

# High Fidelity Wraparound Principles and Key Fidelity Elements

## **HFW Principles:**

Family Voice and Choice, Strengths-based, Community-based, Outcomes-based, Team-based, Collaboration, Culturally Competent, Individualized, Natural Supports, and Persistence

## **HFW Key Fidelity Elements of the Model include:**

### **TIMELY ENGAGEMENT**

1. First contact with the family following referral or case assignment (Within 3 days)
2. First in-person contact between care coordinator, youth, and family (if involved). (Within 10 days of referral or case assignment.)
3. First Crisis/Safety Plan completed. (At first in-person meeting.)
4. First Strengths, Needs, Cultural Discovery completed (NYS refers to this as the Family Story). (Within 20 days of first in-person meeting)
5. First Child & Family Team Meeting. (Within 30 days of the first in-person meeting)
6. First Plan of Care completed. (Within 35 days of the first in-person meeting)
7. Each additional Child & Family Team Meeting. (No gap greater than 35 days)

### **WRAPAROUND MODEL KEY ELEMENTS**

1. At least one caregiver or close family member attended every child and family team meeting.
2. The youth attended every child and family team meeting.
3. All key representatives from school, child welfare, juvenile justice, health care, etc agencies who seem integral to the plan of care attended nearly every child and family team meeting.
4. All other service providers who seem integral to the plan of care attended nearly every child and family team meeting.
5. All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) who are working with the youth and family attended nearly every child and family team meeting.
6. At least one natural support (e.g., extended family, friends, and community supports) for the family attended every child and family team meeting.
7. An inventory of the youth's strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
8. An inventory of the family's and/or family members' strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.

9. An inventory of the team's and/or team members' strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
10. The inventory of strengths (for whomever it is present) is updated at least quarterly.
11. Detailed and specific examples of the youth's and family's culture, values, and beliefs are provided, especially as they relate to the reasons the family enrolled in wraparound.
12. Documentation identifies the youth's and family's natural, and community supports and explains how they might be part of the team or involved in implementing the plan of care.
13. There is a clearly articulated, positively worded, long-range vision for the entire family (not just the youth).
14. If natural supports are not consistently attending child and family team meetings, then there is evidence of ongoing and persistent efforts to identify and engage them.
15. Needs statements for the youth are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
16. Needs statements for family members are included in every plan of care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
17. No plan of care includes more than three needs statements.
18. The strategies in the plans of care are clearly individualized and can be logically expected to meet the youth's and family's needs.
19. The plans of care represent a balance between informal (natural and community) and formal strategies, services, and supports.
20. The plans of care include tasks and strategies that encourage the youth's and family's positive connection to their community (i.e., participation in community activities, clubs, and/or other informal organizations).
21. The plans of care include tasks and strategies that encourage the youth's and family's positive connection to their natural supports (e.g., extended relatives, friends, neighbors, clergy, business owners, etc.).
22. There is evidence that the team reviews the status of task completion and/or strategy implementation at every meeting.
23. There is evidence that progress toward meeting the youth's and family's needs is explicitly monitored at every meeting.
24. The outcomes outlined in the plans of care are specific and measurable using objective and verifiable measures, not just general or subjective feedback.
25. There is evidence that the plan of care is meaningfully updated at each team meeting (i.e., the strategies, outcomes, and/or needs statements are adjusted, as appropriate).

## **SAFETY PLANNING**

1. There is at least one crisis/safety plan found in the record.
2. The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitated the referral for

wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.

3. The crisis/safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.

### **CRISIS RESPONSE**

1. After each crisis/reportable event (arrest, suicide attempt, hospitalization, removal from home, etc.), the crisis/ safety plan was updated within 24 hours.
2. After each crisis/reportable event, a child and family team meeting was held within 72 hours.

### **TRANSITION PLANNING**

1. The plans of care produced during the transition phase identify needs, services, and supports that will continue after formal wraparound ends or when the youth transitions to the adult service system.
2. There is a post-wraparound crisis management plan.
3. A commencement celebration respectful of the youth's and family's traditions/culture is planned and/or is documented.

### **OUTCOMES**

1. In the last six months, the youth's living situation has been stable s/he has not been removed from the home or changed placements. If there was a move, it was to a less restrictive setting.
2. In the last six months, the youth has not visited the er and/or been hospitalized for emotional or behavioral difficulties.
3. In the last six months, the youth has experienced reduced mental health symptoms.
4. In the last six months, the youth has experienced improved interpersonal functioning.
5. In the last six months, the youth has regularly (85%+) attended school and/or has been employed.
6. In the last six months, the youth has experienced improved school or vocational functioning.
7. In the last six months, the youth has not been arrested or violated probation/parole.
8. The youth and family's exit from wraparound is based on stabilization and adequate progress toward meeting needs, not due to an adverse event or lack of engagement.