Team Based Wraparound for FCCP

Training Material Modified in Collaboration by:

Seet Consultants, LLC

The Rhode Island Child Welfare Institute

The Rhode Island Department of Children, Youth & Families

The Rhode Island Family Care Community Partnerships

Yale Consultation Center & Data Systems of Placement Solutions

This curriculum is derived from the wraparound training of Karl Dennis for the Family Community Alliance Project in Hartford, CT and the work of the National Wraparound Initiative (Walker and Bruns, 2006, Research and Training Center on Family Support and Children's Mental Health, Portland State University) and the experience and writing of the VroonVanDenBerg LLP Team.

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Training Objectives

- To understand the wraparound practice model and the empowerment process.
- To perceive and utilize the holistic strength model.
- To understand how wraparound correlates with Maslow's Hierarchy of Needs.
- To identify the principles, phases and activities of the wraparound practice model and utilize the corresponding documents.
- To understand the concepts within the theory of change.
- To clarify the roles of the Facilitator and the Family Support Partner.
- To learn how to write and utilize the Strengths/Needs/Culture/Discovery when engaging and planning with families.
- To gain awareness of strategies to identify and involve natural supports and utilize community resources to assist families – "village building".
- To understand the process of immediate crisis stabilization and the prioritization of needs.
- To learn strategies for initial team development and team planning.
- To understand and display the use of ground rules and strengths to facilitate productive team meetings.
- To learn and practice skills for the development of consensus building, team commitment, team trust and the development of team mission statements.
- To learn methods for engaging team members, natural supports and educating providers and system partners.
- To understand the differences between a team mission statement and long range vision and how to utilize both in wraparound team planning.
- To develop skills for the prioritization of needs and brainstorming of options to meet identified needs.
- To develop skills for writing measurable objectives for effective planning, measuring progress and benchmarking success during implementation.
- To gain awareness and knowledge of setting events, antecedent behaviors and functional assessments and how they are incorporated in crisis plans.
- To demonstrate skills for the development of wraparound plans and crisis/safety plans.
- To understand how to write transition plans for the reflection of lessons learned, accomplishments and transferred functions to natural supports and resources.

Overview Discussion

- The History of Wraparound
- U.S. National Wraparound Initiative (NWI) www.nwi.pdx.edu
- The Family Community Alliance Project
- SEET Consultants LLC
- “Village Building – It Takes a Holistic Village”
- System of Care:

A system of care is a coordinated network of community based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person’s cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life.

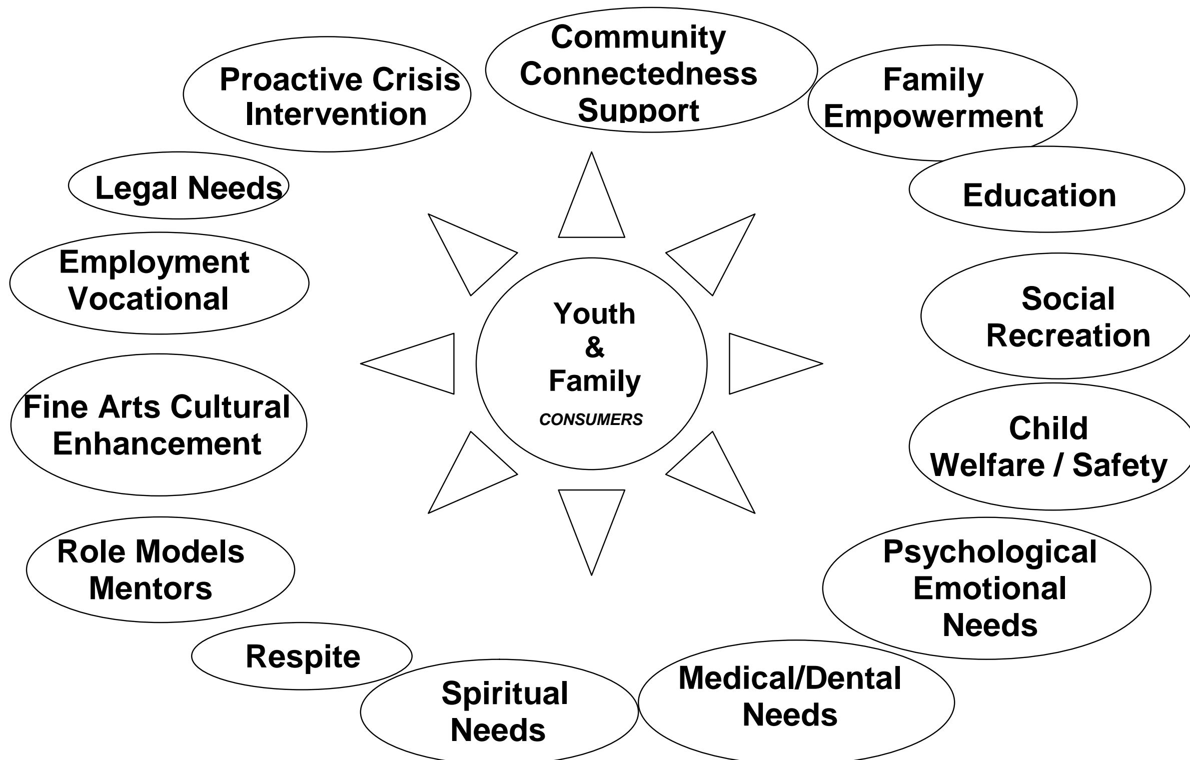
Systems of care is not a program, it is a philosophy of how care should be delivered. System of care is an approach to services that recognizes the importance of family, school and community and seeks to promote the full potential of every child and youth by addressing their physical, intellectual, cultural and social needs.

SAMHSA
Substance Abuse and Mental Health Administration

Understanding the Power of Wraparound

Holistic Strength Model

Child Centered – Family Focused – Community Based



Functional Life Domains:

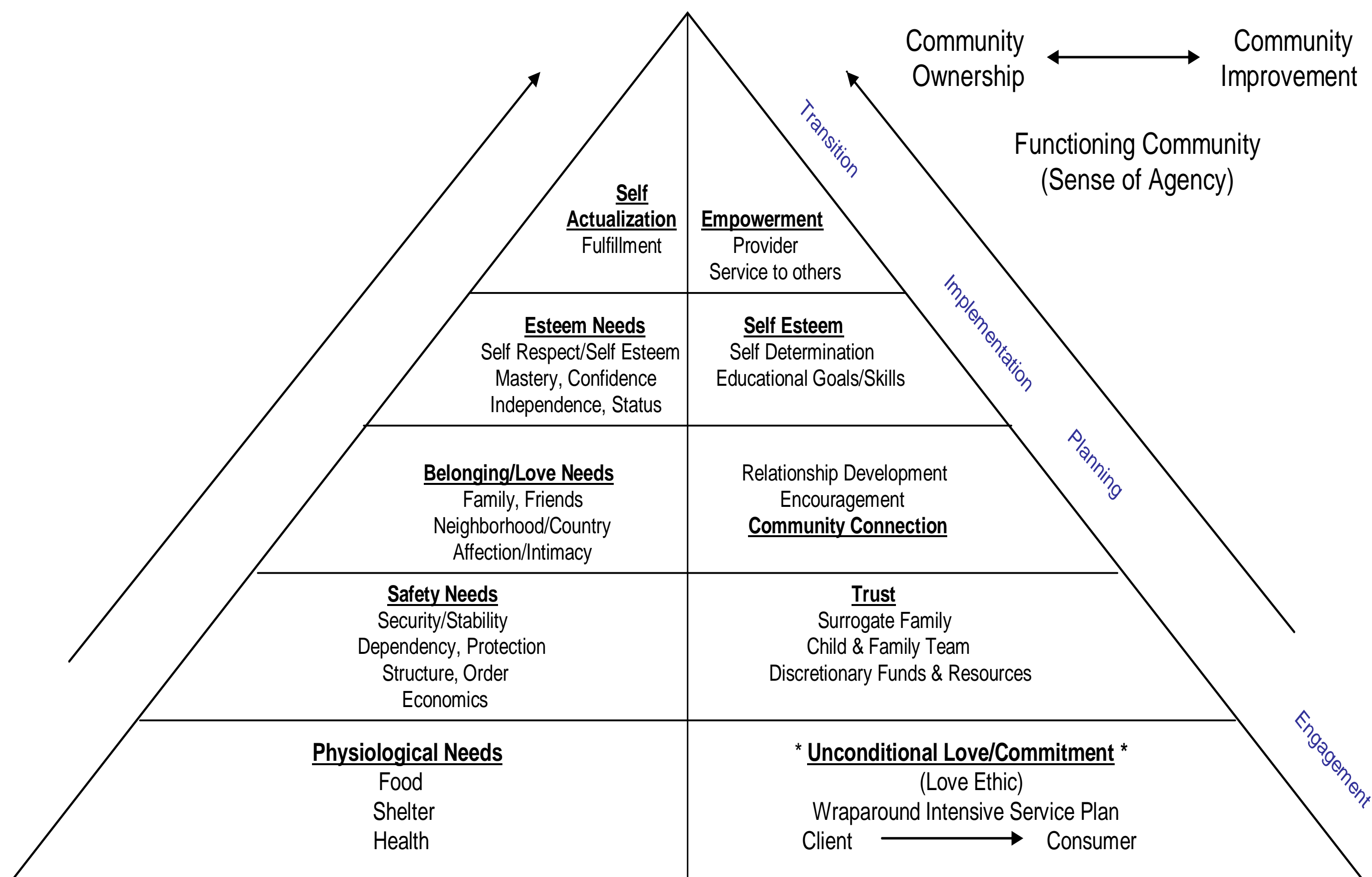
- Cultural/Ethnic
- Education/Vocation
- Family
- Income/Economic
- Legal
- Medical
- Psychological/Emotional
- Residential
- Safety
- Social
- Spiritual
- etc

Paradigm Shift in Thinking – Holistic Integrated Needs Planning

Cross Systems Planning – Ecology of Family

Village Building-Interdependency

“A Theory of Human Motivation” – 1943



HIERARCHICAL
HUMAN NEEDS

Abraham Maslow, Psychologist

WRAPAROUND
CONSUMER
EMPOWERMENT
PROCESS

Physiological → Psychological or Spiritual

Consumer → Provider

Introductory Exercise

WHO'S IN THE ROOM?

Introductory Exercise

(**WHIIFM**)

A Preceptor for cultural competence is always to survey "who's in the room?"

It should be consistently done when you're working with families or when you want to assess how a group can operate or function.

- So, who's in the room?
- What kind of energy have you brought into this learning experience?
- What are your **Needs & Expectations?**
- What can you offer to this seminar?

Name

Background

Story

The Wraparound Practice Model

Wraparound is individualized needs planning. The model is youth centered, family focused and community based. It is a facilitated team based process that creates and implements a plan that is propelled by the family. The team consists of family, friends, informal supports and service providers. The plan is a mix of natural and formal supports and services and utilizes the unique strengths and culture of the family. The wraparound process connects families to the "village", system of care, encompassing their neighborhood. Family needs are connected to neighborhood and system of care strengths, (village building).

The U.S. National Wraparound Initiative
Standardized Guiding Principles:

1. **Family Voice and Choice**
2. **Team Based**
3. **Natural Supports**
4. **Collaboration**
5. **Community Based**
6. **Culturally Competent**
7. **Individualized**
8. **Strengths Based**
9. **Unconditional Care**
10. **Outcome Based**

Evaluate Your System of Care

Instructions:

- After reviewing the Guiding Principles from the National Wraparound Initiative, use the following table to rate the presence or absence of these principles in your own community's system of care.
- Note the principles that are rated "Yes-Present!" or "No-Absent!" or Partially
- Turn to your training partner and discuss your ratings, and why you gave the ratings

	☑Check one of the following columns that best describes current services for children, youth, and families *the majority of the time services are delivered* in your community.		
Principle:	**Present**	**Absent**	**Partially in Place**
1. Family Voice and Choice			
2. Team-Based			
3. Natural Supports			
4. Collaboration			
5. Community-Based			
6. Culturally Competent			
7. Individualized			
8. Strengths-Based			
9. Persistence			
10. Outcome-Based			

Scenario

This family includes mother, Mary, her live-in boyfriend Pedro and her two children, Miguel (age 17) and Jose (age 4). There have been a few information referrals (I/R's) made to DCYF due to Miguel's outbursts in school and in the community over the past year. More recently, Miguel's mother Mary called the police because she needed help to control Miguel's behavior after he threatened her with a knife. Her boyfriend Pedro intervened by forcing Miguel to the ground to control his behavior. Miguel's 4 year old brother, Jose, was in the room when it happened. DCYF was notified by the police and when Miguel went to school with bruises from the incident. DCYF referred the family to the FCCP.

Miguel's father died two years ago. He suffered a prolonged illness before dying from complications. Miguel has been very angry and sad about the death of his biological father.

What would you do to help this family?
Large Group Brainstorm Exercise – Flip Chart

Functions of Natural Supports

Personal/Professional Crisis

Natural Supports and Functions:

Phases & Activities – Wraparound Practice Model

U.S National Wraparound Initiative

Phase One: Engagement and Team Preparation. During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established so people are prepared to come to meetings and collaborate. This phase, particularly through the initial conversations about strengths, needs, culture, and vision, sets the tone for teamwork and team interactions that are consistent with the wraparound principles. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible but up to a month), so the team can begin meeting and establish ownership of the process as quickly as possible.

Documentation:

- **Strengths/Needs/Culture/Discovery – Long Range Vision**
- **Immediate Crisis Stabilization – Risk Management Form (Verbal Functional Assessment notes)**

Phase Two: Initial Plan Development. During this phase, team trust and mutual respect are built while creating an initial plan of care using a high quality planning process that reflects the wraparound principles. In particular, the youth and family should feel, during this phase, that they are heard, that the needs chosen are the ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks; a rapid time frame is intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.

Documentation:

- **Initial Wraparound Plan**
- **Team Mission**
- **Prioritized Needs**

Phase Three: Implementation. During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.

Documentation:

- ♦ **Measurable Objectives – Implemented & Tracked for Progress**
- ♦ **Benchmarks of Accomplishments**
- ♦ **Functional Assessment**
- ♦ **Crisis Plan**

Phase Four: Transition. During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

Documentation:

- ♦ **Transition Plan**
- ♦ **Updated Strengths/Needs/Culture/Discovery**
- ♦ **Lessons Learned**
- ♦ **Transition Crisis Plan**
- ♦ **Natural Support Functions**

Theory of Change

How and Why Does Wraparound Work – Walker J.S. 2008

A theory of change describes why something is expected to work. It begins by clearly stating what is being done and then why this impacts results. The theory of change for wraparound tells us why wraparound works and why it is different from other services and processes. It also sets expectations for what we want to accomplish with families.

The formal theoretical foundation of the wraparound process builds from Maslow's hierarchy of needs (1970); Bandura's theory of self-efficacy (1977); Bronfenbrenner's theory of human ecology (1979); and integration of plans, services and supports across the family.

Natural Support Systems. The theory of Human Ecology (Bronfenbrenner, 1979) emphasizes the importance of social influences on human development and functioning. Many research studies demonstrate that people with stronger natural support systems are healthier, happier, and have more positive outcomes than people with fewer natural supports. Children are influenced by their parents and the people who play important roles in their lives. In turn, these people are influenced by the interrelations of their families, social networks, neighborhoods, communities and cultures. When parents have networks of family members and friends who share a commitment to the child, for example, parents' efforts to care for the child are enhanced. One of the central aspects of the theory is that the impact of the child-parent relationship on outcomes for the child is directly related to the relationships the parent has had with others. Other relationships for the parent that are supportive and are supportive for the child-parent relationship strengthen the impact on the child.

Integration of Efforts. Many families have multiple and complex needs that require support from numerous different agencies. Wraparound is a process of bringing all of these providers together with the family and their natural supports to develop and implement an integrated and simplified plan for the whole family.

The theory of change is not just an academic exercise but should guide decision making by the facilitator and family support partner as they implement the wraparound process. They should continually ask:

- Have we identified and are we working on the **needs that are most important to the family? Prioritization**
- How does what I am doing now impact the **confidence** and ability of the youth and family to get their own needs met?
- How does what I am doing support building and **strengthening the natural support system** for the youth and family?
- Are the plans for the family **integrated** and reasonable for them to implement?

Role Clarification and Discussion

FACILITATOR – CARE COORDINATOR

The Wraparound Facilitator coordinates and works to integrate services and supports for a wraparound family. Through cross systems knowledge and facilitation of cross systems team planning, the wraparound plan, functional assessment, crisis plan, progress notes and transition plan are written.
The Strengths/Needs/Culture/Discovery is written and updated monthly. The family and youth voice and family choice is fostered and ensured by the Facilitator as well as the principles, phases and activities of the practice model. The Facilitator is not a Case Manager and does not do extensive direct services. The Facilitator coordinates services among formal and informal team members.

FAMILY SUPPORT PARTNER

The Family Support Partner is someone that has a child or relative that has experienced similar behavioral health and mental health issues and provides direct support to families. There is usually no better helper that someone who has succeeded from a similar experience. They help by sharing related parts of their experience where they have been able to resolve family problems and overcome obstacles. They gather information from the family, assist with tasks and understanding of the process, partner with the facilitator in writing the wraparound documents and support the family in the empowerment process to achieve outcomes in a culturally competent manner. They also assist the family with connecting to other families for support and to form reciprocal helping relationships. They are familiar with the family’s neighborhood and are able to help the family with engaging natural supports and reconnecting with extended family members.

YOUTH SUPPORT PARTNER

The Youth Support Partner is usually a youth that has been in a child welfare system and can serve as a role model to other youth who are struggling with similar issues that they have been able to manage. They serve the same direct support function as the Family Support Partner and assist the Facilitator in the same manner.

Pair &Large Group Role Clarification Exercise (20 min.):

After reviewing these wraparound roles, how would you describe the specific activities of each role, if you were to assign these job roles to Miguel's family?

Notes:

Meeting the Family for the 1st Time

When referring to the Maslow's Hierarchy, it is very important to meet families where they are, foster acceptance, waive judgment and listen reflectively to their needs and story. This is the engagement stage when you are working to understand the family's cultural values, build trust and lay the groundwork for team building.

Engagement Skills Large Group Brainstorm Exercise (15 min.)– Flip Chart

Describe Engagement Skills that you would use with Miguel's family.

Immediate Crisis Stabilization

♦ ***ASSESS*** ♦

RISK/Assessment SAFETY

RESOURCES STABILIZE plan

Relief/Respite STEPS to meeting

Understanding Safety, Risk & Protective Capacity

(Sources: NRC, Action for Child Protection, Inc. RI DCYF & RI CWI)

Definitions & Clarifications

Safety: refers to **immediate** threat of harm or danger

- Safety threats are specific, observable, out of control & likely to have severe effects
- Based on what we know now about this family/current situation, without immediate intervention maltreatment or re-maltreatment is imminent
  - Child is on the verge of being maltreated or re-maltreated
- When a child is unsafe, immediate measures must be taken to remove the threat of harm or to remove the child from the threat of harm
  - Child can be at risk and unsafe at the same time.
  - Child can be safe and at risk at the same time also.

Risk: The likelihood that maltreatment will occur or reoccur in the future

- Identification of these factors can indicate an accumulation of harm that may result in future safety concerns if they are not addressed.
- Measures the likelihood of any form or degree of future maltreatment
- Based on what we know about this family/current information, history reveals the likelihood of maltreatment at some point in the future
- Interventions can be put into place to reduce risk
- Risk factors can rise to the level of posing threats to safety

Protective Capacity: Consideration of the protective capacity of parents/caregivers is relevant for assessment in that these factors can mitigate or ameliorate the safety and risk concerns

- They point to the inherent family capacities, natural supports and resources that ***can be mobilized*** to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change
- Protective capacities are the focus of both *safety plans* and *ongoing service plans*

Assessing Safety, Risk & Protective Capacity

Safety Assessment: **determines if there is present or immediate danger that threatens a child's safety.**

- Safety threat: "A specific family situation or behavior, emotion, motive, perception or capacity of a family member that is out-of-control, imminent and likely to have severe effects on a vulnerable child." Action for Child Protection, Inc., 2003
- It is a professional evaluation process that relies on:
  - Information gathering
  - Analysis
  - Critical thinking
  - Guided decision making to determine if a child is safe or unsafe
- The goal of a safety assessment is to improve the protection of children by identifying specific threats that are most commonly associated with the immediate safety of a child
  - Safety threats must be "controlled" through a safety plan
  - Each time a worker has contact with a child, they are assessing safety

Risk assessment: **explores factors that put the child at risk of future maltreatment.**

- Risk Assessment describes the functioning of the family
- Reveals areas needing intervention
- Goal is to improve the well-being of children
- Identified risk factors need to be addressed in the service plan

Assessing Protective Capacities

- Child welfare workers rely on a confident assessment of protective capacities in their decision making process
  - Assess parent/caregiver's protective capacity in three areas:
    - **Emotional** -Feelings, attitudes, identification with the child and motivation to protect
    - **Behavioral**- Parenting actions, activities, and performance that demonstrate protective capacity or lack of
    - **Cognitive**- Intellectual comprehension, knowledge, understanding and perception of safety threats and/or risks.

Mitigating Safety & Risk through Planning

- **Risk Areas** are addressed through ongoing service/case planning.
- **Safety Threats** must be addressed through safety planning.
- **Protective Capacities** are identified and inform our safety & risk assessment. They are then utilized and built on in our safety plans and ongoing case/service planning with families.

Safety Plan – "….is based on a full assessment that provides the sort of understanding that informs an effective, robust means for controlling and managing safety threats in the least restrictive manner possible." (NRC)

- Safety plans control and manage safety threats.
- Safety plans are in place as long as safety threats exist, and can operate in conjunction with the service plan
- When a child is determined to be unsafe, the worker MUST initiate a safety plan
  - In home Safety Plan- is a written arrangement between a family and the agency that establishes how threats to child/youth safety will be controlled and managed.
  - Out of Home Safety Plan- is a placement with kin or non-relative foster parents

Elements of an Appropriate Safety Plan

- Details must be specific and measurable
- Must be able to implement immediately
- Family members are engaged in the process
  - Able to identify what needs to change
  - Roles are clear
  - Clear expectations for the future management of risk
  - Clear understanding of what needs to happen for the children to be safe.
- Natural supports are utilized.
- Parents identify behaviors and make changes
- Parents can identify how these negative behaviors impact them as:
  - People , Partners, & Parents
- Safety Plan is well documented
  - Clear identification of safety threats
  - Clear explanation
  - Clear agreement

Strengths/Needs/Culture/Discovery, SNCD

The Strengths/Needs/Culture/Discovery is the foundation and catalyst of the strengths based wraparound process. It promotes the paradigm shift in thinking, from the deficit based medical model, to the strengths based empowerment process. It is a 3 generational story of the resilience of a family. It is the family telling their own story of their cultural values, strengths, needs and beliefs. It is a narrative and a process of the family talking with each other and their team about what they value in each other and their **long range vision** for a better life. The **long range vision** will motivate family members to improve their lives and to adhere to their plan. A **long range vision** can be elicited by asking family members where they would like to be in 2 years. Or asking youth what they would like to do when they grow up. All family members, extended family, friends and natural supports could be engaged in this process. Family functioning will improve when you discover and utilize the cultural glue that has held them together.

The family story crosses all functioning domains, such as identified in the holistic strengths model, e.g., education; social; recreational; safety; psychological emotional needs; spiritual needs; family; employment, etc. **Needs** are prioritized and the document is updated at monthly meetings. Problems, challenges and issues are reframed and addressed as needs. **Need statements** are written to reflect what the family needs help with. **Needs are not services, nor are they solutions**. Problems and challenges should be reframed into needs. The purpose of the document and process is to identify strengths, talents and interests that can be utilized to assist the family in meeting their own needs, which fuels the empowerment process. Elements of the Strengths/Needs/Culture/Discovery should be infused in the Wraparound Plan, Crisis Plan and Transition Plan. Interventions and tasks should be written to help a family achieve their long range vision. This simulates the process of doing a strategic plan for a family.

Assessing Culture in Families

What is Culture?

> **Culture is the total system of values, beliefs, attitudes, traditions & standards of behavior, that regulates life in a group of people.**

Culture is comprised of:

- Ethnicity, Knowledge, Shared ideas and Meanings...........
- Rules, Customs, Law, Traditions, Rituals, Beliefs
- Diet, Dress, Body Image, Concept of Space and Time, Family Structure, Communication........................
- Lifestyles, Behaviors, Perceptions, Emotions, Attitudes toward Health, Illness, Life Experiences

All of the above are **learned** as we are born into or live in a society. Culture is not genetic/racial.

References:
Office of Minority Health www.omhrc.gov
National Center for Cultural Competence
http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks/html

Guide to Understanding Cultural Differences

With every family assessment, there are certain areas that may be affected by a person's history and culture. The following questions may be used as a guide to understand cultural difference as part of the assessment.

According to the client:

- What is the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- What is the role of religion for the family? How do these beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogenous group (e.g., tribe, race, nationality)? What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for childcare?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection? How do they relate to closeness and distance?
- What are the communication styles of the family?
- How does the family solve problems?
- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?

D. DePanfilis & M. Salus, 2003 *Child Protective Services: A Guide for Caseworkers, Family Assessment p.76.* Child Abuse and Neglect User Manual Series, U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau Office on Child Abuse and Neglect

Strengths/Needs/Culture/Discovery for Miguel Torres and Family

17 year old Miguel and his Puerto Rican family have been living in their 2 bedroom apartment in South Providence for 15 years. Miguel's mother Mary called the police because she needed help to control Miguel's behavior after he threatened her. Her boyfriend Pedro intervened by forcing Miguel to the ground to control his behavior.

The family has enjoyed living in Rhode Island, but Mary would love to go back to Puerto Rico when she can save enough money to begin life again. She wants 4 year old son Jose to have his own room and go to school, so that he can graduate from college one day. She says that he is such a smart boy but there is a concern that he has some developmental delays in language.

Long Range Vision

Mary and Pedro would love to build a home and move back to Puerto Rico. Mary had always wanted to pursue a nursing career and would like to go back to school. Miguel would like to quit school and become an auto mechanic like his deceased father. Jose wants to go back to Puerto Rico so his mom will be happy.

Mary has been working in housekeeping at the Providence VA Medical Center for the past 10 years. She is a diligent worker and has been promoted twice. She is discouraged about not being able to save enough money to move, but is proud that she has a few hundred dollars in a banking account. Pedro, Mary's live in boyfriend, works at seasonal construction projects and gives Mary money periodically.

Miguel has been very angry and sad since his biological father died. He spent a lot of time with his father and took care of him when he was ill. He says that his father was a tall, hardworking strong man and he wants to be just like him. He missed many days of school taking care of his Dad and blames his mother for his father's illness and death. He feels that his Dad would not have died so soon or gotten sick if his mother had treated his Dad better Miguel is a junior in high school and has average grades. Mary says that he has been suspended from school on several occasions for fighting, but he has not repeated a grade because he will make up the work that he misses. Miguel's favorite subject is math and he does very well in class, but he has been very angry lately and has not been able to concentrate.

Miguel says he needs to go to vocational school for auto mechanics because his dad noticed that he had a lot of natural instincts. He gets along well with his math Teacher, Mr. Smith, and will often visit him after school to help straighten up the class room. Miguel is a very attractive teenager and reports having many girlfriends. He is not serious about any of them. He has many friends and gets along well with his cousins and two uncles who live in their same neighborhood. He looks up to his uncle Luis, because he reminds him of his Dad and he worked at the same Auto Garage. He has God Parents living in Providence but he does not visit them anymore because they would not see his Dad anymore when he became ill. He says that he does not get along with Pedro because he should be working full time and does not know how to take care of his mother. Miguel feels that his mother needs to focus better on her life and stop getting distracted by Pedro. He would like to help his mother to go back to school. He was proud that she had taken CNA classes at one time.

Jose is not in school and has never been in a preschool program. He stays home with Pedro when Pedro is not working. The older woman next door, Mrs. Williams, will often take care of Jose in her home or she will come to Mary's apartment and cook for the family. Mrs. Williams will also take Jose for walks to mass, when she goes to her church which is four blocks down the street. Jose loves going to church and lighting candles for people who died. Jose is a very cute and loveable child. He just wants everyone to be happy so that his mother will not cry so much. He helps his mother with chores around the house and loves to brush her hair.

Mary appears depressed but her face brightens when she talks about Jose. They have a lot of fun dancing to her salsa CDs from Puerto Rico. She says that on good days Pedro and Miguel will join them and the whole family will dance and sing in the living room. Mary looked very nostalgic when she talked about how she planned a special dance for her Quinceanera in Puerto Rico, but her mother cancelled it when she learned that she was pregnant by Miguel's father who the whole family did not like. She was supposed to wear her grandmother's cross at the Quinceanera but she never received it. Her parents are strong Catholics and were very disappointed in Mary. Mary wants to make her parents proud of her again. They have never seen Jose and have been asking her to come back home. She wants to create a warm loving family home, like the one where she grew up in Puerto Rican. There was always a lot of fun and laughter around the huge dining

room table where the whole family would eat hot meals together 2-3 times a day. She says that she would like to cook more but she is often too tired.

Prioritized Needs

Mary says that her **#1 need is to have a better relationship with Miguel, and #2 to move into a bigger apartment so that Jose will have his own bedroom and will not be influenced by Miguel's behavior.**

Even though they are poor and need a budgeting plan to save money, Miguel's behavior is her biggest concern. She feels guilty about making him so mad that he felt he needed to correct her. She also knows that she needs to register Jose for school. Mary is upset that the Child Welfare worker thought she noticed some speech delay with Jose. Pedro feels everything will be better when Miguel gets a job and moves out of the house. Pedro knew Mary in Puerto Rico and talked about what a beautiful woman she used to be before she became tired from dealing with Miguel's behavior. He feels that life will be much better when they move.

Strengths/Needs/Culture/Discovery Exercise (60 min).

Pair with someone that you know less well and write a **Strengths/Needs/Culture/Discovery** for them.

- Address several life functioning domains.
- Include **strengths**, **cultural** and **spiritual values.**
- Include **needs** and **prioritize** them.
- Develop a **long range vision.**
- Include extended family members and other **natural supports.**
- Include who would be invited to be on that person's team.

The Wraparound Team

The Team consists of informal natural supports, formal supports and service providers; individuals having a vested interest in the family. All people that were mentioned in the **Strengths/Needs/Culture/ Discovery** should be considered to serve on the wraparound team.

The Team Mission

The **Team Mission** is what the team agrees to work on to position the family to reach their **Long Range Vision**. It addresses the family's current needs. It is beneficial for each team member to commit to what they will be able to do, within their jurisdiction, to help the family to meet their needs and goals.

Sample Long Range Vision:

Mary would like to move to Puerto Rico, build a house, and help her family to get along better and be happy.

Sample Team Mission:

We will help Miguel to improve ways to express his feelings so that all family members will have a better relationship. We will find ways for Mary to get support so that she can feel better and will get Jose in a preschool program.

SNCD TEAM for Miguel

Mary – Mother

Miguel – 17 yr. old son

Jose – 4 yr. old son

Pedro – boyfriend

Mr. Smith – Math Teacher

Cousins

Uncle Luis

God Parents

Maternal Grand Parents

Mrs. Williams – Neighbor

Additional team members to add in the future?

Resources & Service Providers:

Street Worker Mentor

Friend's Bereavement Center

Wraparound Child & Family Team Meeting

AGENDA

(Socialization with Refreshments)

- **Welcome/ Purpose & Introductions.**
- **Review of Wraparound Process & Ground Rules.**
- **Celebration of Recent Successes.**
- **Review and addition to Strengths/Needs/Culture/Discovery.**
- **Review of Family Long Range Vision.**
- **Review of the Team Mission.**
- **Prioritization & Review of Family Needs.**
- **Brainstorming of Options to Meet Needs & Related Goals.**

(Strengths/ Culture/ Community Activities & Natural Supports included)

- **Development of Measurement Strategies & Benchmarks to Show Progress toward Meeting Needs & Related Goals.**
- **Task Delegation and Development of Team Plan - Who, What, When, How Often?**
- **Follow-up and Feedback of Meeting**
- **Plan for Next Meeting**
- **Summary and Adjournment**

Ground Rules

- ♦ **Focus on Strengths**
- ♦ **Honor Family Voice & Choice**
- ♦ **No Shaming or Blaming**
- ♦ **Reframe Problems and Challenges into Needs**
- ♦ **Be Respectful of Each Other**
- ♦ **One Person Speaks at a Time**
- ♦ **Speak To Each Other Not At Each Other**
- ♦ **Everyone Has a Chance to Speak**
- ♦ **What's Shared in the Group Stays in the Group**
- ♦ **Additions?**

The Wraparound Plan

The **Wraparound Plan** is the document created by the team to help families to build on their strengths and to develop individualized strategies to meet identified needs. The plan reflects the voice, choice and culture of families. It incorporates agency and organizational goals in a framework that is integrated and simplified to promote achievement and compliance. The plan includes measurable objectives, action steps, responsible parties and target dates.

Prioritizing Needs

The **prioritization of needs** is very important in the empowerment process. It is instrumental within the theory of change. It helps youth and family to build self determination, self efficacy, and to utilize family voice and choice. Needs are not a service, a problem or a solution, but things that youth and families require help with. It is important for youth and families to voice where they feel they feel they need help. It is helpful to describe needs as:
Youth needs help with_____, or Mother needs help to _____.
Examples?

Writing Measurable Objectives

Measurable objectives are written to address each need or goal. This will show how a need can get be improved in the near future or how a goal can be achieved. It is helpful for the objective to be quantifiable so that a member of the household or team member can measure the progress and report the accomplishment at the next meeting. You can also use scaling, (e.g.1-5) or other cultural evaluations to measure. It will be beneficial for another person in the family to report on the progress so that they can monitor each other in the home and work to sustain change and outcomes.

It is important to simplify action steps so that they will not be difficult to accomplish. Is this way, families are set up for success, rather than failure.

Example of measurable objective:

Mary will sit with Miguel to watch one of their favorite TV programs, once a week, every Wednesday night. After the program, they will discuss Miguel's day and anything that upset him. Miguel and Mary will report on a scale of 1-5 how is Miguel's anger is improving or getting worse.

This will help to improve their communication, help Miguel express his anger without violence and build their relationship.

Let's hear other examples of measurable objectives from your caseload.

Brainstorming Options

Options are **brainstormed** strategies and alternatives for different ways the youth and family can resolve their needs. Culturally relevant ideas should be utilized from the SNCD with is shared with all team members. Other culturally appropriate ideas can come from team members and natural supports.

Brainstormed ideas should not be evaluated. Team members are encouraged to be creative. A good brainstorm includes 7-10 options.
Example?

Strategy Plan/Action Steps

The Facilitator will lead a discussion to form a consensus on which **action steps** appear to be the best fit for compliance. After choosing an option, discuss how progress will be evaluated to monitor if the youth or family member's need is getting better or worse. What **action steps** will be measured or monitored? Who will be responsible for the action step and what team member will report on the progress? How often will progress be monitored and updates given? When is the target date for completion? When is the anticipated benchmark for accomplishment of the objective?
Example?

Crisis Planning

Crisis Planning helps families to discuss safe behaviors and techniques that they can utilize if and when a future crisis or challenging behavior occurs. This is equivalent to a **Fire Drill.** They can map and talk about a future plan that will help their overall functioning in the future, which is very important in the empowerment process. This will assist families to avoid trying to plan and develop coping strategies when they are in the midst of the crisis. At the height of the crisis, tempers flare and often thoughts and discussion are judgmental and irrational. **Pre planning** supports effective functioning in the wraparound process.

WHY DO YOUTH MISBEHAVE?

It is important to look at the **purpose** of the child's misbehavior. In order to figure out the goal or purpose, you need to look at or observe two things:

1. Observe **your own reaction** to the child's misbehavior. **Your feelings** point to the child's goals.
2. Observe the child's response to your attempts at correction. The child's response to your behavior will also let you know what the child wants.

Children often "act out" with a challenging behavior to **get something** or to **avoid something.**

- ♦ **LOVE/ATTENTION** A child will attract negative attention or attempts at love, rather than be ignored.
    - Attend to positive behaviors when possible, ignore negative behaviors.
    - Give the child positive attention before he misbehaves and when he behaves appropriately.
    - Reinforce independent behaviors.

- **POWER/CONTROL** Children often seek ways to gain power and control when their environment has been unstructured or chaotic. They may have learned to get what they want through bullying and intimidation.
    - Don't get into a power struggle or get angry with a child.
    - It is very important to stay calm and follow through on logical consequences.
    - Always reinforce positive behaviors.
- **FRUSTRATION** Children may be frustrated because expectations are too high or because he can't accomplish something.
    - Make certain that your expectations of the child meet the needs of the child.
    - Lower your expectations and adapt your teaching strategies to meet the child's needs.
    - Deal with the misbehavior and **acknowledge the child's feelings.**
- **LACK OF EXPERIENCE**

  Children may try to avoid situations where they are not familiar. Children may not be aware of appropriate behaviors or have the verbal skills to express their feelings.
    - Take the time to teach (through modeling, prompting, shaping) the child appropriate behavior.
    - Be careful not to expect too much at once.
    - Be careful not to reinforce the child for inappropriate behavior.
    - Reinforce the child when he attempts to behave appropriately.

<u>Functional Assessment</u>

Functional assessments help families and team members to better understand their crisis situation and challenging behaviors. An effective crisis plan begins with a functional assessment to understand the cause and purpose for the behavior. Mostly all challenging behavior stems from unmet needs. Professionals often put "band aids" on behavior symptoms and overlook the cause or the needs. Families often do not discuss or objectively observe their own functioning. They often judge and personalize behaviors without realizing the needs, old hurts and "wounds", which are causing the unhappiness and subsequent behaviors. Behavior is a form of communication. In order to change behavior, we need to first understand it.

Functional assessments help families to decrease and eliminate the problem behavior and amend their unmet needs. It also helps families to build their resilience and resources to become better able to respond to, resolve crises and solve problems in the future.

Individuals often "act out" with a challenging behavior to **get something** or to **avoid something.** Individuals often "act out" to get more love; more attention; or power and control. Individuals try to avoid situations where they are frustrated and unable to achieve expectations. It is important to interview the individuals and their family and consult with team members who know the individuals better than others, in order to make a best guess about the why challenging behaviors occur. When the function and unmet need is understood, then positive replacement behaviors to meet that same need should be brainstormed. Then the individual will be able to get this need met without feeling the necessity to "act out".

Setting events and triggers are things that can increase the challenging behavior or crisis. It can be physiological, environmental and emotional. Conditions that make the behavior better or worse should be discussed with the individual, family and team. This will assist the family to address the trigger or condition and make changes in order to decrease and prevent the behavior. Alternative behaviors are explored and families will be empowered to better respond to crises in the future.

Transition Planning

Transition Planning is discussed at the initial meeting and occurs when the family has achieved identified goals and the **team mission** is achieved. The family should be positioned to achieve their long range vision. Wraparound Plans have been updated and adapted to reflect goal progress and achievements. Team members have been supported to complete assigned tasks and to remain committed to the **team mission** that has been revisited and revised as the wraparound plan has been modified. Ongoing needs and solution strategies are identified in the **Transition Plan**.

Formal support functions are transferred to natural supports in the extended family and community. The Facilitator Role is transferred to a family member or another natural support. The Family Support Partner role and the Youth Support Partner are also transferred to a natural support person if desired. The **Strengths/Needs/Culture/Discovery** is updated and **Lessons Learned** is documented. A **Transition Crisis Plan** is written and rehearsed. A culturally relevant celebration should be planned to commemorate all the work and progress that the family has achieved and a periodic check in process will be negotiated to honor the "village building" relationship that has been established. Opportunities and strategies will be developed to connect the whole family to all holistic aspects of the village.

Example of Team Transition Information

Lessons Learned:

Miguel has learned that he doesn't have to get angry for people to hear and understand him.

With improved communication skills and family time, he has learned that he likes some things about Pedro.

Uncle Luis taught Miguel that taking deep breaths and counting while visualizing his favorite car, works to calm him down.

Mary has made new friends at Sojourner House Domestic Violence program and is more confident talking about her feelings and speaking English.

How will the family continue to get team support:

Mrs. Williams, neighbor, has been coming over more and helps with cooking when Mary works late. She stays for support and has led family conversations about Jose's language progress in his Early Childhood Program and Miguel's work in the Garage. She has agreed to help Mary with continued support and needs. She takes Mary to prayer meetings every Wednesday. Miguel has attended the Youth Group on 2 occasions.

Miguel will continue in weekly counseling sessions to improve communication and coping strategies.

SNCD and Crisis Plan has been reviewed and updated with the family.

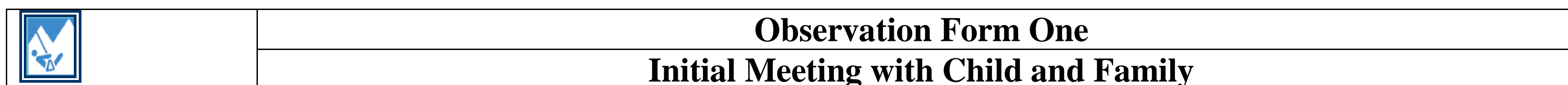
The Torres family invited all team members and staff to attend a pot luck dinner and salsa dancing at the Spanish American Club for their wraparound graduation celebration.

The facilitator will call Miguel on his birthday to check on the family's progress.

Additional Resources

1. Wraparound Facilitator Tools
2. Tip Sheets
3. Blank Forms
4. Samples

Wraparound Facilitator Tools



Observation Form One
Initial Meeting with Child and Family

Wraparound Facilitator: ______________________ Site: _______________ **Code** **M** **Met**
Reviewer: ________________________________ Date: _______________ **P** **Partially Met**
Child ID # ________________________ **U** **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. Facilitator introduces self and explains role. (Skill 1)	M P U DNA	
2. The facilitator actively listens to the family and youth and to determine if wraparound is a good option. (Skill 2)	M P U DNA	
3. Staff describes wraparound clearly in a way that the family understands. (Skill 3)	M P U DNA	
4. Staff answers questions about wraparound and helps the family make an informed decision about participation. (Skills 4 and 5)	M P U DNA	
5. Staff explains confidentiality and information sharing and gets a release of information signed. (Skill 6)	M P U DNA	
6. Staff informs the family about his/her responsibility as a mandatory reporter. (Skill 7)	M P U DNA	
7. Staff identifies any immediate crisis situations. (Skill 8)	M P U DNA	
8. Staff helps family determine if these need immediate intervention. (Skill 9)	M P U DNA	
9. Staff conducts a brief conversational functional assessment that clarifies crisis situation. (Skill 10)	M P U DNA	
10. Staff assists family to develop a crisis stabilization plan to meet the crisis situation identified. (Skill 14)	M P U DNA	
11. Staff ensures that the family has the resources necessary to stabilize the crisis. (Skill 16)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

Observation Form Two
Initial Wraparound Meeting

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: _________________________________ Date: _______________
Child ID # _________________________

Code
- **M** **Met**
- **P** **Partially Met**
- **U** **Unmet**
- **DNA** **Does Not Apply**

Standard	**Rating**	**Comments**
1. Facilitator has prepared needed documents and materials prior to the meeting. (Skill 36)	M P U DNA	
2. Facilitator has made every possible effort to ensure all needed professional and natural supports participate on the team. (Skill 31)	M P U DNA	
3. The facilitator assists the team to develop ground rules that maximize family and youth voice and choice and prevents blame. (Skill 37)	M P U DNA	
4. The facilitator assists the team to develop a decision-making procedure that maximizes family voice and choice. (Skill 37)	M P U DNA	
5. The facilitator leads the team in the review, discussion and addition to the SNCD. (Skill 39)	M P U DNA	
6. The facilitator leads the team to consensus on their team mission and obtains commitment from all team members to the mission. (Skill 40)	M P U DNA	
7. The team reviews, amends, and reach consensus on positively framed youth and family needs statements, that are in language anyone can understand, and do not suggest solutions. (Skill 42)	M P U DNA	
8. The facilitator assists the team to reach consensus on the prioritization of the youth and family needs statements. (Skill 43)	M P U DNA	
9. The prioritized needs relate to the team mission and concerns that lead to the youth and family's involvement in wraparound. (Skill 44)	M P U DNA	
10. The facilitator assists the team to develop methods for evaluating progress toward addressing concerns and meeting priority needs. (Skills 45)	M P U DNA	
11. The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs including: formal service and support options, strength-based options, and options that mobilize natural supports. (Skill 44)	M P U DNA	
12. The facilitator assists the team select the options they believe are most likely to work with the family and youth making the final selections. (Skill 45)	M P U DNA	
13. The facilitator ensures that action plans define who will do what, when, and how often. (Skill 46)	M P U DNA	
14. The facilitator ensures all team members contribute and are active partners in the planning process. (Skill 78)	M P U DNA	
15. The facilitator assists the team to consider if other individuals are needed on the team to implement the plan. (Skill 47)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

Observation Form Three
Implementation Wraparound Meeting

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: _________________________________ Date: _______________
Child ID # _________________________

Code
M **Met**
P **Partially Met**
U **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. The facilitator encourages team culture by celebrating successes since the last meeting (Skill 70).	M P U DNA	
2. The facilitator reviews completion of action steps and if necessary explores why action steps were not completed. (Skills 66 and 67)	M P U DNA	
3. The facilitator assists the team to determine the services and supports in the action plan are meeting the priority needs. (Skill 68).	M P U DNA	
4. The facilitator leads a discussion to evaluate if progress is being made toward the team's mission and reaffirm team commitment to the mission (Skill 69)	M P U DNA	
5. The facilitator checks in with team to identify new areas of need as they emerge or as objectives are met. (Skill 71)	M P U DNA	
6. The facilitator leads a robust brainstorming process to develop needed options (Skill 72)	M P U DNA	
7. Options include natural supports and formal services as needed options.	M P U DNA	
8. Options are strength-based and based on youth and family strengths and culture.	M P U DNA	
9. The facilitator assists the team to select the options they believe are most likely to work with the family and youth making the final selections. (Skill 46)	M P U DNA	
10. The facilitator ensures all team members contribute and are active partners in the planning process. (Skill 79)	M P U DNA	
11. The facilitator creates and maintains team safety ("no blame, no shame") (Skill 77)	M P U DNA	
12. The facilitator assesses team member satisfaction with the team process. (Skill 78)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Observation Form Four
	Crisis Plan Meeting

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: _________________________________ Date: _______________
Child ID # _________________________

Code
M **Met**
P **Partially Met**
U **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. The facilitator completes a process to prioritize crisis or safety situations based on severity and likeness of occurrence (Skill 52).	M P U DNA	
2. The facilitator engaged the people who know the child, family and crisis/behavior situation best in the functional assessment and crisis plan process (Skill 54)	M P U DNA	
3. The facilitator reviews a functional assessment that begins with a brief, clear statement of the crisis behavior or situation as a basis for crisis planning (Skill 53).	M P U DNA	
4. The facilitator leads a discussion to discuss setting events and conditions that predict a potential crisis situation. (Skill 55)	M P U DNA	
5. The facilitator leads a discussion to of what happens during the crisis including who is involved and if other activities going on in the environment may make the situation better or worse. (Skill 57)	M P U DNA	
6. The facilitator leads a discussion of what happens after the crisis that will help to define the functions of the behavior. (Skill 58)	M P U DNA	
7. The facilitator leads a discussion of what has been tried in the past, how well it was implemented and how well it worked. (Skill 59)	M P U DNA	
8. The team develops an educated guess about what benefits or functions the youth or other family member is getting from the crisis behavior or situation. (Skill 60)	M P U DNA	
9. The team brainstorms multiple options for preventing and responding to the crisis behavior or situation. (Skill 61)	M P U DNA	
10. The team develops action steps designed to prevent the crisis behavior or situation from happening by modifying what is occurs before the crisis. (Skill 62)	M P U DNA	
11. The plan includes signs or behaviors that indicate the crisis is beginning and ways to deescalate it. (Skill 63)	M P U DNA	
12. The plan includes a detailed and sequential set of action steps to be followed by the team if the predicted crisis behavior or situation occurs. (Skill 64)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Documentation Form One
	Strengths, Needs and Culture Discovery

Wraparound Facilitator: ______________________ Site: _______________ **Code** **M** **Met**
Reviewer: _________________________________ Date: _______________ **P** **Partially Met**
Child ID # _________________________ **U** **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. There is evidence that core family members and primary caretakers have been engaged in doing the strengths, needs and culture discovery (SNCD). (Skill 17)	M P U DNA	
2. The discovery identifies youth and family needs across life domains, i.e., what the youth and family feel they need help with. (Skill 19)	M P U DNA	
3. The written discovery identifies the priority needs or concerns of the youth and family, i.e., the one or two things the youth and/or family are most worried about. (Skill 20)	M P U DNA	
4. The SNCD includes the long range vision of the youth and family. (Skill 23)	M P U DNA	
5. The discovery includes detailed examples of family and youth strengths, that relate to the priority needs (Skill 21)	M P U DNA	
6. The discovery includes specific examples of family and youth culture, that relate to the priority needs (Skill 22)	M P U DNA	
7. The discovery lists and discusses extended family members, friends, and others who have in the past and/or who are currently providing needed support to the family and youth. (Skill 25)	M P U DNA	
8. The discovery identifies professionals working with the child and lists strengths, needs and/or concerns identified by them. (Skill 26)	M P U DNA	
9. The SNCD includes a list of the people that have been selected by the child and family who will be on the child and family team. (Skill 25 & 26)	M P U DNA	
10. The SNCD has been reviewed with the family and youth and they have revised it as needed (Skill 27)	M P U DNA	
11. There is evidence the Strengths, Needs and Culture Discovery was completed within 30 days of initial contact with the youth and family.	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Documentation Form Two
	Wrap Plan

Wraparound Facilitator: ______________________ Site: _______________ **Code** **M** **Met**
Reviewer: ________________________________ Date: _______________ **P** **Partially Met**
Child ID # ________________________ **U** **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. There is evidence that the initial wraparound plan was developed within 30 days of initial contact with the child and family	M P U DNA	
2. There is a Child and Family Team doing the planning and implementation with this child and family	M P U DNA	
3. The SNCD or wraparound plan shows strengths that were added through the initial wraparound meeting. (Skill 40)	M P U DNA	
4. The plan specifies the team's mission. (Skill 41)	M P U DNA	
5. The wraparound plan includes a list of needs statements of the youth and family. Need statements are positively framed, are written in language anyone can understand, and do not suggest solutions. The needs have been prioritized (Skill 42 and 43)	M P U DNA	
6. The prioritized goals logically relate to the team mission and priority concerns. (Skill 44)	M P U DNA	
7. The plan specifies how progress toward addressing concerns and meeting priority needs will be evaluated and measured respectively. (Skill 45)	M P U DNA	
8. There is documentation that the team brainstorms options to address goals (Skill 46)	M P U DNA	
9. The action plan component of the plan is based on family and youth strengths. (Skill 47)	M P U DNA	
10. The action plan component of the plan is based on family and youth culture. (Skill 47)	M P U DNA	
11. The service plan includes opportunities for the youth to engage in community activities that he or she likes and does well	M P U DNA	
12. The action plan specifies who will do what, how often, and when action steps should be completed. (Skill 49)	M P U DNA	
13. The plan is a mix of natural supports and formal services. (Skill 49)	M P U DNA	
14. All team members share in plan implementation. (Skill 81)	M P U DNA	
15. The wraparound plan documentation describes the frequency and schedule for meetings (Skill 63).	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Documentation Form Three
	Functional Assessment

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: ________________________________ Date: _______________
Child ID # ________________________

Code
M **Met**
P **Partially Met**
U **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
The Functional Assessment :		
1. begins with a brief, clear statement of the crisis behavior or situation, (Skill 53)	M P U DNA	
2. engaged the people who know the youth, family and crisis situation the best in the functional assessment discovery process (Skill 54)		
3. a detailed description of the frequency, intensity, and duration of the behavior or crisis situation, (Skill 55)	M P U DNA	
4. includes a description of the setting events or triggers that lead to the crisis behavior or situation, (Skill 56)	M P U DNA	
5. a statement describing when the crisis behavior or situation does not occur, (Skill 56)	M P U DNA	
6. includes a description of things the person does (antecedent behaviors) that signal the crisis situation or behavior may be beginning (Skill 63)	M P U DNA	
7. a detailed description of who is involved and if other activities going on in the environment may make the situation better or worse, (Skill 58)	M P U DNA	
8. a detailed description of what happens after (an as a result of) the crisis or behavior that help to define the function of the behavior (Skill 58)	M P U DNA	
9. a description of what has been tried in the past, how well it was implemented and how well it worked (Skill 59)	M P U DNA	
10. and an educated guess about what benefits or functions the youth or other family member is getting from the crisis behavior or situation. (Skill 60)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Documentation Form Four
	Crisis Plan

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: ________________________________ Date: _______________
Child ID # ________________________

Code		
	M	Met
	P	Partially Met
	U	Unmet
	DNA	Does Not Apply

Standard	Rating	Comments
1. The Crisis Plan is based on a comprehensive functional assessment and begins with a brief, clear statement of the crisis behavior or situation. (Skill 53)	M P U DNA	
2. The crisis plan includes specific goals that are measurable. (There is a method for evaluating the progress toward desired goals/outcomes). (Skill 44/45)	M P U DNA	
3. The crisis plan lists the setting events or triggers that predict the crisis or behavior (Skill 56)	M P U DNA	
4. The plan that defines action steps related to the setting events or triggers designed to prevent the crisis behavior or situation from happening. (Skill 62)	M P U DNA	
5. The plan identifies signs or behaviors that indicate the crisis is beginning. (Skill 63)	M P U DNA	
6. The plan includes responses to the signs or behaviors that indicate a crisis is beginning to deescalate the situation before it becomes severe. (Skill 63)	M P U DNA	
7. The plan provides a detailed action steps to be followed by the team if the predicted crisis behavior or situation does occur. (Skill 64)	M P U DNA	
8. The action plan specifies who will do what, how often, and when action steps should be completed. (Skill 49)	M P U DNA	
9. The plan is a mix of natural supports and formal services. (Skill 49)	M P U DNA	
10. The crisis plan options are based on family and youth strengths and culture. (Skill 47)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

Documentation Form Five

Progress Notes

Wraparound Facilitator: ______________________ Site: _______________
Reviewer: ________________________________ Date: _______________
Child ID # ________________________

Code
M **Met**
P **Partially Met**
U **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. The facilitator has documented: monitoring of team members completion of assigned action steps. (Skill 70)	M P U DNA	
2. educating providers and other system and community representatives about the wraparound process. (Skill 67)	M P U DNA	
3. identifying what support team members need so they can successfully complete their assigned task(s). (Skill 68)	M P U DNA	
4. assisting the family and youth to access necessary resources. (Skill 69)	M P U DNA	
5. evaluating progress toward the team's mission and reaffirm team commitment to the mission. (Skill 73)	M P U DNA	
6. identifying new areas of need as they emerge or as objectives are met. (Skill 75)	M P U DNA	
7. brainstorming new options when current options are not resulting in adequate progress toward established goals. (Skill 76)	M P U DNA	
8. revising the plan so it incorporates new options and action steps. (Skill 78)	M P U DNA	
9. monitoring revisions to the plan to ensure they continue to align with the team's mission. (Skill 79)	M P U DNA	
10. orienting, preparing and welcoming new team members to the wraparound process. (Skill 80)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

	Documentation Form Six
	Transition Planning

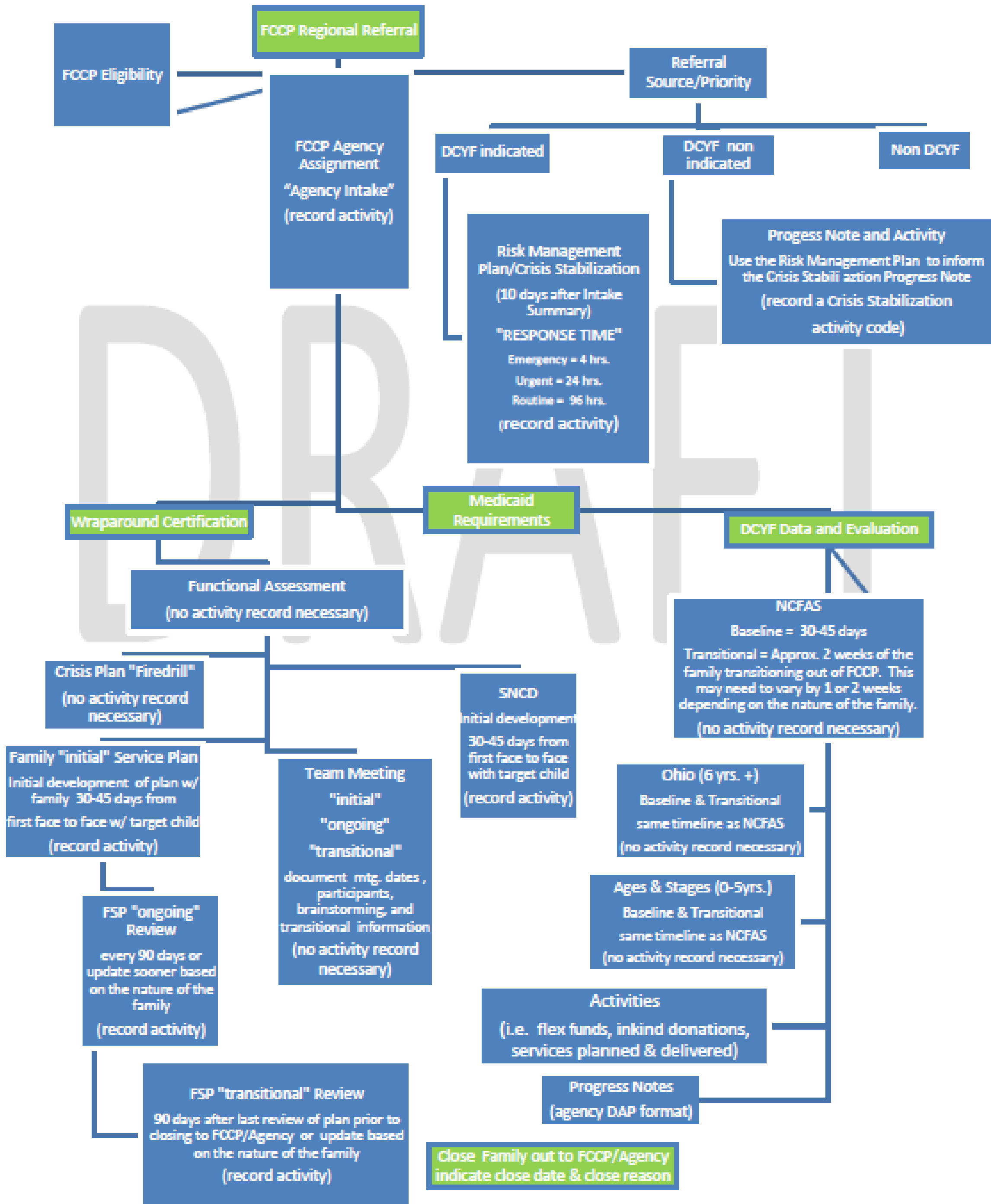
Wraparound Facilitator: ______________________ Site: _______________
Reviewer: _________________________________ Date: _______________
Child ID # _________________________

Code **M** **Met**
P **Partially Met**
U **Unmet**
DNA **Does Not Apply**

Standard	Rating	Comments
1. Transition planning documentation identifies needs, services and supports that will continue to need attention past formal wraparound. (Skill 88)	M P U DNA	
2. The facilitator has gathered additional information about family and youth and team strengths and culture for use in the development of the transition plan. (Skill 89)	M P U DNA	
3. A specific transition plan has been developed to meet continuing needs. (Skill 90)	M P U DNA	
4. The facilitator has supported the team to develop and rehearse a plan for crisis management after formal wraparound. (Skill 91)	M P U DNA	
5. The facilitator has supported the family and youth to modify the wraparound process for continuation after the facilitator is gone. (Skill 92)	M P U DNA	
6. The facilitator has created has updated the SNCD to document that the strengths of the family, youth and team members, (Skill 93)	M P U DNA	
7. the lessons learned from the wraparound process, (Skill 93)	M P U DNA	
8. and that shows the achievement of team mission. (Skill 93)	M P U DNA	
9. The facilitator has developed with the team a culturally appropriate commencement celebration. (Skill 94)	M P U DNA	
10. The facilitator has designed procedures for checking in on the family and youth periodically after commencement. (Skill 95)	M P U DNA	

Record other comments on the back of the page or attach extra sheets. If using the back or extra sheets check here ________.

RIFIS Flowchart



Domain Guidelines

Strengths, Needs and Culture Discovery

Brief Family History and Reason for Referral
Note the reason why the family was referred for services, a brief overview of the family situation and the family understanding of why they were referred to services.

Priority Concerns of Family
Provide information about what the family sees as their priority concern at this time.

Residence
Provide specific information about the location of home, how long they have lived there and who lives in the home. Include information about the stability of the family's housing, affordability, etc.

Family Relations
Provide information about family dynamics and what children and parents like and dislike about their family.

Extended Family
Provide specific information about relatives and others in communities that are like their family. Include family/kin that they turn to or have turned to in the past.

Education
Provide specific information about each child including the name of the school and the grade. Provide information about any educational concerns, strengths and any services being provided by the school.

Employment
Provide specific information about the employment of each family member able to work including type of job, place of employment, how long they have worked there, etc.

Spiritual
Describe the families' rituals, cultural and spiritual beliefs.

Health
Provide specific information about each child and each parent. Include for each child/parent the name of the pediatrician/physician, location of health services, the last visit and any specific health issues. Include for each child/parent if they have/currently receive dental care.

Behavioral Health
Describe any behavioral health problems of family members and provide the names of any treatment providers. Please note if previous treatment has been received by any family member.

Social/Friends
Describe social activities and friends for all family members.

Recreation/Fun/Financial
Provide information about the family's favorite things to do.
Discuss the family's current financial situation and sources of income, supplemental supports (food bank etc.)

Legal
Document any legal issues of all family members.

Safety
Discuss safety with the family and the current risk factors and mitigating factors.

Family Vision
How the family sees themselves in the future. The family's vision is based on the family's concerns, needs, hopes, dreams, and strengths and is a vision for the future of how things will look for the family. The Family Vision is developed as part of the wraparound process.

Family Needs
Provide description of what the family needs to do to reach their goal.

Possible Child and Family Team Members
List all potential members by name, relationship and contact information

Guidelines for the Family (Wrap) Service Plan Process

Goal:

To develop one plan for the child/youth and family that meets the individualized needs of the child and family, addresses the values and principles of the System of Care and Wraparound, and meets all federal and state requirements including regulatory and financial requirements for reimbursement.

Family Vision:

The family's vision is based on the family's concerns, needs, hopes, dreams, and strengths and is a vision for the future of how things will look for the family. The Family Vision is developed as part of the wraparound process.

Team Mission:

A collaborative statement developed by the team members about what the different team members will be working on together, including looking at the family's needs, prioritizing needs and coming up with different ways to intervene with action steps to meet the family needs. Team members agree to take on different tasks by coming together, reviewing family strengths, listing needs statements across life domains, as a team prioritizing the most important needs and crafting interventions and actions to meet the prioritized needs. Every team member will know what their role is in the plan.

Family Team:

The family team includes the family, biological parents, adoptive families, youth, extended kinship networks, legal guardians, the Family Service Care Coordinator, natural supports, Family Support Partner, providers and others designated by the family. The Department worker may be a team member for some families who are being monitored by DCYF.

Family Team Meeting:

During the family team meeting, the family's vision and the team's mission are created. After the initial family team meeting, the team meets as often as needed but at least quarterly to address the service needs of the family. The team may meet more often if a crisis develops or additional needs are identified. The family team meeting is facilitated by the FSCC who also establishes the ground rules.

The Family (Wrap) Service Plan is developed during the family team meeting. Completing the Family (Wrap) Service Plan may take more than one family team meeting. All Team/Family members will be aware of their role and responsibilities

in implementing the Family (Wrap) Service Plan and will have a copy of the plan. Active participation of all team members including the child/youth and parent(s) in the development and implementation of the plan is recommended.

FSCC is responsible for inviting all participants and preparing the agenda for the family team meeting. The FSCC completes the Family Team Meeting form in RIFIS for every family team meeting.

Service Planning Process:

The Family (Wrap) Service Plan is composed of the vision and team mission statement of a family, Needs/Goals, Strengths, Objectives and Action Steps (identified through the Strength, Needs and Culture Discovery), Planned Services, Diagnosis, and Signatures.

The family determines the priority of needs/goals that will be addressed in the Family (Wrap) Service Plan. The objectives based on the priority needs will be measurable behavioral changes as defined by the family team. Action Steps are developed to address those identified issues and support the behavioral changes. The Action steps must be concise and specific as to the type of service, service scope and duration, person providing the service and time frame of service, review and completion. At least one Actions Step addresses the specific needs of the target child. The remaining need/goals can address areas that will benefit the child and family. Remember, the FSCC and the FSP must have Action Steps that describe what services they are providing to the child and family.

Documenting the Family (Wrap) Plan in RIFIS

The FSCC creates the Family (Wrap) Service Plan in RIFIS. The FSCC has the option of starting the RIFIS plan based on initial work that has been done with the family (SNCD, previous meetings, etc.). The FSCC will then enter the full plan that was developed in the family team meeting. The FSCC may choose instead to enter the entire plan after the team meeting. Upon completion of the RIFIS Family (Wrap) Service Plan, the FSCC will submit the plan to the licensed clinician for approval and signature.

Signatures

The Family (Wrap) Service Plan needs to be signed by the target child *(handwrite if child is not appropriate to sign because of age [under 8], cognitive ability or other factors.)*, parents, FSCC, and a licensed clinician who is supervising the FSCC. Signatures of natural supports that have responsibility of Actions Steps are also included on plan. Handwrite activities to involve parents: sent invitation,

telephone call if they did not attend the family team meeting. FCCP supervisor signs the wrap plan electronically when plan is approved in RIFIS. FSCC will print out the signed approval for the family record. The valid date of plan for Medicaid is the date the licensed clinician signs.

Timelines:

The initial Family (Wrap) Service Plan is completed and signed by the licensed clinician within 45 days of the first face to face with the target child.

Review of Family (Wrap) Service Plan

The FSCC is required to review the Family (Wrap) Service Plan at least every three months during a family team meeting. During the family team meeting all needs/goals, objectives and action steps are reviewed to assess progress and to identify barriers. Action steps are revised and/or new action steps developed as needed. All parties involved in the review and planning will sign the plan. Documentation is the same process as described in the initial plan process. Remember, the valid date of review of the plan for Medicaid is when the licensed clinician signs and dates the plan.

Transition Plan as part of the Family (Wrap) Service Plan

The FSCC completes a Transition Plan when the family is in the process of transitioning from the FCCP and the family will be transitioned from the wraparound process. The FSCC will complete the Family Team Meeting form and complete the transitional information about lessons learned and how the family will continue to get community support. The FSCC and family will plan and participate in a wraparound graduation to celebrate their accomplishments. FSCC will document transition in the Family (Wrap) Service Plan which will be signed and dated by all participants including the licensed clinician.

Tips for Completing a Wrap Plan in RIFIS

(Meeting Medicaid Requirements)

First Section – Demographics

- Plan date is the date FSCC starts to work on the plan, such as in RIFIS, meeting with family, etc.
- The review date is date the plan is reviewed with family.
- The next review date must be hand written in at the time of meeting with family.
- In selecting the next review date, remember that plans need to be reviewed and signed by the licensed clinician within 90 days of the last review. *(Remember to give yourself a cushion-enough time to be able to complete the plan and obtain signatures.)*

Need/Goal

- Selected one of the eleven domains in RIFIS.
- Keep title of domain and add description of the issues in text box.
- At least one need/goal addresses the specific need/goal of target child.
- Remaining need/goals can address areas that will benefit the child and family.
- Number of needs/goals is determined by family.
- Note family's priority of goal in text box.

Target Date

Enter the Projected date which is when the goal/objective/action step will be achieved

Update/Progress Date

- Date of review when the FSCC meets with the family to review progress made on Wrap Plan.
- Review plan at least every 90 days.
- In selecting the next review date, remember that plans need to be reviewed and signed by the licensed clinician within 90 days of the last review. *(Remember to give yourself a cushion-enough time to be able to complete the plan and obtain signatures.)*
- Enter an update with date of review and description of progress or barriers in the text box for each Action Step.
- Progress date is not needed for an initial plan.
- A completed Action Step does not need to be reviewed again.

Completion Date

- Date entered in the complete column when Action Step or Objective is complete.
- <u>Do not enter date if Action Step or Objective is no longer valid and/or not complete.</u>
- Indicate in the Action Step text box why action step is no longer valid with the date and rewrite Action Step or Objective to reflect this.

- At next review, continue to enter in text box the review date and comments if Action Step is not re-written.
- There is the option to erase the action step and re-write if needed with new date noting Action Step was revised in text box.

Strength

- Strengths should be reflective of the specific need/goal area.
- There can be more than one strength noted.
- This can be a good place to document cultural strengths.
- Strengths do not need any dates.

Objectives

- Objectives <u>must</u> be measurable and reflect a change in behavior.
- Objectives should be clearly linked to the need/goal.
- Scoring of functional assessments can be used as a way of measuring the change in behavior.
- There can be more than one Objective for a Need/Goal.

Action Steps

- Action Steps need to be concise and specific as to who is doing what, how often, duration of activity, how long and timeframe for review and completion.
- Action steps should be clearly linked to the objective.
- The FSCC and the FSP must have Action steps to describe what services they are providing to the child and family.

Signatures and Licensed Clinician

- FCCP supervisor signs the wrap plan electronically when plan is approved.
- Print out signed approval of plan for record or FCCP supervisor can sign the wrap plan along with the other signatures for the record.
- The valid date of plan for Medicaid is when licensed clinician signs and dates the plan.
- Handwrite if child is not appropriate to sign because of age (under 8), cognitive ability or other factors.
- Handwrite activities to involve parents: sent invitation, telephone call if they did not attend.
- Signatures of natural supports who have responsibility of Actions Steps are included on plan.

Copies

- Handwrite on the plan if parents are given copies of the plan.

Addendum for Completing a Wrap Plan in RIFIS

Review Date **Completing a Wrap Plan (FSP) in RIFIS**

First "Header" Section of Plan – Demographics
The **Plan Date** is the date you "initially" begin the process of developing the plan with the family. The **Plan Review Date** is the date the plan is reviewed with the family, within the required Medicaid 45 days. Typically the protocol is to duplicate the previous plan and leave status in a "draft" version, in order to make modifications as needed, within the required Medicaid 90 days.

The "ongoing" and "transitional" **Plan Date** will be the date you duplicated the plan in RIFIS. The **Plan Review Date**, for these two review types, will be the date you formally review each Need/Goal, Objective, and Action Step in the plan with the family. The **Next Review Date** must be hand written in at the time of meeting with family.

Need/Goal
Select one of the eleven domains so that the title is in the description box. Following the domain, elaborate in the same text box with a description of the issues. (At least one need/goal should address the specific need/goal of target child and remaining need/goals can address areas that will benefit the child. Number of need/goals will be determined by the family.)

Need/Goal Code	Need/Goal Description	Status	Target Date	Update/Progress Date	Completion Date
Click on radio button to activate a list of needs/goals. Select one of the eleven domains.	Leave the domain you selected that appears in textbox and follow it with a description of the issues. At least one Need/Goal should specifically address the target child and the remaining can address areas that will benefit the child. Number of Need/Goals is determined by the family.	**Pending** – will be used by FSCC when still working on Need/Goal w/ Family. **Complete** – will be used by FSCC when Need/Goal is achieved (COMPLETE status will make field "read only")	This is a projected date of when the Need/Goal can be achieved	Leave date field blank until reviewed and update can be documented. Progress date is not needed for an initial plan.	Leave date field blank until Need/Goal is complete **Complete** Status should have **Complete** Date

Strengths

Strength Code	Strength Description	Status	Update/Progress Date
Click on radio button and selection the instruction listed "enter strength"	Remove the instructions and enter description of strengths that reflect the specific Need/Goal area. This is a good place to document cultural strengths. More than one strength can be noted (repeat the step in RIFIS to add more strengths)	**Pending** – will be used by FSCC when continuing to help the family come up w/ strengths related to Need/Goals **Complete** – will be used by FSCC when strengths have been identified and documented. (COMPLETE status will make field "read only")	**Leave this date field blank**

Objectives

Objective Code	Objective Description	Status	Target Date	Update/Progress Date	Completion Date
Click on radio button and selection the instruction listed "enter objective"	Remove the instructions and enter description of objective that MUST be measurable and reflect a change in behavior. Scoring of functional assessments can be used as a way of measuring the change in behavior. There can be more than one Objective for a Need/Goal (repeat the step in RIFIS to add new Objective)	**Pending** – will be used by FSCC when still working on Need/Goal with the family. **Complete** – will be used by FSCC when Objective is achieved. (COMPLETE status will make field "read only")	This is a projected date of when the Objective can be achieved	Leave date field blank until reviewed and update can be documented. Progress date is not needed for an initial plan.	**Complete** Status should have **Complete** Date

Action Steps

Action Step Code	Action Step Description	Status	Target Date	Update/Progress Date	Completion Date
Click on radio button and selection the instruction listed "enter Action Step"	Remove the instructions and enter description of the Action Step that must be concise and specific as to who is doing what, how often, duration of activity, how long and timeframe for review and completion. The FSCC and the FSP must have Action Steps to describe what services they are providing to the child and family. When reviewing an Action Step with the family, add the **date of review in bold**, followed by a description of the progress and/or barriers in the text box (see example in Wrap Plan Sample).	**Pending** – will be used by FSCC when still working on Action Step w/ Family. **Complete** – will be used by FSCC when Action Step is achieved (COMPLETE status will make field "read only")	This is a projected date of when the Action Step can be achieved	Leave date field blank until reviewed and update can be documented. Progress date is not needed for an initial plan.	**If Action Step is complete**, enter the date in the complete column and indicate in the **Action Step description field the date in bold followed by description of how Action Step was completed. (see example in Wrap Plan sample)** **If Action Step is no longer valid/not completed**, DO NOT enter a date in the complete column. Indicate in the **Action Step description field the barrier date in bold followed by description of why Action Step was not completed. (see example in Wrap Plan sample)**

	If Plan is "duplicated" and a COMPLETED Action Step is carried over with a complete date- it does not need to be reviewed again. If "duplicated" Plans is filling up with COMPLETED Action Steps no longer needing review, your "clean up" option is: • Contact RIFIS Support and ask for COMPLETED Action Steps to be removed from "draft" Plan and add NEW Action Steps with dates and descriptions as needed.				**Complete** Status should have **Complete** Date

Signatures
Handwrite if child is not appropriate to sign because of age, cognitive ability or other factors. Handwrite activities to involve who did not attend. The valid "Approval of Plan" date is when the Licensed Clinician (LICSW) electronically signs and dates plan in RIFIS.

Copies
Handwrite on the plan signature page, if parents are given copies of the plan.

Blank SNCD in RIFIS

Consumer Assessment

Strengths, Needs, and Culture Discovery

Case No: (Child)	Client: (Child/Youth)
Review:	Rater: (Worker)
Review Date:	Status:
Fund Code: (FCCP)	Program: (Agency)
Approve Date:	Approved By:

Strengths, Needs and Culture Discovery

Family Name

Family ID

Header

Brief Family History and Reason for Participation in FCCP

Family Vision

Priority Concerns of Family

Life Domains (Strengths, Needs and Culture)

Residence

Family Relations

Extended Family

Culture

Education

Employment

Spiritual

Health

Behavioral Health

Social/Friends

Recreation/Fun

Financial

Legal

Safety

Family Needs (with priorities for 2 or 3 address first to address family vision)

Family Needs

Possible Child and Family Team Members

Reviewed and edited by Family on

Family Member(s)
Signature(s)/Date(s)

FSCC Signature/Date

Supervisor Signature/Date

Blank Functional Assessment (RIFIS)

Consumer Assessment

Functional Assessment

Case No: (RIFIS ID)	Client: (Child/Youth)
Review:	Rater: (Worker)
Review Date:	Status:
Fund Code: (FCCP)	Program: (Agency)
Approve Date:	Approved By:

FUNCTIONAL ASSESSMENT

Family Name

Family ID

1. Briefly and clearly state the crisis behavior or situation:

2. Who was engaged in this process? (Include people who know the child/youth and family best):

3. Describe the frequency, intensity, and duration of the behavior or crisis situation:

4. When and where does the behavior occur and what happens prior to the behavior? (setting events and triggers):

5. When does the crisis behavior or situation not occur:

6. How do you know the crisis behavior is about to begin? (antecedents and warning signs):

7. Provide a detailed decription of who is involved and if other activities going on in the environment make the situation better or worse:

8. What happens after (as a result of) the crisis or behavior that helps to define the function of the behavior:

9. Describe what has been tried in the past, how well was it implemented and how well it worked:

10. What is the best guess about the function of behavior? (why is the behavior occurring):

11. What is the unmet need:

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Blank Family Service Plan (RIFIS)

Family Service Plan

Child / Youth :	RIFIS ID :	Agency ID:
Family Name :	Family ID :	AGE :
Address :	PEP ID :	
Worker :	Plan Date :	
FCCP :	Review :	
Agency :	Review Date :	
	Next Review Date :	

Family Vision

Family Vision:

Team Mission:

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:				
Strength:				
Objective:				

Action Steps:				
Action Steps:				
Action Steps:				
Need / Goal:				
Strength:				
Objective:				
Action Steps:				
Action Steps:				
Action Steps:				
Need / Goal:				
Strength:				
Objective:				
Action Steps:				
Action Steps:				

Planned Services

Service	Service Code	Units	Unit Type	Start Date	End Date

Diagnosis

Did Caregiver 1/Parent/Legal Guardian participate in the Development of the Plan?

Did Caregiver 2/Parent/Legal Guardian participate in the Development of the Plan?

Did Child/Youth participate in the Development of the Plan (if age appropriate)?

Did Other participant(s) help in the Development of the Plan?

Family received copy of plan

Caregiver 1/Parent/Legal Guardian Signature: Date:

Caregiver 2/Parent/Legal Guardian Signature: Date:

Child / Youth Signature: Date:

FSCC Signature: Date:

Other Attendee Signature: Date:

Other Attendee Signature: Date:

4/30/2013

Blank Family Team Meeting Documentation in RIFIS

Consumer Assessment

Team Meeting

Case No: (RIFIS ID)	Client: (Child/Youth)
Review:	Rater: (Worker)
Review Date:	Status:
Fund Code: (FCCP)	Program: (Agency)
Approve Date:	Approved By:

Team Meeting

Team Facilitator

Start Time

Duration

Place

Team Members Chosen by Child & Family

1. Name of Team Participant

1a. Title of Team Participant

1b. Strengths of Team Participant

2. Name of Team Participant

2a. Title of Team Participant

2b. Strengths of Team Participant

3. Name of Team Participant

3a. Title of Team Participant

3b. Strengths of Team Participant

4. Name of Team Participant

4a. Title of Team Participant

4b. Strengths of Team Participant

5. Name of Team Participant

5a. Title of Team Participant

5b. Strengths of Team Participant

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Blank Crisis Plan in RIFIS

Consumer Assessment

FCCP Crisis Plan

Case No: (RIFIS)	Client: (Child/Youth)
Review:	Rater: (Worker)
Review Date:	Status:
Fund Code: (FCCP)	Program: (Agency)
Approve Date:	Approved By:

CRISIS PLAN

Family Name

Family ID

Crisis Plan Time

1. Provide a brief, clear statement of the crisis behavior or situation (as outlined in the Functional Assessment):

2. Who was engaged in the crisis planning process? (include people who know the child/youth and family best):

3. List the setting events or triggers:

CRISIS PREVENTION

4. When the setting events or triggers occur, we will do what? (who will do what, how often, and when):

Action Step(s) to prevent the crisis from occurring (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

Person(s) Responsible:

5. What are the signs or behaviors that indicate the crisis is beginning? (who will do what, how often, and when):

Actions Step(s) to deescalate the situation before it becomes severe (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

Person(s) Responsible:

CRISIS RESPONSE

6. What will we do when the crisis behavior or situation occurs? (who will do what, how often and when):

Action Steps to do during the crisis (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

Person (s) Responsible:

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6. Name of Team Participant

6a. Title of Team Participant

6b. Strengths of Team Participant

7. Name of Team Participant

7a. Title of Team Partcipant

7b. Strengths of Team Participant

8. Name of Team Participant

8a. Title of Team Participant

8b. Strengths of Team Participant

9. Name of Team Participant

9a. Title of Team Participant

9b. Strengths of Team Participant

10. Name of Team Participant

10a. Title of Team Participant

10b. Strengths of Team Participant

Other Attendee

If other, please specify

Team "Game Plan" Information

Ground Rules (including confidentiality and how the team will make decisions):

Team Mission (provide specific goals to be met by team to achieve mission):

Brainstorming Ideas

Need/Goal #1: Brainstorming Ideas

Need/Goal #2: Brainstorming Ideas

Need/Goal #3: Brainstorming Ideas

Need/Goal #4: Brainstorming Ideas

Need/Goal #5: Brainstorming Ideas

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Notes

Data, Assessment and Plan:

Team Transition Information

Lessons Learned:

How will the family continue to get team support:

Has SNCD been updated and reviewed with family?

If yes, please indicate date SNCD was updated and reviewed with family:

Is Crisis Plan in place and reviewed with family?

If yes, please indicate date Crisis Plan was reviewed with family:

Celebration (culturally relevant):

Aftercare Plan and follow up:

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Transition Plan Training Activity

FAMILY NAME:

Date Created:

The Family Vision:

The Team Mission:

The Current Status of Team Mission:

Strengths and Culture of the Family:

New Strengths of the Youth, Family and Team:

FAMILY'S NEXT STEPS

NEED:

NEXT STEPS: PERSON(S) RESPONSIBLE:

NEED:

NEXT STEPS: PERSON(S) RESPONSIBLE:

NEED:

NEXT STEPS: PERSON(S) RESPONSIBLE:

ONGOING TEAM MEETINGS

Responsible Person/ Facilitator:

Who Will Attend:

Name	Contact Info.
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________
______________________________	_________________________________

LESSONS LEARNED

CELEBRATION EXPLANATION

Attachments to this document:

- ☐ SNCD - Last updated on ________________________
- ☐ Updated Transition Crisis Plan – Reviewed with family on ________________

Summary:

____

____

____

Check in Procedure for youth and family

____

Entering Strengths, Needs and Culture Discovery in RIFIS

Case No:	**Client:**
Review:	**Rater:**
Review Date:	**Status:**
Fund Code:	**Program:**
Approve Date:	**Approved By:**

Strengths, Needs and Culture Discovery

Family Name Torres, Mary
Family ID xxxxxxxx
Header

Brief Family History and Reason for Participation in FCCP

This family includes mother, Mary, her live-in boyfriend Pedro and her two children, Miguel (age 17) and Jose (age 4). There have been a few information referrals (I/R's) made to DCYF due to Miguel's outbursts in school and in the community over the past year. More recently, Miguel's mother Mary called the police because she needed help to control Miguel's behavior after he threatened her with a knife. Her boyfriend Pedro intervened by forcing Miguel to the ground to control his behavior. Miguel's 4 year old brother, Jose, was in the room when it happened. DCYF was notified by the police and when Miguel went to school with bruises from the incident. DCYF referred the family to the FCCP.

Miguel's father died two years ago. He suffered a prolonged illness before dying from complications. Miguel has been very angry and sad about the death of his biological father.

Family Vision

Mary and Pedro would love to build a home and move back to Puerto Rico. Mary had always wanted to pursue a nursing career and would like to go back to school. Miguel would like to quit school and become an auto mechanic like his deceased father. Jose wants to go back to Puerto Rico so his mom will be happy.

Priority Concerns of Family

Mary says that her **#1 need** is to have a better relationship with Miguel, and **#2** to move into a bigger apartment so that Jose will have his own bedroom and will not be influenced by Miguel's behavior.

Life Domains (Strengths, Needs and Culture)

Residence

17 year old Miguel and his Puerto Rican family have been living in their 2 bedroom apartment in South Providence for 15 years. The family has enjoyed living in Rhode Island, but Mary would love to go back to Puerto Rico when she can save enough money to begin life again. Miguel and Jose share a bedroom. Mary wants 4 year old son Jose to have his own room so that he is not influenced by his older brother's behavior.

Family Relations

Mary wants to create a warm loving family home, like the one where she grew up in Puerto Rico. There was always a lot of fun and laughter around the huge dining room table where the whole family would eat hot meals together 2-3 times a day. She says that she would like to cook more but she is often too tired.

Miguel says that he does not get along with Pedro because he should be working full time and does not know how to take care of his mother.

Jose is a very cute and loveable child. He just wants everyone to be happy so that his mother will not cry so much. He helps his mother with chores around the house and loves to brush her hair.

Pedro feels everything will be better when Miguel gets a job and moves out of the house. Pedro knew Mary in Puerto Rico and talked about what a beautiful woman she used to be before she became tired from dealing with Miguel's behavior. He feels that life will be much better when they move.

Extended Family

Miguel's uncle Luis and some cousins live in the neighborhood. Miguel looks up to his uncle because he reminds him of his Dad and he worked at the same Auto Garage.

Miguel has God Parents living in Providence but he does not visit them anymore because they would not see his Dad after he became ill.

The older woman next door, Mrs. Williams, will often take care of Jose in her home or she will come to Mary's apartment and cook for the family.

Mary's parents live in Puerto Rico. Mary wants to make her parents proud of her again. They have never seen Jose and have been asking her to come back home.

Culture

Miguel is still grieving his father's death and often feels that he needs to take his father's place in the home, which is a cultural principle within his extended family. He wants to make sure his mother and brother are taken care of, which were the wishes his father often shared with him.

Education

Miguel:

Miguel is a junior in high school and has average grades. Mary says that he has been suspended from school on several occasions for fighting, but he has not repeated a grade because he will make up the work that he misses. Miguel's favorite subject is math and he does very well in class, but he has been very angry lately and has not been able to concentrate. He gets along well with his math Teacher, Mr. Smith, and will often visit him after school to help straighten up the class room. Miguel says he needs to go to vocational school for auto mechanics because his dad noticed that he had a lot of natural instincts.

Jose:

Jose is not in school and has never been in a preschool program. He stays home with Pedro when Pedro is not working. The neighbor, Mrs. Williams, also takes care of Jose. Mary wants 4 year old Jose to go to school, so that he can graduate from college one day. She says that he is such a smart boy but there is a concern that he has some developmental delays in language.

Employment

Mary: Mary has been working in housekeeping at the Providence VA Medical Center for the past 10 years. She is a diligent worker and has been promoted twice. She is discouraged about not being able to save enough money to move, but is proud that she has a few hundred dollars in a banking account.

Pedro: Pedro, Mary's live in boyfriend, works at seasonal construction projects and gives Mary money periodically.

Spiritual

Mary looked very nostalgic when she talked about how she planned a special dance for her Quinceanera in Puerto Rico, but her mother cancelled it when she learned that she was pregnant by Miguel's father who the whole family did not like. She was supposed to wear her grandmother's cross at the Quinceanera but she never received it. Her parents are strong Catholics and were very disappointed in Mary.

Mrs. Williams will take Jose for walks to mass, when she goes to her church which is four blocks down the street. Jose loves going to church and lighting candles for people who died.

Health

There are no special health issues noted by any family member. They have medical coverage through Mary's employer.

Behavioral Health

Miguel:

Miguel has been very angry and sad since his biological father died. He spent a lot of time with his father and took care of him when he was ill. He says that his father was a tall, hardworking strong man and he wants to be just like him. He missed many days of school taking care of his Dad and blames his mother for his father's illness and death. He feels that his Dad would not have died so soon or got sick if his mother had treated his Dad better.

Mary:

Mary feels guilty about making Miguel so mad that he felt he needed to correct her. Mary appears depressed but her face brightens when she talks about Jose.

Social/Friends

Miguel:

Miguel is a very attractive teenager and reports having many girlfriends. He is not serious about any of them. He has many friends and gets along well with his cousins and two uncles who live in their same neighborhood.

Mary:

Pedro:

Jose:

Recreation/Fun

Mary lights up when she describes how she and Jose have a lot of fun dancing to her salsa CDs from Puerto Rico. She says that on good days Pedro and Miguel will join them and the whole family will dance and sing in the living room.

Financial

Mary is discouraged about not being able to save enough money to move, but is proud that she has a few hundred dollars in a banking account.

Legal

The police have come to the home and the school on several occasions due to Miguel's behavior but he has not been taken into custody or had any legal petitions filed. They have suggested that Mary request a wayward/disobedient petition be filed if his behavior does not improve. Mary would like the help of the FCCP so that her family does not have to go through the family court system.

Safety

There are no immediate issues as to safety of the children. Mother is concerned about Miguel's increasing anger and worries that Jose will be influenced by Miguel's behavior.

Family Needs *(with priorities for 2 or 3 to address and first to address family vision)*

Mary said even though they are poor and need a budgeting plan to save money; Miguel's behavior is her biggest concern.

Mary knows that she needs to register Jose for school. She is upset that the Child Welfare worker thought she noticed some speech delay with Jose.

Miguel feels that his mother needs to focus better on her life and stop getting distracted by Pedro. He would like to help his mother to go back to school. He was proud that she had taken CNA classes at one time.

Possible Child and Family Team Members
Uncle Luis
Cousin(s)
God Parents
Mrs. Williams, the neighbor
Mr. Smith, Miguel's math teacher
Service Providers
Reviewed and edited by Family on:
Family Member(s)

Signature(s)/Date(s)

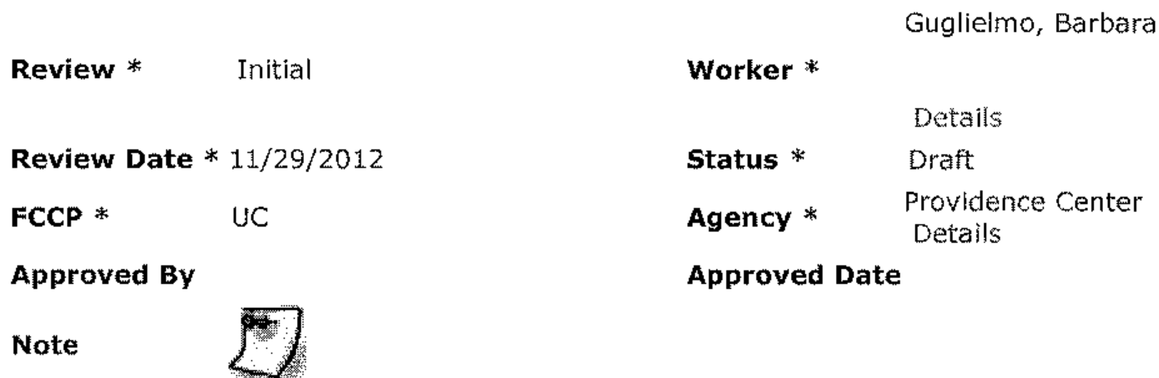
FSCC Signature/Date
Supervisor Signature/Date
(Reminder: Send to supervisor/licensed clinician for approval & signature. This is the effective date for Medicaid.)

Documenting the FCCP Crisis Plan in RIFIS

Sample Crisis Plan in RIFIS

FCCP Crisis Plan

Assessments & Forms



Review *	Initial	**Worker** *	Guglielmo, Barbara Details
Review Date *	11/29/2012	**Status** *	Draft
FCCP *	UC	**Agency** *	Providence Center Details
Approved By		**Approved Date**	
Note			

CRISIS PLAN

Family Name: **Torres**
Family ID: x **999999999**
Crisis Plan Time: **3:30pm**

1. Provide a brief, clear statement of the crisis behavior or situation (as outlined in the Functional Assessment)

Miguel had an angry outburst with his mother and threatened her with a knife, but did not hurt her. He has been very angry and sad about the death of his biological father. There have been several angry outbursts in school and in the neighborhood with teachers and other adults. Miguel occasionally drinks and smokes marijuana.

2. Who was engaged in the crisis planning process? (include people who know the child/youth and family best):

There have been meetings and interviews with Miguel, his mother, school teachers, Brother Jose, and Pedro, mother’s live-in boyfriend.

3. List the setting events or triggers:

Miguel will get upset when he feels that people are disrespecting him by not listening to him or ignoring him. He also feels resentful and agitated when he is feeling sad or hurt. This can occur at home, school and in the community.

CRISIS PREVENTION

4. When the setting events or triggers occur, we will do what? (who will do what, how often, and when):

Miguel will stop what he is doing/saying and take a break (in his bedroom, a classroom). Return in 30 minutes to talk about what is upsetting him.

Action Step(s) to prevent the crisis from occurring (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

1. Mother and Pedro have agreed to take Miguel to the movies at least once a month and will watch some of his favorite movies on TV at home.
2. Mother has also agreed to spend consistent time, about 3x a week, alone with Miguel talking about his day and strategies for coping with his emotions.

Person(s) Responsible:

1. Mother, Pedro, Miguel
2. Mother, Miguel

5. What are the signs or behaviors that indicate the crisis is beginning? (who will do what, how often, and when):

Miguel often gets upset when he feels that people are disrespecting him by not listening to him or ignoring him. He also feels resentful and agitated when he is feeling sad or hurt. This can occur at home, school and in the community. Some physical signs that Miguel is getting upset include his face turning red and his body tensing (clenched fists, tight shoulders, puffed chest).

Actions Step(s) to deescalate the situation before it becomes severe (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

1. When Miguel's body tenses and his face starts to get red, his mother will ask him to go for a walk or sit on the porch with him.
2. Mr. Smith, Miguel's math teacher has agreed that Miguel could ask permission to go to his class and sit in the back of the class and do math homework activities. If he is not busy, they will be able to talk.

Person(s) Responsible:

3. Mother, Miguel
4. Mr. Smith, Miguel

CRISIS RESPONSE

6. What will we do when the crisis behavior or situation occurs? (who will do what, how often and when):

Uncle Luis has agreed to come to the home or school to pick up Miguel if he loses control.

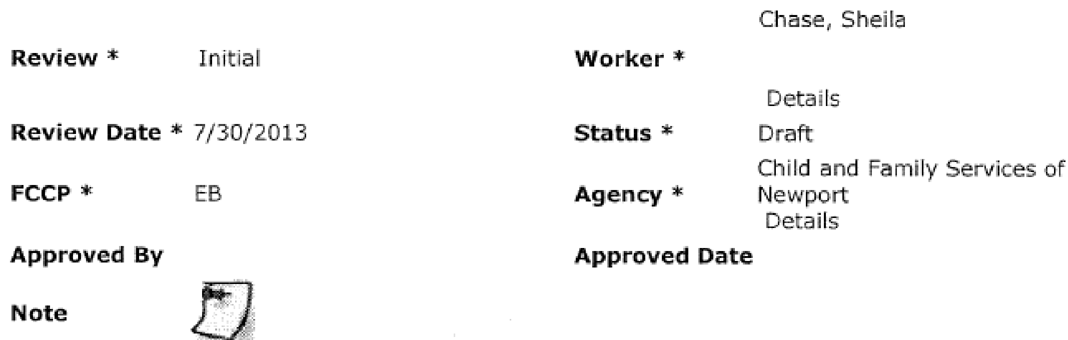
Action Steps to do during the crisis (number the ACTION STEP to match PERSON RESPONSIBLE in the labeled text field provided below):

1. If Miguel has another angry outburst, Mother will call Uncle Luis, who is retired.
2. Uncle Luis has agreed to come to the home or school to pick up Miguel if he loses control.
3. Miguel will be able to stay with him overnight, but will not have the privilege of helping out in the Auto Garage until his behavior improves.
4. If Miguel does not lose him temper, Miguel can spend at least 2 hours a week in the Garage as an apprentice.

Person (s) Responsible:

1. Mother
2. Uncle Luis
3. Uncle Luis, Miguel
4. Miguel, Uncle Luis

Documenting the Functional Assessment in RIFIS



Functional Assesssment - 1544

Assessments & Forms

Review *	Initial	**Worker ***	Chase, Sheila Details
Review Date *	7/30/2013	**Status ***	Draft
FCCP *	EB	**Agency ***	Child and Family Services of Newport Details
Approved By		**Approved Date**	
Note			

FUNCTIONAL ASSESSMENT

Family Name: Mary Torres
Family ID:

1. Briefly and clearly state the crisis behavior or situation:

Miguel had an angry outburst with his mother and threatened her with a knife, but did not hurt her. He has been very angry and sad about the death of his biological father. There have been several angry outbursts in school and in the neighborhood with teachers and other adults. Miguel occasionally drinks and smokes marijuana.

2. Who was engaged in this process? (Include people who know the child/youth and family best):

There have been meetings and interviews with Miguel, his mother, school teachers, Brother Jose, and Pedro, mother's live-in boyfriend.

3. Describe the frequency, intensity, and duration of the behavior or crisis situation:

Miguel has had many angry outbursts within the past 2 years since his biological father died. Threatening his mother was an isolated occurrence, however he may have an average of 3 angry outbursts at home or school within a week. During the outburst he will yell, use profanities, throw objects, and will intimidate adults. The outbursts will usually subside within 10 minutes.

4. When and where does the behavior occur and what happens prior to the behavior? (setting events and triggers):

Miguel will get upset when he feels that people are disrespecting him by not listening to him or ignoring him. He also feels resentful and agitated when he is feeling sad or hurt. This can occur at home, school and in the community.

5. When does the crisis behavior or situation not occur:

He does not get sad or angry when he is home watching TV, spending time alone with his mother, or with friends, or in math class.

6. How do you know the crisis behavior is about to begin? (antecedents and warning signs):

Miguel's whole body will tense and his face will redden before an anger outburst. He will also talk about what made him angry and will then begin to use profanity.

7. Provide a detailed decription of who is involved and if other activities going on in the environment make the situation better or worse:

If someone, usually an adult, walks toward Miguel or try to restrain him, Miguel will get angrier and threaten to fight. If people leave him alone or walk away, his anger will begin to subside.

8. What happens after (as a result of) the crisis or behavior that helps to define the function of the behavior:

People, usually adults, will get intimidated with Miguel's outburst and he has been suspended from school and arrested on a few occasions. All activities will stop and he has stated that this is when people really are able to hear him.

9. Describe what has been tried in the past, how well was it implemented and how well if worked:

Miguel has been punished by being grounded in his home and Pedro has physically fought with Miguel, but this has not diminished his behavior. When Jose has screamed and asked his brother to stop, Miguel immediately responds and stops his behavior.

10. What is the best guess about the function of behavior? (why is the behavior occurring):

Miguel feels respected when he is able to take control of frustrating situations and intimidate the adults that are making him angry. He feels that adults have heard him and are not ignoring his feelings. This gives him a sense of power.

11. What is the unmet need:

(Replacement Behavior)
Miguel needs to have other opportunities where he feels heard and able to control circumstances. He is still grieving his father's death and often feels that he needs to take his father's place in the home, which is a cultural principle within his extended family. He wants to make sure his mother and brother are taken care of, which were the wishes his father often shared with him.

Sample Family Service Plan-Initial (RIFIS)

Family Service Plan

Child / Youth :	Torres, Miguel	**RIFIS ID :**	57725	**Agency ID:**	112233
Family Name :	Training, Mary	**Family ID :**	999081668	**AGE :**	17
Address :	123 ABC Lane	**PEP ID :**			
	Providence, RI 02903				
Worker :	Chase, Sheila	**Plan Date :**	12/1/2012		
FCCP :	UC	**Review :**	Initial		
Agency :	Providence Center	**Review Date :**	12/10/2012		
		Next Review Date :			

Family Vision

Mary and Pedro would love to build a home and move back to Puerto Rico. Mary had always wanted to pursue a nursing career and would like to go back to school.

TEAM MISSION: The team will work to help the family to improve their relationships and Miguel to better manage his anger.

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:	Behavioral Health: Mom would like to have a better relationship with Miguel. Mom would like Miguel and Pedro to get along better. Mom and Pedro need help understanding and interviening when Miguel is feeling frustrated/angry/sad. Miguel needs help learning better ways to manage his feelings.	6/1/2013		
Strength:	Miguel has some insight into how his feelings and behaviors are connected. Family activities are very important to Mary. The family identifies activites and times where they enjoy each others company and get along well. Miguel is concerned about his mother's well begin and is sometimes able to control his behavior around his little brother.			
Objective:	Mom and Miguel will work on improving their relationship by enjoying their time time together without angry outburst 28 of 30 days.	6/1/2013		
Action Steps:	Mom and Miguel will sit together 3 times a week on their back porch for at leat 15 minutes and discuss Miguel's day.	6/1/2013		

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Action Steps:	Mom and Miguel will identify 1 or more alternative ways for Miguel to manage and express any frustration or anger. When Miguel starts to get upset, he and Mom will use the identified strategy and will report in the team meeting each month on use of alternative strategies.	6/1/2013		
Action Steps:	Miguel will choose movies he would like to see. He and his mother will go to the movies, as least once a month, like they used to do in the past.	6/1/2013		
Action Steps:	FSCC will work with Mom on flex fuding for going to movies monthly for next six months.	5/1/2013		
Objective:	Mom, Pedro, Miguel and Jose will follow through on any action steps they agree to improve family relationships and handle conflict in team meetings or therapy sesssions.	6/1/2013		
Action Steps:	Pedro and Jose will join Mom and Miguel at the movies in March.	4/1/2013		
Action Steps:	FSCC will make a referral for an in home counselor to work with the family to address their identified relationship needs.	1/2/2013		
Action Steps:	FCCP will meet with the family at least monthly, more as needed to facilitate the wraparound team process.	3/1/2013		
Need / Goal:	Basic Needs: Mom would like to create a warm and loving home like she grew up in. Mom wants to move to a bigger apartment so that her two sons can each have their own bedroom.	3/1/2013		
Strength:	Mother is hard worker. She is housekeeper at VA Medical Center and has been able to save a small amount of money. Pedro, Mom's boyfriend, lives in home and helps periodically with rent and cares for the younger sibling.			
Objective:	Family will have affordable home (no more than $900 monthly rent) with 3 or more bedrooms for the family.	3/1/2013		
Action Steps:	Mom will spend at least one day a week checking out available apartments and applying for housing assistance such as Section 8.	2/1/2013		
Action Steps:	FSP will assist mom in the apartment search at least 3 hours every other week.	2/1/2013		
Action Steps:	FSP will assist Mom in developing a budget that includes a saving plan for long term goal in next three weeks (2 hrs).	1/2/2013		

Planned Services

Service	Service Code	Units	Unit Type	Start Date	End Date

Diagnosis

Family Service Plan Report (continued)

Did Caregiver 1/Parent/Legal Guardian participate in the Development of the Plan?	Yes
Did Caregiver 2/Parent/Legal Guardian participate in the Development of the Plan?	Yes
Did Child/Youth participate in the Development of the Plan (if age appropriate)?	Yes
Did Other participant(s) help in the Development of the Plan?	No

Caregiver 1/Parent/Legal Guardian Signature: Date:

Caregiver 2/Parent/Legal Guardian Signature: Date:

Child / Youth Signature: Date:

FSCC Signature: Date:

Other Attendee Signature: Date:

Other Attendee Signature: Date:

Sample Family Service Plan-Ongoing (RIFIS)

Family Service Plan

Child / Youth :	Torres, Miguel	**RIFIS ID :**	57725	**Agency ID:**	112233
Family Name :	Training, Mary	**Family ID :**	999081668	**AGE :**	17
Address :	123 ABC Lane	**PEP ID :**			
	Providence, RI 02903				
Worker :	Chase, Sheila	**Plan Date :**	2/28/2013		
FCCP :	UC	**Review :**	Ongoing		
Agency :	Providence Center	**Review Date :**	3/1/2013		
		Next Review Date :	____________		

Family Vision

Mary and Pedro would love to build a home and move back to Puerto Rico. Mary had always wanted to pursue a nursing career and would like to go back to school. Miguel would like to quit school and become an auto mechanic like his deceased father. Jose wants to go back to Puerto Rico so his Mom will be happy.

TEAM MISSION: The team will work to help the family to improve their relationships and Miguel to better manage his anger.

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:	Behavioral Health: Mom would like to have a better relationship with Miguel. Mom would like Miguel and Pedro to get along better. Mom and Pedro need help understanding and interviening when Miguel is feeling frustrated/angry/sad. Miguel needs help learning better ways to manage his feelings.	6/1/2013	3/1/2013	
Strength:	Migual has some insight into how his feelings and behaviors are connected. Family activities are very important to Mary. The family identifies activites and times where they enjoy each others company and get along well. Miguel is concerned about his mother's well begin and is sometimes able to control his behavior around his little brother. UPDATE 03/01/13: Miguel has a good relationship with his uncle and his math teacher.			
Objective:	Mom and Miguel will work on improving their relationship by enjoying their time time together without angry outburst 28 of 30 days each month. UPDATE 03/01/13: Family reports and team observes progress being made.	6/1/2013	3/1/2013	
Action Steps:	Mom and Miguel will sit together 3 times a week on their back porch for at lease 15 minutes and discuss Miguel's day. UPDATE 03/01/13: Mom and Miguel have been able to sit together at least once a week, not always on the porch.	6/1/2013		
Action Steps:	Mom and Miguel will identify 1 or more alternative ways for Miguel to manage and express any frustration or anger. When Miguel starts to get upset, he and Mom will use the identified strategy and will report in the team meeting each month on use of alternative strategies. UPDATE 03/01/13: Miguel has been able to start to work on identifying other ways to express anger. Mom and Miguel reported 1x at family team meeting.	6/1/2013		
Action Steps:	Miguel will choose movies he would like to see. He and his mother will go to the movies, as least once a month, like they used to do in the past. Miguel has promised (contracted) to minimize his anger outbursts. UPDATE 03/01/13: Miguel has gone to one movie in February 2013.	6/1/2013		
Action Steps:	FSCC will work with Mom on flex fuding for going to movies monthly for next six months. UPDATE 03/01/13: FSCC was able to obtain a six month pass.	5/1/2013		3/1/2013

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Objective:	Mom, Pedro, Miguel and Jose will follow through on any action steps they agree to in team meetings or therapy sessions to improve family relationships and handle conflict.	6/1/2013		
Action Steps:	Pedro and Jose will join Mom and Miguel at the movies in March. UPDATE 03/01/13: Plan to go to movies together in April 2013 due to delay in Mom and Miguel going together due to funds and weather.	4/1/2013		
Action Steps:	FSCC will make a referral for an in home counselor to work with the family to address their identified relationship needs. Update 3/1/13 completed 12/30/12	1/2/2013		12/30/2012
Action Steps:	TPC Counselor to meet weekly with family to navigate conflict and identify what is working well. UPDATE 03/01/13: Counselor meeting weekly with family as of 01/05/13. Developed way to report progress and measure Miguel's feelings. Mom and Miguel report on a scale of 1-5, whether or not she feels their relationship is improving. Mom and Miguel report the number of times Miguel felt intense frustration, anger or sadness and rate the severity on scale from 1-10	3/1/2013		3/1/2013
Action Steps:	FCCP will meet with the family at least monthly, more as needed to facilitate the wraparound team process. Update 3/1/13 Have had at least one team meeting each month and will continue meeting monthly. FCCP and family have identified team members and jointly ask them to join family team meetings.	3/1/2013		
Objective:	NEW 03/01/13: Miguel will develop coping skills so he can express his feelings in safe and appropriate ways	7/1/2013		
Action Steps:	New 3/1/2013 FSCC and FSP will assist family in identifying supports both formal and informal to address issues of grief and loss and assist family in contacting these suppors in next month.	4/1/2013		
Action Steps:	NEW 03/01/13: FCCP will make referral for counseling (Miguel and other family members as needed) that specialize in grief/traumatic grief. (Family Services, Friends Way, etc.)	4/15/2013		
Action Steps:	NEW 03/01/13: Miguel will attend, participate, and work on developing skills with counselor bi-weekly (1 hr) to better understand how his own grief and is impacting his behavior and family relationships.	7/1/2013		

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:	Basic Needs: Mom would like to create a warm and loving home like she grew up in. Mom wants to move to a bigger apartment so that her two sons can each have their own bedroom.	3/1/2013		
Strength:	Mother is hard worker. She is housekeeper at VA Medical Center and has been able to save a small amount of money. Pedro Mom's boyfriend, lives in home and helps periodically with rent and cares for the younger sibling.			
Objective:	Family will have affordable home (no more than $900 monthly rent) with 3 or more bedrooms for the family.	3/1/2013		
Action Steps:	Mom will spend at least one day a week checking out available apartments and applying for housing assistance such as Section 8. UPDATE 03/01/13: Mom has been spending at least one day a week; she completed application for Section 8. Have possible housing for 4/01/13.	2/1/2013		
Action Steps:	FSP will assist mom in apartment search & assistance at least 3 hrs every other week. Update 3/1/13 FSP has been assisting 2 hrs once a week	2/1/2013		
Action Steps:	FSP will assist Mom in developing a budget that includes a saving plan for for long term goal. Update 3/1/13 completed 1/15/13	1/2/2013		1/15/2013
Need / Goal:	Educational: Mom and Pedro want to find, visit and choose a Pre-school program for Jose that will address his language delay.	6/1/2013		
Strength:	Jose is a very friendly, spiritual and lovable child. He has strong social skills and has a good relationship with all family members and the family neighbor, Mrs. Williams.			
Objective:	Jose will attend a preschool program and an early childhood specialist will evaluate Jose's development and language ability to develop a baseline in order to evaluate and report monthly on progress.	6/1/2013		
Action Steps:	Mom will bring Jose daily to the recommended Early Childhood program. She will discuss his reactions and feelings in both English and Spanish and report monthly on observed progress.	4/1/2013		
Action Steps:	Mrs. Wilson will continue to be a support for the family. Jose will go to Mrs. Wilson's after preschool 2-3x per week. Mrs. Wilson will also continue to take Jose to church with her 1-2 a week.	4/1/2013		
Action Steps:	FCCP (FSCC & FSP) will help Mom and Pedro to initiate and coordinate a learning/language assessment through the Child Find Outreach or child development center (CDC).	4/1/2013		
Action Steps:	FCCP staff will assist mom and Pedro weekly in locating and choosing a pre-school program for Jose that will address his language delays.		3/1/2013	

Family Service Plan Report (continued)

Planned Services

Service	Service Code	Units	Unit Type	Start Date	End Date

Diagnosis

Did Caregiver 1/Parent/Legal Guardian participate in the Development of the Plan?	Yes
Did Caregiver 2/Parent/Legal Guardian participate in the Development of the Plan?	Yes
Did Child/Youth participate in the Development of the Plan (if age appropriate)?	Yes
Did Other participant(s) help in the Development of the Plan?	No

Caregiver 1/Parent/Legal Guardian Signature: Date:

Caregiver 2/Parent/Legal Guardian Signature: Date:

Child / Youth Signature: Date:

FSCC Signature: Date:

Other Attendee Signature: Date:

Other Attendee Signature: Date:

Sample Family Service Plan-Transitional (RIFIS)

Family Service Plan

Child / Youth :	Torres, Miguel	**RIFIS ID :**	57725	**Agency ID:**	112233
Family Name :	Training, Mary	**Family ID :**	999081668	**AGE :**	17
Address :	123 ABC Lane	**PEP ID :**			
	Providence, RI 02903				
Worker :	Chase, Sheila	**Plan Date :**	5/18/2013		
FCCP :	UC	**Review :**	Transitional		
Agency :	Providence Center	**Review Date :**	5/20/2013		
		Next Review Date :	________________		

Family Vision

Mary and Pedro would love to build a home and move back to Puerto Rico. Mary had always wanted to pursue a nursing career and would like to go back to school. Miguel wants to finish school and become an auto mechanic like his deceased father. Jose wants to go back to Puerto Rico so his Mom will be happy.

TEAM MISSION: The team will work to help the family to improve their relationships and Miguel to better manage his anger.

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:	Behavioral Health: Mom would like to have a better relationship with Miguel. Mom would like Miguel and Pedro to get along better. Mom and Pedro need help understanding and interviening when Miguel is feeling frustrated/angry/sad. Miguel needs help learning better ways to manage his feelings.	6/1/2013	3/1/2013	
Strength:	Miguel has some insight into how his feelings and behaviors are connected. Family activities are very important to Mary. The family identifies activites and times where they enjoy each others company and get along well. Miguel is concerned about his mother's well begin and is sometimes able to control his behavior around his little brother. UPDATE 03/01/13: Miguel has a good relationship with his uncle and his math teacher.			
Objective:	Mom and Miguel will work on improving their relationship by enjoying their time time together without angry outburst 28 of 30 days per month. UPDATE 03/01/13: Family reports and team observes progress being made. UPDATE 05/20/13: Mom and Miguel sit together at least once a week and talkand plan to continue to making time to talk things over.	6/1/2013	5/20/2013	5/20/2013
Action Steps:	Mom and Miguel will sit together, 3 times a week on their back porch for at least 15 minutes and discuss Miguel's day. UPDATE 03/01/13: Mom and Miguel have been able to sit together at least once a week, not always on the porch. UPDATE 05/20/13: Progress made. This has been helpful to both and they plan to continue as they transition out of wraparound. Action step completed.	6/1/2013		5/20/2013
Action Steps:	Mom and Miguel will identify 1 or more ways to manage and express frustration or anger. When Miguel starts to get upset, he and Mom will use the identified strategy. They will report in the team meeting monthly. UPDATE 03/01/13: Miguel has been able to start to work on identifying other ways to express anger. Mom and Miguel reported 1x at family team meeting. UPDATE 05/20/13: Progress made. Miguel goes to his room when upset and talks later, they are reporting at monthly meeting.	6/1/2013		5/20/2013

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Action Steps:	Miguel will choose movies he would like to see. He and his mother will go to the movies, as least once a month, like they used to do in the past. Miguel has promised (contracted) to minimize his anger outbursts. UPDATE 03/01/13: Miguel has gone to one movie in February 2013. UPDATE 05/20/13: Went to movies in March and April, and May, now goig with family, action step completed.	6/1/2013	5/20/2013	5/20/2013
Action Steps:	FSCC will work with Mom on flex fuding for going to movies monthly for next six months. UPDATE 03/01/13: FSCC was able to obtain a six month pass.	5/1/2013		3/1/2013
Objective:	Mom, Pedro, Miguel and Jose will follow through on any action steps they agree to in team meetins or therapy sessions to improve family relationships and handle conflict. Update 5/20/2013 Family is now able to do things together and have a good time.	6/1/2013		5/20/2013
Action Steps:	Pedro and Jose will join Mom and Miguel at the movies in March. UPDATE 03/01/13: Plan to go to movies together in April 2013 due to delay in Mom and Miguel going together due to funds and weather. UPDATE 05/20/13: Family went to movies together in May and plan to go monthly as family as they had a great time.	4/1/2013	5/20/2013	5/20/2013
Action Steps:	FSCC will make a referral for an in home counselor to work with the family to address their identified relationship needs. Updated 3/1/13 completed	1/2/2013		12/30/2012
Action Steps:	TPC Counselor will meet weekly with family to help navigate conflict and identify what is working well. 03/01/13: Counselor meeting weekly with family starting 01/05/13. Developed way to report progress and measure Miguel's feelings in these meetings, Mom and Miguel report on a scale of 1-5, on their relationship status. They report number of times Miguel felt intense frustration, anger or sadness and rate the severity on a scale from 1-10. 5/20/13 Completed family counseling 4/1/1	3/1/2013		4/1/2013
Action Steps:	FCCP will meet with the family at least monthly, more as needed to facilitate the wraparound team process. 3/1/13 team meetings at least monthy.FCCP and family identified new team 5/20/13 Uncle and neighbor coming to monthly team meetings	3/1/2013		

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Objective:	NEW 03/01/13: Miguel will develop copig skills so he can express his feelings in safe and appropriate ways. Update 5/20/13 Miguel was able to share his progress at last family team meeting and will continue seeing the counselor at Friend's Way every other week.	7/1/2013		
Action Steps:	FSCC and FSP will assist family in identifying supports both formal and informal to address issues of grief and loss and assist family in contacting these suppors in next month. UPDATE 05/20/13: FSCC has assisted the family in identifying a grief support group for teens. Action step completed.	4/1/2013	5/20/2013	5/20/2013
Action Steps:	NEW 03/01/13: FCCP will make referral for counseling (Miguel and other family members as needed) that specialize in grief/traumatic grief. (Family Services, Friends Way, etc.) UPDATE 05/20/13: FSCC has assisted the family in identifying a counselor through Friends Way. Completed 4/1/13.	4/15/2013		4/1/2013
Action Steps:	NEW 03/01/13: Miguel will work with Friends Way counselor (every other week) to better understand how his own grief (and possibly others) is impacting his behavior and family relationships. Through counseling Miguel will identify stractegies to help him saftely express his feelings (develop healthy coping skills).	7/1/2013		
Need / Goal:	Basic Needs: Mom would like to create a warm and loving home like she grew up in. Mom wants to move to a bigger apartment so that her two sons can each have their own bedroom. Update 5/20/13 Family has moved to new home on 4/1/13 with three bedrooms.	3/1/2013		4/1/2013
Strength:	Mother is hard worker. She is housekeeper at VA Medical Center and has been able to save a small amount of money. Peter, Mom's boyfriend, lives in home and helps periodically with rent and cares for the younger sibling.			
Objective:	Family will have affordable home (no more than $900 monthly rent (with 3 or more bedrooms for the family.	3/1/2013		4/1/2013
Action Steps:	Mom will spend at least one day a week checking out available apartments and applying for housing assistance such as Section 8. UPDATE 03/01/13: Mom has been spending at least one day a week; she completed application for Section 8. FSP and mom finalizing budget. Have possible housing for 04/01/13. UPDATE 05/20/13: moved to new apartment in same neighborhood 4/01/13.	2/1/2013		4/1/2013

Family Service Plan Report (continued)

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Action Steps:	FSP will assist mom in apartment search & assistance at least 3 hrs every other week. Updated 3/1/13 Assisting mom weekly on this, progress being made Updated 5/20/13 completed in new apartment 4/1/13	2/1/2013		4/1/2013
Action Steps:	FSP will assist Mom in developing a budget that includes a saving plan for long term goal Update3/1/13 completed 1/15/13.	1/2/2013		1/15/2013
Need / Goal:	Educational: Mom and Pedro want to find, visit and choose a Pre-school program for Jose that will address his language delay. 5/20/13 Mom picked a program April 2013 and Jose started attending program.	6/1/2013		4/1/2013
Strength:	Jose is a very friendly, spiritual and lovable child. He has strong social skills and has a good relationship with all family members and the family neighbor, Mrs. Williams.			
Objective:	Jose will attend a preschool program and an early childhood specialist will evaluate Jose's development and language ability to develop a baseline in order to evaluate and report monthly on progress.	6/1/2013	5/20/2013	
Action Steps:	Mom will bring Jose daily to the recommended Early Childhood program. She will discuss his reactions and feelings in both English and Spanish and report monthly on observed progress. UPDATE 05/20/13: Mom brings Jose to program and discusses issues with staff ongoing.	4/1/2013		5/20/2013
Action Steps:	Mrs. Wilson will continue to be a support for the family. Jose will go to Mrs. Wilson's after preschool 2-3x per week. Mrs. Wilson will also continue to take Jose to church with her 1-2 a week. UPDATE 05/20/13: Progress, maintaining contact with Mrs. Wilson ongoing.	4/1/2013	5/20/2013	
Action Steps:	FCCP (FSCC & FSP) will help Mom and Pedro to initiate and coordinate a learning/language assessment through the Child Find Outreach or child development center (CDC). UPDATE 05/20/13: Appointment scheduled for 5/26/13.	4/1/2013	5/20/2013	5/20/2013

Needs/Goals, Strengths, Objectives and Action Steps		Target Date	Progress Date	Completion Date
Need / Goal:	Educational: Miguel would like to be an auto mechanic. Miguel and his mom need to explore options that will assist Miguel.	6/1/2013		
Strength:	Miguel has an interest in auto mechanics and has identified it as a career goal. His uncle is a positive role model and owns a garage.			
Objective:	Miguel to prepare for working on his career choice of being an auto mechanic	6/14/2013		
Action Steps:	Uncle will support and assist Miguel and the school conselor in researching and applying for automotive trade schools after high school.	6/1/2013		
Action Steps:	Uncle will hire Miguel to work this summer in the garage 20 hours a week			

Planned Services

Service	Service Code	Units	Unit Type	Start Date	End Date

Diagnosis

Did Caregiver 1/Parent/Legal Guardian participate in the Development of the Plan? Yes

Did Caregiver 2/Parent/Legal Guardian participate in the Development of the Plan? Yes

Did Child/Youth participate in the Development of the Plan (if age appropriate)? Yes

Did Other participant(s) help in the Development of the Plan? Yes

Caregiver 1/Parent/Legal Guardian Signature: Date:

Caregiver 2/Parent/Legal Guardian Signature: Date:

Child / Youth Signature: Date:

FSCC Signature: Date:

Other Attendee Signature: Date:

Other Attendee Signature: Date:

Sample Progress Note (RIFIS)

Progress Notes

Miguel Torres

Last Updated by rdougherty
at 11/20/2013 2:17:24 PM

Notes Details

FCCP *	UC
Agency	Providence Center Details
Service Date *	5/11/2013
Start Time	0400PM
Duration	50 minutes
Note Category *	Care Coordination
Contact Type	Face to Face
Contact With:	Target Child
Place	Community
Family Service Plan: Needs/Goals	Vocational/Employment
Family Service Plan: Needs/Goals	
Data, Assessment & Plan (Character Limit: 9900)	On 11/20/2013 at 2:17 PM, Ruth Anne Dougherty wrote: FSCC met with Miguel and his Uncle at the garage on 5/11/13. Discussed Miguel's decision to finish school and desire to become an auto mechanic. Uncle reports that he is glad Miquel is staying in school and getting further education on being an auto mechanic and wants to support and assist him as much as possible. In fact, he would like to offer Miguel a job this summer in the garage (20 hour a week). Uncle has already talked with Miguel's mother who is ok with this. Miquel states he is very much interested in doing this. Uncle will be coming to the family team meeting next week to discuss the transition of the family from wraparound services through the agency.
Status *	Draft
Note By *	Dougherty, Ruth Anne
Title	
Date Completed	

Attachments

Add Attachment

Document	**Description**	**Action**
There are no attachments to display		

Note Recipients

Add Note Recipient:

Name	**Date Sent**	**Date Read**	**Status**	**Date Signed**