resulting plan may be primarily existing services which may not reflect the individual needs of the child and family. Small teams may not possess sufficient resources to support the youth and family over time.

Developing the Agenda: Once the Comprehensive Assessment has been reviewed, the Care Coordinator and Family Partner help the family develop the agenda for the first team meeting. Most initial Child and Family Team (CFT) meetings follow a common pattern. Wraparound Staff should review each item of this standard agenda (see bullets below) with the family and explain why it is important and how it will be done. Two of the goals are to make sure the meeting addresses the family needs successfully and to build their voice and choice and self-efficacy by preparing them to take significant roles in the meeting. This is the family's meeting and they should be encouraged to identify any changes in the draft agenda that would better match their culture or needs. The traditional agenda of the first meeting is:

- General description of wraparound and purpose of team
- Introductions of all team members and their strengths and contributions
- Developing team meeting process (ground rules, confidentiality and team decision-making process)
- Reviewing the family vision and developing a team mission
- Prioritizing needs for plan development
- Brainstorming options
- Developing action plans

General Description of Wraparound and Purpose of the Team: The Care Coordinator or a family member should welcome and thank everyone for being on the team. This should build on prior calls to team members to gather information for the Comprehensive Assessment or coordinate safety plans and materials that were sent in advance. A quick description of wraparound might also be presented for first time members. This process should be done in 2 to 3 minutes. In preparing the family the Care Coordinator might tell the family what will be said and ask for suggestions.

Introductions and Acknowledgement of Team Strengths and Contributions. Following the brief overview the team will be introduced. One strategy for introductions that can set a strengths-based focus for this meeting and long-term team culture would be to have the family introduce each team member and describe the strengths each team member brings to the team effort. Talking about this before the meeting and even role playing the introductions can make the family much more comfortable; give them a leading role from the beginning of the meeting and save time.

Determining Team Process: There are three primary components of team process to be decided before the team begins its work: ground rules, confidentiality and team decision-making process. Ground rules will vary based on the composition of the team, and should come more from the team and less from the Care Coordinator and Family Partner. Most of the work to develop ground rules is done in meeting preparation.

During meeting preparation, the Care Coordinator and Family Partner should ask the youth and family about concerns they have about the team process. The Care Coordinator could explain that these concerns can be addressed by ground rules. The Care Coordinator and Family Partner would have asked the family and youth about preferred ground rules. These should be presented as part of the final ground rules, and can be a place to start the ground rule discussion. This also shows that the family is making decisions. Always remember that the step of establishing ground rules should include sensitivity to family cultural differences. For example, Care Coordinator may come from a family culture where everyone takes turns speaking. However, a family might come from a culture where everyone talks at once. The Care Coordinator should work out a culturally sensitive ground rule that would appreciate the diversity of everyone on the team.

In the early years of wraparound, the Care Coordinator ran the meetings for months, and then may or may not have turned over the management of the meeting to the family. This may have been an artifact of the transition from professional based culture to one focused on family voice and choice. Now, given the understanding which is inherent in the VVDB Theory of Change, we know that skilled Wraparound Staff look for every possible chance to build self-efficacy, self-advocacy, and take advantage of opportunities for team members to view the families as being in control of their own wraparound process. Preparing the family to fully participate and make decisions throughout the team meeting and even assuming responsibility for managing part of the initial meeting will accelerate this process.

Reviewing the Concerns and Vision. The Care Coordinator will have reviewed the family's concerns and long-range vision when they finalized the Comprehensive Assessment. During meeting preparation the Care Coordinator and Family Partner and family should discuss the advantages of valuing all team members and soliciting their concerns and hopes for the family. The family should listen to and validate these inputs. If the inputs relate to legal mandates from Child Welfare or Juvenile Justice, the team can discuss the value of these requirements and sometimes seek other options. In the long run the legal mandates must be included in the vision and prioritized needs. Concerns and goals from other team members are suggestions and the family can follow them or not.

Developing the Team Mission. Once the team has accepted the long-range vision, the next step is to develop a team mission. This will be a commitment and description of how the team will help the family achieve their long-range vision. During preparation the family needs to understand the rationale for and process for developing the team mission. The process of the team mission is explained in more detail in step three of Chapter Five. Examples of team missions can be found in the examples in the Appendices ICPs.

Prioritizing Needs. The family will have identified prioritized needs as part of the Comprehensive Assessment. In preparing them for the meeting it is good to remind them of

requirements around legal mandates and the importance of listening to suggestions from other team members, but generally the needs already prioritized by the family will be the first ones addressed through the team process. The needs statements describe what will be different when the family achieves their long-range vision. They should not be statements of how this will be accomplished. Why are needs never services or solutions? Because all too often, well-meaning professionals or other team members hear a youth or parent concern and then jump to a solution without ever discussing the need. People have needs for different reasons, and if one jumps right to solutions, we never understand the need for individualization of the eventual solutions (options). We also lose the opportunity to explore ways natural supports can provide options to support needs.

Brainstorming Strengths and Culture Related to Needs. To develop truly individualized action plans that build on the strengths of the family and team and match the culture of the family it is very helpful to review these strengths and culture before brainstorming options. To prepare family for this, Care Coordinator should explain how brainstorming works and then identify some aspects of strengths and culture from the Comprehensive Assessment. The family should be encouraged to add to the list and be prepared to present these at the meeting.

Brainstorming Options. The process and purpose of brainstorming should be described and the family might come up with some options. Robust brainstorming encourages people to be creative and think outside the box. Focusing the team on the strengths and culture of the youth, family and team related to the area of need should lead to some unique options that provide a good fit. Teams should also be encouraged to brainstorm options that can be done or supported by natural supports. More ideas and options will lead to better choices being available for the family even if some have been tried before and some are really off the wall. Robust brainstorming is non-evaluative so people feel safe to be creative with concern of criticism.

Developing Action Plans. The process of developing action plans should be described. In explaining this to the family it is often effective to have them practice brainstorming a simple need (supper tonight), selecting an option (fixing spaghetti and garlic bread), and then break the steps of the process down into tasks (making the menu, checking to see if everything is available, getting missing items if necessary, cooking the food, and cleaning up afterwards) and identifying a team member for each task and a timeline for when it needs to be done for the need to be met.

Developing Plan to Recruit and Prepare Team Members. The potential team was identified in the Comprehensive Assessment. If the team does not include any natural supports or excludes any service providers who will continue to work with the youth and family, the Care Coordinator might discuss the rationales for including these people again. Once a potential team is identified, a vital role of the Care Coordinator is to ensure these potential team members are engaged, recruited to be on the team, and prepared to attend a first team meeting, answering their questions and addressing their concerns. While the plan to do that is developed with the family, this should be a planned approach. Develop an individualized approach to each potential team member. Provide orientation to the process as needed, and actively listen to and address potential team member concerns about participation. Family members may take on any or all of these actions for one or more team members

Circling Back Around. The Care Coordinator and Family Partner generally prepare families for meetings first and then further engage and prepare team members. During the process of preparing team members, new concerns or needs may be raised. It may become apparent that one or more team members have their own agenda items. It is important to make sure families understand what might happen. So, in these cases, Wraparound Staff should meet with the family again and process with the family for what might happen and how they could respond.

Engaging and Preparing the Team Members

Once a potential team is identified, a vital role of Wraparound Staff is ensure each team member is engaged, recruited on the team, and prepared to attend a first team meeting, answering their questions and addressing their concerns. For many team members engagement began during the referral, safety plan communication, or comprehensive assessment. For others engaging them for the first team meeting should begin by orienting them to the process as needed, and actively listening to and addressing potential team member concerns about participation. The key focus here is on individualizing your approach to the potential team members. A community where wraparound has been in place for a decade or more has more potential team members who may understand and be open to participation. A community where wraparound is new may involve much more staff time educating potential team members about wraparound. Team members in newer sites are often afraid of losing their control and of giving away time that they don't have.

Listening to their Concerns and Hopes for the Family: Prior to presenting the family's point of view, it is important to actively listen to the team members concerns and hopes for the youth and family. Taking the time to really listen to these now and validating the team members concerns and hopes can really help the team meeting run smoother, later. It is important to keep in mind and let the team members know that even though wraparound is built on family voice and choice it is also a team-based process. The ideas and expertise of the team members are very valued parts of the process. They should be encouraged to voice their opinions and suggestions.

Reviewing the Agenda: Explaining the wraparound agenda to each team member prior to the meeting will lead to a stronger team process. Several agenda items should be emphasized, including:

Team Process: Explain why ground rules are developed and how they are used. Each team member should be asked if they have suggestions for ground rules. Confidentiality should be briefly covered (maybe in more detail for natural supports) explain the rationales for maximizing family voice and choice and provide options for team decision-making.

Sequential not Comprehensive Planning: Wraparound plans are developed to build youth and family confidence that they can plan and make a difference in their lives. One of the major strategies to accomplish this is to create a lot of opportunities for success by using sequential instead of comprehensive planning. This means that the youth, family and team focus on a manageable number of needs at a time and that success is measured in terms of multiple small short term objectives. It is important to help team members understand this which may result in some of the needs (maybe even those most important to this team member) being addressed later in the process. This discussion also needs to emphasize that the team member brings many strengths and special training to the team while it can be a tight rope balance, team member

expertise and family voice and choice, but it is critical that each feels important and empowered. Team members should be encouraged to share their expertise and recommendations and try to convince the family of courses of action. In the end wraparound works because families choose and assume responsibility for their plans.

Of course with team members who monitor court ordered legal mandates for the youth or family, these discussions are more about maximizing family voice and choice within the scope of the legal mandates and with schools, within the limits of school rules.

Family Vision, Team Mission Prioritized Rules: Discussing the team process is more of an abstract concept and sometimes potential team members can understand why wraparound works in a more abstract way before considering that the family may choose paths that do not line up with professional assessment. In this part of preparation this may become clearer as Wraparound Staff explain the process and rationale for the family vision, team mission and prioritized needs.

Reviewing Strengths, Culture and Brainstorming: Wraparound Staff should then explain the rationale for identifying strengths and culture related to each need (or sets of needs within a goal) and the resulting brainstorming process.

Reviewing the Comprehensive Assessment. Once the team member has provided initial input on concerns and hopes for the youth and family, the Wraparound Staff (or family member) presents the family vision and prioritized needs. If the team member represents an agency with legal mandates related to youth or family, there is a discussion about how well the vision and prioritized needs address the mandate. If there is a disconnect, the Wraparound Staff ask what would need to be changed or included and readdress this with the family. If other team members have additional concerns or goals, the Wraparound Staff should talk to them about the rationale and importance of family voice and choice and tell the team member that the Wraparound Staff will present the ideas to the family before the meeting.

Reviewing Strengths and Culture Related to Needs. Following the discussion of the family's prioritized needs and the team member's response to this, the Wraparound Staff should determine if there seems to be agreement to focus on the family's needs. If so, it would be helpful to have the team member identify some youth and family strengths and aspects of their culture around these needs. If there is not agreement, the Wraparound Staff should thank the team member, follow-up with the family and follow-up with the team member using personal engagement strategies to get the team member to the meeting.

Chapter Five: The Initial Individual Care Planning Process

Purpose of the ICP for Fidelity Wraparound

The ICP or wraparound plan serves many purposes for high fidelity wraparound:

- It documents the work of the team;
- It communicates the work of the team to all team members;
- It identifies the strengths of each team member;
- It clearly defines the process by which the team operates;
- It identifies the family's vision for the future and the team's commitment to help them achieve that vision;
- It identifies the priority needs and addresses these in sequence over the length of the wraparound process, helping the youth and family have more success by focusing on a few important things at a time;
- It documents a robust brainstorming process based on youth and family strengths and culture;
- It defines the responsibilities of each team member;
- It documents and celebrates the progress and accomplishments of the youth and family;
- It maintains a focus on the family's long-range vision and team mission;
- It documents and celebrates the contributions of team members;
- It defines how the family will continue to manage their own needs once the ICC service formally ends.

Purpose of the ICP for Medicaid and Managed Care

Many of these same functions for documenting services also apply to Medicaid and managed care. In addition, in the statement of needs the ICP connects medical necessity to the individualized goals and action plans.

To that end the ICP includes individualized action plans linked to the youth's assessed needs. It identifies goals, objectives, and interventions for groups of related assessed needs. The plan is developed based on the vision of the youth family and related team mission of the care planning team. The ICP guides the youth and family, Care Coordinator, Family Partner, and rest of the care planning team in implementation of treatment and care planning goals that are meaningful and important to the youth and family. For assessed needs identified through the Comprehensive Assessment process inclusive of the CANS and prioritized by the youth, family and team, an ICP is formulated and written in non-technical language that is understandable to the youth and family. The youth and family should actively participate in and begin to manage the development of the ICP and should concur with the final plan.

Important Individual Care Plan Criteria:

- It documents the work of the team;
- It communicates the work of the team to all team members;
- There is long-range vision of the youth and family and commitment of the ICP team to that vision through a team mission;

- There is a goal identified for each assessed need (assessment items may be grouped into an integrated need);
- There is a short-term objective/s identified for each identified goal that is measureable with a defined measurement strategy;
- There is a pattern of the objectives being progressively met or plans being changed to better meet the goal;
- Specific action plans are identified for each objective including actions by natural supports;
- Each action plan is based on specific related strengths of the youth, family and team;
- Each action plan reflects the culture of the youth and family;
- Each action plan is developmentally appropriate and based directly on the long-range vision and goals;
- Each need related to behavior management or reduction includes a plan based on a functional assessment done by the team with specific steps for prevention and early intervention along with a plan for safety and to respond to the behavior or crisis if it occurs;
- People responsible for each task and timelines for beginning and completion of the task are identified;
- Consultation with outside psychiatric/medical care is indicated, as relevant;
- For each psychotropic medication prescribed there is a medication plan including drug name, dosage, prescribing physician, reasons for taking the medication, potential side effects, strategy and physician review process and timelines;
- Youth and family participation and increasing management of ICP development

Individual Care Plan Components

The ICP includes information on the youth, family and team. It describes team process, family long-range vision, team mission and prioritized needs. It then may contain three different kinds of plans. The first are for action plans addressing skill development and accomplishment. The second (for children receiving psychotropic medication) are medication management plans. The third is a functional assessment based crisis plan for behavior and crisis reduction goals.

Individual Care Plan Development during the First Care Planning Team Meeting

The initial care planning team meeting and resulting Individual Care Plan should accomplish several things. First, it should set a tone for strengths-based interactions to foster a positive team culture. Second it should develop meeting rules and a team process that guides individual care plan development and team interactions. Third, it should develop a shared vision and goals for what the family wants to accomplish and how the team members will support the family to achieve this vision. Fourth, it should use brainstorming based on family strengths, culture and preference to develop action plans to accomplish the top one to three goals. Fifth, it should develop strategies to integrate team members who did not attend the meeting into the team culture and get their engagement and support for the family vision, team mission and action plan. Lastly, the meeting should result in the production of a working individual care plan that captures the family's vision, strengths, and goals, options brainstormed to meet those goals and chosen options or tasks to begin working on.

Preparing Family and Team Members to Develop an Individual Care Plan

The individual care plan is developed in the context of a care planning team meeting, however the care planning process begins long before the actual meeting. Actions taken in preparation directly impact the quality of the meeting and potential effectiveness of the individual care plan.

Full engagement of the parents/caregivers, youth, and team members is critical to effective planning for several reasons. If the youth or the parents are not fully engaged the chances of them following through on the individual care plan and successfully assuming the roles to manage their own needs are significantly reduced. If the team members are not fully engaged they may not participate in the planning process resulting in the youth having multiple inconsistent or dis-integrated treatment, action, behavior and/or care plans across providers. Strategies for preparing the team were covered in the previous chapters.

Wraparound Plan Development

First Step: Overview and Strengths Focused Introductions

The meeting begins with the Care Coordinator introducing her/himself and very briefly describing the wraparound process. Each team member should have been prepared in advance about the wraparound process and this should just be a review. Each wraparound meeting begins with a focus on strengths and accomplishments. Focusing the initial part of each meeting on strengths, accomplishments and contributions establishes a strengths-based tone for the meeting. In the first meeting this should be a combination of anything the youth and family have accomplished since the start of wraparound and strengths-based introductions of each team member. If the youth and family are prepared and willing they should introduce each team member and say why they wanted each person to be on their team including a strength that person brings to the team. To support this step, Wraparound Staff can prepare the family to talk about strengths of team members. These first steps in the wraparound meeting should be done in five minutes or less but are very important to setting a strengths-focus for the team process and make it easier for everyone to stay focused on strengths throughout the meeting.

Second Step: Team Process

Once the introductions are completed the process for teamwork will be defined. There are three parts to team process: ground rules, confidentiality, and how decisions will be made.

Ground Rules

Ground rules will vary based on the composition of the team, and should come more from the team and less from the Wraparound Staff. Most of the work to develop ground rules is done in meeting preparation. Then at the meeting family and team members will be prepared to suggest their ground rule. If they do not speak up Wraparound Staff can prompt them with “_____ you were suggesting _____ can you tell us more about that”.

During meeting preparation, the Wraparound Staff would have asked the family and youth about preferred ground rules. These could already be on a flip chart or handout and be presented by the family to start the ground rule discussion. This also shows that the family is making decisions. Always remember that the step of establishing ground rules should include sensitivity to family cultural differences.

Confidentiality

During this section of the meeting the team should discuss and agree to terms of confidentiality. Some teams sign a statement of confidentiality at this point. Limits to confidentiality might also be discussed especially when custodial agencies are involved.

Decision-making Process

The final part of this section is to develop the decision-making process to be used by the team. This should be a process that maximizes youth and family voice and choice. Some teams brainstorm lists of needs, options or action steps and then the youth and family choose the ones that would work best for them. Some use a process where the brainstorming and selection is done in the same way but in between these two steps team members have the chance to “stump” for a minute about why they think one of the choices is most important. To maintain a strengths-based and innovative culture for the team it is better not to describe why options will not work. In cases where agencies with legal mandate are involved they may have ultimate decision-making about certain areas of the plan and it is important to clarify that now instead of later when decisions are being made. These agencies that monitor court ordered legal mandates are responsible for safety issues. Sometimes the family voice can be enhanced by decision-making rules that let the family make the choices as long as the agency representative is satisfied that safety is met. By identifying the decision-making process at this point it is easier to use it when decisions are made than to discuss these issues when disagreements arise.

Third Step: Primary Concerns, Family Vision and Team Mission

Primary Concerns

To ensure that the team mission and resulting plan address the needs and goals important to team members, we spend a short amount of time defining primary concerns (sometimes called Big Worries) for the youth and family. Concerns are different from needs. This should begin by repeating the concerns the family identified during the initial part of the engagement process. Following this, other team members may add any other big concerns they have for the family, as long as the team knows that the primary concerns are family driven, and that the family must have voice and choice about whether or not a concern gets on the list of big concerns. To maintain the strengths focus each concern should not be debated, simply listed. Then the decision-making process described above can be used to identify the final list. The exceptions are legal mandates and safety concerns which the family may not endorse but are nonnegotiable. A skilled Wraparound Staff will help the whole team come to agreement on the primary concerns. This part of the meeting should be brief and should not be a time to shame and blame or a time to dredge out old concerns. These are the overall or global concerns that have led the youth and family to wraparound. These are not needs. The specific needs behind the concerns will be identified later. It is important to identify these concerns now to ensure they are covered in the long-range vision and team mission as appropriate.

Long-range Vision: A long-range vision is a statement of how the family wants conditions to be at some point in the future (generally six months to two years). Development of the initial vision occurs during the Comprehensive Assessment. During meeting preparation the initial vision is shared with all team members. In the first wraparound plan meeting the Wraparound Staff or family should present it to the team. The team should compare it to the list of big concerns to ensure that the concerns match the vision, and to check to see if any big concerns are left out. If the team has other concerns the family may want to add to their vision, but unless there are legal mandates the family should have the final say in the long-range vision.

Team Mission: A team mission is the team's commitment to help the family achieve their vision. The team mission mobilizes the team into an overall direction toward fulfilling the long-range vision and gives a continuous reference point for the success or lack of success of the team as a group. The long-range vision states what success will look like. The team mission is the commitment the team has and contributions they will bring to help accomplish the vision. An effective strategy is to develop a collective statement of what the team will do and then have each team member individually commit to the overall statement and add what they will commit to individually to help achieve it. For example, a 14 year old foster child with over 45 failed foster homes was referred to wraparound by a child welfare case worker. The vision for the youth was living in a family within six months, with stability and permanence. The team, with approval of the youth and worker, added concerns that the youth remain in this homelike setting until she graduated from high school. They were also concerned that she had no sustainable natural supports. They then decided that the team mission should include doing whatever was necessary to find an adoptive home for her that would last until she left as a young adult and that she would find other people who shared her interests.

The long-range vision and the corresponding team mission will be referenced each and every time the team meets, and the team will review how the plan is moving the youth and family to fulfillment of the long-range vision. Wraparound Staff and the family should use the vision and mission to guide decision-making continually asking, "How is what we are doing now moving us towards where we want to be?"

Fourth Step: Prioritize Needs and Develop Goals and Objectives

Prioritized Needs: After the team has listed the primary concerns and agreed on a family long-range vision and team mission, the next step is to decide where to focus their first efforts. During the Comprehensive Assessment the family developed an initial list of prioritized needs. These were discussed with all team members during meeting preparation. Unless the family's long-range vision has been dramatically changed during the meeting, this stage should begin by presenting their initial list of prioritized needs. Other team members can suggest other needs and the team will use their agreed upon decision-making process to prioritize the needs.

Goals: Once the team has prioritized the needs, the next step is to define the needs as goals which are measureable statements of what will be happening when the need is met. It should be measurable enough that the family and team can assess if they are making progress toward the goal.

Short-term Objectives: One of the primary strategies of wraparound is to build self-efficacy. The most important thing Wraparound Staff can do to help build confidence and motivation for the youth and family is to set them up for and celebrate their successes. To support improved self-efficacy we have three primary strategies around wraparound plan development. First we focus the goals on areas that the youth and family choose. This improves engagement and motivation. Second, we do sequential and not comprehensive planning. We focus on a few things at a time so the youth and family can succeed at these priorities without being overwhelmed. As they succeed at the first priorities we move on to more needs areas. One of the important aspects of self-efficacy is that as the self-efficacy for a youth and family grows

their willingness to take on more difficult and challenges needs improves. The third strategy we use is to set short manageable objectives for each goal that can be met in 1 to 2 weeks. This supports more success, celebration and sense of accomplishment. The objectives are much more important than the goals to create success. Objectives may take one of three primary forms.

The first type of short-term objective is a **process objective**. Sometimes the next objective towards a goal is to complete a number of action steps to get ready to start meeting the goal. The first objective in the sample ICP is a process objective. These action steps, however may take weeks to complete, and with our goal of short objectives and lots of celebration for progress it makes more sense to develop a process objective that says the action steps will be completed by the target dates. This might even be further broken down into the first objective, get the evaluation scheduled and gather information about the alternative education possibilities. Visiting the programs and completing the evaluation might be the next objective. Selecting a setting and completing the application might even be a third process objective. Now the family and team have had a chance to celebrate three successes, let's say that Freda is ready to start a new school. The measurement strategy for this type of objective might be that the Care Coordinator will check with the team members as each due date approached to see if it was occurring on time. In the spirit of "do for, do with, and cheer on," the family may take on some of this responsibility for monitoring completion of the action steps and the Wraparound Staff can "cheer the family on" in this activity.

The second type of short-term objective is a **quantitative objective**. This would be appropriate when we want to count or measure progress in terms of how often or how long something occurs. Some examples might include, Susan will attend school 5 times in the next two weeks. Or Hester will turn in her homework 7 times out of 10. In both of these cases the goal is 10 for 10 but Susan is currently only attending once a week and Hester is turning in her homework 5 times out of 10. By setting more achievable goals we are able to set these two youth up for success and thus improve their self-efficacy. With the improved self-efficacy they will be more likely to achieve the higher standards when the objectives are raised. Following along with Freda after the team has completed the three process objectives toward her goal, the next objective might be for her to attend school at least four days and week. The next objective might be that she has two days and weeks with no disruptions, the next might be that she has four good days a week. The next objectives might be objective measures of completing her school work while continuing to monitor her attendance and disruptions. In this way we can provide many realistic objectives that can be celebrated along the way. The measurement strategies would be to set up ways to count the different objectives and the Care Coordinator's responsibility would be to make sure someone was monitoring to make sure the data was recorded and reported to the team.

The third type of short-term objective is a **scaling objective**. For this type of objective the identified need is envisioned as being met in stages. These stages are described in terms of items on a scale. For example with Stevie and her mom the level of interactions could be scaled. The best rating might be that they had a day (or week) in which they communicated frequently without tension. This could be the 10 on the scale. A day with physical violence would be a one. A day with some good interactions and none reaching verbal altercations might be a five and the other points on the scale could be developed and individualized to their situation. Each

day, or each week in their family therapy they could rate how their interactions had been for the last day or week. Progress could be monitored through these scores. For example with Freda the school might want to measure her overall level of cooperativeness when at school. Instead of coming up with something to count, the team (or team members) could develop a scale that describes for Freda the highest levels of cooperativeness and lower levels. These levels could be arranged in a scale from 1 to 5 or 10 and each day the school teacher could rate Freda's level of cooperativeness for the day. The objectives could be to raise the score from the baseline a realistic amount every week or two. In another example, a 14 year old with very aggressive behavior and their family may be asked at the start of wraparound to rate from one to ten the severity of the aggression. They might say a "9", signaling very high levels of aggression. Then, as wraparound proceeds, and the youth learns alternatives to aggression, the family is asked to again rate the severity of the aggression. If things have gone well, they may say a "5", which would indicate improvement.

Fifth Step: Identifying and Expanding on Strengths and Culture

As we develop the action plans for each need on the wraparound plan we want to make sure the plans are not services as usual but a combination of services and supports that truly match and work best for the youth and family. During the Comprehensive Assessment the family prioritized needs. During team preparation this list of prioritized needs was shared with all team members. If team members identified additional concerns, the family has already considered these. For this reason the needs to be addressed in the initial wraparound meeting are most often known in advance. To facilitate brainstorming of strengths and culture related to the Wraparound Staff, youth and family have listed strengths and culture related to these needs prior to the meeting. The strengths should be directly applicable to the need area. For example, if the need area involves education such potential strengths might include what the youth currently does well and enjoys about school, how the parents or others help and motivate the youth, preferred subjects, activities, school staff and other students might be identified as strengths. Culture could involve what the family believes about school and the importance of an education, family history around education (who has completed how much school), and learning and support styles (how the youth learns and is supported the most effectively). If the goal being discussed is one that was anticipated the prepared list is presented to the team and the team discusses and adds to the list. The expanded list then supports a more individualized brainstorming process. If the goal being addressed was not anticipated the lists of strengths and aspects of culture is developed during the meeting.

Acquisition versus Behavior Prevention, Reduction and Crisis Management Plans

Prioritized needs and goals can be categorized by their primary need. If the primary need is to learn or exhibit new skills or responses it can be called an acquisition goal. If the primary need is to prevent or decrease a behavior from occurring it is a behavior prevention reduction goal. The action plans for each type of goal has a separate process of brainstorming options and developing action plans.

Sixth Step Behavior Acquisition Goals: Brainstorm Options

Brainstorming is a very important part of the wraparound process. Once the goals and short-term objective are selected and related strengths and culture identified, the next step is to develop

options of ways the team can help the youth and family achieve the objective and address the goal. The team should review the list of strengths and culture developed in the previous step. This is crucial to ensure that team members have a positive view of family assets and ideas of how strengths may be used as options. It also provides information about culture which should suggest approaches that may be successful. The brainstorming process should encourage each team member to think about the needs, strengths and culture and suggest options of things that could be done to resolve the need. The team should not evaluate the ideas as they are brought forward by team members, which could discourage brainstorming. The team should brainstorm at least ten options and many should be things natural supports might do.

For example, the need was to help Stevie and Michelle learn ways to resolve conflict without using inflammatory language. The goal is that Stevie (daughter) and Michelle (mother) will communicate with each other regularly and resolve without conflicts, shouting or profanity. Ten options might be:

- Family therapist could teach communication skills;
- Another youth from the local system of care effort could mentor Stevie on how to talk to her mother;
- Family Partner could talk to Michelle about ways she learned to talk to her daughter successfully;
- The Therapist could talk with Stevie about ways to talk to her mother that are effective and respectful;
- Both could attend an anger management group;
- Michelle could complete the Love and Logic curriculum through self-study;
- Michelle could call her sister Beth and ask for her advice on avoiding use of “hot” language;
- Stevie and Michelle could play act a video-taped scene where they use inflammatory language and one where they don’t, and view the videos and talk about how the scenes were different;
- Stevie could ask two of her friends to observe Michelle and her interacting and give them tips for how to calm it down;
- Stevie could do a school paper on how she and Michelle reduced their conflict and get class credit for it.

The list of ten options from brainstorming should include many more ideas than will be implemented. Once the list is complete the team may make suggestions as to which options might work best. To maintain the strengths-based focus of the process, team members should not comment on why certain options will not work unless there is a conflict with legal mandates policies or school rules. Then a magic moment occurs when the family selects the top options that build on the strengths and match their culture. Thus, the principle of voice and choice is achieved, the family sees that they are driving the process, and the Theory of Change element of self-efficacy is reinforced. The skilled Wraparound Staff backs the family selection and takes care not to let non-family team members select the options either directly or through some type of pressure on the family choice.

Seventh Step Behavior Acquisition Goals: Develop Action Plans

Once the brainstorming is complete and the family has selected the options that should work best for them, the next step is to develop an action plan. For each of the selected options the team should specify clearly a list of tasks that will be done to implement the strategy of the option. The tasks should be specific and clearly stated in language all team members understand. For each task it should be decided and documented, who is responsible to do it, and when it will be done. Many teams brainstorm action items prior to selecting the ones they want to include in the team (different ways to address the option). Whether using this process or not, it is important to write clear tasks for team members to do, dates by which these will be started and estimated completion dates.

Sixth Step Behavior Reduction Goals: Brainstorming

The crisis plan will use the information from the functional assessment investigation to develop positive, measurable strategies to prevent, de-escalate and respond to the crisis. The crisis and behavior intervention plan will emphasize prediction, prevention, and the skills needed by the individual to behave in a more appropriate manner. Such strengths-based planning will be more engaging and effective than plans that simply control behavior. Interventions based on control often only suppress the behavior, resulting in unaddressed needs. Positive plans for behavioral intervention, on the other hand, will address both the source of the problem and the problem itself, and foster the expression of needs in appropriate ways. The prevention plan will use information about the setting events to develop strategies to change the setting events, minimize their impact and teach the individual alternative ways to respond to them. The early intervention plan will identify ways for the team and individual to respond to the antecedent behaviors to de-escalate the situation. The crisis response will include specific instructions of who will do what if the crisis occurs.

The team will review the list of setting events and triggers and select the ones that most often lead to the behavior. Brainstorming will focus on ways to decrease the occurrence or impact of the identified setting events. For example, if not getting a full night's sleep has been identified as a setting event the brainstorming would focus on ways to better ensure a full night's sleep and ways to avoid other setting events on days following a sleepless night. Another example might be that teasing from peers is a setting event. The options brainstormed might include ways to avoid the teasing and better ways to respond when teased.

The team will also identify signs (antecedent behaviors) that a crisis is beginning. Brainstorming will focus on ways to identify the start of a crisis or behavior situation and ways to intervene early and keep the crisis or behavior from becoming full blown. The team will also brainstorm options of things to do if the behavior or crisis occurs and ways to respond and to keep everyone safe.

Seventh Step Behavior Reduction Goals: Develop Action Plans

Brainstorming for behavior reduction goals is a series of options based on the setting events, antecedent behaviors and actual occurrence of the crisis or behavior. The family and team select options for each of these elements of the overall wraparound behavior reduction crisis prevention action plan. The form is formatted to focus on these three elements so an action plan is written for the setting events, then one is written for responding to the signs that the crisis or behavior is

beginning and one for responding to the crisis situation. For each of the selected options the team should specify clearly a list of tasks that will be done to implement the strategy of the option. The tasks should be specific and clearly stated in language all team members understand. For each task it should be decided and documented, who is responsible to do it, and when it will be done. Many teams brainstorm action items prior to selecting the ones they want to include in the team (different ways to address the option). Whether using this process or not, it is important to write clear tasks for team members to do, dates by which these will be started and estimated completion dates.

Next Goals

The fifth through seventh steps are repeated for each of the two to four goals selected for initial implementation and would be the process used for any new goal later in the process unless the goal is to manage a safety or crisis situation or to manage a behavioral issue. In this case the format for doing steps five through seven will follow the crisis planning process described in Chapter Six. If the team has prioritized multiple goals, it may take more than one meeting to complete the initial plan. If possible, when this occurs these meetings should all occur within a two week period.

Step Eight: Debrief and Set Next Meeting

The eighth step in the meeting process is to set the date for the next meeting and to evaluate the meeting by asking team members to share their observations about and satisfaction with the team process. The action plans for the second through fourth needs prioritized in the earlier part of the meeting may be done in more than one meeting.

Chapter Six: Instructions for Completion of the Initial ICP

General Information

Youth's name: This is the name of the target youth

Date of this plan: This is the date(s) of the meeting(s) in which the plan was developed.

CSA name: The name of the agency providing wraparound/Intensive Care Coordination (ICC).

Intensive Care Coordinator: The name of the person providing ICC services.

Primary care provider: The person (or clinic) who provides basic health services for the youth.

Family Partner: The name of the person providing Family Support and Training services.

Contact information: This is the basic contact information (address, phone and email) of the primary caregiver.

Date of Well-Child Care Visit: The date the youth last saw the primary care provider had a general health check-up.

Date ICP sent to primary care provider: The date the ICP is sent to the primary care provider.

Date of Safety Plan Review: List date(s) that the safety plan has been reviewed by the Care Planning team.

Ongoing Supports and Services that are expected to Continue after Wraparound

These ongoing supports and services (formal and nature) will become the sustainability plan for the family. These are people who are going to provide support for the foreseeable future. This should include natural supports and service providers who will be supporting the youth on a long-term basis. For example, a provider of a service that will meet for a time period of less than two years would not be included here. On the other hand, a youth who is taking medications for an undefined period of time might have a psychiatrist who is providing long-term support. The expectation of who will be ongoing supports is left to the family. This section of the ICP is intended to start an ongoing discussion with the family about their support system. In the beginning they may identify a number of professionals as their support system. That is ok but it is the job of the Wraparound Staff to help them identify and have a strong support network by the end of the ICC service.

Support name/type and contact Information: For the people listed in this section provide their name, relation to the youth/family and information.

Frequency of contact (*e.g., daily, weekly, as needed, etc.*): Describe how often they interact with the youth or family (this would be the average frequency of contact over the past months or prediction of contact in future few months. The frequency of contact should be based on the amount of time it will take to meet a given need based on the family's readiness for change in relation to the practice of "Do for, Do with, Cheer on."

Type of Support: Describe what they provide for the youth and/or family. Be specific (e.g. phone support/in person support, family therapy session, etc.)

Current Medications for Target Youth: If a child/youth is taking medications for attention, behavior or emotional reasons these should be listed here, described in more detail in the Comprehensive Assessment, integrated into the plans and described in a separate medication management plan.

- Name of medication: This is the name of the medication. If the prescription is for a brand name medication, list that name. If it is for a generic drug provide the generic name.
- Name and contact information of prescriber: List the name of the person who ordered and is monitoring use of the medication and their contact information.
- Target symptoms: List the symptoms that are being treated and should thus decrease by taking the medication.

Team Process: Team process includes ground rules, confidentiality and the decision-making procedures. The rationales and methods for doing this were described in the previous chapter. First determine and list ground rules. Then discuss confidentiality and any limits to confidentiality. Finally, document how this team will make decisions maximizing youth and family voice and choice.

Vision: (*The youth and family's strength-based statement (using their own words) of how they want their life to be different in the future*). This is the statement from the family that describes in future tense what the youth and family will be doing when the primary concerns are met. This should be a specific statement in the family's own words. At the ICP meeting the family will present their previously developed long-range vision and team members will comment on it and make suggestions, but the final decision is the families. If the family has legal mandates the terms of the court order should be included in the vision. This might include a list of the requirements or a simple statement (e.g., "be reunified and safe," or "complete the terms of his probation.")

Team Mission: (*How the team commits to support the youth and family to achieve their vision*). This is a statement about the team's commitment to support the youth and family to achieve their long-range vision. It should list specific ways team members are proposing to help the youth and family. See Chapter Four for more details and examples.

Needs to be Addressed (*Mark Priority Needs that will be addressed first in bold*): The needs to be addressed should be those that the family chooses and any required by legal mandates. The needs should be worded in strengths-based terms of what must change for the youth and family to achieve the long-range vision. Needs should not be stated in terms of specific services or supports. This will limit the brainstorming process at the heart of developing individualized plans that focus on families being able to manage their own plans and the creative use of natural supports.

Care Planning Team (CPT) Members:

Name: All of the members of the care planning team should be listed by name. This includes those people attending the meetings and those providing services and supports who are committed to the wraparound process and team mission but are unable to attend the meeting.

Role: The role is the function the person serves for the youth and family (e.g., therapist, teacher, friend, mother's friend, etc.). If the person is an implementer but will not be regularly attending team meetings, the person should also be designated as an implementer (e. g friend/implementer).

Strengths: Strengths should be identified for each team member in terms of the special qualities each brings to the team process. This is not a Hallmark card for every team member. This could be personal or what they bring to the process for the youth and family. See example in Appendix B.

Date on: Date Started with the Team

Date off: Date their service support ended

Signatures: At the ICP meeting the specifics of the plan will be determined and communicated, but in most cases the ICC will complete the formal ICP document following the meeting. CSAs should keep documentation of who attended the Care Planning team meeting. CSAs can do this via a sign in sheet at the start of the meeting. However, the only signatures that must be on the ICP are the ICC, FP and core family members. The ICC or FP should take the completed ICP to the family and debrief them and make sure they agree with the document.

Life Domain *List the life domain(s):* The life domains that relate to the prioritized need and goal addressed.

Need(s) (Specific statement related to CANS items and Medical Necessity): The detailed needs statement from the Comprehensive Assessment should be listed followed by one or more CANS categories that indicate a score of two or three that is directly affected by this need. This provides continuity to the Comprehensive Assessment and assists in demonstrating need for the ICC service.

Goals: Goals are the measureable statements that describe what the youth and/or family will be doing when the need is met. This does not need to contain a quantifiable statement, but must be

clear enough that the family and team will know when it is met. The short-term objectives later in the document will be the quantifiable steps the youth and family achieve to meet the goal.

Strengths for this need: Through preparation the family and Wraparound Staff should develop a list of strengths that are directly related to the need to be addressed prior to the meeting. This list is presented to the team prior to the brainstorming and they discuss and add to the list. If the team decides to address a need not anticipated in advance this whole list will be developed at the meeting. The strengths can include those of the youth, family, team and community.

Culture for this need: The Wraparound Staff and family should make a list of cultural aspects of the family related to the need and goal. Again the team can add to this list and the team should discuss it. By discussing these strengths and aspects of culture prior to brainstorming options, the options developed should be much more individualized to what will work for the family.

Short-term Objective: The need statement should be reframed into a goal that describes what will be happening when the need is met. Then the team should discuss how much of this goal can be accomplished in the next 1 to 3 weeks. One of the important aspects of the theory of change for wraparound is improve the self-efficacy of the youth and families. The primary way to do this is to promote a lot of success. By defining short-term objectives that are reasonably obtainable, we set the youth and family up for success. List short-term objectives in clear, measureable statements. The objectives may be process, quantitative or scaling measures (see previous chapter and Foundations of Wraparound Textbook for specific details and examples).

Measurement Strategy: List a concise statement of how the data for the objective will be collected and reviewed.

Options to address these needs (*NOTE options selected by family in bold*): Once the team has reviewed the need statement and the strengths and culture related to the need, the next step is to brainstorm options to address the need. The brainstormed options should be listed in the brainstorming section of the ICP in bullets. The statements should give enough details that team members understand what is being proposed. Include the entire list in the document (this documents creativity, provides credit to team members for their ideas, and the non-selected options may be considered later if the plan needs to be changed). In some way note the options selected by the family.

Action Plan for Behavior Acquisition Plans

Tasks: Once the options have been selected and the objective and measurement strategy listed, the next step is to break the general options down into specific tasks. Each task is listed in the action plan column for the task. The tasks should be described in terms and with completeness that clearly defines what is to be done.

Responsible Person: List a person or persons responsible for completing the task.

Target Start Date: List a targeted start date for each task.

Target End Date: List a targeted completion date or list the end date as ongoing for tasks that are expected to continue for the foreseeable future. For example, the goal might include improving family communication and an action step might be weekly family meetings. The expectation is that these would continue indefinitely and could be listed as ongoing. Most tasks should have a defined expected end date.

Task Status: This column should be left blank until completion.

Action Plan for Behavior Reduction Plans

Date Functional Assessment Completed: this is the date when the original functional assessment was reviewed and accepted by the family

People who supplied information for the Functional Assessment: This is a list of people who participated in the functional assessment discovery and have reviewed the document

Predicted Behavior or crisis: This is a description of the behavior or crisis situation that is clear and understandable to all team members. It includes a description of how often, how long and of what intensity the behavior or crisis has occurred in the past 3 to 12 months. If it is an impending disaster the chances of that happening and what would cause it.

Prevention Steps: In the first column (prior to) list the primary setting events (triggers) from the functional assessment. In the second column (Task) list tasks in the same format as the previous plan that address how to keep the setting event from resulting in the behavior. There are two basic strategies: try to keep the setting event from happening or help the person to manage the setting event without resulting in the behavior or crisis. In the next four columns list the responsible person, target start date, target end date and task status.

Early Intervention Steps: In the first column (signs behavior is occurring) list the primary signs the behavior or crisis is beginning from the functional assessment. In the second column (Task) list tasks in the same format as for acquisition action plans that address how to take early intervention steps to keep the behavior or crisis from escalating. In the next four columns list the responsible person, target start date, target end date and task status.

Intervention Steps: In the first column (behavior or crisis) list the possible crisis or behavior scenarios (what happens). In the second column (Task) list tasks that address how to keep the setting event from resulting in the behavior. These are clear statements of what will be done when the behavior or crisis occurs to resolve the crisis and keep everyone safe. These steps might be written in a developmental order (e.g., try this; if it does not work try this, etc.) In the next four columns list the responsible person, target start date, target end date and task status.

Progress Notes

The progress notes are described more fully in Chapter Eight, managing the ongoing ICP process meeting date. On the ICP form the progress tracking sheet has a number of columns. The first column of this section is the date of the team meeting. In general, every goal will be reviewed at every meeting. The only exception to this would be when a team meeting is called suddenly due to a crisis or urgent situation, team members have limited time to meet and they agree to focus

on the special situations. Thus there should be a note written at every team meeting beginning with the meeting following the development of the initial plan for this goal and continuing until the goal is met.

The next three columns described the progress of the plan. If the short-term objective is achieved then the “met” column is selected. If progress has been made toward the short-term objective but not yet met the “partially met” column is checked. If no progress has been made the “not met” column is checked.

Accomplishments/progress and barriers narrative: The ICC writes several sentences to a short paragraph describing what the youth, family and team have done to address the goal, how much progress has been made and any barrier, challenges or emerging needs that impact success. This is the primary place in the youth’s records to describe the overall course of wraparound.

Chapter Seven Psychotropic Medication Plan

If a youth is taking a psychotropic medication (one that is prescribed for behavioral health (symptoms) this is an important part of the overall plan and requires monitoring and interaction between the prescribing physician and the team. While it would be ideal for the psychiatrist or physician to attend the team meetings this can rarely be accomplished. The goals for this activity are to ensure that the use of psychotropic medications are integrated into the overall plan, to ensure the psychiatrist or physician has the information he/she needs to advise the youth and family on the use of psychotropic medications and to ensure that the youth and/or family have the skills and confidence to follow through with this when formal wraparound is ended.

The summary of medical information that is a supplement to the safety plan is an excellent tool for families to use to help physicians and psychiatrists understand the history of treatment. Even when the youth continues to use the same psychiatrist this can be a good reminder of previous treatments for a busy professional who sees hundreds of individuals. Talking through the process of managing medication with the family is an important part of supporting them through wraparound. They need to understand that the psychiatrist or physician has expert knowledge of what might work but the family's understanding of the child and impact of any medications taken is also important.

A plan around psychotropic medications ensures that the family and team understand the reason and potential beneficial effects of each medication taken and potential side effects. This can help the family to make an informed decision of whether to start the medication and can provide specific information on what to look for and report to the psychiatrist on all medication checks (and possibly earlier for side effects).

Appendix C shows a sample psychotropic medication plan that a family could use to understand and monitor medication usage.

Chapter Eight Documenting the Ongoing ICP Process

Documentation of the ongoing wraparound process occurs concurrently in three different documents. As described in chapter two the CANS is updated with a complete review at least every 90 days and more often if substantial changes occur and it is recommended that the comprehensive assessment also be reviewed and updated as needed during this timeframe. The ICP document is updated at every team meeting as described in Chapter 6. This includes progress notes that are written on the accomplishments, team contributions, and barriers or challenges related to each goal developed at each team meeting. The day to day work of the Care Coordinator and Family Partner are documented in contact notes.

After the plan has been implemented for a while, the team will evaluate its success. Does the intervention need to be paired with other modifications or rewards to increase its effectiveness? Did the intervention result in the desired outcomes? If not, what other strategies can be considered? Is it necessary to reevaluate the hypothesis, or to develop another best guess about the reason for the behavior, or to collect more information? Conducting a functional assessment may take a bit more time initially to complete. For individuals for whom typical interventions have not been successful, developing an understanding of the cause of behavior may be key to helping them learn new behavioral skills. It is good practice for child and family teams to include two evaluation procedures in an intervention plan: one procedure designed to monitor the consistency with which the management plan is implemented, the other designed to measure changes in behavior.

In wraparound, the crisis plan is one part of the overall wraparound plan. Every youth and family in the wraparound process needs a crisis plan. Crisis is a part of life for all human beings. Crisis for youth and families involved in the wraparound process is frequently a way of life. Youth and families involved in the wraparound process have complex needs and challenging behaviors and therefore have very high levels of risk of serious crisis. Therefore, it makes sense to plan for needs and behaviors that may lead to crisis proactively.

Implement Action Steps for Each Strategy

The first activity of the implementation phase is to support initial implementation of the wraparound plan. This begins immediately following the initial meetings by debriefing the youth and family and ensuring that they understand and agree with the plan. Many of the families in wraparound have had long histories of services in which the services were determined by the service providers and may not readily advocate for their own views of what is important and what will work. In other cases youth and families may have agreed to plans that they do not have the resources or supports to implement. It is important that soon after the first plan is developed for Wraparound Staff (most often the Family Partner) to meet with them and debrief the meeting. This debriefing will first determine if they understand the plan and second if they agree with it. Then the Wraparound Staff person should ask the family to describe how they will implement their part of the plan and whether they feel they can do it or need some support to follow through. The Wraparound Staff person should ensure the family has enough support to succeed but should also continually encourage the family to take on more responsibility. During this meeting the family should sign the plan or if they do not agree with it, it must be redone.

In addition, it is important to follow up with any team members who were not present at the meeting to make sure they understand and agree with the plan. During these meetings the Wraparound Staff should solicit the team member's input on the plan and with the permission of the family make any small additions to the plan suggested by the team member. It is important to ensure that this missing team member feels part of the team.

The Wraparound Staff are very active during the implementation phase doing "whatever it takes" to help the plan and team succeed while at the same time supporting increasing involvement and management of the process by the family. One of the first areas of plan management should be in monitoring plan implementation and completion of action steps. The Wraparound Staff should work with the family to develop a plan for monitoring implementation that continually transfers the monitoring function to the family and their natural supports. When action steps are not completed the Wraparound Staff and family should determine why not and determine if there is a need for additional supports or if the plan needs to be revised to action steps that will be completed.

In a perfect world, everyone who is going to provide services and supports for a youth and family will be at the initial team meeting. In many cases this will not happen and may not even be realistic. Some service providers will not be able to attend all meetings and other providers may not even be identified until during the planning meeting. In these and other cases, someone (often the ICC with increasing family involvement) will need to orient these individuals to wraparound and engage them in the process.

Options to meet needs are specified into specific action steps that need to be carried out by youth and family team members. This is the "who, what, where, and when" of the plan. Nothing will rob the team of momentum and the youth and family of hope more than a significant failure of a youth and family team member to follow through with an important element of the plan. Walking into a youth and family team meeting and learning that nothing has happened between meetings is disheartening to the team as whole and may cause some team members to rethink their commitment to the team.

The importance of tracking assignment completion is especially important early in the process. Later, the ICC and family will have stronger relationships (and therefore more leverage) with youth and family team members and will better know the strengths and needs of each team member. The ICC will know what realistic commitments for team members are and what kinds of commitments are too ambitious. Until then, the Wraparound Facilitator will find it efficient to invest time between meetings calling team members to nudge them along on their assignments. Gentle reminders and quick thank you when a task is completed on schedule will shape follow through behavior.

Evaluate Success of Strategies

The second activity of this phase is evaluating the success of the different strategies, services and supports and progress towards objectives, goals and team mission. In growing partnership with the youth and family, Wraparound Staff monitor the impact of the individual strategies and

action steps to see how well objectives are met. This information is used for ongoing refinement of the plan. Small changes in the plan can be made with family agreement and team acknowledgement. If a plan is working to move toward the established goal and an objective is met the objective may be revised without changing the plan. If the objective has been met and the implementation action steps have been completed it is time for another team meeting to brainstorm and develop new options and related implementation tasks. It is important for the Care Coordinator to check in with the family and other team members between CPT meetings to evaluate progress and identify any successes and barriers to be discussed at the next CPT meeting.

An important step towards transition is for Wraparound Staff to support the family monitoring the overall progress of change toward the goals and family vision and team mission. In the beginning the Wraparound Staff may do this for the youth and family by pointing out the changes and improvements that are being made. Soon this can transition to “Do With” by having a time every couple of weeks in which Wraparound Staff meet with the youth and family and have the youth and family assess progress and emerging needs. In this stage the Wraparound Staff may still be framing the questions. Once the youth and family are comfortable with the process they can provide the overview of progress and emerging needs and present this to the team for them to be “Cheered On”.

Ongoing Team Meetings

The wraparound plan is not a static plan. In older models of treatment, a plan was developed and then not modified for up to a year. In wraparound, it is important to note that the wraparound plan changes frequently as needs are met, as other needs emerge, or as plans do not achieve expected objectives. As humans, we don’t have all of our needs at once, and one need being met can change a family’s definition of other unmet needs. For example, a teen without a friend in the world may have a very different profile of needs than after he or she is able to develop a good natural support. In addition people make better progress when they can focus on a smaller number of the things that are most important to them. For these reasons wraparound is based on sequential not comprehensive planning.

Wraparound plans are dynamic. We update plans in several ways. First, at the beginning of each meeting we update progress and celebrate successes and after each team meeting, the plan is updated to include new needs and progress toward meeting old ones. Second, we communicate constantly with family and team members outside of the team meetings, and with family and team permission, may update elements of the plans.

The initial plans were developed in the planning phase but much more planning is done during the implementation phase. The general format of the planning meetings evolves into implementation planning at this point. The initial planning meetings began with introductions and identification of strengths for all team members. When new members join the team this process should be repeated for the new team member. The strengths focus at the beginning of the meeting shifts to celebrating progress and team contributions. The ground rules and team mission are already set so they are briefly reviewed during implementation meetings. The needs list is reviewed and new needs may be added to the list and priorities may be changed.

During the development of the plan the team may be revising plans because action steps have been met or the action steps are not resulting in desired progress. In these cases the team would review the need and goal and could revise these but generally starts at the point in the initial team process where they review the strengths and culture around this need area. Now that time has passed team members should be able to add to the original lists (it saves time to save the lists from the original meetings to use in implementation meetings). Then the team could build from the original list of options and move through the process in the same way it was done in the original team meeting.

When the team is addressing new needs the process begins by clarifying the need, framing as goals and the process will be the same as it was for the original planning process described in Chapter Two.

Transition

This process should be looked at through a transition lens. During engagement we began to consider the culture of support for the youth and family. Different youth and families prefer different types of support. In helping the family to prepare for transition, Wraparound Staff help them consider what they want support to look like when the formal wraparound process is over. For some families they will want to continue to have team meetings and Wraparound Staff can prepare them for this future by gradually handing over the control and running of the team meetings. For other families they would prefer to manage their needs after wraparound by having a network of natural supports that they talk to and help them with implementation but through a less formal process than formal team meetings. In this case Wraparound Staff should help the family to set up this support prior to transition so the adjustment to “life after wraparound” will not be so abrupt.

Throughout the wraparound process we are continually working to increase youth and family management of the process. When Wraparound Staff get families to brainstorm options to crisis, behavior or urgent needs in the very first meeting with the family they are setting a precedent for partnership. As the family prepares for the first team meeting taking on activities during the meeting supports growing independence in managing the process. In the way that decisions are made by the team the youth and family take the lead. In the previous sections we have discussed the strategy of “do for, do with and cheer on” to support the youth and family through the process of taking over management of the wraparound process for themselves. In this section we will build on that strategy by looking at transition indicators.

Youth with serious emotional disturbance (SED) and their families are going to have ongoing needs and our primary role is not meeting all of these needs, but preparing the family to manage their own process to meet these needs. Initial wraparound plans are not intended to address all of the priority needs of children and families or fully address the initial needs. Wraparound is a process of ongoing needs identification, prioritization and planning. Teaching families this ongoing planning process is a key to sustaining progress in wraparound. A key is helping teams to understand the importance of and methods for ensuring they are focused on addressing needs to meet the team mission and long-term family vision.

Updating the ICP

The ICP is updated at every team meeting as described in chapters 4 through 6. The information in the ICP should be communicated to team members. Families should have the voice and choice to decide who are core team members who receive information on the whole plan and who are team members who are only involved and thus informed of selected parts of the ICP. The entire ICP document will become long and cumbersome to use overtime. Communication to team members can be handled through agendas and minutes or current ICP sections that relate the sections that they are privileged to see by the family. Examples of these forms of communication are included in Appendix E.

Progress Notes

General Progress Notes Guidelines:

Progress notes document the implementation of the ICP. To this end, progress notes address how the goals of the ICP are being addressed by the tasks and objectives. Progress notes are sequential narratives that describe the progress of the youth and care planning team by direct reference to the individual care plan. When new issues (not currently identified in the care plan) arise to the point requiring care plan team action, a revision of the individual care plan should be made (in collaboration of the care planning team) to the ICP.

Progress Notes-Medical Necessity Criteria:

- show actions in terms of purpose and intent to meet the goal of the individual care plan
- document progress (or lack of it) on a goal area
- document risk, as applicable
- document family progression to manage their own care
- document the Care Coordinator and Family Partner's activities with or on behalf of the youth as related to providing wraparound

One of the rationales for the team-based wraparound process is that youth and families can have better long-term success if they depend on support from friends and family and encourages their involvement and support.

Chapter Nine Documenting Transition

The primary goal of wraparound is to prepare the youth and family to carry on successfully after the ICC and Family Partner are no longer working with the family. One emphasis of wraparound is the identification and mobilization of natural supports and resources to support youth and families in this process. Families may transition out of wraparound with a support team that will continue to be available to the youth and family after the Care Coordinator and Family Partner are gone. Traditional service systems' near exclusive emphasis on professional service providers may support dependence at worst and certainly does not provide for ongoing mechanisms of support after the professionals close their cases and are gone. The result too often is youth and family relapse and recidivism and reentry to the formal services system. The revolving door metaphor is one we are all familiar with.

How does the Care Coordinator know when to begin the gradual process of discontinuing formal facilitation with the youth and family? There are several guidelines to follow:

- Once there are sufficient natural supports in place, transition is more likely to be successful. A youth and family team composed mostly of paid professionals does not indicate readiness for transition. Here again, there are not adequate informal supports for the family after transition out of wraparound. The Care Coordinator will need to work toward the increased participation of informal support persons on the team. For families who have had conflict with their extended family and other informal supports, the Care Coordinator and Family Partner may need to develop family advocates or parent mentors to assume this function. Youth and family teams that are composed of at least 50% informal support persons are better prepared for transition.
- Youth and families that have assumed facilitation responsibility for their youth and family team meetings are approaching readiness for transition. Wraparound Staff's ultimate goal is to help family members assume more and more responsibility for managing their youth and family teams including becoming their own Care Coordinators. Alternately, another youth and family team member who is not a paid professional may be groomed to take over the facilitation role. Youth and families who become their own Care Coordinators may also be recruited later to facilitate other families.
- When priority goals have been achieved and are supported by the tracked data, transition should be considered. Care Coordinators track data in order to determine if progress toward goals is occurring and when terminal change benchmarks have been achieved.

When a youth and family and their youth and family team have developed to the point where all of the above conditions have been met, transition is probably overdue. The skilled Care Coordinator begins to discuss the goal of transition out of wraparound, and the potential for transition out of the formal service system entirely early in the course of the relationship with the youth and family and subsequently with the youth and family team. Most families, if assured of sufficient natural support, are eager to end relationships with the Care Coordinator and other representatives of the formal service system. This goal then, transition out, is a secondary goal of the wraparound process from its initiation.

The family should prepare to manage the final formal wraparound meeting. In this meeting, a family member starts the meeting and summarizes the progress made toward meeting the major needs of the family and youth. This step involves a realistic view of the challenges, but also includes some celebration and honoring of the commitment of the team. This step may involve all family members and team members sharing their views on wraparound thus far for the family. For example, a Clinician may share time with the family to share progress on clinical goals. In this step, major lessons learned are often shared by the family and team members. Preparation for this meeting should be done by the family with the Wraparound Staff.

This is a Family Run Meeting! It is often five to ten months down the path of wraparound by the time the formal transition meeting is held. For many families and youth, they have managed their own meetings for several months by the time the transition meeting occurs. This means that the Wraparound Staff must teach the family about the crucial action steps of transition planning. For a limited number of families, this meeting may be co-facilitated by the family and the Wraparound Staff, but most can in fact run the meeting with support from the Wraparound Staff.

The transition plan is structured much the same as the initial wraparound plan, only in this situation, the family and their on-going supports will be carrying out the plan, in almost all cases. If care has been taken to build independence and self-efficacy, the family will be practicing designing and carrying out options, and dealing with crises that may arise, while they still have the support of the Wraparound Staff and the formal team members. In developing a transition plan, the basic elements are identical to those in an ongoing meeting: review the progress toward the vision and mission being carried out; state a major need and the concerns behind the need; brainstorm options to meet the need; the family chooses the top options in Plan A and Plan B style; the top options are expressed as tasks.. Follow-up meetings will involve reviewing progress made and celebrating the family managing their own process.

The transition crisis plan is structured just like any wraparound crisis plan. A functional assessment should be done by the family before the meeting, and presented to the team. The crisis need is listed, along with objectives and measurement strategies. Then, a prevention plan lists triggers and prevention steps to respond proactively to the trigger. The difference is that the “responsible person” is almost always a family member. After that, an early intervention plan for the crisis need is developed, which lists key antecedent behaviors, and what response will be done to stop the crisis from developing further. Next, an intervention plan is developed for circumstances when the crisis behavior occurs – who will do what when and where. Again, the responsible persons are almost always family or natural supports.

For families who have developed strong meeting management and crisis planning skills, they may even do the crisis planning meeting on their own without the formal team, and then present the crisis plan at a team meeting.

Modify the wraparound process Wraparound Staff and the team will support the family to develop plans for how to manage their lives without a team. Most families choose not to use the term “wraparound” to describe what happens after formal wraparound ceases... Instead, this is just family life, managed by the family with minimal outside supports. Other families prefer to

keep wraparound going without formal staff or team members and still holding meetings. This is up to the family. Whatever is planned should be written into a transition plan.

Document the Team's work: In this activity and related VVDB action step, a document is created by Wraparound Staff and family members that describe the updated strengths of the family, youth, and team members. The document lists the big lessons learned, and either shows how the vision and mission has been achieved, or shows how it will be achieved now that the family is managing their own progress. This document, often two to three pages, is a product the family and team can be proud of.

Celebrate Success: Create a "Commencement" Activity. We design a commencement ceremony to ensure that the cessation of formal wraparound is conducted in a way that celebrates successes and frames transition proactively and positively. The key part of this VVDB action steps is the term "based on family preferences". Families may have many different levels of preferences for celebrations. Some families want a huge party. For example, one graduating Oklahoma City family wanted the Governor to attend. And, he did! Another Oklahoma family involved a youth who had been referred to wraparound for his fire-setting behaviors. The family wanted the fire department professionals who had been instrumental in his plan to attend – driving a fire truck. And, they did! Other families may not want a formal commencement ceremony at all. Some may just want a call from team members, or a card. Most wraparound families want some type of formal ceremony, even if it is a pizza party or a backyard cook-out. The key is cultural competence towards the family in the area of how they celebrate milestones.

Follow-up with the Family Wraparound Staff have to work with the family to design procedures and a schedule for checking in with the family after graduation. Families should understand how they can get support after graduation, from a call up all the way to re-enrollment in wraparound.

Long-term Family to Family Supports Although this started in earlier phases, one of the important functions of the Family Partner is to connect families with other families who have similar challenges. This is done only if the family wants it to happen, but many families report this is one of the most significant long-term impacts of wraparound. Knowing people who face similar problems can help families to feel less isolated, can normalize the experience and can provide them with information and support in the form of social supports (someone to call or have coffee with) or sharing respite care.

Some special considerations

Families who will need ongoing formal support after wraparound ends. Realistically, there are a small number of families who will likely need long-term, if not life-long, supports. This often involves a situation where severe and complex co-occurring disorders exist, such as a family who has a parent with a severe closed head injury; multiple children with very complex behavioral health and/or health needs; and other complicated needs. With these families, we focus on doing everything possible to ensure that the wraparound principles are in place, such as voice and choice, individualization, and cultural competency. We take care to build as much self-efficacy as possible, while realizing that some level of support may be needed from professionals long after formal wraparound ceases. Another example of this is an 18 year old

woman who had been brutally sexually abused, had multiple suicide attempts, a thought disorder, and low functioning educationally. Wraparound helped stabilize the youth's life, graduate high school, and develop a network of support and friends. As wraparound ended, she chose to continue a long-term relationship with her trauma therapist, as additional healing was needed. This is not a failure, it is good treatment.

Common Barriers to Transition:

- Families who are not about to give up what they see as vital supports. For example, a wraparound family member in North Dakota said "It took me seven years to get something that worked for my family. Now, I am not about to let it go". In this situation, the parent was not impressed with the concept of self-efficacy. Wraparound Staff had to stress that they were required to follow NWI Phases and Activities for wraparound, and that wraparound was not a "forever" process.
- Families who sabotage their plans in order to avoid graduation. In these families, it is sometimes clear that they are very worried about the perceived loss of support that wraparound graduation can mean, and they make sure that options are not carried out. In these situations, Wraparound Staff have to make sure that the family has been taking over their own process, and that they know that they can access support after graduation.

The transition phase is another short phase of wraparound. The work to prepare the family for transition began in the first meeting with the family and continues through all the prior phases of wraparound. The transition phase is the time to tie up the loose ends and formalize the way the family will move forward after wraparound, develop written plans that document how they are going to use their supports, meet their needs, respond to crisis, celebrate accomplishments and contributions, and reflect on the progress made and lessons learned.