WRAPAROUND FIDELITY ASSESSMENT SYSTEM (WFAS)

INTRODUCTION TO WRAPAROUND

For WFAS users

March 2016 version

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INTRODUCTION TO WRAPAROUND

In order to appropriately administer any of the WFAS tools, it is essential that the user have a good working knowledge about the Wraparound process itself. Wraparound has been described in many ways, including (1) an overall philosophy on how to administer services and supports to youth and families, (2) a systems change approach aimed at integrating services and supports at an administrative level, and (3) a care management process that allows for integration of services and achievement of the Wraparound principles at a child and family level. Though descriptions 1 and 2 above are important, the WFAS tools primarily assess adherence to the Wraparound process as recently described in materials developed by the National Wraparound Initiative (NWI). In this conceptualization, Wraparound is an intensive team-based process and not merely a philosophy or a service.

During the Wraparound process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The plan of care typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indictors of success. Plan components and strategies are revised when outcomes are not being achieved.

The process of engaging the family, convening the team, developing the plan, implementing the plan, and transitioning the youth out of formal Wraparound is typically facilitated by a trained care manager or "Wraparound facilitator," sometimes with the assistance of a family support worker. The Wraparound process, and the plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

Wraparound has been implemented nationally for over 20 years and presented as a promising practice in many publications. However, specification and consistent implementation of the model has occurred only in the past few years. As recently specified by the NWI, Wraparound is conceived as four phase process:

- **Engagement and team preparation,**
- **Initial plan development,**
- **Plan implementation**, and
- **Transition**.

Since 2003, the NWI has undertaken a series of consensus-building and research projects to better define the principles, phases and activities, and necessary support conditions for the Wraparound process. You can view the results of this initiative at the project's home page at www.rtc.pdx.edu/nwi. A summary of the principles of Wraparound as defined by the members of the NWI, and a complete presentation of the phases and activities of the Wraparound process as specified by the NWI, are presented below.

THE TEN PRINCIPLES OF THE WRAPAROUND PROCESS

The National Wraparound initiative recently revisited previous descriptions of these basic principles and more fully described them, subjecting them to a consensus building process and an explication of some of the challenges in achieving them in "real world" practice. These principles are presented below.

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.

2. **Team based.** The Wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The plan of care reflects activities and interventions that draw on sources of natural support.

4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

5. **Community-based.** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

6. **Culturally competent.** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

7. **Individualized.** To achieve the goals laid out in the plan of care, the team develops and implements a customized set of strategies, supports, and services.

8. **Strengths based.** The Wraparound process and the plan of care identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. **Unconditional Commitment and Persistence.** Despite challenges, the team persists in working toward the goals included in the plan of care until the team reaches agreement that a formal Wraparound process is no longer required.

10. **Outcome based.** The team ties the goals and strategies of the plan of care to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

The principles listed above provide the value base for Wraparound, and an essential framework for understanding the Wraparound process as well as measuring fidelity. As such, the 20 subscales on the TOM are organized such that each of the 10 principles is assessed via two TOM subscales.

PHASES AND ACTIVITIES OF THE WRAPAROUND PROCESS[1]

In addition to following as closely as possible to the 10 principles of Wraparound, full Wraparound implementation requires conformance to specific activities that are hallmarks of the model. The following section presents a summary of the work of the National Wraparound Initiative in specifying the typical activities of a high-quality Wraparound process. It is important for those who are administering the TOM to have a good understanding of these "phases and activities" of Wraparound, because many of the indicators of good practice included on the TOM are based on the assumption that high quality Wraparound consists of some expression of these activities.

Before presenting the phases and activities, a few clarifying comments are necessary. First, the activities below identify a *facilitator* as responsible for guiding, motivating, or undertaking the various activities. This is not meant to imply that a single person must facilitate all of the activities, and we have not tried to specify exactly who should be responsible for each activity. The various activities may be split up among a number of different people. For example, on many teams, a parent partner or advocate takes responsibility for some activities associated with family and youth engagement, while a care coordinator is responsible for other activities. On other teams, a care coordinator takes on most of the facilitation activities with specific tasks or responsibilities taken on by a parent, youth, and/or other team members. In addition, facilitation of Wraparound team work may transition between individuals over time, such as from a care coordinator to a parent, family member, or other natural support person, during the course of a Wraparound process.

Second, the *families* participating in Wraparound, like American families more generally, are diverse in terms of their structure and composition. Families may be a single birth or adoptive parent and child or youth, or may include grandparents and other extended family members as part of the central family group. If the court has assigned custody of the child or youth to some public agency (e.g., child protective services or juvenile justice), the caregiver in the permanency setting and/or another person designated by that agency (e.g. foster parent, social worker, probation officer) takes on some or all of the roles and responsibilities of a parent for that child and shares in selecting the team and prioritizing objectives and options. As youth become more mature and independent, they begin to make more of their own decisions, including inviting members to join the team and guiding aspects of the Wraparound process.

Third, The use of *numbering for the phases and activities* described below is not meant to imply that the activities must invariably be carried out in a specific order, or that one activity or phase must be finished before another can be started. Instead, the numbering and ordering is meant to convey an overall flow of activity and attention. For example, focus on transition activities is most apparent during the latter portions of the Wraparound process; however, attention to transition issues begins with the earliest activities in a Wraparound process.

Finally, though the following description of the "Phases and Activities of the Wraparound Process" focuses on *what* needs to happen in Wraparound; it is equally important to attend to *how* the work is accomplished. Merely accomplishing the tasks is insufficient unless this work is done in a manner consistent with the 10 principles of Wraparound. As a research team member or evaluator charged with assessing the adherence to the Wraparound process for individual families, it will be important for you to have a solid grounding in both the *principles* and *activities* of Wraparound, because the subscales require assessment of both, sometimes in the same subscale.

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[1]Taken directly from: Bruns, E.J., Walker, J.S., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

PHASE 1: ENGAGEMENT AND TEAM PREPARATION

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
PHASE 1: Engagement and team preparation During this phase, the groundwork for trust and shared vision among the family and Wraparound team members is established, so people are prepared to come to meetings and collaborate. During this phase, the tone is set for teamwork and team interactions that are consistent with the Wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the process and their preferences are prioritized. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and establish ownership of the process as quickly as possible.		
1.1. Orient the family and youth GOAL: To orient the family and youth to the Wraparound process.	**1.1 a. Orient the family and youth to Wraparound** In face-to-face conversations, the facilitator explains the Wraparound philosophy and process to family members and describes who will be involved and the nature of family and youth/child participation. Facilitator answers questions and addresses concerns. Facilitator describes alternatives to Wraparound and asks family and youth if they choose to participate in Wraparound. Facilitator describes types of supports available to family and youth as they participate on teams (e.g., family/youth may want coaching so they can feel more comfortable and/or effective in partnering with other team members).	This orientation to Wraparound should be brief and clear, and should avoid the use of jargon, so as not to overwhelm family members. At this stage, the focus is on providing enough information so that the family and youth can make an informed choice regarding participation in the Wraparound process. For some families, alternatives to Wraparound may be very limited and/or non-participation in Wraparound may bring negative consequences (as when Wraparound is court ordered); however, this does not prevent families/youth from making an informed choice to participate based on knowledge of the alternatives and/or the consequences of non-participation.
	1.1 b. Address legal and ethical issues Facilitator reviews all consent and release forms with the family and youth, answers questions, and explains options and their consequences. Facilitator discusses relevant legal and ethical issues (e.g., mandatory reporting), informs family of their rights, and obtains necessary consents and release forms before the first team meeting.	Ethical and legal considerations will also need to be reviewed with the entire team as described in phase 2.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
1.2. Stabilize crises GOAL: To address pressing needs and concerns so that family and team can give their attention to the Wraparound process.	**1.2 a. Ask family and youth about immediate crisis concerns** Facilitator elicits information from the family and youth about immediate safety issues, current crises, or crises that they anticipate might happen in the very near future. These may include crises stemming from a lack of basic needs (e.g., food, shelter, utilities such as heat or electricity).	The goal of this activity is to quickly address the most pressing concerns. The whole team engages in proactive and future-oriented crisis/safety planning during phase 2. As with other activities in this phase, the goal is to do no more than necessary prior to convening the team, so that the facilitator does not come to be viewed as the primary service provider and so that team as a whole can feel ownership for the plan and the process.
	1.2 b. Elicit information from agency representatives and potential team members about immediate crises or potential crises Facilitator elicits information from the referring source and other knowledgeable people about pressing crisis and safety concerns.	Information about previous crises and their resolution can be useful in planning a response in 1.2.c.
	1.2 c. If immediate response is necessary, formulate a response for immediate intervention and/or stabilization Facilitator and family reach agreement about whether concerns require immediate attention and, if so, work to formulate a response that will provide immediate relief while also allowing the process of team building to move ahead.	This response should describe clear, specific steps to accomplish stabilization.
1.3. Facilitate conversations with family and youth/child GOAL: To explore individual and family strengths, needs, culture, and vision and to use these to develop a document that will serve as the starting point for planning.	**1.3 a. Explore strengths, needs, culture, and vision with child/youth and family.** Facilitator meets with the youth/child and family to hear about their experiences; gather their perspective on their individual and collective strengths, needs, elements of culture, and long-term goals or vision; and learn about natural and formal supports. Facilitator helps family identify potential team members and asks family to talk about needs and preferences for meeting arrangements (location, time, supports needed such as child care, translation).	This activity is used to develop information that will be presented to and augmented by the team in phase 2. Family members should be encouraged to consider these topics broadly.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	1.3 b. Facilitator prepares a summary document Using the information from the initial conversations with family members, the facilitator prepares a strengths-based document that summarizes key information about individual family member strengths and strengths of the family unit, as well as needs, culture, and vision. The family then reviews and approves the summary.	
1.4. Engage other team members GOAL: To gain the participation of team members who care about and can aid the youth/child and family, and to set the stage for their active and collaborative participation on the team in a manner consistent with the Wraparound principles	**1.4 a. Solicit participation/orient team members** Facilitator, together with family members if they so choose, approaches potential team members identified by the youth and family. Facilitator describes the Wraparound process and clarifies the potential role and responsibilities of this person on the team. Facilitator asks the potential team members if they will participate. If so, facilitator talks with them briefly to learn their perspectives on the family's strengths and needs, and to learn about their needs and preferences for meeting.	The youth and/or family may choose to invite potential team members themselves and/or to participate in this activity alongside the facilitator. It is important, however, not to burden family members by establishing (even inadvertently) the expectation that they will be primarily responsible for recruiting and orienting team members.
1.5. Make necessary meeting arrangements GOAL: To ensure that the necessary procedures are undertaken for the team is prepared to begin an effective Wraparound process.	**1.5 a. Arrange meeting logistics** Facilitator integrates information gathered from all sources to arrange meeting time and location and to assure the availability of necessary supports or adaptations such as translators or child care. Meeting time and location should be accessible and comfortable, especially for the family but also for other team members. Facilitator prepares materials—including the document summarizing family members' individual and collective strengths, and their needs, culture, and vision—to be distributed to team members.	

PHASE 2: INITIAL PLAN DEVELOPMENT

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
PHASE 2: Initial plan development During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the Wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks, a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.		
2.1. Develop an initial plan of care GOAL: To create an initial plan of care using a high-quality team process that elicits multiple perspectives and builds trust and shared vision among team members, while also being consistent with the Wraparound principles	**2.1 a. Determine ground rules** Facilitator guides team in a discussion of basic ground rules, elicits additional ground rules important to team members, and facilitates discussion of how these will operate during team meetings. At a minimum, this discussion should address legal and ethical issues—including confidentiality, mandatory reporting, and other legal requirements—and how to create a safe and blame-free environment for youth/family and all team members. Ground rules are recorded in team documentation and distributed to members.	In this activity, the team members define their collective expectations for team interaction and collaboration. These expectations, as written into the ground rules, should reflect the principles of Wraparound. For example, the principles stress that interactions should promote family and youth voice and choice and should reflect a strengths orientation. The principles also stress that important decisions are made within the team.
	2.1 b. Describe and document strengths Facilitator presents strengths from the summary document prepared during phase 1, and elicits feedback and additional strengths, including strengths of team members and community.	While strengths are highlighted during this activity, the Wraparound process features a strengths orientation throughout.
	2.1 c. Create team mission Facilitator reviews youth and family's vision and leads team in setting a team mission, introducing idea that this is the overarching goal that will guide the team through phases and, ultimately, through transition from formal Wraparound.	The team mission is the collaboratively set, long-term goal that provides a one or two sentence summary of what the team is working towards.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	2.1 d. Describe and prioritize needs/goals Facilitator guides the team in reviewing needs and adding to list. The facilitator then guides the team in prioritizing a small number of needs that the youth, family, and team want to work on first, and that they feel will help the team achieve the mission.	The elicitation and prioritization of needs is often viewed as one of the most crucial and difficult activities of the Wraparound process. The team must ensure that needs are considered broadly, and that the prioritization of needs reflects youth and family views about what is most important. Needs are not services but rather broader statements related to the underlying conditions that, if addressed, will lead to the accomplishment of the mission.
	2.1 e. Determine goals and associated outcomes and indicators for each goal Facilitator guides team in discussing a specific goal or outcome that will represent success in meeting each need that the team has chosen to work on. Facilitator guides the team in deciding how the outcome will be assessed, including specific indicators and how frequently they will be measured.	Depending on the need being considered, multiple goals or outcomes may be determined. Similarly, for each goal or outcome determined by the team for measurement, multiple indicators may be chosen to be tracked by the team. However, the plan should not include so many goals, outcomes, or indicators that team members become overwhelmed or tracking of progress becomes difficult.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	2.1 f. Select strategies Facilitator guides the team in a process to think in a creative and open-ended manner about strategies for meeting needs and achieving outcomes. The facilitator uses techniques for generating multiple options, which are then evaluated by considering the extent to which they are likely to be effective in helping reach the goal, outcome, or indicator associated with the need; the extent to which they are community based, the extent to which they build on/incorporate strengths; and the extent to which they are consistent with family culture and values. When evaluating more formal service and support options, facilitator aids team in acquiring information about and /or considering the evidence base for relevant options.	This activity emphasizes creative problem solving, usually through brainstorming or other techniques, with the team considering the full range of available resources as they come up with strategies to meet needs and achieve outcomes. Importantly, this includes generating strategy options that extend beyond formal services and reach families through other avenues and time frames. These are frequently brainstormed by the team, with the youth and family and people representing their interpersonal and community connections being primary nominators of such supports. Finally, in order to best consider the evidence base for potential strategies or supports, it may be useful for a Wraparound team or program to have access to and gain counsel from a point person who is well-informed on the evidence base.
	2.1 g. Assign action steps Team assigns responsibility for undertaking action steps associated with each strategy to specific individuals and within a particular time frame.	Action steps are the separate small activities that are needed to put a strategy into place, for example, making a phone call, transporting a child, working with a family member, finding out more information, attending a support meeting, arranging an appointment. While all team members will not necessarily participate at the same level, all team members should be responsible for carrying out action steps. Care should be taken to ensure that individual team members, particularly the youth and family, are not overtaxed by the number of action steps they are assigned.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
2.2. Develop crisis/safety plan GOAL: To identify potential problems and crises, prioritize according to seriousness and likelihood of occurrence, and create an effective and well-specified crisis prevention and response plan that is consistent with the Wraparound principles. A more proactive safety plan may also be created.	**2.2 a. Determine potential serious risks** Facilitator guides the team in a discussion of how to maintain the safety of all family members and things that could potentially go wrong, followed by a process of prioritization based on seriousness and likelihood of occurrence.	Past crises, and the outcomes of strategies used to manage them, are often an important source of information in current crisis/safety planning.
	2.2 b. Create crisis/safety plan In order of priority, the facilitator guides team in discussion of each serious risk identified. The discussion includes safety needs or concerns and potential crisis situations, including antecedents and associated strategies for preventing each potential type of crisis, as well as potential responses for each type of crisis. Specific roles and responsibilities are created for team members. This information is documented in a written crisis plan. Some teams may also undertake steps to create a separate safety plan, which specifies all the ways in which the plan of care addresses potential safety issues.	One potential difficulty with this activity is the identification of a large number of crises or safety issues can mean that the crisis/safety plan "takes over" from the plan of care. The team thus needs to balance the need to address all risks that are deemed serious with the need to maintain focus on the larger plan of care as well as youth, family, and team strengths.
2.3. Complete necessary documentation and logistics	**2.3 a. Complete documentation and logistics** Facilitator guides team in setting meeting schedule and determining means of contacting team members and distributing documentation to team members	

PHASE 3: PLAN IMPLEMENTATION

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
PHASE 3: Implementation During this phase, the initial plan of care is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal Wraparound is no longer needed.		
3.1. Implement the plan of care GOAL: To implement the initial plan of care, monitoring completion of action steps and strategies and their success in meeting need and achieving outcomes in a manner consistent with the Wraparound principles.	**3.1 a. Implement action steps for each strategy** For each strategy in the plan of care, team members undertake action steps for which they are responsible. Facilitator aids completion of action steps by checking in and following up with team members; educating providers and other system and community representatives about Wraparound as needed; and identifying and obtaining necessary resources.	The level of need for educating providers and other system and community representatives about Wraparound varies considerably from one community to another. Where communities are new to the type of collaboration required by Wraparound, getting provider "buy in" can be very difficult and time consuming for facilitators. Agencies implementing Wraparound should be aware of these demands and be prepared to devote sufficient time, resources, and support to this need.
	3.1 b. Track progress on action steps Team monitors progress on the action steps for each strategy in the plan, tracking information about the timeliness of completion of responsibilities assigned to each team member, fidelity to the plan, and the completion of the requirements of any particular intervention.	Using the timelines associated with the action steps, the team tracks progress. When steps do not occur, teams can profit from examining the reasons why not. For example, teams may find that the person responsible needs additional support or resources to carry out the action step, or, alternatively, that different actions are necessary.
	3.1 c. Evaluate success of strategies Using the outcomes/indicators associated with each need, the facilitator guides the team in evaluating whether selected strategies are helping team meet the youth and family's needs.	Evaluation should happen at regular intervals. Exactly how frequently may be determined by program policies and/or the nature of the needs/goals. The process of evaluation should also help the team maintain focus on the "big picture" defined by the team's mission: Are these strategies, by meeting needs, helping achieve the mission?

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	3.1. d. Celebrate successes The facilitator encourages the team to acknowledge and celebrate successes, such as when progress has been made on action steps, when outcomes or indicators of success have been achieved, or when positive events or achievements occur.	Acknowledging success is one way of maintaining a focus on the strengths and capacity of the team and its members. Successes do not have to be "big", nor do they necessarily have to result directly from the team plan. Some teams make recognition of "what's gone right" a part of each meeting.
3.2. Revisit and update the plan GOAL: To use a high quality team process to ensure that the plan of care is continually revisited and updated to respond to the successes of initial strategies and the need for new strategies.	3.2. a. Consider new strategies as necessary When the team determines that strategies for meeting needs are not working, or when new needs are prioritized, the facilitator guides the team in a process of considering new strategies and action steps using the process described in activities 2.1.f and 2.1.g.	Revising of the plan takes place in the context of the needs identified in 2.1.d. Since the needs are in turn connected to the mission, the mission helps to guide evaluation and plan revisions.
3.3. Maintain/build team cohesiveness and trust GOAL: To maintain awareness of team members' satisfaction with and "buy-in" to the process, and take steps to maintain or build team cohesiveness and trust.	**3.3 a. Maintain awareness of team members' satisfaction and "buy-in"** Facilitator makes use of available information (e.g., informal chats, team feedback, surveys—if available) to assess team members' satisfaction with and commitment to the team process and plan, and shares this information with the team as appropriate. Facilitator welcomes and orients new team members who may be added to the team as the process unfolds.	Many teams maintain formal or informal processes for addressing team member engagement or "buy in", e.g. periodic surveys or an end-of-meeting wrap-up activity. In addition, youth and family members should be frequently consulted about their satisfaction with the team's work and whether they believe it is achieving progress toward their long-term vision, especially after major strategizing sessions. In general, however, this focus on assessing the process of teamwork should not eclipse the overall evaluation that is keyed to meeting identified needs and achieving the team mission.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	3.3 b. Address issues of team cohesiveness and trust Making use of available information, facilitator helps team maintain cohesiveness and satisfaction (e.g., by continually educating team members—including new team members—about Wraparound principles and activities, and/or by guiding team in procedures to understand and manage disagreement, conflict, or dissatisfaction).	Teams will vary in the extent to which issues of cohesiveness and trust arise. Often, difficulties in this area arise from one or more team members' perceptions that the team's work—and/or the overall mission or needs being currently addressed—is not addressing the youth and family's "real" needs. This points to the importance of careful work in deriving the needs and mission in the first place, since shared goals are essential to maintaining team cohesiveness over time.
3.4. Complete necessary documentation and logistics	**3.4 a. Complete documentation and logistics** Facilitator maintains/updates the plan and maintains and distributes meeting minutes. Team documentation should record completion of action steps, team attendance, use of formal and informal services and supports, and expenditures. Facilitator documents results of reviews of progress, successes, and changes to the team and plan. Facilitator guides team in revising meeting logistics as necessary and distributes documentation to team members.	Team documentation should be kept current and updated, and should be distributed to and/or available to all team members in a timely fashion.

PHASE 4: TRANSITION

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
PHASE 4: Transition During this phase, plans are made for a purposeful transition out of formal Wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the Wraparound process, and the preparation for transition is apparent even during the initial engagement activities.		
4.1. Plan for cessation of formal Wraparound GOAL: To plan a purposeful transition out of formal Wraparound in a way that is consistent with the Wraparound principles, and that supports the youth and family in maintaining the positive outcomes achieved in the Wraparound process.	**4.1 a. Create a transition plan** Facilitator guides the team in focusing on the transition from Wraparound, reviewing strengths and needs and identifying services and supports to meet needs that will persist past formal Wraparound.	Preparation for transition begins early in the Wraparound process, but intensifies as team meets needs and moves towards achieving the mission. While formal supports and services may be needed post-transition, the team is attentive to the need for developing a sustainable system of supports that is not dependent on formal Wraparound. Teams may decide to continue Wraparound—or a variation of Wraparound—even after it is no longer being provided as a formal service.
	4.1 b. Create a post-transition crisis management plan Facilitator guides the team in creating post-Wraparound crisis management plan that includes action steps, specific responsibilities, and communication protocols. Planning may include rehearsing responses to crises and creating linkage to post-Wraparound crisis resources.	At this point in transition, youth and family members, together with their continuing supports, should have acquired skills and knowledge in how to manage crises. Post-transition crisis management planning should acknowledge and capitalize on this increased knowledge and strengthened support system. This activity will likely include identification of access points and entitlements for formal services that may be used following formal Wraparound.

MAJOR TASKS/GOALS	ACTIVITIES	NOTES
	4.1 c. Modify Wraparound process to reflect transition New members may be added to the team to reflect identified post-transition strategies, services, and supports. The team discusses responses to potential future situations, including crises, and negotiates the nature of each team member's post-Wraparound participation with the team/family. Formal Wraparound team meetings reduce frequency and ultimately cease.	Teams may continue to meet using a Wraparound process (or other process or format) even after formal Wraparound has ended. Should teamwork continue, family members and youth, or other supports, will likely take on some or all of the facilitation and coordination activities.
4.2. Create a "commencement" GOAL: To ensure that the cessation of formal Wraparound is conducted in a way that celebrates successes and frames transition proactively and positively.	**4.2 a. Document the team's work** Facilitator guides team in creating a document that describes the strengths of the youth/child, family, and team members, and lessons learned about strategies that worked well and those that did not work so well. Team participates in preparing/reviewing necessary final reports (e.g., to court or participating providers, where necessary)	This creates a package of information that can be useful in the future.
	4.2 b. Celebrate success Facilitator encourages team to create and/or participate in a culturally appropriate "commencement" celebration that is meaningful to the youth/child, family, and team, and that recognizes their accomplishments.	This activity may be considered optional. Youth/child and family should feel that they are ready to transition from formal Wraparound, and it is important that "graduation" is not constructed by systems primarily as a way to get families out of services.
4.3. Follow-up with the family GOAL: To ensure that the family is continuing to experience success after Wraparound and to provide support if necessary.	**4.3 a. Check in with family** Facilitator leads team in creating a procedure for checking in with the youth and family periodically after commencement. If new needs have emerged that require a formal response, facilitator and/or other team members may aid the family in accessing appropriate services, possibly including a reconvening of the Wraparound team.	The check-in procedure can be done impersonally (e.g., through questionnaires) or through contact initiated at agreed-upon intervals either by the youth or family, or by another team member.

KEY TERMS USED IN WRAPAROUND

Descriptions of Wraparound in this manual and on the TOM forms may present terms that are unfamiliar. The following table is designed to give the reader exposure to some of the key terms used in Wraparound as well as systems of care for children and families. If there are other terms that you would like to know that we have not defined here, please contact our research team.

WRAPAROUND TERM	DEFINITION
Action steps	Statements in a plan of care that describe specific activities that will be undertaken, including who will do them and within what time frame.
Community	*Community* means the neighborhood, city, town, village, or rural area where the child/family chooses to live. We use the broader term *community* rather than city or town, because families have different perspectives of what their communities include. Community may also refer to the network of social supports upon which the family relies.
Facilitator	A person who is trained to coordinate the Wraparound process for an individual family. This person may also be called care coordinator, navigator, Wraparound specialist, Wraparound facilitator or something else. The person in the facilitator role may change over time, depending on what the family thinks is working best. For example, a parent, caregiver, or other team member may take over facilitating team meetings after a period of time.
Formal supports	Services and supports provided by professionals (or other individuals who are "paid to care") under a structure of requirements for which there is oversight by state or federal agencies, national professional associations, or the general public arena.
Informal resources or supports	These are resources that already exist in the family, their support network, or in their community. They often cost little or nothing and provide support to the family. This term can also be used to refer to friends or advocates of the family. For example, a caregiver may sometimes ask a neighbor to take her child out on an activity. Similarly, a community may have a strong community center or library that provides activities that the family likes to do.
Life domains	Areas of daily activity critical to healthy growth and development of a child or successful functioning of a family. Life domains include such areas as safety, school/work, health, social/fun, a place to live, legal issues, culture, emotions, transportation, and finances.
Mission Statement	A statement crafted by the Wraparound team that provides a one or two sentence summary of what the team is working toward with the youth and family.
Natural supports	See also *informal resources or supports.* Individuals or organizations in the family's own community, kinship, social, or spiritual networks, such as friends, extended family members, ministers, neighbors, local businesspersons or shopkeepers, etc.
Outcomes	Child, family, or team goals stated in a way that can be observed and measured.
Participant	A person participating in the evaluation of quality or fidelity (e.g., being observed using the TOM) such as a caregiver, youth, Wraparound facilitator, or other team member.

Strengths	Strengths are the assets, skills, capacities, actions, talents, potential and gifts in each family member, each team member, the family as a whole, and the community. In Wraparound, strengths help family members and others to successfully navigate life situations; thus, a goal for the Wraparound process is to promote these strengths and to use them to accomplish the goals in the team's plan of care.
Supports and services	This phrase refers to the full complement of formal services and informal supports received by the child or family.
Vision	A statement constructed by the youth and family (with help from their facilitator and possibly the Wraparound team) that describes how they wish things to be in the future, individually and as a family.
Plan of Care	A dynamic document that describes the family, the team, and the work to be undertaken to meet the family's needs and achieve the family's long-term vision. Since families are constantly changing, the plan should always be updated to reflect changes in strengths, resources, needs, or goals. Also called *individualized plan*, *integrated plan*, and *plan of care.*
Wraparound Team	A group of people – chosen with the family and connected to them through natural, community, and formal support relationships – who develop and implement the family's plan, address unmet needs, and work toward the family's vision.

ADDITIONAL READING ON WRAPAROUND

The above orientation to the Wraparound process is derived primarily from the basic materials developed by the National Wraparound Initiative. However, there is much more reading that can supplement understanding of the Wraparound process, and fidelity assessment in general.

- **Resource Guide to Wraparound.** This online resource, developed by the National Wraparound Initiative, includes over 50 articles about Wraparound. These articles contain central products from the NWI, including descriptions of the principles and practice model, examples of how different communities and programs have implemented and supported Wraparound, stories from youth, families, and communities, and appendices containing tools and resources that can be used in everyday practice. The Resource guide can be found at *www.wrapinfo.org.*

- **A family member's guide to Wraparound – based on the National Wraparound Initiative model:** Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & the National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. (Available at www.rtc.pdx.edu/nwi).

- **An entire issue of Focal Point,** published by the Research and Training Center on Family Support and Children's Mental Health, Portland State University, is available at www.rtc.pdx.edu/pgFocalPoint.shtml

- **Three chapters that present the basics of Wraparound:**

  - Burchard, JD, Bruns, EJ, and Burchard, SN. (2002). The Wraparound Approach. In Burns & Hoagwood (Eds.) Community-Based Interventions for Children and Families. Oxford: Oxford University Press.

- Walker, J.S. & Bruns, E.J. (2006). The Wraparound process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.) *Community Mental Health Reader: Current Perspectives* (pp. 44-54). New York: Routledge.

- Bruns, EJ, Walker, JS, and Penn, M. (2008). Individualized services in systems of care: The Wraparound process. In B. Stroul and G. Blau (Eds.). *The system of care Handbook: Transforming mental health services for children, youth and families.* Baltimore, MD: Brookes.

- ❑ **The original monograph that described the principles of Wraparound and presented model programs for the field:** Burns, B.J., and Goldman, S.K. (Eds.) (1999). Promising practices in Wraparound for children with serious emotional disturbance and their families. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume IV*. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research. (You can download the entire monograph online at: http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf)

- ❑ **Two compendiums of case studies of Wraparound:** Kendziora, K. and Bruns, EJ (Eds.) (2001). Wraparound: Stories from the field. *Systems of Care: Promising Practices in Children's Mental Health, 2001 Series, Volume I*. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research. (You can download the entire monograph online at: http://cecp.air.org/Air_Monograph.pdf)

- ❑ **The first compendium of Wraparound case studies:** Burchard, JD, Burchard, SN, Sewell, R., & VanDenBerg, J. (1993). *One Kid at a Time: Evaluative Case Studies and Description of the Alaska Youth Initiative Demonstration Project. (This can be obtained by contacting the Georgetown Technical Assistance Center.)*

- ❑ **An article about measuring treatment fidelity that references the Wraparound Fidelity Index as an example:** Bruns, E. J., Burchard, J. D., Suter, J.S., & Force, M.D. (2005). Measuring fidelity within community treatments for youth: Challenges and strategies. In Epstein, M. Kutash, K. & Duchnowski, A. (Eds.) *Outcomes for Children and Youth*. Austin, TX: Pro-ED.

- ❑ **A book by Karl Dennis and Ira Lourie, two of the original pioneers of the Wraparound philosophy and advocates for using the Wraparound process in service delivery:** Dennis, K. W., & Lourie, I.S. (2006). *Everything is normal until proven otherwise: A book about Wraparound services.* Washington, DC: Child Welfare League of America.