BROOME COUNTY

COORDINATED CHILDREN'S SERVICES INITIATIVE

CCSI

FACILITATOR TRAINING MANUAL

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I. <u>CCSI INTRODUCTION AND OVERVIEW:</u>

CCSI MISSION STATEMENT

Our mission is to create an integrated system of care that responds promptly and thoroughly to the needs of children, their families, and the community. Our goal is to seek the full and equal participation of children, their families, and community agencies and other stakeholders in a collaborative effort to meet the child and family's needs in a community based approach. The CCSI approach can reduce both the rate of placement and lengths of stay for those placed.

WHAT IS CCSI, AND CCSI FOCUS?

Both Catholic Charities CCSI and The Mental Health Association CCSI are the same program and process in nature. The only difference between the two is in the **criteria** for each program. Catholic Charities criteria were developed to meet the needs of the children and families who are at the top of the pyramid as far as highest risk of placement. The Mental Health Association CCSI criteria were created to address the middle of the pyramid children and families, who may be just starting to experience problems in school and at home to prevent escalation into a higher level of services and/or out of home placement.

CATHOLIC CHARITIES CCSI CRITERIA: 1). A child at imminent risk of placement who is involved in 2 or more service systems other than the educational system. OR 2). A child at imminent risk of placement that is classified or in an alternative school placement, and continuing to exhibit severe difficulties in the educational setting and involved in another service system.

THE MENTAL HEALTH ASSOCIATION CCSI CRITERIA: 1). The identified child must be involved with two or more service providers including schools, physicians, counselors, DSS, Probation, Catholic Charities, BPC, Lourdes, and other human service agencies. MHA CCSI can serve children in the following school districts: Binghamton, Johnson City, Maine-Endwell, Union Endicott, and Vestal.

CCSI is a process of working with families that is strengths based and family focused. We recognize, honor, and utilize strengths to address difficulties. The parent is the expert in the CCSI process and is the driving force behind the service plan. Parent Partners are the key staff carrying out this process by providing the family with support, advocacy, experience, and wraparound planning. Length of stay for this process should be approximately 6 months.

The purpose of CCSI is to ensure that families are supported in staying together and that children remain at home and in their community through improving the quality of decision making for children with emotional, behavioral, and physical needs

CCSI CORE PRINCIPLES AND VALUES

The Broome County CCSI, and The Mental Health Association CCSI design for policy, program development, and service delivery for children and their families with emotional, behavioral, social, and physical challenges is built on the following **CORE PRINCIPLES AND VALUES:**

FAMILY DRIVEN: Families are viewed as partners and colleagues.

COMMUNITY-BASED: Children are best served in their own homes, schools, and communities.

TEAM SUPPORTED: Families and professionals are united in a collaborative effort to create a seamless system.

UNCONDITIONAL CARE: Never give up. If the plan is not working, change the plan.

STRENGTH-BASED: Services focus on strengths and competencies.

INDIVIDUALIZED CARE: Interventions and supports are available to "wrap services around" the needs of each child and their family.

CULTURALLY COMPETENT: Services are delivered with an understanding of the individual culture of a family as well as the ethnic, cultural, social and environmental framework in which a family exits.
Adapted from: CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP), 1984.

In order to follow the CORE PRINCIPLES, we believe in modeling the following CCSI guiding principles:

GUIDING PRINCIPLES OF CCSI:

- A family is a constant in a child's life- the service systems and professionals in the system change.
- Information should be shared in an on-going, unbiased and supportive way
- Policies and programs should be comprehensive and provide emotional and other forms of supportive to the family.
- All families have strengths and different ways of coping, which need to be recognized and respected.
- Services and supports should be incorporated into existing community services.
- Parent-to-parent support should be encouraged and made possible by agencies.
- Services and supports need to be flexible, accessible, and responsive to the family's needs at a given time.
- Professionals must be culturally competent and respect diversity among families.
- Collaboration is the foundation of family-centered programs.
- Collaboration means both parties have special knowledge and skills that can help to improve outcomes for children.
- There is a shared purpose, mutual respect and joint decision-making in wraparounds.
- Neither side is always right or always wrong.

- To increase the family serving systems "accountability" to each other and families.
- To utilize an individualized care model of service planning and delivery.
- To provide supports and services while maintaining a holistic view of the child and family.
- To provide services and supports that will prevent residential placements and to reduce the number of existing placements, through periodic reviews, to ensure the shortest appropriate length of stay and that services and program options are employed to enhance family, school, and community readjustment.
- CCSI Partners will support and maximize each family's ability to make decisions regarding their case plan.

The stakeholders in State CCSI are:

- Department of Education
- Office of Children and Family Services
- Office of Mental Health
- Office of Mental Retardation and Developmental Disabilities
- Office of Alcohol and Substance Abuse
- Department of probation and correctional alternatives

The structure of CCSI involves Three TIERS:

- **TIER I: Where** families and systems come together and participate in "Wrapping services around the family using a strengths-based approach.
- **TIER II:** Where the county level comes together consisting of administrators representing various systems & parent partners who help govern the CCSI process to keep it true to its mission. Tier II also helps to identify system barriers that can be addressed at this level, or taken to Tier III.
- **TIER III:** Where the state level comes together to address major policy, regulatory or legislative areas that have been identified as barriers to implementing the mission of CCSI.

II. DEFINING CCSI TERMS AND ROLES AT A WRAPAROUND:

1). <u>WRAPAROUND:</u> The term "Wraparound" signifies the involvement of all community service providers, significant family members, and formal and/or informal supports, coming together as a team to "wrap" services around the needs of the family. Wraparound theory focuses on looking at children within the context of their family and their needs on a 24 hour, 7 day a week basis, within several life domains

- Family
- Living Situation
- Educational/Vocational
- Social/Recreational
- Psychological/Emotional
- Medical
- Legal
- Cultural/Spiritual
- Crisis

A wraparound meeting is a strengths-based approach to addressing the concerns of the family while recognizing, honoring, and implementing their strengths into an action plan. At CCSI consideration is given to what services already exist in the community and matching that service with the family/child need. If a service does not exist, the team is then responsible to create a service to meet the family/child's need. Everyone at the wraparound should contribute to the action plan in some way. Everyone needs to make a commitment toward the action plan during the wraparound, and progress toward the action plan should be reviewed at the next wraparound. Any part of the action plan which does not get followed through with, should be addressed by the wraparound team and a change in the plan should be made so that attainable goals can be made successfully for the next wraparound meeting.

2). PARENT PARTNER: The parent partner of the child and family works with the family to identify strengths, needs, and concerns of the family to bring to the Wraparound meeting. The parent partner sets up the Wraparound meeting by inviting all of the service providers that are essential to the family and their needs. A date, time, and place are arranged at the convenience of the family. The parent partner then accompanies the family to the Wraparound to provide support, answer questions, and ensure that the family's strengths are recognized, and that their needs, and concerns are addressed. The parent partner places a laminated copy of the Core Values in the middle of the Wraparound table. The parent partner writes the action plan as it's developed during the meeting. The parent partner hands out evaluations at the end of the Wraparound meeting. The parent partner copies the final action plan and safety plan to hand out.

3). FACILITATOR: A neutral facilitator directs the Wraparound meeting. The facilitator begins with introductions, ground rules, and confidentiality statement. The facilitator reads the statement and then passes it around the table as the sign-in sheet. The facilitator reviews the agenda (why we are all here), and begins by asking the parent if they are more comfortable discussing strengths, or needs at first. The facilitator guides the family and service providers to discuss and determine what the child and family's strengths, accomplishments, and interests are, and what the concerns or needs are from each person at the table. If it is a second meeting, the facilitator should review the progress from the last meeting as well. The facilitator points out/helps identify what suggestions and discussion should be applied to the action plan throughout the Wraparound. The facilitator encourages everyone at the table to speak. The facilitator asks if there is a safety plan in place by one of the service providers at the table. If one is not in place, a general safety plan can be developed with essential emergency numbers and steps for the family to take. The facilitator is responsible to redirect participants to strengths-based focus when necessary. The facilitator reviews the final action plan, and then asks to set a date for the next Wraparound meeting.

4). SERVICE PROVIDERS: The service providers can be anyone who is currently or has recently worked with the child and family. These could be community agencies, schools, physicians, and any informal supports that the

family would consider a provider. I.e: Clergy. The service provider is there to discuss strengths, needs, and concerns in the format provided and help develop an action plan for the identified family. The service provider also attends Wraparounds as a means of communicating with both the family and other service providers involved with that family in an effort for everyone to be on common ground.

5). FAMILY: The family can consist of the identified child, immediate family members, grandparents, cousins, aunts, and any other informal family member supports the family wishes to come to the Wraparound meeting. The family is there to have their strengths recognized, and needs and concerns heard and addressed with a plan of action driven by the family and for the family.

6). CHILDREN: Each family that is approved for CCSI has an identified child as the client. This child should be at the Wraparound meeting if possible. The Wraparound should center on the identified child's strengths and needs, but should also cover other sibling and family issues that affect the identified child. Someone from the family, or directly working with the child should also be present if the meeting becomes overwhelming for the child, and can be there as a support to the child, and even take the child out of the meeting if necessary.

7). FORMAL AND INFORMAL SUPPORTS: A formal support at a Wraparound meeting is most likely anyone who is a service provider currently working with that family. Informal supports can be neighbors, relatives, mentors, coaches, etc., who come to the Wraparound meeting to support the child and family.

8). SYSTEM AND NON-SYSTEM BARRIERS: A system barrier is something outside of the family that is blocking the family from getting their needs met. Examples of system barriers are: Waiting lists, OMH and OMRDD systems cannot be in place at the same time, Transportation, Limited Day-treatment slots, limited after-school programs, a lack of anger-management groups for children under 12, and distances to psychiatric hospitals, long hospitalizations with little or no transition back into the family and community to name a few.

A non-system barrier is something within the family dynamics that is blocking that child and family from getting the needs and concerns addressed. It is a **need** in itself. Examples of non-system barriers are: child's anger, not going to school, not following house rules, unrealistic expectations from parents, parents not following through with appointments, children not following through with feedback from therapists and other direct service providers, monetary problems, loss of jobs, to name a few.

- **note**: Some barriers can fit into both system and non-system, such as transportation, money issues. That's why it is important for the facilitator to have the Wraparound team decide what kind of barrier it is before writing it on the Planning sheet. Non-system barriers or needs are to be addressed at the Wraparound, Barriers that are system barriers are to be written down at the wraparound meeting and ultimately brought to the TIER II level.

- **HANDOUT OF SYSTEM AND NON-SYSTEM BARRIERS LIST FOR FACILITATORS TO REVIEW AND DECIDE WHICH IS WHICH 10 MINS**.

- **HANDOUT PAPERWORK TO BE REVIEWED BY FACILITATOR AT THE WRAPAROUND MEETING.**

- **REVIEW PAPERWORK WITH FACILITATORS.**

SYSTEM BARRIERS VS. NON-SYSTEM BARRIERS:

1. Transportation
2. Defiance
3. After school programs
4. Childcare
5. OMH vs. OMRDD services
6. Available slots at ADT
7. Truancy
8. Physical aggression
9. Waiting Lists
10. Lack of money for food

COORDINATED CHILDREN'S SERVICE INITIATIVE
129 MAIN STREET, BINGHAMTON, NY 13905

CCSI WRAPAROUND MEETING INVITATION/ REMINDER

TO:

FROM:

DATE:

RE: CCSI WRAPARAOUND MEETING PLANNING

A Wraparound service planning meeting for the family of
______________________________, is scheduled for the following:

Date:

Time:

Location:

Address:

The purpose of CCSI wraparound is to assist the family in building upon their strengths. By bringing all of the service providers and other interested individuals together, we can coordinate our efforts to help families meet the needs they have identified. Your participation in this plan will support them in their efforts to stay together as a family, keeping their child at home and in the community.

Please contact me at (607) 771-0923 by___/___/___ in order to notify me if you will be able to attend this meeting.

BROOME COUNTY CCSI WRAPAROUND PROCESS AND SYSTEM OF CARE

Our mission is to create an integrated system of care that responds promptly and thoroughly to the needs of children, their families, and the community. Our goal is to seek the full and equal participation of children, their families, community agencies, and other stakeholders in a collaborative effort to meet the child and family's needs in a community based approach. The CCSI approach can reduce both the rate of placement, and the lengths of stay for those placed.

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BROOME COUNTY CCSI WRAPAROUND
CONFIDENTIALITY SIGN-IN SHEET

Childs name:____________________ Date:_________________

Facilitator:______________________ CC or FOCUS (circle one)

Parent Partner:___________________

The purpose of this meeting is to develop an individualized plan for this child and family based upon their strengths. Every team member at the table will be treated with respect and will be given a opportunity to participate fully during the meeting. Information will be discussed in a positive way.

It is the policy of CCSI to respect and honor each family's right to confidentiality. The information discussed here during this wraparound meeting is to remain confidential and should not be discussed outside of CCSI with the exception of information related to safety and danger.

By signing this sheet, I agree to abide by the ground rules and confidentiality of this wraparound meeting.

NAME	RELATIONSHIP TO CHILD	PHONE

CCSI FAMILY WRAP-AROUND MEETING PLAN

Date:__________________________ Youth Name:__________________________
Parent/Guardian: __________________________ Parent Partner Name:__________________________
Family Phone Number:__________________________

FAMILY STRENGTHS (Parent chooses whether to start with strengths or with concerns):

1.
2.
3.
4.
5.
6.
7.

MAJOR OCCURANCES SINCE LAST MEETING:

NEEDS/CONCERNS (Non system barriers)**:**

1.
2.
3.
4.
5.
6.
7.
8.

SYSTEM BARRIERS:

1.
2.
3.
4.

ACTION PLAN

	WHO	WHAT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10		

NEXT MEETING:

Date:______________________ **Time:**____________**a.m.**☐ **p.m.**☐ **Location:**____

____

FACILITATION CHECKLIST

1. Introductions- self, explain role as facilitator, then individuals around table introduce themselves and their relationship to the family.
2. Read ground rules and confidentiality statement.
3. Pass around sign-in sheet.
4. Review agenda.
5. Review strengths.
6. Review issues/concerns/defining needs.
7. Review progress from last wraparound (if second meeting)
8. Developing Action Plan.
9. Encourage all participants to speak.
10. Establish/review safety plan.
11. Redirect participants to strengths-based focus when necessary
12. Review wraparound plan.
13. Set date for next wraparound.

GENERAL SAFETY PLAN

EMERGENCY NUMBERS TO CALL (IN ORDER)

1.
2.
3.
4.
5.

SAFETY STEPS TO TAKE (IN ORDER)

Parent	Child
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

SUPPORT PERSON FOR PARENT, AND NUMBER:

____

SUPPORT PERSON FOR CHILD, AND NUMBER:

____

SIGNED (PARENT AND CHILD):____________________

____

BROOME COUNTY CCSI WRAPAROUND EVALUATION

(TO BE HANDED OUT DIRECTLY FOLLOWING THE WRAPAROUND)

FACILITATOR: ___________________________ DATE:________________________

PARENT PARTNER:______________________ CC OR FOCUS (CIRCLE ONE)

We hope the wraparound process has been respectful and helpful to you and your family, as well as to participants around the table. Please take a few minutes to respond to the following survey to help us improve this experience for future families. Your responses will remain anonymous and confidential. Thank you.

Please indicate your level of agreement with the following statements by checking off the choices that best describe your experience of this wraparound.

1). I believe the wraparound meeting provided an opportunity to point out the family's strengths.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

2). I believe that the group really understands the family's concerns, as well as my concerns.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

3). I feel that the information about the family was discussed in a positive manner at the wraparound meeting.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

4). I was given an opportunity to participate fully in the meeting.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

5). I feel the plan developed at the meeting is a good start and is likely to be helpful.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

6). Overall, the meeting was very supportive and hopeful.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

7). I feel the group was sensitive to the family's cultural, gender, and religious beliefs.
Strongly Agree___ Agree___ Disagree___ Strongly Disagree___

8). What would have made this wraparound meeting work better for you? (Please Comment):

There are 7 paperwork forms that you as a facilitator will come across before and during the Wraparound meeting:

- A **wraparound meeting invitation/reminder letter** that you will receive in the mail by the parent partner after you have set the Wraparound date.
- A **mission statement/ Core Principles and Values sheet** that will be passed out for now by the parent partners, but will be laminated in the future and just put in the middle of the table for everyone to view.
- A **CCSI Wraparound/Confidentiality sign-in sheet** that the facilitator will read and then pass around for people to sign.
- A **CCSI Family Wraparound Meeting Action Plan**. This is helpful, along with the facilitator checklist, to make sure each area is addressed. The parent partner will fill the plan out as the meeting goes along.
- A **facilitator checklist** that you, as the facilitator can keep in front of you to keep you on track, and review so that no areas are missed during the wraparound. The parent partner is also there to help you in that area, just ask.
- A **general safety plan** that is meant only as a guide for the family to access help through their on-call service providers, as well as general numbers, and a general plan created by the Wraparound team members. It is important to know that CCSI parent partners are not a crisis response team, and cannot respond to on-call situations.
- A **CCSI Wraparound Evaluation Form**, which can be mentioned by the facilitator at the end of the Wraparound meeting and then passed out by the parent partner, who will collect them for tracking purposes.

THE MANY ROLES OF A WRAPAROUND FACILITATOR:

• Dynamic Performer	setting the interactive tone for the meeting
• Group Skills	facilitate the group process
• Leadership Skills	provide leadership in the group process
• Mediator	ability to provide ground rules for the meeting
• Expert on Resources	knowledge of resources in the community
• Language Expert	ability to speak “the language” of the different systems involved
• Clinician	understanding of the clinical issues
• Comedian	having a sense of humor
• Artist	ability to think creatively
• Architect	ability to create; think “outside the box”
• Belief in Family strengths	the foundation for all of the work
• “Mensch”	

EMPOWERMENT TECHNIQUES FOR FACILITATORS TO USE WITH FAMILIES AT WRAPAROUNDS:

- Asking what changes families want, respecting their wishes when they don't want changes, and being their partner in achieving the results they want.

- Paying attention to details of what's important to the family.

- Looking to family for what's next, where to go.

- Working with families' goals; tapping into their dreams.

- Asking simple questions; not making assumptions.

- Giving away the power, not withholding information.

- Consulting with families on all levels, not making decisions about people's lives, even the details.

- Always being respectful, having good "manners".

- Being on time or informing clients you will be late; apologizing sincerely for the discourtesy of being late.

- Being sensitive to your "invasion" of their space.

- **Listening actively to all that is being said, especially incidental comments, closing remarks.**

- **Being attentive to families no matter what is going on.**

- **Initiating and maintaining regular conversation with families during wraparound.**

SUCCESSFUL FAMILY WRAPAROUNDS REQUIRE ATTENTION TO:

- GETTING THE RIGHT PEOPLE THERE
- MAKING SURE EVERYONE KNOWS THE PURPOSE
- AGREEING ON SOME BASIC GROUND RULES, AND THEN STICKING WITH THEM
- REACHING A DECISION EVERYONE CAN AGREE WITH
- AGREEING ON A TRIAL PERIOD TO SEE HOW THE DECISION WORKS, AND SETTING UP A FUTURE FAMILY CONFERENCE TO SEE HOW THE NEW PLAN IS WORKING

WRAPAROUND MANAGEMENT TIPS FOR FACILITATORS:

Participation:

- Create mechanisms to encourage and assure participation by all in team meetings. Consensus building grows out of clear objectives, as well as a shared value base.
- Clarify team members roles openly.
- Establish ground rules at the first wraparound team meeting and repeat them at the beginning of each meeting.
- Require proactive, practical ideas that relate directly to the family's needs.
- Acknowledge and "applaud" creativity, volunteerism, and generosity of team members.
- Identify, celebrate and communicate successes, large and small. It impacts morale and cohesion. Teams even need to celebrate their creative, but failed attempts and efforts, because it means they have kept trying.
- If participation falters or wraparound team meeting attendance drops, it is often a symptom of team members feeling discounted or unheard. It may signal a need for consensus building. Efforts should be made to increase team buy-in in both the process and the outcome.
- Basic group dynamic skills and techniques certainly apply to this group.
- Have wraparound team members evaluate the team process at the close of each meeting.
- Always take a few minutes to say some thank yous.

Communication:

- Encourage wraparound team members to communicate openly. If issues can get "on the table" they can be dealt with more effectively.
- Ensure buy-in by generating and distributing/sending minutes to the

- wraparound team members, whether or not they were in attendance. This helps to assure clarity of role and responsibilities. Minutes should reflect those team members who did not attend as well as those who did.- To be carried out by the parent partner.
- Team functioning in the first month is heavily reliant on the team coordinator (parent partner). Once the team has a "life of it's own", has coalesced as a unit, the role becomes less pivotal. But in that first month, the parent partner should have regular and frequent contact with all wraparound team members.

Decision Making/Problem Solving:

- Attempt to reach all decisions through consensus (i.e. jury system).
- Identify a process for solving problems if consensus cannot be reached.
- Encourage flexibility and ingenuity in problem solving.
- Identify outcomes early in the planning process and remind team members of those goals often. It helps morale, especially when the family is having a hard time.
- Establish a crisis plan for the worst-case scenario, including a mechanism for communication and scheduling emergency meetings.
- Team training in mediation techniques is money well spent.

Housekeeping:

- Schedule the next meeting date, time, place at the end of the meeting.
- Attach a team list including addresses, phone and fax numbers.
- Make it different from the standard meeting/staffing: have it outdoors, in a restaurant, in homes, have or bring food, look through photo albums, give awards, celebrate birthdays.
- Rotate duties.
- Team members should have a strengths list, time line, team list and the most recent minutes with them at the wraparound meetings

III. MOCK WRAPAROUND INTRODUCTIONS:

Facilitators will now break-up into 5 groups, and practice the facilitation checklist, numbers 1-4: Introductions, ground rules and confidentiality statement, passing around sign-in sheet and reviewing the agenda for the meeting (why we are here). 35-45 minutes.

IV. DEVELOPING THE WRAPAROUND MEETING PLAN: ROLE PLAY

Take some time to review the following 6 Family Wraparound Scenarios. 5 to 10 minutes.

Each facilitator group will have 5 different scenarios to role- play. Each of you needs to take a turn as the facilitator for at least one role- play, and then take turns role-playing the other members of the Wraparound team. The facilitator will role-play numbers 5-13 of the facilitation checklist with the rest of you role-playing the other Wraparound team members. Make sure that as the facilitator, you ask the Wraparound team members to decide if the barriers are system or non-system barriers. Only system barriers get recorded onto the plan. 60-90 minutes.

WRAPAROUND SCENARIO #1

CHILD: BM, was just hospitalized at Mohawk Valley. He is 15 years old. He is diagnosed with Bipolar Personality Disorder. He has two older siblings. A brother, 16 diagnosed with ADHD, and a sister who lives in Florida who is 17 also diagnosed with Bipolar.

BM has been verbally aggressive with physical threats at home before being hospitalized. His brother can also be physical. Both BM and his brother display a lot of anger.

NEEDS/CONCERNS: Mom is concerned that she won't be able to handle BM when he is released from the hospital. Both BM and brother could benefit from anger management classes. Mom also is in need of obtaining different housing. She is losing her current apartment.

BARRIERS: The physical size of the boys is a barrier to mom when trying to enforce rules and expectations. They use their size to undermine mom. The boy's anger is also a barrier. There is no after school program available for BM there is no anger-management program for the times BM and family are available…**identify systems barriers vs. needs (non-system barriers).**

STRENGTHS: Mom has family support. Mom is active in finding services for her children. Mom puts a lot of effort into managing the boy's behaviors. BM does try hard to control his behaviors at times. He is willing to work at contracts, and rewards for good behaviors. BM loves sports and is very artistic.

TEAM MEMBERS AT WRAPAROUND:

MOM
HOSPITAL REP
RE-ENTRY CORD
ICM
AUNT
PROBATION
PARENT PARTNER
FACILITATOR

WRAPAROUND SCENARIO #2

CHILD: KS is 10- year-old female diagnosed with ADHD, depression and anxiety. KS has a younger brother, age 8 and an older brother, age 15 who is currently hospitalized and has three charges of assault against hospital staff over a 6-month period. This older brother has been hospitalized for over a year. He can be very violent. KS has one other brother, age 12 who also has some anger problems and is attending CHWC day treatment.

KS has a hard time expressing her feelings and is afraid of her brothers at times. She also tends to model their behavior and fight the limits and expectations her mother places upon her.

There are educational meeting schedule for both KS and 8-year-old brother. Mom's sister's children are now living in her home as well. 15-year-old moved hospitals due to 3rd degree assault charge.

NEEDS/CONCERNS: The 8-year-old brother is having a difficult time dealing with the possibility of his 15-year-old brother coming home, and the changes that will bring. The 12-year-old brother needs some sort of after school program now that TASP has closed with him. The 12-year-old brother is not following rules at home. May need to look at a med change for him. KS is not expressing feelings well. The 15-year-old brother's extremely long hospitalization, and charges pending. There is no anger-management program in place for the 15 year-old.

BARRIERS: Children's fear of brother returning. The extended placement and possible transfer to long term RTF for 15-year-old

brother. There is a waiting list for RTF, the brother will more than likely be returned home. **Identify system barriers vs. (needs) non-system barriers.**

STRENGTHS: KS attending Immaginarium. There is much love between mom and the siblings. The family has a strong sense of humor. Mom accepts support and follows trough will feedback. KS is doing well at the Immaginarium. Mom has much strength in her actions and decisions when dealing with a difficult situation. 12-year-old did successfully complete TASP program.

TEAM MEMBERS ATTENDING WRAPAROUND:

MOM
MOM'S SISTER
HOSPITAL REP
DSS
IMMAGINARIUM REP
TEACHER
TASP REP
PARENT PARTNER
FACILITATOR

<u>WRAPAROUND SCENARIO #3</u>

CHILD: CP is an 8-year-old female who is diagnosed with ADHD and depression. She has an older brother who is 10 who is also diagnosed with ADHD, and Bipolar. Mom is diagnosed with PTSD, Bipolar, depression, and anxiety.

CP is doing poorly in school and at home. She has few peers and argues with other students. CP is not following through with chores and throws tantrums when asked to do something. She will then curse and scream until mom leaves the room. Brother is angry at home and curses at mom. He has been throwing things lately when angry.

Mom has been unstable and is hearing voices. She can become easily agitated with providers and begin cursing and yelling if the feedback she gets is not what she agrees with.

NEEDS/CONCERNS: Mom spends a lot of time at home. She is bored and gets angry with children when they don't do as they are told. Children are verbally aggressive toward mom and refuse to complete chores on a regular basis. They leave house without permission. Mom in turn becomes verbally aggressive back. There is no transportation.

BARRIERS: Mom's mental health. Lack of supervision when kids leave without permission. There is no after-school program at this time. **Identify system barriers vs. (needs) non-system barriers.**

STRENGTHS: Mom is able to reach out to receive services herself when she is at the brink. Mom follows through the best she can

when support is available to her. Children respond well to therapeutic discussions, and rewards.

TEAM MEMBERS AT WRAPAROUND:

MOM
FAMILES FIRST
DSS
DOCTOR
CP'S TEACHER
PARENT PARTNER
FACILITATOR
MOM'S BOYFRIEND

WRAPAROUND SCENARIO #4

CHILD: KC is a 16-year-old adolescent diagnosed with Bipolar and anxiety disorder. She has no siblings and lives with her grandfather. She has no contact with natural mom or dad.

KC is doing well at a BOCES program. She has trouble following rules at home. She stays out after curfew, and has been drinking at times. She does not follow through with taking her medications in a consistent manner. Grandfather becomes extremely involved with KC's boyfriends, and has gotten into screaming matches with KC in front of boyfriends over their sexual status.

Grandfather just moved into new home. KC is adjusting to new school environment. New service providers have begun working with the family. Grandmother is now not available to KC when she is upset with grandfather. ICM is closing case.

NEEDS/CONCERNS: Transportation to school for KC. KC is not interacting with other peers. KC demonstrates low social skills. KC cannot get up for school. KC wants more dating privileges. KC has concerns about horseback lessons.

BARRIERS: KC is not sure about bus times and bus stop, can't seem to remember this. KC does not want to follow through with probation's expectations, and makes excuses not to do this. KC does not like or do well with groups. KC loves art and there is no art program at BOCES. KC is not functioning at her age level. **Identify system barriers vs. (needs) non-system barriers.**

STRENGTHS: KC has been able to express herself to trusted

people more. Grandfather wants the best for KC. Grandfather is willing to work above and beyond with providers. Grandfather is pro-active, and very organized. Grandfather is consistent with follow-through of consequences. Grandfather is willing to allow KC a boyfriend if he can meet parents and have some common rules and contact with them.

TEAM MEMBERS AT WRAPAROUND:

GRANDFATHER
GRANDMOTHER
PROBATION
ICM
GUIDENCE COUNSELOR
KC
KC'S BOYFRIEND
PARENT PARTNER
FACILITATOR

<u>WRAPAROUND SCENARIO #5</u>

CHILD: DB is an 8-year-old male who is diagnosed with disruptive behavior disorder, ODD, ADHD, pervasive developmental disorder, and Aspergers. DB has two younger sisters, both of which show signs of ADHD and anxiety.

DB is in an emotional support class setting. He gets along well with the teacher, not with peers. He has been aggressive at home with siblings and mother. He does not follow through with expectations and rules at home. Mom is frustrated and is seeking help. DB is telling lies and goes through phases of obsessive behavior. Recently it is about food.

NEEDS/CONCERNS: DB is telling lies in school. DB is aggressive with younger siblings. He is obsessing about food. He needs help with interacting more positively with peers. Safety plan.

BARRIERS: The fear of losing one service due to double billing through two service systems. **Identify system barriers vs. (needs) non-system barriers.**

STRENGTHS: DB was able to receive services from both the OMH system and the OMRDD system. DB has a good relationship with his teacher. Mom is a great advocate for DB. Dad plans fun and interesting trips and activities for all of the children on the weekends. DB is incredibly creative. (Story telling).

TEAM MEMBERS AT WRAPAROUND:

MOM
DAD
PARENT PARTNER
SCHOOL TEACHER
REP FROM OMH
REP FROM OMRDD
PRINCIPAL
AUNT

WRAPAROUND SCENARIO #6

CHILD: BR is 15-years-old. He is diagnosed with Conduct Disorder, ADHD, anxiety, and has been charged with a sexual offense. He has 3 brothers. One brother is 3-years-old. One brother is 10-years-old, and one is 14-years-old. Both brothers have had allegations of sexual inappropriateness' with neighborhood children.

BR is currently in detention for a sexual offense. He may go to a long term RTF in the near future. Mom wants all her children home and feels they have "learned their lesson". 14-year-old is in residential as well for delinquent behaviors.

Mom currently has custody of the 10-year-old and the baby. Mom lives in a very small trailer. The trailer is in very bad shape.

NEEDS/CONCERNS: Is the trailer appropriate to live in? Family having difficult time accepting the placement of two boys. Mom does not want a label of sexual offender placed upon BR. Going to court soon for another charge. Family needs windows in bedroom. BR is very aggressive when home. Not sure if he will return home or go to RTF. Mom concerned about past sexual abuse of boys. Mom has been requesting family therapy. Father is aggressive toward boys and has allegedly been sexually inappropriate in front of the boys.

BARRIERS: BR has not been medicated. John cannot see children due to rape charge against BR. Family unable to access necessary services due to transportation. Therapists are having a hard time communicating with DSS in reference to services. **Identify systems barriers vs. (needs) non-system barriers.**

STRENGTHS: Mom dedicated to family and their needs. Boys are intelligent, and have shown some motivation to achieve in a positive manner. Family not afraid to ask for help. Mom is very close to boys. BR is very artistic. BR can be polite. He was fitting in with kids at Columbus before detention.

TEAM MEMBERS AT WRAPAROUND:

MOM
JOHN
PROBATION
DSS
COLUMBUS THERAPIST
FAMILIES FIRST
PARENT PARTNER
FACILITATOR
NEIGHBOR FRIEND OF MOMS
REP FROM RTF
BR

V. SAFETY PLANNING:

Before the end of every wraparound, the facilitator should inquire about a safety plan. If the parent and a lead agency worker agree that there is a viable safety plan in place, then there is no need to develop a general plan. If however, there is no agreed upon plan in place, then the parent partner will hand out an outline of a general safety plan for the family and team members at the wraparound to fill out. This plan is very general, as CCSI is not a crisis response program, and the parent partners are not ICM's.

The general safety plan consists of emergency numbers to call (in order), and emergency steps to take (in order). This includes steps for the parent and the child, and support numbers for both. The parent and child then sign the agreed upon plan, and take it home where it should be placed within eyesight, such as the refrigerator. The general safety plan, as well as specific safety plans as per lead service providers should be reviewed at each wraparound.

If there is any question about a safety plan already in place, the suggestion of this general safety plan should be made by the facilitator, and supported by the parent partner.

VI. HOW TO "WRAP-UP" THE WRAPAROUND MEETING:

Once the action plan is developed, and everyone is asked if there is anything else that should be added, the facilitator should review the action plan and set a date with the team for the next wraparound meeting. The parent partner then requests that the participants take 5 minutes to fill out the wraparound evaluation forms. While the participants are filling out the evaluation form, the parent partner will make copies of the action plan and safety plan and hand them out to the team members and family.

THE DISCOVERY OF STRENGTHS IS NOT USEFUL

UNLESS WE BUILD ACTION PLANS UPON

WHAT WE HAVE LEARNED

BUILDING ACTION PLANS ON STRENGTHS DOES NOT MEAN THAT PROBLEMS (UNMET NEEDS/CONCERNS) ARE IGNORED. IT MEANS WORKING WITH THE CHILD AND FAMILY TO DESIGN UNIQUE RESPONSES BASED ON INDIVIDUALIZED STRENGTHS TO MEET THOSE NEEDS