B1 Wraparound and CANS: Integrating the Child and Adolescent Needs and Strengths (CANS) Assessment into the Phases and Activities of Wraparound

Wednesday, June 13, 2018 1:30 - 3:00 p.m.

Dan Embree, Stephanie East, Mark Zubaty

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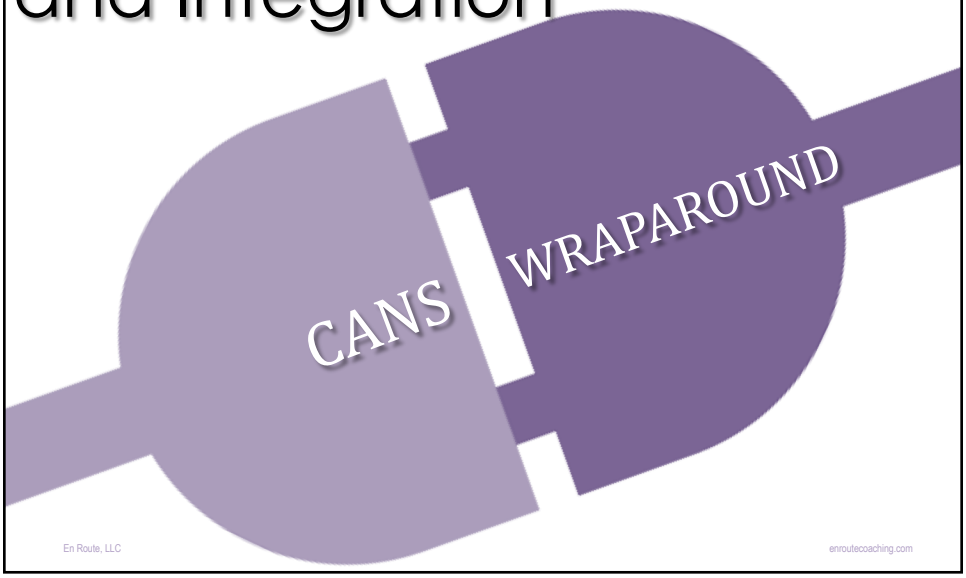
Meaningful Applications and Integration



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What we experienced…

- Training for Wraparound and CANS separately was not effective.
- Wraparound staff were struggling to see the connection between the CANS and all phases of the Wraparound process.
- Wraparound staff needed tools that were integrated.
- Other team members, family and youth were not meaningful partners in the CANS process.

Our journey…

How do we incorporate the CANS into all components of the Wraparound process?

How do we help Wraparound staff (coordinators, youth/parent partners) and team members see the CANS as "this is our work"?

How do we create training materials and applications that support CANS and Wraparound integration?

How do we create a partnership with youth and families in this process?

Finding the intersection..

We looked at 5 things:

1. Wraparound Life Domains
2. Phases & Activities
3. Team Meeting Facilitation Components
4. Practice Elements/Documents
5. Communication, orientation and training for youth and families.

Life Domains / Assessment Areas

Wraparound

1. Family/Relationships
2. Home/A Place to Live
3. Social/Recreational
4. Educational/Vocational
5. Psychological/Emotional
6. Substance Use/Addictions
7. Daily Living
8. Legal
9. Health/Medical
10. Crisis/Safety
11. Spiritual/Cultural
12. Financial

CANS

1. Life Domain Functioning
2. Strengths
3. Cultural Factors
4. Caregiver Resources and Needs
5. Child Behavioral/Emotional Needs
6. Risk Behaviors

Modules

1. Developmental Disabilities
2. Trauma
3. Substance Use
4. Violence
5. Sexually Aggressive Behaviors
6. Runaway
7. Juvenile Justice
8. Decision Making
9. Fire Setting

Strengths, Needs and Cultural Discovery Assessment

Comprehensive Life Domains

All family members

Strengths and Needs

Skills and Abilities

Attributes and Features

Attitudes and Values

Preferences

Primary and Secondary Aspects of Culture

CANS Comprehensive Items

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) — **STANDARD CANS COMPREHENSIVE**

Child's Name:		DOB:	Gender: / Race/Ethnicity:
Caregiver(s):		Form Status:	Initial / Subsequent / Annual / Discharge
		Case Name:	
		Case Number:	
Assessor:		Date of Assessment:	m m d d y y y y

LIFE DOMAIN FUNCTIONING

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Family Functioning	○	○	○	○
Living Situation	○	○	○	○
Social Functioning	○	○	○	○
Recreational	○	○	○	○
Developmental/Intellectual[1]	○	○	○	○
Job Functioning	○	○	○	○
Legal	○	○	○	○
Medical/Physical	○	○	○	○
Sexual Development	○	○	○	○
Sleep	○	○	○	○
School Behavior	○	○	○	○
School Attendance	○	○	○	○
School Achievement	○	○	○	○
Decision-Making	○	○	○	○

STRENGTHS DOMAIN

0=Centerpiece strength; 1=Useful strength; 2=Identified strength; 3=No evidence

	0	1	2	3
Family Strengths	○	○	○	○
Interpersonal	○	○	○	○
Optimism	○	○	○	○
Educational Setting	○	○	○	○
Vocational	○	○	○	○
Talents/Interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Life	○	○	○	○
Relationship Permanence	○	○	○	○
Resiliency	○	○	○	○
Resourcefulness	○	○	○	○
Cultural Identity	○	○	○	○
Natural Supports	○	○	○	○

CULTURAL FACTORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Language	○	○	○	○
Traditions and Rituals	○	○	○	○
Cultural Stress	○	○	○	○

CAREGIVER RESOURCES AND NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Supervision	○	○	○	○
Involvement with Care	○	○	○	○
Knowledge	○	○	○	○
Organization	○	○	○	○
Social Resources	○	○	○	○
Residential Stability	○	○	○	○
Medical/Physical	○	○	○	○
Mental Health	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○
Safety	○	○	○	○

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Psychosis (Thought Disorder)	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Oppositional	○	○	○	○
Conduct	○	○	○	○
Adjustment to Trauma[2]	○	○	○	○
Attachment Difficulties	○	○	○	○
Anger Control	○	○	○	○
Substance Use[3]	○	○	○	○

RISK BEHAVIORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Suicide Risk	○	○	○	○
Non-Suicidal Self-Injurious Behavior	○	○	○	○
Other Self-Harm (Recklessness)	○	○	○	○
Danger to Others[4]	○	○	○	○
Sexual Aggression[5]	○	○	○	○
Runaway[6]	○	○	○	○
Delinquent Behavior[7]	○	○	○	○
Fire Setting[8]	○	○	○	○
Intentional Misbehavior	○	○	○	○

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Standard CANS Comprehensive

October 3, 2016

Wraparound Domains Integrated with CANS Items

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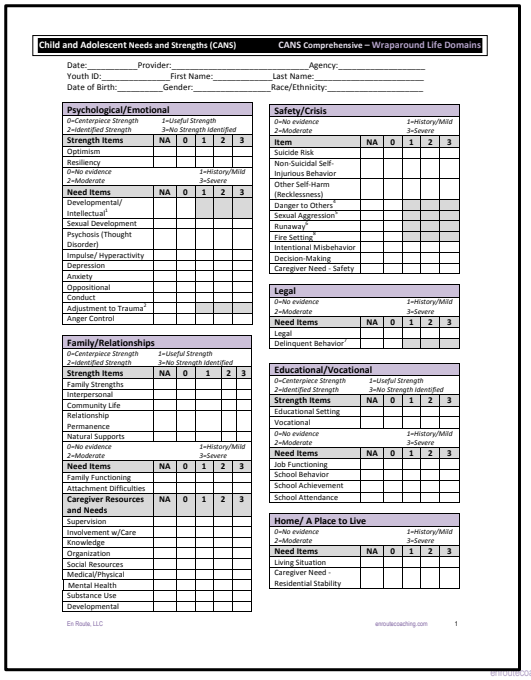

Child and Adolescent Needs and Strengths (CANS) — **CANS Comprehensive – Wraparound Life Domains**

Date:_____ Provider:_____ Agency:_____
Youth ID:_____ First Name:_____ Last Name:_____
Date of Birth:_____ Gender:_____ Race/Ethnicity:_____

Psychological/Emotional

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Items	NA	0	1	2	3
Optimism					
Resiliency					

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Developmental/ Intellectual[1]					
Sexual Development					
Psychosis (Thought Disorder)					
Impulse/ Hyperactivity					
Depression					
Anxiety					
Oppositional					
Conduct					
Adjustment to Trauma[2]					
Anger Control					

Family/Relationships

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Items	NA	0	1	2	3
Family Strengths					
Interpersonal					
Community Life					
Relationship Permanence					
Natural Supports					

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Family Functioning					
Attachment Difficulties					

Caregiver Resources and Needs	NA	0	1	2	3
Supervision					
Involvement w/Care					
Knowledge					
Organization					
Social Resources					
Medical/Physical					
Mental Health					
Substance Use					
Developmental					

Safety/Crisis

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Item	NA	0	1	2	3
Suicide Risk					
Non-Suicidal Self-Injurious Behavior					
Other Self-Harm (Recklessness)					
Danger to Others[3]					
Sexual Aggression[4]					
Runaway[5]					
Fire Setting[6]					
Intentional Misbehavior					
Decision-Making					
Caregiver Need - Safety					

Legal

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Legal					
Delinquent Behavior[7]					

Educational/Vocational

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Items	NA	0	1	2	3
Educational Setting					
Vocational					

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Job Functioning					
School Behavior					
School Achievement					
School Attendance					

Home/ A Place to Live

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Living Situation					
Caregiver Need - Residential Stability					

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Wraparound Domains Integrated with CANS Items

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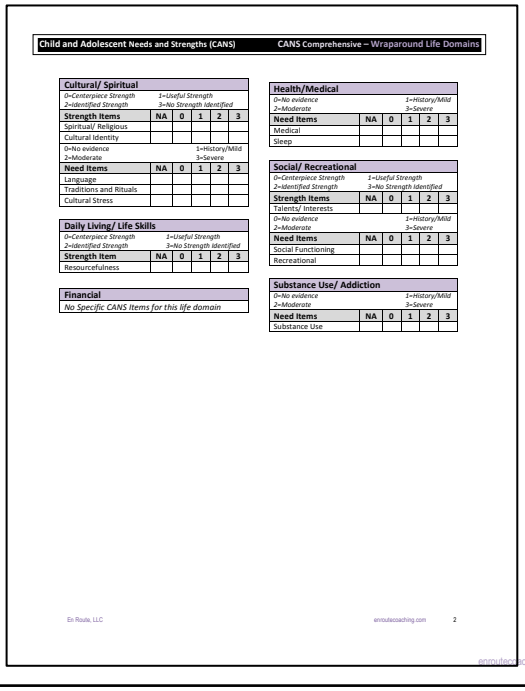

Child and Adolescent Needs and Strengths (CANS) — **CANS Comprehensive – Wraparound Life Domains**

Cultural/ Spiritual

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Items	NA	0	1	2	3
Spiritual/ Religious					
Cultural Identity					

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Language					
Traditions and Rituals					
Cultural Stress					

Daily Living/ Life Skills

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Item	NA	0	1	2	3
Resourcefulness					

Financial

No Specific CANS Items for this life domain

Health/Medical

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Medical					
Sleep					

Social/ Recreational

0=Centerpiece Strength; 1=Useful Strength; 2=Identified Strength; 3=No Strength Identified

Strength Items	NA	0	1	2	3
Talents/ Interests					

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Social Functioning					
Recreational					

Substance Use/ Addiction

0=No evidence; 1=History/Mild; 2=Moderate; 3=Severe

Need Items	NA	0	1	2	3
Substance Use					

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Wraparound Critical Elements

Strengths, Needs and Cultural Discovery

Youth and Family Cross-System Team Meetings

Plan of Care

Crisis & Safety Plan

Transition Plan

Partnerships with Youth and Family

Wraparound Team Meeting Facilitation Components

1. Welcome/Introductions/ Agenda
2. Ground Rules
3. Vision
4. Mission
5. Strengths
6. Needs
7. Prioritize Needs
8. Outcomes
9. Brainstorm Strategies
10. Action Steps
11. Summarize/Agree on Plan
12. Schedule next team meeting

Wraparound Phases

1. Engagement & Team Preparation
2. Planning
3. Implementation
4. Transition

11 Integration Skills Wraparound and CANS

Phase One: Engagement & Team Preparation

1. Talking with the youth and family about the CANS
2. Completing the CANS and Wraparound Strengths, Needs and Cultural Discovery Assessment Narrative
3. Talking with team members about the CANS and Wraparound

11 Integration Skills Wraparound and CANS

Phase Two: Planning

4. Conceptualizing Needs
5. CANS and Wraparound *initial* team meeting facilitation components
6. Wraparound and CANS Plan of Care
7. Wraparound and CANS Crisis & Safety Plan

11 Integration Skills Wraparound and CANS

Phase Three: Implementation

8. Wraparound and CANS *follow-up* team meeting facilitation components
9. Monitoring progress with the CANS

11 Integration Skills Wraparound and CANS

Phase Four: Transition

10. Facilitating Wraparound transition with the CANS
11. Completing a Wraparound and CANS Transition Plan

Discussion

Thoughts

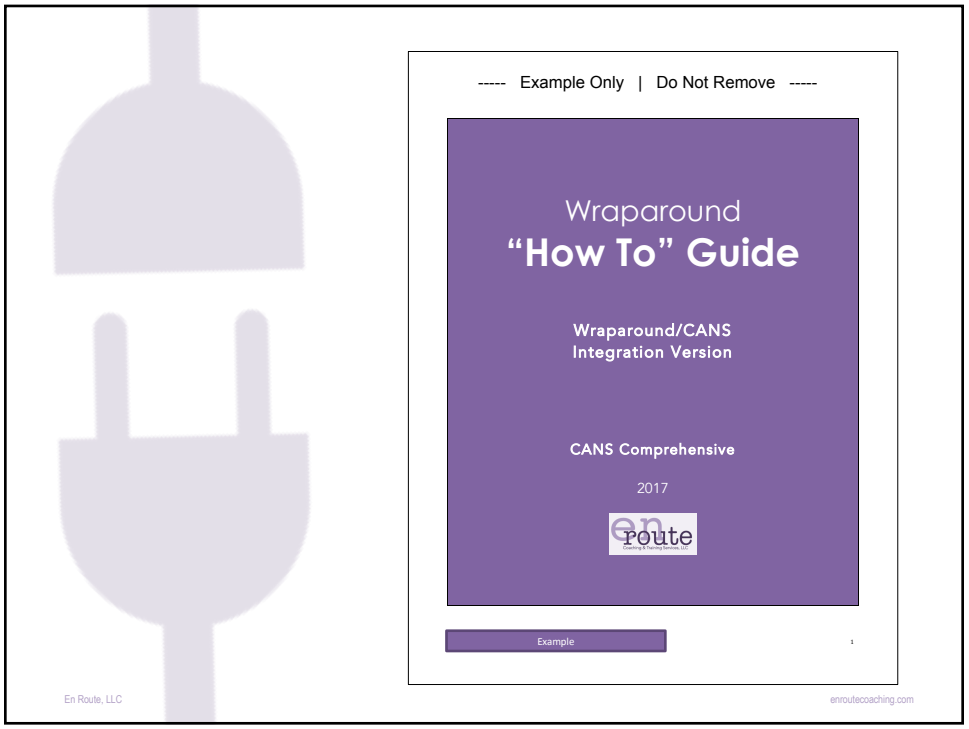
Questions

Ideas

Examples

Handouts

- Wraparound and CANS "How To" Guide
- Wraparound and CANS Integrated Rating Sheet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Wraparound
"How To" Guide
Wraparound/CANS
Integration Version
CANS Comprehensive
2017
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Example
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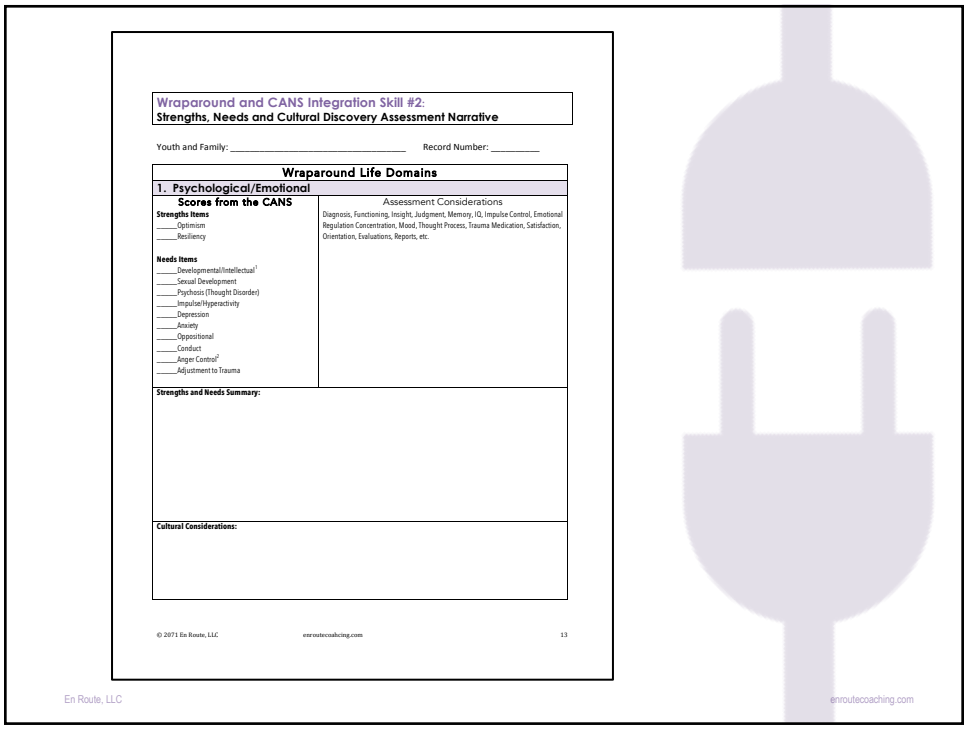
Wraparound and CANS Integration Skill #2:
Strengths, Needs and Cultural Discovery Assessment Narrative
Youth and Family: _____ Record Number: _____
Wraparound Life Domains
1. Psychological/Emotional
Scores from the CANS
Strengths Items
_____Optimism
_____Resiliency
Needs Items
_____Developmental/Intellectual[1]
_____Sexual Development
_____Psychosis (Thought Disorder)
_____Impulse/Hyperactivity
_____Depression
_____Anxiety
_____Oppositional
_____Conduct
_____Anger Control[2]
_____Adjustment to Trauma
Assessment Considerations
Diagnosis, Functioning, Insight, Judgment, Memory, IQ, Impulse Control, Emotional Regulation Concentration, Mood, Thought Process, Trauma Medication, Satisfaction, Orientation, Evaluations, Reports, etc.
Strengths and Needs Summary:
Cultural Considerations:
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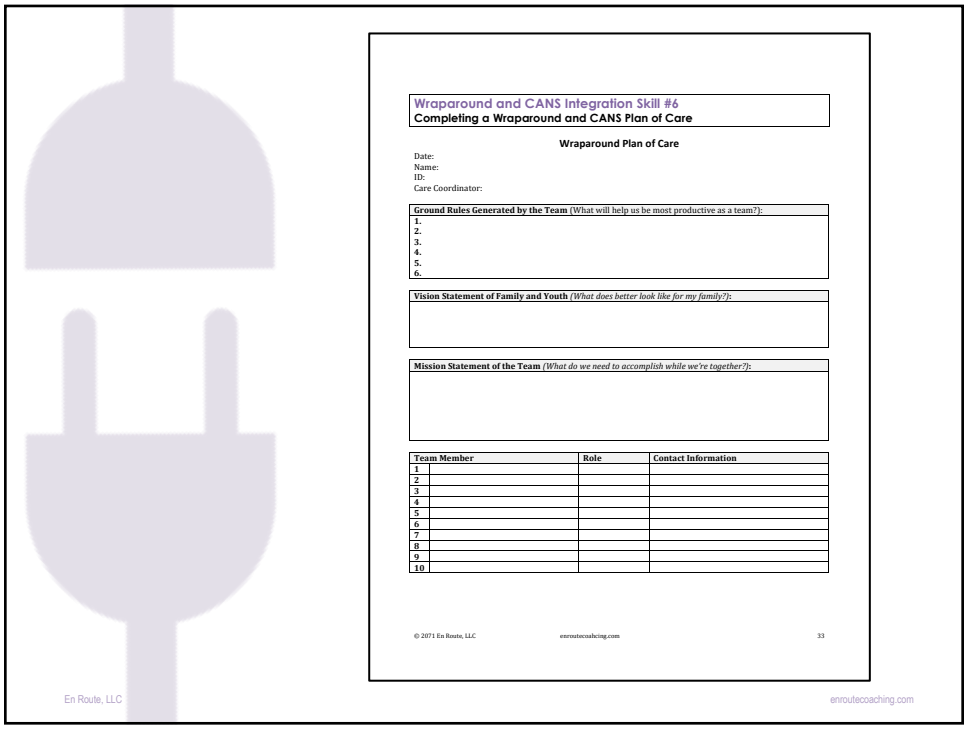

Wraparound and CANS Integration Skill #6
Completing a Wraparound and CANS Plan of Care

Wraparound Plan of Care

Date:
Name:
ID:
Care Coordinator:

Ground Rules Generated by the Team (What will help us be most productive as a team?):
1. **2.** **3.** **4.** **5.** **6.**

Vision Statement of Family and Youth (*What does better look like for my family?*):

Mission Statement of the Team (*What do we need to accomplish while we're together?*):

Team Member		**Role**	**Contact Information**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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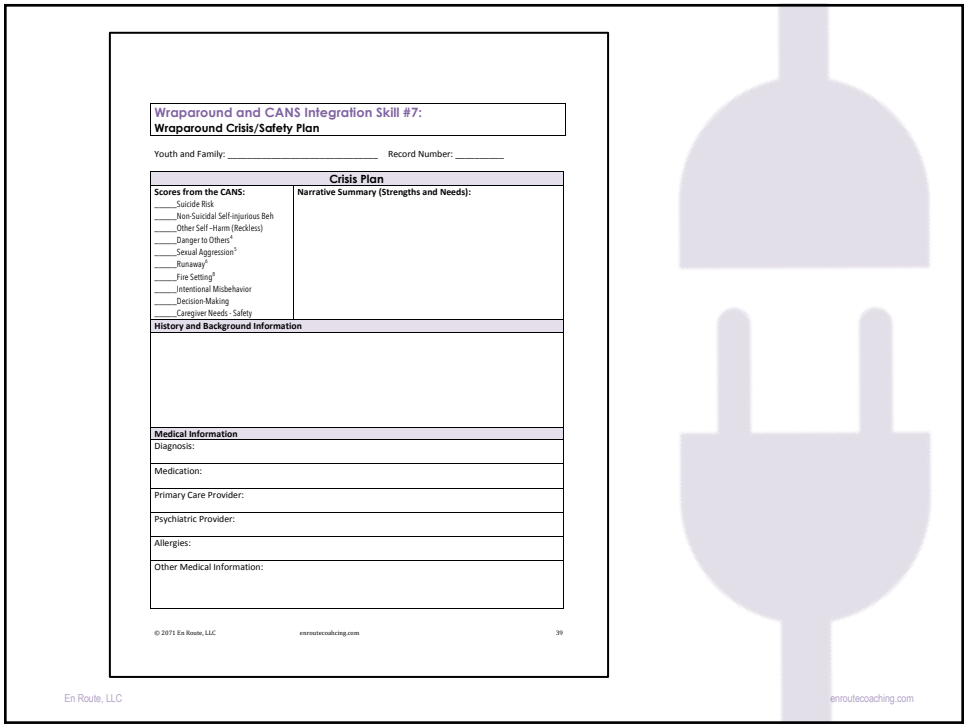

Wraparound and CANS Integration Skill #7:
Wraparound Crisis/Safety Plan

Youth and Family: _____ Record Number: _____

Crisis Plan	
Scores from the CANS: _____Suicide Risk _____Non-Suicidal Self-injurious Beh _____Other Self –Harm (Reckless) _____Danger to Others[4] _____Sexual Aggression[5] _____Runaway[6] _____Fire Setting[9] _____Intentional Misbehavior _____Decision-Making _____Caregiver Needs - Safety	**Narrative Summary (Strengths and Needs):**
History and Background Information	
Medical Information	
Diagnosis:	
Medication:	
Primary Care Provider:	
Psychiatric Provider:	
Allergies:	
Other Medical Information:	

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Lessons Learned

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Date:_____Provider:_____Agency:_____
Youth ID:_____First Name:_____Last Name:_____
Date of Birth:_____Gender:_____Race/Ethnicity:_____

Psychological/Emotional

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Items	NA	0	1	2	3
Optimism					
Resiliency					

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Developmental/ Intellectual[1]					
Sexual Development					
Psychosis (Thought Disorder)					
Impulse/ Hyperactivity					
Depression					
Anxiety					
Oppositional					
Conduct					
Adjustment to Trauma[2]					
Anger Control					

Family/Relationships

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Items	NA	0	1	2	3
Family Strengths					
Interpersonal					
Community Life					
Relationship Permanence					
Natural Supports					

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Family Functioning					
Attachment Difficulties					
Caregiver Resources and Needs	**NA**	**0**	**1**	**2**	**3**
Supervision					
Involvement w/Care					
Knowledge					
Organization					
Social Resources					
Medical/Physical					
Mental Health					
Substance Use					
Developmental					

Safety/Crisis

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Item	NA	0	1	2	3
Suicide Risk					
Non-Suicidal Self-Injurious Behavior					
Other Self-Harm (Recklessness)					
Danger to Others[4]					
Sexual Aggression[5]					
Runaway[6]					
Fire Setting[8]					
Intentional Misbehavior					
Decision-Making					
Caregiver Need - Safety					

Legal

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Legal					
Delinquent Behavior[7]					

Educational/Vocational

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Items	NA	0	1	2	3
Educational Setting					
Vocational					

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Job Functioning					
School Behavior					
School Achievement					
School Attendance					

Home/ A Place to Live

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Living Situation					
Caregiver Need - Residential Stability					

Cultural/ Spiritual

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Items	NA	0	1	2	3
Spiritual/ Religious					
Cultural Identity					

0=No evidence 1=History/Mild
2=Moderate 3=Severe

Need Items	NA	0	1	2	3
Language					
Traditions and Rituals					
Cultural Stress					

Daily Living/ Life Skills

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Item	NA	0	1	2	3
Resourcefulness					

Financial

No Specific CANS Items for this life domain

Health/Medical

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Medical					
Sleep					

Social/ Recreational

0=Centerpiece Strength *1=Useful Strength*
2=Identified Strength *3=No Strength Identified*

Strength Items	NA	0	1	2	3
Talents/ Interests					

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Social Functioning					
Recreational					

Substance Use/ Addiction

0=No evidence *1=History/Mild*
2=Moderate *3=Severe*

Need Items	NA	0	1	2	3
Substance Use					

Wraparound
"How To" Guide

Wraparound/CANS
Integration Version

CANS Comprehensive

2018

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Table of Contents

Introduction

Wraparound is an intensive care coordination process for youth with emotional and behavioral needs who are involved in multiple systems. These systems can include mental health, addictions, child welfare, intellectual/developmental disabilities, juvenile justice and education. Wraparound is a team-based, strengths-based process that organizes a youth- and family-driven system of services and supports. Services and natural supports are individualized for a youth and family to achieve a positive set of outcomes.

Wraparound outcomes are individualized to each youth and family and are intended to meet needs in community-based settings. Outcomes may include: increased safety, stabilization, school success, community integration, support to ensure that youth and families can live successfully in their homes and communities.

This guide is designed to give information to Wraparound practitioners about how to partner with youth and families to implement the Wraparound process as intended, and to teach care coordinators, family partners, youth partners, and team members how to operationalize the principles and specific activities in each phase of the process.

In addition, this guide gives specific tools for Wraparound practitioners to integrate the Child & Adolescent Needs and Strengths (CANS) into the Wraparound team-based process.

The guide is intended to be used first as a training tool along with the "Wraparound: How To Guide" presentation and training materials, and as a reference for those who have attended Wraparound and CANS trainings.

Wraparound Principles

1. Family voice and choice (Family driven, youth guided). 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 (Culturally and linguistically relevant). 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. Persistence. 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.

CANS Principles

1. **Relevant to planning.** Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.

2. **Related to action.** Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.

3. **Assess the need, not the services.** Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. "2" or "3").

4. **Culturally competent and developmentally appropriate.** Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.

5. **About the what, not the why.** The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the "what" not the "why". Only one item, Adjustment to Trauma, has any cause-effect judgments.

6. **Present.** A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the child/youth or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

CANS Ratings

Needs

0 – No evidence of need. This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 – Watchful waiting / prevention. This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 – Action needed. This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the youth's life or family's life in a notable way.

3 – Immediate/ intensive action. This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal child/youth would be rated with a "3" on the relevant need.

Strengths

0 – Centerpiece strength. This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 – Useful strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 – Identified strength. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 – No evidence of strength. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

Wraparound Phases

1. Engagement and team preparation. Family meets Wraparound Care Coordinator, Youth Partner and Family Partner. Together they explore the family's strengths, needs and culture. They talk about what has worked in the past, and what to expect from the process. Wraparound Care Coordinator engages other team members, and prepares for first meeting.

2. Initial plan development. Team members learn about the family's strengths, needs, and vision for the future. Team creates a team mission, decides what to work on, how the work will be accomplished, and who is responsible for what. A plan is developed to manage crises that may occur.

3. Plan implementation. Family and Team members meet regularly. Team reviews accomplishments and progress toward goals, and makes adjustments. Family and team members work together to implement the plan.

4. Transition. As the team nears its goals, preparations are made for the youth and family to transition out of formal Wraparound. Youth, family and team decide how family will continue to get support when needed, and how Wraparound can be "re-started" if necessary.

Phase One:
Engagement and Team Preparation

Part 1: Engaging the Youth and Family

Overview

During this part, the groundwork for trust and shared vision among the family, youth, care coordinator, family partner, and youth partner is established. The tone is set for teamwork and team interactions that are consistent with the Wraparound principles.

Goals/Purpose

- Orient the family and youth to Wraparound
- Orient the family and youth to CANS
- Listen to the family's story
- Elicit family perspectives and gain understanding of family culture
- Address any agency protocols, paperwork, and any legal and ethical issues
- Stabilize any crises

Essential Steps

1. Face to face meetings with the family to explain the Wraparound process, and how it differs from traditional care
2. Discussion of the events, circumstances, and moments that brought the family to Wraparound
3. Elicit family and youth perspective on where they are, and where they would like to go
4. Discussion of the family's view of crises, and attention to stabilizing immediate dangerous or harmful situations
5. Facilitate understanding of any mandates (if applicable), and ethical issues

CANS Integration Skills

- ✓ Talking with the family and youth about the CANS

Wraparound and CANS Integration Skill #1:
Talking with the Family and Youth About the CANS

During the initial engagement phase of the Wraparound process, it is important to orient the youth and family to the CANS in order to set the stage for the CANS to be integrated into all aspects of the Wraparound process.

The family should be introduced to the CANS during Phase One of the Wraparound process - during or shortly after the first meeting with the family. Areas to consider for orientation include background information about the tool itself, how the CANS integrates information from different sources, and its purpose as a communication and decision support tool. It is recommended that the family be given a copy of the tool, the website, and/or other supporting written information.

While there is no "one way" to talk about the CANS with the family and team members, the *suggested script*s are meant to give ideas about how to orient them to the tool and engage them in the planning process.

Suggested Script: Family and Youth Orientation to the CANS

Background

- *"The CANS is The Child and Adolescent Needs and Strengths tool developed to support people who work with youth and families in making decisions about quality care, planning, supports and services. It is widely used by projects like Wraparound and by mental health, child welfare and juvenile justice programs. It works by providing information in a common language about strengths and needs items that translate into levels of action."*
- *"Here is a copy of the CANS Manual and some other written materials I will leave with you to look through. We can review the CANS scores together and we can then plan on sharing those with the team at the first meeting."*

Integration of Information

- *"The CANS is a place where all of the different information from you and about your family can be integrated in one place. The CANS will be completed by using all of the information we have from your team members. By combining all of the information about your family in one place, your team will be able to get the most accurate picture of your family's strengths and needs and help us make plans that will both meet your needs and build on your strengths."*

Communication

- *"Many times, people use different words to talk about the same thing. The CANS will give us a common language that will help your team communicate with each and summarizing how your family is doing in specific areas. It will help us decide what to prioritize and make sure we do not overlook something important that you need. It will also helps us recognize areas where you are doing particularly well and have strengths so we can include those in our planning."*

Decision Making

- *"Instead of your team relying just on their individual experiences or opinions alone to make decisions about the strengths and needs of your family and what things may work best, the CANS will give us additional information to help us with our decision making throughout the Wraparound process. This will make it easier to prioritize what we do and make plans."*
- *"The CANS also helps us to see how your strengths and needs change and improve over time. It will give us information about our successes and let us know if we need to make adjustments to what we are doing."*

_____

Adapted from:
A Guide for Using the CANS with Youth, Caregivers and Their Families: A Tip Sheet. (January 2014)
The National Child Traumatic Stress Network | www.NCTSN.org

Resources:
Center for Child Trauma Assessment, Services and Interventions
Northwestern University Feinberg School of Medicine
cctasi.northwestern.edu/resources/cans-trauma

The Praed Foundation
tcomtraining.com
praedfoundation.org

Part 2: Assessing

Overview

In this continuation of the Engagement phase, the Care Coordinator expands the discussion with the family to add context to their involvement in Wraparound. The care coordinator, family partner, and youth partner help the family to understand that their input is central to the Wraparound process, and that their preferences at all phases of care planning and implementation will be prioritized. The coordinator listens to the family perspective for information about the family's strengths, needs, culture, and natural supports. From these conversations, the coordinator prepares a strengths and needs discover assessment document that details the elements of the family across life domains. The CANS will give specific details to inform this process and care planning process.

Goals/Purpose

- Continued meeting and engagement to further understand the family story and context
- Assessment of strengths, needs, and natural supports including CANS / all life domain areas
- Completion of the CANS and the strengths and needs assessment narrative.

Essential Steps

1. Completion of a strengths discovery and CANS
2. Completion of a list of strengths for all family members
3. Discussion and list of existing and potential natural supports
4. Completion of a list of potential team members
5. Completion of the assessment narrative document that summarizes context, strengths, needs, vision for the future, and supports
6. Review CANS and assessment with youth and family and draw relationship between youth and family perspective and CANS items
7. Begin to complete Crisis & Safety Plan

CANS Integration Skills

- ✓ Wraparound Strengths, Needs Cultural Discovery Assessment Narrative

Wraparound and CANS Integration Skill #2:
Strengths, Needs and Cultural Discovery Assessment Narrative

Youth and Family: _____ Record Number: _____

Wraparound Life Domains	
1. Psychological/Emotional	
Scores from the CANS **Strengths Items** _____Optimism _____Resiliency **Needs Items** _____Developmental/Intellectual[1] _____Sexual Development _____Psychosis (Thought Disorder) _____Impulse/Hyperactivity _____Depression _____Anxiety _____Oppositional _____Conduct _____Anger Control[2] _____Adjustment to Trauma	Assessment Considerations Diagnosis, Functioning, Insight, Judgment, Memory, IQ, Impulse Control, Emotional Regulation Concentration, Mood, Thought Process, Trauma Medication, Satisfaction, Orientation, Evaluations, Reports, etc.
Strengths and Needs Summary:	
Cultural Considerations:	

2. Family/Relationships

Scores from the CANS	Assessment Considerations
Strengths Items _____Family Strengths _____Interpersonal _____Community Life _____Relationship Permanence _____Natural Supports **Needs Items** _____Family Functioning _____Attachment Difficulties	*Family Members, Relatives, Friends, Neighborhood, Community, Relationship Status, Significant others, Separations, Divorces, Marriages, Widow/Widower, Orientation, Siblings, Birth Order, Extended Family, Adoptions, Other Caregivers, Custody/Guardianship Arrangements, Family Dynamics, Quality, Incarcerations, deaths, etc.*

Strengths and Needs Summary:

Cultural Considerations:

3. Safety/Crisis

Scores from the CANS	Assessment Considerations
Needs Items _____Suicide Risk _____Non-Suicidal Self-injurious Behavior _____Other Self –Harm (Reckless) _____Danger to Others[4] _____Sexual Aggression[5] _____Runaway[6] _____Fire Setting[8] _____Intentional Misbehavior _____Decision-Making _____Caregiver Needs - Safety	*Suicide, Homicide, Self-Mutilation, Aggressiveness, Abuse, Separation Issues, Neglect, Runaway, family solutions, supports, systems, current plans, etc.*

Strengths and Needs Summary:

Cultural Considerations:

4. Legal

Scores from the CANS	Assessment Considerations
Needs Items _____Legal _____Delinquent Behavior[7]	*Probation, Parole, Incarceration, Illegal Activities, Pending Charges, Criminal Associations, Court Orders, Judgments, Liens, etc.*
Strengths and Needs Summary:	
Cultural Considerations:	

5. Substance Use/Addictions

Scores from the CANS	Assessment Considerations
Need Item _____Substance Use	*Substances: Current and Previous, Use Behaviors, Patterns, Treatment History, support group, etc.*
Strengths and Needs Summary:	
Cultural Considerations:	

6. Educational/Vocational

Scores from the CANS	Assessment Considerations
Strengths Items _____Educational Setting _____Vocational **Needs Items** _____Job Functioning _____School Behavior _____School Achievement _____School Attendance	*Educational Setting, School, School District, Special Education: Category and Type, Educational Supports, Performance, Testing, Achievement, Behavior, IEPs, Other Educational Services, etc. Employment Status, Trade, Employment History, Vocational Education or Services, Vocational Goals, Vocational Skills, etc.*
Strengths and Needs Summary:	
Cultural Considerations:	

7. Health/Medical

Scores from the CANS	Assessment Considerations
Needs Items _____Medical _____Sleep	*Health, Health Concerns, Accidents, Surgeries, Emergencies, Vision, Dental, Physical, Primary Care, Other Providers, Medications, Involvement/Appointments, etc.*

Strengths and Needs Summary:

Cultural Considerations:

8. Home/A Place to Live

Scores from the CANS	Assessment Considerations
NA	*Housing Status, Home Conditions, Family Satisfactions, System Satisfaction, Health and Safety Concerns, Changes, Moves, Location, etc.*

Strengths and Needs Summary:

Cultural Considerations:

9. Daily Living/Life Skills

Scores from the CANS	Assessment Considerations
Strength Item _____Resourcefulness	*Skills, Abilities, Resources, Tasks, Age and Developmentally Appropriate Skill Level, Assets, Goals, Support, etc.*

Strengths and Needs Summary:

Cultural Considerations:

10. Cultural/Spiritual

Scores from the CANS	Assessment Considerations
Strength Items _____Spiritual/Religious _____Cultural Identity **Needs Items** _____Language _____Traditions and Rituals _____Culture Events and Activities _____Culture Stress	*Race, Ethnicity, Affiliations, Community Involvement, Traditions, Values, Norms, Rituals, Celebrations, Holidays, Religion, Beliefs, Churches, Organizations, Groups, etc.*

Strengths and Needs Summary:

11. Financial

Scores from the CANS	Assessment Considerations
NA	(Adults or Youth with an Independent Living Plan) *Income, expenses, insurance, employment, system support, child support, budget, etc.*

Strengths and Needs Summary:

Cultural Considerations:

12. Social/Recreational

Scores from the CANS	Assessment Considerations
Strengths Items _____Talents/Interests **Needs Items** _____Social Functioning _____Recreational	*Fun, Leisure Activities, Hobbies, Social Activities, Neighborhood Involvement, Clubs, Organizations, Athletic, Exercise, Civic, Youth Activities, Family Activities, Recreation, Talent, Satisfaction, etc.*

Strengths and Needs Summary:

Cultural Considerations:

Other: Trauma Experiences

CANS Trauma Module	Assessment Considerations
N Y Sexual Abuse N Y Physical Abuse N Y Neglect N Y Emotional Abuse N Y Medical Trauma N Y Natural or Manmade Disaster N Y Witness to Family Violence N Y Witness to Community/School Violence N Y Victim/Witness to Criminal Activity N Y War/Terrorism Affected N Y Disruptions in Caregiver/Attach Losses N Y Parental Criminal Behavior	*Significant Life Events, Family Definition of Trauma, Physical, Emotional, Sexual, Time-frames, etc.*
If sexual abuse: _____Emotional Closeness to Perpetrator _____Frequency of Abuse _____Duration _____Force _____Reaction to Disclosure	
Traumatic Stress Symptoms _____Emotional/Physical Dysregulation _____Intrusions/Re-Experiencing _____Hyper arousal _____Traumatic Grief/Separation _____Numbing _____Dissociation _____Avoidance	

Strengths and Needs Summary:

Cultural Considerations:

Youth: _____ Date: _____

Parent/Caregiver: _____ Date: _____

Care Coordinator: _____ Date: _____

Family Partner: _____ Date: _____

Youth Partner: _____ Date: _____

Part 3: Team preparation

Overview

In this part of Engagement and Team Preparation, the coordinator helps the family to reach out to persons who can commit to being part of the Wraparound team. The team is essential to successful planning and interventions in the Wraparound process. The coordinator communicates with team members and sets a time and location for the team to meet to begin to plan and affect change.

Goals/Purpose

- Engage other team members
- Orient team members to Wraparound
- Orient team members to CANS
- Prepare team members for meeting
- Make necessary meeting arrangements and arrange details and logistics

Essential Steps

1. Explain Wraparound to potential team members, elicit their perspectives, and work to get commitment for participation on the team.
2. Set a time, date and location for the team meeting that is convenient for the youth and family

CANS Integration Skills

- ✓ Talking with team members about the CANS

Wraparound and CANS Integration Skill #3:
Talking with Team Members About the CANS

All Wraparound team members, especially system partners and providers, should be introduced to the CANS during phase one of the Wraparound process as part of team preparation. This is usually done as part of the initial in-person or telephone meeting with team members that is done to orient them to Wraparound and prepares them to be a team member. This orientation should occur before the first team meeting so that team members understand the tool and know how the CANS will be used for planning during the meeting. Areas to consider for orientation include background information about the tool itself, how the CANS integrates information from different sources, and its purpose as a communication and decision support tool. It is recommended that team members be given a website address that links them to information about the CANS.

It is necessary to gauge the knowledge base that each team member has about the CANS. Specific team members may have experience with CANS already and understand the tool. Others my have general knowledge of the CANS, but may need to understand how it will be used for the Wraparound process. Suggested information about the CANS is included on the next page and is meant to give ideas about how to orient a team member to the tool.

Suggested Talking Points: Team Member Orientation to the CANS

1. Background, Integration, Communication and Decision Making Information:
   - The same information provided to families can also be shared with other team members. Refer to Part 1 in this section.

2. Benefits of the CANS
   - The CANS is a comprehensive tool and it includes items related to functioning, risk and emotional and behavioral needs, and also asks about the strengths, which makes it pretty unique.
   - The CANS is integrative and it helps professionals put all of the information they have in one place. This way a lot of information can be considered and shared between team members quickly.
   - The CANS helps to inform decisions and gives us information. It guides the team in making decisions about what to focus on and where to start, or how to prioritize needs.

- The CANS will help us track progress over time. If the CANS is repeatedly scored while a family is in Wraparound, we have a way of seeing how their needs and strengths change over time. A way of seeing how and if the process is working.
- The CANS keeps things transparent. The CANS is purposefully direct and clear. It has simple scoring so that all people in the family's life can review and use the measure as a way to communicate about the process.
- The CANS also provides a means for quality improvement of the system through the aggregation of data into a centralized location for analysis by the region and the state of Oregon.

3. Explanation of CANS Scores
   - The same information provided to families can also be shared with other team members. Refer to Part 1 in this section.

Phase Two:
Initial Plan Development

Overview

During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high-quality planning process that reflects the Wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. The team also reviews and expands the crisis plan to reflect proactive and graduated strategies to prevent crises, or to respond to them in the most effective and least restrictive manner. This phase should promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.

Goals/Purpose

- Create an initial plan of care using a high-quality team process that elicits multiple perspectives and builds trust and a shared vision among team members
- Establish ground rules to guide the team meetings
- Establish a Team Mission that guides the planning direction and builds cohesion in the work of the team members
- Bases care planning in relationship to high needs and identified strengths, as indicated on the CANS
- Build a set of prioritized needs, strategies to meet them, and to determine the outcomes expected from this process
- Assign team tasks and roles, and to set parameters for monitoring these assignments
- Identify potential crises, prioritize according to seriousness and likelihood of occurrence, and create an effective and well-specified crisis prevention and response plan

Essential Steps

1. Coordinator meets with the youth and family and develops a list of strengths and possible needs of the family prior to the team meeting
2. Coordinator convenes meetings to discuss and draw agreement on the elements of the care plan

3. The team discusses and sets ground rules to guide the meetings
4. In the first team meeting, the youth and family presents their vision for their future
5. The team creates a mission that details a collaborative goal describing what needs to happen to complete the Wraparound process
6. The team reviews and expands the list of strengths for the youth and family
7. The team reviews the list of needs, adds to it, and agrees which to prioritize in the initial plan
8. The team determines intended outcomes that are measurable and that will transpire when the needs are met
9. The team brainstorms strategies to meet these needs, and then prioritizes strategies for each need
10. The team members receive assignments, or action steps, around implementing the strategies
11. The team evaluates and adds to the crisis plan
12. The coordinator documents the work of the team, and distributes this to team members

CANS Integration Skills

- ✓ Conceptualizing Needs from the CANS – preparing for planning
- ✓ Wraparound/CANS Team Meeting Facilitation Components
- ✓ Completing a Wraparound and CANS Plan of Care
- ✓ Completing a Wraparound Crisis & Safety Plan

Wraparound and CANS Integration Skill #4:
Conceptualizing Needs from the CANS - Preparing for Planning

In order to prepare for the first team meeting, the Wraparound Care Coordinator, Family Partner, and Youth Partner should have an understanding of strengths and needs as the CANS defines them and how the needs are organized for the planning process.

Background Needs:
Background Needs are needs rated with a 2 or 3 on the CANS that are not the focus of the interventions, but may guide what interventions are implemented and how they are implemented. They are considered "static" or unchangeable.
For example, there are intellectual, developmental, medical, and physical areas of functioning that will most likely not change during the course of the interventions. But, the fact that they exist is important information to have when making decisions about supports and services. Background needs shift the pathway to which interventions are provided.

Targeted Needs:
Target Needs are needs rated with a 2 or 3 on the CANS that are the intended target of the interventions. They are a priority and the focus of interventions. Target needs can also be clusters or groups of items that are hypothesized to have the same root cause. *For example*, anxiety and adjustment to trauma may be considered clusters that could be considered to have the same root cause of sexual abuse.

Anticipated Outcomes (Cross Cutting Needs):
Anticipated outcomes are expectations that the effect of the interventions provided for the target need will also improve the outcomes for other needs. In many cases, the item selected as the target need will also improve the outcomes of other needs.
For example, it is likely that school attendance will improve (anticipated outcome) if anxiety is addressed (target need).

EXAMPLE

Background Need:
Sexual Abuse

Target Needs:
Anxiety and Adjustment to Trauma

Anticipated Outcomes:
School Attendance and Social Functioning

Wraparound and CANS Integration Skill #5:
Wraparound and CANS Facilitation Components

Planning Element		Generated By	Description
1	**Introductions and Review Agenda**	Team	Creative ways to get to know each other, based on composition of the team, and centered around what is to be accomplished.
2	**Ground Rules**	Team	A list of things the team agrees will help them be productive.
3	**Family Vision**	Family	What does better look like for the family (long term, family only)?
4	**Team Mission**	Team	What does the team have to accomplish (short term, all team members)?
5a	**Develop a List of Strengths**	Team	
5b	Useful Strengths	CANS	Strengths items with a 0 or 1 on the CANS and should be used in planning.
5c	Additional Strengths	Team	Other strengths identified by the family and team.
5d	Strengths to Build	CANS	Strengths items with a 2 and 3 on the CANS.
6a	**Develop a List of Needs**	CANS & Team	Generate list of needs. Share Needs items with a 2 and 3 on the CANS and ask for additional needs.
6b	Background Needs	CANS & Team	Needs items from the CANS that are most likely not addressable (not changeable) but may shift the way that interventions are provided.
6c	Targeted Needs	CANS & Team	Needs that are the focus of interventions.
6d	Anticipated Outcomes (Cross Cutting Needs)	CANS & Team	It is anticipated that other improved outcomes will happen when we address targeted needs. These are needs that would be expected to respond from interventions as a result of effectively addressing the targeted needs.
7a	**Prioritize Needs**	Team	Needs that will be the focus of teamwork over the next 30 days.
7b	Needs Statements	Team	Statements that describe the individualized needs of the youth and/or family members.
8	**SMART Outcome Statements for Targeted Needs**	Team	Measurable indicator of progress. What the end result looks like when the need is met. SMART (Specific, Measurable, Achievable, Realistic, Timeline).

9a	**Brainstorm and Select Strategies**	Team	Selected interventions, services, EBPs, formal, informal and/or natural supports, and processes that the family and team selects to meet the targeted needs and achieve the desired outcome.
9b	Activities for Useful Strengths	Team	Planned activities that utilize the useful strengths in the planning process as identified in #5b.
9c	Activities to Build Strengths	Team	Planned activities to help identify or build on strengths identified in #5d.
10	**Action Steps for Team Members**	Team	Specific list of action items that each team member will do in order to support the strategy/intervention and achieve the desired outcome.
11	**Summarize and Agree on Plan**	Team	Review what was created to ensure understanding and seek consensus.
12	**Schedule Next Team Meeting**	Team	Agree on a time to meet again before team members leave.

Facilitating the Team Meeting: Tips for Care Coordinators

1. Introductions and Review Agenda:

a. Be attentive to who sits where. The care coordinator (facilitator), family partner and youth partner should have a discussion with the family before the team meeting about what to expect at the meeting, who will be attending and what might be addressed.
b. Allow the youth and family to introduce themselves first. Consider having other team members include their role (formal supports) or how they know the family (informal/natural supports).
c. Bring a copy of a written agenda for everyone or write it on easel paper for everyone to see. At minimum, the agenda should be an outline of the facilitation components listed here so that everyone can begin to learn the process.

2. Ground Rules:

a. A discussion about ground rules to refer to during difficult times should take place at the first meeting.
b. "Ground Rules" is not a common term and may need to be explained.
c. Examples include: cell phone ringer off, one person talks at a time, use respectful language when talking about concerns and needs, be on time, etc.

3. Family Vision Statement:

a. The facilitator, family partner and youth partner should talk with the family about their vision before the first team meeting and help them express this vision to the rest of the team.
b. The language used by the family should be preserved in the final vision statement.
c. Avoid letting team members add to the family vision but they may need clarification.
d. All team members should be given a written copy of the final vision statement and the team should review it regularly.

4. Team Mission Statement:

a. The team should formulate a mission statement that is focused on what they need to accomplish during their time together and how they will know when they are done.
b. All team members should add to the mission statement.
c. Consider recording major themes and edit the final statement at a later time.
d. All team members should be given a written copy of the mission statement.

5. Useful Strengths (CANS):

a. Share the strengths items from the CANS with a 0 or 1

Additional Strengths:

b. The facilitator, family partner and youth partner should talk with the family about their strengths prior to the first team meeting and help them list their strengths for the team.
c. The youth and family should list their strengths first and then all team members should add to these strengths.

d. Maintain a written list and add to these at each team meeting. After the first team meeting, the list should include strengths and successes.
e. At the first team meeting, members may focus on descriptive and contextual strengths. As the team gets to know each other, help them formulate functional strengths to use in the plan of care.
f. Avoid going back and forth between strengths and needs. Finish the strengths list before moving on.
g. Avoid organizing the list of strengths by person.

Strengths to Build (CANS):

h. Share the strengths items from the CANS that have a 2 or 3.

6. Needs (CANS):

a. Share the needs items from the CANS that have a 2 or 3.
b. Generate a list of other needs from the team.
c. The team may also consider those items that are a 1 on the CANS.

Background Needs (CANS):

d. Decide which needs are background needs (if any).

Targeted Needs (CANS)

e. Decide which needs are targeted needs.

Anticipated Outcomes (CANS):

f. Decide which needs would be expected to respond from interventions as a result of effectively addressing the targeted needs.

7. Prioritize Needs:

a. Facilitate a discussion with the team about which needs should be prioritized to work on over the next 30/60/90 days.
b. Typically, teams work better with less than 5 needs prioritized at one time.
c. Avoid a numeric ranking of each need by importance.
d. Decision tree: Legal mandates, family choice and CANS items.

Needs Statements:

e. The care coordinator (facilitator), family partner and youth partner should talk with the family about their needs prior to the first team meeting and help them list these at the first team meeting.
f. The youth and family should list their needs first and then all team members should add to the list.
g. Team members should state all concerns or identified problems in needs language: "Carla needs… Debra needs… Carla and Debra need, etc."
h. Needs are not services. Team members should be redirected to state the real need(s).
i. Avoid going back and forth between strengths and needs. Complete strengths first.
j. Avoid organizing the list of needs by person.

8. SMART Objective Statements for Targeted Needs (GOO - Goal/ Objective/ Outcome):

a. Teams may need a lot of guidance with this at first and will develop these skills over time.
b. Remember the SMART test.
c. Avoid wasting time with specific wording at the team meeting. You can rewrite the statements after the team meeting and revisit the final statement for group approval.

9. Brainstorm Strategies and Select Strategies:

a. Brainstorm multiple strategies for one GOO statement at a time.
b. Strategies should help achieve each GOO statement and meet the identified need.
c. Encourage the youth and family to select which strategies they think would work best for them and fit with the culture of their family.
d. Include strategies that draw from the strengths of the youth and family
e. Each strategy should include specific action steps and be assigned to a specific team member(s).
f. When appropriate, team members should be given action steps for the strategy that will help achieve the GOO statement and meet the need – not just the family.

Activities for Useful Strengths:

g. Facilitate a discussion about how to incorporate useful strengths into the planning process.
h. Make sure your plan does not "take away" these useful strengths.

Activities to Build Strengths:

i. Facilitate a discussion about what activities can be added to the plan to identify or build on strengths from #5h.

10. Action Steps for Team Members:

a. Assign specific action items for every team member to do to support the success of the chosen strategies.
b. All team members should have at least one assigned action step.

11. Summarize and Agree on the Plan

a. The facilitator should summarize the entire plan for the team and solicit feedback about missing components or needs.
b. Ask if there is a general agreement in order to proceed.

12. Schedule next Team Meeting:

a. The next team meeting should be scheduled while all team members are present.
b. Consider scheduling meetings at least every 30 days.

Quick Checklist: Wraparound Team Meetings

Before each meeting…

- ☐ Confirm the meeting location and time.
- ☐ Send an email reminder to all team members about the meeting time and place and ask for rsvp. Include a map and directions if needed.
- ☐ Check-in with the family and youth about team meeting logistics and any potential barriers.
- ☐ Reach out to non-responsive team members. Offer a call-in option if possible.
- ☐ Generate list of potential attendees and regrets – know who is expected.

After each meeting…

- ☐ Update Plan of Care and other documents (comprehensive lists).
- ☐ Send an email to team members who *were* present, thanking him or her for their participation [Include a copy of the updated documents]. Include a reminder of the next meeting location, date and time.
- ☐ Send email to each team member who was *not* present, in order to set up a time to talk about what occurred [Include a copy of the updated documents]. Include a reminder of the next meeting location, date and time.

Between each meeting…

- ☐ Check-in with each team member to offer support, ask about the implementation of the plan and the completion of specific action steps.
- ☐ Meet with specific team members who may have had difficulty during the last meeting, need more information, or may need some help problem-solving a specific issue.
- ☐ Find time to meet with the family partner and youth partner to receive updates and coordinate other needs.

Once a month…

- ☐ Think about "shining star" team members from all of your teams and send them a quick hand-written notecard in the mail letting them know how valuable they are.

What to bring to the meeting…

- ☐ Printed Agenda
- ☐ Plan of Care
- ☐ Comprehensive Lists: Strengths, Needs, Strategies
- ☐ CANS Scores
- ☐ Name Tags
- ☐ Large paper
- ☐ Markers
- ☐ Activity/Fun Things
- ☐ Snacks
- ☐ Forms, Consents, ROI

Wraparound and CANS Integration Skill #6
Completing a Wraparound and CANS Plan of Care

Wraparound Plan of Care

Date:
Name:
ID:
Care Coordinator:

Ground Rules Generated by the Team (What will help us be most productive as a team?):
1.
2.
3.
4.
5.
6.

Vision Statement of Family and Youth *(What does better look like for my family?)***:**

Mission Statement of the Team *(What do we need to accomplish while we're together?)***:**

Team Member		**Role**	**Contact Information**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

STRENGTHS

Strengths are generated from the family, youth, and all team members as well as the CANS

Strengths List from the CANS:	
0	
0	
0	
0	
Strengths List from the Team	

Strengths to Build from the CANS:	
2	*3*
2	*3*
2	*3*
2	*3*

NEEDS

Needs are generated from the family, youth, and all team members as well as the CANS

Needs List from the CANS:	**Target?**		**Target?**
3		2	
3		2	
3		2	
3		2	
3		2	
3		2	
Needs List from the Team			

INDIVIDUALIZED PLAN

At the Wraparound team meeting on _____ the youth, family and the team reviewed the latest CANS data and also brainstormed a list of needs. The team collectively prioritized the following needs.

Priority Need #1:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Outcome Statement #2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Priority Need #2:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Outcome Statement #2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Priority Need #3:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Outcome Statement #2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

INDIVIDUALIZED PLAN - STRENGTHS

Useful Strengths	*How are these strengths used in the plan of care?*
Strengths to Build	*Activities*

SUMMARY AND SIGNATURES

Plan Summary and Notes:

Wraparound Team Member Signatures:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Wraparound Care Coordinator Signature **Date**

_____ _____

Wraparound Supervisor/Coach Signature **Date**

Wraparound and CANS Integration Skill #7:
Wraparound Crisis/Safety Plan

Youth and Family: _____ Record Number: _____

Crisis Plan	
Scores from the CANS: _____Suicide Risk _____Non-Suicidal Self-injurious Beh _____Other Self –Harm (Reckless) _____Danger to Others[4] _____Sexual Aggression[5] _____Runaway[6] _____Fire Setting[8] _____Intentional Misbehavior _____Decision-Making _____Caregiver Needs - Safety	**Narrative Summary (Strengths and Needs):**
History and Background Information	
Medical Information	
Diagnosis:	
Medication:	
Primary Care Provider:	
Psychiatric Provider:	
Allergies:	
Other Medical Information:	

Youth and Family Definition of a Crisis
Warning Signs and Triggers
Home:
School:
Community:
Anticipated Crisis
Home:
School:
Community:
Detailed Proactive/Prevention Plan
Home:
School:
Community:
Detailed Reactive / Intervention Plan
Home:
School:
Community:

Recommendations. What has been successful in the past?
Things to Avoid. What has not been successful in the past?
Youth and Family Preferences (Preferred Treatment, Services, Hospitals, Advanced Directives, etc.)

Family and Friends Contact List			
Name	Relationship	Address	Phone
Team Member Contact List			
Name	Agency	Email	Phone
Planned Respite Provider			
Name/Agency	Address	Email	Phone
Crisis Respite Provider			
Name/Agency	Address	Email	Phone

Family Member: _____ Date: _____

Family Member: _____ Date: _____

Youth: _____ Date: _____

Care Coordinator: _____ Date: _____

Family Partner: _____ Date: _____

Youth Partner: _____ Date: _____

Team Member: _____ Date: _____

Phase Three:
Plan Implementation

Overview

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.

Goals/Purpose

- Implement the initial plan of care, monitor completion of action steps and strategies and their success in meeting needs and achieving outcomes
- Use a high quality team process to ensure that the Wraparound plan is continually revisited and updated to respond to the successes of initial strategies and the need for new strategies
- Maintain awareness of team members' satisfaction and "buy-in" to the process, and take steps to maintain or build team cohesiveness and trust

Essential Steps

1. The Wraparound team continues to meet, at minimum, every 30 days, to evaluate progress towards meeting needs, and the effectiveness of indicated strategies
2. The team evaluates whether there is progress towards the designated outcomes
3. The team celebrates successes, and adjusts the outcomes to guide next steps
4. The team adjusts strategies to meet changes in the needs and outcomes. The team adds, subtracts and modifies strategies to create the most effective mix
5. The team adds members, and strives to create a mix of formal, informal, and natural supports
6. The team celebrates successes and adds to strengths as needed
7. CANS assessments are administered every three months to help track progress and to catch emerging needs
8. The coordinator maintains ongoing communication outside of the team meetings to best monitor "buy-in", and to ensure that all member's perspectives are heard

CANS Integration Skills

- ✓ Facilitating a follow up team meeting
- ✓ Monitoring progress with the CANS

Wraparound and CANS Integration Skill #8:
Facilitating a Follow-up Team Meeting

The *Initial* Wraparound Meeting and the *Follow-up* Meeting:

Comparing the Facilitation Components

Facilitation Component		Initial Meeting	Follow up Meeting
1	**Introductions and Agenda**	Facilitate Introductions and Review *Agenda*	Same
2	**Ground Rules**	Facilitate conversation to develop a list of *Ground Rules*	✓ Refer to plan of care. Ask for any changes.
3	**Family Vision**	Have family share their *Family Vision* statement as discussed during time with them before the meeting	✓ Refer to plan of care. Ask for any changes.
4	**Team Mission**	Facilitate a discussion to form the *Team Mission Statement.*	✓ Refer to plan of care. Ask for any changes.
5	**Useful Strengths**	Share the *Useful Strengths* from the CANS (0 or 1)	✓ Refer to plan of care*
	Strengths	Share the *Strengths* list from the time spent with the youth and family before the meeting. Ask team members to list additional strengths of the family.	1. Refer to strengths list. 2. Ask team members for additional strengths they have identified since the last meeting. 3. Ask team members to share successes since last team meeting related to the plan (this is instead of "updates"). 4. Talk about successes related to #16 and #17 as well. 5. When appropriate, update status of prioritized needs on plan of care (dropped or met). 6. When appropriate, update status of action steps on plan of care (active or completed). 7. Celebrate Successes!
	Strengths to Build	Share *Strengths to Build* from the CANS (2 or 3)	✓ Refer to plan of care*

6	**Needs**	Share *Needs* from the CANS (score = 2 or 3). Share other needs from the times spent with the family before the first meeting. Ask team members to add any additional needs to the list.	1. Share needs list. 2. Ask team members for additional needs that have been identified since last team meeting. 3. Ask team members to share needs/concerns since last meeting related to the plan (this is instead of "updates"). 4. Talk about needs related to #8 and #10 5. When appropriate, update status of prioritized needs on plan of care (dropped or met).
	Background Needs	Decide which needs are *Background Needs*	✓ Refer to plan of care*
	Targeted Needs	Decide which needs are *Targeted Needs*	✓ Refer to plan of care*
	Anticipated Outcomes *(Cross Cutting Needs)*	Decide which needs are anticipated to improve if the targeted needs are addressed *(Cross Cutting Needs)*	✓ Refer to plan of care*
7	**Prioritize Needs**	Facilitate discussion to *Prioritize Needs* that will be worked on over the next 30 days. Consider CANS items, legal mandates and family choice as a guide to prioritization.	Review Needs List. Ask team members for additional needs to be prioritized during the next 30 days.
	Needs Statements	Develop a *Needs Statements* for each Targeted Need identified.	Develop new needs statements for any additional needs that are prioritized in #6
8	**SMART Outcome Statements**	Develop a *SMART Outcome Statement* for each Targeted Needs Statement	Develop SMART Outcome Statements for each additional Need identified in #6

9	**Brainstorm/ Select Strategies**	Facilitate a process for the team to *Brainstorm and Select Strategies*, Interventions, services & supports that will help achieve the outcome and meet the need.	Brainstorm and Select Strategies, Interventions, services & supports for each additional need identified in #6-8
	Activities for Useful Strengths	Brainstorm and select *Activities for Useful Strengths*	✓ Refer to plan of care. Update as needed (see #6 and #8)
	Activities to Build Strengths	Brainstorm and Select *Activities to Build Strengths*	✓ Refer to plan of care. Update as needed (see #5)
10	**Action Steps**	Assign *Action Steps* to all team members to complete before the next team meeting that will support the strategy.	Assign Action Steps to all team members for additional needs identified and prioritized in #6-8.
11	**Summarize/ Agree on Plan**	*Summarize* all the elements of the plan and ask for any changes or additions and confirm that the team *Agrees on Plan*	Same
12	**Schedule Next Meeting**	Schedule Next Team Meeting	Same

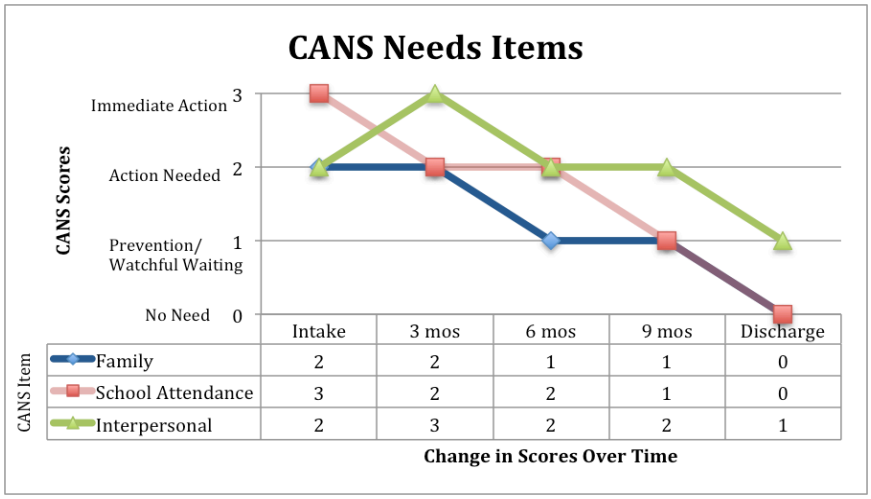
Activities Between Team Meetings

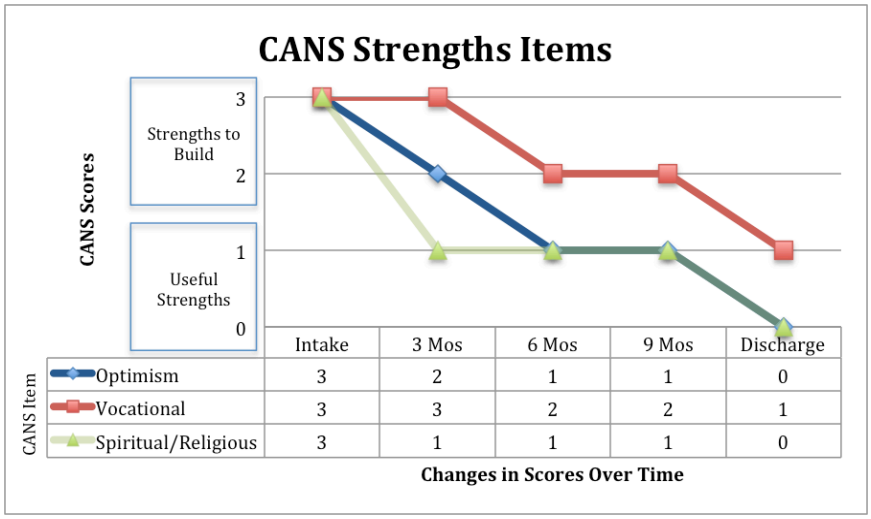
1. **Engage** with the family and youth
2. **Empower** voice and choice
3. **Assess** satisfaction with the team meeting in a 1:1 environment
4. **Ask** if anything needs to be changed or improved
5. **Report** on progress toward tasks and homework
6. **Monitor** how the plan is going
7. **Plan** for the next team meeting
8. **Listen** for new strengths and needs

Tips for Care Coordinators, Family Partners & Youth Partners:

- Find informal opportunities to interact.
- Let the family know you are listening.
- Make the interaction natural and conversational - mirroring the families level of language, pause time, etc.
- Empower voice and choice by letting the family direct what is happening - the time, the order of things, etc.
    - "We've been talking for awhile, let me know if you need to quit."
    - "Is there something I can do differently at the next meeting?"
    - "How should I write this? I want to make sure I represent your thoughts correctly."

Wraparound and CANS Integration Skill #9:
Monitoring Progress with the CANS





Phase Four:
Transition

Overview

During this phase, pans are made for a purposeful transition out of formal Wraparound, to a mix of formal and natural supports in the community. The focus on transition is continual during the Wraparound process, and the preparation for transition is apparent even during the initial engagement activities.

Goal/Purpose

- Plan for cessation of the Wraparound process
- Create a celebration or commencement to mark the end of the Wraparound process
- Follow-up with the family post-commencement, to monitor the transition plan

Essential Steps

1. The team creates a formal plan for transition, with supports to address the family needs in the long term
2. The team creates a post transition crisis management plan
3. The team meeting and composition of the team change to reflect the mix of long-term and natural supports needed by the family
4. The team documents their work, and ensures that a clear history of the Wraparound process is available to the family
5. After the team celebrates successful transition from the Wraparound process, the coordinator establishes a way to follow up with the family to ensure that new needs are addressed and that strategies are sustainable and effective

CANS Integration Skills

- ✓ Facilitating Transition Using the CANS
- ✓ Completing a Transition Plan

When is it Time for Transition?

In phase four, the family can define "good enough" towards having their needs met at any time. The CANS scores and/or the team may also initiate transition. The team agrees that the comprehensive plan of care has been implemented and adjusted enough that they have experienced a successful achievement of the team mission. At this point, plans are made for a purposeful transition out of formal Wraparound and into a mix of sustainable formal, informal, and natural supports that are determined by the youth and family to keep them going towards their vision.

Transition is a collaborative process that involves the entire team working together to decide when needs have been met enough to warrant reduction of the formal planning process. CANS scores will also determine timing. In some cases, the family and/or youth may grow concerned about transition because they see the Wraparound process as the way to assure access to services.

During this phase the family partner assists the parent and team in identifying easy access resources available in the community or family's social network as well as assisting or leading the team in considering transition. The youth partner assists the youth in identifying these as well.

Transition is not an abrupt event but instead will flow seamlessly as a result of the other three phases.

Wraparound and CANS Integration Skill #10:
Facilitating Transition Using the CANS

Talking with the Youth, Family and Team about Transition

Family Vision
Remember family vision typically extends beyond the formal Wraparound process. If the youth and family vision statement has been met during the Wraparound process, be sure to celebrate that as a significant success. During the transition phase, be sure to review (and potentially further develop) the family's vision statement to honor the importance of this long-term goal.

The Role of the Team Mission
The team mission statement is a key determinate that lets the team know it is time to prepare for transition from the formal Wraparound. Review the mission statement with the team to ensure it is completed and/or currently happening. If so, it is an ideal time to engage the team in discussions to move forward with the transition phase.

If the youth and family plan to continue to meet as an informal Wraparound team, help them update the mission to reflect what they will be working together on as a team going forward. Also, if the youth and family move to another community prior to meeting the team mission, make sure the mission is updated so when the youth and family link with their new wraparound team in their new community, they'll be able to best pick up where they left off.

Ongoing Needs
It is not likely a formal Wraparound team will meet every single need a youth and family may have. However, at this phase, the youth, family and their ongoing team of supports will have the necessary tools, resources and practice to address current, future and/or ongoing needs. The Transition Plan (see example at the end of this section) should capture the ongoing needs, have them prioritized along with their related outcomes, strategies and action steps.

CANS Data and Transition
CANS data and a pre-determined threshold of CANS scores is a strong indicator that the youth and family are prepared for transition from Wraparound. Throughout the enrollment, the care coordinator updates the CANS at least every 90 days and shares those results with the team. As scores progress to 0s and 1s, it tells the team that needs are being met or monitored, and that strengths are significantly built and well incorporated in the youth and family's lives.

Creating the Transition Plan

It is important that the family and team create a transition plan that details how to access ongoing supports and services, a crisis plan, and how to contact team members or reach out for additional support. In order to complete the transition plan and process, the *care coordinator*:

- Reviews the team mission
- Reviews CANS scores
- Reviews underlying context/conditions that brought family to the system in the first place to determine if situation has changed
- Solicits all team members about their sense of progress made
- Highlights needs that are met
- Has youth, family and team discuss what life would like after Wraparound
- Identifies who will continue to be involved
- Creates or assigns rehearsals or drills with a "what if" approach
- Formalizes structured for follow-up
- Creates a celebration or commencement ritual appropriate to family & team

The *family partner* and *youth partner* also contribute to the transition planning process and may help with the above tasks or may:

- Introduce transition or Wraparound completion to youth and family
- Discuss transition with the parent in light of the mission statement and identified needs
- Analyze youth and family needs for ongoing support and help them communicate these to the team
- Arrange ongoing, after-Wraparound support for family to be involved in
- Identify community resources & share resource options with the team
- Develop a plan to connect with community resources with the youth and family
- Negotiate a plan for support and communication after the process is done including methods to access individual team members after the formal team process.

Celebrating Completion

As an important transition point in the life of the youth, family and team it is important to honor all of the hard work and accomplishments. Teams should list strengths from initial engagement and each subsequent team meeting to highlight progress, accomplishments and successes throughout the formal Wraparound process. Use this list as part of the way to visually celebrate all of the strengths and successes since Wraparound began.

Also, list all previously established needs that the team prioritized, planned around and have met since the Wraparound team began meeting. This helps team members visualize progress, accomplishments and successes. It, too, can be a way to celebrate all of the successes in meeting needs since Wraparound began.

Finally, the care coordinator, family partner, and youth partner will work together with the youth, family and team to arrange a celebration, commencement ritual and/or ceremony that is relevant to the youth and family's preferences and culture to celebrate.

Wraparound and CANS Integration Skill #11:
Completing a Wraparound Transition Plan

Wraparound Transition Plan

Date:
Name:
Ongoing Facilitator (if applicable): < *Example could be parent, youth, family member, natural support, or other individual whom the family has identified as the ongoing facilitator and that has had practice facilitating the team meeting while the current Care Coordinator is in place.* >

Ongoing Ground Rules (What will help us be most productive as a team?):

< *The ground rules that the youth, family and ongoing team want in place as they transition out of formal Wraparound.* >

1.
2.
3.
4.
5.

Vision Statement of Family and Youth *(What does better look like for my family?)***:**

< *Remember family vision typically extends beyond the formal Wraparound process. If the youth and family vision statement has been met during the Wraparound process, be sure to celebrate that as a significant success. During this transition phase, be sure to review (and potentially further develop) the family's vision statement to honor the importance of this long-term goal.*

Mission Statement of the Team *(if applicable)***:**

< *The team mission statement is a key determinate that lets the team know it is time to prepare for transition from formal wraparound. Review the statement with the team to ensure the mission is completed and/or currently happening. If the youth and family plan to continue to meet as an informal wraparound team, help them update the mission to reflect what they will be working together on as a team going forward. Also, if the youth and family move to another community prior to meeting the team mission, make sure the mission is updated so when the youth and family link with their new Wraparound team in their new community, they'll be able to best pick up where they left off.* >

Ongoing Team Members		Role	Contact Information
1			
2			
3			
4			
5			
6			
7			
8			
9			

STRENGTHS

Changes in CANS Strengths Scores since enrollment

EXAMPLES <may not be your CANS version>

CANS Strength items	*Enrollment*	*3mos*	*6mos*	*9mos*	*12mos*	*Discharge*
Family	*1*	*1*	*1*	*0*	*0*	*0*
Relationship Permanence	*0*	*1*	*0*	*0*	*0*	*0*
Educational System	*1*	*0*	*0*	*0*	*1*	*0*
Natural Supports	*1*	*0*	*0*	*0*	*0*	*0*
Resiliency	*1*	*1*	*1*	*0*	*1*	*0*
Optimism	*3*	*2*	*1*	*1*	*1*	*0*
Vocational	*3*	*3*	*2*	*2*	*1*	*1*
Spiritual/Religious	*3*	*1*	*1*	*1*	*1*	*1*
Talents/Interest	*2*	*2*	*1*	*0*	*0*	*0*
Recreation	*2*	*1*	*1*	*1*	*1*	*1*
Community Connection	*2*	*1*	*0*	*1*	*0*	*0*
Resourcefulness	*2*	*2*	*1*	*1*	*0*	*1*
PCP Relationship	*3*	*1*	*2*	*1*	*1*	*1*

Strengths and Successes since enrollment

<List out noted strengths from initial engagement and each subsequent child and family team meeting to highlight progress, accomplishments and successes throughout the formal Wraparound process>

Changes in CANS Needs Scores since enrollment

EXAMPLE <may not be your CANS version>:

CANS Needs Items	*Enrollment*	*3mos*	*6mos*	*9mos*	*12mos*	*Discharge*
Family	*2*	*2*	*1*	*1*	*1*	*1*
School Attendance	*3*	*2*	*2*	*1*	*0*	*0*
Interpersonal	*2*	*3*	*2*	*2*	*1*	*0*
Mood Disturbance	*2*	*2*	*1*	*3*	*1*	*1*
Decision Making	*3*	*2*	*2*	*2*	*1*	*1*
Resources	*2*	*2*	*2*	*2*	*1*	*0*
Family Stress	*3*	*2*	*2*	*3*	*1*	*1*

Needs Met since enrollment

< To show progress, accomplishments and successes, list out all previously established needs that the team prioritized, planned around and have met since the Wraparound youth and family team began meeting. >

Ongoing Needs

< It is not likely a formal Wraparound team will meet every single need a youth and family may have. However, at this phase, the youth, family and their ongoing team of supports will have the necessary tools, resources and practice to address current, future and/or ongoing needs. >

INDIVIDUALIZED PLAN *< post formal Wraparound >*

<The below plan should reflect all priority needs, outcomes, strategies and action that will be in place upon transition from formal wraparound. >

Priority Need #1:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete

5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Outcome Statement #2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Priority Need #2:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	

2		**4**	

Outcome Statement #2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Priority Need #3:	Domain: __ CANS Generated Score: 0 1 2 3	**Status** ☐ Dropped ☐ Met
Need Statement:		
In the words of the youth and family:		
Outcome Statement #1:		
Strategies:		

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*

1		**3**	
2		**4**	

Outcome Statement	

#2:	
Strategies:	

Action Steps *(all team members should be assigned action steps to achieve the outcome and meet the need)*:		**Person Responsible**	**Time Frame**	**Status**
1				☐ Active ☐ Complete
2				☐ Active ☐ Complete
3				☐ Active ☐ Complete
4				☐ Active ☐ Complete
5				☐ Active ☐ Complete

Anticipated Outcomes CANS (Cross Cutting Needs): *Needs expected to change as a result of addressing the targeted need.*			
1		**3**	
2		**4**	

INDIVIDUALIZED PLAN - STRENGTHS

Useful Strengths	*How are these strengths used in the plan of care?*
Strengths to Build	*Activities*

SUMMARY AND SIGNATURES

Plan Summary and Notes:

Team Member Signatures: **Date:**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____