

## CARE COORDINATOR FORM

## YOUTH & FAMILY INFORMATION

☐ Other: \_\_\_\_\_



## SECTION A: WRAPAROUND INVOLVEMENT

For the following statements, please answer "Yes" if you agree or "No" if you disagree.

		Yes	No
A1.	The family is part of a Wraparound team AND this team includes more members than just the family and one professional (e.g., yourself).	<input type="checkbox"/>	<input type="checkbox"/>
A2.	The family has a written plan (e.g., Wraparound Plan or Plan of Care) that describes strategies, action steps, and who is responsible.	<input type="checkbox"/>	<input type="checkbox"/>
A3.	The team meets regularly (e.g., at least every 30-45 days).	<input type="checkbox"/>	<input type="checkbox"/>
A4.	The Wraparound team's decisions are based on input from the family.	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION B: EXPERIENCES IN WRAPAROUND

For the following statements, please think about your experiences with Wraparound. Indicate how much you agree with each statement with the options, "Strongly Agree", "Agree", "Neutral", "Disagree", "Strongly Disagree", or "Don't Know".

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B1.	The family had a major role in choosing the people on their Wraparound team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2.	There are people providing services to this child and family who are <u>not</u> involved in their Wraparound team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3.	At the beginning of the Wraparound process, the family described their vision of a better future, and this statement was shared with the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4.	The family's Wraparound team came up with creative ideas for its plan that were different from anything that had been tried before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5.	With help from its Wraparound team, the family chose a small number of the highest priority needs to focus on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6.	The Wraparound plan includes strategies that address the needs of other family members, in addition to the identified child or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7.	I am concerned that this family's team does <u>not</u> include the right people to help the child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8.	At every meeting, the Wraparound team reviews progress that has been made toward meeting each of the family's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9.	Through Wraparound, the family has increased the support it gets from friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10.	Through Wraparound, the family has built strong relationships with people they can count on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# WRAPAROUND FIDELITY ASSESSMENT SYSTEM



		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
B11.	At each team meeting, the Wraparound team celebrates at least one success or positive event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12.	The Wraparound team does <u>not</u> include any natural supports such as friends, neighbors, or family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13.	Through Wraparound, this family was linked to new community resources that were critical to meeting their needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14.	The Wraparound plan included strategies that were linked to things the family likes to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15.	Members of the Wraparound team sometimes do not do the tasks they are assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16.	The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17.	I sometimes feel like members of this Wraparound team do not understand or respect the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18.	The Wraparound plan includes strategies that do not involve professional services, and are things the family can do itself or with help from friends, family, and community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19.	I am confident that the Wraparound team can find services or strategies that help this youth succeed in school and stay in the community over the long term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20.	An effective crisis plan is in place that ensures this family knows what to do in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21.	The Wraparound team and the family have talked about how they will know it is time to transition out of formal Wraparound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22.	The family gives feedback about how the Wraparound process is working for them at each team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23.	It is possible that the Wraparound process could end before the family's needs have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B24.	Because of the Wraparound process, I am confident that the family will be able to manage future problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B25.	The family has been connected to community support and services that meet their needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional comments about this family's experiences in Wraparound?

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## SECTION D: OUTCOMES

For the following statements, please answer "Yes" if the statement is true or "No" if the statement is not true.

Since starting Wraparound...	Yes	No	Don't Know
D1. Since starting Wraparound, this child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Since starting Wraparound, this child or youth has been treated in an Emergency Room due to a mental health problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Since starting Wraparound, this child or youth has had a negative contact with police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. Since starting Wraparound, this child or youth has been suspended or expelled from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following statements, please select the degree to which the youth experienced each, if any, of the problems.

In the past month, the child or youth has experienced...	Very Much	A Good Deal	A Little Bit	Not at All	Don't Know
D6. Problems that disrupt home life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7. Problems that interfere with success at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8. Problems that make it difficult to develop or maintain friendships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. Problems that make it difficult to participate in community activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional comments about this family's experiences with Wraparound, or what has happened to the youth since the start of Wraparound?

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Thank you for your time and participation!