

Wraparound Practice Model

Service Chapter 600-05

**North Dakota Department of Human Services
600 East Boulevard Dept. 325
Bismarck, ND 58505-0250**

Table of Contents

Wraparound Practice Model 600-05

Introduction and Overview 600-05-01

Introduction 600-05-01-01

Definition 600-05-01-05

**Values, Principles, and Beliefs of the Wraparound Practice Model
600-05-01-10**

Confidentiality 600-05-01-15

Information Sharing 600-05-01-20

Use of Authority 600-05-01-25

Wraparound Certification and Recertification 600-05-01-30

Supervision and Case Consultation 600-05-05

Requirements of Supervision 600-05-05-01

Case Consultation 600-05-05-05

**Safety, Permanency, and Well-Being of Children and Families
600-05-15**

Risk Assessment and Safety Management 600-05-15-01

Permanency 600-05-15-05

Well-Being 600-05-15-10

Child and Family Team Process 600-05-20

Family Engagement 600-05-20-01

Child and Family Assessment 600-05-20-05

Crisis Stabilization 600-05-20-10

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

Team Membership 600-05-20-15
Child and Family Team Meetings 600-05-20-20
Care Plan Development 600-05-20-25
Care Plan Components 600-05-20-30
Monitor Progress 600-05-20-35
Lack of Progress 600-05-20-40
Case Transfer 600-05-20-45
Case Closure 600-05-05-50

Documentation 600-05-25

Required Documents 600-05-25-01
Strength Discovery Tools 600-05-25-05

Wraparound Practice Model 600-05

Introduction and Overview 600-05-01

(Revised 9/1/11 ML #3274)

[View Archives](#)

This policy manual has been written to guide practice in the child welfare system and the children's mental health system. The policy contained herein is overarching for all programs to include child protection services, in-home case management, foster care case management, adoption case management, Division of Juvenile Services, Partnerships care coordination, and contracted private service providers.

Glossary of Terms

Care Plan: A working document that includes the strengths, needs, goals and tasks identified at the child and family team meetings. The care plan provides structure and overall direction to the child and family team.

Family Assessment Instrument (FAI): The tool used to formally assess child and family strengths, needs, and safety/risk concerns to assure safety, permanency and well-being. The FAI is the foundation of the family's care plan.

Formal Supports: Service providers who assist the child and family (i.e. therapist, case aide, parent aide, etc.).

FRAME: The Department's web-based case record system used by child welfare, children's mental health, Division of Juvenile Services, and contracted providers.

Goals: Directly address the needs of the child or family identified in the FAI. Goals are statements of what behavior the child or family will be doing differently once the change has occurred. Goals measure changes in behavior. Goals are the desired outcomes of the child and family team process.

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

Informal Supports: Those who provide assistance and support to the child and family but are not paid providers (i.e. extended family members, clergy, school teacher, etc.).

Needs: Describe behaviors or issues the family or system wish to address in order to assure safety, permanency and well-being for all family members.

Services: Can be formal or informal; supports put in place to assist children and families to accomplish their goals (i.e. counseling, mentoring, inpatient treatment, etc.).

Strengths Discovery: The process of learning family and child strengths and important aspects of the family's culture. Strengths discovery can be a discrete event in the case management process, utilizing specific assessment tools (i.e. Family Assessment Instrument). Strengths discovery is also an ongoing part of the case management process that occurs as the Wraparound Practitioner develops an ongoing relationship with the family.

Tasks: Tasks are activities that describe **how** the change (which has been defined in the goal) will take place.

Wraparound Practice Model: A strength-based philosophy of care using a definable process of partnering with children and families to assure their safety, permanency and well-being.

Wraparound Practitioner: Those who work with families in the child welfare system and children's mental health system including the program areas of child protection, in-home case management, foster care case management, Division of Juvenile Services, Partnerships care coordination, and contracted service providers.

Introduction 600-05-01-01

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Wraparound Process is the overarching philosophy used to deliver all child welfare and children's mental health services in North Dakota. This Wraparound Practice Model Manual was developed to move the focus of work away from a program base and toward a skills and values base. When a family is assessed in response to a child abuse or neglect report, when strengths and needs are assessed to assist a child with a serious emotional disturbance, or when a foster parent is assessed for licensing, the Wraparound Practice Model and the value set of this practice will guide the work.

This manual uses the term "Wraparound Practitioners" to represent all those who practice with families in the child welfare system, the children's mental health system, and the Division of Juvenile Services (DJS), and includes the program areas of child protection, in-home case management, foster care case management, DJS case management, Partnerships care coordination, and contracted service providers. "Wraparound Practitioner" is a broad term putting emphasis on the expectations of practice skills more than on a professional license, educational degree, or employment title. It confers an expectation of practicing a set of skills and values that emphasize engagement and involvement with families and teamwork to address the issues bringing the child and family to the service system.

Safety, permanency and well-being are the results sought for every child in the child welfare system and children's mental health system (and beyond). Central to assuring these goals are the tools and skills of the practice model used to engage families. Family engagement is both a skill and a value held by Wraparound Practitioners. Children are safer and in more permanent relationships when families are engaged with the Wraparound Practitioner and are active participants in the services offered.

The Wraparound Practice Model Manual serves as the practice support emphasizing the value sets, the practice model, and the practice expectations that define how work with families is conducted. The strong value base and strengths perspective in the Wraparound Practice Model

guide the work in every child welfare program and in the children's mental health system.

With the teamwork that is central to the Wraparound Practice Model comes the expectation that the Wraparound Practitioner involve parents, extended family, informal supports, and professionals who work together as a team. The team process is facilitated by the Wraparound Practitioner who is skilled in listening as well as in engaging all partners in the process. These skills require creativity and patience and a clear commitment to the Wraparound Process.

The development of this manual recognizes that safety of children is paramount and there are "bottom lines" such as: legal mandates, court orders, negotiable and non-negotiable rules/policies that are required to provide for child safety and permanency. This basic value requires that entities within the child welfare system, such as Child Protection Teams (CPT) work in a role, through law, that requires a process different than a Child and Family Team. The manual also places emphasis on using the tools available and the requirements given to us through state and federal law and policy to complete necessary processes like assessments, locating absent parents, visitation of youth in care, and the importance of strong strengths and needs assessments.

Definition 600-05-01-05
(Revised 9/1/11 ML #3274)

[View Archives](#)

The Wraparound Practice Model is a strength-based philosophy of care utilizing a definable process of partnering with children and families to ensure their safety, permanency and well-being. The application of the Wraparound Practice Model results in a unique set of community services and supports individualized for each child and family.

The Wraparound Practice Model does not create new programs or services but it is the method and process of meeting the needs of families through the coordination and identification of natural supports and formal services. This process is team driven, focuses on least restrictive methods of care, and uses the family's strengths, preferences and choices in the process whenever possible. It is a continuum of intensity which is driven by family needs, complexity, and level of risk.

All child welfare, DJS, and children's mental health programs, including contracted providers, shall adhere to the requirements of the Wraparound Practice Model.

Values, Principles, and Beliefs of the Wraparound Practice Model 600-05-01-10

(Revised 9/1/11 ML #3274)

[View Archives](#)

The North Dakota Department of Human Services' Children and Family Services Division and the Mental Health and Substance Abuse Division have adopted the following values to support Wraparound as the model of practice for the service delivery system:

1. **Unconditional commitment to working with families and children is provided.**
 - a. A commitment to never giving up on children and families while keeping children safe.
 - b. Families are treated with respect, honesty and openness.
 - c. The family's language is utilized and jargon is avoided.
 - d. Setbacks may reflect the changing needs of family members, not resistance.

2. **The process is team driven.**
 - a. Partnering with other systems and natural supports of families helps bridge the complexity of the work.
 - b. Families, children, natural supports, conventional supports and agencies are all part of the team.
 - c. A multi system assessment is completed to provide the family with necessary resources.
 - d. Collaboration between systems and team members is important in building and delivering effective services to families through the sharing of core values, beliefs and principles.
 - e. The multi system approach provides shared risk with involved families.
 - f. The team approach provides for an integrated system of care.

3. **Families are full and active partners and colleagues in the process.**
 - a. Safety is paramount in all programs and systems; choices are made to ensure that children, families and communities are safe.
 - b. The family's view is respected. Families are the experts with their own children.
 - c. The expertise of the system is valuable when discussing "bottom lines" such as: legal mandates, court orders, negotiable and non-negotiable rules/policies etc. The system can let go of power and allow families to make decisions when safety is assured.
 - d. Family members have clear voice and choice in the process. They are full members in all aspects of the planning, delivery, management and evaluation of services and supports.
 - i. Voice: The family is listened to, heard and valued. The skills and knowledge of the family members are essential to the change process.
 - ii. Choice: Families are provided information on choice and identifying where choices exist and where there are limitations on choice. The outcomes of different choices are discussed.
 - e. Wraparound is a joint decision making process with the family rather than "deciding for" the family.

4. **The Child and Family Team process focuses on strengths and competencies of families, not on deficiencies and problems.**
 - a. Services and supports are built on strengths that are unique to the family and child.
 - b. Strengths discovery is central to getting to know the family.
 - c. Strengths are utilized in addressing the safety needs of the child and family.
 - d. Strengths are utilized in developing and implementing the care plan with the family.

5. **Care Plans are outcome based.**
 - a. The needs of all family members are identified and addressed in the care plan.
 - b. Goals and tasks with measurable outcomes are established to address change rather than compliance.
 - c. Family members are full partners in establishing care plans.
 - d. The care plan is utilized across systems.
 - e. The Wraparound Practice Model provides outcome oriented plans rather than compliance based plans.

6. **Services are culturally responsive.**
 - a. Each family is culturally unique.
 - b. Cultural diversity is valued and respected.
 - c. Differences are valued as strengths.
 - d. The impact of culture on Wraparound Practitioner and agencies is recognized and understood.

7. **Services and care plans are individualized to meet the needs of children and families.**
 - a. Care plans are flexible in nature.
 - b. The family and children should have access to services they need.
 - c. Services and supports can be coordinated into one plan.

8. **Resources and supports, both in and out of the family, are utilized for solutions.**
 - a. The family is key in identifying supports.
 - b. A balance of formal and informal, natural and conventional supports is utilized.
 - c. The community is recognized and respected as a key resource and support.

9. **People are the greatest resource to one another.**
 - a. Family Engagement: The key to success in the child and family team process is building positive and strong relationships between the Wraparound Practitioner and the family members.

Confidentiality 600-05-01-15

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Department's policy is to protect the privacy of individuals to the fullest extent possible. An ever-present trust and condition of employment is the safeguarding of client-related information. All Wraparound Practitioners are expected to be extremely careful in their daily handling of client information so that unwarranted and potentially illegal disclosures are avoided.

Disclosure of identifying information contained in a client's record to individuals or entities outside the Department is prohibited except as authorized by law. Disclosure of identifying information within the Department is on a "need to know" basis to facilitate performance of job duties.

There are State and Federal penalties for the unauthorized disclosure of confidential information. In addition, violations of confidentiality will be investigated, and if warranted, appropriate disciplinary action taken.

For more information on confidentiality, access this [link](#).

Information Sharing 600-05-01-20

(Revised 9/1/11 ML #3274)

[View Archives](#)

The FRAME data system was designed to establish a best practice environment true to the values and principles of the Wraparound Practice Model. One such value is “The process is team driven. Partnering with other systems and natural supports of families helps bridge the complexity of the work.”

In order for Wraparound Practitioners to carry out the values and principles of the Wraparound Practice Model, everyone working with the child and family needs to have access to all pertinent information. System partners who have access to FRAME (i.e. public and private service providers such as Partnerships, special needs adoption, and Intensive In-Home) have a viable interest in the child and family they serve and as such, shall have access to the child and family’s case information in FRAME.

All system partners who work within the FRAME system operate under the same confidentiality requirements, have the same responsibilities to learn and know the limits and exceptions to confidentiality and are subject to the same penalties for a breach of confidentiality. The Department’s contracted providers are mandated to follow state confidentiality laws as part of the contractual relationship.

The design of FRAME presumes professional and ethical conduct by those who use the system. Techniques are available to maintain appropriate confidentiality such as only identifying the reporter in a CPS assessment as “reporter” rather than using actual names. As the Family Assessment Instrument is copied forward, Wraparound Practitioners may need to be more diligent to delete sensitive information before reports are printed and shared. Redaction of some documents and reports is still necessary in certain situations.

Use of Authority 600-05-01-25

(Revised 9/1/11 ML #3274)

[View Archives](#)

All systems working with children and families have authority. The Wraparound Practice Model requires that this authority be used in the best interest of the child and family. Power and authority are present in helping relationships. The Wraparound Practitioner carries authority from the agency where they work. It is essential that the Wraparound Practitioner explains to the child and family the full realm of their job responsibilities as well as the power and authority invested in the agency by law or court order.

**Wraparound Certification and Recertification
600-05-01-30**

(Revised 9/1/11 ML #3274)

[View Archives](#)

All Wraparound Practitioners shall be certified in the Wraparound Practice Model. This is accomplished through attendance and completion of an initial Wraparound Certification Training sponsored by the Department. All Wraparound Practitioners shall maintain certification by attending an approved training at least once every two years. If the Wraparound Practitioner's certification lapses, he or she shall contact the program administrator to discuss options for recertification.

Supervision and Case Consultation 600-05-05

Requirements of Supervision 600-05-05-01

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Supervisor ensures fidelity to the Wraparound Practice Model as a consultant, trainer, and mentor to the Wraparound Practitioner. The Supervisor monitors the quality of the Wraparound Practitioner's work through regular case consultation and providing strategic options relating to the child and family team process.

Supervision supports the Wraparound Practitioner through integration of self-understanding, relevant theory, programmatic knowledge, and functional skills into practice.

The Supervisor performs the following functions:

- Instructs, guides, and assists in the application of theory into practice;
- Provides individualized teaching regarding the care plan including identification of safety and risk, strengths and needs, family assessment, goal and task writing, intervention strategies, and working with teams;
- Promotes self-awareness, identifies strength and need areas, promotes skill building, and provides constructive feedback.

The Supervisor shall have the primary responsibility for quality assurance, including the integrity of the Wraparound Practice Model and quality of work performance of the Wraparound Practitioner. It is required that the Wraparound Practitioner and Supervisor discuss all cases on an ongoing basis.

Case Consultation 600-05-05-05

(Revised 9/1/11 ML #3274)

[View Archives](#)

After the family assessment instrument is completed, the Wraparound Practitioner shall consult with the Supervisor regarding his or her perception of child safety, child and family strengths, risks, needs, and potential care plan goals and tasks.

The Supervisor shall review the care plan to determine if it reflects the values and principles of the Wraparound Practice Model, program policies, and clearly addresses the child and family's identified safety, risks, strengths, and needs. The Supervisor and Wraparound Practitioner shall discuss all cases on an ongoing basis and it is recommended those cases considered high priority are discussed weekly.

It is recommended that the Supervisor conduct a formal care plan review at the completion of each 90-day period to ensure the care plan goals and tasks reflect the strengths and needs of the child and family.

Safety, Permanency, and Well-Being of Children and Families 600-05-15

Risk Assessment and Safety Management 600-05-15-01 (Revised 9/1/11 ML #3274)

[View Archives](#)

The Wraparound Practitioner shall make documented concerted efforts to assess and address the risk and safety concerns relating to the child throughout the life of the case. Safety Assessments are a required element of the Wraparound Practice Model and are used to determine whether the child is in a safe environment. A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child.

The Wraparound Practitioner and Supervisor shall ensure an initial assessment of risk and safety is completed for each family and a safety plan developed when warranted.

Ongoing risk and safety assessments of the child shall be completed and continually monitored. Safety plans shall be updated and include family engagement in services designed to promote achievement of the goals of the safety plan.

The critical points when ongoing risk and safety assessments shall occur are at a minimum:

- during Wraparound Practitioner visits with the child;
- during Wraparound Practitioner visits with parents or caregivers;
- prior to and during a child's home visit;
- prior to and during a child's change in placement; and
- prior to and during a child's trial home visit (reunification efforts).

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

Safety concern definition

A child safety concern is a specific family situation or behavior, emotion, motive, perception or capacity of a family member that is:

- likely to have severe effects or result in imminent harm on a vulnerable child;
- out-of-control;
- specific and observable; and
- is happening now or is certain to happen in the present or near future.

Risk definition

Risk is the likelihood (probability, chance, potential, prospect, predictability) for parenting behavior, conditions, situations, beliefs, or perceptions to be harmful and destructive to a child's cognitive, social, emotional, physical development.

Differences between Safety and Risk

SAFETY is concerned with . . .	RISK is concerned with . . .
Helping to determine who within the child welfare system must be served immediately .	Helping to determine who within the child welfare system should be served.
Current dangerous family conditions and severe maltreatment.	The likelihood of future maltreatment.
Those family conditions that meet a danger threshold.	Family functioning.
Specific threats to a child's safety.	General child well being.
Decision making based on the present to the immediate to near future .	Decision making based on an unlimited time frame (any time in the future).
A judgment about the certainty of severe effects .	A judgment about any negative effects from future maltreatment .
Family situations and behaviors that are currently out of control .	All family conditions and behaviors from onset progressing into seriously troubled.
Evaluating family situations and behaviors that must be managed and controlled .	Evaluating family situations and behaviors that may need to be treated or changed .

Safety Assessment

The purpose of the safety assessment is to determine whether immediate protection is needed. The objective of the safety assessment is to determine whether the conditions in the family meet the definition of “safe” or “unsafe”. The key principle in safety decision-making is that conclusions about threats, protective capacities (strengths), and methods to keep the child safe must be supported by sufficient information.

A child may be considered “safe” when there are no threats of danger or safety concerns within the family or when the parents possess sufficient protective capacity (strengths) to manage identified threats.

A child shall be considered “unsafe” when threats of danger or safety concerns are identified, a child is vulnerable to threats and there are insufficient caregiver protective capacities (strengths) to manage or control the threats.

Threats of safety/risk concerns shall be identified on the Family Assessment Instrument when:

- The behavior, family condition or situation is out of control – there is nothing internal to the family to control the threat.
- The behavior, family condition or situation is specific, can be observed, can be described – this is not intuitive or an interpretation.
- The behavior, family condition or situation could result in harm to a vulnerable child.
- The behavior, family condition or situation as a threat to safety either is active or could become active at any time.
- Caregivers do not possess or do not actively employ protective capacities sufficient to control the threat – they are not, will not or cannot protect their children.
- Sufficient information has been collected and analyzed to support the identification of a safety threat; sufficient information provides a basis for questioning whether a caregiver can or will protect a child from the threat.

Child Vulnerability

For a child to be unsafe, there must be a threat of danger, and that child must be vulnerable to those threats. Children are vulnerable because they

depend on others for protection and care. Considering a child's vulnerability involves both knowing about the child's ability to protect himself or herself from threats and knowing how the child is able to care for himself or herself.

The following help determine or increase a child's vulnerability:

- A child lacks capacity to self-protect
- A child is susceptible to harm based on size, mobility, social-emotional state
- Young children (generally 0-6 years of age)
- A child has physical, psychological, or developmental disabilities
- A child is isolated from the community
- A child lacks the ability to anticipate and judge presence of danger
- A child consciously or unknowingly provokes or stimulates threats and reactions
- A child is in poor physical health, has limited physical capacity, is frail
- Emotional vulnerability of the child
- Impact of prior maltreatment
- Feelings toward the parent – attachment, fear, insecurity or security
- Ability to articulate problems and danger

Safety Planning

When the safety assessment identifies threats to a child's safety, a safety plan to control identified safety threats is required. The safety plan shall be documented in the "Emergency Plan for Child Safety" section in FRAME and updated throughout the life of the case to reflect changes in family conditions. If threats of danger/safety concerns are not identified, a safety plan is not required. The absence of danger/safety concerns shall be documented in the "Emergency Plan for Child Safety" section in FRAME and shall be updated to reflect changes in family conditions throughout the life of the case.

An effective safety plan should meet the following criteria:

- The safety plan only controls or manages threats of danger or safety concerns. There must be a direct and logical connection between plan tasks and the way threats operate in the family.
- The safety plan must have an immediate effect in controlling threats. (Strategies resulting in long term change, such as counseling or anger

management classes, may be appropriate for a care plan but will not have an immediate effect and do not belong in a safety plan.)

- People and services identified in the safety plan must be accessible and available when threats are present.
- Safety plans will have more concrete, action oriented activities and tasks than will care plans.
- Safety plans never rely on parental promises to stop the threatening behavior. Since a criterion for a threat of danger is something out-of-control, it is useless to rely on an out-of-control parent to be in control.
- While the child's capacity for self protection may be incorporated into the safety plan, the child should not have responsibility for initiating or monitoring the plan (self-protection means recognizing danger and acting to secure safety for one's self; it is not calling 911, CPS, or the school after an event). To determine whether the child can effectively participate in a safety plan, consider the following:
 - Has the child demonstrated self-protection by responding to the threats?
 - Can the child care for their own basic needs, aside from defending against threats?
 - Given the threats identified, how does the Wraparound Practitioner find the child not to be vulnerable?
 - Has the vulnerability of all children in the home and family been considered?
 - Are there issues preventing this child from self-protecting?
 - What plan would this child carry out to protect himself from threats?
 - Can the child describe how she will know a threatening situation is developing, rather than recognizing it once it is happening?
 - What has been learned about this child's functioning? Is there information about the way threats operate in this family arguing against the child self-protecting?
 - Are there ways the child behaves and responds, that escalate the threats to the child?

Adapted from: "Child Safety: A Guide for Judges and Attorneys"; Therese Roe Lund, Jennifer Renne. Published by the American Bar Association and ACTION for Child Protection, Inc. through a supporting grant from the National Resource Center on Legal and Judicial Issues, grant number 90CZ0010, through the U.S. Children's Bureau.

Permanency 600-05-15-05

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Wraparound Practice Model is the cornerstone for the delivery of permanency services in North Dakota. Planning for the permanency of children in North Dakota is based on the belief that every child is entitled to live in a permanent home in which their safety, health and well-being are paramount.

Every child in care will have a permanency goal and timely path to permanency. Therefore, the agency shall ensure children have permanency and stability in their living situations. Placement changes for children should reflect efforts of the child and family team to achieve case goals such as moves from a more restrictive to a lesser restrictive placement, moves from a non-relative home to a relative home, or moves that bring children closer to family or community.

Permanency goals shall be identified in the care plan in FRAME and established in a timely manner. If the permanency goal changes the Wraparound Practitioner shall document rationale for the decision in FRAME. Examples of permanency goals include reunification with parents, reunification with relatives, adoption, guardianship, and other planned permanent living arrangements. When the child has a concurrent goal, both goals shall be identified and worked by the Wraparound Practitioner in conjunction with the child and family team process. The Wraparound Practitioner and Supervisor shall ensure the permanency goal(s) are documented in FRAME.

When reunification or permanent placement with relatives is the permanency goal, the agency shall make documented concerted efforts to achieve the goal in a timely manner. The Wraparound Practitioner and Supervisor shall ensure the efforts to achieve the permanency goal are documented in FRAME.

When adoption is the permanency goal, the agency shall make documented concerted efforts to achieve a finalized adoption in a timely

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

manner. The Wraparound Practitioner and Supervisor shall ensure the efforts to achieve the permanency goal are documented in FRAME.

When other planned permanent living arrangement is the permanency goal (i.e. the agency plans to maintain care and custody responsibilities for and supervision of the child), the agency shall make documented concerted efforts to ensure:

- The child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority);
- The child, even though remaining in foster care, is in a “permanent” living arrangement with a foster parent or relative caregiver and there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority;
- or
- The child is in a long-term care facility and will remain in that facility until transition to an adult care facility.

The Wraparound Practitioner and Supervisor shall ensure efforts to achieve the goal of other planned permanent living arrangement is documented in FRAME.

The Wraparound Practitioner shall ensure the continuity of family relationships and connections is preserved for children. The Wraparound Practitioner and Supervisor shall ensure the efforts to preserve the continuity of family relationships and connections are documented in FRAME.

The agency shall make documented concerted efforts to ensure the child(ren)’s foster care placement is close enough to the parent(s) to facilitate face-to-face contact between the child and parent(s) while the child is in foster care. The Wraparound Practitioner and Supervisor shall ensure contact between the child in foster care and his or her parent(s) are documented in FRAME.

The agency shall make documented concerted efforts to ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings, to address safety concerns for one or more siblings, or to accommodate a large sibling group. The

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

Wraparound Practitioner and Supervisor shall ensure the efforts to place siblings together are documented in FRAME.

The agency shall make documented concerted efforts to ensure visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child(ren)'s relationship with these close family members. If frequent visitation with a parent is not possible (for example, due to incarceration or the parent being in another state), the agency shall make documented concerted efforts to promote other forms of contact between the child and the parent, such as telephone calls or letters, in addition to facilitating visits when possible and appropriate. The Wraparound Practitioner and Supervisor shall ensure visitation between the child and his or her mother, father and siblings are documented in FRAME.

The agency shall make documented concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends. The agency shall conduct sufficient inquiry to determine whether the child may be a member of, or eligible for membership in, an Indian tribe. Efforts of such inquiry shall be documented in FRAME. If the child may be a member of, or eligible for membership in, an Indian tribe, the tribe shall receive timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights. The Wraparound Practitioner and Supervisor shall ensure the efforts to maintain the child's connections and determine tribal membership are documented in FRAME.

Specific program policies and procedures regarding permanency goals and Adoption and Safe Families Act (ASFA) criteria for termination of parental rights shall be adhered to.

The agency shall make documented concerted efforts to place the child with relatives when appropriate. The agency shall make documented concerted efforts to identify, locate, and evaluate maternal and paternal relatives as potential placements for the child. If the child is placed with a relative, the agency shall ensure the placement is stable and appropriate to the child(ren)'s needs. The Wraparound Practitioner and Supervisor shall ensure the efforts to place the child with relatives are documented in FRAME.

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

The agency shall make documented concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her parent(s), or other primary caregiver(s), from whom the child has been removed. The agency shall make documented concerted efforts to support or strengthen the parent-child relationship. For example, the agency shall:

- Encourage the parent's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after school or sports activities;
- Provide or arrange for transportation or provide funds for transportation so the parent can attend the child's special activities or doctor's appointments;
- Provide opportunities for therapeutic situations to help the parent and child strengthen their relationship;
- Encourage the foster parents to provide mentoring or serve as role models to the parent(s) to assist him or her in parenting; and
- Encourage and facilitate contact with incarcerated parents (when appropriate) or with parents not living in close proximity to the child.

The Wraparound Practitioner and Supervisor shall ensure the efforts to promote, support and maintain these positive relationships are documented in FRAME.

Well-Being 600-05-15-10

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Wraparound Practitioner shall make documented concerted efforts to assess the needs of children, parents (custodial and noncustodial), guardians, foster parents and other caregivers to identify the services necessary to achieve well-being for children and families. The issues relevant to the agency's involvement with the family shall be appropriately addressed in each program and appropriate services provided.

The Wraparound Practitioner shall conduct a formal or informal initial and ongoing comprehensive assessment of the child(ren)'s needs and provide appropriate services to meet the identified needs. The Family Assessment Instrument in FRAME shall be used to complete the comprehensive assessment. The Wraparound Practitioner and Supervisor shall ensure the services offered and provided are also documented in FRAME.

The Wraparound Practitioner shall conduct a formal or informal initial and ongoing comprehensive assessment of the mother's and father's identified needs, with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the child. The Family Assessment Instrument in FRAME shall be used to complete the comprehensive assessment. The Wraparound Practitioner and Supervisor shall ensure the services offered and provided are also documented in FRAME.

When applicable, the Wraparound Practitioner shall conduct a formal or informal initial and ongoing comprehensive assessment of the foster parents' and other caregivers' identified needs, with respect to services they need to provide appropriate care and supervision to ensure the safety and well-being of the child. The Family Assessment Instrument in FRAME shall be used to complete the comprehensive assessment. The Wraparound Practitioner and supervisor shall ensure the services offered and provided are documented in FRAME.

The Wraparound Practitioner shall make documented concerted efforts to involve the child(ren), if developmentally appropriate, in the case planning process on an ongoing basis by consulting with the child (as

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

developmentally appropriate) regarding the child's goals and services, explain the care plan in terms and language that the child can understand, and include the child in child and family team meetings as appropriate, particularly if any changes are being considered in the care plan. The Wraparound Practitioner and Supervisor shall ensure the efforts to involve the child are documented in FRAME.

The Wraparound Practitioner shall make documented concerted efforts to actively involve the mother and father in the case planning process by identifying their strengths and needs, identifying services and service providers, establishing goals in care plans, evaluating progress toward goals, discussing the care plan in the child and family team meetings, and providing them with copies of the care plan. The signature sheet in FRAME shall be used to document attendance at child and family team meetings. The Wraparound Practitioner and Supervisor shall ensure the efforts to involve the parent(s) in the case planning process are documented in FRAME.

Children shall be seen face-to-face with sufficient frequency to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of the care plan goals. Documentation of all visits shall be provided in the case activity log in FRAME. Specific program policies and procedures regarding case worker visits (frequency and quality) shall be adhered to.

Meetings with the mother and father will occur with sufficient frequency to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of the care plan goals. Documentation of all visits shall be provided in the case activity log in FRAME. Specific program policies and procedures regarding case worker visits (frequency and quality) shall be adhered to.

When applicable, meetings with the foster parents and other caregivers will occur with sufficient frequency to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of the care plan goals. Documentation of all visits shall be provided in the case activity log in FRAME. Specific program policies and procedures regarding case worker visits (frequency and quality) shall be adhered to.

The agency shall make documented concerted efforts to assess children's educational needs and appropriately address identified needs in case

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

planning and case management activities. The Wraparound Practitioner and Supervisor shall ensure evidence of a formal or informal educational assessment and provision of educational services (when applicable) is documented in FRAME.

When applicable, the agency shall address the physical and dental health needs of the child. Health records including names of health care providers, immunization records, known medical or dental problems, medications and other relevant health information shall be documented in FRAME. The Wraparound Practitioner and Supervisor shall ensure arrangements to have the child's physical and dental health needs assessed and addressed through appropriate services are documented in FRAME.

When applicable, the agency shall ensure the child's mental and behavioral health care needs, including substance abuse, are assessed and addressed through outpatient treatment, inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, etc. The Wraparound Practitioner and Supervisor shall ensure arrangements to provide for the child's mental and behavioral health needs are documented in FRAME.

Child and Family Team Process 600-05-20

Family Engagement 600-05-20-01

(Revised 9/1/11 ML #3274)

[View Archives](#)

Family engagement is both a process and an outcome. It requires effective and balanced use of helping skills and protective authority to produce an ongoing relationship that results in the pursuit and accomplishment of agreed upon goals. These goals include child safety, permanency, and well-being.

The Wraparound Practitioner shall utilize strategies to engage family members in the child and family team process. Elements of successful engagement strategies include the following:

1. **Welcoming environment.** Ensure that both the gathering places and the behavior of partner providers reflect open and family-friendly environments that are non-threatening and nonjudgmental.
2. **Learning approach.** Listen to the child and family's points of view and make the effort to learn from them what they think will work best.
3. **Respect for individual experiences, views and cultures.** Treat children and families with dignity and be aware of their culture, heritage, language and customs.
4. **Focus on strengths and self-empowerment.** View the child(ren) and family as powerful forces capable of changing their lives. Effective engagement is based upon principles of self-determination and participatory decision-making.
5. **Focus on results.** Clear and jointly defined goals are continually reviewed to determine if engagement is being achieved and the results are meeting the needs of the child and family and making changes or improvements when necessary.

Family engagement is a key value of the Wraparound Practice Model and a prerequisite for helping child and families achieve their care plan goals. Establishing and maintaining effective family engagement involves the use of a variety of skills and the presence of certain conditions:

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

- Being aware of one's own biases and prejudices
- Being consistent, reliable, and honest (building a foundation of trust)
- Establishing the purpose of involvement
- Validating the participatory role of the family which results in mutually agreed-upon goals and care plans reflecting both the Wraparound Practitioner's professional training and the family's knowledge of their own situation
- Listening to each family member (focused listening)
- Providing clear and accurate responses to questions
- Responding to concrete needs quickly (transportation, housing, food, child care, etc.) to help communicate to the child and family a sincere desire to help
- Demonstrating respect and empathy for family members
- Understanding the family's past experiences, current situation, needs, and strengths
- Seeking to understand the child's and family members' individual points of view
- Providing culturally sensitive and outcome-oriented practice
- Ensuring broad-based involvement by children, parents, extended family members, informal networks, and community representatives to create a web of support that promotes safety, increases permanency options, and provides links to needed services
- Understanding the role of confidentiality and how to involve partners in case planning in a manner which is respectful of the family but which also enables partners to plan realistically to protect the child and work toward permanency
- Recognizing foster and adoptive parents as resources not only for the children in their care but for the entire family
- Providing regular feedback such as praise and recognition of the parents who are making life changes that result in safe and permanent living situations for their children (including reunification, adoption, kinship placement, or guardianship)

The inclusion of family members in case planning is critical to the accomplishment of the child's care plan goals. Effective teaming that includes custodial and noncustodial parents promotes the safety, permanency and well-being of the child.

The Wraparound Practitioner is responsible to assist in the process of locating parents and relatives (maternal and paternal) to ensure they are connected to the child and involved in case planning at whatever level is

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

safe and appropriate. If there is just cause for a parent not to participate, documentation shall be included in FRAME.

The Wraparound Practitioner shall work in partnership with other agencies to do the following on behalf of the children involved in the child welfare system (as indicated in program-specific policy manuals):

- Identify parents
- Locate parents
- Contact parents whenever safe and appropriate
- Engage parents in the case planning process whenever safe and appropriate

Adapted from: "Bulletin for Professionals: Family Engagement," June 2010; Child Welfare Information Gateway; Children's Bureau/ACF; www.childwelfare.gov & "Growing and Sustaining Parent Engagement: A Toolkit for Parent and Community Partners", Commissioned by First 5 LA and prepared by the Center for the Study of Social Policy; December 2010; www.cssp.org

Child and Family Assessment 600-05-20-05**(Revised 9/1/11 ML #3274)**[View Archives](#)

All Wraparound Practitioners shall assess child safety, child and family strengths, risks, needs and supports. The Family Assessment Instrument in FRAME shall be used by all programs as the vehicle for this documentation. The following link contains helpful resources to use when assessing strengths and needs with children and families: [Strengths](#)

The 21 factors of the Family Assessment Instrument are:

1. Child's ability to protect or care for self (family, physical health, emotional/behavioral health, independent living)
2. Child's mental health (emotional/behavioral health)
3. Child's behavior (emotional/behavioral health, educational/vocational)
4. Severity and/or frequency of abuse (physical health, family)
5. Severity and/or frequency of neglect (physical health, family, financial/economic, basic needs, emotional/behavioral health, educational/vocational)
6. Location of injury (family, physical health)
7. Condition of home (basic needs, physical health)
8. Care giver's alcohol and drug use (family, emotional/behavioral, community, legal)
9. Caregiver's parenting skills (family, educational/vocational)
10. Caregiver's methods of discipline and punishment of child (family, legal)
11. Caregiver's supervision of children under age 10 (family, legal)
12. Caregiver's level of cooperation (family, legal)
13. Caregiver's ability to problem solve and access services (social/recreational, community, emotional/behavioral)
14. Strength of family system (family, spiritual/cultural, community)
15. Strength of support system (family, community, social/recreational, spiritual/cultural, independent living)
16. Income (basic needs, financial/economic, independent living)
17. Previous history of abuse/neglect (family, legal)
18. Caregiver's physical, intellectual, emotional abilities (physical health, emotional/behavioral)
19. Caregiver's anti-social, violent, or criminal activity (family, legal)

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

- 20. Subject's access to child (family, legal)
- 21. Presence of parent substitute (family)

Crisis Stabilization 600-05-20-10

(Revised 9/1/11 ML #3274)

[View Archives](#)

Wraparound Practitioners shall assess safety/risk with the child and family and ensure a safety plan is in place. At a minimum, the safety plan is monitored and reviewed with the family at every child and family team meeting. If changes are made the safety plan shall be updated in FRAME.

A family is in crisis when they have reached a highly volatile, unstable situation. If immediate remedial intervention is not made, the out-of-home placement of the child may be necessary.

Families in crisis often have increased motivation to change. During times of crisis Wraparound Practitioners have an opportunity to establish strong bonds with the family.

Crisis intervention is the provision of immediate services to reduce, or diffuse the current crisis and provide the family with information or skills to help them resolve future crises. Any interventions shall target the present circumstances. The goal is to remove the crisis through understanding and dealing with forces in the present, and to help the family return to a pre-crisis level of functioning. The interventions shall actively modify the environment, provide some structure, and induce change to prevent further disintegration of the family system.

In these instances:

1. Observe the child in the home to assess the child's safety.
2. Allow family members to speak their mind and vent their feelings.
3. Model calmness for the family.
4. Use active listening skills with the family. These skills can be very helpful in releasing the client's feelings and defusing highly emotional situations.
5. Respond appropriately to silences.
6. Use behavioral descriptions of the concern, not labels or jargon.
7. Assess if "hard" services, which address basic survival needs, can be delivered to remedy the immediate presenting concern.

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

- Concerns within the family's environment that pose an immediate threat must be considered. Examples of these concerns are lack of food, housing, transportation, and employment. Providing services to address these concerns sends a powerful message that there is hope and that the Wraparound Practitioner is a helping agent.
8. Help the family to temporarily restructure their environment so events which may cause discord are altered. This can often reduce the immediate risk to family members. An example of this might be to arrange time-out for a family member to allow a brief "cooling off" period, or to invite a friend or relative to the home to assist getting the children ready for bed if bed-time is usually a high stress period for the parent.
 9. Assure the family that the Wraparound Practitioner is available to the family, if needed, and that he or she will return at a mutually convenient time.
 10. Follow and/or develop a safety plan to ensure the safety of all family members.

Team Membership 600-05-20-15

(Revised 9/1/11 ML #3274)

[View Archives](#)

An integral piece of the Wraparound Practice Model is convening the child and family team. This involves bringing key people together to participate in collaborative planning. The child and family teams are the forum through which the goals are identified and decisions on how to achieve the goals are made. Through this process the child and family team manages and plans methods to reach goals and remove barriers to accomplishing the stated goals. All Wraparound Practitioners and Supervisors shall participate in and support the child and family team process.

During the assessment process with the child and family, the Wraparound Practitioner assists the family in identifying potential team members. It is a value of the Wraparound Practice Model that the child and family have voice and choice in who will participate on the team. It is recommended the child participate as a team member unless it would be contraindicated due to the child's age or developmental level. In these cases the Wraparound Practitioner shall meet with the child outside the child and family team meeting to ensure the child is aware of and has input into the care plan goals and tasks.

There may be times when parent(s) refuse to allow identified key people on the child and family team. In these situations, the Wraparound Practitioner shall determine why the parent(s) don't want them on the team and negotiate with the parent(s) regarding participation of the key people. In the event the child has a court-appointed custodian, their attendance on the team is required and not negotiable.

Initially the team may be comprised of the family members (including the child), the referring provider, and the assigned Wraparound Practitioner. Other team members may include friends, extended family members, clergy or other natural supports, parent aide, teacher, addiction counselor, therapist, rape abuse counselor, probation officer, guardian ad litem, Independent Living coordinator, foster parent, treatment level foster care social worker, special needs adoption worker, residential treatment center

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

team, human service center staff; Right Track providers, Partnership Care Coordinator, Developmental Disability case manager, etc.

Once team membership is determined, the Wraparound Practitioner contacts the members, explains team process, and schedules the initial child and family team meeting. A sample letter of invitation is available at the following link: [Invitation](#)

Child and Family Team Meetings 600-05-20-20 (Revised 9/1/11 ML #3274)

[View Archives](#)

The agenda for the initial child and family team meeting varies depending upon the program area (i.e. foster care, in-home, Partnerships). In all programs team members review and update the safety plan, review and expand upon the strengths and needs, and develop the care plan goals and tasks.

The child and family team facilitator is typically the Wraparound Practitioner assigned to work with the family. This person is responsible to lead discussions that focus on strengths and needs discovery, prioritization of factors to be addressed, and goal and task development. The facilitator shall assure that ground rules are set and the team members stay on task. At the end of the initial meeting, each team member will know their responsibilities and the next meeting time, place, and date is determined.

The Family Assessment Instrument in FRAME and becomes the foundation of the individualized care plan. At subsequent child and family team meeting the care plan is reviewed, revised and evaluated by the team. Following are the steps for developing and implementing the care plan utilizing the child and family team process:

1. **Introductions.** The facilitator explains the purpose for the child and family team meeting and proceeds with introductions. Team members provide their names and identified role in the child and family's life. Discussion of confidentiality and the ground rules for meetings must take place.
2. **Review Family Assessment.** The facilitator guides a review of the Family Assessment Instrument and team members are given the opportunity to voice changes or additions to the identified strengths/needs/risks.
3. **Review Safety Plan.** The safety plan previously developed with the family is reviewed to ensure safety and prevent crisis. If revisions or additions are required, the team will clarify what potential crisis/crises could occur within the family and action steps to be taken, before, during, and/or after the crisis to keep family members safe.

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

4. **Prioritize Needs.** During the initial team meeting determine the priority needs from the Family Assessment Instrument. These are typically those factors rated "High" to "Moderate." It is recommended the team choose two to three factors to start. At subsequent team meetings, the prioritized factors are reviewed and updated.
5. **Define Goals.** For each prioritized factors, the team describes what behavior the child or family will be doing differently once the change has occurred. These become the care plan goals.
6. **Assign Tasks.** The team determines the action steps needed to accomplish each goal. These become the care plan tasks. Whenever possible, family and team strengths are used in the development and assignment of tasks to increase the likelihood for success. A team member, start date, and projected completion date is assigned to each task.
7. **Care Plan Agreement.** At the conclusion of the child and family team meeting, the facilitator ensures all team members sign the signature sheet indicating whether they "Agree" or "Disagree" with the care plan. Also, by signing team members agree to abide by the rules of confidentiality. The signature sheet becomes part of the approved care plan. The approved care plan is sent to the family and all team members.
8. **Working Document.** The care plan is a working document. Adjustments and changes are made as tasks and goals are accomplished and the family's needs change.
9. **Care Plan Review.** Child and family team meetings shall be held at least every 90 days. At each meeting the safety plan, goals, and tasks are reviewed and the care plan is updated in FRAME. Revised care plans are updated and approved on FRAME and sent to the family and all team members.

The Child and Family Team Outline has been developed to ensure all areas are covered at child and family team meetings. It is highly recommended Wraparound Practitioners, their Supervisors, and Regional Supervisors use this tool as a guide during team meetings. The outline is available at the following link: [Outline](#)

Care Plan Development 600-05-20-25**(Revised 9/1/11 ML #3274)**[View Archives](#)

Once the family's safety and risk concerns are addressed and needs and strengths are identified, a written care plan is developed and recorded in the Family Assessment Instrument section in FRAME. The care plan is a working document that includes the goals and tasks developed at child and family team meetings. The care plan is reviewed and updated at least every 90 days to reflect the accomplishments and changing needs of the family.

The care plan serves five distinct purposes:

1. Provides overall structure and direction to the child and family team;
2. Documents the family's needs and strengths, their willingness to participate in the change process and each team's member's role in the plan;
3. Provides a method to evaluate progress toward achieving goals and accountability of team members;
4. Documents the required reasonable efforts and active efforts to prevent the out-of-home placement of children; and
5. Documents the required reasonable efforts and active efforts to reunify children, who are in out-of-home placement, with their families.

At times it may be appropriate to utilize the abbreviated care plan in FRAME. The Wraparound Practitioner and their Supervisor will refer to specific program policy to determine if an abbreviated care plan is appropriate for the child and family.

Care Plan Components 600-05-20-30

(Revised 9/1/11 ML #3274)

[View Archives](#)

The child and family team prioritizes the factors from the Family Assessment Instrument that need to be addressed in the care plan. Goals and tasks for each of these factors are developed with the child and family team.

Goals:

1. Respond to the identified needs of the child and family.
2. Describe what the child and family will be doing differently once the change has occurred.
 - a. A measurement of behavior change.
 - b. The outcome the team wants to accomplish with the child and family.
3. Are specific and well-defined so all team members understand what is expected.
4. Are written from the family's point of view, utilizing the family's language.
5. Are realistically attainable.
6. Are measurable.
7. Are time-limited.
8. Are mutually agreed upon with the child and family team.
9. Are set with the family and not for them.
10. Are stated in a positive manner.

Goal failure can be related to:

- Goals set too high
- Too many goals
- Goal not properly prioritized
- A focus on attitudes rather than behavior
- Lack of monitoring by Wraparound Practitioner and Supervisor
- Lack of consistency in service delivery
- Inadequate provider

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

- Ambiguity of the client
- Lack of relevancy
- Failure to take into account family culture

Each goal contains at least one task. Tasks are entered into the care plan under the appropriate goal on the Family Assessment Instrument.

Tasks :

1. Describe how change will take place.
2. Support accomplishment of the goals.
3. Involve both informal and formal supports.
4. Are specific and achievable.
5. Are broken down into manageable steps.
6. Address potential barriers in accomplishing the goals.
7. Indicate who will be carrying out the assignments.
8. Identify time frames for completion.
9. Describe specific services that will be used by the child and family to achieve their goals.

The Supervisor shall review the Wraparound Practitioner's care plans to ensure they are individualized, reflect the unique strengths and needs of the child(ren) and family, and consist of manageable tasks and measurable goals.

Monitor Progress 600-05-20-35

(Revised 9/1/11 ML #3274)

[View Archives](#)

Child and family team members shall meet at least every ninety (90) days or whenever a major change needs to occur in the plan. Issues impacting the frequency of meetings may include the safety issues, cohesiveness of the team, availability of community resources, needs of the child and family, and difficulty of placement.

At each subsequent child and family team meeting, it is the facilitator's responsibility to review the care plan. Team members provide updates regarding task completion and the child and family team determine if the tasks are accomplishing the goals. The care plan is a "working document" and adjustments and changes to the tasks and goals are made as circumstances change.

Additional goals can be added to the plan, but it is recommended the team not work on more than three goals at any given time.

The Child and Family Team Meeting Outline is a tool available to Wraparound Practitioners and Regional Supervisors to guide all team meetings. The outline is available at the following link: [outline](#)

The child and family team shall evaluate progress toward accomplishing the goals at each child and family team meeting. The Wraparound Practitioner shall guide the team in evaluating the effectiveness of services, determining if needs are met, and ensuring the goals are accomplished. The Wraparound Practitioner shall request team members' input concerning the plan progress and feedback regarding accomplishments or areas needing more attention.

The Supervisor shall provide ongoing consultation to the Wraparound Practitioner regarding the status of the case. If the agency is looking at closing the case this information shall be taken to the next child and family team meeting for discussion prior to taking any action toward case closure.

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

If the family situation changes and risks are adequately reduced or eliminated at any time during the team process, the facilitator shall schedule a child and family team meeting to discuss case closure. Case closure cannot occur without the child and family team's knowledge.

Lack of Progress 600-05-20-40

(Revised 9/1/11 ML #3274)

[View Archives](#)

If the child and family team determines there is lack of progress the Wraparound Practitioner shall guide the team in exploring the following:

1. Determine if goals are behaviorally specific, measurable, and realistically attainable;
2. Determine if the time frames are clear and realistic;
3. Make sure the tasks are clear and appropriate in addressing the needs and goals;
4. Determine if all team members are working on assigned tasks.
5. Determine if the correct team member was assigned to the correct task and if the tasks are appropriate for the team member's role;
6. Explore whether all team members still see the relationship between the identified needs and the care plan;
7. Decide if additional tasks or goals are needed to address the identified needs;
8. Determine if any needs have surfaced pertaining to the risk or safety of the child and update safety plan accordingly;
9. If necessary, mediate disputes and disagreements between the team members;
10. Assess whether the family members have reached their maximum level of functioning after considering:
 - a. Physical and intellectual capacities
 - b. Socio-economic situation
 - c. Personal or cultural values
 - d. Functioning in response to current situation;
11. Determine if lack of progress is due to a lack of motivation, an unwillingness of certain members to cooperate, or an inability to change.

The Supervisor shall provide ongoing consultation and support to the Wraparound Practitioner regarding team progress or lack of progress.

If the family disagrees with or refuses to follow the care plan, the Wraparound Practitioner shall convene a child and family team meeting to

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

discuss the potential consequences of this decision and the Family Assessment Instrument shall be updated in FRAME. At times it may be necessary for the Supervisor to attend the child and family team meeting to support the Wraparound Practitioner. While this meeting should occur with the child and family team, there may be situations when negotiations with the family must occur outside the team meeting. In these cases, documentation of the meeting with the family will be included in the case activity log in FRAME. This discussion is particularly important if the case was opened due to a "services required" CPS assessment decision and out-of-home placement may be necessary because the risk of harm is assessed as high, or because the child is currently in foster care.

If, after negotiations, the family still refuses to follow the care plan the Wraparound Practitioner shall consult with his or her Supervisor. The Wraparound Practitioner and Supervisor shall jointly assess the safety and risk to the child.

If it is determined the child is not safe or there is high risk of maltreatment, the Wraparound Practitioner and Supervisor shall follow the policy and procedures in their respective program's policy manual.

If it is determined the child is safe and not at high risk of maltreatment, the Wraparound Practitioner shall consult with his or her Supervisor and determine if the case will be closed. The Wraparound Practitioner shall thoroughly document the reasons for closure and any existing concerns in FRAME.

Case Transfer 600-05-20-45

(Revised 9/1/11 ML #3274)

[View Archives](#)

The Supervisor shall be made aware of any impending case transfers. The Wraparound Practitioner shall notify the child and family team of the case transfer by convening a transition meeting with the child and family team. Whenever possible the incoming Wraparound Practitioner shall attend the meeting to assist the child and family in making a seamless transition.

The transfer of the case shall be completed in FRAME on the date of transfer.

Case Closure 600-05-05-50

(Revised 9/1/11 ML #3274)

[View Archives](#)

The decision to end services is based on a thorough evaluation of the family situation. Prior to case closing the Wraparound Practitioner shall:

1. Confer with their Supervisor to review case progress. Needs, risk and safety factors shall be thoroughly assessed at this time.
2. Discuss the care plan progress with the child and family team members and decide if case closure is appropriate.
3. If the decision is for case closure, the Wraparound Practitioner shall close the case in FRAME.

One or more of the following factors shall exist to justify case closure:

1. The family has moved out-of-state (confer with Supervisor to determine if referral to state of residence is required);
2. The family has achieved their goals and risk has been sufficiently reduced or eliminated;
3. The family demonstrates the ability to function at a minimally acceptable level based on family and community standards;
4. There is no longer any progress being made – the child and family team agree that services are ineffective and non-productive and risk factors are considered low;
5. The family is unwilling to cooperate and the Juvenile Court refuses to intervene or there is insufficient cause for a court referral;
6. The court relieves the County of the obligation to provide services;
7. Children who have been in foster care are returned home and family plan goals have been achieved;
8. Services can be provided to the family by another resource and the family can/will access such resources;
9. Resources have been exhausted and are no longer available to assist the family;
10. The family requests that the case be closed and they have legal authority to do so.

Documentation 600-05-25

(Revised 9/1/11 ML #3274)

[View Archives](#)

Case recording that includes both case activity records and care plan updates shall, at a minimum, follow the guidelines and format described in this chapter. Supervisors shall ensure all documentation is completed in FRAME.

The case activity logs in FRAME shall be used to document daily contacts and activities. Summaries of progress toward goal achievement are completed following each child and family team meeting on the Family Assessment Instrument or as part of the Meeting Notes in FRAME. A final narrative is completed on the case activity log at case closing.

Care plan documentation shall include updates on strengths, risks, and safety concerns as well as the family's progress in completion of goals and tasks. Permanency efforts are also documented if children are in out-of-home care. Behavioral descriptions are used where possible to illustrate progress made since the initial completion of the Family Assessment Instrument.

Documentation shall:

1. Include any updates in the Family Assessment Instrument pertaining to child and family strengths, risk, safety, and needs.
 - a. Describe any changes in the frequency or intensity of the risk and/or safety concerns including additional risk or safety concerns that have developed.
 - b. Describe any additional strengths identified by the child and family team.
2. Describe progress toward task completion and goal accomplishment.
 - a. Document goals/tasks that have been added or changed.

As no case record can accurately reproduce everything that is said or done, the Wraparound Practitioner shall select items of information that are of

Wraparound Practice Model

Division 20
Program 600

Service 600
Chapter 05

greatest significance, consulting with the Supervisor when necessary. The case record should accurately summarize the relevant events of the child and family team process.

All documentation in FRAME shall be entered within 30 days of the event occurring.

Required Documents 600-05-25-01

(Revised 9/1/11 ML #3274)

[View Archives](#)

The following documents are utilized by Wraparound Practitioners:

1. **Authorization to Disclose Information** ([SFN 1059](#))

This form is completed and signed by the client to give consent for a person/agency to release information about the client to another person/agency.

2. **Multi-Agency Authorization to Disclose Information** ([SFN 970](#))

This form is completed, signed, and initialed by the client to give consent for a number of persons/agencies to disclose and exchange information about the client with one another.

3. **Case Activity Log** (FRAME)

The case activity log is used to document activities of the Wraparound Practitioner such as visits with the child(ren) or parents, phone calls with family members, contacts with collaterals or service providers, and staffing the case with the Supervisor.

4. **Care Plan** (FRAME)

The care plan is the family's treatment plan and shall be completed in FRAME and provided to the family and all team members following each child and family team meeting.

5. **Family Preservation** (FRAME)

Whenever a Family Preservation service (i.e. Family Group Decision Making, Intensive In-Home, Parent Aide, Prime Time Child Care, Respite Care, or Safety/Permanency Funds) is provided to a family, the Wraparound Practitioner shall complete the "Add a Family Preservation Service" under the Case Management tab in FRAME.

6. **Child Welfare Outcomes** (FRAME)

Wraparound Practitioners shall complete the Educational Outcomes (EDU), Juvenile Justice and Law Enforcement (JJLE), and Residential Living Environment & Placement Stability Scale (ROLES) Outcome Measures in FRAME per the program policy manual requirements. Partnerships Care Coordinators will also complete PECFAS/CAFAS Outcomes. Outcomes shall be completed at intake, every six months from the date of intake, and at case closure.

Strength Discovery Tools 600-05-25-05

(Revised 9/1/11 ML #3274)

[View Archives](#)

- [Do and Don'ts for Working with Families](#)
- [Preparing a Strengths Inventory](#)
- [Questions: Looking for Strengths - Values - Preferences - Culture](#)
- [Thoughts on Reframing](#)
- [Reframing Exercise Worksheet](#)
- [Identifying Family Strengths and Preferences](#)
- [10 Examples of Finding Buried Strengths](#)
- [Family Strength Discovery Worksheet](#)
- [Family Strength Discovery Worksheet - SAMPLE](#)
- [Definition of Strengths/Needs](#)
- [Child Strengths Culture Informal Resources Discovery](#)
- [Parent Strengths Culture Informal Resources Discovery](#)