



WRAPAROUND PROCESS USER'S GUIDE

A Handbook
for Families



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WELCOME TO WRAPAROUND

About This Guide

This guide was created to serve as a road map for families and young people who have been referred to Wraparound. This guide will familiarize you with the basics of Wraparound, including key terms used in Wraparound, the values that guide Wraparound, and the main activities that occur during each of the four phases of the Wraparound process. This guide can also help you and your family ensure that the support you receive is aligned with the Wraparound process and the values and principles it is grounded upon.

For families with complex needs, getting help can be challenging. Often, families try multiple “roads” to find support that is helpful, only to discover that waitlists are long or that they don’t qualify for one reason or another. Other times, families may gain access to a service or support, but then find that the service or support isn’t a match for their need.



What Is Wraparound?

Wraparound is a structured way to organize services and supports for families and young people with complex needs. The work in Wraparound is led by a care coordinator and managed by a team of people that includes family members as well as other members from different parts of a family’s life. This team is committed to creating and carrying out a plan that focuses on meeting the needs of the entire family, not just the young person referred. The overall goal of Wraparound is to ensure that families realize their hopes and dreams, and experience success in their homes, communities, and schools. This intensive, creative team approach makes Wraparound unique.

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Want to Find Out More About the Wraparound Process?



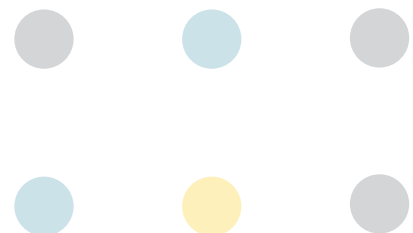
Visit this link and watch a short video created for families called "What is Wraparound":
https://youtu.be/nAwO6_IAl8E

WRAPAROUND BASICS

Beginning of the Wraparound Process

At the beginning of the Wraparound process, your care coordinator will:

- » contact you to schedule a time to meet and talk about the things that led you to Wraparound.
- » request to hear from all members of your family.
- » make sure any urgent needs are addressed and leave you with a crisis plan and supports to get to the first Wraparound team meeting (WTM).
- » listen to your story specifically to learn about the things that are important to your family, the people who support you, services and supports that have been helpful in the past, and how your life would be different if you had the resources to meet your family's needs.
- » introduce Wraparound to potential team members—including people who are helpful or providing services to your family—and invite them to join the Wraparound team.



First Wraparound Team Meeting

At the first Wraparound team meeting (WTM, held within 30 days of referral), you can expect that the team will:

- » hear your family story and continue to learn about the things causing your family pain, as well as what your family's goals are for the future.
- » learn about things each team member is good at and enjoys, as well as what expertise everyone brings to the team.
- » document the things you are most worried about so that progress can be tracked in future meetings.
- » brainstorm new ideas to meet your needs so you have options for how to address problems.
- » create a written record of strengths, needs, crisis issues and strategies, and make sure that this is shared with you and other team members.



Subsequent Wraparound Team Meetings

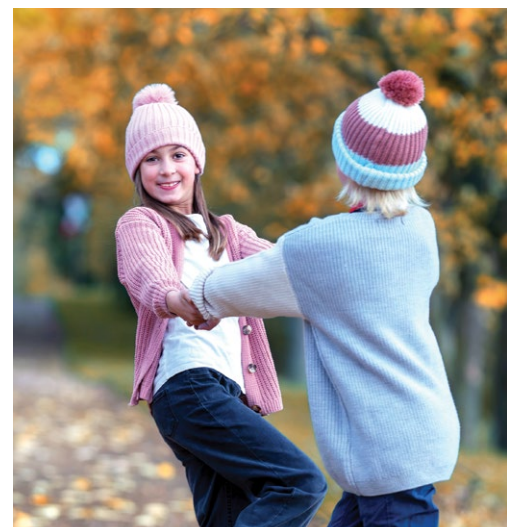
At subsequent WTMs (held monthly), you can expect that the team will:

- » share updates and progress.
- » address challenges since the last meeting.
- » listen to your report on how things are going.
- » make changes to the plan based on your report and any successes or issues that may have come up.

Between Wraparound Team Meetings

Between meetings, you (and the rest of the team) will:

- » talk regularly to your care coordinator.
- » expect someone to respond in times of crisis and for emergency team meetings to be convened within 72 hours of any crisis.
- » work on the things outlined in the plan.





COMMON ROLES IN WRAPAROUND

Care Coordinator

A Wraparound care coordinator is a person who is highly trained in Wraparound and is responsible for coordinating the Wraparound process and facilitating Wraparound team meetings.

Peer Parent Support Partner (PPSP)



A peer parent support partner in Wraparound provides social, emotional, and practical support to a parent raising a child with complex needs. PPSPs are parents who have lived experience navigating similar life experiences and child-serving systems. A PPSP works with a parent in Wraparound to promote their wellness and healing; reduce their feelings of isolation, shame, and blame; and assist them in navigating child-serving systems. Peer parent support partners are essential service providers that can exist within any child-serving system. Within Wraparound programs, PPSPs are trained in the Wraparound process and use their lived experience to ensure youth and family voice and choice is elicited throughout the four phases of Wraparound. This person may also be called a family support partner, parent partner, or parent/family support specialist.

Youth Peer Support Specialist (YPSS)

A YPSS is a young adult who has personal experience utilizing services and supports to meet their own complex needs. A YPSS is trained to use their lived experience to provide emotional and practical support to youth participating in Wraparound. YPSSs also support the youth in communicating with the team and making sure that their choices are respected. This person may also be called a youth support specialist, young adult peer support, youth/young adult navigator, youth advocate, or young adult partner.

Formal Support

People in formal support roles are professionals paid for their work with a child, youth, or family. In Wraparound, the most common formal support roles include therapists and skills trainers, as well as professionals working in child-serving systems such as child welfare, juvenile justice, and education.

Informal/Natural Support

People in informal support (or “natural support”) roles are individuals connected to young people and families through personal relationships and the community. This includes friends, extended family, neighbors, co-workers, church members, and so on. This can also include people in the community connected to a family through organizations such as places of worship, clubs, libraries, sports leagues, etc.





THE 10 PRINCIPLES OF THE WRAPAROUND PROCESS

These principles are the core values that guide the activities of the Wraparound process throughout all four phases.

1 Family Voice and Choice

Family members are at the center of the decision-making process and have the greatest influence over the Wraparound process as it evolves. Family and youth/child viewpoints are elicited and prioritized during all phases of the Wraparound process. The other team members partner with the family to create options that reflect the culture, values, and preferences of the family.

2 Team Based

The Wraparound team consists of individuals that are relevant, important, and agreed upon by the young person and family. Team members include the young person, their family members, and individuals connected to the family via formal, informal, and community-based relationships.



3 Informal/Natural Support

Informal/natural supports are individuals connected to the young person and family members through personal associations, meaningful relationships, and community networks. Informal/natural supports often have a high degree of importance and influence within family members' lives and are likely to be available for families after Wraparound and other formal services have ended. Wraparound aims to help families strengthen their networks of informal support. Informal/natural supports include friends, extended family, neighbors, co-workers, church members as well as community institutions, organizations, and associations such as places of worship, clubs, libraries, or sports leagues, and so on.

4 Collaboration

Wraparound team members work together and share responsibility for developing, implementing, monitoring, and evaluating the Wraparound plan of care. The plan reflects a blending of team members' views, mandates and resources, and guides and coordinates the actions each team member will take to meet the team's goals.

5 Community Based

Families and young people who participate in Wraparound, like all people, should have the opportunity to participate fully in family and community life. In Wraparound, the team will work to find strategies accessible to the family and located within the community where the family chooses to live. Teams will also work to ensure family members have access to the range of activities and settings available to other families, children, and youth within their communities.

6 Culturally Competent

The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and their family and community from an approach of cultural humility.

7 Individualized

The Wraparound plan is uniquely tailored for each individual family. The team collaborates to design a plan that builds on everyone's strengths, creativity, and knowledge of potential strategies and available resources to develop a plan that is customized to each youth and family.

8 Strengths Based

The Wraparound process identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family members, their community, and other team members. The Wraparound plan of care is developed to capitalize on and enhance the strengths of the family and youth, and the people who participate in carrying out the plan.

9 Outcome Based

The team ties the needs and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and adjusts the plan accordingly.

10 Unconditional Care

Despite challenges, the Wraparound team is committed to standing alongside families every step of the way and persisting until the team reaches agreement that a formal Wraparound process is no longer needed. This principle promotes the notion that "families don't fail, plans do," establishes that the team never gives up, and adopts a "whatever it takes" approach to partnering with families.





COMMON WRAPAROUND TERMS

Family Story



The family story is the basis upon which the rest of Wraparound is built. The care coordinator works with the family to develop their story during the time before the first Wraparound team meeting. The Wraparound team uses the family story to develop a deeper understanding of the family's experiences and views, including how family members have coped and managed through difficulties in the past, and what has been helpful or unhelpful in that. The family story also includes information on the family's culture, values, beliefs and traditions, and the people who have been sources of support for the family. The family story blends the perspectives of all family members including the child/youth, as well as perspectives of relevant providers. A thorough family story helps ensure the team can develop an individualized plan of care designed to fit the unique needs of the young person and family.

Strengths

In the context of Wraparound, strengths are the relationships, coping skills, abilities, and capacities that the young person, family, and relevant team members use to cope with challenges and to promote wellbeing and thriving. The Wraparound plan of care is designed to draw on and reinforce family and team member strengths as they work toward the goals of the plan. Strengths are documented as part of the plan of care and used to inform the planning process.

Vision Statement

Each family in Wraparound develops a vision statement to specify their goals for participating in Wraparound. This statement is expressed in the family's own words and guides the entire Wraparound process. The vision statement focuses on the entire family and describes what the family wants to work towards or hopes to experience in the future by participating in Wraparound. The vision statement is focused not on the problem behaviors that led to Wraparound, but on what the family hopes life will look like moving forward.

Crisis/Safety Plan

The crisis/safety plan addresses safety, the reason for referral to Wraparound, and other urgent family concerns. An initial crisis/safety plan is developed with the family as soon as Wraparound begins, to keep everyone in the family safe until the first Wraparound team meeting. The crisis/safety plan is then revised to include perspectives of the other team members at the first meeting. Crisis plans are updated within 72 hours following any crisis event and are reviewed at every Wraparound team meeting.

Wraparound Team

The Wraparound team includes the child/young person and family, the care coordinator, and others who are connected to the family through personal, community, and formal support relationships. Wraparound team members partner together to address youth and family needs by developing and implementing a plan of care and working towards the family vision statement.

Team Mission Statement

A mission statement provides information about what the Wraparound team members hope to accomplish together. The mission statement describes how the team will collaborate throughout the Wraparound process, and is focused on how all team members, including the young person and family, will partner together throughout the process.

Wraparound Plan of Care

In Wraparound, the plan of care is a living document that is developed and/or revised during each Wraparound team meeting, and that outlines the work the team will undertake to meet identified needs and move the family closer to the future described in their vision statement.



Needs Statements

Needs statements in Wraparound describe the underlying conditions or causes behind behaviors that led to a family's involvement in Wraparound. Needs statements uncover the reasons behind the behavior that led to referral and help the team shift perspectives to see the family and child/youth differently. The Wraparound team works to address family needs as expressed in these statements.

Strategies

The Wraparound plan of care includes strategies for meeting the needs expressed in needs statements. Strategies may incorporate informal and/or formal resources and build from the strengths of the entire team. Strategies are brainstormed to ensure that a variety of options are explored, allowing the family to choose from among them.



Tasks

Tasks are the specific steps that team members agree to complete as part of implementing the strategies on the Wraparound plan of care. For each task, the team specifies who is responsible for completing the task and by when it should be accomplished. All team members have at least one task assigned at each Wraparound team meeting.

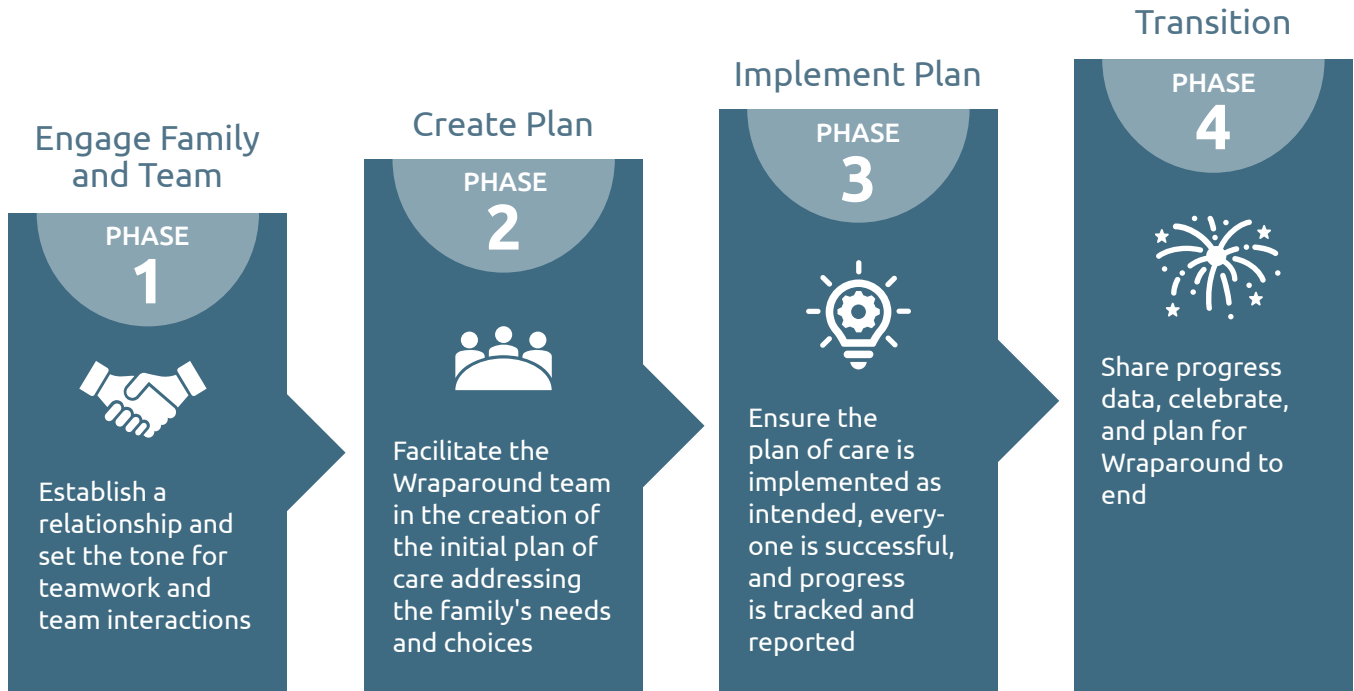
Outcome Statements

Outcome statements are concrete, measurable statements by which the team assesses progress toward addressing the needs statements on the plan of care. Outcomes are connected directly back to the reason for referral, the things causing the family the most pain and stress, and the vision for the family's future.



THE FOUR PHASES OF WRAPAROUND

Care Coordinator Responsibilities Across the Phases of Wraparound



A Note About Crisis Planning

The Wraparound process ensures that plans to respond to crises are in place at all times. In the first phase of the Wraparound process, during your initial meeting, your care coordinator will talk with you about any immediate crises that must be addressed and will develop a safety/crisis plan to keep your family safe until the first WTM. At the first WTM, the initial crisis plan will be reviewed and updated with support from all team members.

Throughout the phases of Wraparound, your team will continue to work collaboratively to develop an effective crisis and safety plan for you and your family. Effective crisis plans identify what could go wrong and how people need to respond if they do. Good crisis planning ensures the family and team have an opportunity to practice the crisis response in the same way that schools practice fire drills or that law enforcement does disaster drills. Good crisis plans include who will notify whom, and when. Finally, good crisis plans are portable—all team members should have a copy they can easily access and refer to when they are needed.



Phase One: Family and Team Engagement

The Wraparound process begins with meeting your Wraparound care coordinator at a place where you are most comfortable. The care coordinator will listen closely as you describe your child/youth and family, and pose questions to gather information needed for the family story. This meeting is an opportunity for you and your family to share your concerns related to the things that led you to Wraparound. It is important that you share with the care coordinator what has been tried before, what has helped, and how you have managed and coped, as well as information about your family's culture, values, beliefs, and traditions. You are encouraged to talk about people who care about your child/youth and family, as well as individuals who have been sources of support for each family member. This initial meeting is more like a conversation than a formal meeting or intake appointment. Take this opportunity to ask questions, express any concerns about the Wraparound process, and get support to identify what your family wants to accomplish. This initial meeting lasts from one to two hours.

The care coordinator will write down the family story using this information so everyone on the team understands your family's experience, strengths, needs, and goals.

After this initial meeting, the care coordinator will talk with other people in your life (with your consent) to get their commitment to participate on your Wraparound team. Your care coordinator will invite them to your first Wraparound team meeting (WTM).

Next, the care coordinator will identify potential needs statements for individual family members and share these needs statements with the whole family. The family will then review and prioritize the needs statements together. The care coordinator will share the prioritized needs statements with the rest of the team during the first WTM.





Phase Two: Creation of an Initial Plan of Care

During the first WTM, the care coordinator will have everyone introduce themselves, develop ground rules for the meeting, and lead the team in reviewing the family story. Strengths will be identified, reviewed, and documented for everyone on the team, and the family vision statement will be shared.

The care coordinator will then lead the team, inclusive of the family, in developing a team mission statement that will serve to guide the team's work. Outcome statements connected to the concerns that brought a young person and family to Wrap-around will be created.

Needs statements prioritized by the family will be reviewed and prioritized further by the team. Once a needs statement is selected for the child/youth and at least one other family member, the care coordinator will lead the team in brainstorming multiple strategies to meet each selected need. These strategies are creative and individualized to each need and build off identified assets of the family and team members. The family will then select the ideas or strategies they think will work best for them. These selected strategies will include any court/system mandates, if applicable.

The team will then decide on tasks or action steps to implement each selected need and assign a person to be responsible. Everyone on the team will be assigned at least one task.

Decisions made in the WTM will be documented in the plan of care and distributed to all team members.

The initial WTM will take about 90 minutes, although in some situations it may take two WTMs to complete the plan of care. If it does take two WTMs, your team should plan the meetings to take place within a week of one another.





Phase Three: Plan Implementation

Now that the initial plan of care has been developed, all team members are responsible for implementing it.

Ongoing Wraparound Team Meetings

Ongoing WTM follow a regular agenda that starts with accomplishments. The care coordinator asks team members to share accomplishments since the last meeting and to summarize progress made during the last thirty days. New strengths will be identified and documented. This keeps the team positively focused.

Next, the team will assess whether the plan is working. This involves looking at whether team members completed the tasks they were responsible for. It also involves identifying whether the tasks helped to get the strategy accomplished and busting any barrier that may have impeded progress.

The team will also review progress around other parts of the plan, including the family vision statement, team mission statement, needs statements, and outcome statements. Your family's input will be actively sought to check on progress.

Based on feedback, the care coordinator will lead the team in identifying any needed changes to the plan. Adjustments will be made to parts of the plan, including strategies and tasks. The team will also brainstorm new ideas to meet identified needs, or may even address newly identified needs.

Once the family has selected the next set of strategies, team members will be assigned to new tasks. The plan of care will be updated to reflect the revisions and assignments made during the meeting. The crisis plan will also be reviewed and updated based on new information. The care coordinator will ensure that each team member receives a copy of the plan of care within five business days.

WTMs occur at least every thirty days until the team identifies that they are making fewer and fewer adjustments. What is important to remember in this phase is that plans fail, people don't.

In Between the Meetings

Formal WTM are not the only way that work gets done in Wraparound. Between meetings, the care coordinator reaches out to all team members, including the young person and family, on a weekly basis to make sure tasks are being accomplished and progress is being made. This ensures that everyone is doing their part, that issues can be addressed, and that the likelihood of misunderstanding occurring between team members is reduced.

What is important to remember in this phase is that plans fail, people don't.



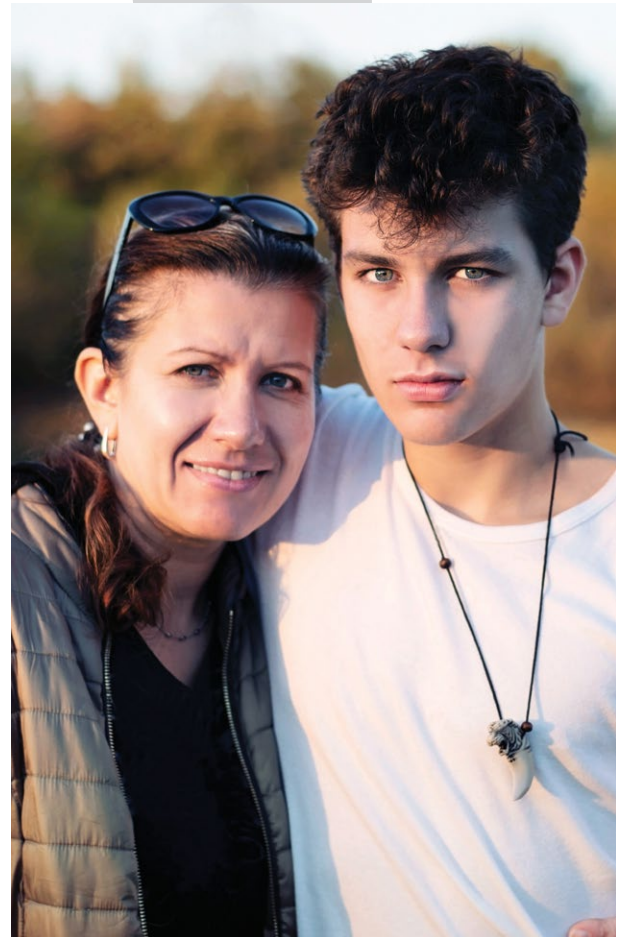
Phase Four: Transition

Eventually, you and your Wraparound team will come up with the right mix of strategies and supports, delivered in just the right way at the right time. Your team will find that tasks and strategies are being accomplished, progress is being made, and the concerns that brought your family to Wraparound are occurring less. Basically, things will be going well for your child/youth and family. A discussion will occur with the team to reach agreement related to transition readiness. If everyone agrees, planning for formal transition out of Wraparound will begin at least 90 days before ending Wraparound.

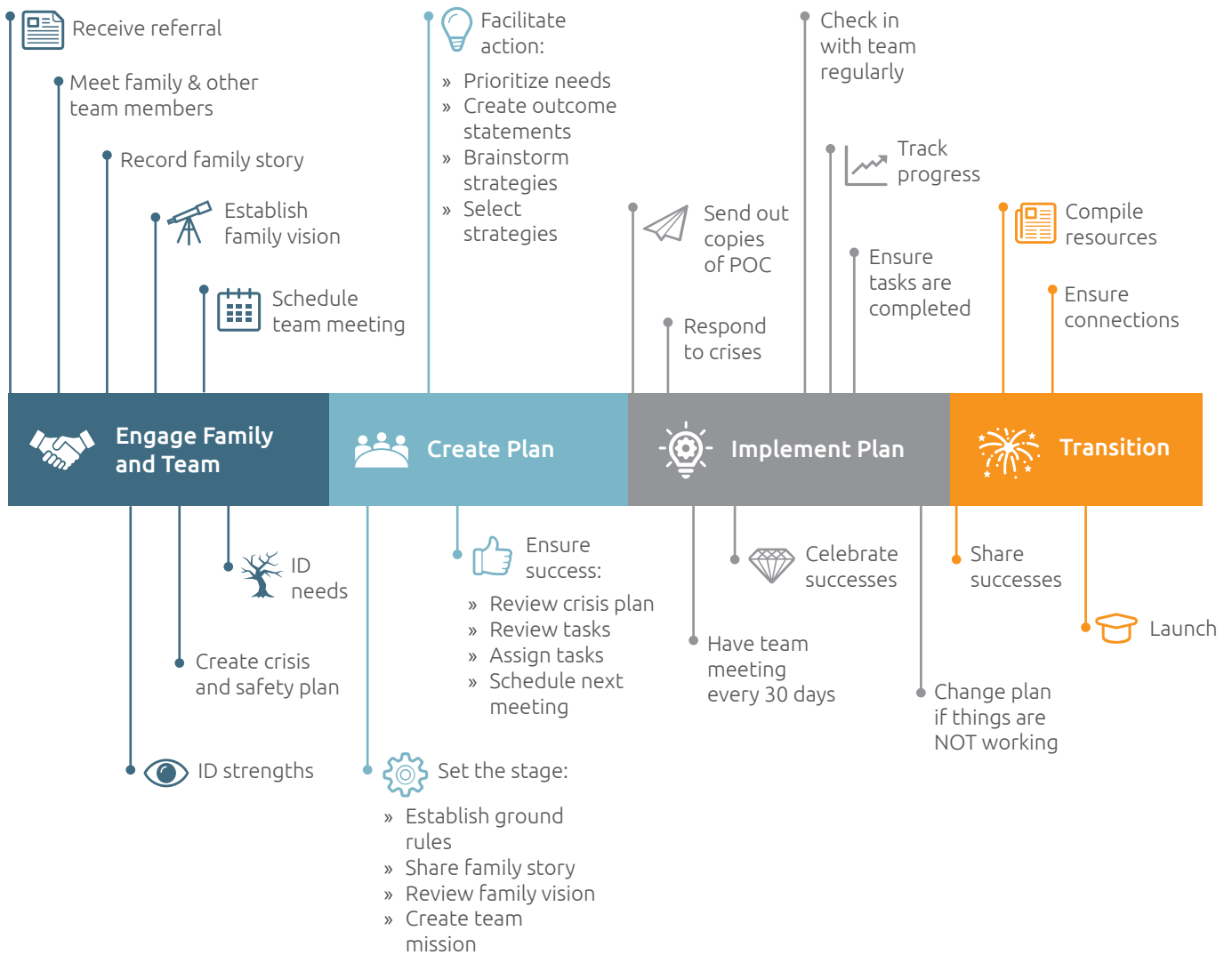
During transition, needs related to transitioning out of Wraparound will be identified, and new options will be brainstormed to ensure that your family is successful and that you are connected to supports and resources within your community. This information will be documented in the plan and reviewed at the next WTM. Once the team finalizes the plan for transition, a timetable for ending Wraparound will be created.

If it is agreeable to the child/youth and family, the team will hold a final celebration of the team's accomplishments and work well done that aligns with the family's values, culture, beliefs, and traditions. As the team negotiates and agrees on an ending, plans for follow-up care and responses are developed.

This often includes a transition letter, which highlights the strengths and accomplishments of the family, what has helped and worked, an updated family story, a transition plan of care, and an updated crisis plan. These documents will be helpful if you and your family need to seek out additional services and supports in the future.



Care Coordinator Activities in Wraparound



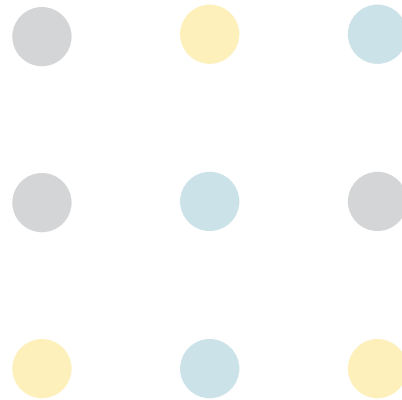


FREQUENTLY ASKED QUESTIONS

Things have been going badly for our family for some time now. I cannot wait for three weeks for help with my child/youth. What should we do?



Bring up any concerns you have during your initial conversation with your care coordinator. If you have concerns about crisis or safety, bring them up right away. Your care coordinator will help to find ways to reduce stress and address your immediate concerns. An initial crisis and safety plan will be developed to support your family until you can have your first WTM. If a crisis does occur, the care coordinator will follow up with you within 24 hours to find resolution for the crisis event and then revise the crisis and safety plan. Within 72 hours of the crisis event, emergency WTM's will be convened to discuss the situation, and new strategies with extra support will be implemented if needed. The crisis plan will be reviewed and updated.



We are at a place where we are thinking about out-of-home placement for our child/youth. This has also been recommended to us by other professionals. How would Wraparound be beneficial to us?

There are several things to remember about this. First, eventually your child/youth will return home, so it will be helpful to consider plans for that day. There is a good possibility that by participating in the Wraparound process, you and your team will devise new and creative ideas that might help. With this support, you and your family may be able to experience greater success at home, in school, and in your local community, possibly preventing an out-of-home placement for your child/youth.

What if I do not feel comfortable talking about what is going on in our family with other family members or friends?

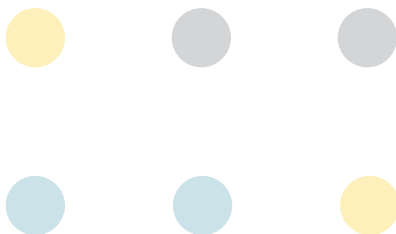
Wraparound planning brings people together to figure out what to do and how to help. It is important that the team respects your family's values and culture. You can work with your care coordinator to address any concerns with who is important to have on the team, as well as what and how information will be shared during WTMs. Nonetheless, it's important to have people on your team who know your family outside of formal services and child-serving systems. Natural/informal supports have different perspectives of your family, can share insight professionals do not have, can take on strategies/tasks professionals may be unable or unwilling to take on, and will remain connected to your family long after Wraparound has ended. Your privacy/confidentiality is important, and steps will be taken to protect it throughout the Wraparound process.



It is important that your child's/youth's voice as well as yours is listened to and heard throughout the entire Wraparound process.

How do I know that this just will not be more of the same?

It is important to talk with your care coordinator about what has worked for your family in the past as well as what has not worked. It is important that your child's/youth's voice as well as yours is listened to and heard throughout the entire Wraparound process. You may also find it helpful to speak with other families who have been through the Wraparound process in your community, to see how it worked for them. In addition, consider what you and your family need to see happen to convince you that Wraparound is working and communicate this to your care coordinator and team. If the plan is not working for you or progress is not being made, the Wraparound team will meet and revise the plan to ensure it is effective.





WHERE CAN I GET MORE INFORMATION?

Local Contacts

- » Ask your Wraparound care coordinator to help you talk with another family member who has been through the process.
- » Ask your Wraparound contact or representative to connect you to a local family organization that can help you and give you information.



National Resources



The National Wraparound Initiative

<https://nwi.pdx.edu>



The National Wraparound Implementation Center

<https://www.nwic.org>



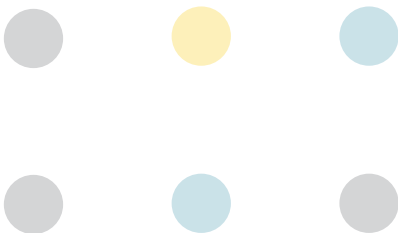
Innovations Institute at UConn

<https://innovations.socialwork.uconn.edu>



National Federation of Families for Children's Mental Health

<https://www.ffcmh.org>





NOTES AND CONTACT INFORMATION







<https://nwi.pdx.edu>