

# The Wraparound Process User's Guide

## A Handbook for Families

*Updated 2019*

### ENGAGEMENT



### PLANNING



### IMPLEMENTATION



### TRANSITION



A PRODUCT  
of the  
National Wraparound  
Initiative



## Acknowledgments:

The work of the National Wraparound Initiative has received support from several sources, including the Child, Adolescent, and Family Branch of the Center for Mental Health Services, U.S. Substance Abuse and Mental Health Services Administration; the Center for Medicare and Medicaid Services (award no. 11-P-92001/3-01); the Maryland Department of Juvenile Services; and the Maryland Governor's Office of Crime Control and Prevention.

# The Wraparound Process User's Guide

---

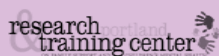
This User's Guide was prepared by Patricia Miles. Pat was helped by Trina W. Osher at the National Federation of Families for Children's Mental Health and Eric Bruns and Janet Walker from the National Wraparound Initiative. Alice Galloway from Wraparound Oregon and April Sather from the University of Washington did the page layout and design.

In addition, this Guide benefited from contributions from many family members and individuals across the country, including Norma Holt from Dover, Delaware; Sandy Murphy, Jane Kallal, and Josie Bejarano from the Family Involvement Center, Phoenix, Arizona; Jamie and Robert Pinnell from Lansing, Michigan; Kelly Swank and Carol Schneider from Oklahoma; Robin El-Amin from the Family League of Baltimore City; Rosa Hammett and Inez Scope from DC Cings, Washington, DC; Lynn Manchester of Sacramento, California; Barb Scheidegger of MO-SPAN Central Region in Jefferson City, Missouri; Joanne Hust, Debbie Manners and the Parent Partners from the Sycamores in Pasadena, California; and many others.

---

**Suggested Citation:** Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & National Wraparound Initiative Advisory Group (2006/2019). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

---



A PRODUCT  
of the  
**National Wraparound  
Initiative**

---

*This document has been peer reviewed through the NWI.*

# CONTENTS

## WELCOME

Learn about the Wraparound process and about this Guide.  
PAGE 4.

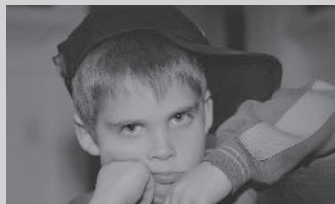


## WRAP SETUP

How to get started and what to expect.  
PAGES 5–6.

## QUICK GUIDE

Overview of what happens in each phase.  
PAGE 7.



## WRAP TERMS

Understanding the lingo.  
PAGES 8–9.

## THE PROCESS

Engagement. PAGE 10  
Plan development. PAGE 11  
Implementation. PAGE 12  
Transition. PAGE 13.



## TROUBLESHOOTING

Answering your questions and concerns.  
PAGES 14–19.

## CHECKLIST

Wraparound checklist and technical notes.  
PAGES 20–21.



WRAPAROUND ROAD  
MAP AND PRINCIPLES  
PAGES 22–23.

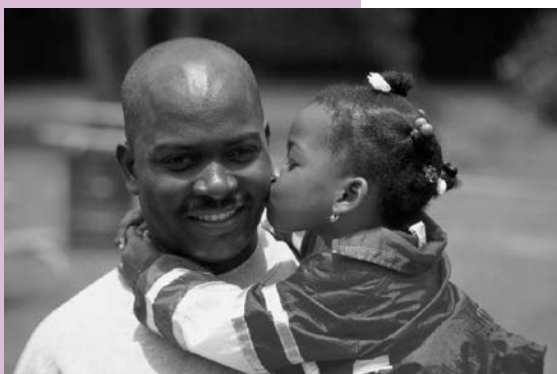


# Welcome to Wraparound

Congratulations on your decision to consider the **Wraparound process** as a way to plan and implement services and supports for your child or youth and family.

## About the Process

**Wraparound** is a planning **process** that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children and youth grow up in their homes and communities. It is a planning process that brings people together from different parts of the whole family's life. With help from one or more **care coordinators**, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's situation.



Wraparound may look different from one community to another. There also may be different types of care coordinators. Though it may look different across communities, Wraparound should always be driven by the same **principles**. In addition, Wraparound should always follow the same basic **phases and activities**. This handbook will describe each of these phases and activities. The Wraparound principles and a summary of the phases are listed on pages 22–23 of this handbook.

## About this Guide

This **User's Guide** was created to serve as a “road map” for family members. You can use it to help make sure your family is on the right path, and make sure the process follows closely to the principles and activities of Wraparound.

In the following pages, you will first see some basic summaries of the Wraparound process, including a quick guide to Wraparound and a list of common Wraparound terms. In later sections, you will see more details on the Wraparound process, including descriptions of each of the four phases of Wraparound and notes on “troubleshooting” common problems that occur in each phase. You will also find checklists of things that should happen during Wraparound, and documents and forms you should see along the way. 🌳

## Before You Get Started: Wraparound Set-Up

The Wraparound process is a team-based activity that helps groups of people involved in your family's life work together toward a common goal. For some Wraparound teams, the goal is a **team mission**; for others, it is the family's **vision** of how things will look in the future. The process is organized and delivered by someone who is trained to coordinate the team and facilitate the planning process. The team creates a plan that includes ways to ensure that children/youth and their families can experience success in their communities, homes, and schools. Parts of the process will seem familiar to you while other parts of it will not. Before you get started you should consider these areas:

### What do I need to know?

- You will be asked to help develop a **team** and make decisions with that team.
- You will be asked to help identify your family's **strengths** and **needs**.
- You and your team will consider a variety of **actions** to meet needs.
- Your Wraparound **plan** will change regularly.
- You and your team will get an opportunity to evaluate whether your plan is getting to the **results or outcomes** you want.

### What can I expect?

- You can expect a **care coordinator** to contact you to get to know you and your family.
- You can expect regular **team meetings**.
- You can expect to get **copies of all plans** and reports including your Wraparound plan and your strengths inventory.
- You can expect your first youth/child and family team meeting to occur within thirty days of your initial conversation with your care coordinator.
- You can expect that the Wraparound care coordinator may ask you to sign papers so that he or she can talk to other people in preparing for your first team meeting.
- Throughout the process, **you can expect to be respected and your voice to be heard**.





## Before You Get Started: Wraparound Set-Up

### What can I do to get started?

There is no requirement that the family has to do anything to get started with Wraparound but if you want to be prepared, here are some suggestions:

- Make an initial **strengths list** of what each member of your family does well, what they like and what their best features are.
- Make a list of **who has been helpful** to you or your family as well as who cares about what happens to you.
- Think about **your goals** and what you would like your family life to be like in the future.

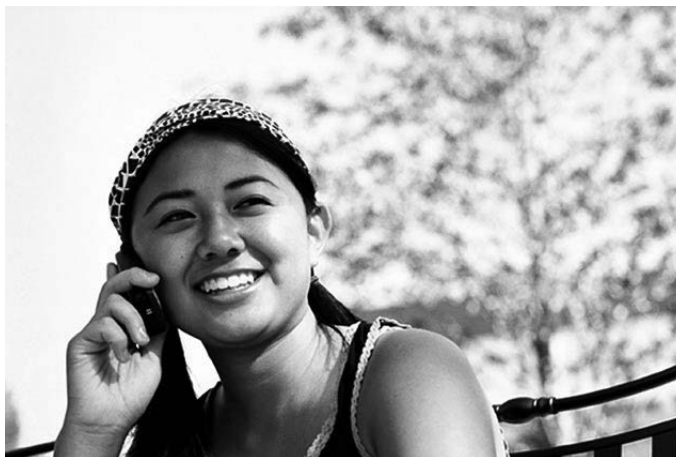
### Where can I get more information?

#### Local contacts

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

#### National Sources:

- National Federation of Families for Children's Mental Health  
<https://www.ffcmh.org> (240) 403-1901
- The National Wraparound Initiative  
<https://nwi.pdx.edu>
- Systems of Care – The U.S. Substance Abuse and Mental Health Services Administration  
<https://www.samhsa.gov> 





# The Wraparound Process Quick Guide

## A HANDBOOK FOR FAMILIES

### Phase One: Engagement and Team Preparation

A **care coordinator** meets with us to discuss the Wraparound process and listen to our family's story. We discuss our concerns, needs hopes, dreams, and **strengths**. We describe our **vision** for the future. We identify people who care about us as a family as well as people we have found helpful for each family member. We reach agreement with the care coordinator about who will come to a meeting to develop a plan and where we should have that meeting.

This phase takes several meetings over about one month.

### Phase Two: Initial Plan Development

We attend our first **child and family team** meeting with people who are providing services to our family as well as people who are connected to us in a supportive role. The team will:

- Come up with a **mission statement** about what we all will be working on together
- Look at our family's **needs**
- Come up with several different **ways to meet those needs** that match up with our strengths
- Different team members will take on different tasks that we've agreed on.

When the meeting is over everyone will leave knowing what they have to do and how to contact other team members.

This phase takes 1–2 team meetings within 1–2 weeks.

### Phase Three: Plan Implementation

Based on our planning meetings, our team has created a written **plan of care**. We have committed to some action steps, team members are committed to do the work, and our team comes together regularly. When our team meets we do four things:

- Review our **Accomplishments** (what we have done and what's been going well);
- **Assess** whether our plan has been working to achieve our goals;
- **Adjust** things that aren't working within the plan;
- **Assign** new tasks to team members.

Team meetings are held every 30 days. Team members complete assigned action steps. Phase continues as needed.

### Phase Four: Transition

Even though **transitions** happen throughout the process, there is a point when we will no longer need to meet regularly with the team. Intensive preparation for transition should begin at least 90 days before Wraparound ends. **Transition/Graduation** may involve a final meeting of the whole team, a small celebration, or simply saying we are ready to move on. As a family we will get a record of what we did as well as list of what worked. We will also make a plan for the future, including who we can call on if we need help or if we need to re-convene our team. 🌳

Transitions happen throughout the process. Completion may be done in one meeting or take several weeks.



## A Quick List of Wraparound Terms

### Action Steps

Statements in a Wraparound plan that describe specific activities that will be undertaken, including who will do them and within what time frame.

### Care Coordinator

A person who is trained to coordinate the Wraparound process for an individual family. This person may also be called facilitator, navigator, Wraparound specialist, resource care coordinator or some other term.

### Formal Supports

Services and supports provided by professionals (or other individuals who are “paid to care”) under a structure of requirements for which there is oversight by state or federal agencies, national professional associations, or the general public arena.

### Life Domains

Areas of daily activity critical to healthy growth and development of a child or successful functioning of a family. Life domains include such areas as safety, school/work, health, social/fun, a place to live, legal issues, culture, behaviors, emotions, transportation, and finances.

### Mission Statement

A statement crafted by the Wraparound team that provides a one-to two-sentence summary of what the team is working toward accomplishing together. This includes the youth and family.

### Natural Supports

Individuals or organizations in the family’s own community, kinship, social, or spiritual networks, such as friends, extended family members, ministers, neighbors, and so forth.

### Outcomes

Child, family, or team goals stated in a way that can be observed and measured.



## A Quick List of Wraparound Terms

### Plan of Care or Wraparound Plan

A dynamic document that describes the family, the team, and the work to be undertaken to meet the family's needs and achieve the family's long-term vision.

### Strengths

Strengths are the assets, skills, capacities, actions, talents, potential and gifts in each family member, each team member, the family as a whole, and the community. In Wraparound, strengths help family members and others to successfully navigate life situations; thus, a goal for the Wraparound process is to promote these strengths and to use them to accomplish the goals in the team's plan of care.

### Vision

A statement constructed by the youth and family (with help from their care coordinator) that describes how they wish things to be in the future, individually and as a family.

### Wraparound Principles

A set of 10 statements that defines the Wraparound philosophy and guides the activities of the Wraparound process (see inside back cover).

### Child and Family Team

A group of people – chosen with the family and connected to them through natural, community, and formal support relationships – who develop and implement the family's plan, address unmet needs, and work toward the family's vision. 🌳





The Engagement and Team Preparation phase should last for no more than one month.



#### A Note about Crisis Planning:

## Description of the Wraparound Process

### Phase One: Engagement and Team Preparation

You and your family will meet your **Wraparound care coordinator**. This initial meeting will be held at a location that you find most comfortable. It should seem more like a conversation than a formal meeting or intake appointment.

The Wraparound care coordinator will give you an opportunity to describe, from your perspective, what things have worked in the past to help your family and what you would like to see happen in the Wraparound process. You will talk about people who care about your child/youth and family as well as who has been helpful for each family member.

The care coordinator will listen closely as you describe your child and family. You will describe your family's beliefs and traditions as well as family members' **strengths** – things that they are good at and that help them to succeed. The care coordinator will then develop a family narrative to ensure that everyone on the team understands your family and has empathy for what your family has been experiencing.

This initial meeting should last from one to two hours and will occur with you and your care coordinator. Depending on your preference, the care coordinator can meet first with you and then your child or youth, or you can all meet with the care coordinator at the same time.

After this initial meeting, the care coordinator will talk with other people in your life to get their commitment to participate on your **Wraparound team**.

You will then work with your care coordinator to contact team members to invite them to your first **Wraparound child and family team meeting**.

Throughout the Wraparound process, crisis response will occur. In the first phase of the Wraparound process, before the team even meets, immediate crises must be addressed and an initial crisis plan should be developed. During later phases, you and your team will work together to develop an effective crisis plan.

Good plans identify what could go wrong and how people should respond if they do. Good crisis planning ensures the family and team have an opportunity to practice the crisis response in much the same way that schools practice fire drills or law enforcement does disaster drills. Good crisis plans should also include who will notify who and when. Finally, good crisis plans should be portable – all team members should have a copy they can easily carry and refer to when they're needed. 🌳

## Description of the Wraparound Process

### Phase Two: Initial Plan Development

The Wraparound plan of care (or “Wraparound plan”) is like a continually updated agenda for your family as it goes through the process.

During the first planning meeting, your child and family team members will introduce themselves and then will review the **strengths list** that was developed from talking with you and other team members. All team members will get a chance to add to that strengths list.

The care coordinator will lead the team in collaboratively developing a **team mission statement**. To do this, the entire team will discuss the purpose of working together and create a statement that gives a sense of direction for each team member and a shared goal.

Eventually, those statements will be boiled down to one simple **mission statement** that you can all agree to and remember. This statement will serve to guide the team’s work.

Next, **needs statements** for individual family members will be identified and recorded. Then you and your team will select 2–3 **needs** that will get you closer to realizing your team’s mission and/or your family’s vision. It is important to note that the need statements will be about the underlying reasons behind behaviors. The Wraparound process helps team members learn about the thoughts and feelings that are driving behavior, rather than just focusing on the behavior itself.

The care coordinator will lead the team in brainstorming **strategies** to meet each chosen need. These strategies should be creative and individualized to your family’s needs. When several strategies have been listed for each need, strategies that best match your strengths list and that you and your family think will be most effective will be chosen.

**Action steps** to implement these strategies will then be brainstormed. Volunteers will be selected from all team members to follow through on the action steps for the chosen strategies.

For each strategy, you and your child will also work with the team to identify **outcomes** that will let you know when the strategy has succeeded. Outcomes will be connected back to the concerns that brought you and your family to Wraparound.

Results of this plan development phase should include the mission, strengths list, needs statements, strategies, outcomes, and action steps. These will be summarized in a **plan of care** or **Wraparound plan** and distributed to team members.

This meeting should take no longer than 90 minutes. It may take two meetings to complete the Wraparound plan. If it does take two meetings your team should plan the meetings to take place within a week to ten days of one another. 🌳

During the Plan Development phase, the Wraparound team will meet once or twice to develop an overall Wraparound plan.





The Implementation Phase is characterized by regular team meetings that occur formally and regularly over many months. It is also the phase during which people follow through outside of team meetings to do what they committed to do.



## Description of the Wraparound Process

### Phase Three: Plan Implementation

Now that the initial **plan of care** has been developed, you and your **team members** are responsible for actually implementing it.

#### Ongoing Team Meetings

Ongoing team meetings follow a regular agenda that starts with **Accomplishments**. The care coordinator asks team members to share accomplishments since the last meeting as well as summarize progress made during the last thirty days. This keeps the team focused in a positive way.

Second, you and your team members will **Assess whether the plan is working**. This involves looking at whether people did what they said they were going to do. This is a first check for follow through. It also involves identifying whether the **action step** actually helped to get the **strategy** accomplished. In addition, the team will review **outcomes** the family and team identified. As a family member, your input will be actively sought to check whether outcomes were accomplished, and whether your family's needs are being met.

When reviewing is done, the care coordinator will lead the team in identifying any changes to the plan. **Adjustments** will happen by changing some action steps, stopping some actions, or adding some new ones. During this part of the team meeting, the group will do new brainstorming to come up with new strategies to meet old needs that have not been successfully met, or to address newly identified needs.

Finally, when the team has selected the next set of actions designed to meet needs, the team members will **Assign** and take responsibility for specific actions. After each meeting, the care coordinator should update the plan of care to reflect the adjustments and assignments made by your team.

In initial stages of plan implementation, meetings are likely to occur at least every thirty days until the team identifies that they are making fewer and fewer adjustments.

#### Between Team Meetings

Formal team meetings aren't the only way that work gets done in Wraparound. Between Wraparound team meetings, you and your team members communicate as needed to complete the tasks listed in the plan. Team members have developed your plan together and everyone should have the same document describing the plan. In addition, the care coordinator should be actively following up with team members about the success of action steps in between meetings. This should reduce the possibility of misunderstandings and result in a better situation for your family. 🌳

## Description of the Wraparound Process

### Phase Four: Transition

Sooner or later, you and your Wraparound team will come up with the right mix of strategies and interventions, delivered in the right way at the right time. Your team will find that outcomes are being accomplished, and the team's mission has been met or is close to being met. Things will be going well for you and your family. At this point, **transition** is negotiated among all team members.

Transition planning should occur throughout the Wraparound process.

The care coordinator should have conversations with you and your child and family members to discuss transition regularly. Eventually, you and your care coordinator will raise the issue and begin to have team members voice any ideas they may have. Formal transition planning should begin at least 90 days in advance of Wraparound ending.

The team then brainstorms follow-up options that will help and support your family to succeed outside of the formal Wraparound structure. Team members also identify what type of follow-up support they can personally provide to the family. The care coordinator and the team should also determine how to regularly check in with you and your youth/child and family.

The care coordinator typically takes this information and puts it into a **transition plan** and returns it to the next team meeting for review. Once the team has reworked the transition plan the entire team negotiates a schedule for transition.

Finally, if its agreeable to you and your child or youth, the team figures out some sort of final **celebration** of the team's accomplishments and work well done.

Once this celebration or ritual is completed, the care coordinator completes a **formal transition letter** (which should be no more than 2–3 pages) identifying the family strengths as well as accomplishments of the team and interventions that were helpful.



All team members including the family get a copy of this final transition summary in electronic or paper version so they can use it if they need to reenter a formal system for help in the future.

As the team negotiates and agrees on an ending, plans for follow-up care and response should be developed. The care coordinator will lead the team in identifying who will introduce your family and the team's accomplishments to follow-up providers. This might include drafting a letter of introduction you can keep in their records or meeting with other service providers to describe what is going to be helpful or not. Sometimes this is most efficiently done in team meetings and other times it occurs outside of a team setting. 🌳





## Wraparound Troubleshooting

### Phase 1: Engagement and Team Preparation

#### Question:

**This Wraparound team process sounds good but things aren't going well for us right now. I'm afraid I can't wait for three weeks for some help for my son or daughter. Does this mean we shouldn't do Wraparound?**

#### Answer:

During the initial conversation with your care coordinator, he or she will be prepared to help you make sure that things are safe and stable enough to move ahead with the team process. If you have concerns about safety, bring them up right away and work on coming up with a temporary plan until you can have your first team meeting.

#### Question:

**Things have been so bad for so long that I've decided that my son or daughter needs to go away from home to get help. Doesn't that mean we shouldn't do Wraparound? Besides, other professionals who have worked with us have said that my child or youth needs this kind of treatment.**

#### Answer:

Some families will end up considering out of home placement as an option. There are several things to remember about this. First, eventually your son or daughter will return home so it will be helpful to consider ways to plan for that day. Second, if you can identify your family's most pressing needs and start to look at ways to meet those needs, that may help other service providers do a better job of helping. Finally, there is a possibility that by using a team approach, we can come up with new ideas that might work and haven't been tried before.

#### Question:

**The care coordinator will be asking about friends and family as well as people who have provided services like counseling or education to join our child and family team. What if I don't feel comfortable having our family issues discussed with family and friends?**

#### Answer:

Wraparound planning brings people together to figure out what to do and how to help. The Wraparound team process is not a place to discuss family issues but is a place for all of those on the team to look at your needs and decide what to do to meet those needs. Your privacy is important and should be protected even during a child and family team process. You can and should work with your care coordinator to make sure that you are comfortable with who you have on your team, what's being said, and how it's being said during the team process.





### Question:

**How do I know that this just won't be more of the same?**



### Answer:

You can't be sure. It is important to talk with your care coordinator about what has worked for your family in the past as well as what hasn't worked. You might find it helpful to speak with other families who have been through the Wraparound process in your community, to see how it worked for them. In addition, consider what you need to see happen to convince you that Wraparound is working. The Wraparound process should always be focused on looking for this kind of evidence of success (sometimes called "outcomes"). If needs identified by you and your family are not being met, or goals set by you and your family are not being reached, the Wraparound process should change.

### Question:

**My son or daughter has been in so many meetings with so many adults who tell her or him what they've done wrong. I can't imagine that I can get him or her to even go to one of these meetings. What if they refuse to attend?**

### Answer:

You can work with your care coordinator to make sure your son or daughter feels welcome and comfortable. Be sure to give him or her time on the agenda to speak up and be heard. Sometimes the focus on strengths can also help reassure the young person. If your son or daughter isn't comfortable attending, you and the care coordinator can come up with ways to make sure his or her voice is heard.

### Question:

**The care coordinator will be looking for my child and family's strengths. Does this mean that our problems will not be addressed?**



### Answer:

The care coordinator will be looking for strengths for several reasons. First, often we forget to look for strengths when confronted with challenges. Second, all services or actions should build on strengths. Your concerns will be addressed but solutions that build on strengths will be the way they are addressed. 🌳



## Wraparound Troubleshooting

### Phase 2: Initial Plan Development

#### Question:

Going over the strengths makes me feel a little uncomfortable or embarrassed. We know what we're good at. Does this have to happen?

#### Answer:

A key element of Wraparound planning is the idea of shared responsibility. Posting strengths can help team members become willing to share responsibility. It is not unusual to have the strengths review feel a little unsettling. However, some families report that seeing their strengths posted makes them feel confident they can get where they need to go.

#### Question:

I'm worried that with all of this process we will never get down to business. Doesn't this take too long?



#### Answer:

An effective Wraparound process that follows the steps outlined in this guide should not take too long. Remember that any goal worth reaching should take some time. Figuring out how to achieve challenging outcomes requires identifying underlying needs, identifying several ways to meet these needs, and coming up with a good plan.

#### Question:

With some reluctance, I agreed to have someone attend the Wraparound team meeting. But I am afraid that this person will behave rudely or abusively toward me or just be hard to handle in the meeting.

#### Answer:

As the family, you “own” the content of the Wraparound process because it's your story. The care coordinator “owns” responsibility for the process itself. If you have concerns about people behaving disrespectfully during the team meeting, discuss them with the care coordinator before the meeting and tell him or her what you would need to feel comfortable. If someone behaves rudely or negatively during the meeting, you should feel free to tell the care coordinator that you're uncomfortable. A Wraparound team can also work together to set ground rules for meetings that all members must agree to follow. 🌳

## Phase 3: Plan Implementation

### Question:

Things seemed to be going well until right after our Wraparound team meeting. Now, I'm worried about how things are working and we're not scheduled for another Wraparound team meeting for a long time. What can I do now?

### Answer:

When the team has moved to less frequent meetings because the plan of care seems to be working, a way to call an emergency meeting should be in place. This usually involves a telephone tree of all team members to make sure that no single person is responsible for pulling everyone together. You can call the care coordinator or follow your emergency team meeting protocol.

### Question:

Sometimes I don't feel comfortable talking about needs in front of certain team members. For example, I have some co-workers on my team who have been great. But I would like my son or daughter to participate in some activities that would require flexible funding help. I don't feel comfortable discussing this at a team meeting in front of my co-workers. Does this mean that they need to leave the team or that I just can't have these issues addressed?

### Answer:

Throughout the Wraparound process, areas can arise that families would prefer not to have discussed in the presence of all of the team members. In a situation about flexible funding, the team may help identify the need and strategies to address the need. However, that action step can involve a meeting between you and the care coordinator.

### Question:

We agreed to do something in our team meeting but I know one person isn't following through. What do I do now?

### Answer:

The ongoing planning process holds all team members accountable for follow through. When a team member can't follow through, the team should meet and can choose to try again or come up with a new strategy to meet the need. In addition, your care coordinator may work with you and other team members to try to address these issues of follow-through between meetings.





## Wraparound Troubleshooting

### Phase 3: Plan Implementation

#### Question:

We've been working with one service provider but it doesn't feel right. I'm not really on the same page as this person and I can't say that it's done any good. I would like to try another service provider but I don't want to hurt this person's feelings. How do I go about that?

#### Answer:

When you go through the Wraparound process you get to rate whether outcomes for each strategy are being achieved, and whether your needs are getting met. If needs are not being met, the team brainstorms other solutions. One solution could be to try a new person. If you are concerned about hurt feelings, feel free to speak with your care coordinator or another team member for ideas about how to handle this.



#### Question:

We had a great team this year but now it's the end of the school year and we're looking at a new teacher next year. I'm worried about how it will be with a new person who wasn't here for this initial planning. Are we going to have to start the team process all over again?

#### Answer:

During this phase, team members will often come and go as the plan is adjusted. The care coordinator is responsible for orienting new team members to Wraparound and assisting them to become part of the process. New team members may include new service providers or educators, family members who were not initially involved, friends of the family, clergy, or others who have reconnected with you or connected with you for the first time. 🌳

### Phase 4: Transition

#### Question:

The issues that we were facing are still issues even though we are completing the Wraparound process. Some families who go through this process are dealing with lifetime challenges like mental illness or addiction, or chronic illness. Since the old issues still remain, if things get bad again will we need to start Wraparound again?

#### Answer:

Part of transitioning is for a family to locate services and supports in the community for possible future use. You should work with team members and the care coordinator to make sure you feel confident about accessing future services, and even reconvening your team, if necessary.

#### Question:

The best thing that Wraparound did for me and my family was to get all of us on the same page. I can't imagine that this is going to happen without a Wraparound team. Won't I just go back to where we started with lots of people failing to understand us?

#### Answer:

You should work with your care coordinator and team members to make sure you get copies of your strengths summaries, the transition summary and other documents so you can use those to introduce your family to others. You may look to your local family organization for help and support. Finally, your transition plan should include good strategies generated by your team about how to stay connected to important team members and others who will support you in the future.

#### Question:

I enjoyed the Wraparound process and feel like I just got used to it. I worry that I'll be all alone without these connections. What do I do next?



#### Answer:

Families often find that they want to maintain the relationships with individual team members, but they don't necessarily want to continue the formal structure. You also might consider volunteering to be available to speak to new families about the Wraparound process. Your care coordinator should also have a way to follow up with you, so that if you need to have another formal team meeting, that can happen.

#### Question:

Our family really felt good about the strengths and accomplishment activities. Going through a formal review of strengths regularly helped us remember good news and be a little easier on each other. How can I keep from sinking back into our old patterns?

#### Answer:

Many families find elements of the Wraparound ritual helpful and implement them on an informal basis. For example, some families hold regular family meetings within the household to consider strengths and accomplishments while others talk about needs as a way to understand behavior.



Documents and Forms  
families are likely to see  
during each phase



## Technical Notes

### Engagement and Team Preparation Phase

#### Documents:

- ☐ Family narrative
- ☐ Strength list or inventory
- ☐ List of potential youth/child and family team members
- ☐ Initial crisis plan
- ☐ Family vision

#### Forms:

- ☐ Form providing initial permission to provide services
- ☐ Release(s) allowing care coordinator to speak with other team members

### Initial Plan Development Phase

#### Documents:

- ☐ Plan of care that includes team mission, most important needs, and actions that detail who is responsible to follow through, and by when
- ☐ Written crisis plan that includes who will do what when things go wrong and who should be called in what order
- ☐ Schedule of future team meetings

#### Forms:

- ☐ Permission(s) and release(s) if new service providers and/or team members are added

### Plan Implementation Phase

#### Documents:

- ☐ Team minutes that detail team accomplishments, changes to the plan and schedule of meetings
- ☐ Regular progress reports that reflect progress made from the original plan

#### Forms:

- ☐ Updated releases for team members especially if new ones are added

### Transition Phase

#### Documents:

- ☐ Transition plan that describes how ongoing services will be accessed if necessary
- ☐ Crisis plans that include communication protocols for those who will be contacted in the event of an emergency
- ☐ Follow-up phone numbers for all team members who might be contacted
- ☐ Formal transition plan that describes strengths of the family, and the interventions that were successful as well as those that weren't

#### Forms:

- ☐ Transition summary



# Wraparound Checklist



## Engagement and Team Preparation Phase

- ☐ Met with **care coordinator** and explained our story
- ☐ Addressed immediate needs and crises and put together an initial **crisis plan**
- ☐ Generated a **strengths** list
- ☐ Generated a **team member** list
- ☐ Generated a **family vision**
- ☐ Agreed on first **meeting**
- ☐ Agreed on who will contact potential **team members**
- ☐ Got more **information** about this process

## Initial Plan Development Phase

- ☐ Participated in one or two youth/family **team meetings**
- ☐ Our **strengths, as well as those of the team members**, were listed and reviewed
- ☐ Developed a **team mission statement** that reflects what we and other team members hope to get out of this
- ☐ Reviewed **needs** that reflect our concerns and worries
- ☐ Picked a few **needs** to keep us and the team from becoming overwhelmed
- ☐ Brainstormed a variety of **strategies** to meet those needs
- ☐ Chose **strategies** to meet those needs which matched to our strengths
- ☐ All team members are reflected as doing something in the plan
- ☐ The Wraparound **plan of care** has been distributed to all team members

## Plan Implementation and Refinement Phase

- ☐ **Activities** promised are being provided
- ☐ **Accomplishments** are reviewed and recorded
- ☐ **Assessment** of the plan is occurring
  - ☐ Team is meeting often enough to check on follow-through
  - ☐ We're being asked if actions are meeting our needs
- ☐ **Adjustment** of the plan is occurring based on our feedback
- ☐ **Assignments** are being made and recorded at each team meeting
- ☐ Copies of the minutes and updated plan of care are sent to all team members
- ☐ Regular progress reports are written and sent out
- ☐ We practice what to do if a crisis occurs with our family and the team

## Transition Phase

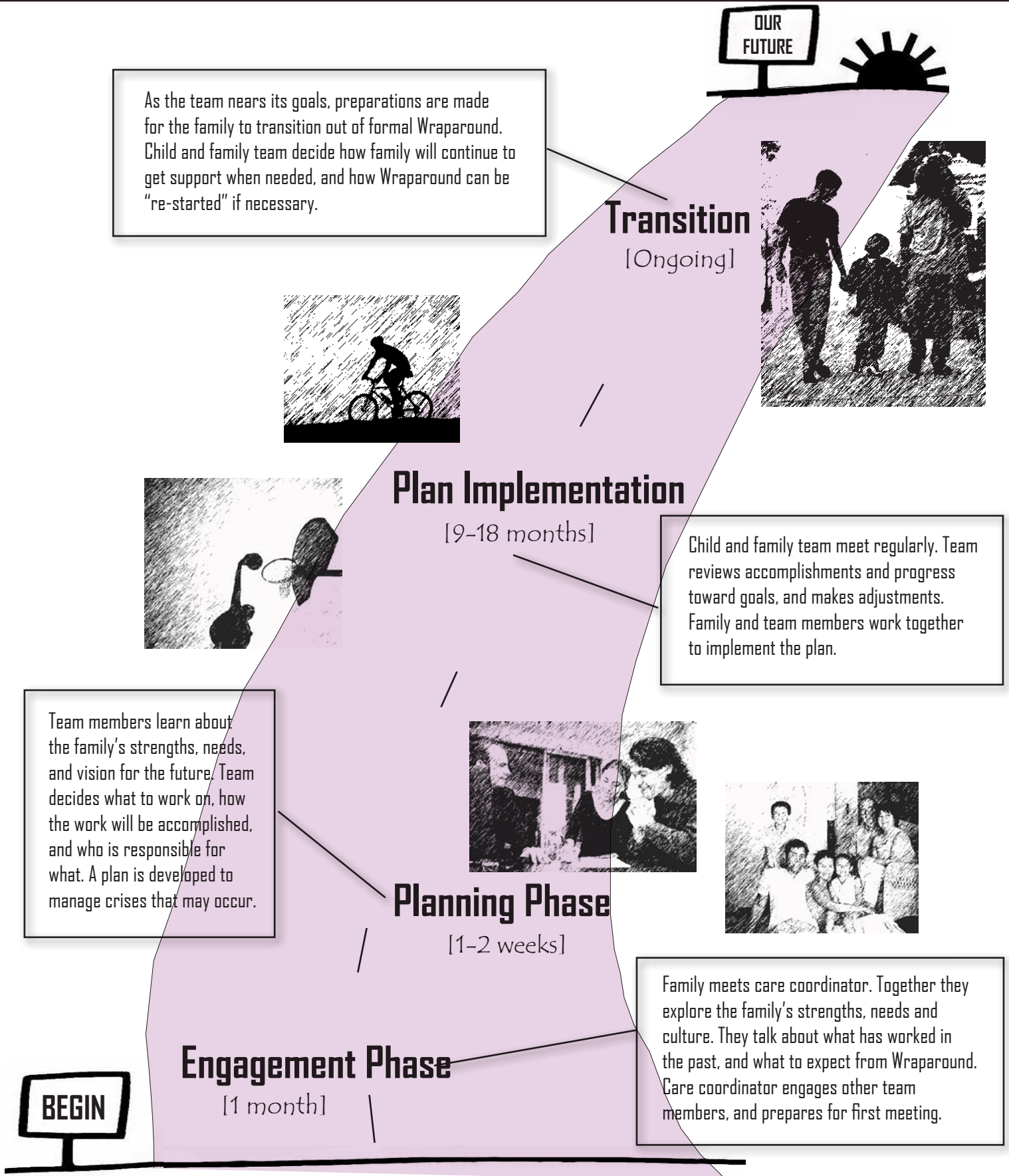
- ☐ We have held **practice crisis drills** and are confident we know what to do if things go wrong
- ☐ We have a way to **access services** in the future
- ☐ We have a way to **connect with other families** who have been through the process
- ☐ Our concerns have been considered
- ☐ We have a list of **team member** phone numbers we can contact if needed
- ☐ Leaving Wraparound has been discussed with the whole team
- ☐ We have **written documents** that describe our strengths and accomplishments

### Helpful Hint:

Use this checklist to keep track of how your Wraparound process is going.



# The Wraparound Road Map: An Overview



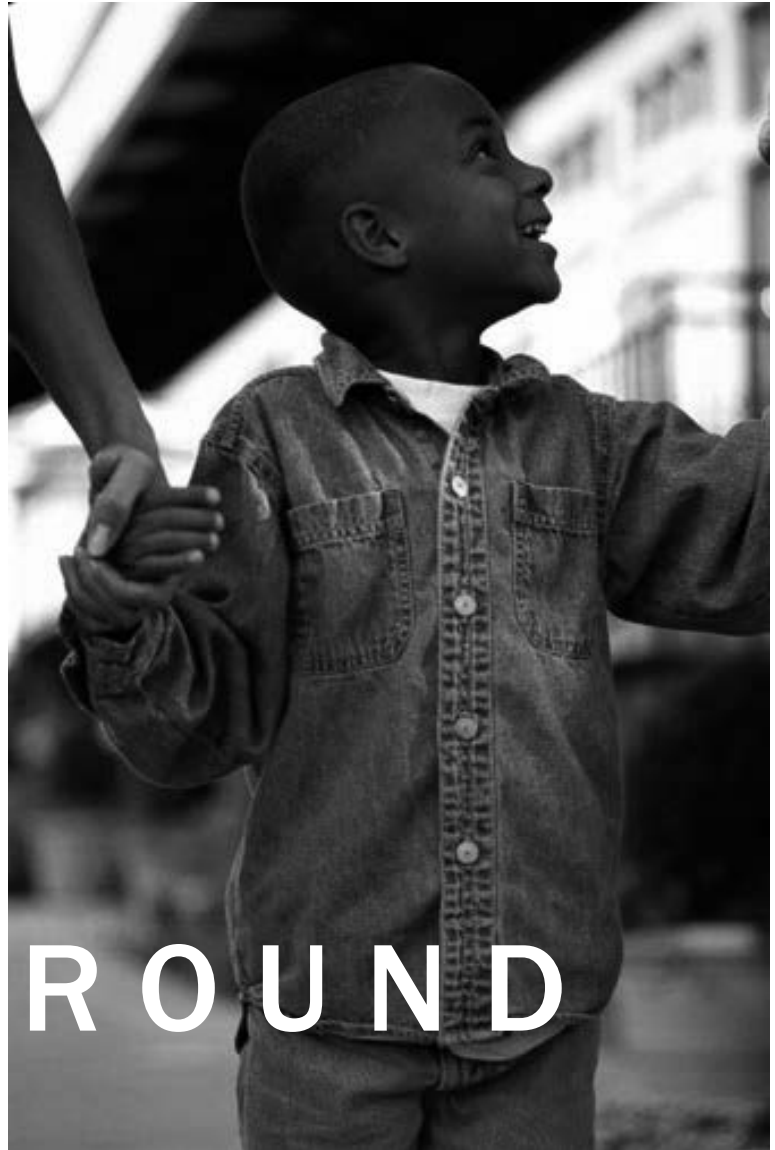
## 10 Principles of the Wraparound Process

1. **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team based.** The Wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single Wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community-based.** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
6. **Culturally competent.** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. **Individualized.** To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based.** The Wraparound process and the Wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
9. **Unconditional care.** Despite challenges, the team persists in working toward the goals included in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer required.
10. **Outcome based.** The team ties the goals and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.



THE WRAPAROUND  
PROCESS USER'S GUIDE

Helping children and families realize  
their hopes and dreams.



# WRAPAROUND

---

*The Wraparound Process User's Guide* is a product of the National Wraparound Initiative, a project that includes over 100 advisors from across the country and from all walks of life. The NWI is an attempt to engage experts nationally in a process of defining standards for high-quality Wraparound, and disseminating supports to communities to implement the Wraparound process. In addition to this *Handbook for Families*, you can find many additional documents about Wraparound on the Initiative's website at <https://nwi.pdx.edu>.

---