



WRAPAROUND FIDELITY ASSESSMENT SYSTEM (WFAS) DOCUMENT ASSESSMENT AND REVIEW TOOL

Manual for Use & Scoring

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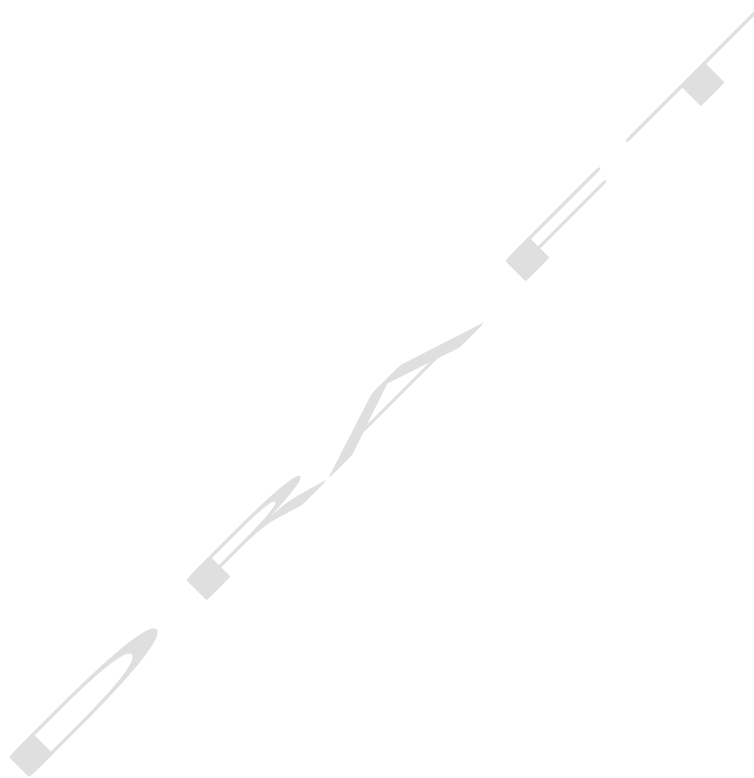
<http://depts.washington.edu/wrapeval>

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PREFACE

INTRODUCTION TO THE DART AND THIS MANUAL

The Document Assessment and Review Tool (DART) is one component of the Wraparound Fidelity Assessment System (WFAS), a multi-method approach to assessing the quality of Wraparound process planning and implementation for children and youth with complex needs and their families. WFAS instruments include interviews or surveys with multiple stakeholders (the Wraparound Fidelity Index or WFI-4 and WFI-EZ), a team observation measure (TOM/TOM 2.0), this Document Assessment and Review Tool, and an instrument to assess the level of community support for Wraparound (Community Supports for Wraparound Inventory or CSWI). The instruments that comprise the WFAS can be used individually or in combination with one another, to promote a more comprehensive assessment.

USES OF FIDELITY ASSESSMENT MEASURES

Fidelity measurement is a core implementation support to evidence-based practices. Fidelity is a construct that defines implementation adherence to the defined Wraparound model. The WFAS provides a method for conducting fidelity measurement for the Wraparound process, as specified by the National Wraparound Initiative (<http://nwi.pdx.edu/>).

As a fidelity measurement system, WFAS instruments were designed to support both program improvement as well as research. With respect to **program improvement**, sites or programs delivering services via the Wraparound process can generate profiles, organized by the activities of the Wraparound process or the 10 principles of Wraparound, to illuminate areas of relative strength and weakness. This information can be used to guide program planning, training, and quality assurance.

With respect to **research**, data from WFAS instruments can help evaluate whether the Wraparound process has been adequately implemented, and thus aid interpretation of outcomes. In addition, researchers on youth and family services may wish to use WFAS instruments to measure the relationship between adherence to the Wraparound model and outcomes, as a way to explore which aspects of service delivery are most important to child and family well-being.

THE DOCUMENT ASSESSMENT AND REVIEW TOOL

The Document Assessment and Review Tool (DART) is employed by supervisors, coaches and external evaluators to assess adherence to standards of high-quality Wraparound as documented in the Wraparound records. It consists of 9 main fidelity sections with a total of 42 items, plus a 7-item clinical and functional outcomes section and a single global outcome question. The DART examines evidence of the adherence to key elements of the Wraparound process and practice expected to be captured in routine documentation.

MANUAL STRUCTURE

This manual is intended to assist you to use the DART as a part of your Wraparound quality assessment process. It is intended to provide our new collaborators with sufficient information to use the DART, including a basis for training reviewers and a reference for DART administration and scoring. The manual is divided into four chapters:

1. An introduction to the DART;
2. A discussion of user qualifications and reviewer training;
3. Preparations to take before conducting reviews;
4. Notes and scoring rules for each DART item; and

An overview of the Wraparound model and terminology is provided in Appendix A.



Though we are pleased to provide measures of the WFAS, the DART, and this manual for use to the field as a whole, use of the DART and its manual continue to be restricted to collaborators who have an agreement with our research team. For more information about collaborating with our team as a pilot community or program, please visit our website at <http://depts.washington.edu/wrapeval/content/becoming-wfas-collaborator>.

We highly value feedback at any phase of your collaboration. If you have questions, recommendations, or suggestions please contact us. In addition, we are interested in other uses for this measure that might better fit your needs. We appreciate your collaboration with us!

Thank you and best wishes,

The Wraparound Evaluation and Research Team (WERT)

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CHAPTER 1: ORGANIZATION OF THE DART

As described in the Preface, the Document Assessment and Review Tool (DART) consists of 9 main fidelity sections with a total of 42 items, and is designed to assess adherence to standards of high-quality Wraparound as documented in the record. Additionally, there is a final 8-item section to assess outcomes.

The DART was designed to be relatively straightforward. Wraparound fidelity does not prescribe precisely what documentation should look like, and different programs use different formats. The DART was designed to look for critical elements in documentation that match fidelity standards as defined by the National Wraparound Initiative and that are routinely included in family records, such as intake and assessment paperwork, plans of care, progress notes, safety plans, etc.

The first page of the DART collects basic information about the circumstances of the document review (Section A), the case (Section B), and the youth enrolled in Wraparound (Section C). This information provides necessary context for interpreting results and can help internal or external program evaluators detect trends in fidelity.

The rest of the DART is divided into six scored sections:

- D. Timely Engagement** (7 items): assesses whether or not the care coordinator moved forward with a sense of urgency and engaged the family in a timely manner and compiled all needed information within the 30 day period following referrals and whether or not Child and Family Team Meetings were held at least monthly.
- E. Wraparound Key Elements** (25 items): evaluates how robust and consistent team meeting attendance was (“Meeting Attendance” subscale; items E8, E9, E10, E11, E12, E13) and how fully the documentation demonstrates adherence to four key elements of Wraparound practice¹ areas, including:
 - Driven by Strengths and Families (E1, E2, E3, E4, E5, E7, E8, E9)
 - Natural & Community Supports (E6, E13, E14, E19, E20, E21)
 - Needs-Based (E15, E16, E17, E18)
 - Outcomes-Based Process (E22, E23, E24, E25)

These key elements align with domains found on the Wraparound Fidelity Index—Short Form (WFI-EZ) and the revised Team Observation Measure (TOM 2.0).
- F. Safety Planning** (3 items): determines whether or not there is a crisis/risk management/safety plan in the record and if it does a sufficient job articulating triggers and identifying specific actions and interventions.
- G. Crisis Response** (3 items): collects how many crisis/reportable events have happened to the youth since enrollment and what actions were taken as a result.
- H. Transition Planning** (5 items): if the family is in transition out of Wraparound, then three questions are asked about planning for and celebrating the transition and a final question about transition reason serves as a global outcome question.
- I. Outcomes** (7 items): assesses whether or not various potential adverse events (hospitalization, placement, arrest) have occurred since the youth enrolled in Wraparound and whether or not their mental health, interpersonal and school functioning has changed.

¹ The Team Observation Measure, version 2 (TOM 2.0) and the Wraparound Fidelity Index (WFI-EZ) also include “Effective Teamwork” or collaboration as a key element to Wraparound fidelity. Since team process is not fully assessable via documentation, that element is left out of the DART.

CHAPTER 2: QUALIFICATIONS FOR USE AND SAMPLING GUIDELINES

QUALIFICATIONS FOR USE

The DART was designed to be a fairly straightforward measure that could be used by any community or site interested in collecting fidelity information on Wraparound implementation, or overall quality of other child and family team processes. It was also designed so it could be administered by reviewers of many types of backgrounds, including researchers, evaluators, family members, and students. However, there are several criteria a community or program and the reviewer must meet before using the tool.

1. *An individual with some background and experience in evaluation research or quality assurance and data management should lead the local effort.*

Those responsible for training reviewers, data entry and management, and data analysis and reporting should have training and/or experience in those particular areas. Our research team will provide a manual, sample gold standard records to review, and a PowerPoint to be used in training reviewers; however, given the localized nature of Wraparound documentation, the training of reviewers should be locally-developed. The individuals leading the local effort should use the DART to score 2-3 sample records (ideally by consensus) to create “gold standards” that can be used for training purposes. It is expected that the materials provided, in the hands of an experienced evaluator or person with experience in quality assurance and knowledge of the Wraparound process, should suffice.

2. *Reviewers should have experience with the Wraparound process.*

It is important that reviewers understand the Wraparound process. This should include, at a minimum, completing an orientation to Wraparound (included in this manual and online within the WERT website: <http://depts.washington.edu/wrapeval/content/resources-current-collaborators#>) and a review of articles on Wraparound principles, phases and activities and theory of change (see “Key NWI Publications” under the “Publications” picklist on the National Wraparound Initiative’s website: <http://nwi.pdx.edu/>). It may be beneficial for the observer to have some “hands-on” experience with Wraparound implementation.

The above is not to imply that only researchers must administer the DART. Though sites often contract with universities or other traditional research partners to collect fidelity, outcome, and/or satisfaction data, many sites that employ Wraparound have successfully employed teams of parents or other “non-traditional” evaluators to collect such data. Given adequate training and supervision, such reviewers may even be preferable to “formal” research team members. Their notes may be richer and better informed by their own experiences. In addition, reviews by supervisors and coaches may be a preferred way to incorporate ongoing quality improvement into the system. Regardless of the reviewers’ backgrounds, it is crucial to ensure that those who administer the DART are adequately trained on the DART and its User Manual, and that they are adequately supervised. The statements in Section 3 summarize our research team’s expectations on qualifications of individuals who use the DART.

3. *Requirements for Document Reviewers.*

It is expected that a local community that employs multiple DART reviewers will take the time to administer training for these individuals that includes the following activities, preferably in this order:

1. An overview of the Wraparound process, including its principles, key elements, and four phases and activities (see “Key NWI Publications” under the “Publications” picklist on the National Wraparound Initiative’s website: <http://nwi.pdx.edu/>)
2. An overview of the purpose and structure of the DART
3. A review of general DART administration procedures contained in this manual
4. A review of individual DART items and scoring rules contained in this manual
5. A review of the accompanying DART training presentation about how to administer and score the DART
6. Group practice document review on real (local) charts with an experienced reviewer, either from WERT or a local expert
 - a. New reviewers should set aside a few hours to participate in a “live” group review process led by an experienced reviewer (either a WERT employee or a local expert identified by them) in which the group views a single local record and talks through scores. This process allows the group to come to a consensus about how to interpret locally-specific documentation and become further familiarized with the DART.
 - b. Before this group activity it can be helpful to have all new reviewers orient themselves with where relevant material can be found in the local record. Specifically, all new reviewers should be able to quickly locate the various types of information listed on page 17 of this manual. They will act as experts on the local documentation, which the process facilitator will be an expert on scoring the DART.
7. A handful of interrater comparisons before starting independent reviews
 - a. If feasible, the first few reviews should be duplicated by two reviewers so scores can be compared and further aligned before reviewers take responsibility for independent reviews. If being conducted in pairs, it is recommended that each reviewer complete the DART individually, followed by comparison of scores by both reviewers and reconciliation of scores that are not the same. The reconciled DARTs can be used for reporting. Repeat this process until all parties feel comfortable moving forward with independent reviews.
8. Periodic group and/or individual supervision for reviewers
 - a. Once the evaluation has begun and records are being reviewed, team meetings or supervision sessions should also be held periodically so that members of the team can discuss administration issues they are encountering, scoring questions, and other issues as a group.

Though this recommended regimen may seem intensive, we believe it is critical to ensuring reliable and valid administrations and DART scores. The first four activities should be relatively straightforward. This User Manual can be used as an introduction for observers and a reference for administration and scoring.

SAMPLING GUIDELINES

In order to conduct a valid evaluation using any WFAS tool, it is necessary to administer the measures with a sample (of respondents, of team meetings, or of records) that is **representative** of the initiative or project overall. For the DART, we recommend a stratified random sample of 20-30% of the families each care coordinator is working with.

Question	Answer
<i>How many care coordinators should have their records reviewed?</i>	<p>If possible, records from all of the care coordinators should be included in the review.</p> <p><i>Note:</i> If the evaluation encompasses more than 5 care coordinators, or multiple supervisors, then a random sample of care coordinators (stratified proportionally by supervisor) could be chosen to reduce the resource burden of the review. The larger the entity being reviewed, the smaller the number of care coordinators per strata will be.</p>
<i>How many families should have their records reviewed?</i>	<p>2-4 records should be randomly chosen for review <i>per care coordinator</i> (assuming staffing ratios of 8-15 families). The smaller the total population of families served by the project, the more records <i>per care coordinator</i> that should be reviewed.</p> <p><i>Note:</i> If staffing ratios are very uneven across care coordinators, try to make the sample proportional so the results represent not only each care coordinator's practice, but the overall practice of the program.</p>
<i>Which family's records should be included in the sample?</i>	<p><u>A family's record should not be reviewed using the DART until at least two Child and Family Team Meetings (CFTMs) have occurred AND a plan of care has been developed.</u></p> <p><i>Note:</i> Reviewing records of families who have recently exited Wraparound services can be useful, as long as they meet the criteria above. Transition files allow for a thorough review of transition planning and outcomes.</p>
<i>How often should a sample be selected and the DART administered?</i>	<p>Depending on size of the Wraparound initiative and the goal of the evaluation, sites may choose to collect data 1x per year, 2x per year, etc. Or, they may choose to review the file of each youth/family at a certain time in their service (e.g., at 3 months, 9 months, at exit, etc.).</p> <p><i>Note:</i> If fidelity data collection is going to proceed over time, then once a sampling method is determined, the same method should be used consistently across data collection waves. A site or program could systematically draw samples and complete interviews/observations on a set schedule (e.g., every 6 months, every year, every 2 years).</p>
<i>How often is data collected for every family?</i>	<p>Once per family unless selected twice as part of the random sample.</p>

CHAPTER 3: PREPARING FOR AND CONDUCTING DART REVIEWS

This chapter includes information on other types of preparation for reviews as well as identifying and engaging participants in the DART quality assessment. **It is important for those overseeing evaluation using the DART to review this chapter before training observers or scheduling any reviews.**

PROJECT APPROVAL

Even before hiring or training begins, an Institutional Review Board (IRB) or Human Subjects Research Committee may need to approve your site's evaluation. If your site is at or affiliated with a college, university, or research center you should have a local IRB. If so, you should obtain approval (or an exemption) from them prior to beginning a formal evaluation.

SELECTING AND PREPARING REVIEWERS

For research purposes, it is important to use reviewers who are not directly involved with the services and supports that are being delivered to the families whose charts are being reviewed. As mentioned in Chapter 2, reviewers should have adequate knowledge of the service delivery system (including the common terms for child-serving agencies and their representatives), the Wraparound process model, the User Manual, and have met DART credentialing requirements. Training should occur well in advance of actual reviews and should cover this entire manual. Reviewers should have sufficient practice administering the DART prior to starting.

For quality improvement purposes, it may make more sense to have the supervisors and coaches perform the reviews. In this way, they can give immediate feedback to staff and use the information in ongoing coaching and training. To get a larger sample you may also use a peer coaching approach, in which care coordinators review other care coordinators' documents. This approach should include pairs doing reviews and using the results in group coaching. By either approach it would be helpful to have a small number of these reviews also done by an external reviewer to ensure reliability of scores.

ENGAGING WRAPAROUND CARE COORDINATORS AND PROVIDERS

Similar to caregivers and youths, Wraparound care coordinators (or care coordinators, care managers, team leaders) must be "on board" as stakeholders in the evaluation. Their investment and involvement is crucial to the process and it is recommended that ample time be taken to review the reasons for the evaluation and reasons their documentation is being reviewed. This should be done in advance of asking them to participate individually in a DART review. For example, care coordinators or care coordinators on staff at a program may be informed about the evaluation during a staff meeting or supervision session. Later, the care coordinator will need to be informed their chart has been specifically selected for inclusion in the evaluation, and informed when a reviewer hopes to conduct the review. It will help the process to inform the care coordinator in advance so they can ensure all documentation is available, and will be available for follow-up questions.

Care coordinators and other team members need to be reminded that DART data will be used to provide comprehensive feedback on how Wraparound is being implemented and that the data will be used to identify and support training needs. DART data may be submitted to supervising agencies or policy makers to help attest to the program's meeting standards of accreditation. Data can also be used to make the case for additional funding and support (e.g., greater flex funds, lower caseloads).

SETTING UP FOR THE REVIEW

Before you begin the review, ensure you have all the materials you need. These materials include:

- Access to the selected family record/ file documents, either in paper or electronic format; if some of the documentation is only available in an Electronic Health Record (EHR) system you may need to arrange access to a secure computer terminal or laptop and login information to access the records
- Enough printed DART forms for your review
- A printed or accessible electronic version of this manual
 - ***READ THIS MANUAL THOROUGHLY BEFORE BEGINNING YOUR RECORD REVIEW TO ENSURE RELIABILITY AND SAVE VALUABLE TIME DURING THE REVIEW.***

COMPLETING THE DART

As a trained DART user, you should be prepared to look for information relevant to the 50 items on the tool. It typically takes 45-60 minutes to review one record, when done in a focused and efficient manner. **It may be tempting to review absolutely everything in the record to be certain of your item scores. However, that is not usually necessary or feasible given your review resources.** A more efficient approach to the review may be the following; however, your preferred review style may differ:

1. Before starting your reviews, **familiarize yourself with the structure of the files** at the provider organization being reviewed. Look at the paper and electronic files to get a sense of where key pieces of information are typically located. For example, where are referral forms, assessment and engagement information, and corresponding dates found? How are the content and attendance of child and family team meetings documented? Where are Wraparound plans of care stored? It may be helpful and quickest for someone from the organization to walk you through the records' organization.
 - a. NOTE: If possible, set aside 1-2 hours at the beginning of your process to review the manual while being able to access a case file. A "dry run" of this sort, especially in conjunction with other reviewers, if possible, can make the rest of the review quicker and ensure that all reviewers are focusing on the same documents and interpreting the manual in the same way.
2. At the beginning of a record review, spend **5-10 minutes assessing the basic facts** of the family and their reasons for Wraparound involvement to get some context for the review:
 - a. Try to locate information **relevant to Sections A-C**
 - b. Read any referral documents and skim any psychological assessments or family histories
3. Move on to **locating essential dates for section D** (Timely Engagement):
 - a. Quickly flip through referral paperwork and note dates of key meetings.
 - b. Look for dates of CFTMs. This is often contained in meeting minutes and/or plans of care.
 - i. It is a good idea to use the optional **Child and Family Team Meeting Attendance Grid** to note the dates of each CFTM and who attended. This will help speed up scoring for the Meeting Attendance items in Section E.
 - c. If you are consistently having difficulty locating dates, it may be necessary to task organizational personnel with locating this information, which is often tracked electronically, while you carry out the rest of your review. Do not spend too much time on this task.

4. Now that you have a basic sense for the family and the number of CFTMs that have been held, **read through the first few and last few CFTM meeting minutes and/or plans of care and answer as many of the items in Section E (Key Elements) as possible.**
 - a. *Do not read progress notes unless absolutely necessary*, and only after you have tried to answer as many items as necessary using just the CFTM meeting minutes and/or plans of care.
5. Complete **Sections F (Safety Planning), G (Crisis Response), and H (Transition Planning)**, if applicable.
6. Complete **Section I (Outcomes)** *to the best of your ability given the documentation you have already reviewed*. Only go back to the record if you are very uncertain about how to score an item.
7. Once you think you've completed the record's review, quickly scan each page of the DART tool to **ensure that each item is scored**, that you agree with your score, that you've reviewed the majority of the record, and that any notes you wanted to make are clear.
8. **DO NOT CALCULATE FINAL SCORES DURING YOUR REVIEW TIME.** Usually you have a limited amount of time to access the records for your review. Do not spend this valuable time calculating scores. This can be done after the fact, and often electronically during data entry.

RECORDING REVIEW NOTES AND COMMENTS

The DART form has small areas for “Notes” next to each item, as well as an area for “Review Comments” at the end of Section H. Writing down your own observations and comments about the Wraparound process is a very important component of completing the DART review, for two reasons. First, these notes may be useful to you as you assign scores later on. Second, such information provides rich details that may be helpful in constructing evaluation reports and guiding quality improvement efforts. Wherever possible, provide direct examples and specific rationale. Some examples of useful reviewer notes and comments include:

- **Examples of why you scored certain items.** For example, in scoring item E25 (“There is evidence that the Wraparound plan of care is meaningfully updated at each team meeting.”) you decide to score a 1. You might note that the plan is updated sporadically with information on progress toward needs, but not consistently after each team meeting.
- **Summary comments that will help provide additional information for the evaluation.** For example, you might note on the “Comments” section on page 9: *“The Wraparound care coordinator did a great job of working through initial hesitation to include natural supports by the family, and now two are active on the team.”*

TYPES OF COMMENTS AND NOTES NOT TO INCLUDE

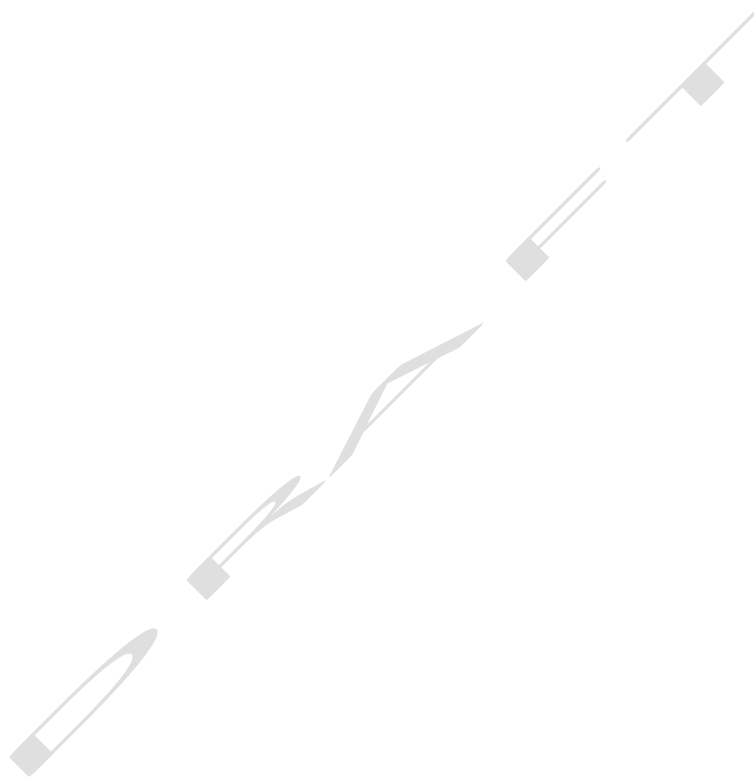
- DO NOT use names. Use roles, relationships, job titles, or initials.
- Do not give ONLY your opinions. Present specific evidence.

SCORING THE DART

After completing the review, plan on taking at least 15 minutes to sit down with your DART form and User Manual to review your notes and complete scoring while the review is still fresh in your mind. Revising a score after reviewing the manual is acceptable as long as you are sure that the new score is the most appropriate. More information about scoring the DART can be found in Chapter 4.

SCORING THE DART IN PAIRS

As noted in Chapter 2, DART reviews may be conducted in pairs at the beginning of an evaluation, as a way of assisting reviewers to master the tool. Pairs may also be used consistently throughout an evaluation. For example, some communities have consistently employed reviewers of two different types (e.g., a parent advocate paired with a provider or university-based evaluator) to conduct reviews together. If reviews are conducted in pairs, the evaluation team must come to agreement about how to reconcile different scores across raters. A recommended approach would be to (1) have each reviewer assign their own scores, (2) review scores that differ and attempt to come to a consensus using the scoring rules in the DART manual, and (3) bringing items for which consensus could not be reached to the evaluation supervisor or evaluation team meeting for discussion and a final decision.



CHAPTER 4: SCORING RULES FOR DART ITEMS

This chapter includes detailed notes and scoring rules for each of the DART items. The reviewer should be familiar with these rules before conducting a review in order to make it as efficient as possible to “score on the go.” At the same time, the reviewer will likely want the manual available when it comes time to review scores that were assigned.

COVER SHEET (SECTIONS A-C)

The first page of the DART form collects information about the youth and record being reviewed. Section A documents specifics about the review itself, including the date of review, reviewer information, and how much time was spent conducting the review. Sections B & C document details about the youth that will be useful in scoring certain items. Section B summarizes basic case information such as phase in the Wraparound process, and Section C asks questions regarding youth demographics, behavioral issues, and residential placement.

DART ITEM RESPONSE OPTIONS

The 50 items of the DART employ a variety of scoring methods. Items can either be scored on a 0 to 2 response scale or Yes/No/Not Applicable. Below are general guidelines to follow when scoring each item; however, please also refer to the item-specific scoring rules in the remainder of this chapter for more details.

- **2 or Yes** should be scored if there is clear evidence that the item has been fully met.
- **1** should be scored if there is evidence that the item requirements have been partially met.
- **0 or No** should be scored if there is no evidence that the item has been met.
- **N/A** is an option for some items only, and is used if, for some reason, the item is not applicable given the youth, family, or team’s situation.
- **Miss** is an option for some items only, and is used if, for some reason, the documentation needed to assess the item is not available in the record.

A FEW NOTES ABOUT TERMINOLOGY AND A BRIEF TOOL-SPECIFIC GLOSSARY

- **“Care Coordinator”** means the person responsible for leading the Wraparound process. They are sometimes called “Facilitators,” “Care Managers,” or may have another title.
- **“Child and Family Team Meeting”** means the formal and regularly occurring gathering of the majority of, if not all, members of the team assembled to help the youth and family achieve their mission and vision. This meeting should include more than the care coordinator and family.
- Many of the items’ scoring guidelines include percentages (%). Most of the time, it is not necessary to calculate the exact percentage of time the particular event occurred; rather, an approximation is acceptable in determining which score to assign the item.
- There are many references in the DART and its manual to the **“plan of care.”** However, the plan of care may be different depending on the team, site, or community. In scoring items, the reviewer should consider whatever the team is using to guide their work with the youth and family over a series of Child and Family Team Meetings. It may be a formal, centralized document with goals and action steps that everyone signs. Or, the plan might consist of a team mission or set of needs that is brought to every team meeting and is only visible in routine “meeting minutes.” Toward the beginning of your review, determine

what the Wraparound provider organization uses for the plan of care, and then refer to that as you rate the questions asking about the “plan.” Needless to say, less formally documented plans may compromise the reviewer’s ability to give full credit for some of the items, because objective information will not be available to support assigning full credit.

- Relatedly, the terms strategies, outcomes, and tasks are also used to describe key components of a plan of care. **Strategies** are the individual services, supports, creative action steps, etc. that the team thinks will help to meet the youth’s and family’s needs. Strategies are usually further broken down into discrete **tasks** that team members are assigned as steps along the way to implementing the strategies. **Outcomes**, sometimes called “goals” are usually concrete behaviors that the team expects to be impacted by meeting the youth’s and family’s needs. These are ideally related to the reason the family enrolled in Wraparound and are routinely monitored for change over time.
- Each section of the DART tries to point the reviewer toward the documentation most likely to contain the information needed to score the relevant items. Local terms for this documentation may vary, but the information contained within should be somewhat consistent if the initiative is adhering to the Wraparound model. Below is a list and description of common elements of a Wraparound case record, in addition to the “plan of care” described above. Reviewers should ask a person familiar with the layout and terminology of the organization’s records to identify where the information is most likely to be found.
 - **Progress Notes:** documentation of interactions with family and other team members, as well as activities undertaken by the care coordinator in the service of the case; sometimes called “contact notes”
 - **Referral paperwork:** referral forms, documentation from the screening and intake process; often explains the reasons for the youth and family’s need for services and provides some background history
 - **Strengths, Needs, & Culture Discovery / Family Story:** a narrative and/or list outlining the family members’ strengths, needs, and cultural background, as well as providing a deeper understanding of the family’s functioning and history; often created during the first few contacts with a youth and family
 - **Standardized Assessments:** data or reports from administration of a standardized assessment tool, often related to mental health and/or functioning; examples include the Child and Adolescent Needs and Strengths (CANS) tool, the Ohio Scales, depression scales, etc.
 - **Documentation from System Partners:** school grades and reports, assessments and progress reports from mental health service providers, probation officers, child welfare staff, etc.
 - **Crisis/Safety Plan:** a document that identifies triggers or behaviors that indicate onset of a crisis or risk situation and what specific actions and interventions should be taken to address the situation
 - **Transition Plans:** documentation related to the youth and family’s ending of services; often includes specific action steps to help support the youth and family through the process and what supports will remain after exit; could also include evidence of a celebration/graduation

WHAT TO DO WHEN YOUR DOCUMENTATION DOESN’T MATCH THE DART

While the DART tries to accommodate a variety of documentation strategies, and does not prescribe a specific template for Wraparound documentation, it does make some assumptions about your documentation (as distinct from your practice, which the DART measures *using* documentation) that are important to understand before scoring:

CHAPTER 4: SCORING RULES FOR DART ITEMS

1. The DART will look for **Plans of Care that change over time**, ideally after every meeting. Some Wraparound implementations will only occasionally revise Plans of Care, and instead rely on progress notes or meeting minutes to track the decisions and conversations of each meeting.

2. The DART will assume that **Plans of Care are organized around, at a minimum, the Needs the youth and family and Strategies to address those needs**. Some Wraparound initiatives organize Wraparound around additional frameworks (e.g., “tasks,” “outcomes,” or “goals”), or use different terminology.

To the degree that your documentation does not adhere to the two assumptions above, the DART will become more difficult to use, and its results more difficult to understand. If this is true of your documentation, keep the following in mind:

1. Mark items as “Missing” where appropriate. Not all items allow a “missing” response, but for those that do, missingness is an actionable result in and of itself which describes the completeness of your documentation.

2. Remember that the DART is looking for evidence of fidelity in the documentation. If something is not recorded clearly in the documents you have available to you, the correct response to an item will often be “0 - Not Met.” Please do not rely on outside knowledge about practice or second guess what is recorded in the documentation.

3. If your documentation is very incomplete or wildly deviates from the two major assumptions of the DART, consider revising your documentation process and using the DART at a later date.

SECTION D: TIMELY ENGAGEMENT

The seven items of this section require that you compare two dates within the life of the documentation to determine if the key event happened within the standard time frame. The standards reflect high-quality practice as defined by National Wraparound Implementation Center trainers.

STEPS:

1. In the fourth column of Section D, labeled “Date(s)”, put the date of the event (e.g., first contact with the family following referral, etc.).
2. In the sixth column, labeled “Performance (# of Days)”, enter the number of days between the date in the fourth column and the other dates mentioned in the “Standard” column.
 - a. The other date will either be the referral date (from Section B on the first page) or another event date in Section D.
 - b. **Do not count the day of the “other date”. The first day is the day after that date.** See example for item D1, below.
3. In the last column, circle whether or not performance was met.
 - a. **Y** (Yes) if the standard is met.
 - b. **N** (No) if the standard is not met (i.e., the number of days is *more* than the standard allows).
 - c. **Miss** (Missing) if the performance could not be determined due to a lack of information in the case record.

NOTE: The information in the “Performance (# of Days)” column allows initiatives who have different standards than appear on the DART to compare performance to those expectations, as well. It also allows for more data (such as mode, maximum, and minimum) on each of the items to be calculated. Regardless of the internal performance standards, for the purposes of scoring Section D, please adhere to the standards outlined in the tool.

EXAMPLE:

Item D1: The youth and family were referred on 4/14/15 (what you enter for B3) and a representative from the Wraparound provider organization had their first contact with the family following the referral on 4/17/15 (what you enter in the fourth column of D1). Given this information, you would calculate that the family had their first contact 3 days after the referral (what you enter in the sixth column of D1); the three days would be counted as 4/15, 4/16, 4/17. Thus the standard on D1 was met for this family, and you would circle “Y”.

A NOTE ABOUT REFERRAL DATES AND PROCESSES

For some Wraparound providers, especially those attached to larger mental health providers, there can be a long lag time between when a family is referred for Wraparound and when a Wraparound staff member is allowed to contact the family. For example, in some programs a family must first be authorized for services or there is some other intermediate step the Wraparound program does not have control over. If this is the case, **it may be appropriate to use the date the family was “assigned” to the Wraparound care coordinator for items D1 and D2. Before starting a review, the reviewer should understand the referral process and decide with program personnel the best date to use for these items.** Please note, that we still encourage programs to advocate at the

system level to shorten the time between referral and service provision as much as possible to improve family engagement and address any crises the family may be experiencing that precipitated the referral.

OPTIONAL: CHILD AND FAMILY TEAM MEETING ATTENDANCE GRID

It is a good idea to use the optional Child and Family Team Meeting Attendance Grid to note the dates of each CFTM and who attended. This will help speed up scoring for the Meeting Attendance items in Section E and provide additional specific information about the case. To use the grid, list the dates of the CFTMs in the upper row (usually newest first, since that's how most records are structured). Then, list the number of each type of team member that was present at the meeting. If it's clear that a particular type of member is not part of the team, enter "N/A". If the type of member is part of the team, but not present at the meeting, enter "0".

The last row of the grid provides space to capture whether or not the Plan of Care discussed at the team meeting was meaningfully updated (see item E25).

We recommend looking for sign in sheets with the signatures of the team members, if available. Records of team members recorded on Plans of Care are not always updated, and may be misleading.

A NOTE ABOUT TRANSITION-AGE YOUTH

If the record being reviewed is for a transition-age youth (i.e., a youth over the age of majority or emancipated), items referring to a parent/caregiver could be scored N/A if no parent/caregiver is on the team. Furthermore, items that refer to the "youth and family" should be scored as they refer to only the youth. *However*, if a parent/caregiver or other close family member is engaged in the Wraparound process and is a team member, the items referring to a parent/caregiver and "youth and family" should be scored 0/No, 1, or 2/Yes.

A NOTE ABOUT SIBLINGS

Family members who live in the home are generally not considered "natural supports." This includes siblings who live at home. It is possible that an older sibling who lives on his or her own may count as a "natural support." Normally, siblings should be counted among "other family members who live at home."

SECTION E. WRAPAROUND MODEL KEY ELEMENTS

E1. AT LEAST ONE CAREGIVER OR CLOSE FAMILY MEMBER ATTENDED EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: The term "caregiver" refers to the person or persons with primary day-to-day responsibilities of caring for the child or youth. This can be a biological or adoptive. This person should not be paid to be the child's caregiver, and so foster parents and group home professionals do not count as caregivers for the purposes of this tool.

SCORING

2 if at least one caregiver or close family member attended every Child and Family Team Meeting.

1 if at least one caregiver or close family member attended some (50-99%) Child and Family Team Meetings.

0 if there a caregiver or close family member attended fewer than half (<50%) of the Child and Family Team Meetings.

N/A if the youth is emancipated or the age of majority or older AND has chosen not to have a caregiver involved in planning.

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

E2. THE YOUTH ATTENDED EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: Youths 11 years and older and involved in Wraparound should be in attendance at their own team meetings. While team members and care coordinators often provide reasons for youth not to attend (e.g., he or she is in school at the time of the meeting, has a doctor's appointment, or just doesn't want to come), unless a youth experiences a significant developmental or medical disability that makes their presence impossible, the team should ensure that a youth 9 years or older is in attendance at their Wraparound meetings. *For youth in a restrictive out-of-home placement, including hospital or detention settings, participating via phone may count as attendance.*

SCORING

2 if the youth (9 or older) attended every Child and Family Team Meeting.

1 if the youth (9 or older) attended some (50-99%) Child and Family Team Meetings.

0 if the youth (9 or older) has attended fewer than half (<50%) of his/her Child and Family Team Meetings.

N/A if the youth is 8 years or younger and/or is not developmentally able to participate.

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

E3. ALL KEY REPRESENTATIVES FROM SCHOOL, CHILD WELFARE, AND JUVENILE JUSTICE AGENCIES WHO SEEM INTEGRAL TO THE PLAN OF CARE ATTENDED NEARLY EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: Key representatives from school, child/welfare/social services, or juvenile justice (i.e., public agencies) are those who have a primary role in implementing strategies in a youth and family's plan of care or who are implicated in important goals for the family (such as succeeding in school, transitioning home, or getting off probation). Ideally, all of the key representatives should be formal team members and attend every Child and Family Team Meeting. Your judgment of which team members are integral to the Wraparound process should be based on the needs being addressed in the Wraparound plan of care. *Please note: school personnel should not be "dinged" for lack of attendance during the summer months.* Attendance by phone is acceptable and "counts" for this item.

SCORING

2 if ALL of the seemingly integral team members affiliated with education, child welfare, or juvenile justice agencies were on the team AND ALL were present at nearly every (>80%) Child and Family Team Meeting.

1 if ALL of the seemingly integral team members affiliated with education, child welfare, or juvenile justice agencies were formally on the team, BUT ALL were only present at some (50-80%) of the Child and Family Team Meetings, i.e., at least one of the integral system partners had inconsistent attendance and/or a missed several meetings.

0 if the team is missing seemingly integral members affiliated with education, child welfare, or juvenile justice agencies AND/OR ALL of the integral system partners were present at less than half (<50%) of the Child and Family Team Meetings, i.e., at least one of the integral team members had extremely inconsistent attendance and/or missed most meetings.

N/A if no system partners should be involved.

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

E4. ALL OTHER SERVICE PROVIDERS WHO SEEM INTEGRAL TO THE PLAN OF CARE ATTENDED NEARLY EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: Other service providers may include a mental health counselor, medical doctor, tutor, one-on-one aides, etc.; essentially any paid professional the youth and/or family is not mandated to interface with but is receiving services from. Ideally, all of the relevant providers should be formal team members and present at every Child and Family Team Meeting. Your judgment of which team members are relevant to the Wraparound process should be based on the needs being addressed in the Wraparound plan of care.

Attendance by phone is acceptable and should be counted.

SCORING

2 if ALL other relevant service providers (not involved with the key system partners listed above) were on the team AND ALL were present at nearly every (>80%) Child and Family Team Meeting.

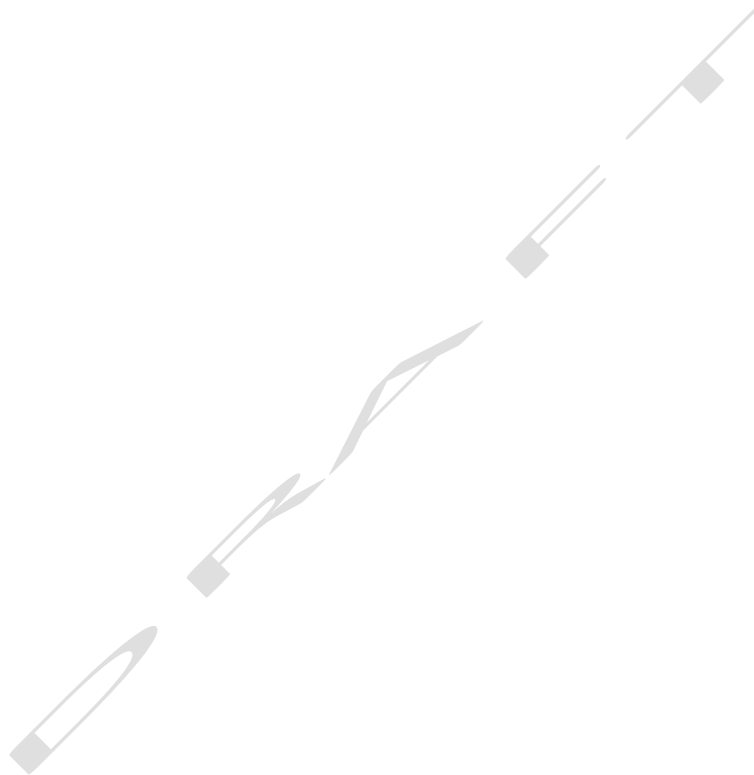
1 if ALL other relevant service providers (not involved with the key system partners listed above) were on the team, BUT ALL were only present at some (50-80%) of the Child and Family Team Meetings, i.e., at least one of the integral team members had inconsistent attendance and/or a missed several meetings.

0 if the team was missing a relevant service providers (not involved with the key system partners listed above) AND/OR ALL of the relevant service providers were present at less than half (<50%) of the Child and Family Team Meetings, i.e., at least one of the integral team members had extremely inconsistent attendance and/or missed most meetings.

N/A if no other service providers are involved with the family.

CHAPTER 4: SCORING RULES FOR DART ITEMS

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.



E5. ALL PEER PARTNERS (E.G., FAMILY ADVOCATES, FAMILY SUPPORT PARTNERS, YOUTH SUPPORT PARTNERS, ETC.) WHO ARE WORKING WITH THE YOUTH AND FAMILY ATTENDED NEARLY EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: This item is NOT APPLICABLE if the family is not working with any peer partners. Peer partners serve a unique role on a Wraparound team. They directly support a caregiver or youth by increasing their coping skills and understanding of the system in order to help them engage and actively participate on the team and make informed decisions that drive the process. If they are on the team, they should attend every Child and Family Team Meeting.

SCORING

2 if ALL peer partners working with the youth or family were present at nearly every (>80%) Child and Family Team Meeting.

1 if ALL peer partners working with the youth or family were present at many, but not most (50-80%) of the Child and Family Team Meetings (i.e., there was inconsistent attendance and/or a member missed several meetings).

0 if ALL peer partners working with the youth or family were present at fewer than half (<50%) of the Child and Family Team Meetings (i.e., there was extremely inconsistent attendance and/or an integral member missed most meetings).

N/A if the family is not working with any peer partners.

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

E6. AT LEAST ONE NATURAL SUPPORT (E.G., EXTENDED FAMILY, FRIENDS, AND COMMUNITY SUPPORTS) FOR THE FAMILY ATTENDED EVERY CHILD AND FAMILY TEAM MEETING.

NOTES: Natural supports are individuals such as extended family (grandparents, aunts/uncles, cousins, etc.), friends, or neighbors; ministers or other faith representatives; community mentors or business owners; or others who come from the family's community or informal support network. Younger siblings who are part of the family unit *do not* count as natural supports on the team. Older siblings and other extended family members (who live outside the home) can be counted as a natural support if they are actively participating as a unique member of the team, have specific roles and contributions to plan development, and have sufficient mental or other resources to be able to truly offer the family support. Peer-to-peer support partners, whether volunteer or paid, are NOT considered natural supports, as they have a formal role in service provision and typically are not expected to continue their relationship with the youth or family once services end. The family's context and planning goals may dictate who can be considered a natural support. A key principle of Wraparound is that these individuals are critical to supporting youth and families over the long term and thus they will also be important to the ultimate success of the Wraparound effort. One or more natural or community supports should be present at the Wraparound meetings. Paid providers (including therapists and one-on-one aides) and representatives of formal systems are not included in the definition of natural supports. Paid family support workers employed by the

system to support a youth or family on Wraparound teams are also not truly natural supports. Attendance by phone is acceptable and “counts” for this item.

SCORING

2 if every Child and Family Meeting had a natural support in attendance.

1 if only some (50-99%) of the Child and Family Team Meetings had a natural support in attendance.

0 if fewer than half (<50%) of the Child and Family Team Meetings had a natural support in attendance.

MISS if there is no record of meeting attendance in the file, or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

E7. AN INVENTORY OF THE YOUTH’S STRENGTHS IS PRESENT, AND AT LEAST TWO STRATEGIES INCLUDED IN THE PLANS OF CARE ARE CLEARLY LINKED TO THEIR IDENTIFIED STRENGTHS.

NOTES: The highest-quality Wraparound teams are able to elicit the pre-existing functional strengths from the family’s stories and positive attributes that enable them to endure and cope with difficult situations, bounce back in the face of trauma, and excel despite the barriers they may experience. Once these functional strengths have been identified, they can be utilized in planning to increase the likelihood that the plan will be accomplished, and the youth and family can succeed on its own once Wraparound has concluded.

For the reviewer to judge the identification and utilization of a functional strength from documentation alone, they need to confirm that strengths were at least systematically identified, and then make a judgment as to whether those strengths have been used concretely in planning and/or strategy development by reviewing the plans of care.

A simple list of characteristics, such as “youth is nice” or “youth is funny”, does not usually qualify.

Has the team taken an identified strength such as, “Tasha uses cooking as a way to chill when things get tough?” Has this strategy been used to meet a need for Tasha and/or her family? Perhaps, a strategy to meet Tasha’s “need to know she can be the big sister she wants to be” could be for Tasha to cook a meal with her 2 younger sisters one dish a week and talk about things that happened over the week. Or, if her need is “to feel like she has ability to choose her own path as she grows up”, perhaps a strategy is for her to seek out a part-time job in food service, or enroll in a cooking class to explore career options.

For the Reviewer to judge the identification and utilization of a functional strength from documentation alone, they need to confirm that strengths were at least systematically identified, and then make a judgment as to whether those strengths have been used concretely in planning and/or strategy development by reviewing the plans of care.

SCORING

2 if there is an inventory of the youth's strengths in the record AND *two or more* of the strategies involving the youth are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the youth's strengths are being leveraged by the strategies).

1 if there is an inventory of the youth's strengths in the record AND *only one* of the strategies involving the youth are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the youth's strengths are being leveraged by the strategy).

0 if there is no documentation of the youth's strengths AND/OR there is not a clear link between the youth's strengths and the strategies listed in the plans of care.

E8. AN INVENTORY OF THE FAMILY'S AND/OR FAMILY MEMBERS' STRENGTHS IS PRESENT, AND AT LEAST TWO STRATEGIES INCLUDED IN THE PLANS OF CARE ARE CLEARLY LINKED TO THEIR IDENTIFIED STRENGTHS.

NOTES: See the Notes in E1.

SCORING

2 if there is an inventory of the family's and/or family members' strengths in the record AND *two or more* of the strategies involving the family and/or family members are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the family's and/or family members' strengths are being leveraged by the strategies).

1 if there is an inventory of the family's and/or family members' strengths in the record AND *only one* of the strategies involving the family and/or family members are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the family's and/or family members' strengths are being leveraged by the strategy).

0 if there is no documentation of the family's and/or family members' strengths AND/OR there is not a clear link between their strengths and the strategies listed in the plans of care.

N/A if there are no family members on the team.

E9. AN INVENTORY OF THE TEAM'S AND/OR TEAM MEMBERS' STRENGTHS IS PRESENT, AND AT LEAST TWO STRATEGIES INCLUDED IN THE PLANS OF CARE ARE CLEARLY LINKED TO THEIR IDENTIFIED STRENGTHS.

NOTES: See the Notes in E7.

SCORING

2 if there is an inventory of the team's and/or team members' strengths in the record AND *two or more* of the strategies involving the team and/or team members are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the team's and/or team members' strengths are being leveraged by the strategies).

1 if there is an inventory of the team's and/or team members' strengths in the record AND *only one* of the strategies involving the team and/or team members are *clearly* linked to their identified strengths (i.e., you could make a clear logical argument as to how the team's and/or team members' strengths are being leveraged by the strategy).

0 if there is no documentation of the team's and/or team members' strengths AND/OR there is not a clear link between their strengths and the strategies listed in the plans of care.

N/A if the team only consists of the care coordinator, youth, and (possibly) family members.

E10. THE INVENTORY OF STRENGTHS (FOR WHOMEVER IT IS PRESENT) IS UPDATED AT LEAST QUARTERLY.

NOTES: A strengths inventory should be a living document used for planning and updated as new strengths are uncovered or developed. Therefore, regardless of the quality or thoroughness of the strengths inventory, it is expected that the document or evidence of strengths discovery is updated routinely to remain relevant to planning. To meet the standard, this should be happening at least every quarter.

2 if a strengths inventory is present in the record AND the inventory, for whomever it was initially completed, is updated (i.e., new strengths were identified) *at least* every three months *for the life of the record*.

1 if the strengths inventory is present and was occasionally updated with new strengths or new team members, but not at least every three months *for the life of the record*.

0 if the strengths inventory is present, but does not appear to have been updated since its creation.

Miss if no strengths inventory is present.

E11. DETAILED AND SPECIFIC EXAMPLES OF THE YOUTH’S AND FAMILY’S CULTURE, VALUES, AND BELIEFS ARE PROVIDED, ESPECIALLY AS THEY RELATE TO THE REASONS THE FAMILY ENROLLED IN WRAPAROUND.

NOTES: This item assesses whether in-depth information about the family’s culture – especially related to the reason why they enrolled in Wraparound – is solicited and documented. For example, if school is a priority need, what is the family culture around education? Does the family feel that working part-time to contribute to help support the family is more important than getting good grades? Is dropping out of school seen as normal? Do the caregivers have very strict and high expectations of school achievement, at the expense of all other activities? Is the family consistently tardy to all activities, including school?

Culture is defined as the youth and family’s customs, traditions, beliefs/expectations, and practices. During initial engagement and planning, there should be systematic exploration of the family’s values, beliefs, and traditions, and how these will impact strategies, services, and supports that are chosen.

SCORING

2 if the strengths, needs, and culture discovery document or other initial assessment documentation provides extensive information around the family’s culture related to their reasons for enrolling in Wraparound.

1 if there are only brief descriptions of the family’s culture related to their reasons for enrolling in Wraparound OR there is detailed documentation of culture BUT not specifically relevant to the family’s reasons for enrolling in Wraparound.

0 if there is no documentation around the family’s culture, values, and/or beliefs OR there is only a brief description of the family’s culture that is not specifically relevant to their reasons for enrolling in Wraparound.

E12. DOCUMENTATION IDENTIFIES THE YOUTH’S AND FAMILY’S NATURAL AND COMMUNITY SUPPORTS AND EXPLAINS HOW THEY MIGHT BE PART OF THE TEAM OR INVOLVED IN IMPLEMENTING THE PLAN OF CARE.

NOTES: This item assesses whether potential natural and community supports have been identified so they can be targeted for team engagement and so that the team can account for them when developing an understanding of the youth and family’s culture and strengths.

SCORING

2 if there is documentation of extended family members and other natural and community supports with enough information to explain how they might be part of the team or Wraparound plan.

1 if there is documentation of extended family members and other natural and community supports, BUT not with enough information to explain how they might be part of the team or Wraparound plan.

0 if there is no documentation of extended family members and other natural and community supports.

E13. THERE IS A CLEARLY ARTICULATED, POSITIVELY-WORDED, LONG-RANGE VISION FOR THE ENTIRE FAMILY (NOT JUST THE YOUTH).

NOTES: A youth and family vision should be articulated early in the Wraparound process to serve as a guide post for the team. (Ideally, the team should routinely check in with the family about how close they are to achieving their vision to monitor the effectiveness of the Wraparound process.) The vision should articulate a desired future state the youth and family hopes participating in Wraparound will help them achieve, along the lines of “Life will be better when...” It should not be *solely* focused on the youth, the behaviors they need to stop, or the services they need to receive; rather, it should reflect long-term positive goals for the for both the youth and family. Even if the youth is over 18 and has chosen to not have his/her family involved in the Wraparound process, the vision should indicate how that youth wants to interact with others that are important to them.

SCORING

2 if there is a clearly articulated, *positively-worded*, long-range vision for the entire family (not just the youth) in the record.

1 if a vision statement was found in the record, but it either does not pertain to the youth AND family, AND/OR it is not positively worded (e.g., the vision is mainly focused on the behaviors the youth needs to stop, or services they need to receive) or does not include long-range goals.

0 if there was no evidence of an articulated vision for the youth or family in the record.

Note: *if the youth is transition-age and does not have family members on the team, the vision can be only about the youth. In this instance, if the vision is positively worded, score the item a 2, if the vision is not positively worded, score the item a 1, and if there is not vision found in the record, score the item a 0.*

E14. IF NATURAL SUPPORTS ARE NOT CONSISTENTLY ATTENDING CHILD AND FAMILY TEAM MEETINGS (SEE ITEM E6), THEN THERE IS EVIDENCE OF ONGOING AND PERSISTENT EFFORTS TO IDENTIFY AND ENGAGE THEM.

NOTES: This item is NOT APPLICABLE if E6 has received a score of 1 or 2, indicating semi-regular engagement of natural supports. This item assesses the degree to which the team has engaged natural supports to ensure they are actively part of the planning process. It is expected that some youth and families will not have these individuals engaged, so persistence in trying to engage them is rated positively.

SCORING

2 if there is evidence of regular outreach to potential natural supports by the care coordinator and/or other team members to try to engage them in the Wraparound process.

1 if there is evidence of only minimal or occasional outreach to potential natural supports.

0 if there is no documentation to indicate the team has attempted to engage natural supports.

N/A if E6 received a score of 1 or 2.

E15. NEEDS STATEMENTS FOR THE YOUTH ARE INCLUDED IN EVERY PLAN OF CARE, AND REFER TO THE UNDERLYING REASONS WHY PROBLEMATIC SITUATIONS OR BEHAVIORS ARE OCCURRING. THESE NEEDS ARE NOT SIMPLY STATED AS DEFICITS, PROBLEMATIC BEHAVIORS, OR SERVICE NEEDS.

NOTES: The definition of needs is wide-ranging within the human services community. A key element of Wraparound is the concept of *underlying needs* rather than superficial or simply spoken needs. The notion of underlying need means the process will be organized to create agreement about the *root cause* of situations. What is the problematic behavior trying to achieve? Or, what is the underlying barrier to achieving the desired outcome? Rather than focusing on surface needs, the effective Wraparound practitioner will lead a team, inclusive of and centered on the youth and family, in developing a common understanding of underlying need. The concept of *need* is used because it avoids judging people or families for current conditions, and all Wraparound activity is then focused on meeting needs rather than containing problems.

The notion of underlying need means the process will be organized to create agreement about the root cause of situations. Rather than focusing on surface needs, the effective Wraparound practitioner will lead a team in developing a common understanding of underlying need.

An example of a superficially-stated need may be: “Anya needs friends,” or “Anya needs to fight less.” In contrast, the deep need(s) this statement may be getting at is: “Anya needs to know she can build relationships with people she trusts.” Or, “Anya needs to feel school is a place she is protected.” These deeper needs open up a broader range of possible strategies to meet Anya’s needs, potentially leading to more enduring success. Ideally, a needs statement uses the words “know,” “feel,” or “understand.”

This step of reaching agreement will be followed by an organized approach to constructing strength-based responses to address those underlying causes.

This item assesses whether the Wraparound plan is based on holistic identification and assessment of the needs and concerns across life domains. It should be scored based on the needs articulated and planned for in the Wraparound plan of care or CFTM minutes.

SCORING

2 if EVERY plan of care includes needs statements for the youth, AND ALL (100%) of the youth’s need(s) are appropriately articulated as underlying reasons why problematic situations or behaviors are/were occurring.

1 if EVERY plan of care includes needs statements for the youth, BUT ONLY SOME (50-99%) of the youth’s need(s) are appropriately articulated as underlying reasons why problematic situations or behaviors are/were occurring.

0 if NOT EVERY plan of care includes needs statements for the youth OR the needs statements present are superficially-stated or stated as deficits or problems of the youth more than half (>50%) of the time.

E16. NEEDS STATEMENTS FOR FAMILY MEMBERS ARE INCLUDED IN EVERY PLAN OF CARE, AND REFER TO THE UNDERLYING REASONS WHY PROBLEMATIC SITUATIONS OR BEHAVIORS ARE OCCURRING. THESE NEEDS ARE NOT SIMPLY STATED AS DEFICITS, PROBLEMATIC BEHAVIORS, OR SERVICE NEEDS.

NOTES: See notes for E15. Wraparound is a family-based process and should aim to support and assist the family as a whole or at least a specific family member (such as a caregiver), in addition to the youth whose behavior warranted Wraparound intervention.

SCORING

2 if EVERY plan of care includes at least one needs statements for the family or at least one family member, AND ALL of those needs statements are appropriately articulated as underlying reasons why problematic situations or behaviors are/were occurring.

1 if EVERY plan of care includes at least one needs statements for the family or at least one family member, BUT NOT ALL of those needs statements are appropriately articulated as underlying reasons why problematic situations or behaviors are/were occurring (i.e., the needs statements present are superficially-stated or stated as deficits or problems of the family or family member).

0 if NOT EVERY plan of care includes needs statements for the family or at least one family member.

N/A if there are no family members on the team.

E17. NO PLAN OF CARE INCLUDES MORE THAN THREE NEEDS STATEMENTS.

NOTES: Families often have many needs, and they cannot all be concretely planned for and monitored at every meeting. Thus, needs should be prioritized and systematically worked on in a doable way so as to not overwhelm the family and team members. There should not be more than three needs being planned for simultaneously.

SCORING

Y if ALL of the plans of care include three or fewer needs statements.

N if at least one plan of care includes more than three needs statements.

MISS if needs statements are not articulated in *any* plans of care.

E18. THE STRATEGIES IN THE PLANS OF CARE ARE CLEARLY INDIVIDUALIZED AND CAN BE LOGICALLY EXPECTED TO MEET THE YOUTH'S AND FAMILY'S NEEDS.

NOTES: This item assesses whether the services, supports, and tasks match the needs of the youth and family, and are not just based on the availability of services. It should be obvious how a strategy listed could logically be expected to meet the articulated need.

SCORING

2 if ALL of the strategies included in the Wraparound plans of care are clearly individualized to the youth's and family's needs (i.e., they can be logically expected to meet the articulated need and are, in some way, individualized to meet the youth's and family's unique needs and preferences).

1 if SOME (1-30%) of the strategies included in the Wraparound Plan are fairly generic and NOT clearly individualized to the youth's and family's needs (i.e., they can be logically expected to meet the articulated need and are, in some way, individualized to meet the youth's and family's unique needs and preferences).

0 if MANY (>30%) of the strategies included in the Wraparound Plan are fairly generic and NOT clearly individualized to the youth's and family's needs (i.e., they can be logically expected to meet the articulated need and are, in some way, individualized to meet the youth's and family's unique needs and preferences).

E19. THE PLANS OF CARE REPRESENT A BALANCE BETWEEN INFORMAL (NATURAL AND COMMUNITY) AND FORMAL STRATEGIES, SERVICES, AND SUPPORTS.

NOTES: To score this item, review all available Wraparound plans of care. Because Wraparound is individualized, it is difficult to establish a hard and fast ratio of formal to informal services that should be in a plan. Thus for purposes of the DART, we advise that observers should see evidence of (1) informal supports being planned or implemented, and (2) not more than twice as many strategies relying on formal services than informal services or strategies. A formal service refers to those delivered by paid service delivery professionals (e.g., therapists, in-home aides, school personnel), while examples of informal supports or strategies include interpersonal strategies executed within a family (e.g., a caregiver trying a new behavior reward system, spending focused time with a child, journaling, etc.); recreational activities with relatives, friends, or neighbors; camps with non-system involved peers; or volunteering at a church or community center. Extracurricular activities at school should be counted as informal supports, so long as they are not mandated by the school. To score this item, first determine whether or not *every* plan of care includes informal support and strategies (if not, the record is not eligible to receive a score of 2, see below). If *every* plan includes informal supports and strategies, then determine the approximate ratio between formal and informal supports to arrive at a final score.

SCORING

2 if in ALL Wraparound plans of care *at least 1/3* of the support and strategies are *informal* in nature.

1 if in MOST, BUT NOT ALL (66-99%) of the Wraparound plans of care *at least 1/3* of the support and strategies are *informal* in nature.

0 if in 33% or more of the Wraparound plans of care *fewer than 1/3* of the support and strategies are *informal* in nature.

E20. THE PLANS OF CARE INCLUDE TASKS AND STRATEGIES THAT ENCOURAGE THE YOUTH'S AND FAMILY'S POSITIVE CONNECTION TO THEIR COMMUNITY (I.E., PARTICIPATION IN COMMUNITY ACTIVITIES, CLUBS, AND/OR OTHER INFORMAL ORGANIZATIONS).

Examples of community activities include parks and recreation programs, mentoring, scouting, church services, sports teams, volunteering, voluntary participation with a local non-profit, etc.

NOTES: The team should ensure that participation in community organizations and activities are included in the plan of care and that ongoing connection to these supports is encouraged whenever possible, either instead of or in addition to more formal supports. These are the types of organizations that could continue to offer support and recreation to the family even after formal services have ended. Examples include parks and recreation programs, mentoring, scouting, church services, sports teams, volunteering, voluntary participation with a local non-profit, etc.

These activities should represent the youth/family joining groups of people in a social way that is NOT related to formal service provision (i.e., group therapy, classes, etc.). Very rarely, these types of activities are not relevant to the underlying need(s) being planned for, and therefore this indicator may be scored as N/A.

SCORING

2 if ALL Wraparound plans of care have at least one task or strategy that encourages the youth's and family's positive connection to their community.

1 if MOST, BUT NOT ALL (66-99%) of the Wraparound plans of care have at least one task or strategy that encourages the youth's and family's positive connection to their community.

0 if in 33% or more of the Wraparound plans of care no tasks or strategies are present that encourages the youth's and family's positive connection to their community.

N/A if these types of activities are not relevant to the needs being planned for (very rare).

E21. THE PLANS OF CARE INCLUDE TASKS AND STRATEGIES THAT ENCOURAGE THE YOUTH'S AND FAMILY'S POSITIVE CONNECTION TO THEIR NATURAL SUPPORTS (E.G., EXTENDED RELATIVES, FRIENDS, NEIGHBORS, CLERGY, BUSINESS OWNERS, ETC.).

NOTES: Families involved in Wraparound are often very isolated. One of the goals of Wraparound is to help youth and families strengthen ties to their natural supports to ensure the youth and family have a strong support network to rely upon once formal services have ended. Natural supports are individuals such as extended family (grandparents, aunts/uncles, cousins, etc.), friends, or neighbors; ministers or other faith representatives; community mentors or business owners; or others who come from the family's community or informal support network. Relevant strategies may include activities such as calling an older sister at least once a week for emotional support, encouraging a youth's relationship with their estranged father, making arrangements with grandparents or an uncle to provide monthly respite, relying on a neighbor to provide occasional child care, etc.

SCORING

2 if ALL Wraparound plans of care have at least one task or strategy that encourages the youth's and family's positive connection to their natural supports.

1 if MOST, BUT NOT ALL (66-99%) of the Wraparound plans of care have at least one task or strategy that encourages the youth's and family's positive connection to their natural supports.

0 if in 33% or more of the Wraparound plans of care no tasks or strategies are present that encourages the youth's and family's positive connection to their natural supports.

E22. THERE IS EVIDENCE THAT THE TEAM REVIEWS THE STATUS OF TASK COMPLETION AND/OR STRATEGY IMPLEMENTATION AT EVERY MEETING.

NOTES: Once tasks related to meeting a specific need have been developed, progress toward completing them should be routinely monitored to provide accountability and continuity between meetings. This may look like a note in the meeting summary indicating the care coordinator asked each team member about task completion and/or the degree to which a strategy has been implemented. Or, ideally, each or most tasks and strategies in the plan of care are annotated with a status (e.g., "not started," "in progress," "completed," "changed," etc.) and/or date of completion.

SCORING

2 if there is documentation indicating that at EVERY CFTM *following the creation of the first plan of care* the team reviewed the status of task completion and/or strategy implementation.

1 if there is documentation indicating that at MOST (66-99%) CFTMs *following the creation of the first plan of care* the team reviewed the status of task completion and/or strategy implementation.

0 if there is documentation indicating that at less than two-thirds (<66%) of CFTMs *following the creation of the first plan of care* the team reviewed the status of task completion and/or strategy implementation OR there is no evidence that the status of previously assigned tasks and strategies were reviewed.

E23. THERE IS EVIDENCE THAT PROGRESS TOWARD MEETING THE YOUTH'S AND FAMILY'S NEEDS IS EXPLICITLY MONITORED AT EVERY MEETING.

NOTES: Beyond simply monitoring whether certain tasks were completed within a certain timeframe, the team should be routinely evaluating progress toward meeting the family's needs through achieving specific outcomes or goals. This activity provides accountability and continuity between meetings and the ability to assess the impact and effectiveness of the assigned tasks. This may look like an objective measurement of a desired outcome, or team members reporting their subjective assessment of progress of what, if anything, is different. The key is whether or not the team took time to explicitly monitor and document progress.

SCORING

2 if there is documentation indicating that at EVERY CFTM *following the creation of the first plan of care* the team monitored progress toward meeting needs and/or achieving outcomes since the last meeting.

1 if there is documentation indicating that at MOST (66-99%) CFTMs *following the creation of the first plan of care* the team monitored progress toward meeting needs and/or achieving outcomes since the last meeting.

0 if there is documentation indicating that at less than three-quarters (<66%) of CFTMs *following the creation of the first plan of care* the team monitored progress toward meeting needs and/or achieving outcomes since the last meeting OR there is no evidence that the team monitored progress toward meeting needs and/or achieving outcomes.

E24. THE OUTCOMES OUTLINED IN THE PLANS OF CARE ARE SPECIFIC AND MEASURABLE USING OBJECTIVE AND VERIFIABLE MEASURES, NOT JUST GENERAL OR SUBJECTIVE FEEDBACK.

NOTES: This item assesses whether the Wraparound plan of care has been tied to specific desired outcomes to monitor ongoing progress. "Specific and measurable outcomes" refers to observable things the prioritized needs are designed to impact. Outcomes should be connected to the referral behaviors or those behaviors and challenges placing the youth at risk of further system involvement or placement.

Examples could include: **number of days** of school attended, **number of arguments** a family has during a week, , **number of work days** a parent had to miss because of problems or crises, and so on. This requires outcomes to be described clearly, such as "Chris will attend 90% of his job training sessions," "Brianna will receive a time out one or fewer times a day," "Jacob will increase positive full days at school," etc. There does not have to be a target associated with the outcome. It could also simply be stated as an improvement,

increase, or decrease of a particular behavior or event. In this case, a baseline should be established and progress tracked from the baseline. If there really is no objective way to evaluate progress for a particular outcome, a numeric team rating of progress could suffice, but most outcomes, when closely examined, could be operationalized in such a way so as to lend itself to more objective evaluation.

An outcome is a description of what would be different if an underlying need was met. Strategies and related tasks are designed to achieve the outcome or goal.

SCORING

2 if MOST (75%+) of the outcomes in the Wraparound plans of care or other documentation are specific and measurable.

1 if SOME (50%-74%) of the outcomes in the Wraparound plans of care or other documentation are specific and measurable.

0 if LESS THAN HALF (0-49%) of the outcomes in the Wraparound plans of care or other documentation are specific and measurable.

E25. THERE IS EVIDENCE THAT THE WRAPAROUND PLAN OF CARE IS MEANINGFULLY UPDATED AT EACH TEAM MEETING (I.E., THE STRATEGIES, OUTCOMES, AND/OR NEEDS STATEMENTS ARE ADJUSTED, AS APPROPRIATE).

NOTES: This item assesses if the Wraparound plan of care is updated at each team meeting based on the results of progress monitoring and changes in strategies related to lack of progress and/or new needs being prioritized by the youth and family.

SCORING

2 if the Wraparound plan of care is updated after EVERY team meeting with substantial changes related to progress monitoring and changes in strategies related to lack of progress and/or new needs being prioritized by the youth and family.

1 if the Wraparound plan of care is updated AT LEAST QUARTERLY with substantial changes, but NOT after *every* team meeting.

0 if there is no evidence of Wraparound plan of care updates OR the periodic updates that are made are not substantial related to progress monitoring and changes in strategies related to lack of progress and/or new needs being prioritized by the youth and family.

SECTION F: SAFETY PLANNING

F1. THERE IS AT LEAST ONE CRISIS/SAFETY PLAN FOUND IN THE RECORD.

NOTES: A crisis/safety plan should be developed shortly after the youth and family enroll in Wraparound to ensure everyone on the team knows how to identify and handle a crisis or risk situation in the most constructive, least restrictive way possible.

SCORING

YES if a document that explains what to do in a crisis or risk situation is found in the record and indicates that the team has talked through the likelihood of crises occurring and how possibly to avert one.

NO if no such document is found in the record. (Skip to Section G.)

F2. THE CRISIS/SAFETY PLAN(S) IDENTIFIES TRIGGERS OR BEHAVIORS THAT INDICATE ONSET OF A CRISIS OR RISK SITUATION, ESPECIALLY THOSE TRIGGERS OR BEHAVIORS THAT PRECIPITATED THE REFERRAL FOR WRAPAROUND OR ARE PLACING THE YOUTH AT RISK OF OUT-OF-HOME PLACEMENT OR INCREASED RESIDENTIAL RESTRICTIVENESS.

NOTES: SKIP if there is no crisis/safety plan in the record. This item assesses whether there is a crisis plan with ways to identify the warning signs of a crisis or risk situation. Furthermore, the crisis plan should comprehensively address potential crises or risk situations relevant to the family's story and referral for Wraparound (i.e., it may need to include not only potential issues and behaviors at home, but also at school, and/or in the community). A well-developed crisis/safety plan should include triggers/behaviors and plans to address *all* potential crises in *all* potential settings. For example, if a youth has a history of being a threat to themselves and others, both at home and the community, the crisis/safety should address all four possible crisis events: threat in the home to self, threat in the home to others, threat in the community to self, and threat in the community to others.

SCORING

2 if there is a crisis/safety plan(s) that identifies triggers or behaviors that often precipitate a crisis or risk situation, AND the plan(s) address ALL of the potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.

1 if there is a crisis/safety plan(s) that identifies triggers or behaviors that often precipitate a crisis or risk situation, BUT the plan(s) do not address one or more significant potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.

0 if there is a crisis/ safety plan(s), but it does not identify triggers or behaviors that often precipitate a crisis or risk situation include signs a crisis is beginning, even if it addresses all of the potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.

F3. THE CRISIS/SAFETY PLAN(S) IDENTIFIES SPECIFIC ACTIONS AND INTERVENTIONS AND ASSIGNS SPECIFIC RESPONSIBILITIES FOR WHO WILL TAKE THESE ACTIONS.

NOTES: SKIP if there is no crisis/safety plan in the record. This item assesses whether there is a crisis/risk management/safety plan(s) with ways to respond to crisis.

SCORING

2 if there is a clear crisis/safety plan(s) that has intervention strategies likely to increase safety that are assigned to specific people AND the plan specifies what further steps should be taken and who to contact if the first approaches do not work.

1 if the crisis plan has intervention strategies likely to increase safety that are assigned to specific people, but the plan does not specify what further steps to take and who to contact if the first approaches do not work.

0 if there is a crisis plan, but it does not specifically describe who will respond to the crisis and how AND/OR the strategies listed are not likely to increase safety.

SECTION G: CRISIS RESPONSE

G1. WHILE ENROLLED IN WRAPAROUND, HOW MANY CRISES/REPORTABLE EVENTS (ARREST, SUICIDE ATTEMPT, HOSPITALIZATION, REMOVAL FROM HOME, ETC.) HAS THE YOUTH EXPERIENCED?

NOTES: Initial documentation of a crisis event will likely be in the record's progress/contact notes, though it may be mentioned in Child and Family Team meeting, crisis response meeting, or reportable event documentation. Crisis events are related to an extreme reduction in functioning and possible destabilization, and may include an arrest, a suicide attempt, a hospitalization for psychiatric reasons, the deployment of and assessment by a Mobile Crisis Outreach Team, removal from the home and/or a maltreatment allegation, incidence of interpersonal violence, running away, etc. After a thorough review of the records, please indicate the number of crisis events the youth has experienced since enrolling in Wraparound.

If no evidence of a crisis event is found in the family record, enter "0" and skip to the scoring and/or optional section of the DART.

G2. AFTER EACH CRISIS/REPORTABLE EVENT, THE CRISIS/ SAFETY PLAN WAS UPDATED WITHIN 24 HOURS.

NOTES: SKIP if no crisis events have occurred. The occurrence of a crisis is evidence that the crisis/safety plan was not sufficient to de-escalate the crisis and needs updating.

SCORING

2 if after EVERY crisis/reportable event the crisis/safety plan(s) were updated within 24 hours.

1 if after most (50-99%) of the youth's crisis/reportable event(s) the crisis/safety plan(s) were updated within 24 hours.

0 if the crisis/safety plan(s) were not typically (<50% of the time) updated within 24 hours following a crisis/reportable event.

Miss if F1 is No (i.e., there is no crisis/safety plan in the record).

G3. AFTER EACH CRISIS/REPORTABLE EVENT, A CHILD AND FAMILY TEAM MEETING WAS HELD WITHIN 72 HOURS.

NOTES: SKIP if no crisis events have occurred. The occurrence of a crisis is evidence that the youth's Wraparound plan of care may need to address new priority needs and/or additional supports and services necessary to prevent further crises. Therefore, a team meeting should be held shortly after a crisis/reportable event.

SCORING

2 if after EVERY crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.

1 if after EVERY crisis/reportable event, a Child and Family Team Meeting was held WITHIN A WEEK, but not ALWAYS within 72 hours.

0 if a Child and Family Team Meeting was NOT ALWAYS held WITHIN A WEEK of a crisis/reportable event.

SECTION H: TRANSITION PLANNING AND REASON

This section is not applicable for families who are not in the Transition Phase or have exited.

H1. IS THE YOUTH AND FAMILY IN THE TRANSITION PHASE OR HAVE THEY EXITED FORMAL WRAPAROUND SERVICES AFTER GOING THROUGH A TRANSITION PHASE?

SCORING

YES if the family is in the transition phase or has exited formal Wraparound services (i.e., you are reviewing a closed case file) AND they went through a transition phase.

NO if the family is actively enrolled in Wraparound and is not yet in the Transition phase OR the family has transitioned (i.e., you are reviewing a closed case file), BUT they did not go through a transition phase because they exited due to lack of engagement, a critical event, or for some other unplanned reason . If No, please skip to Section I.

H2. THE WRAPAROUND PLANS OF CARE PRODUCED DURING THE TRANSITION PHASE IDENTIFY NEEDS, SERVICES, AND SUPPORTS THAT WILL CONTINUE AFTER FORMAL WRAPAROUND ENDS OR WHEN THE YOUTH TRANSITIONS TO THE ADULT SERVICE SYSTEM.

NOTES: SKIP if NO to H1. During the Transition phase of Wraparound, the plans of care should shift to focus on planning for services that will continue after formal Wraparound ends and/or the youth transitions to the adult service system. Strategies implemented by the Wraparound Care Coordinator and staff (including peer partners) should be phased out, and services should be put in place that can continue after exit. The needs of the youth and family with respect to confidently and stably transitioning out of Wraparound services should be identified and planned for.

SCORING

2 if the Wraparound plans of care produced during the transition phase tapers out strategies implemented by Wraparound staff AND identifies and plans for the needs of the youth and family with respect to confidently and stably transitioning out of Wraparound services.

1 if transition planning identifies and plans for the needs of the youth and family with respect to confidently and stably transitioning out of Wraparound services BUT does not explicitly phase out strategies implemented by Wraparound staff.

0 if the Wraparound Plan does not appear to have shifted in focus, despite the fact that the family is in the Transition phase.

H3. THERE IS A POST-WRAPAROUND CRISIS MANAGEMENT PLAN.

NOTES: SKIP if NO to H1. Similar to the crisis/safety plan described above, the team should develop a post-Wraparound specific crisis management plan that identifies triggers and evidence of a possible crisis and what the youth and family can do to de-escalate the situation and/or get support after exiting formal Wraparound services.

SCORING

YES if there is a post-Wraparound crisis management plan on file OR there is evidence that one is being developed.

NO if there is no evidence of the development of a post-Wraparound crisis management plan.

H4. A COMMENCEMENT CELEBRATION RESPECTFUL OF THE YOUTH'S AND FAMILY'S TRADITIONS/CULTURE IS PLANNED AND/OR IS DOCUMENTED.

NOTES: SKIP if NO to H1. Typically, at the end of formal Wraparound services, the Child and Family team celebrates its accomplishments, either with a party or meal, or by exchanging appreciations or small gifts, or in some other fashion fitting to the youth and family.

SCORING

YES if a commencement celebration respectful of the family's traditions/culture is planned and/or documented.

NO if a commencement celebration is not planned and/or documented, or if what is planned or documented is clearly in conflict with the family's traditions/culture.

H5. PLEASE CHOOSE THE ONE REASON THAT MOST ACCURATELY DESCRIBES THE PRIMARY REASON THE YOUTH AND FAMILY IS EXITING OR HAS EXITED WRAPAROUND.

NOTES: Wraparound principles of Unconditional Care?, Individualization, and Family Voice and Choice dictate that transition from Wraparound should be based on the family's progress and unique circumstances, not an arbitrary timeline or difficult hurdle. The team should continuously and creatively seek to engage the family and make progress toward meeting their needs. This question can serve as a single, global outcome question. It essentially assesses whether or not the youth and family's transition out of Wraparound was "positive."

SCORING

A. ADEQUATE PROGRESS TOWARD NEEDS BEING MET/ GRADUATED: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to a collective decision from the team and family that the family is stable and has had the majority of their needs met and therefore no longer needs the support of the Wraparound process.

B. FAMILY MOVED AND CASE TRANSFERRED TO ANOTHER WRAPAROUND PROGRAM: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to the family moving out of the Wraparound provider's catchment area before adequate progress had been made, BUT the youth and family is being/was transferred to a new Wraparound provider in order to continue to work on their plan of care.

C. FAMILY MOVED AND CASE CLOSED WITHOUT BEING TRANSFERRED: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to the family moving out of the Wraparound provider's catchment area before adequate progress had been made, BUT the youth and family is/was NOT transferred to a new Wraparound provider in order to continue to work on their plan of care.

D. CAREGIVER WITHDRAWAL/NON-ENGAGEMENT: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to a caregiver's desire to end involvement in Wraparound, whether explicitly stated or tacitly communicated (i.e., not returning communication, not attending meetings, not following through with tasks, etc.).

E. YOUTH WITHDRAWAL/NON-ENGAGEMENT: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to a youth's desire to end involvement in Wraparound, whether explicitly stated or tacitly communicated (i.e., not returning communication, not attending meetings, not following through with tasks, etc.).

F. DETENTION/INCARCERATION: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to the youth's detention or incarceration and an inability for the Wraparound process to continue in that setting. (Note: in some jurisdictions Wraparound may continue, despite the youth's detention.)

G. HOSPITALIZATION/INSTITUTIONALIZATION: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to the youth's hospitalization or placement in a residential facility and an inability for the Wraparound process to continue in that setting. (Note: in some jurisdictions Wraparound may continue, despite the youth's institutionalization.)

H. FOSTER CARE PLACEMENT OR MOVEMENT: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to the youth being placed into foster care, or, if they were already in foster care, moving to a new home and an inability for the Wraparound process to continue in that setting. (Note: in some jurisdictions Wraparound may continue, despite a youth's placement or movement.)

I. ISSUES WITH INSURANCE/ADMINISTRATIVE REASONS: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to a lapse in insurance or some other administrative reason.

J. OTHER EXIT REASONS: if the reason the youth and family is exiting or has exited Wraparound is/was primarily due to some other reason not listed above. *Please specify the reason.*

SECTION I: OUTCOMES

The outcomes section assesses whether or not various potential adverse events (hospitalization, placement, arrest) have occurred during the last six months of service (based on the review date) and whether or not the youth's mental health, interpersonal and/or school functioning has changed. **Scoring this section is appropriate for any youth that has been enrolled in Wraparound for at least six months.** It is recommended that reviewers thoroughly review the contents of the case record *for the past six months* before scoring this section, as a complete understanding of the youth and family's circumstances is needed to accurately score this section.

The Outcomes section is particularly difficult to score. Outcomes are often documented poorly or unsystematically. There is also a great deal of variety in the ways that outcomes are documented between Wraparound implementations. If you have an existing and reliable system for evaluating the outcomes of your enrolled youth, the DART outcomes section may be redundant. For these reasons, the outcomes section is **optional**.

We recommend deciding in advance what documentation you will consider sufficient before reviewing cases. For example, will you look at standardized assessment scores, or progress notes, or caregiver ratings of progress? Mixing these methods can lead to results that are difficult to interpret.

NOTE: for each item, please indicate the data source, such as the standardized instruments, administrative data, consistently measured progress, etc. that the score is based on. This will help in assessing the quality of the outcomes data produced by the DART. *It can be helpful to have consensus within your organization and its reviewers about the primary data source for scoring this section before beginning.* This will make scores as comparable as possible.

I1. IN THE LAST SIX MONTHS, THE YOUTH'S LIVING SITUATION HAS BEEN STABLE—S/HE HAS NOT BEEN REMOVED FROM THE HOME OR CHANGED PLACEMENTS. IF THERE WAS A MOVE, IT WAS TO A LESS RESTRICTIVE SETTING.

NOTES: One of the major goals of Wraparound is to keep the youth at home or in the least restrictive setting possible. Residential instability and/or excessive restrictiveness are typically viewed as adverse outcomes.

SCORING

YES if the youth remained in the same residential setting *in the six month prior to the review* OR if they started in a restrictive setting (for example, a hospitalization or detention stay) and their *only* movements were to "step down" to a less restrictive setting, like to a home-like-setting.

NO if, *while enrolled in Wraparound*, the youth had at least one "lateral" move (e.g., between two foster homes, two or more family members, etc.) AND/OR at least one "step up" to a more restrictive setting (e.g., was hospitalized, detained, etc.), even if they returned to the same living arrangement.

MISS if the file is missing the necessary documentation and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

12. IN THE LAST SIX MONTHS, THE YOUTH HAS NOT VISITED THE ER AND/OR BEEN HOSPITALIZED FOR EMOTIONAL OR BEHAVIORAL DIFFICULTIES.

NOTES: The Wraparound process, including the crisis/safety plan, should help stabilize the youth's mental health and behavior and de-escalate crises that may otherwise require emergency psychiatric care.

SCORING

YES if, *in the six months prior to the review*, the youth **did NOT** visit the emergency room **AND was NOT** hospitalized for emotional or behavioral difficulties.

NO if, *in the six months prior to the review*, the youth **did** visit the emergency room **AND/OR was** hospitalized for emotional or behavioral difficulties.

MISS if the file is missing the necessary documentation and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

13. IN THE LAST SIX MONTHS, THE YOUTH HAS EXPERIENCED REDUCED MENTAL HEALTH SYMPTOMS.

NOTES: Wraparound is specifically designed for youth experiencing complex emotional and behavioral disturbances, with a goal of reducing the mental health symptoms that precipitated a referral to Wraparound. To score this outcome, review any available reports from mental health professionals, standardized mental health assessments, progress/contact notes, and the plan of care (where the youth's progress should be being monitored).

SCORING

2 if the youth experienced a significant reduction in mental health symptoms *in the six months prior to the review* that led to functional improvements in other life domains (e.g., the youth is significantly less anxious about leaving his/her house, and is therefore more regularly attending school; or, the youth's explosive anger is more under control, allowing him/her to safely return home, etc.).

1 if the youth experienced moderate reductions in mental health symptoms *in the six months prior to the review*, but these improvements have not yet appreciably impacted other life domains.

0 if the youth did not experience any change in his/her mental health symptoms *in the six months prior to the review* OR the youth's mental health symptoms got worse *in the six months prior to the review*.

MISS if the file is missing the necessary documentation and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

14. IN THE LAST SIX MONTHS, THE YOUTH HAS EXPERIENCED IMPROVED INTERPERSONAL FUNCTIONING.

NOTES: Many Wraparound-enrolled youth experience negative and/or volatile interactions with peers, family members, and other people in their lives. For these youth, a common goal of Wraparound is to improve the quality of these relationships. To score this outcome, review referral and intake paperwork, and any available reports from mental health professionals, standardized mental health assessments, progress/contact notes, and the plan of care (where the youth's progress should be being monitored).

SCORING

2 if the youth experienced a significant improvement in interpersonal functioning *in the six months prior to the review* that led to qualitative improvements in other life domains (for example, the youth is now connected to a positive peer group, leading to less loneliness and depressive symptoms; or the youth is now appropriately able to express his/her emotions and, as a result, is receiving more positive parental feedback; or the youth is more respectful of authority figures, leading to better educational or vocational functioning, etc.).

1 if the youth experienced moderate improvements in interpersonal relationships *in the six months prior to the review*, but these improvements have not yet impacted other life domains.

0 if the youth did not experience any change in his/her interpersonal functioning *in the six months prior to the review* OR the youth's interpersonal functioning deteriorated *in the six months prior to the review* (for example, the youth has become increasingly withdrawn, is increasingly bullied or bullies, has more fights, is more disrespectful, etc.).

N/A if interpersonal functioning was not an issue for the youth.

MISS if the file is missing the necessary documentation and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

15. IN THE LAST SIX MONTHS, THE YOUTH HAS REGULARLY (85%+) ATTENDED SCHOOL AND/OR HAS BEEN EMPLOYED.

NOTES: Many Wraparound programs want basic information about the positive educational and/or vocational engagement of Wraparound-enrolled youth. To score this outcome, review any available reports or communications from educational system partners, progress/contact notes, and the plan of care (where the youth's progress should be being monitored).

SCORING

YES if, for at least 75% of the time *in the six months prior to the review*, he/she regularly (85%) attended school (or another educational program, such as GED prep classes) AND/OR was employed at least part-time.

NO if the youth does not meet the criteria for a "Yes" score as outlined above.

N/A if the youth is too young to be enrolled in school.

MISS if the youth's education and vocational functioning is not mentioned in the record and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

16. IN THE LAST SIX MONTHS, THE YOUTH HAS EXPERIENCED IMPROVED SCHOOL OR VOCATIONAL FUNCTIONING.

NOTES: Encouraging a youth's educational and/or vocational engagement is often a key goal for Wraparound teams, especially for youth with needs in this life domain. To score this outcome, review the referral and intake paperwork, and any available reports or communications from educational system partners, progress/contact notes, and the plan of care (where the youth's progress should be being monitored).

SCORING

2 if *in the six months prior to the review*, the youth experienced a significant improvement in school and/or vocational functioning that led to qualitative improvements in other life domains (for example, the youth is now regularly attending school, leading to less criminal activity and/or fewer negative interactions with their parents; or the youth has improved his/her grades sufficiently to not have to repeat their grade and risk more social isolation; or the youth has been able to maintain employment for several months, allowing him/her to begin planning for independence; etc.).

1 if *in the six months prior to the review*, the youth experienced a moderate improvement in school and/or vocational functioning, but these improvements did not impact other life domains.

0 if *in the six months prior to the review*, their school and/or vocational functioning did not change OR *in the six months prior to the review*, the youth's school or vocational functioning got worse (i.e., the youth has begun skipping more school, or has been expelled or dropped out; or if the youth has been fired from a previously held job, etc.).

N/A if school functioning was not an issue for the youth, or the youth is too young to be enrolled in school.

MISS if the youth's education and vocational functioning is not mentioned in the record and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.

17. IN THE LAST SIX MONTHS, THE YOUTH HAS NOT BEEN ARRESTED OR VIOLATED PROBATION/PAROLE.

NOTES: Many Wraparound-enrolled youth are also involved in the juvenile justice system. For these youth, a common goal of Wraparound is to prevent their recidivism and encourage positive social interactions. To score this outcome, review referral and intake paperwork, and any available reports or communications from juvenile justice system partners, progress/contact notes, and the plan of care (where the youth's progress should be being monitored).

SCORING

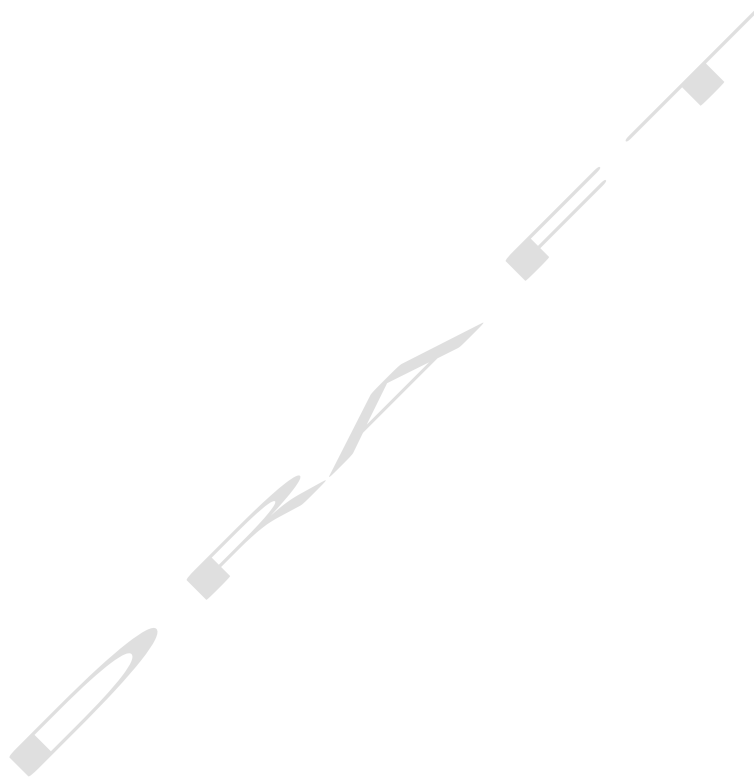
YES if *in the six months prior to the review*, the youth **was NOT** arrested AND **did not** violate probation or parole orders (i.e., did not commit a status offense).

CHAPTER 4: SCORING RULES FOR DART ITEMS

NO if *in the six months prior to the review*, the youth **was** arrested and/or **did** violate probation or parole orders (i.e., committed a status offense).

N/A if criminal behavior was not an issue for the youth.

MISS if the file is missing the necessary documentation and/or you are not able to determine a score based on the information provided. Please note what is missing in the comments sections.



ARRIVING AT FINAL SCORES

Responses to the items are then used to derive subscale scores, which indicate the degree to which the record met the subscale-related items of high-quality Wraparound practice, taking into account the number of “N/A” responses.

To arrive at final subscale scores, fill in the requested pieces of information on the scoring worksheet on the last page of the DART and follow the calculation instructions. For example (red bolded text indicates where you would input scores and calculations):

TE. Timely Engagement

- (A) # Yes (D1-D7) : **5**
 (B) 7 - # Miss or N/A : **6**
 (C) A / B : **0.83**

NB. Needs-Based

- Yes = 2, No = 0

- (A) E15 + E16 + E17 + E18 : **5 (E18 was scored “No”, so it gets 0 points)**
 (B) 4 - # Miss or N/A : **4**
 (C) B x 2 : **8**
 (D) A / C : **0.625**

Wraparound DART Scores		
Indic.	Subscale	Score x 100%
TE	Timely Engagement	83%
NB	Needs-Based	62.5%

In the example above, we show two subscales that have been scored. For Timely Engagement, five items were scored “Yes” (A), and one item was scored “N/A” (B). Therefore, just over three-fourths (0.83) of applicable items received a “Yes” rating (C). To convert this fraction to a score that can be compared across subscales, the fraction of evident items is multiplied by 100 in order to arrive at the subscale score of 83%.

The Needs-Based subscale employs a slightly different scoring system since the items are on a 0 to 2 scale. First, reviewers will sum the items of the subscale (A), subtract the number of items scored “N/A” from the number of items in the subscale (B), and number of applicable scores are then multiplied by the maximum score an item could be given (C). Therefore, almost two-thirds (0.625) of applicable items were evident in the case file (D). This fraction is then also multiplied by 100 to be compared across subscales.

A score is calculated for each subscale. **There is no “overall DART” score.** However, there is a “Key Elements” score, which is the average of scores of the four key element subscales: Needs-Based, Determined by Strengths & Families, Natural and Community Supports, and Outcomes-Based. These key elements align with subscales also assessed by the Wraparound Fidelity Index, Short Form (WFI-EZ) and the revised Team Observation Measure (TOM 2.0). They are not meant to mirror the absolute scores of other WFAS tools, but there is often consistency in which practice elements are seen as strong or in need of improvement across the various modes of measurement.

Furthermore, the percentage of youth that score an “A” or “B” on question H5 (Transition Reason) can be seen as having a positive outcome. While this percentage is the main “score” for this item, responses to this question also provide information regarding trends in transition reasons that can guide further exploration and quality improvement.